NHS
Whittington Health
NHS Trust

Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board in Public on **Friday, 27 May 2022** from **9.30am to 11.10am** via video conference.

Item	Time	Title	Presenter	Action
		Standing agenda items		
1.	*9.30*	Welcome, apologies, declarations of interest	Trust Chair	Note
2.	*9.31*	Patient experience story	Chief Nurse & Director of Allied Health Professionals	Discuss
3.	*9.50*	30 March 2022 public Board meeting minutes, action log, matters arising	Trust Chair	Approve
4.	*9.55*	Chair's report	Trust Chair	Note
5.	*10.00*	Chief Executive's report	Chief Executive	Approve
		Quality and safety		
6.	*10.05*	Quality Assurance Committee Chair's report	Committee Chair	Approve
7.	*10.10*	Midwifery Continuity of Carer	Chief Nurse & Director of Allied Health Professionals	Approve
8.	*10.15*	Approval of modification of maternity training	Chief Nurse & Director of Allied Health Professionals	Approve
9.	*10.20*	Annual safeguarding children declaration	Chief Nurse & Director of Allied Health Professionals	Approve
10.	*10.25*	Eliminating mixed gender hospital accommodation declaration	Chief Nurse & Director of Allied Health Professionals	Approve
11.	*10.30*	Draft 2021/22 Quality Account	Chief Nurse and Director of Allied Health Professionals	Approve
		Performance		
12.	*10.35*	Integrated performance report	Deputy Chief Operating Officer	Discuss
13.	*10.45*	Month 1 Finance, capital expenditure and cost improvement report	Chief Finance Officer	Discuss
		Governance		
14.	*10.55*	Charitable Funds Chair's report	Committee Chair	Approve
15.	*11.00*	Audit and Risk Committee Chair's report	Committee Chair	Note
16.	*11.05*	Questions to the Board on agenda items	Trust Chair	Note

17.	*11.10*	Any other urgent business	Trust Chair	Note

17.	*11.10*	Any other urgent business	Trust Chair	Note

Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 30 March 2022

Present:	
Baroness Julia Neuberger	Non-Executive Director and 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
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
Bernadette O'Gorman	Clinical Nurse Specialist, Life Force Team - Paediatric Palliative Care Team (Item 2)
Peter Snow	Patient (Item 2)
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
Dale-Charlotte Moore	Deputy Chief Operating Officer
Andrew Sharratt	Associate Director of Communication & Engagement
Swarnjit Singh	Joint Director, Race, Equality, Diversity & Inclusion and Trust Secretary
Kate Wilson	Associate Director of Workforce
Eddie Herter	Project Manager, Strategy
Helen Taylor	Clinical Director, Acute Patient Access, Clinical Support Services & Women's Health Integrated Clinical Service Unit and Deputy Director of Strategy
Yana Richens	Director of Midwifery
Ruben Ferreira	Freedom to Speak Up Guardian
Nicola Stephenson	Director of Operations, Emergency & Integrated Medicine Integrated Clinical Service Unit

No.	**Item**
1. 1.1	**Welcome, apologies and declarations of interest** The Chair gave a warm welcome to everyone present at the meeting.

1.2	Apologies for absence were received from Carol Gillen, Chief Operating Officer, and Norma French, Director of Workforce.
1.3	A new declaration of interest was notified by Anu Singh who had been appointed a Non-Executive Board Member of South-East London and Birmingham & Solihull Integrated Care Boards. The Board noted the declaration which would be added to the register.
2.	**Patient Story – Mr Peter Snow Dealing with Bereavement**
2.1	Bernadette O'Gorman, Clinical Nurse Specialist in the Life Force Team in the Paediatric Palliative Care service introduced Peter Snow who attended the meeting to talk about his experience of dealing with the birth and death of his son, Monty, who was his fourth child. Peter Snow explained that it had been during the first lockdown in March 2020, that his wife's pregnancy had been confirmed, which was a welcome addition to his family. However, during a routine ante-natal ultrasound scan they learned that the baby had Edward Syndrome. also known as Trisomy 18, a rare genetic disorder, which Mr Snow was told "was not compatible with life". The news was naturally received with considerable distress. He felt that if they had heard that the condition was life limiting, rather than not compatible with life, it might have eased some of the distress. Despite the medical prognosis, the pregnancy went to full term and Monty was born at University College London Hospital weighing just 3lb 7oz. He spent a short time in the special care baby unit, and was then transferred to Whittington Hospital, where the family were welcomed by the Life Force Team who would oversee the palliative care of Monty at home.
2.2	Peter Snow described caring for and living with a child with Edward Syndrome as being like living on a "knife edge", as Monty would suffer regular episodes of sleep apnoea, which meant that his breathing would stop and he would turn blue before his breathing resumed. The family were greatly supported by the Life Force Team, who prepared them for the various symptoms of the condition. Mr Snow felt that Monty was dismissed by doctors, as he was not expected to live for any significant time, in contrast to the Life Force Team, who were compassionate and offered very practical advice and support. They arranged for palliative care nurses to visit regularly and they encouraged the family to access a weekend at a paediatric hospice, which, despite their initial misgivings, they found provided much need respite and advice in managing a demanding and stressful home situation. The Lifeforce team visited regularly and prepared the entire family for Monty's eventual death. They supported the family with the practicalities of managing the police who routinely investigate the unexpected or sudden death of a baby at home. The Lifeforce Team engaged with the other children in the family and helped them understand what had happened to Monty. Peter Snow said that there was not anything that could have been done differently or better by the team. He ended by saying that, prior to Monty's arrival, he had been completely ignorant of paediatric palliative care, but it was his hope that his experience would demonstrate the importance of palliative care for children more generally.

2.3	Michelle Johnson introduced Bernadette O'Gorman, a paediatric nurse who was responsible for setting up the Lifeforce Team eighteen years earlier and was now retiring from the Trust. The Chair acknowledged the valuable contribution made by Bernadette O'Gorman over so many years and thanked them both for attending the meeting.
2.4	**On behalf of the Board, the Chair thanked Peter Snow for sharing his moving patient experience with the Trust.**
3.	**Minutes of the meeting held on 27 January 2021**
3.1	The draft minutes were approved as a correct record. The updated action log was noted.
4	**Chair's report**
4.1	The Chair reiterated her thanks and appreciation to all hospital and community services staff for their continued hard work to ensure that all patients received high quality care in very busy and pressured health-care environments. She acknowledged that, having heard from Bernadette O'Gorman during the previous item, it was clear that staff were still very stretched and sometimes quite stressed, but they continued to demonstrate considerable resilience.
4.2	The Chair updated the meeting on progress on the replacement of the Chief Executive. She advised that a final selection panel was held on 25 March 2022 and had appointed Helen Brown, who was currently the Deputy Chief Executive at West Hertfordshire Teaching Hospitals NHS Trust. Helen Brown would join the Trust in mid-June. The Chair thanked Kate Wilson, Associate Director of Workforce, and Malbora Luka, Executive Assistant to the chief Executive, for their support with the recruitment process. Efforts were now focussed on the appointment of a new Chief Nursing Officer to replace Michelle Johnson, who was leaving the Trust on 30 June. The Chair explained that a longlisting process was carried out on 29 March. The Chair also announced the resignation of Carol Gillen, Chief Operating Officer, who would retire at the end of July. The recruitment process for this role would commence shortly.
4.3	The Chair advised that, since her last report to the Board, she had attended a number of meetings with partners in the North Central London Integrated System and a Board meeting of the University College London Health Alliance where the focus was on the future vision and priorities of the provider alliance.
4.4	**The Board noted the Chair's report**.
5.	**Chief Executive's report**
5.1	Siobhan Harrington presented her report and highlighted the sadness experienced due to the conflict in the Ukraine. She noted that staff had been actively engaged in fund raising and organising relief and medical supplies. She thanked staff for the continued hard work which

	demonstrated how unique and special the workforce at Whittington health had shown themselves to be.
5.2	Siobhan Harrington drew attention to the following areas in the report: • The second anniversary of the World Health Organisation's declaration of a pandemic was marked with a minute's silence, which enabled staff to reflect on the profound impact of the pandemic. A letter was also sent out to all staff thanking them for their hard work over the last two years. • Guidance from NHS England and Improvement on updated Infection prevention control (IPC) regulations was expected. The Trust would maintain the status quo in respect of IPC precautions going forward. • At the time of the meeting, the Trust had 29 Covid in-patients, one of whom was receiving treatment in the Intensive Treatment Unit. The Trust was still experiencing pockets of high sickness absence due to Covid • Operationally, March had been a challenging month, with 15 non-mental health 12-hour breaches and 2 mental health breaches. • Patient safety was kept at the forefront of activities at the Trust and specific work was undertaken on emergency care and urgent and emergency care pathways, which addressed ambulance waiting times and, specifically, category one and two delays • The Trust was also participating in a national discharge programme. • The final Ockenden review report was expected to be published and the Trust would use the Ockenden recommendations to drive transformation and improvements across the entire maternity service. • Work continued on improving the sickle cell services at the Trust, with improved governance and the implementation of a Sickle Cell user Group. • The appointment of a P22 contractor, Graham Construction, to undertake the redevelopment of the Maternity Unit • The annual gender pay gap report was presented • NHS staff survey results were due to be released formally. The indications were that the Trust had made some improvements on the previous year's results, with a response rate of 51%, which was above the national average. Staff engagement was 6.9%, a slight decrease from the previous year, but still above the national average, and improvements were seen on the bullying and harassment questions . A substantive report would be submitted to the next Board meeting.
5.3	The Chair thanked Siobhan Harrington, acknowledging that this would be her last report as Chief Executive of the Whittington Hospital. Siobhan Harrington expressed her thanks for the support of the Board, stating that she had enjoyed her time as Chief Executive at the trust for almost five years.
5.4	Glenys Thornton wondered whether the impact on staff and staffing from Covid-19 was a bad as the public were led to believe. Kate Wilson

	reported that the sickness absence rate was 4.95% which was still very high. but the Covid-19 sickness rates was comparatively low, as it only accounted for 2% of the total sickness rate. She provided assurance that the sickness absence rate would continue to be closely monitored.
5.5	In response to the withdrawal of free lateral flow testing kits, Michelle Johnson advised that a considered review of the most recent guidance from NHS England and Improvement had yet to take place in the North Central London sector. She confirmed that lateral flow tests would remain free for NHS staff who were able to access the kits though the government's portal.
5.6	Amanda Gibbon observed that one of the biggest areas of contention in relation to the gender pay gap was the payment of bonuses through clinical excellence awards. She queried whether any consideration had been given to supporting female consultants to apply. Clare Dollery explained that the application process for clinical excellence awards had been replaced by complicated algorithms since the outbreak of Covid-19. This meant that awards were equally shared, which was felt to be fairer in some respects, although there was no mechanism in place to recognise the efforts of those that went above and beyond their roles to treat and care for patients. Information sessions had been held to help potential candidates talk about their achievements. These had been received with some success, as more than 50% applications were from women. The British Medical Association was discussing the gender pay gap and clinical excellence awards with NHS Employers but had not been able to agree a way forward.
5.7	**The Board noted the Chief Executive's report.**
6.	**Quality Assurance Committee**
6.1	Naomi Fulop presented the report. She advised that the Committee was able to receive significant and reasonable assurance on several items listed in the report. Naomi Fulop also drew three areas of particular interest to the attention of Board members: • The top three risks related to ongoing staffing challenges, including recruitment, particularly in maternity, the discharge of medically optimised patients and low reporting levels of patient feedback. • The Quality Governance Committee had highlighted issues on Victoria Ward and the care of patients with sickle cell disease. The Committee requested an updated report on progress of the improvement plan for consideration at the next meeting. • The Committee endorsed the reduction of the likelihood score risk for Quality 1 from 4 to 3 to reflect the decrease in patients with COVID-19 infections. The Committee also noted that the risk score for the Quality 2 Board Assurance Framework entry remained the same due to the continuing need to support staff health and wellbeing.

	Naomi Fulop highlighted new risks which had been entered onto the Trust's risk register. The risks covered areas such as the lack of glucose meters in district nursing, a vacancy for a designated and named doctor for looked after children (Haringey), and the volume of out of hours computerised tomography (CT) scans activity had increased by 50% since 2019/2020.
6.2	The Committee received good assurance that mitigating actions were in place to reduce the risk of the lack of glucose meters, as there was a clear plan for the roll out of new glucometers and at least one district nurse per team had a glucose monitor- therefore no patients should miss out on 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, but the Committee was assured that no adverse incidents had arisen due to a lack of access to overnight CT scans.
6.3	Committee members took good assurance on the progress against the seven immediate and essential actions under the Ockenden review and received a presentation on the outcome of the Children and Adolescent Mental Health services (CAMHs) needs assessment across North Central and East London, which detailed the improvement and levelling up of resources across North London.
6.4	The Committee were made aware that staffing pressures had impacted negatively on complaints response times for the third consecutive quarter, but took good assurance that corrective action had been taken and the process was managed effectively.
6.5	**The Board noted the Chair's assurance report for the Committee meeting held on 9 March 2022.**
7.	**Maternity & Neonatal Transformation programme including Ockenden response**
7.1	Jonathan Gardner introduced the first part of the report, which focussed on the transformation of the Maternity and Neonatal departments, which was put into place in response to the Ockenden review. He explained that a project plan had been developed with five key workstreams: • Culture – a number of actions had been implemented to address culture in the maternity department. • Continuity of Care – the model had been received positively and greatly enhanced the experience of pregnant mothers accessing maternity services. Teams had been deployed to areas most in need of additional support. • Information Management and Technology, digital, estates and facilities - good progress was made with the roll out of digital equipment, paperless records and the launch of a digital strategy for maternity service. • Ockenden recommendations and

	• Safety and assurance
7.2	Jonathan Gardner confirmed that funding for phase one of the redevelopment of the maternity and neonatal departments had been approved and significant progress was made with the design of the neonatal unit. In addition, he explained that £150k of investment had been allocated to the birth centre.
7.3	Michelle Johnson talked through progress with the Trust's response to the Ockenden review one year on. She advised that, since the first submission of the Trust's progress against immediate and essential actions, there were seven outstanding actions which would be completed by 14 April 2022. She also highlighted compliance with progress against the Morecambe Bay Review which took place in 2015. An action around training capacity was yet to be achieved. This was due to operational pressures during the pandemic, when staff could not be released, together with the delay to the completion of the Whittington Training Centre.
7.4	Michelle Johnson assured the Board that the final submission would be made to NHS England and Improvement by the deadline of 14 April 2022 and remaining actions, such as the completion of the final standard operating procedure and guidelines, would be done.
7.5	Clare Dollery highlighted the Trust's response to Immediate and essential actions 3 and 4 which were mapped to the medical aspect of the workforce plan. She explained that the workforce plan identified two areas which required more recruitment, one, in order for medical consultant staff to be able to facilitate twice daily ward rounds at 12-hour intervals on the weekends, and, second, having a named consultant for every patient that had a degree of complexity during pregnancy. Clare Dollery assured the Board that, while there was currently a strong maternal medicine team in place, the department had a number of substantive posts vacant and would need to be recruited to in order to meet the standard required. The Board acknowledged the challenges associated with the workforce issues, noting the disparity in the availability of consultants nationally and the number of vacant posts.
7.6	The Chair sought assurance that there were no areas of concern that would not be resolved in the next six months. Michelle Johnson stated that there were no issues to cause concern and reported that the London Regional Team had scheduled a visit for the end of May 2022 for assurance, which the team were focussing on.
7.7	Glenys Thornton commended the maternity services team for the depth and breadth of work completed. She said it was incumbent on the Board to ensure that support was communicated to teams. She added that Whittington Health was now seen as the preferred choice by local mothers to have their babies. Amanda Gibbon queried whether patient feedback and experience on maternity services was triangulated with the work currently in progress. Rob Vincent noted that it was good to see that culture and workforce development was addressed. He reiterated that it was vital to get the right culture in an organisation, and this would

	underpin operational success. He also queried why only 15% of cases were going through continuity of care.
7.8	In response, Yana Richens advised that issues related to culture were discussed at the maternity safety champions meeting. In terms of continuity of care, she explained that the ambition was to scale up the provision to accommodate 75% of women and this required additional workforce capacity, which was in the pipeline. Helen Taylor stated that the programme of improvements in the maternity and neonatal departments were not just driven by the Ockenden review, but by a wholesale desire by staff to improve generally and create a better service for parents and children. Clare Dollery added that the Transformation Programme Board needed to credit Eddie Herter for all his work and for setting a very positive culture.
7.9	**The Board noted the report, agreeing that a review of progress of the final immediate and essential action would be brought back to the Board in three months' time.**
8.	**Sickle cell improvement plan**
8.1	Nicola Stephenson talked through a progress update against the Sickle Cell Improvement plan, following the open letter from the patient group and the publication of 'No One's Listening' by an All-Part Parliamentary Group on Sickle Cell and Thalassaemia and the Sickle Cell Society. She explained that the Improvement Working Group was formed with clinical, nursing and operational leads to take forward the actions developed in the action plan. The Group had good engagement with the medical community and Integrated Clinical Support Units and a patient representative was expected to join the group.
8.2	Nicola Stephen advised on progress made in several areas. These included the development of a dashboard to track progress, the involvement and engagement of patients, the implementation of a yellow card system within the emergency department, which enabled patients in crisis to skip the queue, register and be escalated to the nurse in charge, and a business case has been developed to provide psychology support for patients in acute crisis as well as in managing their long-term condition. Nicola Stephenson added that a small amount of funding had been received from the London Borough of Haringey to help to address inequalities in community provision for sickle cell and thalassaemia patients.
8.3	Naomi Fulup commended the efforts made in response to the open letter and, in particular, the plans around patient involvement, the yellow card system and how this would be audited, and the type of assurance needed to ensure that training was undertaken. Nicola Stephenson explained that patient involvement was still in its infancy, but a virtual engagement session was planned to take place later this month. In terms of audits, she confirmed it was planned that a quarterly update would be reviewed by the Trust's Management Group, commencing in four months' time.

	Siobhan Harrington noted that it was important for the Quality Assurance Committee and Trust Board to consider how to keep a grip on the issues. She also acknowledged the need to work through the indicators which would be used to keep track of progress. This needed to be done with the team.
8.4	**The Trust Board noted the development of an action plan to improve sickle cell services.**
9.	**Freedom to Speak Up**
9.1	Ruben Ferreira presented the report, which informed the Board of the activities of the Freedom to Speak Up Guardian from September 2021 to February 2022. The report highlighted the Speak-Up Guardian Advocate's role and local concerns raised during the period September 2021 to February 2022. The reporting period had seen 41 concerns raised and these were broken down by ethnicity and professional group, where possible. Ruben Ferreira explained the steps that were taken to address concerns - improving relationships, organising one to ones, particularly for those on medical wards, collaboration with organisational development and the communications department. He drew attention to the fact that concerns raised were on the rise and that important work was taking place with the joint Directors of Inclusion to help increase the number of Freedom to Speak Up Advocates at the Trust and to raise awareness of their role.
9.2	Rob Vincent noted that there were now a sizeable number of advocates across the Trust and highlighted the need to balance their work. The Chair suggested that this should be reviewed at the Workforce Assurance Committee.
9.3	**The Board noted the report and thanked Ruben Ferreira for his report to the Board.**
10.	**Workforce Assurance Committee**
10.1	Anu Singh presented the report and said that the Committee received significant or moderate assurance on a number of items considered at the meeting and that there were no items discussed that received limited assurance. She highlighted two areas: • The Board Assurance Framework score for the risk entry, People 2, which related to staff wellbeing and equality diversity and inclusion. This had been increased to reflect the continuing impact of the pandemic and frontline pressures upon staff morale and wellbeing. • Committee members had welcomed the amount of work being taken forward by the Joint Directors of Inclusion
10.2	**The Board noted the Workforce Assurance Committee Chair's report for the meeting held on 16 March.**

11.	**Finance report**
11.1	Kevin Curnow summarised the report, highlighting that the Trust was reporting a surplus of £0.5m at the end of February 2022. This was a favourable variance of £2.9m against a planned deficit of £2.4m. He clarified that the surplus position was being driven by non-recurrent reductions in expenditure run rate, the receipt of elective recovery fund income and lower than planned additional expenditure. The cash position at the end of December was £82.8m. Trust had spent £13.6m 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 was a risk of slippage against this year's allocation and this was being actively managed through the Capital Monitoring Group.
11.2	Kevin Curnow advised that budgeting would be considered at the next meeting, which would clarify the Trust's projected financial position for 2022/23. He noted that the North Central London Integrated Care System was forecasting a significant deficit position and this was scheduled for discussion in scheduled challenge sessions in the coming weeks. It was anticipated that the Trust would need to manage its deficit position carefully to avoid a chronic depletion of its cash reserves.
11.3	**The Board noted the Finance and capital expenditure report.**
12.	**Integrated Performance Report**
12.1	Dale-Charlotte Moore summarised the report and highlighted that, while the Trust was still at an operational escalation level 3, there was a slight improvement in the Emergency Department performance but a deterioration across the 14 and 62 day cancer pathways. She gave assurance that clear action plans were in place and it was thought that the problem was driven by a spike in referrals across the sector.
12.2	Dale-Charlotte Moore explained that, as a result of the Covid-19 pandemic, the Community Audiology service fell behind its improvement trajectory in February 2022. The backlog of review appointments increased from 944 in January 2022 to 999 in February 2022 and recruitment plans were under way to improve capacity, with interviews planned for mid-March 2022. Michelle Johnson reported on the complaints' response performance, which was 41% against a target of 80%.
12.3	Junaid Bajwa expressed his concern around cancer referral to treatment times and waiting times generally. He sought assurance that the Trust would take affirmative action to ensure that patients were receiving a good standard of care. He also suggested that a significant piece of transformative work was necessary if the Trust was going to determine what worked and what did not, and that the subject should be picked in a Board seminar discussion when the new Chief Executive joined the Trust in June.

12.4	**The Board noted the report and agreed that transformation work be included on the Board seminar programme.**
13. 13.1	**Anchor institution update** It was agreed to defer this item to the next Board seminar.
14. 14.1 14.2	**Charitable Funds Committee Chair's Assurance report.** Tony Rice summarised the report and highlighted the continued decrease in charitable funds received as Covid-19 donations had come to an end. It was recognised that there would need to be a switch of funding away from Covid-19 with plans around more patient experience-based funding. **The Trust Board noted the Committee Chair's assurance report for the meeting held on 17 February**. .
15. 15.1	**Questions to the Board on agenda items** There were none received.
16. 16.1	**Any other business** There were no items raised.

Action log, 30 March 2022 Public Board meeting

Agenda item	Action	Lead(s)	Progress
Ockenden review	Bring an update on implementation of the recommendations to the Board in three months' time	Helen Taylor	In hand for July 2022 Board meeting
Integrated Performance Report	Include transformation work as Board seminar item	Swarnjit Singh	Completed - in hand for June 2022

Meeting title	**Trust Board – public meeting**	**Date: 27 May 2022**
Report title	**Chair's report**	**Agenda item: 4**
Non-Executive Director	Julia Neuberger, Trust Chair	
Executive director lead	Jonathan Gardner, Director of Strategy and Corporate Affairs	
Report authors	Swarnjit Singh, Joint Director of Race, Equality, Diversity and Inclusion and Trust Secretary and Julia Neuberger	
Executive summary	This report: • provides a summary of activity since the last Board meeting held in public • highlights changes to the Non-Executive Director membership of the Workforce Assurance Committee; and • confirms the revised arrangements for Non-Executive Director leads in line with guidance from NHS England and Improvement: *Enhancing Board oversight – a new approach to non-executive director Champion roles*.	
Purpose	Noting	
Recommendation(s)	Board members are asked to note the report including the non-executive director membership of the Workforce Assurance Committee and to note the non-executive director Champions and lead roles for the areas set out in Table 2 of the paper.	
Board Assurance Framework	All BAF entries	
Report history	25 April 2022, Executive Team	
Appendices	Appendix 1: B0994_Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles_December-2021.pdf (england.nhs.uk)	

Chair's report

This report gives an update to Board members on recent activities.

Covid-19
I want to pay tribute to our outstanding staff and volunteers who continue to do an excellent job in the context of the Covid-19 pandemic. As of 18 May, more than 142 million Covid-19 vaccinations had been administered to people of all ages in England and I want to thank our amazing vaccination team who have been providing booster vaccinations to people aged over 75, those immunosuppressed, to people in care homes and to children aged over 5.

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

Consultant recruitment – I am very grateful to Glenys Thornton**,** Non-Executive Director, for participating in recruitment and selection panels on 17 May for two Consultant roles in our Diabetes and Endocrinology service.

Maternity unit – along with Councillor Kaya Comer-Schwartz, Leader of Islington Council, Siobhan Harrington and Rob Vincent, Non-Executive Director, I was delighted to visit our maternity services unit.

Leaving presentation – on 9 May 2022, I was delighted to join colleagues and local stakeholders in thanking Siobhan Harrington for all she had done for Whittington Health and to wish her well in her new role as Chief Executive of University Hospitals Dorset NHS Foundation Trust.

Recruitment to executive director roles
Following a full and open recruitment and selection process, I am happy to confirm that Sarah Wilding has been appointed as Chief Nurse and Executive Director of Allied Health Professionals and will join us this summer. Sarah, is currently Director of Nursing for Integrated and Specialist Medicine at Guy's and St Thomas' NHS Foundation Trust. Sarah will take over from Michelle Johnson MBE, who has held the role and has done a wonderful job.

Sarah's experience leading such a large part of the nursing workforce at Guy's and St Thomas' made her a fantastic candidate for this role. Her experience of integrated care and her commitment to professional leadership for nurses will carry on Michelle's hard work.
Carol Gillen, currently our Chief Operating Officer, will take on the role of Acting Chief Executive on a temporary basis until Helen Brown arrives on 20 June as our new Chief Executive.

Dale-Charlotte Moore, currently the Deputy Chief Operating Officer, will step up to become the Acting Chief Operating Officer. Carol will be retiring in July and the process to recruit her permanent successor is already under way. While big changes such as these can sometimes feel unsettling, and we are, of course, very sad to be saying goodbye to some wonderful colleagues, it is great news that we have appointed two fantastic candidates to key roles to help continue leading Whittington Health from strength to strength.

Staff awards
I was equally delighted and honoured to attend our annual staff awards ceremony on 12 May where the great work of staff was acknowledged. A full list of the winners of the staff awards categories is shown in the Chief Executive's report to this Board meeting.

External meetings
I have attended meetings with partners in the North Central London Integrated Care System and in the University College London Health Alliance.

2022/23 Board Committee Chairs and Non-Executive Director Champion roles
Non-Executive Directors met on 17 May and agreed some changes in roles following the departure of Anu Singh. Amanda Gibbon will become Vice-Chair of the Trust. There are also some changes to the Non-Executive Director membership of the Workforce Assurance Committee: Rob Vincent will be its new Chair, and Junaid Bajwa will join Glenys Thornton as the other Non-Executive Member.

The full list of Board Committees' Chairs and their Non-Executive Director membership is shown below:

Table1: Board Committee Chairs and membership

Board Committee	Committee Chair	Non-Executive Director members
Audit & Risk	Rob Vincent	Amanda Gibbon, Glenys Thornton
Innovation and Digital Assurance	Junaid Bajwa	Tony Rice
Finance & Business Development	Tony Rice	Naomi Fulop, Amanda Gibbon
Quality Assurance	Naomi Fulop	Amanda Gibbon, Glenys Thornton
Workforce Assurance	Rob Vincent	Glenys Thornton, Junaid Bajwa
Charitable Funds	Tony Rice	Julia Neuberger, Amanda Gibbon
Remuneration	Julia Neuberger	Junaid Bajwa, Naomi Fulop, Amanda Gibbon, Tony Rice, Glenys Thornton, Rob Vincent

NED Champion roles
A key aim of NHS England and NHS Improvement's guidance, "Enhancing board oversight – a new approach to Non-Executive Director champion roles", is to reduce the risk of individual Non-Executive Director becoming too involved in operational detail. The revised approach is intended to help maintain Non-Executive Director independence – something that NEDs are uniquely positioned to bring to the Board.

The Trust already has in place a number of Non-Executive Director lead roles which have been renamed as Champions. These remain unchanged. The new Non-Executive Director Champion roles are shown in the table below with proposed Non-Executive Directors for them. In addition, it is proposed that the Trust continues with its additional Non-Executive Director Champions for estate matters and for equality, diversity and inclusion. Table 2 overleaf shows the full range of Non-Executive Director roles and Champions which are required and also the lead Board Committee(s) for them:

Table 2: Non-Executive Director lead roles and Champions

Trust role/NED Champion	Non-Executive Director	Board or relevant Board Committee
Chair	Julia Neuberger	Trust Board
Vice-Chair	Amanda Gibbon	Trust Board
Senior Independent Director	Naomi Fulop	Trust Board
Maternity Board Safety	Glenys Thornton	Quality Assurance
Wellbeing Guardian	Tony Rice	Workforce Assurance
Freedom to Speak Up	Rob Vincent	Quality Assurance
Doctors disciplinary	Naomi Fulop / Glenys Thornton	Not applicable
Hip fracture, falls and dementia	Amanda Gibbon	Quality Assurance
Learning from deaths	Naomi Fulop	Quality Assurance
Safety and risk	Amanda Gibbon	Quality Assurance and Audit and Risk
Palliative and end of life care	Tony Rice	Quality Assurance
Health and safety	Glenys Thornton	Quality Assurance
Children and young people	Glenys Thornton	Quality Assurance
Resuscitation	Junaid Bajwa	Quality Assurance
Cyber security	Tony Rice and Junaid Bajwa	Innovation and Digital Assurance
Emergency preparedness, resilience and response	Junaid Bajwa	Quality Assurance
Safeguarding	Glenys Thornton	Quality Assurance
Counter Fraud	Rob Vincent	Audit and Risk
Procurement	Tony Rice	Finance and Business Development
Security management, violence and aggression	Naomi Fulop	Audit and Risk
Estates	Rob Vincent	Finance and Business Development
Equality, diversity and inclusion	Glenys Thornton	Workforce Assurance and Quality Assurance

Meeting title	**Trust Board – public meeting**	**Date: 27 May 2022**
Report title	**Chief Executive's report**	**Agenda item: 5**
Executive director lead	Carol Gillen, Acting Chief Executive	
Report authors	Swarnjit Singh, Trust Secretary, and Carol Gillen	
Executive summary	This report provides Board members with updates on developments nationally and locally since the last meeting held in public on 29 April 2022. In addition, the Board is presented with the latest draft iteration of the 2021/22 annual report and the annual provider self-certifications. As the deadline for NHS trusts to submit their annual reports (and accounts) to NHS England and Improvement is 22 June, delegated authority is sought from the Board for any further amendments before the final version is submitted. NHS trusts are annually required to self-certify that the meet the obligations set out in the NHS provider licence (and linked legislation), have regard to the requirements set out in the NHS Constitutions and that they have complied with governance requirements.	
Purpose	Approval	
Recommendation	Board members are invited to note the report and to: i. agree delegated authority for the Acting Chief Executive and Trust Chair to approve the final annual report version prior to its submission to NHS England and Improvement by 22 June 2022; and ii. note the assurance evidence in support of, and approve, the statements for compliance with NHS provider licence conditions prior to the publication on the Trust's website.	
Board Assurance Framework	All Board Assurance Framework entries	
Report history	Report to each Board meeting held in public	
Appendices	1: Draft 2021/22 Annual Report 2: Annual provider licence self-certification – G7 3: Annual provider licence self-certification – FT4	

Chief Executive's report

Health and Care Act (2022)

The Health and Care Bill received Royal Assent at the end of April 2022 to become the Health and Care Act 2022. The changes introduced include the establishment of Integrated Care Boards from 1st July 2022. NHS England and NHS Improvement published several integrated care systems (ICS) guidance documents and accompanying resources last summer to support the systems' transition into statutory integrated care boards. The North Central London ICS has now agreed the governance structures for the Integrated Care Board.

Queen's speech

On 10 May, the Queen's speech included plans to reform the Mental Health Act, with the intention to move from a risk-based to more rights-based approach, with a focus on greater choice and control, and patient involvement, with the goal of fewer detentions. The speech mentioned the publication later this year of the first ever women's health strategy to help ensure there is equal access and support, and that care is prioritised on the basis of clinical need. In addition, the Queen's speech outlined the new Health and Social Care Levy to help provide additional funding, and set out proposals, as part of the improved integration of health and social care plans.

Covid-19

I would like to thank all our staff, in the hospital and at our community services' sites, for their continued hard work and perseverance in delivering high quality safe services. Since our last Board meeting held in public, the number of inpatients with Covid-19 has reduced. As of 19 May, there were 8 inpatients with the virus (and 27 post-Covid inpatients). The daily monitoring of all forms of absence continues and as of 19 March, the overall absence rate was 3.95%. Whittington Health has invested in supporting the health and wellbeing of all its staff during the pandemic and we continue to provide a comprehensive range of assistance for our staff to access.

National Workforce Disability Equality Standard

On 10 May, NHS England and NHS Improvement the 2021 Workforce Disability Equality Standard annual report was published[1]. It showcased good practice and the progress achieved. The report also highlighted the need for greater coverage of disability information held for staff by NHS trusts. Whittington Health is taking action in this area by writing to all staff to help reduce the percentage of staff for whom no data is held. In addition, the report drew attention to work needed to tackle outcomes where disabled staff are nearly twice as likely to be referred to a performance management process and were more likely to suffer bullying, harassment and abuse from patients and colleagues when compared with staff who are not disabled.

National Dementia strategy

On 17 May, the Secretary of State for Health and Social Care announced a new 10-year plan to tackle dementia and boost funding into research to better understand neurodegenerative diseases. Speaking at Alzheimer's Society Conference 2022, the

[1] https://www.england.nhs.uk/publication/workforce-disability-equality-standard-2021-data-analysis-report-for-nhs-trusts-and-foundation-trusts/

Health and Social Care Secretary confirmed the 10-year plan will focus on how new medicines and emerging science and technology can be harnessed to improve outcomes for dementia patients across the country.

Quality and safety operational performance

Operational pressures on NHS services have remained high across the North Central London sector. Performance headlines from operational activity are as follows:

- Emergency Department – during April 2022, performance against the four-hour access standard was 77.1%, higher than the average times for North Central London, London as a whole and for England. There were 13 12-hour trolley waits, of which three were mental health patients and 10 were acute patients
- Cancer – in March 2022, performance against the two weeks wait standard was 62.6% and performance against the 62-day standard was 66.7%. In addition, performance against the 28 Day faster Diagnosis target was at 81%
- Referral to Treatment – at the end of April, the number of patients who had waited more than 52 weeks for treatment fell further to 373. This is in line with our planned trajectory
- Community audiology waiting times did not improve in April largely because of staffing challenges. The backlog of review appointments increased to 1,053 cases and revised trajectories are being produced
- Colposcopy waiting times have increased to over six weeks and the backlog now has 727 patients. Actions in place to address this are ensuring there is sufficient internal capacity to maintain the service and to receive mutual aid from partner trusts in North Central London. There are a range of actions in place, including additional internal capacity and optimising mutual aid within North Central London

National Discharge programme

The National Discharge Programme which is aligned to our Flow Programme can demonstrate sustained improvements in the number of patients discharged before 5pm since the implantation of our Patient Flow App in March 2021. In addition, we set up clinically led long length of stay reviews in April and these have supported the reduction in patients in beds for over 21 days. Site operations, MADE meetings and our length of stay meetings use the Flow App with live updates to ensure we have timely information about expected discharges. A multi-agency meeting was held on 19 April 2022 to have a system wide discussion and solution on the challenges impacting discharges in relation to patients and specific complex needs.

Financial performance

The Trust submitted a £17.5m deficit plan for 2022/23 to the North Central London Integrated Care System. The plan includes as cost improvement programme of £10m for the year. There are ongoing discussions with the Integrated Care System to improve the plan submitted either through additional savings or non-recurrent measures. At end of April, the Trust reported a favourable variance of £30k against its plan for April. Financial pressures were due to unfunded beds, the impact of Covid-19 and the non-delivery of cost improvement plans. These were offset by a non-recurrent slippage on planned investments.

2021/22 Annual Report
The deadline for the submission of NHS trust's 2021/22 annual reports to NHS England is 22 June. The latest version of the report is shown at appendix 1 and highlights the achievements of staff during the second year of the Covid-19 pandemic. Board members are asked to agree delegated authority for the Trust Chair and Acting Chief Executive to approve any further editing changes before the report is submitted.

NHS Provider self-certifications
NHS trusts are required annually to self-certify that they meet the obligations set out in the NHS provider licence (including requirements to comply with legislation), have regard to NHS Constitution requirements, and compliance with governance requirements. NHS trusts are required to publish the agreed self-certifications on their web pages following Board approval. Whittington Health intends to make positive confirmations on all the required declarations. The Trust's Management Group revised and agreed the evidence in support of the declarations which can be seen at appendices 2 and 3 respectively.

International Nurses Day
Thank you to everyone who took part in celebrating our nursing workforce last Thursday, 12 May. Senior nurses around the trust visited as many nurses as possible to provide a little treat in recognition and patients from IFOR ward drew pictures to show their appreciation to Nurses for the excellent care they give. We are also proud that some of our nurses went to a reception at the Department of Health and Social Care and met the Secretary of State, Sajid Javid, and talked about being a nurse and delivering amazing care to our patients.

New improvement plans
As part of celebrations for International Day of The Midwife on 5 May, we announced the submission of exciting plans for over £80 million of improvements, to be spent over several years, in the Kenwood Wing of Whittington Hospital. The Kenwood wing, situated to the west of the Magdala Avenue hospital site, houses the maternity and neonatal facilities and requires a significant refurbishment to match the standard of service that Whittington Health colleagues provide. This opportunity will ensure the Trust has state-of-the-art facilities for families, new staff areas and an improved pastoral care centre.

The investment in these areas will result in modern and welcoming facilities for families, patients and our staff. It will result in families having access to ensuite rooms for their comfort and privacy. A bereavement space will also be created which will support the care given to families dealing with a sad loss. Work on phase 1 of our plans is expected to begin in Autumn 2022.

The enhancements to the Trust's maternity care also included the launch on 5 May of a new Whittington Health Maternity App, in partnership with Essential Parent. The app brings prospective parents a maternity team in their pocket. It contains a wide range of expert-led, evidence-based written and video content that can be trusted. Content includes information about pregnancy and the health of babies, toddlers, children and teenagers. There is also a wealth of information on fertility and women's health,

Staff awards

On 12 May, Whittington Health held its annual staff awards to acknowledge, and congratulate the significant staff contributions over the past year. The award's judges received over 500 nominations – over 10% of the trust's workforce – across 13 categories which they whittled down to just four finalists for each award. The finalists and the people who had nominated them were invited to the awards ceremony at the Royal College of Physicians in Regent's Park, where the winners were announced.

The theme for the evening was "celebrating what we've been through and recognising what we have achieved, together". It reflected the fact that our staff have endured the most challenging two years of their careers as they battled the Covid-19 pandemic. I would like to congratulate everyone who was nominated for an award. The winners of the individual categories are shown in the table below:

Staff award category	Winner(s)
Chair's	Project Wingman
International nurse	Tess Alombro
Successful innovation, transformation of efficiency	Charlie Cave
Individual commitment to excellence in a non-clinical role	Chris Mollan
Allied Health Professionals into action	Nicola Crossey
Individual commitment to excellence in a clinical role	Ai-Nee Lim
Team commitment to excellence	Hotel Services Team
Improving patient safety	Varda Lassman
Supporting patient experience during the pandemic	Julie Singleton
Paula Mattin – emerging leader	Nomalisa Mafu
Outstanding contribution to supporting a compassionate and inclusive culture	Paul Attwal, Delia Mills, Beverleigh Senior
Unsung hero	Tafadzwa Musendo
Volunteer of the Year	Mike Roe
Patient choice	Nicole Braham

See Me First award for Big Conversation

On the 11 May, the Trust won the NHS Improvement Award for Improving Health Equity for the See ME First initiative. This is a campaign developed by Paul Attwal,

Delia Mills and Beverleigh Senior, and encompasses the needs and requirements of staff, patients and beyond in the wider society to be seen without judgement.

DRAFT
Whittington Health
2021/22
Annual Report

Contents

INTRODUCTION

Welcome to our 2021/22 annual report which outlines how, over the past year, the tremendous work of the staff and volunteers of Whittington Health NHS Trust has supported over 500,000 people living across North Central London and beyond to live longer, healthier lives.

As with last year's annual report, this year also brought serious pressures caused by the COVID-19 pandemic. In April 2021, our key priorities were:

- continuing to provide safe care as part of the restart of elective services
- working in partnership with our health and social care and third sector partners to vaccinate as many local people as possible
- providing our staff, who have been amazing during the pandemic, with support to help their wellbeing and resilience
- delivering further improvements in our organisational culture by addressing workplace and health inequalities
- collaborating with other local NHS providers and commissioners for the benefit of patients and starting the integration of back office corporate services to demonstrate value for money

We are pleased to highlight the following significant achievements:

- There has been tremendous resilience and dedication shown by staff in treating patients during the pandemic and during the restart of vital hospital and community services
- 83% of our eligible frontline staff were vaccinated against winter flu. For COVID-19 vaccinations, 89% of our staff received their first vaccination dose, 84% received a second vaccination dose, and 74% had a booster dose
- We successfully bid for and now provide children's integrated therapy services in the London Borough of Barnet
- Considerable work took place as part of our plans for maternity and neo-natal transformation, including the design and consultation phases and the approval of a business case. Furthermore, Whittington Health has implemented the recommendations arising from Dame Donna Ockenden's review of maternity services at Shrewsbury and Telford NHS Trust, achieving 100% compliance
- Whittington Health has been an engaged partner in the North Central London health and social care economy through its collaborative work with system providers and commissioners. This was evidenced during the response to the COVID pandemic and also through the establishment of a community diagnostic centre in Wood Green
- In addition, through our anchor institution work with our local authority partners in Islington and Camden, we are tackling local health inequalities
- At the end of the financial year, despite considerable challenges, we were able to demonstrate value for money and delivered a small surplus of £500k

We also gratefully recognise the overwhelming help and response of our volunteers, as well as the charitable donations received from both local people and organisations to help support our patients and staff.

There were several changes to our board and senior leadership team in 2021/22. On the Trust Board, we welcomed Tina Jegede and Swarnjit Singh as Joint Directors of Race, Equality, Diversity and Inclusion, and Tawanda Maposa joined the executive team as Chief Information Officer.

Finally, this will be Siobhan's last annual report with Whittington Health. Her history with the Trust and with healthcare services in North Central London goes back 32 years since she was a practice nurse in Barnet in the 1990s. At the end of May 2022, she leaves to become the Chief Executive at University Hospitals Dorset NHS Foundation Trust. We will miss her immensely. In her own words, she said:

It has been a privilege to lead this organisation over the last four and a half years. Whittington Health is a special place with so many wonderful people and hospital and community services working together – not just under the same banner – helping to demonstrate how this can be achieved to provide person-centred care.

I am immensely proud of everything we have done – not least in the last two years with the challenges of a pandemic – and I am especially proud of the people that made it happen. While the pandemic may have tested our 'organisation with a soul' (as described by the Care Quality Commission), we kept that special connected caring feel. And as we have shown, the size and scale of Whittington Health means that we can be agile, we can adapt, teams can work together flexibly and support each other to grow and develop and keep providing the best care.

I have no doubt Whittington Health will continue to go from strength to strength, to build on the innovation which I have had the privilege to see, to continue the vital role it plays in the local health and care system and to remain outstanding for caring. I will always take a part of this organisation with me, including into my new role, where I will be using everything we have learned to also help local people live longer healthier lives – the Whittington Health vision that will stay with me and guide me forever.

Siobhan Harrington, Chief Executive, and Baroness Julia Neuberger DBE, Chair


HELPING local people LIVE longer healthier lives!
NHS
Whittington Health
NHS Trust
I RECEIVE GREAT CARE!
I AM TREATED AS A PERSON!
IMPROVED PATIENT EXPERIENCE
COMPASSION
self management
I AM FULLY INVOLVED IN DECISION MAKING ABOUT MY CARE!
RESPECT
SAFETY
IT'S OUR PRIORITY IN EVERY ENCOUNTER!
WE WORK AS A TEAM TO HELP YOU NAVIGATE YOUR JOURNEY!
We are building LONG TERM RELATIONSHIPS
We have a VIBRANT & COMPLEX community
CO-ORDINATED CARE
INNOVATIVE EDUCATION & RESEARCH
SOCIAL CARE
LOCAL COUNCILS

PERFORMANCE REPORT

Overview

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

We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden and Hackney. Whittington Health provided over 40 acute and 60 community health services in 2021/22. In addition, we provide dental services in 10 London boroughs. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

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

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

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

Our 2019/24 strategy has four main objectives:

Within each of these objectives we have set out more specifically what we mean and what our ambition is:

Deliver outstanding safe, compassionate care in partnership with patients

- Complete the Care Quality Commission action plan and improving trust safety rating to “good”
- Develop an effective Better Never Stops programme
- Deliver on Year 2 objectives of 3-year quality priorities
- Deliver on Year 3 objectives of the Patient Experience Strategy
- Maintain expanded rapid response services across adult and children and young people’s services and re-start other community services in a safe way, prioritising the vulnerable and improving inequalities
- Deliver our part in the roll-out of the COVID-19 vaccine to staff and public
- Re-start and recover planned care

Empower, support and develop an engaged staff community

- Protect our staff by following National infection control and prevention guidance and using the right Personal Protective Equipment with a special focus on supporting vulnerable staff
- Continually improve our culture in line with the NHS People Plan by implementing the Cultural and Workforce Race and Disability Equality Standard action plans, focussing on engagement and bullying and harassment
- Promote inclusive, compassionate leadership, accountability and team working
- Work with North Central London partner organisations to continually improve recruitment, talent management and occupational health
- Care for staff and support staff recovery through mental health work, celebrations, and time to reflect and recuperate
- Develop and support clinical leads and middle managers, and improve professional standards and ways of working – hospital and community – Practice Development Nurse and Clinical Nurse Specialist leadership development
- Roll-out agile working and ensuring that we support working safely in offices, at home and clinical environments
- Resourcing and supporting our staff networks

Integrate care with partners and promote health and wellbeing

- Be a beacon for integrated care, leading models in North Central London, expanding and improving the new model of care in localities with our primary care, Primary Care Networks, council and voluntary sector partners to proactively care for vulnerable people in the community
- Play our role as an anchor institution to prevent ill-health and empower self-management by making every contact count, engaging with the community, becoming a source of health advice and education and tackling inequalities, including inequalities facing people with learning disabilities and/or autism and serious mental ill-health
- Deliver the orthopaedic hub with University College London Hospitals NHS Foundation Trust (UCLH), a joint oncology model with UCLH, and a joint dermatology model with North Middlesex University Hospital NHS Trust, support system changes in paediatrics, work with Camden & Islington NHS Foundation Trust on the development of a new hospital

- Shape and steer borough partnerships, Integrated Care Board and Provider Alliance, develop a response to the community services review

Transform and deliver innovative, financially sustainable services

- Transform maternity and neonatal services including starting refurbishment and new models of care
- Transform outpatients including virtual by default
- Continue to build on our strengths in community dentistry and our outstanding community services
- Design financial recovery plan with system partners to achieve financial sustainability
- Deliver in year financial targets
- Deliver community estate transformation plans (Tynemouth Road)
- Complete fast follower, create a new digital strategy and deliver agile working
- Improve and innovate in digital, data, and analytics, using data to transform services
- Conclude the Private Finance Initiative (PFI) deal and begin rectification of PFI areas
- Full realisation of new WEC facilities to develop education and research

This strategy was created with the engagement of staff, the public and stakeholders. It was embedded throughout the organisation in the following ways:

- Trust operational plan
- Accountability framework
- Integrated Clinical Service Unit (ICSU) business plans
- Annual appraisals
- Individual and team objectives

Values

The ICARE values developed through staff engagement and consultation continued to be fundamental to everything we do at Whittington Health and form the basis of expected staff behaviours. In the last year, we supplemented the ICARE values with an additional overarching value of equity:

Our services

Our service priorities are focussed on our population needs: integrating care in all settings with emphasis on women, children and frail adult patents and residents.

Our priority is to deliver the right care, at the right time, and in the right place for our patients. We provide an extensive range of services from our main hospital site and run services from over 30 community locations in Islington and Haringey, and our dental services are run from sites across 10 boroughs.

As an integrated care organisation, we bring safe and high-quality services closer to home and speed up communication between community and hospital services, improving our patients' experience reducing admissions and speeding up discharge. Key to our approach is partnering with patients, carers, GPs, social care, mental health and other healthcare providers.

Our organisation has a highly regarded educational role. We teach undergraduate medical students (as part of University College London Medical School) and nurses and therapists throughout the year, alongside providing a range of educational packages for postgraduate doctors and other healthcare professionals. We also have a growing research arm which is exceeding Clinical Research Network targets.

Highlights and achievements

We continue to be proud of our staff and their commitment to delivering safe and high-quality care every day of the year. During 2021/22, our community and hospital teams have once again been immense in their professionalism. Through the pandemic, the integrated nature of our services was invaluable. Patients were supported to be at home where they could and only came to hospital when it was necessary. Here are a few of the many highlights of the year and achievements of our staff:

- **Professor Hugh Montgomery, Director for Research and Innovation**, was awarded Officer of the **Order of the British Empire** for services to intensive care medicine and climate change
- We were a highly commended finalist in the Health Service Journal Partnership Awards for our work with **Meals for The NHS** providing 24/7 hot meals to staff from smart fridges
- We were a finalist in the Health Service Journal Partnership Awards for our work with Wingfactors creating **simulation and customer service training** around the country
- The **Tynemouth Road development** project was completed and created a hub for children's services in the London Borough of Haringey
- We were awarded funding and began work on a **community diagnostic centre** in **Wood Green Shopping City**
- **All of Whittington Health's staff were made honorary freepersons of the London Borough of Islington** at a special ceremony held on 18 October 2021 at Islington Town Hall. The title of Honorary Freeperson is the highest honour the council can bestow and is reserved for people and organisations who are exceptional in their service to the public. The Freedom of the Borough award is a real tribute to our colleague's dedication, strength and professionalism, at all times, but especially over the past months of the pandemic as they have cared for Londoners in need.

Leader of the Council, Councillor Kaya Comer-Schwartz said: "It is a great privilege to award the Freedom of the Borough to Islington's heroes who have done so much to improve the lives of local people. Our brilliant health workers are so richly deserving of this recognition. The last two years have shown just

how massive their contribution is to life in the borough. They have worked so hard to keep us safe during the health crisis, which must have been exhausting and overwhelming at times. On behalf of Islington Council, I want to say that we are so grateful for their selfless service."

- The **Maternity Transformation Programme Board** oversaw a programme of work which invested in more staff, secured complete compliance with Ockenden standards, and transformed our culture and information technology capability
- We were successful in securing £13.4m of investment for phase 1 of the **Maternity and Neonatal Building programme**
- https://www.whittingtonhealthcharity.org/ A **new charity brand and website** was launched
- Produced our **first population health report and an anchor institution action plan**
- Our staff **vaccination programmes** for both COVID-19 and winter influenza were successful
- Against a backdrop of the second year of the pandemic staff and considerable fatigue, the **annual NHS staff survey saw an improved response rate**
- A **Manager's Forum was created** to engage front line managers
- A **comprehensive health and wellbeing plan** was delivered. It focussed on best practice wellbeing support, ensuring people's basic needs were met, that they received clear and useful communication and were provided with expert, tertiary psychological support when needed
- Our **four staff equality networks** were supported to develop as part of good staff engagement and helped to celebrate respective history months for disability, race and lesbian, gay, bisexual and transgender. We also celebrated international women's day
- A **pan-London Human Resources network for ethnic minority staff** was created and developed by one of our Human Resources Business Partners
- Whittington Health contributed to **improved system working** in North Central London (NCL) through the following roles:
  - The Medical Director was a member of the NCL Clinical Advisory Group and the Population Health Committee
  - The Chief Nurse and Director of Allied Health Professionals led on the Start Well Review for maternity and early years
  - The Director of Strategy and Corporate Affairs was the Senior Responsible Officer for community diagnostic centres
  - The Director of Workforce was the NCL Human Resources Director lead
  - The Deputy Director of Workforce chaired the NCL Human Resource Deputy Directors' network
  - Our Joint Directors of Inclusion chaired the NCL Equality, Diversity and Inclusion network and led task and finish groups reviewing a sector wide approach to recruitment and selection and on bullying and harassment
- Whittington Health was awarded the **National Kitemark Award for our Pastoral care to International Nurses**
- We were awarded **Disability Confident Level 3** status following our participation in a national pilot run by the Nursing Directorate at NHS England and Improvement. We continued our 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.

- A new system, **Elev8**, to manage mandatory training and appraisals was fully implemented and had a positive impact
- We **recruited three consultant oncologists** who were jointly appointed with University College London Hospitals NHS Foundation Trust
- We had **successful educational initiatives** funded via Health Education England. They included
    - 1. Access to UpToDate on all trust computers (the best online resource for clinical patient management advice)
    - 2. Access to the best statistical analysis package for research and development work in the library and in the research team
    - 3. Procedural skills training kit

- Our brilliant teams have redesigned services and patient pathways to adapt to our new normal of hybrid appointments and covid safe classes to ensure our patients can access great care while keeping safe
- Our community teams delivered all of the COVID-19 vaccines in all **care homes and to housebound residents** across the London Boroughs of Haringey and Islington including second doses and boosters keeping these at risk patients safe and well in their home environments who delivered more than 5,000 vaccines during this period
- We continued to run a **hugely successful public vaccination centre in Hornsey Neighbourhood Health Centre** who delivered more than 53,000 vaccines
- We launched new initiatives with our partners to **support local residents to avoid hospital admissions** and get them home safe as soon as possible. This has included a implementing a falls' pick up service and a discharge delirium pathway via our Rapid Response team
- We worked with community colleagues in Barnet, Enfield and Haringey Mental Health NHS Trust and acute colleagues in North Middlesex Hospital to set up a **new Virtual Ward team** which looked after unwell patients at home as if they were in a hospital bed to help them get better quicker in a familiar environment
- To support our staff coping with another challenging year, we sponsored further community versions of **'In Our Own Words'** which created a theatrical performance and reflection space from interviews with our own staff. This year we focused mental health and on staff who worked in care homes, our staff from an ethnic minority background, thanks to the Wake the Beat Theatre Company
- We **launched digital self-care support packages for patients** with chronic respiratory conditions, such as post-Covid and diabetes
- Alongside our new service for patients suffering from post-Covid syndrome, we piloted and rolled out the first **Expert Patient Programme** for patients in England. This was very well received by patients who reported an improvement in their confidence to manage their condition
- We worked with primary care partners to **launch Musculoskeletal First Contact Practitioners** working in some Islington GP practices and are about to launch some shared roles between primary care and community services with paramedics working with our Rapid Response team in Islington and Nursing

Associates working in both GP practices and our community nursing teams in Haringey

- We made huge progress in **agile working across community services** this year to enable our staff to access and update medical records more easily when out in the community keeping patients even safer
- We began a specific **recruitment campaign** to attract great staff to our Care Quality Commission-rated Outstanding Community Services, including videos and the piloting of recruitment incentives
- With partners, we launched a newly funded **multidisciplinary Enhanced Care Home Support Service** in West Haringey to align with the pre-existing service in East Haringey
- We celebrated our one-year anniversary for our **Haringey Anticipatory Care team**. This team has been recognised for its great work and has been approached by NHS England to share their learning.
- We **transitioned the acute paediatric department** back from the NCL South Hub and restored the nursing establishment back to full complement over 2021/22
- Acute paediatric services successfully **overperformed on elective activity** reducing the backlogs created by the pandemic
- Whittington Health has acted as **lead provider across North Central London on the recovery of children's therapy services post-pandemic**. This has led to additional workforce capacity in each of our teams to support seeing children waiting for speech and language therapy, occupational therapy and other paediatric services across the sector
- Whittington Health has also taken the role of **lead provider across NCL on the recovery of autism and attention deficit hyperactivity disorder services** post pandemic. This has led to the development of an NCL Diagnostic Hub which Whittington Health will host for 18 months
- Our teams were shortlisted for the **national Nursing Times Award for their work with women and families around perinatal mental health** in the London Borough of Islington
- Our **paediatric mental health team model** was recognised by the Royal College of Psychiatry as a best practice model at the Winter Institute
- We are now **delivering paediatric audiology and new-born hearing screening services across NCL** and the team has worked incredibly hard to improve the Barnet and Enfield service over the last 12 months.
- The tuberculosis (TB) department **achieved an annual treatment completion rate** of 90.2% across the NCL TB network. This was the highest in London and exceeded the national 85% target
- The Whittington South Hub team developed a **bespoke Clinical Noting Template** in Medway in conjunction with IT. This enables all nursing documentation to be captured as an electronic patient record, accessible to the MDT and able to generate letters. It can also be used to extract information to improve patient care
- The **Clinical Neurophysiology Department** cleared its outpatient backlog caused by the last COVID-19 lockdown within 3-4 months. This was faster than the average for Neurophysiology Departments across the UK

- This department started the process of expanding clinical services with the acquisition of **Home-Video Telemetry** equipment which would provide increased diagnostic capabilities for our patients with epilepsy
- We **extended our ambulatory emergency care hours** to see the increased number of patients referred from the emergency department
- We created a fast track pathway for **patients experiencing sickle cell crisis**, allowing them to come direct to ambulatory emergency care services and to receive analgesia faster
- The LGBTQ+ staff network rolled out regular updates across the trust educating staff on pronouns and **trans healthcare issues**
- The acute assessment unit provided **high dependency unit level care** throughout the pandemic to support the intensive care unit and elective surgery.
- Novel COVID-19 therapies were delivered through the acute medicine unit through screening and the administering of a range of therapies, rapid training and upskilling by acute nursing team
- The **endoscopy team recruited 18 new staff members** and managed to retain 90% of its staffing throughout the pandemic
- A **new endoscopy reporting tool** was introduced and improved patient flow and communication in the emergency department
- A **nurse-led discharge process** allowed patients to ask more questions and have enough time to understand their diagnosis
- The annual endoscopy patient satisfaction survey saw the best results in the last three years
- The endoscopy department successfully **opened their 4th endoscopy room** following the successful procurement of equipment to the value of £1.8 million and recruitment of additional endoscopy nurses
- Gastroenterology specialist nurses established a **monthly outreach liver clinic** in Seven Sisters. This is the **first UK-based nurse-delivered community liver cirrhosis outreach clinic** aimed to improve treatment and supportive medical care and offer a link to hospital cirrhosis services
- A wider choice of food has been made available each day to our inpatients, including cultural, ethnic and religious options. The new fully plated system also allows more time for nursing staff to complete tasks directly relating to patient care, support and comfort
- A **specialist diabetes dietitian created an online education and learning area** on our internet site for women with gestational diabetes, enabling them access to vital information from a trusted source at any time
- The emergency department:
    - **launched new clinical standards** and a dashboard to monitor progress
    - **implemented COVID point of care testing**
    - **launched a pharmacy streaming pathway**
    - implemented a standard operating procedure for **London Ambulance Service handovers**
- Two of the inpatient therapy team support staff started degree apprenticeships in physiotherapy with the University of East London
- Whittington Health scored excellently with a 100% assessment in its annual peer review as part of the **North East London Trauma Network**.
- The lead physiotherapist for pelvic health led the successful expression of interest to provide **new perinatal pelvic health services** across North Central London.

This will provide midwifery support in both hospital and community settings and a bespoke physiotherapy service

- The in-patient therapy team successfully **increased its student numbers** by approximately 30% and this has also had a direct positive impact on staff recruitment
- We **successfully implemented the ten safety actions** agreed by the **national maternity safety champions** in partnership with the Collaborative Advisory Group established by NHS Resolution
- We played a significant role in the development of the North Central London Orthopaedic Elective Network by delivering day case surgery and providing mutual aid across the sector for long waiting patients as part of the South Hub with UCLH colleagues.
- During the pandemic, a large number of surgery & cancer staff were redeployed to critical care to support dental, theatres, administrative and medical staff of all specialities and grades. The Medical Physics team was instrumental in providing equipment and safety support throughout
- Whittington Health has played a major role across NCL with the recovery of elective work after the COVID-19 surges, and saw a significant reduction in the number of patients who had waited a long time since their initial referral for treatment
- The Trust also provided mutual aid for urology and general surgery cases from both University College London Hospitals NHS Foundation Trust and the Royal Free London NHS Foundation Trust respectively to support a reduction in long waiting times for patients
- Dental services worked collaboratively across NCL and beyond to generate additional capacity for patients waiting a long time for dental treatment
- Theatre teams organised training for registered nurses to also undertake the operating department practitioner training to support the delivery of anaesthetics in theatre. This increased the skills of the staff and was well received
- The oncology service appointed three new oncologists who are shared posts between Whittington Health and University College London Hospitals NHS Foundation Trust. This is a significant improvement in delivery of oncology service for patients. We also appointed a senior nurse to support acute oncology services. These appointments are part of a move to work more collaboratively with system partners for oncology patients across south NCL, with a view to increasing the capacity of chemotherapy services at Whittington Health

PERFORMANCE

How we measure performance

Our Board and its key committees use a performance scorecard which has been developed to include a suite of quality and other indicators at Trust and service level. This enables the centralised reporting of performance and quality data as well as the improved triangulation of information. The scorecard is based on the Care Quality Commission's five domains of quality: safe, effective, caring, responsive and well led. The selection of indicators is based on NHS England and Improvement's guidance for national outcome areas and the Trust's local priorities. On a quarterly basis, progress is also reviewed against our strategic objectives.

2021/22 Performance outcomes and analysis

As part of the response to Covid-19, NHS England and Improvement agreed to pause or stop collecting monitoring data for some national indicators. The impact of the pandemic on many performance indictors has been significant.

The year-end position against a suite of indicators used to measure performance is outlined in the following tables.

Table one: At a glance performance against national targets in 2020/21 and 2021/22

Admissions	Actuals 2020/21	2021/22 Adjusted (*some figures using M11 data again for M12) 2021/22	% Difference
Non-Elective Admissions	23,182	23,296	0.49%
Elective Admissions	986	1369	38.84%
Day Case	14,710	21,264	44.55%
ED attendances	83,478	107,706	29.02%

Face to Face Patient Contacts	**2020/21**	**2021/22**	**% Difference**
At our hospital	217,315	290,994	33.90%
In the community	385,373	468,970	21.69%
Total	**602,688**	**759,964**	**26.10%**

Community	**2020/21**	**2021/22**	**% Difference**
Community Nursing Visits	228,747	235,793	3.08%
Physio Appointment	2,600	31,696	1119.08%
Health and School Nurse Visit	31,707	54,178	70.87%
Dental Appointment	31,340	39770*	

Safe – people are protected from abuse and avoidable harm	2020/21		2021/22	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Admission to adult facilities of patients aged under 16	0	0	0	0
Incidence of Clostridium Difficile*	<16	12	<16	5
Actual falls	400	370	400	313
Medication errors causing serious harm	0	1	0	0
Incidence of MRSA	0	2	0	1
Never Events*	0	1	0	2
Safety Incidents	N/A	17	N/A	25
VTE risk assessment (%)	>95%	79.40%	>95%	80.40%

Effective – people's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence	2020/21		2021/22	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Breastfeeding initiated	>90%	91.50%	>90%	91.60%
Smoking at delivery	<6%	5.20%	<6%	4.16%
Non-elective re-admissions within 30 days	<5.5%	6.17%	<5.5%	4.94%
Mortality rate per 1000 admissions in-months	14.4	11.3	14.4	7.6
IAPT Moving to Recovery	>50%	46.70%	>50%	52.00%
% seen within 2 hours of referral to district nursing night	>80%	93.50%	>80%	96.80%
% seen within 48 hours of referral to district nursing night	>95%	95.10%	>95%	95.50%
% of MSK patients with a significant improvement in function	>75%	91.50%	>75%	88.40%
% of podiatry patients with significant improvement in pain	>75%	94.70%	>75%	95.20%
% weight loss achieved at discharge	>65%	79%	>65%	62.20%

Caring - Involving people in their care and treating them with compassion, kindness, dignity and respect	2020/21		2021/22	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Emergency department – FFT % positive	>90%	87%	>90%	77.70%
Emergency department – FFT response rate	>15%	10%	>15%	10.90%
Inpatients – FFT % positive	>90%	96.60%	>90%	95.80%
Inpatients – FFT response rate	>25%	11.20%	>25%	17.30%
Maternity - FFT % positive	>90%	99.60%	>90%	98.50%
Maternity - FFT response rate	>15%	6%	>15%	11.50%
Outpatients - FFT % positive	>90%	95.80%	>90%	93.40%
Outpatients - FFT responses	4400	476	4,400	591
Community - FFT % positive	>90%	99.20%	>90%	97.70%
Community - FFT responses	16,500	789	16,500	5527
Trust Composite FFT - % recommend	>90%	92.00%	>90%	89.00%
Staff FFT - % recommend	>70%	74.80%	>70%	69.50%
Complaints responded to within 25 working days	>80%	80.30%	>80%	59.90%

Responsive - organising services so that they are tailored to people's needs	2020/21		2021/22	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Emergency department waits – 4 hours	>95%	87.40%	>95%	78.30%
Median wait for treatment (minutes)	<60 mins	45	<60 mins	93
Ambulance handovers waiting more than 30 minutes	0	143	0	408
Ambulance handovers waiting more than 60 minutes	0	26	0	184
12-hour trolley waits in A&E	0	20	0	83
Cancer – 14 days to first seen	>93%	94.80%	>93%	74.80%
Cancer – 31 days to first treatment	>96%	98%	>96%	95.30%

Cancer – 62 days from referral to treatment	>85%	69.90%	>85%	61.10%
Diagnostic waits (<6 weeks)	>99%	72.10%	>99%	94.10%
Referral to treatment times waiting <18 weeks (%)	>92%	65.20%	>92%	74.40%
Referral to treatment time over 52 weeks	0	1324	0	384

Well led - leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture	**2020/21**		**2021/22**	
KPI description	**Target**	**Outcome**	**Target**	**Outcome**
Staff appraisal rate (%)*	>90%	64.90%	>90%	67.70%
Mandatory training rate (%)*	>90%	79.40%	>90%	78.75%
Permanent staffing WTEs utilised	>90%	88.50%	>90%	88.00%
Staff sickness rate (%)	<3.5%	4.39%	<3.5%	4.28%
Staff FTT – recommending the Trust as a place to work	>50%	66.30%	>50%	58.00%
Staff turnover rate (%)	<10%	10.10%	<10%	12.10%
Vacancy rate against establishment (%)	<10%	11.50%	<10%	12.00%

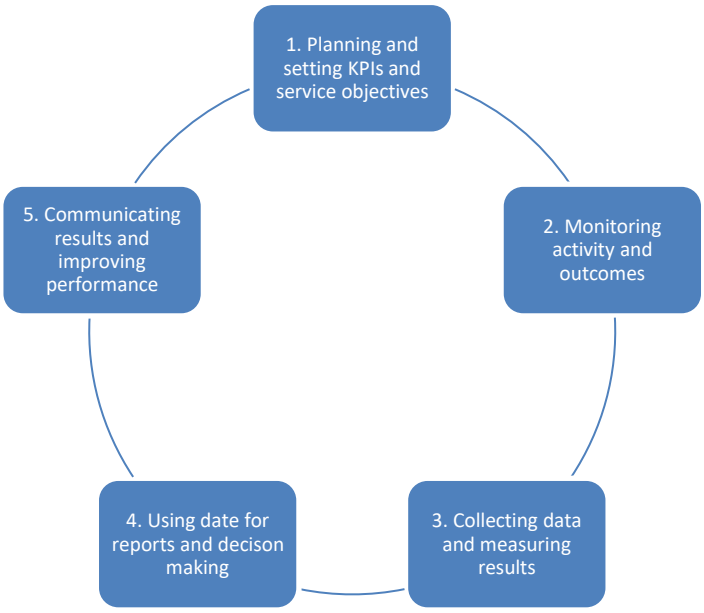
As shown above, outcomes against several targets were significantly affected by the Covid-19 pandemic, however the following should be noted:

- Activity across all points of delivery saw significant improvements in numbers in comparison to 2020/21, with particular attention to day case admissions that almost doubled.
- Community services have seen an upturn in activity with significant improvements in MSK physiotherapy services, Health and School Nurse Visits and Dental appointments.
- The impact of Covid-19 adversely impacted on all our community services which were stepped down during the first pandemic wave following a national instruction from NHS England. Last year saw recovery in the backlog of patients and continues to move in a positive direction.
- The number of never events increased by 1, compared to the previous year
- The number of safety incidents increased from 17 in 2020/21 to 25 in 2021/22
- Our mortality rate decreased and remained ahead of target
- The non-elective re-admission target was achieved in 2021/22
- Friends and family test saw a dip in positive performance from the Emergency Department

- Our emergency department saw a decline against performance of the 4-hour standard by 9.2% and there was an increase in the numbers of ambulance handover waits for both 30 minutes and 60 minutes.
- There were 83 12-hour trolley wait breaches in 2021/22. 23 of these were mental health breaches. The majority of the non-mental health breaches occurred during peak weeks of the pandemic and are related to poor bed flow
- Performance against the national diagnostic waiting target was not achieved however we saw an improvement compared to 2020/21 by 22% achieving 94.1% overall
- All three of the cancer performance indicators were not achieved due to an increase in referrals and pandemic impact on capacity
- There was a significant decrease in patients waiting over 52 weeks since their referral to treatment. Seeing a fall from 1324 to 384 by the end of the year. All patients waiting over 52 weeks were of clinical low priority and were clinically reviewed to ensure no patient came to harm
- The staff sickness absence rate was higher than the expected target with sickness with the pandemic being the main contributor of the increase
- Staff turnover rates and vacancy rates have worsened however are similar to status amongst other local providers.

Monitoring performance

The Trust's performance management framework acknowledges the national context and addresses local quality and service priorities. Whittington Health has a culture of continuous improvement using the cycle of performance management and uses a system of performance reporting against agreed measures and quality priorities. The monthly performance scorecard allows continuous monitoring of specific datasets such as quality and finance, service specific information and deviation from commissioned targets. This information is used to monitor compliance with service standards and contract review and is used to populate national external data sets.



Outcomes against key scorecard indicators are reported to the weekly executive team meeting, twice a month to the Trust's Management Group, monthly to respective Integrated Clinical Service Unit (ICSU) Boards, regularly to board committees, monthly to the Trust Board itself and are monitored and reviewed through quarterly performance reviews with the ICSUs. All reports are discussed at these meetings to identify reasons for any underperformance, as well as reviewing progress of any remedial action plans put in place. The Trust continues to review performance to ensure we continue to monitor the things that matter to the delivery of high-quality care.

STATEMENT OF FINANCIAL POSITION

Financial position

The Trust agreed a deficit plan of £2.57m for 2021/22. The Trust delivered a £0.5m surplus for 2021/22 after adjustments for fixed asset impairments and Covid-related donations of assets and inventory. This was £3.1m better than plan.

This means that the Trust has either delivered or performed better than plan for seven consecutive years. While the Trust has been able to meet its financial targets for the year, it needs to improve its underlying financial performance so that the longer-term financial security will be maintained.

Statement of comprehensive income

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	3	379,593	350,040
Other operating income	4	29,355	45,301
Operating expenses	5, 7	(403,416)	(391,213)
Operating surplus/(deficit) from continuing operations		**5,532**	**4,127**
Finance income	10	41	6
Finance expenses	11	(540)	(1,859)
PDC dividends payable		(5,151)	(6,059)
Net finance costs		**(5,650)**	**(7,912)**
Other gains / (losses)	12	15	-
Surplus / (deficit) for the year from continuing operations		**(103)**	**(3,785)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		-	-
Surplus / (deficit) for the year		**(103)**	**(3,785)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(220)	(8,189)
Revaluations	17	8,312	592
Total comprehensive income / (expense) for the period		**7,989**	**(11,382)**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		(103)	(3,785)
Remove net impairments not scoring to the Departmental expenditure limit		295	3,961
Remove I&E impact of capital grants and donations		106	87
Remove net impact of inventories received from DHSC group bodies for COVID response		213	(213)
Adjusted financial performance surplus / (deficit)		**511**	**50**

Going concern and value for money

As with previous years, the 2021/22 annual accounts were prepared on the going concern basis. This is in line with the Department of Health & Social Care's accounting guidance, which states that the Trust is a going concern if continuation of services exists. We have detailed above the positive trend in the Trust's finances. This improvement means that the Trust is now complying with the Department of Health & Social Care's duty to break even over a three-year period.

Financial performance and statement of financial position

Above, we detailed the Trust's financial position for the year ending 31 March 2022, which indicated effective arrangements in the use of resources and a positive trend in financial results. However, as a Trust we continue to face a challenging financial future. Both pay and non-pay expenditure exceeded our budgeted levels due to the pandemic and other non-recurrent recovery scheme that were offset by additional income.

Cash

The Trust continues to be in a strong cash position and maintained this throughout 2021/22 and ended the financial year with £81.4m in cash. This was £19.9m higher than at the end of 2020/21 and is driven primarily by the continued successful collection of debts and non-cash transactions recognised where the cash movement will likely occur in future years.

The Trust received £7.6m of PDC to support capital schemes and programmes.

The Trust is not anticipating any significant cash issues in 2022/23 and has forecast to recycle cash holdings into capital programmes for future years, most notably into the Trust's estate and maternity redevelopment strategy.

Property, plant and equipment

The Trust's outturn capital expenditure for the year was £24.8m, which matched our Capital Resource Limit. Notable schemes within these levels of spend were investments in the Whittington Education Centre, refurbishment of the Tynemouth Road site, scoping of the Maternity Reprovision, updates to information technology and hardware, and assets relating to the Trust's Managed Equipment Service.

Receivables (debtors)

The Trust's receivables at the end of the financial year were £12.8m. This was £5.4m lower than in 2020/21. This decreasing value continues to be driven by lower levels of NHS receivables from clinical commissioning groups as the Trust (and the wider NHS) remaining on block contracts. There was also strong performance during the year in the collection of other old and current year debts.

