



Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board in Public on **Thursday, 30 September 2021** from **9.30am to 11.00am** via video conference.

Item	Time	Title	Presenter	Action
		Standing agenda items		
1	9.30	Welcome, apologies, declarations of interest	Trust Chair	Note
2		30 June 2021 public Board meeting minutes, action log, matters arising	Trust Chair	Approve
3		Chair's report	Trust Chair	Note
4		Chief Executive's report	Chief Executive	Note
		Quality and safety		
5	9.55	Quality Assurance Committee report	Committee Chair	Note
6		Freedom to Speak up Guardian report	Freedom to Speak up Guardian	Review
		People		
7	10.15	Workforce Assurance Committee report	Committee Chair	Note
8		Annual doctors' revalidation	Medical Director	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	Audit and Risk Committee report	Committee Chair	Note
12		Charitable Funds Committee report	Committee Chair	Note
13		Questions to the Board on agenda items	Trust Chair	Note
14	11.00	Any other urgent business	Trust Chair	Note



Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 30 June 2021

Present:	
Baroness Julia Neuberger	Chair
Siobhan Harrington	Chief Executive
Kevin Curnow	Chief Finance Officer
Dr Clare Dollery	Medical Director (items 1-10)
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
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
Zoe Broadhead	Clinical Nurse Lead (item 1)
Charlie David	Patient Experience Manager (item 1)
Norma French	Director of Workforce
Jonathan Gardner	Director of Strategy & Corporate Affairs
Dr Sarah Humphery	Medical Director, Integrated Care
Tina Jegede	Nurse Lead, Islington Care Homes (item 8)
Delia Mills	Co-Chair, BAME staff equality network (item 8)
Yana Richens	Director of Midwifery (item 7)
Michael Rosen	Patient (item 1)
Andrew Sharratt	Acting Director of Communication & Engagement
Swarnjit Singh	Trust Secretary
Helen Taylor	Clinical Director (item 7)
Observer:	
Katy Corcoran	Care Quality Commission Inspector

No.	Item
1.	Patient experience story
1.1	<p>Michelle Johnson welcomed Michael Rosen, the poet, broadcaster, and author, who shared his patient experience by outlining the following to Board members:</p> <ul style="list-style-type: none">In late March 2020, he spent 47 days in the intensive care unit (ICU) at Whittington Health, and subsequently spent many months in its care on Meyrick ward and then in its rehabilitation unit

1.2	<ul style="list-style-type: none"> • He welcomed the use of patient diaries and video messages which had helped enormously with rehabilitation and expressed his gratitude to the nursing and medical staff involved in his care <p>Zoe Broadhead explained that she had looked after Michael Rosen several times on Meyrick ward and in the ICU. She welcomed the positive impact that patient diaries had had. They were now being used as part of a more structured rehabilitation pathway, incorporating physiotherapists, when patients stepped down from the ICU to a ward. Michael Rosen supported this and emphasised the importance of patient diaries for not only a patient's recovery but also for their family members. Siobhan Harrington thanked Michael Rosen for his feedback and was hugely proud of the staff involved in providing care during the pandemic. The Chair thanked Michael Rosen for sharing his patient experience and the valuable learning from the use of patient diaries with Board members.</p>
1.3	The Board thanked Michael Rosen for his patient story and agreed that staff in the ICU and Meyrick ward should be thanked for their care.
2.	Welcome, apologies and declarations of interest
2.1	The Chair welcomed everyone present, including Katy Corcoran, Care Quality Commission Inspector, who was observing the meeting.
2.2	There were no apologies reported and no new declarations were made.
3.	Minutes of the meeting held on 25 March 2021
3.1	The minutes of the previous meeting were agreed as a correct record. The action log was noted.
4.	Chair's report
4.1	<p>The Chair drew attention to the following:</p> <ul style="list-style-type: none"> • Staff were thanked for their incredible efforts in providing care for patients, often in the face of challenges presented by the pandemic, such as the closure of schools which had impacted on staffing capacity • The first formal meeting of the North Central London Provider Alliance's Board had taken place on 28 June 2021 • All of the non-executive director appraisals had been completed satisfactorily • The draft terms of reference for the Innovation, Digital and Transformation Assurance Committee were presented for approval
4.2	The Board noted the Chair's report and agreed the terms of reference for the Innovation, Digital and Transformation Assurance Committee.
5.	Chief Executive's report
5.1	Siobhan Harrington reported the following:

5.2	<ul style="list-style-type: none"> Whittington Health was incredibly busy with the recovery of services, high attendances at the emergency department, and the ongoing Covid-19 vaccination programme. She thanked staff for their hard work and continued resilience during the pandemic As of today, there were five Covid-19 positive inpatients, including one patient in the ICU Whittington Health was experiencing the start of the third wave of the pandemic. So far, this had seen younger patients being admitted as well as patients recovering following their admittance and going home It is important for staff to be vaccinated against Covid-19 and Whittington Health is involved in local North Central London vaccination campaigns in Haringey and Islington. As of 25 June, 90% of substantive staff had received their first vaccination The North Central London sector had been successful in its bids to increase elective recovery work As part of plans to be the best place to work locally, Whittington Health had been accredited as a London Living Wage employer The 2020-21 annual report showcased the tremendously challenging year that had just been endured, and the incredible efforts of staff to continue providing high quality care The following new senior staff appointments were welcomed to Whittington Health: Dale-Charlotte Moore has joined as our new Deputy Chief Operating Officer, and Yana Richens has been appointed as Director of Midwifery In addition, the following appointments were made for clinical director roles in integrated clinical service units: <ul style="list-style-type: none"> 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 Emergency and Integrated Medicine Helen Taylor has been reappointed as the Clinical Director of Acute patient access, Clinical support services, and Women's Health Evidence was provided in support of the annual NHS provider self-certifications which the Board was asked to approve The 2021 Heatwave Plan had been revised and was appended for approval Details of the annual gender pay gap reporting were provided as part of our statutory reporting requirements <p>Naomi Fulop welcomed the increase in staff vaccination rates and the efforts of staff involved in vaccinating local people. In reply to her query on second vaccination doses and the rates of vaccination for contracted staff, Norma French confirmed that there was an 87% vaccination rate for all staff including bank, agency and other contracted staff. Norma French also explained that there was currently an eight-week lag between the</p>
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5.3	<p>first and second Covid-19 vaccinations and staff were being tracked and contacted accordingly.</p> <p>The Board noted the Chief Executive's report and</p> <ul style="list-style-type: none"> i. approved, the statements for compliance with NHS provider licence conditions prior to the publication on the Trust's website ii. approved the 2021 Heatwave Plan; and iii. noted the Whittington Health gender pay gap report.
<p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p>2020/21 Quality Account</p> <p>Michelle Johnson said she was proud to present the fourth quality account publication during her time as Chief Nurse. She outlined the following headlines:</p> <ul style="list-style-type: none"> • the Quality Assurance Committee had reviewed the draft publication and thanked Gillian Lewis and Kathryn Nolan-Cullen in the clinical governance team for producing the draft report • the publication included feedback received from local Healthwatch bodies and from the North Central London Clinical Commissioning Group • Progress had been achieved on the four quality priority areas of reducing harm from hospital deconditioning, improving communication between clinicians and patients, improving patient safety education in relation to human factors, and improving care and treatment related blood transfusion. In addition, a new priority – reducing health inequalities – had been included <p>During discussion, the following points were made:</p> <ul style="list-style-type: none"> • Naomi Fulop thanked staff for producing the quality account publication • Rob Vincent welcomed the new emphasis on reducing health inequalities, a large and complex issue which could be considered first by the Quality Assurance Committee before the Board • Amanda Gibbon highlighted the <i>Framework to reduce inequities for future generations</i> launched by Professor Sir Michael Marmot at the UCL Institute of Health Equity • Jonathan Gardner proposed continuing the work to reduce local health inequalities as part of work already taking place on Population Health, Inequalities and Anchor Institution work with local authorities <p>The Board approved the draft 2020/21 Quality Account for publication. The Board noted that work to tackle health inequalities would be taken forward as part of the work in progress on population health, inequalities and being an anchor institution and an update would be provided at a future Board seminar.</p>
<p>7.</p> <p>7.1</p>	<p>NHS Resolution Maternity Incentive Scheme</p> <p>Michelle Johnson presented the report. She explained that providers of maternity services were required to provide evidence of compliance with ten safety actions to qualify for a financial rebate from NHS Resolution.</p>

<p>7.2</p>	<p>Michelle Johnson provided assurance that there had been sign off by local commissioners on the compliance actions on 10 June. She explained that there was good evidence of compliance with eight of the ten actions highlighted.</p> <p>In terms of the two other action areas, Michelle Johnson explained that the first covered care for high-risk pregnant women and gave assurance that Whittington Health provided care by completing scans at 28 weeks and by keeping relevant patients on a high-risk pathway. The Trust had worked closely with other providers of maternity services in North Central London on this approach. The second area covered prompt safety training for all staff who worked with pregnant women going into labour. Michelle Johnson explained that the delivery of face-to-face simulation training had been a challenge with infection prevention and control guidance during the pandemic. She advised that the standard for this training had been revised nationally and that 90% of Whittington Health's midwifery staff were compliant. Board members were told that the evidence for compliance had been approved by the North Central London local maternity system. Helen Taylor provided additional assurance that plans were in place for wider multi-disciplinary teams to have the prompt training. Glenys Thornton welcomed the appointment of Yana Richens as Director of Midwifery and was assured by the work taking place on two of the ten action areas.</p> <p>7.3 The Board approved the self-certification for the NHS Resolution Maternity Incentive Scheme.</p>
<p>8.</p> <p>8.1</p> <p>8.2</p>	<p>Workforce Race Equality Standard</p> <p>Siobhan Harrington welcomed Tina Jegede and Delia Mills for this item on the meeting's agenda and highlighted the following:</p> <ul style="list-style-type: none"> • Since the Professor Duncan Lewis report three years' ago, Whittington Health had worked hard to respond to the findings • The Workforce Race Equality Standard (WRES) deep dive report showed the amount of progress required • The Trust Board had given a clear commitment that this was a priority area for action • Going forward there would be a focus on being comfortable with discussing workforce race quality in the organisation, highlighting workforce data and delivering improved outcomes, over time, and listening to people's lived experiences <p>In discussion, Board members raised the following issues:</p> <ul style="list-style-type: none"> • Norma French outlined the commitment made by the Board in October 2020 for a new vision as fed back by staff and highlighted key areas for action included a focus on recruitment and selection, leadership diversity, and career development through the identification of a talent pipeline. She explained that, historically, there had been a low level of resource available and that recruitment for the position of a Board-level Director of Race, Equality, Diversity, and Inclusion would take place internally in the first instance

8.3	<ul style="list-style-type: none"> • Norma French also reported that engagement was taking place with staff on the proposal for a new Trust value of <i>equity</i> and that work was taking place to encourage all staff to complete their diversity reporting on the electronic staff record • Anu Singh welcomed the practical actions being taken and those which were planned and asked whether there was further work required. In reply, Siobhan Harrington explained that successful staff engagement remained a mission critical issue for the Trust, along with increasing the diversity of its senior management <p>The Board welcomed the WRES report, noted the action plan and agreed this would remain a priority for Whittington Health. Board members also noted that an open forum session would take place with Trust staff later in the day.</p>
<p>9.</p> <p>9.1</p> <p>9.2</p>	<p>Financial performance and capital update</p> <p>Kevin Curnow reported that the Trust had a deficit at the end of May of £0.5m. This represented an adverse variance to plan of £0.1m. He explained that the deficit position was being driven partly by slippages in expected savings and expenditure overspends not covered by financial arrangements for the first six months of the financial year. Kevin Curnow highlighted the cash reserves of £64m and provided assurance that clinical areas and corporate departments were expected to achieve the level of savings required this year.</p> <p>Board members noted the financial performance, recognising the worse than planned performance was due in part to block income shortfalls in the current 2021/22 plan.</p>
<p>10.</p> <p>10.1</p> <p>10.2</p>	<p>Integrated performance report</p> <p>The report was taken as read. Carol Gillen drew attention to the following:</p> <ul style="list-style-type: none"> • During May, there was a significant increase in emergency department attendances. Performance against the 4-hour access standard was 84.7%, against a 95% target. The national average was 83.7%, the London average was 86.6% • Activity in the ICU and in the paediatric emergency department had also increased during May • There had been a spike in referrals and performance was 93% • Good traction was being achieved on the referral to treatment performance indicator as part of elective recovery programme with good performance seen in diagnostic services. Performance for patients who had waited more than 52 weeks was on track with its trajectory • Staff appraisals remained a challenge and focussed work was taking place with respective integrated clinical service units and corporate departments to increase compliance • In community services, there had been an increase in face-to-face contacts during May and these continued to be monitored weekly <p>During discussion, the following issues arose:</p>

10.3	<ul style="list-style-type: none"> • Amanda Gibbon welcomed the report, particularly the additional detail provided for community services. In reply to her question on actions that could be taken across the North Central London sector to address the pressures they faced, Carol Gillen explained that an operational implementation group met twice a week to review performance and to try to resolve challenges in emergency departments. She added that a meeting had also been held with primary care colleagues to understand whether some of the additional pressure on emergency departments was the result of a lack of face-to-face appointments in primary care. Carol Gillen also reported that other actions being taken included better triaging arrangements with a pharmacist included in the team • Carol Gillen provided assurance to Amanda Gibbon that waiting times for pulmonary rehabilitation were picked up as part of the Trust's involvement in the sector's community services' group. She explained that solutions were being identified for the space required and that a lot of online training and assistance had been provided to patients • Naomi Fulop welcomed the increased activity in musculoskeletal services. She noted that waiting times for speech and language therapy and for audiology were a concern and asked when progress would be seen. Michelle Johnson advised that there was a need to comply with a two-metre spacing rule in the NHS. Carol Gillen accepted that paediatric waits for speech and language therapy services were a particular challenge across the North Central London sector and reported that, following the successful accelerator bid by the sector, it was expected that recovery at pace for both speech and language therapy and audiology services • In reply to a question from Anu Singh on staff appraisal rates, Norma French confirmed that a new system had been procured which would make it easier to record appraisal compliance and that lessons would also be shared from the adult community services integrated clinical service unit which had successfully increased the level of its completed staff appraisals <p>The Board noted the integrated performance report and received assurance the Trust was putting into place remedial actions for areas off plan.</p>
11. 11.1	<p>2020/21 Annual Report and Accounts</p> <p>Jonathan Gardner confirmed that 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. He explained that the report outlined the achievements of staff during the last year against a backdrop of the pandemic, ongoing work on organisational culture and the delivery of the control total. Kevin Curnow highlighted the unqualified audit opinion on the accounts and noted that, over four years, Whittington Health had made surpluses which had reduced its historical</p>

11.2	<p>deficits. The Chair commented that the report read very well and thanked everybody involved in the production of the annual report and accounts.</p> <p>Board members noted the final 2020/21 annual report and accounts.</p>
12. 12.1 12.2	<p>Board Assurance Framework</p> <p>Jonathan Gardner thanked Swarnjit Singh for his work on the board assurance framework (BAF) which had been reviewed at several Trust forums during quarter one. There had been a consolidation of BAF entries, and an entry had been included covering risks relating to the interoperability of provider IT systems and the development and delivery of a digital strategy. He explained that the risk scores for entry People 2 (staff wellbeing and equality, diversity, and inclusion) would be reviewed by the People Committee next week. Amanda Gibbon thanked Swarnjit Singh for a meeting to discuss and review the BAF which had resulted in strengthened controls being shown and said that a further meeting was planned which Rob Vincent, non-executive director, would also be attending.</p> <p>The Board:</p> <ol style="list-style-type: none"> i. approved the 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. agreed that, following its establishment, the new Digital and Transformation Assurance Committee would have lead responsibility for reviewing the BAF entry, Sustainability 3 relating to digital and IT matters.
13. 13.1 13.2	<p>Workforce Assurance Committee</p> <p>Anu Singh took the report as read and thanked Norma French and her team for the detailed papers presented at the meeting held on 1 June 2021. She highlighted two areas: first, Committee members fed back that it was preferable for occupational health services' entry into the North Central London shared services review to be delayed, if possible; and secondly, the just culture work was welcomed as it would help as part of ongoing organisational culture work. In addition, the Committee's terms of reference were presented for approval.</p> <p>The Board noted the report, particularly areas of significant assurance; and approved the updated terms of reference for the Workforce Assurance Committee.</p>
14. 14.1	<p>Audit and Risk Committee</p> <p>Rob Vincent presented the Committee Chair's assurance report for the meeting held on 20 May 2021. He highlighted the significant assurance which Committee members took from reports covering a review of data quality and assurance, the 2020/21 annual report and accounts and audit opinions. Rob Vincent also drew attention to the updated Committee's terms of reference which were presented for approval.</p>

14.2	Board members noted the Chair's assurance report for the Audit and Risk Committee meeting held on 20 May and agreed the updated Committee terms of reference.
15. 15.1	<p>Quality Assurance Committee</p> <p>Naomi Fulop thanked Michelle Johnson and Clare Dollery and their teams for a set of good quality reports which were considered at the Committee meeting held on 12 May 2021. She reported that there was good assurance coming through from the Quality Governance Committee and that the Committee took significant assurance from an internal audit review of operating theatres. Naomi Fulop also alerted Board members to two areas where less assurance was received. They covered clinical harm reviews for which had the Committee had sought a trajectory, and pressure ulcers, for which an update would be brought to the Committee's July meeting. The Committee had also agreed that elective recovery plans and performance should be added as a standing item at Committee meetings. In addition, Naomi Fulop thanked Swarnjit Singh for his helpful overview of Committee meetings and sought approval for the revised Committee terms of reference.</p>
15.2	The Board noted the Chair's assurance report for the meeting held on 12 May and agreed the updated Committee's terms of reference.
16. 16.1	<p>Questions to the Board on agenda items</p> <p>Jonathan Gardner reported that questions had been received from a member of the public and a response would be sent following the meeting. He explained that one question related to digital exclusion for patients who did not have access to their own computers, and he provided assurance that this was an area being taken forward in partnership with local authority colleagues.</p>
17. 17.1	<p>Any other business</p> <p>There were no items reported.</p>

Action log, 30 June 2021 Public Board meeting

Agenda item	Action	Lead(s)	Progress
Patient story	Write and thank the teams involved in the care and treatment of Michael Rosen in the ICU and on Meyrick ward	Trust Chair	Completed
2020/21 Quality Account	Hold a future Board seminar to provide an update on the population health and anchor institution work	Jonathan Gardner	This item is scheduled for the 8 October 2021 Board seminar



Meeting title	Trust Board – public meeting	Date: 30 September 2021
Report title	Chair's report	Agenda item: 3
Director lead	Julia Neuberger, Chair	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	This report provides a summary of recent activity.	
Purpose:	Approval	
Recommendation(s)	Board members are asked to note the report	
Risk Register or Board Assurance Framework	Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.	
Report history	None	
Appendices	None	



Chair's report

This report provides an update to Board members on recent activities:

Covid-19 - I wanted to thank staff for their continued resilience in keeping patients healthy and safe at all our healthcare sites. Our staff remain our most vital asset and their health and wellbeing will be important as we enter the next stage of the pandemic and start delivering winter flu and Covid-19 vaccinations.

ICS guidance - NHS England and Improvement (and the Local Government Association), have published a suite of guidance and resources to help with the next steps for the development of Integrated Care Systems from April 2022.¹

External meetings - I have continued to attend meetings with colleagues in North Central London Integrated Care System and in the North Central London Provider Alliance.

North Central London appointments

I am happy to report that Norma French has been appointed as Director of Workforce for the North Central London Integrated Care System. She will undertake this role for three days a week, while working at Whittington Health for the remaining two days. Kate Wilson, Deputy Director of Workforce, will be supporting the workforce and organisational development team during this period.

Annual General Meeting - Whittington Health's Annual General Meeting will take place on 30 September. This will be held virtually due to the pandemic.

Corporate induction – I had the pleasure of greeting new starters at the Trust on 12 July and 13 September.

Consultant recruitment – I am very grateful to the following non-executive directors participated in recruitment and selection panels for these Consultant posts:

Date	Post title	Non-Executive Director panel member
17 August	Consultant in Integrated Geriatrics	Tony Rice
6 September	Consultant in Paediatrics with Endocrinology & Diabetes	Amanda Gibbon

Trust Board meetings – the dates of 2022/23 meetings to be held in public are confirmed as shown below. Until such time as there is further national guidance issued, these meetings will take place virtually:

¹ <https://www.england.nhs.uk/integratedcare/resources/key-documents/>

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

Staff awards – nominations have now closed for the annual Whittington Health staff awards' ceremony which recognise the excellent achievements of, and the difference our staff, make to the lives of patients. Due to Covid-19 restrictions, I am saddened that the awards' ceremony will take place virtually on 14 October, however, I am heartened by the fact that we will hold a face-to-face event in March 2022 also to acknowledge staff.



Meeting title	Trust Board – public meeting	Date: 30 September 2021
Report title	Chief Executive's report	Agenda item: 4
Executive director lead	Siobhan Harrington, Chief Executive	
Report author	Swarnjit Singh, Trust Secretary, and Siobhan Harrington	
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:	
Risk Register or Board Assurance Framework	All Board Assurance Framework entries	
Report history	Report to each Board meeting held in public	
Appendices	None	

Chief Executive's report

Covid-19 update

I want to thank all staff for the excellent way on which they have continued to respond to the challenges posed by the Covid-19 pandemic. They have been integral in helping Whittington Health remain focussed on delivering services in collaboration with our North Central London Health and Care Partners. Trust staff also continue to adhere to infection prevention and control guidance on personal protective equipment and maintain social distancing, where possible, and take lateral flow tests twice weekly with the results reported. As of 23 September, Whittington Health had 12 Covid-19 positive inpatients, including six in patients in our intensive care unit, of which one is post-infection.

Across community and hospital services, we continue to be pressured. I attended a regional call with Amanda Pritchard and senior colleagues from the NHS England and Improvement senior leadership team. There was a very clear acknowledgement of how hard everyone is working, and of a challenging winter ahead. There will continue to be a focus on supporting staff and their health and wellbeing and on encouraging innovation.

Covid-19 booster vaccination

In line with the advice from the Joint Committee on Immunisation and Vaccination (JCVI), many people will require an additional "booster" dose of Covid-19 vaccine ahead of this winter. This is to ensure that everyone is as protected as possible as the weather turns colder, we spend more time inside with less fresh air and as the NHS enters its usually most busy period.

We are awaiting final guidance from the Government and NHS England about the detail of the programme which we will share with all colleagues and patients, once confirmed. Our current planning assumption is that colleagues here at Whittington Health will be offered the opportunity to receive their Covid-19 booster vaccination at the same time as they receive their annual flu vaccine, so the process should be very efficient and straightforward.

Currently, 95.1% of our substantive staff (including 91.5% of all black, Asian and minority ethnic staff) have received the Covid-19 vaccine. Our teams are also supporting Covid-19 vaccination campaigns locally, including the vaccination of children in schools.

Build Back Better

On 7 September, the Government published its new plan for healthcare and adult social care¹. The plan was accompanied by an agreed additional resource of £5.4 billion for the NHS to support its response to the pandemic for the next six months.

National appointments

Following the departure of Sir Simon Stevens, I would like to congratulate Amanda Pritchard on her appointment as Chief Executive of NHS England and Improvement,

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015736/Build_Back_Better-Our_Plan_for_Health_and_Social_Care.pdf

and to congratulate Mark Cubbon on his appointment as Interim Chief Operating Officer of NHS England and Improvement.

Local appointments

I also want to take this opportunity to acknowledge and congratulate David Probert on taking up his appointment as Chief Executive of University College London Hospitals NHS Foundation Trust, and Dr Martin Kuper on his appointment as the new Chief Executive of Moorfields Eye Hospital NHS Foundation Trust. I look forward to working with them in their new roles in the North Central London health and care system. At Whittington Health, I am pleased to welcome Tina Jegede and Swarnjit Singh as joint Directors of Race, Equality, Diversity, and Inclusion. They have joined the Board as non-voting directors and will help us progress our plans.

Strategic review of community services

The North Central London Community Services Review Programme Board met last week, and this work is moving into its next phase.

Quality and safety operational performance

The integrated performance report is later in this meeting's agenda. Headlines include the following:

- Emergency Department – during August emergency services were under severe pressures nationally. At Whittington Health, performance against the four-hour access standard was 80.1%. The national average performance was 77%. In London, the average during this period was 80.3% and the North Central London average was 80.1%. There were three mental health 12-hour trolley waits
- Cancer – there continued to be a significant increase in two week referrals from primary care. Performance in against the two week wait standard was 81.4% in July 2021 against a target of 93%; performance against the 62 day standard was at 71.4%
- Referral to Treatment – at the end of August 2021, there were 639 patients waiting more than 52 weeks for treatment and work continues to treat these patients, in line with clinical need. Across the North Central London system, it is a priority to address the numbers of patients who have waited a significant time for treatment. Whittington Health has no patients who have waited longer than 104 weeks since their original referral for treatment
- Workforce – staff appraisal rates remained steady in August 2021 at 70.1%. Compliance against mandatory training requirements was at 74.7% in the same month. The Trust has introduced a new system, Elev8, to monitor and record training compliance and this has been favourably received by staff

Elective and community recovery

Our elective recovery work is making good progress and is on track to achieve 93.6% of the 2019/20 activity which is above target. Outpatient activity is also making good progress and is on track to achieve 91.8% for September which is also above our target trajectory. Diagnostic activity is making steady progress. The only significant backlogs are in community audiology, predominately in Barnet for which there is a plan to year end.

Adult community services have made a good recovery. The expectation is that all MSK patients will be seen within 12 weeks by the end of November. Podiatry

services have made similar progress with the expectation that there will no patients waiting longer than six weeks for an appointment. Activity in our children and young people services integrated clinical service unit is at pre-pandemic levels and recovery of the therapy backlog has been facilitated by additional funding received through the accelerated recovery fund.

The Executive team have just concluded a round of performance reviews for our integrated clinical service units and thank all our leadership teams for their work to date.

Financial performance

At the end of August, Whittington Health reported a deficit of £923k. This was £30k better than planned. Factors behind the deficit included delays in the delivery of cost improvement programme schemes and cost pressures not funded during the first six months of this financial year. National operational guidance on the financial and planning arrangements for the remainder of this financial year are due to be issued imminently.

Winter Plan

The North Central London sector is developing its winter plan. As a Trust, we are integrally involved in this process, and have discussed our plan at the Trust Management Group. It will formally come to the Board in October.

Black History month

October is Black History Month, and we are proud to be celebrating. A series of exciting events have been organised by our Black, Asian and Minority Ethnic staff network. Speakers will include Dame Elizabeth Anionwu (UK's first sickle cell and thalassemia nurse specialist lecturer, and Emeritus Professor of Nursing at University of West London) and Paul Deemer (Head of Diversity and Inclusion at NHS Employers). The events will run across the month and will be in a mixture of formats so that as many people as possible can engage and take part. Everyone is welcome and all details will be available on the staff intranet and will be promoted in the weekly all-staff communications.

The Nubian Jak Community Trust

On 10 September, the Trust was honoured to be chosen as the site for a statue dedicated to all the Commonwealth and Windrush nurses who have worked for our NHS across the country. The granite sculpture of a woman holding a baby outside the Whittington hospital in Holloway was erected after a three-year campaign and crowdfunding effort by the Nubian Jak Community Trust and its founder, Jak Beula.

NHS Staff survey

Staff across the NHS have started to complete this year's survey which has been updated to align with the NHS People Promise. The feedback from our staff each year is incredibly important and is used to improve their experience of working in the NHS, and ultimately improve patient care. I encourage all staff to complete the survey by helping us to understand what it is really like to work here and to suggest ideas for improvement.

Staff excellence awards

I am delighted to announce this month's winners of our staff excellence awards are Lorna Wells, Senior Midwife, Lukasz Kulesza, Information Technology (IT) Project Manager, and Theresa Renwick, our Safeguarding lead.

Lorna was recognised for her dedication and commitment to her team and women and families. She has been with Whittington Health for many years and is highly respected by her colleagues. While shielding during the Covid-19 lockdown, she continued working by booking women for ante natal appointments and supervised midwives and planned the further development of the continuity of carer maternity transformation programme.

Lukasz was nominated for our excellence value. He was the IT Project Manager in the transfer of the Paediatric Audiology Service from the Royal Free to Whittington Health. He was noted for his professionalism, problem solving skills and patience to provide IT solutions and his commitment to a project that faced a number of IT challenges, working across three different clinic sites owned by different Trusts/landlords across a wide geographical area where a new IT network required installation.

Theresa is recognised as an expert professional in safeguarding matters and always provides excellent advice. She is methodical in her responses and provides practical steps of what to do next, in a supportive manner, for vulnerable patients.



Meeting title	Trust Board – public meeting	Date: 30 September 2021
Report title	Quality Assurance Committee Chair's report	Agenda item: 5
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	<p>This report covers items on discussed at the Quality Assurance Committee meeting held on 8 September 2021.</p> <p>The Committee reports to the Board that it took significant assurance from the following agenda items:</p> <ul style="list-style-type: none">• Chair's report, Quality Governance Committee• Board Assurance Framework – Quality entries• Elective recovery update• Nursing and midwifery strategic priorities• Emergency and Integrated Medicine presentation• Quarter one, Quality report• Quarterly learning from deaths report• Freedom to Speak up Guardian update• Serious Incidents <p>The Committee took moderate assurance from its discussion of the risk register.</p> <p>Other items covered at the meeting</p> <p>The Committee discussed reports covering preparedness for a Care Quality Commission inspection and reviewed its forward work plan. In addition, two reports from the Guardian of Safe Working were noted as they had been discussed in detail by the Workforce Assurance Committee.</p> <p>In addition, included in the appendices with this report is the bi-annual safeguarding report considered at the Committee's July meeting.</p>	
Purpose	Note	
Recommendations	Board members are asked to note the Chair's assurance report for the meeting held on 8 September 2021	
Risk Register or Board Assurance Framework	Quality strategic objective entries	
Appendices	1: Bi-annual safeguarding report	

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	8 September 2021
Summary of assurance:	
1.	<p>The Committee confirms to Board members that it took significant assurance in the following areas:</p> <p>Chair's report, Quality Governance Committee The Committee took good assurance from the assurance report provided for the Quality Governance Committee meeting held on 29 July 2021. It was noted that the four risk entries scored above 15 were included on the risk register. Michelle Johnson also updated Committee members to confirm that the quarterly review of performance by the Children and Young People's integrated clinical service unit was held on 7 September 2021 and reviewed all the risks highlighted. The neonatal equipment risk had been de-escalated. The risk relating to the children's ward and Simmons House both concerned ligatures points for which ongoing assessments were completed, and assurance was provided that the Trust remained sighted on these risks.</p> <p>Board Assurance Framework Committee members reviewed and discussed the risks to the delivery of the Trust's <i>Quality</i> strategic objective. They agreed not to reduce the likelihood scores for both entries but noted this would be kept under review in the face of operational pressures. Assurance was provided by Carol Gillen that all community services had restarted. The Committee also noted that planning was well underway for the annual winter flu vaccinations and the Covid-19 booster vaccination. The Committee approved the Board Assurance Framework Quality entries and agreed the risk scores be unchanged but kept under review.</p> <p>Elective recovery update The Committee took good assurance from headlines from the elective recovery report for the week ending 28 August 2021. They noted the good progress being achieved with performance currently at 95.1% for elective and day case and outpatients, against a 95% target of 2019/20 baseline activity. Committee members were apprised of good progress in reducing the number of patients who had waited longer than 52 weeks for treatment. Following further funding, work was taking place to address the children's therapy backlog by March 2022. Assurance was received that measures were in place to reduce DNA rates and that patient cancellations continued to be monitored. It was acknowledged that waiting times for speech and language therapy services and for the assessment and management of autism remained a challenge and had been escalated for discussion at a North Central London system level.</p> <p>Nursing and midwifery strategic priorities The Committee reviewed six-monthly update on progress with delivery of these priorities and noted the good progress achieved. Committee members welcomed the achievements in the following priorities:</p>

- **Compassion** – work was taking place to promote patient safety, listen to patient feedback and a culture of shared learning
- **Accountability** – Patient Experience Ambassadors had been identified for each integrated clinical service unit and would also provide more engagement for staff in operational areas as part of the development of the next Patient Experience Strategy. In addition, quality dashboards for use at a ward and team level had been developed
- **Respect** – career frameworks were being developed to help ensure improved staff retention rates. A Practice Development Nurse role had been recruited to. This postholder would support unregistered staff and bands 2-4 and provide an intensive training programme
- **Excellence** – a programme was in place to help ensure that every patient contact counted. A successful quality improvement event had been held and future work in this area would look to encompass learning from incidents

The Committee welcomed the report and agreed that an update be provided on evaluation of delivery of the priorities in the next update.

Emergency and Integrated Medicine (EIM) presentation

The Committee reviewed a briefing paper which provided an overview of safety and quality across the integrated clinical service unit, covering the period July to December 2020. This period included the start of the second Covid-19 pandemic surge. During discussion, the following areas were highlighted:

- EIM was actively involved in the new Trust Flow programme and looked to focus on five priorities to help improve patient flow
- Extension to the opening hours of the Same day emergency care pathways went live on 1 August 2021 and more nursing staff were being recruited to support the service
- There were currently three rooms in use for the endoscopy service and with mutual aid in the North Central London system, a fourth room would be opened to focus on the backlog and to allow more patients to have their procedures in a timely manner
- Following the feedback received in a letter from the Sickie Cell Pressure Group regarding the medical and nursing care provided to patients, a working group had been established to review the areas highlighted. These included reviewing concerns regarding pain control and the time spent in the emergency department waiting for medicines to be dispensed and administered. An ambulatory care review model had been created to allow patients to advise when they were on their way to hospital as they were unwell. This would help to reduce the assessment process and ensure prescriptions are prepared for timely administration of symptom medication. Earlier
- The Committee was advised that there was a national commission reviewing Sickie Cell care and that Whittington Health was providing support to the North Middlesex Hospital with pregnancy and maternity-related care and sickie cell patient support was being discussed to address patient concerns and provide a pathway to help these patients

- A pressure ulcer awareness day was held on Cavell (care of older people's) ward in July 2021 to share learning and there continued to be a focus on the early detection and prevention of pressure ulcers

The Committee thanked the EIM team for highlighting areas where issues needed addressing and agreed that an update be provided to a future meeting.

Quarter one 2021-22, Quality report

The Committee was able to take good assurance from the quarterly Quality report and noted the following issues:

- Whittington Health was 1 of 13 NHS providers with a lower-than-expected number of deaths
- The percentage of clinical harm reviews of patients waiting for care completed had increased. Work was ongoing to manage the backlog of reviews (due to the impact of the pandemic) and to ensure that patients were prioritised by clinical need
- There had been an increase in responses to the family and friend's test during this quarter and further engagement was taking place with staff by the Patient Experience Lead
- Although there had been a slight increase in the number of complaints received, the number of compliments received was higher. Consistent themes identified from complaints concerned communication and appointments
- The national patient experience survey results for 2020 showed similar outcomes to last year which gave some assurance in relation to the impact on care during the pandemic. The inpatient survey saw 90% of respondents positively respond to say they felt they had been treated with dignity and respect.
- The internal audit team had reviewed delivery of the patient experience strategy. The review concluded that there was significant assurance with only minor improvements suggested
- There had been an increase in complaints received regarding patient transport service provided by DHL and the Trust was working with the provider to address the concerns reported

Committee members welcomed the comprehensive Quality report and the assurance it contained, particularly the internal audit review of the patient experience strategy.

