NHS
Whittington Health
NHS Trust

Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board held in public on **Thursday, 26 January 2023** from **9.30am to 11.00am** in rooms A1&2 on the ground floor of the Whittington Education Centre, Highgate Hill, London N19 5NF & via video conferencing arrangements

Item	Time	Title	Presenter	Action
		Standing agenda items		
1.	*930*	Patient experience story	Chief Nurse	Discuss
2.	*952*	Welcome, apologies, declarations of interest	Trust Chair	Note
3.	*955*	25 November 2022 public Board meeting minutes, action log, matters arising	Trust Chair	Approve
4.	*1000*	Chair's report	Trust Chair	Note
5.	*1005*	Chief Executive's report	Chief Executive	Note
		Quality		
6.	*1015*	Quality Assurance Committee report	Committee Chair	Note verbal report
7.	*1020*	Maternity Incentive Scheme submission	Chief Nurse	Approve
		Performance		
8.	*1025*	Integrated performance report	Director of Strategy and Corporate Affairs	Discuss
9.	*1035*	Finance, capital expenditure and cost improvement report	Chief Finance Officer	Discuss
		Governance		
10.	*1040*	Audit and Risk Committee report	Committee Chair	Note
11.	*1045*	Charitable Funds' Committee report	Committee Chair	Note
12.	*1050*	Health partnership with University College London Hospitals NHS Foundation Trust	Director of Strategy and Corporate Affairs	Approve
13.	*1055*	Questions to the Board on agenda items	Trust Chair	Note
14.	*1100*	Any other urgent business	Trust Chair	Note

Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 25 November 2022

Present:	
Baroness Julia Neuberger	Non-Executive Director and Trust Chair
Dr Junaid Bajwa	Non-Executive Director
Helen Brown	Chief Executive
Kevin Curnow	Chief Finance Officer
Dr Clare Dollery	Medical Director
Professor Naomi Fulop	Non-Executive Director
Amanda Gibbon	Non-Executive Director
Chinyama Okunuga	Chief Operating Officer
Tony Rice	Non-Executive Director
Baroness Glenys Thornton	Non-Executive Director
Rob Vincent CBE	Non-Executive Director
In attendance:	
Sarah Batehup	Senior Physiotherapist (for item 8)
Deborah Clatworthy	Deputy Chief Nurse
Ruben Ferreira	Freedom to Speak Up Guardian (item 6)
Norma French	Director of Workforce
Jonathan Gardner	Director of Strategy & Corporate Affairs
Tina Jegede MBE	Joint Director of Inclusion and Nurse Lead, Islington Care Homes
Marcia Marrast-Lewis	Assistant Trust Secretary
Juliette Marshall	Director of Communication and Engagement
Swarnjit Singh	Joint Director of Inclusion and Trust Secretary

No.	Item
1.	**Welcome, apologies and declarations of interest**
1.1	The Chair extended a warm welcome to everyone.
1.2	Apologies for absence were received from Sarah Humphrey, Medical Director for Integrated Care and Sarah Wilding, Chief Nurse & Director of Allied Health Professionals.
2.	**Minutes of the previous meeting**
2.1	The minutes of the meeting held on 30 September 2022 were approved as an accurate record. The updated action log was noted. There were no matters arising.
3.	**Chair's report**
3.1	The Chair presented her report. On behalf of the Board, she acknowledged the incredible pressures staff faced from the pandemic and

	from other factors, such as cost of living pressures. The Chair thanked staff for their dedication and hard work in the face of relentless high demand for services, as well as preparing for the tough winter season.
3.2	The Chair was pleased to report that Naomi Fulop had been re-appointed as a Non-Executive Director for a second term which would run for two years until October 2024. **The Trust Board noted the Chair's report and agreed that, on behalf of the Board, thanks would be sent to all staff who continued to work in a tough and pressured environment.**
4.	**Chief Executive's report**
4.1	Helen Brown summarised her report and highlighted the significant operational pressures severely impacting the urgent and emergency care pathway. She reported that a clinical summit was held on 16 November with 370 staff involved in the planning arrangements for winter. The other key issues discussed at the summit included a review of clinical risks in the ambulance service and emergency department and how risk might be distributed more evenly across the hospital and system, the winter bed plan and clinical model, and initiatives such as the virtual ward, criteria-led discharges and the importance of the COVID-19 and flu vaccination programmes.
4.2	Helen Brown informed Board members of her visit to the excellent virtual ward service provided by North Middlesex University Hospital. The virtual ward would increase capacity in the North Central London sector and keep patients out of hospital where appropriate, over the winter period.
4.3	Helen Brown highlighted reported that Whittington Health would not be impacted by the outcome of the RCN ballot and the outcome of other trade union ballots was awaited. In the meantime, preparations would continue to mitigate the impact of any industrial action on operational activities at the Trust.
4.4	Norma French reported that the mandate for strike action at the Trust was lost by one vote. She stressed that it was important for Board members to recognise the strength of feeling amongst the nursing staff. She advised that the Unison ballot closed later today, and the outcome was awaited. Norma French also explained that Whittington Health was working to provide support to NCL system partners impacted by the RCN's industrial action.
4.5	Helen Brown provided assurance that staff wellbeing continued to be a priority for the executive team, with work led by the Director of Workforce.
4.6	Helen Brown congratulated that Child and Adolescent Mental Health Service Tier Four Provider Collaborative who were awarded Provider Collaborative of the year at the Health Service Journal awards and the Trauma and Orthopaedic team who were recognised for their work with