Payables (creditors)

The Trust's payables at the end of the financial year were £66.6m. This was £10.2m higher than in 2020/21. The combined creditor performance has improved compared with the 2020/21 and the Trust is reporting payment of 90.6% of the value of invoices within 30 days, compared with 80% in 2020/21. These improvements were seen in both NHS & Non-NHS creditors:

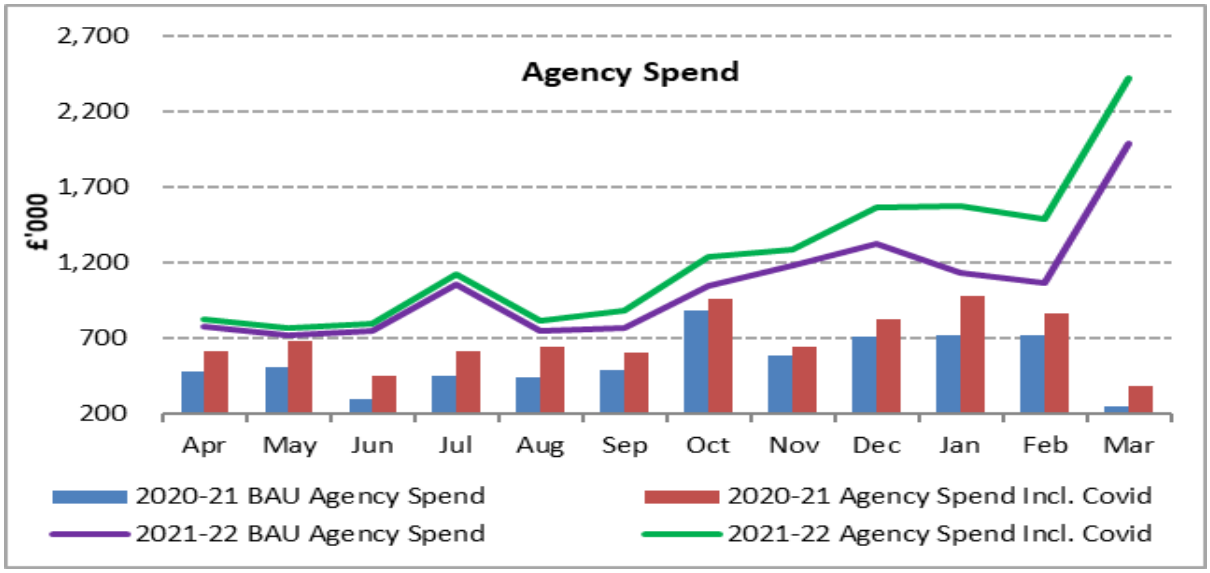
- NHS, 62.2 % (2020/21 30.4%)
- Non-NHS, 93.7% (2020/21 87.5%)

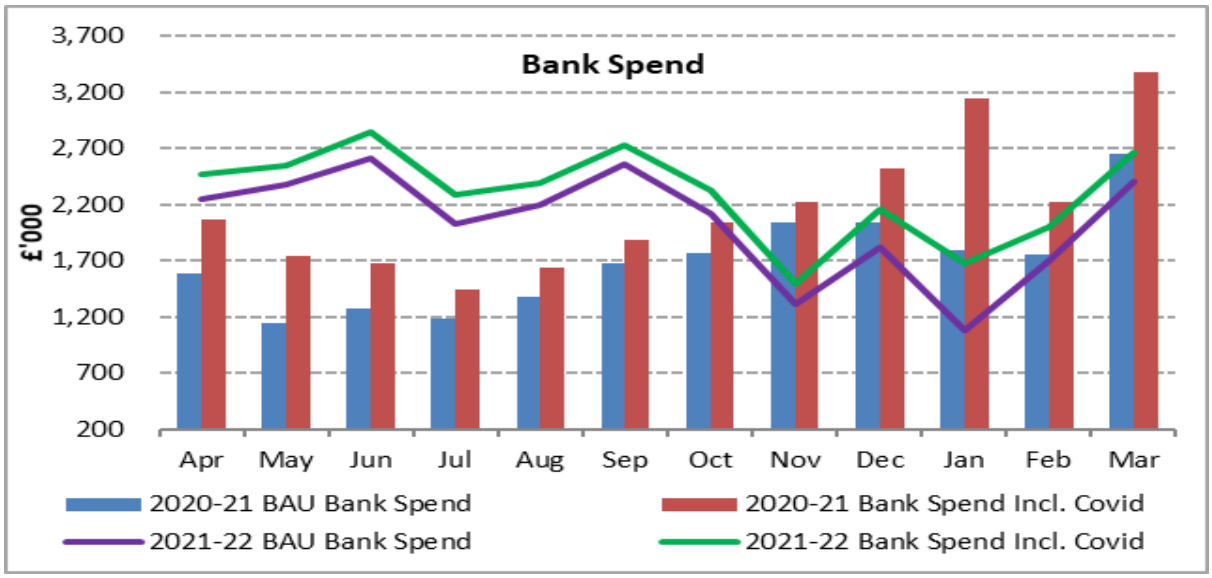
Spending on agency and temporary staff

The Trust spent £14.8m on agency staff for 2021122 which was £6.5m higher than agency usage in 2020-21. In addition to agency spend the Trust spent £27.6m on bank staff which was £1.6m higher than the previous financial year. Ongoing impact of the pandemic and additional staffing requirements to support elective recovery schemes were the main drivers for this increase. The increased costs were offset by additional income.

The Trust is aware that maintaining and improving our performance in relation to the use of agency and temporary staff is fundamental to delivering high quality care and financial sustainability. The Trust has continued to develop other measures to monitor and control agency usage.

The tables below and overleaf show the level of expenditure on bank and agency staff during 2021/22 and include a comparison for 2020/21.




Bank Spend
£'000
3,700
3,200
2,700
2,200
1,700
1,200
700
200
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2020-21 BAU Bank Spend
2020-21 Bank Spend Incl. Covid
2021-22 BAU Bank Spend
2021-22 Bank Spend Incl. Covid

RISKS

The Trust has a robust risk management policy and process as outlined in the annual governance statement below. For the purposes of this annual report, the key risks on our 2021/22 Board Assurance Framework (BAF) were as follows:

BAF entry	Principal risk(s)
Quality 1 – quality and safety of services	Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Quality 2 – capacity and activity delivery	A lack of capacity to restart elective and other key services, capability, and attention to clinical performance targets, due to priorities in planning for and responding to future pandemic waves, or winter pressures result in a deterioration in service quality and patient care such as: • long delays in the emergency department and an inability to place patients who require high dependency and intensive care • patients not receiving the care they need across hospital and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage • an unsuccessful rollout of the winter Covid-19 pandemic booster
People 1 – staff recruitment and retention	Lack of sufficient substantive staff, due to increased staff departures and absence, the impact of the UK's exit from the EU, and difficulties in recruiting and retaining sufficient staff, results in increased pressure on staff, a reduction in the quality of care, insufficient capacity to deal with demand, and increased temporary staffing costs
People 2 – staff wellbeing and equality, diversity, and inclusion	Failure to improve staff health, wellbeing, equity, empowerment, and morale, due to the continuing post pandemic pressures and the restart of services, poor management practices, a poorly developed and implemented Workforce Race Equality Standard action plan, and an inability to tackle bullying and harassment result in: • behaviours displayed which are out of line with Whittington Health's values • a deterioration in organisational culture, morale and the psychological wellbeing and resilience of staff • adverse impacts on staff engagement, absence rates and the recruitment and retention of staff

BAF entry	Principal risk(s)
	• poor performance in annual equality standard outcomes and submissions • a failure to secure staff support, buy-in and delivery of NCL system workforce changes
Integration 1 – ICS and Alliance changes	Changes brought about by the NCL system and Provider Alliance such as corporate services' rationalisations, the review of community services, and the reconfiguration of pathways through lead provider arrangements impact adversely on patient services, particularly fragile ones, and the strategic viability of the Trust
Integration 2 – population health and activity demand	Local population health and wellbeing deteriorates, due to the impact of the pandemic, because of a lack of available investment in, or focus on ongoing care and prevention work, and due to unsuccessful collaboration with local sector health and social care partners, results in demand for services after the Covid-19 outbreak being considerably higher than pre-Covid-19 and insufficiently met
Sustainable 1 – control total delivery and underlying deficit	Adverse funding arrangements regionally or nationally; or failure to a) manage costs, b) reduce the run rate, c) properly fund cost pressures, due to poor internal control systems, or inability to transform services and deliver the cost improvement programme savings, or due to insufficient flexibility under a block contract along NCL system and provider alliance changes, result in an inability deliver the annual control total, a worse underlying deficit for the Trust, increased reputational risk and pressure on future investment programmes, or cancellation of key Whittington Health investment projects, and improvements in patient care and savings not being achieved
Sustainable 2 – estate modernisation	The failure of critical estate infrastructure, or continued lack of high-quality estate capacity, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm, poorer patient experience, or reduced capacity in the hospital
Sustainable 3 – digital strategy and interoperability	Failure by the Trust to effectively resource and implement a digital strategy focussed on improving patient care through collaborative system working and efficient, digitally enabled processes, and underpinned by a modern secure, standards-based infrastructure, will adversely impact on key transformation projects across the organisation and our ability to be a system leader

Each of these risks had a clear mitigation plan and assurance process. The board considered other risks throughout the year as they arose, including for example the risk of losing staff.

DELIVER CONSISTENT, HIGH QUALITY, SAFE SERVICES

The organisation continued on its journey to continually improve the quality of our services and the experience of the people who use our services through the Better Never Stops initiative.

The accountable officers for quality are the medical director and the chief nurse and director of allied health professionals; for quality assurance, the lead officer is the chief nurse and director of allied health professionals.

Registration with the Care Quality Commission

Whittington Heath is registered with the Care Quality Commission (CQC) without any conditions. The CQC did not carry out any inspections of the Trust in 2021/22.

The table below provides the rating summary table for the CQC's final report published in March 2020 following its previous inspection in December 2019 of four core services (Surgery, Urgent and Emergency Care Services (ED), Critical Care, Community Health Services for Children Young People and Families and Specialist Community Mental Health Services for Children and Young People). The Trust's current CQC overall rating from that assessment is 'Good' for Whittington Health, with 'Outstanding' ratings for our community health services and performance against the CQC's '*Caring'* domain.

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

The CQC action plan remains a focus for improvement; the actions are monitored by the responsible ICSU at their Quality Meetings and through the Trust's Better Never Stops programme.

The CQC have been consulting with the NHS since the start of the pandemic in 2020 regarding changing their approach to monitoring and inspections, they are moving to a more risk-based approach for service inspection which will focus on reviewing data collected to trigger 'Direct Monitoring Activity' conversations, if there are still concerns or further action required after these conversations are held, then this would trigger inspection activity. There will be a new assessment framework released by the CQC in 2022 to support this. Regular meetings have been held with our CQC Relationship manager during 2021/2022. These have mainly focused on the following areas:

- Staff wellbeing and support (during and post COVID-19)
- Restarting elective services post COVID-19
- Serious incident investigations and CQC enquiries

- Dental Services (Direct Monitoring Activity Conversation)
- Maternity Services – Core service focus
- Urgent and Emergency Care – Core service focus
- Pharmacy (Direct Monitoring Activity Conversation)

The most recent CQC Engagement meeting was held in February 2022 and focussed on Urgent and Emergency care and our CQC relationship manager was given significant assurance at the meeting.

Quality priorities

Our quality priorities, as set out in the Quality Account, are aligned to the Trust's commitment to helping local people live longer, healthier lives and build on factors such as quality performance, clinical or public proposals and our 'Better Never Stops' ambition, to continually improve and provide even better care.

Whittington Health recognises that to achieve sustainable improvement, projects need to be long-term and effectively monitored and so priorities were set as part of a three-year improvement plan 2020-23. However, given these were initially developed before the onset of the pandemic, the Trust felt that a full review of intelligence, patient feedback and stakeholder consultation was needed to ensure that these priorities were still reflective of the current need

To this end, the Trust has held several engagement events across the Trust and community sites to gather feedback from people who use our services and staff. This feedback was combined with intelligence from a range of data and information, such as learning from serious incidents, reviews of mortality and harm, complaints, claims, clinical audits, patient and staff experience surveys, and best practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and national audit data and presented in a meeting with key stakeholders from Healthwatch and the Clinical Commissioning Group to help establish ongoing priorities and any new priorities to be added in 2022-23.

The outcome was to continue with the existing priorities as part of the 3-year plan, but with a specific project to improve care for sickle cell patients added under the health inequalities domain:

- Improving communication between clinicians and patients and their carers
- Reducing harm from hospital acquired de-conditioning
- Improving blood transfusion safety culture at the hospital
- Improving understanding of human factors and the impact on making healthcare as safe as possible
- Reducing health inequalities in our local population
    - Including a specific project to Improve care and treatment of patients with sickle cell anaemia

Key achievements from 2021/22 included:

- Blood Transfusion engagement has improved especially with areas with historically low compliance like paediatrics and maternity
- Blood Transfusion modules are now on the new learning platform Elev8 which is user friendly in comparison to the electronic staff record system
- The QI lead delivered training to the wider MDT team on the 'Dear Patient' letter project - including clinical nurse specialists in different Integrated Clinical Service Units and physiotherapists
- A new measure, focusing on including practical advice for patients, was added in 2022 as part of the 'Dear Patient' letter project
- In November 2021, 100% of sampled respiratory letters explained medical language and used clear language which was excellent
- The Zesty portal is anticipated to be implemented in March 2022. A phased roll out approach is being considered for services not needing letter attachments and remaining services to follow
- Human factors education has been reflected in a more systems-based approach to learning from incidents. This includes in-situ process mapping exercises which involve multi-disciplinary teams

Freedom to Speak up Guardian

The Freedom to Speak Up Guardian (FTSUG) for Whittington Health is continuously working to engage with teams and services across Community and Hospital departments and strengthen its relationships across the trust. The Guardian 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. As the year has ended more people have been preferring face to face appointments as prior the pandemic.

The Guardian has worked closely with the communications team to review the Trust's media activity and promotion to refresh a focus on speaking up. the Trust launched the new **Speak Up badges** to improve the visibility of the Speak up Advocates network and allies across the Trust. The new badges state '**Freedom to Speak Up, Speak to me**" encouraging people to approach the network. The Intranet page was improved, enabling everyone to access it through the main page on the site. 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 Spring 2022 as a reminder that everyone can reach out in a safe confidential way. Posters across the community health sites are being updated displaying information about the Speak Up Advocates working on that site. The Guardian continues to be part of the Nurse, Midwives and Allied Health Professionals 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.

The collaboration between the FTSUG and the Organisational Development team and Human Resources continues to be fundamental to reinforce learning and acting on the concerns received. This collaboration has allowed the trust to challenge cultural behaviours, bullying and harassment and detriment in a serious, committed, and constructive way.

The Guardian has offered regular supervision and support to consolidate the network of Speak Up Advocates. Currently the network, representing diversity, equality, and inclusion across the Trust, has 45 Advocates, across job roles and services. They are trained to actively listen to colleagues raising concerns and provide unobstructive emotional support for staff in difficult meetings.

Whittington Health has been working closely with the joint Directors of Race, Equality, Diversity & Inclusion and all the Staff Networks to listen to staff concerns, promote a healthy and positive Speak Up culture and help remove additional barriers that staff may face in speaking up. Collaboration and mutual support are growing between the FTSUG and the Networks leadership, who have been escalating concerns and signposting accordingly to the Guardian some of the concerns raised within the network's members.

During this year, the FTSUG received 84 initial concerns that required action. These 84 concerns created 84 new opportunities for change and improvement. We always thank staff raising concerns for this valuable contribution. 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. Only two concerns were anonymous and have been reported internally and investigated. This hopefully represents a gradual change to an open and positive culture for raising concerns and that staff are starting to feel more confident and safer to disclose their identities while speaking up. 54 concerns presented an element of bullying or harassment. 14 involved patient safety/ experience. Aligned with the National figures reported by the Guardians to the National Guardian office, the percentage of cases at Whittington Health involving an element of patient safety or quality of care has decreased, while cases involving elements of bullying and harassment have also dropped.

The plan for the next twelve months is to focus on the response of managers and leaders to staff who speak up and will be focused on a new National Guardian's Office Freedom to Speak Up e-learning package, in association with Health Education England. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, focuses on listening and understanding the barriers to speaking up. Also, following the National Workforce Race Equality Standards (WRES) in depth review of race equality and the WRES data at Whittington Health there was feedback that some staff report still feeling cautious of speaking to the FTSUG or Advocates. Communication and work to support B.A.M.E staff gaining further confidence in the role will be a priority over the next 6-12 months. Proactive engagement with our temporary, Agency and Bank workers, is also a priority for the next 12 months.

PATIENT SAFETY

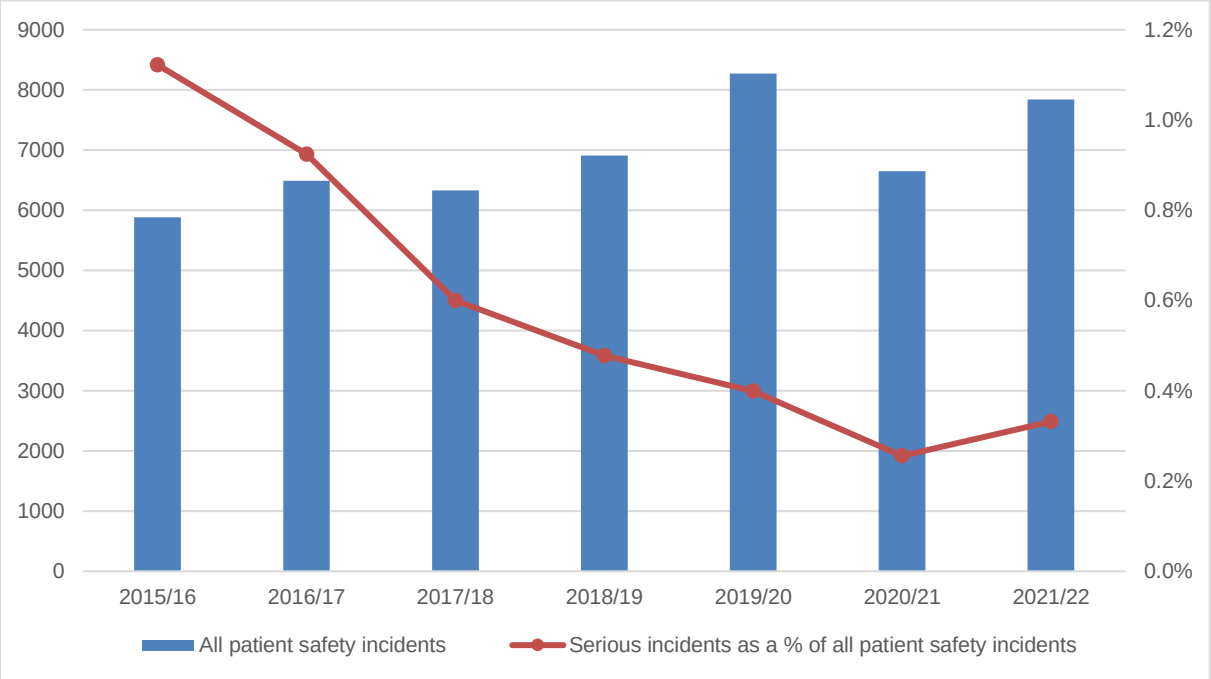
Serious incidents

The Serious Incident (SI) Executive Approval Group (SIEAG), comprising the Medical Director, Chief Nurse and Director of Allied Health Professionals, Chief Operating Officer, the Associate Director of Quality Governance and Serious Incident Coordinator, meets weekly to monitor and review SI investigation reports as defined within NHS England's Serious Incident Framework (March 2015). In addition, internal root cause analysis investigations and resulting recommendations and actions are monitored and reviewed by the panel.

All SIs are reported to North East London Commissioning Support Unit via the Strategic Executive Information System (STEIS) and a lead investigator is assigned by the Clinical Director of the relevant Integrated Clinical Service Unit (ICSU). All SIs are uploaded to the National Reporting and Learning System.

In 2021/22 there were 26 SIs reported on STEIS. As illustrated in the graph below, the number of Serious Incidents declared as a proportion of all patient safety incidents has been reducing since 2015. This is a positive trend, indicative of an open, transparent safety culture where reporting of incidents is encouraged, with a higher volume of incidents which are near misses or low harm incidents.

Figure 2: Serious Incidents declared, as a proportion of all patient safety incidents 2015-2020



In relation to maternity and neonatal incidents the Healthcare Safety Investigation Branch (HSIB) published a report in September 2021, which conducted a thematic analysis of the first 22 national investigations. The analysis used a robust, scientific

approach and identified the following three recurring themes, which represent the most significant threat to patient safety:

- access to care and transitions of care (when patients move between care providers or care settings)
- communication and decision making
- checking at the point of care.

An analysis of Serious Incidents at Whittington Health in 2021-22, correlates with these findings, and these have been highlighted as areas for improvement in 2022-23, seeking to learn from national recommendations.

In preparing for the new Patient Safety Incident Response Framework, Whittington Health have reviewed processes in 2021-22 to ensure that the identification of systems issues and human factors remain at the forefront of our work with a focus on learning and improving practice. To that end, SIEAG have supported the use of alternative tools, such as process mapping, After Action Reviews and retrospective audits, to drive change.

Completed investigation reports with a summary letter, highlighting key findings and changes made as a result, are shared with the patient and/or family member, generally accompanied with a telephone discussion, or face to face meeting when socially distancing rules allowed.

Lessons learned following each investigation were shared with all staff and ICSUs involved in the care provided, through various methods including the 'Big 4' in theatres, and 'message of the week' in maternity, obstetrics and other departments. Learning from incidents is shared through Trust wide multimedia including a learning zone on the Trust intranet, a regular patient safety newsletter, the Chief Executive's monthly team briefing and the weekly, electronic all staff Noticeboard.

Never Events

A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented; this is a list of specific events defined nationally.

During 2021/22, the Trust reported a total of two Never Events in 2021/22: one in the 'Retained foreign object post procedure' category and the other in the 'Unintentional connection of a patient requiring oxygen to an air flowmeter' category.

The first Never Event related to a retained swab following a forceps delivery at Whittington Health. The woman was from out of borough and consequently was not visited by the Whittington Health community midwifery and Health Visiting teams post-discharge. The patient attended a private clinic due to continued pain and discharge after initial treatment in primary care and a retained vaginal swab was identified and removed. Whittington Health were then alerted to the incident and an investigation undertaken. The number of swabs, needles and instruments documented was correct on count sheets, however several actions are needed to review the swab counting

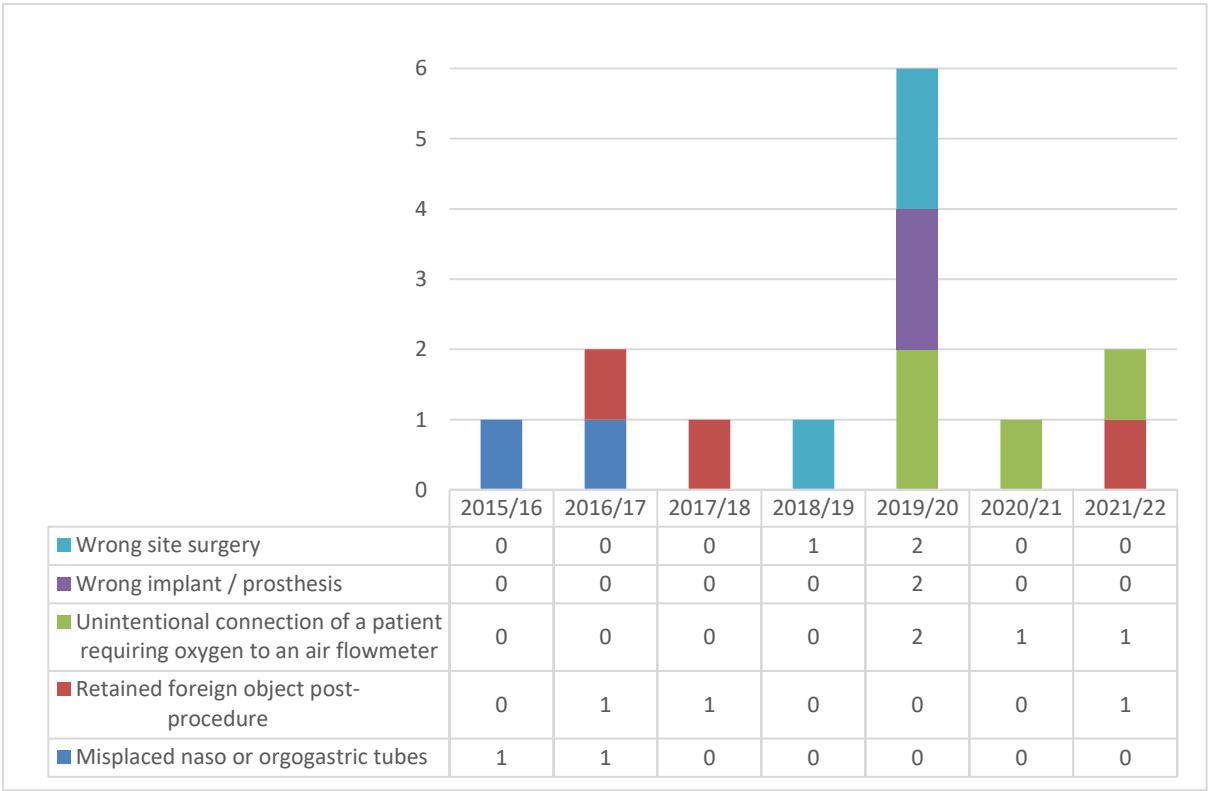
procedures, reintroduce training, documentation on white boards and amend SOPs to avoid staff changes at critical times.

A second Never Event related to inadvertent connection of a patient to air instead of oxygen, the patient was mobilizing independently and had kept their nasal cannula on when going to toilet (they were disconnected from the wall gas). The patient then reconnected themselves to the meter on the wall (inadvertently connecting to the air flowmeter which had been incorrectly left in situ, rather than oxygen). The incident was identified within five minutes and there was no harm to the patient.

The use of air flowmeters had been identified nationally as presenting a high risk of human error, noting that irrespective of mitigating controls in place, incidents were still occurring. The National Patient Safety Alert in June 2021 required all Trusts to replace the use of air flowmeters with alternative devices by 16 November 2021. This incident occurred during the risk assessment period while alternative devices were being considered. All air flowmeters have now been removed and replaced with compressor machines removing the risk of reoccurrence.

A gap analysis of the Trust's risk mitigation controls to prevent Never Events occurring was completed in January 2022. This report was discussed at the Quality Governance Committee and highlighted the importance of ensuring checklists, including LocSSIPs were fit for purpose and of implementing physical barriers where possible (e.g., stopping usage of air flowmeters).

Figure 3: The number of Never Events reported by Whittington Health from 2015/16 to date by date declared



	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Wrong site surgery	0	0	0	1	2	0	0
Wrong implant / prosthesis	0	0	0	0	2	0	0
Unintentional connection of a patient requiring oxygen to an air flowmeter	0	0	0	0	2	1	1
Retained foreign object post-procedure	0	1	1	0	0	0	1
Misplaced naso or orgogastric tubes	1	1	0	0	0	0	0

Maternity incidents

The Healthcare Safety Investigation Branch (HSIB) maternity investigation programme is part of a national action plan to make maternity care safer. HSIB undertakes approximately 1,000 independent maternity safety investigations a year to identify common themes and influence systemic change. All NHS trusts with maternity services in England refer incidents to HSIB.

HSIB investigates incidents that met the criteria as previously defined within the Each Baby Counts programme or HSIB defined criteria for maternal deaths. The Each Baby Counts programme was the Royal College of Obstetricians & Gynaecologists' national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour. This programme is now closed and HSIB has retained their criteria for investigation. During the investigations HSIB investigates all clinical and medical aspects of the incident, as well as aspects of the workplace environment and culture surrounding the incident.

Eligible babies include all term babies (at least 37 completed weeks of gestation) born following labour, who have one of the below outcomes:

- Intrapartum stillbirth - Where the baby was thought to be alive at the start of labour but was born with no signs of life.
- Early neonatal death - When the baby died within the first week of life (0-6 days) of any cause.
- Potential severe brain injury - Potential severe brain injury diagnosed in the first 7 days of life, when the baby:
  - Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE) - brain injury caused by the baby's brain not getting enough oxygen.
  - Was therapeutically cooled (active cooling only) - when the baby's body temperature was lowered using a cooling mattress or cap, with the aim of reducing the impact of HIE.
  - Had decreased central tone (was floppy) and was comatose and had seizures of any kind.

HSIB also investigates maternal deaths:

- Direct deaths include those resulting from obstetric complications of the pregnant state (pregnancy, labour and after the birth), from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above.
- Indirect deaths include those from previous existing disease or disease that developed during pregnancy, and which was not the result of direct obstetric causes, but which was aggravated by the physiological effects of pregnancy in the perinatal period (during or within 42 days of the end of pregnancy).

From 1 April 2021 to 31 March 2022, Whittington Health referred six cases to the HSIB for investigation as they met the criteria for hypoxic ischaemic encephalopathy (HIE). Three reports referred in 2019/2020 were also published. All these investigations related to baby's with HIE.

The findings of both HSIB investigations were that all appropriate care was provided, and, for two of the reports, safety recommendations were made.

One of the recommendations relates to neonatal care and it was recommended to the Trust to ensure that staff are supported and trained to use a standardised proforma tool for all assessments of suspected HIE and to support staff in its use, as it is a helpful trigger for carrying out assessments. This has now been completed.
Another recommendation also related to neonatal care, and it was recommended to the Trust to ensure that NEWS charts are in line with national guidance. This has now been completed.

There was only one recommendation made regarding maternity care provision. HSIB recommended to the Trust to ensure placentas are sent for pathological examination including histology in line with national guidance. Maternity has followed up this recommendation with the pathology department. The pathology department raised concerns regarding capacity for storage and analysis of the potential volume of placentas for examination and are exploring sending the placentas to another laboratory for analysis. Maternity staff have been informed of the criteria regarding which placentas need to be sent for histopathology for examination. A guideline to formalise the process is in draft as further clarification regarding the processes is awaited.

As of the 31 March 2022 the Trust has four active investigations being undertaken by HSIB. For one of the cases all antenatal care was provided by another London maternity unit. However, the mother and baby were transferred to this Trust following an unplanned and unattended home birth.

HSIB commended the Trust on having a maternity guideline for care of vulnerable women, including women that are not fluent in English.

Learning from deaths

During 2021/2022 there were 435 inpatient deaths at the Trust (this figure excludes patients who have died in the Emergency Department). This comprised the following number of deaths which occurred in each quarter of the 2021/2022 reporting period:

- 92 In the first quarter
- 115 In the second quarter
- 111 In the third quarter
- 117 In the fourth quarter.

Summary Hospital-Level Mortality Indicator (SHMI)
The most recent data available (published March 2022) covers the period November 2020 to October 2021

Whittington Trust SHMI score:	0.87	Compared to 0.90 reported for November 2020 to October 2021 period
Lowest National Score:	0.72	Chelsea And Westminster Hospital NHS Foundation Trust
Highest National Score:	1.19	Norfolk and Norwich University Hospitals NHS Foundation Trust

16 Trusts including Whittington Health NHS Trust were graded as having a lower-than-expected number of deaths.

14 Trusts were graded as having a higher-than-expected number of deaths.

92 remaining Trusts were graded as showing the number of deaths in line with expectations.

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

Oversight
The Trust has an embedded process to screen, review and investigate inpatient deaths. Each Clinical Directorate has a mortality review process to undertake reviews on any appropriate deaths and to identify learning. The Mortality Review Group provides scrutiny of mortality surveillance to ensure the Trust is driving quality improvement by using a systematic approach to mortality review and learning from death. The Group reports to the Quality Governance Committee, cascading upwards to the Quality Assurance Committee and the Trust Board, via a Quarterly Learning from Deaths report, authored by the Associate Medical Director for Learning from Deaths and the Project Lead for Mortality.

<u>Reviews</u>
95/435 deaths for the year were identified as meeting the criteria for a structured judgement review. By 31 March 2022, of the 95 identified deaths, 53 case record reviews had been carried out.

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

	Quarter 1 2021/22	**Quarter 2 2021/22**	**Quarter 3 2021/22**	**Quarter 4 2021/22**
Number of case record reviews	17	13	13	10
Number of deaths judged probably avoidable (more than 50:50)	0	1	0	0

There was one death that was noted to be more than 50:50 likely to be avoidable. This was a patient who developed hospital acquired COVID-19. The patient was medically fit for discharge for 4 days prior to contracting COVID-19; this identifies an opportunity for them to leave hospital sooner – possibly but not definitely avoiding catching COVID-19. Incubation periods can be 6 days. All care, allocation to wards and subsequent isolation of this patient was according to appropriate guidance.

Summary of Themes, Learning and Actions from Case Record Reviews
From the deaths reviewed in 2021/22 the main themes, learning and actions are:
Care of patients with co-existent physical and mental illness - one patient with serious mental illness (SMI) showed that their death from physical illness was not influenced by their mental health condition. The review identified the patient's mental health did not lead to a delay in investigations or treatment.

Good practice was also identified in care of a patient with learning difficulties particularly in team liaison with the hospital providing specialist care for an existing physical health problem

The Associate Medical Director for learning from deaths carried out a thematic review of deaths from sepsis. Following this and the appointment a sepsis nurse, subsequent mortality reviews in Q3 have shown care meeting all timings for care and antibiotic administration.

Most mortality reviews identified good standards of care, with relatives expressing thanks for the care of their loved one. Early end of life care and palliative measures were taken in many cases. A joint mortality meeting between the Critical Care Unit, Respiratory and Rheumatology teams identified missed opportunities to review the treatment escalation plan decision in a complex patient but whose prognosis was likely to be poor and lessons have been learnt.

Using hospital interpreters for treatment escalation plans and DNACPR decisions was identified as being important, when there are language barriers, to allow better understanding for patients and their relatives.

The licensing of new agents to reverse dual oral anticoagulants has been highlighted and may prevent deaths in the future.

Medical Examiners at Whittington Health

A Trust Lead Medical Examiner (ME) was appointed in April 2020 and four additional Medical Examiners were appointed in January 2021. A further recruitment process appointed three new MEs in March 2022. The ME provides independent scrutiny of all deaths in the acute hospital. The role includes a review of the case notes, discussion with the members of the clinical team, a supportive discussion with the bereaved family and issue of an accurate medical certificate of cause of death. The ME acts as a medical advice resource for the local coroner. The ME also advises on the selection of cases for a structured judgement review (SJR). A ME Officer was recruited and commenced employment in 2021.

The Lead Medical Examiner, and the Associate Medical Director with the responsibility for learning from deaths, are part of a larger, multi-disciplinary, Mortality Review Group.

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

Infection prevention and control

A senior lead nurse leads the trust Infection Prevention and Control (IPC) procedures, in collaboration and under the direction of the Chief Nurse and Director of Allied Health Professionals, who is the Accountable Officer, and Director of Infection Prevention and Control. The Infection Prevention and Control Team (IPCT) provide a full service to hospital, dental, mental health and community services across Whittington Health NHS Trust. Operationally, they are a team of senior IPC nurses, practice educators and an information analyst who support national, regional and local reporting on health care acquired infections (HCAI), Trust attributable bacteraemia such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Escherichia Coli (E. Coli); Clostridium Difficile infections, HCAI outbreaks; Seasonal respiratory illness e.g., Influenza and Sars-Cov-2 (COVID-19) across the Trust.

The focus is on prevention of infection through education, training and surveillance. The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

Health Care Acquired Infections (HCAI)

Nosocomial or Health Care Acquired Infections (HCAI) are defined as those occurring:

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

(NICE Quality Standard- 13 - 2016)

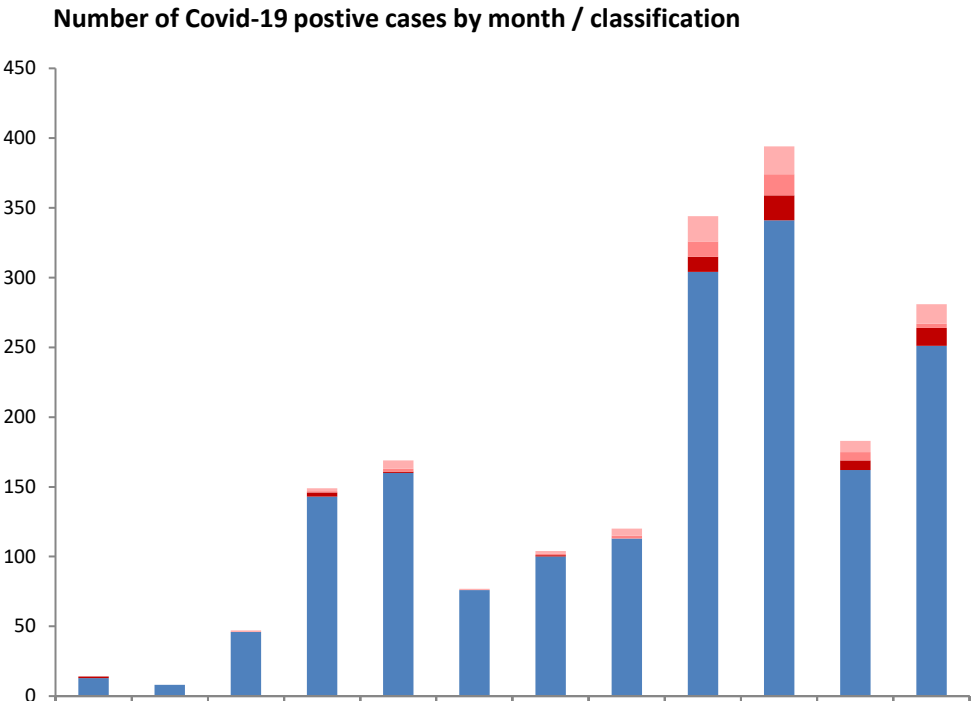
The UK Health Security Agency (UKHSA) monitors the numbers of certain infections that occur in healthcare settings through routine surveillance programmes and advises on how to prevent and control infection in establishments such as hospitals, care homes and schools.

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

Health Care Acquired Infections – COVID-19
The Trust has captured data on HCAI COVID-19 infections since March 2020 and have recorded 55 definite COVID-19 HCAI cases in the reporting period 2021/22. The Trust reports daily on all HCAI COVID-19 infections. The Trust tests and retests all admitted patients for COVID-19 in line with national guidance.

Rises in cases occurred in July-Aug 21 and again in Nov-March 2022.This occurred despite the focus and attention on safe infection control and prevention precautions and was linked to the increase in the significant community transmission rate of COVID-19 found in the local population.

Table: **Number of Covid-19 positive cases by month / classification 2021/22**



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2021									2022		
Intermediate HAI			1	2	6	1	2	5	18	20	8	14
Probably HAI				1	2		1	2	11	15	6	3
Definite HAI	1			3	1		1		11	18	7	13
Community Acquired	13	8	46	143	160	76	100	113	304	341	162	251

NB Definite HCAI COVID-19 infections are defined as patients who test positive on Day 15 or later of admission; Probable HCAI infections are defined as patients who test positive Day 8 – 14 admissions; Intermediate HCAI infections are defined as patients who test positive Day 3 – 7 admissions; and Community Acquired are defined as pre-admission or up to day 2 of admission.

To monitor compliance with Infection Prevention and Control during the pandemic, in May 2020 NHS England/Improvement (NHSEI) developed a Board Assurance Framework self-assessment. The framework covered 10 key lines of enquiry across IPC, environment, patient pathway and staff. The Trust has completed this self-assessment and it was reported to the Trust Board in July 21.

There is regular updating of the COVID-19 IPC guidance, and this is incorporated within local policies and guidelines to ensure all staff are kept up to date on Department of Health and NHSEI changes.

Health Care Acquired Infections – other infections

The Infection Prevention and Control team continue to support the hospital and community services by performing the post infection reviews which focus on all aspects of the patient journey from pre-admission through to discharge when the patient acquires a HCAI. This includes a multi-disciplinary clinical review of all cases with rapid feedback of good practice and/or any lapse in care identified to prompt ward-level learning; these are discussed at the Infection Prevention and Control Committee (IPCC) meeting to ensure Trust wide level sharing, learning and an appropriate platform for escalating outstanding actions.

The increased use of key antibiotics required during the acute and subsequent phases of the COVID-19 pandemic in combination with the altered surveillance definitions of health or community acquisition of infection may have resulted in an increase of cases of Clostridium Difficile (C. Diff) in 2021/22 compared with previous years. Importantly Whittington Health continues to report zero cross infection in relation to this infection.

The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

MRSA (Methicillin Resistant Staphylococcus Aureus)	There is a zero tolerance on MRSA blood stream infections (BSI) unfortunately there was one reported case in the reporting year. Trust wide learning outcomes identified are supported by the IPC education team and clinical teams.
Clostridium Difficile Infections (CDI)	The Public Health England (PHE) limit recommended for 2020/21 for CDI within the Trust was set at 10, Whittington Health reported 14 cases of CDI (Hospital onset, healthcare associated (Day 2 or later since admission HOHA) and 4 cases Community onset, healthcare associated (Up to 28 days since discharge COHA) which was above the target. This was challenging however the causes of all cases were investigated, and all considered unavoidable but there were learning opportunities from lapses in care. Two distinct themes from post infection reviews (PIR) were: 1) delay in sending stool occurring in the HOHA cases. This may have resulted in delayed treatment and a HOHA (hospital onset infection as opposed to community). 2) documentation lacking e.g., records of stool charts, patient's normal bowel habits
E. Coli Bacteraemia	There were 22 Trust-attributed E. coli blood stream infections (BSI) this year. The national objective in line with the UK five-year plan 'Tackling antimicrobial resistance 2019-2024' is to halve healthcare associated Gram-negative BSIs, by March 2024. The trust is striving to achieve this target. Issues identified are shared as learning. The annual E. coli work programme has been reviewed and requires refocus and trust wide engagement to help reduce these BSI's.

Influenza	This winter, there were 21 cases of admitted patients found to have Influenza. Cases have risen this year but still not a usual influenza season.
Surgical Site Infections (SSI)	Whittington Health met the mandatory reporting for SSI surveillance to UKHSA 'at least 1 orthopaedic category for 1 period in this reporting year'. **July to September 2021 SSI data:** 22 Repair of neck of femur operations – 2 surgical site infections 12 Large bowel surgeries – 4 surgical site infections **October to December 2021 SSI data:** 27 Repair of neck of femur operations – 0 surgical site infections. 12 Large bowel surgeries – 5 surgical site infections **January to March 2022 SSI data:** Data to be finalised and reconciled to UKHSA by 30th Jun 2022 The number of operations occurring are small and could distort percentages. Infections are reviewed by teams and are being monitored closely.

Winter flu and COVID-19 vaccinations

The Trust ran successful vaccination programmes for both Covid 19 and flu. This was a far-reaching campaign utilising many points of access for staff. The campaign was coupled with supporting all staff to make informed choices about vaccination.

We ran a series of webinars; team meetings; one-to one sessions along with a visible poster campaign. Flu vaccination uptake was at 83%. Staff were offered first, second and booster doses of COVID-19 and uptake was 92%, 88% and 80% respectively

PATIENT EXPERIENCE

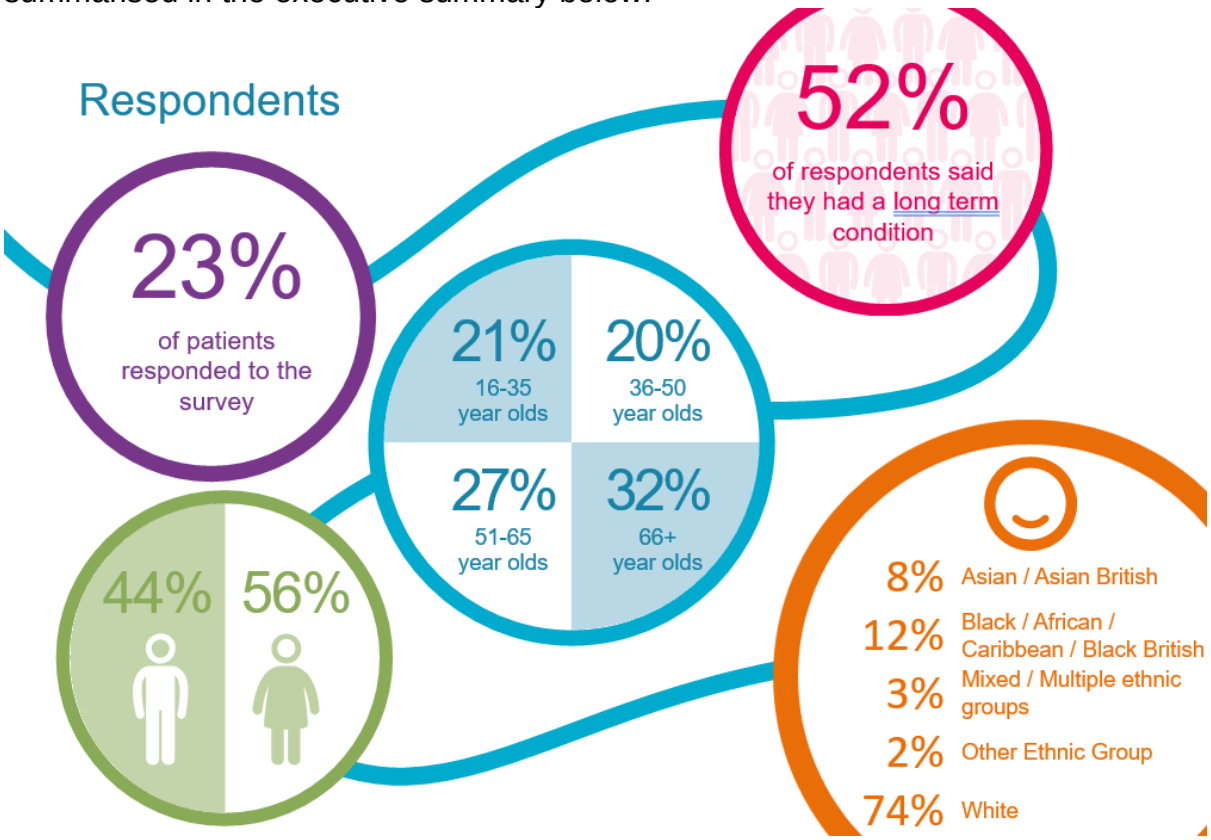
Learning from national patient surveys

The Trust received results for four national patient experience surveys during 2021/22. These were:

- 2020 Urgent and Emergency Care Survey (September 2021)
- 2020 Adult Inpatient Survey (October 2021)
- 2020 Children & Young People (December 2021)
- 2021 Maternity (February 2022)

Urgent and Emergency Care Survey 2020

23% of patients responded to the 2020 survey which was the same percentage as completed responses for 2019. The key improvements and issues to address are summarised in the executive summary below:



Urgent and Emergency Care Survey 2020 results

Top 5 scores vs Picker Average	Trust	Picker Avg
Q28. Received test results before leaving A&E	89%	80%
Q45. Expected care and support available after leaving A&E	84%	78%
Q42. Enough information to care for condition at home	91%	86%
Q39. Told side-effects of medications	64%	60%
Q21. Right amount of information given on condition or treatment	81%	78%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
Q43. Staff discussed transport arrangements before leaving A&E	26%	50%
Q35. Able to get suitable food or drink	58%	67%
Q33_5. Saw the cleaning of surfaces	67%	74%
Q5. Waited under an hour in the ambulance	92%	95%
Q9. Waited under an hour in A&E to speak to a doctor/nurse	84%	87%

Most improved scores	Trust 2020	Trust 2018
Q28. Received test results before leaving A&E	89%	78%
Q42. Enough information to care for condition at home	91%	82%
Q24. Staff did not contradict each other	87%	79%
Q32. A&E department was very or fairly clean	97%	89%
Q41. Told who to contact if worried	76%	70%

Most declined scores	Trust 2020	Trust 2018
Q35. Able to get suitable food or drink	58%	61%
Q9. Waited under an hour in A&E to speak to a doctor/nurse	84%	87%
Q12. Informed how long would need to wait	45%	47%
Q29. Understood results of tests	97%	99%
Q5. Waited under an hour in the ambulance	92%	93%

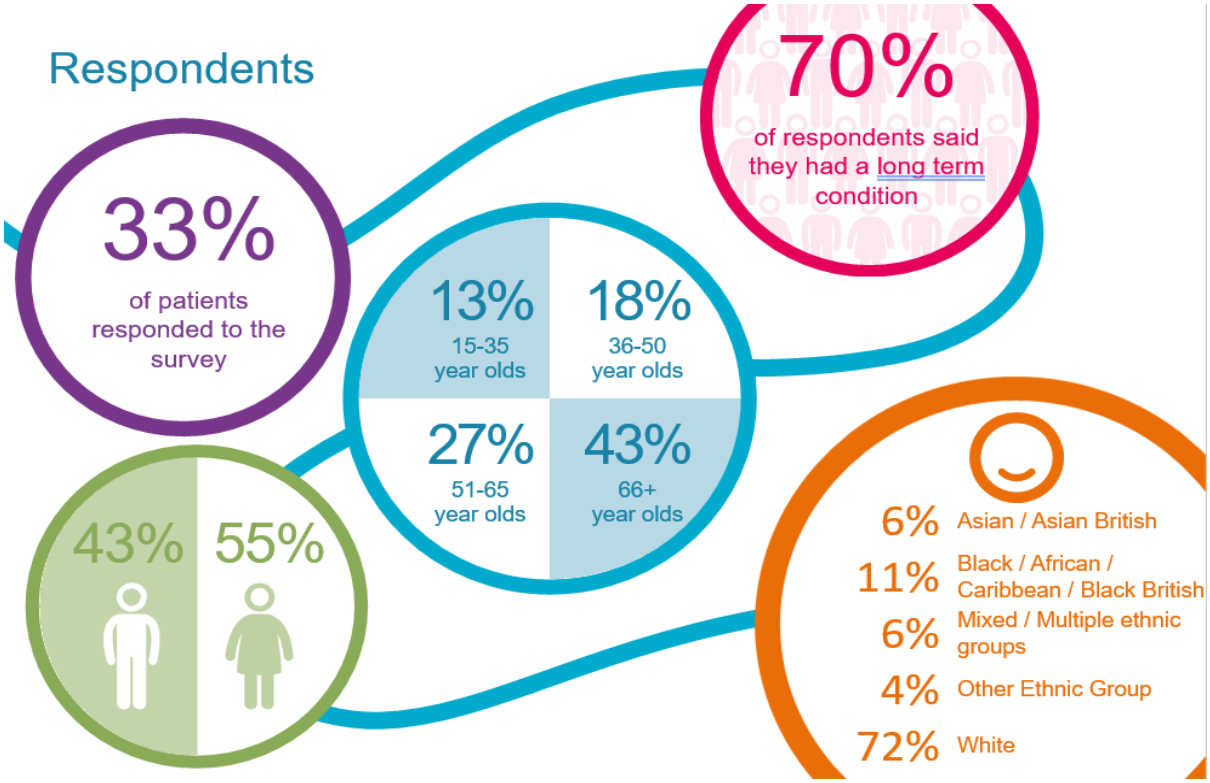
Regarding **Q35** (Able to get suitable food or drink), a new vending machine has been installed in ED, so we would expect to see this score improved in the upcoming survey. Work is ongoing to understand the issues surrounding staff discussing transport arrangements with patients before leaving the department.

Adult Inpatient Survey 2020

33% of patients responded to the 2020 survey which was the same percentage as completed responses for 2019. Unfortunately, there were no completions in other languages, no completions over the telephone and no requests for paper accessible, which is something the Patient Experience Team are looking to address for the upcoming Inpatient Survey.

The adult inpatient survey changed from paper only to a mixed mode methodology including push to online. The online survey was available in nine non-English languages and BSL. It also included accessibility options, such as automatic connection with screen readers, font and colour adaptability. Patients were sent reminders to complete via SMS (if we were provided with their mobile number) and by post. Respondents were also able to complete over the telephone (including access to other languages) and request braille, large print, or easy read versions of the questionnaire.

The key improvements and issues to address are summarised below:



Adult Inpatient Survey 2020 results

Most improved scores since 2019

55%	Q12. Food was very good or fairly good
87%	Q10. Able to take own medication when needed to
88%	Q40. Knew what would happen next with care after leaving hospital
75%	Q38. Given written/printed information about what they should or should not do after leaving hospital
90%	Q37. Given enough notice about when discharge would be

Top 5 scores vs the Picker Average

92%	Q33. Explained well how procedure had gone
93%	Q39. Given information about medicine at discharge
84%	Q26. Given enough privacy when discussing condition or treatment
17%	Q47. Asked to give views on quality of care during stay
88%	Q40. Knew what would happen next with care after leaving hospital

Our views

79%	Q46. Rated overall experience as 7/10 or more
97%	Q45. Treated with respect and dignity overall
98%	Q16. Had confidence and trust in the doctors

Bottom 5 scores vs the Picker Average

55%	Q12. Food was very good or fairly good
60%	Q2. Did not mind waiting as long as did for admission
79%	Q46. Rated overall experience as 7/10 or more
78%	Q36. Staff discussed need for additional equipment or home adaptation after discharge
78%	Q7. Staff completely explained reasons for changing wards at night

Key improvements are in our response to Q12 (Food was good or fairly good), up from **44%** to **55%** in comparison to 2019, however this is still far short of the national average of **70%**. Between January and mid-February 2022, a trial of a fully plated meal

service was introduced across all areas, and we hope these positive changes will be reflected in next year's annual patient survey results.

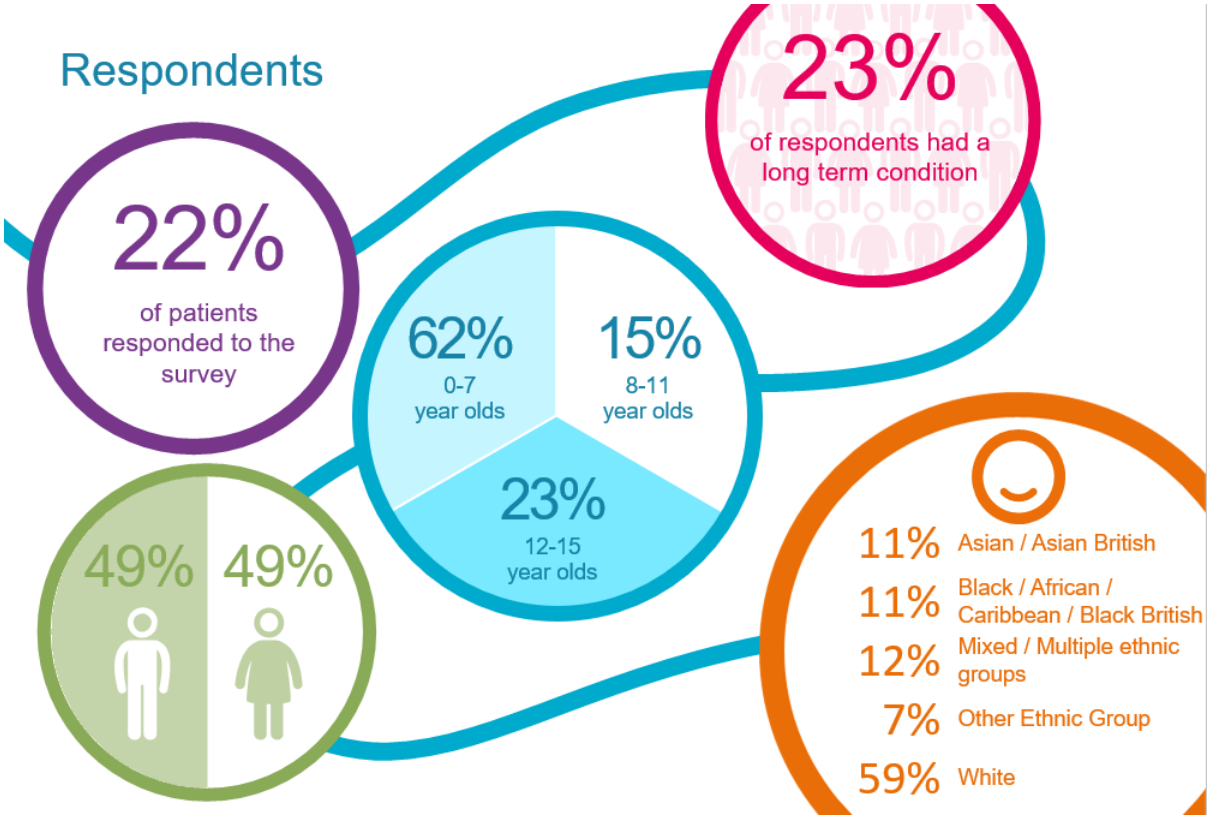
On a related note, only **90%** of patients felt they had enough to drink compared to a national average of **95%,** which has been looked at since the results of this survey were published in coordination with ward managers and matrons. In response to the findings, it was agreed that water should be made more readily available, staff should make a point to regularly ask patients whether they would like more to drink, and the Patient Experience Team are currently looking into the purchase and distribution of water dispenser points throughout the inpatient areas.

On a positive note, during visiting restrictions last year, **88%** of patients felt able to keep in touch with family and friends due to the successful roll-out of the '**Stay Connected**' Family Liaison programme which will continue with the help of Whittington Health charity funding. This provided families with access to communication services to keep in touch with their loved ones such as 'With You' audio messaging, and 'Thinking of You' paper postcards. This was in combination with the facilitation of zoom calls and dealing with lost property requests. This is very welcome feedback considering the impact on hospital services during the COVID-19 pandemic.

In addition, there is an ongoing focus on discharge planning which is continuing to improve patient experience and feedback in these areas.

2020 Children & Young People's Survey

22% of patients responded to the 2020 survey which was lower than completed response rate in 2018 (27%). This may have been due to another patient experience survey being undertaken at the same time to establish parents and young people's experience of the north central London Southern children and young people inpatient Hub merged service as part of major incident planning during the second wave of the pandemic (COVID-19 Delta variant). An infographic of this survey's outcomes is shown overleaf:



Children & Young People's Survey 2020 results

Top 5 scores vs the Picker Average

100%	C16. Child felt that Wi-Fi was good enough for them to do what they wanted
76%	P15. Parent felt that Wi-Fi was good enough for child to do what they wanted
93%	C63. Child told what would happen next with their care
99%	P49. Parent thought that staff did everything to help ease child's pain
82%	P11. Parent felt that there was enough things for child to do

Most improved scores since 2018

76%	P43. Parent felt that child liked the hospital food
93%	C63. Child told what would happen next with their care
95%	P36. Parent felt staff were aware of child's medical history
99%	P49. Parent thought that staff did everything to help ease child's pain
99%	P9. Parent felt that child was given enough privacy for care and treatment

Our views

94%	P72. Parent felt well looked after by staff
88%	C71. Child felt well looked after in hospital
91%	P27. Parent felt staff agreed a plan with them for child's care

Bottom 5 scores vs the Picker Average

54%	P48. Parent rated overnight facilities as good or very good
71%	C44. Child liked the hospital food
76%	C19. Child felt hospital was quiet enough to sleep
76%	C61. Child told who to talk to if they were worried when home
88%	C39. Child could speak to staff about their worries

Key Improvements noted regarding food, with **76%** of parents reporting that their

child liked the food provided, compared to 2018 score of **66%,** although only **71%** of children reported liking the food (national average **85%**).
This is likely the result of the inpatient catering being brought back in-house as referenced in the response in the inpatient survey results above.

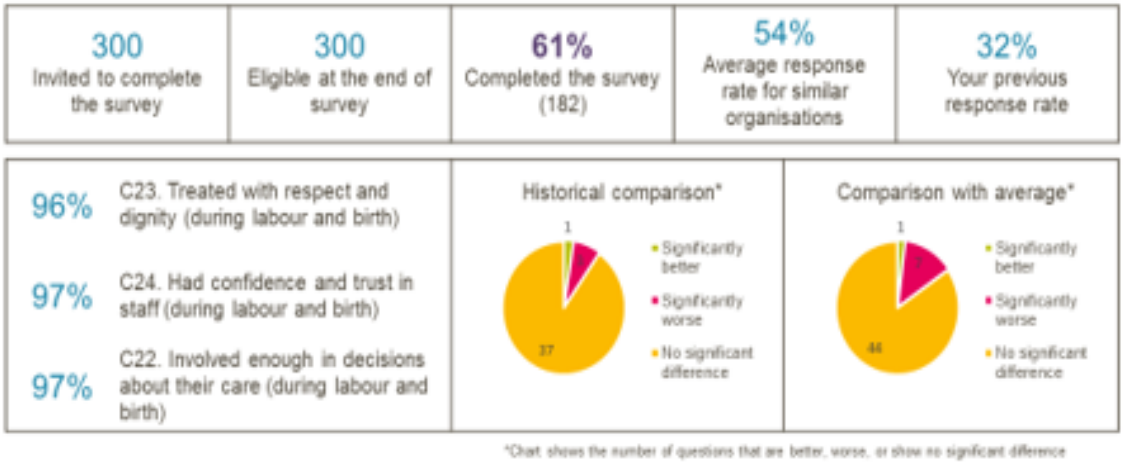
In contrast, there was a reduction in the response by parents when asked if they were able to prepare food in the hospital (**36%** compared to our 2018 score of **55%**), which will have been impacted by changes in Infection Prevention and Control guidelines for the inpatient wards (including the children's wards) during the pandemic.

100% of children felt that the WIFI was good enough for them to do what they wanted (compared to **84%** national average).

88% of children felt they could speak to staff about their worries (below national average of **94%**).

The Patient Experience Team are in the process of arranging a consultation with Picker to go through these results and create an action plan to improve for the next survey.

2021 Maternity Survey



Further outcomes from the maternity survey are shown overleaf.

Top 5 scores vs Picker Average	Trust	Picker Avg
D7. Found partner was able to stay with them as long as they wanted (in hospital after birth)	91%	33%
C10. Involved enough in decision to be induced	88%	83%
B4. Given enough information about coronavirus restrictions and any implications for maternity care	79%	74%
C14. Partner / companion involved (during labour and birth)	88%	85%
B3. Offered a choice of where to have baby	84%	80%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
F7. Felt midwives aware of medical history (postnatal)	63%	73%
B16. Provided with relevant information about feeding their baby	72%	81%
F17. Received suppport or advice about feeding their baby during evenings, nights or weekends	61%	70%
C9. Felt they were given enough information before induction	78%	87%
B12. Given enough support for mental health during pregnancy	74%	82%

Most improved scores	Trust 2021	Trust 2019
F12. Staff asked about mental health (postnatal)	95%	87%
F8. Felt midwives listened (postnatal)	98%	93%
D8. Found hospital ward very or fairly clean	95%	90%
F13. Given information about changes to mental health after having baby	87%	85%
D6. Treated with kindness and understanding (in hospital after birth)	94%	92%

Most declined scores	Trust 2021	Trust 2019
B5. Given enough information about where to have baby	75%	92%
C18. Not left alone when worried (during labour and birth)	67%	82%
F6. Saw the midwife as much as they wanted (postnatal)	56%	68%
C4. Felt staff created comfortable atmosphere during labour	84%	94%
C3. Felt they they were given appropriate advice and support at the start of labour	83%	89%

Key highlights to note include the excellent response rate of **61%** which compares to **32%** for the previous survey 2019. This is due to the engagement work the Patient Experience Team undertook with the Maternity management to promote the survey, as well as other forms of feedback such as Friends and Family Test surveys. Posters were put in visible areas, and clinical leads were placed in charge of promoting the survey directly to patients.

Whittington was the first hospital in London to safely risk assess to ensure that partners could continue to visit and join and stay during a baby's birth and post-delivery period during the pandemic; this is reflected in the positive response relating to feedback about partners' being able to stay (**91%** compared to national average of **33%**).

The CQC provided benchmarking reports for London from the 2020 survey and the Whittington achieved first best response in London for involvement of partners compared with average trust score across England.

National Cancer Patient Experience Survey 2020

The National Cancer Patient Experience Survey 2020 was made voluntary during the pandemic and unfortunately Whittington Health did not have the capacity to run it locally, therefore there are no results for 2020. The Trust will be participating in the 2021 survey and questionnaires have gone out for this.

Family & Friends Test

In December 2020, NHS England updated guidance to reinstate the collection of FFT data after a pause in reporting due to the COVID-19 pandemic. Throughout 2021, FFT reporting has steadily recovered from the pandemic, although many challenges have

remained, including the second surge in January 2021 and various peaks throughout the year (i.e., Omicron variant in December 2021) affecting the ability of some services to report regularly.

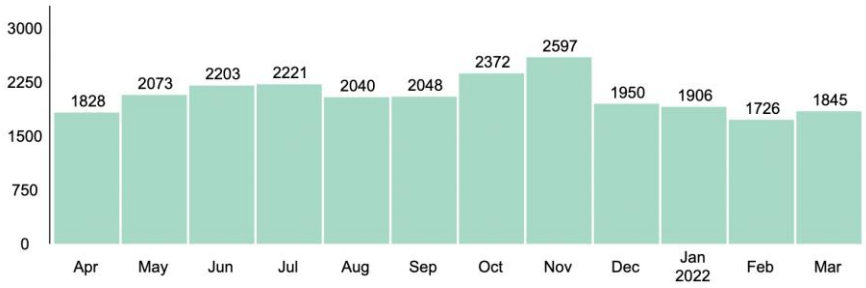
The Patient Experience Team have been working with the Voluntary Services to ensure FFT results collected via handwritten postcards are uploaded to the electronic reporting system regularly, although many services upload the data locally. There has been a renewed focus to roll out a digitisation of FFT collection methods, including automated SMS texting, which is currently used in Emergency, and Day Treatment Centre, and will be live in community physiotherapy services in mid-2022 following a successful pilot. iPads and devices have been used in various services to collect FFT data. Moving forwards, the introduction of trust wide QR codes will assist with the streamlined collection of data, allowing more patients to provide feedback from their own devices and minimising the need for physical collection over time.

The table below shows the average FFT score for the year 2021-2022, showing a small reduction in positive feedback from the previous year (89% down from 92%).

Percentages of Very good/good and poor/very poor
(FFT - All, 1/4/2021 to 31/3/2022)

The table below shows the total number of responses for 2021-2022 and highlights the steady increase in response rates across the Trust after the peak of the pandemic until the Omicron variant in Q4.

Number of surveys completed each month
(FFT - All From 1/4/2021 to 31/3/2022)
24809 Surveys



Over the past 24-month period, the low point was April 2020, which saw only 739 FFTs collected trust-wide, compared to the post-pandemic high-point in Nov 2021 which saw 2597 - an increase of over 250%, However, this is still slightly below the pre-pandemic high-point in January 2020 of 2,937.

CLINICAL EFFECTIVENESS

Driven by its vision of 'Helping local people live longer, healthier lives', Whittington Health, is committed to continually improve the care it provides to its patients. Whittington Health believes that 'Better Never Stops' and this attitude is embedded within the Trust's two-way approach to Quality Improvement. A bottom-up approach encourages grass roots development and top-down actions use performance and outcome data to drive improvement.

The Clinical Effectiveness Group (CEG), chaired by the Associate Medical Director for Quality Improvement and Clinical Effectiveness, has continued to strengthen the clinical effectiveness agenda. Regular reports on clinical effectiveness, including national and local audits, NICE and local clinical management guidelines, GIRFT progress as well as quality improvement are discussed at the CEG and the Quality Governance Committee, further included in the Quality Report to Quality Assurance Committee.

Key achievements during 2021/22 include:

- the success of our Covid-19 clinical guideline page on the Covid intranet hub which provided a single point of access for new and rapidly changing guidance.
- our comprehensive Covid-19 audit programme with projects including the evaluation of brief COVID-19 psychological first aid intervention via Haringey IAPT, and an extension to the COVIDSurg 3 national audit in response to the emergence of the Omicron variant.
- the appointment of an expert patient representative to join our COPD and Asthma Care Quality Review Group
- Dental service abstract to the Clinical Audit for Improvement Summit 2022 entitled 'A service evaluation and audit of paediatric patients in the urgent dental hub'.
- A pilot audit of the Respiratory Outreach Case Finding Clinic at Better Lives (Islington Drug Service) submitted to the Mental Health Innovation HSJ Awards.

National audits

During 2021/2022, 50 national clinical audits including 3 national confidential enquiries covered relevant health services that Whittington Health provides. Despite the continuing pressures on staff due to the Covid-19 pandemic, Whittington Health participated in 100% of national clinical audits and 100% of national confidential enquiries.

The Trust also registered an additional 23 non-mandatory national audits for completion, and our local audit and effectiveness programme has further developed to include both Covid-19 and general medical and surgical projects, and service evaluations.

Clinical audit reporting continues to provide a vital mechanism to capture care quality across the organisation. Learning from outcomes has remained a priority throughout

the COVID-19 pandemic, facilitated by regular multidisciplinary audit and effectiveness afternoons and bespoke training of staff.

Quality Improvement

A key aim of the Trust's Quality Improvement (QI) strategy is to empower our staff to drive change, with two key developments in 2021/22, the formation of the Whittington Improvement Faculty and the development of a QI toolkit.

The QI Toolkit, was created to help staff undertake their own QI projects, outlining 14 commonly used QI tools which can be easily adapted to suit projects of any size.
The Whittington Improvement Faculty draws together staff who have an interest in and are actively working to improve care for our patients and includes a wide variety of staff across the Trust, including Research, IT, clinical staff, and project managers. The group's purpose is to provide support and advice to colleagues and meet quarterly around a specific theme; Patient Involvement, Health Inequalities and 'Storytelling to drive change'. In order to share the learning from each meeting, the top 5 points are disseminated and circulated.

QI training has continued with both virtual and face to face sessions, for a wide variety of staff including new junior doctors, ICARE delegates, nurse and AHP preceptors, skin care ambassador nurses and groups of band 7 midwives. The sessions are designed to equip, empower and mobilise staff to lead projects in the areas they work.

The annual QI celebration afternoon was held in July 2021, with submissions from a range of projects crossing different professions, and services. The two award winning projects (one voted for by attendees and one decided by the judges) were 'Watch the Oxygen' (the development of an oxygen usage dashboard during COVID-19); and a 5-year remote colorectal cancer surveillance programme. Other presentations included effective measures to reduce hospital pressure ulcers; increasing detection of domestic violence in the Emergency Department; the development of a pathway to standardise the management of Achilles tendon rupture; Attend Anywhere appointments; and projects on health and wellbeing for students and staff. There were also videos of staff members answering, 'what have you done to improve care, that you are most proud of?' and another of staff reading some of the compliments and 'Thank You' messages that patients sent in during the year.

Getting It Right First Time Programme
This year showed reduced GIRFT activity in terms of visits to our clinical services, impacted by the pandemic as well as the programme reaching the end of its first full cycle. Successful visits have happened in Rheumatology, Paediatric Trauma and Neurology with the teams showcasing examples of excellent care such as@

- innovative roles such as specialist physiotherapist as part of Inflammatory Arthritis service
- a safe networked service of specialist paediatric orthopaedic care between Whittington Health and Great Ormond Street Hospital.
- a neurology service providing excellent and efficient care.

Recommendations following the visits have highlighted opportunities to develop our Early Arthritis Service and Epilepsy support emphasising the importance of specialist nursing roles which have been supported by ICSU business plans.

RESEARCH

Context

The impact of the COVID19 Pandemic continued to significantly distort the Research landscape in the year 2021/22. National research prioritisation through the National Institute for Health Research's (NIHR's) Urgent Public Health (UHP) process prevented progression of other 'non-covid research for some time and, when restrictions were lifted and recruitment targets reinstated, service delivery issues related to COVID19 care continued to have impact. Despite this, the R&D Department, led by the Research Portfolio Manager and Director of Research and Innovation, rose to the challenge, and performed well across relevant benchmarks.

Staffing and Staff Engagement

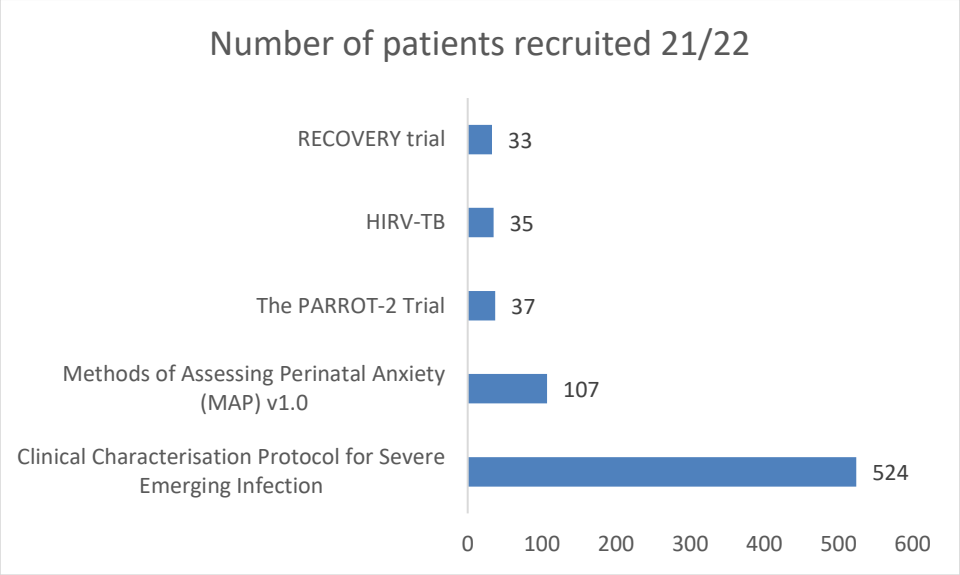
Whittington health currently employ 13.7 WTE research staff (including 1.5 WTE funded via the Michael Palin Centre study grant) to deliver research; an increase of 1.5 WTE on the previous year.

Whether or not engaged directly through the Trust's Research Department, many Trust clinicians remain research active. This is demonstrated by research publication records. A PubMed search for 'Whittington Health' OR 'Whittington NHS' (https://bit.ly/3IOiRYH) reveals a steady rise in publications year on year, with 73 such papers published in the 12 months to 1 January 2022.

The Trust holds two research grants; Professor Ibrahim Abubakar's NIHR Programme Grant for Applied Research: Research to Improve the Detection and Treatment of Latent Tuberculosis Infection (RID-TB) and Dr Sharon Millard's NIHR Research for Patient benefit: Evaluating Palin Stammering Therapy for Children: a feasibility study.

Performance

At the time of writing (mid-March 2022), 921 patients have been recruited into studies, a figure favourably comparable to the 848 recruited in 19/20. Numbers were higher (1,241) in 20/21, largely due to recruitment into COVID-19 studies, supplemented by those in other studies as these restarted. The Trust recruits well when compared to similar Trusts, and the COVID-19 trials offered an opportunity to demonstrate this: against a target of 10% and a national average of 9.3%, the Trust recruited 13% of the eligible COVID-19 admissions to Urgent Public Health (UPH) studies (124 patients per 1000 admissions).



NIHR portfolio trials data are shown in the table below. Data for past years are shown, with the caveat (as above) that non-Covid trials were suspended for much of 2020/21 and into 2022, with further disruption over the winter of 2020/21 and with Omicron surge in the winter of 2021/22.

	NIHR Portfolio		**Non-Portfolio**
	Patients recruited	**Number of recruiting studies**	**Number of recruiting studies**
Year			
2018-19	**1077**	**49**	**7**
2019-20	**803**	**29**	**5**
2020-21	**1198**	**20**	**4**
2021-22	**921 to date**	**27**	**5**

The team have begun the recovery from the UPH COVID-19 focus having opened 2 commercial trials during the year with 1 further study confirmed in the pipeline.

Completed trials and outcomes

A number of trials (performed or recruiting at Whittington Health) have been completed, or have seen outcomes reported, in the last year.

The *TACKLE* Trial of dual monoclonal antibody treatment for COVID-19 disease reduced risk of death or hospitalisation by 67% if administered within 5 days of symptoms.

Whittington Health was a lead recruiter for the ***RECOVERY platform trial of Covid-19 treatments in hospitalised patients***. Of ten interventions trialled, several were shown to be ineffective (including aspirin, azithromycin, colchicine, hydroxychloroquine, antivirals Lopinavir-Rotinavir, and convalescent plasma). Monoclonal antibodies Cairivimab and Imdevimab were shown to offer benefit (in

seronegative individuals only). Also of benefit was JAK ½ inhibitor Baricitinib, the steroid dexamethasone, and the IL-6 receptor monoclonal antibody, Tocilizumab.

Example RECOVERY Trial results:

Association between administration of systemic corticosteroids and mortality among critically ill patients with Covid-19. A Meta-analysis RECOVERY Collaborative Group
Findings: In this prospective meta-analysis of clinical trials of critically ill patients with COVID-19, administration of systemic corticosteroids, compared with usual care or placebo, was associated with lower 28-day all-cause mortality.

Dexamethasone in hospitalised patients with COVID-19 RECOVERY Collaborative Group
Findings: In patients hospitalized with Covid-19, the use of dexamethasone resulted in lower 28-day mortality among those who were receiving either invasive mechanical ventilation or oxygen alone at randomization but not among those receiving no respiratory support.

Example SIREN results:

COVID-19: Past infection provides 83% protection for five months but may not stop transmission, study finds[12]
Findings: People who have previously been infected with covid-19 are likely to be protected against reinfection for several months but could still carry the virus in their nose and throat and transmit it to others, according to a study which regularly tested thousands of healthcare workers.