Quarterly learning from deaths report

The Committee was informed that during quarter one, 93 adult inpatient deaths were reported by the Trust. During this quarter, 23 structured judgement reviews were requested and 12 had, so far, been completed. No patient deaths had been assessed as being potentially avoidable. During the period covered by the report, one patient with a learning disability died and three patients with a serious mental illness had died from a physical health condition. There was one neonatal death in the emergency department. Committee members were assured that the summary hospital-level mortality indicator was stable at 0.86. It was noted that the backlog of mortality and structured judgement reviews were being communicated to respective integrated clinical

	<p>service units.</p> <p>Freedom to Speak up Guardian update</p> <p>Committee members agreed there was good assurance in a report on activity by the Freedom to Speak Up Guardian for the period March to August 2021 and were apprised of the following:</p> <ul style="list-style-type: none"> • Concerns continued to be raised and demonstrated a healthy environment for people to be able to speak up freely • There had been good work with staff equality networks highlighting speaking up opportunities across the organisation and a speak up month was planned in October 2021 • The network of Freedom to Speak Up Advocates had risen to 41 in total with 29 from an ethnic minority background. The Advocates were also present in clinical roles within a ward and in the emergency department. This has taken some time to establish and remains a focus on the Guardian and the trust. • 43 concerns were raised during this period. None of these concerns were raised anonymously which was a positive indicator. The demographic of these staff is now being captured and reported. • The largest number of concerns raised were from nursing and midwifery staff. However, concerns were also being raised by medical and dental staff and by allied health professionals demonstrating how awareness of the Guardian's role had successfully been disseminated across the Trust <p>Serious incidents' report</p> <p>Committee members discussed the Serious Incidents (SIs) report for June and July 2021. Three SIs were declared during these months. The SIs covered a maternity/obstetric incident involving a premature birth where the baby required resuscitation, the death of a mental health inpatient from a physical condition (another NHS Trust was now leading on the joint investigation into this serious incident under a joint memo of understanding around joint investigations of incidents concerning patients with mental health problems), and a mental health patient who had absconded. In addition, the Committee noted that lessons were shared discussed the findings and learning from two completed investigation reports. The first covered a case involving a delay in reviewing and acting upon the results from a Holter monitor, used for cardiac monitoring, which showed unexpected atrial fibrillation. The second case related to a missed opportunity to identify a bronchogenic carcinoma at an earlier point. The Committee noted the report and took good assurance on lessons and learning shared widely with staff.</p>
2.	<p>The Committee is reporting moderate assurance to the Trust Board in the following areas:</p> <p>Quality & safety risk register</p> <p>The Committee reviewed the key changes to the quality related risks on the risk register since July 2021 scored at 15 or above. They noted the closure of a risk following the recruitment of a clinical governance lead for gynaecological services. The Committee also noted the reduced scores and downgrading of risks relating to staffing within the pharmacy aseptic services unit, the</p>

	<p>electronic prescribing, and medicines administration system, and with planned works in the pharmacy department. Committee members were informed of new risk register entries covering demand for ENT patients who required a diagnostic test, the temporary closure of the dental department at St Anne's Hospital, and the risk of harm due to an open stairwell along with the mitigating actions implemented in each case.</p>
3.	<p>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</p> <p>In attendance: Breeda McManus, Deputy Chief Nurse Ruben Ferreira, Freedom to Speak Up Guardian Gillian Lewis, Associate Director, Quality Governance Clarissa Murdoch, Associate Medical Director, Quality Improvement & Clinical Effectiveness Ihuoma Wamuo, Associate Medical Director, Patient Safety & Learning from Deaths Kat Nolan-Cullen, Compliance and Quality Improvement Manager Kelly Collins, Associate Director of Nursing, EIM ICSU Swarnjit Singh, Trust Secretary Anne Walker, (Observer) Deputy Director of Quality, NCL CCG Marie Fitzpatrick, (Observer) Designated Nurse for Children Islington CCG Carolyn Stewart, Executive Assistant to the Chief Nurse</p> <p>Apologies: Monika Dulnikiewicz, Director of Environment Deepak Suri, Clinical Director, EIM ICSU</p>



Meeting title	Quality Assurance Committee	Date: 14 July 2021
Report title	Adult and Children's Safeguarding six monthly report (September 2020 to March 2021)	Agenda item: 4.2
Executive director lead	Michelle Johnson Chief Nurse & Director of Director of Allied Health Professionals	
Report author	Head of Safeguarding (Children) Karen Miller Head of Safeguarding (Adults) Theresa Renwick	
Executive summary	Executive summary <p>This report provides a summary of the work undertaken across adult and children's safeguarding and covers the period between September 2020 to March 2021.</p> <p>The Trust's safeguarding teams continue to provide a range of services to support key areas of safeguarding work, respond to emerging themes and strive to ensure all safeguarding processes are robust and effective and meet statutory and regulatory obligations.</p> <p>It is important to recognise the dates which this report cover, which include the second wave of the Covid 19 pandemic.</p> <p>Adult</p> <ul style="list-style-type: none">• During the period covered in this report, the numbers of safeguarding adult referrals have increased, a pattern which follows the most recently published annual statistics for safeguarding adults which covers April 2019- March 2020. This is used as a comparator in the absence of any other national data.¹• Whilst 'own home' remains the top category for location of abuse, numbers are significantly increased, a suggested result of restrictions imposed due to Covid.• There has been an increase in numbers of pressure ulcers identified as being a safeguarding adult concern over these two quarters.• Safeguarding adults level 1 stood at 86%, and level 2 at 79% on 31st March 2021	

¹ ¹ <https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2019-20>

	<ul style="list-style-type: none"> • Basic awareness of PREVENT (BPAT) was 86% • Safeguarding adult level 2 training moved to e-Learning from January 2021 (though returned to face to face in June 2021). • Homelessness referrals (Duty to Refer, or DtR) continue, and the work within the Trust in relation to embedding DtR within the organisation has been recognised by a thematic SAR published in March 2021. • Whilst the implementation of the new Liberty Protection safeguards (LPS) to replace DoLS has been postponed until April 2022, work continues look at the implications of this new legal framework for Whittington Health NHS Trust. This includes discussions with colleagues in Children and Young People (CYP) and CAMHs • Urgent DoLS authorisations continue to be completed, again an increase in urgent authorisations being seen. • Numbers of DoLS assessments being completed for standard authorisations organised by local social services has decreased significantly since the first Covid surge. • There has been a decrease in social care presence within the hospital discussing safeguarding adult concerns directly with patients. <p>Children & Young People</p> <ul style="list-style-type: none"> • Safeguarding children activity has remained high during the period of this report. The impact of Covid19 and reduced visibility of children during the latter part of this reporting period has increased anxiety amongst the workforce to the prospect of 'hidden harm'. • The closure of schools in January 2021 with a return to online learning was shown to have a significant impact on the mental health of children as well as widening inequalities for the most deprived children. • Adolescent mental health remained a key issue within safeguarding. The lack of specialist provision nationally combined with a landscape of more complex mental health emerging at a younger age has presented the safeguarding team with consistent challenges.
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	<ul style="list-style-type: none"> • Domestic abuse cases have risen across the boroughs with the severity of domestic abuse cases being reported being a significant factor. • Changes to domestic abuse legislation were announced in early 2021 with the recognition in law that children who live with domestic abuse are victims in their own right. This is a significant factor for professionals working within safeguarding. • Partnership working has increased significantly in this period. Familiarity with online meeting platforms has helped with availability and co-ordination of meetings at short notice. This has been a valuable asset in lockdown in continuing to provide safeguarding responses. • Safeguarding training figures as reported by Electronic Staff Register (ESR) indicate compliance has been reached with in excess of 180 staff being trained during this period online at level 3. Adaptation to innovative online teaching has enabled larger groups of staff to be trained by external and internal facilitators. • Local Safeguarding Practice Review (LSPR) as they are now known under new legislation (previously known as Serious Case Reviews SCR) activity at this time indicates nine active reviews in progress. Whittington Health has a robust action plan in place to address the learning from SCR's, with most actions already completed before publication of the SCR. • Whittington Health has contributed to one Domestic Homicide Review (DHR) • Staff supervision compliance has remained high. Health visitors report being involved with far more complex cases of neglect and emotional abuse with domestic violence being a prevalent factor in their caseloads. • Formalised supervision and restorative supervision has been extended to allied health professionals including Haringey improving Access to Psychological Therapies (IAPT) and the community children and young people therapies teams. • Adhoc supervision sessions have been offered to staff groups. Uptake of this has been high and effective in providing support for staff who are recognised to be finding their caseload management stressful and overwhelming at times as a result of the ongoing Covid19 situation..
Purpose:	Review and approve

Recommendation(s)	<p>The Trust Board is asked to: -</p> <p>(i) To receive assurance that there are systems in place to protect children and vulnerable adults from abuse and neglect whilst in our care.</p> <p>(ii) To be assured that partners have confidence that Whittington Health is fulfilling its role as a statutory partner in safeguarding children and adults at risk in the wider community and health and care economy.</p>
Risk Register or Board Assurance Framework	Board Assurance Framework risk entry 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Report history	Trust Integrated Safeguarding Committee April 2021
Appendices	1 - Biannual Integrated safeguarding report to Trust Board (March 2021 to September 2021)

BIANNUAL INTEGRATED SAFEGUARDING REPORT

September 2020 to March 2021

1. INTRODUCTION

- 1.1 This bi-annual report for safeguarding children and adults informs the Trust Board of activity and progress in improving and strengthening the safeguarding arrangements for adults and children across Whittington Health NHS Trust. The report has been recommended by the Trust Quality Committee for approval by the Trust Board on recommendation from the Quality Committee. It covers the period from September 2020 to March 2021. The report provides assurance around the following:

- Adoption of national policy changes
- Responding to and learning from safeguarding concerns raised from internal incidents and serious incidents; Safeguarding Practice Reviews, Safeguarding Adult and Domestic Homicide Reviews and regulatory inspections
- Work plan and objectives for the coming period of review
- Impact of Covid 19 on safeguarding practice.

2. SAFEGUARDING CHILDREN

- 2.1. Working Together to Safeguard Children was published in July 2018. The major change to safeguarding national policy and guidance is the replacement of Local Safeguarding Boards (LSCBs) with new arrangements called Safeguarding Partnership Arrangements to be in place by the end of September 2019. The local CCGs holds responsibility as the lead health representative in the new partnership arrangement and Whittington Health has been working closely with CCG colleagues to contribute in the working of the new arrangements. The new arrangements are now fully embedded in multi agency practice.
- 2.2. The Serious Case Review process has been replaced with National Child Safeguarding Practice Review Panel. This is hoped to streamline the process and implement a system of national learning in a more timely way.
- 2.3. The child death review process changed 29 September 2019 and the new process is fully embedded in practice. Analysing data from child deaths across a larger geographical area will inform Public Health going forward on potential modifiable practices to prevent further deaths.
- 2.4. Safeguarding supervision continues to be provided within statutory guidelines with compliance consistently maintained as indicated in below tables.

- 2.5 Safeguarding supervision has also been widened to include supervision of allied health professionals. This is in recognition that they also work frontline with vulnerable children and often identify safeguarding concerns.

Restorative supervision sessions have also been introduced to help staff manage anxiety and stress linked to safeguarding practice.

Reflective Safeguarding supervision utilising Trauma Informed Practice (TIPS) has also been offered in school and health settings. This provides a valuable platform in which to discuss complex safeguarding concerns in a multi-agency context. An example of a case discussed is set out below.

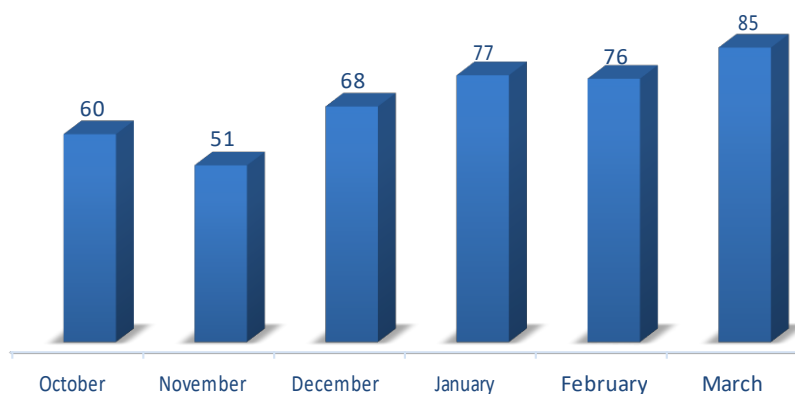
SAFEGUARDING REFLECTIVE SUPERVISION

Regular supervision sessions have been held within our Tier 4 adolescent mental health unit. A recognition that staff here are dealing with complex mental health issues in increasingly younger children. This supervision has identified for some cases obvious previous trauma in young people probably linked to sexual abuse, but often without a direct disclosure. Often without a disclosure, threshold will not be reached for involvement of social care. This presents a considerable issue in relation to future safety post discharge. Bespoke supervision and training of staff has helped explore behaviours and collectively has helped to provide an evidence base and a chronology to be able to escalate concerning cases into the safeguarding arena. This approach whilst not always solving the enduring mental health issues, has served as a mechanism in which staff feel empowered to provide an enhanced level of future protection as well as contributing towards the multi agency safeguarding approach.

3.0 SAFEGUARDING ADULTS

- 3.1. These two quarters continued to be a very busy one for safeguarding adults, DoLS and the Mental Capacity Act
- 3.2. Numbers of concerns identifying domestic abuse have increased this quarter, and there has been a drive by A&E link nurses to raise awareness within A&E.
- 3.3. Over 50% of all safeguarding adult concerns were raised by the Urgent and Emergency Medicine ICSU.
- 3.4. Training compliance continues to be monitored, with figures for March 31st 2021 giving level 1 as 86% and level 2 as 79%
- 3.2. Graphs 1-9 below show the demographics, nature of allegations, person alleged to have caused harm and location of alleged abuse for safeguarding adults.

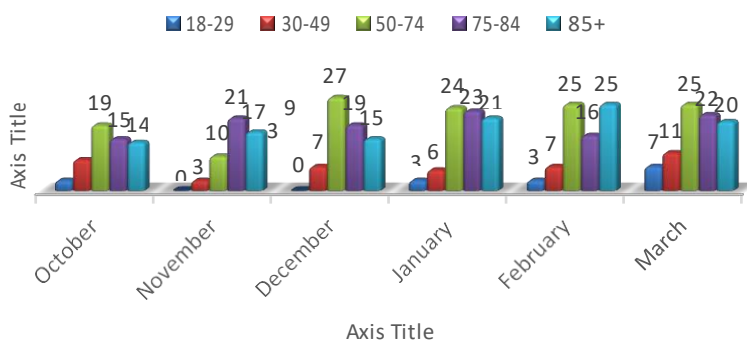
Total safeguarding adult referrals Q3&Q4 September 2020-March 2021



Graph 1

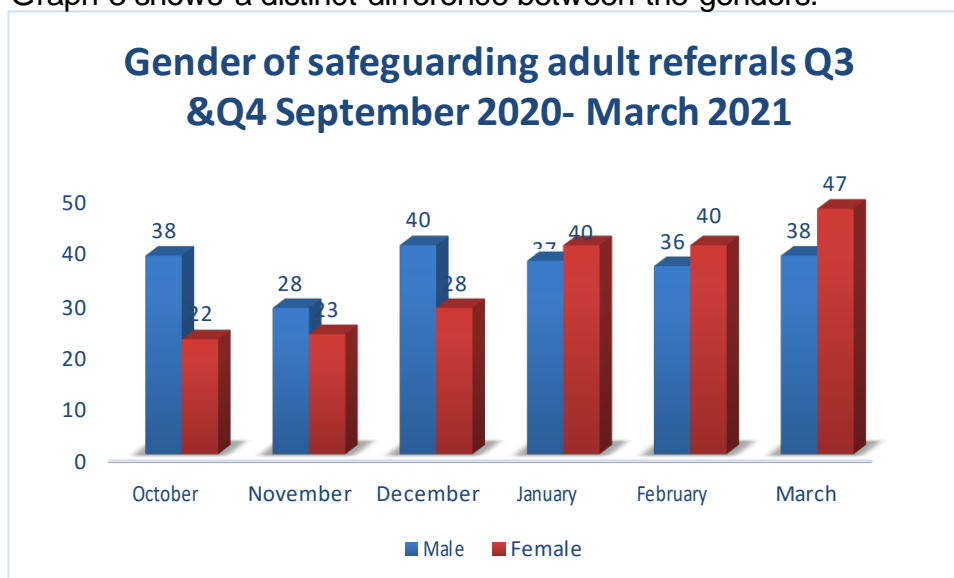
3.3 Graph 2 below shows significant numbers of safeguarding adult concerns are raised for those aged 50 and above, with a serious increase in representation.

Age range of patients with safeguarding adult referrals Q3 &Q4 Sept 2020- March 2021



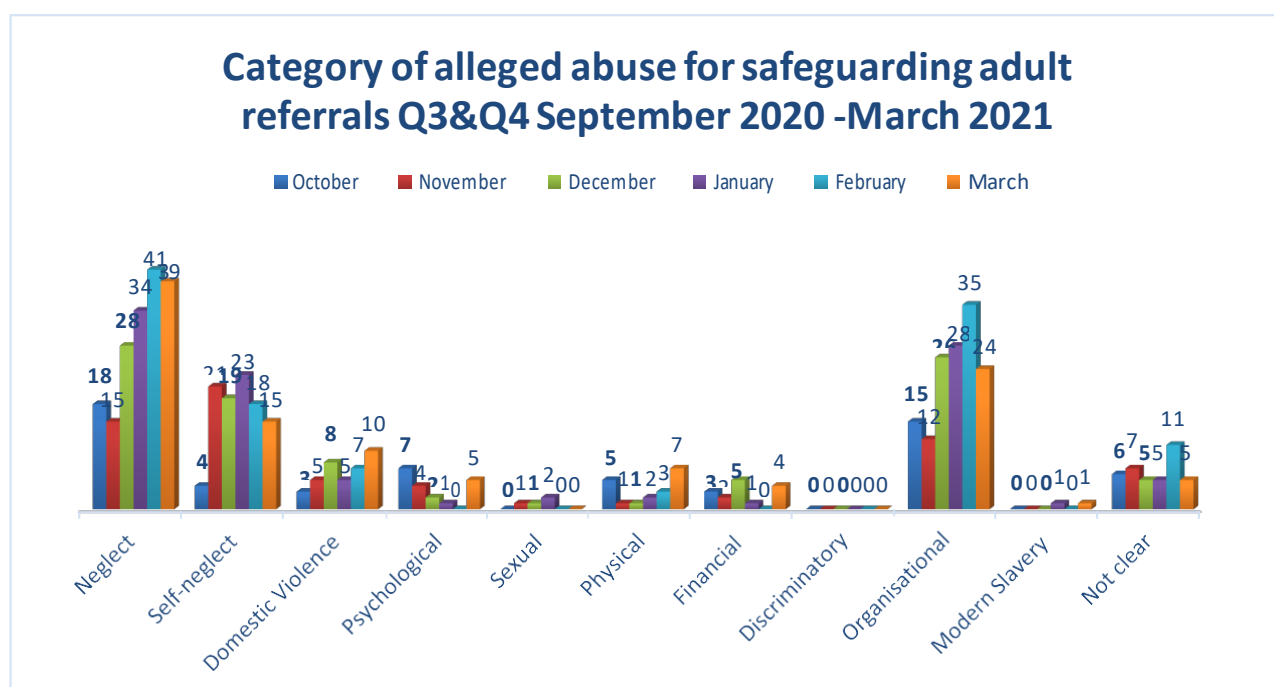
Graph 2

3.3. Graph 3 shows a distinct difference between the genders.

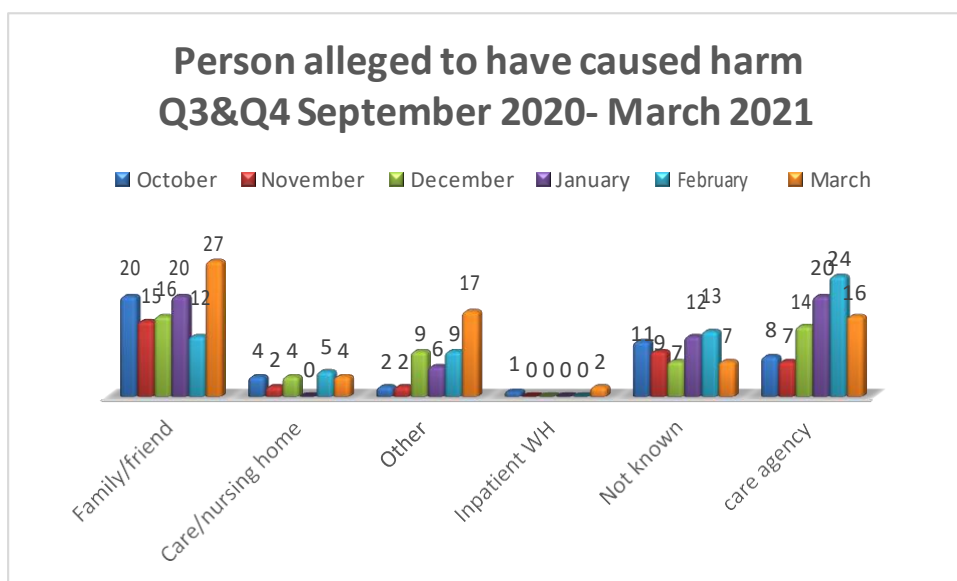


Graph 3

3.4 Graph 4 below shows neglect as the category with the most alleged abuse, again reflecting national findings.

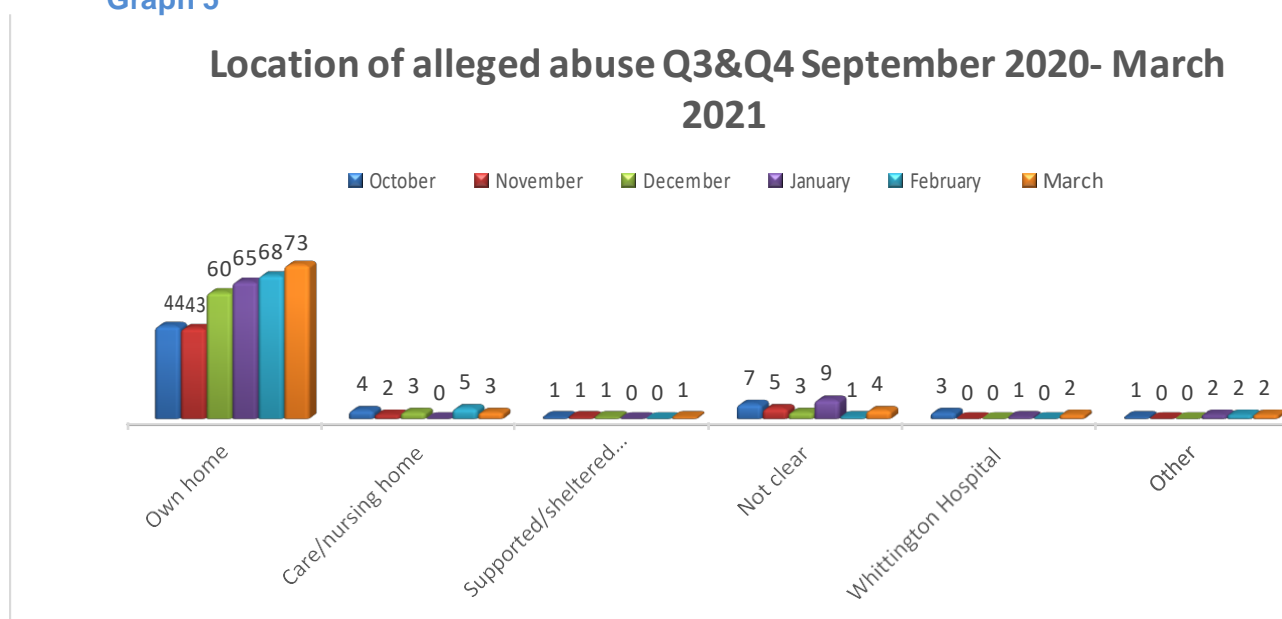


Graph 4



3.5 'Own home' was the most frequently identified location of abuse.

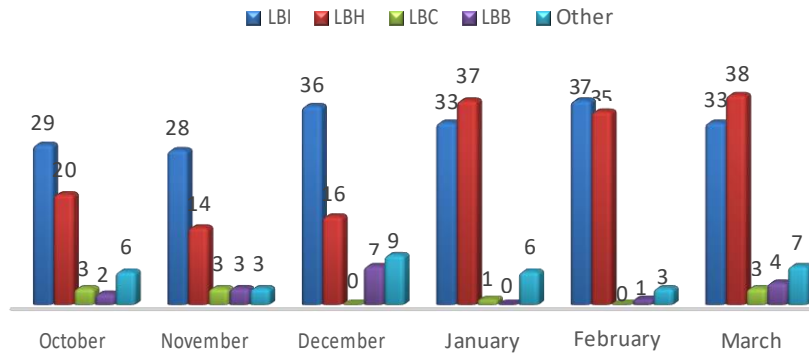
Graph 5



Graph 6

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

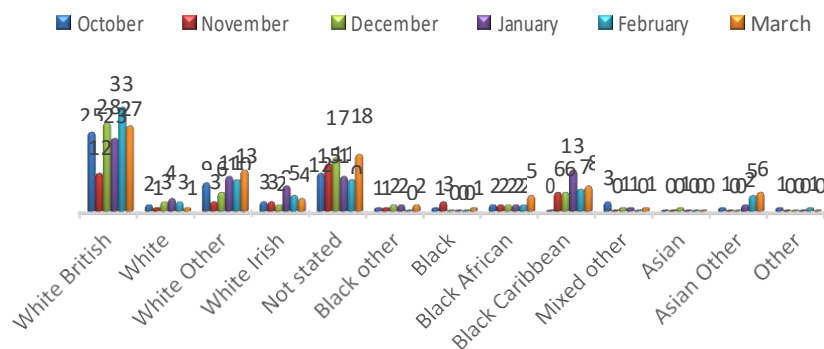
LSSAs receiving safeguarding adult referrals Q3 & Q4 September 2020-March 2021



Graph 7

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

Ethnicity of patients with safeguarding adult referrals Q3 & Q4 September 2020 - March 2021



Graph 8

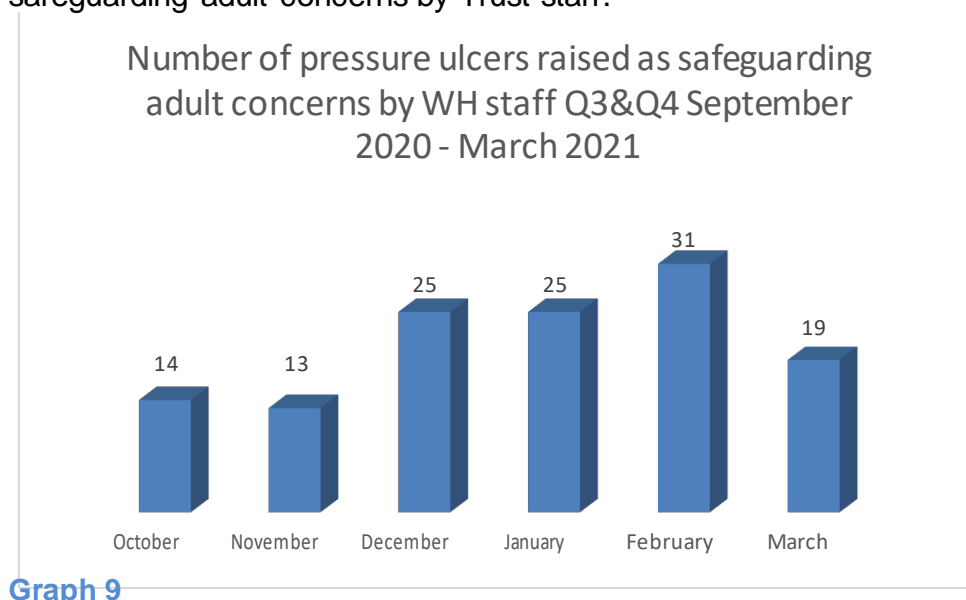
3.8 The case example below is an example of the complexities of safeguarding adult work.

CASE EXAMPLE

Jane is in her mid 30s, and has had several admissions over the past six months as a result of DKA (she has type 1 diabetes). Though undiagnosed, it is strongly suspected Jane has autism. She lives with her mother, who has obstructed district nurse input in the community, arranged to monitor Jane's insulin. A significant number of MDTs have taken place to discuss the case and look at treatment options. Additional discussions have been required due to the complex interface between legal frameworks in use of the Mental Capacity Act and Mental Health Act, as well as considering which agency takes the lead in applying to the Court of Protection. In addition, there has been a need to incorporate the wishes and views of Jane's family, and use of different advocates and representatives.

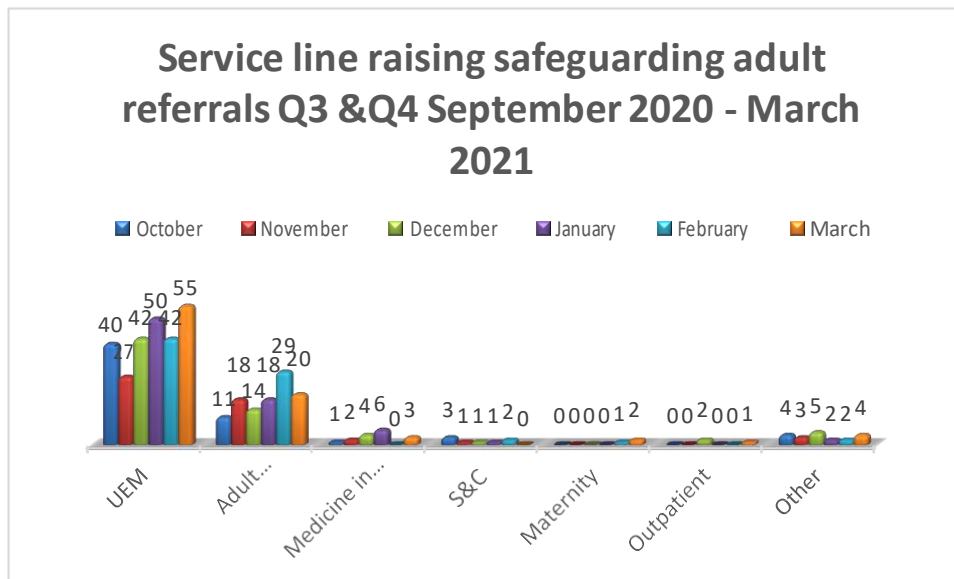
3.9 The *London Multi-Agency Adult Safeguarding Policy and Procedures*,² and *'Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry,' Department of Health January 2018*, both indicate that pressure ulcers are only reported as safeguarding concerns if they are felt to have been avoidable (now referred as attributable to the Trust), and the result of abuse and/or neglect. Whittington Health continues to play a key role in distributing information to the local community to raise awareness about prevention of pressure ulcers (Graph 9).

3.10 Graph 9 below shows an increase in pressure ulcers being identified as safeguarding adult concerns by Trust staff.



3.11 Graph 10 belows shows two service lines were most likely to raise adult concerns. There is a significant difference between the two highest reporting services. Given the reported reluctance of local residents to have health and social care professionals visiting during this period, the disparity can perhaps be explained due to this.

² <https://www.safeguardingadultsyork.org.uk/media/1070/pan-london-safeguarding-adults-procedures.pdf>



Graph 10

4. ALLEGATIONS MADE AGAINST STAFF

- 4.1. In this reporting period there has been one case of a member staff employed by the Trust being referred to the LADO (Local Authority Designated Officer). The Allegations against Staff Policy remains in place.
- 4.2. The number of cases referred to the LADO from health settings is low, but this is in line with other health partners and is linked to the nature and level of contact health workers spend with children comparative to colleagues in education and social care settings.
- 4.3. One safeguarding adult concern was raised in relation to a staff member during this time period.

5. TRAINING Children

- 5.1. ESR reported compliance with statutory training remains high in level 1 and 3 but a slight drop in level 2 compliance. This is linked to availability of staff within the level 2 group (primarily working in adult services) who have been busy dealing with the pandemic.
- 5.2. It has been recognised that there are issues with the ESR system's ability to record compliance across the levels. A data cleanse will need to be carried out as staff are recorded against incorrect levels, impacting on recorded compliance.
- 5.3. Safeguarding Partnership Arrangements provide multi agency training and this will provide an additional area in which staff can access training outside of Whittington Health. Whittington Health staff facilitate sessions within this training to maintain the multi agency approach.

Adults

- 5.4. Compliance for safeguarding adults level 1 stood at 86% at the end of March 2021.
- 5.5. Compliance for safeguarding adults level 2 was 82%.
- 5.6. Basic Awareness of Prevent (BPAT) stood at 86%.