	trainee junior doctors. **The Trust Board noted the Chief Executive's report**.
5.	**Quality Assurance Committee Chair's report**
5.1	Naomi Fulop presented the report. She confirmed that the Committee was able to take significant or reasonable assurance on the majority of items covered at the meeting. She highlighted the presentation from Dr Max Wills regarding a quality improvement project for the Intensive Treatment Unit. Naomi Fulop drew attention the top three risks agreed by the Committee: continuing workforce pressures due to capacity and workloads, increased patient acuity and challenges in discharging patients, and adequately staffing flex beds opened in response to increased patient demand.
5.2	Board members were asked to note the Chair's assurance report, in particular the prevention of future deaths notice and the Never Event declared for a wrong side block, to support the recommendation to increase the total score for the Board Assurance Framework entry, Quality 1 from 12 to 16, and to endorse the approach to staffing as set out in the refreshed Birthrate Plus calculations.
5.3	Clare Dollery added that this was the first time the report was submitted in this format and observed that it now contained lots of information. She confirmed that the Birthrate Plus figures had been re-calculated after discussion by the Quality Assurance Committee and sought approval from the Trust Board to fund the relevant number of posts identified by the revised Birthrate Plus calculations. **The Trust Board:** • **noted the Chair's assurance report for the meeting held on 9 November 2022, in particular the Prevention of Future Deaths' notice following a Coroner's inquest and the Never Event declared on 27 October 2022 for a wrong side block;** • **approved the recommendation to increase in the total score for the Board Assurance Framework entry, Quality 1, from 12 to 16; and** • **approved the approach to staffing as set out in the refreshed Birthright Plus calculations.**
6.	**Freedom to Speak Up Guardian report**
6.1	Ruben Ferreira talked through a brief overview of the work undertaken by the Freedom to Speak Up Guardian (FTSUG) from April 2022 to September 2022, which included updates on the National Guardian Quarter 1 and 2 (2022) data and on the Speak-Up Advocate's role.
6.2	In terms of activity for the period, Ruben Ferreira advised that the number of concerns reported had risen to pre-pandemic levels and that he continued to work with staff in areas where there were low numbers, or no concerns received. Reuben Ferreira reported that concerns were received

	from a diverse group of staff and covered variety of issues. He advised Board members that training programmes were in place to support senior and frontline managers and Ruben confirmed that, other areas of focus included work to increase the number of Freedom to Speak Up Advocates, particularly in areas which were under-reporting and work with temporary staff who would need to be empowered to raise concerns if needed. Ruben Ferreira thanked Board members, particularly Helen Brown, for their support and commitment to the role of the Guardian.
6.3	Amanda Gibbon asked whether additional support was required to enable the Freedom to Speak Up Guardian and Advocates to carry out their roles. Ruben Ferreira gave assurance that his team was well supported, including by a team of therapists in the community, and that there was no requirement for additional support. He also ensured that regular meetings were in place with the Chief Nurse to ensure that she was kept well informed on issues.
6.4	Clare Dollery highlighted training which would be arranged for Board members on the Liberty Protection Standards and the new patient safety framework. **The Trust Board noted the report and** • **confirmed its support for the recruitment of Speak Up Advocates with protected time to support their colleagues; and** • **noted the implementation of Freedom to Speak Up training for staff that was taking place.**
7.	**Annual Medical Appraisal and Revalidation report**
7.1	Clare Dollery summarised the annual medical appraisal report, which reviewed completed appraisals and the revalidation recommendations submitted. She confirmed that improvements had been made in terms of the quality of appraisals, and that an appraisals network and revalidation advisory group had been established. **The Trust Board noted the report and the actions taking place which were previously approved by the Trust's Management Group.**
8.	**Patient Experience Story**
8.1	Deborah Clatworthy introduced Mr A, a patient and regular service user of the Multi-agency Care Coordination Team (MACCT). He attended the meeting to talk through his experiences at the Whittington and the support received from MACCT to manage his complex health issues and maintain his independence.
8.2	Mr A explained that, overall, his experience with the Whittington was very good, and that the standard of care received was very high. However, he felt that the worst aspect of being an inpatient was the food on offer at mealtimes. He also cited the long waiting times in the emergency department. Mr A spoke very highly of the MACCT staff who supported him after a fall which temporarily impeded his mobility and access to his

	second floor flat. With support and encouragement, he was able to regain his strength and mobility, so that he could walk up and down two flights of steps with relative ease.
8.3	Sarah Batehup commended Mr A for his strength and determination, and said that it was his positive mental attitude which had helped him regain his independence. He was diligent in application and worked well with the MACCT. She agreed that one of the most frustrating experiences with Mr A was the long period of time spent in the emergency department awaiting treatment. Sarah Batehup confirmed that Mr A would be moving to a ground floor flat, and the MACCT would be on hand to fit handrails and other items to ensure Mr A's continued ease of access. Rob Vincent welcomed the contact made by the MACCT with local housing services to help secure a ground floor flat for Mr A.
8.4	Tony Rice observed that, before the pandemic, the executive team would sample the food provided to inpatients and suggested that improvements could be made with the variety and quality food available. Helen Brown reported that work was taking place across the North Central London system and by Royal Free Property Services to improve the food offer for patients, staff and visitors. The Chair fed back that the kosher food provided was very good but that the other food available was not of the same standard.
8.5	In order to mitigate the risk of patients being overlooked while they were isolated in cubicles in the emergency department, Chinyama Okunuga gave assurance that two hourly huddles had been re-introduced, to ensure there was adequate oversight of all patients. Helen Brown advised that there was a focus on actions to improve patient flow, create capacity and the quicker discharge of patients, where possible. **The Trust Board thanked Mr A and Sarah Bateup for attending the meeting. The Board agreed the following actions:** • **Executive directors would review, and taste the food provided to inpatients; and** • **Buzzers would be placed in emergency department cubicles which did not currently have them.**
9.	**Integrated Performance Report**
9.1	Jonathan Gardner summarised the report and highlighted the following: • Two further incidents of clostridium difficile, which totalled 11 for the year-to-date, against a trajectory of 14, and two incidents of methicillin-susceptible staphylococcus aureus • The emergency and urgent care pathway had faced considerable pressures. There were 289 12-hour trolley breaches as a result of challenges in the allocation of beds due to capacity, discharges later in the day, and the high number of medically optimised patients. • Focused work was in place to address the breaches, including long stay reviews, internal and external escalation, and earlier and regular reviews of patients in the emergency department. Other actions being