GenOMICC:

Genetic Mechanisms of critical illness in COVID-19 Nature
Findings: The GenOMICC study has found four genes that make people susceptible to life-threatening COVID-19. In some cases, these lead directly to therapeutic targets used in the RECOVERY trial[13]

Example ISARIC CCP Studies to which Whittington Health recruited:

Features of 20,133 UK patients in hospital with COVID-19 using the ISARIC WHO clinical characteristic protocol: prospective observational cohort study[14]
Findings: Participant mortality was high, independent risk factors were increasing age, male sex, and chronic comorbidity, including obesity. The study has shown the increasing importance if pandemic preparedness and the need to maintain readiness to launch studies in response to outbreaks.

6-month consequences of COVID-19 in patients discharged from hospital: a cohort study[18]
Findings: At 6 months after acute infection, COVID-19 survivors were mainly troubled with fatigue or muscle weakness, sleep difficulties, and anxiety or depression. Patients who were more severely ill during their hospital stay had more severe impaired pulmonary diffusion capacities and abnormal chest imaging

manifestations and are the main target population for intervention of long-term recovery.

Non-COVID research where the Trust recruited patients:

The ATTIRE study:
A randomised trial of albumin infusions in hospitalised patients with cirrhosis[19]
Findings: Inpatients hospitalised with decompensated cirrhosis, albumin infusions to increase the albumin level to a target of 30 g per litre or more was not more beneficial than the current standard care in the United Kingdom

The SUMMIT study:
Delivering low-dose CT screening for lung cancer: a pragmatic approach[21]
Findings: CT scanning meant that 70% of the growths detected in people's lungs were identified when the disease was at stage one or two – a huge increase in the usual rate of early diagnosis.

GUARDIAN OF SAFE WORKING HOURS

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

This year has seen ongoing issues with significant staff shortages across all training grades due to high levels of sickness as we have seen across the wider NHS. This year we have also seen a higher than ever number of trainees choosing to work less than full time. We have continued to call upon the flexibility and maturity of the trainees to engage with senior colleagues in working to meet the challenges the pandemic has continues to present and their hard work and resilience is to be commended.

There continues to be good engagement with the process of exception reporting as laid out in the 2016 terms and conditions. There has been ongoing effort to encourage all specialities to promote and encourage the use of exception reporting.

The Guardian of Safe Working Hours has worked closely with the junior doctors' forum to ensure there is a proactive approach to compliance with the 2016 terms and conditions. There has been work to ensure meaningful reviews in areas where there appear to be more reporting working with trainees and consultants to try to review and changes working practices where possible.

INTEGRATED CARE ORGANISATION AND SYSTEM WORKING

Integrated Care Organisation

As an integrated care organisation, we are demonstrating every day the value of collaborative working in multi-disciplinary and multi-agency approaches to health and care. Our figures continue to show some of the lowest admission rates in North Central London.

The Trust is currently meeting its plan of reducing long length of stay (patients over 21 days in hospital) through the management of delayed transfers of care, frailty management and Multi Agency Discharge Events (MADE).

During Covid our integrated approach continued to be widely praised and in 2021/22 we continued to run the single discharge hub for ourselves and UCLH. We have also been instrumental in the setup of the virtual wards for both UCLH and North Middlesex. Our CEO chaired the non-acute Gold system leadership group, coordinating the community response to Covid across North Central London and leading on the review of community services for the longer term.

Primary Care Networks and GP Federations

During 2021/22 we continued to work closely with GPs and commissioners in Haringey and Islington. Examples of this included:

- Continuing to develop the integrated diabetes team that supports and trains GPs to keep patients' diabetes managed in the community
- Our team working with Age UK and the GPs to use an e-frailty index to find and support patients before they deteriorated
- Providing nurse associates and first contact MSK practitioners to the Primary Care Networks

Clinical Interface Group

We have a well-established monthly Clinical Interface Group. This is attended by GP representatives from the Local Medical Committee, North Central London Clinical Commissioning Group and GP Federations and representatives from the Trust's clinical and operational teams to work on solving any issues and exploring how we can work in more innovative and efficient ways together for the benefit of our patients. The group has been used as an exemplar and replicated in the other acute Trusts in North Central London. These Trust clinical interface groups are now meeting monthly as the NCL Interface Steering Group to further enhance and improve sector working and consistency for the five boroughs at the interface between primary, community and secondary care.

Localities and Integrated Care Borough Partnerships

This year, Whittington Health continued to work even more closely with our colleagues in the councils, mental health trusts, GPs, and the voluntary sector to implement the vision for our joined-up services based around localities (3 in Islington and 3 in Haringey). We have been key leaders in the Borough Partnership Boards for Islington and Haringey, supporting new models of care. Our Director of Strategy Chairs the Haringey Place Board and our CEO co-chairs the Borough Partnership.

North London Partners' Integrated Care System

Covid has been an impetus for much closer working together as a system. Whittington Health played a strong role in the system, and this is described throughout this document. In particular at this point in the report we would like to highlight the Non-acute Gold meeting that our CEO Chaired coordinating the community response to covid. We also worked well in the Operational Implementation Group which coordinated elective activity and recovery and the use of the private sector. We have been working closely together sharing elective capacity in the private sector and Whittington has taken on a large number of Urology and General Surgery cases from Royal Free and UCLH to help spread the load and reduce the backlog of patients waiting as quickly as possible. The Clinical Advisory Group and the CEO group were crucial parts in the system along with other operational and corporate groups. We have been represented on all the critical committees. This has been crucial in the response to Covid-19 and created a positive route for mutual aid, collaboration and transformation. Our Chair, CEO and other executives have also been instrumental in the set up and running of the nascent University College London Health Alliance (provider collaborative).

Community Diagnostic Centre

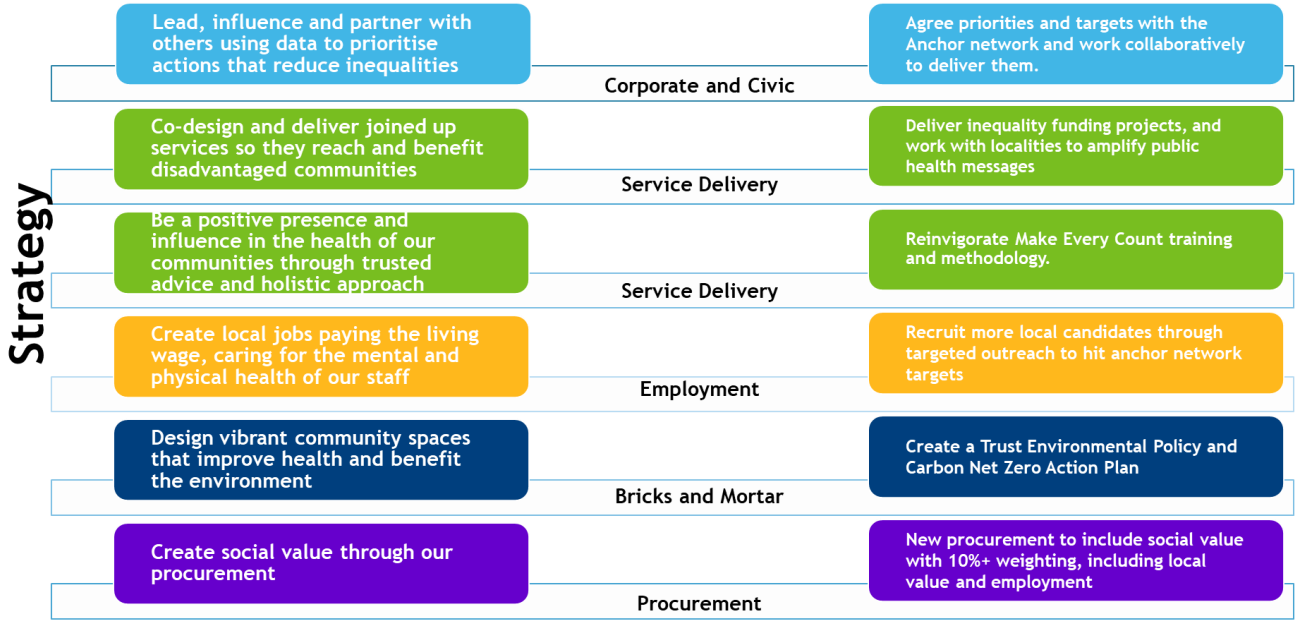
This year we were delighted to bid for and get awarded some central funding to set up a Community Diagnostic Centre in the heart of Haringey in the Wood Green Shopping City. Hard work collaborative work with the landlord has led to a solution where we are putting ophthalmology, ultrasound, x-ray and blood tests in the shopping centre. This is likely to open in August 2022. We are now bidding for further funding put an MRI and a CT machine in the basement. We are excited about the opportunity to put more diagnostics in Haringey and hopefully make them easier to access for our diverse population. This is one of two linked CDCs in North Central London, the other being run by the Royal Free London in Finchley Memorial Hospital. Both are being overseen by the Whittington Director of Strategy.

University College London Hospitals NHS Foundation Trust

Throughout the year, we continued to work well with UCLH in various areas of collaboration including breast services, maternity, nuclear medicine, and general surgery. In oncology we have appointed three new joint consultants between the organisations making our services much more resilient. In orthopaedic services, the Elective Orthopaedic Centre for the south of North Central London continued.

Population Health and Anchor institution

This year saw our first Population Health annual report and anchor institution action plan. Both of which form an important part of our response to the inequalities in our boroughs and our aim to help local people live longer healthier lives.



Successes this year linked to this programme include:

- Becoming a **living wage accredited organisation**
- **Working with Islington to set up a mentorship programme**
- **Linking the AHPs Leadership Fellowship Programme** to the Islington Apprenticeship programme
- **Starting a Salary Sacrifice Scheme**
- **Increasing social value scoring in procurement to 10%**
- **Creating a green plan**
- Successfully bidding for numerous inequalities projects in our boroughs
- Setting up **continuity of carer teams** specifically in areas of higher deprivation
- Adding anchor institution and population health into our **business plans**
- Working with the councils on joined up metrics and actions

In addition to these successes, some specific health inequality projects we have worked on include:

Respiratory wellness:
The respiratory wellness programme is focused on adults already identified as having a higher rate of emergency hospital admissions in relation to their respiratory condition (Chronic Obstructive Pulmonary Disease), in the most deprived wards in Islington. We are aiming to deliver a personalised service that also addresses high levels of underlying mental health need and other physical comorbidities. We are utilising peer coaches in partnership with Camden and Islington NHS Foundation

Trust, who reflect the diversity of the local community, operate with a strength-based approach linking service users with community resources and build patient capacity to self-manage their long-term condition(s).

Continuity of carer
Our maternity continuity of carer programme aims to create Continuity of Carer Teams which support mothers from start to finish. Evidence suggests this can lead to better outcomes for women and their babies. We successfully recruited to two brand new teams. These teams are specifically focussed on our most deprived population areas within Haringey and Islington.

Employment
There is a lot we are doing in this area such as being a London Living Wage accredited employer. We have an ethos of investment in our future workforce and a commitment to quality training and mentoring, such as our apprenticeship offer to local people. We have skills enhancement opportunities targeted at lower pay bands including provision for basic (English for speakers of other languages, literacy and numeracy) and softer/transferable skills which are delivered in ways to avoid barriers to access such as shift patterns or location. Internal staff progression is supported and encouraged and skills are recognised as central to driving productivity.

Sickle cell improvement work
This is highlighted elsewhere in this report, and is an example of focussed work on a particular segment of our population.

Long term conditions support in Haringey
We are giving enhanced support to residents in the deprived areas of Haringey who have multiple long term conditions.

WORKFORCE

Our people

People are our greatest asset, and it is well recognised that engagement and motivation of staff leads to better outcomes for our patients. Our staff are proud to work at Whittington Health and as we work to update our Workforce Strategy, our people will be involved and engaged in the design of this.

The number of staff directly employed by the Trust is around 4,600. This comprises clinical and non-clinical staff who continue to contribute to the delivery of high-quality patient care in both our hospital and community settings. The majority of the Trust's staff are permanently employed clinical staff directly involved in delivering patient care. We also employ a significant number of scientific, technical and administrative staff who provide vital expertise and support.

The table below provides a breakdown of our workforce. Our people are fundamental to the Trust's success in delivering high-quality patient care. We are proud of all our colleagues and recognise the important role they play in maintaining the health and wellbeing of the communities we serve. The people we employ reflect the diverse backgrounds of the local community and we have good representation of women and people from diverse ethnic backgrounds

Headcount 2021/2022

Staff group	Employee headcount 1 April 2020	Employee headcount 31-Mar-21	Employee headcount 31-Mar-22
Professional Scientific &Technical	294	302	326
Additional Clinical Services	619	664	677
Administrative and Clerical	905	947	969
Allied Health Professionals	536	542	559
Estates and Ancillary	212	202	195
Healthcare Scientists	96	104	99
Medical and Dental	547	565	580
Nursing and Midwifery registered	1244	1228	1227
Students	20	28	28
Grand Total	**4473**	**4582**	**4660**

Performance against workforce indicators overall remains consistent, with the Trust Board and ICSU and Directorate management teams receiving monthly performance information.

Throughout the year the Trust continued to respond to Covid-19 surges and built on the successes of the previous year in swiftly deploying staff across the Trust. The staff vaccination programme progressed throughout the year ensuring the majority of our staff received first, second and booster doses.

Connecting with Our People

We are committed to involving staff in decision-making, engaging them in key developments, and keeping them informed of changes across the organisation. Publicly, the Trust regularly uses our social media channels – Facebook and Twitter to share messages with both the public and our own staff.

Throughout the pandemic, the Trust has worked hard to ensure that our staff remain involved and engaged. Regular communication channels were expanded with regular emails and in person communication to all staff to ensure they remained informed of changes across the Trust. The CEO Team Briefing continues to be online enabling greater attendance and participation. The intranet continues to act as a primary information source for staff and is kept up to date with new items and features on developments across the Trust. This is supplemented by regular daily updates.

We have a number of committees to monitor the performance and delivery of the workforce priorities and consult with trade union colleagues:

- Workforce Assurance Committee
- The People Committee
- Partnership Group
- Medical Negotiating Sub Committee
- Caring For Those Who Care Culture Group
- Inclusion Group

Staff feedback is also obtained from the national staff survey, quarterly people pulse surveys, results of which are used to develop action plans for improvement. Through our Trust-wide briefings we have adopted the use of Slido to obtain real-time feedback from our staff. All staff are encouraged to voice opinions, suggest improvements and share ideas, as well as raise concerns

NHS staff survey 2021

Of Whittington Health's 4,538 eligible staff, 2,317 staff took part in this survey, a response rate of **52%** which is the same average response rate for Acute and Acute & Community trusts in England above the Trust's 51% response rate in 2020.

This is the first year the survey results are aligned to the People Promise. There are seven People Promise elements which replace the old themes in addition to the existing elements of staff engagement and morale.

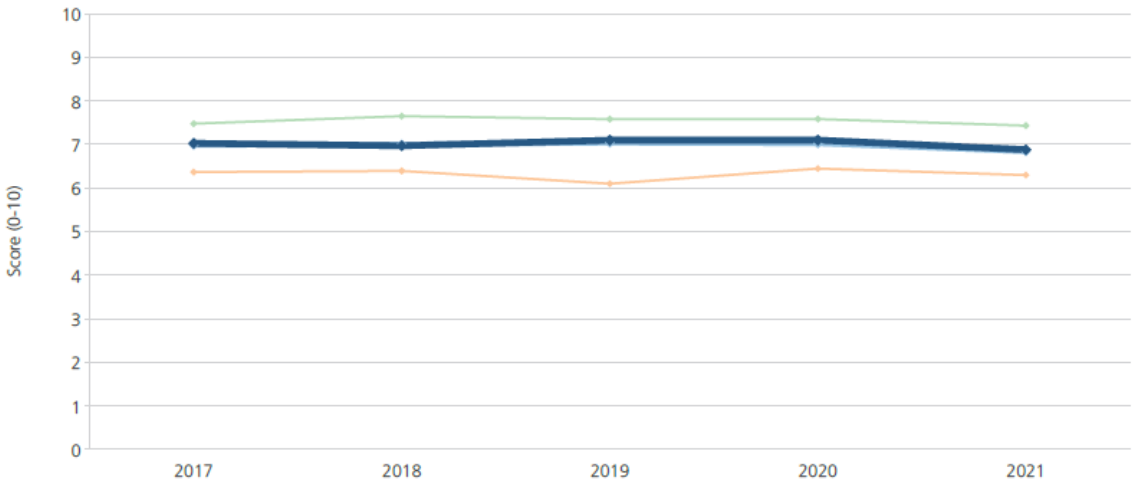
Whittington Health's theme score of 6.9 for staff engagement is slightly above the average 6.8 score and a reduction from the previous year and follows a similar trend

with other Acute and Acute Community Trusts, experiencing a reduction in staff engagement.

Survey Coordination Centre

2021 NHS Staff Survey Results > People Promise and theme results > **Staff Engagement**

NHS



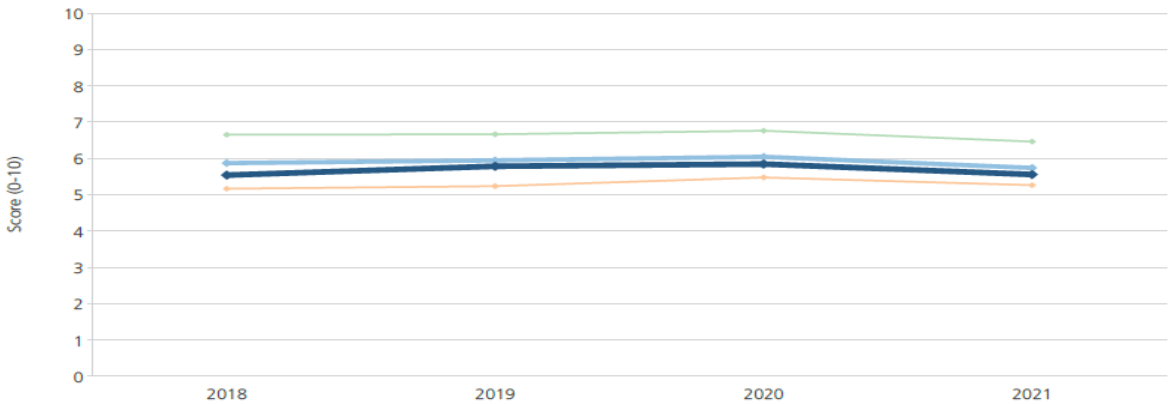
	2017	2018	2019	2020	2021
Best	7.5	7.7	7.6	7.6	7.4
Your org	7.0	7.0	7.1	7.1	6.9
Average	7.0	7.0	7.0	7.0	6.8
Worst	6.4	6.4	6.1	6.4	6.3
Responses	1,679	1,935	2,334	2,164	2,265

Whittington Health's theme score of 5.6 for staff morale which is slightly below the average of 5.7 and a reduction from the previous two consecutive years where morale stood at 5.8. The reduction follows a similar trend with other Acute and Acute Community Trusts, experiencing a reduction in staff morale, where best and worst scores in the group have seen a drop of 0.2 on average.

Survey Coordination Centre

2021 NHS Staff Survey Results > People Promise and theme results > **Morale**

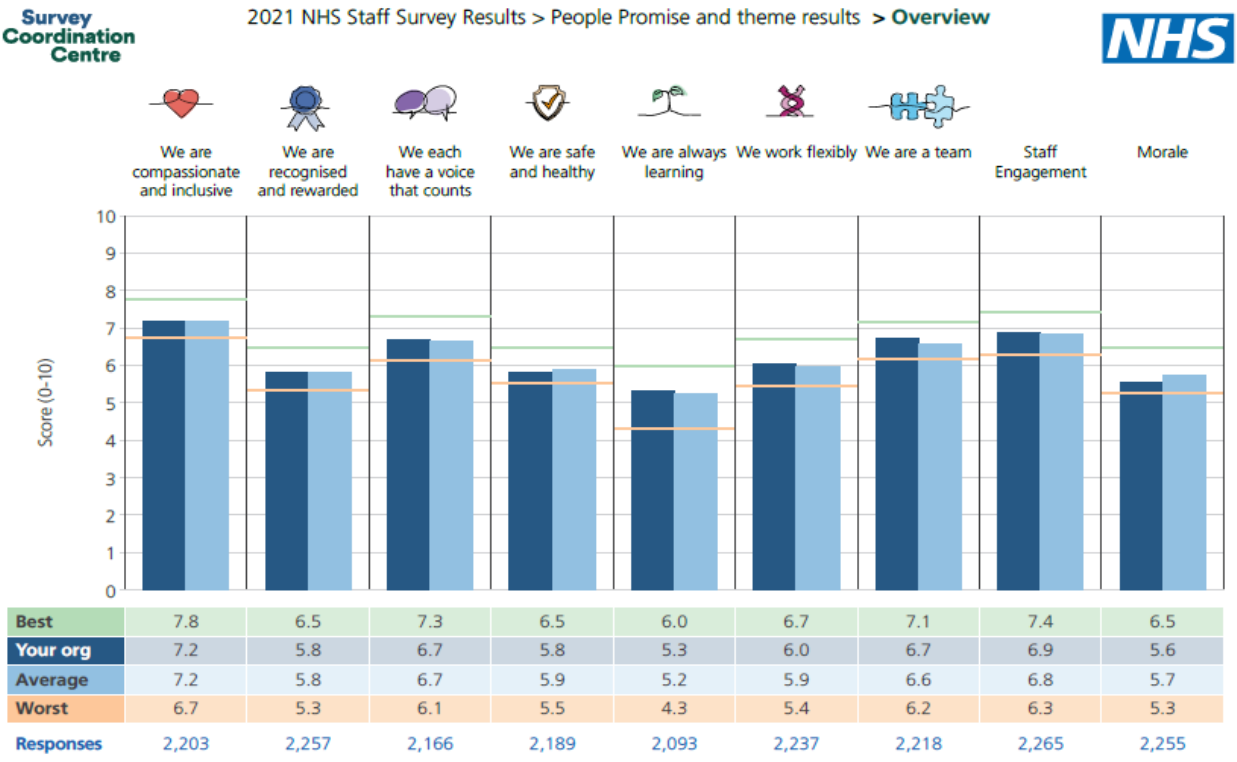
NHS



	2018	2019	2020	2021
Best	6.7	6.7	6.8	6.5
Your org	5.5	5.8	5.8	5.6
Average	5.9	5.9	6.0	5.7
Worst	5.2	5.2	5.5	5.3
Responses	1,914	2,320	2,151	2,255

The table below shows Whittington Health results against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale).

Results are presented in the context of the 'best', 'average' and 'worst' results for the total 126 Acute and Acute & Community Trusts.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.2	5.8	6.7	5.8	5.3	6.0	6.7	6.9	5.6
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	2,203	2,257	2,166	2,189	2,093	2,237	2,218	2,265	2,255

In 2021 Whittington Health is not ranked as 'worst' or 'best' in any of the themes. The Trust is slightly above average for four of the themes, average for three themes and slightly below average for two themes. The Trust has made improvements this year in a number of areas including immediate managers, raising concerns and bullying and harassment. Improvements have been made in the majority of the WRTES indicators captured through the staff survey.

This year, the Trust has agreed that the entire organisation will focus on two areas for development and improvement across the entire organisation "we are safe and healthy" and "morale". These two areas have been rated below average despite some positive movement in the domains of "bullying and harassment" and "immediate managers". Each ICSU/Directorate will be able to target improvement work in the agreed priority areas, in line with their own staff feedback.

Workforce Culture and "CaringForThoseWhoCare"

The Trust's work to support good working relationships, and to promote compassion and inclusion throughout the Whittington Health culture, has continued, alongside a focus on providing staff with rest and respite in short lunchtime sessions. Many initiatives are detailed below and in the following sections on health and wellbeing.

Below are some of the main changes, programmes and campaigns to enhance culture and workplace relationships and environments.

- A programme of ‘Managers’ Forum’ events were designed to improve culture including sessions on ‘Just Culture’, ‘Debiasing Recruitment’, how to hold meaningful appraisals, holding ‘wellbeing conversations’, ‘managing inclusively’, and the benefits of early conflict resolution
- The success in engagement of the staff network for black, Asian, and minority ethnic (BAME) staff, and the importance of staff experience, resulted in the creation of a new team under new Directors of Race, Equality, Diversity and Inclusion, to oversee this important and growing agenda
- The ‘Bystander-to-Upstander’ workshop, commissioned to enable staff to develop an understanding of the impact made by witnesses and allies in our efforts to tackle bullying, harassment, and racism, continued into 2021. Staff learned to be ‘active bystanders’ and not simply observers, and how to intervene appropriately, or escalate
- The ‘anti-bullying’ training was rolled out to all staff and delivered virtually with no loss of participation
- A programme called ‘Let’s Talk About Race in the Workplace’ was commissioned to challenge thinking and help staff consider experiences of their colleagues
- The range of services offered under the branded ‘Caring for Those Who Care’ or “#CFTWC” logo, has been continuously augmented with a range of new programmes and services offered in-house, within the integrated care system (ICS), and nationally, to provide staff with the widest choice of supportive opportunities
- A programme called ‘Building Inclusive Cultures’ widened understanding of how people can be marginalised and how to be more inclusive in our behaviours
- ‘Coaching Conversations’ is a programme to encourage managers to adopt a coaching approach to managing staff which increases their autonomy and fosters confidence in their work
- ‘Disability in the Workplace’ provides employees with an understanding of staff experience and invited people to be more inclusive in their behaviours

Staff Health and Wellbeing

2021 saw the various organisational groups overseeing staff health and wellbeing, working even more closely together, within the Trust and the ICS, to coordinate health and wellbeing support. The Trust focused efforts on both practical staff support, and the psychological. The mental health support was provided from a variety of sources:

- From internal staff, these included:
  - Mental Health First Aiders received refresher training to enable them to continue to offer a listening ear and signpost professional support where required
  - The Clinical Health Psychology Team continue to offer ‘reflective practice sessions’ and manage a lunch-time ‘drop-in’ for hospital-based staff to talk and receive information and signposting to relevant support services
  - The increased cohort of mediators respond to mediation requests

    - The ‘Check-in and Check-out’ toolkit for managers to look after their staff continues to be promoted for use at the start and end of team meetings
    - A resilience workbook which highlights the importance of rest as a cornerstone
    - To support this, a number of sleep sessions were provided to staff struggling to rest, to learn techniques to use at home, and proved very popular
    - Seated yoga lunchtime sessions were offered to ensure people’s physical health supported their mental health, and again, were booked out
- From the in-house Employee Assistance Programme, ‘People at Work’, confidential direct access to counselling continues to be offered
- External routes including North Central London, national NHS provision, and specialist provision such as the Tavistock and Portman NHS Foundation Trust, offer a range of counselling and supportive psychological sessions
- Two local organisations offered counselling to targeted groups
- National and regional websites and online resources from advice to chat rooms provided a range of support including information
- Workbooks and worksheets were provided to help people assess their needs

All staff have been encouraged to notice when they are tired and to take rest. Those on the acute site have access to the “Project Wingman” services in the “First Class Lounge”. This continues to be funded by the Charity until June 2022

The ‘vaccination as a condition for deployment’ (VCOD) was unsettling for many staff, and requests were made for a variety of types of support including building CVs and interview practice for those who were decided on not being vaccinated; support for managers having to hold challenging conversations with staff; and those to whom the frustration at the law was directed. Support was provided in the form of open listening sessions; information, question and answer sessions; Schwartz Round; and critical incident stress debriefing.

Statutory and mandatory training

Especially during the pandemic, the majority of core and mandatory skills are delivered through the Trust’s new online training site “elev8”. The training modules and programmes are all tailored to meet the requirements of the organisation using software, voiceovers and videos to enable the e-learning to be interactive. The courses are visually engaging and are easily accessed by staff using the new system.

The Trust’s compliance target is 90%, and for five years it has hovered at the 80%-85% level. This was the case for last year, and it is thought that the pandemic may have hindered total engagement in the new system. Those who have logged into the new system are full of praise and the Trust is working on spreading this news.

In spite of the pandemic, the Trust continued to provide regular virtual corporate induction sessions throughout the year, to welcome and orientate new colleagues to the Trust. Induction includes key information such as the Trust’s values and objectives and specific information to prepare new starters to be an effective member of the Whittington Health team. Each induction starts with a personal welcome at the start from the chief executive and other executive directors.

Staff development

Whittington Health places great value on developing staff through courses, and during the pandemic, many of these were delivered virtually. In the last year, the following was delivered by in-house staff and partners:

- British Sign Language, both tasters and qualification courses
- Advanced Presentation Skills for those wanted to progress their careers
- I.CARE Career" to support career development, for which a workbook is available
- I.CARE Leadership Development" (NHS Elect)
- The Right Amount of Conflict" (NHS Elect)
- Team Culture" (NHS Elect)
- Affina Team Journey
- Coaching for individuals to support career development and working relationships
- Myers Briggs Type Indicator reports and feedback sessions to support team dynamics
- 360-degree feedback for individuals to understand how they impact on others and to support career development

Because of the impact of the pandemic on staff health and wellbeing, the Trust invited participants from across the organisation to become accredited 'critical incident stress debrief' (CISD) facilitators, and has recently trained a second cohort

Modern Slavery Act

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

Embracing equality, diversity and inclusion

Whittington Health serves diverse local communities across the population. This diversity is reflected in the profile of our patients and workforce and brings many benefits. Our overriding ambition is to be the employer of choice for local people in the very wide range of occupations and roles we provide and to reflect the local communities we serve at all organisational levels, particularly greater diversification in our senior roles.

The Trust remains committed to providing services and employment opportunities that are truly inclusive across all nine strands of equality: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or

belief, sex, and sexual orientation in accordance with the Equality Act 2010 and our public sector equality duties. Our mission remains to improve the health outcomes, access and experience of all of our patients, carers, visitors, volunteers and employees.

During the past financial year, we continued work following Professor Duncan Lewis's culture report. When reviewing a deep dive diagnostic report into performance on the workforce race equality standard, the Board endorsed the following vision statement for race, equality, diversity and inclusion which was produced by our staff equality networks:

"A place you want to come to, a place that's fruitful and abundant with joy and laughter. It's a safe and warm place that values and appreciates everyone's difference.

All staff, managers and leaders enable, empower and encourage colleagues, regardless of background to be their best and to give of their best.

It's a place where we celebrate together the wonderful nature of our diversity and work together to deliver on our ambition of high-quality patient care for the people in our locality and beyond".

In addition, Board members committed to a five-year plan to improve performance on equality outcomes. As part of that undertaking, in August 2021, the Trust made a joint appointment to the role of Director of Race, Equality, Diversity and Inclusion. This role provides strategic and operational direction to help deliver improved outcomes. Reporting to the Board's Workforce Assurance Committee, this function has achieved a great deal in a relatively short space of time in helping to embed equality in all that we do. A new Trust policy on equality of opportunity has been agreed and improvements have been evidenced against the Model Employer targets set for us by NHS England and Improvement on increased diversity in senior roles.

As part of Race Equality Week in February 2022, there were stimulating and enlightening sessions held for staff which covered issues such as wellbeing and compassionate leadership, staff development and fairer recruitment. Furthermore, staff welcomed the insight and feedback provided by senior colleagues who attended the Kings Fund's Allyship programme.

A business case was developed and agreed to help support our staff networks to flourish by providing facility time for the network chairs and a small budget for activities planned for the year. There are four networks which continue to develop: black and minority ethnic, LGBTQ+, WhitAbility and WhitWomen.

Care of patients with Sickle Cell disease

Whittington Health is part of the North Central London (NCL) Centre for Sickle Cell. The Trust provides medical care for patients with acute symptoms and who are

unwell and require urgent and emergency care. 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. Whittington Health has a In addition, a Sickle Cell Improvement Working group in place. It meets monthly with representation from the multidisciplinary team and departments. There are five key areas of focus at the Trust which are aligned with the recommendations within the inquiry. Our focus remains on making improvement across the Trust on the pathways and care for these patients.

Honouring Commonwealth and Windrush nursing
On 10 September 2021, the Trust was honoured to be chosen as the site for a statute dedicated to all the Commonwealth and Windrush nurses who have worked for our NHS across the country. The granite sculpture of a woman holding a baby outside the Whittington hospital in Holloway was erected after a three-year campaign and crowdfunding effort by the Nubian Jak Community Trust and its founder, Jak Beula.

See Me First
The See Me First initiative, designed to reflect the diversity of people working at Whittington Health and in the NHS, is wholly in line with our Trust values. It echoes the sentiment of Dr Martin Luther King Jr that people should 'not be judged by the colour of their skin, but by the content of their character' and has gone from strength to strength. By wearing the See Me First badge, staff send a message that we are an open, non-judgmental and inclusive organisation where our diverse workforce is

treated with dignity and respect. Staff are on board to enable colleagues to bring their authentic selves to work and to be their best. See Me First is included within corporate induction for new starters and by 31 March 2022, over 1,600 individual staff (1 in 3 of our workforce) had made a pledge to show their commitment. This initiative has been adopted by many other NHS organisations and was shortlisted for "Outstanding Achievement of the year" for the 2022 Black and Minority Ethnic National Health & Care Awards.

Disability Confident

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[1] 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[2]. 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.

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

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

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.

Allied Health Professionals Leadership Fellowship
In the last year, Whittington Health has invested in its Allied Health Professional (AHP) staff who provide system-wide care that spans all age groups. AHPs are the third largest workforce in the NHS and at Whittington Health make up approximately 20% of our staff and are embedded within all of our Integrated Clinical Service Units. It is recognised that AHPs, unlike nursing and medical profession have less structured career pathways. To help meet the increasing complex challenges facing the NHS it has recognised that we need to have professionally diverse leadership teams that include AHPs. With the support of Health Education England's Workforce Supply Strategy Implementation Project funding, we invested in an AHP Leadership Fellowship. The fellowship is a one-year programme with the aim to develop confident, competent, and compassionate leaders to act as role models and agents of change to transform person-centred services. The fellowship offers structured learning through courses provided by our internal teams and by NHS Elect, facilitated action learning sets, coaching and mentoring and Healthcare Leadership 360^0 evaluations.

Excellence in Medical Education

Undergraduate Medical Education

Whittington Health is committed to delivering the very best education and training to UCL medical students on their clinical placement. This has been particularly hard in recent years because of the pandemic. Unlike many other university students, clinical medical students need to be taught face to face for the most part.

In September 2020 the education team arranged the safe return of UCL medical students to clinical placement. For that academic year there were about 200 students and many of them worked tirelessly through the second wave January to March 2021 as paid health care professionals (Medical Support Workers) taking on many paid shifts and this was very much appreciated by the Trust. Despite having the lowest numbers of students compared to our larger neighbouring teaching hospitals (Royal Free and UCLH) of the top 5 students in years 4 and 5, five of the 10 students were in placements at the Whittington, evidencing the excellent outcomes from training in the Trust.

In September 2021 250 students were welcomed for the new academic year. They are staying for the whole year. The team have again revamped the curriculum paying attention to footfall and clinical experience whilst maintaining safety for students, staff and patients. Students had an induction that was the envy of students not placed at the Whittington. This has made them very much part of the team and end of module sign off shows that the Whittington is the only hospital, in both clinical years and in each module where the students feel wholly identified with and part of the trust.

This has all been positive because of active engagement of the Whittington Faculty working tightly with administrators. Feedback from students is good overall, despite their placements being often altered depending on service delivery.

Whittington Health had two consultant faculty receiving Excellence in Medical Education Awards from UCL (Dr CheeYee Loong and Mr Adrian O'Gorman).

Postgraduate Medical Education

It has been another very challenging year with further COVID-19 surges impacting on the medical education of doctors-in-training throughout the NHS. We remain incredibly grateful for the ongoing tirelessly work of our Whittington Health junior doctors in caring for our patients.

One of our proudest achievements this year were the good Whittington Health results in the GMC National Training Survey (NTS). This measures and compares the performance of all trusts across the NHS in providing support and training to junior doctors. Despite the huge demands of the pandemic, the Whittington Health results were excellent across many different specialties, with notably higher scores than most other trusts in London. There were scores in the highest national group across various domains in the Foundation doctors programme, Cardiology, Geriatrics, Paediatrics and Intensive Care Medicine. Of particular note, the performance of the Whittington

Health Imaging team was excellent They achieved either the national top score or a score within the top three across multiple domains, reflecting a training programme of the highest quality.

The PGME team continued our Whittington Health Postgraduate Medical Education (PGME) Star Awards. There were multiple nominations for our doctors-in-training working above and beyond usual practice across all specialties. For our Foundation doctors, our Medical Director presented these PGME Stars in an awards ceremony that became the first graduation ceremony that these young doctors had attended, following the huge disruption of the pandemic.

The Trust has continued to provide postgraduate medical education and teaching, in a blend of online, recorded webinars and face-to-face training. The Foundation School previously recognised that Whittington Health had restarted this teaching earlier than other local Trusts. They also approached the team to provide training for additional Foundation doctors and over the last year, there have been three extra F1 doctors working at Whittington Health, with a further programme of significant expansion over the next three years.

Over the last year, the Trust has been awarded additional funding from Health Education England (HEE) to further support education and training. For example, staff are using our Director for Medical Education Covid Recovery Fund for various initiatives, including training for new Educational Supervisors, Advanced Life Support training for doctors-in-training and to support human factors training. The team successfully bid for funding for access across the Trust to an evidence-based clinical resource and decision support tool (UpToDate). They also successfully bid for funding to support an innovative clinical procedural skills training project in intensive care and acute medicine.

The PGME team were again awarded funding from HEE to support the continuing professional development (CPD) of specialty and locally employed doctors in the Trust. Following the success of the Whittington CPD award scheme, which was set up in 2020-2021, this competitive scheme ran again. Applications were very high-quality and have been able to contribute towards eleven doctors undertaking clinical training courses including practical clinical skills and teaching courses, professional examinations, higher qualifications and Certificate of Eligibility for Specialist R Registration.

This last year has seen a significant change over in staff within the PGME team. However, they have continued to attract and recruit high quality colleagues and have established a very effective team. The Trust funded a Medical Education Co-ordinator to focus on supporting specialties, including Paediatrics, Obstetrics & Gynaecology and Childhood and Adolescent Mental Health. A part-time Study Leave Co-ordinator was appointed who has been very responsive to the needs of the trainees and very efficient in overseeing this complex process. Further, the team are delighted to have been able to attract and recruit skilled and able new Education Faculty members, including a new FY Simulation Lead with much experience in this field.

The PGME team are very aware that the well-being of both our doctors-in-training and our Faculty of Educators has been significantly affected by the rigors and

stresses of the last two years of the pandemic. In the coming year, they hope to support their recovery and build on our achievements, to further sustain and develop Whittington Health's reputation for excellence in postgraduate medical education.

COMMUNICATION AND ENGAGEMENT

Over the course of the year, we worked hard to ensure we communicated the latest, trustworthy health and wellness advice, information and guidance as quickly as possible. Obviously, this year was another dominated by the pandemic. We continued to provide up-to-date advice and information to our colleagues and the community about how to protect themselves and those they care for or about and in particular carried out a number of insight led internal communications bursts to encourage staff to receive all of their COVID0-19 vaccinations. This included organising a series of webinars led by subject matter experts from across the Trust who could answer any questions anyone might have in order to feel confident to receive the vaccine.

For our patients and the public, we supported national information campaigns supplemented with more detailed local information about how and where to get vaccinated.

Thankfully towards the end of the year, saw the number of cases decline, thanks to high rates of vaccination and new treatments developed thanks to research – some of which took place here at Whittington Health. At this point we supported the efforts to reduce the number of people waiting for planned care and continued to keep our patients and community updated about the hard work our staff are doing to treat everyone waiting for care as quickly and safely as possible.

We maintained a key focus on supporting our Caring for Those Who Care Programme which aims to deliver a culture across the Trust where everyone feels valued and included and everyone's voice is heard. This undoubtedly contributed to scores Whittington Health received in the annual NHS staff survey. Despite our colleagues living through the toughest period of their professional lives we continued to see above average scores for employee engagement overall.

Through the challenges presented by the pandemic, we also continued to support the Trust to engage with patients and service users where long-term changes to services were planned to ensure that their voices are at the heart of our decision making. This included launching a major consultation on plans to develop a new Integrated Health Hub alongside NHS and Local Government Colleagues in the heart of Haringey which saw us writing out to thousands of patients and local residents to seek their views to help us to shape this new activity.

We have strived to keep our local primary care colleagues up to date with any operational and clinical changes during COVID-19 and beyond. We have achieved this using the "traffic light system" for services via the Trust website (green = full service in operation, amber=amended services available, red= service paused). We produce a quarterly GP newsletter called GP Connect keeping GPs aware of any developments in services, to celebrate successful working together and to announce any changes.

Overleaf, is an infographic on what the communications and engagement team completed last year.

What we did last year:

748

Tweets

717
New Followers

207,500
The average number of times our tweets were seen each month

17,400
People Visited our Twitter profile each month

Our most viewed tweet of the year

215

Facebook Posts

771,000
People were reached by our Facebook posts during the year.

4,735
New Followers

17,400
People Visited our Twitter profile each month

Our most viewed Facebook post of the year

26
Web News Stories.

97
Internal intranet News Stories

4
Commercial Film Shoots - generating income

62,300
Views of our Videos on Vimeo

INFORMATION GOVERNANCE AND CYBER SECURITY

Information Governance (IG) is to do with the way organisations process or handle information. Cyber Security relates to the precautions the Trust takes to secure and protect the information it holds. The Trust takes its responsibilities to protect confidential data seriously and over the last five years has made significant improvements in many areas of information governance and cyber security, including technical security, data quality, subject access requests, freedom of information and records management.

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

During the year the Trust implemented an improvement plan to achieve DSP Toolkit compliance and to improve compliance against other standards. The deadline for the 2021/22 Toolkit is 30 June 2022.

All staff are required to undertake IG training which includes a cyber security component. In 2021/22, the Trust reached an annual peak of 84% of staff being information governance training compliant. As of 31 March 2022, the Trust's compliance figure was 84%. Two reviews by our internal auditors into the cyber security and the DSP had favourable outcomes of significant assurance with minor improvements recommended as evidence of sound arrangements put in place.

Compliance rates and methods to increase them are regularly monitored by the IG Committee. The IG department continues to promote requirements to train and targets staff with individual emails, includes news features in the weekly electronic staff Noticeboard and manages classroom-based sessions at induction.

Further details relating to information governance incidents in the last year are referenced in the annual governance statement.

INFORMATION MANAGEMENT AND TECHNOLOGY DEVELOPMENTS

Having completed the Global Digital Exemplar programme in the preceding year the last year has seen Whittington Health optimise and embed additional functionality as well as extend this to additional services for example the introduction of Clinical Noting in Paediatric Nursing and electronic handovers in Maternity.

The Trust has continued to invest and develop the Information Technology infrastructure to support the enhanced model of remote working and service provision that has become more prominent since the start of the Covid pandemic. This investment has enabled the flexibility in the IT infrastructure to support a hybrid model of home an office working. There has been a significant roll out of devices to support an increasingly mobile workforce. More vital system upgrades have been done to provide a reliable and resilient IT infrastructure to support the Trust's clinical services both in acute and community settings.

In view of the ongoing cyber threats that face healthcare organisations and beyond Whittington Health has continued to ensure best practice is maintained whilst undertaking a number of audits and assessments to ensure that the IT infrastructure is resilient to any malicious attacks. The reviews have included an assessment of current technology and the support available and where issues have been identified and plans for remedial action have been implemented or are underway.

Whittington Health commenced the onboarding process to the North London Partners Population Health analytics platform HealtheIntent which will see the Trust sharing data to this system and having access to healthcare information from different sources to enable clinicians to manage and plan care for patients and patient groups.
Health care professionals directly involved in a patient's care will be able to view a patient's joined-up record, showing information collected by different providers over time.

The implementation of virtual smartcard to enable real-time access to patient records has extended to more services within Children and Young people (CYP) as well as Adult Community Services (ACS).

The myCOPD application has been introduced to support patients in the community. This has enabled patient self-management, expert education, inhaler technique training and a complete pulmonary rehabilitation course on smartphones or tablets.

Finally, the use of CareFlow Connect has been extended to external partners such as the London Borough of Islington and London Borough of Haringey to support safer discharge planning.

To improve our governance, track progress and increase innovation, we have set up a new Innovation and Digital Group at executive level and Assurance Committee and board level.

ESTATE

Maternity and Neonatal Buildings

The Trust is fully committed to updating and improving the clinical services within the existing Maternity and Neonatal (M&N) Unit at the Whittington Hospital for the benefit of the local community. This has been a priority of the Trust for many years now and has been the subject of a number of previously worked up proposals. Investment in our maternity and neonatal services is currently the Trust's top priority under its Estates Strategy (2020).

The Trust has a clear strategy for our estate:

"To provide high quality, patient and staff focussed environments that support our vision to help local people live longer healthier lives"

Our strategy makes sure that we can deliver the right care in the right place and in the right environment both now and in the future, to deliver our vision of "Helping local people live longer healthier lives".

The current Maternity and Neonatal Unit located within Blocks D, E, N and P is not compliant with modern healthcare standards and requires substantial updating and refurbishment. The existing facilities are congested and do not meet patient or staff expectations of facilities for 21st century healthcare provision. For example, there is insufficient space for parents to sit alongside cots in the neonatal unit, there are currently no ensuite facilities to the Labour Ward delivery rooms, there are no dedicated bereavement facilities, and a significant proportion of inpatient beds are in bays with no ensuite facilities. In addition, there are unnecessary and unwanted clinical and patient crossovers and flows within the Unit, and adjacencies are sub-optimal with no flexibility to increase the capacity of the Unit should the need arise.

RIBA Stage 2 concept plans were worked up by our architects, Ryder, in Q3 2021 and a costed programme of works was prepared for approval. The Business Case for funding of phases 0 and 1 of a five-phase construction programme for the M&N Project was submitted to the Executive Board and approved in November 2021. Since November, the architect and design team have commenced the RIBA Stage 3 design work with a number of individual departments within the M&N service on general floor layouts, detailed room layouts and construction phasing. In parallel to this design work, the architect and design team have progressed pre-planning application discussions with the London Borough of Islington with a view to submitting a planning application in Q2 for approval in Q4 2022.

In tandem with the design work on the M&N Project, the Estates Department have run a Procure22 tendering process for the selection of a Principal Supply Chain Partner (PSCP) which concluded in Q1 2022 with the selection of Graham Construction as the PSCP. The Trust will now seek to establish a long-term working relationship with Graham Construction for the design and construction of a number of major construction projects on the Acute site which, in addition to the M&N Project, including a fire remediation project, power infrastructure project and backlog maintenance projects. These construction projects will be run concurrently and are likely to take a period of seven years to complete.

Tynemouth Road

This year saw a huge step towards our longer-term vision for estates and services in the community. Our aim is to create fewer but more easily accessible hubs aligned to localities, and to create a single children's hub in each borough. After a detailed and praised consultation with the public, we began and completed a transformation of the community site at Tynemouth Road. This now operating as the children's hub for Haringey and is seen by staff and patients alike as a wonderful improvement on the previous buildings at St Ann's Hospital.

Wood Green Community Hub

Another part of the plan for our longer term vision, is to create a hub in Wood Green, hopefully to work alongside the Community Diagnostic Centre at the Wood Green Shopping City. This year has seen continued negotiations and design work with the landlord of the shopping centre to see what options may be possible. In addition, a full consultation with the public is now underway.

SUSTAINABILITY

The United Nations describes climate change as “the defining issue of our time”. Climate change is a long-term shift in global and regional climate patterns, specifically relating to the increased level of atmospheric carbon dioxide produced from the use of fossil fuels. It is a risk to health at both the national and global level. As a provider of healthcare and as a publicly funded organisation, our Trust is committed to ensuring the long-term sustainability of the natural environment to deliver sustainable healthcare and to safeguard human health. By ensuring we utilise environmental, financial and social assets in a sustainable manner, we will continue to help local people live longer, healthier lives even in the context of rising utility costs.

In response to the developing crisis, the UK has set a legally binding target under the Climate Change Act 2008 to reduce emissions to reach Net Zero carbon by 2050. In the UK, approximately 20% of carbon emissions arise from energy use in buildings. At present, this is split roughly evenly between emissions for electrical power and heating, however, the UK’s electricity grid is decarbonising quickly, as reliance on fossil fuels for power generation is reduced and renewable forms of generation are increasingly installed. In 2021, the UK government committed to fully decarbonising the electricity system by 2035. This means that the major challenge for PSBs to reach net zero for direct emissions will be the decarbonisation of heat which is still predominantly provided by combustion of fossil fuels such as natural gas and heating oil.

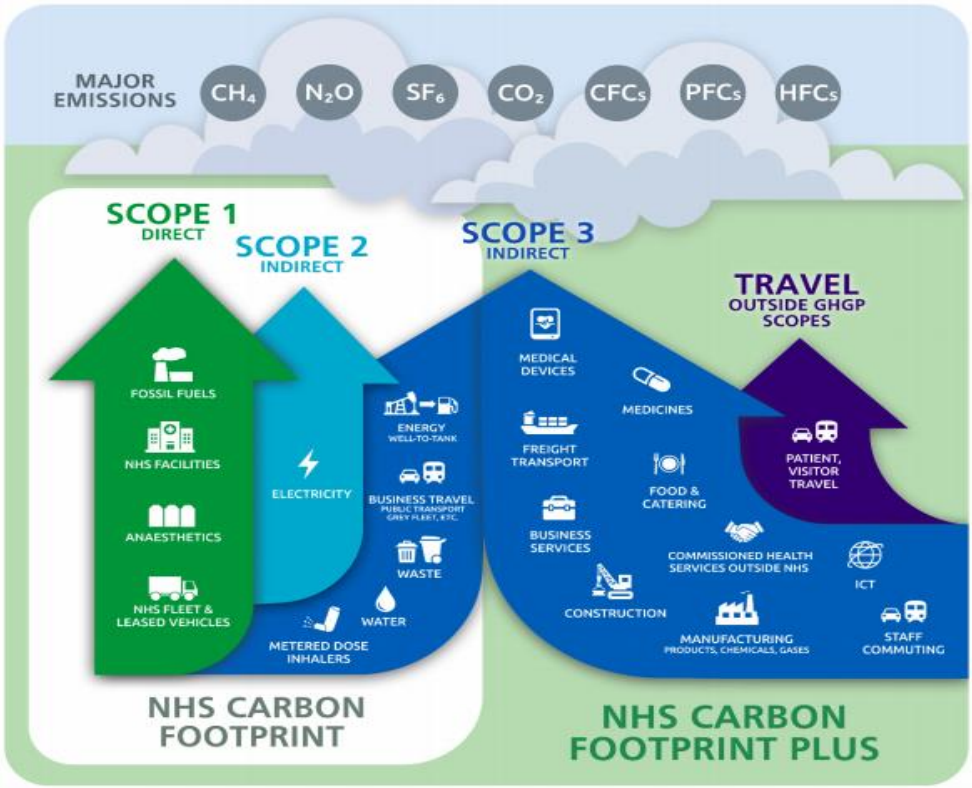


Figure 1: NHS Carbon Footprint scope definition (Delivering a 'Net Zero' National Health Service, 2020)

In January 2020, the CEO of the NHS, Sir Simon Stevens, launched the campaign *For a Greener NHS* which outlines a practicable, evidence-based route to a Net Zero National Health Service. The roadmap he set out includes the following targets:

- Net zero by 2040 for the *NHS Carbon Footprint*, with an ambition for an 80% reduction by 2028 to 2032
- Net zero by 2045 for the *NHS Carbon Footprint Plus*, with an ambition for an 80% reduction by 2036 to 2039.

Whilst it is clear that there is an enormous challenge for the Trust to reach the targets set out by *Greener NHS*, Whittington Health recognise that the most significant immediate challenge to reach net zero for our NHS Carbon Footprint is the decarbonisation of heat use in our buildings. It is for this reason that the Trust has completed its own Green Plan and has utilised low carbon skills fund funding to develop a Heat Decarbonisation Plan. It is crucial to take steps now to assure that the Trust not only meets these net zero targets but is at the forefront of sustainability within the healthcare sector.

Our Plan

Our Green Plan outlines the national and local context of sustainability within the healthcare sector, discusses how sustainability aligns with our organisational vision and details how we intend to embed sustainability across our organisation. Key aims of the Green Plan are:

- An improved approach to monitoring and reporting sustainability Key Performance Indicators (KPIs)
- A qualitative assessment of our performance in a number of key *Areas of Focus* (as defined by the Sustainable Development Unit (SDU))
- A defined set of actions to progress the Trust's sustainable development
- An appraisal of the potential risk and opportunities associated with our wider sustainability strategy

Historically at Whittington, we have taken a holistic approach to sustainability with a broad focus on energy reduction, tackling waste, improving local air quality and promoting green space. Whilst we will continue to ensure these areas are driven forward, we recognise that the scale of the challenge set out within the targets outlined above will mean that our primary focus for the future must be the drive to reach net zero for both emissions we can control (NHS Carbon Footprint) and those which we can influence (NHS Carbon Footprint Plus). Up until this point, our focus has primarily been on reducing our direct (Scope 1 & 2) emissions. However, as shown in Figure 2, a greater proportion of our total emissions are likely to originate from our supply chain. As such, our primary initial focus will be quantification of our NHS Carbon Footprint Plus for which we are currently collating data.

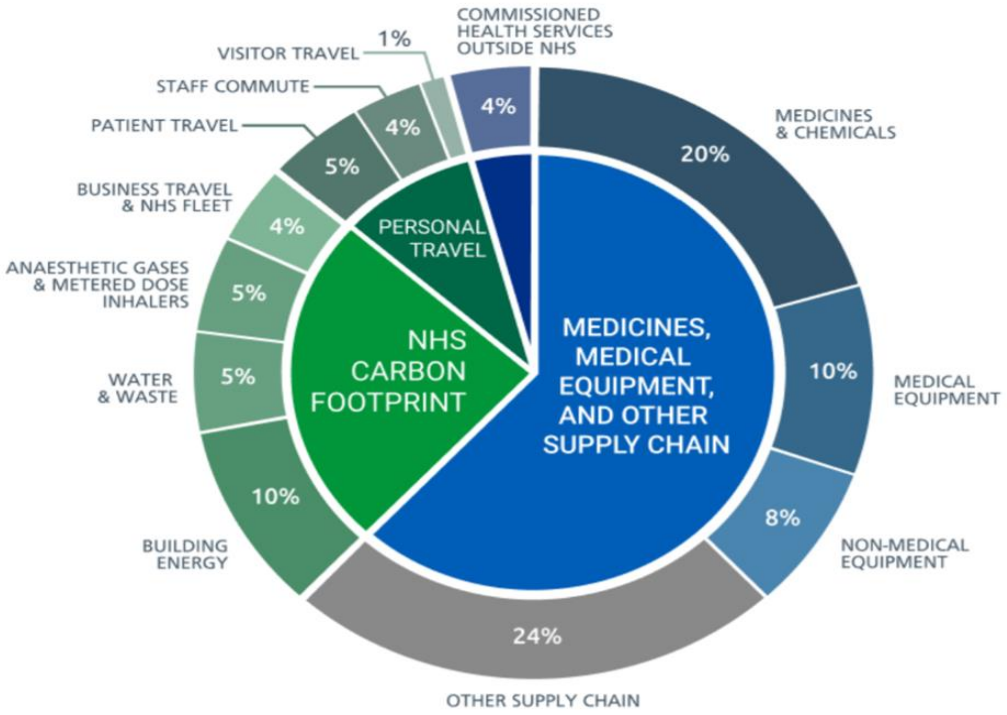


Figure 2: NHS Average Emissions Breakdown by Source

Carbon Impact

Teams across our Trust have been focused on reducing our direct emissions for many years. Figure 3 shows that to-date, we have reduced emissions by almost ⅓ (27% reduction) since our baseline year 2016/17. This has been driven by efforts to reduce energy consumptions and significantly by decarbonisation of the electricity grid. It should be noted that we have not been able to collate data necessary to quantify the impact of Metered-Dose Inhalers (MDIs) or the emissions from business travel (public transport and grey fleet). There was a slight increase in gas usage between 2020/21 and 2021/22 due to the relaxation of Covid-19 Guidelines allowing more staff and visitors to return to the hospital in the past year.

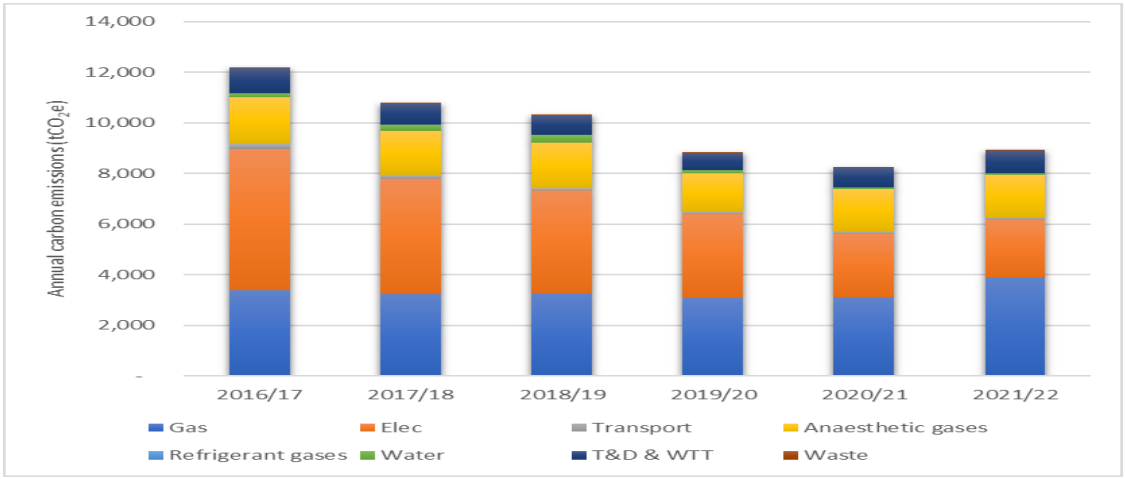


Figure 3: Annual NHS Carbon Footprint Emissions (MDIs & Business Travel Data Missing)

The positive trend shown in Figure 3 was influenced by the Trust's ongoing investment in energy efficiency and carbon reduction projects. In 2020, the second phase of an LED lighting project, for which the Trust successfully bid for funding from NHS Improvement, was implemented in multiple areas of the acute hospital. Inefficient fluorescent and halogen fittings in the Kenwood Wing, H block and the Jenner building were replaced with low energy LED alternatives. This project reduced our annual carbon impact by 200+ tCO_2e p.a. Following the success of this work, the estates team are investigating the potential for further rollout of LED lighting in other areas including A & L blocks and in community health clinics.

The Trust also invested in replacing secondary heating plant equipment in K block and improving the controls to this equipment to enable optimisation. Additionally, we replaced aged, inefficient boiler plant in several of our community sites with high efficiency alternatives. This reduced our gas consumption, saving 24 tCO_2e p.a. Looking forward, the Trust is planning a review of the hospital's long-term energy strategy to identify how to best supply utilities to the acute site in line with the estate transformation plans. We also have plans to improve our data collection and analysis process to incorporate a broader range of emissions sources as outlined in the NHS Carbon Footprint shown in Figure 1.

It is critical that we accurately account for all emissions sources included within the NHS Carbon Footprint (Figure 1). This means that we must develop robust methods for collecting data for MDIs and business travel.

We also recognise that although our historic performance has been good, a large contribution has been made by the reduction in carbon intensity of grid electricity. We cannot rely on the rate of grid decarbonisation to continue indefinitely and thus must develop our own roadmap to ensure we achieve our ambition for emissions reductions We have selected a baseline year of 2016/17 for our reduction targets as this is the earliest year for which we have high quality data. Our targets for NHS Carbon Footprint reductions are:

- 40% reduction by 2025
- 80% reduction by 2032
- Net Zero by 2040

Another key impact area for the Trust is our estate strategy, a key element of which involves a significant refurbishment of our Maternity & Neonates building. From the outset, we must incorporate Net Zero concepts into the design of our future estate.

Emissions from energy use currently represents 77% of our total NHS Carbon Footprint. On this basis, reducing energy consumption and transitioning to lower carbon technologies will be a key element of our pathway to achieving our reduction targets.

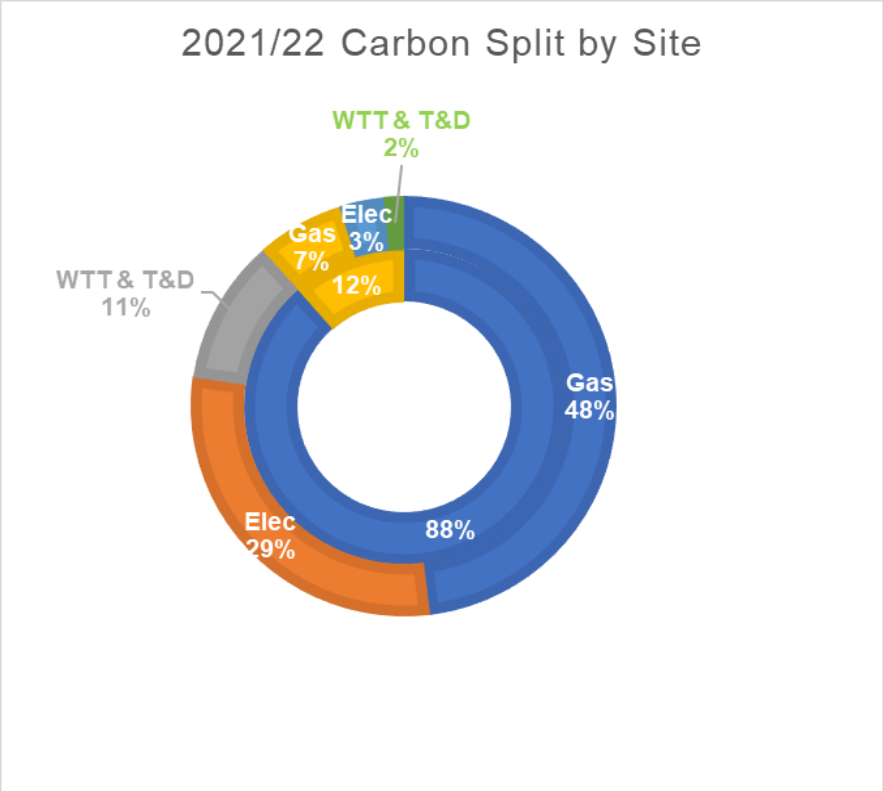


Figure 4: Breakdown of Emissions for Building Energy Use 2021/22

Figure 4 shows that in 2021/22, 88% of our energy-related emissions were from our acute site - Whittington Hospital. Gas consumption drives the greatest portion of emissions at 48% across the estate, with electricity at 29% and the remaining arising from Well-To-Tank (WTT) and Transmission & Distribution (T&D). With more renewable energy being fed into the electricity grid and a reduced reliance on fossil fuels for power generation, we can expect gas to make-up an ever-increasing proportion of our NHS Carbon Footprint. Eliminating the use of natural gas for heating our estate is a key long-term step to reaching net zero.

We have been successfully reducing our emissions from energy since 2016 through; specific sort and long-term plans for reducing demand, seeking out diverse funding options for improving energy efficiency and regularly assessing the energy efficiency of buildings.

The Trust could improve our energy management through continuation of our smart meter and AMR rollout programme and by implementing a system to automatically monitor consumption and identify opportunities to make savings. We also need to work harder to educate and engage our workforce to make behavioural changes which will reduce demand for energy across our estate.

Additionally, it is critical that we understand the capital and operating cost impact of decarbonising heat in our buildings. To support this, we successfully secured grant funding from the Low Carbon Skills Fund (LCSF) to engage carbon experts to survey our buildings and develop Heat Decarbonisation Plans. This was completed at the end of March 2022.

Another area we intend to focus on is the long-term strategy for providing energy to Whittington Hospital. This is being reviewed in conjunction with our wider estate strategy programme.

Waste management

Despite the challenging circumstances of the pandemic, the facilities' waste team continued to drive improvement through Whittington hospital's in-house recycling centre. Having built upon the success of previous years in which the main hospital became a zero waste to landfill site, the proportion of total waste recycled has been maintained at approximately 30%. This is a significant achievement given that there was an enormous increase in clinical waste from the use of necessary personal protective equipment which needs disposal through incineration. The facilities' team also maintained the practice of baling and storing cardboard waste on-site until there is enough to fill a whole waste consignment. This minimises transport and external labour costs, as well as reducing the associated road miles. Figure 5 below shows the breakdown of the main hospital's waste streams last year.

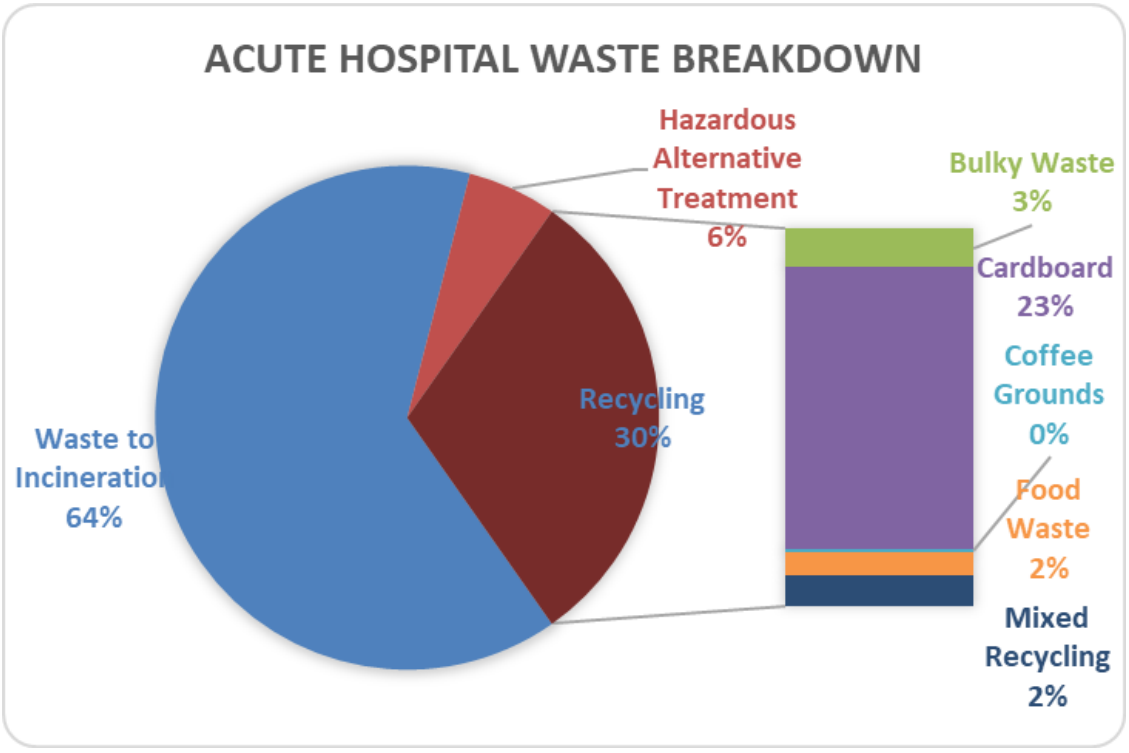


Figure 5: Whittington Hospital Waste Breakdown by Stream

Looking forward, we will focus on continuing to drive down total waste production whilst increasing the proportion sent for recycling. The Trust will also focus on improving the tracking of waste generation and recycling rates across our community sites.

Water use

Whittington Health Trust is aware that although it may not appear to be critical at present, water scarcity is a growing concern in the UK. In 2019, the Chief Executive of the Environment Agency predicted that with the impact of climate change and a

rising population, the UK may not have sufficient water to meet its needed in as little as 20-25 years. We are also aware that the supply and distribution of water has an intrinsic carbon cost which adds to the Trust's supply chain emissions. As a significant consumer of water, we recognise that we need to take action now to mitigate these risks.

Figure 6 shows that overall the site has reduced its water usage from 2016/17 to 2020/21 by 11% where the low consumption in 2020/21 arose due to the pandemic where fewer staff and visitors came to site. There was a rise in consumption from 2017/18 reaching nearly 300,000 m^3 in 2018/19. This resulted from a leak which went unidentified for several months. The reason it took so long to identify the issue was due to a lack of regular data monitoring on site which further emphasises its importance in identifying abnormal consumption quickly.

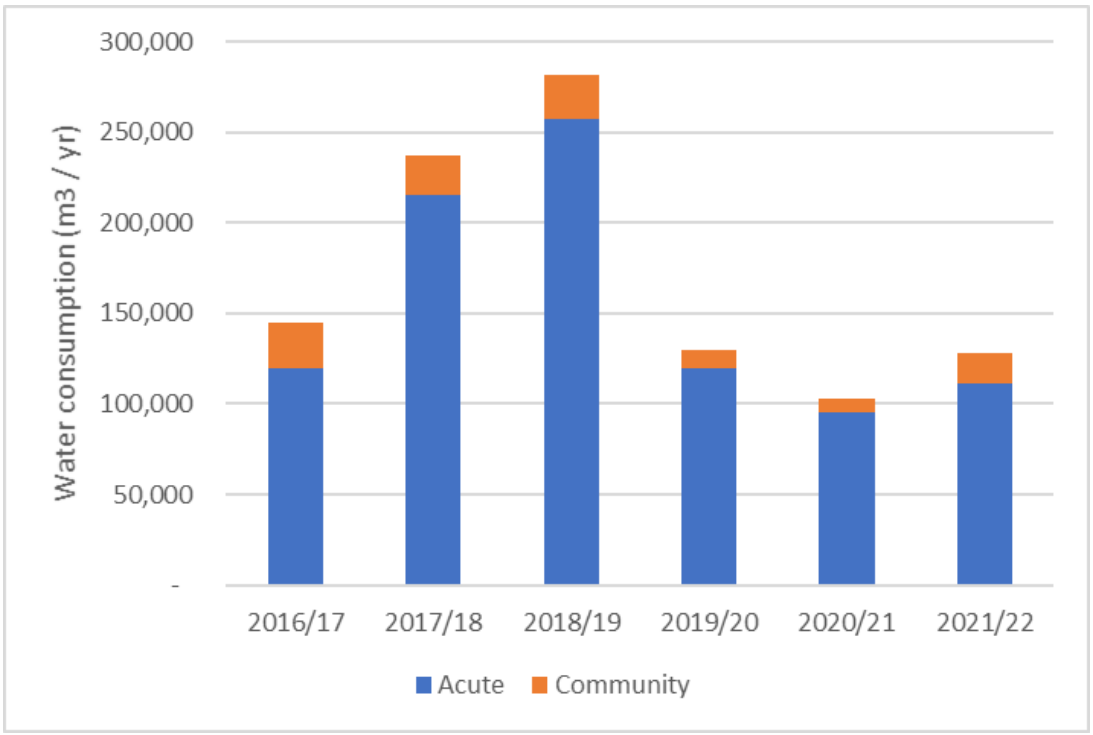


Figure 6: Site Water Consumption from 2016-2022

It is necessary to educate staff and patients about their role in water usage. Campaigning and raising awareness of the issue is a positive way of reducing waste at the point of use.

Procurement

We continue our commitment to reduce the wider environmental and social impact associated with the procurement of goods and services, in addition to our focus on carbon. Following completion of the SDU's Sustainable Development Assessment Tool, we have identified a number of areas where we can look to improve the sustainability of our procurement practices. Examples include investigating the financial impact of purchasing green energy, the inclusion of sustainability specific criteria within tenders for goods & services and improved data capture to enable tracking of the carbon impact of our supply chain. Furthermore, we have recently conducted an in-depth review of our current utilities procurement contracts and are now considering options for the future to ensure that, going forward, we receive a cost-effective, high-quality service that will not be at odds with our sustainability goals.

Travel & logistics

The Trust is engaged in a collaborative relationship with Islington Council to improve sustainable transport within the borough. We have a clear focus on greener travel with the intended aim both of reducing the carbon footprint of our business operations and supply chain and to improve the air quality of the local area.

Whittington operated a total of 13 electric fleet vehicles primarily for the purpose of business travel between community sites. This represents more than 50% of the Trust's vehicle fleet. Some larger petrol/diesel powered vehicles are retained for functions such as security and pharmaceutical deliveries. Business travel by car is conducted with the electric pool cars wherever possible. This has been facilitated through the Trust's investment of 6 electric vehicle (EV) charging points on the acute site, as well as several others across the community sites. In addition to our EVs, the Trust issued approximately 370 oyster cards to community staff to encourage the use of public transport instead of journeying by petrol/diesel cars.

In line with our clinical strategy, the estate strategy will reduce the number of locations we deliver clinical services from, ensuring they are demographically positioned to serve our community more efficiently. This will reduce the travel times of our patients and staff, therefore reducing the carbon impact of all associated journeys made.

Covid-19 impact

Throughout the previous financial year, the impact of the Covid-19 pandemic had a profound impact on the Trust's ways of working and the breadth and nature of care we deliver. Although the extent and duration of the effects will not be fully understood for some time, it is clear there will be a knock-on effect on our sustainability agenda. The pandemic and our response to it, will inevitably present challenges, particularly relating to our capacity to deliver energy efficiency and environmental improvement projects whilst maintaining priorities such as staff wellbeing and allocation of finances. However, the situation may also present some opportunities in the longer-term such as highlighting how different working practices can reduce energy, water use and the need to travel. As a Trust, we recognise the importance of ensuring our sustainable development commitment is not discarded as a result of the pandemic and that we

identify and make positive use of any opportunities that it may present in relation to sustainability.

EMERGENCY PREPAREDNESS

Whittington Health participated in the annual Emergency Preparedness, Resilience and Response (EPRR) assurance process led by NHS England. The core standards for EPRR are set out for NHS organisations to meet. The Trust's annual assessment was completed on 19 October 2021 by the North Central NHS England Assurance Team. The EPRR assurance requirements stipulated those providers self-assess compliance against the NHS Core standards.

SELF ASSESSMENT- SUBSTANTIALLY COMPLIANT: EPRR and CBRN (chemical, biological, radiological and nuclear) **2021** assurance outcome in accordance with standards achieved in 2019. The one amber score pertained to data protection and information governance.

NHS England Core Standards	Core Standards total	Assessment outcome Red	Assessment outcome Amber	Assessment outcome Green
EPRR	55 (1-55)	0	1	54
CBRN	14 (56-69)	0	0	14

In 2021, NHS England and Improvement decided to conduct a deep dive into *Oxygen Supply.* The organisation showed very good progress towards being fully compliant. The area of improvement related to the Health Technical Memorandum HTM02-01 Part B.

CONCLUSION TO THE PERFORMANCE REPORT AND STATEMENT OF FINANCIAL POSITION

The above document represents the performance report and statement of financial position of Whittington Health for the financial year 2019/20. As the CEO I believe this represents an accurate and full picture of the Trust for the year.

Signed .....Chief Executive

Date: June 2021

ACCOUNTABILITY REPORT

Members of Whittington Health's Trust Board

Non-Executive Directors

Julia Neuberger, Naomi Fulop, Amanda Gibbon, Tony Rice, Anu Singh, Glenys Thornton, Rob Vincent, Junaid Bajwa,

Directors

Siobhan Harrington, Kevin Curnow, Clare Dollery, Norma French, Jonathan Gardner, Carol Gillen, Sarah Humphery, Michelle Johnson. Tina Jegede*, Swarnjit Singh*
*joined 1 September 2021

Membership of board committees

The following committees reported to the Board:

Audit and Risk Committee

Non-Executive Directors: Rob Vincent, Amanda Gibbon, Naomi Fulop

Charitable Funds' Committee

Non-Executive Directors: Tony Rice, Julia Neuberger, Amanda Gibbon
Executive Directors: Kevin Curnow, Clare Dollery, Jonathan Gardner, Siobhan Harrington, Michelle Johnson

Finance & Business Development Committee

Non-Executive Directors: Tony Rice, Naomi Fulop, Amanda Gibbon, Rob Vincent (estate issues)
Executive Directors: Kevin Curnow, Carol Gillen, Siobhan Harrington, Jonathan Gardner

Innovation, Digital and Transformation Assurance Committee

Non-Executive Directors: Junaid Bajwa, Tony Rice
Executive Directors: Jonathan Gardner, Kevin Curnow

Quality Assurance Committee

Non-Executive Directors: Naomi Fulop, Amanda Gibbon, Glenys Thornton
Executive Directors: Michelle Johnson, Clare Dollery, Carol Gillen

Remuneration Committee

Non-Executive Directors: Julia Neuberger, Naomi Fulop, Amanda Gibbon, Tony Rice, Anu Singh, Glenys Thornton, Rob Vincent

Workforce Assurance Committee

Non-Executive Directors: Anu Singh, Glenys Thornton, Rob Vincent
Executive Directors: Kevin Curnow, Norma French, Michelle Johnson, Carol Gillen

Non-executive director appraisal process

The chairman and non-executive directors annually evaluate their performance through appraisal and identify any areas for development. The appraisal of the non-executive directors is carried out by the chairman.