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

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

Safeguarding Children

- 6.1 The onset of the Covid 19 pandemic raised huge concerns on how 'safeguarding functions' could continue. However, the service has adapted quickly and response times to concerns has probably improved considerably. Vulnerable families are still seen face to face where possible and close links are maintained with schools.
- 6.2 Trauma Informed Practice (TIP) remains a key focus across practice and TIPS training has been rolled out across the workforce. Supervision models also focus on trauma and the impact this will have on behaviour and emotional wellbeing in both adults and children. External facilitation of training was organised for January 2021 with Professor David Shemmings providing three days of well attended training for frontline staff.
- 6.3. Whittington Health has a Serious Case Review/Serious Incident (SCR/SPR/SI) Action Plan that is monitored through the quarterly Integrated Safeguarding Committee to ensure relevant learning from the SCR/SPR/SI's is implemented. Actions are also monitored through the Safeguarding Partnerships and their respective sub groups.
- 6.4. In April 2020 external funding from Islington CCG and Public Health to fund a dedicated MASH health worker. This is recognition of the crucial role health plays in the safeguarding partnership. A member of staff was recruited in November 2020. The impact of this post will be closely monitored to be able to report on its effectiveness on safeguarding processes.
- 6.5. Within children's safeguarding the Trust does not count the number of referrals made to children's social care as this would require central reporting from many different services across the Trust and could delay direct referrals to Children's Social Care (the importance of timely referrals is key therefore

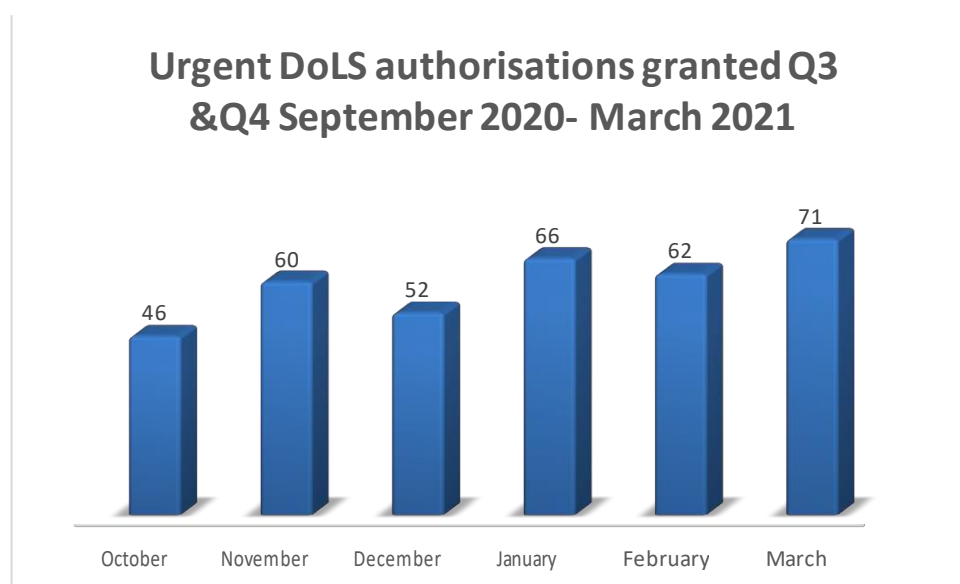
appropriate for staff to make direct referrals rather than through centralised place). It would be difficult to generate this data for Whittington Health, however, Children's Social Services departments quality check referrals, and those of poor quality are re-directed back to Whittington Health via the safeguarding team for support and training purposes.

Safeguarding Adults

- 6.6 Whittington Health was part of a thematic Safeguarding Adult Review looking into three deaths in Haringey. The Whittington's work to embed the Duty to Refer statutory duty was mentioned as an example of good practice.
- 6.7 Two learning events have taken place looking at the interface between agencies during the period of Covid.
- 6.8 The Trust continues to be very involved in the Learning Disability death Mortality Review (LeDeR) process, contributing to the dissemination of lessons to be learned, and improving the experience of people with learning disabilities.

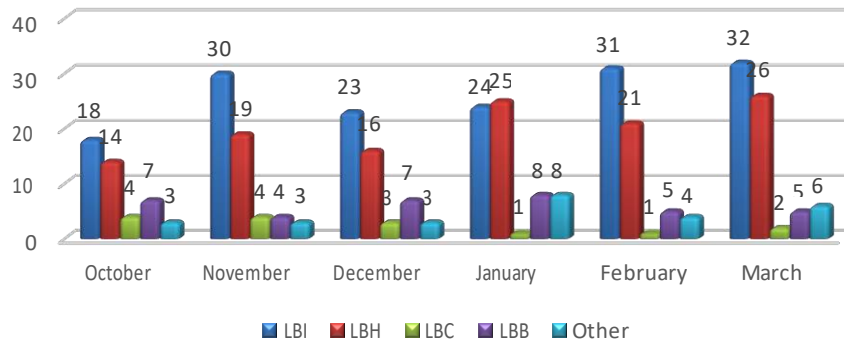
7. DEPRIVATIONS OF LIBERTY SAFEGUARDS

- 7.1. Graphs 11 and 12 below show numbers of Deprivation of Liberty urgent authorisations applied for within Whittington Health, and which local authority received these.
- 7.2 Numbers of urgent DoLS applications continued to increase, significant when considering resources for the new Liberty Protection Safeguards which will place new responsibilities on the Trust which will act as the 'Responsible Body'.



Graph 11

LSSAs receiving urgent DoLS authorisations Q3 & Q4 September 2020 - March 2021



Graph 12

8. PRIORITIES 2021/22

9.1. Children

- To continue to support the introduction of Domestic Abuse advocates (IDVA's) across the Trust particularly in the Emergency Department
- To maintain contact with the workforce team improving reporting accuracy and continued issues with reported inaccurate training data from ESR
- To support the introduction of a Trauma Informed Practice (TIPS) approach to practice across the Trust
- To continue to provide high level safeguarding training with the introduction of internally organised safeguarding conferences every quarter
- To contribute and develop practice across the organisation with regards to emerging themes around contextual safeguarding e.g. the impact of gangs and safeguarding risks in the wider community.
- Develop health strategies in relation to gangs, adolescent mental health and child sexual and criminal exploitation
- To further develop partnership working between midwifery and health visiting services
- To positively evaluate the impact of the externally funded MASH health worker in Islington to ensure this becomes a permanently funded role.

8.2. Adults

- Continue to address develop training around use of the Mental Capacity Act within the Trust for staff
- Look to develop appropriate and relevant training for safeguarding adults to reduce the reliance on face to face training.

- Undertake a scoping exercise in relation to DoLS activity within the organisation, to assist in planning for the new LPS framework.
- Working with colleagues to ensure the Duty to Refer requirement under the Homelessness Reduction Act 2017 continues to be adhered to, and developments of initiatives for homeless patients continues.

10. RECOMMENDATIONS

The Trust Board is asked to: -

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

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



Meeting title	Trust Board – public meeting	Date: 30 September 2021
Report title	Freedom To Speak Up Guardian Report (March – August 2021)	Agenda item: 6
Executive director lead	Michelle Johnson - Chief Nurse and Director of Allied Health Professionals	
Report author	Ruben Ferreira – Freedom to Speak Up Guardian	
Executive summary	This paper provides: <ul style="list-style-type: none">• A brief overview of the work of the Freedom To Speak Up Guardian (FTSUG) from March 2021 to August 2021• An Update on the National Guardian Office Data (2020-21)• An Update on the Speak Up Advocate's role	
Purpose:	The report provides information about Freedom to Speak Up across Whittington Health with information covering the period March 2021 to August 2021	
Recommendation(s)	The Trust Board is asked to: <ul style="list-style-type: none">i. encourage and promote with managers and senior leaders to engage with Freedom to Speak Up arrangements in place; andii. note the implementation of Freedom to Speak Up training for managers	
Risk Register or Board Assurance Framework	BAF entry 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.	
Report history	The previous report presented to Whittington Health Trust Board March 2021	
Appendices	None	



1 INTRODUCTION

- 1.1 The role of the Freedom to Speak Up Guardian (FTSUG) was created because of recommendations from Sir Robert Francis' Freedom to Speak Up review, published in February 2015. Freedom to Speak Up Guardians are expected to work with trust leadership teams to create a culture where staff can speak up to protect patient safety and empower workers. As well as providing a safe and impartial alternative channel for workers to speak up to, they identify themes and provide challenge to their organisation to work proactively to tackle barriers to speaking up.

2 BRIEF OVERVIEW FREEDOM TO SPEAK UP GUARDIAN

- 2.1 The Guardian is continuously working to engage with teams and services across Community and Hospital departments. The Guardian continues to offer staff members the option for remote appointments through phone, Microsoft Teams or Zoom, or face to face when the social distancing conditions are met.
- 2.2 Communication and visibility are two key points for the success of engaging with staff who may wish to raise concerns. The Guardian continues to work closely with the Communications Department to review the trust media activity and promotion. This collaboration is fundamental as it provides the tools to reach more colleagues, promoting visibility, recruitment of Speak Up Advocates and clarifications regarding the role. In June the Trust launched the new **Speak Up badges** to improve the visibility of the Advocates network and allies across the Trust. The new badges state '**Freedom to Speak Up, Speak to me**' encouraging people to approach the network. This also means that Speak Up Advocates in clinical areas can keep wearing it to always keep their visibility. The National Guardian Office welcomed this initiative. Also part of our upcoming goals is the revamp of the FTSU intranet page.

Freedom to Speak Up
Speak to me

- 2.3 Whittington Health are working closely with all the Staff Networks to listen to staff concerns, promote a healthy and positive Speak Up culture and help remove additional barriers that workers may face in speaking up. Collaboration and mutual support is growing between the FTSUG and the Networks leadership who have been escalating concerns and signposting accordingly to the Guardian some of the concerns raised within the networks. Freedom to Speak Up is a

valuable tool for hearing about workers concerns and ideas for improving safety and wellbeing.

- 2.4 Following the National WRES in depth review of race equality and the WRES data at Whittington Health there was feedback that some staff report still feeling cautious of speaking to the FTSUG or Advocates. Communication and work to support staff gaining further confidence in the role will be a priority over the next 6-12 months.
- 2.5 The FTSU Guardian continues to attend the Preceptorship Study Day and Newly Qualified Nurses Orientation training to explain how to raise concerns safely and confidentially. The Guardian is also attending the trust induction day for all new starters and induction for new medical students as well. When the Guardian is not available to attend, Speak Up Advocates provide cover which promote the role of the Advocate. The FTSUG is also participating and sharing information on raising concerns on the Medical Committee and Patient Safety Group.
- 2.6 The FTSUG was invited to talk to junior doctors in Obstetrics and Gynaecology from North Central London about Freedom to Speak Up, the importance of raising concerns and doing so safely.
- 2.7 The collaboration between the FTSUG and the Organizational Development Team and the Equality, Diversity and Inclusion Lead is fundamental to reinforce learning and acting on the concerns received. This collaboration allows us to challenge cultural behaviours, bullying and harassment and detriment in a serious, committed and constructive way. As a consequence of a positive culture for speaking up, we can keep improving services and staff experience, addressing inadequate behaviours as necessary. We are establishing a positive and constant collaboration between Human Resources and FTSU to facilitate formal processes while supporting people raising concerns and building mutual trust. This facilitates clear communication and transparency between the two services.
- 2.8 The FTSUG and HR Business Partners joined 1:1 drop-in, informal and confidential, sessions with staff working in Estates and Facilities department. This was linked to work to respond to feedback received in the staff survey results to raise the profile of Speak Up and how staff can raise concerns face to face in a safe and supportive way.
- 2.9 The Freedom to Speak Up Guardian continues to help and promote the de-escalation of conflicts and facilitating and improving routes of communication on a 1:1 level or within a team/ department.
- 2.10 The trust is waiting for the review of the national standard speaking up policy (April 2016). The Head of Office and Strategy and the National Lead for Guardian Support and Policy at the NGO will be joined by colleagues from NHS E/I this September for a webinar to discuss the progress of this policy. The Trust will wait for the National Guidance to be aligned and then update the trust policy. The Guardian will lead this work with the Human Resources Business Partners, Chief

Nurse and Director of Workforce. It is anticipated that the terminology 'whistle blow' will be changed, following the National move to 'raising concerns'.

- 2.11 The National Guardian office encourages NHS staff to complete the Freedom to Speak Up e-learning recently launched in association with Health Education England. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, focus on listening and understanding the barriers to speaking up. A final module, Follow Up, for senior leaders will be launched later in the year to support the development of Freedom to Speak Up as part of the strategic vision for organisations and systems. As a Trust we are committed to making sure that everyone is trained on Speak Up, starting with senior leaders and managers to set the tone across their teams. The FTSUG and the Chief Nurse have completed the managers E-learning.
- 2.12 The NGO is also preparing the Speak Up month in October. The Trust involvement in the Speak Up Month and the involvement of our senior leadership team is vital. This aims to send a powerful message to everyone in the organisation, but particularly to those who feel the most vulnerable, that speaking up is valued, welcomed and encouraged.

3 SPEAK UP ADVOCATES ROLE

- 3.1 The Guardian is offering constant supervision and support to consolidate the network of Speak Up Advocates. The FTSUG and the Advocates have a two-monthly meeting to review some cases and provide support and guidance. Continuous training is also advised and incentivized for the Advocates within their role.
- 3.2 Representing diversity, equality and inclusion across the Trust, our Speak Up Advocates are present in several staff networks, especially the B.A.M.E network and Staff Wellbeing, to encourage colleagues to speak up and raise their concerns safely. 24 of our 41 Advocates are from a B.A.M.E cultural background.
- 3.3 After another successful recruitment and training, we have currently 41 Speak Up Advocates across the Trust. We successfully recruited the first Advocate of a clinical person on a Ward and three in the Emergency Department (ED). As a result of the presence of these advocates in the ED, offering people an alternative route to escalate concerns, the trust has seen a considerable increase of people escalating concerns. The ambition remains to have one Advocate for each Ward and in departments such as IT and Finances and Day Treatment Centre. The collaboration of divisional directors and corporate directors will be fundamental in this process.

4 NATIONAL GUARDIAN OFFICE DATA

- 4.1 The data Freedom to Speak Up Guardians submit helps provide confidence, and assists in learning and improvement – for colleagues and organisations they support, and other Guardians.
- 4.2 Over 20,000 cases were raised to Freedom to Speak Up Guardians throughout 2020-21 across England – a 26 percentage point increase from the previous

year. Guardians have now handled over 50,000 cases since the NGO first started collecting data in 2017.

- 4.3 The percentage of cases involving an element of patient safety or quality of care has decreased (down from 23% to 18%) while cases involving elements of bullying and harassment have also dropped – from 35% in 2019-20 to 30.1% in 2020-21.
- 4.4 Whilst the proportion of cases that indicated detrimental treatment for speaking up has slightly decreased (3.4% in 2019/20 to 3.1% in 2020/21), over the course of the year the percentage of cases involving detriment increased from 2.7% in Q1 (April to June 2020) to 3.5% in Q4 (January to March 2021).
- 4.5 Similarly, the decrease in the percentage of cases that are raised anonymously has slowed, with 11.7%. With an increased number of cases, that means the actual numbers have increased overall. This remains a concern, as workers speaking up anonymously may be an indicator of fear and mistrust in the system.
- 4.6 In this time of crisis, Freedom to Speak Up Guardians made sure that workers knew they were still listening and still there to support them.

5 LOCAL CONCERNS RAISED (March 2021 to August 2021)

- 5.1 During this reporting period (March 2021 to August 2021) the FTSUG received 43 initial concerns. None of the contacts made was anonymous. When compared with the first Trust Board report, March 2019 - August 2019, made by the current Guardian (where 6 anonymous cases were reported, this hopefully represents a gradual change to an open and positive culture for raising concerns and that staff are starting to feel more confident and safer to disclose their identities while speaking up.
- 5.2 Thirty of the cases have been reported to the National Guardian's Office (Q1). Two cases reported involved an element of patient safety/ quality, seventeen with an element of bullying and harassment and one case where disadvantageous and/or demeaning treatment as a result of speaking up occurred.
- 5.3 This table overleaf cases received by month for the reporting period.

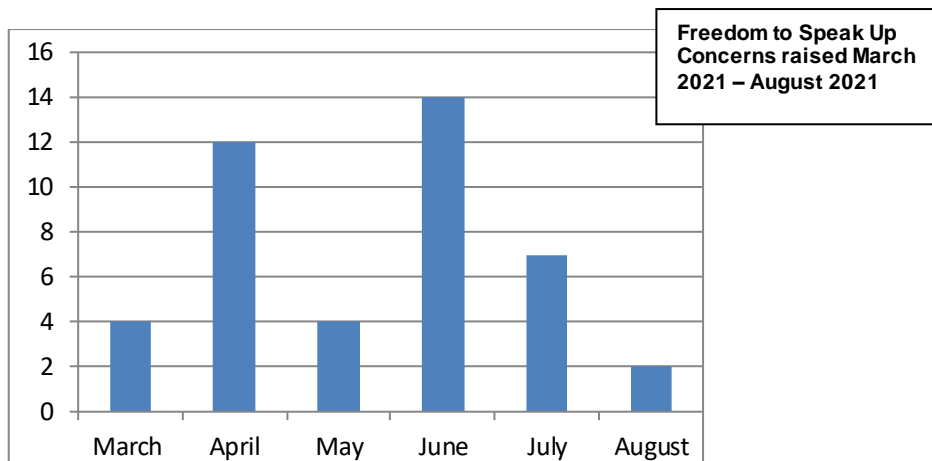


Table one: Freedom to Speak Up Concerns raised March 2021 – August 2021

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

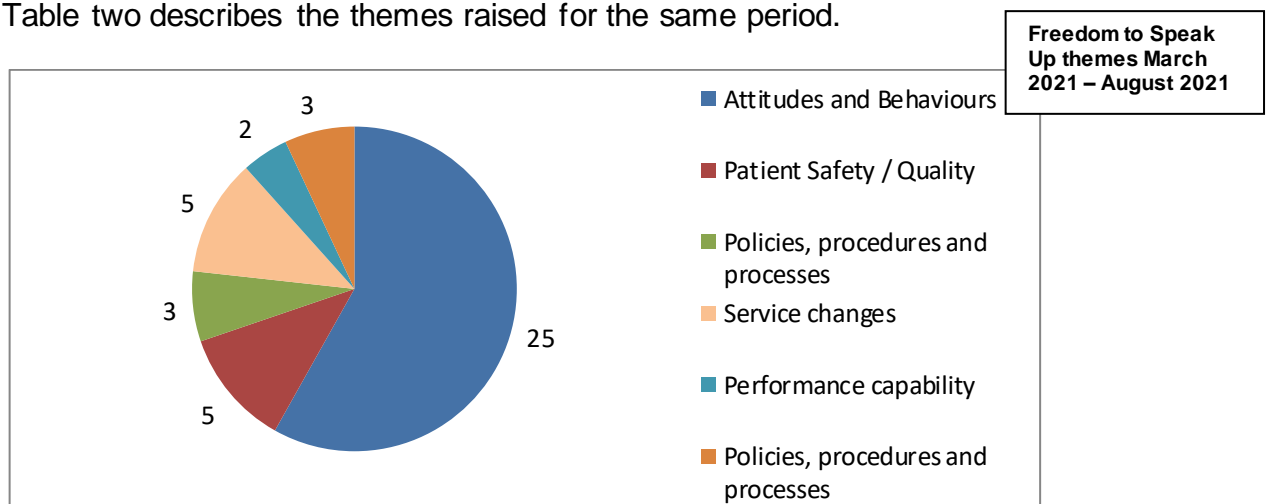


Table two: Freedom to Speak Up themes March 2021 – August 2021

5.5 Table three shows the ethnicity of staff raising concerns from March 2021 to August 2021. This data collection comes in response to the request of the B.A.M.E Staff Network. Close monitoring on the ethnicity of staff raising concerns will help to keep tackling barriers to speak up.

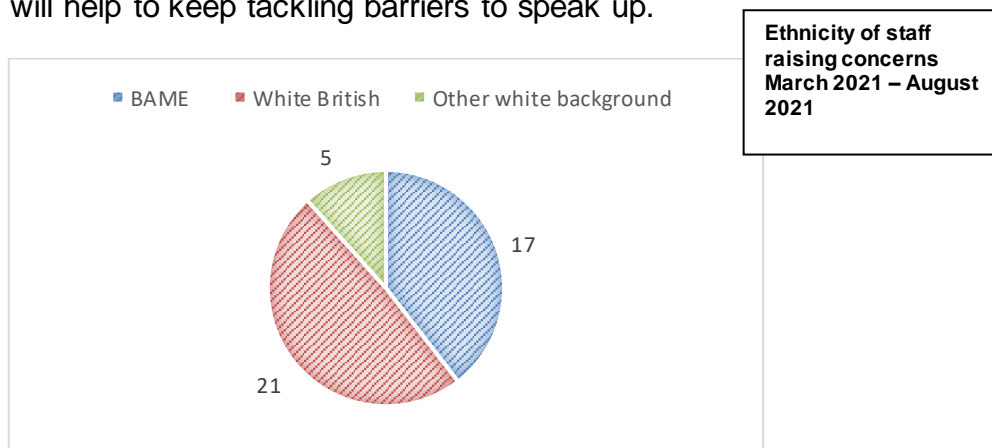


Table three: Ethnicity of staff raising concerns March 2021 – August 2021

5.6 Table four shows the cases raised from March 2021 to August 2021 for professional staff groups.

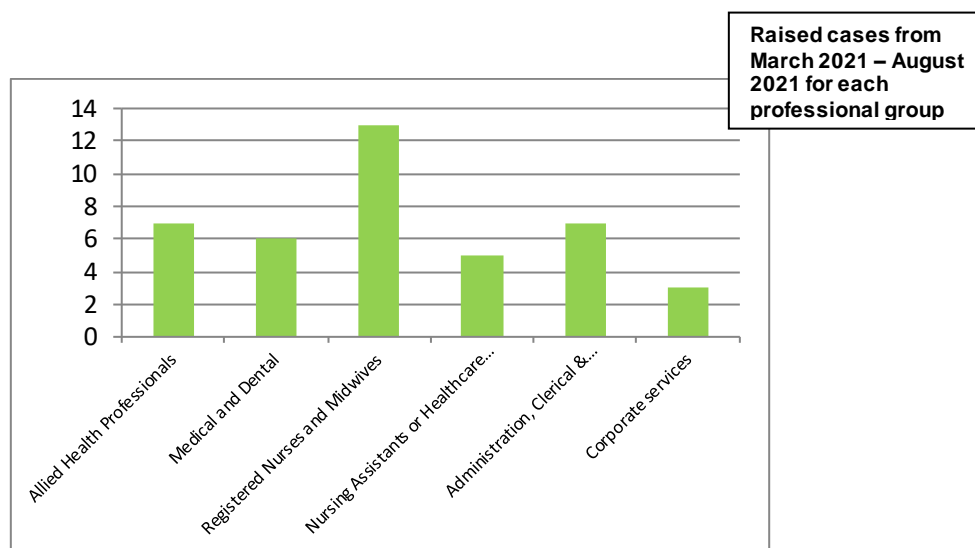


Table four: Raised cases from March 2021 – August 2021 for each professional group

6 WHITTINGTON HEALTH STAFF FEEDBACK

- 6.1 The Guardian has been collecting feedback since starting in the post in 2019, and reports an overall positive response. For the period of this report, four members of staff completed the feedback form. Staff members said that they feel listened to, safe and supported while raising concerns. The Guardian is approachable and welcoming. When questioned if they would contact the service again all four responses replied: “yes”, and if they felt thanked, they also replied “yes”. We recognise the importance of feedback to keep improving our service. We see a low number in replies during this period affected by the impact of COVID-19. We are working to improve and collect more data as we move forward.

7 PRIORITIES NEXT SIX MONTHS

- 7.1 The Guardian has identified several priorities for the next 6 months and include;
1. Continue visits to Health Centres and services throughout the Hospital.
 2. Roll out of national FTSU training to executive and senior managers and front line managers.
 3. Support and supervise the Speak Up Advocates, recruiting and training new ones as necessary. Also, support continuous development within the role.
 4. Provide support and profile in the Staff Networks.
 5. Contribute to the update of the Trust policy on Raising Concerns/ Speak Up
 6. Collaboration with the Communication department to raise the FTSU profile and visibility.



Meeting title	Trust Board – public meeting	Date: 30 September 2021
Report title	Workforce Assurance Committee Chair's report	Agenda item: 7
Committee Chair	Anu Singh, Non-Executive Director	
Executive director lead	Norma French, Director of Workforce	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	<p>Trust Board members are presented with the Workforce Assurance Committee Chair's report for the meeting held on 7 September 2021.</p> <p>Areas of significant assurance:</p> <ul style="list-style-type: none">• Staff story – international nurse recruitment• Quarter one workforce report• Restorative Just Culture initiative• Guardian of safe working reports• Board Assurance Framework – people entries• Shared services review <p>There were no agenda items at the meeting for which the Committee is reporting limited assurance to the Board.</p>	
Purpose:	Note	
Recommendation(s)	Board members are invited to note the report, particularly areas of significant assurance.	
Risk Register or Board Assurance Framework	People entries	
Report history	None	
Appendices	1: Guardian of safe working report, Q4 2020/21 2: Guardian of safe working report, Q1 2020/21	

Committee Chair's assurance report

Committee name	Workforce Assurance Committee
Date of meeting	7 September 2021
Summary of assurance:	
1.	<p>The Committee is reporting significant assurance to the Board on the following matters:</p> <p>Staff story – international nurse recruitment Committee members welcomed Deborah Tymms, Anu Augustine and Deofy Castanaga to the meeting for the staff story presentation. They noted that:</p> <ul style="list-style-type: none"> • Just over 120 nurses had been recruited to date, and there was an attrition rate of around 2% so the vast majority of nurses remained with Whittington Health • The process of international recruitment was a complex one, of which the main part was pastoral care. Nurses were coming to the Trust from red, amber and green countries. Deofy had been one of the first recruited during this programme in January 2018, and Anu had arrived more recently • Both Deofy and Anu fed back positively about the welcome they had received. This included being met at the airport, being helped into accommodation, and general help with acclimatisation to a new country • Anu had been one of the first recruits to have to quarantine but was more than happy with all the assistance and support she had received. She described the support given as not just about work but more making new recruits feel like they were being welcomed to a family. In addition, they had also received much help and advice from the general recruitment team • Michelle Johnson added that the Trust had been carrying out international recruitment since 1990, and some of those staff remained with the Trust to this day – the next ambition would be to recruit an international chief nurse. In answer to a question from Michelle about ethical recruitment practices, Deborah explained that the Trust worked with Capital Nurse, who used a range of expert companies, and as well as expressing confidence in their ethics, she said that companies were also supportive and where necessary had helped bring families over to this country <p>The Committee Chair thanked Deofy and Anu for sharing their fabulous stories.</p> <p>Quarter one workforce report Kate Wilson presented the report and drew attention to the following headlines:</p> <ul style="list-style-type: none"> • Improved performance against indicators was now being seen in many areas although sickness remained an issue • While expenditure on bank and agency staffing remained steady it was high in some hotspot areas • Performance against recruitment activity indicators remained good

- There had been a rise in employee relations cases, however, it was felt that the Restorative Just Culture programme was beginning to have a positive impact
- Appraisal and mandatory training rates remained below target, however, the new Elev8 system was being well received across the Trust and has been implemented for mandatory training, with appraisal to follow
- Consideration was to be given to the impact of the high vacancy rate (10%) within corporate services, and Anu Singh recommended this should be raised at ETM
- The Committee noted that future workforce reports would include disaggregated data which showed compliance with appraisals, statutory and mandatory training, the outcome of recruitment and selection exercises and involvement in employee relations cases

Restorative Just Culture initiative

Committee members received an update from Helen Kent on progress with the just culture work taking place, including the training of workforce team colleagues and the start of a review of workforce policies and procedures. She explained that the second six months of the associated work plan involved engaging staff, enhancing plans, and training and monitoring of progress and improved outcomes.

Committee members welcomed the report and noted the successful roll out of this initiative at Mersey Care NHS Trust. They fed back on the need for a flow chart outlining the processes. Anu Singh noted this a complicated and necessary shift which was bound to present some challenges. Michelle Johnson sought assurance that the proposed timeline was realistic and noted the need for regular communications support for this programme of work. Glenys Thornton agreed that this was a major cultural change.

Guardian of safe working reports

Committee members thanked Clare Dollery for two very good reports covering quarter four of the previous financial year and quarter one of the current financial year – periods when the NHS was under sustained pressure due to Covid-19. They noted that there had been a good level of exception reporting prior to the pandemic, but this had dropped, due to increased workload. It was noted that there had been redeployment of staff across the medical workforce to meet the challenges of the second wave of Covid-19. The Emergency & Integrated Medicine ICSU remained the source of the greatest number of exception reports. The Committee also noted that, due to the pandemic, annual leave had been accumulated and carried forward.

Anu Singh commended the quality of the reports, saying they really brought people's experiences to life, and asked Clare to pass on the committee's thanks. The Committee noted that the Guardian of Safe Working continued to work with the postgraduate department, rota co-ordinators and the Junior Doctors' Forum to support all the trainees to face the challenges before them while ensuring safe working arrangements were in place.

	<p>Board Assurance Framework (BAF) – people entries Committee members reviewed the BAF which had been updated since the July 2021 Board meeting. They discussed the wording for the People 1 entry to highlight areas where vacancies remained hard to fill. Norma French provided assurance that turnover across the Trust was below the 13% target and that the quarterly reviews of performance by the integrated clinical service units discussed vacancy levels in each area. The Committee also discussed the impact of the need for all staff going into care homes to be fully vaccinated against Covid-19 and agreed this be reflected in the risk register for the next meeting.</p> <p>Corporate shared services’ review Norma French updated the Committee on progress with the North Central London corporate shared services review which was discussed at the June Trust Board meeting. Since then, further progress had been made, particularly with recruitment, where eight of the ten Trusts within the sector had now committed to participating, and an implementation date had been set for 1 December 2021.</p> <p>All Trusts in NCL have now committed to the North London Partners Shared Services and both the Director of Workforce and the Chief Finance Officer were members of the Partnership Board. The next service being reviewed was Occupational Health, and this workstream was being led by Whittington Health. The implementation date being considered for this is April 2022. However, the Director of Workforce reported that there has been learning from the recruitment element of this initiative, in particular with the financial modelling, and she reported that a watching brief on the timeline to go live has been agreed across the sector and that this would not be rushed. The model was to be a hub and spoke one. Assurance was provided that the many lessons learnt from the recruitment workstream would be incorporated into the review of Occupational Health Services.</p>
2.	<p>Other meeting agenda items In addition, the Committee:</p> <ul style="list-style-type: none"> received a verbal update on Elev8, a new system had been implemented over the summer – all mandatory training courses had now been incorporated and some additional one such as blood transfusion were being included, as well as appraisal and wellbeing conversations. Feedback on the system to date had been very positive noted that his year’s staff survey would be in a digital format for all Trust staff noted the joint appointment to the Director of Race, Equality, Diversity and Inclusion role noted the workforce risk register
3.	<p>Present: Anu Singh, Non-Executive Director (Committee Chair) Kevin Curnow, Chief Finance Officer Clare Dollery, Medical Director</p>

	<p>Norma French, Director of Workforce Carol Gillen, Chief Operating Officer Michelle Johnson, Chief Nurse and Director of Allied Health Professionals Rob Vincent, Non-Executive Director</p> <p>In attendance: Anu Augustine, Staff Nurse Deofy Castanaga, Health Care Assistant Kate Green, Personal Assistant to Director of Workforce Helen Kent, Assistant Director, Learning & Organisational Development Nicola Stephenson, Director of Operations, Emergency & Integrated Medicine Swarnjit Singh, Trust Secretary Deborah Tymms, Lead Nurse for recruitment Kate Wilson, Deputy Director, Workforce</p>
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Meeting title	Workforce Assurance Committee	Date: 07.09.2021
Report title	Guardian of Safe Working Hours Report Q4 2020-21	Agenda item:
Executive director lead	Dr Clare Dollery, Medical Director	
Report author	Dr Rebecca Sullivan, Guardian of Safe Working Hours (GoSWH)	
Executive summary	<ul style="list-style-type: none">• This report covers the ongoing second wave of COVID-19 in the UK (Sept 2020-April 2021).• This has led to sustained pressure on the NHS and, as would be expected, this has led to additional hours being worked by our junior doctors along with the wider NHS workforce, which has resulted in high levels of exception reporting.• There continues to be high levels of fatigue and burnout amongst all staff across the NHS and this has affected our doctors and dentists in training also.• Although not quite to the same extent as during the first wave there has been redeployment of staff across the medical workforce to meet the challenges of the second wave of COVID-19.• There has also been higher than usual levels of sickness and self-isolation which has affected the medical and dental workforce.• The GoSWH has continued to work with the postgraduate department, rota coordinators and the Junior Doctors Forum (JDF) during this period to support all the trainees to face the challenges before them whilst ensuring safe working throughout this period.	
Purpose:	<ul style="list-style-type: none">• To provide assurance to the Board that Junior Doctors are working safe hours in accordance with the 2016 <i>Terms and Conditions of Service for NHS Doctors and Dentists in Training</i>.	
Recommendation(s)	The Board is asked to review this report.	
Risk Register or Board Assurance Framework	NA	
Report history	NA	
Appendices	NA	

Guardian of Safe Working Hours (GoSWH) Report Q4 2020-21

1. Introduction

- 1.1. This report is presented to the Board with the aim of providing context and assurance around safe working hours for Whittington Health junior doctors.
- 1.2. In August 2016 the new Terms and Conditions (TCS) were introduced for doctors in training. There are clear guidelines of safe working hours and adequate supervision. Trainees submit an 'exception report' (ER) if these conditions are breached. The 2016 TCS has more recently been amended in 2019.
- 1.3. ERs are raised by junior doctors where day to day work varies significantly and/or routinely from their agreed working schedule. Reports are raised electronically through Allocate's E-Rota system. The educational/clinical Supervisor for the individual doctor and the GoSWH receive an alert which prompts a review of the ER and requires the supervisor to meet with the trainee to discuss the events leading to the ER and to take appropriate action to rectify. Such action may include time off in lieu or payment for additional hours worked. They are also asked to review the likelihood of a further exception recurring and address this with the trainee. Where issues are not resolved or a significant concern is raised, the GoSWH may request a review of the doctors' work schedule. The GoSWH, in conjunction with the Medical Workforce team, reviews all ERs to identify whether a breach has occurred which incurs a financial penalty. The GoSWH will levy a fine to the department employing the doctor for those additional hours worked.
- 1.4. In line with the 2016 TCS a Junior Doctors Forum (JDF) has been jointly established with the GoSWH and the Director of Medical Education (DME). It is chaired by the GoSWH. The Forum meets on an alternate monthly basis. We continue to have good attendance and engagement well above other local Trusts.

2. High level data

Number of doctors / dentists in training (total):	227
Number of doctors / dentists in training on 2016 TCS (total):	227
Job planned time for guardian:	1 PA
Admin support provided to the guardian (if any):	as required from MD office
Amount of job-planned time for educational supervision:	0.25 PAs per trainee

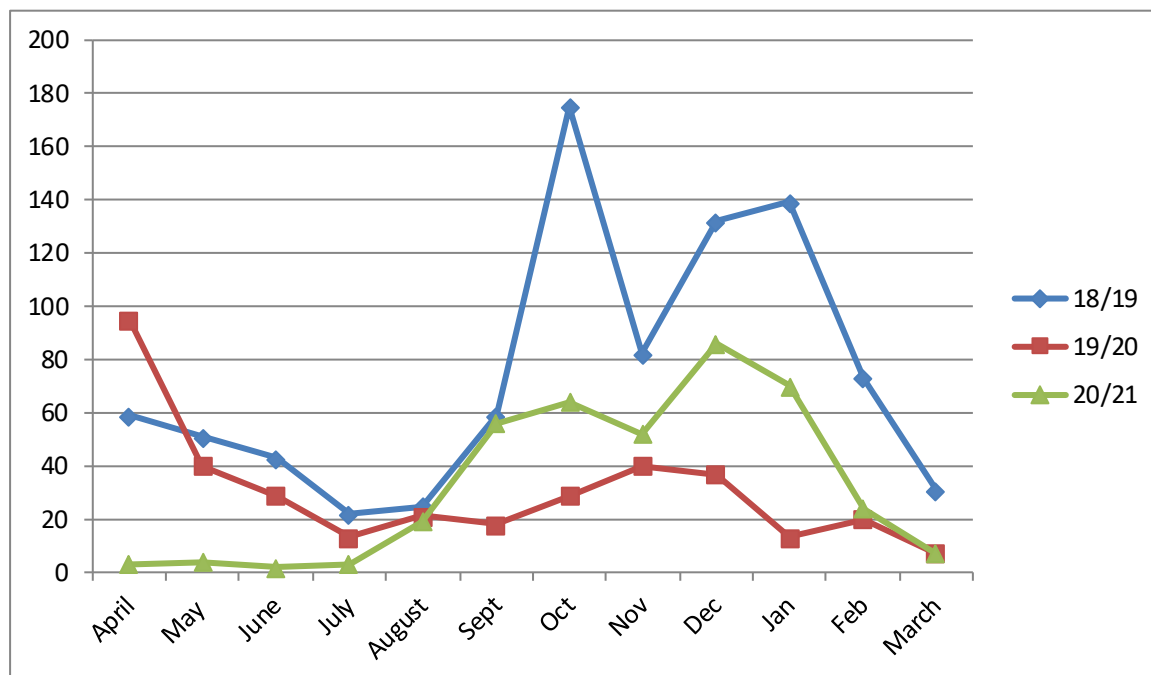
3. Exception reports (with regard to working hours)

- 3.1. Between the 1st January and the 31st March 2021 there have been a total of 101 ERs raised. The table below gives detail on where exceptions have been raised and the responses to deal with the issue raised.