	taken included the creation of a discharge lounge and the implementation of a virtual ward and rapid response, and the relaunch of criteria-led discharges • The 28-day faster diagnosis cancer standard had improved by 2.4% from the August position. This was a result of improved capacity and improved job planning • A decrease in performance against the 62-day cancer standard to 34% • Performance against the national referral to treatment standard had worsened by circa 100 patients. Most were in the Surgery & Cancer Integrated Clinical Support Unit (ICSU) and a plan was in place to reduce the backlog to agreed targets by the end of March 2023 • The Trust had exceeded the elective recovery target of 115% of 2019/20 activity • Theatre utilisation had dropped slightly, due to cancellation of some cases • Outpatient numbers were a slightly lower than expected, with high *did not attend* rates.
9.2	In discussion, the following points arose: • Amanda Gibbon had observed longer than average waiting times for speech and language appointments in Barnet. In reply, Chinyama Okunuga explained that the team was working hard to reduce the waiting list and she had met with the leadership team in the Children & Young People's Services ICSU to review actions being taken. She expected an improvement to be seen in December's data • In reply to a query from Glenys Thornton, Jonathan Gardner highlighted improvements in the last three months in occupational therapy and school nursing services • The Chair noted the concerns around the waiting times for speech and language and community paediatrics and requested that an update be provided at the next Board meeting in public • Rob Vincent queried whether more could be done to increase capacity in the waiting areas in the emergency department. Helen Brown confirmed that the Estates & Facilities team was looking at the opportunities to do this and had provided assurance that more checks would be made to ensure that housekeeping was given more attention • Tony Rice highlighted muscular skeletal services as a service showing significant progress on patient backlogs and asked whether additional actions and resources had been implemented to help. In reply, Chinyama Okunuga advised that a combination of good referral management and additional funding had made a positive impact on waiting times • Junaid Bajwa suggested that a root cause analysis be carried out on performance against the cancer 62-day referral to treatment target, particularly in breast and colorectal services, to provide a greater understanding of the reasons for the long waiting times and to help identify any further improvements in clinical pathways. Clare Dollery explained that there were workstreams being taken forward by the

	Cancer Alliance which were addressing specific areas to reduce waiting lists in pathways. In addition, Clare Dollery reported that she co-chaired the breast cancer workstream • Naomi Fulop sought more assurance on the achievement of theatre utilisation targets and on establishing some key priorities that would help address performance issues. Chinyama Okunuga agreed that there was more work to do to continue to improve theatre utilisation • Naomi Fulop commented on the challenging situation shown by the performance report and sought assurance on priorities for the next 3, 6, 9 and 12 months to focus on **The Trust Board noted the report and took assurance the Trust was managing performance compliance and implementing remedial actions where necessary.** **The Trust Board also agreed that:** • **An update be provided to the January 2023 meeting on the improvement actions being taken in Children and Young People's Services to address longs waits in speech and language services, community paediatric services and child and adolescent mental health services** • **Feedback be provided at the January Board meeting on the priority areas of focus**
10.	**Finance and capital expenditure report**
10.1	Kevin Curnow summarised the outcome at the end of October and drew attention to a deficit of £5m, which was approximately £2m worse than plan. He explained that the deficit was driven by the non-delivery of cost improvement savings, the cost of unfunded escalation beds, emergency department pressures, increased patient acuity, and increased agency staffing expenditure.
10.2	Kevin Curnow clarified that plans in place to mitigate included the engagement of Kingsgate to support the delivery of cost improvement programmes, the work taking place following the successful internal clinical summit and targets for the reduction of agency staffing expenditure. In relation to the Intensive Treatment Unit (ITU), the Trust would continue to ensure that capacity did not exceed 10 beds. He explained that additional funding for the ITU from the NCL system would also be explored.
10.3	Kevin Curnow forecast that the Trust would achieve a break-even position by the end of this financial year, on a non-recurrent basis. In terms of the capital plan, Kevin Curnow advised that the Trust was behind target with £6m spent to date out of a £30m capital allocation. It was estimated that the Trust would spend between £15m to £18m of its allocation this year. The North Central London system had been notified of the underspend and it was expected that some of the underspend would be re-allocated to other system partners.

10.4	Kevin Curnow reported that cash balances were still healthy at £77m. In terms of actions being taken forward, he outlined the following: • Work was in progress with ICSUs to set control totals which would allow greater visibility and confidence in the projected year end position • The underlying deficit position would be discussed by the Finance and Business Development Committee and Trust Board in the New Year • Discussions would continue with North Central London partners on the capital pipeline, especially the Trust's ambitious plans for maternity and neonatal services, and on the electronic patient record. The first draft had been submitted to the North Central London system and would also be discussed by the Capital Monitoring and Trust Management Groups
10.5	Helen Brown advised that a discussion on the capital plan had taken place at the last Finance & Business Development Committee, where it was noted that the opportunity to receive additional capital departmental expenditure limit in the following year was unlikely. She suggested that the capital equipment programme was brought forward to ensure that as much equipment was purchased in the current financial year.
10.6	Kevin Curnow also highlighted the challenges associated with amending the Trust's forecast outturn, and reported that any spend above the £50k limit would need to be approved by the North Central London and regional NHS England teams. At this stage, he confirmed that there were no plans to change the Trust's forecast outturn.
10.7	Rob Vincent observed the substantial degree of uncertainty around the position in the next financial year, including the macro budget and the eventual pay settlement for nurses. Kevin Curnow conceded that there was a degree of uncertainty around specific components of the forecast outturn, which would need close monitoring and collaborative working with system partners. **The Trust Board noted the Finance report and agreed that, in quarter four, a report be presented to the Finance and Business Development Committee and the Trust Board on the underlying financial deficit.**
11.	**Board Assurance Framework & delivery of corporate objectives**
11.1	Jonathan Gardner presented the report on progress in quarter two against corporate objectives for the year and the quarter three Board Assurance Framework update. He highlighted the following areas of progress against the corporate objectives: • The Wood Green hub business case would be submitted to the Private Board for approval • Planning permission had been granted for the maternity and neonatal designs and the business case had been discussed at the Finance and Business Development Committee before submission to the Trust Board in private

