NHS
Whittington Health
NHS Trust

Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board in Public on **Wednesday, 30 March 2022** from **9.30am to 11.05am** via video conference.

Item	Time	Title	Presenter	Action
		Standing agenda items		
1	*9.30*	Welcome, apologies, declarations of interest	Trust Chair	Note
2		Patient experience story	Chief Nurse & Director of Allied Health Professionals	Discuss
3	*9.50*	27 January 2022 public Board meeting minutes, action log, matters arising	Trust Chair	Approve
4		Chair's report	Trust Chair	Note
5		Chief Executive's report	Chief Executive	Note
		Quality and safety		
6	*10.10*	Quality Assurance Committee Chair's report	Committee Chair	Note
7		Maternity and neonatal transformation programme update including Ockenden review of maternity services, and Morecambe Bay response	Director of Strategy and Corporate Governance, Chief Nurse and Director of Allied Health Professionals and Medical Director	Review
8		Sickle Cell Improvement Plan progress report	Deputy Chief Operating Officer and Director of Operations, Emergency and Integrated Medicine	Note
9		Freedom to Speak up Guardian report	Chief Nurse and Director of Allied Health Professionals	Note
		People		
10	*10.35*	Workforce Assurance Committee Chair's report	Committee Chair	Note
		Performance		
11	*10.40*	Financial performance and	Chief Finance Officer	Discuss

		capital update		
12		Integrated performance report	Deputy Chief Operating Officer	Discuss
13		Anchor institution update	Director of Strategy and Corporate Governance	Note
		Governance		
14	*11.00*	Charitable Funds Committee report	Committee Chair	Note
15		Questions to the Board on agenda items	Trust Chair	Note
16	*11.05*	Any other urgent business	Trust Chair	Note

Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 27January 2022

Present:	
Baroness Julia Neuberger	Chair
Siobhan Harrington	Chief Executive
Kevin Curnow	Chief Finance Officer
Dr Clare Dollery	Medical Director
Professor Naomi Fulop	Non-Executive Director
Amanda Gibbon	Non-Executive Director
Carol Gillen	Chief Operating Officer
Tony Rice	Non-Executive Director
Anu Singh	Non-Executive Director
Baroness Glenys Thornton	Non-Executive Director
Michelle Johnson MBE	Chief Nurse & Director of Allied Health Professionals.
Rob Vincent CBE	Non-Executive Director
In attendance:	
Dr Junaid Bajwa	Associate Non-Executive Director
Charlie David	Patient Experience Manager (item 2)
Leanne Donlevy	Continuity of Carer Project Lead Midwife (item 2)
Norma French	Director of Workforce
Jonathan Gardner	Director of Strategy & Corporate Affairs
Dr Sarah Humphery	Medical Director, Integrated Care
Tina Jegede	Joint Director, Race, Equality, Diversity & Inclusion and Nurse Lead, Islington Care Homes
Marcia Marrast-Lewis	Assistant Trust Secretary
Yana Richens	Director of Midwifery (item 3)
Lynda Rowlinson	Head of Patient Experience (item 3)
Andrew Sharratt	Acting Director of Communication & Engagement
Swarnjit Singh	Joint Director, Race, Equality, Diversity & Inclusion and Trust Secretary
Helen Taylor	Clinical Director (item 3)

No.	**Item**
1. 1.1	**Welcome, apologies and declarations of interest** The Chair gave a warm welcome to everyone present at the meeting. There were no apologies. No new declarations of interest were reported.
2. 2.1	**Patient experience story** Leanne Donlevy, Continuity of Carer Project Lead Midwife, presented the patient experience story which featured the implementation of the Better

	Births Initiative. Leanne explained that the Maternity Continuity Carer Model was a way of delivering maternity care so that women received dedicated support from the same midwifery team throughout their pregnancy. It was developed to reduce health inequalities and improve outcomes at birth, particularly focussing on women from backgrounds who found navigating antenatal care challenging. A team of eight midwives looked after 36 women each per year, out of community hubs, birth centres, in hospital and post-natally at home or in the community. Care was tailored to the needs of the family, with health education delivered face-to-face. Leanne confirmed that midwives established working partnerships with patients which gave service users more confidence when accessing the service. Leanne further explained that health inequalities were currently high on the agenda as ethnic minority women were more likely to have worse experiences and outcomes in maternity settings. Health inequalities were addressed through the systematic removal of language barriers, provision of clear and easy to understand information and ease of access to documentation which would help with understanding their personal care plans.
2.2	Board members watched a video recording of a mother and daughter, Caroline and Emily, who both received maternity services under the Continuity of Carer initiative delivered by the Sunflower Team in 2020. Caroline compared the standard of care received when she delivered Emily at the Whittington 26 years previously to the delivery of her son in 2020. She stated that, each member of staff she encountered in the Sunflower Team was friendly, knowledgeable and confident. Staff were able to put her ease, and her named midwife was available for each of her antenatal appointments. Emily echoed her sentiments, stating that, as this was her first pregnancy, her midwife wasted no time in putting her at ease and was able to allay her fears very quickly. They both noted that antenatal appointments were held locally at the Children's Centre which was particularly useful when mobility became an issue towards the end of their pregnancies. Both mother and daughter confirmed that they could not find fault with the service they received nor could they suggest any areas that needed improvement.
2.3	During discussion the following points were made: • Siobhan Harrington extended her thanks to Leanne and said that maternity services had excelled, particularly during the third wave. She endorsed the importance of continuity of care which linked through to the statistics around care in the community and patients from an ethnic minority background. • Jonathan Gardner advised that continuity of care was one of five key programmes that reported into the Maternity Transformation Board which he chaired and highlighted the need to maintain the commitment of the team as operational pressures increased. • In reply to a query from Amanda Gibbon on the feedback received from staff who were delivering this type of care, Leanne stated that staff survey outcomes indicated that staff had adapted well to the model of care and felt more in control of appointment times and

	referral to specialist services and also enjoyed the degree of autonomy the model of care provided. Staff felt supported and worked hard to ensure that every aspect of the service was covered. Overall, they were thrilled to be working in this model of care. Staff were also confident that there was buy-in from the senior leadership team and the Director of Midwifery, which was also instrumental in the success of the model. • Michelle Johnson confirmed that more work would be undertaken to create more continuity of carer teams across the entire midwifery workforce, which would also roll out a considered training element. She also noted that, throughout the pandemic, access to partners was continued throughout the whole pathway, despite social distancing restrictions. • Yana Richens emphasised the commitment of the Trust to delivering the model of care, despite growing operational pressures during the covid surge.
2.4	**The Chair thanked Leanne Donlevy, Caroline and Emily for their presentation and congratulated the Team on the successful implementation of the Model of Care.**
3. 3.1	**Minutes of the meeting held on 25 November 2021** The draft minutes were approved as a correct record. The updated action log was noted.
4 4.1	**Chair's report** The Chair gave huge thanks to staff who continued to work hard, particularly over the winter period and Omicron surge, when faced with challenging demands while providing high quality services.
4.2	The Chair announced the resignations of Siobhan Harrington, Chief Executive, and Michelle Johnson, Chief Nurse and Director of Allied Health Professionals, who would both be leaving the Trust during quarter one of 2022/23. She confirmed that the recruitment process for the role of Chief Executive had commenced and that the Trust was working with executive recruitment specialists to long list candidates for both roles. The successful candidate for the role of Chief Executive would be known by the end of the third week in March 2022.
4.3	The Chair also confirmed a Non-Executive Director change with the impending departure of Anu Singh, who would complete her third and final term with the Trust in April. Junaid Bajwa, would then become a substantive Non-Executive Director, with effect from 14 April 2022 for a four year term. Tony Rice's term of office would be extended for a further year to conclude on 20 February 2023. This would provide continuity for the Charitable Funds Committee which he chaired.
4.4	The Chair apprised Board members of the meeting of the University College London Health Alliance Board on 21 January. The Board discussed the provider alliance's vision and objectives for 2022 and Nick

	Kirby, Managing Director, was scheduled to attend the March Board meeting to discuss the topics in more detail.
4.5	The Chair thanked Rob Vincent and Amanda Gibbon for their participation in consultant appointment panels since the last Board meeting held in public.
4.6	**The Board noted the Chair's report**.
5.	**Chief Executive's report**
5.1	Siobhan Harrington highlighted the continued operational pressures that the Trust was still experiencing, particularly around the impact of the Omicron virus, which had significantly affected the workforce with unprecedented levels of staff sickness.
5.2	Clare Dollery talked through the impact of COVID-19 on the Trust and the wider workforce and highlighted the following: • the Omicron strain of COVID-19 was less severe and there were significantly fewer deaths compared to earlier waves of the pandemic • The Trust was over the worst in terms of infection rates. The number of patients on mechanical ventilation, and the number of covid deaths were, considerably less than the same period in the previous year. • Since July 2021, there had been 44 deaths from COVID-19 ,the majority of which also had comorbidities or were either unvaccinated or partially vaccinated. • The profile of patients admitted to hospital had also changed as very small numbers required mechanical or non-invasive ventilation. • Staff sickness rates had increased for frontline clinical staff and for support staff. Clare Dollery thanked those staff who had stepped up during the most challenging times to ensure that there was continuity of care for patients, despite staff shortages.
5.3	Other areas which Siobhan Harrington went on to draw attention to were: • A report on the care of patients with sickle cell disease would be brought back to Trust Board in March 2022. • Work was progressing well in respect of the Community Diagnostic Centre and the Trust had managed to secure some funding for ophthalmology, x-rays and phlebotomy, which would be rolled out first. • Staff excellence awards were handed out to a number of staff for demonstrating the Trust's Excellence values. • LGBTQ History month took place in February and would be promoted by the staff equality network. A series of events would also take place during Race Equality Week, which ran from 7 to 13 February 2022.
5.4	Anu Singh asked how the issue of the vaccination as a condition of employment regulations was handled at the Trust, and whether there

	were any residual concerns, particularly around members of staff who were resistant to the vaccine. Siobhan Harrington explained that regular conversations with staff had been arranged which would ensure that staff could voice their concerns. A recent webinar provided a useful forum for staff to be listened to and senior leaders did their best to assure staff that it was now a legal requirement, with the sole aim of keeping patients and staff safe. Norma French added that detailed and concentrated work would continue with staff that were in scope throughout February and March with a view to managing any residual issues post-April 2022.
5.5	**The Board noted the Chief Executive's report.**
6.	**Quality Assurance Committee**
6.1	Naomi Fulop took the opportunity to remind the Board that Holocaust Memorial Day had been commemorated that morning by the London Borough of Islington and on Sunday 30 January by the London Borough of Haringey.
6.2	Naomi Fulop took the report as read and explained that the Committee's January meeting was shorter than normal due to operational pressures at that time. She explained that the Committee was able to take significant and reasonable assurance from the items discussed at the meeting. The Committee noted that while there were no items that warranted limited assurance, it was recognised that there was an increased risk to patient safety and clinical services as a result of higher than normal staff absence rates, due to sickness at the time of the meeting. The Committee agreed to recommend an increase in the likelihood score for the Quality 1 BAF entry from 4 to 5. Naomi Fulop also drew attention to the learning from deaths report appendix and advised that the role of the independent medical examiner would be reviewed at a future Committee meeting.
6.3	**The Board noted the Chair's assurance report for the Committee meeting held on 12 January 2022.**
7.	**Patient safety Specialist and National Patient Safety Strategy**
7.1	Clare Dollery explained that the Patient Safety Specialist role was currently covered by an Associate Medical Director for Patient Safety and the Associate Director of Quality Governance. The Trust would be recruiting an individual who would dedicate themselves exclusively to the role and a proposal would be submitted to the Investment Group with a set of option appraisals to agree a way forward.
7.2	Amanda Gibbon expressed support for the role and asked about the reporting structure for the role and whether a Non-Executive Director lead should be identified for patient safety, who could provide a critical first-hand view of all patient safety issues raised by the Patient Safety Specialist. Clare Dollery explained that the expectation was that the postholder would be embedded within the Quality Governance team,

	reporting through the patient safety report, and that a Non-Executive Director colleague who was a member of the Quality Assurance Committee would be an ideal appointment.
7.3	**The Board noted the report and agreed that a Non-Executive Director lead should be identified to work with the Patient Safety Specialist.**
8.	**Workforce Assurance Committee**
8.1	Anu Singh presented the report. She highlighted the staff experience story which focussed on the apprenticeship journey of three staff members. She commended the Trust for the responsive program of study that all three apprentices had experienced. Anu endorsed apprenticeships as an important route for local people and staff to progress through the Trust.
8.2	Anu Singh also highlighted discussions regarding concerns about the high turnover rate and reported that the Committee received reasonable assurance that measures were in place to address staff attrition rates and that there had been significant recruitment to help hotspot areas in the organisation.
8.3	The Committee received good assurance that staff health and wellbeing remained high on the agenda and that staff could easily access resources at the Trust. Michelle Johnson agreed that much work had been undertaken to ensure that nurses and midwives were encouraged to access health and wellbeing support, starting with senior leaders who would lead by example.
8.4	Anu Singh thanked the Joint Directors of Race, Diversity and Equality for their hard work, visibility and presence in helping to embed inclusion across Whittington Health.
8.5	Tony Rice suggested that there were other issues to consider in relation to health and wellbeing. He acknowledged that while the Trust had a good portfolio of resources in place, improvements could be made to the number and quality of restrooms available to staff, which should provide users with the opportunity to reflect and rest.
8.6	**The Board noted the Chair's assurance report of the Workforce Assurance Committee meeting held on 7 December 2021**
9.	**Financial performance & capital update**
9.1	Kevin Curnow presented the report and highlighted the following key points: • At the end of month eight, there was an actual deficit of £0.8m. This was a favourable variance of £1.3m against a planned deficit of £2.0m, which indicated an overall breakeven position, rather than a deficit by the end of the year. • The anticipated breakeven position was driven by elective recovery funds.

	• Additionally, the Trust had accessed funding for accelerated recovery for health inequalities. However, due to escalation of COVID-19in December 2021, recruitment into the vacant posts had not been possible. • The Trust had spent £8.8m of its capital allocation of £17.1m, which represented a risk to the Trust. However, it was also envisaged that the Trust would spend the remainder of its allocation on the redevelopment of maternity and neonatal, fire remedial works and the development at Tynemouth Road.
9.2	In relation to funding for programmes that could not be recruited to, Kevin Curnow explained that the majority of schemes were time-limited and that funding would need to be spent by the end of March 2022, with the exception of mental health investment standards, ageing well and equalities funding where the funding was expected to roll over to the next financial year. He confirmed that a list of schemes to be closed at the end of March would be discussed by the Trust's Management Group.
9.3	**The Board noted the financial performance and capital expenditure report for the end of December 2021.**
10.	**Integrated performance report**
10.1	Carol Gillen presented the report for December 2022 and highlighted the following key headlines: • Performance against the 4-hour access standard was 73.3%, higher than both the national and the NCL average, but lower than the London average. • There was one non-mental health 12-hour trolley wait requiring a specialist bed. • There were 97 sixty-minute ambulance handover delays and a detailed plan would be developed to address the delays during January and February; • There was non-compliance against the two-week wait and 62 day standard cancer targets. Specific challenges were noted in breast cancer services and plans would be developed to address concerns. • A significant portion of elective activity was stood down during December 2021 as a result of the pandemic. The focus, however, remained on P2 and urgent patients • There was positive movement for workforce indicators covering annual performance appraisal rates and statutory and mandatory training. • Staff redeployment in a number of key areas had been necessary to support the vaccination campaign
10.2	Michelle Johnson advised the Board that the Trust was unlikely to meet pressure ulcer targets due to challenges around critical care and patients with COVID-19. In terms of mixed sex accommodation, she advised that breaches occurred on critical care wards where patients waiting to be moved to a ward, side room or bay were held up due to bed capacity.

10.3	Amanda Gibbon sought clarification on current bed capacity at the Trust and more detail in respect of the impact of the virtual ward model. Carol Gillen advised that, in recent months, the hospital had had very high bed occupancy and resorted to opening all available escalation unfunded beds. She also explained that part of the flow program would review discharge processes and discharge into care homes, which were integral to helping to manage the bed base. Carol Gillen reported on the good work of the virtual ward rapid response team, who reviewed patients at the front of house before they were admitted, and supported patients through a system of remote monitoring, the provision of antibiotics and care in the community. The virtual ward had made a significant impact in the NCL sector by supporting North Middlesex University Hospital NHS Trust and reducing the need for ambulance diverts to Whittington Health. Junaid Bajwa highlighted operational pressures within social services and primary care which were both extremely challenged and the impact was felt across the System. Carol Gillen explained that social care was very challenged, however, the pandemic had resulted in much improved collaborative working between acute hospitals and social and primary care services. This had yielded better results for the patient and the health care providers and also provided greater understanding of the challenges faced.
10.4	Sarah Humphrey commented that GPs at a recent Clinical Interface Group commended the work of the rapid response team, who took a holistic approach to patient care at home. From an Islington perspective, she noted continued high rates of anxiety, mental health, social care and housing problems and provided assurance that all of the interface groups were working together to ensure a consistent approach across the Integrated Care System.
10.5	**The Board noted the integrated performance report.**
11.	**Quarter 3 Corporate Objectives**
11.1	Jonathan Gardner presented the report on progress against the delivery of Whittington Health's corporate objectives. He advised that each of the domains remained the same, notwithstanding the increased risk in relation to Quality 1. He noted the challenges around delivering safe and high-quality care as a result of the pandemic and on delivering against workforce metrics. Jonathan Gardner noted the progress made in becoming an anchor institution and developing financially sustainable services. The Chair thanked Jonathan Gardner for a good report.
11.2	**The Board noted the report.**
12.	**Audit and Risk Committee**
12.1	Rob Vincent thanked Swarnjit Singh for producing the report quickly after the Committee's meeting on 20 January and in time for this Board meeting. He detailed areas of significant assurance from the items considered at the meeting: • Internal audit reviews – Capital Planning; Business Planning

	• Changes to the Board Assurance Framework, most notably the increase in score for Quality 1 and People risks. • Annual review of the risk management strategy and risk appetite statement. • Preparation for the sign off of annual accounts and the annual governance statement.
12.2	**Board members noted the Chair's assurance report for the Audit and Risk Committee meeting held on 20 January 2022. The Trust Board also approved the revised Risk Management Strategy and Risk Appetite Statement and agreed that a deep dive against the progress of the strategy should be carried out in six months' time.**
13. 13.1	**Charitable Funds Committee** Tony Rice presented the report, highlighting significant groundwork undertaken to provide more structure and rigour around fund raising mechanisms for the Charity. He noted the work undertaken to rebrand the charity and its logo. The Chair welcomed the progress achieved by the Charity. Glenys Thornton reported that there was the availability of a room at the House of Lords for charities which could be considered as part of future plans.
13.3	**The Board noted the Chair's assurance report for the meeting held on 16 December 2021.**
14. 14.1	**Questions to the Board on agenda items** There were none received.
15. 15.1	**Any other business** Rob Vincent commended the executive management team and Trust staff for their tremendous resilience and on their efforts to maintain safe and high quality care for the local health population during unprecedented and challenging times.

Action log, 20 January 2022 Public Board meeting

Agenda item	Action	Lead(s)	Progress
Chief Executive's report	Invite Nick Kirby to the next Board Seminar or Closed Session of the trust board to discuss progress of the Provider Alliance	Siobhan Harrington	Confirmed for part II Board meeting in March 2022
Patient Safety Specialist and National Patient Safety Strategy	Confirm a Non-Executive Director lead for patient safety	Julia Neuberger	In hand for April 2022
Audit Committee Chair's Assurance Report	Schedule a deep dive into progress against the Risk Management Strategy	Swarnjit Singh	In hand for July 2022 meeting

Meeting title	**Trust Board – public meeting**	**Date: 30 March 2022**
Report title	**Chair's report**	**Agenda item: 4**
Director lead	Julia Neuberger, Chair	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	This report provides a summary of activity since the last Board meeting held in public.	
Purpose:	Noting	
Recommendation(s)	Board members are asked to note the report and the updated register of interests declared	
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 would to re-iterate my thanks to all of our staff in the hospital and in community sites for their hard work in providing high quality care to our patients. They continue to demonstrate enormous resilience during the COVID-19 pandemic which has now been in place for just over two years.

Chief Executive recruitment – on 25 March, I chaired a recruitment and selection panel for the post of Chief Executive. Whittington Health received a number of excellent applications which is a testament to how well thought of the Trust is.

External meetings – I attended meetings with partners in the North Central London Integrated Care System. On 11 March, I was grateful to attend, in person, the meeting of the Board of the University College London Health Alliance, where the provider alliance's future vision and priorities were discussed. Dominic Dodd, Chair of the Alliance, and Nick Kirby, Managing Director, are attending our private Board meeting later today for further discussions.

North Central London Integrated Care Board (ICB) – the NHS North Central London Integrated Care Board (ICB) as a statutory body has drafted a constitution which sets out governance and leadership arrangements. This will be formally approved by NHS England and NHS Improvement as part of the creation of the new body[1].

Corporate induction – I was pleased to meet new staff recruits at Whittington Health at the monthly induction held in February and March.

Consultant recruitment – I am very grateful to Amanda Gibbon**,** Non-Executive Director, for participating in the recruitment and selection panel for a Consultant in Intensive Care.

House of Lords – it has been a tremendously busy time in Parliament with debates on the Health and Care Bill and the Nationality and Borders Bill.

[1] https://northcentrallondonccg.nhs.uk/about-us/north-central-london-integrated-care-system-development/ncl-integrated-care-board-constitution/

Meeting title	**Trust Board – public meeting**	**Date: 30 March 2022**
Report title	**Chief Executive's report**	**Agenda item: 5**
Executive director lead	Siobhan Harrington, Chief Executive	
Report authors	Swarnjit Singh, Trust Secretary, and Siobhan Harrington	
Executive summary	This report provides Board members with updates on developments nationally and locally.	
Purpose	Noting	
Recommendation	Board members are invited to note the report, in particular the decision to approve Graham Construction as principal supply chain partner for key infrastructure projects and the 2021/22 gender pay gap report outcome.	
Risk Register or Board Assurance Framework	All Board Assurance Framework entries	
Report history	Report to each Board meeting held in public	
Appendices	1: Gender pay gap	

Chief Executive's report

Since our last Board meeting we have all been shocked and saddened by the events unfolding in the Ukraine as we have all watched the devastating loss of life and linked refugee crisis. Our thoughts are with all who are impacted and specifically our staff who may have relatives or friends directly impacted. Whittington Health is supporting its partner trusts in North Central London to co-ordinate relief medical supplies through University College London Hospitals NHS Foundation Trust.

As we continue to work in a very unprecedented time of turbulence and uncertainty, I would like to thank all our colleagues across Whittington Health for their continued focus on providing safe care to everyone across community and hospital services.

On 11 March, the second anniversary of when the World Health organisation declared a pandemic, NHS Charities Together hosted a national remembrance event. This allowed us to reflect upon the incredible sacrifices of health and care staff as well as the profound impact and losses of the pandemic for everyone. Last week on Wednesday all staff received a letter from the Chair and myself thanking them for what they have done over the last two years and a number of us spent the national minute of silence together at the front of the Whittington Hospital site.

Since our last Board meeting held in public, on 21 February, the Government published its plan for removing the remaining legal restrictions while protecting people most vulnerable to COVID-19 and maintaining resilience[1]. Following a consultation, the Government revoked the regulations making COVID-19 vaccination a condition of employment in health and social care settings.

At the time of writing this report, on 22 March 2022, there were 26 COVID-19 positive inpatients (including one inpatient in our intensive care unit) and 23 inpatients who were post-infection. Despite the lifting of a number of restrictions for the public, there are currently no changes to infection prevention and control measures in health and care settings. This means that staff, patients and visitors are still required to wear a mask/face covering in healthcare settings and to practice good hand hygiene.

Our community teams have now started to vaccinate 5-11 year old children and to rollout a Covid 19 booster vaccinations for vulnerable patients at risk and this will continue to be important.

During February and March, the increase in the BA.2 Omicron variant has impacted staff attendances. The daily monitoring of all forms of absence continues and as of 22 March, the overall absence rate was 5.5%. We continue to provide a comprehensive range of health and wellbeing support for our staff to access.

[1] https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

Inclusive Britain
Kemi Badenoch, Minister of State for Equalities, published *Inclusive Britain*[2], which highlights over 70 actions grouped under three main themes: trust and fairness, opportunity and agency, and inclusion. Together, they set out an inclusion strategy for Britain. There are a number of actions specific to the NHS in the report, including:

- the publication of a health disparities white paper for England later this year
- guidance from the Department for Business, Energy and Industrial Strategy to employers on ethnicity pay reporting
- improving maternal health outcomes for ethnic minority women by supporting evidence-based interventions to address the current disparities in outcomes through the Maternity Disparities Taskforce
- the findings of Professor Dame Margaret Whitehead's review into concerns about the way medical devices and technologies are designed and used, and their impact on ethnic minority patients' diagnosis and treatment
- building confidence in future vaccination schemes and other health interventions, the National Institute for Health Research and the NHS Race and Health Observatory will seek to increase ethnic minority participation in clinical trials and research

Violence and aggression from patients
Chief Executives at every London hospital and Integrated Care System have signed an open letter (see appendix 1) thanking the vast majority of patients who show support to NHS staff but also advising that violence and aggression against healthcare workers will not be tolerated. This followed a summit held on 21 March to discuss the rising levels of violence and aggression by patients towards NHS staff.

Quality and safety operational performance
Operational pressures have continued over the month with pressure on the discharge pathway; we currently have activity levels returning to normal or above normal for this time of year, and patients with Covid. The ambulance service has had particular pressure and we are working across NCL to support improvements to flow and improvements to the urgent and emergency pathway.

Performance headlines from operational activity include the following:

- Emergency Department – during February 2022, performance against the four-hour access standard was 75.1%. This was above the national average of 73.3% and the North Central London (NCL) average of 72.1%, but below the London average of 75.4%. There were 15 non-mental health and two mental health 12-hour trolley waits as the emergency care pathway remained significantly challenged across England and in NCL
- Cancer – in January 2022, performance against the two weeks wait standard was 62.5% and performance against the 62-day standard was 41.5%
- Referral to Treatment – at the end of February 2022, 457 patients had waited more than 52 weeks for treatment. This is in line with our planned trajectory
- Community audiology – this service was adversely impacted by the pandemic throughout February 2022 and fell behind its improvement trajectory. The backlog of review appointments increased from 944 in January 2022 to 999 in

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061421/Inclusive-Britain-government-response-to-the-Commission-on-Race-and-Ethnic-Disparities.pdf

February 2022. Recruitment plans are in place with interviews planned for mid-March 2022 to help improve capacity

- Elective recovery – during February, performance exceeded the target of 89% of 2019/20 baseline activity at 101.3%
- Workforce – staff appraisal rates in February were at 65.6% and compliance against mandatory training requirements was at 82.5%. The vacancy rate was 12.4%

Financial performance
At the end of February 2022, Whittington Health reported a surplus of £0.5m, a favourable variance of £2.9m against a plan. The surplus position is due to non-recurrent reductions in expenditure run rate, elective recovery fund income and lower than planned additional spend. The Trust is currently forecasting a breakeven position for this financial year which is £2.6m better than planned and this has been communicated to colleagues in the North Central London Integrated Care System.

Maternity Transformation and review against the Ockenden Review recommendations
On today's agenda is a report highlighting the progress achieved in the maternity and neonatal transformation programme and in implementing the initial recommendations of the Ockenden report. The report also details work completed following Dr Bill Kirkup's report and recommendations following the review of the maternity unit at Morecambe Bay.

Maternity Incentive Scheme
NHS Resolution has approved Whittington Health's submission for year three of the Maternity Incentive Scheme. The Trust was congratulated for meeting all of the ten safety actions required.

Care of patients with Sickle Cell disease
The Trust's Management Group met and reviewed Whittington Health's response to the All-Party Parliamentary Group on Sickle Cell and Thalassaemia published inquiry findings into care for patients with sickle cell disease. The report is considered as a separate item later on today's agenda. There is a focus for improvement across the Trust on the pathways and care for these patients.

Procure 22 framework
At the 24 February private Board meeting, following a procurement exercise the decision taken by the Trust's Management Group that Graham Construction be appointed as the main contractor (Principal Supply Chain Partner) to deliver the major programme of works at Whittington Health, was agreed by Board members. The work will include the maternity and neo-natal project, the fire remediation project, and power infrastructure works.

Electronic patient record
On 22 March, the Trust's Management Group approved the extension of a contract with SystemC for three years. During this contract extension, Whittington Health will review its future digital strategy in relation to the electronic patient record system including greater convergence with the systems of North Central London partners.

Our People

Staffing changes

I am very pleased to announce that Tawanda Maposa, previously our Assistant Director of Information Management & Technology – Information, has been appointed as our new Acting Chief Information Officer.

Gender pay gap

The outcome of our annual gender pay gap reporting is shown in appendix 1 of this report. This is an annual snapshot reporting of the gender pay gap which has been a statutory requirement of public sector organisations since 2017. There are six core statistics to be reported as percentage gaps**.** A positive percentage indicates that men earn more than women, and a negative percentage indicates that women earn more than men for the specific measure in question. The measures are as follows together with the 2021 outcomes:

(i) mean average: 7.57 %
(ii) median average: 6.51%
(iii) bonus mean average: 2.15%
(iv) bonus median average: 32.54%
(v) percentage of men and women receiving bonus pay: summarised in Appendix 2
(vi) proportion of four quartiles: summarised in Appendix 2.

The detailed breakdown of hourly rates and pay gap in specific staff groups show no consistent trend but a variation in movement with some areas closing the gap, others widening and some reversing from positive to negative or the other way around. The mean average hourly pay gap has closed by 2.7% from March 2020, from 10.3% to 7.6% in March 2021. The average gender pay gap as a median average has also closed when compared to March 2020, but only by 0.1%.

Disability Confident Level 3

In December 2021, Whittington Health was accepted onto a national pilot run by the Nursing Directorate at NHS England and Improvement. The focus was on the Disability Confident[3] scheme to encourage employers to think differently about disability and to take action to make improvements to how they recruit, retain and develop people with disabilities. There were two elements to the pilot. First, NHS organisations carried out an assessment of current policies, procedures and practices and provide evidence for level three Disability Confident status which is then validated by an external disability charity, the Shaw Trust[4]. The second element focussed on employability with an aim to ensure that disabled people secure more paid fixed term or permanent opportunities. Whittington Health was successfully awarded level 3 status as a Disability Confident Leader and looks forward to continuing its excellent partnership with two external, third sector bodies – Ambitious about Autism and the Autism Project – to host internship placements and to help attract and retain disabled people in our workforce.

[3] https://www.gov.uk/government/publications/disability-confident-employers-that-have-signed-up
[4] https://www.shawtrust.org.uk/

International nurse recruitment pastoral care award
An award scheme was developed to support trusts to achieve a best practice set of standards in pastoral care in line with a definitive set of standards to follow to protect the welfare of internationally educated nurses and midwives on arrival to the UK. Whittington Health participated along with 11 other Trusts in an early adopter scheme to be considered for the National Kitemark Award for our Pastoral care to International Nurses. Of the 12 trusts who were eligible, Whittington Health was one of three successful NHS trusts and provided evidence that it had met all the minimum standards in the criteria assessment for pastoral care. Applications were evaluated by representatives from both regional and national NHS England and Improvement teams and diaspora associations. The award was presented to the nurse recruitment team, led by Deborah Tymms, and to several nurses, at a presentation with Duncan Barton, NHS England and Improvement's Nurse Lead for International Recruitment.

HSJ Partnership awards
I am pleased to report that Whittington Health and Meals for the NHS were highly commended the workforce and wellbeing initiative category of the HSJ Partnership awards this week. This scheme was successful in providing NHS staff with 24/7 access to nutritious, delicious, and affordable hot meals.

NHS staff survey
The embargo on the outcomes from the 2021 NHS staff survey was lifted earlier this morning when reports were published. The outcomes for Whittington Health will be discussed in detail by Board members in April.

Staff excellence awards
I am pleased to congratulate the following recipients who have been awarded staff excellence awards this month for demonstrating the Trust's values:

- Gareth Kitson, Deputy Chief Pharmacist
- Zubaer Ahmed, Digital team Project manager
- Children's Community Nursing Team, (Ciara Murphy; Jacqueline Victor; Anita Kallaverja).
- Ali Rismani, Haematology Consultant

Appendix 1: Gender pay gap at Whittington Health NHS Trust

1.0 Introduction

1.1 Gender pay gap obligations were introduced in 2017 alongside requirements for specified public bodies, including publishing annual information to demonstrate compliance under the Public Sector Equality Duty (PSED) and publishing equality objectives every four years. This is the fifth year of the extended duty, allowing a more comprehensive action plan to be created where necessary, provides an opportunity to benchmark against other Trusts, and learn from work undertaken in previous years, in both the NHS and the private sector in reducing the gender pay gap. The data reflects 2021 workforce structure, and so does not take into current changes.

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

2.0 What is the Gender Pay Gap?

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

- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
- The NHS has a national pay structure and job evaluation system for staff on Agenda for Pay grades and Medical and Dental grades to ensure that men and women who carry out the same jobs, similar jobs or work of equal value are paid the same. We regularly review pay awards to allow for pay and grading reviews of new roles in a process managed with the active involvement of trade union representatives of our staff. It makes no reference to gender or any other personal characteristics of existing or potential job holders.
- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings. A positive result denotes higher male earnings; a negative result denotes higher female earnings.

2.2 An example could be that on average men earn 10% more pay per hour than women, that men earn 5% more in bonuses per year than women, or that the lowest paid quarter of the workforce is mostly female. These results must be published on the employers own website and the Government portal. This means that the gender pay gap will be publicly available to stakeholders, employees and potential future recruits. As a result, employers should consider taking new or faster actions to reduce or eliminate their gender pay gaps.

2.3 The gender pay gap is different to equal pay. This means that intricate research and analysis is needed to understand why a pay gap exists, and therefore what can be done to address it. National research has shown, for example, that women are less likely to negotiate higher starting salaries on a particular grade than men. There are also particular influencing factors in the NHS. For example, some professions are more likely to attract females than males.

3.0 What do we report?

3.1 The legislation requires an employer to publish six calculations:

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

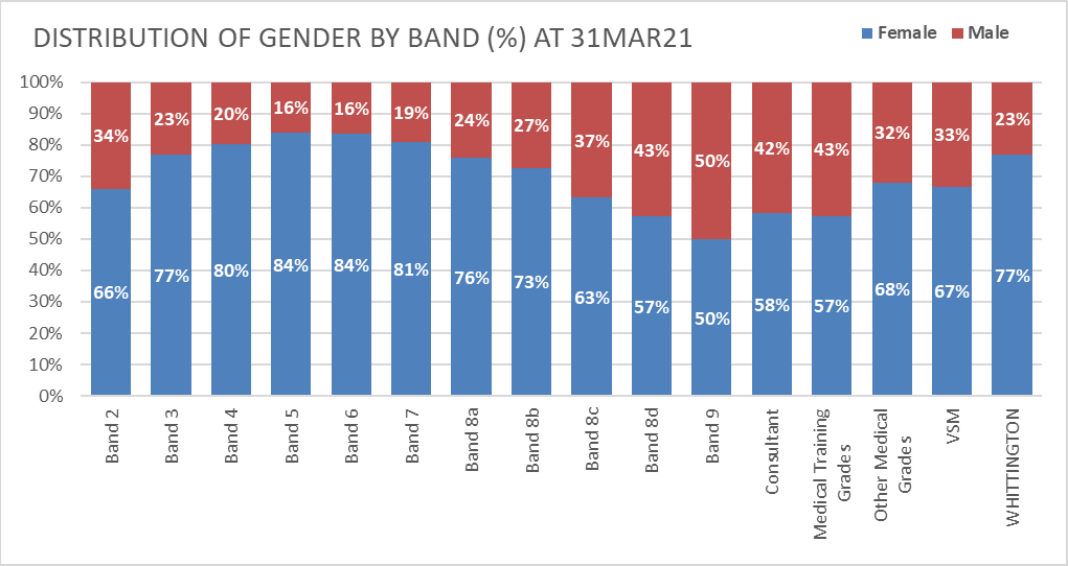
4.0 Summary of Whittington Health gender pay gap analysis

4.1 Gender pay analysis for 2021 shows that at Whittington Health, women employed by our Trust earn an average of 7.6% less than men, per hour. This is 2.7% improvement when compared to the figure reported for end of March 2010 (10.3%). Our full gender pay gap report is attached at Appendix one. 2017 was the first gender pay gap analysis we had run, so we are now able to compare data and from 2017 onwards to identify trends.