Table 1: Exception reports raised and responses

2021		Jan	Feb	March	Total
Reports	Grand Total	70	24	7	101
	Closed	70	24	7	101
	Open	0	0	0	0
Individual doctors / specialties reporting	Doctors	18	13	4	35
	Specialties	3	3	4	-
Immediate concern		2	0	0	2
Nature of exception	Hours and Rest	70	24	7	101
	Education/Training	0	0	0	0
Additional hours	Total hours	119.25	38	13.75	171
Response	Agreed	70	24	7	101
	Not Agreed/Not yet actioned	0	0	0	0
Agreed Action ('No action required' is the only response available for 'education' exception reports)	Time off in lieu (hrs)	24.50	9.5	1	35
	Payment for additional hours (hrs)	94.75	28.5	12.75	136
	No action required (ERs)	1	1	0	2
	Other/Pending (ERs)	0	0	0	0
Grade	Foundation year 1	56	20	6	82
	Foundation year 2	3	2	0	5
	IMT/ST1 or ST2	10	2	0	12
	GP Specialty Registrar	0	0	0	0
	Specialty Registrar	1	0	1	2
Exception type (more than one type of exception can be submitted per exception report)	Work Load	52	20	3	75
	Pt/Dr ratio too high	30	15	0	45
	Rota gaps	12	0	0	12
	Late running WR	1	0	0	1
	Deteriorating patient	27	5	4	36
	Educational	0	0	0	0
Specialty	General Medicine	55	18	5	78
	General Surgery	14	4	1	19
	T&O	1	0	0	1
	Paediatrics	0	2	0	2
	Anaesthetics/ITU	0	0	0	0
	Radiology	0	0	0	0
	Psychiatry	0	0	0	0
	Obstetrics and gynaecology	0	0	0	0
	Accident and emergency	0	0	1	1
	Histopathology and micro	0	0	0	0
	Ophthalmology	0	0	0	0

Graph 1: Exception reports over three years by Month



- 3.2. The number of ERs submitted per month is very variable throughout the year and year on year. Over the last three months there has been a fall in the number of ERs than in the previous two quarters. This is often a time of year associated with increased workload over the winter months. This year it has clearly been exacerbated by the ongoing second wave of the pandemic. The pattern of exception reporting clearly follows a similar pattern as that seen in 18/19 and is more reflective of “business as usual” that we have seen compared with this period last year.
- 3.3. The level of ER mirrors the numbers of admissions during this quarter with a higher-than-average number of non-elective admission in January through to March. There was also a higher acuity to these admissions than would be expected with a high proportion of Level 1, 2 and 3 patients.
- 3.4. At the JDF the trainees reflected on a possible cause for the change in volume of ERs from the first surge to the second. Clearly the peak of cases and hospital admissions during this second surge has far exceeded that seen in the first surge which will clearly have had an impact of volume of work. Some of the other possible contributory factors included a feeling of increased fatigue and waning resilience felt during this second surge. There has been less widespread redeployment from non-medical specialities and there has been the impact of keeping some non-acute services running, such as cancer services.
- 3.5. Alongside the above issues which were mentioned in the previous report there has also been an increase in the workload of the junior doctors as they try to ensure that relatives are kept updated regarding their loved ones. Due to the restricted visiting at this time there has been an increased need to call relatives to update them. This, along with the more fluctuant course of COVID-19, with

sudden rapid deterioration seen, has led to a significant increase in workload. It was noted that these updates tend to take longer than when the trainees are talking to patients at the bedside, when they have been able to observe for themselves the current clinical picture of the patients.

- 3.6. On review of the ERs over this quarter it has also become clear that the increased acuity and instability of the COVID-19 cohort of patients requires an increased level of clinical handover as they are more prone to rapid deterioration and more frequent moves between wards and clinical teams. This leads to an increased workload in ensuring accurate and detailed handover.
- 3.7. As has been highlighted at a national level there is increasing concern over the mental health and stamina of the NHS workforce across all professions and grades. It is likely that this will be reflected in the volume of ERs over the coming months and it will be very important to establish ongoing support of all trainees as this takes effect.
- 3.8. As has been seen in previous reports there have been a number of incorrectly submitted reports. This quarter there were 2 incorrectly submitted reports which have been removed from the system after flagging them to the relevant trainees. These were correctly re-submitted in all cases.

Immediate safety concerns

- 3.9. There was one report that was flagged as immediate safety concern (ISC). This related to a senior trainee who was rostered to be non-resident on call. An emergency case (external fixation of dislocated ankle fracture) was taken to theatres out of hours and, due to the time that the case went to theatre (approx. 1am), the trainee was not able to travel home. Unfortunately, there were no on call rooms available on site. The trainee's on call requirements meant he needed to return to work for the trauma meeting the following morning at 0800 and he had a full day of clinical commitments booked the following day. In order for him to have the contracted minimum uninterrupted rest hours (5hrs) he was booked into a local hotel which enabled him to return to work the following day and complete his clinical duties safely. He was reimbursed for the stay.

Work Schedule reviews

- 3.10. No formal work schedule reviews have taken place during this quarter. Currently all rotas are compliant.

4. Establishment and Vacancy data

- 4.1. As has been highlighted in previous reports the accuracy of the data in this section is very hard to guarantee. Due to the working patterns during COVID-19 with considerable redeployment, much of the available data is less reliable.

Despite this the GoSWH has been working with the finance department and the workforce team to try to provide accurate data.

4.2. Bank and Agency usage

4.2.1. Use of bank and agency staff is not fully reflective of current staff vacancies.

Table 2: Bank and agency usage Q4

Speciality	Bank		Agency		Total	
	Shifts	Hours	Shifts	Hours	Shifts	Hours
General medicine	101	806.33	0	0	101	808.33
ED	312	2,909.75	172	1641.5	484	4551.25
General Surgery	141	1,428.17	89	871	230	2299.17
Urology	143	1616	34	298	177	1793
O&G	42	357.5	12	135	54	492.5
Anaesthetics	85	806	0	0	85	806
ITU	106	1,080.5	1	8.5	107	1089
Paediatrics	118	1,161.25	12	106.5	130	1267.75
Radiology	37	203.1	0	0	37	203.1
Other	67	624.25	0	0	67	624.25
Total	1,152	10,992.85	320	3,060.5	1,472	14,053.35

4.3. Locum work carried out by trainees

4.3.1. This data is difficult to present reliably given the way in which the data is retrieved. This data is therefore only an estimate at shifts undertaken by trainees. This data may include trainees from other Trusts coming to cover shifts at the Whittington.

Table 3: Additional shifts worked by trainees

Speciality	Additional shifts worked by trainees
General Medicine	59
Emergency Medicine	38
General Surgery	35
Obstetrics and Gynaecology	18
Anaesthetics	22
ITU	27
Paediatrics including NICU	32
Radiology	12

4.4. Vacancies

4.4.1. Based upon data from Health Education England for Q4.

Table 4: Vacancies per speciality Q4

Speciality	Current vacancies
General Medicine	1 x WTE (FY2)
General Surgery inc urology and T&O	Nil
Obstetrics and Gynaecology	1 x WTE (SpR)
Emergency medicine	1 x WTE
Paediatrics (inc NICU)	0.4 x WTE (Gen paed) 0.2 x WTE (Neonates) 0.5 WTE (Neonates)
Anaesthetics	2 x WTE
ITU	1 x WTE
Radiology	2 x WTE
Microbiology	1 x WTE

5. Fines and payment Exception Reports (with regard to working hours)

5.1. For this quarter a total of 171 hours are to be re-paid either in TOIL or, if this is not possible, as pay for additional hours worked. It would not be appropriate for TOIL accrued in one specialty to be rolled over to another specialty.

5.2. Currently, these hours equate to a total of approximately £2,504.26 of which £2,504.26 has so far been paid to the junior doctors directly.

5.3. £1,247.07 has been issued in fines to the Trust in accordance with the terms and conditions laid out in the contract. This is to be added to pre-existing fines that have been accrued and is to be kept in a separate fund for the junior doctors. There are currently still issues with ensuring that these fines have been paid and the money is ring-fenced for the JDF. Fines to the Guardian go into the JDF.

Table 5: Breakdown of fines by ICSU

ICSU	Amount of Fine to Doctor	Amount of Fine to Guardian
Emergency and Integrated Medicine	£664.68	£1,108.01
Surgery and Cancer	£82.41	£139.06
Children and Young People	None	None

6. Next steps

- 6.1. GoSWH to continue to ensure all remaining open ERs are signed off in a timely fashion. Changes made to the contract in 2019 enables the GoSWH to action outstanding ERs at 30 days.
- 6.2. GoSWH and HR to work with the finance team to ensure the JDF is active and ring-fenced as per the TCS.
- 6.3. GoSWH to continue to work with ICSU leadership teams, rota coordinators and the bank office, to try to reduce the need for ERs by working to fill rota gaps whenever possible. The GoSWH is confident that all possible options are currently being explored.
- 6.4. GoSWH to work with ICSU leads to try to ensure there is an accurate way of reporting bank and agency usage along with the fill rate, to ensure there is accurate and meaningful data for presentation to the Board.
- 6.5. GoSWH to continue to work with the relevant specialities to review working practices that are leading to long running ward rounds, contributing to high levels of ERs in certain sub-specialities.

7. Conclusions

- 7.1. This quarter's report shows a steady level of ERs.
- 7.2. The majority of ER continues to be seen in the EIM ICSU. This is likely to reflect the current COVID-19 pandemic but also EIM is the ICSU with the largest number of trainees and the largest proportion of inpatient work, especially at this time.
- 7.3. Primary events leading up to exceptions are issues due to workload and times when there is very minimal staffing on the wards due to rota gaps, on-call commitments and sickness. This is very hard to mitigate against.
- 7.4. There are still very low levels of reporting in certain specialities, e.g. anaesthetics, radiology etc. and at higher grades. Attempts are being made to increase engagement and there has been some improvement. This is a well-recognised issue nationally. The GoSWH continues to promote ER in these areas.

8. Recommendations

- 8.1. The Workforce Assurance Committee is asked to note this report and inform the Board in line with national guidance for GoSWH reports.



Meeting title	Workforce Assurance Committee	Date: 07.09.2021
Report title	Guardian of Safe Working Hours Report Q1 2021-22	Agenda item:
Executive director lead	Dr Clare Dollery, Medical Director	
Report author	Dr Rebecca Sullivan, Guardian of Safe Working Hours (GoSWH)	
Executive summary	<ul style="list-style-type: none">• This report covers the period following the second surge of COVID-19 when we were able to start some recovery work.• There continue to be high levels of fatigue and burnout amongst all staff across the NHS and this has affected our doctors and dentists in training also.• This period covers a time when lots of junior doctors were trying to take leave before they rotate on to new Trusts. Due to the pandemic a lot of leave has been accumulated and carried forward. This led to low numbers of trainees on the wards during this quarter.• The GoSWH has continued to work with the postgraduate department, rota coordinators and the Junior Doctors Forum (JDF) during this period to support all the trainees to face the challenges before them whilst ensuring safe working throughout this period.	
Purpose:	<ul style="list-style-type: none">• To provide assurance to the Board that Junior Doctors are working safe hours in accordance with the 2016 <i>Terms and Conditions of Service for NHS Doctors and Dentists in Training</i>.	
Recommendation(s)	The Board is asked to review this report.	
Risk Register or Board Assurance Framework	NA	
Report history	NA	
Appendices	NA	

Guardian of Safe Working Hours (GoSWH) Report Q1 2021-22

1. Introduction

- 1.1. This report is presented to the Board with the aim of providing context and assurance around safe working hours for Whittington Health junior doctors.
- 1.2. In August 2016 the new Terms and Conditions (TCS) were introduced for doctors in training. There are clear guidelines of safe working hours and adequate supervision. Trainees submit an 'exception report' (ER) if these conditions are breached. The 2016 TCS has more recently been amended in 2019.
- 1.3. ERs are raised by junior doctors where day to day work varies significantly and/or routinely from their agreed working schedule. Reports are raised electronically through Allocate's E-Rota system. The educational/clinical Supervisor for the individual doctor and the GoSWH receives an alert which prompts a review of the ER and requires the supervisor to meet with the trainee to discuss the events leading to the ER and to take appropriate action to rectify. Such action may include time off in lieu or payment for additional hours worked. They are also asked to review the likelihood of a further exception recurring and address this with the trainee. Where issues are not resolved or a significant concern is raised, the GoSWH may request a review of the doctors' work schedule. The GoSWH, in conjunction with the Medical Workforce team, reviews all ERs to identify whether a breach has occurred which incurs a financial penalty. The GoSWH will levy a fine to the department employing the doctor for those additional hours worked.
- 1.4. In line with the 2016 TCS a Junior Doctors Forum (JDF) has been jointly established with the GoSWH and the Director of Medical Education (DME). It is chaired by the GoSWH. The Forum meets on an alternate monthly basis. We continue to have good attendance and engagement well above other local Trusts. Meetings are currently a hybrid of a face to face and virtual meeting.

2. High level data

Number of doctors / dentists in training (total):	235
Number of doctors / dentists in training on 2016 TCS (total):	235
Job planned time for guardian:	1 PA
Admin support provided to the guardian (if any):	as required from MD office
Amount of job-planned time for educational supervision:	0.25 PAs per trainee

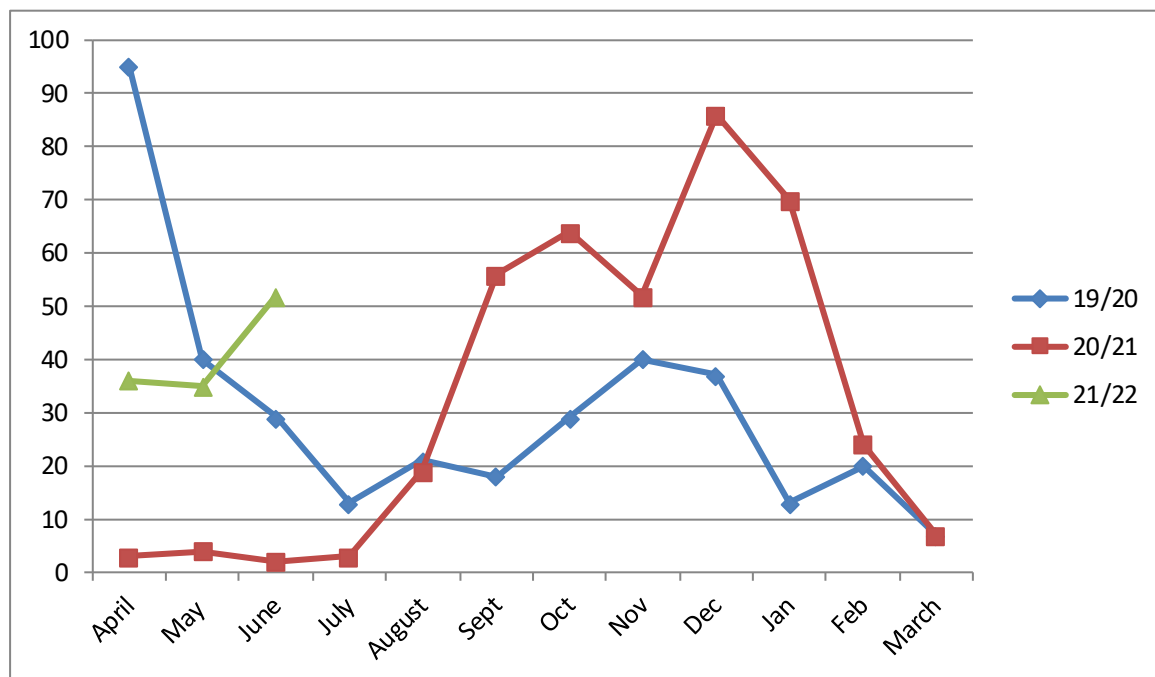
3. Exception reports (with regard to working hours)

- 3.1. Between the 1st April and the 30th June 2021 there have been a total of 123 ERs raised. The table below gives detail on where exceptions have been raised and the responses to deal with the issue raised.

Table 1: Exception reports raised and responses

2021		April	May	June	Total
Reports	Grand Total	36	35	52	123
	Closed	36	35	50	121
	Open	0	0	2	2
Individual doctors / specialties reporting	Doctors	7	12	18	37
	Specialties	2	4	3	-
Immediate concern		0	0	1	1
Nature of exception	Hours and Rest	36	32	52	123
	Education/Training	0	3	0	3
Additional hours	Total hours	50.25	43	81.25	174.5
Response	Agreed	36	35	50	121
	Not Agreed/Not yet actioned	0	0	2	2
Agreed Action ('No action required' is the only response available for 'education' exception reports)	Time off in lieu (hrs)	25.5	23	29.5	78
	Payment for additional hours (hrs)	24.75	20	51.75	96.5
	No action required (ERs)	0	3	0	3
	Other/Pending (ERs)	0	1	0	1
Grade	Foundation year 1	36	19	32	87
	Foundation year 2	0	1	6	7
	IMT/ST1 or ST2	0	14	13	27
	GP Specialty Registrar	0	0	0	0
	Specialty Registrar	0	1	1	2
Exception type (more than one type of exception can be submitted per exception report)	Work Load	15	25	24	64
	Pt/Dr ratio too high	14	11	25	50
	Rota gaps	9	10	9	28
	Late running WR	8	2	3	13
	Deteriorating patient	4	4	5	13
	Educational	0	3	0	3
Specialty	General Medicine	36	22	47	105
	General Surgery	1	4	3	8
	T&O	0	3	2	5
	Paediatrics	0	0	0	0
	Anaesthetics/ITU	0	0	0	0
	Radiology	0	0	0	0
	Psychiatry	0	6	0	6
	Obstetrics and gynaecology	0	0	0	0
	Accident and emergency	0	0	0	0
	Histopathology and micro	0	0	0	0
	Ophthalmology	0	0	0	0

Graph 1: Exception reports over three years by Month



- 3.2. The number of ERs submitted per month is very variable throughout the year and year on year. There has been a steady number of ERs during this quarter. The variation is in keeping with the unpredictable nature of this period during the ongoing pandemic.
- 3.3. At the JDF the trainees reflected on a number of possible causes for the change in volume of ERs from the first surge to the second. As highlighted in the previous report, the peak of cases and hospital admissions during this second surge has far exceeded that seen in the first surge. There has been less widespread redeployment from non-medical specialities and there has been an impact of keeping some non-acute services running, such as cancer services.
- 3.4. As has been highlighted at a national level there is an increasing concern over the mental health and stamina of the NHS workforce across all professions and grades. It is likely that this will be reflected in the volume of ERs over the coming months and it will be very important to establish ongoing support of all trainees as this takes effect.
- 3.5. As has been seen in previous reports there have been a number of incorrectly submitted reports. This quarter there were 12 incorrectly submitted reports which have been removed from the system after flagging them to the relevant trainees. These were correctly re-submitted in all cases.
- 3.6. During this quarter when compared with the previous quarter, ERs have been spread across a wider selection of specialities. This is felt to represent the increased pressures felt across the whole NHS and not just those specialities dealing with COVID-19 patients, i.e. medical specialities.
- 3.7. During this quarter we have seen a sustained pressure on beds with all medical escalation beds being open and occupied. In a usual year we would have

expected this surge capacity close and the Trust operating within its standard bed base, but this has not been the case this year. This has led to high clinical workloads for junior doctors which is felt to be reflected in the level of ER during this quarter.

- 3.8. There has also been higher than usual staffing gaps within medicine this quarter, which is also felt to have had a detrimental effect of the level of ERs, with a high vacancy rate in the general medical on-call rota and on the acute medical admissions units.

Immediate safety concerns

- 3.9. There was 1 report that was flagged as an immediate safety concern (ISC) but this was accidentally submitted.

Work Schedule reviews

- 3.10. No formal work schedule reviews have taken place during this quarter. Currently all rotas are compliant.

4. Establishment and Vacancy data

- 4.1. As has been highlighted in previous reports the accuracy of the data in this section is very hard to guarantee. Due to the working patterns during COVID-19 much of the available data is less reliable. Despite this the GoSWH has been working with the finance department and the workforce team to try to provide accurate data.

4.2. Bank and Agency usage

- 4.2.1. Use of bank and agency staff is not fully reflective of current staff vacancies.

Table 2: Bank and agency usage Q1

Speciality	Bank		Agency		Total	
	Shifts	Hours	Shifts	Hours	Shifts	Hours
General medicine	109	688.25	10	81.50	119	769.75
ED	292	2,733.00	159	1,571.50	451	4,304.50
General Surgery	111	1,024.23	66	647	208	1,671.23
Urology	123	1,497.63	0	0	123	1,497.67
T&O	8	71.50	0	0	8	71.50
O&G	103	1,075.08	19	217.50	122	1,292.58
Anaesthetics	35	285.50	0	0	35	285.50
ITU	27	280.00	0	0	27	280.00

Speciality	Bank		Agency		Total	
	Shifts	Hours	Shifts	Hours	Shifts	Hours
Paediatrics	88	887.58	13	169.00	101	1,056.58
Radiology	52	545.52	0	0	52	545.52
Total	948	9,088.80	267	2,686.50	1,215	11,775.30

4.3. Locum work carried out by trainees

4.3.1. This data is difficult to present reliably given the way in which the data is retrieved. This data is therefore only an estimate at shifts undertaken by trainees. This data may include trainees from other Trusts coming to cover shifts at the Whittington.

4.3.2. The data presented for the Emergency Department (ED) seems particularly unreliable, as a number of trainees appear to have worked a large number of hours beyond which would be safe if they were to be working a normal ED rota on-top; i.e. a current trainee. It is likely therefore that these are trainees who have taken time out of training and are working additional bank/agency shifts as their sole source of income.

Table 3: Additional shifts worked by trainees

Speciality	Additional shifts worked by trainees
General Medicine	28
Emergency Medicine	30
General Surgery	8
Obstetrics and Gynaecology	22
Anaesthetics	2
ITU	13
Paediatrics including NICU	12
Radiology	4

4.4. Vacancies

4.4.1. Based upon data from Health Education England for Q1.

Table 4: Vacancies per speciality Q1

Speciality	Current vacancies
General Medicine	1 x WTE (FY2)
General Surgery inc urology and T&O	Nil
Obstetrics and Gynaecology	1 x WTE (SpR)
Emergency medicine	1 x WTE
Paediatrics (inc NICU)	0.4 x WTE (Gen paed)

Speciality	Current vacancies
	0.2 x WTE (Neonates) 0.5 WTE (Neonates)
Anaesthetics	2 x WTE
ITU	Nil
Radiology	2 x WTE
Microbiology	Nil

5. Fines and payment Exception Reports (with regards to working hours)

5.1. For this quarter a total of 174.5 hours are to be re-paid either in TOIL or, if this is not possible, as pay for additional hours worked. It would not be appropriate for TOIL accrued in one specialty to be rolled over to another specialty.

5.2. Currently, these hours equate to a total of approximately £1,417.42 of which £1,417.42 has so far been paid to the junior doctors directly.

5.3. £436.72 has been issued in fines to the Trust in accordance with the terms and conditions laid out in the contract. This is to be added to pre-existing fines that have been accrued and is to be kept in a separate fund for the junior doctors. There are currently still issues with ensuring that these fines have been paid and the money is ring-fenced for the JDF. Fines to the Guardian go into the JDF.

Table 5: Breakdown of fines by ICSU

ICSU	Amount of Fine to Doctor	Amount of Fine to Guardian
Emergency and Integrated Medicine	£262.11	£436.72
Surgery and Cancer	None	None
Children and Young People	None	None

6. Next steps

6.1. GoSWH to continue to ensure all remaining open ERs are signed off in a timely fashion. Changes made to the contract in 2019 enable the GoSWH to action outstanding ERs at 30 days.

6.2. GoSWH and HR to work with the finance team to ensure the JDF is active and ring-fenced as per the TCS.

6.3. GoSWH to continue to work with ICSU leadership teams, rota coordinators and the bank office, to try to reduce the need for ERs by working to fill rota gaps whenever possible. The GoSWH is confident that all possible options are currently being explored.

- 6.4. GoSWH to work with ICSU leads to try to ensure there is an accurate way of reporting bank and agency usage along with the fill rate, to ensure there is accurate and meaningful data for presentation to the Board.
- 6.5. GoSWH to continue to work with the relevant specialities to review working practices that are leading to long running ward rounds, contributing to high levels of ERs in certain sub-specialities.

7. Conclusions

- 7.1. This quarter's report shows a steady level of ERs.
- 7.2. The majority of ERs continue to be seen in the EIM ICSU. This is likely to reflect the current COVID-19 pandemic but EIM is the ICSU with the largest number of trainees and the largest proportion of inpatient work, especially at this time.
- 7.3. Primary events leading up to exceptions are issues due to workload and times when there is very minimal staffing on the wards due to rota gaps, on-call commitments and sickness. This is very hard to mitigate against but the post graduate team, along with the GoSWH, are looking into this in more detail and hope to be able to give more insight into this in the next report.
- 7.4. 3 training/education ERs have been raised this quarter. These exceptions are reported to the DME.
- 7.5. There are still very low levels of reporting in certain specialities, e.g. anaesthetics, radiology etc., and at higher grades. Attempts are being made to increase engagement and there has been some improvement. This is a well-recognised issue nationally. The GoSWH continues to promote ER in these areas.

8. Recommendations

- 8.1. The Workforce Assurance Committee is asked to note this report and inform the Board in line with national guidance for GoSWH reports.



Meeting title	Trust Board – public meeting	Date: 30.09.2021
Report title	Medical Appraisal and Revalidation: Annual Board Report 2020-21	Agenda item: 8
Executive director lead	Dr Clare Dollery, Medical Director	
Report authors	Dr Sola Makinde, Associate Medical Director for Workforce, Revalidation and Appraisal, Emma Whitaker, Business Manager (Interim), and Taniya Nasmin, Revalidation Support Officer	
Executive summary	<p>This paper is the annual Medical Appraisal Board report, in the format suggested by NHS England, as part of the quality assurance process for medical appraisal and revalidation. This report reviews appraisals completed, and revalidation recommendations submitted in the financial year 2020/21.</p> <p>Medical Appraisals were suspended from March 2020 to October 2020 in response to the COVID-19 pandemic. The National Medical Director, Professor Stephen Powis, stated that appraisals that were not completed by March 2020 were also suspended, and were added to the group of appraisals that were 'approved missed' appraisals, in acknowledgment that the vast majority of doctors were involved in the pandemic response during this unprecedented time.</p> <p>Organisations restarted appraisals from October 2020, using a new 'Appraisal 2020' format, authored by the Academy of Medical Royal Colleges. This format reduces the amount of documentation that was previously required for an appraisal, recognising the impact of the pandemic on the medical workforce. It also changes the focus of the appraisal slightly, allowing doctors to concentrate more on their health and wellbeing.</p> <p>In 2020-21, all our consultants, associate specialists, Specialty doctors, and Trust and bank grade doctors completed an appraisal in line with our policy – this includes those with agreed reasons to postpone their appraisal, such as the pandemic.</p> <p>In 2019/20, the Trust submitted a separate Annual Organisational Audit (AOA) to the higher-level Responsible</p>	

	Officer for NHS England, London Region. This was not required in 2020/21. Instead, organisations were asked to report on their appraisal data and the impact of adopting the 'Appraisal 2020' model in their annual Board report and Statement of Compliance (Appendix 1).
Purpose:	The Board is asked to approve the report and note the actions.
Recommendation(s)	The Board is asked to approve the report. Once approved this Report will be submitted to the higher-level Responsible Officer for NHS England, London Region. The deadline for submission to NHS England is 24 th September 2021.
Risk Register or Board Assurance Framework	Not applicable
Report history	Not applicable
Appendices	<ol style="list-style-type: none"> 1. NHS England Designated Body Annual Board Report and Statement of Compliance. 2. Annual Board report action plan. 3. Quarterly Appraisal Newsletter.

Medical Appraisal and Revalidation: Annual Board Report

1. Background

- 1.1 Medical revalidation was introduced in November 2012 as a means of improving the ways in which doctors are regulated. It is not a means of addressing concerns about doctors, for which there are existing policies and procedures, but was designed to ensure that doctors stay fit to practice.
- 1.2 All provider organisations known as Designated Bodies have a statutory obligation to support their Responsible Officer in fulfilling his or her duties under the Responsible Officer Regulations¹. For this reason, this report has been designed to ensure that the Board has oversight of the following areas:
- Monitoring the frequency and quality of medical appraisals within the Trust;
 - Checking there are effective systems in place for monitoring the conduct and performance of the Trust's doctors;
 - Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for the Trust's doctors; and
 - Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to confirm that medical practitioners have qualifications and experience appropriate to the work that they perform.
- 1.3 Dr Clare Dollery, the Trust's Executive Medical Director, was appointed to the role of Responsible Officer and has been in post since 10th June 2019.
- 1.4 In 2019/20, the Trust submitted a separate Annual Organisational Audit (AOA) to the higher-level Responsible Officer for NHS England, London Region. This was not required in 2020/21. Instead, organisations were asked to report on their appraisal data and the impact of adopting the 'Appraisal 2020' model in their annual Board report and Statement of Compliance (Appendix 1).

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

2. Medical Appraisal

2.1 COVID-19

Medical Appraisals were suspended from March 2020 to October 2020 in response to the COVID-19 pandemic. The National Medical Director, Dr Stephen Powis, stated that appraisals that were not completed by March 2020 were also suspended, and were added to the group of appraisals that were classified as 'approved missed' appraisals, in acknowledgment that the vast majority of doctors were involved in the pandemic response during this unprecedented time.

2.2 'Appraisal 2020'

2.2.1 The national suspension of appraisals was lifted in October 2020, allowing organisations to restart them if they felt appropriate, using a new format called 'Appraisal 2020', authored by the Academy of Medical Royal Colleges. This format reduces the amount of documentation that was previously required for an appraisal, recognising that the collection of this data was time consuming and inappropriate when many doctors were engaged in additional clinical duties. 'Appraisal 2020' focuses on how doctors have maintained their health and wellbeing during the COVID-19 pandemic, and any support they might need.

2.2.2 Whittington Health decided to restart appraisals in October 2020, recognising that doctors, many of whom had been working in different ways to cope with the unprecedented pandemic, and may have personally suffered losses, would benefit from a supportive appraisal, focussing on their health and wellbeing. Unfortunately, the United Kingdom then suffered a second wave of COVID-19 infections from December 2020 to February 2021, which impacted on the number of appraisals that doctors were able to complete.

2.2.3 During this pandemic, more than 45% of doctors surveyed by the BMA in May 2020 said they are suffering from any of depression, anxiety, stress, burnout, emotional distress or other mental health condition relating to or made worse by their work'² There has been positive feedback on the new 'Appraisal 2020' format, with comments remarking on how supportive it was, and showing appreciation of the focus that was placed on their wellbeing. A sample of these comments can be found in section six of this report.

2.3 Appraisal Performance Data

2.3.1 Between 1st April 2020 and 31st March 2021, Whittington Health had 265 doctors who required an appraisal. Of these doctors:

- 106 completed a medical appraisal (40%).
- The remaining 159 doctors (60%) had an agreed and acceptable reason for not completing their appraisal within time frame:
 - 101 doctors (63.5%) had appraisals that were affected by the COVID-19 pandemic. The National Medical Director has stated that doctors that missed an appraisal during this time should be classified as an 'approved missed' appraisal, in acknowledgement of the fact that many

doctors were involved in service reconfiguration, were redeployed and / or were upskilling in anticipation of the pandemic, and thus did not have time to complete an appraisal.

² 18 May 2020, BMA COVID-19 tracker survey p.2

- 58 doctors (36.5%) had other acceptable reasons for not completing an appraisal. These reasons are listed below:
 - Maternity leave.
 - Long-term sickness absence.
 - Having joined the Trust within the previous 6 months.
 - Absence due to an agreed sabbatical or career break.

3. Completion of medical appraisals in 2020/21 by grade of doctor (n = 265)

3.1 Consultants (n = 207)

- 81 (39.1%) completed appraisals in line with policy.
- 126 (60.9%) Agreed miss in line with policy - did not complete appraisals but had previously agreed and acceptable reasons for not completing, including their appraisal being missed due to COVID-19.

3.2 Specialty Doctors/Associate Specialists (SASG)/Doctors on Performers Lists (n = 22)

- 10 (45%) completed appraisals in line with policy.
- 12 (55%) Agreed miss in line with policy - did not complete appraisals but had previously agreed and acceptable reasons for not completing, including their appraisal being missed due to COVID-19.

3.3 Trust grade doctors or doctors on short term contracts/bank (including non-training grade junior doctors) (n= 36)

- 12 (33.3%) completed appraisals in line with policy.
- 24 (66.6%) Agreed miss in line with policy -did not complete appraisals but had previously agreed and acceptable reasons for not completing, including their appraisal being missed due to COVID-19.

Table 1: Appraisals completed and doctors with an agreed and acceptable reason for it not being completed in 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21 by grade of doctor.

Appraisals in-line with policy (%)	Consultants	SASG doctors	Trust grade doctors
2016/17	100	100	98
2017/18	97	93	93
2018/19	91	84	83
2019/20	100% (*)	100	100
2020/21	100% (**)	100	100

*86% of consultants either completed their appraisal or had an agreed reason (including the pandemic) for its non-completion.

**100% of consultants either completed their appraisal or had an agreed reason (including the pandemic) for its non-completion.

4. Comparison data with other Designated Bodies in England

4.1 Usually, following submission of the AOA, the Higher-Level Responsible Officer sends each Designated Body a comparator report. The comparator report is not available this year because the AOA was not required in 2020-21. Instead, organisations were asked to report on their appraisal data and the impact of adopting the Appraisal 2020 model in their Annual Board Report and Statement of Compliance (Appendix 1).