	• Activity in the Community Diagnostic Centre activity was ramping up and phase two had been approved • The business case for the new electronic patient record would be submitted to the Trust Board in December • Continued progress had been made with the partnership with UCLH on various pathways
11.2	In terms of the Board Assurance Framework, Jonathan Gardner noted that it had been reviewed by executive leads and committees. The main change related to the increase in score from 12 to 16 for the Quality 1 entry, which was approved by the Quality Assurance Committee at their meeting on 9 November 2023.
11.3	Naomi Fulop apprised the Trust Board of discussions that took place at the meeting in relation to improving the patient experience strategy, which would be considered again at the next meeting.
11.4	Glenys Thornton asked about the promotion of the Wood Green Diagnostic Centre and its footfall. In response, Jonathan Gardner stated that activity was increasing and that the Trust would achieve its planned trajectory for ultrasound and ophthalmology tests. He advised that x-ray and phlebotomy activity had increased slowly. In terms of engagement, all GPs had been contacted, with a view of driving activity, and posters had been erected throughout the shopping mall. He reported a positive relationship with Haringey local authority, and a good discussion with the Overview and Scrutiny Committee. **The Trust Board noted the outcomes against performance indicators for the delivery of Whittington Health's corporate objectives in quarter two 2022/23 and approved the quarter three Board Assurance Framework entries for risks to the delivery of Whittington Health's strategic objectives.**
12.	**Workforce Assurance Committee Chair's report**
12.1	Rob Vincent presented the report and confirmed that the Committee took good assurance from: • preparations for industrial action • The improvement in the time to hire target to 69 days against a target of 63 days by the shared recruitment service • A very positive presentation on the overseas nurse recruitment campaign, and the support provided to new starters • An update on the Workforce Race Equality Standard indicator 3, which looked at formal disciplinary processes • A presentation celebrating the "See Me First" initiative
12.2	Norma French added that a successful Health Care Support Worker showcase open day was held a fortnight ago, where 93 people attended and 46 job offers were made. Similar arrangements would be taken forward for the recruitment of allied health professionals and band 5

	nurses.
12.3	Clare Dollery reported that a first event for international medical graduates was held to look at ways in which these graduates could be supported. The event yielded a good response from consultants who had volunteered to be mentors. **The Trust Board noted the Workforce Committee Chair's assurance report for the meeting held on 26 October.**
13.	**Questions from the public**
13.1	The Chair confirmed that no questions had been received.
14.	**Any other business**
14.1	There was no other business to discuss.

Trust Board, 25 November 2022 public Board action log

Agenda item	Action	Lead(s)	Progress
Chair's report	On behalf of the Board send a thank you to all staff who continue to work in a tough and pressured environment	Chief Executive	Completed
Patient story	Review and taste the food served to inpatients	Executive directors	As part of work to review the food on offer to inpatients and to staff and visitors, executive directors will be tasting the inpatient food provided in February and March
	Implement buzzers in ED cubicles which do not currently have them	Chief Operating Officer	Completed – all cubicles now have call in place
Integrated performance report	Provide an update to the private December 2022 and public January 2023 meetings regarding some CYP services – speech and language therapy, CAMHs, community paediatric services	Chief Operating Officer	Completed – on agenda
Finance report	In quarter four, present to the Finance and Business Development Committee and the Private Trust Board, the position on the underlying deficit	Deputy Chief Executive and Finance Officer	On track for quarter four

Meeting title	**Trust Board – public meeting**	**Date: 26 January 2023**
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 Inclusion and Trust Secretary, and Julia Neuberger	
Executive summary	This report provides a summary of activity since the last Board meeting held in public.	
Purpose	Noting	
Recommendation	Board members are asked to note the report.	
Board Assurance Framework	All entries	
Report history	Report to each Board meeting held in public	
Appendices	None	

Chair's report

This report updates Board members on recent activities.

Happy New Year

I hope that all our patients and local communities had an enjoyable and peaceful Christmas and New Year and would like to thank our staff who worked over the holiday period. On Boxing Day, I visited the inpatient wards with Chinyama Okunuga, Chief Operating Officer, Tina Jegede, Director of Inclusion, and Varda Lassman, Islington Borough Nurse Lead. I am very grateful to our staff for all they have done, as they have faced an incredible demand for emergency and other Trust services for several months and continued to provide safe care and delivered both Covid-19 and winter influenza vaccinations to local people and Trust staff.

November and December 2022 private Board meetings and seminar

The Board of Whittington Health held private meetings on 26 November and 16 December. Key items discussed were business cases for the maternity and neonatal development programme, the Wood Green Integrated Hub and for the electronic patient record programme. In addition, Board members received updates on fire remediation work and the private finance initiative building, pathology services, and progress with the North Central London system's Start Well programme. The Board also discussed the Chair's assurance report for the Finance and Business Development Committee meeting held on 17 November and plans to expand collaborative work on patient pathways with University College London Hospitals NHS Foundation Trust.

Board members also held a seminar on 16 December where they received a presentation from Hugh Montgomery OBE, Professor of Intensive Care Medicine, and Kathryn Simpson, Research Portfolio Manager, on research and development activity. Board members welcomed the discussion generated by the presentation and were particularly interested to learn how the research agenda could contribute towards improving local population health outcomes.

Visit to emergency department

Along with Rob Vincent, non-executive director, following the Board meeting in November, I made a visit to our emergency department to see first-hand the record-breaking attendances and the pressures being faced by staff.

Consultant recruitment panels

I am very grateful to non-executive director colleagues for taking part in the following recruitment and selection panels for consultant posts:

Post title	Non-Executive Director	Selection panel date
Neonatologist Consultant	Naomi Fulop	29 November 2022
Consultant Paediatrician	Junaid Bajwa	6 December 2022
Consultants in Obstetrics & Gynaecology Vulval Disease	Julia Neuberger	19 December 2022
Consultant Urogynaecology and Lower Urinary Tract Services	Glenys Thornton	4 January 2023
Consultant in Menopause, Urogynaecology, and Community Gynaecology	Glenys Thornton	4 January 2023
Orthopaedic Consultant with specialist interests in Trauma and day case surgery	Glenys Thornton	12 January 2023

Corporate induction
On 12 December 2022, I took part in corporate induction for new staff joining Whittington Health.

Chanukah celebrations
On 20 December, I joined in the first celebration of the Jewish festival of lights at the Trust. Staff welcomed representatives from the Crouch End Chabad who provided the Menorah of love, lit Chanukah candles, sang traditional songs and visited wards. It was enormous fun and much appreciated by those who attended.

University College London Health Alliance and North Central London Integrated Care Board
I have been attending regular meetings of the North Central London Integrated Care Board and frequent meetings with colleagues in the University College London Health Alliance.

Charity
On 21 December, as part of work to create strategies for public fundraising and for major private donations, I met with the More Partnership. During December, I also promoted the appeal by the Charity for donations to help to transform the courtyard area adjacent to Cavell and Cloudsley wards into a safe, accessible and stimulating space for patients. After the necessary structural works to make it safe, the space will eventually be turned into a tranquil garden with plants, music, covered seating, soft flooring, games and exercise equipment. To find out more and to donate towards the appeal, please go to: https://www.whittingtonhealthcharity.org/courtyard-garden-project

London Regional Roadshow
On 22 December 2022, I attended a virtual meeting which considered the NHS planning guidance for 2023/24.