5.0 Whittington Health gender profile

5.1 Table one, below, shows that on 31st March 2021 the Trust workforce comprised 77% female and 23% male across all roles at all levels of pay.

Table 1: The Breakdown of Headcount by Pay-Band and Gender



5.2 Table 1 shows that males are over-represented at higher bands (AFC Band 8A to VSM) and females under-represented, in comparison to the whole Trust gender profile (23% male and 77% female).

5.3 The representation for medical and dental staff at consultant level is 57% female and 43% male. In comparison to the whole Trust profile, there is a

20% under-representation of females at consultant level, and a 20% over-representation of males.

6.0 The gender pay gap – hourly rate of pay

6.1 Table 2, below, shows the overall pay gap based on the basic hourly rate for all employees across five years (2017-2021) for both the mean rate and the median rate for men and women.

Table 2: Mean and Median Hourly Rates for Men and Women

	Mar-17				Mar-18				Mar-19				Mar-20				Mar-21			
	Male	Female	Difference	Pay Gap Percentage	Male	Female	Difference	Pay Gap Percentage	Male	Female	Difference	Pay Gap Percentage	Male	Female	Difference	Pay Gap Percentage	Male	Female	Difference	Pay Gap Percentage
Mean hourly rate for all employees	£22.70	£20.33	£2.40	**10.60%**	£21.40	£19.34	£2.06	**9.63%**	£21.71	£19.85	£1.86	**8.56%**	£22.80	£20.46	£2.34	**10.26%**	£23.23	£21.48	£1.76	**7.57%**
Median hourly rate for all employees	£18.63	£17.65	£0.98	**5%**	£17.64	£17.64	£0.00	**0%**	£18.17	£17.91	£0.26	**1.46%**	£19.97	£18.65	£1.31	**6.58%**	£20.98	£19.61	£1.37	**6.51%**

6.2 Table two shows a gradual 1% decrease in the average hourly pay rate gap for men and women from Mar17 to Mar21, apart from the 1.7% increase between Mar19 and Mar2020 (from 8.6% to 10.3%). The median hourly rate in 2021 shows a gap reduction of 0.1%, from 6.6% to 6.5%.

7.0 Gender pay gap by staff group

Table 3, below, shows the gender pay gap for different staff groups. All the negative figures demonstrate negative pay gaps (in which women earn more than men). Each group is discussed separately below.

Table 3: Three Year Figures for Pay Gaps for Specific Staff Groups

	Mar-17				Mar-18				Mar-19				Mar-20				Mar-21			
Staff Group	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage
ADD PROF SCIE&TECH	£23.04	£23.41	-£0.37	**-1.60%**	£23.79	£23.41	£0.38	1.6%	£23.47	£23.11	£0.36	1.53%	£22.57	£22.73	-£0.16	**-0.71%**	£23.88	£23.11	£0.77	**3.22%**
ADD CLIN SERVS	£12.52	£12.93	-£0.41	**-3.30%**	£12.29	£13.16	-£0.87	**-7.10%**	£12.93	£13.47	-£0.54	**-4.18%**	£13.15	£13.48	-£0.33	**-2.51%**	£13.40	£13.82	-£0.42	**-3.13%**
A&C	£22.32	£17.65	£4.67	20.92%	£17.66	£15.89	£1.77	10.02%	£18.44	£16.55	£1.89	10.25%	£20.39	£16.64	£3.75	18.39%	£20.27	£17.47	£2.80	**13.81%**
AHP	£21.64	£22.15	-£0.51	**-2.40%**	£18.92	£19.89	-£0.97	**-5.13%**	£20.56	£20.88	-£0.32	**-1.56%**	£20.93	£21.72	-£0.79	**-3.77%**	£22.26	£22.86	-£0.97	**-4.37%**
E&A	£14.74	£13.91	£0.83	5.60%	£13.92	£12.20	£1.72	12.36%	£14.71	£13.26	£1.45	9.86%	£13.94	£12.91	£1.03	7.39%	£14.91	£13.70	£1.21	8.12%
HEALTHCARE SCIE	£23.46	£22.41	£1.05	4.50%	£21.21	£20.84	£0.37	1.74%	£21.56	£21.69	-£0.13	**-0.60%**	£23.09	£21.86	£1.23	5.33%	£23.98	£22.74	£1.24	5.17%
M&D	£37.08	£36.50	£0.58	1.60%	£35.37	£34.48	£0.89	2.52%	£35.86	£35.53	£0.33	0.92%	£35.51	£34.90	£0.61	1.72%	£35.71	£36.22	-£0.51	**-1.43%**
N&M REG	£20.35	£21.04	-£0.69	**-3.40%**	£18.65	£18.95	-£0.30	**-1.61%**	£20.73	£20.29	£0.44	2.12%	£21.71	£21.54	£0.17	0.78%	£23.42	£22.93	£0.49	2.09%

7.1 Additional Professional Scientific and Technical staff shows a pay gap of 3.22%, showing a deterioration from 2020 where the pay gap showed a negative value (-0.71). This group is made up of support to AHP and support to Scientific and Technical Staff. Males represent 21% of the group and females 79%.

7.2 Additional Clinical Services staff show a consistent negative pay gap since 2017.
-3.13 in Mar21. Males represent 16% and female 84% of the staff group.

7.3 Administrative and Clerical staff still show a consistently high pay gap in Mar21 (13.81%) but a gap reduction of 4.58% from Mar2020 (18.39%). The male/female headcount split on the A&C group is 34% male and 66% female.

7.4 Allied Health Professionals show consistently negative gender pay gaps from Mar17,
-4.37% in Mar21. In this staff group 15% of staff are male and 85% female.

7.5 Estates and Ancillary show a slight increased pay gap in 2021 (8.12%) compared to 2020 (7.39%). 51% of staff are male and 49% female.

7.6 Healthcare Scientists gradually reduced the gap between 2017 and 2019. However from 2020 the gap widened to over 5% (5.17% in Mar21). The gender split in the Healthcare Scientist group is 32% male and 68% female.

7.7 Medical and Dental show a negative pay gap was in Mar21, -1.43%, for the first time since Mar17. 60% of medical and dental staff are male and 40% female.

7.8 The hourly rate for Registered Nurses and Midwives shows a 2.09% pay gap in Mar21. In this group male staff represent just of this staff group and females 88%

Overall,

7.9 Table Four, overleaf, provides more detail for medical and dental staff

Within the medical staff group the average hourly rates were higher for females than for males in the 'Consultants and GP' and 'Drs in Training' role type categories in March 2021. The pay gap in the 'Trust Grade and Other doctors' group has increased between 2010 and 2021, from -4.6 to 1.8%

Table 4: Medical and Dental Hourly Pay Rates

	Mar-17				Mar-18				Mar-19				Mar-20				Mar-21			
Staff Group	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage
Consultants and GPs	£47.10	£48.20	-£1.10	**-2.30%**	£46.32	£45.81	£0.51	1.10%	£47.74	£47.01	£0.73	1.53%	£48.29	£47.59	£0.70	1.45%	£48.66	£48.96	-£0.30	**-0.62%**
Doctors in Training Grades	£28.20	£30.20	-£2.00	**-7.10%**	£27.45	£26.15	£1.30	4.74%	£28.54	£26.96	£1.58	5.54%	£28.76	£28.54	£0.22	0.76%	£25.15	£25.40	-£0.25	**-0.99%**
Trust Grade and Other doctors	£36.10	£34.70	£1.40	3.88%	£35.29	£34.55	£0.74	2.10%	£34.30	£33.66	£0.64	1.87%	£30.41	£31.82	-£1.41	**-4.64%**	£32.23	£31.66	£0.57	**1.77%**

8.0 The gender pay gap – bonus payments

8.1 At Whittington Health, the only bonuses that are paid are Clinical Excellence Awards (CEAs) to consultants. The guidance from NHS Employers and the ESR (Electronic Staff Records) Central Team is that CEAs meet the definition of a "bonus payment" in accordance with the Advice and Conciliation Service (ACAS) guidance relating to the scheme. Local awards are determined and funded locally. National awards are determined nationally and funded by the Department of Health. Table 5, below, provides the breakdown of bonus payments.

Table 5: Breakdown of Bonus Payments

	Male	Female	Pay Gap %
Mean bonus pay per annum	£10,879.75	£10,645.60	2.15%
Median bonus pay per annum	£9,048.00	£6,104.11	32.54%
Proportion of all employees paid a bonus (of total relevant employees)	2.71%	1.63%	

8.2 CEAs often relate to length of service so it will take many years for newly appointed consultants to progress up the CEA scale. The Pay Gap percentage references a one year period (1st April 2020 to 31st March 2021). It shows a positive value which indicates a higher pay value to male consultants in comparison to female consultants 2.15% gap).

8.3 The proportion of all employees paid a bonus is calculated over the total relevant employee headcount for each gender. The proportion of female consultants is lower (1.63%) compared to the proportion of male consultants (2.71%). That is 29 male consultants out of a total relevant employee male headcount of 1,069 ; and 57 female consultants out of a total relevant employee female headcount of 3,499.

9.0 Next steps

9.1 These full figures will be published on the Government Website no later than 31st March 2022 as set out by Government guidance.

9.2 The Workforce Assurance Committee will review and update the action plan to address the gender pay gap issues identified at its next meeting. This will be alongside the Workforce Race Equality Standard (WRES) Improvement Plan and will not duplicate, but will specifically have targeted actions to address the issues identified in the data. The action plan will analyse different groups of staff, and will include benchmarking from other trusts.

9.3 The Trust already actively supports women to return to work following maternity and adoption leave and offers shared parental leave and flexible working arrangements. The first WH Women's Network was launched on International Women's Day in March and continues to develop and feedback from this group will help inform subsequent improvement plans. The Executive Medical Director is the executive sponsor of this Network.

9.4 The Trust will ensure that gender equality continues to be an integral part of our Equality, Diversity and Inclusion Strategy.

The Published Whittington Health Gender Pay Gap Report (Snapshot as at 31 March 2021)

Standard	**Male**	**Female**	**Pay Gap Percentage**
Mean hourly rate of pay (all employees)	£23.23	£21.48	7.57%
Median hourly rate of pay (all employees)	£20.98	£19.61	6.51%
Mean bonus pay per annum (the only bonuses paid at WH are CEAs to consultants)	£10,879.75	£10,645.60	2.15%
Median bonus pay per annum (the only bonuses paid at WH are CEAs to consultants)	£9,048.00	£6,104.11	32.54%
The proportion of male and female employees paid a bonus (all employees)	2.71%	1.63%	

Proportion of male and female employees in each pay quartile	**Male**	**Female**
Quartile 1 (lower)	24.05%	75.95%
Quartile 2 (lower middle)	20.11%	79.89%
Quartile 3 (upper middle)	21.22%	78.78%
Quartile 4 (upper)	28.78%	71.22%

Meeting title	**Trust Board – public meeting**	**Date: 27 March 2022**
Report title	**Quality Assurance Committee Chair's report**	**Agenda item: 6**
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 authors	Marcia Marrast-Lewis, Assistant Trust Secretary, and Swarnjit Singh, Trust Secretary	
Executive summary	The Quality Assurance Committee met on 9 March 2022 and was able to take significant or reasonable assurance from the following items considered: • Chair's assurance report, Quality Governance Committee • Elective recovery update • Board Assurance Framework – Quality Entries • Risk Register (Quality and COVID-19 risks) • Ockenden Review of Maternity Services One Year On • The North Central & East London CAMHS Provider Collaborative Strategic Health Needs Assessment • Quarterly Quality report (Q3) • Quality Account timeline for completion • Serious Incidents There are no items for which the Committee is reporting limited assurance to the Board, however the Committee noted the top three quality risks were the ongoing issues related to staffing particularly around maternity services, the flow and discharge of medically optimised patients and the low reporting levels of patient experience feedback.	
Purpose	Noting	
Recommendations	Board members are asked to note the Chair's assurance report for the meeting held on 9 March 2022	
Board Assurance Framework	Quality strategic objective entries	
Appendices	None	

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	9 March 2022

Summary of assurance:

1. The Committee confirms to the Trust Board that it took significant assurance in the following areas:

Chair's report, Quality Governance Committee

The Committee received the report which detailed discussions taken at the meeting held on 1 February 20212 in which significant assurance was received on:

- Children and Young People Integrated Clinical Service Unit (ICSU) report
- Health and Safety Group Research Oversight Group
- Quarterly Patient Safety Report (Q3) including serious incident reporting
- Quarterly Patient Experience report (Q3)
- Quarterly Clinical Effectiveness report (Q3)
- Quarterly Quality Assurance report (Q3)
- Annual Safety Alerts and Never Events report
- Haringey Joint Area Statement of Educational Need and Disability (SEND) Inspection Final report letter
- Victoria Medical Ward improvement action plan
- Care of Patients with Sickle Cell Disease and who are acutely unwell update

The Committee noted progress of the fire door remedial work with the installation of new doors. It was expected that the work would conclude by the end of March 2022. The Committee also noted improved staff numbers on Ifor children's ward because of a positive recruitment campaign. There was also reduced number of Central Alerting System notifications received. The Committee were informed that very few quality impact assessments had been undertaken in relation to Cost Improvement Programmes (CIPs) due to several programmes that had paused and were likely to not progress. Partial assurance was noted by the quality governance committee in relation to the Victoria Medical Ward improvement action plan. The care of patients with acute exacerbation of sickle cell disease was being closely monitored as they have been allocated to a different ward as designated place for care.

The Committee noted the report requesting that an updated report on progress against the improvement action plan for the Victoria Medical Ward be submitted to the next Committee meeting in May 2022.

Elective recovery update

Carol Gillen apprised Committee members of the elective activity performance. The Committee noted the following headlines for week ending 6 March 2022:

- Total activity against 2019/20 baselines was 84%
- 357 elective/day case surgery cases (78.8% of 2019/20 activity)

- 5,573 outpatient attendances (84.5% of 2019/20 activity) were completed with the potential to achieve 93.4% of 2019/20 baseline activity once 593 appointments were outcomed on the system
- There were 489 patients waiting more than 52 weeks for treatment.

Members were assured that; most diagnostic and community health services had resumed and were making efforts to revert to pre-Christmas activity levels. Committee acknowledged the higher-than-normal number of medically optimised patients was a challenge for patients who required ongoing community rehabilitation or social care/nursing care beds (care homes).

The Committee noted the report.

Board Assurance Framework
Committee members were presented with the Board Assurance Framework (BAF) as at the start of quarter four which detailed the entries for risks to the delivery of Whittington Health's quality strategic objective. The Committee were referred to the reduction of the likelihood score risk for Quality 1 was reduced from 4 to 3 to reflect the decrease in patients with COVID-19 infections. The Committee also noted that the risk scores for Quality 2 remained the same due to the continuing need to support staff health and wellbeing.

The Medical Director endorsed the reduction of Quality 1 risk explaining that there were currently approximately 20 inpatients with COVID-19, none of which were in the Adult Critical Care Unit (ACCU) and a very small number of patients required oxygen indicating that they were being treated for non-COVID conditions.

The Committee agreed the recommendation.

Trust Risk Register
The Committee noted key changes to the risk register since it was last considered by the Committee in January 2022. The Committee noted four new risks:

- 1281 – Lack of Glucose meters in District Nursing
- 1286 – Vacancy for designated and named doctor for look after Children (Haringey)
- 1265 – Victoria Medical Ward – increased beds – patient safety risk
- 1273 – The volume of out of hours computerised tomography (CT) scans activity had increased by 50% since 2019/2020 becoming unmanageable single radiographer working overnight.

The Committee received good assurance that mitigating actions were in place to reduce the risk of the lack of glucose metres noting that a clear plan for the roll out of new glucometers was in place and that currently at least one district nurse per team had a glucose monitor and was able to prioritise patients so that no patients would miss glucose monitoring.

The Committee received limited assurance that sufficient mitigations were in place for the risk to the single radiographer working overnight and the increased volume of CT activity. It was agreed that a further review and discussions would take place to agree mitigating plans going forward. The Committee was assured that no incidents had arisen due to lack of access to overnight CT scans, however, it was recognised that patients could potentially experience longer waiting times in the emergency department.

The Committee noted the report.

Ockenden review of maternity services one year on

The Committee considered the report from the Chief Nurse and Medical Director detailed progress against seven immediate and essential actions (IEAs) which came out of the initial report of the Donna Ockenden review of maternity services at Shrewsbury and Telford NHS Trust in 2020. The Committee were apprised of the work undertaken to meet standards required under the seven IEAs noting that, while the Trust had achieved a significant level of compliance, work would continue to gather evidence needed to achieve 100% compliance.

The Committee challenged the level of assurance provided in respect of the governance around the progress of Ockenden recommendations. The Chief Nurse explained that there were some areas of non-compliance in the action plan (appointment of a senior advocate and implementation of the twice daily medical ward round) which would be addressed pending the receipt of further guidance from NHS Improvement and the recruitment to the Obstetric team. A second report is due to be published at the end of March 2022. In terms of governance, maternity quality indicators were included in the Integrated performance report to the Board via the Quality Governance Committee. It was agreed that more exception reporting to the Board on maternity together with integration with the corporate risk register would be undertaken by way of assurance.

The Committee were assured that steps were taken to address the current shortage of midwives and the high absence rate and that risks were mitigated.

They are currently ensuring that the current workforce is supported to work to meet service needs. They are also working with local Boroughs on some local recruitment to Health Care Support Worker (HCSW) roles and have split the matron roles to provide more support to help with patient flow and supporting staff with return to work from sickness. The team are strengthening the leadership capabilities of midwives with a bespoke leadership programme, and they are also rotating staff across areas to further develop their skills.

Additionally, work was ongoing in respect of the culture with focus groups to gain a greater understanding of the issues to triangulate back to the Ockenden recommendations.

The Committee noted the report.

The NCEL CAMHS Provider Collaborative Strategic Health Needs Assessment (SHNA)

The Committee received a presentation on the North Central East London SHNA which focused on the improvement of mental health services across 13 London boroughs for 11-17 year olds. The Committee noted the positive impact of the improvement made to the services which resulted in:

- Reduction in the length of stays in hospital for young people by 40% over the previous 18 months.
- Reduction of admissions for children living with Autism by 50%

In terms of health inequalities, the findings of the SHNA had been fed through to all agencies in London which had influenced some of the levelling up of disproportionate resources across London.

The Committee were assured that an overall improvement to the experience of young people presenting at the Emergency Department had been achieved and that an audit of data would be undertaken to benchmark the previous year's performance with the current year.

Q3 Quality report

The Committee received overview of quality performance across the organisation for the period October 2021 to December 2021. The Committee noted:

- One Never Event related to the inadvertent connection of a patient to air instead of oxygen which did not result in any harm to the patient.
- Consistent improvement in Venous Thromboembolism risk assessments.
- An increased number of national audits were published for review.
- National audit of Cardiac Rehabilitation certified the Trust as amongst 30% of organisations that met national standards
- Staffing pressures brought about by the pandemic had continued to impact the timely responses to complaints for the third consecutive quarter.

The Committee noted the report.

Quality Account 2021/2022 timeline

The Committee received and noted the timeline for the completion of the 2021/22 Quality Account. The Committee noted that the proposed timeline to meet the deadline for submission on 30 June 2022 and were assured that that the Trust's approach to completion of the Quality Account within the stipulated time was satisfactory.

The Committee noted the report

Serious Incidents

The Committee received an overview of Serious Incidents declared during December 2021 and January 2022 and noted the following:

- Five Serious Incidents were declared for the period.

	• Two completed Serious Incident reports were submitted during the period. The learning from these investigations had been shared widely with staff and included matters such as: - Ensuring that all acute staff ensure that both paper and electronic notes are fully utilised and in the event of electronic failure it is clearly indicated in the electronic notes that additional information is available by hard copy. - A review of gynaecology guidelines and Local Safety Standards for Invasive Procedures (LocSSIP) for laparoscopic procedures to be implemented with a particular focus on procedures treating ectopic pregnancies and the pathway for managing contradictory between ultrasound scans and visual presentation. - The Committee noted the report and took good assurance that the Serious Incident process was managed effectively at the Trust and that lessons learned were being shared effectively.
2.	**Present:** Professor Naomi Fulop, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director (Vice Chair) Dr Clare Dollery, Medical Director Carol Gillen, Chief Operating Officer Michelle Johnson, Chief Nurse and Director of Allied Health Professionals **In attendance:** Kat Nolan-Cullen, Compliance and Quality Improvement Manager David Pennington, North Central London ICS Dorian Cole, Programme Director North Central Lndon Provider Collaboration Aspa Paspali Clinical Lead for CAHMS Swarnjit Singh, Joint Director, Race, Equality, Diversity and Inclusion and Trust Secretary Marcia Marrast-Lewis, Assistant Trust Secretary Carolyn Stewart, Executive Assistant to the Chief Nurse

Meeting title	**Trust Board – public meeting**	**Date: 30.03.2022**
Report title	**Maternity and Neonatal Transformation Programme update including Ockenden review of Maternity services, and Morecambe Bay response**	**Agenda item: 7**
Executive director leads	Jonathan Gardner, Director of Strategy and Corporate Affairs, Michelle Johnson, Chief Nurse and Director of Allied Health Professionals. Clare Dollery, Medical Director and Responsible Officer Joint Board Safety Champions for Maternity Services at Whittington Health and for the Ockenden Report requirements in year one 2021/22.	
Report authors / leads	Helen Taylor, Clinical Director, ACW Integrated Clinical Service Unit: Womens' Health services and Yana Richens, Director of Midwifery, Midwifery Services, ACW ICSU	
Executive summary	Attached is an update for the Board of the Maternity and Neonatal Programme Chaired by Jonathan Gardner. It covers the five workstreams • **Culture & Workforce Development.** • **Continuity of Carer (CoCr).** • **Information Management & Technology and Digital Maternity Strategy.** • **Estates & Facilities New Build.** • **Ockenden Safety & Assurance.** Secondly the paper updates the board on the completion and submission of the following four requirements. These are due by 15 April 2022 via the North Central London (NCL) Local Maternity and Neonatal System (LMNS), to the London Regional Team require; 1. Progress against the **Ockenden 2021/22 Immediate and Essential Actions -** spans slide Nos. 13 to 28 inclusive in the attached presentation set appendix 1. 2. The status and progress of **WH Maternity Service Workforce Plan** – referenced at slides 30, 31 in this set. 3. **Morecambe Bay Report** (Kirkup 2015) action plan & review template; appendix 2. 4. The **Maternity Self-Assessment Assurance Tool** (narrative template national ref: PAR 807) – will be discussed at the next Quality Assurance Committee meeting (not attached to the papers for brevity as it duplicates much of the other two documents).	

	The attached papers show the latest versions of these responses. The W Executive & Clinical Team are currently working on finalising each of these four requirements and will complete and submit each of them as required by London Region to NCL – LMNS within the 15/04/22 deadline. The London Regional Team also seek assurance & confirmation that the first three of these requirements have been referenced and discussed at a Trust Board public meeting held in March 2022. "The Ockenden Report (HC 1081) - First Report" was completed on 10 December 2020. In response to those initial findings and requirements, in January 2021, the Trust agreed & established a clinically-led programme comprising five project workstreams, each with clinical leads; 1. Ockenden – safety and quality. 2. Estates & Facilities – design, planning and new build. 3. IM&T – Maternity Digital Strategy, hardware & software. 4. CoCr – new service delivery model, new teams and targets. 5. Workforce – culture; staff empowerment & new ways of working. Known as the Maternity & Neonatal Transformation Programme (MNTP) with both internal and external representatives e.g. Maternity Voices Partnership, NCL – LMNS, meets on a monthly basis. Inherent and paramount to clinical safety and Programme delivery is Workstream 1 – Ockenden. By February 2021, the Trust was required to complete a national template known as the "Maternity services assessment and assurance tool" (national ref: PAR359) against the seven "Immediate and Essential Actions" (IEAs) and workforce. IEA 1 – Enhanced Safety. IEA 2 – Listening to Women and Families. IEA 3 – Staff Training and Working Together. IEA 4 – Managing Complex Pregnancy. IEA 5 – Risk Assessment Throughout Pregnancy. IEA 6 – Monitoring Fetal Wellbeing. IEA 7 – Informed Consent. Workforce The board should note that the IEAs required the Trust to specifically cross-reference each requirement against the Maternity Incentive Scheme (MIS aka CNST) Year 3 Maternity Safety Actions. The Trust's submission was agreed with the LMNS and last reviewed at TMG on 11/01/22. Following the lifting of the national embargo on results (14/02/22), it was confirmed that the Trust's submission is fully compliant against all ten of the MIS Year 3 safety actions. The most recent draft of the Ockenden self-assessment was submitted at the end of February and this was judged by the regional team. In summary: 36 evidence requirements were marked as red/non-compliant by the national team as at December 2021. This has been reduced to 22

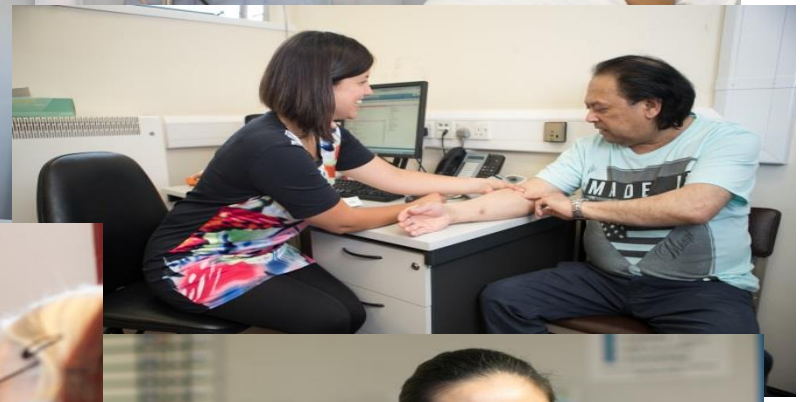
	requirements in the February submission (in appendix 1). By the submission date of 14/03/22 the vast majority of these are expected to also go green as highlighted in the slides. On Tuesday, 22 March 2022, a national report is expected to be published along the lines of Ockenden Report – Year 2, in which the standards and requirements for 2022/23 will be detailed. That information will be shared at the next available QAC thereafter.
Purpose	This paper is for review and discussion.
Recommendation(s)	The Trust Board is asked to: i. note the progress of the maternity and neonatal transformation programme; ii. receive assurance that progress has been made towards Ockenden compliance and note actions to achieve full compliance; and iii. receive assurance that all actions required from the Morecambe Bay report have been completed or are in hand.
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	The first self-assessment of the Ockenden self IEAs came to the board in March 2021; Trust Management Group, 22 March 2022
Appendices	Appendix 1: Ockenden and MNTP progress report Appendix 2: Morecambe Bay Trust response

NHS
Whittington Health
NHS Trust

Maternity & Neonatal Transformation Programme (MNTP)

01 January 2021 to
31 March 2022 incl.
Year One Evaluation.



Jonathan Gardner.
MNTP SRO.

I·C A R E
INNOVATION COMPASSIONATE ACCOUNTABLE RESPECTFUL EXCELLENT

MNTP 2021/22 – Governance (Reporting Structure, Programme Methodology and Timelines).

Whittington Health NHS Trust

Programme Methodology and Timelines.

Diagnostic Phase	x 5 Workstreams - Implementation Phase	Evaluation Phase	
Three Months.	Eleven Months.	One Month.	Ockendon & MNTP Year 2
Jan. to Mar. 2021.	April to February 2022.	March 2022.	2022/23.
Baseline Data, PIDs & Plans.	Inputs and Outputs, Deliverables and Outcomes against timed KPIs & submission deadlines.	Closure Report and ref: B1318 requirement.	

Monthly Board meetings with user participation and MDT working at its heart – membership includes **Maternity Voices Partnership, NCL LMNS and reps. form all service disciplines.**

Context: business as usual continues, covid, vacancies.

Our Vision for Maternity Services and Neonatal Services.

Whittington Health NHS Trust

A co-ordinated continuous approach to maternity neonatal and child health care. A women-centred, uniquely integrated service – from pre-conception and gynaecology, through to neonatology, health visiting, school nursing, and paediatric services.

Maximising ease of access and community support for our diverse population. Community-based midwife services, health promotion as a priority and access points for education and community networks.

Real choice for local women. Comprehensive choice of delivery options including home birth, midwife-delivered care, and obstetric-led care in the Labour Ward.

High quality digitally enabled facilities. Whittington Health facilities will promote innovation – with infrastructure to support digital ward rounds, digital check-in and booking, remote monitoring and transformative integration with education.

Health promotion at the heart. We will make the most of the unique opportunity to impact on the health of the whole family and provide truly integrated support for children, women, partners, caregivers and families. Working with local community groups, charities, and educators to deliver a transformative approach to health promotion, disease prevention and management, with Whittington Health as a central hub.

A positive physical environment. Positive attractive spaces including outdoor areas, co-designed with staff and families to promote healthier living, quick recovery and staff wellbeing.

An Active Birth Centre and approach that prioritises healthy activity and exercise, bringing mothers-to-be together into a community.

High digital maturity. We will deliver the "Better Births" digital vision with electronic health records, sharing information digitally with all clinical partners and patients, providing online resources, and exceeding the expectations of our digitally 'savvy consumers'.

Our Vision is underpinned by, and will help WH to deliver, the recommendations of the Better Births report, in line with the Maternity & Neonatal Transformation Programme.

FIVE PROJECT WORKSTREAMS 2021/22.

Whittington Health NHS Trust

Culture & Workforce Development.

Continuity of Carer (CoCr).

IM&T and Digital Maternity Strategy.

Estates & Facilities; New Build.

Ockenden; Safety & Assurance.

Culture & Workforce Development.

Whittington Health NHS Trust

The challenge: 'Have Your Say' Culture report, Kirkup recommendations (Morecambe Bay NHS Trust) Trust evaluation and staff feedback indicated a culture that was at times divided, with elements of bullying and poor behaviour leading to low morale. Communication was a key theme. There was also said to be a lack of development and progression opportunities for staff and poor leadership behaviours.

The programme: The work over the last 11 months has been about securing evidence and examples, using a bottom-up approach of listening to staff and implementing initiatives to respond to their concerns and ideas.

The results:

- New Deputy Director of Midwifery, Consultant Midwife and Head of Midwifery roles all appointed to.
- Midwifery Leadership Development for Band 7s in place.
- There are now stand-alone leadership modules available to all staff, so any staff that are interested can find the dates on elev8.
- Maternity Voices Partnership kindness banners installed.
- iCARE Cards launched.
- Dedicated staff room.
- External PMA support for midwives to aid retention.
- Open meetings with DoM and Safety Champion.
- The unit now use the Analyse, Intervene, Measure (AIM) model.
- A new staff newsletter with standing items such as an "Opportunities" section.
- Team Handovers now use SBAR (Situation, Background, Assessment Recommendation), supported by posters and publicity.
- Enhanced handovers with laminated cards.
- Better training and development opportunities have been made available more consistently.
- There is now clarity of roles and responsibilities and abilities and expectations of different members of the team.
- Electronic Photo boards are being installed.
- Supporting staff to take more breaks.

Next steps: WH to promote specific behaviours & values in the workplace and implement a Breaks action plan.

Continuity of Carer (CoCr).

Whittington Health NHS Trust

The challenge: To create Continuity of Carer Teams which support mothers from start to finish.

The programme: Agree a plan with the Local Maternity and Neonatal System (LMNS) CoCr Team, create job descriptions and recruit to new roles and determine the delivery approach to this model of care. This was agreed to be targeting specific areas and being consistent.

The results (despite covid challenges):

- Recruited to 2 brand new teams.
- These teams are specifically focussed on our most deprived population areas within Haringey and Islington.
- Helped the team through the organisational change required.
- The Trust have been recognised for prioritising the teams workforce during the pandemic and never redeploying them to cover gaps in the midwifery rota in the hospital areas.
- The model is being shared as the intrapartum element of the pathway is maintained.
- All the clinical and digital equipment has been distributed for the staff and additionally all equipment for future teams.
- Agreed an "Essential Parenting" App. which will be transformational for families.
- 15% of mothers are on this Pathway.

Next steps: Go live with the App. (04/04/22) and increase recruitment from 2 to 5 teams. Recruit to lead CoCr role.

IM&T: Maternity Digital Strategy and Hardware.

Whittington Health NHS Trust

The challenge: To support the transformation of maternity services and begin the move to paper light.

The programme: To secure funding (both capital & revenue) and then source and install all the necessary equipment to help enable new ways of working.

The results (despite covid challenges):

- Multidisciplinary team (MDT) leadership of the programme.
- 26 computers on wheels (5 floors – Maternity Block), 40 Laptops, 40 iPhones (Community Midwives).
- 6 electronic Whiteboards (including a new electrical installation of power sockets & data network points).
- Updated processes for digitised areas.
- Careflow workspace for maternity electronic handovers created.
- Comprehensive Maternal digital covid risk assessment and treatment occurring in real time.
- Submitted various competitive bids for external funding (NHSX – UTF) and received circa. £500k in awards.
- Went live with Badgernet link with Medway Maternity so now paperless electronic paper record.
- Digital recording of foetal screening and maternal risk assessment.
- Completed a Maternity Digital Strategy by 31-03-22.
- VITALS e-observations reporting introduced into Maternity.
- GDm Health app (mothers with Diabetes) procured for 04 years.

Next steps: Eliminate the use of the patient held yellow notes, further installation of 30 Laptops & 30 Docking stations for Agile Working, new apps. & interfaces.

Estates & Facilities; Phase 0 – 2021/22.

Whittington Health NHS Trust

The challenge: To improve the estate and facilities for Maternity and Neonatal) services

The programme: Implementation plan divided into work that can be done this year and short term and those that will be longer term as part of the major business case.

The results:

- Business case and capital funding approved by Board (25/11/21) for £13.4m Phase One (2022/23) project;
  - Design of labour ward, triage, storage and temporary chapel, nearing completion.
  - Appointment of P22 and NEC companies.
  - Planning permission conversations have progressed.
  - Sub-Projects;
- Nov. 2021 - £150k approved for re-development of The Birth Centre, including complete refurbishment, new audio system, lighting, equipment and re-designed Triage area.
- Nov. 2021 – Neonatal Unit (NNU) minor works and kit & equipment ordered to help improve the estate there.
- Jan. 2022 - Foetal Medicine Unit (FMU) improvements in second scanning room, plus the capital purchase of a new BT21 ultrasound scanner.
- March 2022 - Maternity Immunisation Hub – 5th Floor of Maternity Block.

Next steps: Continuing building work – sign-off design plans for Labour Ward & Triage, NICU and Women's Diagnostic Unit and Early Pregnancy Diagnostic Unit.

Ockenden: Safety and Assurance.

Whittington Health NHS Trust

The challenge: To improve safety and assurance in response to the Ockenden report (published late Dec. 2020).

The programme: To assess and implement any gaps in the Immediate Essential Actions (IEA) from the Donna Ockenden Review of Shrewsbury and Telford NHS Trust maternity unit and Kirkup Review into the care of women and babies at Morecambe Bay NHS Trust reports.