5. Appraisers

5.1 The Trust had 46 active appraisers for the 2020/21 appraisal period (an active appraiser is defined as having performed at least one appraisal in the year). All appraisers have received revalidation-ready training from approved external providers.

5.2 The Trust is actively recruiting new appraisers. One of the impacts of the pandemic was an assessment of work-life balance for many doctors, and consequently some of our older and more experienced appraisers have decided to relinquish additional roles, such as appraisal.

6. Appraisee feedback on Appraisers 2020/21

6.1 Following each completed appraisal doctors are invited to complete a short survey to give feedback to their appraiser. All appraisers are provided with an anonymised copy of their feedback at the end of each appraisal year to include in their own appraisals. Table 2 shows the feedback received for all our appraisers for the period 1st April 2020 to 31st March 2021 (noting that appraisals were paused until October 2020), showing an overall positive view of appraisal.

Table 2: Feedback on Appraisers 2020/21 (n= 106)

Area	Unable to comment	Poor	Borderline	Satisfactory	Good	Very Good
Establishing rapport					9	40
Demonstrating thorough preparation for your appraisal				1	9	39
Listening to you and giving you time to talk				1	5	41
Giving constructive and helpful feedback	1				9	39
Supporting you	1			1	8	39
Challenging you	1				13	34
Helping you to review your practice	1			1	7	37
Helping you to identify gaps and improve your portfolio of supporting information for revalidation	1				9	38
Helping you to review your progress against your Personal Development Plan (PDP)				1	8	39
Helping you to produce a new PDP that reflects your development needs				1	10	37

6.2 The qualitative feedback received about medical appraisals has been overwhelming positive. The list below provides examples of anonymous written feedback received for medical appraisers in 2020/21:

- I was pleased with my appraiser. I felt very supported. [She] took the time to go through my portfolio as well as ensure my wellbeing given the Covid pandemic.
- Thank you for being supportive and recognising the stresses of Covid. I feel the appraisal has highlighted valid points for me to develop and concentrate on.

- A very thorough appraisal which looked at both my professional and personal achievements and challenges over this year. [Appraiser] has really helped me to re-focus and make positive plans towards my further development for next year both in terms of my professional development and personal well-being.
- Thank you so much for your time and thoroughness in every aspect of this process from preparation for the appraisal, through our discussions during the appraisal meeting, and your subsequent summary and documentation of the discussions. This is Appraisal at its best...
- My appraiser prepared meticulously for our meeting... and was very supportive.
- Very pleased to have [appraiser] as my appraiser. Very supportive and has helped me through the whole process.
- [Appraiser] is excellent- the perfect balance of supportive and helpful with genuine interest.
[Appraiser] was extremely competent in handling my appraisal both sensitively and constructively. I am most grateful.
- [Appraiser] was very thorough and extremely supportive. She took a great deal of time to read my portfolio and conduct my appraisal. I am very grateful.
- My appraiser has reviewed in detail and very thoroughly my portfolio and evidence of activity and has given very constructive feedback. Finally, he has guided me in identifying gaps and producing my new PDP.
- Supportive appraiser, thorough review of portfolio with constructive feedback and collaborative creation of PDP.
- [Appraiser] was helpful in making me reflect on the positive achievements that I have reached this year.
- .
- I was very impressed by the way in which [appraiser] conducted the appraisal. It was done in a supportive and collaborative manner - just as appraisals should be!
- This is my third appraisal with [appraiser]. As a new consultant, he has really helped me develop. I've found the appraisal process supportive and appropriately challenging.

6.3 Table 3 below shows a year-on-year improvement in appraisal feedback scores up to 2019/20. The figures have been included for 2020/21 for comparison only, as there was less feedback this year, as fewer appraisals took place than usual, due to the pandemic.

Table 3: Appraiser feedback received (%) in 2016/17, 2017/18, 2018/19, 2019/20, 2020/21

Area	2016/17 (%)			2017/18 (%)			2018/19 (%)			2019/20 (%)			2020/21 (%)		
	Satisfactory	Good	Very Good	Satisfactory	Good	Very Good	Satisfactory	Good	Very Good	Satisfactory	Good	Very Good	Satisfactory	Good	Very Good
Establishing rapport	1	17	82	0	13	86	1	13	86	1	8	91	0	9	40
Demonstrating through preparation for your appraisal	3	13	84	2	11	87	2	13	85	1	10	89	1	9	39
Listening to you and giving you time to talk	3	17	80	0	13	87	0	14	85	1	10	89	1	5	41
Giving constructive and helpful feedback	2	19	79	1	20	79	2	14	84	2	9	88	0	9	39
Supporting you	2	17	80	0	18	82	2	12	85	1	13	86	1	8	39
Challenging you	4	28	68	2	30	68	4	21	75	2	23	75	0	13	34
Helping you to review your practice	2	27	71	2	20	77	3	18	79	2	20	78	1	7	37
Helping you to identify gaps and improve your portfolio of supporting information for revalidation	3	25	71	23	20	77	4	21	75	3	18	79	0	9	38
Helping to review your progress against your PDP	2	18	80	1	17	82	2	18	79	3	14	83	1	8	39
Helping you to produce a new PDP that reflects your development needs	2	22	75	0	15	84	2	17	81	2	12	86	1	10	37

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

- 7.1 Whittington Health continues to be proactive in striving to ensure that all staff feel supported, both mentally and physically during these times of unprecedented pressure on the NHS. Whilst there were some support mechanisms that were offered to the doctors only (via Practitioner Health and the British Medical Association, for example), all others were offered to all members of the multi-disciplinary clinical team.
- 7.2 **The Clinical Health Psychology Team** continues to offer all teams and wards time to reflect and talk about their experiences, and this offer has been taken up by a large number, some on more than one occasion. The team have received excellent feedback for this work.
- 7.3 **Access to food and drinks after hours** – Whittington Health did not have access to hot food and drink in the evenings and weekends prior to the pandemic. There is now have a vending machine provided by 'Meals for the NHS', which has ready meals that can be heated, and there are toasters with an inbuilt 'off' mechanism (to comply with Hospital fire safety regulations) available.
- 7.4 Refreshments have been offered as a part of 'Project Wingman' (see below).
- Project Wingman – Whittington Health is fortunate to host 'Project Wingman, an initiative that was initially hosted by crew from a variety of airlines. A 'first class lounge' was set up at the rear of the existing eating area, forming an informal area where drinks are served, and there are magazines, books, and papers to read. This is an area for quiet relaxation which was, and is, much appreciated by all staff. This project has continued but is now hosted by volunteers as the airline crew are no longer available.

8 Specific initiatives focusing on Mental Health

- 8.1 During the pandemic the Trust developed a number of initiatives to support all colleagues, including doctors. This has led to the resurgence of the staff networks, some of which were in existence prior to the pandemic. The Trust now has four active networks:
- B.A.M.E. Staff Network – For black and minority ethnic staff and allies
 - LGBTQ+ Staff Network – for staff identifying as lesbian, gay, bi, trans, queer and curious, and their allies
 - WhitAbility Staff Network – for staff with a disability or long-term condition and their allies
 - Women's Staff Network – for women and their allies

- 8.2 The Trust continues to fund and offer Schwartz rounds and promote our Freedom to Speak Up Guardian to all staff.
- 8.3 The Trust has developed more areas within the hospital for quiet reflection and promoted them.
- 8.4 'In our own Words' – a partnership between the Whittington Psychology Service and the Wake The Beast Theatre Company, presenting words taken from interviews with staff, presented in a storytelling format together with performance, to facilitate discussion and reflection on the experience of working during the COVID-19 pandemic - this has continued, with sessions planned for September and October.
- 8.5 Health and Wellbeing leaflets detailing the support that is available have been promoted and signposted to all staff, both via electronic means, but also in team meetings and handovers, in an effort to reach all staff.

9 Quality Assurance

9.1 Quality assurance of appraisals

- 9.1.1 Quality assurance of appraisals takes two forms; an internal audit that is performed by the Revalidation team, and peer review of the appraisal output that is performed by a neighbouring Trust. Both forms of quality assurance have been delayed by pandemic, but it is planned that they will be completed by the end of 2021 and will be reported on in the 2021/22 Annual Board Report.

9.2 Quality assurance for appraisers

- 9.2.1 The Revalidation Management System has a mandatory feedback section that must be completed by the appraisee before the appraisal can be completed. This feedback is collated by the Responsible Officer's team and provided to individual appraisers so that they can reflect on it at their own appraisal. In cases where an appraiser has a low score in a number of areas, or where multiple doctors have requested not to be appraised by one individual, or where audits have identified substandard appraisals conducted by one appraiser, the Responsible Officer's team will escalate this to the Associate Medical Director with the responsibility for appraisal, and this appraiser may be asked to undertake further training.
- 9.2.2 The Trust keeps records of appraiser attendance at refresher training events which can be used in the appraiser's portfolio as evidence of ongoing professional development.
- 9.2.3 The Trust has an appraisers' network which meets quarterly to disseminate information and best practice. The network has continued to meet virtually despite the challenges posed by the pandemic and has been well attended. Topics that have been covered include 'Appraisal 2020', with a particular focus on wellbeing, the resources available for support for the doctors within the Trust, and updates on the Trusts' Revalidation Group, including membership, functioning, and its terms of reference.

9.3 Clinical Governance Data

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

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

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

9.3.3 In 2020/21 the revalidation team and operations teams have also been able to provide surgical activity for all operating clinicians.

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

10 Revalidation Recommendations

10.1 Revalidation was suspended by the GMC in response to the COVID-19 pandemic; doctors who were due to revalidate between 17th March 2020 and 16th March 2021 had their revalidation dates moved back by one year. In April 2021 revalidation was restarted and the GMC began to routinely contact doctors to give them four months' notice of their revalidation submission dates. If a doctor was due to revalidate in April 2021, the earliest date they needed to revalidate is August 2021, and so on.

10.2 This suspension meant that the Trust only made revalidation recommendations between 16th March 2021 and 31st March 2021.

10.3 Between 16th March 2021 and 31st March 2021, the Trust has made four positive recommendations for revalidation.

Table 4: Audit of revalidation recommendations

Revalidation recommendations between 16th March 2021 and 31st March 2021	
Recommendations completed on time (within the GMC recommendation window)	4
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	4

11 Recruitment and engagement background checks

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

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

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

11.3 There are some doctors that obtain work at the Trust via the Trust's Staff Bank.

12 Responding to Concerns and Remediation

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

13 In year progress and next steps

13.1 For 2020/21 the revalidation and appraisal team focused on the following areas, identified in our annual report of 2019/20:

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

13.2 The team achieved 100% compliance with medical appraisals in the year 2020/21. As such this action has been achieved.

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

- *Recruit a lay or public representative to sit on the Medical Appraisal and Revalidation Decision Making Group, as recommended by the GMC and other national bodies, from among the non-executive board members.*
- 13.3 This has been achieved. Amanda Gibbon, Non-Executive Director, has been invited to join the meeting as lay representative and began attending from in July 2021.
- *Undertake a peer-review quality assurance process with neighbouring Trusts by 31 March 2021.*
- 13.4 The Trust has been in contact with North Middlesex University Hospital Trust to organise a peer-review of our appraisal processes. Unfortunately, due to the pressures of the second and third wave of the COVID-19 pandemic it has not been possible to book a date of the review at the time of writing this report. The Trust is going to look to an alternative neighbouring Trust to undertake the review in the 2021/22 year.
- *Complete a procurement process for the purchase of an appraisal software system, as the contract for the current system expires in September 2021.*
- 13.5 This is ongoing as at the time of this report. The team wishes to expand the process to allow as much input from doctors and users of the system as possible so will be temporarily extending the current contract and procuring the new system from September 2021. The team has done extensive work to date including creating the shortlisting criteria for the procurement process and planning for safe and secure data transfer (of previous appraisals). Updates to this action will be in the Annual Report for 2021/22.
- *Publicise Appraisal and Revalidation on the Trust's extranet to increase public awareness of the processes - We will ensure that updates are published by 2022.*
- 13.6 This is a work in progress. The intranet page, including Revalidation FAQs, was updated during the 2020/21 year, and a scoping exercise is being undertaken to review other Trust's extranet pages and ensure ours is an example of best practice.
- 13.7 The team also undertook some improvements to practices in order to maximise capacity and provide a more supportive service to medical staff:
- Moved the appraisal and revalidation database to SharePoint, to enable more collaborative working, allow for easier audit, allow for easier cover during leave periods and to increase team productivity;
 - Moved the main team files onto SharePoint for greater collaborative working, no matter where the team are physically based;
 - Added formula to the database to make assigning and re-assigning appraisers easier, e.g., a colour code to show when appraisers have too many appraisees assigned to them;
 - Weekly meeting initiated to ensure progress of work items and review of the team's new action log;

- Use of a shared e-mail so that queries can be dealt with by any member of the team, e.g. in periods of annual leave;
- Embedded the publication of the quarterly newsletter into practice, an example of which is attached to this report as appendix 3.

14. Next Steps

14.1 The following actions will roll over from the 2020/21 year to the 2021/22 year:

- Undertake a peer-review quality assurance process with neighbouring Trusts by 31st March 2022.
- Complete a procurement process for the purchase of an appraisal software system by 31st March 2022.
- Publicise Appraisal and Revalidation on the Trust's extranet to increase public awareness of the processes - We will ensure that updates are published externally by 2022.

14.2 These new actions will be reported on in 2021/22:

- To increase our pool of appraisers by at least 5 (10% increase).
- To continue to meet 100% compliance in medical appraisals being undertaken at the Trust.
- To undertake a survey of appraisers and appraisees to ascertain in more detail how 'Appraisal 2020' is for them.
- To continue with the quarterly appraiser network meetings.
- To continue the quarterly appraiser newsletter.
- To actively support doctors to prepare for their 360 feedback to avoid deferral of revalidation dates.
- To review and refresh the Trust's Revalidation Policy.

14.3 An action plan is included in Appendix 2.

15 Recommendations

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

Appendix 1:

Designated Body Annual Board Report

Section 1 – General:

The Board of Whittington Health NHS Trust can confirm that:

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

Dr Clare Dollery has been Responsible Officer and Executive Medical Director since 10th June 2019.

Action for next year:

Not applicable.

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

Yes:

The Trust appointed Dr Sola Makinde to the role of Associate Medical Director with a responsibility for workforce in April 2020.

The Trust appointed Ms Taniya Nasmin to the role of Revalidation Support Officer in November 2019.

The Trust employs a business manager for the Medical Director's Office (this post has had two occupants in the course of this report due to maternity leave).

Action for next year:

Not applicable.

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

Action from last year:

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

Comments:

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

A database is maintained by the Revalidation Support Officer of all doctors who work at the Trust, or hold honorary contracts with the Trust, to ensure that all have been linked appropriately to a designated body and are engaged with appraisal and revalidation.

Action for next year:

Not applicable.

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

Action from last year:

Not applicable

Comments:

The Trust has a valid Medical Appraisal and Medical Revalidation Policy. This is due to be refreshed in October 2022.

Action for next year:

To review and refresh the Medical Appraisal and Revalidation policy.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: The plan to complete a peer review of our appraisal and revalidation processes in 2020/21 was delayed by the COVID-19 pandemic.

Action for next year: Complete a further peer-review process, ideally with the same neighbouring Trusts by March 2022.

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

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

Comments: The Revalidation Support Officer meets with new doctors with a prescribed connection to Whittington Health to whom we offer an appraisal, to ensure that they are familiar with the appraisal software, and to assist them in preparing for appraisal (either in person or more recently virtually). She will continue to do this in the 2021/22 year.

Action for next year: As per last year, there will be a continued focus on ensuring Trust-grade and other doctors with a prescribed connection are familiar with the process, including the regular recording of appraisals conducted at other Trusts.

Section 2a – Effective Appraisal

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

For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action from last year: Not applicable.

Comments: Complaints (and compliments) are sent to the Patient advocacy and Liaison Service; this information is automatically uploaded into the appraisal software, as are any submissions that the doctor makes to Datix (the incident reporting system). In addition, all operating clinicians have their operating data and outcomes uploaded to the appraisal software.

Clinical governance information is routinely sought if a doctor works in any organisation separate to the Trust and is uploaded to their appraisal file.

The Medical Appraisal and Revalidation Decision Making Group members include the associate medical director with the responsibility for patient safety, the Lead for Clinical Governance within the Trust and the Human Resources Business Partner with responsibility for Medical staffing. This ensures that all information that is relevant to a doctors' fitness to practice is considered by the Revalidation Group prior to making a revalidation recommendation decision.

The Trust has adopted the Appraisal 2020 model.

Action for next year: The Revalidation team will survey both appraisers and appraisees to obtain more objective impressions of the Appraisal 2020 model, and will report the results of the survey in the 2021/22 annual report.

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

Action from last year: Not applicable.

Comments: Not applicable.

Action for next year: Not applicable.

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

Action from last year: Not applicable.

Comments: The Trust's 'Medical Appraisal and Medical Revalidation Policy' is valid until October 2022.

Action for next year: Review and refresh the Revalidation Policy.

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

Action from last year: Four consultants and / or SASG doctors should be trained as appraisers before April 2021.

Comments: This action will be carried over to April 2022.

Action for next year: To recruit five new appraisers by April 2022.

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers³ or equivalent).

Action from last year: We planned to hold an internal peer review session looking at the appraisal outputs in the coming year; this did not take place due to the pandemic and annual leave.

Comments: Appraiser's network met quarterly in 2020/22 except during the waves of the pandemic, and will continue to meet quarterly in 2021/22.

Action for next year: To hold the internal peer review session looking at appraisal outputs in the coming year.

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

Action from last year: The plan to subject our appraisals to an external quality assurance process by the completion of a peer review in 2020/21 was delayed by the COVID-19 pandemic.

Comments: The Medical Appraisal and Revalidation Decision Making Group members include the Associate Medical Director with the responsibility for patient safety, the Lead for Clinical Governance within the Trust and the Human Resources Business Partner with responsibility for Medical staffing, to ensure that all aspects of a doctors fitness to practice are examined when revalidation

³ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

submissions are considered. The Group is further strengthened by the addition of a lay member to provide external scrutiny on the revalidation submissions.

We plan to perform the peer review of our appraisals in 2021/22 and report the findings to the Board in 2021/22.

Action for next year: Complete an external review of our appraisal processes by performing a peer review in 2022.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2021	265
Total number of appraisals undertaken between 1 April 2020 and 31 March 2021	106
Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021	159
Total number of agreed exceptions	159

Section 3 – Recommendations to the GMC

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

Action from last year: Not applicable.

Comments: Revalidation was suspended by the GMC in response to the COVID-19 pandemic; doctors who were due to revalidate between 17th March 2020 and 16th March 2021 had their revalidation dates moved back by one year. Between the 16th March 2020 and 31st March 2021 the Trust has made four positive recommendations for revalidation.

Action for next year: Not applicable.

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

Action from last year: Currently confirmations to doctors are a letter from the Medical Director, which is emailed.

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

Action for next year: Not applicable.

Section 4 – Medical governance

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

Action from last year: Not applicable

Comments: The Trust has an appropriate system for clinical governance including review processes, executive oversight for complaints, incident management and infection control. Aspects of these arrangements are subject to internal audit at agreed intervals.

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

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

This data is shared with the doctor by the RO's team to ensure that it is included in the portfolio.

In addition surgical activity is provided for all operating clinicians.

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

Action for next year: Not applicable

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

Action from last year: Not applicable

Comments: The Trust has relevant local policies in place, including 'Conduct, Performance and Ill-Health Procedures for Medical and Dental staff'. This is provided via access on the intranet to doctors to include in their appraisal.

Action for next year: Not applicable

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: Not applicable.

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

Action for next year: Not applicable.

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

Action from last year: Not applicable.

Comments: The Trust Board receive monthly reports if there are any doctors whose practice has been restricted, or if a doctor has been excluded from the Trust. Active cases are reviewed on a monthly basis with the HR teams and an extract report is compiled each month.

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

Action for next year: Not applicable.

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

Action from last year: Not applicable.

Comments: We utilise the MPIT form where appropriate.

Action for next year: Not applicable.

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

Action from last year: Not applicable

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

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

Action for next year: Not applicable

Section 5 – Employment Checks

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

Action from last year: Not applicable

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

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

⁵ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

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

Action for next year: Not applicable

Section 6 – Summary of comments, and overall conclusion

The following actions from our 2020/21 report that were not completed will roll over to the 2021/22 year:

- Undertake a peer-review quality assurance process with neighbouring Trusts by 31st March 2022.
- Complete a procurement process for the purchase of an appraisal software system by 31st March 2022.
- Publicise Appraisal and Revalidation on the Trust's extranet to increase public awareness of the processes - We will ensure that updates are published externally by 2022.

These new actions will also be reported on in 2021/22:

- To increase our pool of appraisers by at least 5 (10% increase).
- To continue to meet 100% compliance in medical appraisals being undertaken at the Trust.
- To undertake a survey of appraisers and appraisees to ascertain in more detail how 'Appraisal 2020' is for them.
- To continue with the quarterly appraiser network meetings.
- To continue the quarterly appraiser newsletter.
- To actively support doctors to prepare for their 360 feedback to avoid deferral of revalidation dates.
- To review and refresh the Trust's Revalidation Policy.

Overall conclusion: The Trust is compliant with the appraisal guidance for 2020/21 and has followed the guidance for 20/21 to focus on developmental and supportive appraisal, by adopting the 'Appraisal 2020' model.

Section 7 – Statement of Compliance:

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

Signed on behalf of the designated body:

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: Whittington Health NHS Trust

Name: _____

Signed: _____

Role: _____

Date: _____

Appendix 2:

Action	Steps	Lead	By When	Status
Undertake a peer-review quality assurance process with neighbouring Trusts.	<ol style="list-style-type: none"> 1. We will contact a neighbouring Trust 2. We will have a shared meeting to discuss findings 3. Findings to be reported in the ABR for 21/22 	<ol style="list-style-type: none"> 1 and 2. Revalidation Support Officer 3. Business Manager 	March 2022	In progress
Complete a procurement process for the purchase of an appraisal and revalidation software system.	<ol style="list-style-type: none"> 1. Current contract to be extended with current provider 2. Forum for appraisers and appraisees to test available systems and give feedback to be arranged 3. Procurement shortlisting to be organised, including some appraisers and appraisees, the AMD for workforce, and Revalidation Officer 4. New contract to be issued 	<ol style="list-style-type: none"> 1. Procurement team 2. Revalidation team 3. Revalidation team 4. Procurement team 	March 2022	In progress
Publicise Appraisal and Revalidation on the Trust's extranet to increase public awareness of the processes.	<ol style="list-style-type: none"> 1. Ensure that information is published externally by 2022. 	<ol style="list-style-type: none"> 1. Revalidation Support Officer 	March 2022	In progress
To increase our pool of appraisers by at least 5 (10% increase).	<ol style="list-style-type: none"> 1. To encourage people to nominate themselves or others to be appraisers - to go into newsletter and onto intranet page, e-mails to go out to network 2. To go and speak to those who may be good appraisers to see what their needs would be and encourage them to sign up 	<ol style="list-style-type: none"> 1. Revalidation Support Officer / AMD 2. AMD 	March 2022	To start in September 2021
To continue to meet 100% compliance in medical appraisals being undertaken at the Trust.	<ol style="list-style-type: none"> 1. Monitor compliance and raise any concerns as needed. 	<ol style="list-style-type: none"> 1. Revalidation Support Officer 	March 2022	In progress
To undertake a survey of appraisers and appraisees to ascertain in more detail how 'Appraisal 2020' is for them.	<ol style="list-style-type: none"> 1. Ensure 'Appraisal 2020' is, and remains, an adequate model for the needs of the Trust 2. Adapt or change the model as needed. 	<ol style="list-style-type: none"> 1 and 2. AMD 	March 2022	To start in November 2021
To continue the quarterly appraiser newsletter.	<ol style="list-style-type: none"> 1. To continue newsletter 	<ol style="list-style-type: none"> 1. Revalidation Support Officer 	March 2022	In progress
To actively support doctors to prepare for their 360 feedback to avoid deferral of revalidation dates.	<ol style="list-style-type: none"> 1. To contact doctors at least 6 months before their revalidation due date, informing them of the items they need to prepare for revalidation, including 360 feedback, and what support the team can offer them. 2. Contact again at 4 months and 2 months. 	<ol style="list-style-type: none"> 1 and 2. Revalidation Support Officer 	March 2022	In progress
To review and refresh the Trust's Revalidation Policy.	<ol style="list-style-type: none"> 1. Review and update of the current Policy. 2. To go to the Revalidation Group and the Board for ratification. 3. To be published on the Trust intranet and circulated via e-mail to all doctors and appraisers. 	<ol style="list-style-type: none"> 1 and 2. AMD 3. Revalidation Support Officer 	October 2022	Not yet started

Friday,
July 30,
2021

Appraisal and Revalidation

QUARTERLY NEWSLETTER

Live!
Now

Appraisal portfolios and confidentiality

As per the NHS England Medical Appraisal Documentation Access Statement, an appraisal portfolio must not contain personally identifiable information (whether patient, colleague or any other person). To include personally identifiable information is a breach of information

governance rules. It also increases the risk of being compelled to disclose appraisal documents to a third party in a legal challenge. Sometimes your supporting information may need to make reference to events and people but this should always be done in such a way as to not identify anyone. Please also remember that, when making references to individuals, take care not to identify someone by role or very specific health circumstances, as that would then be personally identifiable information about them.

Medical Appraisal Documentation Access Statement'



Do's for 360 – degree assessment

- **Do - start your assessment at least 6 months prior to your Revalidation date. Contact the Revalidation team for a license.**
- **Do -** access the system as soon as you receive your log in details – you can then ask for a PDF copy of the patient feedback forms (via the Revalidation Team). This cannot be done if your details are not in the system.
- **Do -** save your login details – you will need these to check on the progress of your assessment
- **Do -** add your home address when you set your 360 up – this ensures that the patient feedback forms can be sent to your house and won't get lost in the hospital postal system!
- **Do -** remember you will need at least 12 colleagues and 10 colleagues to provide feedback before a report is compiled.
- If your assessment is taking a long time - **Do** go back into the system (using your original login details – see number 3) and check the number of responses you have received. The most common reason a report is not generated is that you have insufficient responses.



New appraisers needed!

Dear Appraisers, if you do an appraisal and think that a colleague would make a good appraiser – if they are reflective and have really engaged with the appraisal process – please let the Revalidation team know so that we can ask them if they would like to be an appraiser themselves. **Full training and support will be provided to all new appraisers.**



Whittington Health

GMC Revalidation

REVALIDATION

If you are one of the many doctors whose original revalidation date has been deferred as part of the GMC response to the COVID-19 pandemic, **you do not have to wait until the new date to revalidate.**

If you feel you are 'revalidation ready', please let the team know, so we can ensure

Survey on Appraisal 2020

In the next few weeks, you should receive a survey to ask for your views on the experience of using 'appraisal 2020'. Please look out for the link and take the time to complete the survey, as it will help us when deciding how we do medical appraisals in the future. Your time and your help is greatly appreciated.

Appraisal & Revalidation Clinics

Run **weekly** – Wednesday from 12:00 pm to 1:00 pm. please book with Taniya Nasmin.

Email: taniya.nasmin@nhs.net



Dr. Clare Dollery

Medical Director

clare.dollery1@nhs.net

Emma Whitaker

Business Manager to Dr Clare Dollery

emma.whitaker3@nhs.net



Revalidation Team



Dr. Sola Makinde

Associate Medical Director – Workforce

sola.makinde@nhs.net

Taniya Nasmin

Revalidation Support Officer

taniya.nasmin@nhs.net



Whittington Health

NHS Trust



Meeting title	Trust Board - public meeting	Date: 30.09.2021
Report title	Finance Report August (Month 5) 2021/22	Agenda item: 9
Executive director lead	Kevin Curnow, Chief Finance Officer	
Report author	Finance Team	
Executive summary	<p>The Trust is reporting an actual deficit of £923k at the end of August 2021. This is a favourable variance of £30k against a planned deficit of £953k.</p> <p>The deficit position is being driven by slippages in expected savings and other expenditure overspends not covered by the H1 funding.</p> <p>Cash position at the end of August 2021 was £69.6m</p> <p>The Trust has spent £4.6m of its capital allocation year to date August 2021 which is £1.4m behind plan. This is largely due to phasing of the plan and the Trust is still forecasting to spend its capital allocation for 2021-22.</p>	
Purpose:	To discuss the year-to-date performance.	
Recommendation(s)	To note the year-to-date August 2021 financial performance, recognising the need for improve savings delivery to deliver H1 plan.	
Risk Register or Board Assurance Framework	BAF risks Sustainability 1 and 2	
Report history	Trust Management Group	
Appendices	None	

**CFO Message****Finance Report M05****Trust reporting
£923k actual
deficit at the
end of August
– £30k better
than plan**

The Trust is reporting an actual deficit of £923k at end of August which is £30k better than plan. The planned deficit to end of August was £953k.

Key drivers for the £923k actual deficit are

- Slippage of Cost Improvement Programmes across the trust
- Additional costs relating to ongoing legal challenges relating to the Private Finance Initiative (PFI)
- Other cost pressures not covered by H1 funding including increased staffing for additional beds and agency premium.

Included in the year to date (YTD) actuals is £2.8m of Elective Recovery Fund (ERF) income. This is currently offsetting slippage in expected savings and other expenditure overspends not covered by H1 funding.

**Cash of £69.6m
at end of
August**

As at the end of August, the Trust's cash balance stands at £69.6m – an increase of £8.1m from the 1st of April 2021. The Trust's ongoing cash requirements have not changed materially in terms of staff pay and capital expenditure, although the Trust is striving to pay suppliers early in the current economic climate.

**Capital plan for
2021/22 is
£17.1m.
YTD spend is
£4.6m.**

The Trust has a capital plan of £17.1m. This plan is in line with North London Partners Integrated Care System (ICS) allocation. At end of August the Trust has spent £4.6m of its capital allocation which is £1.4m behind plan. This is largely due to phasing of the plan and the Trust is still forecasting to spend its capital allocation for 2021-22.

**Better Payment
Practice Code
Performance
(BPPC) – 90%**

The Trust is signed up to the NHS commitment to improve its Better Payment Practice Performance (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms. Overall, the Trust's BPPC is 90% by volume and value. The BPPC for non-nhs invoices is 93.6% by value and 91.8% by volume.

**Update on H2
funding –
Blocks to
continue with
higher savings
requirement**

The H2 (October to March) system envelopes will be based on H1 envelopes adjusted for higher efficiency requirement and inflationary impact. Efficiency requirement in H2 for North Central London (NCL) is likely to be 3%. Covid allocation will be reduced by 0.5% for H2. Revenue and capital allocation will be available for supporting activity recovery through Elective Recovery Fund (ERF).

1. Summary of Income & Expenditure Position – Month 05

	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income						
NHS Clinical Income	23,983	23,708	(275)	119,919	119,038	(881)
High Cost Drugs - Income	689	991	302	3,447	4,177	730
ICS Funding M7-12	2,600	2,600	0	12,498	12,498	0
Non-NHS Clinical Income	1,114	1,087	(27)	5,570	5,456	(115)
Other Non-Patient Income	2,003	1,821	(182)	10,252	9,919	(333)
Elective Recovery Fund	200	397	197	4,324	2,821	(1,503)
	30,589	30,604	15	156,010	153,909	(2,102)
Pay						
Agency	(25)	(821)	(796)	(124)	(4,342)	(4,218)
Bank	(234)	(2,389)	(2,156)	(2,831)	(12,532)	(9,702)
Substantive	(21,607)	(18,376)	3,230	(108,132)	(92,114)	16,017
	(21,865)	(21,586)	279	(111,087)	(108,989)	2,098
Non Pay						
Non-Pay	(6,517)	(6,737)	(220)	(34,924)	(34,313)	612
High Cost Drugs - Exp	(843)	(916)	(73)	(3,367)	(4,025)	(658)
	(7,360)	(7,653)	(293)	(38,291)	(38,337)	(46)
EBITDA	1,364	1,365	1	6,632	6,582	(50)
Post EBITDA						
Depreciation	(946)	(940)	6	(4,726)	(4,710)	16
Interest Payable	(61)	(48)	13	(305)	(240)	65
Interest Receivable	0	0	0	0	0	0
Dividends Payable	(510)	(511)	(1)	(2,555)	(2,556)	(1)
	(1,517)	(1,499)	18	(7,586)	(7,505)	81
Reported Surplus/(deficit)	(153)	(134)	19	(953)	(923)	30

- The Trust reported a year-to-date deficit of £923k (excluding donated depreciation) at the end of August which is £30k better than plan.
- The planned deficit to the end of August was £953k deficit excluding donated depreciation.
- ERF income £2.8m YTD actuals are included in line with the revised plan and is fully utilised in offsetting increased costs relating to delivery of this activity and mitigating unachieved CIPs YTD.

2.0 Income and activity

2.1 Income

- Months 1-6 continue to be under block arrangement for CCG & NHSE/I.
- Year to date adverse variance of £2.1m driven by ERF (£1.5m adverse offset by expenditure underspend) and other operating income (£0.3m).
- Other operating income £0.3m adverse to plan is driven by reduction in education income £0.8m, offset by increase in COVID £0.2m, Imaging £0.13m and procurement £0.14m.

Income	In Month Income Plan	In Month Income Actual	In Month Variance	YTD Income Plan	YTD Income Actual	YTD Variance
	£000's	£000's	£000's	£000's	£000's	£000's
A&E	1,398	1,394	(4)	6,900	7,389	489
Elective	1,218	1,502	284	6,733	8,143	1,410
Non-Elective	4,768	4,409	(360)	23,534	23,524	(10)
Critical care	593	602	8	2,928	2,671	(257)
Outpatients	2,378	2,552	175	12,520	14,209	1,688
Direct Access	843	905	61	4,633	4,518	(115)
Community	6,144	6,144	0	30,719	30,719	0
Other Clinical income NHS	9,930	9,792	(138)	47,896	44,540	(3,356)
NHS Clinical Income	27,272	27,299	27	135,864	135,712	(151)
Non NHS Clinical Income	1,114	1,087	(27)	5,570	5,456	(115)
Elective recovery fund (ERF)	200	397	197	4,324	2,821	(1,503)
Income From Patient Care Activities	28,586	28,783	197	145,758	143,989	(1,769)
Other Operating Income	2,003	1,821	(182)	10,252	9,919	(333)
Revised Total	30,589	30,604	15	156,010	153,909	(2,102)

2.2 Month 5 Elective recovery fund (ERF) performance by ICSU

- Elective recovery fund (ERF) £2.8m is an estimate, as the final amount is based on ICS total performance.
- Compared to month 4 activity levels in month 5 for both day cases and elective were lower and outpatient's activity was higher.
- In month 5 the activity baseline is lower compared to previous months because of lower activity in 2019/20 due to August holidays.
- Compared to Month 5 ERF target of 85% of 2019/20 activity, both day case (30%) and outpatients (14%) were over target which resulted in an increased ERF, with electives (40%) under target.
- The main drivers for day case overperformance are T&O at 171% of 2019/20 levels, paediatrics (165%) and gastroenterology (114%).