Tony Rice
I am sad to announce that Tony Rice will be standing down as a non-executive director of the Trust Board on 20 February following the end of his third term. Tony has provided the Board with his financial and business expertise as Chair of the Finance and Business Development Committee. He has also been instrumental in chairing our Charitable Funds Committee and helping to transform our Charity in the last 12 months. In addition, Tony has been a true champion for patients and staff, and he will be missed. A non-executive director recruitment exercise will take place later this year for a replacement.

Board Committee membership
Following Tony Rice's departure, the revised Board committee membership by non-executive directors is shown in the table below, with effect from 21 February.

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

Meeting title	**Trust Board – public meeting**	**Date: 26 January 2023**
Report title	**Chief Executive's report**	**Agenda item: 5**
Executive director lead	Helen Brown, Chief Executive	
Report authors	Swarnjit Singh, Joint Director of Inclusion and Trust Secretary, and Helen Brown	
Executive summary	This report provides Board members with updates on developments nationally and locally since the last meeting held in public in November 2022.	
Purpose	Noting	
Recommendation	Board members are invited to note the report.	
Board Assurance Framework	All Board Assurance Framework entries	
Report history	Report to each Board meeting held in public	
Appendices	None	

Chief Executive's report

I want to begin my report by wishing everyone a Happy New Year and hope that people had an opportunity to rest and recuperate. I am pleased that, in December, the children and staff on our Ifor ward received a special visit from players from Arsenal and Tottenham football clubs. Both local clubs have a long-standing tradition of visiting our hospital during the festive period, and this was the first time both teams were able to visit in person since the onset of the pandemic. The players brought a range of gifts, and their visits were very positively received by our young patients and parents and carers. Whittington Health's relationship with both Premier League clubs is very much valued.

NHS 2023/24 priorities and planning guidance

On 23 December 2022, NHS England published its 2023/24 priorities and operational planning guidance[1], outlining three key areas for the service in the next financial year:

- recover core services and improve productivity
- a renewed focus by systems on delivery against the key aspirations in the Long-Term Plan
- transformation of the health and care system for the future

The planning guidance also set out the expected performance against key operational standards. Whittington Health's Integrated Clinical Service Units and corporate departments are developing their 2023/24 business plans before the North Central London Integrated Care Board triangulates the system's plan across activity, workforce and financial, prior to submission to NHS England before the end of March 2023. NHS England has also launched consultations on changes to the NHS standard contract and the NHS payment scheme.

Independent review of integrated care systems

Former Health Secretary, the Rt. Hon Patricia Hewitt, Chair of NHS Norfolk and Waveney Integrated Care Board Patricia has been asked by the government to carry out an independent review into oversight of integrated care systems (ICSs) with the aims of increased empowerment alongside accountability for performance and spending and improving health outcomes for local populations. The review will also look at how the role of the Care Quality Commission might be enhanced in system oversight. The review's terms of reference have been published[2] and it will produce a draft report for the Secretary of State for Health and Social Care by 31 January 2023 and a final report by 15 March 2023.

Industrial action

The Trust continues to prepare and plan for industrial action which has been announced by NHS trade unions. At the time of writing this report, members of the

[1] https://www.england.nhs.uk/operational-planning-and-contracting/
[2] https://www.gov.uk/government/publications/hewitt-review-terms-of-reference/hewitt-review-terms-of-reference

Royal College of Nursing were taking action on 18 and 19 January. In addition, members of the General and Municipal Workers' Union and Unison took industrial action on 11 January and will also do so again on 23 January. While Whittington Health's services itself will see no industrial action during this period, we will support our system partners to help to mitigate, where possible, the impact on services.

Operational context

In line with the national picture, Whittington Health has experienced an unprecedented period of operational challenge in quarter three with record attendances and longer waiting times in our emergency department. This position is expected to continue in quarter four and has been exacerbated by the increased acuity of patients being admitted, increased average length of stay, and lower than expected daily discharges. On 13 January, NHS England made available a new £200m national discharge fund which is designed help by increasing capacity in post-discharge care and supporting improved discharge performance up to 31 March 2023.

COVID-19 and winter influenza vaccinations

As part of the autumn booster campaign taking place across Whittington Health's sites, every member of staff has been encouraged to have a Covid-19 booster and winter influenza vaccination to help protect themselves, patients and their colleagues. As of 17 January, current vaccination rates are shown in the table below and provide a benchmark against national and local vaccination rates:

Flu		**Covid**	
National	50.2%	National	49.9%
London	40.4%	London	41.7%
NCL	41%	NCL	44.3%
Whittington Health	38.5%	Whittington Health	39.3%

Refining our joint pathways

Whittington Health has a significant number of clinical partnerships with other organisations, in particular, University College London Hospitals NHS Foundation Trust (UCLH). Many of these have been established or expanded for a number of years and include arrangements such as formal partnerships for elective orthopaedic surgery, joint multidisciplinary teams, joint consultant posts and out of hours cover. Over the next few months, our strategy team will be working with their counterparts at UCLH to meet up with clinicians at both organisations to clarify and possibly extend the ambition behind our existing joint pathways and collaboration.
This will be a short exercise to ensure we are clear on the benefits that partnership working brings to our patients and to our staff. Further details of this collaborative work are highlighted in a paper later on today's meeting agenda.

Visit to the Whittington

On 28 November, Professor David Lomas, Vice Provost (Health) University College London (UCL), and Alice Mortlock, Director of Strategy and Operations, Office of the Vice Provost (Health), visited our hospital site. As well as touring our facilities, they listened to a presentation on our Trust's ongoing commitment to education and research, and our future plans to innovate and improve our services. Professor Lomas passed on his thanks to all at the Whittington who made the visit so

successful, and commented that UCL looks forward to working closely together in the future

Meetings with Members of Parliament
In recent months, I have met with each of the four Members of Parliament that cover Islington and Haringey. The issues discussed included the operational situation at the time and since I joined Whittington Health last summer along with key achievements, such as the Wood Green Community Diagnostic Centre, which began seeing patients last year, and addressing any concerns that they may have had. Whittington Health's plans for the future were also discussed. This included our maternity and neonatal estate development programme and increasing our partnership working with colleagues at University College London Hospitals NHS Foundation Trust. I am pleased to report that Whittington Health continues to have a positive reputation with these key stakeholders who were supportive of our future plans.