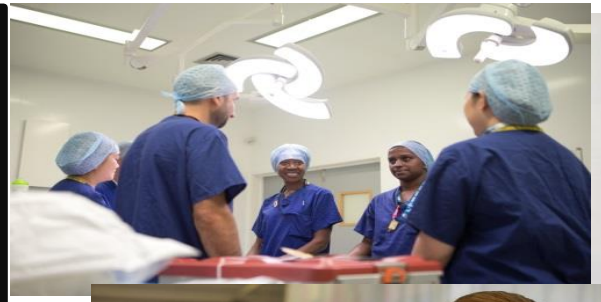
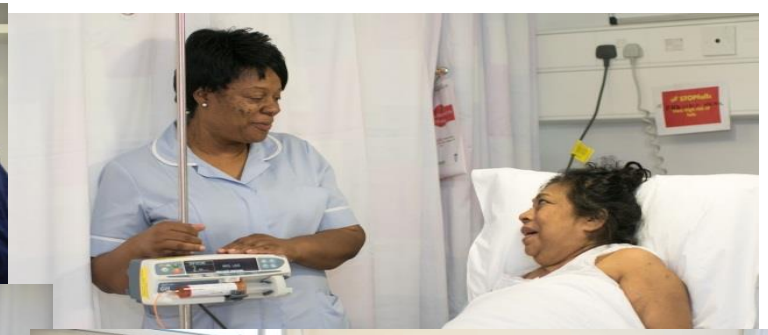
The results:

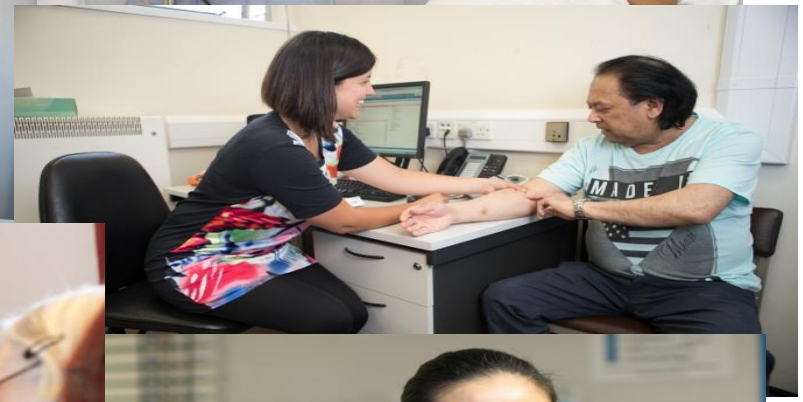
- Improved % compliance against the seven IEAs and Workforce plan as originally determined by London Region in July 2021.
- Secured revenue funds from Ockenden 2021/22 which was further supported with an internal revenue business case (of over £1m) to help further increase staffing, both obstetric and midwifery.
- Submitted evidence for multiple requests, including preparing for CQC and quarterly LMNS reports.
- Submitted evidence for Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) – Year 3 - 10 safety actions, being deemed compliant against all ten criteria and received a £500k rebate.

Next steps: Final governance of some standard operating procedures (SOP) and guidelines, appoint to new posts (workforce plan), plan to deliver requirements as determined by Ockenden Year 2 (due to be published on 30/03/22), prepare for CNST MIS Year 4 submission by 30 June 2022 and prepare for a visit (May 2022) from the London Regional Team whilst being mindful of a CQC inspection at some point in the future.

Ockenden – One Year On (01/01/21 to 31/03/22)

B1318 National Requirements to WH Trust Board public meeting on 30 March 2022.



Michelle Johnson, CN and Clare Dollery, MD.

I·CARE
INNOVATION COMPASSIONATE ACCOUNTABLE RESPECTFUL EXCELLENT

Ockenden 2021/22. One Year On – Letter to the System (B1318) requirements.

Whittington Health NHS Trust

A "letter to the system" dated 25 January 2022 issued by NHSE/I in relation to "**Ockenden review of services – one year on**" requires all NHS Trusts with Maternity Services in England to complete assurance and compliance templates which need to be submitted by 15 April 2022 to the London Regional Team via the NCL – LMNS;

1. Progress against the Ockenden 2021/22 Immediate and Essential Actions (ref: PAR 359 national template) which spans slide Nos. 13 to 28 in this set.
2. The status and progress of local WH Maternity Service Workforce Plan – referenced at slides 30 & 31 in this set.
3. Morecambe Bay Report (Kirkup 2015) action plan & review template; attached as Appendix 2 in this submission.
4. The Maternity Self-Assessment Assurance Tool (ref: PAR 807 national template) – which will be discussed at the next meeting of the Quality Assurance Committee (QAC). Not attached to the papers for brevity as it duplicates much of the other two national template documents (1 and 3).

Progress Update

- The WH Team have fully engaged with the NCL LMNS to provide evidence and engage with the review process since the first IEA & WF evidence submission in July 2021.
- The latest % compliance assessment against the seven IEAs & WF received by WH from London Region was 17/03/22.
- The most recent update for the NCL - LMNS team from WH was on 22/03/22.
- The outstanding work relates to final governance approval of 21/22 SOPs and guidelines and actions that require additional obstetric staff to be recruited for which Trust funding has been agreed.

Ockenden 2021/22. One Year On;
IEA 1: Enhanced Safety. Qs 1 to 7.
93% compliance as at 17/03/22.

Whittington Health NHS Trust

Q1	Maternity Dashboard to LMS every 3 months	Dashboard to be shared as evidence.	100%
		Minutes and agendas to identify regular review and use of common data dashboards and the response / actions taken.	100%
		SOP required which demonstrates how the trust reports this both internally and externally through the LMS.	0%
		Submission of minutes and organogram, that shows how this takes place.	100%
Q2	External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death	Audit to demonstrate this takes place.	100%
		Policy or SOP which is in place for involving external clinical specialists in reviews.	100%
Q3	Maternity SI's to Trust Board & LMS every 3 months	Individual SI's, overall summary of case, key learning, recommendations made, and actions taken to address with clear timescales for completion	100%
		Submission of private trust board minutes as a minimum every three months with highlighted areas where SI's discussed	100%
		Submit SOP	100%
Q4	Using the National Perinatal Mortality Review Tool to review perinatal deaths	Audit of 100% of PMRT completed demonstrating meeting the required standard including parents notified as a minimum and external review.	100%
		Local PMRT report. PMRT trust board report. Submission of a SOP that describes how parents and women are involved in the PMRT process as per the PMRT guidance.	100%
Q5	Submitting data to the Maternity Services Dataset to the required standard	Evidence of a plan for implementing the full MSDS requirements with clear timescales aligned to NHSR requirements within MIS.	100%
Q6	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	Audit showing compliance of 100% reporting to both HSIB and NHSR Early Notification Scheme.	100%
Q7	Plan to implement the Perinatal Clinical Quality Surveillance Model	Full evidence of full implementation of the perinatal surveillance framework by June 2021.	100%
		LMS SOP and minutes that describe how this is embedded in the ICS governance structure and signed off by the ICS.	100%
		Submit SOP and minutes and organogram of organisations involved that will support the above from the trust, signed of via the trust governance structure.	100%
			93%

Actions to achieve 100% compliance

- The Standard Operating Procedure (SOP) on submission of data reports describing the existing process is in final draft.

- SOP to be included in submission on the 15th April 2022.

Ockenden 2021/22. One Year On; IEA 2: Listening to Women & Families requirements. Qs 11 to 16. 100% compliance as at 17/03/22.

Whittington Health NHS Trust

Q11	Non-executive director who has oversight of maternity services	Evidence of how all voices are represented:	100%
		Evidence of link in to MVP; any other mechanisms	100%
		Evidence of NED sitting at trust board meetings, minutes of trust board where NED has contributed	100%
		Evidence of ward to board and board to ward activities e.g. NED walk arounds and subsequent actions	100%
		Name of NED and date of appointment	100%
		NED JD	100%
Q13	Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services	Clear co-produced plan, with MVP's that demonstrate that co production and co-design of service improvements, changes and developments will be in place and will be embedded by December 2021.	100%
		Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)	100%
		Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.	100%
Q14	Trust safety champions meeting bimonthly with Board level champions	Action log and actions taken.	100%
		Log of attendees and core membership.	100%
		Minutes of the meeting and minutes of the LMS meeting where this is discussed.	100%
		SOP that includes role descriptors for all key members who attend by-monthly safety meetings.	100%
Q15	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	Clear co produced plan, with MVP's that demonstrate that co-production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021.	100%
Q16	Non-executive director support the Board maternity safety champion	Evidence of participation and collaboration between ED, NED and Maternity Safety Champion, e.g. evidence of raising issues at trust board, minutes of trust board and evidence of actions taken	100%
		Name of ED and date of appointment	100%
		Role descriptors	100%
			100%

Ockenden 2021/22. One Year On; IEA 3: Staff Training & Working Together requirements. Qs 17 to 23.

94% compliance as at 17/03/22.

Whittington Health NHS Trust

Q17	Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
		LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data.	100%
		Submit evidence of training sessions being attended, with clear evidence that all MDT members are represented for each session.	100%
		Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.	100%
		Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	100%
Q18	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	Evidence of scheduled MDT ward rounds taking place since December, twice a day, day & night. 7 days a week (e.g. audit of compliance with SOP)	100%
		SOP created for consultant led ward rounds.	0%
Q19	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	Confirmation from Directors of Finance	100%
		Evidence from Budget statements.	100%
		Evidence of funding received and spent.	100%
		Evidence that additional external funding has been spent on funding including staff can attend training in work time.	100%
		MTP spend reports to LMS	100%
Q21	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
		Attendance records - summarised	100%
		LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data. Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	100%
Q22	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	Evidence of scheduled MDT ward rounds taking place since December 2020 twice a day, day & night; 7 days a week (E.G audit of compliance with SOP)	100%
Q23	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
		LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation described as checking the accuracy of the data.	100%
			94%

Clinical & Operational Actions

- To be compliant with this IEA requires implementation of 12 hourly Consultant led ward rounds, twice a day, 7 days a week.
- The Obstetric Consultants currently provide ward rounds twice daily, 7 days a week (but not 12 hours apart on weekend) - the requirement is currently met Monday to Friday but the local and Ockendon ambition for a sustainable model for ward rounds is also on the morning and night shift at weekends; to enable the Consultant to provide a lynchpin of continuity and handover to both shifts requires further appointments.
- The Medical Workforce Plan supported by investment from the Trust Revenue Business case addresses this and also IEA 4 – this is described on slide 20 in this set.

Ockenden 2021/22. One Year On; IEA 4: Managing Complex Pregnancy requirements. Qs 24 to 29. 50% compliance as at 17/03/22.

Whittington Health NHS Trust

Q24	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre	Audit that demonstrates referral against criteria has been implemented that there is a named consultant lead, and early specialist involvement and that a Management plan that has been agreed between the women and clinicians	0%
		SOP that clearly demonstrates the current maternal medicine pathways that includes: agreed criteria for referral to the maternal medicine centre pathway.	0%
Q25	Women with complex pregnancies must have a named consultant lead	Audit of 1% of notes, where all women have complex pregnancies to demonstrate the woman has a named consultant lead.	100%
		SOP that states that both women with complex pregnancies who require referral to maternal medicine networks and women with complex pregnancies but who do not require referral to maternal medicine network must have a named consultant lead.	0%
Q26	Complex pregnancies have early specialist involvement and management plans agreed	Audit of 1% of notes, where women have complex pregnancies to ensure women have early specialist involvement and management plans are developed by the clinical team in consultation with the woman.	100%
		SOP that identifies where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the teams.	0%
Q27	Compliance with all five elements of the Saving Babies' Lives care bundle Version 2	Audits for each element.	100%
		Guidelines with evidence for each pathway	100%
		SOP's	100%
Q28	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.	SOP that states women with complex pregnancies must have a named consultant lead.	0%
		Submission of an audit plan to regularly audit compliance	100%
Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Agreed pathways	0%
		Criteria for referrals to MMC	0%
		The maternity services involved in the establishment of maternal medicine networks evidenced by notes of meetings, agendas, action logs.	100%
			50%

Actions to achieve 100% compliance

- Q24 – evidence of an Audit and a SOP.
- Q25 – evidence of a SOP with a Named Consultant Lead.
- Q26 – evidence of a SOP for early specialist involvement and management plan.
- Q28 – evidence of a SOP with a Named Consultant Lead.
- Q29 – evidence of Agreed Pathways and Referral Criteria.

- These updates will be included in the next submission on the 15th April 2022.

Workforce Actions

- The Medical Workforce Plan is in progress and mapped against critical steps.
- The current model with Consultant Obstetrician and Midwifery collaboration to rapidly triage women to the correct clinic will be fully documented in an SOP. This provides a named clinic for medically complex cases but requires additional obstetric staff to provide full requirement of a named consultant for women with complex medical problems.
- Trust funding is in place for 6 WTE consultant appointments.
- A consultant away day on 01/04/22 will establish a new model for existing and new posts.
- 3 locums are already in place and a recruitment campaign will be launched to fill all the posts with temporary (short-term) and ultimately substantive (medium and long-term) staff.
- This will also establish additional obstetric time for specialist maternal medicine services.
- These updates will be included by the next submission on the 15th April 2022.
- Time for substantive recruitment is 6-9 months and LMNS support with job plan approval from RCOG has been requested.

Ockenden 2021/22. One Year On; IEA 5: Risk Assessment throughout pregnancy requirements. Qs 30 to 33. 73% compliance as at 17/03/22.

Whittington Health NHS Trust

Q30	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional	How this is achieved within the organisation.	100%
		Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	0%
		Review and discussed and documented intended place of birth at every visit.	100%
		SOP that includes definition of antenatal risk assessment as per NICE guidance.	100%
		What is being risk assessed.	100%
Q31	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	Evidence of referral to birth options clinics	100%
		Out with guidance pathway.	0%
		Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.	0%
		SOP that includes review of intended place of birth.	100%
Q33	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	Example submission of a Personalised Care and Support Plan (It is important that we recognise that PCSP will be variable in how they are presented from each trust)	100%
		How this is achieved in the organisation	100%
		Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above.	0%
		Review and discussed and documented intended place of birth at every visit.	100%
		SOP to describe risk assessment being undertaken at every contact.	100%
		What is being risk assessed.	100%
			73%

Actions to achieve 100% compliance

- Q30 – evidence of personalised care plans and risk assessment for women required through completion of the audit of 1% of the patient records. This audit is underway.
- Q31 – evidence of a Guidance Pathway and then reviewed in the audit for Q30.
- Q33 – evidence of risk assessment at every contact and ongoing review of intended place of birth through an audit of 5% of patient records.

- These to be complete by the next submission on the 15th April 2022.

Ockenden 2021/22. One Year On; IEA 6: Monitoring Foetal Wellbeing requirements. Qs 34 to 37.

78% compliance as 17/03/22.

Whittington Health NHS Trust

Q34	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring	Copies of rotas / off duties to demonstrate they are given dedicated time.	100%
		Examples of what the leads do with the dedicated time E.G attendance at external fetal wellbeing event, involvement with training, meeting minutes and action logs.	100%
		Incident investigations and reviews	100%
		Name of dedicated Lead Midwife and Lead Obstetrician	100%
Q35	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health	Consolidating existing knowledge of monitoring fetal wellbeing	100%
		Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g. clinical supervision	0%
		Improving the practice & raising the profile of fetal wellbeing monitoring	100%
		Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.	0%
		Job Description which has in the criteria as a minimum for both roles and confirmation that roles are in post	100%
		Keeping abreast of developments in the field	100%
		Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.	0%
		Plan and run regular departmental fetal heart rate (FHR) monitoring meetings and training.	100%
Q36	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	Audits for each element	100%
		Guidelines with evidence for each pathway	0%
		SOP's	100%
Q37	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
		Attendance records - summarised	100%
		Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.	100%
			78%

Actions to achieve 100% compliance

- Q35 – evidence of supporting Clinical Supervision, interface with External Units and a Lead for the review of Cases.
- Q36 – evidence of Guidelines for each Pathway.

WH already have a Foetal Wellbeing Midwife dedicated to this role and a Consultant Obstetrician also dedicated to this role. Awaiting examples of Pathways from colleagues in the NCL – LMNS.

- We expect these to be complete by the next submission on the 15th April 2022.

Ockenden 2021/22. One Year On; IEA 7: Informed Consent requirements. Qs 39 to 44.

86% compliance as at 17/03/22.

Whittington Health NHS Trust

Q39	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery	Information on maternal choice including choice for caesarean delivery.	100%
		Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	100%
Q41	Women must be enabled to participate equally in all decision-making processes	An audit of 1% of notes demonstrating compliance.	0%
		CQC survey and associated action plans	100%
		SOP which shows how women are enabled to participate equally in all decision making processes and to make informed choices about their care. And where that is recorded.	100%
Q42	Women's choices following a shared and informed decision-making process must be respected	An audit of 5% of notes demonstrating compliance, this should include women who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and also a selection of women who request a caesarean section during labour or induction.	100%
		SOP to demonstrate how women's choices are respected and how this is evidenced following a shared and informed decision-making process, and where that is recorded.	0%
Q43	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	Clear co produced plan, with MVP's that demonstrate that co production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021.	100%
		Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)	100%
		Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.	100%
Q44	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	Co-produced action plan to address gaps identified	100%
		Gap analysis of website against Chelsea & Westminster conducted by the MVP	100%
		Information on maternal choice including choice for caesarean delivery.	100%
		Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	100%
			86%

Actions to achieve 100% compliance

- Q41 – evidence of a 1% Audit of Notes.
- Q42 – evidence of a SOP re. Women's Choices.

- We expect these to be complete by the next submission on the 15th April 2022.

Ockenden 2021/22. One Year On; IEA Maternity Workforce Planning requirements. Qs 45 to 49. 70% compliance as at 17/03/22.

Whittington Health NHS Trust

Q45	Demonstrate an effective system of clinical workforce planning to the required standard	Consider evidence of workforce planning at LMS/ICS level given this is the direction of travel of the people plan	100%
		Evidence of reviews 6 monthly for all staff groups and evidence considered at board level.	100%
		Most recent BR+ report and board minutes agreeing to fund.	100%
Q46	Demonstrate an effective system of midwifery workforce planning to the required standard?	Most recent BR+ report and board minutes agreeing to fund.	100%
Q47	Director/Head of Midwifery is responsible and accountable to an executive director	HoM/DoM Job Description with explicit signposting to responsibility and accountability to an executive director	100%
Q48	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:	Action plan where manifesto is not met	100%
		Gap analysis completed against the RCM strengthening midwifery leadership: a manifesto for better maternity care	100%
Q49	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.	Audit to demonstrate all guidelines are in date.	0%
		Evidence of risk assessment where guidance is not implemented.	0%
		SOP in place for all guidelines with a demonstrable process for ongoing review.	0%
			70%

Actions required to achieve 100% compliance

- The audits required at Q49 and currently marked as red have already been submitted to the London Regional Team and we await their response in terms of compliance.

Ockenden Review 2021/22 – Workforce compliance.

Whittington Health NHS Trust

The review of the service against the Ockendon IEA standards (21/22) identified a number of areas which required additional revenue investment in the workforce;

1. **Obstetric Consultant Ward rounds**;

   Additional Consultants to enable a rota that would support the weekend presence of a Consultant to be extended from 8am-9pm Monday to Friday and 8am-4pm Saturday and Sunday to 8am-9pm all weekend. Initially assessed as partially compliant for Mon-Fri.

2. **Midwifery Workforce**;

   Birth Rate Plus midwifery safer staffing review was undertaken in 2018 indicated the midwifery workforce numbers required some further investment which was actioned. Birthrate Plus have returned in March 2022 to repeat the review which will be reported through the nursing and midwifery safer staffing establishment review which is currently underway and will come to a future trust board for approval.

3. **MDT Training**;

   Backfill required to support releasing staff to attend MDT training from the wider MDT including ODPs, Anaesthetists, Neonatal Nurses and Maternity Support Workers.

Ockenden Review 2021/22 – Workforce compliance.

Whittington Health NHS Trust

Investment in our workforce has begun to begin to fill these gaps;

Agreed.	£ Value.	Mitigation and Development.
32 PAs	£384k recurrent	Additional Obstetric PAs required to meet Ockendon ward round requirements.
27 PAs	£324k recurrent	Additional Consultant PAs required to mitigate historical staffing shortages and cost pressures in Obstetrics & Gynaecology.
4.5 SPAs	£54k recurrent	Additional SPAs for job plans.
5 x B6 roles	£163k recurrent	Midwifery posts funded to 31/03/22 are now recurrent / substantive.
CoCr	£54k recurrent	Funding to mitigate 4.5% pay uplift for CoCr Teams.
MDT	£50k recurrent	Backfill funding for PROMPT training.

The Workforce Plan will be developed at the ACW ICSU Awayday on Friday, 1st April 2022 and will report progress to Workforce Assurance Committee (WAC). In addition WH now have rolling Midwifery adverts.

Operational implementation and progress (execution & delivery) will be assessed at the ACW ICSU Board and delivery will be reviewed at monthly Transformation Programme Board (TPB).

Ockenden & MNTP 2021/22. One Year On; Summary and forward plan for 2022/23.

Whittington Health NHS Trust

National requirement - Ockenden 2021/22 – Seven IEAS and Workforce;

- as at 17/03/22, a London Region compliance rate % sum total (based on evidence both submitted & reviewed) of **80.5%**, with a target to secure **100%** compliance by 01/04/22.

WH local requirement) MNTP 2021/22 – Five Project Workstreams;

- At Transformation Programme Board on 21/03/22, a presentation to evidence delivery & achievement of **90%** against agreed deliverables and targets contained in a PID and Plan for each workstream.

Set against a background of an international pandemic, unprecedented staff sickness absence levels and staff turnover.

Ockenden Year 2 – 2022/23;

- sustain the compliance and achievements of 2021/22.
- await publication of the national report on 30/03/22.

MNTP Year 2 – 2022/23 (with continued support & engagement from WH - MVP and NCL - LMNS);

- ensure the successful transition of MNTP 2021/22 achievements into 2022/23 ACW ICSU business-as-usual (BAU).
- the delivery of the Maternity Digital Strategy via Workstream 3, continuing to inform Workstreams 2 (Estates & Facilities) & Workstream 5 (Culture & Workforce Development).

Maternity Unit:- Whittington Health NHS Trust. **Date:- v6 Final as at 23 March 2022.** **Reviewed and completed by:- AK-M, CD, ET, HT and YR.**				
Recommendations for the University Hospitals of Morecambe Bay NHS Foundation Trust for other Trusts to benchmark against.	**Linked to further reviews/regulation**	**Examples of evidence (not limited to)**	**Embedded Compliance** **Red none** **Amber partially** **Green fully**	**Actions to be embed compliance fully**
1. The University Hospitals of Morecambe Bay NHS Foundation Trust should formally admit the extent and nature of the problems that have previously occurred, and should apologise to those patients and relatives affected, not only for the avoidable damage caused but also for the length of time it has taken to bring them to light and the previous failures to act. This should begin immediately with the response to this Report. **Action: Trusts**	Duty of Candour legislation regulation 20 CQC Safe Domain CNST SA 1 & 10	Duty of Candour Policy Trust policy Datix record In all incident reports		
2. The University Hospitals of Morecambe Bay NHS Foundation Trust should review the skills, knowledge, competencies and professional duties of care of all obstetric, paediatric, midwifery and neonatal nursing staff, and other staff caring for critically ill patients in anaesthetics and intensive and high dependency care, against all relevant guidance from professional and regulatory bodies. This review will be completed by June 2015, and identify requirements for additional training, development and,	CNST SA 6&8 Ockenden IEA 3 CQC Effective Domain SBL V2	Mandatory Training Midwives 90.2% Obstetric Consultants – 92% Junior doctors – 90.4% - the majority attended face to face training, only 4 did solely online out of a total of 21 Anaesthetic Junior – 92% Obstetric Nurses – 100% Main Theatre recovery Nurses – 100% HCA – 91%		Due to COVID the following groups are not currently at 90%. Anaesthetic Consultants – 80% ODP – 65% HDU level 2 training identified in the TNA and training commissioned with Education provider. Training has moved from face to face to online during the COVID pandemic. A plan to move to face to face is in development.

where necessary, a period of experience elsewhere if applicable. **Action: Trusts**		Discharge Co-ordinators – 100% ODP – 65% Recovery Training Scrub technique training HDU level 2 training Induction guidelines for all staff including bank, agency and locum staff Education Strategy and TNA		Money from Ockenden to support MDT training will be targeted to areas such as ODPs who find it more challenging to attend training.
3. The University Hospitals of Morecambe Bay NHS Foundation Trust should draw up plans to deliver the training and development of staff identified as a result of the review of maternity, neonatal and other staff, and should identify opportunities to broaden staff experience in other units, including by secondment and by supernumerary practice. These should be in place in time for June 2015. **Action: Trusts**	CNST SA8 CQC Well Led Domain Ockenden IEA 3	Preceptorship Programme Induction Programme LMS Minutes/discussions Preceptorship programme in place. Jan 2021 - online PROMPT training. Now being updated and package on elev8 which provides easier access to all staff. Two face to face PROMPT events in 2021 between Oct - Dec. due to COVID. 2 online Emergency Dept courses over the past 18 months delivered by Practice Development midwife. Provided training for 30+ nurses from surrounding trusts - UCLH, NMH, Whitt An additional full time Band 6 PDM March 2022 Funding for recruitment of band 2 - 4, maternity support workers		Challenge is staffing the midwifery faculty and unit midwifery numbers. The aim for 24 m/w and 6 medical staff at any courses. A rotational programme is in place for Midwives to work in different parts of the unit and in the first 6 weeks is supernumerary practice. Resuming half day F2F sessions for small groups

		recurrent £50000 to backfill posts to facilitate critical illness/emergency training. A band 7 leadership programme is in place. Midwives have been given opportunities to study Advanced Clinical Practice and 2 midwives have attended the capital midwifery programme to develop BAME staff		
4. Following completion of additional training or experience where necessary, the University Hospitals of Morecambe Bay NHS Foundation Trust should identify requirements for continuing professional development of staff and link this explicitly with professional requirements including revalidation. This should be completed by September 2015.	CNST SA 8 Ockenden IEA 3 CQC Safe Domain	All staff met revalidation requirements Appraisals TNA PMA support Preceptorship and Buddy Schemes MDT working - PROMPT, weekly perinatal meeting Live Skills and drills - 35 drills in 2019, During the pandemic to a total of 20 in 2020 and 2021. Joint drills with ED, Project Wingman, PDM and Anaesthetics. Aim for 2 - 4 drills per month in 2022 CTG training - multiprofessional twice monthly for midwifery and		GMC survey results being reviewed, and action plan being developed by the College Tutor. .

		medical students, weekly CTG training for trainees. Learning from incidents included as part of PROMPT training		
The University Hospitals of Morecambe Bay NHS Foundation Trust should identify and develop measures that will promote effective multidisciplinary team-working, in particular between paediatricians, obstetricians, midwives and neonatal staff. These measures should include, but not be limited to, joint training sessions, clinical, policy and management meetings and staff development activities. Attendance at designated events must be compulsory within terms of employment. These measures should be identified by April 2015 and begun by June 2015. **Action: Trusts**	CNST SA 8 Ockenden IEA 3 CQC Effective Domain	MDT Mandatory Training CTG training Live Skills & Drills Appointment of Fetal Monitoring Midwife. The post holder runs CTG meeting, available on LW for monitoring queries, 1:1 debrief after monitoring incidents. Developing Fetal Monitoring Study Days. Ockenden money to support release of staff to MDT training. Face to Face MDT training to be reinstated as online due to COVID. 1PA allocated to Obstetric Fetal monitoring lead. MDT PROMPT training days.		
6. The University Hospitals of Morecambe Bay NHS Foundation Trust should draw up a protocol for risk assessment in maternity services, setting out clearly: who should be offered the option of delivery at Furness General Hospital and who should not; who will carry out this assessment against which criteria; and how this will be discussed with pregnant women and families. The protocol should involve all	Ockenden IEA 5 CQC Safe Domain SBLV2/ CNST SA6	Risk Assessment - personalised care plans at booking. Women appropriately triaged according to risk. Allocated to named consultants if complex (Ockendon criterion). Birth Centre criteria and protocols available. Maternity Medway		**Action to embed compliance - T**ransition to paperless notes. Through the Digital Workstream. All staff to be inducted and supported to use the system. Funding to upgrade IT to interface the Maternity Medway system agreed. IM&T kit & equipment (Digital Maternity Strategy), interfaces, Apps.

relevant staff groups, including midwives, paediatricians, obstetricians and those in the receiving units within the region. The Trust should ensure that individual decisions on delivery are clearly recorded as part of the plan of care, including what risk factors may trigger escalation of care, and that all Trust staff are aware that they should not vary decisions without a documented risk assessment. This should be completed by June 2015. **Action: Trusts**		risk assessment available for all women. Dynamic plans which can accommodate and document a change of risk and responsible clinician.		- £206.5k funding approved and equipment purchased. Audits of notes to ensure care plans in place and of SOP for care plans.
7. The University Hospitals of Morecambe Bay NHS Foundation Trust should audit the operation of maternity and paediatric services, to ensure that they follow risk assessment protocols on place of delivery, transfers and management of care, and that effective multidisciplinary care operates without inflexible demarcations between professional groups. This should be in place by September 2015. **Action: Trusts**	CNST SA 6 Ockenden IEA 5 CQC Effective Domain	Ongoing audit of high-risk pregnancy in place to review outcomes of women and babies. All women jointly triaged with a midwife and consultant to identify appropriate consultant for their ongoing care. E.g. twins pathway, diabetes		All national mandatory O&G audits completed in 2021 10 Obstetric and 4 Gynae + 4 local audits (2 in Obs, 2 in Gynae). 1PA for audit and 1PA for clinical guidelines consultant leads Digital Midwife and Governance Lead Midwife lead on Audit and Guidelines in place. Next steps are to develop trainee audit representatives. Multidisciplinary audit meetings in place and availability on Moodle to widen participation. Guideline group which reports to the guideline committee every 6 months. 36 guidelines out of date but plan to review in place. Guideline group review of guidelines + MEDL format to keep guidance in date. Clinical Risk Framework in 2020 being updated for 01/04/2022
8. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify a recruitment and retention strategy aimed	CNST SA 4 & 5 Ockenden IEAs Workforce	Business case agreed and a workforce plan in place strategy to recruit additional		

at achieving a balanced and sustainable workforce with the requisite skills and experience. This should include, but not be limited to, seeking links with one or more other centre(s) to encourage development of specialist and/or academic practice whilst offering opportunities in generalist practice in the Trust; in addition, opportunities for flexible working to maximise the advantages of close proximity to South Lakeland should be sought. Development of the strategy should be completed by January 2016. **Action: Trusts**	CQC Safe Domain	midwives and consultants agreed in February and recruitment underway. BR+ findings to be presented to Trust 31/03/2022. Safer staffing report taken to board every 6 months and includes maternity midwifery staffing. Staffing and risk presented to executive at every quarterly performance review. HR policies in place for return-to-work procedures. Other initiatives include the recruitment and retention of Maternity Support Workers working with our local population as an Anchor institution to employ local people. A rolling advert for midwifery recruitment in place. External PMAs recruited funded by HEE to work with midwifes and student midwives so supporting recruitment and retention.		
9. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify an approach to developing better joint working between its main hospital sites, including the development and operation of	CNST SA 9 Ockenden IEA 1 NICE CQC Effective Domain	Joint LMNS policies/guidelines/projects Perinatal Quality Surveillance Framework embedded June 2021		Joint LMNS policies CNST (MIS) evidence of surveillance framework in place.

common policies, systems and standards. Whilst we do not believe that the introduction of extensive split-site responsibilities for clinical staff will do much other than lead to time wasted in travelling, we do consider that, as part of this approach, flexibility should be built into working responsibilities to provide temporary solutions to short-term staffing problems. This approach should be begun by September 2015. **Action: Trusts**		Evidence of cross site governance processes and procedures where applicable		
10. The University Hospitals of Morecambe Bay NHS Foundation Trust should seek to forge links with a partner Trust, so that both can benefit from opportunities for learning, mentoring, secondment, staff development and sharing approaches to problems. This arrangement is promoted and sometimes facilitated by Monitor as 'buddying' and we endorse the approach under these circumstances. This could involve the same centre identified as part of the recruitment and retention strategy. If a suitable partner is forthcoming, this arrangement should be begun by September 2015. **Action: Trusts**	CNST SA 8 Ockenden IEA 1 & 4 CQC Well Led Domain	Regional PMA forum Lead MW Educator meetings External review of SI's and PMRT LMNS Working groups PDM and buddy systems. External SI reviews in place and submitted to LMNS and incidents referred to HSIB if required.		
11. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify and implement a programme to raise awareness of incident reporting, including requirements, benefits and processes. The Trust should also review its policy of openness and honesty in line with the duty of candour of professional staff and incorporate into the programme	CNST SA 8 Ockenden IEA 2 CQC Safe Domain	Maternity Safety Champion NED. Walk arounds and safety champion meetings in place. Staff feedback through 1:1, sharing findings of incidents, message of the week and newsletter.		.

compliance with the refreshed policy. **Action: Trusts**		Freedom to Speak up Guardians in place and Trust Whistleblowing policy in place. Co-production with MVP includes the 'Be kind' poster asking women and families to show kindness to staff. Weekly emails are sent to all staff outlining updates such as new staff members, annual leave and staffing levels for the week ahead. A monthly open forum held on teams once a month where nay issues can be raised Maternity Transformation Workstream Culture and Workforce Development focus group feedback and actions.		
12. The University Hospitals of Morecambe Bay NHS Foundation Trust should review the structures, processes and staff involved in investigating incidents, carrying out root cause analyses, reporting results and disseminating learning from incidents, identifying any residual conflicts of interest and requirements for additional training. The Trust should ensure that robust documentation is used, based on a recognised system, and that Board reports include details of how services have been improved in response. The review should	CNST 1, 9 & 10 Ockenden IEA 1 CQC Safe Domain	Maternity Risk Management strategy in date Psychological support for staff including debrief sessions PMA support Psychological first aid and de-briefs Local psychology team brought in to support staff and made accessible. Letter is sent to staff after an		

include the provision of appropriate arrangements for staff debriefing and support following a serious incident. This should be begun with maternity units by April 2015 and rolled out across the Trust by April 2016.		incident they may have been involved in offering support. Lessons learnt through email, newsletter , notice boards, **The Weekly interprofessional meetings include:**- Learning from Risk, Fetal Wellbeing monitoring meeting, Departmental Perinatal meeting. Multidisciplinary case review meetings Round Table meetings after SI's. RCA themes explored in study days, PROMPT Message of the Week - repeated at every clinical handover and emailed to clinical staff. Doctors' induction days Screen saver messages External PMA recruited funded by HEE to support midwives and student midwives.		
13. The University Hospitals of Morecambe Bay NHS Foundation Trust should review the structures, processes and staff involved in responding to complaints, and introduce measures to promote the use of complaints as a source of improvement and reduce defensive 'closed' responses to complainants. The Trust should increase	CNST SA 1 & 7 Ockenden IEA 2 CQC Effective Domain	Weekly meetings with DoM and MVP leads. Plus, wider monthly meetings with the MVP and Obstetrician and midwives. Family's voice always in cases and involved in setting		

public and patient involvement in resolving complaints, in the case of maternity services through the Maternity Services Liaison Committee. This should be completed, and the improvements demonstrated at an open Board meeting, by December 2015. **Action: Trusts**		up terms of reference of investigations. Families kept informed though the process		
14. The University Hospitals of Morecambe Bay NHS Foundation Trust should review arrangements for clinical leadership in obstetrics, paediatrics and midwifery, to ensure that the right people are in place with appropriate skills and support. The Trust has implemented change at executive level, but this needs to be carried through to the levels below. All staff with defined responsibilities for clinical leadership should show evidence of attendance at appropriate training and development events. This review should be commenced by April 2015. **Action: Trusts**	CNST SA 8 Ockenden IEA 3 Workforce CQC Safe Domain	Safer staffing paper taken to board includes midwifery workforce. DoM in place. Leadership roles already in place include Obstetric lead, Governance Lead, Labour Ward Lead, Fetal Monitoring Lead, Audit lead and Guideline Lead Leadership development programme in place for band 7 midwives. Other training midwives are undertaking include Advanced Clinical Practice and Capital Midwife which was to support development of BAME staff.		New business case for additional Obstetric /gynae consultants agreed with SPA for leadership roles. April 2022 start date for recruitment programme into roles. All new roles will have RCOG sign off
15. The University Hospitals of Morecambe Bay NHS Foundation Trust should continue to prioritise the work commenced in response to the review of governance systems already carried out, including clinical governance, so that the Board has adequate assurance of the quality of care provided by the Trust's services. This work	Ockenden IEA 1 & 2 CQC Well Led Domain CNST SA 1, 9 & 10	Implementation of perinatal quality surveillance model Maternity Dashboard Risk Register Governance structure DOM is invited to board to present and a Member of the Trust Management Group		

is already underway with the facilitation of Monitor, and we would not seek to vary or add to it, which would serve only to detract from implementation. We do, however, recommend that a full audit of implementation be undertaken before this is signed off as completed. **Action: Trusts**		Highlight Reports Quarterly Performance Meetings with the Executive team. Executive Maternity Safety Champions attend the Maternity Governance meetings. Evidence submitted for CNST.		
16. As part of the governance systems work, we consider that the University Hospitals of Morecambe Bay NHS Foundation Trust should ensure that middle managers, senior managers and non-executives have the requisite clarity over roles and responsibilities in relation to quality, and it should provide appropriate guidance and where necessary training. This should be completed by December 2015. **Action: Trusts**	CNST SA 4,5 & 8 Ockenden IEAs Workforce CQC Well Led Domain	TNA in place current one to be submitted end of March and includes managers Appraisals in place. JD include roles and responsibilities NED walk rounds Safety Champions walk rounds engagement Walk rounds in place. Roles and responsibilities for executive maternity safety champions NED and Chief Nurse within JD.		Appraisal rate is low due to COVID. Plan to be presented to the executive on recovery of appraisal rate.
17. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify options, with a view to implementation as soon as practicable, to improve the physical environment of the delivery suite at Furness General Hospital, including particularly access to operating theatres, an improved ability to observe and respond to all women in labour and en suite facilities; arrangements for post-operative	CNST SA 9 Ockenden IEA 4 & 5 CQC Safe Domain	Immediate access to 2nd theatre. The new second obstetric theatre opposite the labour ward opened in 2019. Midwives that scrub for theatre have the required training. Recovery staff are trained, and competency assessed in line with national guidance		Ensuite facilities are not available on labour ward currently but an £11.5m capital programme to develop the maternity unit including refurbishment and ensuite for rooms has been agreed. Plans have been developed with the architects and after planning permission etc work will start Autumn 2022.

care of women also need to be reviewed. Plans should be in place by December 2015 and completed by December 2017. 18. All of the previous recommendations should be implemented with the involvement of Clinical Commissioning Groups, and where necessary, the Care Quality Commission and Monitor. In the particular circumstances surrounding the University Hospitals of Morecambe Bay NHS Foundation Trust, NHS England should oversee the process, provide the necessary support, and ensure that all parties remain committed to the outcome, through an agreed plan with the Care Quality Commission, Monitor and the Clinical Commissioning Groups.. **Action: Trusts**				Additional money spent this financial year includes the Birth Centre - circa £190k e.g. new Spa's, kit & equipment. NICU - circa £190k e.g. cots, incubators, couches.
18.(the same as 17). **Action: Trusts**	CCG assurance visits CQC regulation visits	Outcomes of visits Current CQC ratings is Good Action plans Actions plans monitored governance floor to Board. Transformation Programme Board monitors the Maternity and Neonatal transformation programme. Feedback to and FROM staff through the monthly forum, focus groups and surveys of staff in the culture and workforce workstream.		There has been no CQC visit to maternity since 2018. We have had external support to identify areas for improvement. Part of the continuous improvement t a Clinically led Maternity and Transformation programme board commenced in March 2021 and includes Executive SRO, LMNS and MVP membership. The programme had 5 workstreams. 1 Ockenden-safety and quality 1 Estates and Facilities -design, planning and reconfiguration 2 IM&T-maternity digital strategy, hardware and software

				3 CoCr new service delivery model, new teams and targets 4 Workforce and Culture-staff empowerment, new ways of working, focus groups, staff development, leadership training.