- Outpatient activity is overperforming for each ICSU and is expected to improve due to late outcoming.
- The main driver for the elective underperformance is trauma & orthopaedics at 29% of 2019/20 level due to transfer of work to UCLH. Excluding trauma & orthopaedics, electives are at 74% of 2019/20 levels.

Month	Activity Grp	ICSU	2019/20 Activity	2021/22 Activity	Activity Diff %	2019/20 Income	2021/22 Income	Income Diff %	ERF % Target	Income Diff to ERF %	ERF Income
	DC Total		1,656	1,551	94%	£1,245,009	£1,181,005	95%	70%	25%	£309,499
	EL Total		194	87	45%	£883,139	£273,142	31%	70%	(39%)	(£345,055)
	OP Total		23,651	21,585	91%	£3,514,384	£3,263,132	93%	70%	23%	£803,063
	Adjust to CSU										(£48,748)
1 Total			25,501	23,223	91%	£5,642,531	£4,717,280	84%	70%	14%	£718,760
	DC Total		1,449	1,587	110%	£1,065,258	£1,192,195	112%	75%	37%	£393,251
	EL Total		183	130	71%	£792,534	£426,452	54%	75%	(21%)	(£167,948)
	OP Total		21,792	21,057	97%	£3,273,746	£3,206,763	98%	75%	23%	£751,453
	Adjust to CSU										(£51,946)
2 Total			23,423	22,774	97%	£5,131,537	£4,825,409	94%	75%	19%	£924,811
	DC Total		1,869	1,723	92%	£1,356,720	£1,316,212	97%	80%	17%	£230,836
	EL Total		210	153	73%	£969,936	£513,000	53%	80%	(27%)	(£262,949)
	OP Total		25,083	23,914	95%	£3,786,470	£3,655,406	97%	80%	17%	£626,230
	Adjust to CSU										(£41,081)
3 Total			27,162	25,790	95%	£6,113,127	£5,484,618	90%	80%	10%	£553,035
	DC Total		1,708	1,701	100%	£1,319,933	£1,300,519	99%	85%	14%	£178,576
	EL Total		192	149	77%	£832,556	£540,250	65%	85%	(20%)	(£167,423)
	OP Total		24,483	21,575	88%	£3,689,360	£3,324,543	90%	85%	5%	£188,587
	Adjust to CSU										(£102,428)
4 Total			26,384	23,425	89%	£5,841,849	£5,165,311	88%	85%	3%	£97,312
5 DC	CORP										(£2,854)
	AC		16	23	144%	£10,693	£17,699	166%	85%	81%	£8,610
	EIM		940	1,046	111%	£501,235	£555,931	111%	85%	26%	£129,881
	CYP		100	165	165%	£61,022	£142,179	233%	85%	148%	£90,310
	S&C		393	345	88%	£391,358	£456,453	117%	85%	32%	£123,799
	ACW		89	55	62%	£89,310	£46,750	52%	85%	(33%)	(£29,163)
	DC Total		1,538	1,634	106%	£1,056,976	£1,219,013	115%	85%	30%	£320,583
EL	CORP										(£21,462)
	AC		0	0	100%	£0	£0	100%	85%	15%	£0
	EIM		18	9	50%	£38,228	£8,964	23%	85%	(62%)	(£23,530)
	CYP		17	17	100%	£15,253	£29,710	195%	85%	110%	£16,746
	S&C		117	64	55%	£578,329	£230,248	40%	85%	(45%)	(£261,332)
	ACW		11	15	136%	£33,757	£40,252	119%	85%	34%	£11,559
	EL Total		163	105	64%	£690,816	£309,175	45%	85%	(40%)	(£278,019)
OP	CORP										£840
	AC		1,048	1,219	116%	£94,665	£101,136	107%	85%	22%	£20,672
	EIM		9,212	8,598	93%	£1,469,901	£1,389,919	95%	85%	10%	£140,503
	CYP		1,456	1,610	111%	£300,353	£327,327	109%	85%	24%	£72,027
	S&C		7,932	7,352	93%	£1,065,299	£1,014,685	95%	85%	10%	£109,181
	ACW		2,816	3,288	117%	£432,938	£509,484	118%	85%	33%	£141,487
	OP Total		22,464	22,067	98%	£3,362,166	£3,342,551	99%	85%	14%	£484,710
5 Total			24,165	23,806	99%	£5,109,959	£4,870,738	95%	85%	10%	£527,274
M1-5 Total											£2,821,191

3. Expenditure – Pay & Non-pay

3.1 Pay Expenditure

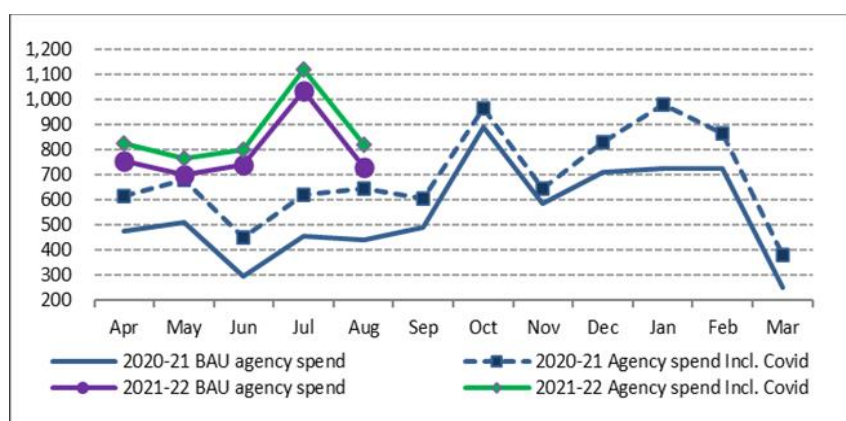
Pay expenditure for August was £21.6m including £0.3m of costs coded to Covid-19.

	2020-21					2021-22					
	Oct	Nov	Dec	Average	Average Uplifted	Apr	May	Jun	Jul	Aug	Mov^t
Agency	891	588	714	731	731	785	722	754	1,059	749	(310)
Bank	1,764	2,040	2,045	1,950	1,950	2,268	2,395	2,633	2,051	2,217	167
Substantive	17,996	18,336	18,293	18,208	18,299	18,226	18,646	18,613	18,111	18,332	221
Grand Total	20,651	20,964	21,052	20,889	20,980	21,278	21,764	22,000	21,221	21,298	78
Covid costs						271	240	282	348	288	(60)
Total pay costs						21,549	22,004	22,282	21,569	21,586	18

* (Excludes Chair & Non-Exec Directors)

** Oct 2020 to Dec 2020 pay used for comparison as the Covid impact and activity is similar to 2021

Agency Spend



Agency spend for August was £0.82m. This included £0.07m agency coded to Covid-19 pandemic and £0.75m agency usage within the ICSUs. August agency spends are in line with spends in Apr – Jun.

In July agency spend was higher compared to other months mainly due to increase in Child Care packages estimated costs backdated to April.

3.2 Non-pay Expenditure

Non-pay expenditure in August was £6.7m and included £0.06m of costs coded to Covid-19.

	2020-21				2021-22					
Excluding Covid	Oct	Nov	Dec	Average	Apr	May	Jun	Jul	Aug	Mov^t
Supplies & Servs - Clin	2,407	2,384	2,671	2,175	2,023	2,380	2,543	2,366	2,311	(55)
Supplies & Servs - Gen	298	249	281	169	226	217	253	245	225	(21)
Establishment	371	230	628	216	209	156	217	233	218	(15)
Healthcare From Non Nhs	48	59	59	161	265	568	(249)	185	201	17
Premises & Fixed Plant	1,642	1,746	1,946	2,292	1,952	2,138	2,151	1,972	1,859	(114)
Ext Cont Staffing & Cons	220	358	317	220	166	273	206	196	164	(32)
Miscellaneous	1,660	1,429	1,954	2,271	1,411	1,880	1,516	1,511	1,672	161
Chairman & Non-Executives	10	10	10	10	10	10	10	17	11	(6)
Grand Total	6,655	6,464	7,867	7,514	6,263	7,623	6,649	6,725	6,660	(64)
Covid Costs					100	106	80	31	58	27
Total non-pay costs					6,363	7,729	6,728	6,756	6,719	(37)

Excludes high-cost drug expenditure.

Included in miscellaneous is CNST premium, Transport contract, professional fees, and bad debt provision

3.3 Cost Improvement Programmes (CIP)

Year to date CIP delivery is predominantly in pay, currently delivering £1,025k of savings (27% of YTD trust target). The Trust devolved CIP targets to ICSUs and corporate areas to the end of August is £3,750k, so savings are currently £2,725k behind target.

ICSU	YTD			Annual Plan		
	YTD Trust CIP Targets £'000	YTD CIP Forecast £'000	YTD Forecast CIP Variance £'000	Annual Trust CIP Targets £'000	Annual CIP Forecast £'000	Annual Forecast CIP Variance £'000
ACS	438	167	(271)	1,050	447	(603)
ACW	663	51	(612)	1,590	225	(1,365)
CYPS	666	426	(240)	1,598	1,021	(577)
EIM	620	231	(389)	1,487	554	(933)
S&C	602	4	(598)	1,445	64	(1,381)
Corporate	385	146	(239)	925	517	(408)
E&F	377	0	(377)	905	21	(884)
Total	3,751	1,025	(2,726)	9,000	2,849	(6,151)

The Trust forecast savings are £2,849k as at Month 5. Pipeline savings proposals are continuing to be worked up in line with the Trust's Quality and Finance governance frameworks.

H1 CIP Plan Submitted to NHSIE

The Trust's external financial plan required savings to the end of September (H1) of £1,800k, and £1,500k YTD. Against this plan YTD the Trust has achieved 68%, and to the end of September the Trust is forecasting £1,248k (which is 69% forecast delivery).

Efficiency Type	Actual 31/08/2021 YTD £'000	H1 Forecast (Apr 21- Sept 21) £'000
Pay Efficiencies	780	943
Non-Pay Efficiencies	168	214
Income Efficiencies	77	90
Total Net Efficiencies	1025	1247

4.0 Statement of Financial Position

The net Balance on the Statement of Financial Position as 31 August 2021 is £217.18m, a minimal change in-month and £978k down from the year-end, most of which corresponds to the Operating position at Month 5, and this is shown in the table below.

Statement of Financial Position as 31 August 2021

	BFWD 31 MAR 2020 (£000)	IN MONTH BALANCE (£000)	MOVEMENT IN YR (£000)
NON-CURRENT ASSETS:			
Property, Plant And Equipment	155,763	157,976	2,213
Property, Plant and Equipment: On-SoFP IFRIC 12 assets	68,200	67,501	(699)
Intangible Assets	9,789	8,869	(920)
Trade & Other Rec -Non-Current	401	427	25
TOTAL NON-CURRENT ASSETS	234,153	234,773	620
CURRENT ASSETS:			
Inventories	2,195	2,194	(1)
Trade And Other Receivables	18,288	15,189	(3,099)
Cash And Cash Equivalents	61,527	69,639	8,112
TOTAL CURRENT ASSETS	82,011	87,022	5,011
CURRENT LIABILITIES			
Trade And Other Payables	(52,181)	(58,611)	(6,430)
Borrowings: Finance Leases	(182)	(228)	(46)
Borrowings: Dh Revenue and Capital Loan - Current	(118)	(142)	(23)
Provisions for Liabilities and Charges	(566)	(573)	(7)
Other Liabilities	(1,908)	(2,442)	(534)
TOTAL CURRENT LIABILITIES	(54,955)	(61,995)	(7,040)
NET CURRENT ASSETS / (LIABILITIES)	27,056	25,027	(2,029)
TOTAL ASSETS LESS CURRENT LIABILITIES	261,209	259,800	(1,409)
NON-CURRENT LIABILITIES			
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,856)	(1,856)	0
Borrowings: Finance Leases	(4,754)	(4,323)	431
Provisions for Liabilities & Charges	(36,437)	(36,437)	0
TOTAL NON-CURRENT LIABILITIES	(43,047)	(42,616)	431
TOTAL ASSETS EMPLOYED	218,162	217,183	(978)
FINANCED BY TAXPAYERS EQUITY			
Public Dividend Capital	106,191	106,191	0
Retained Earnings	20,577	19,879	(698)
Revaluation Reserve	91,393	91,113	(280)
TOTAL TAXPAYERS EQUITY	218,162	217,183	(978)



Meeting title	Trust Board – public meeting	Date: 30 September 2021
Report title	Integrated performance report	Agenda Item: 10
Executive director lead	Carol Gillen, Chief Operating Officer	
Report author	Paul Attwal, Head of Performance and Chloe Hubbard, Performance Team.	
Executive summary	<p>Areas to draw to Board members' attention are:</p> <p>Emergency Department (ED) four hours' wait: During August 2021 performance against the 4 hour access standard was 80.1%, against the target of 95%. This is compared to 82.08% during August 2019. The national average in August was 77.01%, the London average was 80.27% and the NCL average was 80.98%. August 2021 saw 8532 attendances compared to 8778 during August 2019. There were three mental health 12-hour trolley waits</p> <p>Cancer Compliance against the national cancer standards has not been achieved since April 2020. 62 day performance was at 71.4% for July 2021 down from 79.6% in June. The 2 week wait (2ww) standard was not achieved in July 2021 with 81.4% against a target of 93%.</p> <p>Referral to Treatment: 52 + week waits At the end of August 2021 there were 639 patients waiting more than 52 weeks for treatment, an improvement of 12 from July 2021 to end of August 2021. Whittington Health has been acknowledged as the only provider in NCL that does not have any patients waiting more than 104 weeks. There is now an increased focus on patients waiting more than 73 weeks and management of clinical priorities.</p> <p>Workforce Appraisal rates for August 2021 are at 70.1% against a target of 90%, the same as the previous month. The compliance against Mandatory Training was 74.7% in August 2021, a decrease of 2.1% from July 2021, against a target of 90%.</p> <p>Children and Young People's (CYP) service updates Appendix 1 and 2 provide updates and trajectories for Community Audiology and Therapies Services on how the services will reduce the sizeable backlogs that have grown during the pandemic to less than a 12 week wait to first assessment, to increase activity above benchmark</p>	

	levels in therapies and achieve the 6 weeks waits target for audiology diagnostics .
Purpose:	Review and assurance of Trust performance compliance
Recommendation(s)	That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan
Risk Register or Board Assurance Framework	The following BAF entries are linked: Quality 1; Quality 2; Quality 3; People 1; and, People 2.
Report history	Trust Management Group
Appendices	1: Paediatric audiology update 2: Children's therapies update



Whittington Health

NHS Trust

Performance Report
September 2021

Month 05 (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%	Aug			80.5%	80.1%	83.2%
Cancer - 14 days to first seen	>93%	Jul			84.8%	81.4%	77.6%
Cancer - 62 days from referral to treatment	>85%	Jul			79.6%	71.4%	70.3%
DM01 - Diagnostic Waits (<6 weeks)	>99%	Aug			91.3%	92.2%	92.8%
RTT - Incomplete % Waiting <18 weeks	>92%	Aug			75.5%	76.1%	73.5%
Referral to Treatment 18 weeks - 52 Week Waits	0	Aug			651	639	3962
Community - FFT % Positive	>90%	Aug			97.1%	97.0%	97.3%
% seen <=2 hours of Referral to District Nursing Night Service	>80%	Aug			100.0%	100.0%	94.1%
% seen <=48 hours of Referral to District Nursing Service	>95%	Aug			94.4%	94.9%	94.7%

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%	Aug			63.01%	63.23%	69.40%
Acute DNA % Rate	<10%	Aug			10.3%	11.1%	9.8%
Community DNA % Rate	<10%	Aug			7.6%	8.2%	7.2%
Outpatients New:FUP Ratio	2.3	Aug			1.87	1.83	1.87
Elective and Daycase		Aug			2046	1940	9726
Outpatient Attendances		Aug			26706	23101	128475
Community Face to Face Contacts		Aug			35958	31131	183904

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%	Aug			90.2%	89.3%	91.3%
% e-Referral Service (e-RS) Slot Issues	<4%	Aug			31.1%	28.5%	30.4%
% of MSK pts with Improvement in function (PSFS)	>75%	Aug			91.1%	89.7%	90.4%
Rapid Response - % of referrals with an improvement in care		Aug			82.5%	83.3%	83.5%

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%	Aug			70.1%	70.1%	70.5%
Mandatory Training % Rate	>90%	Aug			76.8%	74.7%	75.7%
Permanent Staffing WTEs Utilised	>90%	Aug			87.6%	87.7%	88.0%
Staff FFT % recommended work	>50%	Aug					62.6%
Staff FFT response rate	>20%	Aug					18.4%
Staff sickness absence %	<3.5%	Jul			4.33%	4.12%	4.07%
Staff turnover %	<13%	Aug			12.8%	11.6%	11.3%
Vacancy Rate against Establishment	<10%	Aug			12.4%	12.3%	12.0%

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

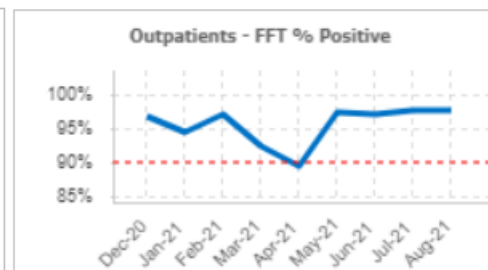
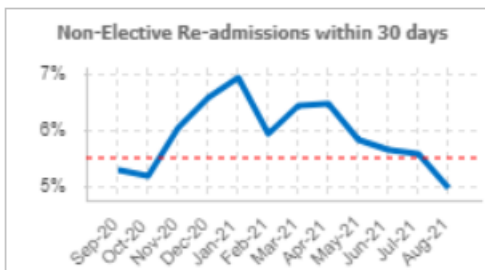
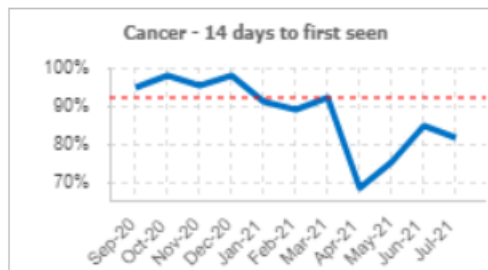
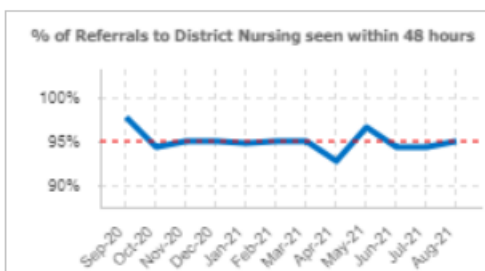
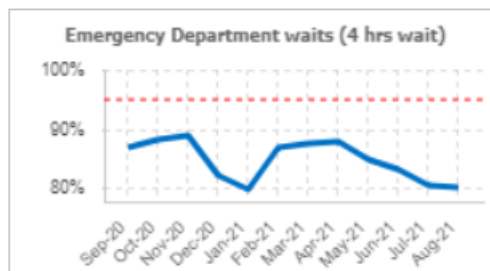
If the Step change or Control Limit icon is red, this suggests performance is changing a negative



Summary

Category	Indicator	20_21 Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021-2022	
ED	Emergency Department waits (4 hrs wait)	>95%	86.9%	88.2%	88.8%	82.2%	79.8%	86.9%	87.6%	87.8%	84.7%	83.0%	80.5%	80.1%	83.2%	!
Cancer	Cancer - 14 days to first seen	>93%	94.8%	97.9%	95.4%	97.9%	91.2%	89.0%	91.9%	68.4%	75.0%	84.8%	81.4%		77.6%	!
Cancer	Cancer - 62 days from referral to treatment	>85%	79.5%	75.6%	67.8%	78.4%	67.4%	74.4%	77.5%	62.1%	71.1%	79.6%	71.4%		70.3%	!
Admitted	Non Elective Re-admissions within 30 days	<5.5%	5.27%	5.18%	6.04%	6.59%	6.93%	5.91%	6.45%	6.46%	5.83%	5.62%	5.56%	4.93%	5.69%	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%														
Access	RTT - Incomplete % Waiting <18 weeks	>92%	60.3%	69.4%	71.2%	69.3%	67.8%	67.6%	69.8%	70.5%	73.3%	71.9%	75.5%	76.1%	73.5%	!
Outpatients	Outpatients - FFT % Positive	>90%				96.6%	94.3%	96.9%	92.3%	89.5%	97.4%	97.0%	97.5%	97.7%	96.7%	
Community	Community - FFT % Positive	>90%				100.0%	98.0%	99.3%	99.6%	99.1%	99.1%	95.4%	97.1%	97.0%	97.3%	
Staff	Staff - FFT % Recommend Care	>70%	79.0%			73.3%			77.3%			78.3%			78.3%	
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%	98.2%	93.5%	93.6%	84.9%	92.5%	95.8%	92.5%	85.2%	91.7%	100.0%	100.0%	100.0%	94.1%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	97.7%	94.3%	95.1%	95.1%	94.8%	95.0%	95.0%	92.7%	96.7%	94.4%	94.4%	94.9%	94.7%	!
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	96.8%	97.0%	93.9%	94.7%	95.1%	96.6%	91.4%	95.1%	94.3%	93.7%	94.1%		94.3%	!
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	92.1%	98.7%	94.2%	94.3%	96.5%	97.0%	98.0%	96.4%	96.1%	94.2%	92.9%		94.9%	





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Indicator	20_21 Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-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	0	2	0	1	2	0	0	1	0	1	0	2	4	
Actual Falls	400	22	21	19	30	34	18	27	27	31	24	30	34	146	
Category 3 or 4 Pressure Ulcers	0	10	13	9	6	14	14	21	21	10	13	13	14	71	
Medication Errors causing serious harm	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
MRSA Bacteraemia Incidences	0	0	0	0	0	1	0	1	0	0	0	0	0	0	
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
Serious Incidents	N/A	0	1	3	3	1	2	1	5	1	1	2	1	10	
VTE Risk Assessment %	>95%	80.5%	80.2%	76.4%	73.2%	66.4%	74.9%	76.9%	76.4%	73.1%	75.1%	73.9%	76.3%	74.9%	
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Summary Hospital Level Mortality Indicator (SHMI)	1.14	0.88			0.87			0.84							



 **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												
<p>Category 3 or 4 Pressure Ulcers, Unstageable, Deep Tissue Injury and Devise Related Pressure Ulcers reported in 2021/2022</p> <p>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</p>	<p>Variance against Plan:</p> <p>14 catgeory 3 and 4 pressure ulcers against a target of 0.</p> <p>Total Trust numbers of reported Pressure Ulcers:</p> <p><u>July 2021</u>: 49 (+ 18 deep tissue injuries). A total number of 36 patients were reported as affected.</p> <p><u>August 2021</u>: 48 (+ 14 deep tissue injuries). A total number of 40 patients were reported as affected.</p> <table> <tr> <th></th><th>July 2021 (hospital/community)</th><th>August 2021 (hospital/community)</th></tr> <tr> <td>Category 2</td><td>18 (15/3)</td><td>25 (14/11)</td></tr> <tr> <td>Category 3</td><td>11 (3/8)</td><td>12 (3/9)</td></tr> <tr> <td>Category 4</td><td>2 (0/2)</td><td>2 (0/2)</td></tr> </table>		July 2021 (hospital/community)	August 2021 (hospital/community)	Category 2	18 (15/3)	25 (14/11)	Category 3	11 (3/8)	12 (3/9)	Category 4	2 (0/2)	2 (0/2)	<p>Named Person: Lead Specialist Nurse – Tissue Viability</p> <p>Time Scale to Recover Performance: 6 months</p>
	July 2021 (hospital/community)	August 2021 (hospital/community)												
Category 2	18 (15/3)	25 (14/11)												
Category 3	11 (3/8)	12 (3/9)												
Category 4	2 (0/2)	2 (0/2)												



Unstageable	18	(2/16)	9	(0/9)
Deep Tissue Injury	11	(11/7)	14	(3/11)
Medical device related	11		12	

This is the third consecutive month where there has been a reduction in the total number of pressure ulcers as well as number of patients affected. Although there is only a reduction of 1 pressure ulcer between July & August, the severity of the pressure damage has decreased, particularly in the number of unstageable pressure ulcers. There is a reduction in pressure ulcers in comparison to the same time period in 2020-2021.

In hospital during August, 12 patients were affected, with 6 patients developing more than one pressure ulcer. Ten of the category 2 pressure ulcers occurred in the Critical Care Unit, where 4 patients developed more than one pressure ulcer; some of which were attributable to unavoidable prolonged proning secondary to Covid 19, and 8 of the pressure ulcer ulcers were related to medical devices. The three category 3 pressure ulcers occurred on 2 patients; one was a deterioration of a pre-existing category 2, the other patient had multi-complex issues and frailty and subsequently died.

Mercers Ward (Surgical ward) is reporting pressure ulcer free for 2 consecutive months.

In Adult Community services (ACS), 25 patients were affected with 6 patients developing more than 1 pressure ulcer; 2 patients with complex needs developed 6 areas of pressure damage each. 17 pressure ulcers and 11 DTI's occurred in the Haringey District Nursing Teams, 14 pressure ulcers occurred in the Islington District Nursing Teams.

The two category 4 pressure ulcers developed on 2 patients, both from previously reported unstageable pressure ulcers.

Action to Recover:

The Pressure Ulcer Improvement plan continues with good progress of the work streams targeting key areas:

- recognition and reporting of pressure ulcers,
- care and management of patients with pressure ulcers,
- reviewing the investigation process,
- addressing the backlog of pressure ulcer incident investigations,
- Prevention of Future Deaths (PFD) action plan.



	<p>The progress is monitored through the Trust Pressure Ulcer Group with additional reporting to the Trust Quality Assurance Committee.</p> <p>The Skin Care Ambassador first face to face training day occurred in September with strong attendance from staff from primary and secondary care teams, increasing the emphasis and awareness of pressure ulcer prevention both a ward level and utilising Trust wide collaboration.</p> <p>The Tissue Viability Team have recommenced face to face pressure ulcer training in September, with a strong uptake from staff. In addition, the Tissue Viability and Education Team are working together to develop a more practical method of training junior staff in pressure ulcer prevention using an Objective Structured Clinical Examination (OSCE) process, to ensure staff improve their knowledge and confidence. The pilot of 48 staff members originally due to commence in August with Trust wide roll out following evaluation will now be implemented in September.</p>	
Serious Incidents:	<p>There were two incidents declared in August 2021 of which one was a Never Event.</p> <ol style="list-style-type: none"> 1. 2021.16478- (A82934 & A82932) – Acute Patient Access, Clinical Support Services and Women’s Health (ACW) - Maternity/Obstetric incident meeting SI criteria: mother and baby (this include foetus, neonate and infant). 2. 2021.17265 – (A83576) ACW - Never Event - Retained foreign object post procedure 	Named Person: Serious Incident Coordinator
VTE Risk Assessments:	<p>Variance against plan: 76.3% against >95%</p> <p>Action to recover: VTE action plan proceeding well but awaiting key changes to clerking proforma to impact on both medical and surgical inpatient groups. Education and local auditing all now inplace with good MDT group overseeing plan.</p>	<p>Named Person: Associate Medical Director for Clinical Effectiveness and QI</p> <p>Time Scale to Recover Performance: 2 months</p>





Indicator	20_21 Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021-2022	Performance	
ED - FFT % Positive	>90%				86.0%	89.0%	87.6%	84.5%	83.9%	77.6%	76.1%	75.5%	77.8%	78.2%		!
ED - FFT Response Rate	>15%				9.9%	10.8%	11.1%	10.1%	11.1%	11.0%	10.5%	11.0%	11.5%	11.0%		!
Inpatients - FFT % Positive	>90%				98.6%	99.0%	98.0%	94.6%	95.9%	95.8%	95.2%	95.9%	96.4%	95.8%		
Inpatients - FFT Response Rate	>25%				8.3%	4.8%	12.6%	17.6%	17.0%	17.1%	15.1%	16.6%	13.8%	15.9%		!
Maternity - FFT % Positive	>90%				99.1%	100.0%	100.0%	100.0%	98.5%	100.0%	99.6%	100.0%	100.0%	99.7%		
Maternity - FFT Response Rate	>15%				9.3%	2.8%	8.2%	3.9%	10.2%	16.7%	22.3%	24.6%	2.2%	15.1%		
Outpatients - FFT % Positive	>90%				96.6%	94.3%	96.9%	92.3%	89.5%	97.4%	97.0%	97.5%	97.7%	96.7%		
Outpatients - FFT Responses	400	0	0	0	295	123	32	26	19	38	100	40	43	240		
Community - FFT % Positive	>90%				100.0%	98.0%	99.3%	99.6%	99.1%	99.1%	95.4%	97.1%	97.0%	97.3%		
Community - FFT Responses	1500	0	0	0	85	149	270	285	226	340	457	383	367	1773		
Staff - FFT % Recommend Care	>70%	79.0%			73.3%			77.3%			78.3%			78.3%		
Complaints responded to within 25 or 40 working days	>80%	81.5%	66.7%	77.8%	80.0%	85.7%	76.2%	83.3%	78.3%	78.9%	80.0%	66.7%	66.7%	73.7%		
Complaints (including complaints against Corporate division)	N/A	27	18	9	15	7	21	24	23	19	35	24	36	137		

! **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
FFT positive response and response rate all categories:	<p>The FFT response rates across the trust have continued to lag throughout the year due to the ongoing effects of the pandemic. This was particularly felt in August, with the added pressure of staff on annual leave.</p> <p>Actions to recover:</p> <ul style="list-style-type: none"> • Targeted support provided to maternity due to low August response rates. • Creating a Patient Experience network: identifying key contacts within ICSUs who will lead on Patient Experience and working closely with these individuals to increase FFT response rate, but also to close the loop by acting on the feedback received. • Digitisation : Improving our digital infrastructure offering, to create a more seamless feedback experience for patients. This will include iPads, QR codes, automated text messages, and other similar approaches to make it easier for patients to give feedback. • Working with the volunteer service to provide roaming volunteers at Outpatient clinics, entrances and exits, and other various sites around the hospital to solicit feedback directly from patients. 	<p>Named Person: Head of patient experience</p> <p>Time Scale to Recover Performance: November 2021</p>

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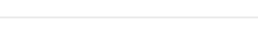

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Indicator	20_21 Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021-2022	Performance	
Hospital Cancelled Operations	0	1	9	1	2	0	0	1	0	6	7	4	4	21		!
Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Urgent Procedures Cancelled > once	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Theatre Utilisation	>85%	69.85%	72.98%	77.05%	75.13%	64.62%	50.19%	65.73%	68.80%	76.23%	75.13%	63.01%	63.23%	69.40%		!
Breastfeeding Initiated	>90%	93.2%	91.5%	93.0%	87.0%	92.6%	90.2%	93.5%	93.8%	91.9%	91.3%	90.2%	89.3%	91.3%		
Mortality rate per 1000 admissions in-months	14.4	5.5	9.4	6.7	11.9	28.2	11.7	4.2	6.9	4.8	6.8	8.0	8.9	7.1		
Community DNA % Rate	<10%	8.3%	7.7%	7.3%	7.7%	7.1%	6.6%	6.6%	6.6%	6.6%	7.2%	7.6%	8.5%	7.3%		
Community Services - Provider Cancellations	<8%	6.5%	6.6%	6.7%	8.5%	17.7%	7.7%	6.1%	6.6%	6.5%	7.2%	8.1%	7.5%	7.2%		
Acute DNA % Rate	<10%	8.9%	8.8%	8.7%	8.5%	8.3%	7.5%	8.1%	8.8%	9.3%	9.5%	10.3%	11.2%	9.8%		
% e-Referral Service (e-RS) Slot Issues	<4%	39.2%	31.1%	28.7%	33.9%	27.4%	30.3%	44.2%	37.0%	29.7%	27.0%	31.1%	28.5%	30.4%		!
Outpatients New:FUp Ratio	2.3	2.09	2.04	1.96	1.95	2.06	1.93	1.93	1.93	1.86	1.85	1.86	1.81	1.86		
Delayed Transfers Of Care % of Occupied Bed Days	<2.4%															
Non Elective Re-admissions within 30 days	<5.5%	5.27%	5.18%	6.04%	6.59%	6.93%	5.91%	6.45%	6.46%	5.83%	5.62%	5.56%	4.93%	5.69%		
Rapid Response - % of referrals with an improvement in care		83.8%	83.2%	83.3%	84.7%	83.2%	85.5%	81.1%	84.7%	82.6%	84.3%	82.5%	83.3%	83.5%		

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

Safe

Caring

Effective

Responsive

Well Led



Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Hospital Cancelled Operations : Zero patients cancelled on the day of admission	Variance against Plan: 4 patients cancelled on the day 3 Bariatrics patients cancelled on the day due to complication with the first patient on list. 1 Urology patient cancelled as a result of the patient not carrying out a covid swab prior to surgery. Action to Recover: All patients were rebooked within 28 days Pre-operative assessment are investigating and working with admissions to avoid this happening again.	Named Person: General Manager Theatres & Critical Care Time Scale to Recover Performance: 1 month
Theatre Utilisation % Rates : 85% of theatre allocation time is utilised	Variance against Plan: performance of 63.23% against a standard of 85% Performance & main issues per speciality is shown below : Breast 82% General Surgery 70% Pain 68% Trauma & Orthopaedics 64% Gynaecology 61% Urology 54% The main challenges remain the same as previous months. Patients who cancel at the last minute are impossible to replace due to current isolation requirements. Patients willingness to accept TCIs dates for surgery have improved with the vaccine rollout but this may change with the increase in covid cases. Utilisation figures are being reviewed in weekly planning meetings to proactively ensure lists are filled to appropriate levels. Action plan to recover : <ul style="list-style-type: none">• Ensure theatre lists fully booked three weeks ahead• Check theatre lists are fully booked using GIRFT guidelines or clinical lead sign off• Review patient information for Covid swab• Check at POA patients still want procedure• Final check done day before by theatre team that all is in place for list to proceed• Review meetings across theatres to make sure that booking and POA processes take priority to increase capacity	Named Person: General Manager Theatres & Critical Care Time Scale to Recover Performance: Trajectory described in Action to Recover



	<ul style="list-style-type: none"> • Review theatre schedule and ensure that specialites have optimum no. of theatre lists to meet utilisation, and to make best use of staff • To achieve the 85% standard by February 2022 	
Appointment Slot Issues:	<p>Variance against Plan: Performace was at 28.5% against a target of <4%.</p> <p>Recovery work has begun to manage appointment slot issues. Services are using virtual appointments, outsourcing, insourcing and independent sector to increase capacity and reduce the backlog of work caused by COVID. Most services are now compliant with the NCL target of not having any patients waiting more than 3 months on the ASI list. Urology and Vascular Surgery are currently the only two services that are not compliant, however are on target to achieve the standard in October 2021.</p> <p>Action to Recover: Actions in place to ensure no more that 3 months worth of ASI backlog by October 2021 as in line with NCL CCG's requirements.</p>	<p>Named Person: CQUIN Project Manager</p> <p>Time Scale to Recover Performance: October 2021</p>