Trust Board of Directors' declarations of interest

In line with the Nolan principles of public life, Whittington Health NHS Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish a register of interests which draws together declarations of interests made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests in respect of specific items on the agenda. The declarations for 2021/22 are shown below:

Voting member	Declared interests during 2021/22
Baroness Julia Neuberger DBE, Trust Chair and Non-Executive Director	‣ Independent, Cross Bench Peer, House of Lords ‣ Chair, University College London Hospitals NHS Foundation Trust ‣ Vice-Chair, University College London Health Alliance Board ‣ Chair, Independent Age ‣ Occasional broadcasting for the BBC ‣ Rabbi Emerita, West London Synagogue ‣ Trustee, Walter and Liesel Schwab Charitable Trust ‣ Trustee, Van Leer Group Foundation ‣ Chairman, Van Leer Jerusalem Institute ‣ Trustee, Rayne Foundation ‣ Vice President, Jewish Leadership Council ‣ Consultant, Clore Duffield Foundation ‣ Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Siobhan Harrington, Chief Executive	‣ Local Care lead, North Central London Integrated Care System Board ‣ Member, University College London Health Alliance Board ‣ Chair, North Central London People Board <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Daughter-in-law is employed by Whittington Health's Pharmacy department ‣ Son is employed by the Islington re-ablement service
Kevin Curnow, Chief Finance Officer	‣ Chair, Whittington Pharmacy, Community Interest Company

	Conflicts of interests that may arise out of any known immediate family involvement • Nil
Dr Clare Dollery, Medical Director	• Medical lead (secondary care) North Central London Integrated Care System • Medical Director, University College London Healthcare Alliance Board Conflicts of interests that may arise out of any known immediate family involvement • Nil
Professor Naomi Fulop, Non-Executive Director	• Honorary contract, University College London Hospitals NHS Foundation Trust • Professor of Health Care Organisation & Management, Department of Applied Research, University College London • Trustee, Health Services Research UK (Charitable Incorporated Organisation) • Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement • Nil
Amanda Gibbon, Non-Executive Director	• Personal shareholdings in Merck and AstraZeneca • Member, Human Tissue Authority • Chair, RareCan Limited (start-up company looking to recruit patients with rare cancers to promote research into their disease areas. This post is currently unremunerated, and the company has not yet begun trading) • Lay member, NHS Blood and Transplant's National Organ Donation Committee • Trustee, Whittington Health Charity • Associate Non-Executive Director, Royal Free London NHS Foundation Trust • External member of the Audit and Risk Assurance Committee of the National Institute of Clinical Excellence Conflicts of interests that may arise out of any known immediate family involvement • My four (adult) children each have personal shareholdings in GlaxoSmithKline
Carol Gillen, Chief Operating Officer	• Non-Executive Director, Whittington Pharmacy Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement

	• Nil
Michelle Johnson MBE, Chief Nurse & Director of Allied Health Professionals	• Trustee on Board of Roald Dahl Marvellous Children's Charity • Independent member of NHS Professionals' Quality Committee • Chief Nurse, Camden & Islington NHS Foundation Trust <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Son and daughter are volunteers at Whittington Health
Tony Rice, Non-Executive Director	• Senior Independent Director (Non-Executive Director), Halma Plc • Chair, Ultra Electronics • Chair of Maiden Voyage Plc • Chair of Shields Environmental Plc • Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Anu Singh, Non-Executive Director	• Non-Executive Director at Parliamentary and Health Service Ombudsman • Non-Executive Director at Camden and Islington Foundation Trust & Barnet, Enfield & Haringey Mental Health NHS Trust • Member of NDPB Committee on Fuel Poverty • Non-Executive Director Designate Board Member at South East London and Birmingham & Solihull Integrated Care Boards • Independent Chair, Lambeth Safeguarding Adults Board <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Husband is a volunteer in the Haringey Improving Access to Psychological Therapies service
Baroness Glenys Thornton, Non-Executive Director	• Member of the House of Lords, Opposition Spokesperson for Health and Women and Equalities • Member, Advisory Group, Good Governance Institute • Chair and Trustee, Phone Co-op Foundation for Co-operative Innovation • Chair, Advisory Board of Assistive Healthcare Technology Association • Senior Associate, Social Business International • Senior Fellow, The Young Foundation

	‣ Council Member, University of Bradford ‣ Emeritus Governor, London School of Economics ‣ Trustee, Roots of Empathy UK ‣ Patron, Social Enterprise UK ‣ Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Rob Vincent CBE, Non-Executive Director	‣ Director, New Ing Consulting ‣ Chair, Kirklees Cultural Education Partnership ‣ Trustee, Whittington Health Charity ‣ Associate Non-Executive Director, University College London Hospitals NHS Foundation Trust Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Non-voting members	**Declared interests during 2021/22**
Junaid Bajwa, Associate Non-Executive Director	‣ Chief Medical Scientist, Microsoft ‣ Essential Guides UK Limited (Shareholder, GP locum services and educational work) ‣ Merck Sharp and Dohme (shareholder and ex-employee) ‣ NHS England (GP appraiser) ‣ GP, Operose Health ‣ Non-Executive Director, University College London Hospitals NHS Foundation Trust ‣ Non-Executive Director, Medicines and Healthcare products Regulatory Authority ‣ Non-Executive Director, MedicaGroup Plc ‣ Governor, Nuffield Health ‣ Non- Executive Director, Nahdi Medical Corporation ‣ Non- Executive Director, eConsult ‣ Non- Executive Director, Visionable ‣ Visiting Scientist, Harvard School of Public Health ‣ Associate Professor, University College London Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Norma French, Director of Workforce	‣ Director of Workforce, North Central London Integrated Care System Conflicts of interests that may arise out of any known immediate family involvement ‣ Husband is a Consultant Physician at Central & North West London NHS Foundation Trust

	‣ A son is employed as a Business Analyst in the Procurement department at Whittington Health ‣ A son is employed through Bank Partners in the Research team
Jonathan Gardner Director of Strategy and Corporate Affairs	‣ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Dr Sarah Humphery, Medical Director – Integrated Care	‣ GP Partner Goodinge Group Practice, Goodinge Health Centre, 20 North Road, London N7 9EW: General Medical Services ‣ The Goodinge Practice is part of WISH, the GP service in the Whittington Health emergency department and also the Islington N1 Primary Care Network <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Tina Jegede, Joint Director of Race, Equality, Diversity and Inclusion and Lead Nurse, Islington Care Homes	‣ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil
Swarnjit Singh, Joint Director of Race, Equality, Diversity and Inclusion and Trust Secretary	‣ Secretary to the University College London Health Alliance Board ‣ Secretary to the University College London Health Alliance Chief Executive's Group ‣ Management Side Co-Chair of the Equality, Diversity, and Inclusion subgroup of the NHS Staff Council ‣ Trustee and Board member of a learning disability charity, CASPA, (Children on the Autistic Spectrum Parents Association) in Bromley <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Nil

REMUNERATION AND STAFF REPORT

The salaries and allowances of senior managers who held office during the year ended 31 March 2022 are shown in Table 1 below. The definition of 'Senior Managers' given in paragraph 3.71 of the Department of Health Group Accounting Manual (GAM) 2021/22 is: …. persons in senior positions having authority or responsibility for directing or controlling major activities within the group body". For the purposes of this report, senior managers are defined as the Chief Executive, Non-executive Directors and Executive Directors, all Board members with voting rights.

Salaries and allowances 2020122

Name & Title	Salary and fees (bands of £5,000)	Taxable benefits (total to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	Pension–related benefits (in bands of £2,500)	Total (in bands of £5,000)
	£000	£00	£000	£000	£000	£000
Non-Executive						
Julia Neuberger	40-45					40-45
Anu Singh	10-15					10-15
Tony Rice	10-15					10-15
Amanda Gibbon	10-15					10-15
Naomi Fulop	10-15					10-15
Gleny (Dorothea) Thornton	10-15					10-15
Rob Vincent	10-15					10-15
Junaid Bajwa	10-15					10-15
Executive						
Siobhan Harrington - Chief Executive	185-190				25-27.5	215-220
Kevin Curnow - Chief Finance Officer	140-145				17.5-20	160-165
Clare Dollery - Medical Director	200-205				0	200-205
Norma French - Director of Workforce	130-135				17.5-20	150-155
Jonathan Gardner - Director of Strategy and Corporate Affairs	120-125				15-17.5	135-140
Carol Gillen - Chief Operating Officer	140-145				17.5-20	160-165
Sarah Humphery - Executive Medical Director :Integrated Care	45-50				5-7.5	50-55
Michelle Johnson - Chief Nurse and Director of Patient Experience	140-145				17.5-20	160-165
Swarnjit Singh - Director of Race, Equality, Diversity and Inclusion and Trust Corporate Secretary(from 1.9.21)	50-55				5-7.5	55-60
Tina Jegede Director of Race, Equality, Diversity and Inclusion and Lead Nurse, Islington Care Homes (from 1.9.21)	25-30				2.5-5	30-35

Salaries and allowances 2020/21

		2020-21					
Name & Title		**Salary and fees (bands of £5,000)**	**Taxable benefits (total to the nearest £100)**	**Annual performance-related bonuses (in bands of £5,000)**	**Long-term performance-related bonuses (in bands of £5,000)**	**Pension–related benefits (in bands of £2,500)**	**Total (in bands of £5,000)**
		£000	**£00**	**£000**	**£000**	**£000**	**£000**
Non-Executive							
Julia Neuberger - Chair	Start 1/04/20	25-30					25-30
Anu Singh		10-15					10-15
Tony Rice		10-15					10-15
Amanda Gibbon	Start 01/05/20	10-15					10-15
Naomi Fulop		10-15					10-15
Glenys (Dorothea) Thornton	Start 01/05/20	10-15					10-15
Robert Vincent	Start 01/05/20	10-15					10-15
Junaid Bajwa	Start 01/07/20	5-10					5-10
Wanda Goldwag	From 1/07/20 to 31/12/20	5-10					5-10
Deborah Harris-Ugbomah	Left 30/04/20	1-5					1-5
Executive							
Siobhan Harrington - Chief Executive		180-185		0-5		35-37.5	225-230
Kevin Curnow - Chief Finance Officer		130-135				45-47.5	180-185
Clare Dollery - Medical Director		190-195				0	190-195
Norma French - Director of Workforce		130-135				27.5-30	160-165
Jonathan Gardner - Director of Strategy and Corporate Affairs		115-120				25-27.5	140-145
Carol Gillen - Chief Operating Officer		135-140				5-7.5	140-145
Sarah Humphery - Executive Medical Director : Integrated Care		40-45				5-7.5	50-55
Michelle Johnson - Chief Nurse and Director of Patient Experience		125-130				77.5-80	205-210

Statement of the policy on senior managers' remuneration

The Remuneration Committee follows national guidance on the salary of senior managers. All elements of remuneration, including 'annual cost of living increases', when applicable, continued to be subject to performance conditions. Other decisions made by the Committee are reflected in the tables above. This is subject to the achievement of goals being objectively assessed. The governance arrangements for the committee form part of the Whittington Health's standing orders, reservations and delegation of powers and standing financial instructions, last updated in March 2022.

In line with the requirements of the NHS Codes of Conduct and Accountability, the purpose of the Committee is to advise the Trust Board about appropriate remuneration and terms of service for the chief executive and other executive directors including:

- all aspects of salary (including any performance-related elements/bonuses)
- provisions for other benefits, including pensions and cars
- arrangements for termination of employment and other contractual terms

Board members' pension entitlements for those in the pension scheme 2021/22

Name	Real increase in pension (bands of £2,500)	Real increase in lump sum (bands of £2,500)	Total accrued pension at 31 March 2022 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2022 (bands of £5,000)	Cash equivalent transfer value at 31 March 2022 (to the nearest £1,000)	Cash equivalent transfer value at 31 March 2021 (to the nearest £1,000)	Real increase in cash equivalent transfer value (to the nearest £1,000)	Employer contribution to stakeholder pension
Executive Directors	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Siobhan Harrington	2.5-5	0-2.5	60-65	150-155	1,396	1,298	65	27
Tina Jegede	10-12.5	32.5-35	40-45	125-130	983	693	267	4
Swarnjit Singh	5-7.5	10-12.5	30-35	75-80	662	552	107	7
Kevin Curnow	0-2.5	0	25-30	0	300	262	0	20
Clare Dollery	0	0	0	0	0	0	0	0
Norma French	2.5-5	0	40-45	70-75	782	720	40	19
Jonathan Gardner	0-2.5	0	20-25		275	242	15	17
Carol Gillen	0-2.5	2.5-5	55-60	165-170	0	0	0	20
Sarah Humphery	0-2.5	0	15-20	15-20	265	246	12	6
Michelle Johnson	5-7.5	20-22.5	50-55	155-160	1,187	998	164	20

The Trust's accounting policy in respect of pensions is described in Note 8 of the complete Annual Accounts document that will be uploaded to www.whittington.nhs.uk in September 2022. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a point in time.

The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing of additional years of service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The real increase in CETV reflects the increase in the CETV effectively funded by the employer. It takes account of the increase in the accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Pay multiples

Non-Executive Directors

The Trust follows NHS Improvement guidance for appointing non-executive directors. The terms of the contract apply equally to all non-executive directors with the exception of the Chair, who has additional responsibilities and accountabilities. The remuneration of a non-executive director is £13,000. The Chair received remuneration of £41,100 for 2021-22.

Salary range

The Trust is required to disclose the ratio between the remuneration of the highest-paid director in their organisation and the median remuneration of the workforce.

The mid-point remuneration of the highest paid director at Whittington Health in 2021/22 was £184,380 (2020/21: £184,380). This was 5.7 times the median remuneration of the workforce, which was £32,306 (2020/21: £31,365).

In 2021/22, we had no employees (unchanged from 2020/21) who received remuneration more than the highest-paid director.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind and severance payments. It does not include employer contributions and the cash equivalent transfer value of pensions.

Staff numbers and composition

- To comply with the requirements of NHSI's Group Accounting Manual, the Trust is also required to provide information on the following:
- staff numbers and costs
- staff composition by gender
- sickness absence data
- expenditure on consultancy
- off-payroll arrangements; and
- exit packages.

This information is shown overleaf.

Breakdown of temporary and permanent staff members (staff numbers)

Average Whole Time Equivalent (WTE)	**Permanent Staff 2021-22**	**Temporary Staff 2021-22**	**Permanent Staff 2020-21**	**Temporary Staff 2020-21**
Medical and dental	479	55	477	74
Administration and estates	1,046	173	1,030	163
Healthcare assistants and other support staff	638	154	630	110
Nursing, midwifery and health visiting staff	1,071	124	1,080	181
Scientific, therapeutic and technical staff	757	87	753	57
Total	**3,991**	**593**	**3,969**	**585**

Cost analysis of temporary and permanent staff members (£000)

Staff Group	2021/22 (000)	2020/21 (000)
Permanent Staff		
Administration & Estates	48,243	47,411
Medical & Dental	50,769	51,460
Nursing & Midwives	66,179	65,215
Scientific, Therapeutic & Technical	47,663	47,126
Healthcare Assistants & Other Support Staff	23,513	22,879
Apprentice Levy	1,156	967
Permanent Total	**237,523**	**235,058**
Temporary Staff		
Administration & Estates	6,702	7,145
Medical & Dental	10,118	9,315
Nursing & Midwives	15,599	10,968
Scientific, Therapeutic & Technical	4,430	2,736
Healthcare Assistants & Other Support Staff	5,534	4,134
Temporary Total	**42,383**	**34,298**
Total of Trust Funded Permanent & Temporary Staff	**279,906**	**269,356**

Consultancy spend

The Trust spent £0.5m on consultancy in 2021/22 (unchanged from 2020/21). The majority of this expenditure was incurred to support our efficiency scheme.

Off-payroll engagements

The Trust is required to disclose all off-payroll engagements as of 31 March 2022 for more than £245 per day and that last longer than six months. The Trust does not have any of these engagements.

Exit packages 2021/22

	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	No.	**£000**	**No.**	**£000**	**No.**	**£000**	**No.**	**£000**
<£10,000			5	11	**5**	**11**		
£10,000 - £25,000			3	46	**3**	**46**		
£25,001 - £50,000					**0**	**0**		
£50,001 - £100,000					**0**	**0**		
£100,001 - £150,000					**0**	**0**		
£150,001 - £200,000					**0**	**0**		
>£200,000					**0**	**0**		
Total	**0**	**0**	**8**	**57**	**8**	**57**	**0**	**0**

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where Whittington Health has agreed early retirements, the additional costs are met by the Trust.

Signed .....Chief Executive

Date: June 2022

ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of Whittington Health NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that Whittington Health NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Whittington Health NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Whittington Health NHS Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a robust approach to risk management. This can be demonstrated by the following:

- Leadership of the risk management process through:
  - the Board annually reviewing its risk management strategy and risk appetite
  - executive risk leads for each Board Assurance Framework entry
  - Board members reviewing the Board Assurance Framework and key entries on the Trust Risk Register on a quarterly basis
- The Audit & Risk Committee has delegated authority from the Board for oversight and assurance on the control framework in place to manage strategic risks to the delivery of the Trust's objectives and reviews the effectiveness of the Trust's systems of risk management and internal control
- It is supported in this by other Board Committees providing assurance to the Board on the effective mitigation of strategic Board Assurance Framework entries and other key risks, as follows:
  - The Quality Assurance Committee reviews and provides assurance to the Board on the management of risks relating to quality and safety, including all risk entries scored above 15 on individual Integrated Clinical Service Units' (ICSUs) and corporate areas' risk registers
  - The Finance & Business Development Committee provides assurance to the Board on the delivery of the Trust's integration strategic objective and two of

its sustainability strategic objectives and reviews risks scored higher than 15 which relate to finance, information governance, estates
    - The Innovation, Digital and Transformation Assurance Committee considered risks to the delivery of the Trust's third sustainability strategic objective covering its digital strategy and interoperability with sector partners
    - The Workforce Assurance Committee reviews all risks to the delivery of the organisation's People strategic objective, and their effective mitigation. It is supported in this by the Quality Assurance Committee which also monitors those workforce risks related to patient quality and safety
    - The Trust Management Group reviews the Board Assurance Framework in its entirety and also leads on reviewing risks to the delivery of the organisation's Integration strategic objective
    - In addition, quarterly performance reviews for each Integrated Clinical Service Unit considered their key respective risks
- An organisational governance structure, with clear lines of accountability and roles responsible for risk management is in place for all staff
- The Chief Executive has overall accountability for the development of risk management systems and delegates responsibility for the management of specific areas of risk to named Directors
- All relevant staff are provided with risk management training as part of their induction to the Trust and face-to-face training from Risk Managers for those staff regularly involved in risk management
- An open culture to empower staff to report and resolve incidents and risks through the Datix recording system and to share learning with teams

The Care Quality Commission positively identified a clear culture of risk identification and reporting throughout the organisation.

The risk and control framework

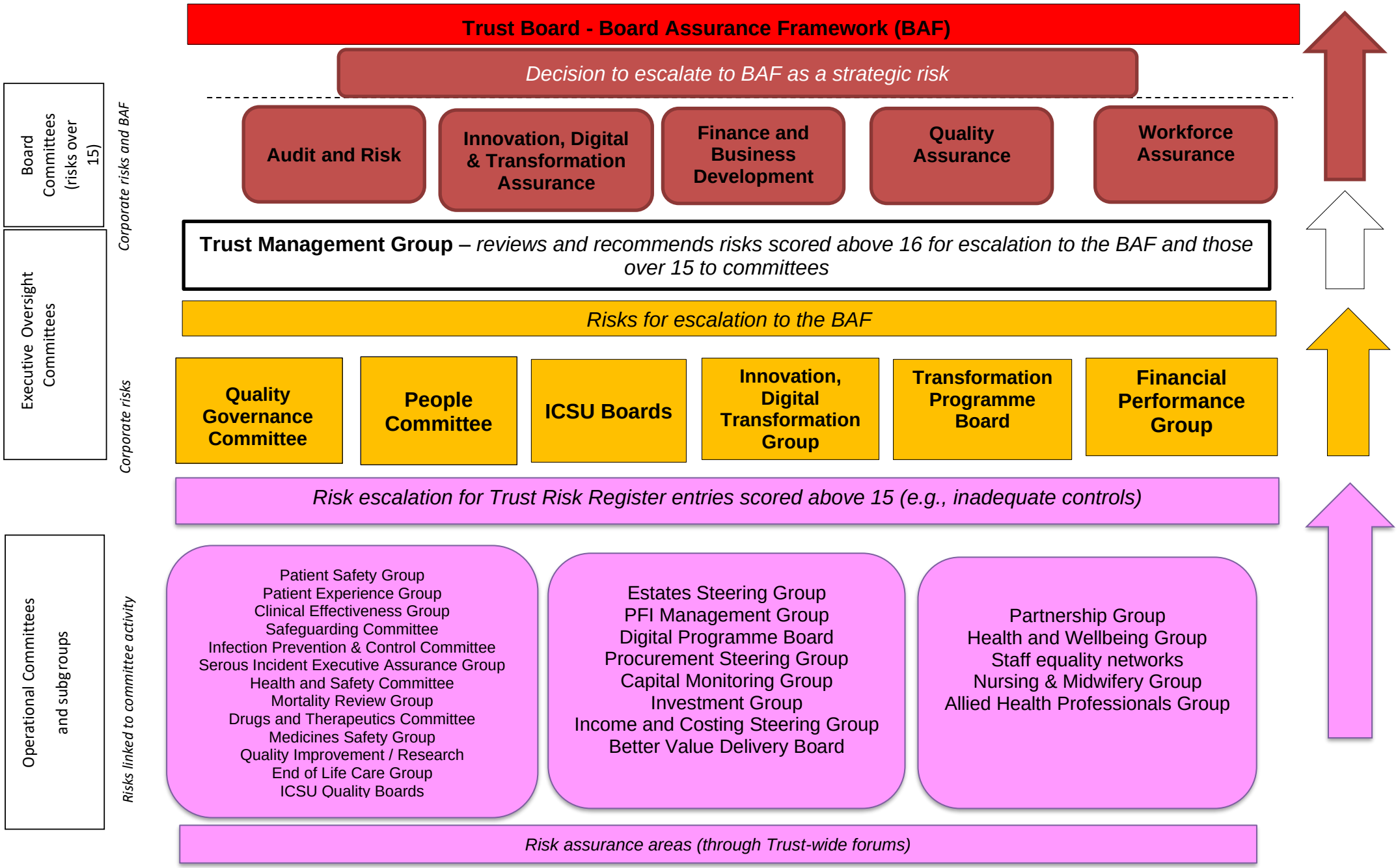
The aim of the Trust's risk management strategy is to support the delivery of organisational aims and objectives through the effective management of risks across all of the Trust's functions and activities through effective risk management processes, analysis and organisational learning.

The Trust's approach to risk management aims to:

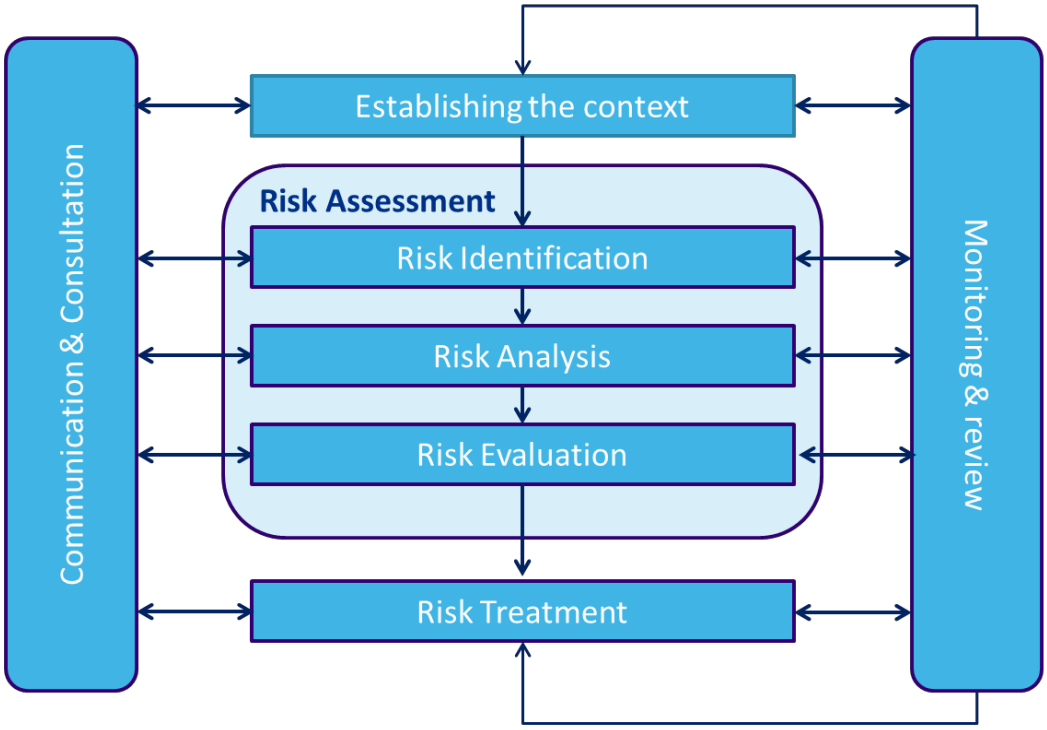
- embed the effective management of risk as part of everyday practice
- support a culture which encourages continuous improvement and development
- focus on proactive, forward looking, innovative and comprehensive rather than reactive risk management
- support well thought out decision-making

Risk management process

Whittington Health adopts a structured approach to risk management by identifying, analysing, evaluating and managing risks. Where appropriate, staff will escalate or de-escalate risks through the governance structures in place at the Trust as shown overleaf.


Trust Board - Board Assurance Framework (BAF)
Decision to escalate to BAF as a strategic risk
Board Committees (risks over 15)
Corporate risks and BAF
Audit and Risk
Innovation, Digital & Transformation Assurance
Finance and Business Development
Quality Assurance
Workforce Assurance
Executive Oversight Committees
Trust Management Group – reviews and recommends risks scored above 16 for escalation to the BAF and those over 15 to committees
Risks for escalation to the BAF
Corporate risks
Quality Governance Committee
People Committee
ICSU Boards
Innovation, Digital Transformation Group
Transformation Programme Board
Financial Performance Group
Risk escalation for Trust Risk Register entries scored above 15 (e.g., inadequate controls)
Operational Committees and subgroups
Risks linked to committee activity
Patient Safety Group
Patient Experience Group
Clinical Effectiveness Group
Safeguarding Committee
Infection Prevention & Control Committee
Serous Incident Executive Assurance Group
Health and Safety Committee
Mortality Review Group
Drugs and Therapeutics Committee
Medicines Safety Group
Quality Improvement / Research
End of Life Care Group
ICSU Quality Boards
Estates Steering Group
PFI Management Group
Digital Programme Board
Procurement Steering Group
Capital Monitoring Group
Investment Group
Income and Costing Steering Group
Better Value Delivery Board
Partnership Group
Health and Wellbeing Group
Staff equality networks
Nursing & Midwifery Group
Allied Health Professionals Group
Risk assurance areas (through Trust-wide forums)

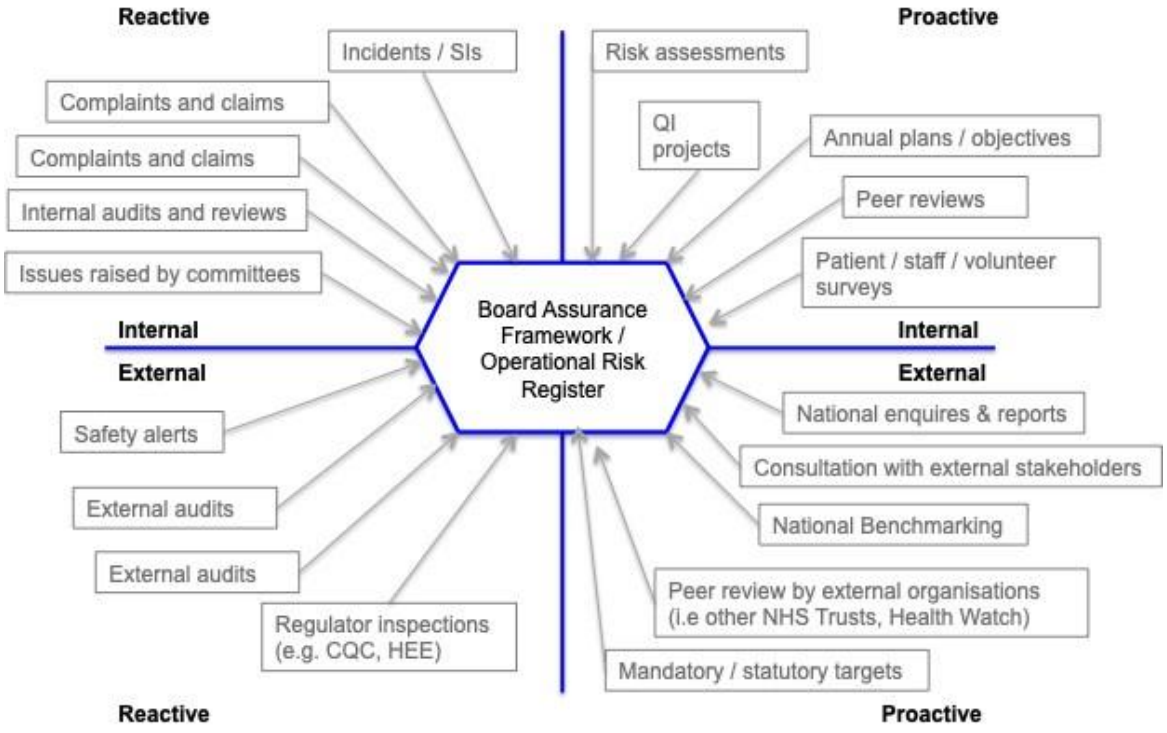
A snapshot of the Trust's risk management process is highlighted overleaf



ISO 3000 Process Diagram

Risk identification

A hazard or threat is a source or issue of potential harm to the Trust achieving its objectives. Risk identification is the process of determining what, where, when, and why something could occur. Risks to the Trust can be identified from a number of sources, both reactive and proactively, examples of a few of these are displayed in the diagram below:



Trends between incidents, complaints and claims are regularly scrutinised via the Trust's quarterly aggregated learning report which is reviewed by the Patient Safety and Quality Assurance Committees to identify any risks to the Trust.

Managers must ensure that their risk registers are reviewed monthly, and where new sources of risk are identified that these are documented and responded to appropriately.

Risk assessment

When a new risk is identified a Risk Assessment Consideration form is completed and presented to the relevant committee/Board for approval. The assessment should clearly state the likelihood for the risk to cause harm and what preventative or control measures are required to respond effectively to the risk. Once approved by the appropriate group this should then be added to Datix with an identified review date established.

Risk analysis and evaluation

An analysis of each risk is required to be undertaken to establish the initial grading of the risk by assessing the likelihood and consequences of the hazard if it did occur. The Trust utilises a risk grading matrix which incorporates a risk tolerance measure. This process aims to ensure that risks are assessed consistently across the Trust. Once the grading is known and recorded in the Risk Register, the risk can be compared with other risks facing the Trust and prioritised according to significance. The list of all risks facing the Trust, in order of significance, makes up the Trust-wide Risk Register.

Risk assessment is an integral part of the business planning process. Therefore, significant strategic risks will be identified by the Trust Board and managed through the Board Assurance Framework (BAF).

Risk control – monitoring, review and resolution

Controls are the actions utilised in order to lessen or reduce the likelihood or consequence of a risk being actualised, the severity of that risk if it does occur. The controls in place for each risk should be detailed on Datix and describe the steps that need to be taken in order to manage and/or control the risk. These should be updated as progress is made.

There are four main ways to manage risks utilised by the Trust, these are outlined in the table below:

Acceptance	The risk is identified and logged, and no action is taken. It is accepted that it may happen and will be responded to if it occurs.
Avoid	Where the level of risk is unacceptably high and the Trust cannot, for whatever reason, put adequate control measures in place the Trust Board will consider whether the service/activity should continue in the Trust.

Transfer	A shift in the responsibility or impact for loss to another party e.g., insurance for the risk occurrence or subcontracting. For a clinical risk transfer – a decision for a patient requiring a high-risk surgical procedure (where the expertise or equipment is unavailable in the Trust) to be transferred to a specialist centre for treatment. The risk of transferring the patient must be less than the risk of operating in the Trust environment.
Mitigation	The impact of the risk is limited, so if it does occur (and cannot be avoided) the outcome is reduced and easier to handle. Making and carrying out risk reduction action plans is the responsibility of a line manager and /or risk lead.

Local risk registers at ICSU and corporate level along with the in-year operational risk register and board assurance framework (BAF), seek to present an overview of the main risks facing the organisation. The local risk registers are reviewed, updated and monitored regularly by the relevant ICSU Board and corporate services' leads and, if necessary, a risk can be escalated onto the corporate risk register, which is monitored by the Trust Management Group and Quality Assurance Committee. Respective BAF entries are monitored by executive director risk leads who assess the status of their risk entry and its effective mitigation. The BAF is also monitored by the Audit and Risk Committee and Trust Board.

In the last two years, Grant Thornton LLP's internal audit team have completed two reviews of risk management arrangements at Whittington Health. In June 2020, the first review report considered the Board Assurance Framework and strategic arrangements in place and gave a favourable assessment of *significant assurance with minor improvement recommendations*. In quarter three 2021/22, the second review focussed on risk management at a divisional, corporate, and integrated clinical service unit (ICSU) level. It considered the Trust's risk management strategy and policy and looked at the effective management of risks scored at 15 and below. The outcome from the second was also a rating assessment of *significant assurance with minor improvement recommendations*.

Board Assurance Framework

The Board Assurance Framework (BAF) provides a structure for reporting of the principal strategic risks to the delivery of the Trust's business and was reviewed regularly last year. It identified the risk appetite and the controls and assurances in place to mitigate these risks, the gaps or weaknesses in controls and assurances, and actions required to further strengthen these mechanisms. The Audit and Risk Committee leads on oversight of the mitigation of risks to delivery of the Trust's strategic objectives and was supported by other relevant board committees and the Trust's Management Group.

Structure and presentation:

During quarter one of 2021/22, there was a review and consolidation of the 2020/21 BAF entries to the delivery of the Trust's four strategic objectives into the following:

Strategic objective	Board Assurance Framework entry
Quality 1 - quality and safety of services	Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Quality 2 - capacity and activity delivery	A lack of capacity to restart elective and other key services, capability, and attention to clinical performance targets, due to priorities in planning for and responding to future pandemic waves, or winter pressures result in a deterioration in service quality and patient care such as: • long delays in the emergency department and an inability to place patients who require high dependency and intensive care • patients not receiving the care they need across hospital and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage • an unsuccessful rollout of the winter Covid-19 pandemic booster
People 1 - staff recruitment and retention	Lack of sufficient substantive staff, due to increased staff departures and absence, the impact of the UK's exit from the EU, and difficulties in recruiting and retaining sufficient staff, results in increased pressure on staff, a reduction in the quality of care, insufficient capacity to deal with demand, and increased temporary staffing costs
People 2 - staff wellbeing and equality, diversity, and inclusion	Failure to improve staff health, wellbeing, equity, empowerment, and morale, due to the continuing post pandemic pressures and the restart of services, poor management practices, a poorly developed and implemented Workforce Race Equality Standard action plan, and an inability to tackle bullying and harassment result in: • behaviours displayed which are out of line with Whittington Health's values • a deterioration in organisational culture, morale and the psychological wellbeing and resilience of staff • adverse impacts on staff engagement, absence rates and the recruitment and retention of staff • poor performance in annual equality standard outcomes and submissions

Strategic objective	Board Assurance Framework entry
	• a failure to secure staff support, buy-in and delivery of NCL system workforce changes
Integration 1 - ICS and Alliance changes	Changes brought about by the NCL system and Provider Alliance such as corporate services' rationalisations, the review of community services, and the reconfiguration of pathways through lead provider arrangements impact adversely on patient services, particularly fragile ones, and the strategic viability of the Trust
Integration 2 - population health and activity demand	Local population health and wellbeing deteriorates, due to the impact of the pandemic, because of a lack of available investment in, or focus on ongoing care and prevention work, and due to unsuccessful collaboration with local sector health and social care partners, results in demand for services after the Covid-19 outbreak being considerably higher than pre-Covid-19 and insufficiently met
Sustainable 1 - control total delivery and underlying deficit	Adverse funding arrangements regionally or nationally; or failure to a) manage costs, b) reduce the run rate, c) properly fund cost pressures, due to poor internal control systems, or inability to transform services and deliver the cost improvement programme savings, or due to insufficient flexibility under a block contract along NCL system and provider alliance changes, result in an inability deliver the annual control total, a worse underlying deficit for the Trust, increased reputational risk and pressure on future investment programmes, or cancellation of key Whittington Health investment projects, and improvements in patient care and savings not being achieved
Sustainable 2 - estate modernisation	The failure of critical estate infrastructure, or continued lack of high-quality estate capacity, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm, poorer patient experience, or reduced capacity in the hospital
Sustainable 3 - digital strategy and interoperability	Failure by the Trust to effectively resource and implement a digital strategy focussed on improving patient care through collaborative system working and efficient, digitally enabled processes, and underpinned by a modern secure, standards-based infrastructure, will adversely impact on key transformation projects across the organisation and our ability to be a system leader

Assurances and gaps

The BAF includes assurances and these were rated as relevant to the control/risk reported against. The assurances are timely and are also updated over time.

Furthermore, there is allocated responsibility for submission and assessment. The BAF also highlights gaps within assurances which trigger the development of actions to improve them.

BAF review and update

The review and updating of BAF entries is led by Executive risk leads and key Board Committees review risks relevant to their terms of reference as set out previously). The Care Quality Commission cited the BAF as fit for purpose in its inspection feedback to the Trust.

Risk appetite

In line with good practice, the Trust completed an annual review of its risk appetite statement. This was discussed and endorsed by members of the Audit and Risk Committee and subsequently by the Board. The risk appetite range is included within Board Assurance Framework (BAF) reports presented to board and executive committees. Individual risks on the BAF are allocated a target score against which progress is reported in the BAF.

Embedding risk management

Risk management is embedded throughout the organisation in a variety of ways including:

- Face-to-face training for key risk managers
- Review of the risk register entries by the Quality Assurance Committee and the Trust Management Group
- Oversight of BAF entries by Board Committees and the Trust Management Group
- A review of the BAF every three months by the Trust Board (and more frequently this year, when required)

In addition, the Trust can highlight the following in its risk and control framework:

- The clinical governance agenda is led by the Chief Nurse & Director of Allied Health Professionals and the Medical Director. Monitoring arrangements are delivered through a structure of committees, supporting clear responsibilities and accountabilities from board to front line delivery
- The Quality Assurance Committee is a key committee of the Board, which affords scrutiny and monitoring of our risk management process and has oversight of the quality agenda. Serious incidents and the monitoring of the Corporate Risk Register is a standing item
- The Trust's clinical governance structure ensures there are robust systems in place for key governance and performance issues to be escalated from frontline services to Board and gives assurance of clinical quality. It gives a strong focus on service improvement and ensures high standards of delivery are maintained.
- The Board and the relevant committees use a performance scorecard which has been developed to include a suite of quality indicators at Trust and service level aligned to each of the Care Quality Commission's five domains of Quality
- The Trust's quality improvement strategy is encapsulated in our Better Never Stops (our journey to outstanding) programme. The programme is a structured quality improvement plan and we have quality improvement plans in all services

to monitor and demonstrate compliance with the CQC's fundamental standards and against each of the CQC's domains and Key Lines of Enquiry (KLOE)

Risk management during COVID-19

Actions taken by the Trust to respond to the COVID-19 crisis included reviewing and updating its BAF with particular reference to the impact of the pandemic, and also establishing a specific covid-19 local risk register. As part of its emergency planning arrangements, the governance structure allowed for the Gold Command forum and the wider Trust Management Group and Board to discuss and review the covid-19 risk register along with handling and mitigating actions being taken. These forums were key to the Trust maintaining control over decision-making and also displaying financial governance during the emergency response to the pandemic.

At various times throughout the year, we flexed our governance structure to suit the immediacies of the emergent situation. This included moving to daily Trust Management Group Gold meetings.

The Board of Directors

Membership of the Board of Directors is currently made up of the Trust chairman, five independent, non-executive directors, and eight executive directors of which five are voting members of the Board. The key roles and responsibilities of the Board are as follows to:

- set and oversee the strategic direction of the Trust
- review and appraise financial and operational performance
- review areas of assurance and concerns as detailed in the chair's assurance reports from its board committees
- discharge their duties of regulation and control and meet our statutory obligations
- ensure the Trust continues to deliver safe, high quality patient care as its primary focus, receiving and reviewing quality and patient safety reports and the minutes and areas of concern highlighted in board committees' minutes, particularly the Quality Assurance Committee, which deals with patient quality and safety
- receive reports from the Audit and Risk Committee, the annual Head of Internal Audit Opinion and external auditor's report
- agree the Trust's annual budget and plan and submissions to NHS Improvement
- approve the annual report and annual accounts
- certify against the requirements of NHS provider licence conditions

The Board of Directors met six times during the year. A breakdown of attendance for the Board's meetings held in 2021/22 is shown overleaf:

Job title and name	Public Board meetings attended (out of 6 unless stated)
Chair and Non-Executive Director, Julia Neuberger	6
Non-Executive Director, Naomi Fulop	6
Non-Executive Director, Amanda Gibbon	6
Non-Executive Director, Tony Rice	6
Non-Executive Director, Anu Singh	6

Job title and name	Public Board meetings attended (out of 6 unless stated)
Non-Executive Director, Glenys Thornton	6
Non-Executive Director, Rob Vincent	6
Associate Non-Executive Director, Junaid Bajwa	6
Chief Executive, Siobhan Harrington	6
Medical Director, Clare Dollery	6
Chief Finance Officer, Kevin Curnow	6
Chief Operating Officer, Carol Gillen	5
Chief Nurse & Director of Allied Health Professionals, Michelle Johnson	5
Director of Workforce, Norma French	5
Director of Strategy and Corporate Affairs, Jonathan Gardner	6
Medical Director, Integrated Care, Sarah Humphery	6
Joint Director, Race, Equality, Diversity & Inclusion and Leaf Nurse, Islington Care Homes, Tina Jegede*	4 out of 4
Joint Director, Race, Equality, Diversity & Inclusion and Trust Secretary, Swarnjit Singh*	4 out of 4

* appointed 1 September 2021

Board and Committee oversight and assurance

The Board of Directors leads on integrated governance and delegates key duties and functions to its sub-committees. In addition, the Board reserves certain decision - making powers including decisions on strategy and budgets.

In the last year, the key formal committees within the structure that provided assurance to the Board of Directors were audit and risk, charitable funds, innovation, digital and transformation assurance, quality assurance, finance and business development; and workforce assurance. There is a range of mechanisms available to these committees to gain assurance that our systems are robust and effective. These include utilising internal and external audit, peer review, management reporting and clinical audit.

Audit and Risk committee

The audit and risk committee is accountable to the Board for reviewing the establishment and maintenance of an effective system of internal control. The Committee holds five meetings per annum at appropriate times in the reporting and audit cycle. This committee is supported in its assurance role by the finance & business development, quality assurance, innovation, digital and transformation assurance and workforce assurance committees in reviewing and updating key risks pertinent to their terms of reference.

This committee also approves the annual audit plans for internal and external audit activities and ensures that recommendations to improve weaknesses in control arising from audits are actioned by executive management. The committee ensures the robustness of the underlying process used in developing the BAF. The board monitors the BAF and progress against the delivery of annual objectives each quarter, ensuring actions to address gaps in control and gaps in assurance are progressed.

Charitable Funds Committee

This forum provides assurance to the Board on the management of charitable funds and fundraising activities.

Innovation, Digital and Transformation Assurance Committee

This forum was established as a formal committee of the Board in quarter two. Its remit is to provide assurance to the Board on the delivery of the Trust's digital and transformation strategies.

Quality Assurance Committee

The quality assurance committee is accountable to the Board for reviewing the effectiveness of quality systems, including the management of risks to the Trust's quality and patient engagement strategic priorities as well as operational risks to the quality of services. The committee meets six times per year. It also monitors performance against quarterly quality indicators, the quality accounts and all aspects of the three domains of quality namely - patient safety, clinical effectiveness and patient experience.

Finance & Business Development Committee

The finance & business development committee reviews financial and non-financial performance across the Trust, reporting to the Board. It also has lead oversight for risks to the delivery of Trust's strategic priorities relating to sustainability, along with delivery of the Trust's strategy for information management and technology. The committee holds six full meetings each year.

Workforce Assurance Committee

The workforce and education committee leads on oversight of BAF risks which relate to the Trust's staff engagement and recruitment and retention strategic priorities. It reviews performance against the delivery of key workforce recruitment and retention plans, workforce education and development and the annual outcomes for equality standard submissions to NHS England and Improvement. In addition, the committee will also review those staff engagement actions taken following the outcome of the annual NHS staff survey and delivery of the Trust's workforce culture improvement plan.

Workforce planning

As in previous years, the workforce planning process was aligned and integrated with the Trust's business planning process, led by individual ICSUs. Throughout the process ICSUs' Clinical and Operational Directors were supported by HR Business Partners who advised and challenged ICSUs on the workforce impact of their plans and ensured alignment with workforce and clinical strategies. This involved:

- Working with ICSUs to discuss workforce issues such as recruitment and retention, activity planning, education requirements and the delivery of key performance indicators
- Analysing and monitoring workforce changes at a local level (and at an aggregated Trust-wide position)

- Ensuring current and future workforce needs were represented in business plans, considering growth, as well as options to develop new roles, new ways of working, and associated training implications.
- Monthly 'run rate' meetings, to analyse temporary staffing to ensure long term recruitment strategies are in place
- A dedicated nurse recruitment team focusing on international and local recruitment opportunities
- Middle grade doctor recruitment working group focussed on the emergency department

In 2021/22, Whittington Health complied with the "Developing Workforce Safeguards" through the following assurances:

- The Medical Director and Chief Nurse and Director of Allied Health Professionals confirmed there are established processes to ensure that staffing is safe, effective and sustainable
- The nursing and midwifery staffing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) was reported to the Board by ward or service area twice a year
- All workforce risks were reviewed quarterly at the Performance Review Groups.
- Action plans for reducing amber and red rated risks were monitored on a quarterly basis by the Trust Management Group
- High level risks were reported to Workforce Assurance Committee quarterly
- Safe nurse staffing levels were monitored continuously, supported by ongoing assessments of patient acuity. As part of 'Showing we care about speaking up' we encouraged and supported all staff to complete nursing scorecards to triangulate workforce information with other quality metrics
- Workforce intelligence and key performance indicators were reported alongside quality metrics at the Trust Board each month and were standing items on Performance Review Group meetings (PRGs). The Workforce Assurance Committee received comprehensive corporate workforce information and analysis. Metrics included vacancy and sickness rates, turnover and appraisal compliance and temporary staffing
- Any changes and significant (over £50k) cost improvement plans had a quality impact assessment

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust published on its website a register of interests of Board members and for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance). The register was updated in line with further declarations made during the year.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the

Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS Programme. The Trust ensures that is obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Trust was rated by the Care Quality Commission (CQC) as good in its use of resources as it had demonstrated a good understanding of areas of improvements with credible plans to achieve target performance. In particular, the CQC identified that the Trust has an excellent track record of managing its expenditure within available resources.

During 2021/22, Whittington Health had in place a range of processes which helped to ensure that it used resources economically, efficiently and effectively. These included:

- monthly reporting of financial and non-financial performance to the Trust Board of directors and the finance and business development committee of the Board
- adherence to guidance issued by NHS England and Improvement by establishing robust systems for the identification of additional costs incurred due to Covid-19 pandemic and for the delivery of operational priorities during set out for H1 and H2
- a monthly review of performance by the Trust Management Group and additional review meetings where ICSUs and corporate directorates are held to account for financial and non-financial performance
- the production of annual reference costs, including comparisons with national reference costs
- benchmarking of costs and key performance indicators against other combined acute and community Trust providers
- standing financial instructions, standing orders and a treasury management policy
- a budget holder's manual which sets out managers' responsibilities in relation to managing budgets
- guidance on the declaration of conflicts of interest and standards of business conduct
- reports by Grant Thornton as part of the annual internal audit work plan on control mechanisms which may need reviewing
- the Head of Internal Audit's draft and final opinions being presented to the Audit and Risk committee
- an external audit of our accounts by KPMG LLP who also provided an independent assessment of the Trust's effective and efficient use of resources, particularly against value for money considerations
- good performance under NHS Improvement's Single Oversight Framework for NHS providers

Information governance

The following are the incidents and outcomes of investigations in relation to information governance breaches this year:

Nature of incident	Incident date	ICO reported date	ICO outcome
Two data breaches in lower urinary tract service clinic: • Clinic newsletter emailed to patients without using the blind copy function • Clinic list emailed to patient in error Both incidents were declared simultaneously to the Information Commissioner's Office, who were satisfied with the actions carried out by the Trust.	July 2020	July 2021	No further action

Data quality and governance

Data governance is essential for the effective delivery of patient care and for improvements to patient care we must have robust and accurate data available.

Whittington Health completed the following actions in the last year towards improved data quality:

- Monthly monitoring of national data quality measures
- Reviews of specific data sets (e.g. Referral to Treatment Patient Treatment List) with specific regard to data quality. Regular spot checks were carried out by the Trust's Validation Team
- Weekly Referral to Treatment review meetings for cancer, community and acute services
- Our Data Quality Review Group ensured all aspects of data quality standards were maintained and reviewed
- Continuing to review the awareness of key staff of their responsibilities around data quality and proposing approaches to achieve improvement if necessary
- Reviewing the scope of material internal data sets with specific regard to data quality and summarise those known with their main characteristics, any known data quality issues and owners in overview

Whittington Health NHS Trust will continue to monitor and work to improve data quality by using the above-mentioned Data Quality Review Group, with the aim to work with ICSUs to improve awareness of responsibilities and to share learning to help improve data quality.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Board's Quality Assurance Committee provides assurance on the Quality Account and the quality priorities and ensures the maintenance of effective risk management and quality governance systems. Following national guidance from NHS England and Improvement, as part of the response to the covid-19 pandemic, the 2020/21 Quality Account was published in June 2021.

Provider licence conditions

In terms of the NHS provider license condition four, the Board confirmed that the Trust applies principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of healthcare services. In particular, the Board is satisfied that the Trust has established and implements:

- an effective Board and Committee structure
- clear responsibilities for the Board and Committees reporting to the Board and for staff, reporting to either the Board or its Committees
- clear reporting lines and accountabilities throughout the organisation

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the committee and quality assurance committee, if appropriate and a plan to address weaknesses and ensure continuous improvement of the system is in place. The board ensures the effectiveness of the system of internal control through clear accountability arrangements.

An annual "Head of Internal Audit Opinion" based on the work and audit assessments undertaken during the year for 2021/22 was issued and stated:
Our overall opinion for the period 1 April 2021 to 31 March 2022 is that, based on the scope of reviews undertaken and the sample tests completed during the period, significant assurance can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control with some improvements recommended.

This rating is to be welcomed given the challenges imposed by the pandemic and reflects the effectiveness of the Trust's system of internal control.

Conclusion

I confirm that no significant internal control issues have been identified.

Signed
Chief Executive
Date:

Statement of the chief executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed: .....Chief Executive

Date:

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

.....Date..... Chief Executive

.....Date..... Finance Director

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board

.....Date.....Chief Executive

.....Date.....Finance Director

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

Whittington Health NHS Trust *Insert name of organisation*

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "G6 & CoS7"

Financial Year to which self-certification relates 2021-22 Please complete the explanatory information in cell

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed — OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Confirmed — Please fill details in cell E22

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Please Respond

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Key risks to the delivery of the Trust's quality, people, integration and sustainability strategic objectives and their mitigations are captured on the Board Assurance Framework

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Carol Gillen	**Name**	Julia Neuberger
Capacity	Acting Chief Executive	**Capacity**	Trust Chair
Date	30 May 2022	**Date**	30 May 2022

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

Whittington Health NHS Trust

Insert name of organisation

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "FT4 declaration" | **Financial Year to which self-certification relates** | **2021-22** | Please Respond

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

	Corporate Governance Statement	Response	Risks and Mitigating actions	
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	The Board is assured oiver the systems of corporate governance from the work of its Audit and Risk Committee, reports from both our internal and external auditors and their opinions received during the year, an also from the Board Commitete Chair's assurance reports. The Board's view on its goverancne processes is also reflected in our Annual Governance Statement within the annual report.	#REF!
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Please refer to the 2020/21 Annual Governance Statement and also the Board Assurance Framework.	#REF!
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	A clear governance sructure is in place for escalating cocnerns and risks to the Board fom its committees. There was a significant assurance assessment from an interbal audit revoew of Board assurance arrangeemnts in place at the Trust.	#REF!
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	The Board, both directly and through its Committee structure, has been assured that the sustems of internal control have been operating effectively throughout the year. The Trust delivered a small surplus against its financial plan. The Board has recived tregular assurance ondelivery of its control total. Key risks and associated assuracnes were reported to the Board throughout the year through discussion of the Trust's Board Assirance Framework	#REF!
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.		Please refer to the 2019/20 Annual Governance Statement and also the Board Assurance Framework	Please Respond
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	The Trust ensures that all of its Board members comply with NHS England's Fit and Proper Person's Test. In addition, through reports from the Workforce Assurance Committee and the Integrated Performace Report, the Board has been sighted on workforce risks during the year and the actions in place to mitigate them	#REF!

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Name Carol Gillen **Name** Julia Neuberger

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A

Please Respond

Meeting title	**Trust Board – public meeting**	**Date: 27 May 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 11 April 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) • Freedom to Speak Up Guardian Report • Quality Assurance Committee Effectiveness Report • Progress report – Sickle Cell Improvement Plan • Quarterly Quality Report • Draft Quality Account – review and agree priorities • Quarterly Learning from Deaths Report • Serious Incidents There are no items for which the Committee is reporting limited assurance to the Board. Following discussion, the following risks were identified to be escalated to the Trust Board: 1. **Clinical Staffing risks across various departments of the Trust** – relates to several risks on the risk register and evidenced in the discussion of agenda items at the meeting. 2. **Urgent & Emergency demand** – risk of the ongoing high demand in the Emergency Department (ED) and Same Day Emergency Care Unit (SDEC). This also relates to the need to move patients from ambulances into the department to ensure there is no delay to ambulance turnaround in conveyancing. It	

	is recognised that the transfer of risk for patients at home waiting for an ambulance or those waiting to be handed over to ED team has now been transferred to the hospital. This adds to pressure on the Urgent and Emergency care pathway from a safety and experience perspective. This has been escalated to the divisional management team to consider a risk assessment for entry onto the risk register. 3. **Backlog of completion of Serious Incident investigations impacted by staffing challenges**. Assurance was given that going forward the committee would receive reports on: - i. Monthly Serious Incidents to include number of open investigations and date due for completion (flagging any delayed). ii. Mitigations in place to ensure immediate and essential learning is implemented, often identified through the 72-hour report of the incident which is reported to the Serious Incident Executive Assurance Group (SIEAG) iii. Compliance with Duty of Candour i.e. that these are completed and monitored to ensure that patients and families remain informed about the investigation timescale.
Purpose	Noting
Recommendations	Board members are asked to note the Chair's assurance report for the meeting held on 11 May 2022
BAF	Quality strategic objective entries
Appendices	1. Revised Committee terms of reference 2. Quarterly learning from deaths report

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	11 May 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 26 April 2022 in which significant assurance was received on:

- Emergency and Integrated Medicine ICSU Report where it was noted that the Trust had received Joint Advisory Group (JAG) accreditation for gastro-intestinal and endoscopy department
- Surgery and Cancer
- Safeguarding Committee – 6 monthly update report
- Mortality Review Group
- Drugs and Therapeutics Committee
- Infection and Prevention Control Committee
- Corporate risk register which focussed on COVID-19 risks and high risks scored at 15 and above
- The Draft Quality Account priorities agreed for 2022/23
- Quarterly Patient Safety report
- Quarterly Learning from Deaths report
- Quarterly Patient Experience Report
- Quarterly Clinical Effectiveness report
- Quarterly Quality Assurance report
- Quality Impact Assessment of cost improvement programmes (CIPs)
- North Central London Local Midwifery and Neonatal System/Whittington Health Ockenden Progress review update and Maternity Safety Standards update
- Quality Governance Terms of Reference review

The Committee noted that the quarterly patient experience report had indicated that the Trust would revert to normal visiting rules apart from the emergency department where restrictions would remain in place until it was felt it was safe to lift them.

The Quality Governance Committee reported limit assurance on information discussed relating to

- **National Bowel Cancer Audit Mortality Notification Report**, The Committee was informed that following the National Bower Cancer Audit the Trust was identified as an outlier as 5 deaths had been reported following surgery. It was found that data was incorrectly reported, and consultants are now entering data to ensure accuracy. An in-depth review of data quality would be undertaken going forward.
- A 72 hour report regarding the failure of part of the Kelsius drug fridge temperature monitoring system, there was comprehensive work being undertaken to mitigate the risk and prevent it happening again.

The Committee noted the report and noted that an update on pressure ulcers prevention across the hospital would be brought back to the Committee for assurance.

Elective recovery update

Carol Gillen apprised Committee members of the elective activity performance. The Committee noted the following headlines for week ending 1 May 2022:

- Satisfactory progress had been made around elective and day cases including high volume low complexity cases. The focus is on ensuring that data is recorded to accurately reflect the outcome of appointments and opening more outpatient capacity for patients who have been waiting a long time and who are now being seen. There has been good traction on patients waiting over 52 weeks, and there are 49 patients over 78 week waits to be cleared by the end of May.
- The number of patients waiting for diagnostics for endoscopy is reducing and this is now on track. There is concern around the backlog for Colposcopy clinics and the Trust is seeking mutual aid from other NHS Trusts across the sector. The issues relate to capacity and a long-term plan is being sought to meet the demand sustainably.
- There is a backlog within Barnet children's community health services of approximately 828 children waiting over 52 weeks. They are being offered appointments in other clinics outside of Barnet. There are 69 patients from Children and Young People's Mental Health services and additional capacity is being created.
- There has been a significant increase in patients with breast cancer.
- The Trust Board has been previously updated regarding the measures taken with Urology in relation to virtual clinics and the ability to discharge patients to improve capacity, but this remains area of focus.
- The Referral to Treatment (RTT) position is ahead of the trajectory with maximizing capacity. Work carried out around patients who do not attend their appointment (DNA) found that there was a correlation with patients living within areas of deprivation but would ensure that there is robust communication to patients.

There was recognition that the increased demand and pressure on the urgent and emergency care pathways for patients could impact on elective work capacity and this was a focus daily to prevent any patients being cancelled for surgery. Maximising discharges of patients from the wards was a priority with measures in place to escalate capacity at times of operational pressure.

Members were assured that boarding of patients in recovery would not take place unless the Trust had escalated operational pressures.

The Committee noted the report.

Board Assurance Framework

Committee members were presented with the Board Assurance Framework (BAF) as at the start of quarter one and which was approved by the Trust Board in April.

Quality risks for the year were slightly revised from the previous year but largely remained the same. Scores also remained unchanged.
The Committee noted the report.

Trust Risk Register
The Committee noted key changes to the risk register since it was last considered by the Committee in March 2022. Five new 15+ risks have been approved since the last report:

- 1283 - Radiographer skill mix shortage
- 1285 – Acute Access clinical support and women's health (ACW) division Workforce resilience and Health & Wellbeing
- 1293 - Increase bed occupancy on Coyle ward resulting in patients not being seen in a timely manner and pressures elsewhere
- 1292 - Pathology risk delay to joining a Networked service
- 1294 - Patients being nursed in theatre recovery area due to lack of available beds on ward

The Committee were also apprised that a business case for additional capacity for overnight sonographers had been submitted but that patients in the emergency department could expect longer than average waits during the night for CT scans, when there was high demand. The Committee were also informed that roll out the COVID-19 vaccination programme for five- to eleven-year-olds and a fourth booster for people over 75 would create capacity risks across the whole of the Integrated Clinical Service Unit.

The committee noted that a significant number of risks were staff related and were assured that a deep dive into staff retention would be undertaken so that as much focus on retention and recruitment was maintained which would support the Trust's workforce strategy.
The Committee noted the report.

Freedom to Speak-up Guardian's report
The Committee received the report noting that it was considered at the Trust Board in March.
The Committee noted the report.

The Annual Review of Committee Effectiveness and Approval of terms of reference
The Committee received its annual report and a review of its effectiveness and its terms of reference, in line with good governance requirements. The self-assessment checklist was drawn from the best practice guidance issued for annual reviews of audit committees' effectiveness. The Committee was invited to consider the potential for patient/user involvement and representation.

Minor changes proposed to the committee's terms of reference were discussed agreeing:

- To the inclusion of the joint directors of Race Equality Diversity and Inclusion as members of the Committee together with the Director of Environment.
- That the length of the meeting should be increased by half an hour to allow for detailed consideration of all items on the agenda.

- To incorporate reference to health inequalities within the duties of the committee and considered for agenda items.
- The Committee should also see the outcome of the annual assessment of performance on the two patient domains of the National Equality Delivery System.
- Non-executive walk rounds should be reinstituted and structured in a schedule of hospital and department visits.

The Committee noted the annual report, self-assessment and approved the recommended amendments to the Committee terms of reference.

Progress report – Sickle Cell Disease - Inpatient Improvement Plan

The Committee received a progress update on the Sickle Cell Disease Inpatient Improvement plan following the open letter from the patient group and 'No Ones Listening' report by the Sickle Cell & Thalassaemia All Party Parliamentary Group (SCTAPPG) inquiry. The Committee received significant assurance that good progress had been made in raising awareness around the issues surrounding the care of patients presenting in Sickle Cell Disease crisis and that a robust improvement plan had been developed with improvements seen and documented.

The Committee noted the report

Q4 Quality report

The Committee received overview of quality performance across the organisation for the period January 2022 to March 2022. The Committee noted:

- The Trust has made ongoing moves to improve blood traceability with the overall aim of transferring to a vein-to-vein system for blood transfusion procedures.
- Two new National Patient Safety Alerts (NatPSA) were received in this quarter of which one was closed with actions completed and the other remained open. There were no overdue NatPSA though two Estates and Facilities alerts were noted as overdue, action was taken to escalate to the director of estates.
- The guidance on completion of 'patients waiting for treatment' clinical harm reviews had changed from 52 to 78 weeks. However, increase in clinical harm reviews completed by clinicians in Quarter 4, was 75% (based on previous 52 week breach status) had been completed.
- There was a downward trend of incident reporting which fell to its lowest level in 2021/22 in Q4. This would be explored by the Patient Safety team with a view to link with the national patient safety syllabus training and the launch of the Patient Safety Incident Response Framework.
- All national audit data submissions for the 50 mandated studies had been met, and all National Confidential Enquiry into Patient Outcome and Death (NCEPOD) deadlines met. An additional 23 national audits have been registered.
- New trainee led project to assess the viability of re-purposing UCL MEDL guidelines for use at Whittington Health.
- Performance against complaints response target continued to be challenging (42% in Q4). Reporting was paused in January and February 2022 due to the impact of the Omicron wave of the COVID-19 pandemic impact on the trust. This was starting to recover with performance in April at

61%.

- National maternity patients survey results showed a significant increase in participation, and a 90% score on partners being able to stay during labour, in comparison to the national picker average of just 30%

The Committee noted the report.

Quality Account 2021/2022

The Committee received the final draft of the Quality Account which incorporated outcomes for improvement from 2021 and priorities for 2022. The draft had been submitted to stakeholders for consultation. It was noted that the final review of the Quality Account would take place virtually on 15 June with a view to approval on 20 June and final submission on 30 June 2022.

The Committee reviewed and agreed priorities, agreeing to feedback any comments to the authors before final approval and would look forward to receiving a final version on 15 June to feedback comments by 21 June 2022.

Quarter 3 Learning from Deaths report

The Committee received the Quarter 3, Learning from Deaths report noting that:

- The report noted there had been one death which was evaluated to be more than 50:50 likely to be avoidable which had not been noted in the Q1 report when the review occurred. The patient was found to have contracted COVID-19 while in hospital despite appropriate action to place them in a COVID-19 negative area.
- there were 109 adult inpatient deaths reported at Whittington Health.
- There were also 2 neonatal inpatient deaths.
- 19 adult structured judgement reviews (SJRs) were requested for Quarter 3 and 11 of these have been completed and presented at department mortality meetings.
- Each SJR has also been reviewed by the Medical Director to ensure all possible learning has been captured and shared across the organisation.
- There was one death of a patient with a serious mental illness for the quarter; this death was reviewed as an SJR which showed all appropriate care.
- There was also one death of a patient with learning disabilities where careful liaison with other providers who knew the patient helped to ensure continuity of care. It was noted that early placement of patients on the appropriate specialty ward was difficult.
- In accordance with national guidance, all definite Hospital healthcare associated COVID-19 infections are reported and investigated as a patient safety incident. No patient deaths for the quarter related to hospital acquired COVID-19.
- The SHMI for the period November 2020 to October 2021 is 0.87. The Trust are one of 16 Trusts which had lower than expected deaths.
- An overarching Mortality Review Group meeting took place on 25 January 2022. The meeting reviewed the learning from death reports and considered the mortality review process.
- The Trust were identified as a potential mortality outlier in a national bowel cancer audit however after an internal investigation assurance has been given that this was due to inaccurate data entry and this has been resubmitted.

	The Committee noted the report.
	Serious Incidents The Committee received an overview of Serious Incidents declared during February 2022 and March 2022 and noted the following: • Six serious incidents were declared between 01 February 2022 and 31st March 2022. Three of these were Healthcare Safety Investigation Branch (HSIB) investigations which were in progress but declared retrospectively on Strategic Executive Information System (StEIS). • Two completed Serious Incident (SI) reports were submitted during this period. • Due to COVID-19 pandemic, the 60-day deadline for investigations has been suspended, however the Quality Governance Team are working with the Integrated Clinical Support Units to complete all investigations in as timely a way possible There are currently 23 SI reports open of which 15 are open longer than 60 days • Reference was made to an investigation of a child with a delayed diagnosis of testicular torsion and that the testicular torsion clinical treatment pathway has been reissued to the ED and Urology team to ensure that there is understanding of the appropriate pathway for this emergency. An audit of all cases of testicular torsion is underway to review care. The Committee noted the report and took limited assurance that the Serious Incident process was managed effectively at the Trust, due to the impact of the pandemic, and there was a focus to reduce the delays to completion of investigations. It was requested that a follow up report on the number of open investigations should be submitted to the committee and the matter escalated to the Trust Board.
2.	**Present:** Professor Naomi Fulop, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director (Vice Chair) Baroness Glenys Thornton, Non-Executive Director Dr Clare Dollery, Medical Director Carol Gillen, Chief Operating Officer Michelle Johnson, Chief Nurse & Director of Allied Health Professionals **In attendance:** Kat Nolan-Cullen, Compliance and Quality Improvement Manager Gillian Lewis, Head of Quality Governance David Pennington, North Central London ICS Carolyn McGirr NHS North Central London Swarnjit Singh, Joint Director, Race, Equality, Diversity & Inclusion/ Trust Secretary Marcia Marrast-Lewis, Assistant Trust Secretary Carolyn Stewart, Executive Assistant to the Chief Nurse Kelly Collins, Emergency and Integrated Medicine Associate Director of Nursing

Quality Assurance Committee terms of reference	
1.	**Authority**
1.1	The Board of Directors hereby resolves to establish a Committee known as the Quality Assurance Committee (the Committee). The Committee has no executive powers other than those delegated in these terms of reference.
1.2	The Committee is authorised by the Trust Board to act within its terms of reference and provide scrutiny in terms of quality and safety for all services provided by the Trust. The committee is authorised to obtain such internal information as is necessary to exercise its functions and discharge its duties. It is authorised to conduct deeper reviews of services with supporting evidence from all parts of the integrated care organisation and to escalate findings as necessary to the Trust Board.
1.3	The Committee is also authorised by the Board to obtain external legal or other professional advice, if it considers this necessary, via the Trust Secretary.
2.	**Role**
2.1	The role of the Quality Assurance Committee is to provide assurance to the Board of Directors on: i. The continuous and measurable improvement in the quality of services through the following key areas: ▪ Patient safety and clinical risk ▪ Clinical audit and effectiveness ▪ Patient experience ▪ Health and safety and ▪ Quality improvement ii. the establishment and maintenance of effective risk management and quality governance systems within the organisation so that the Trust Board can be assured that the Trust: ▪ has adequate systems and processes in place to ensure and continuously improve patient and staff safety, quality, clinical effectiveness, and risk management ▪ has effective structures in place to measure and continuously strive to improve the effectiveness of care ▪ is responding to patients' feedback about their experiences and taking action appropriately ▪ Is promoting a culture of openness and transparency across the Trust which values innovation and improvement. ▪ has mechanisms in place to share learning and good practice in order to share learning and to raise standards ▪ effectively implements and delivers its quality improvement and patient experience strategies
2.2	

2.3	The Board Assurance Framework and risk register will be standing agenda items at each meeting. The Committee will utilise the role of non-executive champions to provide additional assurance to their board on specific issues related to quality of care and safety of patients and staff.
3.	**Membership**
3.1	The Quality Committee will be appointed by the Board of Directors. The Committee shall be made up of the following: • Non-Executive Director (Chair) • Non-Executive Director (Deputy Committee Chair) • Non-Executive Director • Medical Director • Chief Nurse and Director of Allied Health Professionals (lead executive director for the Committee) • Chief Operating Officer • Joint DirectorS of Race, Equality, Diversity and Inclusion
3.2	The Committee will be able to co-opt patient representatives as members.
3.3	The Secretary of the Committee will keep a register of attendance.
4.	**Quorum and attendance**
4.1	The Committee shall be deemed to be quorate if attended by any two Non-Executive Directors (NEDs) of the Trust (to include the Chair or designated alternate) and two executives. All NEDs can act as substitutes on all Board Committees.
4.2	In the event that an executive director member of the committee is unable to attend a meeting, they are required to send a deputy director from their directorate in their stead.
4.3	The following members of staff will be in attendance (or send a representative) at committee meetings: • Deputy Chief Nurse • Associate Medical Director • Associate Director of Quality Governance • Integrated Clinical Service Units (ICSUs) Clinical Directors/Associate Directors of Nursing • Heads of Adult and Children's safeguarding • Head of Patient Experience • Quality and Compliance Manager • Trust Secretary • Director of Environment • Lay members • Assistant Director, of Quality, NCL CCGs (observer)
4.4	The committee is empowered to request any other office employed by the Trust to attend meetings for the purpose of providing advice, clarification, recommendation or explanation in respect of any matter that falls within the responsibilities of the Committee.
4.5	The Secretary of the Committee will be the Executive Assistant to the Chief Nurse & Executive Director of Allied Health Professionals and they will keep a register of attendance for inclusion in the Trust's Annual Report.

4.6	The Quality and Compliance Manager will ensure the effective and efficient management of the Committee under the leadership of the Committee Chair and Chief Nurse.
5.	**Frequency of meetings**
5.1	The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.
5.2	Committee meetings will be held every two months, with a minimum of six per year. Additional meetings may be arranged to discuss specific issues but any such meetings should be infrequent and exceptional.
6.	**Agenda and papers**
6.1	Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
6.2	Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, one full week before the meeting. Supporting papers will also be sent out at this time.
7.	**Duties**
7.1	The Committee will carry out the following duties for the Trust Board: i. monitor, review and implement quality assurance and risk management strategies and action plans, including quality assessments for all cost improvement plans; ii. fulfil the following obligations for risk management: • review the Corporate Risk Register entries (defined as risks of >15, as per the Risk Management Strategy) • seek assurance that risks to staff and patients are minimised through the application of a comprehensive risk management system • contribute to the annual review of the Trust's Risk Management Strategy iii. receive and review reports from each ICSU twice per year, with a focus on areas within the ICSU quality report which are below target, as well as areas of excellence; iv. review the outcome of the annual assessment of performance on the two patient domains of the National Equality Delivery System v. review, recommend to the Trust Board for approval and monitor implementation of the Trust's Clinical Quality Strategy; vi. review and recommend to the Trust Board, the organisation's annual Quality Account publication; vii. monitoring organisational compliance against the Care Quality Commission's Essential Standards of Quality and Safety, and providing assurance to the Trust Board that effective systems are in place to monitor compliance (i.e. internal peer review programme); viii. seek assurance on the following areas: • Improvement in closing the health inequalities gap across the local health population. • patient safety issues through regular reporting, including the National Safety Thermometer, learning from serious incidents, infection control, and clinical incidents • that there are robust arrangements in place for the management of safeguarding adults and children and a system in place for managing patients who are Deprived of their Liberties (DoLs) at Whittington Health. • clinical audit and effectiveness through regular reporting, including national audits, NICE guidelines, and recommendations from relevant external reports

	• patient experience through regular reporting, including the friends and family test, complaints, Patient Advice & Liaison Services, and equality and diversity • that appropriate action is taken in response to adverse clinical incidents, complaints and litigation • the research programme and associated governance frameworks is implemented and appropriately monitored • health and safety through regular reporting, including fire safety, health and safety assessments, medical equipment and estates • delivery of the trust's quality improvement and patient experience strategies ix. maintain oversight of all relevant national and external reports; and x. Review annual performance against the patient/carer domains of the NHS Equality Delivery System. xi. Undertake regular quality and safety walkrounds across hospital and community sites to look at safety, culture and staff engagement providing feedback to the Board when necessary.
8.	**Reporting**
8.1	Members and those present should state any conflicts of interest and the Secretary should minute them accordingly.
8.2	The draft minutes of Committee meetings shall be formally recorded and presented at the next meeting for approval.
8.3	A Committee Chair's assurance report produced by the Trust Secretary in partnership with the Committee Chair and lead executive director will be presented to the subsequent Board meeting, this enabling the Board to oversee and monitor the functioning and effectiveness of the Committee.
8.4	The Trust's annual report shall include a section describing the work of the Committee in discharging its responsibilities.
8.5	The Committee will receive annual reports in relation to (but not limited to) infection prevention and control, safeguarding adults and children, complaints and compliments, research and development.
8.6	The Committee will receive and review submissions to national bodies and make recommendations for sign-off by the Trust Board
8.7	The following groups will report regularly to the Quality Assurance Committee: • Quality Governance Committee
9.	**Monitoring and review**
9.1	The Committee will produce an annual work plan and, in line with good corporate governance practice, carry out an annual review of effectiveness against its terms of reference and delivery of its annual work plan.
9.2	The Board of Directors will monitor the effectiveness of the Committee through receipt of the Committee Chair's assurance reports and any such verbal reports the Committee Chair may wish to provide. In addition, the Committee will produce an annual report of delivery of its annual work plan and terms of reference.
9.3	These terms of reference were approved by the Board of Directors in May 2022 and will be reviewed, at least annually.