Meeting title	**Trust Board – public meeting**	**Date: 30.03.2022**
Report title	**Sickle Cell Improvement Plan progress report**	**Agenda item: 8**
Executive director lead	Carol Gillen, Chief Operating Officer	
Report author	Anoushka Patel, General Manger	
Executive summary	The Trust Board are presented with a report to update and discuss progress against the Sickle Cell Improvement plan following the open letter from the patient group and the publication of 'No Ones Listening' by al All-Part Parliamentary Group on Sickle Cell and Thalassaemia and the Sickle Cell Society.	
Purpose	This paper will provide an update on progress made against required improvements to the Sickle Cell Service at Whittington Health.	
Recommendation(s)	Board members are asked to note the progress achieved against the Sickle Cell Improvement plan	
Board Assurance Framework	Quality 1	
Report history	22 March Trust Management Group	
Appendices	1. Sickle Cell Service Improvement Action Tracker 2. Terms of Reference for Sickle Cell Improvement Group	

Sickle Cell Improvement Plan- Progress Report

Background

Whittington Health is part of the North Central London (NCL) Haemoglobinopathy Coordinating Centre for Sickle Cell. The Trust offers a wide range of treatments and investigations including cellular haematology, coagulation, blood transfusion and haemoglobinopathy studies. The trust also provides medical care for patients with acute symptoms and who are unwell and require urgent and emergency care. The service cares for 280 adults and 76 children who live with sickle cell, in addition to Thalassemia and rare anaemia patients (219 adults and 25 children).

In April 2021 from the Sickle Cell Patient Group published an open letter to the Trust which detailed the sub-standard treatment of patients with Sickle Cell Disease. The Trust's CEO attended the Sickle Cell user group meeting to listen to their concerns.

In November 2021 an all-parliamentary group inquiry ('No Ones Listening') (SCTAPPG) was conducted following the death of a patient at a North London Hospital. The SCTAPPG was formed in December 2008 with the aim of keeping Sickle Cell and Thalassemia on the political agenda and facilitating a two-way dialogue between policymakers and those affected by Sickle Cell Disorder and Thalassemia.

Furthermore, a CQC report has recently been published following an inspection at a local North London Trust which details several findings. Along with 'No Ones Listening' this report can provide a benchmark for Whittington Health and feed into the improvement work.

The purpose of this paper is to provide an update against the Improvement Action Plan and to assure the Trust Management Group (TMG) that improvements are being made, following previous reports presented to TMG.

Plan and Areas of Focus

Whittington Health have a Sickle Cell Improvement Group that meets monthly. A SRO, Clinical, Nursing, Operational and Data Lead has been identified. There are robust terms of reference (ToR), Trust wide membership and attendance requirements and an action tracker (attached) that govern this group.

There are five key areas of focus in Whittington Health, which are aligned to the recommendations within the SCTAPPG Inquiry:

1) The standard of care on general wards and in A&E – getting the basics right.
2) Failings in providing joined-up sickle cell care
3) Low awareness of sickle cell among healthcare professionals and inadequate training
4) Negative attitudes towards sickle cell patients
5) Inadequate investment in sickle cell care

The specific, initial priorities for Whittington Health, as identified in the action plan are:

1) Improving time to analgesia in ED and SDEC

2) A specific ward designated for Haematology patients which is fit for purpose
3) Implementation of specific education, training, and competencies for the MDT
4) Tackling negative attitudes towards Sickle Cell patients
5) Increase access to Psychology for Sickle Cell Patients for those in Acute Crisis as well as having access to Psychology as part of long-term condition management.
6) Increasing the robustness of the Community Service considering future retirements and cross covering to enhance admission avoidance.
7) Improving fundamental care to incorporate fundamentals of care relating to pain control, hydration, and nutrition, and vital signs escalation. Thus, incorporating an individualised patient care plan.

Progress

Governance

- Improvement group established with robust membership, ToR and improvement plan
- SRO identified as well as medical, nursing, operational and data leads.
- Data set being developed by IMT to monitor progress. The dashboard will be available in April 2022.
- Involving the service users' representatives from patient group (Red Cells R US) in the governance of these improvements.
- Currently identifying patients to be stakeholders in the improvement group.

Summary of progress against the current areas of care on general wards and in Accident & Emergency

- Time to analgesia audit conducted – 40% of patients within ED and SDEC are currently receiving analgesia within the NICE guideline of 30 minutes. The action plan details how the Trust aim to be compliant of 90% by July 2022.
- Audit underway looking at the cause of ED delays to ensure focus on the right issue within the patent pathway. This will be complete by April 2022.
- Yellow card system being implemented in ED so sickle cell patients attending ED can 'skip the queue' and go straight to be seen by the streaming nurse. Patients will then be escalated and moved to Majors to be seen by a doctor and analgesia prescribed. This will be implemented in April 2022.
- SDEC Sickle Cell Pathway live and embedded, this is now extended to 9pm alongside extended SDEC hours.
- EPMA/JAC in the process of being rolled out in the Emergency Department which means analgesia protocols will be available electronically, thus lead to faster prescribing of analgesia.
- Behaviour alerts linked to sickle cell patients have been reviewed and removed / updated where appropriate.
- There is now an interim designated ward for Sickle Cell patients – Montuschi ward.
- A plan is being drawn up to create a permanent (shared) Haematology ward. This is in line with the fire remediation work in the Trust and plans are being

presented to TMG in April 2022. Patient representatives will be included in the rebranding of this ward.

- There is an established Victoria ward improvement group and action plan which has seen environmental and staffing improvements.
- Victoria transformation Matron (fixed term) appointed to and in post.
- Victoria ward manager post out to advert with view to start April 2022.
- Sickle cell champions in ED have been identified, champions for inpatient care currently being identified with view to be in place by April 2022.
- Development of a Dashboard in is progress to monitor and track key targets. This will be created and in place by the end of April 2022.
- Fundamental nursing care training refresher to incorporate fundamentals of nursing such as fluid balance chart, pain assessment and medicine management Audits of pain management charts.

Failings in providing joined-up sickle cell care

- An internal peer review is being scheduled for April 2022. Sickle cell services at Whittington Health will be reviewed to drive further, currently unidentified improvements, in line with the CQC KLOEs.
- Operational managers now attend the patient group on a regular basis to feedback on the updates and progress from the improvement work.
- Culture programme regarding being Anti-Racist.

Low awareness of sickle cell among healthcare professionals and inadequate training inclusive of Negative attitudes towards sickle cell patients

- An accessible training package is being developed to be uploaded to the ED training / communication app. All ED clinical staff have access to this app including locum doctors. Each staff member will be asked to complete the training before they work in the Emergency Department. The training package will have a focus of 'the Whittington Health way', advertising the Trusts SHT / tertiary Sickle Cell status. This will be in place by July 2022. There is also a national focus on this, led by NHSE.
- A further training package is being developed with the view for it to be available on Elev8 and available to all staff to complete. This will complement in person educational sessions which will be delivered at ward and department level. This will be complete by July 2022.
- A poster campaign has been developed and rolled out across the Trust with the aim to 'bust myths' around Sickle Cell disease. To compliment this an enhanced communication campaign is being developed in conjunction with the communications team with the aim to educate staff and provide expectations in relation to staff attitude. This is expected to be complete by May 2022.
- On-going engagement with Sickle Cell user group in order to co-produce the improvements.

Inadequate investment in sickle cell care

- It has been identified that the community need further investment in staff as their services include antenatal haemoglobinopathy counselling for pregnant

women and their partners as well as case managing adults with complex sickle cell and affected children.

- A business case has been developed identifying the resource needed to meet SHT standards for specialist psychology services and has been presented at Investment Committee and financial planning meetings. The resource is required to provide psychology support for patients in acute crisis as well as in managing their long-term condition. Further conversations regarding the necessary funding are scheduled for the new financial year.
- A small amount of funding has been given by Haringey to address inequalities in community provision for the sickle cell and thalassaemia patients. This is going to be used to fund sessions which have been co-developed with the patient group on a rolling basis including assistance navigating the social care/benefit system, non-speaking therapies and physiotherapy.

Conclusion

Good progress has been made in raising awareness around the issues surrounding sickle cell care at Whittington Health. There has been great enthusiasm and dedication to improvement from all professions, from relevant clinical and corporate departments in the Trust. A robust improvement plan has been developed and improvements are being seen and documented.

Going forward, as well as working through the key priorities for Whittington Health focus will be placed on the community offering for Sickle Cell Patients as well as using the findings from the recent CQC inspection of a North London Trust. An internal peer review of Sickle Cell Services at Whittington Health is being scheduled for April 2022 to benchmark the Trust against the afore mentioned CQC findings, internal findings can be shared with TMG / Trust Board once completed. A national peer review process is underway, and the next cycle starts late 2022 – Whittington Heath will be part of this.

Sickle Cell Service Improvements Action Tracker

Consultant Lead - Dr Emma Drasar/ Nursing Lead(s) - Matty Asante-Owuso and Olivia Kudom /Operational Lead - Craig Sheridan

Project	CQC KLOE	Aim	Action	Lead	Status	Date for completion	RAG	Updates
Sickle Cell Service Improvement – Improving the experience and quality of care for patients with sickle cell disease	Safe, Responsive	Sub-standard care on general wards and in A&E	Review pathways to improve compliance with NICE guidelines to offer analgesia within 30 minutes. Currently only 40% of patients get analgesia within this time.	Tilly Norton Matthew Colbert Emma Drasar	In progress	May-22		Pathways are currently being reviewed (e.g straight to streaming nusrse). "Sickle cell alerts" on EPR to inform staff that analgesia should be given within 30 mins of presentation.
			Improve access to analgesia in ED: Trial straight streamer > NIC escalation following quick triage and obs / pain score Doctors to priortise SCC patients following this escalation Trial of yellow card at streaming to ensure patient is registered at recepetion quickly	Tilly Norton /Janet Edwards	In progress	Mar-22		Straight to streamer: streamers have been triarging Janet Edwards has been managing Data. Yellow card bypass system Ideally in place by 25th March. Standards to go on yellow cards
			Information Requests to Develop Dashboard to track time to Triarge Time To Treatment In E.D. monthly	Anoushka Patel/Minhaz Uddin/Craig Sheridan	Not yet started	Apr-22		
			Review of triage score in conjuction with time to treatment - to ensure appropriate triage score given to SCC patients based on presentation	Duncan Carmichael Information Team	Not yet started	May-22		
			Audit of time to analgesia in ED - and where the delays are	Ryan Walker Information team	Not yet started	Mar-22		40% met on review target to be set and dashboard to be developed in order to track
			Audit time to treatment for SCC patients	Ryan Walker Information team	Not yet started	Mar-22		This is about recognising that it is not just about receiving analgesia but also about being seen by a doctor in a timely manner
			Gareth Kitson to speak with David / Kanak re computer hardware in ED to facilitate more electronic prescribing	Gareth Kitson	In progress	Mar-22	On track	Hardware is complete Data should be pulled much quicker and Pharmacy can see omitted doses
			Re-audit time to analgesia in AEC and investigate expanding the SCC Ambulatory care pathway into evenings and weekends	Matt Colbert	In progress	Mar-22	On track	Audit ongoing
			Audit and review behaviour alerts on patient records. Remove out of date alerts and review current alerts.	Janet Edwards	Not yet started	Apr-22	On track	ED ops team to complete - working with the clinical and information team
			Investigate if personalising patient protocols will help improve patient experience when presenting at our hospital	Dr Drasar/Dr Mullally	In progress	Jul-22	On track	Haemotology Clinicans are collating feedback on whether personilised protocols would be effective
	Safe, Caring	Low awareness of sickle cell among healthcare professionals and inadequate training	Investigate if further training would be useful for district nurses	Dr Drasar	Complete	Jul-21	Complete	Training modules identified
			Start discharge interviews conducted by haematology team to identify problems with inpatient care. To be reviewed monthly.	Craig Sheridan	In progress	Apr-22	On track	Additinonal feedback required from patients to create a fuller data set CS will attend wards to speak to patients and gather feedback
	Caring, Responsive	Negative attitudes towards sickle cell patients	Improve staff awareness and attitudes towards sickle cell patients. Patients report highly variable staff attitudes towards their condition.	Craig Sheridan	In progress	Apr-22	On track	Talks with the Trust Communications team have commenced to discuss a strategic awareness campaign to be cascaded throughout the Trust.
			Departments to identify sickle cell advocates within their teams to aid sharing of learning and training materials	Tilly Norton Deborah Wasley Craig Sheridan	In progress	Apr-22	On track	Leads meeting to be set up Janet to attend meetings in ED and attempt to identify additional Sickle Cell Champions within the department
			Develop e-learning module to roll out to improve training. To be used in acute and community.	Dr Drasar L&D team	In progress	TBC	Delayed	A plan is in place to utlilise EHA recommended e learning resource in conjunction with "live" Q&A sessions hopefully with patient representation. Operational Lead to attend external Sickle network study day (completed). Look into it being available on Elev8
			Operational team to attend patient group meetings to ensure their feedback designs the future of sickle cell services at WH	Craig Sheridan	Complete	Dec-21	On track	CS to attend ongoing meetings with agreement of the patient group. Senior management to attend future meetings.
			Create mythbusting campaign aimed at staff	Paula Ryeland	Complete	Aug-21	Complete	Completed but will be an ongoing campaign and will require a rebrand as per NS/CS
	Responsive, Effective	Failings in providing joined-up sickle cell care	Develop plan with the community to reduce hospital admissions. Based on 2018/19 data WH had 4.3 admissions per year per patient vs peer average of 3.4	Craig Sheridan/Dr Drasar/Matty Asante-Owuso	In progress	TBC	Delayed	Leads to meet to discuss service expansion. Psychology business case being remodelled after finance meeting
			NJ to link Grace and Matty in with the Anticipatary Care Teams for help with complex social cases	Matty Asante - Owuso	Complete	Jul-21	Complete	This has been a great success - especially as they are colocated in buildings next door to each other!
	Well led	Inadequate investment in sickle cell care	Bed modelling exercise to look at options for relocating Haem beds.	Anoushka Patel/Nicola Stephenson	In progress	May-21	On track	To be picked up in the fire remediation / decant work with expanding Thorogood. Idea is that Thorogood is to become the Haematology ward.
			Increase Sickle Cell Pshcyologist provision to meet SHT standard of compliance	Chinea Eziefula	In progress	Apr-22	Delayed	Delayed due to business case being declined at investment group. Trust wide review of psychology services purchased from C&I ongoing. The increase of SCC phsycology provision to be put forward as cost pressure by EIM in budget setting 22/23.

Sickle Cell Improvement Group Terms of Reference

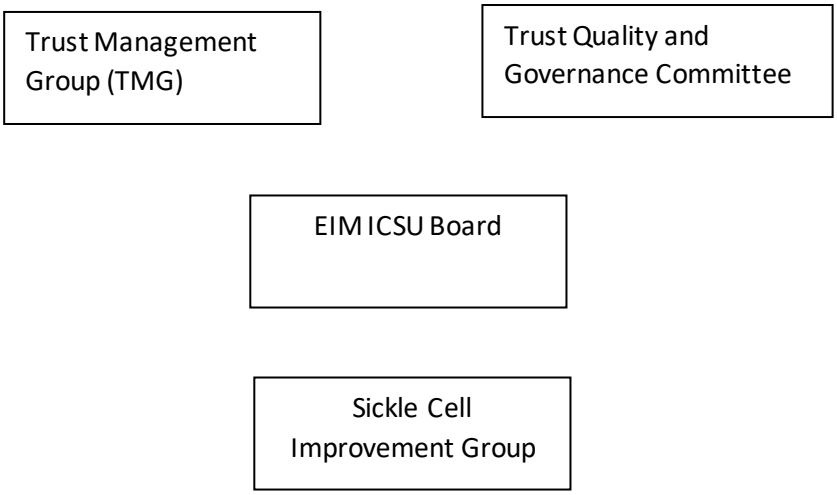
1.0 Accountability/Duties

The core purpose of the Sickle Cell Improvement Group is to:

- Understand current care provision for patients with Sickle Cell disease with focus on identifying improvements
- Make improvements in line with the SCTAPPG inquiry report and recommendations
- To improve engagement with the patient group, to design services for patients with Sickle Cell Disease
- To provide assurance to the Trust Management Group / Quality and Governance Committee regarding safe care for this patient group
- To monitor compliance against NICE guidelines
- To be a vehicle for sharing / cascading information to the wider ICSU
- To act as a forum to discuss internal governance such patient outcomes, audits, risk, incidents, complaints and other performance indicators
- To discuss workforce implications arising from the improvement work and act on these as necessary
- To ensure the Trust meets peer review / SHT standards
- To review internal guidelines and ensure up to date policies to facilitate the delivery of high quality care in line with best practice and national guidelines
- To ensure Trust investment into Sickle Cell care is adequate
- To ensure staff are knowledgeable of and competent to deliver adequate sickle cell care
- To work to identify and change negative attitudes towards sickle cell patients at WH
- To review and make necessary improvements to care locations (e.g Acute bed base / community areas)

2.0 Reporting Arrangements

Organogram



2.1 Reporting arrangements

The Sickle Cell Improvement Group will receive updates from:

- Project stream leads
- ICSU leadership team

2.2. Reporting Arrangements into the High-Level Committees

The Sickle Cell Improvement Group will provide progress reports to:

- EIM Quality Committee
- Trust Management Group
- Trust Quality and Governance Committee

3. Membership

Director of operations (Co – Chair)
Consultant Haematologist – Red Cell Specialty (Co-Chair)
General Manager (Deputy Chair)
Service Manager / Deputy Service Manager (Actions / Minutes)
Associate Director of Nursing (ADoN) / Deputy ADoN
Matron – Emergency Medicine
Matron – Site Team
Sickle Cell Clinical Nurse Specialist
Sickle Cell Community Matrons
Sickle Cell Psychologist
AHP Rep – OT/PT
AHP Rep – Nutrition
Pharmacy Rep
Director of Race and Equality
QI Lead
Consultant – Emergency Medicine
Junior doctor ED
SDEC medical team – Consultant / Junior doctor
Consultant – Pain management
CNS – Pain management
Consultant – Acute medicine
ED service management
Patient representation
ACS representation
Inpatient matrons

4. Frequency of Meetings

Meetings will take place monthly

5. Frequency of Attendance

It is expected that Committee members will attend a minimum of 6 meetings each per year. However, the NHSLA stipulation is that each member should attend at least three quarters of scheduled meetings as below:

Number of scheduled meetings held annually	Number of meetings attendance required
12	9

6. Quorum of meeting group

For this Committee to be quorate the following members need to be present:

1 person from each area as follows:

- Chair
- Minute taker
- EIM Operational manager
- Haematology consultant
- Inpatient nursing rep
- ED medical rep
- ED nursing rep
- Community sickle cell rep or deputy
- Acute sickle cell team rep (CNS / Psychologist)

Chair to agree the meeting is quorate

7. Dates:

Approval Date: February 2022

Review Date: October 2022

(6 monthly review in the first instance with a move to 12 monthly reviews henceforth)

Meeting title	**Trust Board – public meeting**	**Date: 30.03.2022**
Report title	**Freedom To Speak Up Guardian Report (September 2020- February 2021)**	**Agenda item: 9**
Executive director lead	Michelle Johnson, Chief Nurse and Director of Allied Health Professionals	
Report author	Ruben Ferreira, Freedom to Speak Up Guardian	
Executive summary	This paper provides: • A brief overview of the work of the Freedom To Speak Up Guardian (FTSUG) and National Guardian's Office updates (NGO) from September 2021 to February 2022 • An update on the Speak Up Advocate's role • Highlights local concerns raised during the period September 2021 to February 2022	
Purpose	The report provides information about Freedom to Speak Up across Whittington Health with information covering the period September 2021 to February 2022	
Recommendation	The Trust Board is asked to note the report, in particular the implementation of Freedom to Speak Up training for managers	
Board Assurance Framework	BAF entry – Quality 1: Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.	
Report history	Trust Management Group, 22 March 2022	
Appendices	Appendix one – Blackpool Teaching Hospitals Case Review[1] Appendix two – National Guardian's Office Strategic Framework 2021[2]	

[1] https://nationalguardian.org.uk/wp-content/uploads/2021/10/Blackpool_Teaching_Hospitals_FT_case_review.pdf
[2] https://nationalguardian.org.uk/wp-content/uploads/2021/07/NGO-Strategic-Framework-2021.pdf

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.

1.2 The National Guardian's Office (NGO) works to make speaking up become business as usual in health. The office leads, trains and supports a network of Freedom to Speak Up Guardians in England and provides learning and challenge on speaking up matters to the healthcare system. Since the establishment of the NHS National Guardian's Office in 2016 following the recommendation of the Francis Review there is now a wide-ranging network of over 700 Freedom to Speak Up Guardians in England supporting workers in nearly 500 organisations, in primary and secondary care, the independent sector and national bodies.

2 Overview: Freedom to Speak Up Guardian and National Guardian Office

2.1 The Whittington Health Guardian is continuously working to engage with teams and services across Community and Hospital departments. The post holder has adapted to meet the needs of staff over the course of the COVID-19 pandemic where there are less opportunities to meet staff face to face. 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. Over the last few months more people are now preferring face to face appointments as prior the pandemic.

2.2 Communication and visibility continue to be 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 role. The Intranet page was improved, enabling everyone to access it through the main page on the intranet. An all-staff email was sent to everyone in the organisation about Freedom to Speak Up, what we do, who we are and how to contact us. Another email is scheduled to be sent soon as a reminder that everyone can reach out in a safe confidential way. Posters across the Community sites are being updated displaying information about Speak Up Advocates present on that site.

2.3 The Guardian continues to work 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 are growing between the FTSUG and the Networks

leadership with the collaboration of the Directors for Race, Equality, Diversity & Inclusion.

2.4 As the Whittington Health NHS Trust welcomed the Children's Integrated Therapies service in Barnet from February 2022, with staff transferring from North East London NHS Foundation Trust (NELFT), the Guardian joined their induction. The Guardian is liaising with the NELFT Guardian to be made aware of any current or past areas of concerns. The Guardian is visiting the service to help the new colleagues feeling even more integrated and welcomed.

2.5 The Guardian continues to be part of the Preceptorship Study Day and Newly Qualified Nurses Orientation Training, Health Care Support Worker (HCSW) Development Programme and Medical Education Induction to explain how to raise concerns safely and confidentially, raising the profile of FTSU. The Guardian continues to attend the Trust Induction Day for all new starters. When the Guardian is not available to attend, Speak Up Advocates provide cover which promotes their role and adds a stretch opportunity to their experience.

2.6 The Guardian is supporting the recruitment process and establishment of a new FTSU Guardian and Speak Up Network in NHS North East London (NEL) Clinical Commissioning Group. The Guardian has also offered the opportunity for the new Guardian in NEL to spend time at Whittington Health to complement their induction and learning. The collaboration has been very well received.

2.7 The FTSU Guardian and HR Business Partners continue their close collaboration listening and supporting colleagues in particular areas of concern. The Guardian and the HR Business Partners joined 1:1 drop-in informal and confidential sessions with staff members from one of the medical wards. This initiative, supported by senior management, was linked with several quality and staff concerns received regarding this ward. This has led to several staff sharing their experience of working on the ward. The themes have been shared with the senior leadership team and actions taken to address concerns. This includes rota management and gaps in nurse establishment.

2.8 The collaboration between the FTSUG and the Organisational Development (OD) Team is fundamental to reinforce learning and acting on the concerns received. This collaboration allows the trust to challenge cultural behaviours, bullying and harassment and detriment in a serious, committed, and constructive way. Because of a positive approach to speaking up, the trust can keep improving services and staff experience, addressing inadequate behaviours as necessary. The Guardian took the opportunity to refresh their knowledge and practice in Mediation and conflict resolution through training delivered through the OD team. This training provided useful and fundamental tools to keep improving the quality of work provided.

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 **NGO (National Guardian Office)** published a report (2021) analysing the themes and learning for the whole health sector from its review of the speaking up culture at Blackpool Teaching Hospitals (Appendix 1). The NGO received information indicating that a speaking up case may not have been handled following good practice. The information received also suggested black and minority ethnic workers had comparatively worse experiences when speaking up.

2.11 The Case Reviews seek to identify learning, recognise innovation and support improvement, and, ultimately, improve the experience of workers, patients, and the public.

2.12 Learning points for Whittington Health include:

- *National Guardian's Office is developing the Speaking Up Partnership Group to improve the consistency and quality of responses given to workers who speak up to national organisations. The findings are that Freedom to Speak Up Guardians cannot work in isolation. To support workers effectively, they must be supported by their leaders, and the system.*

- *Freedom to Speak Up must be embedded at an organisational and system-wide level.*

2.13 The NGO is currently updating its processes and key documents outlining how it conducts Speaking Up Reviews, to give as many workers as possible a voice in what they decide to review. In doing so, the aim to have as much impact as possible by focusing on areas of priority for workers and to continue to improve the understanding of the speaking up landscape in healthcare in England.

2.14 The NGO Strategic Framework (appendix 2) outlines how it will support the alignment of speaking up, listening up and following up across the healthcare sector in England. In the five years since the Freedom to Speak Up Review, much has been achieved. Guardians amplify the voices of those who might otherwise not be heard, seek to break down barriers to speaking up, and support the use of speaking up as a valuable opportunity to learn and improve. Workers have spoken up about patient and worker safety, their day-to-day experiences and negative behaviours that they encounter, including bullying and harassment. Freedom to Speak Up Guardians have listened to them, thanked them, and escalated matters so that appropriate action could be taken.

2.15 The NGO reports that the 50,000+ cases that have been brought to Freedom to Speak Up Guardians have offered 50,000+ opportunities for learning and improvement. The most immediate concern is ensuring that speaking up works well now so that our healthcare workforce feels empowered and listened to. Voice is one of the three main pillars of the NHS People Plan; listening and acting upon matters raised means that Freedom to Speak Up delivers on the promise of the NHS as the best place to work.

2.16 Clinical leader and registered nurse, Dr Jayne Chidgey-Clark, has been appointed as the new National Guardian for Freedom to Speak Up in the NHS

in England. Dr Chidgey-Clark has more than 30 years' experience in the NHS, higher education, voluntary and private sectors. Her most recent roles include as non-executive director at NHS Somerset Clinical Commissioning Group (CCG) where she was a Freedom to Speak Up Guardian. The Trust CEO, Chief Nurse and Guardian extended a welcome and invited Jayne to visit the trust.

3 Speak up Advocates' network

3.1 The Guardian is offering supervision and support to consolidate the network of Speak Up Advocates. Currently the network has 45 Advocates. More than half of Advocates are from an ethnic minority background. During this report period, 10 more Advocates were recruited and trained. They come from new professional categories that weren't yet as represented like Musculoskeletal Services (MSK) services and medical consultants. As some Advocates leave the Trust others are sought from the same service, to ensure continuation of the service provided.

3.2 The ambition remains to have an Advocate for each inpatient ward. The Guardian will attend morning handover in each Ward during the next 6 months, to raise awareness of FTSU and encourage Advocates recruitment. Other areas of interest remain the Day Treatment Centre, Finances, IT and Estates and Facilities. The collaboration of Divisional Directors and Corporate Directors will be fundamental in this process. The Guardian is working alongside the new Head of Facilities to visit every team in the department to improve the culture around speak up/ raising concerns.

3.3 The Assistant Chief Nurse and both Directors for Race, Equality, Diversity & Inclusion are joining as Advocates. This extends the network of Advocates to a senior level in the Trust and supports FTSU awareness and engagement in all the Staff Networks and Trust leadership. They collaboration is fundamental and welcomed.

3.4 To date the Advocates have not received any initial concerns from staff, these have gone to the Guardian directly. Nevertheless, the Network keep reporting that several colleagues across the Trust seek their support and advise. The Advocates keep providing save and confidential environment for anyone to speak.

3.5 The Speak Up Advocates continue to provide their unobstructive emotional support for staff in difficult meetings.

3.6 The Guardian and the Network meet every two-months to review some cases and provide support and guidance. Additional training is available, and Advocates supported to take this up. This can include mediation, coaching conversations and 'Bystander to Upstander' training

4 Local concerns raised (September 2021 to February 2022)

4.1 This reporting period the FTSUG received 41 initial concerns. Considering the data from previous FTSU Reports and considering the impact of COVID-19 and winter pressure, it is encouraging to see the number of concerns is returning to

the levels seen prior to the Pandemic. The number of concerns indicated in this report represents initial contacts with concerns that require action. All the contacts with the Guardian for emotional support or advise are not part of this number but are captured within the guardian record keeping.

4.2 Two concerns were anonymous and have been reported internally. The number is still low compared with the first Trust Board report (October 2018) where six anonymous cases were reported. This supports an assumption that staff feel safer and more confident to approach the FTSU Guardian, disclosing their identities, while raising concerns.

4.3 Table one shows cases received by Integrated Clinical Service Units (ICSU) and Corporate Directorates.

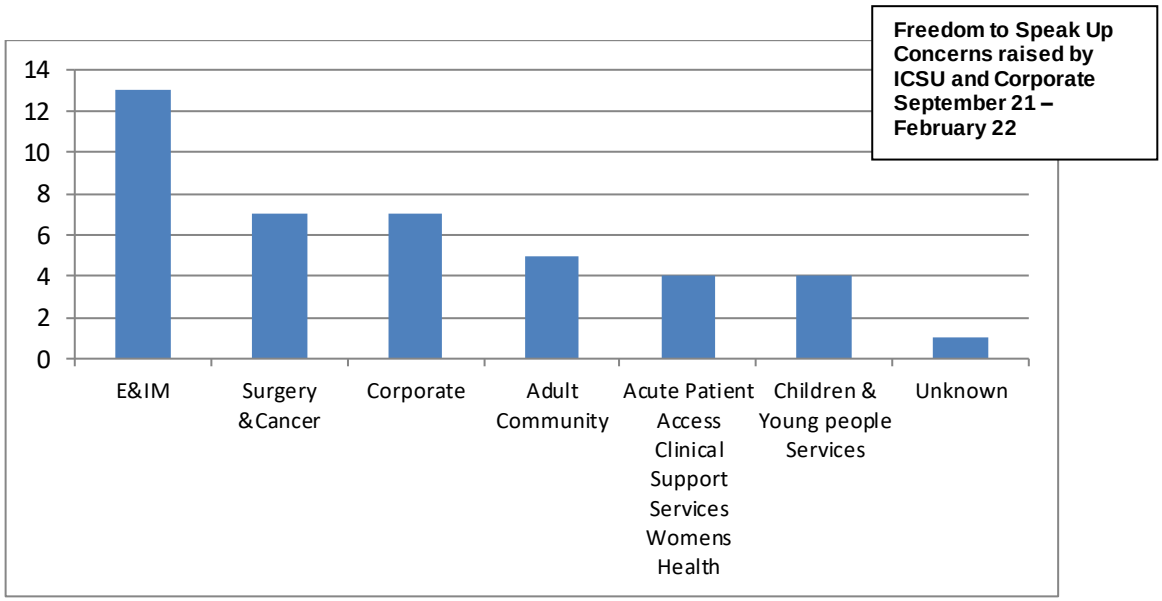


Table one: Freedom to Speak Up Concerns raised by ICSU and Corporate in September 21 – February 2022

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

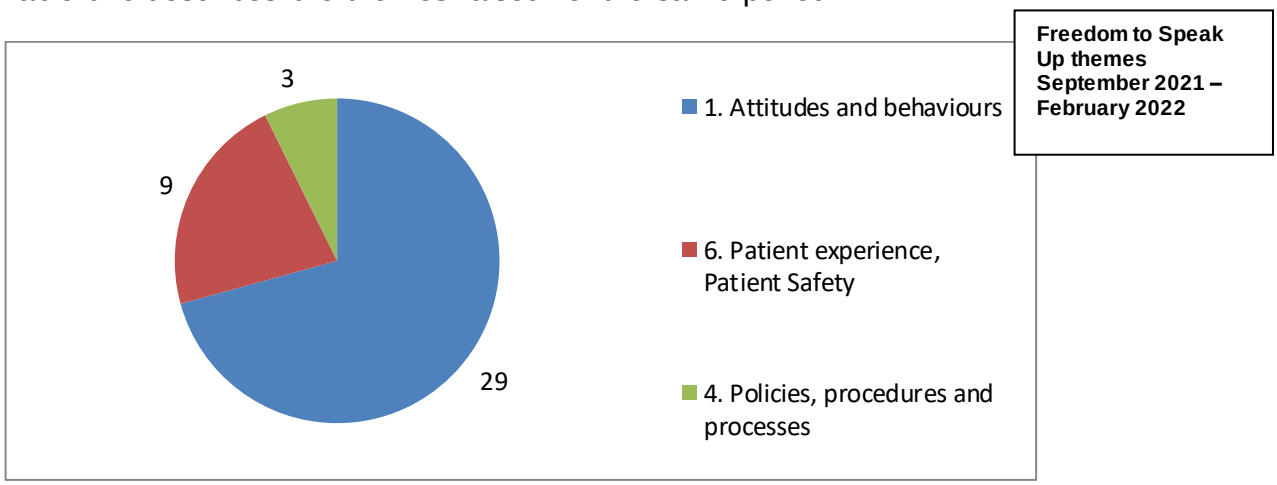


Table two: Freedom to Speak Up themes September 21 – February 2022

4.5 Table three shows the ethnicity of staff raising concerns from September 2021 to February 2022. This data helps us to find areas that need more active engagement and awareness regarding FTSU. The FTSU Guardian is working jointly with the Directors for Race, Equality, Diversity & Inclusion and the B.A.M.E. Staff Network to increase visibility, knowledge on FTSU and Speak Up Advocates recruitment.