Safe

Caring

Effective

Responsive

Well Led

Indicator	Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021-2022	Performance	
Emergency Department waits (4 hrs wait)	>95%	86.9%	88.2%	88.8%	82.2%	79.8%	86.9%	87.6%	87.8%	84.7%	83.0%	80.5%	80.1%	83.2%		!
ED Indicator - median wait for treatment (minutes)	<60 mins	54	43	47	47	35	39	58	64	92	91	90	82	83		!
Ambulance handovers waiting more than 30 mins	0	23	8	22	19	7	4	13	12	21	30	18	12	93		!
Ambulance handovers waiting more than 60 mins	0	3	3	9	5	1	1	2	0	0	7	0	2	9		
12 hour trolley waits in A&E - Non Mental Health	0	0	0	0	2	10	0	0	0	0	0	0	0	0		
12 hour trolley waits in A&E - Mental Health	0	0	0	1	3	1	3	0	1	0	0	3	3	7		
Cancer - 14 days to first seen	>93%	94.8%	97.9%	95.4%	97.9%	91.2%	89.0%	91.9%	68.4%	75.0%	84.8%	81.4%		77.6%		!
Cancer - 14 days to first seen - breast symptomatic	>93%	94.1%	100.0%	100.0%	100.0%	91.3%	60.0%	95.2%	62.5%	97.0%	88.9%	95.1%		91.7%		
Cancer - 62 days from referral to treatment	>85%	79.5%	75.6%	67.8%	78.4%	67.4%	74.4%	77.5%	62.1%	71.1%	79.6%	71.4%		70.3%		!
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	73.0%	68.6%	66.7%	75.3%	63.8%	68.9%	77.1%	60.9%	68.9%	77.6%	67.3%		68.1%		!
Cancer ITT - % of Pathways sent before 38 Days	>85%	20.0%	66.7%	76.9%	64.3%	36.4%	50.0%	60.0%	45.5%	44.4%	36.4%	14.3%		36.8%		!
Cancer - % Pathways received a Diagnosis within 28 Days of Referral		86.3%	82.0%	78.8%	81.9%	71.3%	83.0%	83.5%								
Cancer - 31 days to first treatment	>96%	96.8%	96.0%	96.9%	97.8%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%		98.5%		
Cancer - 31 days to subsequent treatment - surgery	>94%															
Cancer - 62 Day Screening	>90%	100.0%	100.0%	100.0%	75.0%	100.0%	50.0%		100.0%	100.0%				100.0%		
DM01 - Diagnostic Waits (<6 weeks)	>99%	89.0%	95.6%	94.5%	92.5%	68.7%	82.0%	83.5%	92.2%	94.6%	93.7%	91.3%	92.2%	92.8%		!
RTT - Incomplete % Waiting <18 weeks	>92%	60.3%	69.4%	71.2%	69.3%	67.8%	67.6%	69.8%	70.5%	73.3%	71.9%	75.5%	76.1%	73.5%		!
Referral to Treatment 18 weeks - 52 Week Waits	0	360	386	379	507	793	1213	1324	1050	872	750	651	639	3962		!
% seen <=2 hours of Referral to District Nursing Night Service	>80%	98.2%	93.5%	93.6%	84.9%	92.5%	95.8%	92.5%	85.2%	91.7%	100.0%	100.0%	100.0%	94.1%		
% seen <=48 hours of Referral to District Nursing Service	>95%	97.7%	94.3%	95.1%	95.1%	94.8%	95.0%	95.0%	92.7%	96.7%	94.4%	94.4%	93.4%	94.5%		!
Haringey New Birth Visits - % seen within 2 weeks	>95%	96.8%	97.0%	93.9%	94.7%	95.1%	96.6%	91.4%	95.1%	94.3%	93.7%	94.1%		94.3%		!
Islington New Birth Visits - % seen within 2 weeks	>95%	92.1%	98.7%	94.2%	94.3%	96.5%	97.0%	98.0%	96.4%	96.1%	94.2%	95.3%		95.5%		



Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - 4 Hour Wait Performance:	<p>Variance against Plan: The overall A&E performance for August was 80.1%, which is below the Trust's trajectory for the month but is above the London average of 80.27%. The NCL performance was 80.98% and the national performance was 77.01%.</p> <p>There were a total of 8532 attendances for the month, which is in line with August 2019. The volume of LAS conveyances was similar to July 2021 (1454) which is 16% lower for August 2019.</p> <p>Referrals to Specialty within 90 minutes of arrival have also increased indicating improvement in internal processes and flow. In August 2021, 1661 patients were referred to the Specialty Team with 42% of the referrals made within 90 minutes.</p> <p>Adult Majors remains the most challenged area in the department (57.6% performance against 4 hour target), this is linked to the admitted pathway.</p> <p>Paediatric performance was at 93.2% similar to previous month. Acuity remains significantly higher compared to previous years.</p> <p>The overall Urgent Treatment Centre performance for the month was 89.9% similar to July 2021.</p> <p>There was 3 x Mental health trolley breach in August 2021 all relating to bed requests – 72 hour reports has been completed and action plans to be reviewed.</p> <p>Action to Recover: The service is working with Mental health partners to improve performance for this cohort of patients with monthly operational meetings to unblock barriers and a deep dive into the MH pathway. This is an ongoing action through monthly meetings to unblock any issues.</p>	<p>Named Person: General Manager, Emergency and Urgent Care</p> <p>Time Scale to Recover Performance:</p> <p>Ongoing</p>



	<p>As part of the ED flow improvement plan the focus for September will be to implement Covid point of care testing, streaming and redirection. The ED flow improvement group will be meeting weekly to progress plan and report to the flow improvement board.</p> <p>Escalation plans have been reviewed and SOP is being drafted to ensure capacity is being managed.</p>	<p>October 2021</p> <p>October 2021</p>
ED Indicator – median wait for treatment (minutes): <60 Minutes	<p>Variance against Plan: The median time to treat was 82 minutes which was 9 minutes improvement from the previous month.</p> <p>Action to Recover: The median time to treat which had deteriorated (91 minutes) over June and July improved significantly in August 2021. Work is currently under way looking at streaming processes to ensure patients are on the right pathways.</p>	<p>Named Person: General Manager, Emergency and Urgent Care</p> <p>Time Scale to Recover Performance: October 2021</p>
Ambulance Hand Overs more than 30 minutes:	<p>Variance against Plan: 30 minutes breaches = 12</p> <p>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. Continue to work with LAS to improve the handover processes and embed LAS to ACE (Ambulatory Emergency Care) pathway.</p> <p>The service now has a new POD in the resus area, increasing capacity for isolation beds for blue calls.</p> <p>In September 2021 the service will be implementing COVID point of care testing which will enable ED to access available beds more quickly.</p>	<p>Named Person: General Manager, Emergency and Urgent Care</p> <p>Time Scale to Recover Performance: November 2021</p> <p>September 2021</p>



Cancer Performance	<p>Variance against Plan: July 2021</p> <p><u>2WW Performance</u></p> <p>81.3% against the standard of 93%</p> <ul style="list-style-type: none"> • 2WW capacity challenges across most tumour groups with urology, colorectal & gynaecology the most challenging • Referral increased by an average of 20% against 2019 • Extra capacity has been created, but is impacting on routine outpatient activity in specialties like colorectal & skin <p><u>62 day Performance</u></p> <p>70.9% against the standard of 85%</p> <ul style="list-style-type: none"> • 26.5 treatments • 8 breaches <p>Action to Recover:</p> <ul style="list-style-type: none"> • Finalisation of Cancer Access policy to clarify process for patient management in line with NCL principles – end of September 2021 • Drive reduction in no of +62 days & +104 day patients • Weekly senior review of PTL to ensure timely action to mitigate long waits. Escalation to director of operations as necessary. Review of local pathways against approved NCL guidance – immediate timescale – review end of September 2021 any problematic issues with a particular focus on urology • Admissions team attending cancer PTL meetings to action timely dates for treatment or diagnostics – immediate – review end of September for progress from breach analysis. <p>n.b data from Quarter 1 2021/22 has been successfully updated to national database after data quality issue.</p>	<p>Named Person: Named Person: General Manager Cancer</p> <p>Time Scale to Recover Performance : monthly review & plan to recover performance at end of November however dependent on referral numbers decreasing</p>
DM01 Diagnostics	<p>Update:</p> <p>Performance against the national diagnostic waiting target for August 2021 has not been achieved. Performance was 92.2% against the 99% target which is a decrease of 0.9%.</p>	<p>Named Person: Head of Performance</p>




	<p>All services are now fully operational, most service lines are almost compliant. Community audiology continues to have the largest backlog due to capacity constraints (see appendix 1 for service update and trajectory).</p> <p>In August 2021 there were capacity constraints as a result of equipment failure of DEXA and MRI scanners. Both have been resolved and should see a significant improvement in September 2021 performance.</p>	<p>Time Scale to Recover Performance: Ongoing</p>
<p>Referral to Treatment: Incomplete % waiting < 18 weeks 52 + week waits</p>	<p>Update: Performance against the national standards for referral to treatment incomplete pathways below 18 weeks for August 2021 has not been achieved with performance at 76.1%. However this is steadily improving as elective activity improves.</p> <p>At the end of August 2021 there were 639 patients waiting more than 52 weeks for treatment, a decrease of 12 from July. The majority of patients are within the surgery and cancer ICSU, which has an ongoing plan to support compliance by the end of the financial year.</p> <p>Action to Recover: As part of the Elective Recovery plan to ensure:</p> <ul style="list-style-type: none"> • To minimise patients waiting more than 73 weeks by March 2022 • Ensure all patients over 52 weeks on an admitted pathway that are prioritised as “P2” are dated within 1 month • Mutual aid schemes across NCL providers are being reviewed and implemented across a number of specialities. These include ophthalmology working with Moorfields and ENT with UCLH. • Trust continues to use independent sector to support reduction in 52 week waits. 	<p>Named Person: Head of Performance</p> <p>Time Scale to Recover Performance: Ongoing</p>
<p>% seen <= 48 hours of referral to district nursing service</p>	<p>Update: Performance was 94.9% against a target of >95%.</p> <p>Action to Recover: Review of data accuracy to be carried out as staff become familiar with new e-community software. Large number of district nursing in recruitment pipeline to cover the recent growth in vacancies</p>	<p>Named Person: Director of Operations, ACS</p> <p>Time Scale to Recover Performance: November 2021</p>



Haringey New Birth Visits - % seen within 2 weeks	Haringey new birth visits – July 2021 The Haringey Health Visiting service just missed the target for completion of new birth visits in July. Of the 272 new birth visits due, 256 were completed within timeframe. The remainder were delayed because babies were in hospital beyond 14 days or because initial home visits were unsuccessful. The service continues to work with teams to ensure all appointments are booked on time and that data entry for completed visits is completed as required.	Named Person: Head of Haringey Children and Young People's Services Time Scale to Recover Performance: October 2021
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		Safe			Caring		Effective		Responsive			Well Led				
Indicator	20_21 Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021-2022	Performance	
Appraisals % Rate	>90%	60.8%	63.1%	65.9%	67.0%	66.6%	66.2%	66.9%	69.9%	71.9%	70.6%	70.1%	70.1%	70.5%		
Mandatory Training % Rate	>90%	82.6%	82.4%	78.7%	76.0%	75.6%	76.2%	76.6%	75.3%	75.5%	76.1%	76.8%	74.7%	75.7%		
Permanent Staffing WTEs Utilised	>90%	87.6%	88.3%	88.3%	88.3%	88.6%	89.0%	89.1%	88.1%	88.7%	88.0%	87.6%	87.7%	88.0%		
Staff FFT % recommended work	>50%	65.1%			66.3%			68.6%			62.6%			62.6%		
Staff FFT response rate	>20%	14.2%			50.6%			6.6%			18.4%			18.4%		
Staff sickness absence %	<3.5%	3.76%	3.78%	4.00%	4.22%	5.62%	3.98%	3.46%	3.43%	3.82%	4.33%	4.12%		4.07%		
Staff turnover %	<13%	11.6%	11.5%	11.2%	10.0%	9.9%	10.0%	9.9%	10.2%	11.1%	11.0%	12.8%	11.6%	11.3%		
Vacancy % Rate against Establishment	<10%	12.4%	11.7%	11.7%	11.7%	11.4%	11.0%	10.9%	11.9%	11.3%	12.0%	12.4%	12.3%	12.0%		
Average Time to Hire (Days)	<63 Days	70	95	69	59	58	58	62	62	62	60	62	64	62		
Nursing Staff Average % Day Fill Rate - Nurses		91.6%	82.0%	83.4%	88.3%	89.7%	89.4%	85.0%	67.8%	93.9%	95.9%	95.3%	92.4%	86.3%		
Nursing Staff Average % Night Fill Rate - Nurses		97.1%	91.0%	88.7%	94.1%	93.2%	100.3%	95.5%	66.0%	91.4%	95.2%	94.5%	94.1%	84.9%		
Safe Staffing Alerts - Number of Red Shifts		5	4	3			19	16	5	8	5	3	33	54		
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		10.2	10.3	10.9	10.4	9.2	10.7	10.9	5.9	10.1	9.9	10.0	11.0	8.9		

 **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 : 70.1% (Target 90%)	Variance against Plan: -19.9% Action to Recover: Appraisals are now being installed into elev8 which will provide an easier and more intuitive method for logging appraisals. Completion is expected before the end of September. It is suspected that more appraisals are being completed than are logged on ESR because of the challenges in using the ESR system.	Named Person: Assistant Director, Learning and Organisational Development Time Scale to Recover Performance: 4-6 months is realistic, without covid and winter pressures combined.
Mandatory Training % Rate : 74.7% (Target 90%)	Variance against Plan: -15.3% Action to Recover: The elev8 system has been launched and over half the staff have logged in to undertake mandatory training. For those who have logged in, the feedback has been excellent, and it is hoped that the news will spread and will encourage staff to log in and complete training. Feedback has included the intuitive nature of the system and ease of use.	Named Person: Assistant Director, Learning and Organisational Development Time Scale to Recover Performance: 3-4 months is realistic, without covid and winter pressures combined.
Permanent Staffing WTEs Utilised: 87.7% Target: 90%	Variance against Plan: 2.3% Action to Recover: There has been a marginal increase in permanent staffing utilised. The sector remains unstable and work continues across NCL to stabilise.	Named Person: Deputy Director of Workforce Time Scale to Recover Performance: January 2022
Sickness: 4.12% Target: 3.5%	Variance against plan: 0.62 Action for recovery: Absence rate has increased, and fatigue and stress is a real issue. This is continuously monitored. Recovery is a main focus, which includes support to staff at work to help post third wave and into winter.	Named person: Deputy Director of Workforce Timescale to recover performance: January 2022
Vacancy Rates: 12.3% Target: 10%	Variance against plan: 2.3% Action to recover: Vacancy rate is increasing in line with pan london. NCL overall is seeing a higher rate of vacancies and hard to fill posts.	Named Person: Deputy Director of Workforce Time Scale to Recover Performance: January 2022



<p>Safer Staffing</p> <p>Aim for: Zero Red shifts Trust CHPPD 9.6*</p> <p>*Peer Trusts Median (March 2021)</p>	<p>Variance against Plan:</p> <p>33 shifts were reported as Red in August 21. 6 red shifts were in Surgery & Cancer ICSU (Coyle & ITU) and 27 in Emergency and Integrated Medicine ICSU (all inpatient areas). The shifts were risk rated Red as a result of staff absence (sickness, carers leave, annual leave) and vacancies. Increased activity resulted in usage of escalation beds in EIM and the acuity/dependency of patients remained higher especially in ITU and Nightingale ward. There was limited availability of temporary staff to fill vacant shifts and limited capacity to re-deploy staff in the high-risk areas.</p> <p>Care Hours per Patient Day (CHPPD) in August 21 increased to 11.0 (June: 9.9, July 10). The average CHPPD on the adult wards was 8. A comparison of the CHPPD of each ward with the CHPPD of peer services shows marginal variations.</p> <p>Fill rate for registered staff correlates with the number of red shifts and the increased Acuity/Dependency. The fill rate for unregistered staff exceeds 100% and is associated with enhanced care requirement and cover for some of the nursing vacant shifts.</p> <p>Action to Recover:</p> <ul style="list-style-type: none"> • Senior Staff continue to monitor the number of the Red shifts and address high risk staffing issues as recommended in the Staffing Escalation policy. • Safer Staffing reviews are completed, and recommendations are being put forward to make changes to the establishment of a few clinical settings including ITU, and Nightingale ward. • 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 	<p>Named Person:</p> <p>Lead Nurse for Safer Staffing</p> <p>Time Scale to Recover Performance: Ongoing</p>
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Appendix 1. Community Performance Dashboard

Indicator	20_21 Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021-2022	Performance
IAPT Moving to Recovery	>50%	48.6%	45.8%	46.0%	46.9%	47.5%	44.6%	42.2%	44.2%	44.0%	48.8%	48.4%		46.3%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	94.8%	95.7%	94.5%	94.6%	96.2%	92.2%	92.5%	93.8%	89.0%	92.6%	91.9%		91.8%	
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	79.5%	83.3%	84.8%	86.1%	80.1%	88.8%	92.3%	79.2%	85.7%	80.6%	87.4%		83.2%	
Haringey - HR1 % carried out before child aged 15 months	N/A	68.9%	72.3%	72.1%	73.6%	68.5%	81.5%	81.9%	79.3%	77.7%	77.3%	75.1%		77.4%	
Haringey - HR2 % carried out before child aged 30 months	N/A	66.2%	66.4%	58.4%	69.1%	70.1%	67.9%	70.1%	73.0%	72.4%	71.4%	75.0%		72.9%	
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	83.0%	91.4%	89.9%	94.0%	87.5%	95.1%	90.7%	91.1%	92.8%	89.6%	87.0%		90.2%	
Islington - HR1 % carried out before child aged 15 mths	N/A	84.9%	74.9%	78.3%	83.6%	82.1%	82.4%	84.4%	79.5%	79.4%	85.2%	87.3%		82.8%	
Islington - HR2 % carried out before child aged 30 mths	N/A	77.1%	82.8%	78.0%	82.4%	81.1%	81.6%	81.5%	79.5%	83.0%	76.5%	81.5%		80.0%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	96.2%	88.1%	88.2%	94.4%	100.0%		66.7%	100.0%	88.2%	89.5%	91.1%	89.7%	90.4%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	100.0%	92.3%	100.0%	100.0%					100.0%	100.0%	92.3%	66.7%	91.7%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	75.4%	80.5%	81.7%	74.8%	83.6%	70.7%	81.8%	83.8%	71.7%	78.0%	71.0%	79.3%	76.8%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	91.0%	92.6%	92.1%	94.4%	92.2%	93.6%	91.7%	90.9%	94.4%	92.2%	93.9%	93.8%	92.9%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	100.0%	111.1%	87.5%	85.7%	66.7%	100.0%	100.0%	100.0%	85.7%	85.7%	0.0%	100.0%	67.9%	
Nutrition and Dietetics - % Weight Loss Achieved at Discharge	>65%		85.7%	66.7%	100.0%	100.0%			0.0%	50.0%	50.0%	100.0%	100.0%	62.5%	
Nutrition and Dietetics - % Weight Maintained or Gained at Discharge	>70%		100.0%	100.0%	100.0%	100.0%	80.0%	83.3%	92.3%	88.9%	92.9%	85.7%	100.0%	92.0%	
Hackney Smoking Cessation: % who set quit date & stopped after 4 we...	>45%	67.1%			59.3%			68.0%			183.9%			183.9%	
Islington Self-Management - Average Increase in PAM Score	>=9														
Haringey Self-Management - Average Increase in PAM Score	>=9														



Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
<p>Children's community waiting times</p>	<p>Overall summary and actions to recover:</p> <p>Haringey community paediatrics Waits for NDC clinics have lengthened and this situation will persist for the next 3 months. This is due to a reduction in staff available for clinics. The team are prioritising urgent referrals and supervision of trainees. Some temporary increase in staffing will be in place in October which will relieve some of the current pressure.</p> <p>Haringey community paediatrics – SCC (autism assessment) The long waits were highlighted during the recent Haringey SEND inspection and will be highlighted in the inspection report. Some short term funding has been allocated by commissioners to support additional assessments over the next 6 months to help reduce long waits. Some of the additional activity will be provided by an external provider through online assessments.</p> <p>Haringey Speech and Language Therapy (SLT) Waits for initial appointments and provision of therapy in SLT continue to be challenging, with approx. 500 children waiting over 12 months for an intervention. Short term funding has been allocated to reduce waits. The position reported for August includes a high number of children invited for initial assessment in early years who had been waiting a long time and this impacts on overall figures.</p> <p>Haringey Occupational Therapy (OT) The OT service continues to experience longer waiting times due to gaps/changes in staffing. Plans are in place to reduce waits and it is expected that this situation will be resolved by the end of November.</p> <p>Haringey dietetics service There were no new patients initially assessed in August as a result of staff availability. Service leads are looking to secure locum cover however recruitment delays continue. Ongoing capacity planning is being undertaken.</p> <p>Islington CAMHS As anticipated we are seeing the continued impact of Covid 19 on the mental health and emotional well being of children and young people (CYP); with increased level of referrals to the front door and increased complexity, both of which continue to</p>	<p>Named person: Director Operations CYP</p>



	<p>impact on waiting times. Recruitment continues to be a major challenge across all bandings and disciplines. Recruitment plans are in place to try to mitigate these issues.</p> <p>Islington children looked after (CLA) There is an increase in waiting times for initial health assessment due to an increase in unaccompanied asylum seekers. Additionally a number of CYP are being placed out of borough and the team have not been able to visit some areas. Where possible assessments are completed virtually. The team will be increasing out of borough visits over the coming months. Teams are looking to increase capacity over the coming months to support performance by November.</p> <p>Islington Social Communication Team The waiting time for assessment has reduced to 34 weeks, a reduction from 41 weeks last month. This improvement in performance is expected to continue. The team have moved to a mixed offer of face to face and virtual appointments and have increased online training.</p> <p>Islington Occupational Therapy The capacity within the OT team has significantly reduced and recruitment to substantive roles is challenging. The team are working to increase temporary staffing and will use the short term accelerator funding to secure staffing via a private provider framework. The team are primarily offering virtual appointments and interventions and have increased the training offer.</p> <p>Islington Speech and Language Therapy The service have completed a therapy review which has been presented to the local authority with a number of options for statutory workload. This review is being presented at the local CYP partnership board for a decision about future funding at the end September 2021.</p>	
Adults community waiting times	<p>Overall summary and actions to recover: Focus of 4 key areas for recovery : MSK, Podiatry, Pulmonary Rehabilitation (PR) and Diabetes Desmond programme.</p> <p>MSK : The service is making good progress in clearing the backlog. Extra staffing is facilitating additional clinics. Before the service was reinstated there were over 9000 patients waiting for an appointment. 9 new physiotherapists start in September 2021, it is anticipated all patients will be seen within 12 weeks by end November 2021.</p> <p>Average waiting time : CATS – 9.7 weeks</p>	Named person: Director of Operations, ACS



	<p align="center">: Routine – 8.6 weeks</p> <p>Podiatry : Despite a large amount of sickness within the team podiatry continue to tackle their backlog. The backlog has significantly reduced to single figures. Podiatry anticipate there will be no patients waiting longer than 6 weeks by the end of November 2021 The team have completed a large validation exercise and as a result this has reduced the backlog. Average waiting time : 7.8 weeks</p> <p>Pulmonary Rehabilitation : The service is beginning to increase virtual and small face to face sessions. Recovery will be slow to progress due to reduction in PR class size whilst following IPC rules and vacancies Average waiting time : 34.4 weeks (Pending successful staff recruitment service expects to see a sustained reduction in wait times by the end of March 2022)</p> <p>Desmond : making very good progress against trajectory. Additional virtual sessions at the weekend have helped to clear backlog. Average waiting time : 4.5 weeks</p>	
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Appendix 2. Community Waiting Times Dashboard



ROUTINE REFERRALS								URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Jun-21	Jul-21	Aug-21	Avg Wait (Aug)	No. of Pts Seen	% Threshold	Target Weeks	Jun-21	Jul-21	Aug-21	Avg Wait (Aug)	No. of Pts Seen
CAMHS	>95%	8	79.7%	70.0%	71.4%	12.6	49	>95%	2	75.0%	50.0%	100.0%	0.4	3
Child Development Services	>95%	12	100.0%	100.0%	100.0%	0.0	2	>95%	-				-	0
IANDS	>95%	18	80.7%	84.9%	82.5%	9.7	114	>95%	-				-	0
Community Children's Nursing	>95%	2	91.4%	70.3%	69.2%	1.5	65	>95%	1	100.0%	100.0%	95.0%	0.2	20
Community Paediatrics Services	>95%	18	71.7%	66.9%	54.4%	21.1	57	>95%	-				21.1	0
Family Nurse Partnership	>95%	12	100.0%		80.0%	5.9	5	>95%	-				-	0
Haematology Service	>95%	12		100.0%		-	0	>95%	-				-	0
Looked After Children	>95%	4	80.0%	73.7%	84.6%	2.2	26	>95%	-				-	0
Occupational Therapy	>95%	18	15.4%	70.0%	25.0%	19.7	12	>95%	-				-	0
Physiotherapy	>95%	18	100.0%	100.0%	100.0%	7.6	45	>95%	-				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	3.9	6	>95%	-				-	0
School Nursing	>95%	12	91.7%	87.9%	85.0%	6.5	40	>95%	-				-	0
Speech and Language Therapy	>95%	8	56.4%	42.4%	34.0%	16.1	100	>95%	2	0.0%	33.3%	33.3%	2.9	3
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	100.0%	0.3	30	>95%	-				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.1	38	>95%	2	100.0%	100.0%	50.0%	1.4	8
Community Rehabilitation (CRT)	>95%	12	93.8%	88.9%	96.7%	4.1	60	>95%	2	66.7%	71.9%	63.3%	2.9	30
ICTT - Other	>95%	12	80.0%	68.6%	83.8%	4.7	105	>95%	2	68.6%	73.1%	63.6%	2.1	55
ICTT - Stroke and Neuro	>95%	12	79.2%	65.8%	54.8%	8.8	31	>95%	2	50.0%	42.9%	26.2%	4.3	42
Home-based Intermediate Care Se...	>95%	6	50.0%	41.5%	66.2%	6.2	77	>95%	2				-	0
Community Bed-based Intermediat...	>95%	6		100.0%	77.8%	5.3	9	>95%	2				-	0
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.9	2	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	78.4%	65.8%	81.8%	8.3	137	>95%	2			0.0%	6.0	1
Musculoskeletal Service - CATS	>95%	6	20.4%	42.2%	29.5%	9.4	407	>95%	2	19.2%	25.0%	17.6%	5.2	17
Musculoskeletal Service - Routine	>95%	6	28.4%	31.1%	36.1%	7.7	1268	>95%	2	17.9%	7.1%	6.7%	5.5	30
Nutrition and Dietetics	>95%	6	62.4%	60.2%	49.5%	6.4	188	>95%	2	100.0%	100.0%	100.0%	0.5	9
Podiatry (Foot Health)	>95%	6	64.3%	72.6%	59.1%	5.7	340	>95%	2		0.0%	0.0%	3.1	1
Lymphodema Care	>95%	6	79.2%	100.0%	100.0%	2.8	24	>95%	-				-	0
Tissue Viability	>95%	6	96.3%	100.0%	98.0%	1.7	51	>95%	-				-	0
Cardiology Service	>95%	6	100.0%	94.7%	100.0%	3.2	23	>95%	2			100.0%	1.0	1
Diabetes Service	>95%	6	90.4%	95.0%	97.6%	4.7	84	>95%	2	100.0%			-	0
Respiratory Service	>95%	6	61.9%	44.3%	67.4%	12.1	46	>95%	-				-	0
Spirometry Service	>95%	6	100.0%	100.0%	100.0%	1.5	52	>95%	-				-	0

Appendix 2. Community Waiting Times Dashboard



ROUTINE REFERRALS								URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Jun-21	Jul-21	Aug-21	Avg Wait (Aug)	No. of Pts Seen	% Threshold	Target Weeks	Jun-21	Jul-21	Aug-21	Avg Wait (Aug)	No. of Pts Seen
CAMHS	>95%	8			100.0%	2.1	1	>95%	-				-	0
Child Development Services	>95%	12	100.0%	100.0%	100.0%	0.0	2	>95%	-				-	0
IANDS	>95%	18	90.0%		100.0%	6.1	2	>95%	-				-	0
Community Children's Nursing	>95%	2	100.0%	83.3%	100.0%	0.5	2	>95%	1	100.0%	100.0%		-	0
Community Paediatrics Services	>95%	18	65.9%	60.4%	47.8%	24.1	46	>95%	-				24.1	0
Family Nurse Partnership	>95%	-				-	0	>95%	-				-	0
Haematology Service	>95%	12		100.0%		-	0	>95%	-				-	0
Looked After Children	>95%	4	90.0%	85.7%	75.0%	2.2	8	>95%	-				-	0
Occupational Therapy	>95%	18	16.7%	70.0%	30.0%	18.5	10	>95%	-				-	0
Physiotherapy	>95%	18	100.0%	100.0%	100.0%	7.9	41	>95%	-				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	3.9	6	>95%	-				-	0
School Nursing	>95%	12	91.9%	85.9%	84.6%	8.3	26	>95%	-				-	0
Speech and Language Therapy	>95%	8	48.6%	32.6%	23.3%	16.6	73	>95%	2	0.0%	33.3%	33.3%	2.9	3
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	100.0%	0.6	1	>95%	-				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.1	37	>95%	2	100.0%	100.0%	50.0%	1.4	8
Community Rehabilitation (CRT)	>95%	12	100.0%	100.0%	100.0%	6.7	1	>95%	-				-	0
ICTT - Other	>95%	12	80.0%	69.4%	83.7%	4.7	98	>95%	2	67.9%	72.3%	65.4%	2.1	52
ICTT - Stroke and Neuro	>95%	12	78.3%	65.7%	55.6%	8.7	27	>95%	2	50.0%	43.9%	23.7%	4.4	38
Home-based Intermediate Care Se...	>95%	-		100.0%	0.0%	18.3	1	>95%	-				-	0
Community Bed-based Intermediat...	>95%	-				-	0	>95%	-				-	0
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.9	2	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	73.3%	64.9%	71.8%	10.4	39	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	20.3%	41.3%	33.0%	8.9	194	>95%	2	15.4%	50.0%	12.5%	5.2	8
Musculoskeletal Service - Routine	>95%	6	28.5%	31.4%	33.1%	8.1	616	>95%	2	21.4%	8.7%	8.3%	5.8	12
Nutrition and Dietetics	>95%	6	60.0%	58.7%	48.7%	6.9	115	>95%	2			100.0%	0.4	5
Podiatry (Foot Health)	>95%	6	62.2%	69.8%	60.3%	5.7	156	>95%	2		0.0%	0.0%	3.1	1
Lymphodema Care	>95%	6	70.0%	100.0%	100.0%	2.7	5	>95%	-				-	0
Tissue Viability	>95%	6	96.9%	100.0%	96.8%	1.8	31	>95%	-				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	2.5	9	>95%	-				-	0
Diabetes Service	>95%	6	86.0%	93.9%	98.2%	4.6	57	>95%	-				-	0
Respiratory Service	>95%	6	52.6%	33.3%	68.0%	12.2	25	>95%	-				-	0
Spirometry Service	>95%	6	100.0%	100.0%	100.0%	1.5	48	>95%	-				-	0

Appendix 2. Community Waiting Times Dashboard



Islington

ROUTINE REFERRALS								URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Jun-21	Jul-21	Aug-21	Avg Wait (Aug)	No. of Pts Seen	% Threshold	Target Weeks	Jun-21	Jul-21	Aug-21	Avg Wait (Aug)	No. of Pts Seen
CAMHS	>95%	8	80.3%	69.0%	71.1%	13.2	45	>95%	2	75.0%	50.0%	100.0%	0.4	3
Child Development Services	>95%	12		100.0%		-	0	>95%	-				-	0
IANDS	>95%	18	79.0%	84.7%	81.8%	9.8	110	>95%	-				-	0
Community Children's Nursing	>95%	2	89.2%	67.3%	69.5%	1.5	59	>95%	1	100.0%	100.0%	95.0%	0.2	20
Community Paediatrics Services	>95%	18	90.9%	87.9%	81.8%	8.4	11	>95%	-				8.4	0
Family Nurse Partnership	>95%	12	100.0%		80.0%	5.9	5	>95%	-				-	0
Haematology Service	>95%	12		100.0%		-	0	>95%	-				-	0
Looked After Children	>95%	4	75.0%	70.0%	85.7%	2.2	14	>95%	-				-	0
Occupational Therapy	>95%	18	0.0%			-	0	>95%	-				-	0
Physiotherapy	>95%	18	100.0%	100.0%	100.0%	5.2	3	>95%	-				-	0
PIPS	>95%	-				-	0	>95%	-				-	0
School Nursing	>95%	12	88.2%	90.9%	77.8%	3.2	9	>95%	-				-	0
Speech and Language Therapy	>95%	8	100.0%	100.0%	66.7%	13.9	9	>95%	-				-	0
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	100.0%	0.3	29	>95%	-				-	0
Adult Wheelchair Service	>95%	8		100.0%	100.0%	2.1	1	>95%	-				-	0
Community Rehabilitation (CRT)	>95%	12	93.4%	87.8%	96.4%	3.9	55	>95%	2	66.7%	68.0%	60.7%	3.0	28
ICTT - Other	>95%	12	83.3%	100.0%	100.0%	3.4	1	>95%	2	100.0%	100.0%	33.3%	2.7	3
ICTT - Stroke and Neuro	>95%	12		100.0%	50.0%	10.7	2	>95%	2	-	0.0%	0.0%	5.9	2
Home-based Intermediate Care Se...	>95%	6	50.0%	42.3%	68.1%	6.0	69	>95%	2				-	0
Community Bed-based Intermediat...	>95%	6		100.0%	77.8%	5.3	9	>95%	2				-	0
Paediatric Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	81.0%	67.1%	86.2%	7.5	94	>95%	2			0.0%	6.0	1
Musculoskeletal Service - CATS	>95%	6	21.0%	42.1%	26.0%	9.9	200	>95%	2	23.1%	7.1%	12.5%	5.6	8
Musculoskeletal Service - Routine	>95%	6	27.8%	29.9%	38.4%	7.3	602	>95%	2	15.4%	5.6%	5.9%	5.2	17
Nutrition and Dietetics	>95%	6	64.3%	62.0%	49.3%	5.7	71	>95%	2	100.0%	100.0%	100.0%	0.5	4
Podiatry (Foot Health)	>95%	6	65.5%	76.5%	58.4%	5.6	173	>95%	-				-	0
Lymphodema Care	>95%	6	85.7%	100.0%	100.0%	3.0	18	>95%	-				-	0
Tissue Viability	>95%	6	94.4%	100.0%	100.0%	1.6	17	>95%	-				-	0
Cardiology Service	>95%	6	100.0%	87.5%	100.0%	3.7	14	>95%	2			100.0%	1.0	1
Diabetes Service	>95%	6	94.1%	95.7%	96.3%	4.8	27	>95%	-				-	0
Respiratory Service	>95%	6	65.1%	51.3%	66.7%	11.9	21	>95%	-				-	0
Spirometry Service	>95%	6		100.0%	100.0%	1.9	4	>95%	-				-	0