Meeting title	**Quality Governance Committee**	**Date: 26/04/2022**
Report title	**Quarterly Learning from Deaths (LfD) Report** Quarter 3, 1 October to 31 December 2021	**Agenda item: 6.2**
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report author	Dr Clare Dollery, Executive Lead for Learning from Deaths. Vicki Pantelli, EA to Medical Director and Project Lead for Mortality	
Executive summary	During Quarter 3, 1 October to 31 December 2021 there were 109 adult inpatient deaths reported at Whittington Health. There were also 2 neonatal inpatient deaths. 19 adult structured judgement reviews (SJRs) were requested for Quarter 3 and 11 of these have been completed and presented at department mortality meetings. Each SJR has also been reviewed by the Medical Director to ensure all possible learning has been captured and shared across the organisation. This quarter there was one death of a patient with a serious mental illness; this death is subject to an SJR. There was also one death of a patient with learning disabilities; this is also subject to an SJR. In accordance with national guidance, all definite Hospital healthcare associated COVID-19 infections are reported and investigated as a patient safety incident. No patient deaths this quarter related to hospital acquired COVID-19. The SHMI for the period November 2020 to October 2021 is 0.87. The Trust are one of 16 Trusts which had lower than expected deaths. An overarching Mortality Review Group meeting took place on 25 January 2022. The meeting reviewed the learning from death reports and considered the mortality review process as a whole. The Trust were identified as a potential mortality outlier in a national bowel cancer audit however after an internal investigation assurance has been given that this was due to incomplete data entry. This is reported in a separate paper to QGC Addendum: It is noted that in the Q1report there was one death which was evaluated to be more than 50:50 likely to be avoidable – this si described in the current report	
Purpose:	The paper summarises the key learning points and actions identified in the mortality reviews completed for Q3, 1 October to 31 December 2021.	

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

Quarterly Learning from Deaths Report
Quarter 3, 2021/22: 1 October to 31 December 2021

1. Introduction

1.1 This report summarises the key learning identified in the mortality reviews completed for Quarter 3 of 2021/22. This report describes:

- Performance against local and national expectations in reviewing the care of patients who have died whilst in this hospital. This report focuses on deaths in inpatients.
- The learning taken from the themes that emerge from these reviews.
- Actions being taken to both improve the Trust's care of patients and to improve the learning from deaths process.

2. Background

2.1 In line with the NHS Quality Board "National guidance on learning from deaths" (March 2017) the Trust introduced a systematised approach to reviewing the care of patients who have died in hospital.

https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf

2.2 The Trust requires that all inpatient deaths be reviewed. The mortality review should be by a consultant not directly involved with the patient's care.

2.3 A structured judgement review (SJR) should be undertaken by a trained reviewer who was not directly involved in the patient's care, if the case complies with one of the mandated criteria listed below:

- Bereaved families and carers have raised a significant concern about the quality of care provision;
- Staff have raised a significant concern about the quality of care provision;
- Medical Examiners have identified the case for a SJR;
- All deaths of patients with learning disabilities;
- All inpatient deaths of patients with a severe mental illness (SMI) diagnosis. SMI is defined as schizophrenia, schizoaffective disorders, bipolar affective disorder, severe depression with psychosis, In addition to where these diagnoses are recorded in a patient's records, the use of Clozapine, Lithium and depot antipsychotic medication are indicative of these diagnoses;
- All neonatal, children and maternal deaths;
- Serious incident requiring investigation involving a patient death;
- All deaths in a service where concerns have been raised either through audit, incident reporting processes or other mortality indicators;
- All deaths in areas where deaths would not be expected, for example deaths following elective surgical procedures;
- Deaths where learning will inform the provider's existing or planned improvement work, for example deaths where the patient had sepsis, diabetic ketoacidosis, or a recent fall;
- Deaths that are referred to HM Coroner's Office without a proposed Medical Certificate of Cause of Death (MCCD).

3. Mortality review Quarter 3, 2021/22

3.1 During Quarter 3, 2021/22 there were 109 adult inpatient deaths reported at Whittington Health.

3.2 During Quarter 3, 2021/22 there were 2 neonatal deaths reported at Whittington Health.

3.3 Table 1 shows the distribution of deaths by departments/teams.

Table 1: *Death by Department/Team*

Department/Team	Number of deaths
Acute Admissions Unit (Mary Seacole North and South)	16
Cavell	15
Cloudesley	18
Meyrick	14
Critical Care Unit	13
Nightingale	6
Coronary Care Unit	6
Victoria	13
Coyle	5
Mercers	3
Child/neonatal/maternity	2
Total:	**109 Adults 2 neonates**

3.4 Table 2a shows the total number of mortality reviews and SJRs required and how many of these reviews are outstanding.

Table 2a: *Total number of Mortality reviews and SJRs required*

	Number of reviews required	Completed Reviews	Outstanding reviews
Adult Mortality Reviews	90	31	59
Neonatal Mortality Reviews	2	2	0
SJR	19	11	8

3.5 Table 2b provides a breakdown of SJRs required by department.

Table 2b: *SJRs required for each department/team*

Department	Number of SJRs	Number outstanding
Acute Admissions Unit (Mary Seacole North and South)	5	0
Cavell	1	1
Cloudesley	2	2
Meyrick	1	1
Critical Care Unit	2	0
Nightingale	1	0
Coronary Care Unit	2	0
Victoria	2	1
Coyle	1	1
Mercers	2	2
Neonatal	2	0

Table 3: *Reasons for deaths being assigned as requiring SJR during Quarter 3, 2021/22*

Criteria for SJR	Number of SJRs identified	Completed SJRs	Comments
Staff raised concerns about care	0	0	
Family raised concerns about quality of care	3	2	
Death of a patient with Serious mental illness	1	0	
Death in surgical patients	0	0	
Paediatric/maternal/neonatal/intra-uterine deaths	2	2	2 neonatal deaths, 1 reviewed using the perinatal mortality review tool and the other was reviewed and noted to be a death of extreme prematurity and did not meet criteria for HSIB or PMRT evaluation.
Deaths referred to Coroner's office	8	2	Excludes deaths in the Emergency Department and those already in other categories
Deaths related to specific patient safety or QI work e.g. sepsis and falls	4	4	
Death of a patient with a Learning disability	1	1	
Medical Examiner concern	2	2	
Subject to serious incident investigation	0	0	
Unexpected Death	0	0	
Concerns raised through audit, incident reporting or other mortality indicators	0	0	
Total including Neonatal Deaths	**21**	**13**	

*Healthcare Safety Investigation Branch
** Child Death Overview Panel

3.6 Deaths requiring a structured judgement mortality review form (or equivalent tool) are reviewed by a second independent Clinician, not directly involved with the case. The case is then discussed in the department mortality meeting. Each SJR is fully reviewed to ensure all possible learning has been captured and shared.

3.7 The aim of this review process is to:

- Engage with patients' families and carers and recognise their insights as a source of learning, improve their opportunities for raising concerns.
- Embed a culture of learning from mortality reviews in the Trust.
- Identify and learn from episodes relating to problems in care.
- Identify and learn from notable practice.
- Understand and improve the quality of End-of-Life Care (EoLC), with a particular focus on whether patient's and carer's wishes were identified and met.
- Enable informed and transparent reporting to the Public Trust Board, with a clear methodology.

- Identify potentially avoidable deaths and ensure these are fully investigated through the Serious Incident (SI) process and are clearly and transparently recorded and reported.

3.8 **Update on Previous Quarter's SJRs**

- For Q1 April to June 2021, 18 out of 23 SJRs have now been completed and returned.
- It is noted that there was one death that was noted to be more than 50:50 likely to be avoidable. This was a patient where hospital acquired COVID-19 contributed to their death. The score related to the patient being medically optimised for discharge for 4 days prior to contracting COVID-19. The only proven COVID-19 contact of the patient was another patient who had tested negative and then became positive while in the same bay. All care and subsequent isolation or cohorting of this patient was according to appropriate guidance.
- For Q2 July to September 2021, 13 out of 22 SJRs have now been completed and returned.

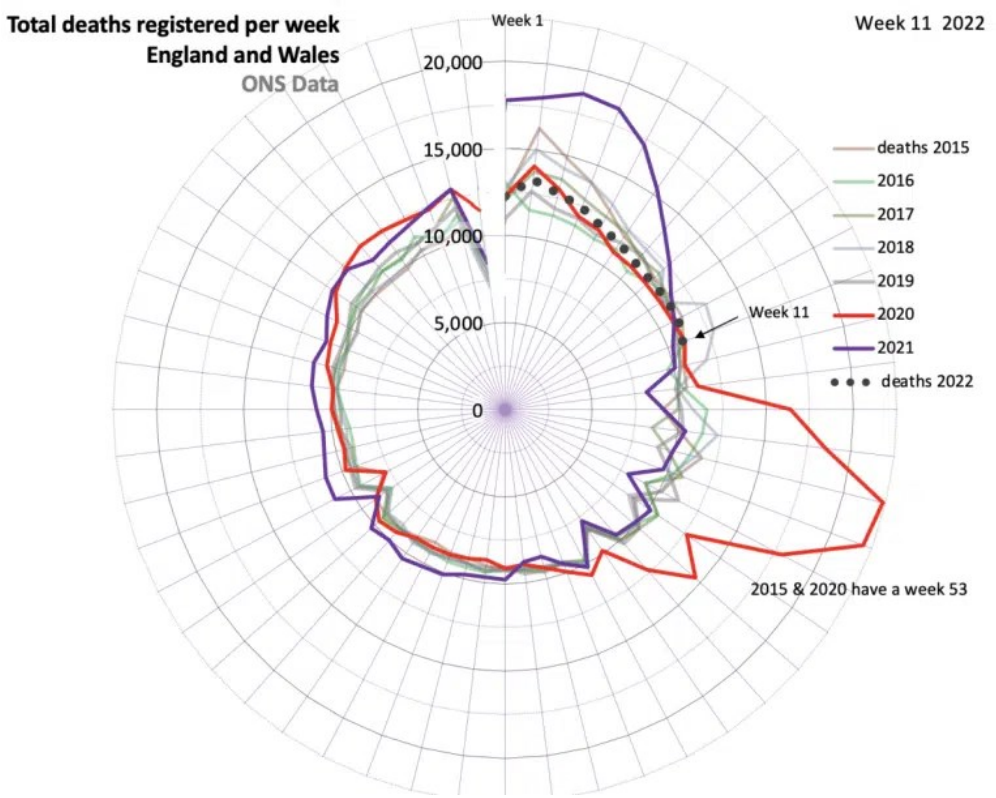
4 Mortality Dashboard

4.1 The National Guidance on Learning from Deaths gives a suggested dashboard which provides a format for data publication by Trusts. Whittington Health has chosen to adopt this dashboard locally. The dashboard is provided in Appendix 1 – NHS England Trust Mortality dashboard. This dashboard shows data from 1 April 2017 onwards. There were no avoidable deaths recorded for this quarter.

4.2 There were 109 inpatient adult deaths recorded in Quarter 3, 2021/22 at Whittington Health.

4.3 Nationally in week 11, ending 13 March 2022, 10,927 deaths were registered in England and Wales. This was 1.4% below the ONS 5-year average (2016 to 2019 and 2021). Of these deaths, 683 mentioned COVID-19 (6.3% of all deaths). Of the 683 deaths involving COVID-19, 65% (446 deaths) had this recorded as the underlying cause of death.

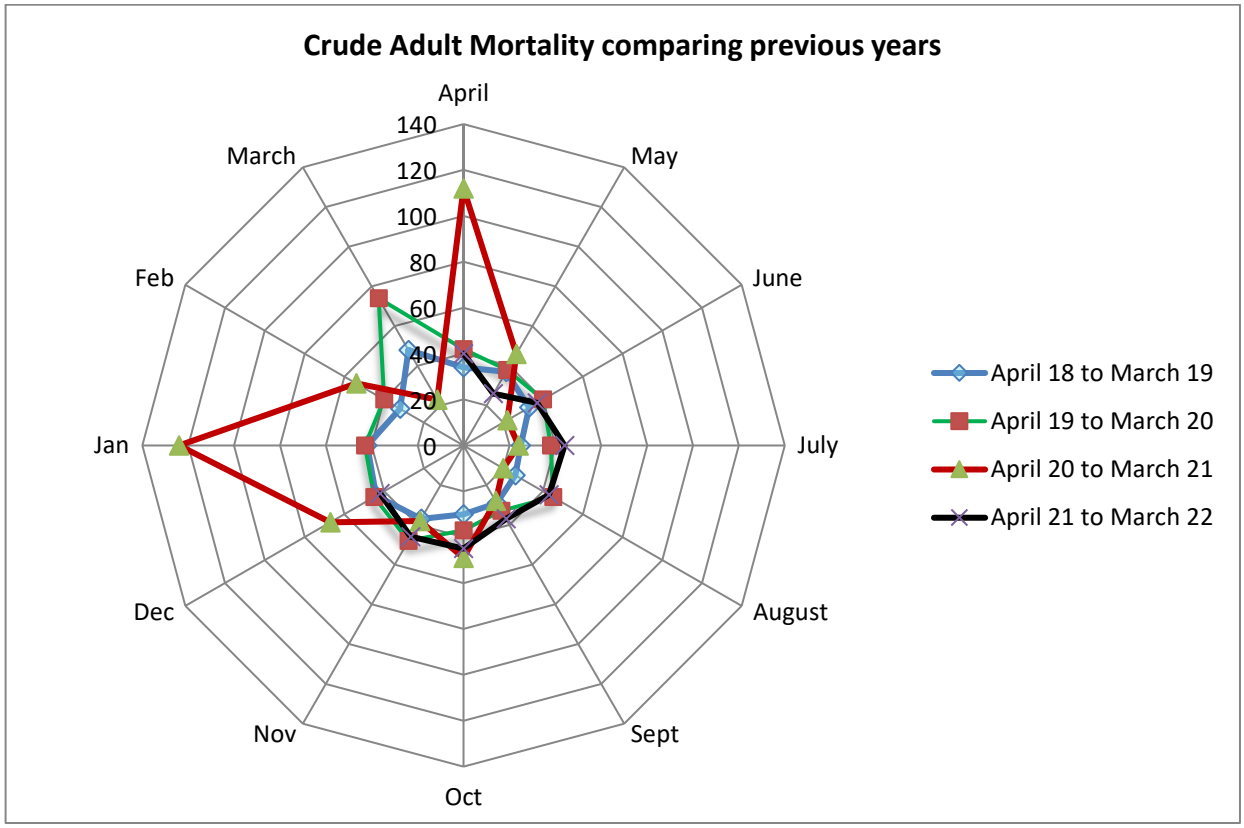
Graph 1 Source: *Oxford The Centre for Evidence Based Medicine*



4.4 The radial graph below compares all causes of adult deaths (including ED deaths) in the Whittington hospital in 2018-19, 2019-20, 2020-21 with the year considered in this report 2021-22.

4.5 The number of deaths in Q3 2021/22 was 133 – 21 deaths less than the prior year which included the start of the second surge of COVID-19 prior to vaccination for COVID-19 being rolled out.

Graph 2: Crude Adult Mortality comparing previous years



4.6 Table 4 reports the number of inpatient and ED deaths each month.

Table 4: number of inpatient and ED deaths each month

Month	April 18 to March 19	April 19 to March 20	April 20 to March 21	April 21 to March 22
April	34	42	112	40
May	37	38	46	26
June	33	40	22	37
July	25	38	24	44
August	26	45	20	43
Sept	29	33	28	37
Oct	30	37	49	45
Nov	37	48	38	46
Dec	44	45	67	42

Jan	42	43	124	
Feb	32	40	54	
March	48	74	23	

5 Summary Hospital-level Mortality Indicator (SHMI)

5.1 The SHMI for the period November 2020 to October 2021 is 0.87. The Trust are one of 16 Trusts which had lower than expected deaths.

6 Themes and learning from mortality reviews Quarter 3 of 2021/2022

6.1 Most mortality reviews identified excellent standards of care, with relatives expressing thanks for the care of their loved one. Early end of life care and palliative measures were taken in many cases.

6.2 There were cases of good practice such as the management of a patient presenting with sepsis who showed compliance with the full sepsis bundle including all time frames to assessment and treatment. The patient was subsequently felt to be at the end of their life and palliative support was put in place.

6.3 A patient with learning difficulties was fully assessed at presentation and seen by the LD nurse specialist within 5 hours of arriving in ED. It was noted that the team liaised with the hospital providing specialist care for an existing physical health problem and another hospital where they had had a recent emergency admission to ensure care was as cohesive as possible. Good access to diagnosis and treatment was noted and careful consideration of the patient's understanding and beliefs and good liaison with the patient's partner. It was noted that transfer to the home ward of the specialty team for the patients long-term condition could ideally have happened earlier in their admission- this learning point was also identified in another review.

6.4 The delicate balance of fluid resuscitation was highlighted in a patient who had concomitant cardiac failure and sepsis.

6.5 The ability to adopt a palliative care approach and active antibiotic treatment for sepsis was noted with good liaison between teams.

6.6 The risk of haemorrhage in patients on dual antiplatelet therapy and an anticoagulant for myocardial ischaemia and atrial fibrillation was highlighted. The combination was carefully considered and the review noted that since Dec 2021, there is new reversal agent, Adnexa alpha, specifically for Rivaroxaban/Apixaban to reverse GI bleeding.

6.7 In one case it was noted that the ICU team had approached a family about organ donation and it was noted that it is best practice to initiate this via the Specialist Nurse Organ Donation (SNOD) to ensure it is entirely separate from the patient's clinical care. The ICU team have received an update on best practice.

7 Mortality Review Group

7.1 A Trust-wide Mortality Review Group was held on 25 January 2022. The group discussed the Q2 2020/21 Learning from Deaths report.

7.2 132/134 Q3 deaths were reviewed by the Medical Examiners (ME). Please note that this number is higher than the learning from deaths data as it includes deaths within ED or out of hospital cardiac arrests verified deceased in ED. 32 deaths were referred to the Coroner of which 24 were deemed

for post mortem or further investigation. There is positive feedback from Clinical teams recognising and appreciating the ME role within the Trust.

7.3 The opportunity for families to discuss the care their relatives received with an ME has been positively received.

7.4 A new Medical Examiner Officer has been appointed to support the Medical Examiners.

8 National Bowel Cancer Audit

8.1 The Trust were identified as a potential mortality outlier in a national bowel cancer audit however after an internal investigation assurance has been given that this was due to incomplete data entry. This is reported in a separate paper to QGC

9 Conclusion and recommendations

9.1 The Quality Governance Committee is asked to recognise the significant work from frontline teams, and to recognise the learning from mortality reviews.

Appendix 1: NHS England Trust Mortality Dashboard

Whittington Health: Learning from Deaths Dashboard - December 2021-22

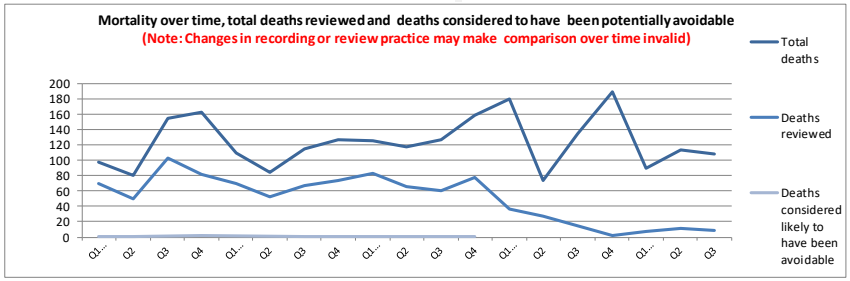
Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

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

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

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
36	39	3	1	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
108	113	9	11	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
311	577	27	65	0	0

Time Series: Start date 2017-18 Q1 End date 2021-22 Q3



Total Deaths Reviewed by RCP Methodology Score

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-
This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD	0	-
This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	1	9.1%	This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	10	90.9%

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

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

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

Meeting title	**Trust Board – public meeting**	**Date: 27 May 2022**
Report title	**Plan to Board for Midwifery Continuity of Carer (MCoC)**	**Agenda item: 7**
Executive director lead	Michelle Johnson – Chief Nurse & Executive Director of AHPs	
Report authors	Tessa Dunning, Head of Midwifery, Isabelle Cornet, Consultant Midwife, Gillian De La Motte, Community Matron	
Executive summary	Midwifery Continuity of Carer has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for Continuity of Carer to be the default model of care for maternity services, and available to all pregnant women in England. Where safe staffing allows, and the building blocks (see appendix A) are in place this should be achieved by March 2023 – with rollout prioritised to those most likely to experience poorer outcomes first. Following the publication of the Ockenden report in 2022, it was stated that: **'All trusts must review and suspend, if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.' (IEA 2, Safe Staffing page 164)'** The report gives a background on the current position within the Trust, information on activity staffing and a staffing redeployment with time scales and recruitment plan ensuring building blocks are in place to develop MCoC further.	
Purpose:	Discussion and approval.	
Recommendation(s)	Board is asked to i. accept the contents of this report; ii. support maternity services in the delivery of a transformed model of care;	

	iii. agree for return of plan to board on a quarterly basis for review, in line with the national guidance; and iv. provides an increase in staffing/equipment or estate requirements.
Risk Register or Board Assurance Framework	Quality 1 – quality and safety of services - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation Quality 2 – capacity and activity delivery - Due to a lack of capacity, capability, and clinical attention and continuing pressures from the pandemic, there is an inability to meet elective recovery and clinical performance targets, resulting in a deterioration in service quality and patient care such as: • long delays in the emergency department and an inability to place patients who require high dependency and intensive care • patients not receiving the care they need across hospital and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage
Report history	Maternity Governance and Safety Champions Group
Appendices	None

Review of Midwifery Continuity of Carer Service Whittington Health

1. BACKGROUND

Midwifery Continuity of Carer has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for Continuity of Carer to be the default model of care for maternity services, and available to all pregnant women in England. Where safe staffing allows, and the building blocks (see appendix/ A for assurance framework) are in place this should be achieved by March 2023 – with rollout prioritised to those most likely to experience poorer outcomes first**.**

What does it mean to offer Midwifery Continuity of Carer as the 'default model of care'?

In line with *Better Births* and the *NHS Long Term Plan*, all women should be offered the opportunity to receive the benefits of Continuity of Carer across antenatal, intrapartum, and postnatal care. However, not all women will be able to receive continuity of carer, through choosing to receive some of their care at another maternity service. In a small number of cases, women will be offered a transfer of care to a specialist service for maternal/foetal medicine reasons.

Providing Continuity of Carer by default therefore means:

1. Offering all women Midwifery Continuity of Carer as early as possible antenatally; and
2. Putting in place clinical capacity to provide Continuity of Carer to all those receiving antenatal, intrapartum and postnatal care at the provider.

Maternity services and North Central London Local Maternity Neonatal System (NCL LMNS) are asked to prepare a plan to reach a position where midwifery Continuity of Carer is the default position model of care available to all women.

As a first step, Local Maternity and Neonatal Systems agree a local plan that includes putting in place the 'building blocks' for sustainable models of Continuity of Carer by 15th June 2022; so that Continuity of Carer is the default model of care offered to all women. This plan will include:

- The **number of women** that can be expected to receive continuity of carer, when offered as the default model of care
- **When** this will be achieved, with a redeployment plan into MCoC teams to meet this level of provision, that is phased alongside the fulfilment of safe staffing levels
- **How** continuity of carer teams is established in compliance with national principles and standards, to ensure high levels of relational continuity
- How **rollout will be prioritised** to those most likely to experience poor outcomes, including the development of enhanced models of continuity of carer
- **How care will be monitored locally**, and providers ensure accurate and complete reporting on provision of continuity of carer using the Maternity Services Data Set
- **Building blocks** that demonstrate readiness for implementation and sustainability assessment – ensuring all the key building blocks are in place.

2. CURRENT POSITION

- In 2021, Whittington Health (WH) maternity service booked 4175 women, with attrition of 495 cases which equates to an attrition rate of 11.8%. This data is from the May 2022 Birthrate Plus report.

- In 2021 3680 women giving birth at Whittington Health.

- Birthrate plus has demonstrated that 1020 women birthed at WH but received their postnatal community care from another Trust (because they lived outside of WH catchment area). Conversely, 1125 women birthed in other units and received postnatal care from WH midwifery community services.

- At WH historically about 30% of women are Out of Area (OOA) – they choose to give birth at WH rather than their local trust. Women are then transferred to the care of their local community midwifery services after they have given birth. This cohort of women would not be eligible for the full MCoC pathway due to their postnatal care not being provided by the trust. Similarly, the 1125 community imports are not eligible for MCoC as they have received most of their care elsewhere. When analysing the attrition rate, women often relocate during their pregnancy. This is often anecdotal, as we do not capture data regarding why women may book with us and not give birth here, however, work will be undertaken with the Maternity Voices Partnership (MVP) to explore this further for WH. Attrition will also include pregnancies that end in miscarriage or termination of pregnancy.

- **The Birthrate plus analysis has identified 2660 women eligible for MCoC, across the boroughs of Islington and Haringey. These are the women who live in our locality and choose WH as their place of birth. As can be seen by our number of community imports, the provision of MCoC as a default model could potentially increase the number of women choosing WH to give birth.**

Women from an ethnically diverse background are reflected as follows:

- Islington- 1215 women booked by Islington midwifery teams- 446 from a diverse background, equating to 36% of those bookings.
- Haringey- 1621 women booked by the Haringey midwifery teams- 501 from a diverse background, equating to 30% of those bookings.

This data is taken from the Maternity Medway system from 2021.
A mapping exercise has been done to visually show where these women live within the locality. Although there is a spread across the boroughs, areas with a higher proportion of women from these backgrounds can be identified. There is further work to determine the population health needs for the pregnant women in WH catchment areas.

3. PROPOSALS FOR EXISTING SERVICE AND FUTURE DEVELOPMENT

Whittington Health NHS Trust aims to provide MCoC to 2660 out of 3680 women. The remainder of the women receive care from other maternity services and are unlikely to change their position due to (tertiary referral or geography). Out of

1020 women not eligible for MCoC, 435 are Black, Asian, or Mixed ethnicity (based on 2021 data) and do not live in WH geographical area. We will aim to offer antenatal continuity of care to the women with a named midwife. For women birthing a t another Trust and receiving postnatal care form WH, we will aim to offer postnatal continuity.

MCoC teams will be further prioritised for roll out in the highest areas of Black, Asian and Mixed ethnicity populations and the postcodes of the lowest deciles. This ensures that we target women who are most likely to experience adverse outcomes first.
The planning guidance sets out that building blocks need to be in place prior to and during further rollout of MCoC. They are set out as a readiness to implement and sustain MCoC assessment framework. This provides an opportunity to RAG status all the building blocks that need to be in place to achieve and monitor sustained transformation. These building blocks are the key elements in the plan to roll out MCoC from the current position to default MCoC for most women.

Following the publication of the Ockenden report in 2022, it was stated that:
'All trusts must review and suspend, if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.' (IEA 2, Safe Staffing page 164)'

Given that 3 WTE midwives are leaving the current MCoC at the end of May 2022, and the current vacancies, there are three immediate proposals to keep some MCoC provision in one area. This will allow two midwives to return to traditional community midwifery services and one to inpatient services and keep one sustainable MCoC team in place.

The options presented below suggest we will not have specialist vulnerable women's groups as the evidence suggest that this does not improve outcomes and the women themselves prefer to receive place based (geographical) care. The aim is to focus on areas with high deprivation and women of ethnic diverse backgrounds.

The three options are as follow, remaining as it was not seen as a viable option:

Option One	**Maintain Sunflower (Islington-postcodes N5/N7)** • Well established/full MCoC Staff from Acorn would move to Sunflower team • Change catchment postcodes to capture women living in more deprived areas. Currently there is 27 % of black and Asian minority ethnic women and / 57% of white non British women in this catchment area. Proposition to move from N5/N7 to N7/ N19.This would cover an area with a higher ethnic minority demographic • Offer the choice to women originally booked with Acorn, to either transfer care to local traditional community team or to Sunflower team to continue with the MCoC model

Option Two	**Maintain Acorn (Haringey- postcode N22)** • More resources challenges as at a less mature development stage • Transfer Sunflower midwives to Acorn area • Move postcodes to catch more deprived areas, currently there is 20% of Black and Asian minority ethnic women and / 55% of white non British women in this catchment area • Offer the choice to women initially booked with Acorn, to either transfer care to local traditional community team or to Sunflower team to continue with the MCoC model
Option Three	**Merge Sunflower and Acorn Team** Balance the staffing reduction. To do so, some changes needed as reduction in staffing does not allow full MCoC in two teams:

Option one is the preferred option and then to work in the next 6 months, to reintroduce a MCoC team to the Haringey areas of N15 and N17 which has the highest areas of multiple deprivation and ethnic diversity as seen on the IMD map and local mapping of ethnicities.

4. SAFE STAFFING

In May 2022 Whittington received the Birthrate Plus report which looked at clinical activity in the calendar year 2021. This report systematically assessed the maternity workforce requirements at Whittington Health. Birthrate Plus considers activity and acuity to determine the midwife to birth ratio and recommends the number of midwives required to deliver care across the entire pregnancy and birth journey. Birthrate Plus concluded that following staffing investment, if all posts within the funded establishment were filled there would be enough midwives to provide safe staffing levels whilst working within the current models of care. The current vacancy rate is 10% of frontline band 5-6 midwives.

The Birthrate plus report for Whittington stated, 'Based on 2021 activity, and a 22% uplift, the clinical total WTE (whole time equivalent) recommended is 167.31 WTE, of this 150.58 WTE are band 5-7 and 16.73 (10%) band 3 MSW providing postnatal care, indicating a clinical variance of 6.79 band 3-7'.

The plan will be to roll out further CoC teams in a sustainable way. Within six months we would have a MCoC covering the most deprived areas of Haringey (postcodes N15/N17), and then within one year we would explore integrated teams for high-risk women (such as women with diabetes of perinatal mental health illness) or those choosing to use the midwifery led birth centre. Before Whittington can commence this phased roll out, the maternity service will need to recruit to full establishment. This work is ongoing at present but challenging due to a shortage of midwives both in London and nationally.

There are currently 16 WTE midwifery vacancies in band 5-6. Thirteen posts have been offered and accepted in a recent round of recruitment, and the midwives will be in post by October 2022. We are going back to advert imminently. The vacancy figure is ever changing, with midwives leaving the Trust or retiring. We currently have a roiling recruitment campaign and are exploring the recruitment of international midwives as part of Capital Midwife.

There has been additional funding into the practice development team to provide enhanced support for newly qualified midwives, and work and ongoing training acknowledging the valuable work of Maternity support workers, which will hopefully impact the retention and development of staff at the Whittington. Whilst it is acknowledged that MSWs cannot replace midwifery staff, support roles can be further developed to enhance women's pregnancy and postnatal experience.

Going forward, MCoC will be included in every job description to ensure recruitment plans align with continuity of care becoming the default model. The escalation policy will be reviewed and updated in terms of continuity role out. It is important to ensure midwives working in CoC are not called to support the inpatient staffing out of hours, as they have often worked all day, and this can lead to burn out. There are Trusts that have a hospital core on-call to support in times of high acuity, meaning that the midwives are working within their known environment and being called does not further disadvantage another area. This is something that could be considered by Whittington Health.

There is a need to continually review the WTE requirements, as studies have shown with MCoC models women access hospital care less frequently and therefore there is an expectation of a reduced need for core staff across all areas.

A Cochrane review showed that women are 24% less likely to experience a preterm birth. The cost benefit of this is difficult to calculate, however it would reduce the cost of NICU cots, and long term health cost associate with ongoing health conditions of prematurity. (Sandall et al 2013). The Cochrane review also showed that women cared for in MCoC models are 19% less likely to lose their babies before 24 weeks, which will have a significant impact on the service also.

Therefore, it is important we look at our demographic data of the boroughs served by Whittington to ensure those most at risk of poor outcomes, have a MCoC offer. This will take some time to develop and plan to ensure we are meeting the needs of our local population.

Ref: Sandall J SH, . Gates S,. Shennan A,. Devane D., Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2013(8):CD004667

5. FUTURE PLANNING

We will use the NHHE/I toolkit to plan a phased roll out of future MCOC. However, it is a possibility that we may need to do an entire restructure of the community service prior to rolling out more than two teams. This will need careful planning and staff and service user engagement.

We have a meeting planned with the MCoC national lead on 7th June 2022, which will help us plan the roll out of further MCoC team using the NHSE/I toolkit. This will demonstrate, time frames for roll out, recruitment plan – (how many midwives and when). The toolkit account for staffing ratios, demonstrating planned safe staffing at any given time during this process, providing assurance that appropriate staffing ratios have been considered in this plan.

We intend to under-take an evaluation at each phase to check that all our systems and processes work as per plan. We also want to observe if there are any emerging patterns such as a reduction in foot fall in postnatal ward/triage etc. We want to check there are no unintended consequences. At each phase we will use the PDSA cycle to consider if our plans need amending and make any changes accordingly.

6. COMMUNICATION AND ENGAGEMENT

We will involve the Midwifery Voices Partnership in all stages of the planning for MCoC. The Consultant midwife has a weekly meeting with the MVP to discuss developments at WH. We will aim to hear the voices of hard-to-reach women by engagement with the local community hubs.

Staff will be engaged at all stages, and initial meetings have taken place to discuss the plans when 3 WTE leave the existing MCoC teams. As the plans progress engagement of the wider maternity team and organisation will take place, including awareness weeks and staff engagement events.

7. SKILL MIX PLANNING

The midwifery workforce is facing unprecedented challenges. There are many midwives reaching retirement age, and the workforce is becoming more reliant on junior midwives. This has been confounded by the pandemic. To ensure newly qualified midwives are supported the Trust received funds to establish 1 WTE band 7 midwife to join the practice development team to focus on retention.

For MCoC to be the default model of care, this will need a whole team approach, and exploring various ways of working. For example, we know that not all midwives are able to work in the community or shorter days, so it is envisaged we can offer midwives shift based work pattern in MCoC teams.

The labour ward team, including the coordinator will provide a pivotal role in the success of MCoC teams, so it is envisaged staff training and development days will be held to ensure this is a whole team approach and all staff are aware of the way teams work and what support may be needed.

It is imperative that band 5 midwives are supported when they join MCoC teams. The teams must have an experienced skill mix and no more than one band 5 in each team. The band 5 will develop a wealth of experience working in this way but needs to be mentored and supported by a fully established team. The band 5 midwife would need to have completed rotation in the intrapartum setting prior to joining a MCoC team.

It is proposed that an MSW will join each MCoC team to support the teams and provide valuable support to new mothers and families. They will be able to release time for midwives and provide infant feeding support in the community.

8. TRAINING

This is a key building block, and the following actions are in place:

- Training Needs Analysis

- Mandatory Training: including multi-disciplinary obstetric emergency training
- Labour ward Coordinators leadership training
- Professional Midwifery Advocates

9. LINKED OBSTRETRICAIN

The review process will involve:

- Quarterly review at board for assurance and escalation.
- Oversight via ICB and region for assurance. This includes linkage with the Maternity Incentive Scheme (MIS) standards and how this will be monitored at the Whittington

The current MCoC have a good working relationship with their named consultant. However, as the teams expand a multi-disciplinary approach is needed to ensure link obstetricians are identified. The Trust is currently in the process of recruiting more obstetricians to increase the consultant presence as highlighted in the Ockenden review.

The referral process to the obstetrician is clearly set out in the standard operating policy (SOP) as well as the antenatal guidelines.

10. STANDARD OPERATING POLOICY (SOP)

The MCoC SOP provides assurance around roles and responsivities. The maternity service SOP is currently out for comments and awaiting ratification through the maternity Governance process.

11. MIDWIFERY PAY

The Royal College of Midwives (RCM) requests that no midwife should be financially disadvantaged for working in this way. Midwives should neither work above and beyond their contracted hours. At the Whittington, the current MCOC teams receive a 4.5 % uplift to their pay.

12. ESTATE AND EQUIPMENT

MCoC teams will be placed in Children's Centres/ Health centres where existing community midwifery services operate. WH is an ICO with widespread premises for clinical consultations. This will also allow collaborative working with other services such as Health Visiting.

13. REVIEW PROCESS

Review of the data recorded on the Maternity Medway IT system- this will be part of the digital transformation work to ensure robust and meaningful data is captured to help plan efficient services.

Meeting title	**Trust Board – public meeting**	**Date: 27 May 2022**
Report title	**Modification of maternity training**	**Agenda item: 8**
Executive director lead	Helen Taylor, Clinical Director, Acute Patient Access, Clinical Support Services and Women's Health	
Report authors	Tessa Dunning Head of Midwifery, and Jane McKenzie, Practice Development Lead midwife	
Executive summary	The Covid-19 pandemic put restrictions on face-to-face maternity staff training due to staffing contains, clinical acuity and availability of training venues. The latest Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) published in May 2022, encouraged the reinstatement of face-to-face training, however, for situations where this is not possible face-to-face, remote or digital training (which covers the requirements within the safety actions) will be accepted to count towards the training percentage. 'It is recognised that temporary modifications may be necessary in light of the Covid-19 pandemic. In such cases, the Board must ensure that these are mitigated and agreed to ensure the safe provision of services. Details of any modifications, and the agreed mitigations will be expected to be shared with the Trust Board by 16 June 2022.' (CNST 2022) In view of Covid 19 pressure, 90 % compliance in 18 months will be accepted as compliance. Online training is available to all staff working in maternity services, this online training covers the requirements in the safety actions as outlined in the core competency framework (NHSE 2020). From August 2021- April 2022, a hybrid course was offered to staff. This included PROMPT lectures online, and small multi-disciplinary face to face skills sessions – to comply with social distancing and in view of staffing challenges. From May 2022, small face to face training has been recommenced. However, finding training venues remains a challenge.	

	Therefore, online training will continue to be an option and extra skills sessions offered on a monthly basis, in addition to the planned monthly PROMPT training day every month. Whittington Health is line with neighbouring Trusts in the Local Maternity and Neonatal System by offering a hybrid model of teaching (face-to-face and online).
Purpose:	Approval
Recommendation	The Board is asked to approve the modifications outlined above to support a hybrid model of staff training in maternity services.
Board Assurance Framework entries	• Quality 1 - quality and safety of services • Quality 2 - capacity and activity delivery
Report history	None
Appendices	Maternity Incentive Scheme – year four https://resolution.nhs.uk/wp-content/uploads/2022/05/MIS-year-4-relaunch-guidance-May-2022-converted.pdf.

Meeting title	Trust Board – meeting in public	Date: 27th May 2022
Report title	**Safeguarding Adults and Children Annual Declaration 2022/2023**	**Agenda item: 9**
Executive director lead	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals	
Report authors	Karen Miller, Head of Safeguarding (Children) Therese Renwick, Head of Safeguarding (Adults)	
Executive summary	• Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national regulation, standards, and guidance to ensure that children, young people, and vulnerable adults are cared for in a safe, secure, and caring environment • The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the two Heads of Safeguarding (adult and child) reports to the Chief Nurse • A Safeguarding Annual Report is produced which is reviewed by the Trust Board (covers both children, young people, and vulnerable adults) • Whittington Health is an active member of two local Safeguarding Children's Partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required • The Trust is a member of the local safeguarding adults' partnerships in Haringey and Islington. The safeguarding audits are completed for both Boroughs. • The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, the Prevent strategy and monitors Serious Case Review/Rapid review/Safeguarding Adult Review recommendations. Core safeguarding business has continued throughout the COVID-19 national emergency • WH operates a Safer Recruitment Policy to ensure the workforce is appropriately safe to discharge its safeguarding responsibility, this includes its responsibility to investigation allegations of abuse made against staff.	
Purpose:	Approve the annual statement of assurance	
Recommendation(s)	The Board of Directors is asked to: i. Read and understand the Trust's responsibility for safeguarding children, young people and vulnerable adults	

	ii. be assured that the Trust continues to follow statutory requirements (Children's Act 2004, Local Safeguarding Children Boards procedures and Pan London Safeguarding Children Procedures) to protect children at risk of abuse and neglect iii. be assured that the Trust follows its statutory requirements in relation to the Care Act 2014 and Mental Capacity Act 2005 working in partnership with local and our neighbouring social care services
Risk Register or Board Assurance Framework	Board Assurance Framework risk **quality entry** 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Report history	
Appendices	**None**

Annual Safeguarding Declaration 2022-23

1. SUMMARY DECLARATION

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

1.2. The WH Safeguarding Children team works closely with the Safeguarding Adults lead to ensure a collaborative 'Think Family' approach exists to safeguard the entire population the Trust serves. This includes fully embedding strategies linked to protection from domestic abuse, child sexual exploitation and adhering to the Prevent strategy in protecting vulnerable groups from radicalisation. This approach also includes a focus on transition from child to adulthood which is often a period of increased vulnerability for young people.

1.3. Safeguarding and promoting the welfare of children and vulnerable adults is of paramount importance to the organisation. Their welfare is embedded across every part of the Trust and in every aspect of our work. The Trust has clear controls and arrangements in place through regular audit, review and quality improvement led by skilled and competent named professionals, supported and challenged by the Trust Board and Clinical Commissioning Groups.

1.4. The Board Director responsible for safeguarding is the Chief Nurse and Director of Allied Health Professionals. Joint Safeguarding Committee meetings are held quarterly with accountability to the Trust Board through to the Quality Assurance Committee. The committee reviews the Trust's responsibility across children and vulnerable adults.

2. SYSTEMS AND PROCESSES

2.1. Disclosure and Barring Service (DBS) checks (formally known as CRB) are carried out on all staff commencing employment. Staff working with children and/or vulnerable adults require an enhanced level of check.

2.2. A Designated Officer (currently the Head of Safeguarding Children post holder) is employed to investigate and advise regarding safety within the workforce.

2.3. The Designated Officer works closely with Local Authority Designated Officers (LADO) in Local Authorities Children's Social Care to escalate concerns regarding staff behaviour in respect of potential risks posed by their behaviour in relation to their employment.

3. POLICIES

3.1. The Trust has clear up-to-date child protection and safeguarding adult's policies and systems which are reviewed regularly. These are overseen by the WH Quality Assurance Committee and Joint Safeguarding Committee, both of which

report into the Trust Board.

3.2. The Trust has a specific process in place for following up children and young people who miss appointments and systems for identifying children where there are safeguarding concerns. A policy called 'Was Not Brought' Policy supports staff in this area.

3.3. Safeguarding training is a priority for all staff, with various levels of training depending on their role. Training is provided in accordance with the Safeguarding Children Intercollegiate Document (2019) and the Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). They are designed to ensure staff possess the correct knowledge, skills, and competencies to carry out their duties in relation to safeguarding children and adults.

4. ASSURANCE

4.1. The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the Heads of Safeguarding professionally reports to the Chief Nurse.

4.2. A Safeguarding Annual Report is produced which is reviewed by the Trust Board. This report covers both children and vulnerable adults.

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

4.4. The Trust is a member of the local safeguarding adult's partnerships in Haringey and Islington and attends the annual Board challenge sessions.

4.5. The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, Prevent and monitors serious case review recommendations, this has continued throughout the Covid-19 national emergency.

5. DECLARATION

5.1. This summary provides the Trust Board with assurance that the trust is meeting its statutory requirements in relation to safeguarding children, young people, and adults in its care.

Meeting title	**Trust Board - Meeting in Public**	**Date: 27th May 2022**
Report title	Eliminating Mixed Gender Hospital Inpatient Accommodation Statement of Assurance 2022-23	**Agenda item: 10**
Executive director lead	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals	
Report author	Deborah Clatworthy, Deputy Chief Nurse	
Executive summary	This paper provides an annual statement of assurance that patients who require inpatient/day case care are cared for in single gender accommodation. Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust is committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable. Patients who are admitted to hospital or come in for a planned day case will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area. There are some exceptions to this and sharing with people of the opposite gender maybe necessary. This should only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high dependency observation bays. Some other reasons for exceptions would be, during a major incident, pandemic or to maintain infection prevention and control isolation. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained.	
Purpose:	To review and approve this paper.	
Recommendation (s)	The Board of Directors is asked to agree: I. The statement of assurance is agreed by the Trust Board and then published onto the Trust Internet and Intranet. II. Any monthly reporting of breaches is contained within the Trust Board Performance Report as reported to Commissioners.	

Risk Register or Board Assurance Framework (BAF)	Board Assurance Framework risk **Quality 1** - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation. **Quality 2 -** Due to a lack of capacity, capability, and clinical attention and continuing pressures from the pandemic, there is an inability to meet elective recovery and clinical performance targets, resulting in a deterioration in service quality and patient care such as: • long delays in the emergency department and an inability to place patients who require high dependency and intensive care • patients not receiving the care they need across hospital and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage.
Report history	
Appendices	None

Eliminating Mixed Gender Hospital Inpatient Accommodation
Statement of Assurance 2022-23

1. INTRODUCTION

1.1 Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Whittington Health NHS Trust is committed to providing every patient with same gender accommodation as it helps to safeguard their privacy and dignity when they are often at their most vulnerable. Patients who are admitted to hospital will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area. Sharing with members of another gender will only happen by exception based on clinical need (for example where patients need specialist care or equipment is needed such as in the high dependency cardiac care unit (Montuschi Ward) and the Critical Care Unit or when patients choose to share, for instance in the Chemotherapy or Thalassaemia unit) or through agreement between staff and patient based on patient dignity.

1.2 The term 'gender' is used in this statement to refer to an individual's sense of themselves and is based on an understanding of gender as a biopsychosocial developed aspect of identity. Gender describes a part of a person's identity which is wider than their biological or legal sex.

1.3 The Trust recognises that some patients (referred to as transgender) may have changed, or be in the process of changing, the gender they live in from one gender to another, and/or may not identify as male or female.

1.4 The Trust is responsible for ensuring that all patients and relatives/carers as appropriate, are aware of the guidance and are informed of any decisions that may lead to the patient being placed in, or remaining in, mixed gender accommodation.

1.5 Decisions to mix genders will be based on the patient's clinical condition and not on constraints of the environment or convenience of staff.

1.6 There may be exceptions during a major incident, pandemic or to maintain infection prevention and control isolation.

2. WHAT DOES THIS MEAN FOR PATIENTS

2.1 Other than in the circumstances set out above, patients admitted to the hospital can expect to find the following:

- The ward bed bay will only have patients of the same gender
- The toilet and bathroom will be single gender, and will be close to the bed area

- It is possible that there will be patients of different genders on the same ward, but they will not share the sleeping area. Patients may have to cross a ward corridor to reach the bathroom, but patients will not have to walk through differently gendered areas
- Patients may share some communal space, such as day rooms or dining rooms, and it is highly likely that they will see patients of other genders as they move around the hospital (e.g., on way to X-ray or the operating theatre)
- It is probable that visitors of another gender will come into the ward or bay and may include patients visiting each other
- It is almost certain that nurses, doctors, and other staff of all genders will care for patients
- If personal assistance is required (e.g., hoist or adapted bath) then patients may be taken to a "unisex" bathroom used by people of all genders, but a member of staff will be with the patient, and other patients will not be in the bathroom at the same time

- Patients who have undergone, or are undergoing a process of gender transition (transgender) will be accommodated in the bay appropriate for the gender they are currently living in and there will be no requirement to show legal recognition in this gender
- Where there is reason to believe that a transgender patient may be more comfortable being accommodated with patients of another gender or in a side room, this will be discussed with them privately and an agreement made between the patient and staff. Knowledge of a patient's history of transition will not automatically lead to this question being raised where there would otherwise be no question over where a patient should be accommodated
- Patients who do not identify as male or as female will not necessarily be accommodated with other patients of the same gender or alone, but will be accommodated with either male or female patients as based on agreement between the patient and staff
- Where a patient is unable to contribute to the decision being made about their accommodation, the advice of family or carers will be sought where possible, and a decision made based on available indicators (name, manner of dress, etc.) where advice is not available, until such time as the patient can contribute to the decision being made.

3. STATEMENT OF ASSURANCE

3.1 The Whittington will not turn patients away if a "right gender" bed is not immediately available.

3.2 The Board is committed to ongoing delivery of single gender accommodation.

3.3 To ensure that there is an ongoing process in place to measure patient experience of single gender accommodation, performance is provided to the Trust Board (contained within the Integrated Performance Report).

3.4 For people who sleep in shared spaces with people of the same gender, Trust staff will do everything possible to ensure dignity and privacy.

3.5 To ensure there is a process to track other mechanisms for determining patient experience of single gender accommodation, e.g., through patient complaints/concerns/comments.

3.6 Episodes of mixed gender accommodation breaches for non-clinical reasons will be reported to the NCL Integrated Care System through monthly performance reports and reviewed at the trust Quality Assurance Committee meeting.

3.7 To provide information leaflets for patients on single gender accommodation and ensure that they are used by staff in discussions with patients.

3.8 Delivery of single gender accommodation will always be considered when planning any new or refurbished estate development scheme.

3.9 If care should fall short of the required standard, the Trust will report it.

3.10 There is an internal monitoring process to ensure the Trust does not misclassify any reports.

3.11 The trust will publish results within the Integrated Performance Report presented to the Trust Board

3.12 Where there are rare occurrences of gender mixing for non clinical reasons, a process exists to investigate the reason and take remedial actions as required to prevent future occurrence (reported as clinical incidents).

3.13 The relevant Trust policies will refer to requirement to delivering single gender.

3.14 The Trust believes that delivering single gender accommodation should be standard. Mixing gender will only occur by exception for reasons of clinical justification or patient choice.

3.15 If mixing does occur, staff will attempt to rectify the situation as soon as possible, whilst safeguarding the patient's dignity and keeping the patient informed about why the situation occurred and what is being done to address it (with an indication of how long this will take).

3.16 Issues of privacy/dignity and single gender accommodation are included in mandatory staff training and induction and the trust provides training to

support the elimination of mixed gender accommodation and to promote the protection of privacy and dignity.

3.17 The Trust will ensure all staff are aware of the guidance and how they manage requirements around recognising, reporting, and eliminating mixed-sex breaches

3.18 The Trust will ensure there are no exemptions from the need to provide high standards of privacy and dignity at all times.

4. RECOMMENDATIONS

4.1 The Board of Directors has agreed:

I. The statement of assurance is agreed by the Trust Board and then published onto the Trust Internet and Intranet.

II. Any monthly reporting of breaches is contained within the Trust Board Performance Report as reported to commissioners.

Meeting title	**Trust Board – public meeting**	**Date: 27 May 2022**
Report title	**Draft Quality Account 2021/2022**	**Agenda item: 11**
Executive director lead	Michelle Johnson, Chief Nurse and Director of Allied Health Professionals	
Report author	Kat Nolan-Cullen, Compliance and Quality Improvement Manager, and Gillian Lewis, Associate Director of Quality Governance	
Executive summary	The report provides the final draft of the Quality Account for 2021-22. Contained within the report are the agreed quality priorities for 2022/23 by the Quality Assurance Committee. Patients and their families want to know they are receiving the very best quality of care from Whittington Health. NHS Providers are required to publish a Quality Account annually. The reporting includes the requirements set by NHSE/I and are as follows 1. Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum. 2. **As a provider above this threshold, the trust is required to publish a Quality Account for the 2021-22 financial year by 30 June 2022**. 3. The processes for producing Quality Accounts remain the same as previous years, with the following exceptions to NHS providers: a. **There is no national requirement for NHS trusts to obtain external auditor assurance** on the quality account or quality report, with the latter no longer prepared. Any NHS trust or NHS foundation trust may choose to locally commission assurance over the quality account; this is a matter for local discussion between the Trust (or governors for an NHS trust) and its auditor. For quality accounts approval from within the Trust's own governance procedures is sufficient. b. **The publication process is amended for this year,** as noted below. c. **Integrated Care Boards (ICBs) will assume Clinical Commissioning Group (CCG) responsibilities** for the review and scrutiny of Quality Accounts (subject to the Health and Care Bill receiving Royal Assent). Where this	

	function has not transferred from CCGs to ICBs, CCGs must continue to undertake it for the 2020-21 reporting cycle. ICBs/ CCGs must clarify with providers where they are expected to send their Quality Account. d. When producing the Quality Account, reference will be made to the relevant NHS Operational Planning and Contracting Guidance for 2020-21. e. Organisations are also reminded that schedule 6, paragraph 11b of the *Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016* requires "a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account". The quality priorities for improvement were set for a three year period from 2020-23. They are aligned to the Trust's commitment to helping local people live longer, healthier lives and build on factors such as quality performance, clinical or public proposals and our 'Better Never Stops' ambition, to continually improve and provide even better care. The Trust identified 4 key priorities for quality improvement in 2020, with a recognition that embedding change would take at least three years. The Quality Priorities for 2020-23 are set out below, with key targets and milestones to delivery within each year specified. There is a continuing focus on reducing health inequalities which was included last year. • Reducing harm from hospital acquired de-conditioning • Improving communication between clinicians and patients • Improving patient safety education in relation to human factors • Improving care and treatment related to blood transfusion • Reducing health inequalities in our local population There is one section still outstanding for the Quality account document, which is: 1. End of life care information This section is being finalised and will be added to the document once received.
Purpose	Review final draft alongside the members of the Quality Assurance Committee who will provide a final approval for the content of the account.
Recommendation	The Trust Board is asked to: i. agree delegated authority for the Chief Nurse and Director of Allied Health Professionals and acting Chief Executive to agree the final version of the 2021/22 Quality Account for publication by 30 June: and

	ii. review the draft document and provide suggested drafting amendments by 10 June.
Risk Register or Board Assurance Framework	Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation Quality 2 Due to a lack of capacity, capability, and clinical attention and continuing pressures from the pandemic, there is an inability to meet elective recovery and clinical performance targets, resulting in a deterioration in service quality and patient care such as: • long delays in the emergency department and an inability to place patients who require high dependency and intensive care • patients not receiving the care they need across hospital and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage
Report history	This report was presented to Quality Governance Committee in April 2022 and Quality Assurance Committee in May 2022. Quality Assurance Committee members will also conduct a further virtual review of the document in June 2022 due to the short time frame for publication.
Appendices	Appendix 1: Draft Quality Account 2021/22 v4

Appendix A:

Quality Account 2021/22

Contents

Part 1: Statement on Quality from the Chief Executive

Welcome to the 2021/22 Quality Account for Whittington Health NHS Trust. This is the second year where our staff have had to ensure quality against the backdrop of a pandemic, with the additional pressure that brings.

Both Whittington Health and the NHS as a whole has learnt a significant amount about COVID-19 since 2020. While the early waves had a significant cost, with lives lost or altered and staff trying to deal with distressing and stressful situations, it was imperative that we used the experience gained through them to treat and care for COVID-19 patients and keep non-COVID-19 patients safe. I am proud to say that we did just that. COVID-19 has also further highlighted the health inequalities in our local health population – so reducing health inequalities has become an additional priority going forward.

This year also saw increasing pace on recovering those services which were paused at the worst points of the pandemic. As with trusts up and down the country, we continue to work extremely hard to see and treat all of those who need it and some of whom have been waiting for longer than they or we expected would be necessary.

Some key highlights of 2021/22 on quality and activities which contribute to quality are:

- We met our targets in our “Dear Patient” project, aimed at improving written communication between clinicians and patients and based on direct feedback from patients and from GPs, who also receive the letters.
- The legacy of our innovative partnership with pilots furloughed during the earlier stages of the pandemic in providing simulation training on human factors has continued and was even highly commended at the HSJ Partnership Awards.
- We have recruited Enhanced Health Care Support Workers and trained them in preventing hospital de-conditioning and increasing mobilisation of patients.
- 83% of our eligible frontline staff were vaccinated against winter flu and on COVID-19 vaccinations, 89% of our staff received their first vaccination dose, 84% received a second vaccination dose and 74% had a booster dose
- Maternity staff undertook a significant amount of work to consider the actions needed to assure ourselves against the recommendations from Dame Donna Ockenden’s review of maternity services at Shrewsbury and Telford NHS Trust, with which we achieved 100% compliance.
- Our plans for maternity and neo-natal transformation have moved on significantly, including drawing up of designs, working with patient representatives and a business case being approved.

This year has seen changes which also contribute to quality beyond the boundaries of our own organisation, in the further development of the Integrated Care System for North Central London and the establishment of the UCLH Provider Alliance. These will help to ensure more and better collaborative working between all organisations involved in health and care for the benefit of local people.

Finally, this is my last quality account with Whittington Health and I leave to become the Chief Executive at University Hospitals Dorset NHS Foundation Trust. It has been a privilege to lead this organisation over the last four and a half years to have played a central role in developing Whittington Health from a small hospital trust into a truly integrated care organisation, with hospital and community services working together – not just under the same banner – helping to demonstrate how this can be achieved to provide person-centred care. I am immensely proud of everything we have done – not least in the last two years with the challenges of a pandemic – and I am especially proud of the people that made it happen. While the pandemic may have tested our 'organisation with a soul' (as described by the Care Quality Commission), we kept that special connected caring feel.

I have no doubt Whittington Health will continue to go from strength to strength, to build on the innovation which I have had the privilege to see, to continue the vital role it plays in the local health and care system and to remain outstanding for caring. I will be taking everything I have learned here into my new role in Dorset to also help local people live longer healthier lives – the Whittington Health vision that will stay with me and guide me forever.

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

Siobhan Harrington, Chief Executive

About the Trust

Whittington Health is one of London's leading integrated care organisations – helping local people to live longer, healthier lives.
We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden, and Hackney. We provide dental services in 10 boroughs. Whittington Health provided over 100 different types of health service (over 40 acute and 60 community services) in 2022/23. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

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

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

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

Our 2019/24 strategy has four main objectives:

What is a Quality Account?
Quality Accounts are annual reports to the public from providers of NHS healthcare that detail information about the quality of services they deliver. They are designed to assure patients, service users, carers, the public and commissioners (purchasers of healthcare), that healthcare providers

are regularly scrutinising each one of the services they provide to local communities and are concentrating on those areas that require the most improvement or attention.

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

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

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

This section of the Quality Account describes the priorities identified for quality improvement in 2022/23. It also sets out a series of statements of assurance from the Board on key quality activities and provides details of the Trust's performance against core indicators.

The progress made against priority areas for improvement in the quality of health services identified in the 2021/22 Quality Account can be found in 'Part 3: Review of Quality Performance' which starts on page 46.

2.1 Priorities for improvement 2020-23

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

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

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

- Reducing health inequalities in our local population

Our consultation processes

Whittington Health recognises that to achieve sustainable improvement, projects need to be long-term and effectively monitored and so priorities were set as part of a three-year improvement plan 2020-23. However, given these were initially developed before the onset of the pandemic, the Trust felt that a full review of intelligence, patient feedback and stakeholder consultation was needed to ensure that these priorities were still reflective of the current need

To this end, the Trust has held several engagement events across the Trust and community sites to gather feedback from people who use our services and staff. This feedback was combined with intelligence from a range of data and information, such as learning from serious incidents, reviews of mortality and harm, complaints, claims, clinical audits, patient and staff experience surveys, and best practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and national audit data and presented in a meeting with key stakeholders from Healthwatch and the Clinical Commissioning Group to help establish ongoing priorities and any new priorities to be added in 2022-23.

Throughout the pandemic ensuring our patients' safety while also providing a good experience and positive outcomes, has remained our top priority. We plan to hold a virtual event in the summer with Healthwatch and other key stakeholders to gather feedback on what is working well, and where we need to improve. This will help inform and support our ongoing work around the four key priority areas agreed with stakeholders in 2022.

The specific objectives, to achieve the priorities set for 2022/23 have been refined and agreed by clinicians and managers who will have direct ownership and approved at the relevant Trust committees. The quality account, including the 2022/23 objectives, have been shared with our commissioners, whose comments can be seen within the appendices.

Monitoring of progress against priorities

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

The key milestones and targets for Year 3 are highlighted below, and in the table that follows we have provided a rationale for selecting this area for focus, details of the improvement plans, and detail on the monitoring data and progress indicators.

- Improving communication between clinicians and patients and their carers (Ongoing priority, 3-year improvement plan 2020-23)
- Reducing harm from hospital acquired de-conditioning
- Improving blood transfusion safety culture at the hospital (Ongoing priority, 3-year improvement plan 2020-23)
- Reducing health inequalities in our local population (Year 2)
    - Including specific projects to Improve care and treatment of patients with sickle cell anaemia

Quality Account Priority	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 3
Reducing harm from hospital acquired de-conditioning	Deconditioning or 'PJ paralysis' can be attributed to long hospital stays and is a national priority. This	The deconditioning work stream focuses on preventing functional decline in frail patients by:	**Stream 1:** Patients in Hospital 1. 65% of patients to have assessment of functional

Quality Account Priority	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 3
	issue is especially relevant during COVID-19 pandemic, due to the long recovery period for COVID-19 hospital ITU admissions and is linked to the Trust's priority to reduce health inequalities.	1. Early assessment of functional status on admission 2. Early mobilisation 3. Increase in physical activity of inpatients 4. Discharge planning: reducing the length of time that patients who have been determined as medically fit to leave but remain in hospital. 5. Preventing unnecessary hospital admissions through supporting patients to stay well in their home environments	status within 24 hours 2. 70% of patients to be mobilised within 24 hours 3. Ensuring 15 patients are mobilised daily **Stream 2**: Discharge 1. New delirium discharge pathway being piloted in 2022/23.to help patients get back to their homes sooner with extra support Success will be measured by number of patients taken home and their reduced Length of Stay in hospital. 1. Reduce medically optimised patients by 50% on a daily basis. 2. Ensure Virtual ward utilises 20 beds daily (4 of these for Delirium patients) **Stream 3**: Reducing Admissions 1. A new falls pick up service in the Rapid Response Team launched in 2022 to avoid patients being brought to hospital unnecessarily and staying well in their home environment. Success will be measured by patients seen and not needing hospital admission. 2. In conjunction with key partners the urgent community services will

Quality Account Priority	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 3
			be restructured into an Urgent Response and Recovery care Group in 2022/23 to streamline discharge and ensure patients are seen by the right clinician first time and within the new national guidance of 2 hrs/24hrs
Improving communication between clinicians, patients, and carers	Poor communication between clinicians and patients/ carers has been highlighted as a contributory factor in incidents, complaints, and claims. A further analysis into the types of communication issues identified several areas to focus on for improvement. 1. Problems with booking appointments is one of the top concerns flagged by patients with the Patient Advice and Liaison Service. 2. Patients as well as GPs highlighted that written communication (i.e., discharge letters and clinic letters) were not written in patient-friendly language 3. Communication with family or Next of Kin when patients are admitted to hospital has been highlighted in several complaints, as well as at coroner inquests.	Improving communication is a wide-ranging aim. For the Quality Account the Trust has focused on a number of key projects; the appointment booking process, written communication following clinic appointments, and inpatient admission contact with Next of Kin. 1. **Project 1**: Roll-out a digital patient portal (Zesty) to improve the quality and experience of Outpatient communication, enabling patients to get a greater role in planning their care. Zesty is an online, secure, interactive platform which is easily accessible to the patient. The platform will enable communication of appointments (bookings and amendments), information about conditions and procedures and clinical interactions, for example	**Project 1:** By the end of 2022/23, we will have introduced Zesty in all outpatient clinics. 30% of outpatients to be onboarded to the portal by the end of March 2023. Success of the programme in improving outpatient communication with patients will be measured by patient feedback from use of the portal by conducting a survey post sign up, the number of patients using of the Zesty portal and improved timeliness of patient appointment correspondence, which in turn should reduce the 'Did not attend' (DNA) rate **Project 2:** Named person to contact the patient's next of kin (NOK) on patient admission and NOK details to be checked within 24hrs of

Quality Account Priority	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 3
		online follow-ups and patient completed questionnaires. 2. **Project 2**: Improving timeliness of contact with a patient's Next of Kin (NOK) during an inpatient admission to hospital 3. **Project 3**: Continuing the 'Dear Patient' Letter Project to further improve communication between clinicians and patients	admission, this will be measured by a quarterly spot check audit of 30 patient details from the Medway patient administration system. 70% to be achieved by end of March 2023. **Project 3:** 'Dear Patient' Letter Project priority for year 3 - Continue to embed the Dear Patient letter project across all services and professional groups. Success will be measured by increase in quality metrics, in particular letters written to patients in clear language
Improving understanding of human factors and the impact on making healthcare as safe as possible	Human error is a recurring theme in serious incidents, in particular never events in 2018 – 20. Human factors (HF) training can help design safe systems and processes that make it easier for staff to do their jobs effectively.	Deliver human factors education across the Trust through developing a sustainable, educational model which raises awareness of the practical implications of human factors on patient safety.	Develop robust pathway to incorporate patient safety learning into the Simulation programme in a timely way Develop multiple channels to deliver patient safety syllabus level 1 'Basics of patient safety' to maximise exposure.
Improving blood transfusion safety culture at the hospital	A blood transfusion is when a patient is given blood products from someone else (a donor). It is a procedure which can be lifesaving, however errors can occur if staff are not adequately trained, while these incidents rare, they can be fatal. Ensuring staff are	Implementation of a vein-to-vein system to minimise risk of error during blood transfusion process. Improving understanding of blood transfusion safety practices through training and awareness.	The year three priorities for the project involve focusing on the areas of low compliance with the e-learning. 1. Vein to vein system to be in place by end of March 2023 including fully electronic transfusion documentation

Quality Account Priority	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 3
	trained effectively, and the Trust systems align with the safe transfusion guidelines (**right blood, right patient, right time, and right place)** is essential to ensure patient safety.		2. To continue to increase compliance with blood transfusion training from the 2020 baseline and achieve over 60% compliance by end of 2022/23.
Reducing health inequalities in our local population	The COVID-19 pandemic has exposed health inequalities across the country. The virus has disproportionately affected Black Asian Minority Ethnic (BAME) communities, and the impact of lockdown measures have contributed to digital isolation.	1. **Project 1**: Improve care and treatment of patients with sickle cell anaemia – Sickle Cell Improvement Project 2. **Project 2**: Prostate cancer, pop-up barber shops	**Project 1:** Ensure 100% of sickle cell patients receive 1st dose of pain relief within 30mins of attendance to ED. **Project 2:** Hold 20 Prostate cancer events by end of March 2023

2.2 Statements of Assurance from the Board

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

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

Mixed sex/gender accommodation declaration

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

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

There are some exceptions to this. Sharing with people of the opposite gender will happen sometimes. This will only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and

staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained. This year due to COVID-19 reporting of this measure is still paused.

Modern Slavery Act

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

Safeguarding Adults and Children Declaration 2021/22

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

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

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

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

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

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

Subcontracted Services

Whittington Health provided 184 different types of health service lines in 2021/22. Of these services a number were subcontracted see appendix two.
The Trust has reviewed all data available to them on the quality of care in these relevant health services through the quarterly performance review of the integrated clinical service unit and contract management processes.

The income generated by the relevant health services reviewed in 2021-22
represents 100% of the total income generated from the provision of relevant health

services that Whittington Health provides.

A breakdown of the individual subcontracted services can be found in Appendix 2

Participation in Clinical Audits 2021/2022

During 2021/2022, 50 national clinical audits including 3 national confidential enquiries covered relevant health services that Whittington Health provides.

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

The national clinical audits and national confidential enquiries that Whittington Health was eligible to participate in, and participated in, during 2021/2022 are detailed in Appendix 1. This includes the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Additionally listed are the 23 non-mandatory national audits, in which the Trust also participated during 2021/2022.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires in 2022/2023 by ensuring:

- National audit and national confidential enquiries will remain the key feature of our Integrated Clinical Service Unit (ICSU) clinical audit and effectiveness programmes.
- Learning from excellence will continue to form an intrinsic part of our work, and innovative ways of promoting and celebrating successes will be developed and shared.
- Patient and carer representation in national clinical audit will be prioritised.
- Multidisciplinary clinical effectiveness sessions will continue to include reflective learning on national clinical audit findings and quality improvement.
- The clinical effectiveness group will ensure actions from national audit reports are scrutinised and monitored at the highest level.

The reports of 34 national clinical audits/ national confidential enquiries were reviewed by the provider in 2021/2022.

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

National audit for Cardiac Rehabilitation

The National Audit of Cardiac Rehabilitation (NACR) collects comprehensive audit data to support the monitoring and improvement of cardiovascular prevention and rehabilitation services in terms of access, equity in provision, quality, and clinical outcomes.

The quality and outcomes report 2021 includes all programmes in England, Wales and Northern Ireland. 30% of all programmes are certified green/good meaning they are providing the recommended service by meeting the standards as set by the BACPR. Whittington Health cardiac rehabilitation service is certified.

Areas of good practice identified:

- Identifying patients eligible for referral to Cardiac Rehabilitation and assessing them as soon as possible after discharge.
- Delivering the six core components of Cardiac Rehabilitation to all eligible patients such as health behaviour change, risk factor and lifestyle modification and management of psychological therapies.
- Providing an individualised structured Cardiac Rehabilitation programme for each patient based on their needs and abilities.
- Ensuring patients had a final assessment on completion of the Cardiac Rehabilitation programme.
- Submitting data to the National Audit for Cardiac Rehabilitation

National Emergency Laparotomy Audit (NELA)
This audit is overseen by the Royal College of Anaesthetists and the Royal College of Surgeons.

NELA aims to enable the improvement of the quality of care for patients undergoing emergency laparotomy through the provision of high-quality comparative data from all providers of emergency laparotomy.

The 7th Annual Report has highlighted the following actions to be taken forward:

- NELA leads for Emergency Medicine are appointed with job planned time to work with Anaesthetic, Surgical and Radiology NELA leads.
- To commence antibiotic therapy immediately, in line with guidance and review the timeliness of interventions by using local NELA data.
- To improve Imaging for NELA patients, to include local workforce planning facilitates for consultant reporting whenever possible for this cohort. To appoint Radiology NELA leads with specific job planned time to perform this role. An in-house consultant to supervise co-validation of registrar reporting on pre-operative CT scans before outsourcing radiology reports for external review. Reporting of CT scans to be a standard item on review meetings.
- To assess and document frailty of patients over the age of 65 as part of risk assessment and for the replacement of the Consultant Geriatrician, Surgical Liaison post.
- To audit 'negative' laparotomies quarterly and record a review of the rationale for surgery

Local Clinical Audits

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in **2022/2023** by ensuring:

- Covid-19 clinical audit projects will remain a component of our local audit programmes. These audits remain essential to optimise the care of our patients and to best risk stratify for any further surge in coronavirus case numbers.
- Reactive local audits, vital to patient safety, will remain of intrinsic value to audit programmes, with further emphasis upon collaborative working across clinical effectiveness, patient experience, quality improvement and patient safety domains.
- Project proposals will continue to be subject to a centralised and multidisciplinary quality review to prevent duplication and to ensure alignment to speciality priorities.
- Bespoke clinical audit training packages will continue alongside our pre-existing workshops. These sessions will be open to staff of all designations and grades.
- Clinical speciality performance in relation to local clinical audit will continue to be monitored on an ongoing basis, with regular reporting via the ICSU Board meetings.

The reports of 78 local audits were reviewed by the provider in 2021/2022.

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

Lumbar Puncture Audit
Lumbar puncture (LP) is a technique to sample cerebrospinal fluid (CSF) as a window into brain pathology. The procedure involves introducing a needle into the subarachnoid space of the lumbar sac, at a level safely below the spinal cord. It is important to identify contraindications before performing an LP. The most important contraindication for LP is an intracranial space-occupying lesion (SOL) with mass effect, as well as a posterior fossa mass, because it can lead to herniation of the cerebellar tonsils, regardless of the volume of CSF that is sampled. Herniation of the cerebellar tonsils is described as "coning" as the brain tissue, which is squeezed into a cone and eventually leads to death.

New consensus guidelines were published from international consortia in 2017, including the 'European Joint Programme for Neurodegenerative Disease Research' and 'Biomarkers for Multiple Sclerosis' consortia. These guidelines were published to reduce complication rates after LP and prevent herniation of the cerebellar tonsils. The Lumbar Puncture clinical audit was set out to ensure adherence to the 2017 consensus guidelines, following their publication using the following standards:

A. 100% patients should have a neurological examination including fundoscopy before an LP or a brain CT/ MRI scan, if neurological examination and fundoscopy could not be completed.
B. 100% patients should have a brain CT or MRI scan, if their presentation was associated with abnormal clinical signs on neurological examination, papilloedema on fundoscopy, reduced consciousness, compromised immune system, previous brain disease or recent seizures.

The compliance with Lumbar Puncture audit standard A and B was acceptable. There was no patient, who had herniation of the cerebellar tonsils because of an LP. In detail, 3% of patients had a neurological examination including fundoscopy before an LP. Additionally, 86% of patients had a brain CT or MRI scan, as neurological examination and fundoscopy could not be completed.
Also, 91% patients had a brain CT or MRI scan, if their presentation was associated with abnormal clinical signs on neurological examination, papilloedema on fundoscopy, reduced consciousness, compromised immune system, previous brain disease or recent seizures.

Action taken:

A 'lumbar puncture procedure' note was designed and installed on to the electronic patient record system. This note includes documentation of the neurological examination and fundoscopy findings along with additional information on consent, description of the procedure and results. This note acts as a reminder for the clinician performing a neurological examination and fundoscopy before an LP, as well as a request brain imaging as indicated.

Participating in Clinical Research

Involvement in clinical research demonstrates the trust's commitment to improving the quality of care we offer to the local community as well as contributing to the evidence base of healthcare both nationally and internationally. Our participation in research helps to ensure that our clinical staff stay abreast of the latest treatment possibilities and active participation in research leads to better patient outcomes and demonstrates Whittington Health's commitment to improving the quality of care that is

delivered to our patients and to global health improvement. We are committed to increasing the quality of studies in which patients can participate (not simply the number), and the range of specialties that are research active as we recognised that research active hospitals deliver high quality care.

A new research strategy reflecting the aim of enabling local people to 'live longer healthier lives' has been established to benefit patient outcomes, staff recruitment and retention, revenue generation and the Trust's reputation. A key strategic goal is to become a *national leader* in integrated care, covering all facets of district general hospital and community health research, and how they relate. The trust's research portfolio continues to evolve to reflect the ambitions of our integrated care organisation (across hospital and acute, community health services, dental and mental health services).

The research portfolio spent time alternating between COVID-19 Urgent Public Health (UPH) studies and non-COVID research as the later reopened nationally and capacity allowed. The number of patients receiving relevant health services provided or subcontracted by Whittington Health NHS Trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was 1,030 at the time of writing. These patients all participated in studies adopted to the National Institute of Health Research (NIHR) portfolio. This was a decrease to the previous year which had been the highest ever annual recruitment recorded in the Trust 1,241 which reflected the appetite for research and the high number of COVID-19 patients and studies.
We have supported 29 NIHR portfolio adopted studies open to recruitment over the year, 6 Covid studies recruiting 699 and 23 non-Covid studies recruiting 331 participants. Five of the covid studies are badged as UPH and therefore national priority studies. Given the pandemic, comparison of total numbers of recruiting and follow-up studies is not equitable. We have broadly sustained the number of studies and it is reasonable to assert that emergency and integrated medicine has seen the bulk of research activity.

Portfolio adopted studies are mainly, but not solely, consultant led and are supported by the trust's growing research delivery team to facilitate patient recruitment. In addition to the NIHR portfolio studies, an additional 5 non-portfolio studies commenced in 2021/22, this was a welcome increase on the previous year (reversing last years' reduction of these studies) and reflects the increased engagement with research in response to the pandemic. Increasing, locally led and locally focused research is a vital aspect of delivering the research strategy. Most non-portfolio research studies are undertaken by nurses, allied health professionals, and trainee doctors and the impact of these studies are frequently published in peer reviewed publications, at conference presentations, and are valuable in their ability to innovate within the trust. In addition, small locally funded studies can provide the evidence needed to secure grant funding for larger scale projects and their potential to build capacity and capability to undertake larger research studies should not be underestimated. As a result of hosting two grants the trust will receive enhanced Research Capability Funding (RCF) in the next financial year which will in part be used to increase and encourage both portfolio and non-portfolio research activity within the trust.

Registration with the Care Quality Commission (CQC)

Whittington Heath is registered with the Care Quality Commission (CQC) without any conditions. The CQC did not carry out any inspections of the Trust in 2021/22.