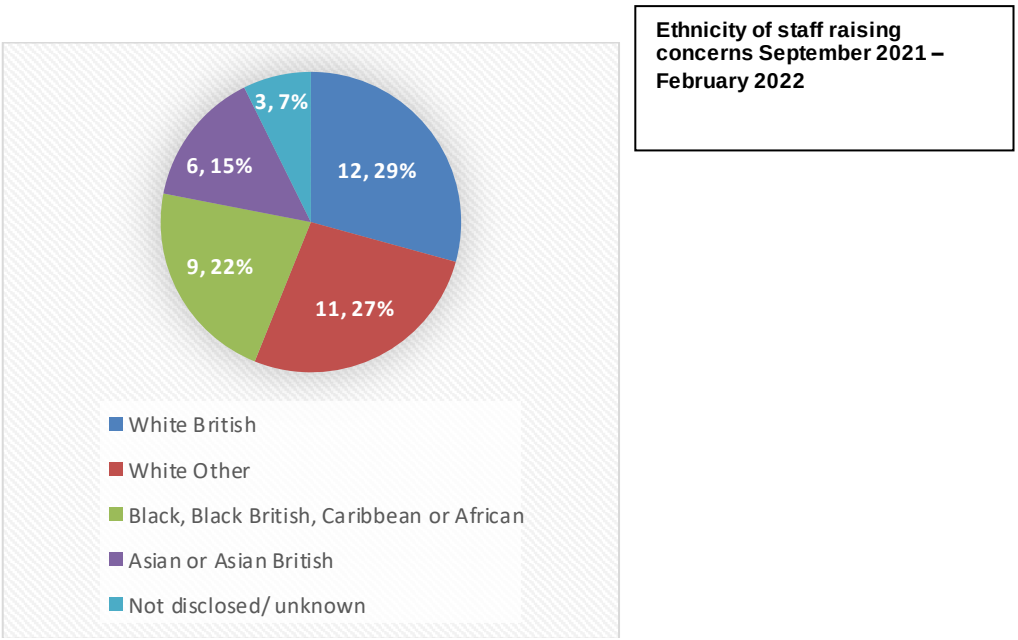


Table three: Ethnicity of staff raising concerns September 2021 – February 2022

4.6 Table four cases raised by professional group

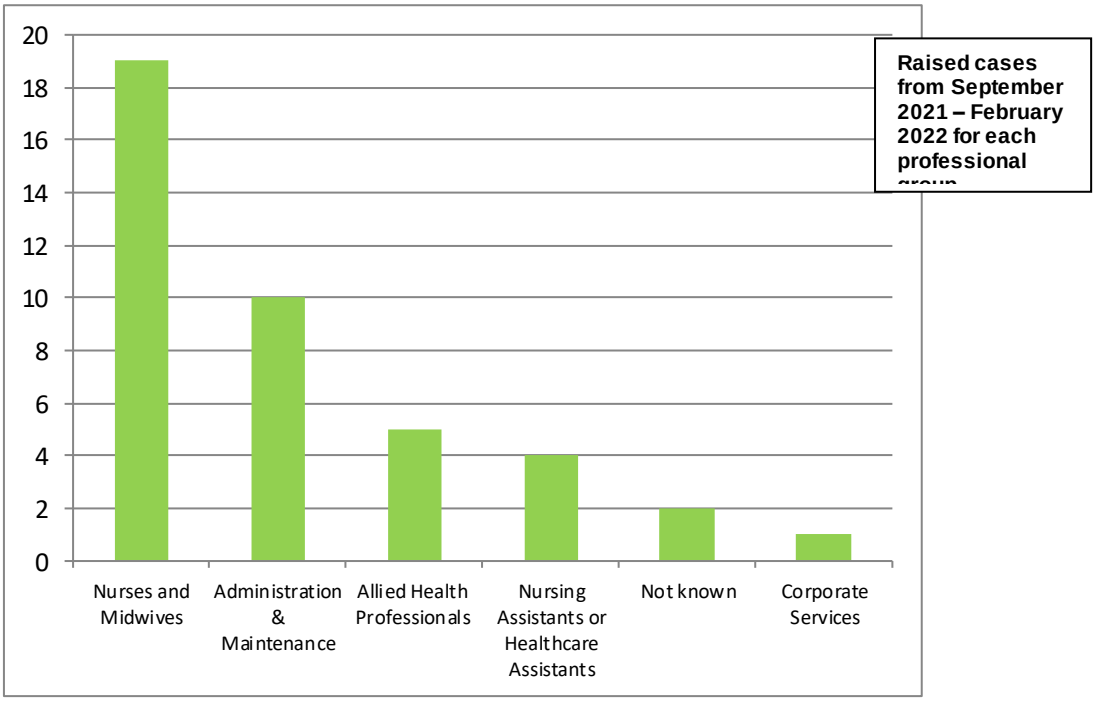


Table four: Raised cases from September 2021 – February 2022 for each professional group

5 Whittington Health staff feedback

5.1 The trust received two anonymous feedbacks from the People Pulse Survey about FTSU that stated: “I think that having freedom to speak up Guardian and Advocates in all departments has really helped to encourage staff members to speak up and have an outlet.” And “The team have just utilised the Freedom to speak guardian and found the whole process exceptional so far”.

6 Priorities for the next six months

6.1 The Guardian has identified several priorities for the next six months and they include:

1. Continue visits to Health Centres and services throughout the Hospital, including night visits.
2. Continue 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. Collaboration with the Communication department to raise the FTSU profile and visibility.
6. Undertake the FTSU Self-Assessment and review recommendations made from the NGO

Meeting title	**Trust Board – public meeting**	**Date: 30 March 2022**
Report title	**Workforce Assurance Committee Chair's report**	**Agenda item: 10**
Committee Chair	Anu Singh, Non-Executive Director	
Executive director lead	Norma French, Director of Workforce	
Report authors	Marcia Marrast-Lewis, Assistant Trust Secretary, and Swarnjit Singh, Trust Secretary	
Executive summary	Trust Board members are presented with the Workforce Assurance Committee Chair's report for the meeting held on 16 March 2022. **Areas of significant assurance:** • Staff story – Tackling racism & inequality through allyship • Quarter three Workforce report • Quarters 2 and 3 Guardian of Safe Working reports • Staff Survey outcomes • Quarter 3 People Pulse outcomes • Just Culture update • Quarterly equality, diversity, and inclusion report • Health and Wellbeing support • Board Assurance Framework – People entries • Trust Risk Register – People entries There were no agenda items at the meeting for which the Committee is reporting limited assurance to the Board.	
Purpose	Note	
Recommendation(s)	Board members are invited to note the report, particularly areas of significant assurance.	
Board Assurance Framework	People entries	
Report history	None	
Appendices	Q2 and Q3 Guardian of Safe Working reports	

Committee Chair's assurance report

Committee name	Workforce Assurance Committee
Date of meeting	16 March 2022
Summary of assurance:	

1. The Committee is reporting significant assurance to the Board on the following matters:

Staff story – Tackling racism & inequality

Committee members welcomed Charlotte Pawsey and Serena Wilshire who shared their personal experiences of addressing racism from the perspective of a white senior manager and a black human resources business partner.

Charlotte Pawsey briefed the Committee on her attendance at a White Allies programme run by the Kings Fund. She informed members that the programmed was in the process of being rebranded as it was important to demonstrate that it was seen as actively challenging racism and inequality. Charlotte Pawsey explained that the programme was designed to help participants look introspectively at their behaviours and ways of thinking that could cloak stereotypical racist views. She acknowledged that some of the content prompted difficult and uncomfortable conversations was did clearly explain the difference between encouraging anti-racist activity rather than being "not racist" so that staff and patients could experience a more inclusive environment.

Serena Wilshire gave an insight into her experience during the pandemic and while dealing with the worldwide response to the murder of George Floyd. She spoke of the dichotomy between her role as a human resources adviser and also as an active member of the Black and Minority Ethnic staff equality (BAME) network. Through conversations with her line manager and director, Serena came to understand that this was not an uncommon situation and found the discussions helpful and supportive. As Co-Chair of the Healthcare People Management Association HPMA) for London and the South-East Serena felt empowered to help promote change in and out of the organisation. She was well placed to discuss the issues that affected human resources professionals and to contribute to practical solutions so that issues were tackled. Serena Wilshire highlighted the importance of a network sponsorship to ensure that any issues raised by networks were brought to the attention of senior leaders dealt with at the most senior levels highest levels addressed and that the leadership of the Trust organization provides leadership in the areas highlighted. Serena also confirmed that executive sponsorship had helped the HPMA network to flourish and develop.

The Committee acknowledged that sponsorship was important and agreed that more could be done to encourage sponsorship as this would be crucial to break down the barriers that hinder the increase of representation of BAME staff in senior roles at the Trust.

The Committee also agreed that it would be beneficial for others to attend the Allies' programme so that a wholesale change in attitudes and views might be

brought about. Committee members were reminded that the Trust had successfully implemented the "See Me First" initiative but further coverage was needed across the organsation, as more awareness of initiative would equate to more pledges which was a step closer to fulfilling the equality and inclusion agenda at the Trust.

The Committee expressed their gratitude to Charlotte Pawsey and Serena Wilshire for taking the time to speak to the Committee on these timely and important issues.

Risk Register - workforce risks

The Committee reviewed a summary of workforce related risks and noted the key changes in the risk register since the last review related to the inclusion of four new high risks which related to:

- Maternity Service provision (Ockenden)
- Shortages in theatre staffing – nursing, anaesthetists and administrative
- Adult Community Services workforce
- The volume of overnight computerised tomography (CT) scans had become unmanageable for lone working radiographer.

The Committee noted the risks and were assured that adequate mitigating actions were in place to manage the risks.

Board Assurance Framework - People entries

The Committee considered the Board Assurance Framework which detailed the entries for risks to the delivery of the Trust's people strategic objectives as at the start of quarter 4. The Committee took note that:

- The score for People 1 had increased from 16 to 20 to reflect the current staffing challenges as a result of Covid-19 and staff sickness
- The score for People 2 which related to staff wellbeing and equality diversity and inclusion had increased to reflect the continuing impact of the pandemic and frontline pressures upon staff morale and wellbeing.

The Committee were informed recruitment incentives had been implemented to attract sonographers in an effort to mitigate staff shortage in diagnostics.

The Committee noted the Board Assurance Framework agreeing the risk scores allocated to People strategic objectives and the mitigations and systems of control in place to effectively manage the risks.

Quarter three workforce report

Charlotte Pawsey presented the report highlighting to the following headlines:

- Vacancy rates remained consistent with quarter two but there was a small decrease in staff turnover by 2%.
- Appraisal and mandatory training remained below target.
- Sickness absence continued to be challenging at 4.64% which was 1.14% above the Trust's target which was in line with the increase in bank and agency usage.

- Recruitment time to hire overall had remained steady in line with the Trust's target of 63 days.
- Unresolved employee relations cases had risen to 15 cases.

The Committee challenged the steps taken to address mandatory training. It was explained that the Learning and Development team provided support needed to support training and the Elev8 system was in place to support ease of access and recording of training. Additionally, the importance of annual appraisals was reinforced for managers to take forward with direct reports. Elev8 would also be updated to include appraisal information.

In relation to staff turnover, it was noted that younger staff were more likely to leave the Trust with 64% of leavers coming from the ages less than 20 to 35 which was in line with demographics. It was recommended that the Trust would need to focus more closely on reasons for leaving which emphasised the need to ensure that exit interviews were completed for each leaver.

The Committee noted the report.

2021/2022 Quarter 2 and 3 Guardian of Safe Working reports
Committee members considered two reports from the Guardian of Safe Working which covered quarters two and three. Committee members were asked to note the following:

- The report covered the period when a significant number of junior doctors were attempting to go on leave before the end of their rotation and before the new influx of junior doctors in August 2021
- High levels of fatigue across all disciplines had negatively impacted on doctors and dentists in training
- The majority of exception reports raised by junior doctors related to working hours

The Committee noted the disparity in exception reporting by Integrated Clinical Support Unit, with the majority of reports coming from General Medicine and received assurance that junior doctors were working safe hours in accordance with the 2016 Terms and Conditions of Service for NHS Doctors and Dentists in Training.

NHS Staff Survey outcomes
The Committee was advised that the 2021 NHS Staff Survey results were still embargoed and would be released at the beginning of April. The survey was undertaken again nine NHS People Plan Promises, and themes and early indications were that the Trust was benchmarked in the average range of results. The Committee were asked to note that Integrated Clinical Support Units were now in the process of developing their staff actions plans. A detailed report would be brought back to the Committee in due course.

People Pulse results
The Committee considered the outcome of the new People Pulse Survey which replaced Staff Friends and Family Tests. The former focused on two measures advocacy for work and advocacy care, the People Pulse survey

focussed on the same measures plus culture, wellbeing plus staff experience and an engagement score derived from the nine engagement questions found in the annual staff survey. The Committee was informed that in January a total of 314 responses were received which was just 7% of all staff, including bank and agency staff. It was noted that promotion of the survey was limited as the Trust had prioritised its response to the Omicron variant and to Vaccination as a Condition of Deployment (VCOD).

The Committee noted that due to the small number of staff response it was not possible draw any meaningful conclusions, however, of the 314 responses,60% of staff said that they felt supported at work. The Committee was asked to note that, if VCOD had not been an issue at the time of the survey, the results would have been different. The Committee noted the report.

Quarterly Race, equality, diversity and inclusion

The Committee received

- A revised equality diversity and inclusion policy for approval
- The 2020/2021 public sector equality duty report
- An updated action plan
- Guidelines for reasonable adjustments

The Committee reviewed the revised equality diversity and inclusion policy which had been updated to reflect the discussions and consultation with Staff Side and staff equality networks and a review following benchmarking against other NHS organisations. The Committee approved the policy.

The Committee considered the 2020/2021 Workforce Public Sector Equality Duty report which detailed the Trust's annual response to the statutory workforce obligations set out in the Equality Act (2010). The report highlighted key areas of improvements made particularly around the recruitment of BAME staff for roles between Agenda for Change Band 8a to Band 9. The Committee were assured of the ongoing work to deliver targets against the action plan.

The Committee noted the draft Guidelines for Reasonable Adjustments provided advice to managers on the adjustments to be taken to ensure that staff affected by illness or disability are supported to continue their day-to-day activities whilst at work.

The Committee Chair welcomed the report and noted that it was the responsibility of the Trust Board to ensure that everyone across the Trust worked collectively to eradicate discrimination. The Committee noted the report.

Just Culture Work update

Committee members received a verbal update on the progress of the Just Culture work. Charlotte Pawsey reported that a project plan was in development with the view of taking forward insights gathered from staff survey into realistic and smart objectives and actions. The plan would initially

	focus on the Trust's disciplinary process to align with the current methodology used successfully to investigate serious incidents. Michelle Johnson was pleased to see similar initiatives being rolled in Camden and Islington in the North Central London sector and suggested that the Trust may consider different work which would link with psychological safety. It was anticipated that changes to the disciplinary process would be quickly rolled out reducing the time taken to deal with disciplinaries as a more informal process was adopted. **Health & wellbeing support** The Committee received and noted a report which provided an update on staff wellbeing and support initiatives which ranged from practical, developmental and psychological wellbeing. The Committee was assured that more work would be carried out to ensure that all staff were released to access the support when needed. The Committee noted the report. **Anu Singh** Committee members noted that this would be Anu's last meeting. They thanked her for her stewardship of the Workforce Assurance Committee and her championing of the workforce equality and inclusion agenda.
2.	**Present:** Anu Singh, Non-Executive Director (Committee Chair) Kevin Curnow, Chief Finance Officer 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 **In attendance:** Tina Jegede, Joint Director, Race, Equality, Diversity & Inclusion and Lead Nurse, Islington Care Homes Helen Kent, Assistant Director of Learning & Organisational Development Marcia Marrast–Lewis, Assistant Trust Secretary Swarnjit Singh, Joint Director, Race, Equality, Diversity & Inclusion and Trust Secretary Kate Wilson, Associate Director Workforce Charlotte Pawsey, Acting Deputy Director of Workforce Serena Wilshire, Human Resources Business Partner Beverleigh Senior, Director of Operations Acute Clinical Services & Women's Health Eliana Chrysostomou, Head of Organisational Development

Meeting title	**Workforce Assurance Committee**	**Date: 16.03.2022**
Report title	**Guardian of Safe Working Hours Report Q2 2021-22**	**Agenda item: 7.1**
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report author	Dr Rebecca Sullivan, Guardian of Safe Working Hours (GoSWH)	
Executive summary	• This report covers the period following the second surge of COVID-19 when we were able to continue recovery work. • This report also 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 the beginning of this quarter. This report also covers the period of junior doctor change over in August and their first weeks of work as junior doctors in a new Trust. This is often coupled with increase in working hours as they settle into a new place of work which reflect the reporting in the second half of this quarter. • 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. • 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:	• To provide assurance to the Board that Junior Doctors are working safe hours in accordance with the 2016 *Terms and Conditions of Service for NHS Doctors and Dentists in Training*.	
Recommendation(s)	The Committee 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 Q2 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 the 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 exception reports 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. 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 current a hybrid of a face to face and virtual meeting.

2. High level data

Number of doctors / dentists in training (total):	216
Number of doctors / dentists in training on 2016 TCS (total):	216
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

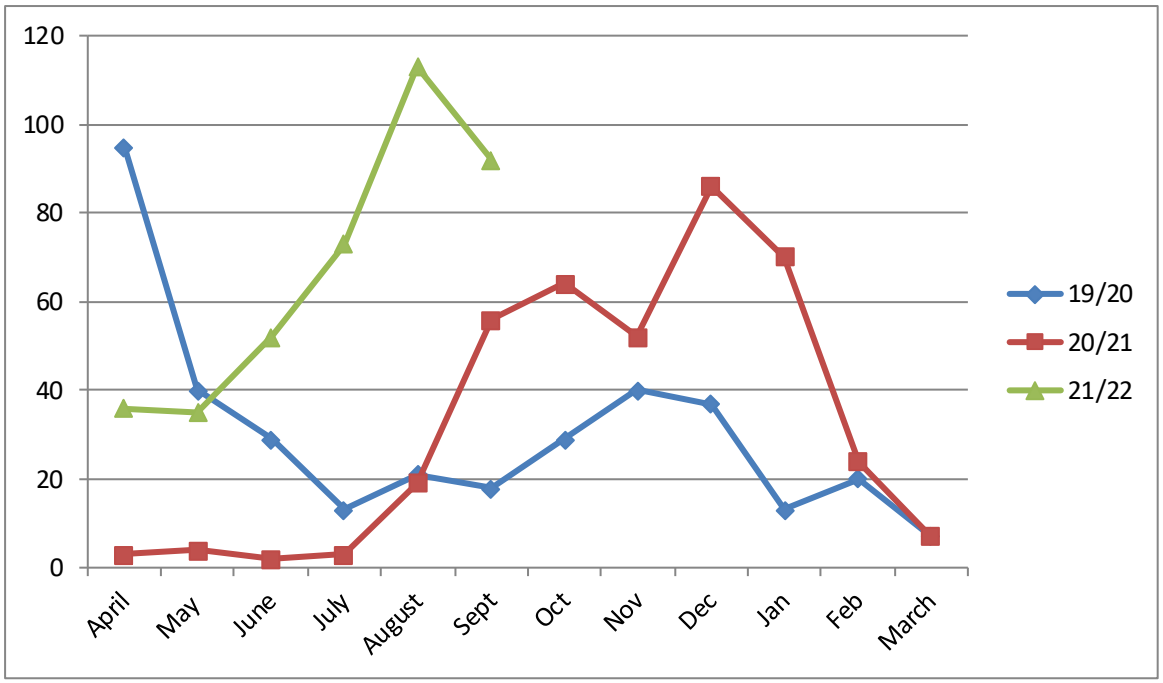
3. Exception reports (with regard to working hours)

3.1. Between the 1st July and the 30th September 2021 there have been a total of 278 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		July	Aug	Sept	Total
Reports	Grand Total	73	113	92	278
	Closed	73	113	92	278
	Open	0	0	0	0
Individual doctors / specialties reporting	Doctors	21	28	24	-
	Specialties	4	2	4	-
Immediate concern		0	0	1	1
Nature of exception	Hours and Rest	73	114	92	278
	Education/Training	0	0	0	0
Additional hours	Total hours	115.25	183.25	139.25	437.75
Response	Agreed	73	110	91	274
	Not Agreed/Not yet actioned	0	3	1	4
Agreed Action *('No action required' is the only response available for 'education' exception reports)*	Time off in lieu (hrs)	15	56	40	111
	Payment for additional hours (hrs)	57	55	52	164
	No action required (ERs)	1	2	0	3
	Other/Pending (ERs)	0	0	0	0
Grade	Foundation year 1	38	63	65	166
	Foundation year 2	6	10	10	26
	IMT/ST1 or ST2	16	28	14	58
	GP Specialty Registrar	1	7	3	11
	Specialty Registrar	12	5	0	17
Exception type *(more than one type of exception can be submitted per exception report)*	Work Load	28	53	45	126
	Pt/Dr ratio too high	27	55	29	111
	Rota gaps	3	10	3	16
	Late running WR	12	15	1	29
	Deteriorating patient	4	7	19	30
	Educational	0	0	0	0
Specialty	General Medicine	65	108	62	235
	General Surgery	1	6	8	15
	T&O	2	0	15	17
	Paediatrics	0	0	0	0
	Anaesthetics/ITU	0	0	0	0
	Radiology	0	0	0	0
	Psychiatry	0	0	7	7
	Obstetrics and gynaecology	0	0	0	0
	Accident and emergency	5	0	0	5
	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 an overall increase in the number of ERs during this quarter. The variation is in keeping with the unpredictable nature of this period during the ongoing pandemic recovery and the significant increase in patient needs that is being recognised across the country.

3.3. Q2 covers the period of changeover of trainees in August. This often goes hand in hand with an increase in ER's in August and September as the new trainees get to grips with computer systems and processes etc. Initially jobs can take longer and lead to delays in trainees leaving at the end of the day.

3.4. Nationally over the last few months we have also seen a marked rise in the acuity and complexity of patients being admitted. We have also seen numbers of admissions rising with use of escalation beds often only used during "winter pressures" being utilised much earlier 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.

3.5. 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.

3.6. As has been seen in previous reports there have been a number of incorrectly submitted reports. This quarter there were 6 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.

4. Immediate safety concerns

4.1. There was one report that was flagged as an immediate safety concern (ISC). This was submitted after a trainee was asked to come in on a zero day due to a significant lack of staff on the ward. He was able to take his zero day later in the week but this exemplifies the critical issues with trainee staffing we are experiencing at present.

5. Work Schedule reviews

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

6. Establishment and Vacancy data

6.1. 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.

7. Bank and Agency usage

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

Table 2: *Bank and agency usage Q2*

Speciality	Bank		Agency		Total	
	Shifts	Hours	Shifts	Hours	Shifts	Hours
General medicine	484	3,005	27	265	511	3,270
ED	894	8,432	218	2,125	1,112	10,557
General Surgery	283	2,734	58	614	341	3,348
Urology	310	3,617	51	508	361	4,125
T&O	37	381	0	0	37	381
O&G	207	2,118	11	125	218	2,243
Anaesthetics	110	1,085	0	0	110	1,085
ITU	58	591	0	0	58	591
Paediatrics	265	2,688	3	36	268	2,724
Radiology	122	1,271	0	0	122	1,271
Total	2,770	25,922	368	3,673	3,138	29,595

8. Locum work carried out by trainees

8.1 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. Previously the GOSW has only been able to present this data due to familiarity with trainees. This has not been possible this quarter.

9. Vacancies

9.1 Based upon data from Health Education England for Q2

Table 3: *Vacancies per speciality Q2*

Speciality	Current vacancies
General Medicine	1 Vacant post, 8 LTFT trainees
General Surgery inc urology and T&O	0 Vacant posts, 0 LTFT trainees
Obstetrics and Gynaecology	0 Vacant posts, 0 LTFT trainees
Emergency medicine	0 Vacant posts, 0 LTFT trainees
Paediatrics (inc NICU)	1 Vacant post, 11 LTFT trainees
Anaesthetics	1 Vacant post, 4 LTFT trainees
ITU	0 Vacant posts, 1 LTFT trainee
Radiology	0 Vacant posts, 0 LTFT trainees
Microbiology	0 Vacant posts, 0 LTFT trainees
Psychiatry	0 Vacant posts, 1 LTFT trainees

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

10.1. For this quarter a total of 437.75 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.

10.2. Currently, these hours equate to a total of approximately £7,294.62 of which £7,294.62 has so far been paid to the junior doctors directly.

10.3. £1,456.73 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 although progress has been made on this front.

Table 4: *Breakdown of fines by ICSU*

ICSU	Amount of Fine to Doctor	Amount of Fine to Guardian
Emergency and Integrated Medicine	£874.02	£1,456.73
Surgery and Cancer	Nil	Nil
Children and Young People	Nil	Nil

11. Next steps

11.1. 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

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

11.3. 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. There has been an increase in ER's and this is being monitored closely.

11.4. 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.

11.5. 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.

12. Conclusions

12.1. This quarter's report shows a steady level of ERs.

12.2. The majority of ER continues 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.

12.3. Primary events leading up to exceptions are issues due to patient acuity, 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.

12.4. No training/education ERs have been raised this quarter.

12.5. 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.

13. Recommendations

13.1. 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: 16.03.2022**
Report title	**Guardian of Safe Working Hours Report Q3 2021-22**	**Agenda item: 7.2**
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report author	Dr Rebecca Sullivan, Guardian of Safe Working Hours (GoSWH)	
Executive summary	• This report covers the period of increasing numbers of COVID-19 Omicron variant as we saw numbers start to peak in late December. • This report also covers a time when lots of junior doctors were off sick with COVID-19 themselves and we saw critically low numbers of junior doctors in some teams. This led to low numbers of trainees on the wards during the end of this quarter. • This, coupled with high levels of acuity of patients has led to high levels of exception reporting this quarter. • Nationally there are lower than previous numbers of junior doctors available to fill back and agency shifts also which leave on-call teams very stretched. • We continue to be forced to move trainees within specialities at times to support safe working. • 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. • 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:	• To provide assurance to the Board that Junior Doctors are working safe hours in accordance with the 2016 *Terms and Conditions of Service for NHS Doctors and Dentists in Training*.	
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 Q3 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 the 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 exception reports 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. 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 current a hybrid of a face to face and virtual meeting.

2. High level data

Number of doctors / dentists in training (total):	230
Number of doctors / dentists in training on 2016 TCS (total):	230
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

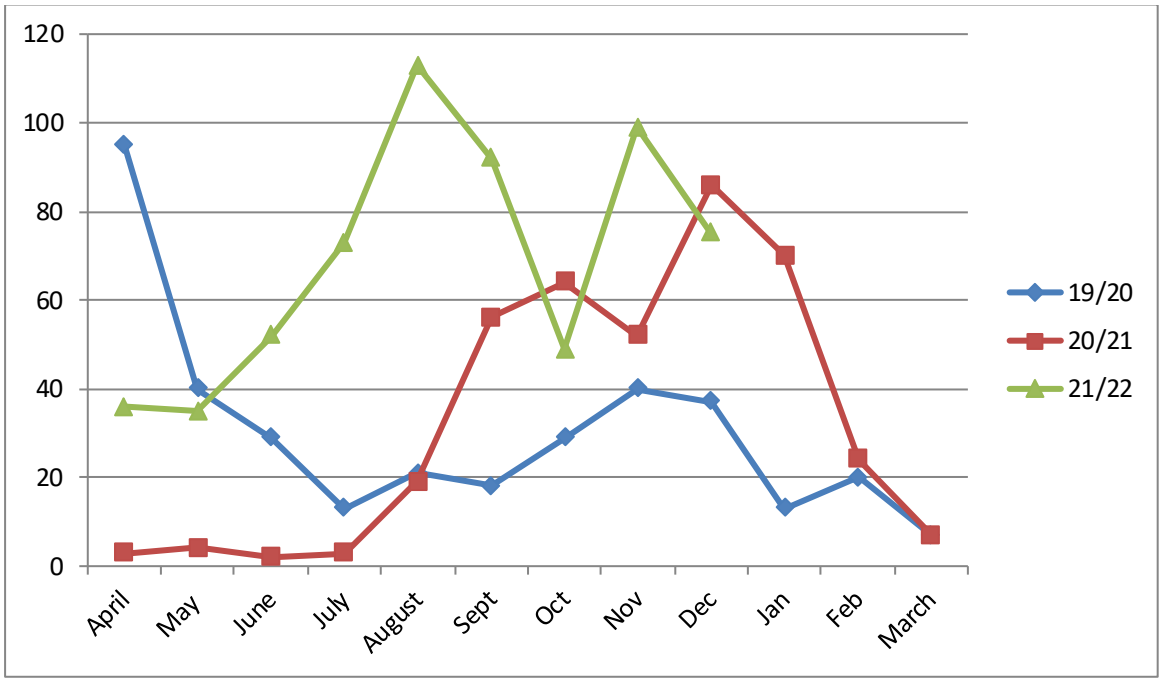
3. Exception reports (with regard to working hours)

3.1. Between the 1st October and the 31st December 2021 there have been a total of 221 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		Oct	Nov	Dec	Total
Reports	Grand Total	47	99	75	221
	Closed	47	99	75	221
	Open	0	0	0	0
Individual doctors / specialties reporting	Doctors	17	21	23	-
	Specialties	3	4	4	-
Immediate concern		0	0	2	2
Nature of exception	Hours and Rest	46	99	74	219
	Education/Training	1	0	1	2
Additional hours	Total hours	82	128	109	319
Response	Agreed	47	99	75	221
	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)	16.75	6	31.5	54.25
	Payment for additional hours (hrs)	62.75	122	77.5	262.25
	No action required (ERs)	2	22	1	25
	Other/Pending (ERs)	0	0	3	3
Grade	Foundation year 1	30	56	46	132
	Foundation year 2	8	31	8	47
	IMT/ST1 or ST2	5	6	17	28
	GP Specialty Registrar	4	6	3	13
	Specialty Registrar	0	0	1	1
Exception type *(more than one type of exception can be submitted per exception report)*	Work Load	23	62	32	117
	Pt/Dr ratio too high	20	31	45	96
	Rota gaps	9	8	4	12
	Late running WR	2	7	3	12
	Deteriorating patient	11	5	5	21
	Educational	1	0	1	2
Specialty	General Medicine	42	92	69	203
	General Surgery	4	5	0	9
	T&O	0	1	0	1
	Paediatrics	1	0	1	2
	Anaesthetics/ITU	0	0	2	2
	Radiology	0	0	0	0
	Psychiatry	0	1	3	4
	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. Over the last three months there has been a fluctuation in the level of ERs. The variation is in keeping with the unpredictable nature of this period during the ongoing pandemic and the significant increase in patient needs that is being recognised across the country following the isolation experience during the previous lockdowns.

3.3. This quarter also covers the detection and rise of the Omicron variant of COVID-19. Although it appears that Omicron has led to slightly milder clinical symptoms it is a variant with a higher transmission rate which meant that a number of patients were being admitted with another presenting complaint and found to have COVID as a secondary condition. Patients have contracted COVID whilst in hospital and once again the Trust too the difficult decision to ask staff to restrict visiting. Overall, this led to an increased complexity of care for patients alongside the need for increased communication with relatives and carers.

3.4. There have also been numbers of admissions rising with use of escalation beds often only used during "winter pressures" being utilised much earlier 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.

3.5. This quarter has also seen a high level of sickness across training grade doctors with ongoing COVID infection.

3.6. This period also includes 2 long weekends which need preparation for and over the years there has been a clear pattern of increased ER's being submitted in the days preceding and following the long weekends.

3.7. As has been highlighted at a national level there is ongoing and 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. During this quarter there were 28 incorrectly submitted reports which have been removed from the system after flagging them to the relevant trainees. For 20 of these ER they were submitted significantly outside the timeframes as laid out in the contract and as such, following discussion with the relevant trainee, were not actioned.

4. Immediate safety concerns

4.1. There were 2 reports that was flagged as an immediate safety concern (ISC) but these were both submitted accidentally.

5. Work Schedule reviews

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

6. Establishment and Vacancy data

6.1. 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.

6.2. **Bank and Agency usage**

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

Table 2*: Bank and agency usage Q2*

Speciality	Bank		Agency		Total	
	Shifts	Hours	Shifts	Hours	Shifts	Hours
General medicine	193	1370.00	76	628.75	269	1998.75
ED	391	3719.83	160	1591.42	551	5311.25
General Surgery	70	648.30	148	1432.48	218	2080.78
Urology	94	1051.27	55	650.78	149	1702.05
T&O	4	34.50	0	0	4	34.50
O&G	23	241.50	10	121.67	33	363.17
Anaesthetics	38	352.00	15	151.75	53	503.75
ITU	16	140.75	0	0	16	140.75
Paediatrics	88	933.17	47	352.50	135	1285.67
Radiology	43	370.30	26	208.00	39	578.30
Total	960	8861.62	527	7932.15	1467	13998.97

6.3. **Locum work carried out by trainees**

6.3.1. 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.

6.4. **Additional shifts worked by trainees**

6.4.1 Due to the way that this information is currently collected it is not possible to currently give accurate data around additional shifts that are undertaken by trainees currently working within the Trust.

6.5. **Vacancies**

6.5.1. Based upon data from Health Education England for Q3

Table 3: *Vacancies per speciality Q3*

Speciality	Current vacancies
General Medicine	3 Vacant posts 8 LTFT trainees
General Surgery inc urology and T&O	2 Vacant posts 1 LTFT trainees
Obstetrics and Gynaecology	0 Vacant posts 7 LTFT trainees
Emergency medicine	0 Vacant posts 0 LTFT trainees
Paediatrics (inc NICU)	0 Vacant post 0 LTFT trainees
Anaesthetics	2 Vacant posts 2 LTFT trainees
ITU	0 Vacant posts 0 LTFT trainee
Radiology	0 Vacant posts 0 LTFT trainees
Microbiology	0 Vacant posts 0 LTFT trainees
Psychiatry	0 Vacant posts 0 LTFT trainees

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

7.1. For this quarter a total of 287.75 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.

7.2. Currently, these hours equate to a total of approximately £4,361.09 of which £4256.46 has so far been paid to the junior doctors directly.

7.3. £3, 450.77 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 4: *Breakdown of fines by ICSU*

ICSU	Amount of Fine to Doctor	Amount of Fine to Guardian
Emergency and Integrated Medicine	£1,140.77	£2.309.10
Surgery and Cancer	Nil	Nil
Children and Young People	Nil	Nil

8. Next steps

8.1. 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.

8.2. GoSWH and HR to work with the finance team to ensure the JDF is active and ring-fenced as per the TCS. GoSWH is working closely with the medical workforce team to move this forward. Following the introduction of the Chief Registrar role in August 2021 this has significantly improved. We are making good progress with plans to spend the fines money in accordance with guidance laid out in the contract.

8.3. 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. There has been an increase in ER's, and this is being monitored closely.

8.4. 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. This is particularly challenging due to the way that the data is collected.

8.5. 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.

9. Conclusions

9.1. This quarter's report shows a steady but variable levels of ERs.

9.2. The majority of ER continues to be seen in the EIM ICSU. This is likely to reflect the current COVID-19 pandemic as EIM is the ICSU with the largest number of trainees and the largest proportion of inpatient work especially at this time.

9.3. 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.

9.4. No training/education ERs have been raised this quarter.

9.5. 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.

10. Recommendations

10.1. 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: 30.03.2022**
Report title	**Finance Report February (Month 11) 2021/22**	**Agenda item: 11**
Executive director lead	Kevin Curnow, Chief Finance Officer	
Report author	Finance Team	
Executive summary	The Trust is reporting a surplus of £0.5m at the end of February 2022. This is a favourable variance of £2.9m against a planned deficit of £2.4m. The surplus position is being driven by non-recurrent reductions in expenditure run rate, Elective Recovery Fund (ERF) income and lower than planned additional spend. Cash position at the end of December was £82.8m Trust has spent £13.6 of its internally funded allocation and £2.7m on nationally funded projects. Though the Trust is forecasting to spend its capital allocation for 2021-22 there is a risk of slippage against this year's allocation. The risk is being actively managed through the Capital Monitoring Group. The Trust is forecasting a breakeven position for 2021-22	
Purpose:	To discuss the year-to-date performance.	
Recommendation(s)	To note the year-to-date financial performance, recognising the need for improve savings delivery.	
Risk Register or Board Assurance Framework	BAF risks S1 and S2	
Report history	Trust Management Group, 22 March; Finance and Business Development Committee, 22 March	
Appendices	None	

CFO Message

Finance Report M11

Trust reporting £0.5m surplus at the end of February – £2.4m better than plan

The Trust is reporting a surplus of £0.5m at end of February which is £2.9m better than plan. The planned deficit to end of February was £2.4m.