Nadine Jeal
I am pleased to announce that Nadine Jeal, Clinical Director for Adult Community Services and an MSK Advanced Practice Physiotherapist, is taking on an additional role as Clinical Director for the Haringey Borough Partnership, part of the North Central London Integrated Care System (NCL ICS). This role will provide leadership for clinical and care partnerships right across Haringey and be influential in the NCL ICS. It will focus on building partnerships and collaboration between NHS and care providers, public health, local government and others to drive transformation and ensure better access, improved life outcomes and lower health inequalities. Nadine's appointment to this position is a testament to her excellent clinical leadership of adult community services and recognition of the vital role that our community services have in Haringey communities.

Senior Information Risk Owner
In addition to his current responsibilities as executive director for strategy and corporate affairs and being the senior responsible officer for North Central London community diagnostic centres, I am grateful to Jonathan Gardner for also being our senior information risk owner, with overall responsibility for Whittington Health's information risk policy.

Key initiatives
Updates on our significant programmes of work are, as follows:

- **Maternity and neonatal project** - work on phase 1 continues with the contractor, Grahams, working up designs. There have been some issues on the way, as one would expect, with surveys revealing asbestos and issues with the building requiring changes to the plans, and we have now learnt that we need to get listed building consent for internal changes to the Jenner building. These are slowing up spend this financial year. Efforts continue to secure the capital allocation for the rest of the project.
- **Community Diagnostic Centre (CDC)** - the CDC continues to see more patients every week. So far, we have seen 7,000 patients. Construction has begun on phase 2 which will see the implementation of MRI and CT scanners. A bus advertising campaign will begin shortly to increase

awareness in the local community. We are proud to say that the partnership with Capital and Regional (landlords of the Wood Green Shopping City) has been shortlisted as a finalist in the Health Service Journal Partnership Awards.

- **Wood Green Community Hub -** efforts continue to secure funding support from partners for this exciting project
- **Electronic Patient Record (EPR)** - the contract for our EPR is up for renewal in 2025, so we are progressing an outline business case at a private meeting of the Board this month. After this will come a full business case and procurement followed by an implementation phase to be ready for the end of the contract.
- **Outpatient portal** - we have now gone live with our outpatient portal for patients. This will allow patients to view their appointments and clinic letters securely on an app. Take up of the pilot areas has been excellent.

Disability History month

We celebrated the UK's Disability History Month which ran from 16 November until 16 December. The focus was on disability, health, and wellbeing – and provided an opportunity to reflect on how far we have come in improving everyday lives for people with disabilities, as there is still much work to do. The Trust ran informative and useful events that support health and wellbeing which included a review of the health and financial wellbeing support available to staff, engagement on our new reasonable adjustments policy and a reflective session with our staff support psychology team to help staff better understand the challenges faced as well as the support accessible in the workplace.

Ambitious College event

Ambitious College held an open event at Whittington Hospital giving prospective young people and their families an opportunity to learn about our Trust's exciting, supported internship programme. The programme is based on the hospital site five days per week with interns aged 16 to 25 working in a variety of roles available, including administration, facilities, and hospitality. Our challenge remains to expand the number of internships available across the organisation for local people with a learning disability.

Bands 2-7 development programme

I am delighted to report that, followiing a successful bid to the NHS London regional team, the Trust was awarded £10k for two more cohorts of the Agenda for Change bands 2-7 career development initiative. In the earlier cohorts of this programme, 47% of participants were successful in securing promotion to a higher banded role.

Meeting title	**Trust Board – public meeting**	**Date: 26 January 2023**
Report title	**Maternity Incentive Scheme (MIS) Year 4 submission**	**Agenda item: 7**
Executive director lead	Dr Clare Dollery, Medical Director, and Sarah Wilding Chief Nurse and Director of Allied Health Professionals (Board Maternity Safety Champions)	
Report authors	Isabelle Cornet, Interim Director of Midwifery, Helen Taylor, Clinical Director, ACW-ICSU, Carolyn Paul, Obstetric Lead	

Executive summary	Obstetric incidents can be catastrophic and life-changing, with related claims representing the Clinical Negligence Scheme for Trusts' (CNST) biggest area of spend. Of the clinical negligence claims notified to NHS Resolution in 2021/22, obstetrics claims represented 12 per cent of clinical claims by number but accounted for 62 per cent of the total value of new claims; almost £6 billion.
	
	The Maternity Incentive Scheme supports and rewards Trusts who have taken action to improve maternity safety. It sets out 10 Safety Actions for which Trusts have to evidence compliance with, in order to receive the financial rebate.
	
	The Declaration Form for the submission was published by NHS Resolution on the 7 December 2022, and the submission date is 12 noon on the 2 February 2023.
	
	The submission update for Whittington Health NHS Trust, with the details in Declaration Form attached as **Appendix 1**:
	
	- **Safety Action 1 (PMRT): Fully Compliant**
	  ○ As a plan forward, the quarterly Perinatal Mortality Review Tool (PMRT) reports, updates will be part of the quarterly maternity report to the Quality Assurance Committee (QAC); and the quarterly learning points will be presented in the quarterly learning from deaths report.
	
	- **Safety Action 2 (MSDS): Fully Compliant**
	
	- **Safety Action 3 (Neonatal Unit): Fully Compliant**
	  ○ As a plan forward, audits for transitional care and ATAIN are being embedded as quarterly reporting in a standing topic at the monthly Maternity Clinical Governance and Safety Champion meeting.	

	- **Safety Action 4 (Clinical Workforce): Fully Compliant**
	  o As a plan forward, audit for criteria 1 & 2 to be made a standing item of the monthly Maternity Clinical Governance and Safety Champion meeting as part of the Obstetric Workforce.
	
	- **Safety Action 5 (Midwifery Workforce): Fully Compliant**
	  o As a plan forward, a consultation of the maternity workforce structure is planned for 2023 with the aim to increase the number of labour ward and flow coordinators to ensure appropriate cover for the unit. This will allow the presence of 2 senior midwives at all times and strengthen the supernumerary status of the coordinator.
	