The table below provides the rating summary table for the CQC's final report published in March 2020 following its previous inspection in December 2019 of four core services (Surgery, Urgent and Emergency Care Services (ED), Critical Care, Community Health Services for Children Young People and Families and Specialist Community Mental Health Services for Children and Young People). The Trust's current CQC overall rating from that assessment is 'Good' for Whittington Health, with 'Outstanding' ratings for our community health services and performance against the CQC's '*Caring*' domain.

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

The CQC action plan remains a focus for improvement; the actions are monitored by the responsible ICSU at their Quality Meetings and through the Trust's Better Never Stops programme.

The CQC have been consulting with the NHS since the start of the pandemic in 2020 regarding changing their approach to monitoring and inspections, they are moving to a more risk-based approach for service inspection which will focus on reviewing data collected to trigger 'Direct Monitoring Activity' conversations, if there are still concerns or further action required after these conversations are held, then this would trigger inspection activity. There will be a new assessment framework released by the CQC in 2022 to support this. Regular meetings have been held with our CQC Relationship manager during 2021/2022. These have mainly focused on the following areas:

- Staff wellbeing and support (during and post COVID-19)
- Restarting elective services post COVID-19
- Serious incident investigations and CQC enquiries
- Dental Services (Direct Monitoring Activity Conversation)
- Maternity Services – Core service focus
- Urgent and Emergency Care – Core service focus
- Pharmacy (Direct Monitoring Activity Conversation)

The most recent CQC Engagement meeting was held in February 2022 and focussed on Urgent and Emergency care and our CQC relationship manager was given significant assurance at the meeting.

Secondary Uses Service

Whittington Health submitted records during 2021 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodes Statistics. The percentage of records in the published data which included the patient's valid NHS number, and which included the patient's valid General Medical Practice Code were as follows:

2021/22		Percentage of records which included the patient's valid NHS number (%)	Percentage of records which included the patient's valid General Medical Practice Code (%)

	Inpatient care	99.45%	99.91%
	Outpatient care	99.62%	99.96%
	Emergency care	84.58%	100.00%

Data Item Score Average - April 2021 - December 2021

Information Governance (IG) Assessment Report

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

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

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

All staff are required to undertake IG training. In 2021 the Trust ended the year at 84% of staff being IG training compliant. The compliance rates are regularly monitored by the IG committee, including methods of increasing compliance. The IG department continues to promote requirements to train and targets staff with individual emails includes news features in the weekly electronic staff Noticeboard and manage classroom-based sessions at induction.

Information Governance Reportable Incidents

IG reportable incidents are reported to the Department of Health and Information Commissioner's Office (ICO). Reportable incidents are investigated and reported to the Trust's Serious Incident Executive Assurance Group (SIEAG), relevant executive directorate or ICSU and the Caldicott Guardian and the Senior Information Risk Owner (SIRO). The IG committee is chaired by the SIRO who maintains a review of all IG reportable incidents and pro-actively monitors the action plans. The Trust declared two reportable incidents in 2021/22.

Data Quality

The Trust continued to work on a data quality improvement plan with significant improvements noted in the targeted areas. Trust monitors all national data submissions data quality at the point of submission and responds to any issues raised by NHS Digital with any remedial action required. Where system limitations have existed, the Trust continues to work with system suppliers to include fixes in the scheduled system upgrades as part of the supplier contracts. A regular review of the

Data Quality Maturity Index (DQMI) scores published by NHS Digital Monthly is done at the Data Quality Group as well as the RIO User Group to highlight specific data quality issues requiring attention and to update on progress on data quality improvement initiatives.

To improve data quality in 2022-23 the trust will be continuing to embed the following actions:

- Use of data quality dashboards for services to individually monitor their own data quality as required.
- Issuing of regular data quality reports to specific services identified as requiring improvements
- Continue monitoring data quality for each of the Integrated Clinical Service Units (ICSUs) through the Data Quality Group
- Undertake to complete any data quality related actions as stipulated in the Data Quality Improvement Plan (DQIP) requirements of Schedule 6 of the NHS Standard Contract
- Undertake regular internal clinical coding audits.
- Systematic use of benchmarking of data
- Running a programme of audits and actions plans
- Actively engage in any national or NCL-wide data quality improvement initiatives such as meeting the Emergency Care Data Set (ECDS) Conformance Indicators

End of life care

Place holder still to be completed by the deadline

Learning from Deaths

Number of Deaths
During 2021/2022 there were 435 inpatient deaths at the Trust (this figure excludes patients who have died in the Emergency Department or in patients cared for outside of hospital). This comprised the following number of deaths which occurred in each quarter of the 2021/2022 reporting period:

- 92 In the first quarter
- 115 In the second quarter
- 111 In the third quarter
- 117 In the fourth quarter.

Oversight
The Trust has an embedded process to screen, review and investigate inpatient deaths. Each Clinical Directorate has a mortality review process to undertake reviews on any appropriate deaths and to identify learning. The Mortality Review Group provides scrutiny of mortality surveillance to ensure the Trust is driving quality improvement by using a systematic approach to mortality review and learning from death. The Group reports to the Quality Governance Committee, cascading upwards to the Quality Assurance Committee and the Trust Board, via a Quarterly Learning from Deaths report, authored by the Associate Medical Director for Learning from Deaths and the Project Lead for Mortality.

Reviews
95/435 deaths for the year were identified as meeting the criteria for a structured judgement review. By 31 March 2022, of the 95 identified deaths, 53 case record reviews had been carried out.

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

	Quarter 1 2021/22	Quarter 2 2021/22	Quarter 3 2021/22	Quarter 4 2021/22
Number of case record reviews	17	13	13	10
Number of deaths judged probably avoidable (more than 50:50)	0	1	0	0

There was one death that was noted to be more than 50:50 likely to be avoidable. This was a patient who developed hospital acquired COVID-19. The patient was medically fit for discharge for 4 days prior to contracting COVID-19; this identifies an opportunity for them to leave hospital sooner – possibly but not definitely avoiding catching COVID-19. Incubation periods can be 6 days. All care, allocation to wards and subsequent isolation of this patient was according to appropriate guidance.

Summary of Themes, Learning and Actions from Case Record Reviews
From the deaths reviewed in 2021/22 the main themes, learning and actions are:
Care of patients with co-existent physical and mental illness - one patient with serious mental illness (SMI) showed that their death from physical illness was not influenced by their mental health condition. The review identified the patient's mental health did not lead to a delay in investigations or treatment.

Good practice was also identified in care of a patient with learning difficulties particularly in team liaison with the hospital providing specialist care for an existing physical health problem.

The Associate Medical Director for learning from deaths carried out a thematic review of deaths from sepsis. Following this and the appointment a sepsis nurse, subsequent mortality reviews in Q3 have shown care meeting all timings for care and antibiotic administration.

Most mortality reviews identified good standards of care, with relatives expressing thanks for the care of their loved one. Early end of life care and palliative measures were taken in many cases. A joint mortality meeting between the Critical Care Unit, Respiratory and Rheumatology teams identified missed opportunities to review the treatment escalation plan decision in a complex patient but whose prognosis was likely to be poor and lessons have been learnt around using hospital interpreters for treatment escalation plans and Do not attempt cardiopulmonary resuscitations (DNACPR) decisions was identified as being important, when there are language barriers, to allow better understanding for patients and their relatives.

The licensing of new agents to reverse dual oral anticoagulants has been highlighted and may prevent deaths in the future.

Medical Examiners at Whittington Health
A Trust Lead Medical Examiner (ME) was appointed in April 2020 and four additional Medical Examiners were appointed in January 2021. A further recruitment process appointed three new MEs in March 2022.

The ME provides independent scrutiny of all deaths in the acute hospital. The role includes a review of the case notes, discussion with the members of the clinical team, a supportive discussion with the

bereaved family and issue of an accurate medical certificate of cause of death. The ME acts as a medical advice resource for the local coroner. The ME also advises on the selection of cases for a structured judgement review (SJR). A ME Officer was recruited and commenced employment in 2021.

The Lead Medical Examiner, and the Associate Medical Director with the responsibility for learning from deaths, are part of a larger, multi-disciplinary, Mortality Review Group.
This Group will continue to progress learning from deaths and provide quality assurance for case record reviews.

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

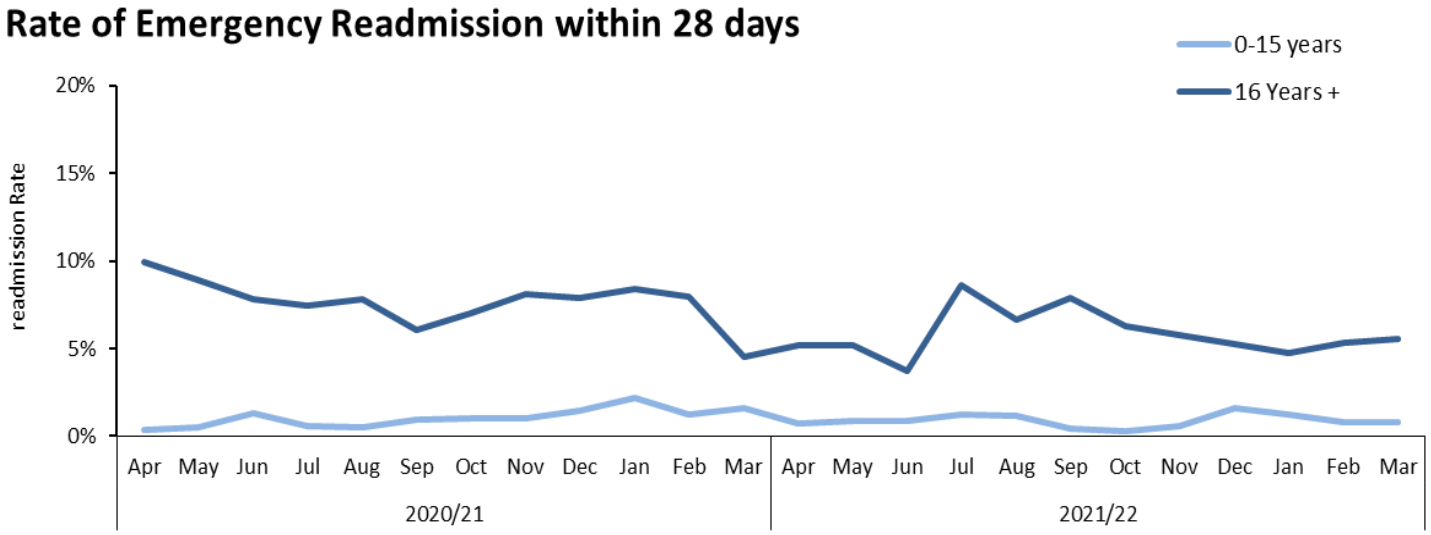
The Trust reports within stated requirements, the readmission data is reviewed thoroughly and compared closely to the metric that is used for routine board and departmental monitoring of readmissions.

*Data is reported against the month of discharge of the emergency readmission
*Data excludes patients between 0 and 4 years at time of admission or re-admission. Cancer and

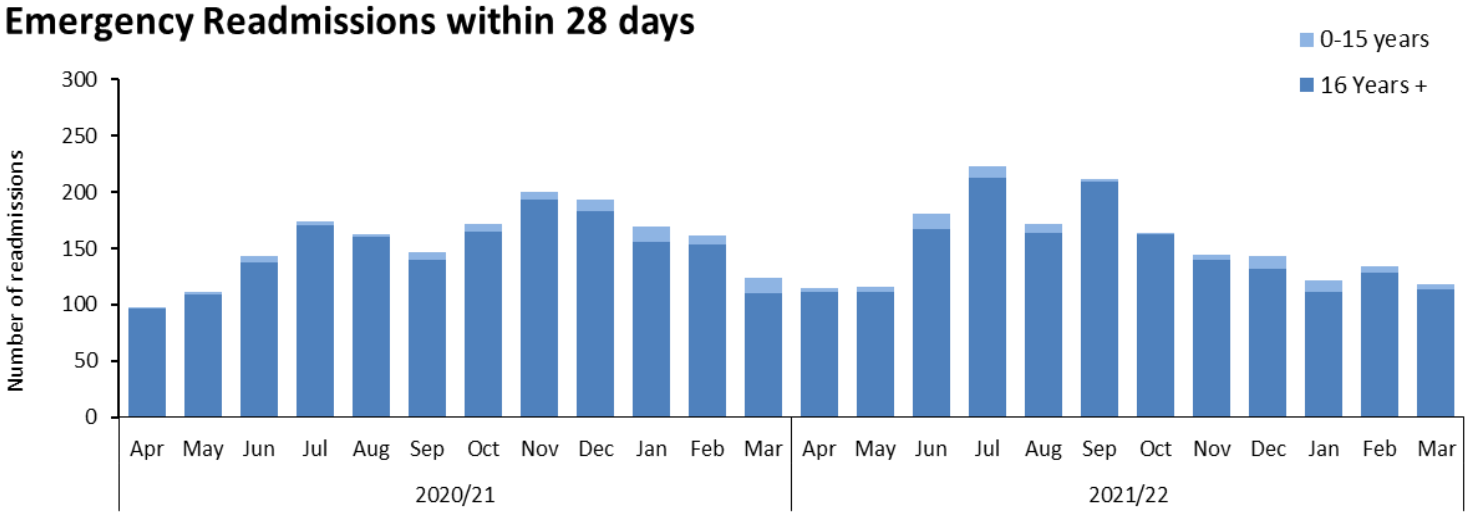
Maternity admissions and readmissions are excluded. Patients who discharged themselves are also excluded.

National data has not been published beyond 2011/12. Consequently, national comparison is not available, and this information is generated locally by the trust.

During 2021 the Trust has focussed on scoping and implementing initiatives to improve patient flow within the hospital and ensure safe discharges but, also reduce the numbers of patients requiring potential readmission within 28 days of discharge. Lots of work has taken place in relation to flow within the Emergency Department (ED). Streaming pathways have been implemented to try and reduce admissions and reduce waits against the 4 hour target, improving patient experience.
Our 'Multi Agency Discharge Event's' (MADEs) are now part of business as usual. They have regular input from Social Care, Clinicians, District Nursing and GPs to ensure patients are discharged to the most appropriate place for their care in a timely manner. The data table that supports the graphs below can be found in Appendix Three.

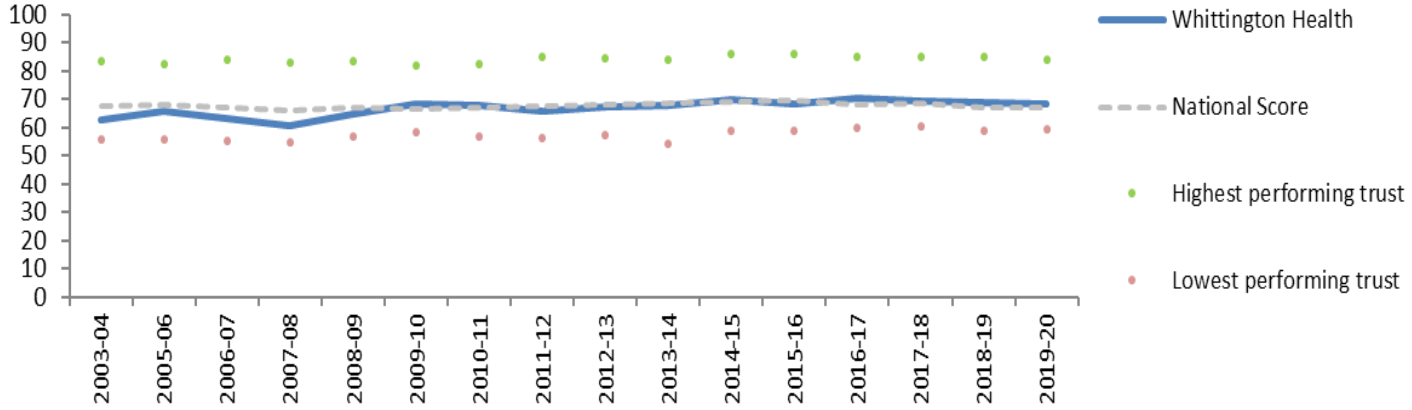


Emergency Readmissions within 28 days



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

Responsiveness to the Personal Needs of Patients



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

2017-18	70	69	85	61
2018-19	69	67	85	59
2019-20	69	67	84	60

The collection of this data was suspended from the start of the COVID-19 pandemic and has not restarted. The data collected above is the most recent data that is available.

Staff Friends and Family Tests

Listening to Our Staff

Whittington Health conducted its eleventh national staff survey as an integrated care organisation (ICO). The survey was distributed to all staff, rather than a sample, and achieved a response rate of 52% which is higher than last year's 51%, and above the median average, 46% in comparison to similar trusts. This is the first year the survey results are aligned to the People Promise. There are seven People Promise elements which replace the old themes in addition to the existing elements of staff engagement and morale. A total of 117 questions were asked in the 2021 survey, of these 92 can be positively scored, with 60 of these which can be historically compared. Most questions and some key themes and indicators (Staff engagement, Morale, WRES and WDES) have been maintained and historical comparability has been upheld where possible and can be compared year on year.

The purpose is to give staff a voice and provide managers with an insight into morale, staff engagement, wellbeing, culture and perception of service delivery.

In 2020 NHS England and NHS Improvement took the decision to combine Acute trusts and combined Acute and Community trusts into one benchmarking group after analysis of the 2019 survey showed no substantial difference in the occupation group profiles or the overall distribution of scores or the survey themes for the two types of organisation. Whittington Health has been part of this newly combined Acute and Acute & Community Trusts group since 2020.

Staff Engagement Indicator

For the 2021 Staff Survey the key findings that make up the engagement score of staff are:

- Staff recommendation of the trust as a place to work or receive treatment (Advocacy)
- Staff motivation at work
- Staff ability to contribute towards improvements at work (Involvement)

Whittington Health's Staff Engagement score for 2021 is 6.9, which is a drop from 7.1 the last two consecutive years. The Trust has worked hard to develop a compassionate and inclusive culture, and this is evidence in part by remaining above the national average of 6.8.

Staff Morale Indicator

Whittington Health's theme score of 5.6 for staff morale which is slightly below the average of 5.7 and a reduction from the previous two consecutive years where morale stood at 5.8. The reduction follows a similar trend with other Acute and Acute Community Trusts, experiencing a reduction in staff morale, where best and worst scores in the group have seen a drop of 0.2 on average.

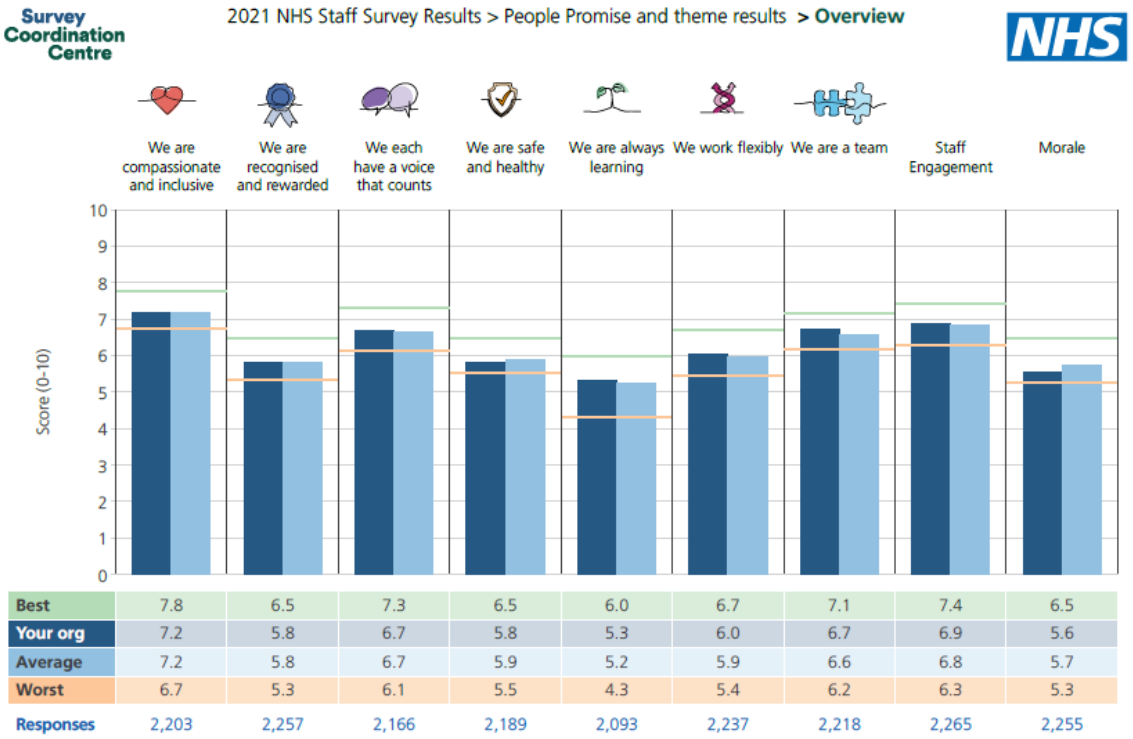
The key findings that make up the Morale score are:

- Staff retention/turnover – thinking about leaving the organisation
- Work pressures

- Stressors

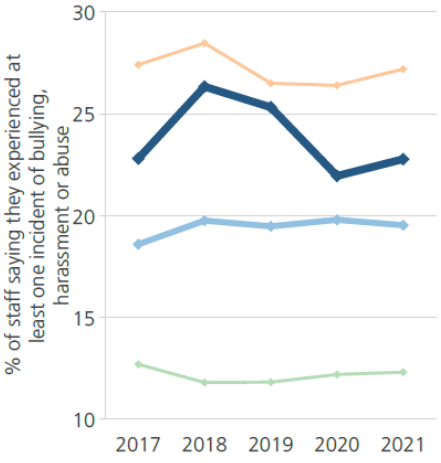
Top Ranking Scores
In 2021 Whittington Health is not ranked as 'worst' or 'best' in any of the themes. The Trust is slightly above average for four of the themes, average for three themes and slightly below average for two themes.

Whittington Health – 2021 overall results – Themes



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.2	5.8	6.7	5.8	5.3	6.0	6.7	6.9	5.6
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	2,203	2,257	2,166	2,189	2,093	2,237	2,218	2,265	2,255

Percentage of Staff Experiencing Harassment, Bullying or Abuse from Staff in the Last 12 Months
In 2021, Whittington Health has declined in this domain by 0.9% and remains 'below average'. This will remain an area of priority for the organisation for 2022/23.

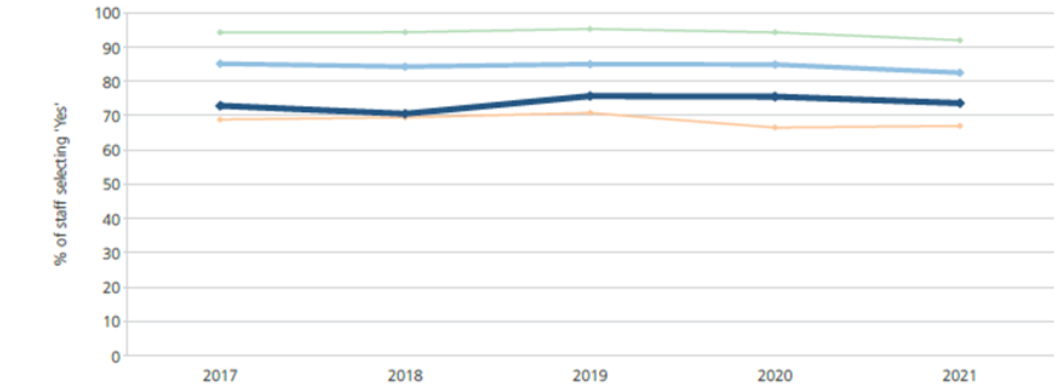


	2017	2018	2019	2020	2021
Worst	27.4%	28.5%	26.5%	26.4%	27.2%
Your org	22.8%	26.3%	25.3%	21.9%	22.8%
Average	18.6%	19.7%	19.5%	19.8%	19.5%
Best	12.7%	11.8%	11.8%	12.2%	12.3%
Responses	1,583	1,841	2,259	2,067	2,102

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

A new scoring calculation to Q15 has been introduced for the question: “Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?”. All data from previous years have been re-calculated to allow backwards comparability.

In 2021 Whittington Health has scored ‘below average’ in Q15 and has experiences a 1.9% decrease since 2020. The trust is below average by 8.9%. Work to promote career development opportunities and development programmes are underway.



	2017	2018	2019	2020	2021
Best	94.3%	94.3%	95.3%	94.3%	92.0%
Your org	72.9%	70.5%	75.7%	75.5%	73.6%
Average	85.1%	84.3%	85.0%	84.9%	82.5%
Worst	68.9%	69.5%	70.8%	66.5%	67.0%
Responses	1,069	1,199	1,468	1,332	1,367

People promise elements and theme results Covid-19 Classification

A new section in the benchmark reports has been introduced since 2020 and has now been aligned to the People Promise elements and the themes of ‘Morale’ and ‘Engagement’. This section shows

the breakdown of themed scores for staff in the following subgroups and the average across Acute and Acute Community Trusts:

- Staff who worked on a Covid-19 specific ward or area at any time
- Staff who have been redeployed at any time due to the Covid-19 pandemic
- Staff who have been required to work remotely/from home due to the pandemic

Theme scores by COVID-19 subgroup
**Where the organisation has scored average, it is marked as '😐', above average as '☺' and below average as '☹'.*

Theme	All staff	Worked on COVID-19 specific ward or area	Redeployed	Required to work remotely or from home
We are compassionate and inclusive	7.2 😐	7.1 ☺	7.1 ☺	7.4 😐
We are recognised and rewarded	5.8 😐	5.8 ☺	5.8 ☺	6.2 😐
We each have a voice that counts	6.7 😐	6.6 ☺	6.6 ☺	6.9 😐
We are safe and healthy	5.8 ☹	5.5 😐	5.6 😐	6.0 ☹
We are always learning	5.3 ☺	5.4 ☺	5.4 ☺	5.4 😐
We work flexibly	6.0 ☺	5.8 ☺	5.9 ☺	6.5 😐
We are a team	6.7 ☺	6.6 ☺	6.7 ☺	7.0 ☺
Staff Engagement	6.9 ☺	6.9 ☺	6.9 ☺	7.1 ☺
Morale	5.6 ☹	5.5 😐	5.5 😐	5.7 ☹

Progress on the 2020 Staff Action Plan
In response to advice provided by the NHS Co-ordination Centre, the Trust sought to create action plans that focused on a small number of key areas to ensure progress is made and staff can experience the changes.

On receipt of the 2020 survey results the Workforce Directorate provided summaries of Integrated Care Service Units (ICSU) and Directorate results with three suggested focus areas for each ICSU and Directorate and a high-level action plan template.

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

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

The scoring matrix from the 2021 staff survey, which illustrates the changes in scores from the 2020 survey can be found in Appendix 4.

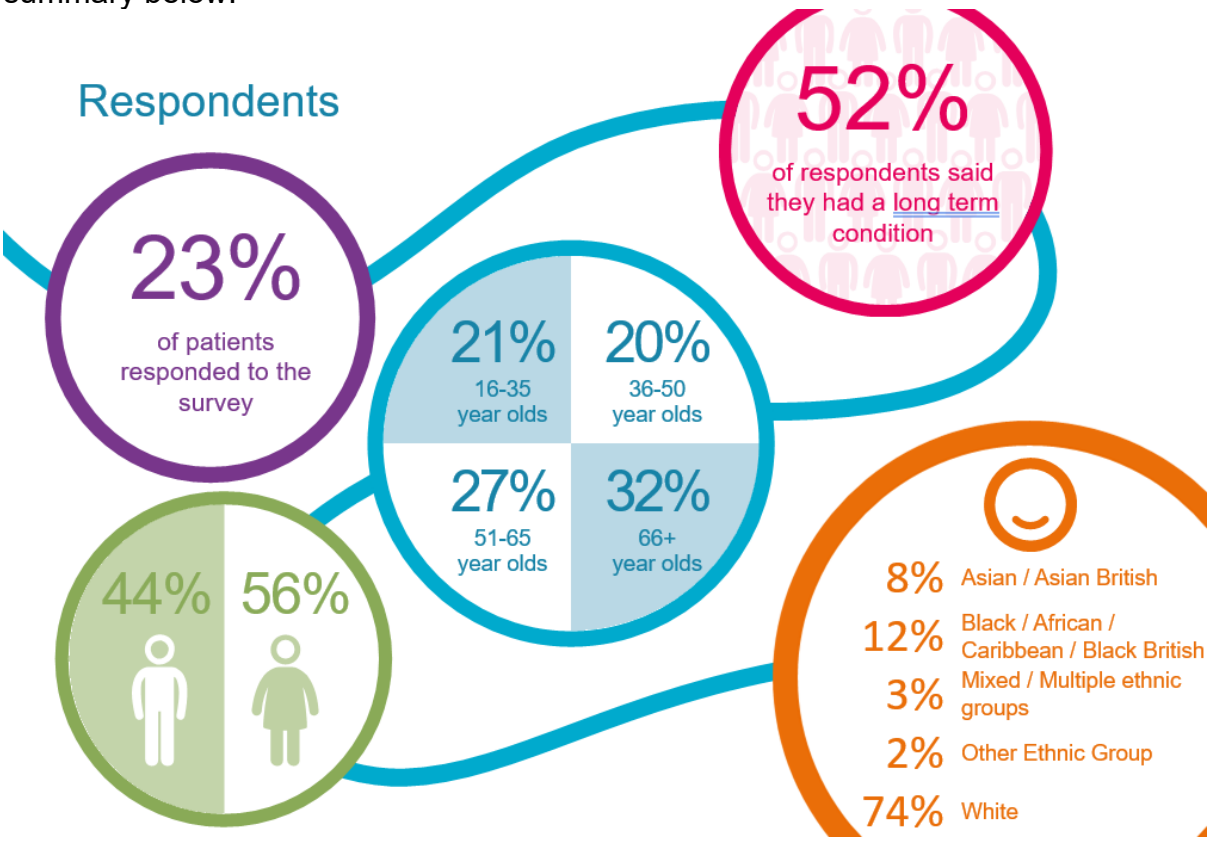
Details of local changes in relation to the staff survey can also be found in Appendix 5.

Patient Feedback: Learning from National Patient Survey Results

Learning from national patient surveys
The Trust received results for four national patient experience surveys during 2021/22. These were:

- 2020 Urgent and Emergency Care Survey (September 2021)
- 2020 Adult Inpatient Survey (October 2021)
- 2020 Children & Young People (December 2021)
- 2021 Maternity (February 2022)

Urgent and Emergency Care Survey 2020
23% of patients responded to the 2020 survey which was the same percentage as completed responses for 2019. The key improvements and issues to address are summarised in the executive summary below:



Urgent and Emergency Care Survey 2020 Results

Top 5 scores vs Picker Average	Trust	Picker Avg
Q28. Received test results before leaving A&E	89%	80%
Q45. Expected care and support available after leaving A&E	84%	78%
Q42. Enough information to care for condition at home	91%	86%
Q39. Told side-effects of medications	64%	60%
Q21. Right amount of information given on condition or treatment	81%	78%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
Q43. Staff discussed transport arrangements before leaving A&E	26%	50%
Q35. Able to get suitable food or drink	58%	67%
Q33_5. Saw the cleaning of surfaces	67%	74%
Q5. Waited under an hour in the ambulance	92%	95%
Q9. Waited under an hour in A&E to speak to a doctor/nurse	84%	87%

Most improved scores	Trust 2020	Trust 2018
Q28. Received test results before leaving A&E	89%	78%
Q42. Enough information to care for condition at home	91%	82%
Q24. Staff did not contradict each other	87%	79%
Q32. A&E department was very or fairly clean	97%	89%
Q41. Told who to contact if worried	76%	70%

Most declined scores	Trust 2020	Trust 2018
Q35. Able to get suitable food or drink	58%	61%
Q9. Waited under an hour in A&E to speak to a doctor/nurse	84%	87%
Q12. Informed how long would need to wait	45%	47%
Q29. Understood results of tests	97%	99%
Q5. Waited under an hour in the ambulance	92%	93%

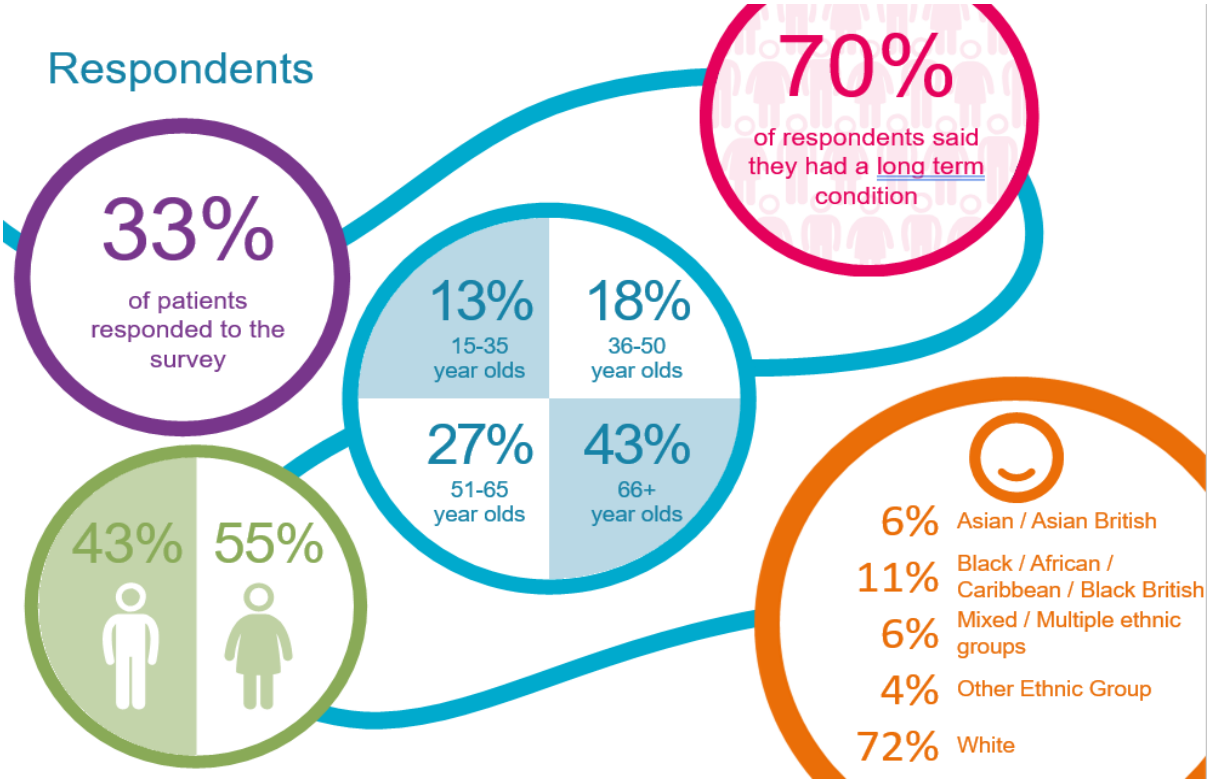
Regarding **Q35** (Able to get suitable food or drink), a new vending machine has been installed in ED, so we would expect to see this score improved in the upcoming survey. Work is ongoing to understand the issues surrounding staff discussing transport arrangements with patients before leaving the department.

Adult Inpatient Survey 2020

33% of patients responded to the 2020 survey which was the same percentage as completed responses for 2019. Unfortunately, there were no completions in other languages, no completions over the telephone and no requests for paper accessible, which is something the Patient Experience Team are looking to address for the upcoming Inpatient Survey.

The adult inpatient survey changed from paper only to a mixed mode methodology including push to online. The online survey was available in nine non-English languages and BSL. It also included accessibility options, such as automatic connection with screen readers, font and colour adaptability. Patients were sent reminders to complete via SMS (if we were provided with their mobile number) and by post. Respondents were also able to complete over the telephone (including access to other languages) and request braille, large print, or easy read versions of the questionnaire.

The key improvements and issues to address are summarised below:



Adult Inpatient Survey 2020 Results

Most improved scores since 2019

55%	Q12. Food was very good or fairly good
87%	Q10. Able to take own medication when needed to
88%	Q40. Knew what would happen next with care after leaving hospital
75%	Q38. Given written/printed information about what they should or should not do after leaving hospital
90%	Q37. Given enough notice about when discharge would be

Top 5 scores vs the Picker Average

92%	Q33. Explained well how procedure had gone
93%	Q39. Given information about medicine at discharge
84%	Q26. Given enough privacy when discussing condition or treatment
17%	Q47. Asked to give views on quality of care during stay
88%	Q40. Knew what would happen next with care after leaving hospital

Our views

79%	Q46. Rated overall experience as 7/10 or more
97%	Q45. Treated with respect and dignity overall
98%	Q16. Had confidence and trust in the doctors

Bottom 5 scores vs the Picker Average

55%	Q12. Food was very good or fairly good
60%	Q2. Did not mind waiting as long as did for admission
79%	Q46. Rated overall experience as 7/10 or more
78%	Q36. Staff discussed need for additional equipment or home adaptation after discharge
78%	Q7. Staff completely explained reasons for changing wards at night

Key improvements are in our response to Q12 (Food was good or fairly good), up from **44%** to **55%** in comparison to 2019, however this is still far short of the national average of **70%**. Between

January and mid-February 2022, a trial of a fully plated meal service was introduced across all areas, and we hope these positive changes will be reflected in next year's annual patient survey results.

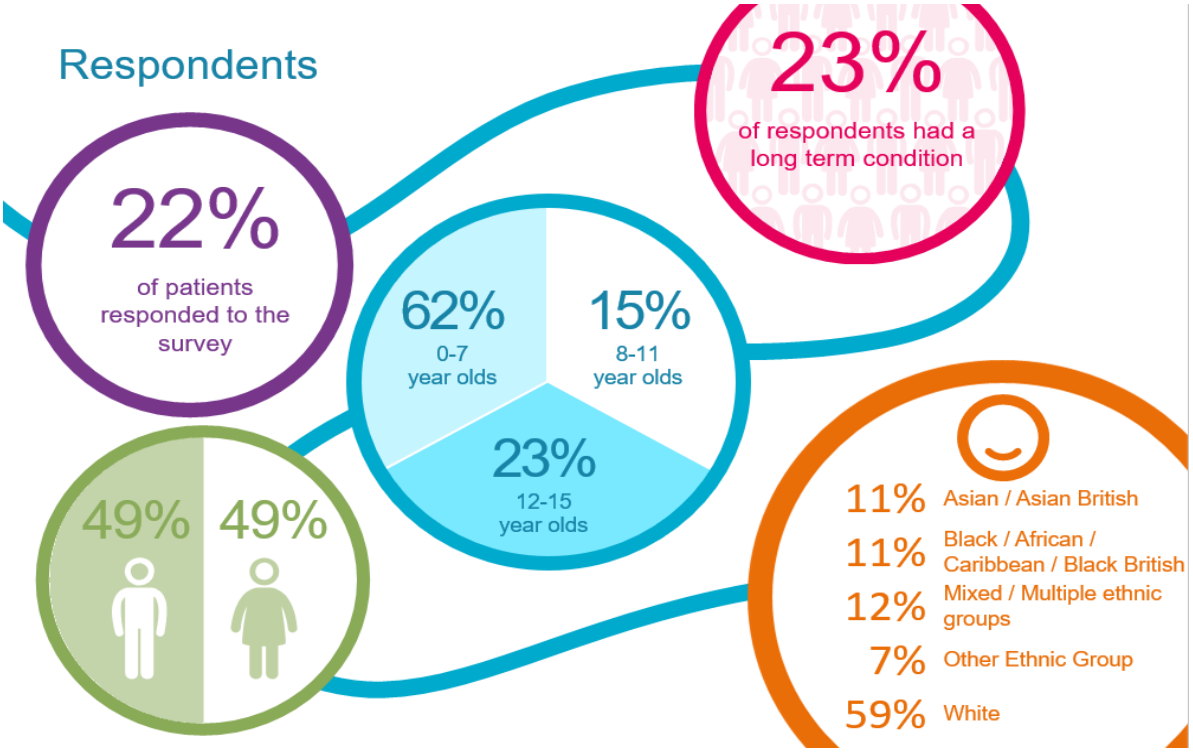
On a related note, only **90%** of patients felt they had enough to drink compared to a national average of **95%,** which has been looked at since the results of this survey were published in coordination with ward managers and matrons. In response to the findings, it was agreed that water should be made more readily available, staff should make a point to regularly ask patients whether they would like more to drink, and the Patient Experience Team are currently looking into the purchase and distribution of water dispenser points throughout the inpatient areas.

On a positive note, during visiting restrictions last year, **88%** of patients felt able to keep in touch with family and friends due to the successful roll-out of the '**Stay Connected**' Family Liaison programme which will continue with the help of Whittington Health charity funding. This provided families with access to communication services to keep in touch with their loved ones such as 'With You' audio messaging, and 'Thinking of You' paper postcards. This was in combination with the facilitation of zoom calls and dealing with lost property requests. This is very welcome feedback considering the impact on hospital services during the COVID-19 pandemic.

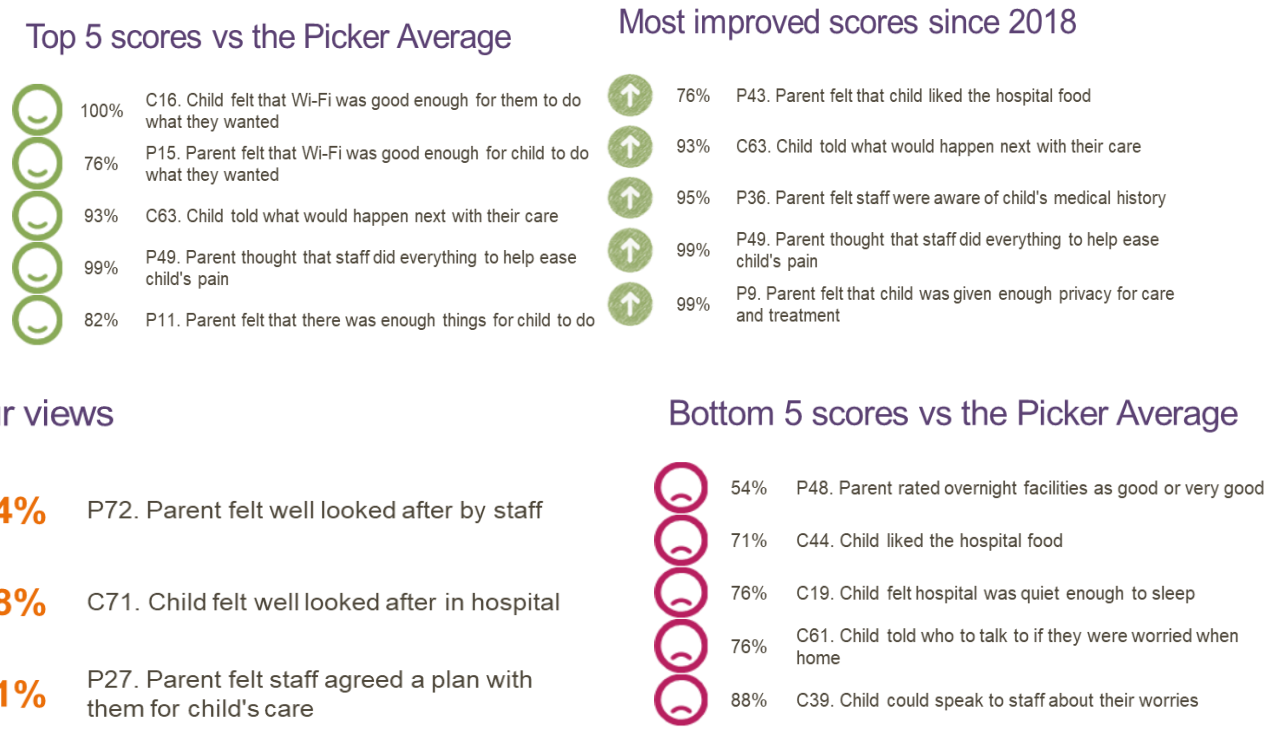
In addition, there is an ongoing focus on discharge planning which is continuing to improve patient experience and feedback in these areas.

2020 Children & Young People's Survey

22% of patients responded to the 2020 survey which was lower than completed response rate in 2018 (27%). This may have been due to another patient experience survey being undertaken at the same time to establish parents and young people's experience of the north central London Southern children and young people inpatient Hub merged service as part of major incident planning during the second wave of the pandemic (COVID-19 Delta variant).



Children & Young People's Survey 2020 Results



Key Improvements noted regarding food, with **76%** of parents reporting that their child liked the food provided, compared to 2018 score of **66%,** although only **71%** of children reported liking the food (national average **85%**).

This is likely the result of the inpatient catering being brought back in-house as referenced in the response in the inpatient survey results above.

In contrast, there was a reduction in the response by parents when asked if they were able to prepare food in the hospital (**36%** compared to our 2018 score of **55%**), which will have been impacted by changes in Infection Prevention and Control guidelines for the inpatient wards (including the children's wards) during the pandemic.

100% of children felt that the WIFI was good enough for them to do what they wanted (compared to **84%** national average).

88% of children felt they could speak to staff about their worries (below national average of **94%**).

The Patient Experience Team are in the process of arranging a consultation with Picker to go through these results and create an action plan to improve for the next survey.

2021 Maternity Survey

300	300	61%	54%	32%
Invited to complete the survey	Eligible at the end of survey	Completed the survey (182)	Average response rate for similar organisations	Your previous response rate

96%	C23. Treated with respect and dignity (during labour and birth)
97%	C24. Had confidence and trust in staff (during labour and birth)
97%	C22. Involved enough in decisions about their care (during labour and birth)

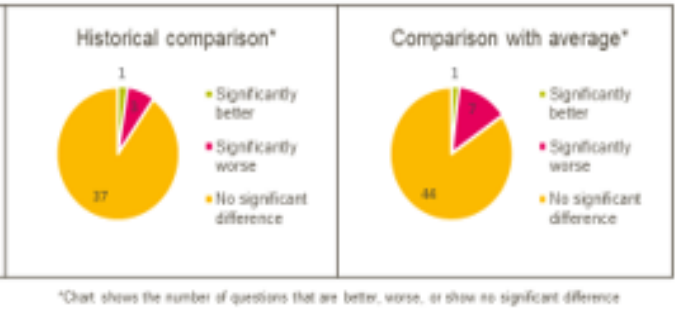


*Chart shows the number of questions that are better, worse, or show no significant difference

Top 5 scores vs Picker Average	Trust	Picker Avg
D7. Found partner was able to stay with them as long as they wanted (in hospital after birth)	91%	33%
C10. Involved enough in decision to be induced	88%	83%
B4. Given enough information about coronavirus restrictions and any implications for maternity care	79%	74%
C14. Partner / companion involved (during labour and birth)	88%	85%
B3. Offered a choice of where to have baby	84%	80%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
F7. Felt midwives aware of medical history (postnatal)	63%	73%
B16. Provided with relevant information about feeding their baby	72%	81%
F17. Received suppport or advice about feeding their baby during evenings, nights or weekends	61%	70%
C9. Felt they were given enough information before induction	78%	87%
B12. Given enough support for mental health during pregnancy	74%	82%

Most improved scores	Trust 2021	Trust 2019
F12. Staff asked about mental health (postnatal)	95%	87%
F8. Felt midwives listened (postnatal)	98%	93%
D8. Found hospital ward very or fairly clean	95%	90%
F13. Given information about changes to mental health after having baby	87%	85%
D6. Treated with kindness and understanding (in hospital after birth)	94%	92%

Most declined scores	Trust 2021	Trust 2019
B5. Given enough information about where to have baby	75%	92%
C18. Not left alone when worried (during labour and birth)	67%	82%
F6. Saw the midwife as much as they wanted (postnatal)	56%	68%
C4. Felt staff created comfortable atmosphere during labour	84%	94%
C3. Felt they they were given appropriate advice and support at the start of labour	83%	89%

Key highlights to note include the excellent response rate of **61%** which compares to **32%** for the previous survey 2019.

This is due to the engagement work the Patient Experience Team undertook with the Maternity management to promote the survey, as well as other forms of feedback such as Friends and Family Test surveys. Posters were put in visible areas, and clinical leads were placed in charge of promoting the survey directly to patients.

Whittington was the first hospital in London to safely risk assess to ensure that partners could continue to visit and join and stay during a baby's birth and post delivery period during the pandemic;

this is reflected in the positive response relating to feedback about partners' being able to stay (**91%** compared to national average of **33%**).

The CQC provided benchmarking reports for London from the 2020 survey and the Whittington achieved first best response in London for involvement of partners compared with average trust score across England.

National Cancer Patient Experience Survey 2020
The National Cancer Patient Experience Survey 2020 was made voluntary during the pandemic and unfortunately Whittington Health did not have the capacity to run it locally, therefore there are no results for 2020. The Trust will be participating in the 2021 survey and questionnaires have gone out for this.

Patient Feedback: Friends and Family Tests

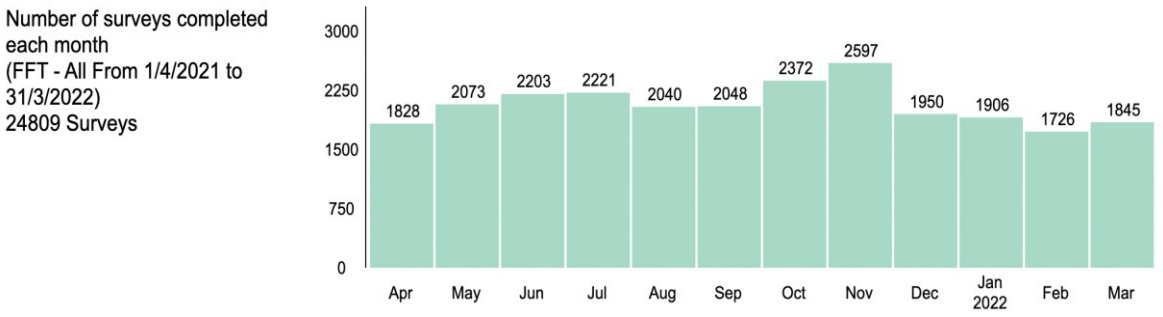
In December 2020, NHS England updated guidance to reinstate the collection of FFT data after a pause in reporting due to the COVID-19 pandemic. Throughout 2021, FFT reporting has steadily recovered from the pandemic, although many challenges have remained, including the second surge in January 2021 and various peaks throughout the year (i.e., Omicron variant in December 2021) affecting the ability of some services to report regularly.

The Patient Experience Team have been working with the Voluntary Services to ensure FFT results collected via handwritten postcards are uploaded to the electronic reporting system regularly, although many services upload the data locally. There has been a renewed focus to roll out a digitisation of FFT collection methods, including automated SMS texting, which is currently used in Emergency, and Day Treatment Centre, and will be live in community physiotherapy services in mid-2022 following a successful pilot. iPads and devices have been used in various services to collect FFT data. Moving forwards, the introduction of trust wide QR codes will assist with the streamlined collection of data, allowing more patients to provide feedback from their own devices and minimising the need for physical collection over time.

The table below shows the average FFT score for the year 2021-2022, showing a small reduction in ó).

Percentages of Very good/good and poor/very poor
(FFT - All, 1/4/2021 to 31/3/2022)

The table below shows the total number of responses for 2021-2022 and highlights the steady increase in response rates across the Trust after the peak of the pandemic until the Omicron variant in Q4.



Over the past 24-month period, the low point was April 2020, which saw only 739 FFTs collected trust-wide, compared to the post-pandemic high-point in Nov 2021 which saw 2597 - an increase of over 250%, However, this is still slightly below the pre-pandemic high-point in Jan 2020 of 2937.

Venous Thromboembolism (VTE)

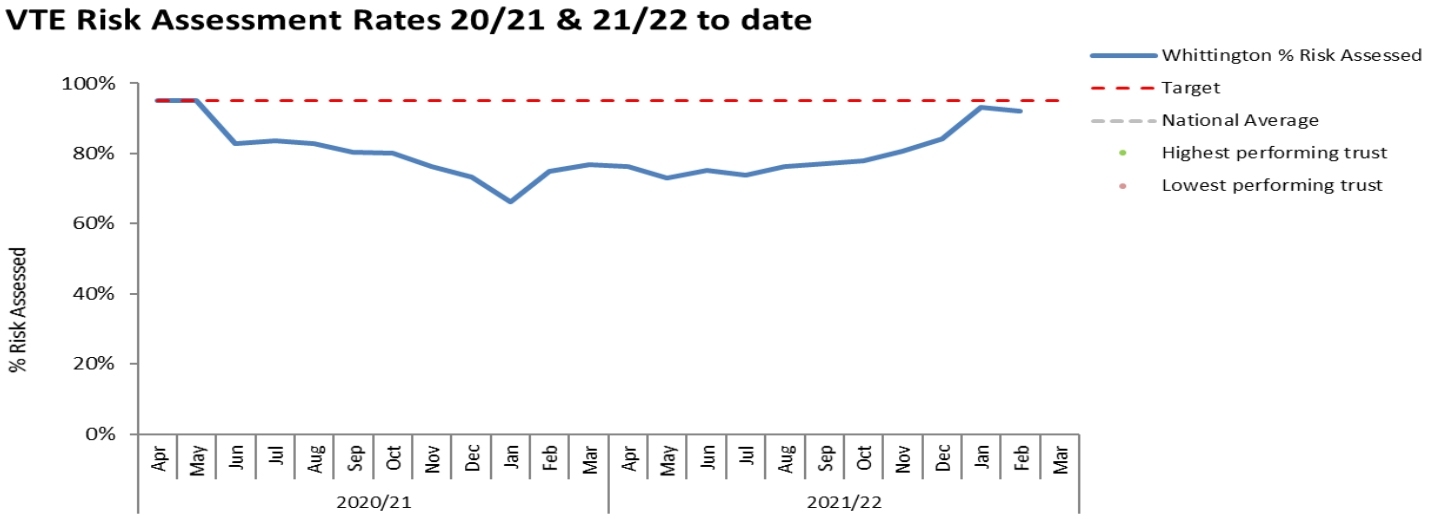
Every year, thousands of people in the UK develop a blood clot within a vein. This is known as a venous thromboembolism (VTE) and is a serious, potentially fatal, medical condition. The Trust policy requires all admitted patients are individually risk assessed and have appropriate thromboprophylaxis prescribed and administered. In 2020/21 national reporting was suspended due to the COVID-19 pandemic, however the Trust still recorded data locally in 2020/21 and the Trust achieved 81% compliance with risk assessments.
However, in April 2021 the Trust's VTE RA rate was 76.44% and some actions have been taken to improve VTE risk assessment compliance because of the drop in VTE rates showed.
The appointment of a consultant haematologist with a specialist interest in VTE and a new part time VTE pharmacist - who have focused on further improvements in this area - have brought a good increase in compliance. In fact, in January 2022 the Trust VTE RA compliance raised to 93.1% with a better and closer rate to the National Standards of 95%.

The following actions have been taken:

- Education and training of junior medical and surgical staff with step-by-step guide on how to complete the electronic non-mandatory VTE RA form.
- Daily prompting of Drs on the wards to complete VTE RA non-mandatory forms based on a daily list of patients provided by Information Technology.
- Close co-operation between the VTE pharmacist and Information Technology to switch from a non-mandatory VTE RA on ICE Sunquest to a mandatory VTE RA form on Careflow clinical noting which happened in November 2022.
- Patients' awareness information posters created and circulated on the wards throughout the hospital.
- A children's VTE information leaflet created to increase safety in more vulnerable group of patients.
- A weekly VTE team meeting established to review actions to be taken to increase VTE RA compliance and policies/guidelines e.g., sub-massive PE, ectopic pregnancy VTE guidelines.
- A Thrombosis Committee also established starting from March 2022 with a multidisciplinary representation.

- A Quality Improvement project will be published internally as an example of successful change implementation.
- Root cause analysis continue to represent an educational tool for healthcare professionals on VTE thromboprophylaxis and the VTE pharmacist and the team are keen on keep collecting data to prove our Trust standards and implementing a robust reporting system.

The team is working towards an application as VTE Exemplar Centre.



Infection prevention and control

A senior lead nurse leads the trust Infection Prevention and Control (IPC) procedures, in collaboration and under the direction of the Chief Nurse and Director of Allied Health Professionals, who is the Accountable Officer, and Director of Infection Prevention and Control. The Infection Prevention and Control Team (IPCT) provide a full service to hospital, dental, mental health and community services across Whittington Health NHS Trust. Operationally, they are a team of senior IPC nurses, practice educators and an information analyst who support national, regional and local reporting on health care acquired infections (HCAI), Trust attributable bacteraemia such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Escherichia Coli (E. Coli); Clostridium Difficile infections, HCAI outbreaks; Seasonal respiratory illness e.g., Influenza and Sars-Cov-2 (COVID-19) across the Trust.

The focus is on prevention of infection through education, training and surveillance. The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

Health Care Acquired Infections (HCAI)

Nosocomial or Health Care Acquired Infections (HCAI) are defined as those occurring:

- as a direct result of treatment in, or contact with, a health or social care setting
- because of healthcare delivered in the community healthcare-associated infections

- outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, norovirus).

(NICE Quality Standard- 13 - 2016)

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

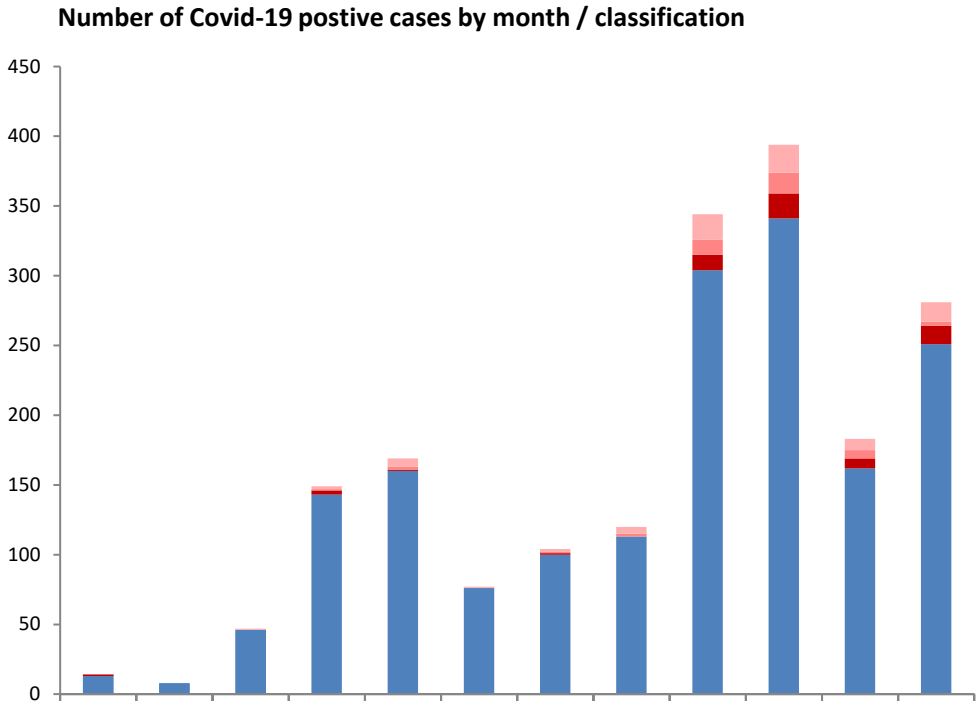
Management of healthcare associated infections
Whittington Health's infection prevention and control policy documents the importance of preventing and reducing rates of HCAI and the surveillance of potential incidents. This remains critical for inpatients who are at risk as they provide essential information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

Health Care Acquired Infections – COVID-19

The Trust has captured data on HCAI COVID-19 infections since March 2020 and have recorded 55 definite COVID-19 HCAI cases in the reporting period 2021/22.

The Trust reports daily on all HCAI COVID-19 infections. The Trust tests and retests all admitted patients for COVID-19 in line with national guidance.

Rises in cases occurred in July-Aug 21 and again in Nov-March 2022.This occurred despite the focus and attention on safe infection control and prevention precautions and was linked to the increase in the significant community transmission rate of COVID-19 found in the local population.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2021									2022		
Intermediate HAI			1	2	6	1	2	5	18	20	8	14
Probably HAI				1	2		1	2	11	15	6	3
Definite HAI	1			3	1		1		11	18	7	13
Community Acquired	13	8	46	143	160	76	100	113	304	341	162	251

Table: **Number of Covid-19 positive cases by month / classification 2021/22**

NB Definite HCAI COVID-19 infections are defined as patients who test positive on Day 15 or later of admission; Probable HCAI infections are defined as patients who test positive Day 8 – 14 admissions; Intermediate HCAI infections are defined as patients who test positive Day 3 – 7 admissions; and Community Acquired are defined as pre-admission or up to day 2 of admission.

To monitor compliance with Infection Prevention and Control during the pandemic, in May 2020 NHS England/Improvement (NHSEI) developed a Board Assurance Framework self-assessment. The framework covered 10 key lines of enquiry across IPC, environment, patient pathway and staff. The Trust has completed this self-assessment and it was reported to the Trust Board in July 21.

There is regular updating of the COVID-19 IPC guidance, and this is incorporated within local policies and guidelines to ensure all staff are kept up to date on Department of Health and NHSEI changes.

Health Care Acquired Infections – Other infections

The Infection Prevention and Control team continue to support the hospital and community services by performing the post infection reviews which focus on all aspects of the patient journey from pre-admission through to discharge when the patient acquires a HCAI. This includes a multi-disciplinary clinical review of all cases with rapid feedback of good practice and/or any lapse in care identified to prompt ward-level learning; these are discussed at the Infection Prevention and Control Committee (IPCC) meeting to ensure Trust wide level sharing, learning and an appropriate platform for escalating outstanding actions.

The increased use of key antibiotics required during the acute and subsequent phases of the COVID-19 pandemic in combination with the altered surveillance definitions of health or community acquisition of infection may have resulted in an increase of cases of Clostridium Difficile (C. Diff) in 2021/22 compared with previous years. Importantly Whittington Health continues to report zero cross infection in relation to this infection.

The table below summarises the numbers of incidents of patients acquiring the main healthcare acquired infections.

MRSA (Methicillin Resistant Staphylococcus Aureus)	There is a zero tolerance on MRSA blood stream infections (BSI) unfortunately there was one reported case in the reporting year. Trust wide learning outcomes identified are supported by the IPC education team and clinical teams.
Clostridium Difficile Infections (CDI)	The Public Health England (PHE) limit recommended for 2020/21 for CDI within the Trust was set at 10, Whittington Health reported 14 cases of CDI (Hospital onset, healthcare associated (Day 2 or later since admission HOHA) and 4 cases (Community onset, healthcare associated (Up to 28 days since discharge COHA) which was above the target. This was challenging however the causes of all cases investigated, and all considered unavoidable but there were learning opportunities from lapses in care. Two distinct themes from post infection reviews (PIR) were: 1) delay in sending stool occurring in the HOHA cases. This may have resulted in delayed treatment and a HOHA (hospital onset infection as opposed to community). 2) documentation lacking e.g., records of stool charts, patient's normal bowel habits
E. Coli Bacteraemia	There were 22 Trust-attributed E. coli blood stream infections (BSI) this year. The national objective in line with the UK five-year plan 'Tackling antimicrobial resistance 2019-2024' is to halve healthcare associated Gram-negative BSIs, by March 2024. The trust is striving to achieve this target. Issues identified are shared as learning. The annual E. coli work programme has been reviewed and requires refocus and trust wide engagement to help reduce these BSI's.
Influenza	This winter, there were 21 cases of admitted patients found to have Influenza. Cases have risen this year but still not a usual influenza season.
Surgical Site Infections (SSI)	Whittington Health met the mandatory reporting for SSI surveillance to UKHSA 'at least 1 orthopaedic category for 1 period in this reporting year'. **July to September 2021 SSI data:** 22 Repair of neck of femur operations – 2 surgical site infections 12 Large bowel surgeries – 4 surgical site infections **October to December 2021 SSI data:** 27 Repair of neck of femur operations – 0 surgical site infections. 12 Large bowel surgeries – 5 surgical site infections **January to March 2022 SSI data:** Data to be finalised and reconciled to UKHSA by 30th Jun 2022

	The number of operations occurring are small and could distort percentages. Infections are reviewed by teams and are being monitored closely.

Patient Safety Incidents

Patient safety incidents

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

Incident reporting demonstrated a continued rise prior to the beginning of the pandemic before reaching its nadir during the first wave with just 354 incidents reported in April 2020. There has been a slow recovery back to pre-pandemic levels of incident reporting; however incident reports are currently on a downward trend. The patient safety team is looking at factors that may have caused this trend and, in the meantime, is raising awareness of the importance and usefulness of incident reporting through training based on the national patient safety syllabus.

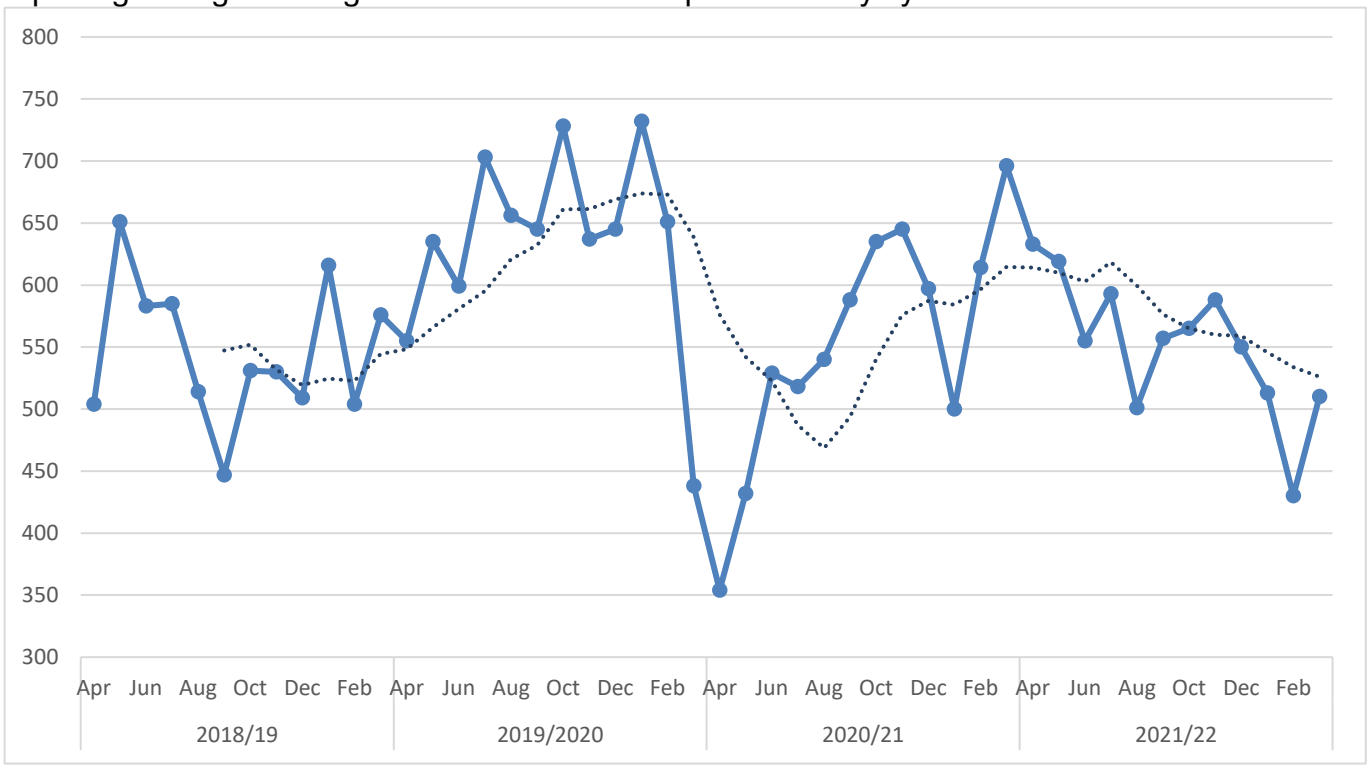


Figure 1 • Patient safety incidents reported in Whittington Health in 2020/21 and 2021/22 with moving average

Serious Incidents

The Serious Incident (SI) Executive Approval Group (SIEAG), comprising the Medical Director, Chief Nurse and Director of Allied Health Professionals, Chief Operating Officer, the Associate Director of Quality Governance and Serious Incident Coordinator, meets weekly to monitor and review SI investigation reports as defined within NHS England's Serious Incident Framework (March 2015). In addition, internal root cause analysis investigations and resulting recommendations and actions are monitored and reviewed by the panel.

All SIs are reported to North East London Commissioning Support Unit via the Strategic Executive Information System (STEIS) and a lead investigator is assigned by the Clinical Director of the

relevant Integrated Clinical Service Unit (ICSU). All SIs are uploaded to the National Reporting and Learning System.

In 2021/22 there were 26 SIs reported on STEIS. As illustrated in the graph below, the number of Serious Incidents declared as a proportion of all patient safety incidents has been reducing since 2015. This is a positive trend, indicative of an open, transparent safety culture where reporting of incidents is encouraged, with a higher volume of incidents which are near misses or low harm incidents.

Table 2: Serious Incidents declared, as a proportion of all patient safety incidents 2015-2020

In relation to maternity and neonatal incidents the Healthcare Safety Investigation Branch (HSIB) published a report in September 2021, which conducted a thematic analysis of the first 22 national investigations. The analysis used a robust, scientific approach and identified the following three recurring themes, which represent the most significant threat to patient safety:

- access to care and transitions of care (when patients move between care providers or care settings)
- communication and decision making
- checking at the point of care.

An analysis of Serious Incidents at Whittington Health in 2021-22, correlates with these findings, and these have been highlighted as areas for improvement in 2022-23, seeking to learn from national recommendations.

In preparing for the new Patient Safety Incident Response Framework, Whittington Health have reviewed processes in 2021-22 to ensure that the identification of systems issues and human factors remain at the forefront of our work with a focus on learning and improving practice. To that end, SIEAG have supported the use of alternative tools, such as process mapping, After Action Reviews and retrospective audits, to drive change.

Completed investigation reports with a summary letter, highlighting key findings and changes made as a result, are shared with the patient and/or family member, generally accompanied with a telephone discussion, or face to face meeting when socially distancing rules allowed.

Lessons learned following each investigation were shared with all staff and ICSUs involved in the care provided, through various methods including the ‘Big 4’ in theatres, and ‘message of the week’ in maternity, obstetrics and other departments. Learning from incidents is shared through Trustwide

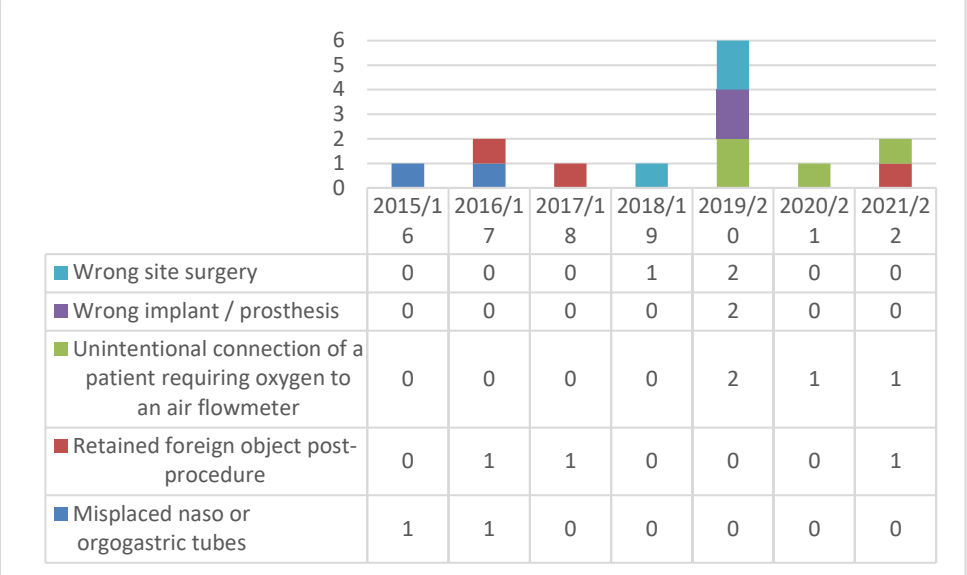
multimedia including a learning zone on the Trust intranet, a regular patient safety newsletter, the Chief Executive's monthly team briefing and the weekly, electronic all staff Noticeboard.

Never Events
A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented- this is a list of specific events defined nationally.

During 2021/22, the Trust reported a total of two Never Events in 2021/22: one in the 'Retained foreign object post procedure' category and the other in the 'Unintentional connection of a patient requiring oxygen to an air flowmeter' category.
The first Never Event related to a retained swab following a forceps delivery at Whittington Health. The woman was from out of borough and consequently was not visited by the Whittington Health community midwifery and Health Visiting teams' post-discharge. The patient attended a private clinic due to continued pain and discharge after initial treatment in primary care and a retained vaginal swab was identified and removed. Whittington Health were then alerted to the incident and an investigation undertaken. The number of swabs, needles and instruments documented as correct on count sheets, however several actions are needed to review the swab counting procedures, reintroduce training, documentation on white boards and amend SOPs to avoid staff changes at critical times.

A second Never Event related to inadvertent connection of a patient to air instead of oxygen, the patient was mobilizing independently and had kept their nasal cannula on when going to toilet (they were disconnected from the wall gas). The patient then reconnected themselves to the meter on the wall (inadvertently connecting to the air flowmeter which had been incorrectly left in situ, rather than oxygen). The incident was identified within five minutes and there was no harm to the patient.
The use of air flowmeters had been identified nationally as presenting a high risk of human error, noting that irrespective of mitigating controls in place, incidents were still occurring. The National Patient Safety Alert in June 2021 required all Trusts to replace the use of air flowmeters with alternative devices by 16 November 2021. This incident occurred during the risk assessment period while alternative devices were being considered. All air flowmeters have now been removed and replaced with compressor machines removing the risk of reoccurrence.

A gap analysis of the Trust's risk mitigation controls to prevent Never Events occurring was completed in January 2022. This report was discussed at the Quality Governance Committee and highlighted the importance of ensuring checklists, including LocSSIPs were fit for purpose and of implementing physical barriers where possible (e.g., stopping usage of air flowmeters).



	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Wrong site surgery	0	0	0	1	2	0	0
Wrong implant / prosthesis	0	0	0	0	2	0	0
Unintentional connection of a patient requiring oxygen to an air flowmeter	0	0	0	0	2	1	1
Retained foreign object post-procedure	0	1	1	0	0	0	1
Misplaced naso or orgogastric tubes	1	1	0	0	0	0	0

Figure 2 • The number of Never Events reported by Whittington Health from 2015/16 to date by date declared

Duty of Candour

Since 2014 there has been a statutory duty of candour (CQC Regulation 20) to be open and transparent with patients and families about patient safety incidents which have caused moderate harm or above. The Trust complies with its statutory obligations but also strives to apply being open principles for low harm patient safety incidents which do not meet the statutory criteria.

Central Alerting System (CAS) Alerts

Patient safety alerts are issued via the CAS, which is a web-based cascading system for issuing alerts, important public health messages and other safety information and guidance to the NHS and other organisations. The Trust uses a cascade system to ensure that all relevant staff are informed of any alerts that affect their areas. In 2021/22 the Trust received thirteen safety alerts (of which twelve were National Patient Safety Alerts issued by NHS Improvement/NHS England). These have each been actioned and closed as appropriate. Safety alerts are reviewed by the relevant group — for example Patient Safety Alerts are reviewed at Patient Safety Group, and Estates and Facilities alerts are reviewed at Health and Safety Committee — in addition, there is a six-monthly Safety Alert Group in place to review performance regarding the closure of all CAS alerts.

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

Freedom to Speak Up

The Freedom to Speak Up Guardian (FTSUG) for Whittington Health is continuously working to engage with teams and services across Community and Hospital departments and strengthen its relationships across the trust. The Guardian 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. As the year has ended more people have been preferring face to face appointments as prior the pandemic.