Key drivers for the £0.4m surplus are

- Non-recurrent reductions in expenditure run rate,
- Elective Recovery Fund (ERF) income
- Lower additional spend than planned

Included in the year to date (YTD) actuals is £5.1m 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 £82.8m at end of February

As at the end of February, the Trust's cash balance stands at £82.8m – an increase of £21.3m from the 31st of March 2021. The Trust's ongoing cash requirements have not changed materially in terms of staff pay and capital expenditure, and the Trust is striving to pay suppliers early in the current economic climate.

Year to date capital spend of £16.3m - ££0.9m ahead plan

The Trust's capital plan for 2021-22 is £23.7m. This includes internally funded capital plan of £17.1m and new projects funded through additional public dividend capital of £6.5m. At the end of February, the Trust has spent £13.6 of its internally funded allocation and £2.7m on nationally funded projects. The trust is forecasting to spend £5m on nationally funded projects in March including £3.5m of expenditure relating to the community diagnostic hubs.

Though the Trust is forecasting to spend its capital allocation for 2021-22 there is a risk of slippage against this year's allocation. The risk is being actively managed through the Capital Monitoring Group.

Better Payment Practice Performance – 93.1% for non-NHS by value

The Trust is signed up to the NHS commitment to improve its Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms. Overall, the Trust's BPPC is 90.2% by volume and 90.0% by value. The BPPC for non-NHS invoices is 93.1% by value and 91.9% by volume.

Forecast Outturn – Trust is forecasting a breakeven 2021-22

The Trust is currently forecasting a breakeven position for 2021-22.

1. Summary of Income & Expenditure Position – Month 11

	In Month			Year to Date			
	Plan	Actual	Variance	Plan	Actual	Variance	Annual Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income							
NHS Clinical Income	25,280	26,343	1,063	273,475	272,978	(498)	299,354
High Cost Drugs - Income	667	828	160	7,340	9,324	1,984	8,140
ICS Funding M7-12	3,241	3,241	0	29,297	29,297	0	32,538
Non-NHS Clinical Income	1,078	1,060	(18)	12,148	12,113	(35)	13,226
Other Non-Patient Income	2,203	2,646	443	23,673	24,822	1,148	25,825
Elective Recovery Fund	431	334	(96)	6,819	5,100	(1,719)	6,942
	32,900	**34,452**	**1,551**	**352,752**	**353,633**	**881**	**386,025**
Pay							
Agency	55	(1,487)	(1,543)	(90)	(12,394)	(12,304)	(103)
Bank	(1,096)	(1,999)	(903)	(6,598)	(24,904)	(18,306)	(7,332)
Substantive	(22,174)	(19,380)	2,794	(245,413)	(208,673)	36,741	(267,768)
	(23,215)	**(22,866)**	**349**	**(252,102)**	**(245,971)**	**6,131**	**(275,203)**
Non Pay							
Non-Pay	(7,491)	(9,068)	(1,577)	(78,809)	(82,231)	(3,422)	(85,067)
High Cost Drugs - Exp	(843)	(704)	140	(7,576)	(9,196)	(1,619)	(10,118)
	(8,334)	**(9,771)**	**(1,437)**	**(86,385)**	**(91,427)**	**(5,041)**	**(95,185)**
EBITDA	**1,351**	**1,815**	**463**	**14,265**	**16,236**	**1,971**	**15,637**
Post EBITDA							
Depreciation	(946)	(927)	19	(10,402)	(10,292)	110	(11,348)
Interest Payable	(61)	(48)	13	(671)	(525)	146	(733)
Interest Receivable	0	10	10	0	15	15	0
Dividends Payable	(511)	(184)	328	(5,622)	(4,967)	654	(6,132)
	(1,518)	**(1,148)**	**370**	**(16,695)**	**(15,770)**	**925**	**(18,213)**
Reported Surplus/(deficit)	**(167)**	**666**	**833**	**(2,430)**	**466**	**2,896**	**(2,577)**

- The Trust reported a year-to-date surplus of £0.5m (excluding donated asset depreciation) at the end of February which is £2.9m better than plan.
- The planned deficit to the end of February was £2.4m excluding donated asset depreciation.
- YTD actuals includes £5.1m of ERF income that is currently mitigating unachieved CIPs and other expenditure overspends.
- There is a need for the Trust to manage some slippage against the non-recurrent Accelerated and Transformation funds awarded by the North London Partners Integrated Care System (ICS), arising from difficulties in recruiting temporary staff into some areas.

2.0 Income and Activity Performance

2.1 Income Performance

- Income was £1.6m favourable to plan in February and £0.9m favourable year to date.
- In month overperformance is mainly driven by £0.8m accelerated funds, £0.4m other revenue, Foundation Trust £0.2m and NHSE £0.2M, offset by underperformance of £0.1m in ERF.
- Income from patient care activities is reporting £0.3m year to date adverse to plan which is mainly driven by £1.7m ERF, offset by £1.4m CCG Income accelerated funds.
- Other operating income is reporting £1.1m year to date favourable to plan. This includes £0.9m other revenue and £0.6m non-patient care services to other bodies, offset by £0.5m adverse position for education & training. Over recovery in other operating income predominantly relates to R&D, C&I enabling costs and procurement hub that is offset by expenditure.

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	1,407	1,294	(112)	15,652	15,879	227
Elective	1,656	1,262	(394)	16,473	16,927	454
Non-Elective	3,809	3,879	69	49,540	49,430	(110)
Critical care	536	542	6	6,392	6,065	(327)
Outpatients	3,083	2,674	(409)	30,586	31,338	752
Direct Access	902	909	7	10,173	9,887	(286)
Community	6,144	6,144	0	67,581	67,581	0
Other Clinical income NHS	11,652	13,709	2,057	113,715	114,491	776
NHS Clinical Income	**29,188**	**30,412**	**1,223**	**310,112**	**311,599**	**1,486**
Non NHS Clinical Income	1,078	1,060	(18)	12,148	12,113	(35)
Elective recovery fund (ERF)	431	334	(96)	6,819	5,100	(1,719)
Income From Patient Care Activities	**30,697**	**31,806**	**1,109**	**329,079**	**328,811**	**(268)**
Other Operating Income	**2,203**	**2,646**	**443**	**23,673**	**24,822**	**1,149**
Revised Total	32,900	34,452	1,551	352,752	353,633	881

2.2 Activity Performance

- Activity increase compared to January when adjusted for fewer calendar days. All areas were under plan, except for critical care and non-elective.
- Activity over plan in Critical care 35% (7% above plan) and non-elective 3% (0% on plan). Under plan in elective 4% (18% below plan), outpatients 0% (13% below plan), A&E activity 7% (10% below plan) and direct access 19% (1% below plan).
- Underperformance compared to plan in Elective activity driven mainly by gastroenterology 18%, Urology 54%, General Surgery 47%, Paediatrics 33%.

Activity	In Month Activity Plan	In Month Activity Actual	In Month Variance	YTD Activity Plan	YTD Activity Actual	Activity Diff
A&E	8,919	7,990	(929)	99,241	97,948	(1,293)
Elective	1,916	1,570	(346)	18,688	20,022	1,334
Non-Elective	1,422	1,428	6	18,493	18,692	199
Critical care	417	444	27	4,972	4,799	(173)
Outpatients	26,539	23,102	(3,436)	272,689	284,926	12,237
Direct Access	82,571	81,889	(682)	946,853	912,600	(34,253)
Other Clinical income	4,870	4,674	(196)	57,098	61,098	4,000

2.3 Month 10 Elective Recovery Fund (ERF) Performance

- The basis for ERF payment changed for months seven to twelve. It is now based on weighted RTT clock-stops performance against a baseline of 89% of 2019/20 levels.
- In month Trust accrued £0.3m giving £0.1m adverse position.
- Admitted activity was 72% level of 2019/20 activity levels and 16% lower than the 89% weighted target. All the main specialties were below the 89% target, except for T&O which was 14% higher
- Non admitted was 106% of 2019/20 activity levels and 17% higher than 89% weighted target. Most significant weighted overperformance was in general surgery 190%, thoracic medicine 100%. Other 125% driven by reduction adjustment to overstated baseline.

Month	Admitted /Non-Admitted	Specialty	Activity Base	Activity Actual	Activity Diff	Weight Baseline	Weight Actual	Weight Diff	Performance %
11	ADM	Dermatology	2	1	(1)	2,869	1,201	(1,668)	42%
		General Surgery	5	4	(1)	6,536	5,028	(1,508)	77%
		Gynaecology	5	3	(2)	13,710	7,283	(6,427)	53%
		Other	2	1	(1)	10,413	3,562	(6,851)	34%
		Oral Surgery	0	2	2	0	2,024	2,024	100%
		Thoracic Medicine	0	0	0	0	416	416	200%
		Trauma & Orthopaedics	3	3	0	23,117	23,818	701	103%
		Urology	3	2	(2)	8,663	4,398	(4,265)	51%
	ADM Total		**20**	**14**	**(6)**	**65,308**	**47,730**	**(17,577)**	**73%**
	NADM	Cardiology	8	12	4	6,301	8,974	2,673	142%
		Dermatology	20	9	(11)	12,912	5,823	(7,089)	45%
		Ear, Nose & Throat (ENT)	12	13	0	6,171	6,372	201	103%
		Gastroenterology	21	11	(10)	11,552	6,116	(5,436)	53%
		General Medicine	1	1	(0)	654	490	(163)	75%
		General Surgery	25	47	22	6,263	11,877	5,614	190%
		Geriatric Medicine	3	0	(3)	1,551	0	(1,551)	0%
		Gynaecology	22	18	(4)	12,267	9,984	(2,283)	81%
		Neurology	6	3	(3)	3,293	1,606	(1,687)	49%
		Ophthalmology	6	8	2	5,225	6,511	1,286	125%
		Oral Surgery	0	2	2	0	864	864	1%
		Other	45	60	15	57,369	71,548	14,179	125%
		Plastic Surgery	0	1	0	233	432	199	186%
		Rheumatology	5	4	(1)	4,398	3,405	(993)	77%
		Thoracic Medicine	0	7	7	0	5,295	5,295	100%
		Trauma & Orthopaedics	15	15	1	8,735	9,061	326	104%
		Urology	18	10	(8)	10,233	5,631	(4,602)	55%
	NADM Total		**208**	**220**	**12**	**147,156**	**153,990**	**6,834**	**105%**
11 Total			**228**	**235**	**7**	**212,463**	**201,720**	**(10,743)**	**95%**

3. Expenditure – Pay & Non-pay

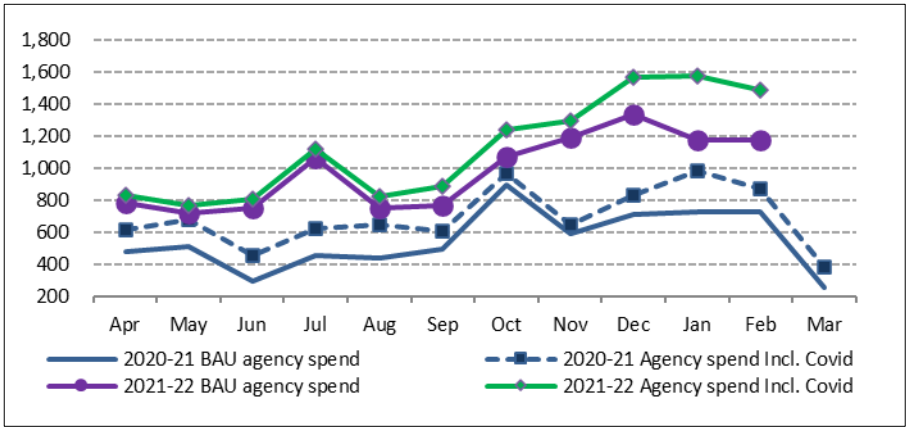
3.1 Pay Expenditure

Pay expenditure for February was £22.9m including £0.4m of costs coded to Covid-19. September substantive pay costs include 3% pay uplift and back pay uplift for April – August. The run rate analysis indicates no obvious areas of concern.

	2021-22											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mov^t
Agency	785	622	879	1,034	749	770	1,068	1,189	1,054	1,165	1,145	(20)
Bank	2,072	1,875	2,287	1,759	2,136	2,166	2,003	2,104	2,137	2,016	2,275	259
Substantive	18,201	18,259	18,336	17,970	18,218	20,942	18,841	18,788	18,864	18,822	19,124	301
Total Operational	**21,057**	**20,756**	**21,502**	**20,763**	**21,104**	**23,879**	**21,912**	**22,080**	**22,056**	**22,003**	**22,543**	**541**
Covid Costs	271	240	282	348	288	306	427	345	615	904	432	(473)
Non Operational Costs	221	1,007	498	458	194	639	211	(615)	63	(709)	(109)	600
Total Pay Costs	**21,549**	**22,004**	**22,282**	**21,569**	**21,586**	**24,824**	**22,549**	**21,810**	**22,733**	**22,198**	**22,866**	**668**

** (Excludes Chair & Non-Exec Directors)*

Agency Spend



Agency spend for February was £1.5m which was £0.1m lower than the previous month.

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 February was £9.1m. Movement in clinical supplies relates to non-recurrent costs in January relating to the Orthopedic hub.

	2021-22											
Excluding Covid	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mov^t
Supplies & Servs - Clin	2,023	2,380	2,543	2,366	2,311	2,463	2,324	2,704	2,684	3,507	2,714	(794)
Supplies & Servs - Gen	226	217	253	245	225	262	282	810	(271)	447	488	41
Establishment	209	156	217	233	218	241	261	242	248	263	305	41
Healthcare From Non Nhs	265	568	(249)	185	201	426	84	234	218	210	282	72
Premises & Fixed Plant	1,952	2,138	2,151	1,972	1,859	2,361	1,256	2,437	2,547	2,192	2,979	788
Ext Cont Staffing & Cons	166	273	206	196	164	106	137	568	(221)	175	(2)	(177)
Miscellaneous	1,411	1,880	1,516	1,511	1,672	2,174	1,457	1,422	1,900	2,225	2,373	148
Chairman & Non-Executives	10	10	10	17	11	12	12	12	12	12	12	
Grand Total	**6,263**	**7,623**	**6,649**	**6,725**	**6,660**	**8,044**	**5,813**	**8,429**	**7,116**	**9,031**	**9,150**	**120**
Covid Costs	100	106	80	31	58	90	86	77	49	115	(83)	(198)
Total non-pay costs	**6,363**	**7,729**	**6,728**	**6,756**	**6,719**	**8,134**	**5,899**	**8,506**	**7,166**	**9,146**	**9,068**	**(78)**

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

Miscellaneous Expenditure Breakdown

	2021-22											
Miscellaneous	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mov^t**
Ambulance Contract	137	92	115	135	134	129	115	211	153	157	152	(5)
Bank Charges	1	2	1	1	2	1	1	2	2	2	1	(0)
Cnst Premium	837	837	837	837	837	837	837	837	837	837	837	(0)
Membership Subscriptions	112	129	200	102	115	120	122	120	123	196	126	(70)
Professional Services	108	240	(33)	159	540	422	212	235	384	244	421	178
Provision For Bad Debts	90	59	80	159	236	70	149	75	130	612	364	(248)
Security Expenditure	8	8	10	10	4	18	4	12	18	21	25	4
Teaching/Training Expenditure	46	26	97	30	52	92	82	77	76	65	86	20
Travel & Subs-Patients	1	2	2	2	1	5	1	2	2	1	1	(0)
Work Permits	26	34	32	38	30	51	37	19	37	31	40	8
Other	44	453	175	38	(281)	429	(106)	(168)	140	58	320	262
Grand Total	**1,411**	**1,880**	**1,516**	**1,511**	**1,672**	**2,174**	**1,456**	**1,422**	**1,900**	**2,225**	**2,373**	**148**

3.3 Cost Improvement Programmes (CIP)

Year to date CIP delivery is predominantly in pay reductions, currently achieving £3,333k of savings (40% of target).

The Trust devolved CIP targets to ICSUs and corporate areas to the end of February is £8,250k, so savings are currently £4,917k behind target.

	YTD				Annual			
ICSU	**Trust CIP Target £'000**	**Trust CIP Actual Delivery £'000**	**Trust CIP Actuals Variance to Target**	**% CIP Actuals of Target**	**Trust CIP Target £'000**	**Trust CIP Forecast Delivery £'000**	**Trust CIP Forecast Variance to Target**	**% CIP Forecast of Target**
ACS	963	**511**	(452)	53%	1,050	**565**	(485)	54%
ACW	1,458	**391**	(1,067)	27%	1,590	**437**	(1,153)	28%
CYPS	1,465	**1,242**	(223)	85%	1,598	**1,356**	(242)	85%
EIM	1,363	**510**	(853)	37%	1,487	**557**	(930)	37%
S&C	1,325	**62**	(1,263)	5%	1,445	**75**	(1,370)	5%
Corporate	848	**436**	(412)	51%	925	**627**	(298)	68%
E&F	830	**182**	(648)	22%	905	**200**	(705)	22%
Total	**8,250**	**3,333**	**(4,917)**	**40%**	**9,000**	**3,817**	**(5,183)**	**42%**

The Trust's 2021/22 forecast savings are £3,817k as at Month 11 (42% of annual trust target).

H1 and H2 CIP Actuals/Forecast

The Trust's external financial plan required savings to the end of September (H1) of £1,808k.

H2 CIP Plans submitted to NHSIE were based on the then forecasted CIPs for month 7 to 12 of £2,243k, which was lower than the NHSIE required efficiencies for H2 of £3,212k.

Month 11 H2 forecast CIPs total of £2,288k is £924k lower than NHSIE required plan.

	Actual H1 £'000	**Actual/Forecast H2 £'000**	**Actual YTD H2 £'000**
Pay efficiencies	1,060	1,372	1,149
Non-pay efficiencies	281	722	493
Income efficiencies	188	194	162
Total net efficiencies	**1,529**	**2,288**	**1,804**
NHSIE CIP Plan	**1,808**	**3,212**	**2,677**
Variance from Plan	**(279)**	**(924)**	**(873)**

4.0 Statement of Financial Position

The net balance on the Statement of Final Position as at 28th February 2022 is £220.0m, £1.9m up from March 2021, as shown in the table below.

Statement of Financial Position as 28th February 2022

	BFWD 31 MAR 2021 (£000)	IN MONTH BALANCE (£000)	MOVEMENT IN YR (£000)
NON-CURRENT ASSETS:			
Property, Plant And Equipment	223,962	231,336	7,374
Intangible Assets	9,789	8,351	(1,438)
Trade & Other Rec -Non-Current	401	422	20
TOTAL NON-CURRENT ASSETS	**234,152**	**240,109**	**5,957**
CURRENT ASSETS:			
Inventories	2,195	2,183	(12)
Trade And Other Receivables	18,251	10,972	(7,279)
Cash And Cash Equivalents	61,527	82,794	21,267
TOTAL CURRENT ASSETS	**81,973**	**95,949**	**13,976**
CURRENT LIABILITIES			
Trade And Other Payables	(52,365)	(67,703)	(15,338)
Borrowings: Finance Leases	(182)	(250)	(68)
Borrowings: Dh Revenue and Capital Loan - Current	(118)	(140)	(22)
Provisions for Liabilities and Charges	(769)	(563)	206
Other Liabilities	(1,685)	(5,291)	(3,606)
TOTAL CURRENT LIABILITIES	**(55,119)**	**(73,947)**	**(18,828)**
NET CURRENT ASSETS / (LIABILITIES)	**26,854**	**22,002**	**(4,852)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**261,007**	**262,111**	**1,104**
NON-CURRENT LIABILITIES			
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,856)	(1,798)	58
Borrowings: Finance Leases	(4,754)	(3,838)	916
Provisions for Liabilities & Charges	(36,235)	(36,438)	(201)
TOTAL NON-CURRENT LIABILITIES	**(42,845)**	**(42,073)**	**773**
TOTAL ASSETS EMPLOYED	**218,161**	**220,038**	**1,877**
FINANCED BY TAXPAYERS EQUITY			
Public Dividend Capital	106,191	107,698	1,507
Retained Earnings	20,575	20,945	370
Revaluation Reserve	91,395	91,395	0
TOTAL TAXPAYERS EQUITY	**218,161**	**220,038**	**1,877**

- Total assets less current liabilities have increased by £1.1m since 31 March 2021.
- Total assets employed have increased by £1.9m; of which
    - Non-current assets are £6.0m higher than on 31st March 2021.
        - Additions to the PPE portfolio, net of depreciation, have driven a £7.4m increase in value
        - Depreciation in excess of additions to Intangible assets has driven a decrease in Intangibles of £1.4m.
    - Inventories remain stable at £2.2m.
    - Receivables are £7.3m lower than at March 2021, driven by a programme of debt reduction and improved communication with debtors and via financial management.
    - Cash held is now £82.8m, up by £21.3m from the closing balance on 31st March.
- Total Liabilities (Current & Non-Current) have increased by £18.1m
    - Borrowings and loans continue to follow their repayment trajectory, with modest decrease on the borrowings following scheduled capital repayment in M6. Next capital repayment is in March 2022.
    - Despite movements, overall Provision balances remain at a similar level to the year end.
    - Trade & Other payables make up the most significant element of the increase at £15.3m. £2.5m relates to increased capital retentions and £5.5m to temporary staff accruals. Non-NHS accruals have increased by £4.7m.
    - Other liabilities have increased by £3.6m because of NCL quarterly payment on Month 11.
- Public Dividend Capital increased by £1.5m during February as PDC for the following capital projects was drawn down:

Project	£k
Rapid Testing Device Interopability	7
Diagnostic Digital Capability Programme	228
TIF Elective Recovery	1,007
Diagnostic Workforce Scheme	56
Improving Digital Technologies	128
Digital Maternity Fund	81
Total	**1,507**

- Further PDC drawdowns totalling £6,156k are scheduled for March 2022, comprising:

Project	£k
Community Diagnostics Centres (CDC)	5,572
TIF Capital Equipment CHS Admission Avoidance	163
Transfers of care/ Digital Aspirant	322
Diagnostics Digital Capability Programme/ Home Reporting	89
Diagnostics Workforce	10
Total	**6,156**

- Borrowings and loans continue to follow their repayment trajectory, with modest decrease on the borrowings following scheduled capital repayment in M6. Next capital repayment is in March 2022.

4.1 Cash & Cash Equivalents

As at the end of February, the Trust's cash balance stands at £82.8m – an increase of £21.3m from 31 March 2021. The Trust's ongoing cash requirements have not changed materially in terms of staff pay and capital expenditure; the Trust strives to pay suppliers early in the current economic climate.

The National Loan Fund remains closed to Investments due to Covid 19, therefore the Trust is not able to generate any significant income on these significant cash balances.

5.0 Capital Expenditure

The Trust's capital plan for 2021-22 is £23.7m. This includes internally funded capital plan of £17.1m and new projects funded through additional public dividend capital of £6.5m.

Overall, the Trust has spent £16.3m year to date which is £0.9m ahead of YTD plan. The Trust is forecasting to spend £23.7m including £6.5m relating to PDC-funded projects.

To mitigate the risk surrounding the high projected expenditure figure in Month 12, a schedule of essential business cases from 2022/23 draft capital programme is being considered for bring-forward, to utilise any slippage identified within the current capital programme.

Discussions are held daily with the capital projects teams, and unreceipted purchase orders tracked, so that the programme continues to be managed effectively in the run up to 31st March.

Meeting title	**Trust Board – public meeting**	**Date: 30 March 2022**
Report title	**Integrated performance report**	**Agenda Item: 12**
Executive director lead	Carol Gillen, Chief Operating Officer	
Report author	Paul Attwal, Head of Performance	
Executive summary	**Areas to draw to Board members' attention are:** **Emergency Department (ED) four hours' wait** - during February 2022, performance against the 4-hour access standard was 75.1%, higher than the NCL average at 72.1%, but lower than the London average which was 75.4% and national average at 73.3%. There were 15 non-mental health 12-hour trolley wait, and 2 mental health. This is as a result of significant bed challenges experienced both by the Trust and across North Central London, this has continued into March 2022. Performance against ED indicators since 2019/20 is shown in an appendix to this report. **Cancer** - compliance against the national cancer standards has not been achieved since April 2020. 62-day performance was at 41.5% for January 2022 before reallocation. The 2 week wait (2WW) standard was not achieved in January 2022 with 62.5% against a target of >93%. **Referral to Treatment: 52 + week waits** - at the end of February 2022 there were 457 patients waiting more than 52 weeks for treatment. This is an improvement of 29 patients and 6 patients away from the trust trajectory. **Community Audiology** - the Covid-19 pandemic negatively impacted on the Community Audiology service in February 2022 which has fallen behind its improvement trajectory. The backlog of review appointments increased from 944 in January 2022 to 999 in February 2022. Recruitment plans are in place with interviews planned for mid-March 2022 to improve capacity.	
Purpose	Review and assurance of Trust performance compliance	
Recommendation	That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan	
Board Assurance Framework	The following BAF entries are linked: Quality 1; Quality 2; People 1; and People 2.	
Appendices	Appendix 1: Community Performance Dashboard Appendix 2: Community Waiting Times Dashboard Appendix 3: Cancer Performance – 62D and 2WW by Tumour Group Appendix 4: Trust Level Activity Appendix 5: ED performance	

Whittington Health
NHS Trust

Performance Report
March 2022

Month 11 (2021 – 2022)

Date & time of production: 18/03/2022 17:35

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%	Feb			74.2%	75.1%	79.0%
Cancer - 14 days to first seen	>93%	Jan			81.0%	62.5%	76.4%
Cancer - 62 days from referral to treatment	>85%	Jan			60.3%	41.5%	61.8%
DM01 - Diagnostic Waits (<6 weeks)	>99%	Feb			92.34%		94.26%
RTT - Incomplete % Waiting <18 weeks	>92%	Feb			74.4%	73.4%	74.4%
Referral to Treatment 18 weeks - 52 Week Waits	0	Feb			486	457	7093
Community - FFT % Positive	>90%	Feb			99.2%	99.4%	97.5%
% seen <=2 hours of Referral to District Nursing Night Service	>80%	Feb			100.0%	100.0%	96.6%
% seen <=48 hours of Referral to District Nursing Service	>95%	Feb			93.3%	94.7%	95.4%

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%	Feb			65.67%	71.34%	69.27%
Acute DNA % Rate	<10%	Feb			11.1%	10.5%	10.2%
Community DNA % Rate	<10%	Feb			6.9%	7.5%	7.3%
Outpatients New:FUp Ratio	2.3	Feb			1.77	1.69	1.80
Elective and Daycase		Feb			1654	1697	20639
Outpatient Attendances		Feb			23864	23099	284008
Community Face to Face Contacts		Feb			37388	37389	425074

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%	Feb			91.6%	89.7%	91.6%
% e-Referral Service (e-RS) Slot Issues	<4%	Feb			29.4%	31.8%	31.2%
% of MSK pts with Improvement in function (PSFS)	>75%	Feb			88.9%	94.8%	88.2%
Rapid Response - % of referrals with an improvement in care		Feb			59.3%	30.7%	52.1%

Empower, support and develop engaged staff

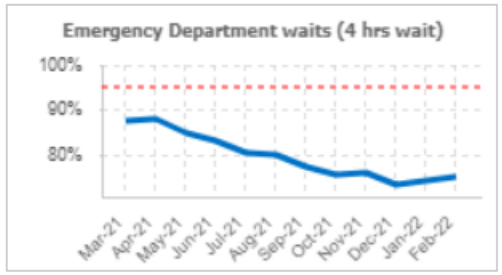
Indicator	21_22 Target	Reporting Month	Step Change	Control Limit	Prev. Month	Reporting Month	2021-2022
Appraisals % Rate	>90%	Feb			64.9%	65.6%	67.9%
Mandatory Training % Rate	>90%	Feb			82.2%	82.5%	78.5%
Permanent Staffing WTEs Utilised	>90%	Feb			87.9%	87.6%	88.0%
Staff FFT % recommended work	>50%	Feb			48.4%		58.0%
Staff FFT response rate	>20%	Feb			7.0%		13.4%
Staff sickness absence %	<3.5%	Jan			5.30%	4.72%	4.27%
Staff turnover %	<13%	Feb			12.5%	12.8%	12.1%
Vacancy Rate against Establishment	<10%	Feb			12.1%	12.4%	12.0%

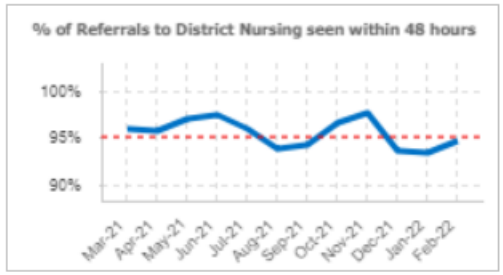
Step Change	Where a new step change has been triggered by five consecutive points above or below the mean (average).
Control Limit	The Control Limit is where the latest reported month is above the upper confidence limit or below the lower confidence limit.
If the step change or control limit icon is 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

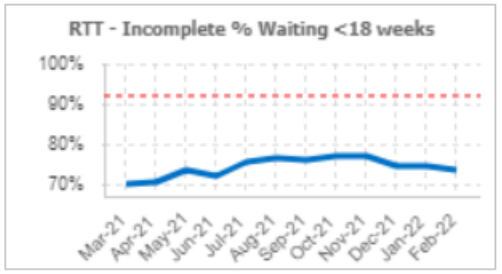
Date & time of production: 18/03/2022 17:35

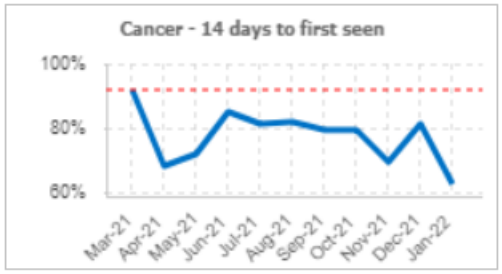
Summary

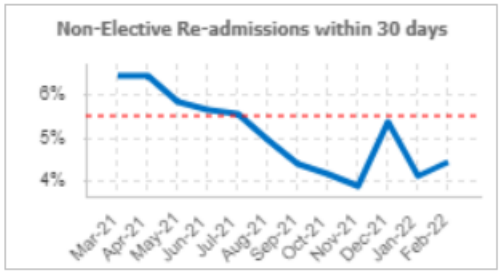
Category	Indicator	20_21 Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021-2022	
ED	Emergency Department waits (4 hrs wait)	>95%	87.6%	87.8%	84.7%	83.0%	80.5%	80.1%	77.4%	75.6%	76.0%	73.3%	74.2%	75.1%	79.0%	!
Cancer	Cancer - 14 days to first seen	>93%	91.9%	68.4%	72.0%	84.7%	81.4%	81.8%	79.1%	79.3%	69.6%	81.0%	62.5%		76.4%	!
Cancer	Cancer - 62 days from referral to treatment	>85%	77.5%	61.5%	69.4%	82.7%	72.2%	77.6%	64.1%	56.9%	41.0%	60.3%	41.5%		61.8%	!
Admitted	Non Elective Re-admissions within 30 days	<5.5%	6.45%	6.46%	5.83%	5.62%	5.56%	4.92%	4.36%	4.15%	3.88%	5.36%	4.07%	4.44%	5.00%	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%														
Access	RTT - Incomplete % Waiting <18 weeks	>92%	69.8%	70.5%	73.3%	71.9%	75.5%	76.1%	76.0%	76.7%	76.7%	74.2%	74.4%	73.4%	74.4%	!
Outpatients	Outpatients - FFT % Positive	>90%	92.3%	89.5%	97.4%	97.0%	97.5%	97.7%	96.3%	75.0%	88.9%	90.0%	98.1%	93.3%	94.0%	
Community	Community - FFT % Positive	>90%	99.6%	99.1%	99.1%	95.4%	97.1%	97.0%	95.1%	96.5%	98.0%	98.2%	99.2%	99.4%	97.5%	
Staff	Staff - FFT % Recommend Care	>70%	77.3%			78.3%			65.5%				56.7%		69.5%	
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%	97.4%	82.5%	94.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	96.6%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	96.0%	95.7%	97.1%	97.4%	96.0%	93.8%	94.3%	96.7%	97.6%	93.6%	93.3%	94.7%	95.4%	!
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	91.4%	95.5%	93.5%	93.7%	94.1%	91.0%	91.5%	93.6%	92.6%	88.1%	89.1%		92.3%	!
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	98.4%	96.4%	96.1%	94.1%	95.2%	97.6%	94.3%	94.0%	95.1%	93.7%	93.2%		95.0%	

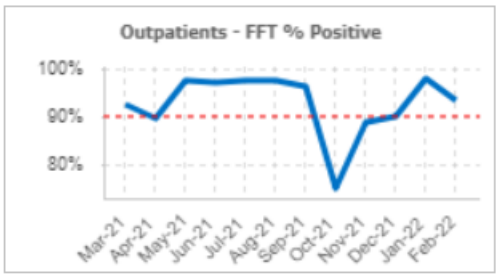












Date & time of production: 18/03/2022 17:35

Safe | Caring | Effective | Responsive | Well Led

Indicator	21_22 Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	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	1	0	1	0	2	0	0	0	1			5	
Actual Falls	400	27	27	31	24	30	34	27	23	21	33	40	23	313	
Category 3 or 4 Pressure Ulcers	0	21	21	10	13	13	14	20	3	4	10	4	8	120	
Medication Errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
MRSA Bacteraemia Incidences	0	1	0	0	0	0	0	0	0	0	0			0	
Never Events	0	0	0	0	0	0	1	0	1	0	0	0	0	2	
Serious Incidents	N/A	1	5	1	1	1	1	3	1	1	3	2	1	20	
VTE Risk Assessment %	>95%	76.9%	76.4%	73.1%	75.1%	73.9%	76.3%	77.0%	77.8%	80.7%	84.1%	93.1%	92.0%	79.5%	
Mixed Sex Accomodation Breaches	0	0	0	0	0	0	0	0	2	14	7	2	4	29	
Summary Hospital Level Mortality Indicator (SHMI)	1.14	0.84			0.85			0.88							

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Category 3 or 4 Pressure Ulcers, Unstageable, Deep Tissue Injury and Device Related Pressure Ulcers reported in 2021/2022 **Pan Trust Standard** 10% reduction in the total number of attributable PUs during 2021/22 compared to 2020/21 including a breakdown of Pressure Ulcers by category	**Total Trust numbers of all reported Pressure Ulcers in February 2022:** 60 (+ 10 deep tissue injuries). There were 11 medical device related pressure ulcers. 8 x category 3 or 4 **Breakdown:** Category 2: 42 (22 in hospital, 20 in community) Category 3: 6 (1 in hospital, 5 in community) in community Category 4: 2 in community Mucosal: 3 in hospital Unstageable: 7 (1 in hospital, 6 in community). Deep Tissue Injury: 10 (6 in hospital, 4 in community). The same number of pressure ulcers developed in February compared to January 2022, though there has been a decrease in the number of deep tissue injuries (n=11). In the hospital there were 27 pressure ulcers and 6 deep tissue injuries acquired on 22 patients. 14 pressure ulcers and 3 deep tissue injuries were attributable to 10 CCU patients. In the community setting 33 pressure ulcers and 4 deep tissue injuries developed on 24 patients; 22 of the 33 pressure ulcers developed in the Haringey borough. The community acquired category 4's were also acquired in Haringey; both were a deterioration of a pre-existing category 3 tissue damage. **Action to Recover:** The target reduction will not be met in 2021/2022. This is as a result of the impact of Covid-19 on skin health and the need for invasive devices/treatment regimes causing unavoidable pressure on patient's skin, as well as significant staffing challenges over the past 2 years. The target will be reset for 2022/2023.	**Named Person:** Lead Specialist Nurse – Tissue Viability **Time Scale to Recover Performance:** Ongoing monitoring