	- **Safety Action 6 (SBLCB v2): Fully Compliant**
	  o Action Plan for Element 1 – as detailed in tab C of the Declaration Form (Excel Spreadsheet – Appendix 1).
	
	- **Safety Action 7 (MVP): Fully Compliant**
	-
	- **Safety Action 8 (Multi-Professional Training): Fully Compliant**
	-
	- **Safety Action 9 (Board Governance): Fully Compliant**
	-
	- **Safety Action 10 (HSIB & EN): Fully Compliant**
	
	A ioint presentation set attached at **Appendix 2** is compliant with the requirement within the guidance tab of the declaration form.

Purpose	Approval
Recommendation(s)	Board members are asked to approve and sign-off the submission of the MIS Year 4 declaration form to NCL LMNS and NHS Resolution by 2 February 2023.
BAF reference	Quality 1: quality and safety of services
Report history	• ACW ICSU Board & Commissioners – 19 October 2022 and 16 November 2022 • Quality Governance Committee – 25th October 2022 and 13th December 2022 • Maternity and Neonatal Transformation Programme Board – 29th December 2022 • NCL LMNS Sign-Off – 10th January 2023 • Quality Assurance Committee – 11th January 2023 • TMG – 17th January 2023
Appendices	Appendix 1 – Declaration form Appendix 2 – Position and Progress against Maternity Incentive Scheme (MIS) Year 4 – Joint Presentation as required by the MIS Guidance.

Maternity incentive scheme - Board declaration Form

Trust name	**Whittington Hospital NHS Trust**
Trust code	**T221**

All electronic signatures must also be uploaded. Documents which have not been signed will not be accepted.

	Safety actions	Action plan	Funds requested	Validations
Q1 NPMRT	Yes		-	
Q2 MSDS	Yes		-	
Q3 Transitional care	Yes		-	
Q4 Clinical workforce planning	Yes		-	
Q5 Midwifery workforce planning	Yes		-	
Q6 SBL care bundle	Yes	Yes	-	You have met the action as well as submitting an action plan, please check
Q7 Patient feedback	Yes		-	
Q8 In-house training	Yes		-	
Q9 Safety Champions	Yes		-	
Q10 EN scheme	Yes		-	
Total safety actions	**10**	**1**		**You have a validation on 1 safety action. Please recheck the tab B (Safety Actions Summary Sheet) and/or tab C (Action plan entry) before discussing with your board and commissioners before submitting this form to NHS Resolution.**
Total sum requested			**-**	

Sign-off process:

Electronic signature

For and on behalf of the board of Whittington Hospital NHS Trust

Electronic signature

For and on behalf of the board of Whittington Hospital NHS Trust

Confirming that:
The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets standards as set out in the safety actions and technical guidance document and that the self-certification is accurate.

Electronic signature

For and on behalf of the board of Whittington Hospital NHS Trust

Electronic signature

For and on behalf of the board of Whittington Hospital NHS Trust

Confirming that:
The content of this form has been discussed with the commissioner(s) of the trust's maternity services

Electronic signature	
For and on behalf of the board of	Whittington Hospital NHS Trust

Electronic signature	
For and on behalf of the board of	Whittington Hospital NHS Trust

Confirming that:
There are no reports covering either **this year (2020/21) or the previous financial year (2019/20)** that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration. Any such reports should be brought to the MIS team's attention.

Electronic signature	
For and on behalf of the board of	Whittington Hospital NHS Trust

Electronic signature	
For and on behalf of the board of	Whittington Hospital NHS Trust

Confirming that:
If applicable, the Board agrees that any reimbursement of maternity incentive scheme funds will be used to deliver the action(s) referred to in Section B (Action plan entry sheet)
We expect trust Boards to self-certify the trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance

Name:	Helen Brown
Position:	Whittington Health NHS Trust Chief Executive Officer
Date:	

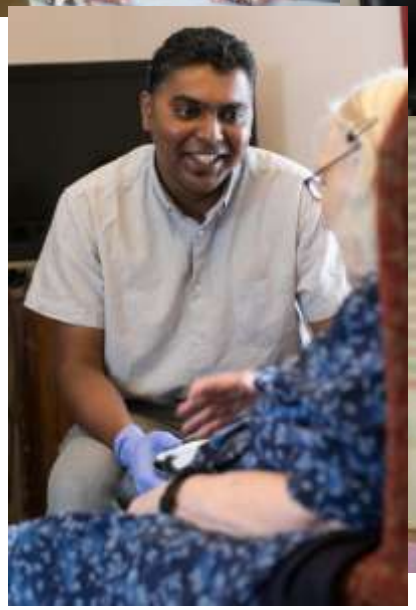
NHS
Whittington Health
NHS Trust

Compliance with Guidance.

Position and Progress against Maternity Incentive Scheme (MIS) Year 4








Joint Presentation Set from:

Isabelle Cornet – Interim Director of Midwifery

Dr Helen Taylor – Clinical Director for Maternity Services, ACW – ICSU

Whittington Health NHS Trust
Maternity Services

I·C A R E

26th January 2023

Quality Assurance Process to Date

Whittington Health NHS Trust

- ACW ICSU Board & Commissioners – 19th October 2022 and 16th November 2022
- Quality Governance Committee – 25th October 2022 and 13th December 2022
- Maternity and Neonatal Transformation Programme Board – 29th December 2022
- NCL LMNS Sign-Off – 10th January 2023
- Quality Assurance Committee – 11th January 2023
- Trust Management Group – 17th January 2023
- **Trust Board – 26th January 2023**

- **Final submission date to NHS Resolution 2nd Feb 23 @ 12.00 (noon)**

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

Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have all eligible perinatal deaths from 6 May 2022 onwards been notified to MBRRACE-UK within seven working days?	Yes
2	Was the surveillance information for eligible deaths where required, completed within one month of the death?	Yes
3	Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 6 May 2022 been started within two months of each death? This includes deaths after home births where care was provided by your Trust.	Yes
4	Have at least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from 6 May 2022, been reviewed using the PMRT, by a multidisciplinary review team?	Yes
5	Were each of these reviews completed to the point that at least a PMRT draft report has been generated by the tool within four months of each death?	Yes
6	Were the reports published within 6 months of death?	Yes
	Q7 and Q8 are linked questions	
7	For at least 95% of all deaths of babies who died in your Trust from 6 May 2022, were parents told that a review of their baby's death will take place?	Yes
8	If parents have not been informed about the review taking place, were the reasons for this documented within the PMRT review?	N/A
9	For at least 95% of all deaths of babies who died in your Trust from 6 May 2022, were parents' perspectives and questions and/or concerns they have about their care and that of their baby sought? This includes any home births where care was provided by your Trust staff and the baby died either at home or in your Trust.	Yes
10	Have you submitted quarterly reports to the Trust Board from 6 May 2022 onwards? This must include details of all deaths reviewed and consequent action plans.	Yes
11	Were quarterly reports discussed with the Trust maternity safety and Board level safety champions?	Yes