The Guardian has worked closely with the communications team to review the Trust's media activity and promotion to refresh a focus on speaking up. the Trust launched the new Speak Up badges to improve the visibility of the Speak up Advocates network and allies across the Trust. The new badges state 'Freedom to Speak Up, Speak to me" encouraging people to approach the network. The Intranet page was improved, enabling everyone to access it through the main page on the site. 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 Spring 2022 as a reminder that everyone can reach out in a safe confidential way. Posters across the community health sites are being updated displaying information about the Speak Up Advocates working on that site. The Guardian continues to be part of the Nurse, Midwives and Allied Health Professionals 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.

The collaboration between the FTSUG and the Organisational Development (OD) Team and Human Resources (HR) continues to be fundamental to reinforce learning and acting on the concerns received. This collaboration has allowed the trust to challenge cultural behaviours, bullying and harassment and detriment in a serious, committed, and constructive way.

The Guardian has offered regular supervision and support to consolidate the network of Speak Up Advocates. Currently the network, representing diversity, equality, and inclusion across the Trust, has 45 Advocates, across job roles and services. They are trained to actively listen to colleagues raising concerns and provide unobstructive emotional support for staff in difficult meetings.

Whittington Health has been working closely with the joint Directors of Race, Equality, Diversity & Inclusion and all the Staff Networks to listen to staff concerns, promote a healthy and positive Speak Up culture and help remove additional barriers that staff may face in speaking up. Collaboration and mutual support are growing between the FTSUG and the Networks leadership, who have been escalating concerns and signposting accordingly to the Guardian some of the concerns raised within the network's members.

During this year, the FTSUG received 84 initial concerns that required action. These 84 concerns created 84 new opportunities for change and improvement. We always thank staff raising concerns for this valuable contribution. 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. Only two concerns were anonymous and have been reported internally and investigated. This hopefully represents a gradual change to an open and positive culture for raising concerns and that staff are starting to feel more confident and safer to disclose their identities while speaking up. 54 concerns presented an element of bullying or harassment. 14 involved patient safety/ experience. Aligned with the National figures reported by the Guardians to the National Guardian office, the percentage of cases at Whittington Health involving an element of patient safety or quality of care has decreased, while cases involving elements of bullying and harassment have also dropped.

The plan for the next twelve months is to focus on the response of managers and leaders to staff who speak up and will be focused on a new NGO Freedom to Speak Up e-learning package, in association with Health Education England. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, focuses on listening and understanding the barriers to speaking up. Also, following the National Workforce Race Equality Standards (WRES) in depth review of race equality and the WRES data at Whittington Health there was feedback that some staff report still feeling cautious of speaking to the FTSUG or Advocates. Communication and work to support B.A.M.E staff

gaining further confidence in the role will be a priority over the next 6-12 months. Proactive engagement with our temporary, Agency and Bank workers, is also a priority for the next 12 months.

Guardian for safe working hours – (GoSWH)

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

This year has seen ongoing issues with significant staff shortages across all training grades due to high levels of sickness as we have seen across the wider NHS. This year we have also seen a higher than ever number of trainees choosing to work less than full time. We have continued to call upon the flexibility and maturity of the trainees to engage with senior colleagues in working to meet the challenges the pandemic has continues to present and their hard work and resilience is to be commended.

There continues to be good engagement with the process of exception reporting as laid out in the 2016 terms and conditions. There has been ongoing effort to encourage all specialities to promote and encourage the use of exception reporting.

The Guardian of Safe Working has worked closely with the junior doctors forum to ensure there is a proactive approach to compliance with the 2016 terms and conditions. There has been work to ensure meaningful reviews in areas where there appear to be more reporting working with trainees and consultants to try to review and changes working practices where possible.

Seven Day Service Standards

Whittington Health has participated in the 7 Day Hospital Services (7DS) Programme since 2017. The programme supports providers of acute services in tackling the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. The Trust has made progress with all 4 priority standards, particularly Standard 6 where the Trust is now fully compliant for the first time this year. The Trust continues to do focussed improvement work on the remaining priority standards to move towards 100% compliance:

- **Standard 2**: Time to initial consultant review: this has been reaudited in 2021 and still shows that the Trust meets the standard for patients admitted from 20:00-0800 and 08:00-15:00 but do not meet the standard for formal complete consultant review (called post take ward round) in over 50% of these patients admitted from 15:00-20:00 despite there being onsite consultant cover. This cover has oversight of admissions and ensures prioritisation of the sickest patients for early review. Due to the significant numbers of patients presenting over this time not all patients get reviewed within this standard. Quality Improvement (QI) interventions changing the shift pattern without lengthening the time on site have not improved this figure significantly this year. The Acute Medicine team is this year auditing to assess if there is clinical risk associated with not meeting this standard to understand if it supports progressing to a business case to significantly expand consultant numbers required to extend on site hours to 08:00-22:00.

- **Standard 5**: Access to diagnostics: The MRI service is now available during daytime hours 7 days a week on site for spinal cord compression with out of hours cover still provided at The National Hospital for Neurology and Neurosurgery (NHNN). Echo cover increasing with training programme underway of Intensive Care Unit, Emergency Department, and acute medical staff to provide 7-day cover by 2023.
- **Standard 6**: Access to consultant led interventions: All areas are compliant with either onsite or as network pathway with partner Trusts. Access to 24/7 Interventional Radiology is via an onsite 6-day daily service with emergency out of hours cover provided by University College Hospital which is working well.
- **Standard 8**: Ongoing daily consultant-directed review: the Trust has implemented 3 levels of review built into handover system for out of hours but current weekend consultant staffing in medicine not adequate to allow consultant level ward reviews rather this task is delegated to the ward registrar who asks for consultant input from the on call consultant if required

  The Trust is fully compliant with the remaining standards 1, 3, 4, 7, 9 and 10 which are assessed through self-assessment annually.

Part 3: Review of Quality Performance

This section provides details on the progress the Trust is making with the Quality Account priorities 2020-23. the Key milestones and targets were identified for Year 2 (2021/22), and notwithstanding the impact of the impact of the COVID-19 pandemic the Trust has made significant progress.

Priority not achieved
Priority partially achieved
Priority achieved

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

Aims for 2021/22:
Project 1: Improve the quality of outpatient clinical letters to make them more user-friendly for patients and focused on what 'matters to me' as the patient.

1. To improve the number of consultant-written letters addressed to patients by a further 10% on 2020 baseline
2. To increase the number of letters that use clear language by a further 10% on the 2020 baseline
3. Expand the project to non-consultants and HCPs who write letters to patients.

Project 2: Roll-out a digital patient portal (Zesty) to improve the quality and experience of Outpatient communication, enabling patients to get a greater role in planning their care. Zesty is an online, secure, interactive platform which is always easily accessible to the patient. The platform will enable communication of appointments (bookings and amendments), information about conditions and procedures and clinical interactions, for example online follow-ups and patient completed questionnaires

1. By the end of 2021/22, we will have introduced Zesty in all outpatient clinics. Success of the programme in improving communication with patients will be measured by patient feedback,

patient usage of the Zesty portal and improved timeliness of patient appointment correspondence, which in turn may reduce the DNA rate.

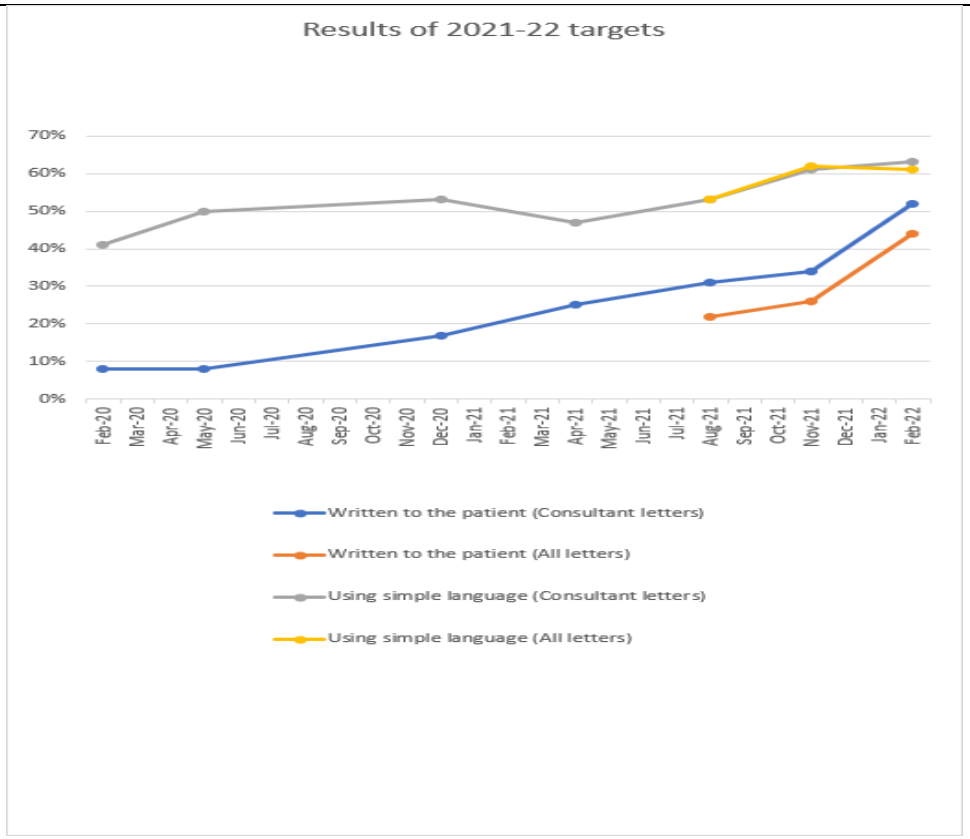
What did we achieve in 2021/22? – Project 1 Improve the quality of outpatient clinical letters

In 2020, the "Dear Patient" project began with the aim to make the letters written following attendance at an outpatient clinic more useful to patients. We had previously seen success in improving Inpatient Discharge Summaries and making these more useful to patients and so this seemed like the next step. Patients had told us anecdotally that they did not find these useful, and clinicians could see that they were written in language that other clinicians would understand rather than the patients. The work began by speaking with a range of patients and discussing what they would like to see in a letter and would find useful. These discussions produced six aspects that we would work to improve. After meeting with patients, we introduced the project to local GPs as we recognised, they are recipients of the letters too. The measures we set out to work on were:

1. Letters addressed to the patient and cc'd to the GP (this has been recognised as being best practice by the Academy of Medical Royal Colleges)
2. Using clear language and explaining medical terminology
3. Have clear next steps
4. To be clear if the patient is discharged or to be followed up
5. Have some safety netting to inform the patient or GP what to do or what to look out for
6. Contain practical advice to help the patient self-manage their condition. (Note, we introduced this measure in 2021)

Since the project began, we have provided teaching and training in writing letters this way, giving the patient comments as to why we are making changes. We have also given feedback to departments, and some individuals and shared good practice.

The specific targets for 2021-22 were to increase the letters addressed to patients by 10%, increase letters using clear language by 10% and expand the projects to all healthcare professionals who write clinic letters (in the first year, the focus was on consultant-written letters). These targets have all been met and the results for these are below. Consultant written letters addressed to patients increased by 35% which was a very good result. In 2021, the project was expanded to look at letters written by Allied Health Professionals, Junior Doctors and Nurses who write letters. Since the project began, we have not received as much feedback as we had hoped for but the comments, we have had have been positive. One doctor in a different Trust received a letter and contacted us, saying it had made him reflect on his own letter writing. We have been contacted by two other Trusts who read about our work on this project and want to do something similar, and so they have asked for advice and to hear further information. The aim of this project has been to improve written communication between clinicians and patients. We have measured the progress of the project quarterly. This was done by choosing a two-week period and then reading a letter written by each clinician in that period, looking at which of six aims were met. In the most recent letters audited (written in February 2022), 110 consultant- written letters were read, and 239 by other Healthcare Professionals (including junior doctors, nursing staff and therapists).



Moving forward, in 2022-23, the QI Lead will continue to monitor these letters to ensure the improved standard remains. Successes have been seen when sending personalised emails to staff writing good letters, attending departmental meetings and discussing them, and producing 'league' tables of how each department is doing against each other. This healthy competition helped to drive the quality of some departments up.

What did we achieve in 2021/22? – Project 2 1. By the end of 2021/22, we will have introduced Zesty in all outpatient clinics

During 2021/22 further work on the bi-directional integration to allow for cancellation and rebooking of appointments in the portal has been carried out between the Zesty/System C development team. The solution for paper letter suppression has been agreed between all parties. Work on the letter templates for the portal was carried out by the Whittington team.

Further information was required to define a solution for handling of attachments in the portal. Zesty have requested this from Fun Asset/Xerox and it is now in place. Discussions have taken place on the use of SMS and onboarding of patients to use the portal. Information has been provided to Whittington on the likely SMS costs and the expectations of patient adoption rates which are achieved via this method.

It was planned to have the Zesty portal implemented by the end of Q4 2021/22 but due to vital integration works taking place ahead of go live. It is now scheduled to be implemented in Q1 2022/23.

A robust communications plan, which includes social media, local newsletters, posters, and online content has been drafted with assistance from the Trust Communications Team ahead of the launch in Q1. The online platform will allow our patients to benefit from their appointment information readily available online and a reduction in paper mail. Once this

	phase of the project goes live, focus will be to onboard majority of our patients on to the platform within the first 6 months followed by commencing works to allow patients to reschedule their appointments as well. Benefits can be measured by patient feedback, patient usage of the Zesty portal and improved timeliness of patient appointment correspondence, which in turn should assist in reducing DNAs. Patient benefits include better physician-patient relationships, improvements to patient safety, patient-provider communications and adherence to medications and advice.

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

Aims for 2021/22:
Following the success of the 'pilot simulation programme' in 2020/21, in year 2, the focus was on sustainability and expansion.

1.To continue delivering the pilot sim programme across the hospital, using HF champions (as the pilots return to flying).
2. To expand human factors education into community settings.

What did we achieve in 2021/22?	
	During 2021/22, simulation training continued across the Trust, including in-situ simulations particularly in the Emergency Department and on the Critical Care Unit. As expected, the aviation pilots, who were instrumental in the 'pilot sim programme' during the first year of the pandemic, returned to flying but the focus on non-technical feedback from simulations has continued. Observation of communication techniques and leadership skills are given equal focus to technical competencies, in recognition of the importance of human factors in preventing harm. This understanding and awareness of human factors has also been reflected in a more systems-based approach to learning from incidents. In preparation for the introduction of the Patient Safety Incident Response Framework in June 2022, which will replace the current Serious Incident framework, the Trust has adopted a variety of tools to investigate incidents and ensure issues are identified in a timely way, improvements made, and learning shared widely. This includes an in-situ process mapping exercise in maternity unit, following a medication error during labour. The exercise was multi-disciplinary with midwifery, pharmacy, obstetrics and governance staff in attendance and focused on identifying solutions to the environment, equipment and processes to mitigate risk rather than relying on reminders to staff. A similar approach was taken in Outpatient pharmacy to mitigate the risk of human error with Controlled Drugs handling. Improving understanding of human factors and the impact on making healthcare as safe as possible remains a high priority nationally and for the Trust and will continue both as a Quality Account commitment in 2022/23 and as part of the local implementation of the National Patient Safety Strategy.

Priority 3: Reducing harm from hospital acquired de-conditioning

Aims for 2021/22:

1. To trial a new enhanced Health Care Support Workers (HCSW) model which will include a training programme for mobilising patients.
2. To recruit five enhanced HCSWs for the hospital wards during 2021/22.

What did we achieve in 2021/22?
New questions have been added into the Therapy notes section on Medway (Patient administration system) which asks if the patient has been out of bed / walked today? This is graded using the John's Hopkins mobility scale. There are plans to expand this to the nursing notes section on Medway in 2022, and there are also plans to include this information in the Anglia ICE information for when patients return to their place of residence which will aid District nursing teams and social care. 19 Enhanced Health Care Support Workers have been recruited in 2021/22. 13 of these have attended the enhanced health care support worker training course which includes an element on hospital de-conditioning and prevention as well as care of patients living with dementia. We have also purchased an 'Age simulation suit' which can be utilised by all staff members. This suit offers staff the opportunity to experience the impairments of older person. It is a full body suit that stimulates the effects of age reduced muscle strength, changes in sensory recognition and decreased range of movement. Wearers of the suit are given unique insight into the main effects of aging; it is hoped that this will inspire empathy and understanding in staff and will enhance training and simulation scenarios.

Priority 4: Improving blood transfusion care and treatment

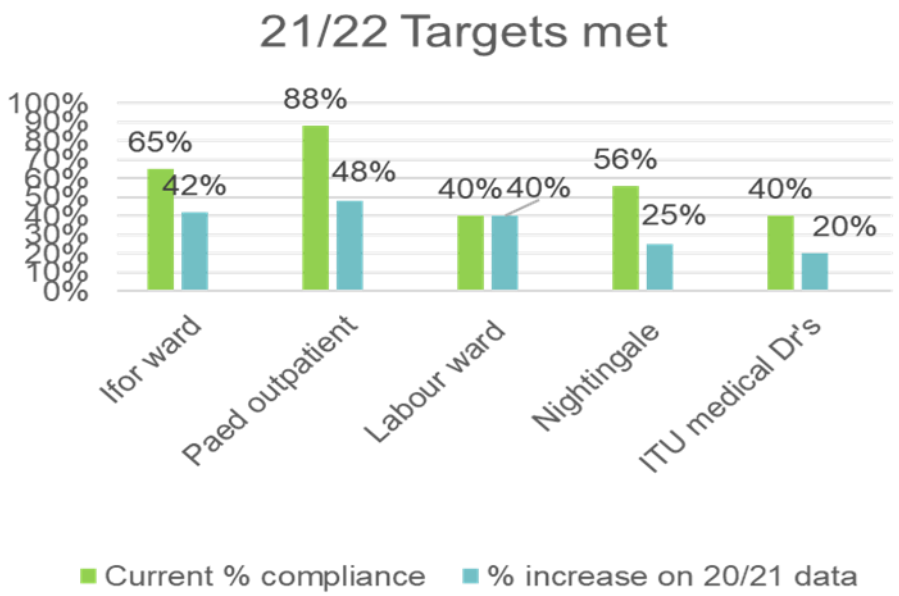
Aims for 2021/22:

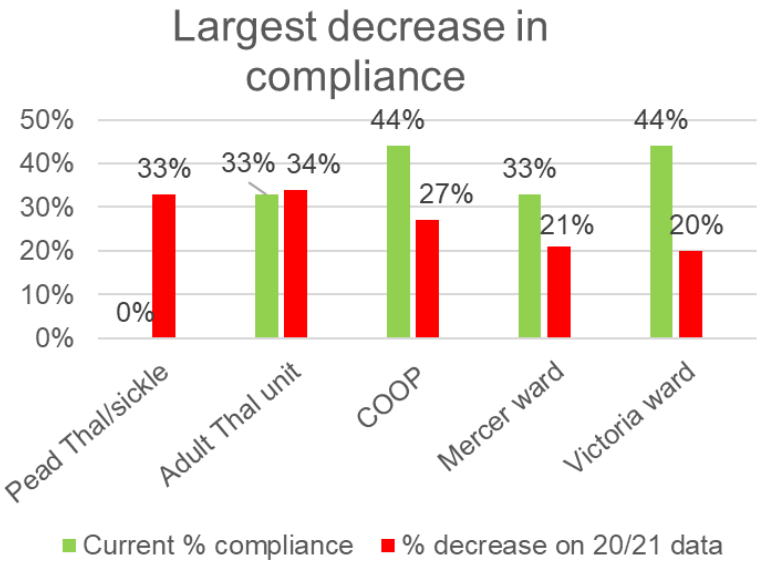
1. To increase training by 30% on the overall trust baseline for 2020,
2. To increase nursing compliance by 20% on the 2020 baseline.
3. To continue the communication campaign around the importance of completing blood transfusion training for patient safety

What did we achieve in 2021/22?
Improvement goals for 21/22 were not achieved. To sustain improvements with compliance requires managers to have access to data for their staff and for individuals to have awareness of their mandatory training requirements. Measures to tackle the low compliance issues are through Elev8, the new learning platform, the design will alert staff of their mandatory requirements. The e-learning modules are grouped for all the different staff roles to aid navigation and identification of individual e-learning requirements, it also gives managers the ability to monitor compliance for their team. Users also have the option to opt out via elev8 if Blood Transfusion is not a requirement for their role. It is important

that staff are encouraged to 'opt out' to remove the need for them to be compliant with training that is not required for their role.

- 320 clinical doctors of all grades were included, of those 79 are compliant (25%) an increase of 7%
- 452 qualified nurses of all grades were included of those 197 are compliant (44%) an increase of 3%
- 15 Operating department practitioners were included, of those 4 are compliant (27%) down 2%



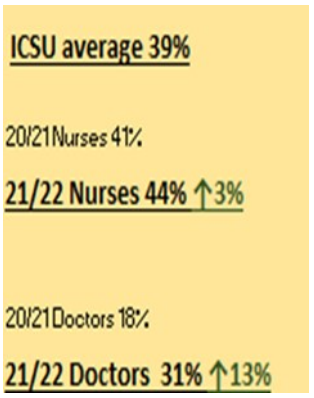


Although the target of increasing the training target by 30% compliance was not achieved, there has been improvements. Overall average trust compliance was 30% up 2% on 2020/21. This was an increase of 10% overall from 2019 (20% compliance baseline).

Training Compliance Results by ICSU

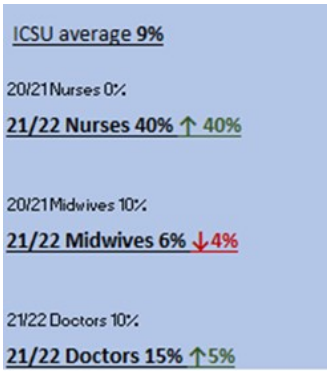
CYP ICSU Results

EIM ICSU Results



S&C ICSU Results

ACW ICSU Results



An extensive communication campaign has been run throughout 2021/22 to improve awareness of mandatory e-learning compliance for all staff groups involved in the transfusion process. To achieve this multiple communication methods were used. Such as:

- Posters in clinical staff areas
- Screen savers
- Newsletter
- Intranet
- Spotlight on safety
- Direct emails

Part 4: Other Information

Local Performance Indicators

Goal	*Standard/benchmark*		*Whittington performance*		*Comments*
		21/22	*20/21*	*19/20*	
ED 4 hour waits	*95% to be seen in 4 hours*	***78.30%***	*87.4%*	*83.8%*	

Goal	Standard/benchmark		Whittington performance		Comments
		21/22	20/21	19/20	
RTT 18 Week Waits: Incomplete Pathways	*92% of patients to be waiting within 18 weeks*	***74.4%***	*65.6%*	*92.1%*	April 21 to Feb 22 (March 22 not yet available)
RTT patients waiting 52 weeks	*No patients to wait more than 52 weeks for treatment*	***7093***	*11094*	*2*	*Total Breaches reported as part of monthly submission, not individual patients. April 21 to Feb 22 as March 22 not yet available
Waits for diagnostic tests	*99% waiting less than 6 weeks*	***94.1%***	*72.1%*	*99.3%*	
Cancer: Urgent referral to first visit	*93% seen within 14 days*	**74.8%**	94.6%	94.8%	April 21 to Feb 22 (March 22 not yet available)
Cancer: Diagnosis to first treatment	*96% treated within 31 days*	**95.3%**	98.1%	98.8%	April 21 to Feb 22 (March 22 not yet available)
Cancer: Urgent referral to first treatment	*85% treated within 62 days*	**61.1%**	73.8%	84.0%	April 21 to Feb 22 (March 22 not yet available)
Improved Access to Psychological Therapies (IAPT)	*75% of referrals treated within 6 weeks*	**91.4%**	93.8%	95.1%	April 21 to Feb 22 (March 22 not yet available)

Summary Hospital-Level Mortality Indicator (SHMI)

The most recent data available (published March 2022) covers the period November 2020 to October 2021

Whittington Trust SHMI score:	0.87	Compared to 0.90 reported for November 2020 to October 2021 period
Lowest National Score:	0.72	Chelsea And Westminster Hospital NHS Foundation Trust
Highest National Score:	1.19	Norfolk and Norwich University Hospitals NHS Foundation Trust

16 Trusts including Whittington Health NHS Trust were graded as having a lower-than-expected number of deaths.

14 Trusts were graded as having a higher-than-expected number of deaths.

92 remaining Trusts were graded as showing the number of deaths in line with expectations.

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

Annex 1: Statements from external stakeholders

Placeholder to be completed

Health Watch Islington feedback

Placeholder to be completed

Health Watch Haringey feedback

Placeholder to be completed

Commissioner feedback

Placeholder to be completed

How to provide feedback

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

By writing to:
The Communications Department,
Whittington Health,
Magdala Avenue,
London. N19 5NF

By telephone:
020 7288 5983

By email:
communications.whitthealth@nhs.net

Publication:
The Whittington Health NHS Trust 2019/20 Quality Account will be published on the NHS Choices website by the 15th December 2020.
https://www.nhs.uk/pages/home.aspx
Accessible in other formats:
This document can be made available in other languages or formats, such as Braille or Large Print.
Please call **020 7288 3131** to request a copy.

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

Placeholder to be completed

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

National Child Mortality Database Programme: Suicide in children and young people thematic report 2021:

Every child or young person who dies by suicide is a precious individual and their deaths represent a devastating loss for parents, siblings, grandparents, carers, guardians, extended family and friends. Suicide leaves a legacy for families that can have an impact on future generations and the wider community. As with all deaths of children and young people, there is a strong need to understand what happened, and why. We must also ensure that anything that can be learned to prevent future deaths by suicide from happening is identified and acted upon.

This National Child Mortality Database (NCMD) thematic report aims to identify the common characteristics of children and young people who die by suicide, investigate factors associated with these deaths and identify common themes to help inform policymakers, commissioners, those providing services to children and young people and those involved in reviewing deaths of children and young people. It also aims to contribute to the existing evidence base in this area to inform ongoing and future research into the mental health of children and young people.

The report looks at deaths that occurred, or were reviewed by a CDOP, between 1 April 2019 and 31 March 2020 and therefore does not cover the period of the COVID-19 pandemic.

Actions Taken:

- Teaching has taken place and continues for paediatric trainees at induction and on Ifor ward for 'HEADDSS assessment by paediatric trainees on over 12's presenting in ED with mental health concerns. This will help to elicit further psychosocial concerns (to include bullying, safety at home, school concerns).
- All young people presenting with self-harm or suicidal ideation are reviewed by a CAMHs clinician before discharge unless there are very extenuating circumstances as it was identified of those young people who committed suicide, many had a history of self-harm.
- Bereavement was noted to have been present for those who committed suicide and to be taken forward via psychosocial assessment in those presenting with mental health concerns.
- Many of the young people who completed suicide were not in contact with mental health services and it is thought that a HEADSS could take place on all adolescents.
- Poor communication between services were frequently reported, and this can be improved by discharge planning meetings for the complex patient.
- Suicide prevention training should be made available within the Trust. This could become part of mandatory training.
- Improve awareness of the impact of domestic abuse, parental physical and mental health needs, and conflict at home. This could become part of the current safeguarding training.
- For all young people presenting with a mental health crisis, a safety plan should be done with the young person and carer which includes crisis line numbers etc. This will improve information and advice available to parents/carers, primary care and community services about monitoring (signs to be concerned)

and support for children and young people, including those who disengage with mental health services. This should include access to local crisis helplines and national resources.

The National Lung Cancer Audit: 2022 annual report has highlighted the following to be taken forward:

Identified action to achieve the 28-day pathway compliance.

- Reduce time to CT
- Reduce wait time for PET
- Ensure patients without cancer are informed rapidly.

We have a plan to make Lung cancer paperless, thus reducing delays at front end. There is an aim to discuss re-introduction of allocated PET slots for Whittington patients at UCLH. Letters are being dictated immediately so that the CT result is known.

Additional actions:

- Data collection is to be improved so that we can accurately measure tissue diagnosis for Patient with Stage I-II and PS 0-1.
- To ensure that all patients are seen by a lung cancer nurse specialist. New post commenced in February 2022.
- To reduce delays between diagnosis and oncology treatment, the National Lung Optimal Cancer Pathway compliance is to be maintained which includes links between Whittington Health and UCLH for cancer biopsies. Discussions are being held with Pathology service at UCLH.

Title of Audit	Management Body	Participated in 2021/2022	If completed, number of records submitted (as total or % if requirement set)
Pain in Children (care in Emergency Departments)	Royal College of Emergency Medicine	✓	Data submitted: 107 cases (c/f from 2020/21 for completion)
Case Mix Programme (CMP)	Intensive Care Society	✓	Data submitted: 399 cases
Falls and Fragility Fractures Audit Programme (FFFAP) - Inpatient Falls	Royal College physicians	✓	Data submitted: 2 cases
Falls and Fragility Fractures Audit Programme (FFFAP) - National Hip Fracture Database	Royal College Physicians	✓	Data submitted: 150 cases
Inflammatory Bowel Disease (IBD) programme	Inflammatory Bowel Disease Registry	✓	Data submitted: 27 cases
LeDeR - learning from lives and deaths of people with a learning disability and autistic people	NHS England	✓	Data submitted: 5 cases

Title of Audit	Management Body	Participated in 2021/2022	If completed, number of records submitted (as total or % if requirement set)
National Diabetes Footcare Audit	NHS Digital	✓	Data submitted: 125 cases
Diabetes (Adult - national core)	NHS Digital	✓	Data submitted: 1159 cases
National Pregnancy in Diabetes audit	NHS Digital	✓	Data submitted: 20 cases
National Diabetes Inpatient Safety Audit	NHS Digital	✓	Data submitted: 2 cases
National Audit of Breast Cancer in Older Patients	Royal College of Surgeons	✓	Data submitted: 42 cases
National Audit of Cardiac Rehabilitation	University of York	✓	Data submitted: 361 cases
National End of Life Care Audit	NHS Benchmarking Network	✓	Data submitted: 24 cases
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics & Child Health	✓	Data submitted: 48 cases
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre	✓	Data submitted: 58 cases
Myocardial Infarction Audit Project	Barts Health NHS Trust	✓	Data submitted: 66 cases
National Heart Failure Audit	Barts Health NHS Trust	✓	Data submitted: 41 cases
National Child Mortality Database	University of Bristol	✓	Review of published reports
2021 national comparative audit of NICE quality standards 138.	NHS Blood & Transport	✓	Data submitted: 40 cases
National Early Inflammatory Arthritis Audit	British Society for Rheumatology	✓	Data submitted: 167 cases
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	✓	Data submitted: 76 cases
Oesophago-gastric cancer (NAOGC)	NHS Digital	✓	Data submitted: 18 cases
National Bowel cancer Audit	Health & Social Care Information Centre	✓	Data submitted: 94 cases
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership	✓	ongoing

Title of Audit	Management Body	Participated in 2021/2022	If completed, number of records submitted (as total or % if requirement set)
Lung cancer (NLCA)	Royal College of Surgeons	✓	Data submitted: 79 cases
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	✓	Data submitted: 3532 cases
Neonatal Intensive and Special Care (NNAP)	The Royal College of Paediatrics and Child Health	✓	Data submitted: 499 cases
National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health	✓	Data submitted: 103 Cases
National Prostate Cancer Audit	Royal College of Surgeons	✓	Data submitted: 103 cases
National Pleural Services Organisational Audit	British Thoracic Society	✓	organisational questionnaire only
National Smoking Cessation Audit	British Thoracic Society	✓	Data submitted: 124 cases
National Outpatient Management of Pulmonary Embolism Audit	British Thoracic Society	✓	Data submitted: 6 cases
Sentinel Stroke National Audit Programme (SSNAP)	Royal College of Physicians	✓	Data submitted: 168 cases
SAMBA Organisational 2021	Society for Acute Medicine's Benchmarking Audit	✓	Data submitted: 58 cases
Major Trauma: The Trauma Audit & Research Network (TARN)	Trauma Audit & Research Network	✓	Data submitted: 207 cases
Pain in Children (care in Emergency Departments)	Royal College of Emergency Medicine	✓	Ongoing data collection - audit to finish October 2022
Infection & Prevention Control	Royal College of Emergency Medicine	✓	Ongoing data collection - audit to finish October 2022
NDAIntegratedSpecialistSurvey-Sept2021	National Diabetes Audit	✓	organisational questionnaire only
Mental Health Clinical Outcome Review Programme			

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

Maternal, Newborn and Infant Clinical Outcome Review Programme data on 19 cases were submitted to MBRRACE-UK who allocate to the appropriate work stream			
Perinatal Confidential Enquiries	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
Perinatal mortality surveillance	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
Maternal mortality surveillance and mortality confidential enquiries	MBRRACE-UK, led from the University of Oxford	✓	Ongoing
national perinatal mortality review tool	MBRRACE-UK, led from the University of Oxford	✓	Ongoing

Medical, Surgical and Child Health Clinical Outcome Review Programme			
Chron's Disease	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Ongoing
Transition Study from Child to Adult Health Services	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Ongoing
Epilepsy: Hospital attendance	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	5/6 cases = 84%

National Asthma and Chronic Obstructive Pulmonary Disease Audit programme			
Paediatric Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 90 cases
Pulmonary rehabilitation	Royal College of Physicians	✓	Data submitted: 38 cases
COPD in Secondary Care	Royal College of Physicians	✓	Data submitted: 185 cases
Adult Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 116 cases

Non-mandatory audits 2020/21:

Temperature in the first hour of life of very premature and term neonatal cohorts admitted to the Neonatal Intensive Care Unit

It has been found that hypothermia after delivery is associated with increased mortality and morbidity in very preterm children. The International Liaison Committee on Resuscitation stated in 2015 that the baby's temperature should be maintained between 36.5°C - 37.5°C, through stabilisation and admission. The National Neonatal Audit Programme to which Whittington Health NHS Trust participates sets the standard of at least 90% of babies should have a temperature taken within an hour of birth with the result being in the normal range. Over a period of 5 years, Whittington Hospital data has been higher than the national average but has not met the standard.

The aim of the audit was to identify whether the neonates admitted to the NICU were normothermic (within normal body temperature) when their temperature was taken within the first hour. If not, we determined to identify possible factors that may have contributed to hypo/hyperthermia, for example, gestation, birth weight, location of admission and time taken to arrive in the Neonates Intensive Care Unit (resuscitation).

The results of the audit found that in the < 32-week cohort 77% of infants were normothermic within 1 hour of birth which is an improvement but did not meet the recommended level. It appeared that as gestation increases towards 32 weeks, there is a decrease in the number that are normothermic. In all gestation cohort there was a higher percentage of hypothermic group admitted from theatre.

Actions taken:

- To review the education on thermoregulation for medical and nursing staff, to utilise teaching sessions for junior doctor team and nurses, and to add poster aide memoires in the delivery rooms.
- A Normothermic checklist was created for use in resuscitation.
- Increased use of plastic bags in resuscitation will include all babies < 32 weeks gestation ***and*** <1500g.

COVID-19 pandemic: An audit of record keeping in paediatric dental emergencies

The Whittington Health Community Dental Service (CDS) provided one of the main urgent dental services for both adults and children across London during the COVID-19 pandemic when access to routine primary care services was not possible. Children are frequently referred to Whittington CDS on a referral only basis due to various circumstances including the need for sedation or general anaesthesia services, learning and physical disabilities, trauma and complex medical and dental histories. Building on from our service evaluation of the urgent dental care hubs, we examined one month of retrospective data from three urgent dental care hub sites during the peak of the pandemic to reflect on the record keeping of the paediatric dental emergencies, including a special focus on dental trauma. This aimed to explore the quality of record keeping for children, highlight strengths and identify any areas for improvement. Good record keeping ensures that a thorough history is obtained. This can facilitate accurate diagnoses and management for each scenario, and ultimately

improve the long-term prognosis of the teeth. The gold standard is 100% compliance (based upon FGDP guidance)

Conclusions
Areas of strength:

- Emergency appointment record keeping regarding complaint, medical history, intra oral exam, attends with and treatment planning
- Trauma history regarding mechanism and timing of injury

Areas for improvement:

- Emergency appointment: recording of extra oral examination, clarity on who attends with the child, diagnosis, reason if not taking radiographs, ethnicity recording consistency
- Trauma history: location of injury and fragment, LOC, other injuries, trauma tests, occlusion.
-

Recommendation/Action Plan

- Trauma proforma to be uploaded to SOEL
- Emergency appointment template
- Reminder for all dentists about record keeping
- Repeat audit cycle to be undertaken.

Evaluation of brief COVID-19 psychological first aid intervention via Haringey Improving Access to Psychological Therapies (IAPT)
The COVID-19 pandemic has resulted in unprecedented disruption to the fabric of society, the NHS and economy. Early research has also shown that the pandemic has posed a significant threat to psychological health and exacerbated existing mental health inequalities (Jia et al. 2020). Individuals have faced a panoply of stressors including serious illness, bereavement, social distancing, and unemployment.

In the light of the pandemic, IAPT services have aimed to address the specific psychological needs of individuals who have been directly impacted by COVID-19, e.g., front-line health and social care staff, those who suffered with COVID and/ or bereavements.

We aimed to help to characterise the accessibility, efficacy, and acceptability of the First Aid Covid Intervention for service-users directly impacted by the pandemic, to inform future provision that responds to a widespread crisis.

Key findings:

Key Findings	
Rapid response!	Total number of treatment sessions likely to match national rates for normal provision.
Recovery rates (37.3%) lower than IAPT targets (50%)	Reliable improvement (54.7%) close to service target (55%)
One third of all clients were discharged without further support after completing CFA.	We do not know about the stability of outcomes (e.g., no follow-up)
Significant decrease in anxiety/depression symptoms following brief 3-session intervention.	However, study design has considerable limitations.
Staff identified both successes and challenges faced in delivering CFA	Staff recommendations offer an array of options for delivering fast-turnaround / brief interventions that respond to national crises.

Recommendations:

- Explore alternative implementation strategies e.g., Phased approach.
- Review and refine eligibility criteria.
- Administer a Traumatic Screening Questionnaire
- Review offers for support with bereavement.
- Ensure demographic data and MDS collection are prioritised for meaningful evaluation of new projects.
- If using the fast-track screening process, it may be helpful to provide clients with an explanation for collecting demographic data or mandatory boxes on the form.
- Review the way in which sessions are spaced out to promote greater adherence to MDS completion and of course, therapeutic momentum.
- Ensure problem descriptors are updated.
- Staff perspectives are incredibly valuable. It may be helpful to routinely seek feedback on any new interventions/programmes of delivery to guide service development.
- Staff recommendations can be utilised in the context of future provision of support during national/global crises.

Title of Audit	Management Body	Status
United Kingdom Obstetric Surveillance System – national audits of rare conditions of pregnancy	UKOSS National Perinatal Epidemiology Unit	on target
Each Baby Counts & NHS Resolution	Royal College of Obstetricians and Gynaecologists	on target
COVIDSurg Study: COVIDSurg Cohort - non cancer patients	national priority	Data submitted
Mandatory Surveillance of Healthcare Associated Infections	Public Health England	Data submitted
Surgical Site Infection Surveillance Service	Public Health England	Data submitted
National study of HIV in Pregnancy and Childhood (NSHPC)	NSHPC	Data submitted

RESECT (transurethral Resection and Single instillation intravesical chemotherapy Evaluation in bladder Cancer Treatment)	British Urology Researchers in Surgical Training collaborative (BURST)	Data submitted
COVID-19 Process Audit: a quality improvement initiative	NHS England	on target
British Spinal Registry	British Spine Registry	Data submitted
National Bariatric Surgery Registry	British Obesity & Metabolic Surgery Society	Data submitted
Patients attending the ED from nearby prisons – would a 111 referral system be useful to streamline attendances to appropriate areas of care.	London Health & Justice	Data submitted
CDK4-6 inhibitors during the COVID-19 pandemic – administration, safety & outcomes. Real world data from the UK	Guys & St Thomas Hospital	Data submitted
UK Audit of the Management and Treatment of PBC	national audit - Cambridge University Hospital	Data submitted
Intermediate Care (undertaken by the Islington Community Rehabilitation Team)	NHS Benchmarking Network	Data submitted
Intermediate Care (undertaken by the Rapid Response virtual ward + UCLH@Home)	NHS Benchmarking Network	Data submitted
TRANSFER study: ThReatened preterm birth, Assessment of the Need for in utero tranSFER between 22+0-23+6 weeks' gestation	University of Birmingham, University Hospitals Bristol & Weston NHS Foundation Trust	on target
The HAREM Study (Had Appendicitis and Resolved/Recurred Emergency Morbidity/Mortality) 1 year follow up	World Society of Emergency Surgery	Data submitted
ToRcH audit in decompensated liver cirrhosis	BASL/BSG Decompensated Cirrhosis Care Bundle	Data submitted
Year 4 Learning Disability Improvement Standards	NHS Benchmarking	Data submitted
Understanding Childhood Epilepsy with Centro-Temporal Spikes (CECTS)	NICE guidance	on target
Audit of use of PET imaging during neoadjuvant chemotherapy for breast cancer	local priority, UCH	on target
Cardiovascular outcomes after major abdominal surgery - CASCADE	STARSurg and EuroSurg	on target
Audit of Reversal of anticoagulation (warfarin/DOACs) in trauma patients	London & SE Trauma & Haematology Group	on target

Appendix 2 - Subcontracted Services

Organisation	Service Details
Camden and Islington NHS foundation trust	Psychological service
UCLH foundation trust	South Hub Tuberculosis resources
UCLH foundation trust	Ears Nose and Throat services
UCLH foundation trust	Provision of PET/CT scans
The Royal Free London NHS foundation trust	Ophthalmology services
Whittington Pharmacy CIC	Provision of pharmacy services
WISH Health Ltd A network of 8 local practices – four in north Islington and four in west Haringey	Primary care services to the urgent care centre at the Whittington hospital
The Thrombosis Research Institute	The Provision of 2 clinical sessions
Camden and Islington NHSFT	Provision of associate hospital managers panels and training under MHA
Tavistock and Portsman	CCN209- Agreement for the provision of services from Tavistock and Portsman NHS Foundation Trust – CAMHS OOH consultants
UCLH	SLT 4 days per week provision at Whittington
NHS Blood and Transplant	Contract for the supply of blood, blood components and services
NHS Blood and Transplant	Contract for the supply of Tissue and Ocular products
UCL Foundation Trust	Renewal addendum of combined screening services detailed in COMB1
Newcastle Upon Tyne Hospital NHS Foundation Trust	Department tests a wide range of patient and environmental specimens to detect the presence of pathogenic micro-organisms.
Epsom & St Helier University Hospital NHS Trust	Pathology Testing Service Department offers analytical service for the assay of 2 range of biochemical parameters Random USHIAA - £30.69 / 24h U Metadrenalines - £32.05
Calderdale and Huddersfield NHS FT	Agreement relating to National Pathology Exchange Service (NPEx)

Highgate Private Hospital,	Various surgical specialities and MRI
BMI The Garden Hospital	Various surgical specialities

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

0-15 years			16 Years +		
Readmissions	Discharges	Readmission rate	Readmissions	Discharges	Readmission rate
7	639	1.1%	205	2913	7.0%
2	688	0.3%	163	2791	5.8%
9	629	1.4%	143	2899	4.9%
6	664	0.9%	167	2860	5.8%
6	601	1.0%	179	2582	6.9%
3	615	0.5%	177	2556	6.9%
9	669	1.3%	187	2842	6.6%
5	675	0.7%	166	2780	6.0%
7	645	1.1%	157	2532	6.2%
7	621	1.1%	169	2703	6.3%
4	607	0.7%	151	2616	5.8%
3	525	0.6%	117	1977	5.9%
1	308	0.3%	96	967	9.9%
2	387	0.5%	109	1220	8.9%
6	447	1.3%	137	1748	7.8%
3	547	0.5%	171	2296	7.4%
3	570	0.5%	160	2042	7.8%
6	630	1.0%	140	2302	6.1%
7	715	1.0%	165	2353	7.0%
7	683	1.0%	193	2383	8.1%
10	674	1.5%	183	2322	7.9%
13	599	2.2%	156	1853	8.4%
8	632	1.3%	153	1922	8.0%
14	875	1.6%	110	2442	4.5%
4	573	0.7%	111	2132	5.2%
5	595	0.8%	111	2134	5.2%
14	1549	0.9%	167	4476	3.7%
10	805	1.2%	213	2476	8.6%
8	704	1.1%	164	2464	6.7%
3	762	0.4%	209	2657	7.9%
2	722	0.3%	162	2583	6.3%
4	670	0.6%	140	2431	5.8%
11	684	1.6%	132	2521	5.2%
10	790	1.3%	111	2329	4.8%
6	765	0.8%	128	2392	5.4%
5	639	0.8%	113	2049	5.5%

Appendix 4 – Staff Survey score matrix 2021
Whittington Health Directorate/ICSU Report

The directorate/ICSU results for Whittington Health contain the results by directorate or ICSU for People Promise elements and theme results from the 2021 NHS Staff Survey. The below directorate results are compared to the unweighted average for the organisation.

**Each 2021 theme score for ICSUs and Directorates is graded in green with a '↑' symbol if the score is above organisational average, and red where the score is below organisational with a '↓' symbol. Where an ICSU or Directorate has scored the same as the organisations averaged it is graded black with a '- 'symbol.*

Theme	WH Overall	ACW	ACS	COO	CYP	EIM	Facilities	Finance	IT	Medical Dir.	Nursing & Patient Exp.	Procurement	S&C	Trust Secretariat	Workforce
We are compassionate and inclusive	7.2	6.6 ↓	7.4 ↑	7.4 ↑	7.6 ↑	7.2 -	6.8 ↓	7.0 ↓	7.4 ↑	7.4 ↑	7.7 ↑	7.3 ↑	6.8 ↓	8.0 ↑	7.6 ↑
We are recognised and rewarded	5.9	5.3 ↓	6.0 ↑	6.3 ↑	6.3 ↑	5.9 -	5.6 ↓	5.9 -	5.9 -	6.3 ↑	6.8 ↑	6.2 ↑	5.1 ↓	7.2 ↑	6.4 ↑
We each have a voice that counts	6.7	6.1 ↓	6.9 ↑	7.4 ↑	7.0 ↑	6.7 -	6.5 ↓	6.6 ↓	6.9 ↑	6.8 ↑	7.5 ↑	7.1 ↑	6.4 ↓	8.0 ↑	7.0 ↑
We are safe and healthy	5.8	5.4 ↓	5.9 ↑	6.1 ↑	5.9 ↑	5.6 ↓	6.2 ↑	6.4 ↑	6.7 ↑	6.6 ↑	6.3 ↑	6.4 ↑	5.4 ↓	6.4 ↑	6.6 ↑
We are always learning	5.3	4.8 ↓	5.8 ↑	6.1 ↑	5.4 ↑	5.3 -	5.1 ↓	4.8 ↓	5.2 ↓	5.2 ↓	5.8 ↑	5.2 ↓	5.0 ↓	6.2 ↑	5.9 ↑
We work flexibly	6.1	5.2 ↓	6.1 -	6.7 ↑	6.6 ↑	5.9 ↓	6.0 ↓	6.4 ↑	6.8 ↑	6.7 ↑	7.2 ↑	6.4 ↑	5.5 ↓	7.3 ↑	7.2 ↑
We are a team	6.8	6.1 ↓	7.0 ↑	7.6 ↑	7.1 ↑	6.8 -	6.0 ↓	6.6 ↓	7.0 ↑	7.0 ↑	7.4 ↑	6.8 -	6.3 ↓	7.8 ↑	7.1 ↑
Staff Engagement	6.9	6.4 ↓	7.0 ↑	7.6 ↑	7.1 ↑	6.9 -	6.8 ↓	6.8 ↓	7.0 ↑	7.0 ↑	7.5 ↑	7.1 ↑	6.6 ↓	7.9 ↑	7.2 ↑
Morale	5.6	5.0 ↓	5.7 ↑	5.8 ↑	5.7 ↑	5.6 -	5.8 ↑	5.8 ↑	6.0 ↑	6.0 ↑	6.1 ↑	6.0 ↑	5.3 ↓	5.7 ↑	6.0 ↑

Appendix 5 – Local changes and outcomes from 2021/22 staff survey

Whittington Health – local changes

The table below presents the results of significance testing conducted on Staff Engagement and Morale from last year*. There are no historical data for the seven People Promise elements. The table further details the organisation's theme scores for 2021 and the number of responses each of these are based on.

Table to show Whittington Health – local changes

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			**7.2**	2203	N/A
We are recognised and rewarded			**5.8**	2257	N/A
We each have a voice that counts			**6.7**	2166	N/A
We are safe and healthy			**5.8**	2189	N/A
We are always learning			**5.3**	2093	N/A
We work flexibly			**6.0**	2237	N/A
We are a team			**6.7**	2218	N/A
Themes	**2020 score**	**2020 respondents**	**2021 score**	**2021 respondents**	**Statistically significant change?**
Staff Engagement	**7.1**	2164	**6.9**	2265	↓
Morale	**5.8**	2151	**5.6**	2255	↓

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

Appendix 6 – Clinical Coding External Audit Results 2021/22

Primary Diagnosis	Number of cases	% Coding correct
Number of primary diagnoses	200	
Number of primary diagnoses Correct	186	**93.50 %**

Secondary Diagnosis	Number of cases	% Coding correct
Number of secondary diagnoses	1320	
Number of secondary diagnoses correct	1265	**96.17 %**

Primary Procedures	Number of cases	% Coding correct
Number of primary procedures	113	
Number of primary procedures correct	107	**95.16 %**

Secondary Procedures	Number of cases	% Coding correct
Number of secondary procedures	287	
Number of secondary procedures correct	277	**96.88 %**

Meeting title	**Trust Board – public meeting**	**Date: 27 May 2022**
Report title	**Integrated performance report**	**Agenda Item: 12**
Executive director lead	Dale-Charlotte Moore, Acting Chief Operating Officer	
Report Owner	Paul Attwal, Head of Performance, Chloe Hubbard, Performance Manager	
Executive summary	**Areas to draw to Board members' attention are:** **Emergency Department (ED) four hours' wait** During April 2022, performance against the 4-hour access standard was 77.1%, higher than the NCL average 71.54%, the London average of 74.07% and national average of 72.26%. There were 13 12-hour trolley waits in April 2022, of which 3 were mental health patients and 10 were acute patients. **Cancer** Compliance against the national cancer standards has not been achieved since April 2020. 62-day performance was at 66.7% for March 2022 after reallocation. The 2 week wait (2WW) standard was not achieved in March 2022 with 62.6% against a target of >93%. 28 Day Faster Diagnosis was at 81% against a standard of 83%. **Referral to Treatment: 52 + week waits** At the end of April 2022 there were 373 patients waiting more than 52 weeks for treatment. This continues to improve month on month. Performance is ahead of the month end by having no more than 375 patients over 52 weeks at the end of April 2022. The Trust continues to have no patients waiting more than 104-weeks on the Trust PTL. **Elective Recovery** The elective recovery plan for 2022/23 has been set at 110% of 2019/20 activity. Current performance for April stands at 79.1% of the increase plan. There are a number of services that have risks to delivery which include CT imaging, MSK Services and Colposcopy. Actions are in place to reduce the risk against activity including mutual aid, demand and capacity modelling. **Community Audiology** Community audiology waiting times have not reduced over the last month, mainly due to staffing challenges. The backlog of follow up appointments has increased by 6 patients (1053 patients). A revised trajectory against compliance is expected in May 2022.	

	Speech and Language Therapy update There is no set time period for therapy intervention to be provided following an initial assessment for Paediatric SLT. Individual therapy plans are specifically tailored to individual needs. North Central London CYP Community Transformation workstream are focused on agreeing how to measure and report the number of children and young people waiting longer than the recommended period of time for therapy provision.
Purpose:	Review and assurance of Trust performance compliance
Recommendation (s)	That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan
Risk Register or Board Assurance Framework	The following BAF entries are linked: Quality 1; Quality 2; Quality 3; People 1; and, People 2.
Report history	Trust Management Group
Appendices	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

Performance Report
May 2022

Month 01 (2022 – 2023)

Scorecard

Deliver outstanding safe, compassionate care

Indicator	21_22 Target	Reporting Mth	Step Change	Control Limit	Prev. Month	Reporting Mth	2022-2023
Emergency Department waits (4 hrs wait)	>95%	Apr	🔴		71.4%	77.1%	77.1%
Cancer - 14 days to first seen	>93%	Mar	🔴	🔴	55.5%	62.6%	
Cancer - 62 days from referral to treatment	>85%	Mar	🔴		50.0%	55.6%	
DM01 - Diagnostic Waits (<6 weeks)	>99%	Apr	🟢		92.22%	87.55%	87.55%
RTT - Incomplete % Waiting <18 weeks	>92%	Apr	🟢		73.8%	71.0%	71.0%
Referral to Treatment 18 weeks - 52 Week Waits	0	Apr	🟢		384	373	373
Community - FFT % Positive	>90%	Apr			99.1%	97.2%	97.2%
% seen <=2 hours of Referral to District Nursing Night Service	>80%	Apr			100.0%	100.0%	100.0%
% seen <=48 hours of Referral to District Nursing Service	>95%	Apr			96.8%	95.0%	95.0%

Transform and deliver innovative, financially sustainable services

Indicator	21_22 Target	Reporting Month	Step Change	Control Limit	Prev. Month	Reporting Month	2022-2023
Theatre Utilisation	>85%	Apr	🟢		68.65%	73.02%	73.02%
Acute DNA % Rate	<10%	Apr	🔴	🔴	11.2%	11.3%	11.3%
Community DNA % Rate	<10%	Apr	🟢		7.4%	7.5%	7.5%
Outpatients New:FUp Ratio	2.3	Apr	🔴		1.65	1.79	1.79
Elective and Daycase		Apr			1965	1724	1724
Outpatient Attendances		Apr			26899	23430	23430
Community Face to Face Contacts		Apr			45069	37322	37322

Integrate care with partners and promote health and wellbeing

Indicator	21_22 Target	Reporting Mth	Step Change	Control Limit	Prev. Month	Reporting Mth	2022-2023
Breastfeeding Initiated	>90%	Apr			92.0%	90.2%	90.2%
% e-Referral Service (e-RS) Slot Issues	<4%	Apr			31.6%	32.9%	32.9%
% of MSK pts with Improvement in function (PSFS)	>75%	Apr			91.5%	83.3%	83.3%
Rapid Response - % of referrals with an improvement in care		Apr		🔴	0.0%	0.0%	0.0%

Empower, support and develop engaged staff

Indicator	21_22 Target	Reporting Month	Step Change	Control Limit	Prev. Month	Reporting Month	2022-2023
Appraisals % Rate	>90%	Apr	🔴		65.6%	66.9%	66.9%
Mandatory Training % Rate	>90%	Apr	🟢	🟢	83.1%	84.1%	84.1%
Permanent Staffing WTEs Utilised	>90%	Apr	🔴		87.6%	87.2%	87.2%
Staff FFT % recommended work	>50%	Apr				51.7%	51.7%
Staff FFT response rate	>20%	Apr					
Staff sickness absence %	<3.5%	Mar	🔴		4.86%	4.88%	
Staff turnover %	<13%	Apr	🔴	🔴	13.6%	13.8%	13.8%
Vacancy Rate against Establishment	<10%	Apr	🔴		12.4%	12.8%	12.8%

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

🟢	If the step change or control limit icon is green, this suggests performance in changing in a positive
🔴	If the Step change or Control Limit icon is red, this suggests performance is changing a negative

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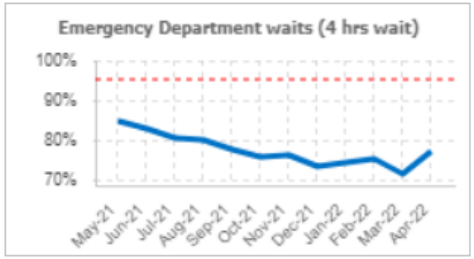
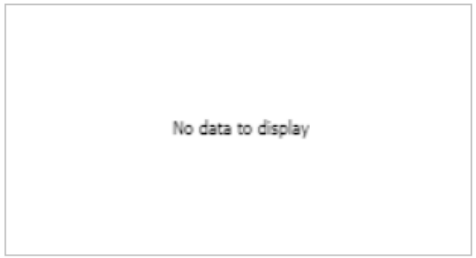
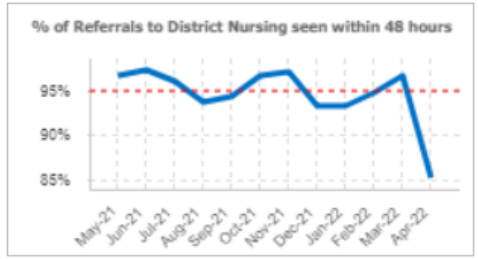
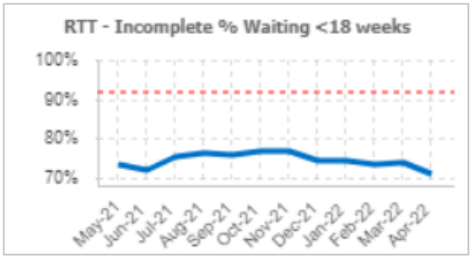
Summary

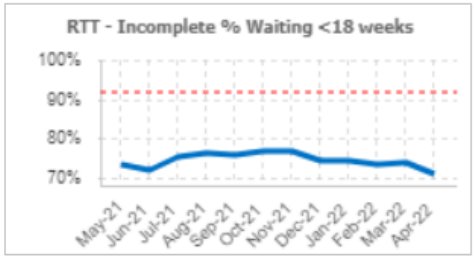
Category	Indicator	20_21 Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	2022-2023	
ED	Emergency Department waits (4 hrs wait)	>95%	84.7%	83.0%	80.5%	80.1%	77.4%	75.6%	76.0%	73.3%	74.2%	75.1%	71.4%	77.1%	77.1%	!
Cancer	Cancer - 14 days to first seen	>93%	72.0%	84.7%	81.4%	81.8%	79.1%	79.3%	69.6%	81.0%	62.5%	55.5%	62.6%			!
Cancer	Cancer - 62 days from referral to treatment	>85%	69.4%	82.7%	72.2%	77.6%	64.1%	56.9%	41.0%	60.3%	41.5%	50.0%	55.6%			!
Admitted	Non Elective Re-admissions within 30 days	<5.5%	5.83%	5.62%	5.56%	4.92%	4.36%	4.14%	3.87%	5.36%	4.05%	4.31%	4.43%	4.51%	4.51%	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%														
Access	RTT - Incomplete % Waiting <18 weeks	>92%	73.3%	71.9%	75.5%	76.1%	76.0%	76.7%	76.7%	74.2%	74.4%	73.4%	73.8%	71.0%	71.0%	!
Outpatients	Outpatients - FFT % Positive	>90%	97.4%	97.0%	97.5%	97.7%	96.3%	75.0%	88.9%	90.0%	98.1%	93.3%	89.5%	75.0%	75.0%	
Community	Community - FFT % Positive	>90%	99.1%	95.4%	97.1%	97.0%	95.1%	96.5%	98.0%	98.2%	99.2%	99.4%	99.1%	97.2%	97.2%	
Staff	Staff - FFT % Recommend Care	>50%		78.3%			65.5%				56.7%			0.0%	0.0%	
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%	94.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	96.6%	97.4%	96.0%	93.8%	94.3%	96.7%	97.1%	93.2%	93.3%	94.7%	96.8%	85.1%	85.1%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	93.5%	93.7%	94.1%	91.0%	91.5%	93.6%	92.6%	88.1%	91.1%	91.7%	87.0%			!
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	96.1%	94.1%	95.2%	97.6%	94.3%	94.0%	95.1%	93.7%	93.7%	93.7%	94.9%			!

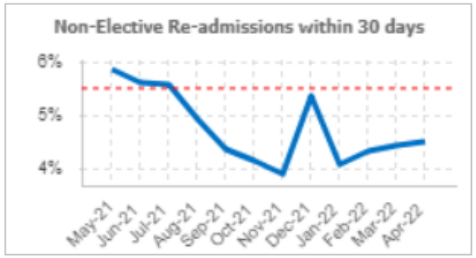


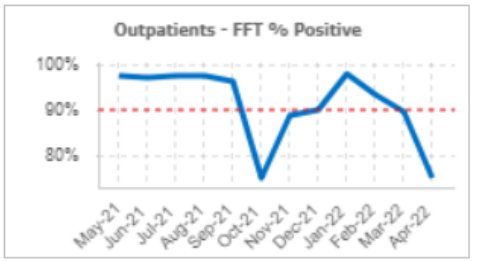












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Indicator	21_22 Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	2022-2023	Performance
Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI C Difficile	<16	0	1	0	2	0	0	0	1	2	1	2	2	2	
Actual Falls	400	31	24	30	34	27	23	21	33	40	23	31	25	25	
Category 3 or 4 Pressure Ulcers	0	10	13	13	14	20	3	4	10	4	8	9	17	17	
Medication Errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
MRSA Bacteraemia Incidences	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Never Events	0	0	0	0	1	0	1	0	0	0	0	0	0	0	
Serious Incidents	N/A	1	1	1	1	3	1	1	3	2	1	5	3	3	
VTE Risk Assessment %	>95%	73.1%	75.1%	73.9%	76.3%	77.0%	77.8%	80.7%	84.1%	93.1%	92.0%	91.2%	95.2%	95.2%	
Mixed Sex Accomodation Breaches	0	0	0	0	0	0	2	14	7	2	4	5	4	4	
Summary Hospital Level Mortality Indicator (SHMI)	1.14		0.85			0.88			0.89						

**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, Deep Tissue Injury and Device Related Pressure Ulcers reported in 2021/2022 **Pan Trust Standard (to be confirmed)** 10% reduction in the total number of attributable PUs during 2022/23 compared to 2021/22 including a breakdown of Pressure Ulcers by category – due to be reviewed with NCL ICS for 2022/23.	**Variance against Plan:** **Total Trust numbers of all reported Pressure Ulcers in April 2022:** 101 (+ 7 deep tissue injuries). There were 8 medical device related pressure ulcers. **Breakdown:** Category 2: 58 (25 in hospital, 33 in community) 6 medical device related. Category 3: 17 (1 in hospital, 16 in community) Category 4: None Mucosal: 1 in hospital, 1 medical device related Unstageable: 25 (5 in hospital, 20 in community). 1 medical device related Deep Tissue Injury: 7 (2 in hospital, 5 in community). In the hospital there were 32 pressure ulcers and 2 deep tissue injuries acquired on 23 patients, with 4 patients developing 2+ pressure ulcers. In the community there were 69 pressure ulcers and 5 deep tissue injuries acquired on 40 patients, with 13 patients developing 2+ pressure ulcers. There were more pressure ulcers reported in Islington, compared to Haringey. This is an increasing number of Pressure Ulcers and this trend is similar across other trusts across London. **Action to Recover:** • In Critical Care unit there has been an Implementation of senior nurse ward rounds in critical care unit for patients at risk of developing pressure ulcers, as well as the development of two in-house practical work station based study days planned for staff • Weekly pressure ulcer incident review meetings in Adult Community services • Recommencement of Objective Structured Clinical Examination (OSCE) based practical training in Adult Community services • Planned review of Trust based pressure ulcer education platforms to address current short term training space limitations and capacity	**Named Person:** Lead Specialist Nurse – Tissue Viability **Time Scale to Recover Performance:** 12 months for community patients and 6 months for patients who are cared for in hospital.

	challenges • Active recruitment into Tissue Viability Team vacancies to optimise support for clinical areas • Divisional led review of pressure ulcer incidents within their Quality & Risk meetings	
Mixed Sex Accommodation 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 were maintained and they were prioritised for transfer when beds became available. It has also been recognised that the reporting outside CCU requires some improvement. During the Covid 19 pandemic, reporting was relaxed to support managing the outbreaks and safe placement of patients on the wards. There is a plan in place to ensure that the reporting of any breaches outside CCU is as robust as it was pre-pandemic. **Action to Recover:** Staff have been reminded about the policy and importance of adhering to it. Any breaches will now be reported on datix if they occur.	**Named Person:** Deputy Chief Nurse **Time Scale to Recover Performance:** Ongoing review

Indicator	20_21 Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	2022-2023	Performance
ED - FFT % Positive	>90%	77.6%	76.1%	75.5%	77.8%	77.7%	78.0%	74.7%	77.1%	82.2%	79.2%	72.4%	79.1%	79.1%	
ED - FFT Response Rate	>15%	11.0%	10.5%	11.0%	11.5%	10.6%	10.6%	10.5%	11.3%	11.5%	10.8%	10.0%	10.6%	10.6%	
Inpatients - FFT % Positive	>90%	95.8%	95.2%	95.9%	96.4%	94.1%	94.7%	95.9%	96.5%	96.3%	96.4%	96.8%	94.2%	94.2%	
Inpatients - FFT Response Rate	>25%	17.1%	15.1%	16.6%	13.8%	18.8%	18.1%	23.9%	16.0%	18.7%	17.2%	14.9%	16.5%	16.5%	
Maternity - FFT % Positive	>90%	100.0%	99.6%	100.0%	100.0%		99.0%	94.9%	97.8%	96.5%	100.0%	77.8%	80.0%	80.0%	
Maternity - FFT Response Rate	>15%	16.7%	22.3%	24.6%	2.2%	0.0%	16.1%	20.1%	8.4%	9.6%	1.6%	0.9%	1.0%	1.0%	
Outpatients - FFT % Positive	>90%	97.4%	97.0%	97.5%	97.7%	96.3%	75.0%	88.9%	90.0%	98.1%	93.3%	89.5%	75.0%	75.0%	
Outpatients - FFT Responses	400	38	100	40	43	27	20	54	60	54	60	76	4	4	
Community - FFT % Positive	>90%	99.1%	95.4%	97.1%	97.0%	95.1%	96.5%	98.0%	98.2%	99.2%	99.4%	99.1%	97.2%	97.2%	
Community - FFT Responses	1500	340	457	383	367	509	567	611	547	486	462	572	470	470	
National Quarterly Pulse Survey (NQPS)	800		768			686				314			327	327	
NQPS Staff % recommended work	>50%		62.6%			57.3%				48.4%			51.7%	51.7%	
Complaints responded to within 25 or 40 working days	>80%	78.9%	80.0%	66.7%	66.7%	45.7%	63.0%	78.3%	13.3%	40.0%	40.7%	44.4%	61.1%	61.1%	
Complaints (including complaints against Corporate division)	N/A	19	35	24	36	35	27	23	15	20	27	18	18	18	

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

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Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - FFT % Positive Response and Response Rate:	**Variance against Plan:** ED response rates and positivity rates have remained relatively stable for over 12 months, however, both scores are below the target. There are national challenges around A&E waiting times and this may be a reflection of this. **Action to Recover:** Patient experience team continue to work with service leads to support with expected improvements over the next 6 months.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** September 2022
Inpatients FFT Response Rate :	**Variance against Plan:** Response rates have recovered slightly compared with previous month but are still below the target. **Action to Recover:** QR codes are being rolled out across all clinical areas, engagement work is being carried out, including regular ward walk arounds and regular meetings with matrons to ensure this is on the agenda and embedded into the process.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** September 2022
Community FFT Responses:	**Variance against Plan:** Numbers remain low against plan however showing slight upward trajectory in Q4. **Action to Recover:** Patient experience team will be meeting ICSUs in May 2022 to engage with service leads, QR codes being rolled out across ICSU. Community paediatrics are creating a dedicated Patient Experience Group to increase engagement with the patient experience feedback system.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** September 2022

Maternity - FFT % Positive Response and Response Rate:	**Variance against Plan:** Sustained reduction in maternity responses for previous 3 months. **Action to Recover:** Maternity services working with patient experience team to adopt digital questionnaire via iPads and use of QR codes.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** September 2022
Outpatients - FFT % Positive Response and Response Rate:	**Variance against Plan:** Poor response rate in April 2022 and is the lowest response rate over the last 12 months. Positivity rate significantly down over quarter. **Action to Recover:** QR codes are being embedded into all Outpatient letters moving forwards, taking patient directly to feedback page. QR codes also being placed around trust to increase visibility. Service leads to promote outpatient experience feedback tool.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** September 2022
Complaints responded to within 25 or 40 days	There were 18 complaints received where a response was required in April 2022 achieving 61.1% response rate. Performance has improved compared to previous months. Staffing pressures and the need to prioritise patient care are attributed to delay cause. All cases have been carefully reviewed to ensure any urgent issues have been addressed as quickly as possible. All complainants affected have been contacted and advised of the position, with reassurance given that responses will be provided as soon as we are able. The Complaints Team are working closely with ICSUs to support with the completion of the complaint investigations. The volume of overdue complaint responses is gradually reducing, although this needs to be balanced against the new complaints as they are received.	**Named Person:** PALS & Complaints Manager **Time Scale to Recover Performance:** Ongoing monitoring

Indicator	21_22 Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	2022-2023	Performance
Hospital Cancelled Operations	0	6	7	4	4	16	14	5	0	8	6	2	13	13	
Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	2	0	0	0	0	0	1	1	
Urgent Procedures Cancelled > once	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Theatre Utilisation	>85%	76.23%	75.13%	63.01%	63.23%	67.86%	69.25%	70.62%	69.54%	65.67%	71.34%	68.65%	73.02%	73.02%	
Breastfeeding Initiated	>90%	91.9%	91.3%	90.2%	89.3%	91.5%	92.0%	93.4%	92.1%	91.6%	89.7%	92.0%	90.2%	90.2%	
Mortality rate per 1000 admissions in-months	14.4	4.8	6.8	8.0	8.8	7.2	8.0	7.7	7.9	10.3	6.2	9.1	9.0	9.0	
Community DNA % Rate	<10%	6.6%	7.2%	7.6%	8.2%	7.7%	7.1%	7.4%	7.6%	6.9%	7.6%	7.4%	7.5%	7.5%	
Community Services - Provider Cancellations	<8%	6.6%	7.3%	8.2%	7.7%	7.3%	7.7%	7.8%	11.1%	11.0%	8.2%	8.6%	7.2%	7.2%	
Acute DNA % Rate	<10%	9.1%	9.4%	10.2%	10.9%	11.1%	10.4%	10.1%	11.0%	11.1%	10.6%	11.2%	11.3%	11.3%	
% e-Referral Service (e-RS) Slot Issues	<4%	29.7%	27.0%	31.1%	28.5%	35.7%	28.8%	31.2%	35.2%	29.4%	31.8%	31.6%	32.9%	32.9%	
Outpatients New:FUp Ratio	2.3	1.89	1.88	1.89	1.83	1.71	1.66	1.79	1.84	1.76	1.69	1.65	1.79	1.79	
Delayed Transfers Of Care % of Occupied Bed Days	<2.4%														
Non Elective Re-admissions within 30 days	<5.5%	5.83%	5.62%	5.56%	4.92%	4.36%	4.14%	3.87%	5.36%	4.05%	4.32%	4.43%	4.53%	4.53%	
Rapid Response - % of referrals with an improvement in care		50.7%	57.6%	52.2%	52.3%	55.2%	52.9%	55.5%	53.6%	59.6%	30.9%	0.0%	0.0%	0.0%	

**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:** The number of cancellations on the day increased in April, with 13 patients cancelled attributed to site pressures, including theatre overruns due to delays and patients held in recovery as a surge bed base. **Action to Recover:** Trust Management Group have agreed a new Protocol for the Use of Recovery in line with Site Pressures. The ICSU are reviewing job plans and theatre booking to ensure even distribution of elective patients across the week. Local processes continue to be used to minimise on the day cancellations for other reasons.	**Named Person:** Theatres General Manager **Time Scale to Recover Performance:** Ongoing monitoring.
Theatre Utilisation % Rates :	**Variance against Plan:** Theatre utilisation improved in April, with 73.2% utilisation reported. Improved booking processes and close monitoring via the 6-4-2 process has driven this improvement, with the expectation that there will be continued progress to achieve the 85% target. **Action to Recover:** Theatre Management Group has now embedded the 6-4-2 booking process. Clinical leads to support optimised list booking.	**Named Person:** Theatres General Manager **Time Scale to Recover Performance:** Ongoing monitoring.
Acute DNA % Rate:	**Variance against Plan: 11.3% against <10%** Acute DNA rates remain similar to last month's figure of 11.2%. Rates remain higher than planned as a result of the impact of Covid 19. **Action to Recover:** Outpatient programme board focus on: • Reduction in follow up appointments • Reduction in DNA rates, especially in areas of high volumes with deep dives completed and patient letters reviewed • Further rollout of Patient Initiated Follow Up (PIFU) to reduce DNA rate via patient selected follow up date	**Named Person:** Head of Performance **Time Scale to Recover Performance:** Ongoing

Appointment Slot Issues (ASIs)	**Variance against Plan: 32.9% against a target of <4%.** Performance in April 2022 continues to remain behind the 4% target and this is consistent with the last 12 months and a known trend. There are a number of specialties experiencing higher than planned ASI issues these sit within Surgery and Cancer ICSU. **Action to Recover:** Ensure that there are no patients over 13 weeks on the ASI list by June 2022. This is reviewed at the weekly Trust Waiting list meeting. Surgery are completing a review of the patient booking window which would expand how far in advance patients can book.	**Named Person:** Head of Performance **Time Scale to Recover Performance:** June 2022

Indicator	Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	2022-2023	Performance
Cancer - 14 days to first seen	>93%	72.0%	84.7%	81.4%	81.8%	79.1%	79.3%	69.6%	81.0%	62.5%	55.5%	62.6%			
Cancer - 14 days to first seen - breast symptomatic	>93%	96.7%	88.9%	95.1%	97.6%	90.9%	93.5%	92.5%	88.6%	9.1%	11.8%	20.8%			
Cancer - 62 days from referral to treatment	>85%	69.4%	82.7%	72.2%	77.6%	64.1%	56.9%	41.0%	60.3%	41.5%	50.0%	55.6%			
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	70.2%	80.8%	69.8%	76.6%	63.2%	55.8%	39.3%	58.9%	39.4%	47.6%	51.6%			
Cancer ITT - % of Pathways sent before 38 Days	>85%	45.5%	40.0%	16.7%	28.6%	37.5%	28.6%	11.1%	22.2%	18.2%	33.3%	14.3%			
Cancer - % Pathways received a Diagnosis within 28 Days of Referral		80.7%	80.5%	80.3%	79.3%	72.4%	72.6%	67.7%	69.8%	74.0%	81.5%	81.0%			
Cancer - 31 days to first treatment	>96%	100.0%	100.0%	100.0%	92.9%	95.7%	96.6%	100.0%	89.5%	83.8%	94.6%	97.3%			
Cancer - 31 days to subsequent treatment - surgery	>94%														
Cancer - 62 Day Screening	>90%	100.0%			100.0%	60.0%	100.0%	100.0%	100.0%		50.0%	66.7%			
DM01 - Diagnostic Waits (<6 weeks)	>99%	94.60%	93.73%	91.71%	92.17%	96.97%	98.96%	96.46%	93.10%	92.34%	94.71%	92.22%	87.55%	87.55%	
RTT - Incomplete % Waiting <18 weeks	>92%	73.3%	71.9%	75.5%	76.1%	76.0%	76.7%	76.7%	74.2%	74.4%	73.4%	73.8%	71.0%	71.0%	
Referral to Treatment 18 weeks - 52 Week Waits	0	872	750	651	639	569	558	514	547	486	457	384	373	373	
% seen <=2 hours of Referral to District Nursing Night Service	>80%	94.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
% seen <=48 hours of Referral to District Nursing Service	>95%	96.6%	97.4%	96.0%	93.8%	94.3%	96.7%	97.1%	93.2%	93.3%	94.7%	96.8%	95.0%	95.0%	
Haringey New Birth Visits - % seen within 2 weeks	>95%	93.5%	93.7%	94.1%	91.0%	91.5%	93.6%	92.6%	88.1%	91.1%	91.7%	87.0%			
Islington New Birth Visits - % seen within 2 weeks	>95%	96.1%	94.1%	95.2%	97.6%	94.3%	94.0%	95.1%	93.7%	93.7%	93.7%	94.9%			
% of Rapid Response Urgent referrals seen within 2 Hours of R...			72.7%	50.0%	88.8%	94.2%	84.1%	88.7%	78.9%	75.2%	74.1%	71.8%	76.3%	76.3%	