Children's Community Waits Performance



SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Jun-21	Jul-21	Aug-21	Avg Wait (Aug)	No. of Pts Seen	% Threshold	Target Weeks	Jun-21	Jul-21	Aug-21	Avg Wait (Aug)	No. of Pts Seen
CAMHS	>95%	8	79.7%	70.0%	71.4%	12.6	49	>95%	2	75.0%	50.0%	100.0%	0.4	3
Community Children's Nursing - Haringey	>95%	2	100.0%	50.0%		-	0	>95%	1				-	0
Community Children's Nursing - Islington	>95%	2	91.2%	70.8%	69.2%	1.5	65	>95%	1	100.0%	100.0%	95.0%	0.2	20
Community Paediatrics - Haringey (SCC)	>95%	18	11.5%	9.7%	26.7%	49.0	15	>95%	1				-	0
Community Paediatrics - Haringey (NDC)	>95%	18	96.2%	65.0%	38.1%	17.0	21	>95%	-				-	0
Community Paediatrics - Haringey (Child Protection)	>95%	18	100.0%	100.0%	100.0%	0.6	7	>95%	-				-	0
Community Paediatrics - Haringey (Other)	>95%	18	85.7%	100.0%		-	0	>95%	-				-	0
Community Paediatrics - Islington	>95%	18	89.5%	89.7%	90.9%	5.9	11	>95%	-				-	0
Family Nurse Partnership - Islington	>95%	12	100.0%		80.0%	5.9	5	>95%	-				-	0
Haematology Service - Islington	>95%	12		100.0%		-	0	>95%	-				-	0
IANDS	>95%	18	91.7%	100.0%	100.0%	1.5	10	>95%	-				-	0
IANDS - SCT	>95%	20	17.6%	6.7%	9.1%	25.7	11	>95%	-				-	0
Looked After Children - Haringey	>95%	4	100.0%	100.0%	88.9%	1.6	9	>95%	-				-	0
Looked After Children - Islington	>95%	4	66.7%	55.6%	87.5%	2.3	16	>95%	-				-	0
Occupational Therapy - Haringey	>95%	18	8.3%	70.0%	25.0%	19.7	12	>95%	-				-	0
Occupational Therapy - Islington	>95%	18	9.1%	0.0%	0.0%	33.9	6	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	100.0%		-	0	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	86.7%	88.2%	8.4	17	>95%	-				-	0
Physiotherapy - Haringey	>95%	18	100.0%	100.0%	100.0%	7.6	45	>95%	-				-	0
Physiotherapy - Islington	>95%	18	95.8%	100.0%	100.0%	5.2	42	>95%	-				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	3.9	6	>95%	-				-	0
SALT - Haringey	>95%	14	64.9%	40.6%	23.9%	16.2	46	>95%	2	0.0%	33.3%	33.3%	2.9	3
SALT - Islington	>95%	14	82.4%	88.6%	91.7%	9.4	24	>95%	2				-	0
SALT - MPC	>95%	18	92.9%	76.0%	73.9%	13.4	23	>95%	2				-	0
School Nursing - Haringey	>95%	12	92.6%	86.5%	86.7%	7.8	30	>95%	-				-	0
School Nursing - Islington	>95%	12	87.5%	92.0%	75.0%	3.2	8	>95%	-				-	0



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

Cancer - 62D Performance by Tumour Group

Indicator	20_21 Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021-2022	Performance
Breast	>85%	50.0%	75.0%	54.5%	72.7%	75.0%	100.0%	66.7%	50.0%	86.7%	100.0%	57.1%		74.5%	
Gynaecological	>85%	100.0%	100.0%	0.0%	0.0%	0.0%	100.0%	33.3%	100.0%	100.0%	0.0%	0.0%		50.0%	
Haematological (Excluding Acute Leukaemia)	>85%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	50.0%	100.0%	0.0%	100.0%		60.0%	
Lower Gastrointestinal	>85%	25.0%	100.0%	85.7%	100.0%	80.0%	71.4%	86.7%	70.0%	60.0%	100.0%	75.0%		75.0%	
Lung	>85%	0.0%	75.0%	66.7%	40.0%	33.3%	100.0%	100.0%	37.5%	100.0%	100.0%	66.7%		57.1%	
Other	>85%					100.0%									
Skin	>85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%	100.0%	100.0%	100.0%		100.0%	
Testicular	>85%				100.0%			100.0%	100.0%			100.0%		100.0%	
Upper Gastrointestinal	>85%	100.0%	100.0%		100.0%	0.0%	75.0%	75.0%	100.0%	66.7%	100.0%	0.0%		54.5%	
Urological (Excluding Testicular)	>85%		0.0%	28.6%	66.7%	66.7%	33.3%	33.3%	28.6%	20.0%	61.5%	88.9%		47.8%	

Cancer - 2WW Performance by Tumour Group

Indicator	20_21 Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	2021-2022	Performance
Breast	>93%	98.7%	99.4%	99.0%	100.0%	85.4%	67.2%	84.0%	37.6%	42.0%	80.1%	96.7%		62.4%	
Childrens	>93%	100.0%	100.0%	100.0%	100.0%		100.0%				0.0%			0.0%	
Gynaecological	>93%	88.6%	100.0%	95.5%	97.3%	85.4%	94.7%	89.7%	94.7%	96.4%	88.3%	74.2%		88.9%	
Haematological	>93%	94.4%	100.0%	100.0%	85.0%	100.0%	100.0%	100.0%	96.2%	100.0%	100.0%	100.0%		99.0%	
Lower Gastrointestinal	>93%	90.9%	97.0%	89.3%	96.4%	93.2%	94.0%	88.9%	48.5%	81.0%	85.1%	61.8%		69.0%	
Lung	>93%	100.0%	87.5%	100.0%	100.0%	83.3%	100.0%	100.0%	33.3%	75.0%	80.0%	50.0%		66.7%	
Skin	>93%	98.2%	99.5%	99.4%	99.5%	98.6%	98.8%	99.6%	97.9%	96.2%	96.4%	95.6%		96.4%	
Upper Gastrointestinal	>93%	93.8%	96.4%	96.9%	100.0%	82.6%	87.5%	98.6%	98.6%	100.0%	91.7%	96.2%		96.3%	
Urological	>93%	84.4%	94.4%	91.2%	94.0%	97.4%	100.0%	98.0%	58.5%	61.9%	53.2%	58.9%		58.4%	



Appendix 4. Trust Level Activity

Category	Indicator	20_21 Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Activity
ED	ED Attendances	8285	7731	7995	7887	7748	6409	6304	8890	8861	9291	9663	9352	8532	
ED	ED Admission Rate %		15.6%	15.8%	17.3%	19.4%	21.8%	19.4%	15.9%	15.6%	13.8%	13.4%	13.7%	13.2%	
Community	Community Face to Face Contacts		35699	39640	41852	37389	31499	31795	39604	37070	40865	38864	35916	29417	
Admissions	Elective and Daycase		1695	1802	1663	1556	978	1167	1778	1815	1873	2052	2046	1937	
Admissions	Emergency Inpatients		1925	2045	2119	2184	2137	2024	2281	2233	2043	2177	2058	1937	
Referrals	GP Referrals to an Acute Service		10864	11569	11177	9503	8961	10009	12873	11965	12697	13807	13254	12109	
Referrals	% of GP Referrals that were completed via ERS		85.0%	89.0%	86.8%	83.1%	82.3%	85.3%	87.3%	88.3%	88.9%	87.0%	87.6%	88.1%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	39.2%	31.1%	28.7%	33.9%	27.4%	30.3%	44.2%	37.0%	29.7%	27.0%	31.1%	28.5%	
Maternity	Maternity Births	320	294	309	289	289	285	290	331	329	288	315	309	323	
Maternity	Maternity Bookings	377	454	441	411	418	397	359	391	458	356	322	369	306	
Outpatients	Outpatient DNA Rate % - New	<10%	9.3%	8.7%	8.8%	8.9%	8.8%	7.8%	8.8%	9.3%	10.1%	9.8%	10.8%	12.0%	
Outpatients	Outpatient DNA Rate % - FUP	<10%	8.7%	8.9%	8.7%	8.2%	8.1%	7.4%	7.6%	8.3%	8.6%	9.3%	9.9%	10.5%	
Outpatients	Outpatient New Attendances		8622	8914	9175	8658	7266	7940	9425	8888	8622	9782	9319	8151	
Outpatients	Outpatient FUP Attendances		18028	18165	17953	16880	14935	15318	18158	17131	16065	18086	17371	14768	
Outpatients	Outpatient Procedures		5734	5786	5819	5413	4362	4687	5933	5570	5412	6166	5822	5114	



Appendix 1

Whittington Health Paediatric Audiology Service - Service update September 2021

Overview

Whittington Health (WH) provides the paediatric audiology service across NCL. We have services for children and young people in sites in all 5 boroughs. Waiting times for all services lengthened during the covid-19 pandemic. Additional clinics have been provided and teams have worked hard to reduce waits to within target across the service. The Camden, Islington and Haringey services are on track to be meeting target wait times from mid-October 2021. It is in Barnet and Enfield, a service that recently transferred to WH, where the reduction of waiting times is more challenging.

Barnet & Enfield

In May 2020 the Paediatric Audiology Service transferred from Royal Free London NHS Trust to WH. The service had a number of challenges and risks that were known prior to the agreement of the transfer including lack of investment in equipment, high number of vacancies and a significant historic backlog of activity.

- **Staffing.** There has been good progress on recruitment. The service employed a new Clinical Service Manager in December 2020 and a new Specialty Doctor came into post May 2021. The acting Chief Paediatric Audiologist was recruited into a substantive post in June 2021 and two vacant substantive Paediatric Audiology posts have recently been filled. Remaining posts are being advertised and we hope to have all staff appointed by October. The increase in staffing puts the team in a much stronger position to provide the service.
- **Estates.** Challenges still exist with the poor quality of testing rooms at Edgware Community Hospital. Out of two test rooms, only one is fit to test younger children and those with complex needs and this impacts on service capacity. Commissioners are aware of this however at present there are no firm plans to improve the estate – e.g. test rooms are not included in a proposed Barnet CDC development.
- **Equipment, information & IT.** New equipment has been purchased to replace ageing and failing equipment across the three clinical sites. Following considerable delay the WH network was installed in June 2021, enabling the transfer of the Audiology patient database from the RFH to WH. Informatics reporting is being set up and will provide the much needed service data to support the management of patient referrals, reviews and waiting times.
- **Waiting times.** The challenge still faced by the service is lengthy waiting times for both new and review patients across both boroughs. Data provided by RFH in February 20 estimated a total of 1,926 patients waiting for an appointment; 756 of these being new referrals with 532 waiting over 6 weeks with 1,170 patients waiting for a review appointment.
- The Covid-19 pandemic and its impact on provision of face-to-face appointments for diagnostic hearing assessments has prevented the service from making the

planned reduction in waiting times. It was not possible to employ additional staff and increase activity as planned.

Current position & plan for reducing waiting times.

There are currently 1248 new patients waiting longer than 6 weeks from date of referral and 953 review patients waiting for an appointment across Barnet and Enfield. The service is also experiencing higher than average referral rates of 290/month against a pre-pandemic rate of 230/month.

Trajectories have been developed with a number of assumptions around staffing, referral rates and DNAs. A best-case scenario predicts the clearance of the backlog will take 40 weeks also based on full complement of permanent staff and 1 locum.

Total patients waiting over 6 weeks for initial appointments:

	Sept 2021	Dec 2021	Mar 2022	Jun 2022	Sept 2022	Dec 2022
Best case	1248	743	249	0	0	0
Medium case	1248	1167	855	543	228	0

The service is allocating a higher proportion of appointments to new patients than to review. During business as usual, it is expected there would be an equal allocation however the teams are changing this to a 70:30 split, prioritising initial assessments which will result in longer waiting times for review appointments.

NCL Paediatric Audiology

WH is now the provider of the Paediatric Audiology Service across all boroughs in NCL. There is a real opportunity to consider how the service can work across boroughs, developing an offer for all children and young people in NCL. Service and clinical leads across the teams are starting to explore this development.

Children and Young People's Services



Plan for CYP Therapy Accelerator Funding



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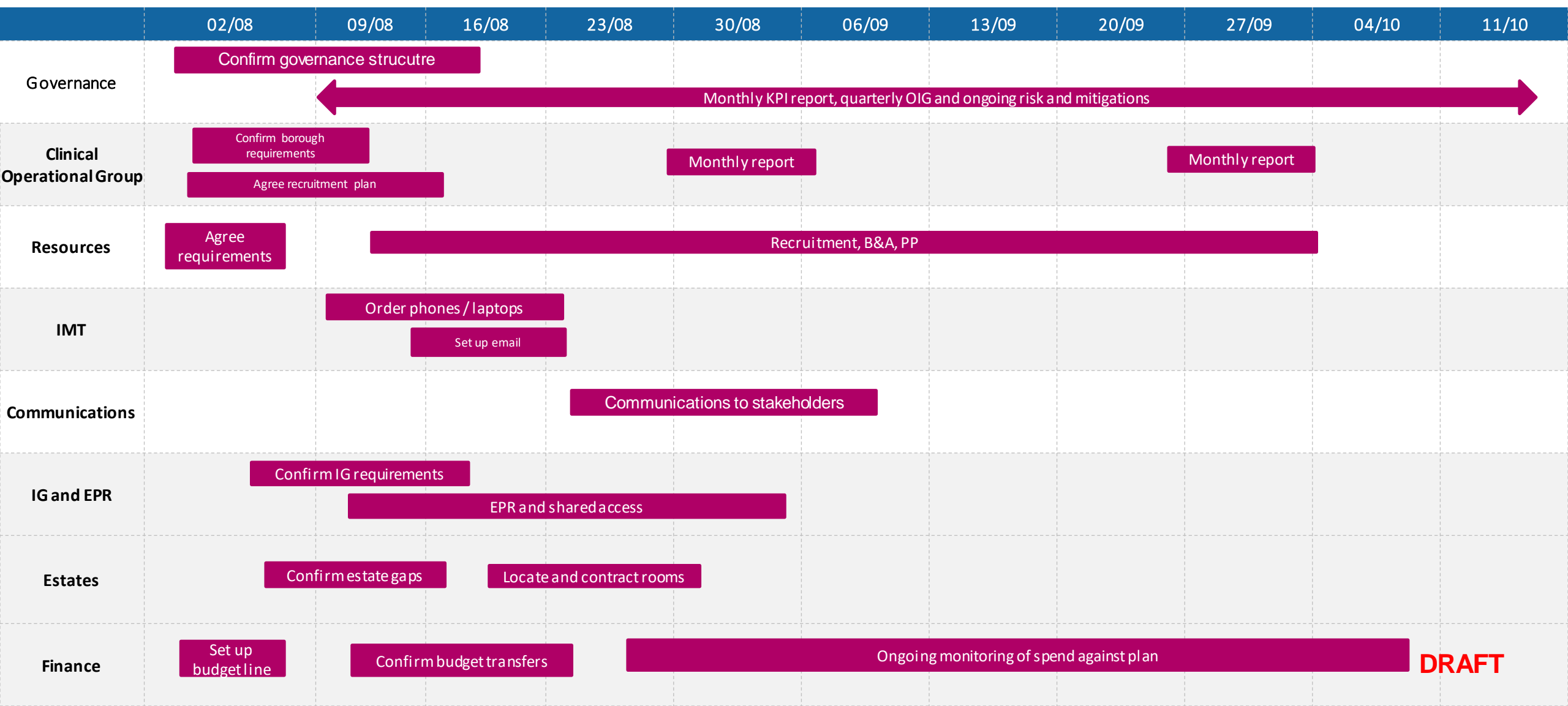
Approach

We are taking a collaborative cross-organisational approach to backlog recovery of therapy services (OT, PT, SLT) across North Central London, with Whittington Health as the accelerator lead. The aim of this is to reduce the sizeable therapy backlog that has grown during the pandemic to less than a 12 week wait to first assessment and to increase activity above benchmark levels.

We are approaching this challenge collectively, sharing resources and developing a shared repository of shared universal training. We are also exploring opportunities for shared recruitment.

The work covers the London Boroughs of Camden, Islington, Haringey, Barnet, and Enfield with clinical operational representatives from each organisation supporting this work.

Plan Overview



Recovery summary initial assessment

Number of Children waiting over 12 weeks to initial assessment

Borough	Current position (03/08/21)			Estimated 31/10/21			Estimated 31/12/21			Estimated 31/03/22		
	SLT	OT	PT	SLT	OT	PT	SLT	OT	PT	SLT	OT	PT
Haringey	170	66	8	120	50	5	80	30	3	0	0	0
Islington	97	131	1	58	90	1	16	45	0	0	0	0
Camden	11	1	5	8	0	4	5	0	2	0	0	0
WH Total	278	198	14	186	140	10	101	75	5	0	0	0

Figures are estimates and will depend on staff recruitment, space, and referral figures for Autumn

For some services, referrals have increased significantly in the last 12 months. Variation in referral rates is expected to continue throughout the autumn

Waiting times	total waiting over 12 weeks	Weeks to clear based on 1 member of staff	No of staff needed to clear in 12 weeks
Occupational Therapy	217	43	4
Physiotherapy	53	2	1
Speech and Language Therapy	650	130	11
Grand Total	920	175	16

Information included in the Accelerator Bid

Recovery summary intervention

Number of Children waiting over 12 weeks to intervention

Borough	Current position (03/08/21)			Estimated 31/10/21			Estimated 31/12/21			Estimated 31/03/22		
	SLT	OT	PT	SLT	OT	PT	SLT	OT	PT	SLT	OT	PT
Haringey	600	53	0	510	31	0	410	12	0	250	0	0
Islington	101	64	1	85	45	0	53	20	0	5	0	0
Camden	560	0	0	542	0	0	486	0	0	402	0	0
NCL	1261	117	1	1137	76	0	949	32	0	657	0	0

Figures are estimates and will depend on staff recruitment, space, and referral figures for Autumn

For some services, referrals have increased significantly in the last 12 months. Variation in referral rates is expected to continue throughout the autumn

Resource allocation

The following ways of recruiting staff are being considered by all providers

Substantive recruitment

1. All Trusts will explore over-recruiting to substantive posts
2. Aim for over-recruitment of substantive posts at 15% of current posts, linked to average attrition rates

Private providers

1. Identify gap left from identified requirements after substantive recruitment and Bank & Agency
2. Identify private providers that can support in the recovery, supporting the calculated gap in therapy provision
3. Develop a Private Provider Framework across NCL that can be commissioned to support therapy provision
4. Contract selected private providers through the Accelerator Therapy Recovery funding

Bank and Agency

1. Offer current staff bank shifts at agreed enhanced rates
2. Contact agencies regarding capacity to provide additional therapy services

Resource Plan

Resource requests

Borough	OT	PT	SLT
Barnet	2 (agency)	0.5 (bank)	7.5 (PPF)
Enfield	0.5 (agency)	0	2 (agency)
Haringey	1 (agency)	0.5 (bank)	6 (B/A/PPF)
Camden	0	0	1.5 (bank)
Islington	1 (bank)	0	2 (bank)

Non-clinical/Non-qualified

Borough	Admin	Therapy Assistant	Management
Barnet	1	1	0.2
Enfield	0.4	0	0.2
Haringey	1.5	1	0.2
Camden	0	1	0.2
Islington	1	1	0.2

Additional resources

Equipment

- £24,000

Rooms

- £36,000

Training

- £77,000

Please note - resource plan is dependant on recruiting staff and is likely to change, e.g. funding to be directed to private provider if temporary staff cannot be secured. Allocation based on current funding rations and backlog recovery requirements

Financial breakdown

Borough	Funding requested (AHPs)
Camden	55
Islington	110
Enfield	130
Barnet	360
Haringey	275
Total	930

Total Funding: £1,379,223

Resource	Value
AHPs	930
Training	77
Therapy assistant	90
Admin	90
Management	65
Rooms	36
Equipment	24
Total	1,302

Figures are estimates and subject to change

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Key performance indicators

Indicators	Baseline	Target	Comments
Reduce average waiting times for initial assessment	1507	0 children waiting over 12 weeks from March 2022	(Back Log) Slide 3
Performance against estimated number of therapy interventions	4578	4% monthly recovery from Oct 2021	(Back log) Slide 4
Parent/patient evaluation measure	Borough based model		Borough-based questionnaire

**To be confirmed
with providers**

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Key Risks

Risk	Description	Mitigation	How will it be monitored
Recruitment of staff	Recruitment of staff against the timeline is challenging and a major risk to improving positions	We are taking a system-wide approach through multiple steps (see slide 6), COG and CCG-led meetings will manage recruitment pressures	COG and CCG
Unable to deliver planned interventions	Due to staffing or other challenges, it may not be possible to deliver planned interventions. This may be worsened if large numbers of children have been referred after initial assessment	Appropriate resources will be allocated to interventions as well as initial assessment. Numbers of children referred will be monitored and the service will respond to this need	COG
Demand for therapy increases following completion of initial assessments	Demand for a number of services has increased disproportionately through the pandemic and is difficult to predict	We have accounted for increased demand in projections and will monitor this at COG and move resources as required	COG
Funding cannot be spent within timeframe	Given recruitment and timescale challenges it may not be possible to fully spend the funding	A financial report against plan will be presented to COG and monitored and escalated as appropriate	COG
Private Providers	Staff may move over to private providers	Staff satisfaction survey?	COG
Non-Staffing Costs	Impact on waiting time reduction	Finance management with Head of Finance	COG and CCG

Long-term vision

We have a long-term vision for the provision of therapy services across North Central London that will support the long-term sustainability and quality of our services. This consists of workforce and clinical operational plans.

Workforce:

1. Improved access and number of training opportunities
2. Improved access and number of apprenticeship opportunities
3. Access to clinical rotations (across specialties and boroughs)

Operational:

1. Agreed standard approach to intervention
2. Shared resources and support services
3. Unified approach to NCL therapies -> to develop a core offer of NHS Therapies across all five NCL Boroughs, in line with the Community Services Review
4. Incorporate virtual/video sessions where deemed suitable



Meeting title	Trust Board – public meeting	Date: 30 September 2021
Report title	Audit & Risk Committee Chair's Assurance report	Agenda item: 11
Committee Chair	Rob Vincent, Non-Executive Director	
Executive director lead	Kevin Curnow, Chief Finance Officer	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	<p>This report details areas of assurance from the items considered at the Audit and Risk Committee meeting held on 22 July 2021.</p> <p>Areas of significant assurance:</p> <ul style="list-style-type: none">• Board Assurance Framework• NHS Equality Delivery System briefing• Internal audit review – patient experience• 2020/21 Counter Fraud annual report• Debtors' report <p>Areas of moderate assurance:</p> <ul style="list-style-type: none">• Internal audit recommendations tracker• Special payments and losses <p>The Committee also discussed and received updates on:</p> <ul style="list-style-type: none">• Corporate Risk Register• Internal audit review – data security and protection toolkit• Counter fraud progress report• Tender waiver and breaches report• Quality Assurance Committee meeting minutes	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the Chair's assurance report for the Audit and Risk Committee meeting held on 22 July 2021	
Risk Register or Board Assurance Framework	All	
Report history	Public Board meetings following each Committee meeting	
Appendix	None	

Committee Chair's Assurance report

Committee name	Audit and Risk Committee
Date of meetings	22 July 2021
Summary of assurance:	
1.	<p>The Committee can report significant assurance to the trust Board in the following areas:</p> <p>Board Assurance Framework Committee members reviewed the full Board Assurance Framework (BAF). They noted the following:</p> <ul style="list-style-type: none"> • During quarter one, the BAF was reviewed by executive and board-level committees and had been refined further following fruitful meetings between the Trust Secretary and no-executive director colleagues • Based on the current position, the likelihood scores for entry People 1 (staff recruitment and retention) and entry People 2 (staff wellbeing, equality, diversity, and inclusion) had both been increased • The Quality Assurance Committee had reviewed the Quality entries (Quality 1 - quality and safety of services and Quality 2 - capacity and activity delivery) at its meeting on 14 July 2021 and agreed that their current scores were correct and would be kept under review, particularly for any adverse impact on staff capacity and delivery of elective recovery plans • The first two Sustainability entries (Sustainable 1 – control total delivery and underlying deficit and Sustainable 2 – estate modernisation) both remained at a total score of at 16. For Sustainable 1, it was recognised that this entry remained at a high score until quarter four in most NHS providers, when there was greater certainty on the delivery of annual control totals • The Innovation and Digital Assurance Committee would lead on reviewing the third entry in the Sustainable section (Sustainable 3 – digital strategy and interoperability) • The good degree of involvement by executive directors in the North Central London system would help with the BAF's Integration entries (Integration 1 – ICS and Alliance changes and Integration 2 – population health and activity demand) <p>NHS Equality Delivery System briefing Committee members took good assurance from a briefing delivered by the Assistant Chief Nurse on the NHS Equality Delivery System (EDS) which assessed performance against patient and workforce domains as part of the standard NHS provider contract. The latter two domains were being assessed as part of a collaborative approach by some North Central London providers. Assurance was provided by the Head of Patient Experience that there was a good spread of local community and patient groups available to engage with in assessing EDS performance. Committee members also welcomed an update from the Director of Strategy that a Board seminar would be held in quarter three on population health and the work of anchor institutions in tackling health inequalities.</p>

	<p>Internal audit review – patient experience The Committee was assured by the rating of significant assurance with some improvement required following the internal audit review of the patient experience strategy. Committee members noted that several good practice areas were identified by the review and included a strategy in line with good practice guidance issued nationally, a clear and realistic plan with identified leads for delivery, clear governance arrangements in place with reports on delivery of the strategy considered by the Patient Experience Committee and the Board-level Quality Assurance Committee.</p> <p>2020/21 Counter Fraud annual report The Committee also took significant assurance from a well laid out counter fraud annual report. It particularly welcomed the overall, positive, green-rated assessment of compliance against the new Government Functional Standard for Counter Fraud, which had been adopted by the Department of Health and Social Care.</p> <p>Debtors' report The Committee welcomed the progress achieved with the reclamation of longstanding debts from NHS and non-NHS organisations and commended the Finance team for the hard work in this area, especially on debts older than 165 days. They noted that work continued with NHS providers and local authorities, including escalation to Chief Finance Officers, where necessary, to continue reducing the level of debts to the Trust. The Committee asked whether any of the debts could be written off and a report with recommendations on that would be brought to the next meeting.</p>
2.	<p>The Committee is reporting moderate assurance to the Board on the following matters:</p> <p>Internal audit plan and recommendations tracker The Committee reviewed progress with the internal audit plan and with implementation of recommendations arising from internal audit reviews. Committee members were informed that two further completed reviews would be available at the next meeting in October and that engagement on current reviews was excellent. The Committee noted that the implementation of some recommendations had been impacted by the pandemic and sought assurance that delays on recommendations for consultant job planning and medicines management be implemented by October 2021 or an explanation be provided by the relevant executive lead.</p> <p>Special payments and losses The Committee noted an improvement in the number of overpayments of salary being recovered. Line manager training and improved communication on this were noted as key actions going forward.</p>

3.	<p>Other items considered</p> <p>Corporate Risk Register 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:</p> <ul style="list-style-type: none"> • The pharmacy electrical & heating non-compliance risk entry was due to be downgraded as only electrical work was outstanding. The risk score would be updated in time for the next Committee meeting • In relation to the entry about fire building deficiencies it was noted that the fire door remediation work was completed in mid-May 2021 and fire door replacement works were due to be completed during Autumn 2021 <p>Internal audit review – data security and protection toolkit The Committee noted that, following conversations with the Chief Information Officer and the Assistant Director, Information Governance, this review would take place in quarter three.</p> <p>Counter fraud progress report Committee members noted an update on activity since the last meeting on the following areas:</p> <ul style="list-style-type: none"> • There was a new recommendation to submit via an online portal for the NHS Counter Fraud Authority procurement post event assurance exercise. James Shortall had been liaising directly with Procurement and there were no concerns with submitting the data needed • A suspect had been arrested in the mandate fraud case. Training had been delivered to the Payments team to ensure they were focussed on this type of risk • There was a new emerging risk on fake vaccines during the pandemic <p>Tender waiver and breaches report The Committee noted a report covering the two-month period since 12 May 2021. They were apprised of the 50% reduction in waivers when compared to the previous two-month period. All of the waiver applications were within the remit of the Trust's Standing Financial Instructions and under the Public Contracts Regulations procurement threshold limit.</p> <p>Quality Assurance Committee The Committee noted the minutes of the Quality Assurance Committee held on 12 May 2021.</p>
4.	<p>Present: Rob Vincent, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director Glenys Thornton, Non-Executive Director</p> <p>In attendance: Claire Baker, Local Counter Fraud Specialist, BDO Vivien Bucke, Business Support Manager Kevin Curnow, Chief Finance Officer</p>

	<p> Jerry Francine, Operational Director of Finance Jonathan Gardner, Director of Strategy, Development & Corporate Affairs Carol Gillen, Chief Operating Officer 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 Lynda Rowlinson, Head of Patient Experience Swarnjit Singh, Trust Secretary Lisa Smith, Assistant Chief Nurse </p> <p> Apologies: James Shortall, Local Counter Fraud Specialist, BDO </p>
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Meeting title	Trust Board – public meeting	Date: 30 September 2021
Report title	Charitable Funds Committee Chair's Assurance report	Agenda item: 12
Executive director lead	Kevin Curnow, Chief Finance Officer	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	<p>In line with governance arrangements, this Committee Chair's report reports on areas of assurance on the items considered at the 29 June 2021 meeting of the Charitable Funds Committee.</p> <p>Areas of significant assurance:</p> <ul style="list-style-type: none">• Financial report and fund balances• Terms of reference• Charity report <p>Other key issues:</p> <p>Committee members reviewed and approved a number of applications for funding and discussed the annual performance of the investment portfolio.</p> <p>There were no items covered at these meetings for which where the Committee is reporting limited assurance to the Trust Board.</p>	
Purpose:	Note	
Recommendation(s)	Board members are invited to note the Chair's assurance report for the Charitable Funds Committee meeting held on 29 June and the applications for funding agreed.	
Risk Register or Board Assurance Framework (BAF)	Sustainability 1	
Report history	Public Board meetings following each committee meeting	
Appendices	None	

Committee Chairs' Assurance report

Committee name	Charitable Funds Committee
Date of meeting	29 June 2021
Summary of assurance:	
1.	<p>The committee can report significant assurance to the trust Board in the following areas:</p> <p>Fundraising and activities update</p> <p>The Committee took assurance from a report giving a financial overview of the Charity's funds and a breakdown of fund balances up to 31 May 2021. The main headlines were:</p> <ul style="list-style-type: none"> • Income in 2021/22 was lower than the previous year due to a fall in donations received linked to the Covid-19 pandemic. The Charity continued to benefit from Covid-19 donations and received £4k of income in April and May. Dividend income and interest of £6k was received during the first two months of 2021/22. No new legacies had been received • A pledge for a £75k gift was made for psychological support for healthcare staff • Expenditure in this financial year had, so far, totalled £64k. This included all approved charitable bids. Four funds reported expenditure of between £6k-£8k • The Charity would recognise a net £152k gain on its investment portfolios for 2020/21, however, considerable uncertainty remained about the global economy. Investment performance during quarter one was due to be discussed at the Committee's July 2021 meeting • The total amount of funds held on 31 May 2021 were £2.33m, compared with a balance of £2.38m on 31 March 2021 <p>Committee terms of reference</p> <p>Committee members reviewed and discussed revised terms of reference. It was recommended that two independent members join the Committee, appointed for two-year terms. The new members would not be included in the quorum required for Committee meetings, and it was preferable to have one person that was an existing donor and the second to have independent experience. The terms of reference would be discussed at the next Committee meeting. An amendment would be made to the draft terms of reference to clarify that the non-executive director committee members' primary focus was governance and not fundraising.</p> <p>Charity report</p> <p>Committee members reviewed a report for the period 1 March to 28 June 2021. They noted the following:</p> <ul style="list-style-type: none"> • During 2020/21 the Charity raised £1.001 million, excluding gift aid and the significant number of in-kind donations received over the course of the year. It is a remarkable achievement by the team • Fundraising activity had been impacted by general trends in the sector such as Covid-induced donor fatigue and staff absence. While multiple major gifts proposals had been submitted, the focus had predominantly been on grant-making, the Charity's governance, the funds consolidation

	<p>project and the rebrand of the Charity</p> <ul style="list-style-type: none"> • The Trust's Management Group had approved the consolidation of funds into eight target funds: one for each of the five integrated clinical service units, staff wellbeing, research and education - and a general fund • Recent project updates included the installation of a bicycle storage facility • There had been a successful recruitment to the post of Trusts & Foundations and Charity Projects Manager • The Committee discussed proposals for rebranding of the charity. The estimated costs proposed by three branding agencies were reviewed and it was agreed that this work would commence in quarter two
2.	<p>Applications for funding</p> <p>The Committee reviewed and approved the following bids:</p> <ul style="list-style-type: none"> • A bid of £7.5k for the installation of a sensory room at Simons House Adolescent inpatient unit. The Committee noted there was evidence that sensory rooms with such specialist equipment had been seen to help promote emotional regulation in young people and helped to promote a calming environment • £4,680 for a two-year loan of 20 artworks on the hospital site and the extension of a further two-year loan of 7 artworks at Simmons House. The cost was inclusive of curation, transportation, installation and insurance. The Committee noted that art works helped to improve health and wellbeing and that the report of the all-party Parliamentary Group on Arts, Health and Wellbeing found that art can help to meet challenges in health and social care around ageing, loneliness, long-term conditions, and mental health • A bid of £12,455 for musical therapy interventions. The Committee noted that musical therapy interventions were found to be beneficial for several condition and ill health and were recommended by the National Institute of Clinical Excellence as therapeutic tool combined with conventional therapies
3.	<p>Present:</p> <p>Tony Rice, Non-Executive Director (Committee Chair) Kevin Curnow, Chief Finance Officer Clare Dollery, Medical Director Jonathan Gardner, Director of Strategy, Development & Corporate Affairs Michelle Johnson, Chief Nurse & Director of Allied Health Professionals Baroness Julia Neuberger, Non-Executive Director</p> <p>In attendance:</p> <p>Vivien Bucke, Business Support Manager, Finance Tom Holbrook, Investment Director, Investec Sam Lister, Head of Charity Alex Ogilvie, Deputy Head of Financial Services Swarnjit Singh, Trust Secretary Nicola Toyer, Head of Charities, Investec</p> <p>Apologies:</p> <p>Stephen Dunham, Assistant Director, Financial Services</p>

	<p>Siobhan Harrington, Chief Executive</p> <p>Eddie Mitchell, Fundraising Manager</p>
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