Serious Incidents:	There was one SI was in February 2022 1. 2022.2726 (EIM) Pressure ulcer meeting SI criteria - Mitten's injury	**Named Person:** Quality Assurance Officer & SI Co-ordinator
VTE Risk Assessments	**Variance against Plan:** 92% against target >95% **Action to Recover:** Focussed work with Women's Health progressing with new proforma being introduced reflecting range of indications. Additional improvement work in medicine/surgery to improve data collection problems and awareness raising in paeds and Day Surgery specialities.	**Named Person:** Associate Medical Director for Quality Improvement and Clinical Effectiveness **Time Scale to Recover Performance:** June 2022
Mixed Sex Accomodation Breaches	**Variance against Plan: 4 against 0** The breaches occurred in CCU as patients were not able to be discharged to a general acute bed when fit to do so due to bed availability. The patient's privacy and dignity was maintained and they were prioritised for transfer when beds became available. **Action to Recover:** Monitor and report incidents, maintain privacy and dignity and prioritise transfers when vacant beds are available.	**Named Person:** Deputy Chief Nurse **Time Scale to Recover Performance:** May 2022

Indicator	20_21 Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021-2022	Performance
ED - FFT % Positive	>90%	84.5%	83.9%	77.6%	76.1%	75.5%	77.8%	77.7%	78.0%	74.7%	77.1%	82.2%	79.2%	78.2%	
ED - FFT Response Rate	>15%	10.1%	11.1%	11.0%	10.5%	11.0%	11.5%	10.6%	10.6%	10.5%	11.3%	11.5%	10.8%	10.9%	
Inpatients - FFT % Positive	>90%	94.6%	95.9%	95.8%	95.2%	95.9%	96.4%	94.1%	94.7%	95.9%	96.5%	96.3%	96.4%	95.7%	
Inpatients - FFT Response Rate	>25%	17.6%	17.0%	17.1%	15.1%	16.6%	13.8%	18.8%	18.1%	23.9%	16.0%	18.7%	17.2%	17.5%	
Maternity - FFT % Positive	>90%	100.0%	98.5%	100.0%	99.6%	100.0%	100.0%		99.0%	94.9%	97.8%	96.5%	100.0%	98.6%	
Maternity - FFT Response Rate	>15%	3.9%	10.2%	16.7%	22.3%	24.6%	2.2%	0.0%	16.1%	20.1%	8.4%	9.6%	1.6%	12.4%	
Outpatients - FFT % Positive	>90%	92.3%	89.5%	97.4%	97.0%	97.5%	97.7%	96.3%	75.0%	88.9%	90.0%	98.1%	93.3%	94.0%	
Outpatients - FFT Responses	400	26	19	38	100	40	43	27	20	54	60	54	60	515	
Community - FFT % Positive	>90%	99.6%	99.1%	99.1%	95.4%	97.1%	97.0%	95.1%	96.5%	98.0%	98.2%	99.2%	99.4%	97.5%	
Community - FFT Responses	1500	285	226	340	457	383	367	509	567	611	547	486	462	4955	
National Qtrly Pulse Survey (NQPS) Staff Recommended to Work %	>50%	77.3%			78.3%			65.5%				56.7%		69.5%	
Complaints responded to within 25 or 40 working days	>80%	83.3%	78.3%	78.9%	80.0%	66.7%	66.7%	45.7%	63.0%	78.3%			40.7%	65.5%	
Complaints (including complaints against Corporate division)	N/A	24	23	19	35	24	36	35	27	23			27	249	

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - FFT % Positive Response: >90% **Response Rate : >15%**	**Variance against Plan:** **FFT % Positive Response 10.8% from target** **Response Rate : 4.2% from target** Positive responses and the response rate during February 2022 for the ED department remains below target **Action to Recover:** Roll-out of QR posters to create easier access to questionnaires. Date: March 2022	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** March 2022
Inpatients FFT Response Rate : >90% **Response Rate : >25%**	**Variance against Plan:** **Inpatient FFT % Positive Response 6.4% ahead of target** **Response Rate : 7.8% from target** Inpatients showing consistent positive responses yet we have seen a small drop in response rate. **Action to Recover:** Patient Experience team to provide support to areas with low/nil response rates. Further roll-out of QR posters to create easier access to questionnaires.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** March 2022
Maternity FFT Response Rate : >90% **Response Rate : >15%**	**Variance against Plan:** **Maternity FFT % Positive Response 9.4% ahead of target** **Response Rate : 13.4% from target** Excellent feedback but disappointing to see huge drop in response rate for Maternity services. This looks to be an anomaly so Patient Experience team will investigate whether statistical error has occurred. Maternity has seen improvements since interventions from Patient Experience Team which the service will look to build upon, particularly with the roll-out of QR codes. **Action to Recover:** Patient Experience team to investigate anomaly and update performance	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** March 2022

	Continue with roll-out of QR posters to create easier access to questionnaires.	
Community FFT Responses: >90% **Target: 1500**	**Variance against Plan:** **Community FFT % Positive Response 10% ahead of target** **Response Rate : 1038 away from targer** Response rate remains very low, although has risen steadily throughout 2021 as services recover from the pandemic. **Action to Recover:** QR codes rolling out for community FFT, as well as more automated text messaging, particularly with MSK. The patient experience team have recruited an additional volunteer to help upload paper FFT cards – long term approach is to have more accessible digital solutions	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** March 2022
Complaints responded to within 25 or 40 days	**Complaints** The Trust had 27 complaints requiring a response in February 2022. The Trust performance was 41% (11/27). The Complaints Team continue to work closely with the ICSUs to support with the completion of these and all complaint investigations. In the meantime, any urgent issues have been actioned and complainants have been kept informed re progress & delays. The Severity of complaints were as follows: 56% (15) were designated 'moderate' risk and 44% (12) were designated 'low' risk. Themes: A review of the complaints due a response in February 2022 shows that 'Medical Care' 37% (10), 'Nursing Care' 19% (5) & 'Communication' 15% (4) were the main issues for complainants. Of the 12 complaints closed in month, four (33%) were 'upheld', two (17%) were 'partially upheld' and six (50%) were 'not upheld'	**Named Person:** PALS & Complaints Manager **Time Scale to Recover Performance:** Ongoing monitoring

Indicator	21_22 Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021-2022	Performance
Hospital Cancelled Operations	0	1	0	6	7	4	4	16	14	5	0	8	6	70	
Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	0	0	2	0	0	0	0	2	
Urgent Procedures Cancelled > once	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Theatre Utilisation	>85%	65.73%	68.80%	76.23%	75.13%	63.01%	63.23%	67.86%	69.25%	70.62%	69.54%	65.67%	71.34%	69.27%	
Breastfeeding Initiated	>90%	93.5%	93.8%	91.9%	91.3%	90.2%	89.3%	91.5%	92.0%	93.4%	92.1%	91.6%	89.7%	91.6%	
Mortality rate per 1000 admissions in-months	14.4	4.2	6.9	4.8	6.8	8.0	8.8	7.2	8.1	7.7	7.9	10.4	6.4	7.5	
Community DNA % Rate	<10%	6.7%	6.6%	6.6%	7.2%	7.6%	8.2%	7.7%	7.1%	7.4%	7.6%	6.9%	7.5%	7.3%	
Community Services - Provider Cancellations	<8%	6.2%	6.6%	6.6%	7.3%	8.1%	7.7%	7.3%	7.7%	7.8%	11.1%	10.9%	8.1%	8.1%	
Acute DNA % Rate	<10%	8.1%	8.7%	9.2%	9.4%	10.2%	11.0%	11.2%	10.4%	10.1%	10.9%	11.1%	10.5%	10.2%	
% e-Referral Service (e-RS) Slot Issues	<4%	44.2%	37.0%	29.7%	27.0%	31.1%	28.5%	35.7%	28.8%	31.2%	35.2%	29.4%	31.8%	31.2%	
Outpatients New:FUp Ratio	2.3	1.93	1.93	1.88	1.87	1.89	1.83	1.73	1.66	1.79	1.84	1.77	1.68	1.80	
Delayed Transfers Of Care % of Occupied Bed Days	<2.4%														
Non Elective Re-admissions within 30 days	<5.5%	6.45%	6.46%	5.83%	5.62%	5.56%	4.92%	4.36%	4.15%	3.90%	5.36%	4.12%	4.46%	5.00%	
Rapid Response - % of referrals with an improvement in care		52.5%	54.8%	50.5%	57.4%	52.0%	52.1%	54.9%	52.7%	55.3%	53.6%	59.3%	30.7%	52.1%	

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Theatre Cancellations On The Day :	**Variance against Plan:** 6 against a standard of zero 5 cases were cancelled due to signifcant bed pressures across the trust. 1 patient was cancelled relating to delayed starts in theatre **Action to Recover:** Management of patient flow is a top for the trust and is one of the priority actions as per Trust Flow programme. Escalation processes for addressing internal and external matters now in place.	**Named Person:** Theatres General Manager **Time Scale to Recover Performance:** Ongoing monitoring
Theatre Utilisation % Rates :	**Variance against Plan:** 71.5% against a standard of 85% This has improved from 66% in January 2022. Breast, General Surgery, Urology and Gynaecology have seen an improvement in utilisation averaging at 71%, whereas Trauma & Orthopaedics (T&O) had decreased from 76% to 74%. T&O were affected by cancellations as the service tended not to have clinically urgent (P2 catergory) patients although still at higher percentage than average. **Action to Recover:** Hydra (Theatres Improvement) meeting have restarted and is focused on improving start times by identifying a golden patient – 1st patient on the list, and also confirming theatre list order. Using GIRFT methodology, the data on procedure times per surgeon per HRG has been refreshed and circulated to the clinical leads, and booking teams to support maximised booking of lists	**Named Person:** Theatres General Manager **Time Scale to Recover Performance:** Being reviewed on a monthly basis.
Acute DNA % Rate:	**Variance against Plan: 10.5% against <10%** Acute DNA rates have decreased by 0.6% in February 2022 from January 2022. Rates remain higher than planned as a result of the impact of Covid 19. **Action to Recover:** This will continue to be monitored as part of the elective recovery programme.	**Named Person:** Head of Performance **Time Scale to Recover Performance:** Ongoing

Appointment Slot Issues (ASIs)	**Variance against Plan: 31.8% against a target of <4%.** Performance in February 2022 has remained high against the 4% target, however is marginally above the historical trend for the previous 12 months. The number of patients over 13 weeks on the ASI list has improved, particularly in services that have had capacity issues throughout the pandemic such as ENT and Dermatology. **Action to Recover:** Data validation is ongoing to ensure the Trust maintains having no patients waiting more than 13 weeks on the ASI list.	**Named Person:** Head of Performance **Time Scale to Recover Performance:** Ongoing
Community Service Cancellations :	**Variance against Plan: 8.1% against a target of <8%.** Following a period of higher than expected cancellations due the Covid pandemic, performance in February 2022 was 0.1% above target. Target is expected to be achieved March 2022 **Action to Recover:** Monitor performance on a weekly basis to ensure delivery of performance is maintained.	**Named Person:** Head of Performance **Time Scale to Recover Performance:** Ongoing

Safe | Caring | Effective | **Responsive** | Well Led

Indicator	Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021-2022	Performance
Emergency Department waits (4 hrs wait)	>95%	87.6%	87.8%	84.7%	83.0%	80.5%	80.1%	77.4%	75.6%	76.0%	73.3%	74.2%	75.1%	79.0%	
ED Indicator - median wait for treatment (minutes)	<60 mins	58	64	92	91	90	82	97	107	102	96	89	91	90	
Ambulance handovers waiting more than 30 mins	0	13	12	21	30	18	12	8	16	59	107	125	78	408	
Ambulance handovers waiting more than 60 mins	0	2	0	0	7	0	2	0	2	27	96	50	36	184	
12 hour trolley waits in A&E - Non Mental Health	0	0	0	0	0	0	0	1	1	4	1	2	15	24	
12 hour trolley waits in A&E - Mental Health	0	0	1	0	0	3	3	3	2	3	0	5	2	22	
Cancer - 14 days to first seen	>93%	91.9%	68.4%	72.0%	84.7%	81.4%	81.8%	79.1%	79.3%	69.6%	81.0%	62.5%		76.4%	
Cancer - 14 days to first seen - breast symptomatic	>93%	95.2%	62.5%	96.7%	88.9%	95.1%	97.6%	90.9%	93.5%	92.5%	88.6%	9.1%		84.9%	
Cancer - 62 days from referral to treatment	>85%	77.5%	61.5%	69.4%	82.7%	72.2%	77.6%	64.1%	56.9%	41.0%	60.3%	41.5%		61.8%	
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	77.1%	60.9%	70.2%	80.8%	69.8%	76.6%	63.2%	55.8%	39.3%	58.9%	39.4%		60.4%	
Cancer ITT - % of Pathways sent before 38 Days	>85%	60.0%	50.0%	45.5%	40.0%	16.7%	28.6%	37.5%	28.6%	11.1%	22.2%	18.2%		30.7%	
Cancer - % Pathways received a Diagnosis within 28 Days of Referral		83.4%	80.7%	80.7%	80.5%	80.3%	79.3%	72.4%	72.6%	67.7%	69.8%	74.0%		76.1%	
Cancer - 31 days to first treatment	>96%	100.0%	95.7%	100.0%	100.0%	100.0%	92.9%	95.7%	96.6%	100.0%	89.5%	83.8%		95.3%	
Cancer - 31 days to subsequent treatment - surgery	>94%														
Cancer - 62 Day Screening	>90%		100.0%	100.0%			100.0%	60.0%	100.0%	100.0%	100.0%			90.0%	
DM01 - Diagnostic Waits (<6 weeks)	>99%	83.52%	92.23%	94.60%	93.73%	91.71%	92.17%	96.97%	98.96%	96.46%	93.10%	92.34%	94.71%	94.30%	
RTT - Incomplete % Waiting <18 weeks	>92%	69.8%	70.5%	73.3%	71.9%	75.5%	76.1%	76.0%	76.7%	76.7%	74.2%	74.4%	73.4%	74.4%	
Referral to Treatment 18 weeks - 52 Week Waits	0	1324	1050	872	750	651	639	569	558	514	547	486	457	7093	
% seen <=2 hours of Referral to District Nursing Night Service	>80%	97.4%	82.5%	94.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	96.6%	
% seen <=48 hours of Referral to District Nursing Service	>95%	96.0%	95.7%	97.1%	97.4%	96.0%	93.8%	94.3%	96.7%	97.6%	93.6%	93.3%	94.7%	95.4%	
Haringey New Birth Visits - % seen within 2 weeks	>95%	91.4%	95.5%	93.5%	93.7%	94.1%	91.0%	91.5%	93.6%	92.6%	88.1%	89.1%		92.3%	
Islington New Birth Visits - % seen within 2 weeks	>95%	98.4%	96.4%	96.1%	94.1%	95.2%	97.6%	94.3%	94.0%	95.1%	93.7%	93.2%		95.0%	
% of Rapid Response Urgent referrals seen within 2 Hours of R...					72.7%	50.0%	88.8%	94.2%	84.1%	88.7%	79.3%	75.2%	74.9%	81.0%	

Date & time of production: 18/03/2022 17:35

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - 4 Hour Wait Performance:	**Variance against Plan:** ED performance against the 4-hour access standard was 75.1%, a slight improvement on the previous month and above the London average of 72.1%. There were 7990 attendances in February 2022 with 12.1% of patients requiring admission. Ambulance conveyances has dropped compared to the previous month at 1526. Urgent Treatment Centre performance was 85.3% and Paediatric performance was 88.0%. Median Time to treatment was at 91.3 minutes over February 2022. **Action to Recover:** There are two dedicated improvement programmes focused on improvements to the acute front door (Emergency Department and Same Day Emergency Care) and acute discharge with the aim to ultimately improve performance within the Emergency Department. The focus of March is to embed the new LAS offload protocol and launch the LAS to SDEC pathway and the ED to pharmacy pathway. The focus is also to relook at our ED huddle and escalation processes. The department is also preparing to launch the new ED clinical standards in April 2022. The department will continue to staff additional GP capacity and SDEC flow clinician to support our streaming pathways to ensure the patients are seen in the right place by the right clinicians.	**Named Person:** ED General Manager **Time Scale to Recover Performance:** April 2022

	There are two dedicated improvement programmes focused on improvements to the acute front door (Emergency Department and Same Day Emergency Care) and acute discharge with the aim to ultimately improve performance within the Emergency Department. The flow programme has clear work streams and plans to improve internal professional standards, criteria led discharges and early discharges. In addition the trust is a part of the National Discharge Programme for patients > 65 yrs with ECIST support and shared learning and support available across the programme	
ED – 12 Hour Trolley Waits :	**Variance against Plan:** The month of February 2022 saw 15 acute and 2 mental health 12 hour breaches, this is as a result of significant bed challenges experienced by both the Trust and across North Central London, this has continued into March 2022. **Action to Recover:** 72 hour reports have been completed and action plans have been reviewed to ensure early escalation when capacity is challenged.	**Named Person:** ED General Manager **Time Scale to Recover Performance:** Ongoing
Ambulance Hand Overs delays:	**Commentary:** The LAS portal showing Ambulance Handover data delays was out of action during February 2022 and remains inaccessible. Providers are currently unable to validate ambulance breaches therefore data shown for February 2022 is a manual extract. **Variance against Plan:** There were 78 thirty-minute breaches and 36 sixty-minute breaches in February 2022. Ambulance handover performance remains challenged though there was some modest improvement across the standards from the previous month. **Action to Recover:** The department continues to use the the LAS offload protocol, which has contributed to improvement. This will continue to be monitored during the month of March 2022.	**Named Person:** ED General Manager **Time Scale to Recover Performance:** March 2022

Cancer Performance	**January Performance** **2WW Performance =** 62.5% against the standard of 93% • Continued 2WW capacity challenges in breast, dermatology and gynaecology with breast booking at approximately 28 days. • Continued high level of referrals across all tumour groups **Action to recover:** • Cross NCL collaboration/Cancer Alliance proposal to use 18 Week Support for breast 1 stop service. 1000 new patient slots in total. • New Dermatology consultant started 3rd March 2022 to support 2WW skin service • New consultant started with colorectal 14th March 2022 **28 days FDS Performance =** 74% against the standard of 83% • Colorectal performance and improved by 7% from last month, use of virtual clinics has contributed to overall delivery • Continued capacity challenges within gynaecology **Action to recover:** • Prostate navigator starting 4th April 2022 to support FDS standard & implementation of virtual clinics • 2WW Lung service has also introduced virtual clinics **62 day Performance =** 39.4% against the standard of 85% • 35 treatments • 20 breaches – 2 breast, 3 colorectal, 0.5 gynaecology, 2.5 heamatology, 1.5 lung, 2 skin, 2.5 upper GI & 6 urology • Christmas break & staff sickness Covid 19 contributed to some breaches **Action to Recover:** • Breast surgical team down to one surgeon. Surgical support from North Middlesex & Princess Grace to support surgical pressures. Recruitment to start in April 2022. • Individual prostate breaches to be reviewed with GSTT to update data • Continued weekly scrutiny of cancer PTLs and continued review of cancer PTL & escalation as necessary	**Named Person:** General Manager, Surgery and Cancer **Time Scale to Recover Performance:** Monthly review

DM01 Diagnostics	**Update**: Performance against the national diagnostic waiting target for Febuary 2022 has not been achieved. Performance was 94.71% against the 99% target. As a result of the pandemic, there was there was a reduction in capacity across diagnostic services from the 17th December 2021. Services are starting to recovery and performance is expected to improve in the coming months. The Community Audiology backlog has fallen behind its agreed recovery plan to be compliant from December 2022, this is due to the impact of covid and vacancies. Recruitment has began with interviews set in March 2022 to support gaps.	**Named Person:** Head of Performance **Time Scale to Recover Performance:** Ongoing
Referral to Treatment: **Incomplete % waiting < 18 weeks** **52 + week waits**	**Update:** Performance against the national standards for referral to treatment incomplete pathways below 18 weeks for Febuary 2022 has not been achieved with performance at 73.4%. At the end of February 2022 there were 457 patients waiting more than 52 weeks for treatment, an improvement of 29 and 6 patients behind the Trust's recovery plan for long waiters. The Trust is aiming to have no patients over 78 weeks waiting by the end of May 2022 and is currently on target to achieve this. There are no patients waiting more than 104-weeks on the Trust PTL. **Action to Recover:** Independent sector capacity continues to support the delivery of elective recovery activity including patients waiting more than 52 weeks.	**Named Person:** Head of Performance **Time Scale to Recover Performance:** Ongoing

New Births (NBV) % seen within 2 weeks	**Haringey:** Reduced staffing in January impacted on the services ability to meet the target of seeing 95% of families within 14 days of a baby being born. Of the 14 visits not completed within timeframe 8 were patient choice and 5 were babies still in hospital at day 14. Teams are working hard to maintain the service whilst managing significant staff absence and a 25% vacancy rate. **Islington:** Islington service currently has a 30% vacancy rate. Of the 29 NBV in February 2022 month not completed in the time scale, 13 were babies in hospital, 14 parental choice, 1 parent refused and 1 parent moved. The service is reviewing it's template for babies still in hospital which will increase compliance. The service is also looking to improve staff recruitment over the coming months.	**Named Person:** Head of Service **Time Scale to Recover Performance:** Ongoing

Safe | Caring | Effective | Responsive | **Well Led**

Indicator	21_22 Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021-2022	Performance
Appraisals % Rate	>90%	66.9%	69.9%	71.9%	70.6%	70.1%	70.1%	65.3%	66.8%	65.5%	66.0%	64.9%	65.6%	67.9%	
Mandatory Training % Rate	>90%	76.6%	75.3%	75.5%	76.1%	76.8%	74.7%	77.3%	78.8%	81.2%	82.2%	82.2%	82.5%	78.5%	
Permanent Staffing WTEs Utilised	>90%	89.1%	88.1%	88.7%	88.0%	87.6%	87.7%	88.1%	88.6%	88.0%	88.1%	87.9%	87.6%	88.0%	
Staff FFT % recommended work	>50%	68.6%			62.6%			57.3%				48.4%		58.0%	
Staff FFT response rate	>20%	6.6%			18.4%			15.0%				7.0%		13.4%	
Staff sickness absence %	<3.5%	3.46%	3.43%	3.82%	4.33%	4.12%	4.20%	4.34%	4.32%	5.50%	5.30%	4.72%		4.27%	
Staff turnover %	<13%	9.9%	10.2%	11.1%	11.0%	12.8%	11.6%	14.3%	11.9%	12.4%	12.4%	12.5%	12.8%	12.1%	
Vacancy % Rate against Establishment	<10%	10.9%	11.9%	11.3%	12.0%	12.4%	12.3%	11.9%	11.4%	12.0%	11.9%	12.1%	12.4%	12.0%	
Average Time to Hire (Days)	<63 Days	62	62	62	60	62	64	63	59	66	59	70	61	63	
Nursing Staff Average % Day Fill Rate - Nurses		85.0%	67.8%	93.9%	95.9%	95.3%	92.4%	83.8%	74.9%	85.9%	79.2%	89.2%	92.5%	85.0%	
Nursing Staff Average % Night Fill Rate - Nurses		95.5%	66.0%	91.4%	95.2%	94.5%	94.1%	91.3%	81.8%	93.1%	88.2%	100.3%	100.0%	88.7%	
Safe Staffing Alerts - Number of Red Shifts		16	5	8	5	3	33	33	36	34	36	30	20	243	
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		10.9	5.9	10.1	9.9	10.0	11.0	11.7	9.1	9.1	9.6	9.4	10.4	9.4	

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

Date & time of production: 18/03/2022 17:35

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Appraisals % Rate : Target > 90%	**Variance against Plan: 24.4%** **Action to Recover:** A solution for recording appraisals has now been implemented on elev8 and written into the appraisal document and guidance. This process is much easier to execute and follow.	**Named Person:** Assistant Director, Learning & Organisational Development **Time Scale to Recover Performance:** May 2022
Mandatory Training % Rate : Target > 90%	**Variance against Plan: 7.5%** **Action to Recover:** Those who have logged into elev8 have praised its accessibility which makes completing courses straight forward and easy to follow. Employees are being encouraged to log in, to experience the improved system and complete mandatory training.	**Named Person:** Assistant Director, Learning & Organisational Development **Time Scale to Recover Performance:** May 2022
Permanent Staffing WTEs Utilised: 87.6% Target > 90%	**Variance against Plan: 2.4%** **Action to Recover:** Permanent staff utilisation has decreased slightly in comparison to last month. The sector remains unstable and work continues across NCL to address.	**Named Person:** Acting Deputy Director of Workforce **Time Scale to Recover Performance:** June 2022
Staff Sickness Absence %: 4.71% Target < 3.5%	**Variance against Plan: 1.21%** **Action to Recover:** Absence rates have stabilised from last month but continues to be above the Trust target. This continues to be monitored. Recovery is a main focus, which includes support to staff at work who are already fatigued.	**Named Person:** Acting Deputy Director of Workforce **Time Scale to Recover Performance:** June 2022
Staff Turnover Rates: 12.8% Target < 13%	**Variance against Plan: 0.2%** **Action to Recover:** Turnover rate has maintained from last month. This will continue to be monitored along side the vacancy rates.	**Named Person:** Acting Deputy Director of Workforce **Time Scale to Recover Performance:** June 2022

Vacancy Rates:	**Variance against Plan: 2.4%** **Action to Recover:** Vacancy rate has increased slightly from last month and remains over the Trust target. The current vacancies are being reviewed to ensure accuracy and to establish specific areas of concern to focus on.	**Named Person:** Acting Deputy Director of Workforce **Time Scale to Recover Performance:** June 2022
Safer Staffing Zero Red shifts Trust CHPPD 9.6* *Peer Trusts Median (March 2021)	There were 20 confirmed Red shifts reported in February 2022. This is a reduction in comparison to previous months. Note that data validation was performed from multiple sources. Emergency and Integrated Medicine ICSU had 13 of the Red shifts across all inpatient wards. The remaining 7 were reported from Coyle ward (Surgery & Cancer ICSU). These high-risk staffing challenges were attributed to a. unfilled vacant shifts b. staff unavailability (sickness, parenting, unavailable temporary staff) c. inadequate sourcing of additional staff for escalation beds due to unavailable temporary staff d. additional staff requirement for enhanced care Care Hours per Patient Day (CHPPD) in February 22 was reduced to 9.4 which aligns with the median figure of Peer Trusts. The average CHPPD of the adult wards was 7.9. Fill rate for registered staff remains suboptimal for the adult wards and was not sufficient to cover increased staff demand for the open escalation beds. The fill rate for unregistered staff exceeds 100%. This excess fill rate is associated with enhanced care requirement as well as cover of nursing vacant shifts that could not be filled with registered staff. **Action to Recover:** • Senior Staff continue to address high risk staffing issues as recommended in the Staffing Escalation policy. Staff redeployment takes place where possible as indicated following the daily capacity/bed meetings. Staff escalation roster is populated to support re-deployment. Clinical education team increased hours of student support in clinical settings and reduced non-clinical activity. • Recruitment is ongoing for all nursing staff including national and international recruitment. Objective Structured Clinical Examination (OSCE) programmes increased in frequency to accommodate	**Named Person:** Lead Nurse for Safer Staffing **Time Scale to Recover Performance:** Ongoing

	increased numbers of international nurses joining the organisation. Focus is given to staff development and retention programmes such as preceptorship, EQIPT, compassionate leadership. Capacity to increase number of Nursing associates in all clinical settings will be reviewed with the next safe staffing review in April/May 2022. Lead Nurse for Safer Staffing continues to monitor the activity of the wards and assess effectiveness of staff deployment and rostering.	

Appendix 1. Community Performance Dashboard

Indicator	21_22 Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021-2022	Performance
IAPT Moving to Recovery	>50%	45.0%	51.8%	49.6%	54.7%	54.8%	51.3%	53.4%	53.9%	51.4%	49.5%	57.2%		52.6%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	92.5%	94.2%	88.8%	92.6%	91.9%	92.1%	94.6%	90.9%	90.0%	93.4%	88.5%		91.6%	
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	92.3%	79.4%	85.3%	80.7%	86.3%	81.6%	78.0%	83.8%	82.4%	86.6%	75.3%		81.8%	
Haringey - HR1 % carried out before child aged 15 months	N/A	81.3%	78.2%	77.2%	76.2%	74.3%	73.8%	72.9%	74.4%	67.9%	62.0%	56.6%		71.3%	
Haringey - HR2 % carried out before child aged 30 months	N/A	70.1%	72.3%	72.4%	71.1%	74.2%	76.7%	75.7%	74.7%	66.1%	66.7%	68.5%		71.7%	
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	90.7%	91.2%	92.8%	89.6%	87.5%	87.8%	86.7%	91.2%	92.0%	88.4%	63.6%		87.3%	
Islington - HR1 % carried out before child aged 15 mths	N/A	84.4%	79.3%	79.4%	84.7%	86.2%	85.3%	86.1%	80.1%	85.2%	77.4%	76.6%		81.9%	
Islington - HR2 % carried out before child aged 30 mths	N/A	81.1%	79.1%	82.7%	76.5%	81.6%	78.2%	75.7%	84.1%	83.3%	81.1%	73.4%		79.6%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	66.7%	100.0%	88.2%	89.5%	91.1%	89.7%	90.6%	93.8%	78.4%	81.0%	88.9%	94.8%	88.2%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%			100.0%	100.0%	92.3%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.3%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	81.8%	83.8%	71.7%	78.0%	71.0%	79.3%	80.6%	77.0%	77.9%	70.0%	71.7%	74.7%	75.6%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	91.7%	90.9%	94.4%	92.2%	93.9%	93.8%	96.3%	93.0%	96.3%	94.9%	96.3%	93.2%	94.2%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	100.0%	100.0%	85.7%	85.7%	0.0%	100.0%	88.9%	50.0%	100.0%	66.7%	100.0%		72.4%	
Nutrition and Dietetics - % Weight Loss Achieved at Discharge	>65%		0.0%	50.0%	50.0%	100.0%	100.0%	100.0%	37.5%	83.3%	100.0%		57.1%	63.6%	
Nutrition and Dietetics - % Weight Maintained or Gained at Discharge	>70%	83.3%	92.3%	88.9%	92.9%	85.7%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	94.2%	
Hackney Smoking Cessation: % who set quit date & stopped after 4 wee...	>45%	68.0%			54.4%			58.6%			57.0%			56.5%	
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
Children Community Waiting Times	**Overall summary:** **Islington CLA** Increase in waiting times due to a number of new Unaccompanied Assylum Seeking Children, particularly from Dover. The CCG have now provided additional funding to support this increased demand. **Community Paediatrics** Waiting time has increased due to long term sickness within service. Staff members now on phased return which should help address overall times **Islington SCT** Continued rise in waiting time for SCT, the wait this month is now on average 38.6 weeks. This is due to increase in referrals and expansion of the team remit to assess for ADHD in children over 5yrs. The service is in discussion with the local authority to establish long term plan. **Islington OT** Workforce challenges remain within this service. The service is moving its clinical specialist to the team once recruited to support the wider clinical team who are covering all schools in the borough. **Islington SLT** Continued challenges with recruitment. The local authority have provided additional funding, however the longer term plan around sustainability will be developed over the coming months as part of the NCL review of community services. **Islington Dietetics** Currently on risk register due to 2 vacancies which we have been unable to recruit to. All urgent work is being completed. **Islington CAMHS - CAMHS Screening** Increase in waiting times for mental health screenings and intervention due to increased referrals. The CCG and local authority have committed additional funding to resource this work.	**Named person:** Director of Operations, Children and Young People's Services

	Islington CAMHS - Central CAMHS teams The service continue to have significant waits in the Neurodevelopmental Pathway (NDP) and in Core CAMHS Therapy Team (CTT). Additional capacity from Healios digital ASC assessments is continuing and the whole contract has been utilised, supporting a reduction in waiting times. Development of an NCL-wide waiting list Hub model is underway to address waiting times across the 5 boroughs for ASC/ADHD and combined assessments. In all other areas the service are delivering pathways under 8 weeks, although waiting times for early years has increased . **Haringey community paediatrics** Waits for NDC clinics are longer due to a reduction in staffing. The team continue to prioritise urgent referrals and are trying to secure additional temporary staff to help increase capacity. **Haringey community paediatrics – SCC (autism assessment)** The impact of covid-19 continues to exacerbate existing challenges for this service. We continue to work with local commissioners to reduce waits. Additional assessments are being provided and the service is tracking the reduction in wait times - the impact of this will be seen by June 2022. Alongside local work WH CYP leads are finalising the arrangements for additional assessments across NCL in 2022/23 that will support further reduction in waiting times in Haringey. **Haringey SLT** Waits for initial appointments and provision of therapy in SLT continue to be challenging. Short term funding is helping to reduce waits for initial appointments though it continues to be difficult to secure temporary staff. WH service leads continue to work with partners in the Council and CCG to develop a longer term plan for meeting speech, language and communication needs in Haringey. **Looked after children Haringey** Staff absence has made it impossible to meet the target completion times for health assessments. This is exacerbated by the lack of named doctor and designate doctor. Interviews for the substantive doctor role are scheduled for April. **Haringey OT** The OT service continues to experience longer waiting times due to gaps/changes in staffing. A plan to reduce waits is in place and if current recruitment is successful the waits will come down.	