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
2WW Performance March 2022	**2WW Performance** 58% against the standard of 93% for April 2022. • Continued 2WW capacity challenges in Breast, Dermatology/Skin, Gynaecology and Urology. • The Breast service is booking between 21 and 28 days for first appointments. A capacity alert is still in place for the 2WW breast service and has been since 8th April 2022. • The Dermatology/Skin service is booking at 20 days for first appointments. The high rate of Skin 2WW referrals has continued but was expected due to supporting the capacity alert at Royal Free Hospitals NHS Trust. Performance is being actively monitored. **Action to Recover:** • New breast surgeon started 3rd May 2022 • New urology surgeons are expected to start July 2022 • 1 full time Gynaecology nurse post has been approved by NCL for 12 months and recruitment is underway. • Dermatology have recruited to a range of posts	**Named Person:** General Manager, Surgery and Cancer **Time Scale to Recover Performance:** Monthly review
28 days FDS Performance March 2022	**28 days FDS Performance** 82% against the standard of 83% for April 22. • Continued capacity challenges in Urology and Gyanecology. • Virtual clinics now in place for Urology 2WW pathway which commenced 5th May 2022.These were established to support performance againmst the 28 day Faster Diagnoss Standard. • Colorectal service improved by 22% through Q4. • Breast met the 83% target throughout Q4, despite 2WW capacity challenges.	**Named Person:** General Manager, Surgery and Cancer **Time Scale to Recover Performance:** Monthly review

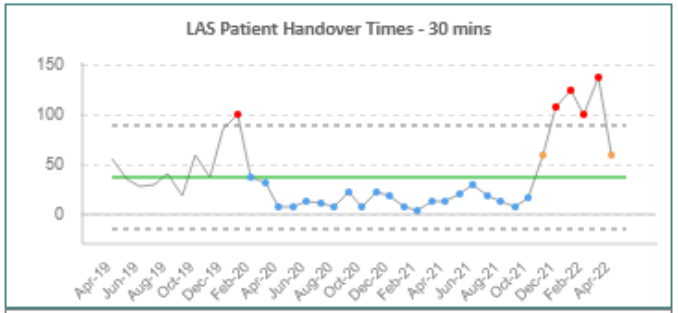
62 day Performance March 2022	**62-day Performance** 48% against the standard of 85% for April 2022. • 33 Treatments • 15.5 breaches **Action to Recover:** • NCL approved 1wte Gynaecology nurse, started 16th May 2022. • Seeking approval for additional Gynaecology nurse • Prostate pathway mapping exercise planned for 25th May 2022 • 2wte Urology surgeons appointed, starting July 2022. • Breast surgical team increasing to 3wte from June 2022. • Continued review of cancer PTL, with weekly senior management review of over 62 & 104-day long waiters. • Continued escalation to Director of Operation with any concerns.	**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 April 2022 has not been achieved. Performance was 87.55% against the 99% target. Deterioration in performance as a result of: • Endoscopy capacity constraints due to Covid-19 and leave • CT scanning capacity due to vacancy, Covid-19 and leave Actions plans are being worked up or are in place to address these capacity challenges. Community audiology waiting times have not reduced over the last month, mainly due to staffing challenges. The backlog of review appointments has increased by 6 patients (1053 patients).Trajectories for waits are being updated, the aim is to have revised trajectories for May reporting.	**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 incomplete pathways being below 18 weeks has not been achieved. Performance was at 71.0% for April 2022. The Trust continues to see a reduction in its backlog of patients waiting over 52 weeks for treatment, at the end of April 2022 there were 373 patients and this is ahead of our planned trajectory. Patients waiting times for Colposcopy have increased to over 6 weeks. The current backlog has increased to 727 patients. Mutual Aid is in place from other providers in North Central London. Work continues internally to ensure appropriate capacity for this service is maintained.	**Named Person:** Head of Performance

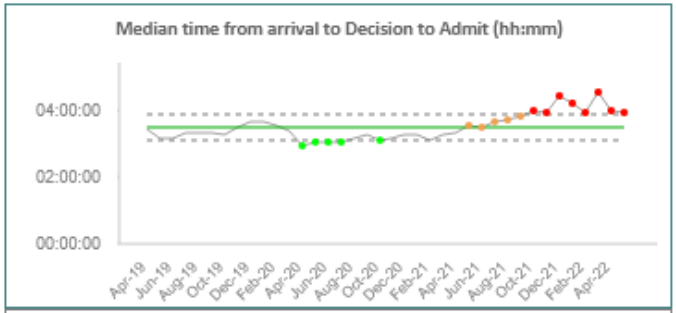
	Action to Recover: Actions are in place to get mutual aid from other providers in North Central London. Work continues internally to ensure appropriate capacity for this service is maintained.	**Time Scale to Recover Performance:** Ongoing
New Births (NBV) % seen within 2 weeks	See update in community activity section.	**Named Person:** Head of Service **Time Scale to Recover Performance:** Ongoing

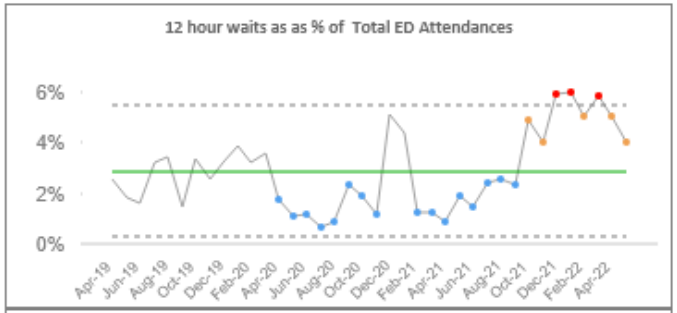
Indicator	Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	2022-2023
Ambulance handovers waiting more than 30 mins	0	21	30	18	12	8	16	59	107	125	101	137	60	60
Ambulance handovers waiting more than 60 mins	0	0	7	0	2	0	2	27	96	50	43	56	14	14
% ED Attendances streamed to an onsite service		1.5%	1.9%	1.9%	1.6%	2.2%	2.4%	2.4%	2.2%	1.8%	2.2%	2.5%	2.3%	2.3%
Median wait for treatment (minutes)	<60 mins	92	91	90	82	97	107	102	96	89	91	128	92	92
% ED Attendances seen by clinician within 60 minutes of arrival		35.0%	37.3%	39.0%	40.7%	35.7%	33.7%	35.4%	38.5%	40.0%	38.3%	29.9%	39.4%	39.4%
Median time from Arrival to Decision to Admit		03:35	03:32	03:40	03:45	03:51	04:00	03:58	04:27	04:15	03:57	04:33	03:59	03:59
12 hour trolley waits in A&E		0	0	3	3	4	3	7	1	7	17	37	13	13
Total ED Attendances in dept for more than 12 hours (arrival to dept)		180	145	225	221	217	461	368	483	501	403	576	442	442
% of ED Attendances over 12 hours from Arrival to Departure		1.9%	1.5%	2.4%	2.6%	2.3%	4.9%	4.0%	5.9%	6.0%	5.0%	5.9%	5.0%	5.0%
Emergency Department waits (4 hrs wait)	>95%	84.7%	83.0%	80.5%	80.1%	77.4%	75.6%	76.0%	73.3%	74.2%	75.1%	71.4%	77.1%	77.1%
% Left ED before being seen		6.7%	7.2%	7.5%	6.6%	8.6%	8.7%	9.2%	9.2%	7.2%	8.4%	11.5%	9.2%	9.2%
% ED re-attendance within 7 days		9.0%	9.4%	10.1%	10.1%	8.8%	8.7%	10.1%	9.1%	9.1%	9.3%	8.8%	9.8%	9.8%

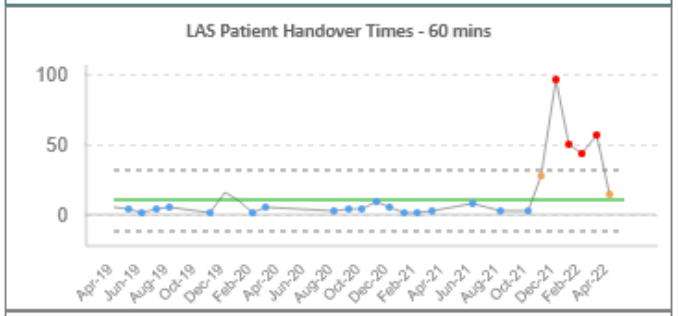
Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - 4 Hour Wait Performance:	**Update:** Emergency department 4 hour performance has seen an improvement to 77.1% and our flow programme actions have ensured they reflect the new Emergency Care Data Set (ECDS). There has been particular focus in improvement in UTC attends which correlates to the improved position. **Action to Recover:** The Emergency Care Data Set (ECDS) was launched from 1st April 2022 with training across workforce groups. Data Quality Month has been extended to May 2022 to embed and sustain the new ECDS standards and as the service moves out of winter pressures.	**Named Person:** ED General Manager **Time Scale to Recover Performance: Ongoing**
ED – 12 Hour Trolley Waits and Patients in Department over 12 Hours :	**Variance against Plan:** The Department were significantly challenged for timely access to ward beds in April. There were 3 mental health trolley breaches and 10 acute trolley breaches. As part of the new ECDS, additional metrics are available for all patients within the Emergency Department over 12 hours (those without a Decision to Admit). During the early pandemic we saw this reduce to <3% patients. Since September 2021 this has increased to >5% and this is attributed to covid testing in department, demand, IPC zoning, workforce pressures and bed challenges. It is being closely monitored through the flow programme and has reduced in April 2022. All breached patients have been reviewed for potential harm and action plans are reported at the Serious Incident Executive Approval Group **Action to Recover:**. Fit to Sit protocol fully implemented. Agreed SOP for boarding. SDEC service model expansion to commence in May 2022. Tracking progress against Flow Programme Actions.	**Named Person:** ED General Manager **Time Scale to Recover Performance: June 2022**

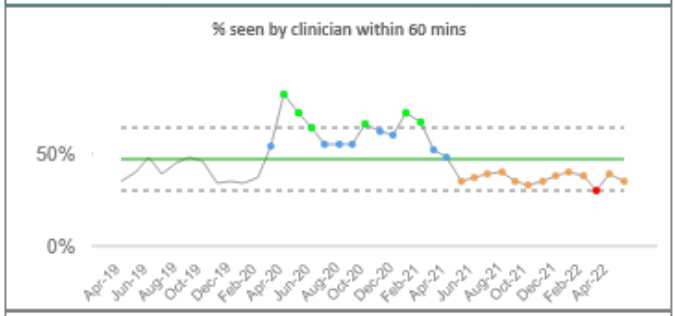
Ambulance Hand Overs delays:	**Variance against Plan:** Although LAS conveyances have been stable, the number of 30 minute breaches has significantly reduced from 137 in March 2022 to 60 breaches in April 2022. There was also a reduction in LAS 60-minute breaches by 25% to 14, 60 minute breaches in April 2022. We continue to see patients from Barnet and Enfield attending Whittington Health as a result of the LAS conveyance pathway changes. The trust ensured that the LAS to SDEC pathway was optimised where appropriate for patients clinical presentation. **Action to Recover:** Continue to monitor handover standard operating procedures as part of Emergency Department Management. Utilise Emergency Department Opel Status and Escalation Policy to support timely LAS offload. Activate boarding protocol at Opel 3 and above.	**Named Person:** ED General Manager **Time Scale to Recover Performance: June 2022**

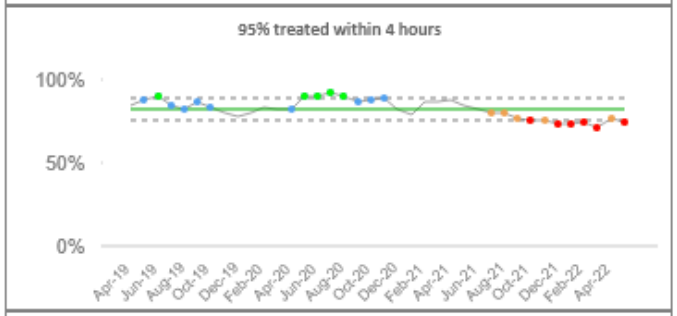


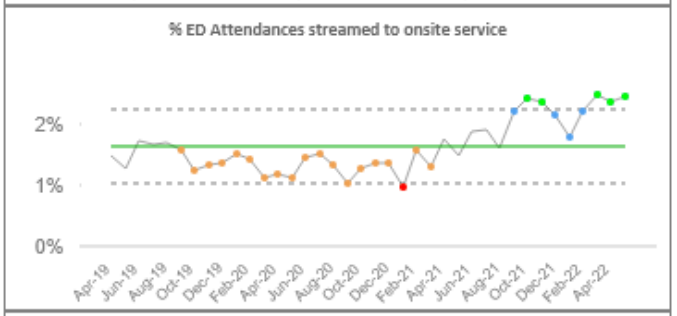


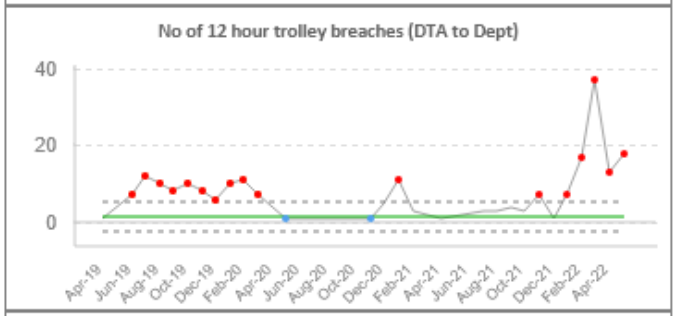


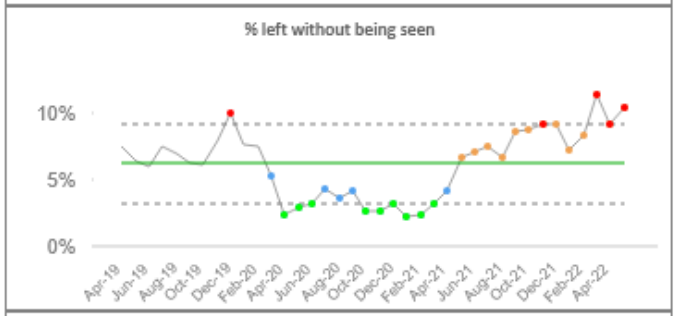


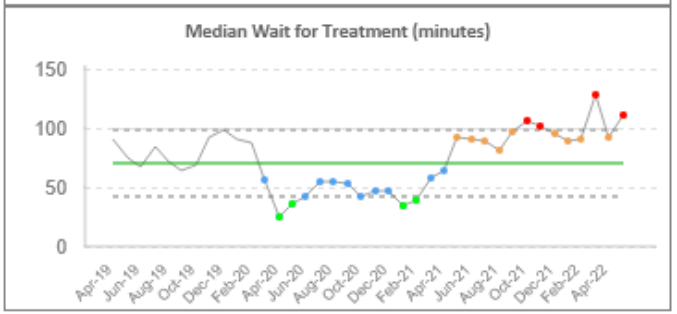


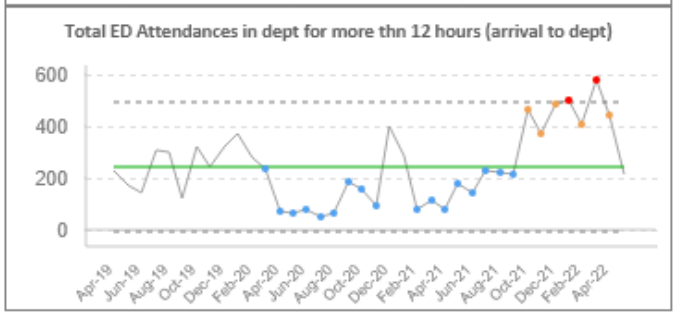


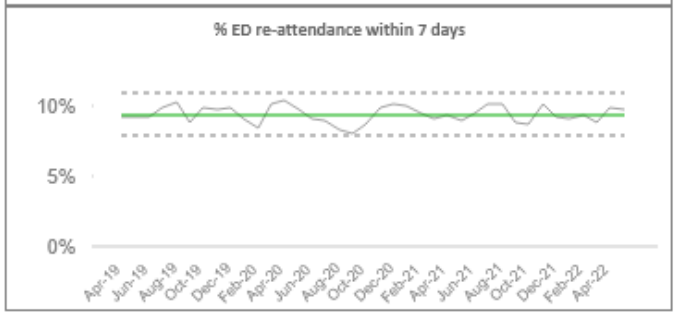












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Indicator	21_22 Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	2022-2023	Performance
Appraisals % Rate	>90%	71.9%	70.6%	70.1%	70.1%	65.3%	66.8%	65.5%	66.0%	64.9%	65.6%	65.6%	66.9%	66.9%	
Mandatory Training % Rate	>90%	75.5%	76.1%	76.8%	74.7%	77.3%	78.8%	81.2%	82.2%	82.2%	82.5%	83.1%	84.1%	84.1%	
Permanent Staffing WTEs Utilised	>90%	88.7%	88.0%	87.6%	87.7%	88.1%	88.6%	88.0%	88.1%	87.9%	87.6%	87.6%	87.2%	87.2%	
National Quarterly Pulse Survey (NQPS)	800		768			686				314			327	327	
NQPS Staff % recommended work	>50%		62.6%			57.3%				48.4%			51.7%	51.7%	
Staff sickness absence %	<3.5%	3.82%	4.33%	4.12%	4.20%	4.34%	4.32%	5.50%	5.30%	4.72%	4.86%	4.88%	4.79%	4.79%	
Staff turnover %	<13%	11.1%	11.0%	12.8%	11.6%	14.3%	11.9%	12.4%	12.4%	12.5%	12.8%	13.6%	13.8%	13.8%	
Vacancy % Rate against Establishment	<10%	11.3%	12.0%	12.4%	12.3%	11.9%	11.4%	12.0%	11.9%	12.1%	12.4%	12.4%	12.8%	12.8%	
Average Time to Hire (Days)	<63 Days	62	60	62	64	63	59	66	59	70	61	61	64	64	
Nursing Staff Average % Day Fill Rate - Nurses		93.9%	95.9%	95.3%	92.4%	83.8%	74.9%	85.9%	79.2%	89.2%	92.5%	86.9%	92.1%	92.1%	
Nursing Staff Average % Night Fill Rate - Nurses		91.4%	95.2%	94.5%	94.1%	91.3%	81.8%	93.1%	88.2%	100.3%	100.0%	92.8%	99.1%	99.1%	
Safe Staffing Alerts - Number of Red Shifts		8	5	3	33	33	36	34	36	30	20	31	9	9	
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		10.1	9.9	10.0	11.0	11.7	9.1	9.1	9.6	9.4	10.4	9.1	10.0	10.0	

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Appraisals % Rate : 66.9%	**Variance against Plan:** - 23.1% **Action to Recover:** All non-medical staff appraisals are now recorded on elev8 with monthly transfers from ESR scheduled in to ensure anyone not recorded on elev8 is captured in compliance figures. Staff are able to see their appraisal compliance on their elev8 dashboard and managers can access their team compliance live via elev8. Both staff and managers are receiving prompts prior to appraisal expiration date. L&D are attending team meetings to demonstrate steps to upload appraisals.	**Named Person:** Assistant Director, Learning & Organisational Development **Time Scale to Recover Performance:** 3 months
Mandatory Training % Rate : 84.1%	**Variance against Plan:** - 5.9% **Action to Recover:** The compliance trend continues to be upwards. In addition to system generated communication, an additional compliance communications campaign is being developed to ensure 90% target is reached.	**Named Person:** Assistant Director, Learning & Organisational Development **Time Scale to Recover Performance:** 2 months
NQPS responses & % staff recommended work	**Variance against Plan:** responses 473 below target. % recommended work 1.7% above target **Action to recover:** Increase communications of National Quarterly People Pulse Survey. Continue with Staff Engagement initiatives to maintain and exceed target of % recommended work	**Named Person:** Assistant Director, Learning & Organisational Development **Time Scale to Recover:** 4 months
Permanent Staffing WTEs Utilised: 87.6% Target > 90%	**Variance against Plan: -2.4%** **Action to Recover:** Permanent staff utilisation remains the same from last month. Work is currently ongoing to support recruitment campaigns and to make roles more appealing by offering flexibility. Utilisation continues to be unstable across the sector, with ongoing work NCL wide to attrack staff.	**Named Person:** Acting Deputy Director of Workforce **Time Scale to Recover Performance: 3 months**

Staff Sickness Absence %: 4.79% Target < 3.5%	**Variance against Plan: 1.29%** **Action to Recover:** The Trust is beginning to see a reduction in sickness absence rates across the Trust. To support and improve on this trend sickness surgeries and training for managers has been implemented, whilst also taking a targeted approach for those that are off long term to support them back to work.	**Named Person:** Acting Deputy Director of Workforce **Time Scale to Recover Performance: 3 months**
Staff Turnover Rates: 13.8% Target < 13%	**Variance against Plan: -0.8%** **Action to Recover:** Turnover rate has begun to stabilise although still remains over the Trust target. Over the year we have seen a rise in turnover with August and September hitting a peak and gradually reducing. Turnover is an issue across the London currently. HR Business Partners are undertaking a Workforce focus month with a data set for ICSU's and Corporate Services Leadership teams to establish action plans to address. A new Exit interview process is being embedded to establish reasons for leaving. As part of the workforce strategy, career conversations will be implemented. NCL HRDs are also discussing recruitment and retention issues and potential initiatives.	**Named Person:** Acting Deputy Director of Workforce **Time Scale to Recover Performance: 3 months**
Vacancy Rates: 12.4% Target < 10%	**Variance against Plan: -2.4%** **Action to Recover:** The vacancy rate has stabalised but remains over the Trust target. Current focus to improve this rate is on coverting bank and agency workers to permenant staff and improving the recruitment process via the implementation of the shared service.	**Named Person:** Acting Deputy Director of Workforce **Time Scale to Recover Performance: 3 months**
Safer Staffing Zero Red shifts Trust CHPPD 9.6* *Peer Trusts Median (March 2021)	**Variance against Plan:** Although still a very challenging staffing situation with high sickness and unavailability there is an overall improvement in trajectory but too early to anticipate a trend. • 9 red shifts reported in April 2022. This is a marked improvement from last report (31). It reflects a better fill rate and lower sickness rate in areas that had reported higgh level red shifts in previous months. Last month 9/13 areas reported red flags, this month 6/13. Cloudesley was the highest reporter with 8 shifts last month and sickness rate of over 6%. Now flagged 2 red shifts, 3% sickness	**Named Person:** Deputy Chief Nurse **Time Scale to Recover Performance:** Ongoing review

	and a fill rate of over 90%. It also demonstrates the use of professional judgement assessment and the increase on nurse in charge recorded in Eroster • Care Hours per Patient Day (CHPPD) in April 22 increased from 9.1 to 10.0. The average CHPPD of the adult wards was also improved from 7.7 to 8.2 in line with national average (8.4). • Fill rate for registered staff improved for both day (from 86% to 92.1%) and night shifts (from 92% to 99%) for inpatient settings. The fill rate for unregistered staff remains over 100% and static compared to last report reflecting the acutity and ongoing need to support enhanced care requirement. **Action to Recover:** • Colleagues encouraged to raise staffing concerns as recommended in the Staffing Escalation policy. • Support empowerment of senior nurses to use professional judgementand undertake safer staffing training to ensure red flagged are not recorded due to lack of training. • Staff redeployment to continue and become business as usual when identified suitable and safe to undertake. • Staff escalation roster implemented in some team to identify in advance if flexibility to support vulnerable aresas (clinical education team but can be extended to other corporate areas if suitable) • Visibility of safe staffing, workforce, education and recruitemnt teams to support retention, development and wellbeing • Staffing risk rating (RAG) and staffing escalation policy to be reviewed. • Support international and local recruitment • New OSCE center opened in Leeds. 1st cohort attends this month. Aim to reduce delays to take exam and increase our cohort numbers	

Appendix 1. Community Performance Dashboard

Indicator	21_22 Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	2022-2023	Performance
IAPT Moving to Recovery	>50%	49.6%	54.7%	54.8%	51.3%	53.4%	53.9%	51.4%	49.5%	57.2%	47.6%	47.5%			
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	88.8%	92.6%	91.9%	92.1%	94.6%	90.9%	90.0%	93.4%	88.5%	89.6%	91.9%			
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	82.0%	78.4%	82.8%	73.9%	78.0%	79.1%	82.3%	78.6%	70.4%	76.8%	74.7%			
Haringey - HR1 % carried out before child aged 15 months	N/A	77.5%	76.7%	73.6%	73.8%	71.6%	74.3%	69.5%	62.0%	56.8%	53.0%	74.3%			
Haringey - HR2 % carried out before child aged 30 months	N/A	72.4%	70.8%	73.9%	76.7%	75.5%	74.9%	65.6%	66.4%	68.4%	61.7%	65.1%			
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	86.3%	79.5%	80.8%	79.7%	81.4%	82.1%	82.1%	83.8%	61.3%	74.6%	73.0%			
Islington - HR1 % carried out before child aged 15 mths	N/A	79.4%	84.6%	86.1%	84.4%	86.1%	80.9%	85.7%	77.7%	78.0%	67.2%	80.9%			
Islington - HR2 % carried out before child aged 30 mths	N/A	82.7%	76.5%	81.7%	78.2%	75.3%	84.7%	83.3%	81.2%	73.1%	74.3%	78.0%			
% of MSK pts with a significant improvement in function (PSFS)	>75%	88.2%	89.5%	91.1%	89.7%	90.6%	93.8%	78.4%	81.0%	88.9%	94.8%	91.5%	83.3%	83.3%	
% 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%	88.9%	100.0%	100.0%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	71.7%	78.0%	71.0%	79.3%	80.6%	77.0%	77.9%	70.0%	71.7%	74.7%	72.2%	70.7%	70.7%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	94.4%	92.2%	93.9%	93.8%	96.3%	93.0%	96.3%	94.9%	96.3%	93.2%	88.6%	92.9%	92.9%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	85.7%	85.7%	0.0%	100.0%	88.9%	50.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	
Hackney Smoking Cessation: % who set quit date & stopped after 4 we...	>45%		54.4%			58.6%			57.0%			61.5%			
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	**Community paediatrics** In Haringey we are recruiting to medical posts (permanent and temporary) to ensure waiting times for Neurodevelopmental (NDC) clinics reduce over the next 6 months **SLT** Short term funding is helping to reduce waits for initial appointments. In Haringey a proposal for a long term plan for meeting speech, language and communication needs in is being reviewed at the Start Well Board in May. There are 1348 patients waiting for SLT in CYP of which 718 relate to the Barnet Therapy contract. **Looked after children** Staffing challenges make it difficult to meet the target completion times for health assessments. In Haringey the lack of named doctor and designate doctor is adding further pressure to the service – these roles are being advertised and some cover is in place. In Islington increases in waiting times are also due to a continued increase in the number of UASC, paediatrics continues to provide support. **OT** The OT service continues to experience longer waiting times due staffing gaps and challenges. Recruitment to temporary and permanent posts is ongoing. **Social communication team** In Islington there has been a continued rise in waiting times and the challenge of long waits in Haringey continues. In both boroughs there are discussions taking place to develop a longer term plan with input from LA and CCG colleagues. In addition the Trust is leading work to provide additional autism assessments across NCL in 2022/23 to help reduce waiting times. **Health visiting – new birth visits** Reduced staffing across the Haringey service continues to impact on performance. Teams continue to work hard to maintain the service whilst managing significant staff absence and a 25% vacancy rate. Successful recruitment in Islington to qualified Health Visitor vacancies supports performance reaching target by the end of July 2022.	**Named person:** Director of Operations, Children and Young People's Services

	Islington Community CAMHS An ongoing increase in referrals to the service continues to impact on waiting times and recovery. New staff have come into post in the Intake and Central CAMHS Therapies team which the service anticipates will show a reduction in waiting times by Quarter 2. The service has successfully recruited two Speciality Child and Adolescent Psychiatrists who will be in post from August 2022 and temporary cover is in place. This has reduced staffing pressures and is improving waiting times for urgent referrals. The work in NDP to reduce long waits continues and an agency consultant is in place to address these waiting times.	
Adult Community Waiting Times	**Overall summary:** There are some challenges across the ICSU associated with workforce vacancies and sickness. The ICSU are actively reviewing workforce models to support the delivery of activity. The ICSU delivers the mass vaccinate site and roving vaccination services with staff on fixed term contracts and temporary staff. This means that those staff previously supporting vaccination have returned to their usual roles. There remains a focus of 3 key areas for recovery including MSK, Podiatry and Pulmonary Rehabiliation (PR). **MSK** The number of patients waiting for an MSK appointment is now the largest it has been prior to the pandemic at 11,500.The service is currently working on a number of actions to support activity delivery including, pay rates, additional agency staffing, cleansing lists for duplicates, job planning, optimising clinic utilisation. A capital bid business case has also been submitted to pilot a self referral portal to reduce the number of patients requiring practioner involvement. **Podiatry** There are workforce challenges in the podiatry service and the team have prioritised all patients in order to prioritise service line delivery.	**Named person:** Director of Operations, Adult Community Services

	Pulmonary Rehabiliation Pulmonary Rehabilitation service has restarted. The team have engaged with patients to validate the waiting list and an clinically review priority to be seen. The service are reducing long waiters as well as managing new referrals concurrently. **Nutrition and dietetics** Nutrition and dietetics outcome measures only reflect overweight and underweight patients. As this is only a small element of the nutrition and dietetics service, the team have completed a service review to develop a more comprehensive outcome tool for all patients. The tool has been adopted across North Central London and the service will be trialling this throughout Q1 this will mean a change to outcome metric reporting in Q2.	

Appendix 2. Community Waiting Times Dashboard

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Feb-22	Mar-22	Apr-22	Avg Wait (Apr)	No. of Pts Seen	% Threshold	Target Weeks	Feb-22	Mar-22	Apr-22	Avg Wait (Apr)	No. of Pts Seen
CAMHS	>95%	8	66.4%	71.2%	66.0%	13.5	97	>95%	2	66.7%	85.7%	71.4%	3.3	7
Child Development Services	>95%	12	100.0%	81.8%	75.0%	7.8	16	>95%	2	100.0%			-	0
IANDS	>95%	18	66.3%	61.9%	76.3%	13.6	135	>95%	2				-	0
Community Children's Nursing	>95%	2	72.6%	66.7%	73.8%	1.7	65	>95%	1	100.0%	100.0%	100.0%	0.1	12
Community Paediatrics Services	>95%	18	70.5%	72.0%	69.8%	12.2	53	>95%	1				12.2	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	100.0%	0.6	2	>95%	-	-			-	0
Haematology Service	>95%	12	100.0%		100.0%	0.4	2	>95%	-				-	0
Looked After Children	>95%	4	68.4%	60.0%	37.5%	4.8	8	>95%	2				-	0
Occupational Therapy	>95%	18	83.3%	25.0%	43.5%	25.7	23	>95%	2				-	0
Physiotherapy	>95%	18	97.3%	94.3%	93.0%	7.2	57	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	3.7	10	>95%	-				-	0
School Nursing	>95%	12	84.5%	81.7%	90.2%	3.7	92	>95%	-				-	0
Speech and Language Therapy	>95%	8	55.6%	44.1%	52.8%	12.6	106	>95%	2	0.0%	0.0%	0.0%	18.1	5
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	92.9%	100.0%	88.5%	1.8	26	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	97.6%	100.0%	2.5	39	>95%	2	100.0%	100.0%	66.7%	1.7	3
Community Rehabilitation (CRT)	>95%	12	76.5%	84.8%	86.6%	5.4	67	>95%	2	66.7%	67.6%	48.3%	4.6	29
ICTT - Other	>95%	12	95.8%	94.2%	97.2%	3.4	108	>95%	2	66.7%	50.0%	46.2%	2.7	13
ICTT - Stroke and Neuro	>95%	12	80.8%	84.6%	75.0%	8.7	8	>95%	2	44.4%	45.5%	33.3%	6.5	3
Home-based Intermediate Care Se...	>95%	6	15.2%	41.4%	50.9%	11.9	53	>95%	2				-	0
Community Bed-based Intermediat...	>95%	6	100.0%	100.0%	100.0%	0.1	11	>95%	2				-	0
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	66.7%	6.3	6	>95%	2				-	0
Bladder and Bowel - Adult	>95%	12	41.7%	30.2%	39.5%	14.5	129	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	31.3%	31.9%	39.4%	11.4	269	>95%	2	45.0%	8.0%	15.4%	4.9	13
Musculoskeletal Service - Routine	>95%	6	30.5%	34.2%	40.9%	10.1	906	>95%	2	41.6%	19.4%	24.7%	3.5	93
Nutrition and Dietetics	>95%	6	55.7%	62.2%	79.6%	4.4	186	>95%	2	100.0%	100.0%	100.0%	0.0	1
Podiatry (Foot Health)	>95%	6	49.5%	33.0%	41.9%	12.4	277	>95%	2	66.7%	42.9%	20.0%	3.6	5
Lymphodema Care	>95%	6	93.3%	100.0%	100.0%	3.8	15	>95%	2		100.0%	100.0%	0.6	1
Tissue Viability	>95%	6	93.5%	97.8%	97.6%	2.0	41	>95%	-				-	0
Cardiology Service	>95%	6	90.3%	96.8%	100.0%	2.2	25	>95%	2		100.0%		-	0
Diabetes Service	>95%	6	25.0%	45.2%	76.3%	4.9	76	>95%	2			100.0%	0.3	1
Respiratory Service	>95%	6	57.1%	86.0%	96.0%	3.3	25	>95%	2		80.0%		-	0
Spirometry Service	>95%	6	45.5%	24.6%	20.8%	8.6	53	>95%	2			100.0%	0.0	1

Appendix 2. Community Waiting Times Dashboard

Haringey

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Feb-22	Mar-22	Apr-22	Avg Wait (Apr)	No. of Pts Seen	% Threshold	Target Weeks	Feb-22	Mar-22	Apr-22	Avg Wait (Apr)	No. of Pts Seen
CAMHS	>95%	8	50.0%		100.0%	0.4	1	>95%	-				-	0
Child Development Services	>95%	12	100.0%	81.8%	73.3%	8.3	15	>95%	2	100.0%			-	0
IANDS	>95%	18	100.0%		50.0%	17.9	2	>95%	-				-	0
Community Children's Nursing	>95%	2	76.9%	66.7%	90.0%	0.7	10	>95%	1				-	0
Community Paediatrics Services	>95%	18	60.6%	63.0%	62.5%	14.3	40	>95%	1				14.3	0
Family Nurse Partnership	>95%	12				-	0	>95%	-	-			-	0
Haematology Service	>95%	12				-	0	>95%	-				-	0
Looked After Children	>95%	4	50.0%	80.0%	0.0%	6.7	2	>95%	-				-	0
Occupational Therapy	>95%	18	100.0%	30.0%	45.0%	25.8	20	>95%	2				-	0
Physiotherapy	>95%	18	97.2%	94.1%	92.3%	7.4	52	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	3.8	7	>95%	-				-	0
School Nursing	>95%	12	96.3%	93.2%	90.5%	3.8	42	>95%	-				-	0
Speech and Language Therapy	>95%	8	43.3%	31.3%	41.1%	13.9	56	>95%	2	0.0%	0.0%	0.0%	18.1	5
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6				-	0	>95%	-				-	0
Adult Wheelchair Service	>95%	8	100.0%	97.6%	100.0%	2.5	39	>95%	2	100.0%	100.0%	66.7%	1.7	3
Community Rehabilitation (CRT)	>95%	12	100.0%	100.0%	100.0%	5.6	1	>95%	2			0.0%	8.0	1
ICTT - Other	>95%	12	95.5%	93.8%	96.8%	3.5	94	>95%	2	100.0%	25.0%	41.7%	2.8	12
ICTT - Stroke and Neuro	>95%	12	80.0%	84.0%	75.0%	8.7	8	>95%	2	44.4%	45.5%	33.3%	6.5	3
Home-based Intermediate Care Se...	>95%	6		0.0%		-	0	>95%	2				-	0
Community Bed-based Intermediat...	>95%	-				-	0	>95%	2				-	0
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	66.7%	6.3	6	>95%	2				-	0
Bladder and Bowel - Adult	>95%	12	42.5%	22.4%	30.6%	16.5	62	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	33.5%	36.8%	41.9%	11.1	167	>95%	2	41.7%	13.3%	14.3%	4.7	7
Musculoskeletal Service - Routine	>95%	6	33.2%	32.5%	41.9%	9.7	472	>95%	2	34.8%	17.1%	23.5%	3.2	34
Nutrition and Dietetics	>95%	6	50.6%	59.8%	72.9%	4.8	107	>95%	2	100.0%	100.0%	100.0%	0.0	1
Podiatry (Foot Health)	>95%	6	55.3%	35.9%	47.6%	11.9	124	>95%	2	66.7%	40.0%	33.3%	4.3	3
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	3.8	7	>95%	2		100.0%	100.0%	0.6	1
Tissue Viability	>95%	6	100.0%	100.0%	95.8%	1.7	24	>95%	-				-	0
Cardiology Service	>95%	6	100.0%	93.8%	100.0%	2.1	12	>95%	2				-	0
Diabetes Service	>95%	6	25.0%	60.6%	68.8%	5.3	48	>95%	2			100.0%	0.3	1
Respiratory Service	>95%	6	48.0%	84.2%	100.0%	2.0	7	>95%	2		100.0%		-	0
Spirometry Service	>95%	6	42.9%	21.8%	20.8%	8.6	53	>95%	2			100.0%	0.0	1

Appendix 2. Community Waiting Times Dashboard

Islington

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Feb-22	Mar-22	Apr-22	Avg Wait (Apr)	No. of Pts Seen	% Threshold	Target Weeks	Feb-22	Mar-22	Apr-22	Avg Wait (Apr)	No. of Pts Seen
CAMHS	>95%	8	65.6%	70.3%	62.9%	14.4	89	>95%	2	66.7%	85.7%	71.4%	3.3	7
Child Development Services	>95%	12			100.0%	0.1	1	>95%	-				-	0
IANDS	>95%	18	65.9%	60.7%	76.8%	13.4	125	>95%	2				-	0
Community Children's Nursing	>95%	2	72.2%	65.3%	68.6%	1.9	51	>95%	1	100.0%	100.0%	100.0%	0.1	12
Community Paediatrics Services	>95%	18	92.3%	93.8%	100.0%	3.3	7	>95%	-				3.3	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	100.0%	0.6	2	>95%	-				-	0
Haematology Service	>95%	12				-	0	>95%	-				-	0
Looked After Children	>95%	4	66.7%	50.0%	0.0%	6.2	3	>95%	-				-	0
Occupational Therapy	>95%	18			0.0%	44.1	1	>95%	-				-	0
Physiotherapy	>95%	18		100.0%	100.0%	5.6	2	>95%	-				-	0
PIPS	>95%	12			100.0%	3.5	3	>95%	-				-	0
School Nursing	>95%	12	79.3%	75.6%	89.5%	3.8	38	>95%	-				-	0
Speech and Language Therapy	>95%	8	62.5%	54.5%	78.1%	7.9	32	>95%	2				-	0
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	92.9%	100.0%	88.0%	1.8	25	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%			-	0	>95%	2				-	0
Community Rehabilitation (CRT)	>95%	12	74.5%	88.6%	85.5%	5.6	62	>95%	2	66.7%	65.7%	51.9%	4.6	27
ICTT - Other	>95%	12	100.0%	100.0%	100.0%	2.0	3	>95%	2		100.0%		-	0
ICTT - Stroke and Neuro	>95%	12	100.0%			-	0	>95%	2		-		-	0
Home-based Intermediate Care Se...	>95%	6	15.9%	40.7%	52.0%	12.1	50	>95%	2				-	0
Community Bed-based Intermediat...	>95%	6	100.0%	100.0%	100.0%	0.1	3	>95%	2				-	0
Paediatric Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	38.6%	38.6%	46.2%	13.0	65	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	27.8%	24.8%	34.0%	12.2	97	>95%	2	50.0%	0.0%	16.7%	5.2	6
Musculoskeletal Service - Routine	>95%	6	26.5%	36.2%	39.4%	10.6	414	>95%	2	52.4%	17.4%	20.4%	4.1	49
Nutrition and Dietetics	>95%	6	59.3%	65.3%	87.5%	3.9	72	>95%	2	100.0%	100.0%		-	0
Podiatry (Foot Health)	>95%	6	45.1%	31.1%	37.2%	12.7	145	>95%	2		50.0%	0.0%	2.4	1
Lymphodema Care	>95%	6	88.9%	100.0%	100.0%	3.8	8	>95%	-				-	0
Tissue Viability	>95%	6	82.4%	94.7%	100.0%	2.5	16	>95%	-				-	0
Cardiology Service	>95%	6	75.0%	100.0%	100.0%	2.3	13	>95%	2		100.0%		-	0
Diabetes Service	>95%	6	20.0%	25.0%	89.3%	4.1	28	>95%	2				-	0
Respiratory Service	>95%	6	63.2%	87.5%	94.4%	3.8	18	>95%	2		75.0%		-	0
Spirometry Service	>95%	6	100.0%	100.0%		-	0	>95%	-				-	0

Children's Community Waits Performance

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Feb-22	Mar-22	Apr-22	Avg Wait (Apr)	No. of Pts Seen	% Threshold	Target Weeks	Feb-22	Mar-22	Apr-22	Avg Wait (Apr)	No. of Pts Seen
CAMHS	>95%	8	66.4%	71.2%	66.0%	13.5	97	>95%	2	66.7%	85.7%	71.4%	3.3	7
Community Children's Nursing - Haringey	>95%	2	40.0%	0.0%	75.0%	1.2	4	>95%	1				-	0
Community Children's Nursing - Islington	>95%	2	74.4%	67.4%	73.8%	1.7	61	>95%	1	100.0%	100.0%	100.0%	0.1	12
Community Paediatrics - Haringey (SCC)	>95%	18	33.3%	0.0%	0.0%	66.3	1	>95%	1				-	0
Community Paediatrics - Haringey (NDC)	>95%	18	17.6%	43.5%	37.5%	21.8	24	>95%	1				-	0
Community Paediatrics - Haringey (Child Protection)	>95%	18	100.0%	100.0%	100.0%	1.3	17	>95%	1				-	0
Community Paediatrics - Haringey (Other)	>95%	18	90.0%	100.0%	100.0%	0.8	3	>95%	1				-	0
Community Paediatrics - Islington	>95%	18	92.0%	94.4%	100.0%	3.3	7	>95%	1				-	0
Family Nurse Partnership - Islington	>95%	12	100.0%	100.0%	100.0%	0.6	2	>95%	-				-	0
Haematology Service - Islington	>95%	12	100.0%		100.0%	0.4	2	>95%	-				-	0
IANDS	>95%	18	83.3%	100.0%	100.0%	5.2	9	>95%	2				-	0
IANDS - SCT	>95%	20	0.0%	0.0%	0.0%	38.9	8	>95%	2				-	0
Looked After Children - Haringey	>95%	4	80.0%	76.9%	66.7%	2.8	3	>95%	2				-	0
Looked After Children - Islington	>95%	4	64.3%	36.4%	25.0%	5.3	4	>95%	2				-	0
Occupational Therapy - Haringey	>95%	18	83.3%	25.0%	43.5%	25.7	23	>95%	2				-	0
Occupational Therapy - Islington	>95%	18	36.4%	12.5%	10.5%	34.9	19	>95%	2				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	75.0%	100.0%	3.7	5	>95%	2				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	94.4%	46.4%	82.8%	11.2	29	>95%	2				-	0
Physiotherapy - Haringey	>95%	18	97.3%	94.3%	93.0%	7.2	57	>95%	2				-	0
Physiotherapy - Islington	>95%	18	90.3%	98.6%	96.9%	6.7	64	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	3.4	7	>95%	-				-	0
SALT - Haringey	>95%	13	40.6%	36.7%	40.3%	14.8	62	>95%	2	0.0%	0.0%	0.0%	18.1	5
SALT - Islington	>95%	13	68.6%	54.3%	91.3%	5.4	23	>95%	-				-	0
SALT - MPC	>95%	18	81.5%	66.7%	45.0%	14.3	20	>95%	-				-	0
School Nursing - Haringey	>95%	12	96.8%	95.8%	92.2%	3.4	51	>95%	-				-	0
School Nursing - Islington	>95%	12	73.5%	72.5%	87.2%	4.3	39	>95%	-				-	0
Barnet - OT	>95%	18	80.6%	88.5%	64.0%	25.9	25	>95%	6				-	0
Barnet - PT	>95%	18	27.9%	46.1%	60.0%	24.3	110	>95%	6	55.6%	50.0%		-	0
Barnet - SLT	>95%	18	63.6%	35.0%	20.0%	58.5	5	>95%	6				-	0

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

Cancer - 62D Performance by Tumour Group

Indicator	20_21 Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	2022-2023	Performance
Breast	>85%	86.7%	100.0%	57.1%	76.5%	25.0%	60.0%	0.0%	58.3%	66.7%	40.0%	20.0%			
Gynaecological	>85%	100.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
Haematological (Excluding Acute Leukaemia)	>85%	100.0%	0.0%	100.0%		100.0%		100.0%	50.0%	28.6%	100.0%	100.0%			
Lower Gastrointestinal	>85%	60.0%	100.0%	75.0%	71.4%	100.0%	0.0%	50.0%	0.0%	45.5%	60.0%	85.7%			
Lung	>85%	100.0%	100.0%	66.7%	100.0%	50.0%		100.0%	0.0%	0.0%	0.0%	50.0%			
Other	>85%						100.0%					100.0%			
Skin	>85%	100.0%	100.0%	100.0%	100.0%	95.2%	88.2%	66.7%	83.3%	60.0%	100.0%	100.0%			
Testicular	>85%			100.0%					100.0%						
Upper Gastrointestinal	>85%	66.7%	100.0%	0.0%	100.0%	66.7%	0.0%		66.7%	0.0%	0.0%	0.0%			
Urological (Excluding Testicular)	>85%	16.7%	66.7%	88.9%	85.7%	54.2%	35.3%	33.3%	65.0%	33.3%	33.3%	28.6%			

Cancer - 2WW Performance by Tumour Group

Indicator	20_21 Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	2022-2023	Performance
Breast	>93%	31.9%	80.2%	96.7%	96.1%	96.0%	98.2%	91.1%	94.7%	10.1%	18.1%	19.0%			
Childrens	>93%		0.0%												
Gynaecological	>93%	96.3%	88.3%	74.2%	91.5%	91.3%	93.1%	68.7%	45.0%	44.4%	35.6%	40.3%			
Haematological	>93%	100.0%	100.0%	100.0%	96.2%	95.7%	95.0%	75.0%	100.0%	100.0%	95.5%	93.8%			
Lower Gastrointestinal	>93%	78.2%	84.8%	61.8%	35.1%	21.8%	2.8%	5.8%	55.7%	91.6%	68.3%	51.8%			
Lung	>93%	75.0%	80.0%	50.0%	100.0%	66.7%	80.0%	91.3%	88.5%	85.7%	71.4%	80.0%			
Skin	>93%	96.1%	96.4%	95.6%	96.2%	92.9%	96.7%	88.0%	93.9%	88.7%	85.0%	94.0%			
Upper Gastrointestinal	>93%	100.0%	91.7%	96.2%	98.5%	96.6%	98.1%	100.0%	100.0%	98.1%	98.2%	96.7%			
Urological	>93%	46.0%	52.7%	58.9%	68.0%	52.4%	56.9%	67.2%	77.9%	48.9%	52.2%	60.9%			

Appendix 4. Trust Level Activity

Category	Indicator	20_21 Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Activity
ED	ED Attendances	8285	9291	9663	9351	8531	9273	9432	9089	8179	8285	7990	9763	8787	
ED	ED Admission Rate %		13.8%	13.4%	13.7%	13.2%	12.6%	12.5%	12.1%	12.8%	12.6%	12.1%	11.5%	11.0%	
Community	Community Face to Face Contacts		42319	40109	37358	33321	38835	41233	44372	35370	37824	37799	45069	37319	
Admissions	Elective and Daycase		1873	2052	2047	1945	2036	1913	1996	1624	1667	1775	1958	1707	
Admissions	Emergency Inpatients		2043	2180	2058	1937	1940	1973	1934	1779	1725	1583	1910	1700	
Referrals	GP Referrals to an Acute Service		12756	13887	13421	12392	12667	14752	14997	12342	14193	14305	15849	12535	
Referrals	% of GP Referrals that were completed via ERS		88.4%	86.4%	86.2%	85.6%	83.9%	86.3%	85.3%	82.9%	83.7%	83.8%	86.5%	85.2%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	29.7%	27.0%	31.1%	28.5%	35.7%	28.8%	31.2%	35.2%	29.4%	31.8%	31.6%	32.9%	
Maternity	Maternity Births	320	288	315	309	323	288	319	324	279	249	237	271	265	
Maternity	Maternity Bookings	377	356	322	369	306	327	319	326	339	320	250	343	323	
Outpatients	Outpatient DNA Rate % - New	<10%	10.1%	9.7%	10.8%	11.8%	11.6%	10.6%	10.3%	11.3%	11.6%	10.8%	11.2%	11.7%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	8.4%	9.1%	9.8%	10.2%	10.7%	10.2%	10.0%	10.7%	10.6%	10.5%	11.1%	10.9%	
Outpatients	Outpatient New Attendances		8761	9857	9336	8470	10377	10277	9939	8348	8677	8680	10140	8388	
Outpatients	Outpatient FUp Attendances		16529	18572	17609	15525	17694	17082	17754	15401	15283	14641	16746	15011	
Outpatients	Outpatient Procedures		5412	6165	5826	5260	5778	5737	5762	5244	5250	5468	6245	5248	

Meeting title	**Trust Board – public meeting**	**Date: 27 May 2022**
Report title	**Finance Report February (Month 01) 2022/23**	**Agenda item: 13**
Executive director lead	Kevin Curnow, Chief Finance Officer	
Report author	Finance Team	
Executive summary	The Trust is reporting a deficit of £1.70m at end of April which is £0.03m better than plan. The planned deficit for April was £1.73m. Overspend relating to pay pressures and non-delivery of saving is offset by slippage on planned investments. The cash position at the end of April was £80.99m The Trust has spent £0.2m on its capital projects as of the 30th of April 2022. This low figure reflects that the capital projects are yet to get fully underway for this financial year. The Trust submitted a financial plan with a £17.75m deficit including £10m cost improvement programme (CIP) plan to NHSI and the NCL Integrated Care System (ICS). There is a need for the Trust to manage slippage on CIPs delivery as there is likely to be further push from the ICS to increase the level of CIP delivered this financial year to bring down the planned deficit.	
Purpose:	To discuss April performance.	
Recommendation(s)	To note April financial performance, recognising the need to improve savings delivery.	
Board Assurance Framework	BAF risks S1 and S2	
Report history	Finance & Business Development Committee	
Appendices	None	

CFO Message **Finance Report M01**

Trust reporting £1.7m deficit at the end of April – £0.03m better than plan

The Trust is reporting a deficit of £1.70m at end of April which is £0.03m better than plan. The planned deficit for April was £1.73m.

Though April financial performance was on plan, some key adverse variances of concern are

- Underperformance of £0.4m against April Cost Improvement Programmes (CIP) requirement; The Trust delivered £0.1m savings in April against a target of £0.5m
- Use of temporary staffing for covid related reasons; The Trust used 64.2 wte (£0.5m) in April for Covid related reasons. This is £0.2m above funded levels.
- Elective/Day case performance in April was 77% against plan. The Trust is currently assuming no adverse variance on its Elective Recovery Fund (ERF) income for April. This will be adjusted in May once further guidance on ERF calculation is published.

These adverse variances were offset non-recurrently by slippage in planned investments.

Cash of £80.99m at end of April

As at the end of April, the Trust's cash balance stands at £80.99m – a decrease of £0.42m from 31 March 2022. The Trust's ongoing cash requirements have not changed materially in terms of staff pay and capital expenditure, although the Trust is striving to pay suppliers early in the current economic climate.

Year to date capital spend of £0.21m

The Trust's capital plan for 2022-23 is £30.4m. This includes self-funded schemes of £25.4m and £5m relating to elective recovery (Targeted Investment Fund TIF). Funding for TIF scheme is yet to be confirmed. The Trust's internal capital plan of £25.4m is funded through depreciation (£11.4m) and cash reserves (£14m).

Capital expenditure for April was £0.21m. This low figure reflects that the capital projects are yet to get fully underway for this financial year.

2022-23 Financial Plan Update

The Trust submitted a financial plan with a £17.75m deficit including £10m CIP plan to NHSI and NCL Integrated Care System (ICS). There are ongoing discussion with the ICS to review and improve the Trust's financial plan for 2022-23

1. Summary of Income & Expenditure Position – Month 01

	In Month			Year to Date			
	Plan	Actual	Variance	Plan	Actual	Variance	Annual Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income							
NHS Clinical Income	25,151	25,332	181	25,151	25,332	181	303,796
High Cost Drugs - Income	798	654	(143)	798	654	(143)	9,699
ICS Funding M7-12	2,163	2,163	0	2,163	2,163	0	25,951
Non-NHS Clinical Income	1,146	1,169	23	1,146	1,169	23	13,775
Other Non-Patient Income	2,028	2,242	214	2,028	2,242	214	24,353
Elective Recovery Fund	664	664	0	664	664	0	7,967
	31,950	**32,225**	**275**	**31,950**	**32,225**	**275**	**385,541**
Pay							
Agency	0	(1,682)	(1,682)	0	(1,682)	(1,682)	0
Bank	(347)	(2,655)	(2,309)	(347)	(2,655)	(2,309)	(3,771)
Substantive	(23,207)	(20,193)	3,014	(23,207)	(20,193)	3,014	(278,073)
	(23,553)	**(24,530)**	**(977)**	**(23,553)**	**(24,530)**	**(977)**	**(281,844)**
Non Pay							
Non-Pay	(7,674)	(7,016)	658	(7,674)	(7,016)	658	(87,698)
High Cost Drugs - Exp	(811)	(783)	28	(811)	(783)	28	(9,733)
	(8,485)	**(7,799)**	**686**	**(8,485)**	**(7,799)**	**686**	**(97,431)**
EBITDA	**(89)**	**(104)**	**(16)**	**(89)**	**(104)**	**(16)**	**6,266**
Post EBITDA							
Depreciation	(1,083)	(1,083)	0	(1,083)	(1,083)	(0)	(17,242)
Interest Payable	(96)	(47)	49	(96)	(47)	49	(1,288)
Interest Receivable	1	0	(1)	1	0	(1)	12
Dividends Payable	(458)	(458)	0	(458)	(458)	0	(5,500)
P/L On Disposal Of Assets	0	0	0	0	0	0	0
	(1,636)	**(1,588)**	**48**	**(1,636)**	**(1,588)**	**48**	**(24,018)**
Reported Surplus/(deficit)	**(1,725)**	**(1,692)**	**32**	**(1,725)**	**(1,692)**	**32**	**(17,752)**

- The Trust reported a deficit of £1.7m (excluding donated asset depreciation) for April which was £0.03m better than plan.

- The planned deficit to the end of April was £1.73m excluding donated asset depreciation.

- Adverse variance on CIP delivery and other overspends for the month is offset by slippage on other planned investments

  The Trust needs to accelerate its CIP delivery as there is likely to be further push from the ICS to increase the level of CIP delivered this financial year to bring down the planned deficit.

Meeting title	**Trust Board – public meeting**	**Date: 27 May 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 19 May 2022 Charitable Funds Committee meeting which included: • Month 12 Finance Report including Fund Balances. • Committee Annual Report and Terms of Refence • Charity Report • Applications for funding **Other key issues:** Committee members reviewed and approved a number of applications for funding and discussed the performance of the investment portfolio. 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 19 May 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	19 May 2022

Summary of assurance:

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

Committee Annual Report & Terms of Reference
Committee members welcomed the report on activities undertaken in the past year by the Committee. Members reviewed the outcome of the assessment of the Committee's effectiveness for the period and received reasonable assurance that the Committee had fulfilled its role and responsibilities in accordance with its terms of refence and good governance practice.

The Committee reviewed and discussed its terms of reference agreeing that it would be amended to say that independent members would not have to be present to meet quoracy rules.

Month 12 Finance Report

- Income for 2021/22 totalled £489k which has continued to be lower than the previous year due to lower donations in response to Covid-19. The income figure included £149k of deferred income which meant that actual income for the year was £340k
- Expenditure to month 12 was £1.03m which was split between charitable activities at £788k, Equipment at £96k and on fundraising and governance costs at £145k.
- The total fund balance as of 31 March 2022 was £2.170m.
- 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 noted that Covid donations provided a significant contribution to the Charity as donations and grants amounted to £163k, 33% of income with expenditure arising from Covid of £355k representing 35% of expenditure.

The Committee discussed the performance of the Charity's investment portfolio noting that it had been adversely affected by global events in Europe and the corresponding impact on financial markets which saw any income gains eradicated in the last quarter of the financial year. The Committee discussed the treatment of dividend income agreeing that it was appropriate to review the Charity's investment strategy and consider the value of transferring the Charity's funds to another fund manager.

Funds Consolidation Rollout
Members were reminded that the consolidation of the Charity's restricted and unrestricted funds was approved by the Committee, the Trust Management Group and the Trust Board in 2021. The completion of the designated funds was also approved by the Charity Commission. The Committee received the schedule of changes to consolidate the funds and draft applications process noting the disparity in fund

	balances between Integrated Clinical Service Units. The Committee agreed the schedule of consolidations. **Charity Report** The Committee received a report outlining the following activity: • Launch of the Charity's new branding • Receipt of a major donation for a new ultrasound scanner • Establishment of long-term major gifts partnership it an IT Supplier <u>Fundraising</u> – • The Committee was updated on work carried out around the launch of the Birth Centre Appeal, as of 9 May the appeal had raised £3,557 with a possible £5-£10k from a foundation expected later in the month. An appeal would be promoted internally to garner the support of as many staff members as possible. • It was noted that the scoping and costing of the garden at Tynemouth Road Community health Centre was in progress and work was anticipated to commence by early summer. • The Committee was apprised of the receipt of several gifts for the following: ○ £6k for the refurbishment of the maternity counselling room. ○ £24.4k contribution to the cost of a state-of-the-art ultrasound scanner ○ In partnership with PCS Business Ltd it was agreed that the proceeds from the sale of recycled Trust IT hardware would be donated to the Charity. The first donation was received in April in the sum of £7,607 • The Committee had a brief discussion on budgeting and the rate of expenditure agreeing that it would be timely to review the maturity of fundraising programmes in place on which to build budgetary controls. <u>In-kind Gifts,</u> • The Committee were pleased to acknowledge the receipt of several hundred chocolate eggs which were distributed to paediatric patients, hospital and community staff. • The Charity were also able to fund free hot drinks for staff over four days
2.	**<u>Applications for Funding</u>** The Committee reviewed and approved bids received, including the following: ▪ Refurbishment of antenatal and new-born screening -£5,151 ▪ Cross organisation mentoring programme - £5,000 ▪ Community Arts at Tynemouth Road Community Health Centre – £2,800 ▪ Community event for sickle cell patients - £4,000 ▪ Pharmacy garden - £6,555 The Committee noted that 4 of the 5 bids totalling £4.1K were approved through the delegation route to the CFO and Head of Charity. There were no rejected bids since the last committee meeting.

4.	**Other key issues** The Committee agreed that specific employment agencies could be approached for the recruitment of a fund-raising manager as previous recruitment campaigns undertaken by the Trust had been unsuccessful. The Committee noted the current arrangements for project Wingman would come to an end to but would keep the extended low seating area, and benefits, at no running cost, and potentially a small capital investment for more seating, the Committee was assured that staff wellbeing remained a stop priority at the Trust.
5.	**Attendance:** Tony Rice - Non-Executive Director (Committee Chair) Julia Neuberger – Trust Chair Amanda Gibbon – Non-Executive Director Kevin Curnow - Chief Finance Officer Jonathan Gardner – Director of Strategy & Corporate Affairs **In attendance** Sam Lister - Head of Charity Allison Balsamo - Trusts & Foundations and Charity Projects Manager Clare Dollery - Medical Director Martin Linton – Assistant Director Financial Services Alex Ogilvie - Deputy Head of Financial Services Michelle Johnson - Chief Nurse & Director of Allied Health Professionals Marcia Marrast - Assistant Secretary Vivien Bucke - Business Support Manager **Apologies for Absence** Swarnjit Singh – Joint Director of Equality Diversity & Inclusion/Trust Secretary

Whittington Health Charity

Charitable Funds Committee
DRAFT Terms of Reference

Contents

1 Background

1.1 The Charitable Funds Committee (**CFC**) is established to assist Whittington Health NHS Trust (the **Trust**) in the exercise of its functions as sole corporate trustee of the Whittington Hospital NHS Trust Charitable Fund (the **Whittington Health Charity/ the Charity** - registered charity number 1056452).

1.2 References to **the Trustee** in these Terms of Reference are references to the Trust acting in its capacity as charity trustee.

1.3 The Trustee bears the overall legal responsibility for the general control and management of the Charity and delegates the performance of these functions to the CFC, within the limits set out in these Terms of Reference, the Charity's Standing Financial Instructions and any other policies or procedures which relate to the Charity.

2 Aims and Objectives of the Charitable Funds Committee (CFC)

- To support the Trustee in the strategic overview and development of the Charity, including the awarding of grants, formulating any necessary policies, procedure and strategy for the running of the Charity, for consideration and approval by the Trustee and, once approved, to implement them.
- To oversee the day to day management of the Charity and ensure the arrangements for its management remain appropriate to the efficient and effective running of the Charity.
- To oversee the development and delivery of the fundraising strategy
- To oversee the expenditure of the Charity.
- To oversee the Charity's investment plans.
- To monitor the performance of all aspects of the Charity's activities and ensure that it adheres to the principles of good governance and complies with all relevant legal requirements.
- To assist the Trustee generally in meeting its responsibilities as Trustee of the Charity.

3 Membership

3.1 The CFC shall comprise not fewer than six members appointed by the Trustee as follows:

- two non-executive Directors of the Trust, with one preferably having charity fundraising experience – one of whom shall be chair, and the other vice-chair of the CFC;
- two executive Directors of the Trust: typically the Chief Financial Officer (the Trust executive assigned responsibility for charitable funds by the Trustee) and Director of Strategy; and
- two operational Directors: typically the Chief Nurse and the Medical Director.

3.2 In addition, the CFC shall elect (by majority vote) two external, independent members with appropriate skills and expertise. The independent appointees shall be entitled to attend, speak and vote in the same way as other CFC members and shall be appointed for two-year terms, after which they shall be eligible for reappointment with no limit on the number of terms they may serve.

3.3 The Chief Executive and Chair of the Trust shall be permanent non-voting attendees at CFC meetings.

3.4 Subject to paragraph 4.2 below, when a member is unable to attend a meeting they may appoint a deputy to attend on their behalf, who will be in attendance but have no voting rights.

3.5 The Head of Charity, Charity Finance Officer and such other officers of the Charity and/or Trust as the CFC may require shall be in attendance at meetings save where the CFC requires them to leave the meeting in respect of particular agenda items.

3.6 The Chair of the CFC may also invite external advisors or staff with relevant skills, expertise or experience to attend for appropriate items, especially if items require detailed knowledge in areas such as fundraising, investments or matters of law.

3.7 The CFC is accountable to the Trustee.

3.8 The CFC will produce a report for the Trustee following each CFC meeting.

4 CFC Meetings

4.1 The CFC shall meet at least four times a year.

4.2 It is expected that all members will attend every meeting, having read the papers beforehand. Members must attend at least half of all meetings and may send a deputy on no more than two occasions during the year.

4.3 Poor attendance will be followed up by the CFC chair and may result in them being replaced.

4.4 The quorum for the meeting shall be four members of the CFC, which must include one non-executive Director, one executive Director, one operational Director and one independent member. In considering whether the meeting is quorate, only those individuals who are members may be counted; deputies and attendees cannot be considered as contributing to the quorum.

5 CFC Sub-Committees

5.1 The CFC may establish one or more sub-committees for specific purposes. For example, an Investment sub-committee, Fundraising sub-committee or Campaign sub-committee.

6 Administration

6.1 It is the duty of the CFC Chair to ensure that:

- the administration of the CFC is managed efficiently and effectively;
- the CFC undertakes the duties assigned to it;

- reports to the CFC and actions arising from meetings are completed in a timely manner;
- the Chair, operational leads and CFC administrator meet as required to set agendas and follow-up action points; and
- meeting papers are circulated at least five days in advance of the meeting by the administrator and minutes circulated within 15 days of the meeting.

6.2 The CFC administrator's duties include:

- agreement of the agenda with the CFC chair and Head of Charity;
- collation of all meeting papers;
- the taking of minutes and keeping a record of action points and issues to be carried forward;
- forward planning of agenda items;
- ensuring records of CFC business, terms of reference etc are stored appropriately and are retained in line with the Charity's record retention requirements;
- reminding contributors of report deadlines;
- distributing papers at least five days in advance of meetings;
- keeping mailing lists up to date;
- recording attendance and drawing the Chair's attention when this needs follow up action; and
- maintaining a risk register

7 Duties

The duties and responsibilities of the CFC are:

7.1 *Governance, Risk Management and Internal Audit*

- To review the establishment and maintenance of an effective system of governance, risk management and internal control across the Charity's activities.
- To act solely in the best interests of the Charity and in a manner consistent with the Charity Commission's requirements and expectations of charity trustees, including identifying and managing any conflicts of interests which may arise.
- To oversee the Charity's strategy, governance, major plans and key risks on behalf of the Trustee.
- To provide regular reports to the Trustee to provide assurance that the Charity is properly governed and well managed.

7.2 *Assurance*

- To ensure the effective management of the Charity in accordance with the terms of its declaration of trust, relevant legislation and Charity Commission guidance and regulation.

- To ensure systems and processes are in place to receive, account for, deploy and invest charitable funds in accordance with charity law, to include the effective implementation of procedures and policies to ensure fund holders and staff appropriately receive and access funds.
- To establish, prioritise and approve major fundraising projects over (£50,000), and approve grants and expenditure items over (£5,000) in accordance with the Charity's standing financial instructions. Any major fundraising projects over £100,000, or grants or expenditure items in excess of £100,000 shall be recommended to the Trustee for approval.
- To monitor grants and other expenditure approved by the Head of Charity and Charity Finance Manager (£5,000 or below) – in accordance with the Charity's standing instructions - to ensure that charitable funds are being utilised in accordance with the purposes of the Charity.
- To oversee the preparation of the Trustee's Annual Report and Accounts in accordance with the Charities Statement of Recommended Practice (SORP), for approval by the Trustee, and ensure Charity Commission filings are submitted in a timely manner.

7.3 *Fundraising*

- To ensure a fundraising strategy is prepared and monitored which complies with Charity Commission guidance and relevant codes of practice.
- To ensure systems, processes and communication are in place around fundraising, staff engagement and funding commitments.
- To encourage a culture of fundraising and raise the profile of the Charity within the Trust, local community, and with external partner organisations.
- To monitor the performance of fundraising activity and ensure systems are in place to receive, account for, deploy and invest funds in accordance with charity law.

7.4.1 Investments

- To devise and implement (through a sub-committee where appropriate) an investment strategy for the Charity.
- To appoint and review external investment advisors with discretionary authority to invest the assets of the Charity.
- To keep the performance of the Charity's investment managers under review to ensure the optimum return from surplus funds.

8 Authority

8.1 The CFC has delegated authority from the Trustee and is authorised to pursue any activity within these Terms of Reference. The CFC may seek and secure the information it requires from any employee of the Charity and/or Trust and all employees are directed to co-operate with any request made by the committee.

8.2 The CFC is authorised to obtain appropriate external legal and other professional advice in order to fulfil its responsibility to the Trustee.

9 Monitoring Compliance and Effectiveness

9.1 In order to support the continual improvement of governance standards, the CFC is required annually to:

- complete a self-assessment of the effectiveness of the CFC;
- review the terms of reference for the CFC, reaffirming the purpose and objectives, and recommending any changes to the Trustee;
- prepare an annual work plan, where appropriate;
- maintain an up-to-date Risk Register; and
- present a written report to the Trustee.

End

Last approved: [xxx] 2021

Meeting title	**Trust Board – public meeting**	**Date: 27 May 2022**
Report title	**Audit & Risk Committee Chair's Assurance report**	**Agenda item: 15**
Committee Chair	Rob Vincent, Non-Executive Director	
Executive director lead	Kevin Curnow, Chief Finance Officer	
Report authors	Swarnjit Singh, Joint Director of Inclusion and Trust Secretary	
Executive summary	This report details areas of assurance from the items considered at the Audit and Risk Committee meeting held on 31 March 2022. **Areas of significant assurance:** • Internal audit progress report • Internal audit reviews – Financial Systems and Processes; Projects, Programmes and Change – Integrated Clinical Service Unit deep dive; and Governance of recovery/backlog • Board Assurance Framework • Annual review of standing orders and standing financial instructions • Implementation of the new international financial reporting standard – IFRS 16 (lease accounting) • Counter Fraud progress report, 2022/23 workplan and assessment against NHS Counter Fraud Authority functional standards • External audit progress report **Areas of moderate assurance:** • Corporate risk register In addition, the Committee also noted the following reports: • Quality Assurance Committee Chair's assurance report for the meeting held on 9 March 2022 • Tender waiver and breaches report • Special payments, losses and write offs	
Purpose	Approval	
Recommendations	Board members are invited to note the Chair's assurance report for the meeting held on 31 March 2022.	
Board Assurance Framework	All entries	
Report history	Public Board meetings following each Committee meeting	
Appendices	None	

Committee Chair's Assurance report

Committee name	Audit and Risk Committee
Date of meetings	31 March 2022

Summary of assurance:

1. The Committee can report significant assurance to the Trust Board in the following areas:

Internal audit progress report

The Committee took good assurance from the progress achieved in delivering the 2021/22 internal audit plan. It noted that the fieldwork had been completed for outstanding reviews on the Data Security and Protection Toolkit, cyber security, public engagement, consultant job plans and clinical effectiveness. Assurance was received from Grant Thornton LLP that these reviews would be completed in time for the annual Head of Internal Audit Opinion to be made available in May 2022.

Internal audit reviews

Committee members took significant assurance from the three successful outcomes of internal auditors' reviews, which were all assessed as *Significant level of assurance with some improvement required*, as follows:

Financial Systems and Processes – this review assessed the robustness of the design and effectiveness of operational controls in place to mitigate the primary risks within the core financial systems within the Trust and to raise practical recommendations to mitigate any control deficiencies identified. A number of areas of good practice were identified. For example, the processes and controls around accounts payable and receivables, the management of changes to supplier details and the establishment of new suppliers, bank reconciliation, payroll starters and leavers, and arrangements for processing overtime and on-call payments. One area highlighted for improvement was greater clarity on fixed asset register/general ledger reconciliation statements to help distinguish between the preparer and the reviewer. This recommendation has been implemented by the Finance team.

Projects, programmes and change – ICSU deep dive – the review focussed on the Emergency and Integrated Medicine, Surgery and Cancer and Adult Community Services ICSUs and sought evidence that the ICSUs were appropriately governed and controlled with assurance on shared learning between the three ICSUs. The review highlighted good practice examples being applied. These included the Trust's 2021/22 Accountability Agreement for ICSUs and corporate departments, risk management and escalation processes operating adequately, and the monthly performance reports and quarterly performance reviews. Areas identified for development in the review covered the need for relevant terms of reference to be in place for some of the ICSUs' sub-management groups and for the demonstration of learning and good practice between ICSUs and from other providers in North Central London.

Governance of recovery/backlog – this review looked at the Trust's arrangements and governance around the prioritisation and decision making for

the recovery of the clinical backlog. Examples of good practice identified the inclusion of clinical operations and performance groups from the North Central London sector, regular weekly meetings provided oversight and challenge, planning arrangements also included stakeholders from across the North Central London sector, and that elective activity was appropriately prioritised in accordance with the NHS priority categories P1 to P6. The one area where improvement was recommended in this review was the need to clearly demonstrate and to document lessons learnt both internally and from across the wider system.

Committee members noted the outcome of these successful reviews and that the minor recommendations for implementation following each review would be included on the standing committee item - the recommendations' tracker to help monitor progress.

Board Assurance Framework

The Committee discussed and approved the updated quarter four 2021/22 Board Assurance Framework detailing risks to the delivery of the Trust's strategic objectives. Committee members agreed the scores for respective Board Assurance Framework entries and noted that the April Board seminar would discuss an updated Board Assurance Framework for 2022/23.

Annual review of standing orders and standing financial instructions and Implementation of the new international financial reporting standard – IFRS 16 (lease accounting)

The Committee considered and approved an updated set of standing orders and standing financial instructions following their annual review. The review included benchmarking against model NHS documents and other providers. There were no proposed changes to the scheme of reservation and delegation of powers. The proposed amendments covered legislative references, especially those superseded by new Acts of Parliament and the updating, where necessary, to reflect organisations' amended titles. In addition, there was the inclusion of new requirements from 1 April 2022 in relation to leased assets.

Counter Fraud progress report, 2022/23 workplan and assessment against NHS Counter Fraud Authority functional standards

Committee members took good assurance from the Counter fraud progress report. They noted that there had been 19 days of counter-fraud activity undertaken in the period. In addition, there was a new risk related to vaccine fraud but this had been assessed as low for the Trust. The Committee approved the 2022/23 workplan and agreed that anti-bribery and anti-fraud training for Board members be included.

The Committee also discussed the draft assessment against a new template published by the NHS Counter Fraud Authority for NHS trusts to complete by 31 May. The draft assessment gave an overall green rating for compliance against the functional standards, with four areas assessed as an amber rating. Committee members agreed to provide feedback to the Local Counter Fraud Specialist prior to the submission of the assessment against the NHS Counter Fraud Authority's standards.

	External audit progress report KPMG LLP reported that they had completed the interim audit for the 2021/22 financial statement audit with no adverse findings and thanked the Finance team for their professionalism and help. Daily communication with them had worked well and this would continue until year end.
2.	**The Committee is reporting moderate assurance to the Board on the following matters:** **Corporate risk register** The Committee reviewed the risk register entries scored at 16 or higher and took moderate assurance that effective mitigations were in place. Committee members noted the new risk entry relating to the increased number of beds on Victoria ward and that an improvement plan was in place with additional medical and nursing leadership capacity to support the ward. They also noted the increase in risk scores for entries covering the inability to meet cost improvement plan targets, compliance with fit testing for masks, social distancing in patient bays on the Coyle ward and nursing staff shortages.
3.	**Attendance:** **Present:** Rob Vincent, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director Glenys Thornton, Non-Executive Director **Apologies:** Clare Dollery, Medical Director Gillian Lewis, Associate Director, Quality Governance James Shortall, Local Counter Fraud Specialist, BDO **In attendance:** Raphael Atoyebi, Assistant Manager, Grant Thornton LLP Claire Baker, Counter Fraud Specialist, BDO Vivien Bucke, Business Support Manager Andy Conlan, Grant Thornton LLP Kevin Curnow, Chief Finance Officer Martin Linton Assistant Director of Financial Services Jerry Francine, Operational Director of Finance Jonathan Gardner, Director of Strategy and Corporate Affairs Ciaran McLaughlin, Director, Public Assurance, Grant Thornton LLP Phil Montgomery, Procurement Business Partner Fleur Nieboer, Director, KPMG LLP Swarnjit Singh, Trust Secretary Craig Waterman, Manager, KMPG LLP Marcia Marrast-Lewis, Assistant Trust Secretary Lynda Rowlinson, Head of Patient Experience