	Community Audiology The service has fallen behind its improvement trajectory with the backlog of review appointments has increasing by 55, from 944 in January 2022 to 999 in February 2022. Capacity to deliver appointments have been impacted by sick leave and patient cancellations due to covid. The service continue to try to secure locum staff to cover gaps. One substantive vacancy and one maternity cover post are out to advert. Interviews are planned for mid March 2022 **Community Dental Service** The backlog for Community Dental Services continues to grow with an average wait now at 20 weeks at the end of February 2022. Approximately 30% of patients will require sedation. The service is looking at recruiting additional staff for both weekdays and weekends, however current capacity has been affected by absence due to Covid. The service is hopeful that they will have new capacity going into March 2022 and April 2022.	
Adult Community Waiting Times	**Overall summary** Recovery and wellbeing now the focus in ACS. Approximately 5 staff remain on long term secondment to the vaccination programme in both Hornsey Central and the community (housebound and care home) service. Permanent vaccination team has not yet received funding but six month funding agreed to deliver spring booster programme. The 3 key areas for recovery remain the same: MSK, Podiatry, Pulmonary Rehabiliation (PR). **MSK** Group classes have restarted, however recruitment into more senior posts continues to be challenging. The waiting times for both CATS and routine have both gone up slightly and are both above target wait times: • CATS – 12.4 weeks • Routine – 10.9weeks Current recovery trajectory is end August 2022. **Podiatry** The service continues to focus on recovery but has had some difficulty with recruitment to posts. New patients have been seen in expected time frame but follow ups are lagging behind and risks are being highlighted for those patients. Strategies implemented to mitigate risk and focus on seeing follow ups in tighter time frames.	**Named person:** Director of Operations, Adult Community Services

	Current recovery trajectory is end August 2022 to see patients within 6 weeks time frame **Pulmonary Rehabilitation** The respiratory service and pulmonary rehab has restarted and working on reducing the waiting list by both cleansing and see patients in classes. Backlog for PR is currently approximately 20 weeks and spirometry backlog is approximately 8 weeks. Current trajectory for recovery is end July 2022 to see patients within 6 weeks time frame	

Appendix 2. Community Waiting Times Dashboard

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Dec-21	Jan-22	Feb-22	Avg Wait (Feb)	No. of Pts Seen	% Threshold	Target Weeks	Dec-21	Jan-22	Feb-22	Avg Wait (Feb)	No. of Pts Seen
CAMHS	>95%	8	74.1%	71.2%	59.8%	15.6	92	>95%	2	88.9%	100.0%	66.7%	1.1	3
Child Development Services	>95%	12	100.0%	93.8%	100.0%	1.5	11	>95%	2			100.0%	0.0	1
IANDS	>95%	18	74.5%	77.6%	65.1%	16.6	86	>95%	2				-	0
Community Children's Nursing	>95%	2	80.5%	72.6%	73.9%	2.3	88	>95%	1	100.0%	91.7%	100.0%	0.2	9
Community Paediatrics Services	>95%	18	71.4%	62.5%	70.5%	12.7	95	>95%	1				12.7	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	100.0%	1.1	3	>95%	-			-	-	0
Haematology Service	>95%	12			100.0%	5.0	2	>95%	-				-	0
Looked After Children	>95%	4	75.0%	33.3%	72.2%	4.0	18	>95%	-				-	0
Occupational Therapy	>95%	18	80.0%	28.6%	83.3%	9.4	6	>95%	2				-	0
Physiotherapy	>95%	18	95.5%	97.9%	97.3%	8.7	73	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	2.5	10	>95%	-				-	0
School Nursing	>95%	12	96.5%	94.0%	87.7%	3.6	138	>95%	-				-	0
Speech and Language Therapy	>95%	8	73.0%	57.2%	55.4%	13.6	130	>95%	2	0.0%	25.0%	0.0%	8.0	1
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	100.0%	0.6	7	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	96.6%	100.0%	1.5	38	>95%	2	100.0%	100.0%	100.0%	0.3	4
Community Rehabilitation (CRT)	>95%	12	74.5%	82.6%	76.5%	7.9	51	>95%	2	50.0%	63.2%	66.7%	4.6	27
ICTT - Other	>95%	12	98.0%	89.0%	95.8%	3.6	96	>95%	2	57.4%	64.6%	66.7%	2.8	6
ICTT - Stroke and Neuro	>95%	12	86.4%	77.8%	80.8%	7.4	26	>95%	2	28.6%	44.4%	44.4%	2.1	9
Home-based Intermediate Care Se...	>95%	6	36.4%	52.0%	15.2%	18.4	46	>95%	2				-	0
Community Bed-based Intermediat...	>95%	6	100.0%	100.0%	100.0%	0.0	6	>95%	2				-	0
Paediatric Wheelchair Service	>95%	8	100.0%	83.3%	100.0%	3.1	5	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	69.2%	59.3%	41.7%	11.7	115	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	40.1%	22.2%	31.7%	12.6	281	>95%	2	36.8%	27.8%	45.0%	3.6	20
Musculoskeletal Service - Routine	>95%	6	24.8%	35.4%	30.5%	10.9	978	>95%	2	16.7%	34.0%	41.6%	3.3	101
Nutrition and Dietetics	>95%	6	59.1%	67.3%	54.9%	6.4	144	>95%	2	100.0%	100.0%	100.0%	0.3	5
Podiatry (Foot Health)	>95%	6	44.5%	40.6%	49.7%	8.5	187	>95%	2	0.0%		66.7%	1.4	3
Lymphodema Care	>95%	6	85.7%	89.3%	93.3%	2.7	15	>95%	-				-	0
Tissue Viability	>95%	6	100.0%	98.2%	93.5%	1.5	46	>95%	-				-	0
Cardiology Service	>95%	6	91.8%	87.9%	89.3%	3.9	28	>95%	2	50.0%	0.0%		-	0
Diabetes Service	>95%	6	94.2%	60.0%	24.4%	8.1	45	>95%	2				-	0
Respiratory Service	>95%	6	30.3%	15.1%	56.5%	6.3	62	>95%	2	100.0%			-	0
Spirometry Service	>95%	6	43.8%	19.2%	36.8%	7.4	19	>95%	-				-	0

Appendix 2. Community Waiting Times Dashboard

Haringey

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Dec-21	Jan-22	Feb-22	Avg Wait (Feb)	No. of Pts Seen	% Threshold	Target Weeks	Dec-21	Jan-22	Feb-22	Avg Wait (Feb)	No. of Pts Seen
CAMHS	>95%	8	100.0%	100.0%	50.0%	19.0	2	>95%	-				-	0
Child Development Services	>95%	12	100.0%	91.7%	100.0%	1.7	10	>95%	2			100.0%	0.0	1
IANDS	>95%	18	100.0%	100.0%	100.0%	8.6	2	>95%	2				-	0
Community Children's Nursing	>95%	2	90.0%	80.0%	83.3%	2.6	12	>95%	1	100.0%			-	0
Community Paediatrics Services	>95%	18	61.9%	56.5%	60.6%	16.0	66	>95%	1				16.0	0
Family Nurse Partnership	>95%	12				-	0	>95%	-			-	-	0
Haematology Service	>95%	12				-	0	>95%	-				-	0
Looked After Children	>95%	4	40.0%	58.3%	50.0%	4.8	2	>95%	-				-	0
Occupational Therapy	>95%	18	77.8%	33.3%	100.0%	4.3	5	>95%	2				-	0
Physiotherapy	>95%	18	97.7%	97.8%	97.2%	8.6	71	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	2.5	10	>95%	-				-	0
School Nursing	>95%	12	94.1%	96.8%	98.0%	3.2	51	>95%	-				-	0
Speech and Language Therapy	>95%	8	70.4%	41.6%	43.8%	14.3	64	>95%	2	0.0%	25.0%	0.0%	8.0	1
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6				-	0	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.3	34	>95%	2	100.0%	100.0%	100.0%	0.3	4
Community Rehabilitation (CRT)	>95%	12	0.0%	100.0%	100.0%	4.9	2	>95%	2	0.0%			-	0
ICTT - Other	>95%	12	97.7%	89.5%	95.5%	3.7	88	>95%	2	59.7%	66.7%	100.0%	1.3	4
ICTT - Stroke and Neuro	>95%	12	86.4%	77.8%	80.0%	7.4	25	>95%	2	25.0%	37.5%	44.4%	2.1	9
Home-based Intermediate Care Se...	>95%	6	100.0%			-	0	>95%	2				-	0
Community Bed-based Intermediat...	>95%	6		100.0%		-	0	>95%	2				-	0
Paediatric Wheelchair Service	>95%	8	100.0%	83.3%	100.0%	3.1	5	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	72.2%	74.2%	42.5%	12.0	40	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	42.7%	21.8%	33.9%	12.2	168	>95%	2	54.5%	50.0%	41.7%	3.6	12
Musculoskeletal Service - Routine	>95%	6	26.6%	33.0%	33.2%	10.8	539	>95%	2	22.7%	35.8%	34.8%	3.3	46
Nutrition and Dietetics	>95%	6	58.9%	54.0%	48.1%	7.2	77	>95%	2	100.0%	100.0%	100.0%	0.2	2
Podiatry (Foot Health)	>95%	6	45.5%	43.0%	55.9%	7.6	93	>95%	2	0.0%		66.7%	1.4	3
Lymphodema Care	>95%	6	100.0%	92.3%	100.0%	2.0	5	>95%	-				-	0
Tissue Viability	>95%	6	100.0%	100.0%	100.0%	1.0	27	>95%	-				-	0
Cardiology Service	>95%	6	92.9%	78.6%	100.0%	2.6	16	>95%	2				-	0
Diabetes Service	>95%	6	97.4%	61.1%	25.8%	7.6	31	>95%	2				-	0
Respiratory Service	>95%	6	22.4%	9.3%	45.8%	6.0	24	>95%	2	100.0%			-	0
Spirometry Service	>95%	6	43.8%	19.6%	33.3%	7.7	18	>95%	-				-	0

Appendix 2. Community Waiting Times Dashboard

Islington

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Dec-21	Jan-22	Feb-22	Avg Wait (Feb)	No. of Pts Seen	% Threshold	Target Weeks	Dec-21	Jan-22	Feb-22	Avg Wait (Feb)	No. of Pts Seen
CAMHS	>95%	8	69.9%	68.5%	58.2%	16.1	79	>95%	2	87.5%	100.0%	66.7%	1.1	3
Child Development Services	>95%	12		100.0%		-	0	>95%	-				-	0
IANDS	>95%	18	73.0%	77.5%	64.6%	16.8	82	>95%	2				-	0
Community Children's Nursing	>95%	2	76.7%	70.8%	72.6%	2.2	73	>95%	1	100.0%	91.7%	100.0%	0.2	9
Community Paediatrics Services	>95%	18	90.0%	100.0%	92.3%	5.6	26	>95%	1				5.6	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	100.0%	1.1	3	>95%	-				-	0
Haematology Service	>95%	12				-	0	>95%	-				-	0
Looked After Children	>95%	4	85.7%	23.1%	72.7%	4.3	11	>95%	-				-	0
Occupational Therapy	>95%	18				-	0	>95%	-				-	0
Physiotherapy	>95%	18	0.0%	100.0%		-	0	>95%	-				-	0
PIPS	>95%	12	100.0%			-	0	>95%	-				-	0
School Nursing	>95%	12	96.1%	90.8%	81.9%	3.6	72	>95%	-				-	0
Speech and Language Therapy	>95%	8	74.2%	72.4%	61.5%	14.2	39	>95%	2	0.0%			-	0
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	100.0%	0.6	7	>95%	2				-	0
Adult Wheelchair Service	>95%	8		50.0%	100.0%	2.7	3	>95%	-				-	0
Community Rehabilitation (CRT)	>95%	12	75.5%	81.0%	74.5%	8.2	47	>95%	2	52.4%	63.2%	66.7%	4.6	27
ICTT - Other	>95%	12	100.0%	66.7%	100.0%	3.8	3	>95%	2	0.0%	50.0%		-	0
ICTT - Stroke and Neuro	>95%	12			100.0%	7.1	1	>95%	2	100.0%	-		-	0
Home-based Intermediate Care Se...	>95%	6	34.9%	50.0%	15.9%	18.1	44	>95%	2				-	0
Community Bed-based Intermediat...	>95%	6	100.0%	100.0%	100.0%	0.0	6	>95%	2				-	0
Paediatric Wheelchair Service	>95%	8	100.0%			-	0	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	66.7%	51.7%	38.6%	11.9	70	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	36.8%	22.4%	28.2%	13.4	110	>95%	2	0.0%	18.2%	50.0%	3.4	8
Musculoskeletal Service - Routine	>95%	6	21.7%	36.6%	26.5%	11.1	408	>95%	2	12.9%	31.3%	52.4%	3.3	42
Nutrition and Dietetics	>95%	6	56.9%	85.1%	60.3%	5.7	58	>95%	2	100.0%	100.0%	100.0%	0.4	2
Podiatry (Foot Health)	>95%	6	43.5%	39.4%	45.2%	9.4	84	>95%	2				-	0
Lymphodema Care	>95%	6	80.0%	83.3%	88.9%	3.2	9	>95%	-				-	0
Tissue Viability	>95%	6	100.0%	95.2%	82.4%	2.3	17	>95%	-				-	0
Cardiology Service	>95%	6	90.0%	94.4%	75.0%	5.6	12	>95%	2	50.0%	0.0%		-	0
Diabetes Service	>95%	6	85.7%	50.0%	15.4%	9.7	13	>95%	2				-	0
Respiratory Service	>95%	6	40.8%	20.3%	63.2%	6.5	38	>95%	2				-	0
Spirometry Service	>95%	6		0.0%	100.0%	1.4	1	>95%	-				-	0

Children's Community Waits Performance

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Dec-21	Jan-22	Feb-22	Avg Wait (Feb)	No. of Pts Seen	% Threshold	Target Weeks	Dec-21	Jan-22	Feb-22	Avg Wait (Feb)	No. of Pts Seen
CAMHS	>95%	8	74.1%	71.2%	59.8%	15.6	92	>95%	2	88.9%	100.0%	66.7%	1.1	3
Community Children's Nursing - Haringey	>95%	2	66.7%		50.0%	3.9	4	>95%	1				-	0
Community Children's Nursing - Islington	>95%	2	81.1%	72.6%	75.0%	2.2	84	>95%	1	100.0%	91.7%	100.0%	0.2	9
Community Paediatrics - Haringey (SCC)	>95%	18	14.3%	11.8%	33.3%	33.7	15	>95%	1				-	0
Community Paediatrics - Haringey (NDC)	>95%	18	31.6%	30.8%	17.6%	24.3	17	>95%	1				-	0
Community Paediatrics - Haringey (Child Protection)	>95%	18	100.0%	100.0%	100.0%	2.5	25	>95%	1				-	0
Community Paediatrics - Haringey (Other)	>95%	18	100.0%	100.0%	90.0%	2.7	10	>95%	1				-	0
Community Paediatrics - Islington	>95%	18	90.3%	100.0%	92.0%	5.7	25	>95%	1				-	0
Family Nurse Partnership - Islington	>95%	12	100.0%	100.0%	100.0%	1.1	3	>95%	-				-	0
Haematology Service - Islington	>95%	12			100.0%	5.0	2	>95%	-				-	0
IANDS	>95%	18	100.0%	92.9%	80.0%	13.2	5	>95%	2				-	0
IANDS - SCT	>95%	20	0.0%	13.6%	0.0%	34.3	19	>95%	2				-	0
Looked After Children - Haringey	>95%	4	71.4%	47.1%	80.0%	3.2	5	>95%	-				-	0
Looked After Children - Islington	>95%	4	81.8%	22.7%	69.2%	4.3	13	>95%	-				-	0
Occupational Therapy - Haringey	>95%	18	87.5%	28.6%	83.3%	9.4	6	>95%	2				-	0
Occupational Therapy - Islington	>95%	18	80.0%	33.3%	36.4%	32.5	11	>95%	2				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	87.5%	100.0%	1.5	9	>95%	2				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	66.7%	80.0%	93.8%	8.0	16	>95%	2				-	0
Physiotherapy - Haringey	>95%	18	95.5%	97.9%	97.3%	8.7	73	>95%	2				-	0
Physiotherapy - Islington	>95%	18	100.0%	98.7%	90.3%	8.0	31	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	2.5	10	>95%	-				-	0
SALT - Haringey	>95%	13	71.9%	42.4%	41.8%	14.4	67	>95%	2	0.0%	25.0%	0.0%	8.0	1
SALT - Islington	>95%	13	75.0%	70.7%	65.6%	12.5	32	>95%	-				-	0
SALT - MPC	>95%	18	73.7%	93.3%	81.5%	10.7	27	>95%	-				-	0
School Nursing - Haringey	>95%	12	94.1%	97.1%	98.3%	3.2	58	>95%	-				-	0
School Nursing - Islington	>95%	12	96.8%	91.3%	77.5%	4.3	71	>95%	-				-	0

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

Cancer - 62D Performance by Tumour Group

Indicator	20_21 Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021-2022	Performance
Breast	>85%	66.7%	50.0%	86.7%	100.0%	57.1%	76.5%	25.0%	60.0%	0.0%	58.3%	66.7%		60.6%	
Gynaecological	>85%	33.3%	100.0%	100.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%		21.1%	
Haematological (Excluding Acute Leukaemia)	>85%	100.0%	50.0%	100.0%	0.0%	100.0%		100.0%		100.0%	50.0%	28.6%		65.5%	
Lower Gastrointestinal	>85%	86.7%	70.0%	60.0%	100.0%	75.0%	71.4%	100.0%	0.0%	50.0%	0.0%	45.5%		57.4%	
Lung	>85%	100.0%	37.5%	100.0%	100.0%	66.7%	100.0%	50.0%		100.0%	0.0%	0.0%		59.3%	
Other	>85%								100.0%					100.0%	
Skin	>85%	96.3%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%	88.2%	66.7%	83.3%	60.0%		91.0%	
Testicular	>85%	100.0%	100.0%			100.0%					100.0%			100.0%	
Upper Gastrointestinal	>85%	75.0%	100.0%	66.7%	100.0%	0.0%	100.0%	66.7%	0.0%		66.7%	0.0%		50.0%	
Urological (Excluding Testicular)	>85%	33.3%	28.6%	16.7%	66.7%	88.9%	85.7%	54.2%	35.3%	33.3%	65.0%	33.3%		48.2%	

Cancer - 2WW Performance by Tumour Group

Indicator	20_21 Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021-2022	Performance
Breast	>93%	84.0%	37.6%	31.9%	80.2%	96.7%	96.1%	96.0%	98.2%	91.1%	94.7%	10.1%		74.3%	
Childrens	>93%				0.0%									0.0%	
Gynaecological	>93%	89.7%	94.7%	96.3%	88.3%	74.2%	91.5%	91.3%	93.1%	68.7%	45.0%	44.4%		84.1%	
Haematological	>93%	100.0%	96.2%	100.0%	100.0%	100.0%	96.2%	95.7%	95.0%	75.0%	100.0%	100.0%		95.6%	
Lower Gastrointestinal	>93%	88.9%	48.7%	78.2%	84.8%	61.8%	35.1%	21.8%	2.8%	5.8%	55.7%	91.6%		49.8%	
Lung	>93%	100.0%	33.3%	75.0%	80.0%	50.0%	100.0%	66.7%	80.0%	91.3%	88.5%	85.7%		82.5%	
Skin	>93%	99.6%	97.9%	96.1%	96.4%	95.6%	96.2%	92.9%	96.7%	88.0%	93.9%	88.7%		94.1%	
Upper Gastrointestinal	>93%	98.6%	98.6%	100.0%	91.7%	96.2%	98.5%	96.6%	98.1%	100.0%	100.0%	98.1%		97.6%	
Urological	>93%	98.0%	58.0%	46.0%	52.7%	58.9%	68.0%	52.4%	56.9%	67.2%	77.9%	48.9%		60.2%	

Appendix 4. Trust Level Activity

Category	Indicator	20_21 Target	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Activity
ED	ED Attendances	8285	8890	8861	9291	9663	9351	8531	9273	9432	9089	8179	8285	7990	
ED	ED Admission Rate %		15.9%	15.6%	13.8%	13.4%	13.7%	13.2%	12.6%	12.5%	12.1%	12.8%	12.6%	12.1%	
Community	Community Face to Face Contacts		40026	37968	41932	40039	37351	33319	38779	41129	44228	35229	37286	36917	
Admissions	Elective and Daycase		1778	1815	1873	2052	2047	1945	2034	1905	1977	1624	1622	1682	
Admissions	Emergency Inpatients		2281	2234	2043	2180	2058	1937	1940	1972	1934	1779	1725	1580	
Referrals	GP Referrals to an Acute Service		12898	11999	12755	13882	13420	12391	12666	14746	14988	12293	14102	14252	
Referrals	% of GP Referrals that were completed via ERS		87.1%	88.0%	88.4%	86.4%	86.3%	85.6%	83.9%	86.4%	85.3%	83.3%	84.4%	84.2%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	44.2%	37.0%	29.7%	27.0%	31.1%	28.5%	35.7%	28.8%	31.2%	35.2%	29.4%	31.8%	
Maternity	Maternity Births	320	331	329	288	315	309	323	288	319	324	279	249	237	
Maternity	Maternity Bookings	377	391	458	356	322	369	306	327	319	326	339	320	250	
Outpatients	Outpatient DNA Rate % - New	<10%	8.9%	9.3%	10.1%	9.7%	10.8%	11.8%	11.7%	10.6%	10.3%	11.3%	11.6%	10.7%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	7.6%	8.3%	8.4%	9.2%	9.8%	10.3%	10.7%	10.2%	10.0%	10.7%	10.6%	10.2%	
Outpatients	Outpatient New Attendances		9438	8927	8722	9843	9337	8468	10175	10273	9934	8343	8620	8575	
Outpatients	Outpatient FUp Attendances		18240	17246	16400	18427	17609	15470	17639	17059	17738	15373	15216	14447	
Outpatients	Outpatient Procedures		5932	5571	5412	6166	5826	5260	5777	5737	5763	5245	5250	5419	

Appendix 5: Emergency Department (ED) summary – February 2022

ED indicators	February		
	2019/20	2020/21	2021/22
Attendances	8,732	6,304	7,990
4 hour breaches	1,466	826	1,987
Performance	83.2%	86.9%	75.1%
Majors	2,753	2,138	2,528
% Attendances in majors	31.5%	33.9%	31.6%
4 hour breaches (majors)	1,039	639	1,246
4 hour performance (majors)	62.3%	70.1%	50.7%
Ambulances	1,692	1,511	1,526
% Ambulances	19.4%	24.0%	19.1%
Average length of stay (days) (Non elective)	4.7	3.7	4.9
Average length of stay(days) (Non elective over 75s)	10.5	6.7	9.5

ED performance against the 4-hour access standard for February 2022 was 75.1%, a slight improvement on the previous month and above the London average of 72.1%. However, performance was lower compared to both 2019/20 (83.2%) and 2020/21 (86.9%).

There were 7,990 attendances in February 2022 with 12.1% of patients requiring admission. Ambulance arrivals dropped compared to the previous month at 1,526. Urgent Treatment Centre performance was 85.3% and Paediatric performance was 88.0%. The median time to treatment was at 91.3 minutes in February 2022.

The emergency care pathway was significantly challenged across England and in North Central in February and this continues to be the case in March 2022. The main issues have been:

- Higher numbers of breaches in majors
- A dip in performance in urgent care and paediatrics.
- An increase in average length of stay for inpatients
- High numbers of patients over the age of 75 occupying a bed during February remained consistently above 50%
- An increase in patients who did not meet the criteria to reside within the hospital
- A higher number of patients waiting for pathway 2 and 3 placements in care homes and community rehabilitation beds
- Significant issues with care home capacity linked to infection prevention and control requirements

Meeting title	**Trust Board – public meeting**	**Date: 30.03.2022**
Report title	**Anchor Institution Update**	**Agenda item: 13**
Executive director lead	Jonathan Gardner, Director of Strategy and Corporate Affairs	
Report authors	Helen Taylor, Deputy Director of Strategy, and Roxanne Stevenson-Brown, Project Manager	
Executive summary	This quarterly update provides details on the current position of the Trust against its strategic objective of being a leading Anchor Institution, as well as details of actions planned for the next quarter. Progress is demonstrated by the change in score for the five workstreams. The maximum score achievable is 4.0. The average score last quarter was 2.2, and the new average is 2.5.	
Purpose:	Quarterly update	
Recommendation(s)	The Trust Board is asked to note the progress achieved as part of the Trust's Anchor Institution work.	
Board Assurance Framework	Integration 1 and 2 entries	
Report history	December 2021 – Brought for approval	
Appendices	1: Population Health and Anchor Institution strategy and action plan update	

Population Health and Anchor Institution Strategy and Action Plan Update Paper

NHS Whittington Health NHS Trust

Strategy		Actions
Lead, influence and partner with others using data to prioritise actions that reduce inequalities	Corporate and Civic	Agree priorities and targets with the Anchor network and work collaboratively to deliver them.
Co-design and deliver joined up services so they reach and benefit disadvantaged communities	Service Delivery	Deliver inequality funding projects, and work with localities to amplify public health messages
Be a positive presence and influence in the health of our communities through trusted advice and holistic approach	Service Delivery	Reinvigorate Make Every Count training and methodology.
Create local jobs paying the living wage, caring for the mental and physical health of our staff	Employment	Recruit more local candidates through targeted outreach to hit anchor network targets
Design vibrant community spaces that improve health and benefit the environment	Bricks and Mortar	Create a Trust Environmental Policy and Carbon Net Zero Action Plan
Create social value through our procurement	Procurement	New procurement to include social value with 10%+ weighting, including local value and employment

Dimension 1- Employment

Dimension Score 3

NHS Whittington Health NHS Trust

Item	Feature	Recommended action
Recruit in ways that minimise discrimination, provide equality of opportunity and maximise scope for local people to secure good jobs.	Methods of recruitment	**Recruit more local candidates through targeted outreach to hit anchor network targets** • Consider staff needs assessments around health behaviours • Continue to prioritise diversity and inclusion in our recruitment and band progression as per workforce plan. • Focus on increasing compliance with appraisals and furthering development opportunities as per workforce plan
	Nature of apprenticeship offer	
	Flexible working	
Pay the living wage and then go further to support people in stretching take home pay	Living wage	
	Pensions	
	Non-pay benefits	
	Contract types	
Commit to lower paid staff reaching their potential	Training, development and progression	
	Leadership and management	
	Measuring performance	
Support mental and physical health through facilities, policies, culture, advice, etc.	Supporting physical and mental health, wellbeing and resilience	

Dimension 2- Procurement Dimension score 2

Whittington Health NHS Trust

Item	Feature	Recommended action
Engage with existing and potential new suppliers and increase the proportion of spend with local suppliers	Monitor/analyse local spending	**New procurement to include social value with 10%+ weighting, including local value and employment** • Set targets to procure locally and in partnership with local suppliers • Work with procurement team to explore procuring in a way that is environmentally conscious
	Enable SMEs to submit proposals	
	Engage with local suppliers on contract opportunities and requirements	
	Identify and address local supply gaps	
Use procurement to deliver social value (for communities, employees, environment)	Apply SV goals and scoring widely in competitively tendered contracts	
	% of total marks allocated to SV in scoring of tenders	
	Coverage of workforce issues – employment, pay and conditions	
	Coverage of wider social, health and environmental issues	
	Extent and nature of supplier engagement (with new and existing suppliers)	
	Monitoring and enforcement	

Dimension 3- Bricks and Mortar

Dimension Score 2

Whittington Health NHS Trust

Item	Feature	Recommended action
Design and procure new development in ways which deliver social value and local benefits	Use procurement to create jobs and skills benefits from the construction and end use of large developments	**Create a Trust Environmental Policy and Carbon Net Zero Action Plan** • In the process of estate project procurement, local employment will be considered as part of the Social Value (SV) score • Ensure a sound and up-to-date Environmental Policy is made and the Trust is compliant (e.g. ISO 14001)
	Put focus on those who most need work and skills – e.g. unemployed people and those leaving education	
	Build high environmental standards into design spec and procurement	
	Design new buildings/spaces to maximise benefits for local and deprived communities, and involve them in the process	
Manage land and physical assets to maximise local benefits	Good environmental practice, management and improvement	
	Enable community access, use and management of assets	
	Strategic land and asset planning	

Dimension 4- Service Delivery

Dimension Score 2

Whittington Health NHS Trust

Item	Feature	Recommended action
Design and deliver core services so that they reach and benefit disadvantaged communities	Knowing your place and service users, including those facing poverty and disadvantage	**Deliver inequality funding projects, and work with localities to amplify public health messages** • **Business plans to include detailed action plans on how ICSUs and corporate services are going to identify and tackle health inequalities** • Ensure all service leads and lead clinicians have access to HealtheIntent to assess need and tailor our services. • Develop an informed approach to respond to emerging health inequalities, modifying resource allocation when necessary. • Improve and increase our partnership working (eg. CDH , locality leadership teams, NAPC PCN work) • Reinvigorate Make Every Count training and methodology. • Work on reducing preventable mortality by improving unhealthy behaviours in the community such as smoking, unhealthy eating, and inactivity. • Further develop the QI prevention work across the Trust. • Consider resources necessary to do this
	Reviewing service delivery to reach and benefit diverse and disadvantaged communities	
Work with local 'community anchor' organisations to better deliver and gain uptake of services, especially by disadvantaged communities	Embedding joint working	

Dimension 5- Corporate and Civic Dimension score 2

Whittington Health NHS Trust

Item	Feature	Recommended Action
Recognise the organisation as being an anchor, then embed inclusive anchor dimensions into organisational vision/mission, values, culture, communications, behaviours, leadership, corporate planning and budgeting	Corporate leadership and commitment	**Agree priorities and targets with the Anchor networks and work collaboratively to deliver them.** • Develop and implement the Board Seminar in order to increase corporate leadership and commitment and agree priorities and targets. • Allocate financial resources to those initiatives supporting the local development of the community, linking in with needs identified through HealtheIntent.
	Inclusive anchor thinking evident in values, culture and communications	
	Incorporation into key documents and statement – vision, mission, corporate plan, etc.	
	Manage financial assets to create positive impacts	
	Resource allocations that support impact as an inclusive anchor	
Act as a champion for anchor collaboration, civic responsibility, learning, sharing, promoting the services of other anchors and leading by example	Collaborate with other local anchor institutions	
	Collaborate and share experience beyond the local area	

Anchor Institution Update March 2022

Overall Programme Status:

Time: Anchor Institution Programme is ongoing. Good linking into the Islington Anchor Programme and the Haringey Place Board. Detailed action plan underpinning all work.	**Quality:** Numerical increase in status, maximum score for each domain is 4.0 **Previous Q Average: 2.2, New Q Average: 2.5**	**Scope:** Agreed to use Rowntree framework, and Islington Anchor Outcome Measures

Workstream	Previous Status	Progress Update	New Status	Actions planned for upcoming quarter
Employment • 41% BAME • 77% female • 2.3% with a disability	2.9	• **Islington Mentorship:** Helen met with council to begin programme • **AHPs Leadership Fellowship Programme:** met with Islington, linking AHP recruitment to the Islington Apprenticeship programme • **Salary Sacrifice Scheme:** passed at TMG in December 2021 • **Appraisals and performance assessment**: improvement	3.5	• **Haringey Mentorship:** recruit 10 mentors to complete training with the council to encourage health and social care careers • **Explore more to impact on staff health behaviours** • **Health and Social Care Academy:** targeted focus on enrolment of low-take up groups to take place • **Appraisals and performance assessment**: continue to improve this metric
Procurement • 5% social value	1.7	• **NCL Procurement Anchor Network** established • **Social Value**: 5% of total marks currently allocated to social value in scoring of tenders • **Meeting**: with procurement to agree direction of travel and metrics	2.2	• **Social Value**: 10% social value to be implemented in all contracts from April 2022 • **Local Business**: assessment of spend with local businesses to be undertaken
Bricks and Mortar • 6,475 (tCO2e/yr) • 39% Carbon and GHGs maturity	2.3	• **Letting local space at less than market rate**: nurses home let at below 80% market rate • **Green plan:** draft written and going through local engagement process • **Net Zero**: internal discussions have taken place on how to advance this, a company has been brought in to help us create our plan	2.3	• **Green Plan** approval • **Specific contracts**: plan in place to create local job/apprenticeship opportunities • **Local colleges and schools:** plan for Whittington Estates Team to reach out and build relationships • **Willesden Dental**: exploration to take place on accessibility improvements
Service Delivery – embedding use of Model Hospital and Population Health Management system to target interventions. Business plans no	2.0	**ACS** • **Inequalities:** successful bid and implementation of numerous health inequalities projects in Haringey and Islington (see next slide) **ACW** • **Maternity Voices Partnership** linked into ICSU policy making and strategic direction. • **Continuity of carer**: First two teams have been set up specifically in areas of highest deprivation. Maternity PH consultant key to this. **CYP** • **Regular sharing of information** through being the lead provider for the NCL recovery **EIM** • **Development of long-term ommunity capacity** through admission avoidance **S&C** • **Joint working:** provision of mutual aid to other NHS providers in cancer services, jointly appointed consultants, as well as working with the independent sector	2.0	**ACS** • **Inequalities:** progress monitored via Integrated Forum reporting to Innovation Committee, as well as JG chairing the Place Board **ACW** • **Progress updates:** Regular presentation on progress by Clinical Directors at TMG **CYP** • **Data**: use data sources to identify target groups **EIM** • **Strategy development** to include targeted improvements in e.g. homelessness, sickle cell **S&C** • **Day case surgery:** ambition to play a part across NCL for day case surgery, general surgery, and strategic pathways in spinal and bariatrics
Corporate and Civic	2.3	• **Inclusive Anchor thinking:** Anchor thinking added to business plans this year • **Public health:** linking in with public health leads from Islington and Haringey • **Outcome measures:** identified in line with Islington • **Board update**: at March Board	2.6	• **Amplifying Public Health Messages:** aiming to do more here • **Progress reported:** regular update to TMG and Integrated Forum and Islington Anchor work programme. • **Alcohol**: play an active role in the NCL Alcohol group that will be meeting in March 2022

Worksstream	Current Risks that Require Mitigation	Proposed Mitigation
Bricks and Mortar	Modular Buildings wont give local employment	Explore local employment opportunities with other estates projects and understand procurement legislation

Inequalities Projects Update

NHS Whittington Health NHS Trust

	Borough	Project	RAG	Phase	Whittington Involvement	Update
1	Haringey	ABC Mentoring (Family Mentoring: ParentCraft)		1	Member of Steering Group	Being led by NMUH slow progress.
6	Haringey	Long-Term Conditions Project		2	WH jointly leading Diabetes and Heart Failure steering groups	Heart Failure: 500 patients identified, ongoing recruitment for vacancies Diabetes: 100 patients identified and seen in clinic, Turkish language clinics
8	Haringey	Healthy Neighbourhoods		2	WH is providing 1x Speech and Language Therapist, 1x Qualified Therapist, 1x Assistant	Speech and language involvement around Northumberland Park, for 22/23
9	Islington	COPD		1	Whittington providing 1x Respiratory Nurse, 1x Health Psychologist, 1x Peer Coach	Working with C&I with peer coaches to support people with pulmonary rehab
10	Islington	HealtheIntent		1	Regular attendance from WH at Steering Group, investment in partnership with NAPC	WH data to be inputted into HealtheIntent by March
11	Islington	Islington Bus Project		1	WH assisting in frailty screening	Project on pause – IT issues not solved

Meeting title	**Trust Board – public meeting**	**Date: 30 March 2022**
Report title	**Charitable Funds Committee Chair's Assurance report**	**Agenda item: 14**
Executive director leads	Jonathan Gardener, Director of Strategy & Corporate Affairs	
Report author	Marcia Marrast-Lewis, Assistant Trust Secretary	
Executive summary	In line with governance arrangements, this Committee Chair's report reports on areas of assurance on the items considered at the 17 February 2022 Charitable Funds Committee meeting which included: • Month 10 Finance Report including Fund Balances. • Charity Report • Applications for funding **Other key issues:** There were no items covered at these meetings for which where the Committee is reporting limited assurance to the Trust Board.	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the Chair's assurance report for the Charitable Funds Committee meeting held on 17 February 2022 and the applications for funding agreed.	
Risk Register or Board Assurance Framework	Sustainability 1	
Report history	Public Board meetings following each committee meeting	
Appendices	None	

Committee Chair's Assurance report:	Charitable Funds Committee
Date of meeting	27 January 2022
Summary of assurance:	
1.	**The committee can report significant assurance to the Trust Board in the following areas:** **Month 10 Finance Report** • Income for 2021/22 continued to be lower than the previous year due to lower donations. • Expenditure to month 10 was £941k which was split between charitable activities in the amount of £786k, equipment in the amount of £54k and £156k on fundraising and governance costs. • The total fund balance as of 31 January 2022 was £2.224m. • There was a £28k increase in the value of investment funds which maintained positive performance was still down on the previous year's performance. The Committee observed that covid donations represented 39% of total income which matched covid spending which was 33% of total expenditure but agreed that steps should be taken to increase income as covid donations had reduced. The Committee discussed the performance of the Charity's investment portfolio agreeing that a review of the investment strategy should be carried out to provide assurance that the portfolio achieved the maximum level of growth with minimum risk. **Charity report** The Committee received a report outlining the following activity: • Fundraising - The Committee was updated on work carried out around the launch of the 2021/22 Winter Appeal, the approval of the rebranding of the Charity; the outcome of the GDPR project which realised over 3,000 additional contactable constituents and the submission of funding applications for the Birth Centre at Tynemouth Road. The Charity Commission also approved the repurposing of restricted funds. • The Committee considered steps needed to develop an effective fundraising appeal acknowledging that while doners have been incredibly generous there was a noticeable drop in the value of donations received. It was agreed that future appeals should now focus exclusively on patient care. • The Committee noted good progress had been made on scoping projects to fund raise for the Birth Centre and the Maternal Health Centre. Further discussions were planned to identify prospects for the capital appeal.
2.	**The Committee is reporting moderate assurance to the Board on the following matters:** <u>Applications for Funding</u> The Committee reviewed and approved bids received, including the following: ▪ Refit and redecoration of the antenatal and new-born screening counselling room - £6,000 ▪ Digital inclusion bid for Haringey - £7,500

	The Committee reviewed and rejected a bid to fund a staff event to celebrate innovative achievements during the Covid 19 Pandemic with the proviso that more information was needed in relation to the nature of the event. The Committee noted that six bids totalling £5.3k were approved through the delegation route to the Chief Finance Officer and Head of Charity.
4.	**Other key issues** The Committee agreed that as approval had been received from the Charity Commission to consolidate and repurpose charitable funds this would reduce the likelihood of any temporary overdraft on the general fund.
5.	**Attendance:** Tony Rice, Non-Executive Director (Committee Chair) Julia Neuberger, Trust Chair Amanda Gibbon, Non-Executive Director Kevin Curnow, Chief Finance Officer Siobhan Harrington, Chief Executive **Fundraising** Sam Lister, Head of Charity Martin Linton, Assistant Director Financial Services Michelle Johnson, Chief Nurse & Director of Allied Health Professionals Marcia Marrast, Assistant Secretary Vivien Bucke, Business Support Manager **Apologies for Absence** Jonathon Gardner, Director of Strategy & Corporate Affairs Alex Ogilvie, Deputy Head of Financial Services Swarnjit Singh, Joint Director of Equality Diversity & Inclusion/Trust Secretary