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

Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	By 31 October 2022, did your Trusts have an up-to-date digital strategy for their maternity services which aligns with the wider Trust Digital Strategy and reflects the 7 success measures within the What Good Looks Like Framework?	Yes
2	Was the strategy shared with Local Maternity Systems?	Yes
3	Was the strategy signed off by the Integrated Care Board?	Yes
4	Is a dedicated Digital Leadership in place in the Trust?	Yes
5	Has the Digital Leadership at the Trust engaged with the NHSE Digital Child Health and Maternity Programme?	Yes
6	Was your Trust compliant with at least 9 out of 11 Clinical Quality Improvement Metrics (CQIMs) data quality criteria in the "CNST Maternity Incentive Scheme Year 4 Specific Data Quality Criteria" data file in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2022?	Yes
Did your Trust's July 2022 data contain:		
7	Height and weight data, or a calculated Body Mass Index (BMI), recorded by 15+0 weeks gestation for 90% of women reaching 15+0 weeks gestation in the month?	Yes
8	Complex social factor Indicator (at antenatal booking) data for 95% of women booked in the month?	Yes
9	Antenatal personalised care plan fields completed for 95% of women booked in the month (MSD101/2)?	Yes
10	A valid ethnic category (Mother) for at least 90% of women booked in the month (MSD001) ?	Yes
Has the Trust Board confirmed that they have passed the associated data quality criteria in the "CNST Maternity Incentive Scheme Year 4 Specific Data Quality Criteria" data file in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2022 for the following metrics:		
11	i. Over 5% of women who have an Antenatal Care Plan recorded by 29 weeks and also have the Continuity of Carer (CoC) pathway indicator completed.	Yes
	Q12 is for information only	
12	ii. Over 5% of women recorded as being placed on a Continuity of Carer (CoC) pathway where both Care Professional ID and Team ID have also been provided.	Yes
13	iii. At least 70% of MSD202 Care Activity (Pregnancy) and MSD302 Care Activity (Labour and Delivery) records submitted in the reporting period have a valid Care Professional Local Identifier recorded. Providers submitting zero Care Activity records will fail this criterion.	Yes

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

Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
a) Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care by Thursday 16 June 2022 at the very latest		
1	Was the pathway(s) of care into transitional care jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies? Evidence should include: ● Neonatal involvement in care planning ● Admission criteria meets a minimum of at least one element of HRG XA04 but could extend beyond to British Association of Perinatal Medicine (BAPM) transitional care framework for practice ● There is an explicit staffing model ● The policy is signed by maternity/neonatal clinical leads and should have auditable standards. ● The policy has been fully implemented and quarterly audits of compliance with the policy are conducted.	Yes
2	Are neonatal teams involved in decision making and planning care for all babies in transitional care?	Yes
b) The pathway of care into transitional care has been fully implemented and is audited quarterly. Audit findings are shared with the neonatal safety champion, Local Maternity and Neonatal Systems (LMNS), commissioner and Integrated Care		
3	Has the pathway of care into transitional care been fully implemented?	Yes
4	Has the pathway of care into transitional care been audited quarterly?	Yes
Audit findings must be shared each quarter. If for any reason, reviews were paused, they must have been recommenced using data from quarter 1 of 2022/23 financial year. Has audit findings been shared with:		
5	The neonatal safety champion?	Yes
6	The LMNS?	Yes
7	The commissioner and Integrated Care System (ICS) quality surveillance meeting?	Yes
8	If your Trust have encountered barriers to achieving full implementation of the policy, has an action plan been agreed and progress overseen by both the board and neonatal safety champions?	N/A

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

Whittington Health NHS Trust

c) A data recording process (electronic and/or paper based) for capturing all term babies transferred to the neonatal unit, regardless of the length of stay, is in place.		
9	Is standard (c) in place?	Yes
d) A data recording process for capturing existing transitional care activity, (regardless of place - which could be a Transitional Care (TC), postnatal ward, virtual outreach pathway etc.) has been embedded. If not already in place, a secondary data recording process is set up to inform future capacity management for late preterm babies who could be cared for in a TC setting. The data should capture babies between 34+0-36+6 weeks gestation at birth, who neither had surgery nor were transferred during any admission, to monitor the number of special care or normal care days where supplemental oxygen was not delivered.		
	Q10 and Q11 are linked	
10	Is standard (d) in place? This should be achieved by no later than 16 June 2022.	Yes
11	If not already in place is a secondary data recording process is set up to inform future capacity management for late preterm babies who could be cared for in a TC setting. The data should capture babies between 34+0-36+6 weeks gestation at birth, who neither had surgery nor were transferred during any admission, to monitor the number of special care or normal care days where supplemental oxygen was not delivered	N/A
e) Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data set (NCCMDS) version 2 are available to be shared on request with the operational delivery network (ODN), LMNS and commissioners to inform capacity planning as part of the family integrated care component of the Neonatal Critical Care Transformation Review and to inform future development of transitional care to minimise separation of mothers and babies.		
12	Is standard (e) in place (as per ODN request)?	Yes

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

Whittington Health NHS Trust

f) Reviews of babies admitted to the neonatal unit continue on a quarterly basis and findings are shared quarterly with the Board Level Safety Champion. Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet. In addition, reviews should report on the number of transfers to the neonatal unit that would have met current TC admissions criteria but were transferred or admitted to the neonatal unit due to capacity or staffing issues. The review should also record the number of babies that were transferred or admitted or remained on Neonatal Units because of their need for nasogastric tube feeding, but could have been cared for on a TC if nasogastric feeding was supported there. Findings of the review have been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting on a quarterly basis.		
13	Is an audit trail available which provides evidence that ongoing reviews from year 3 of the maternity incentive scheme of term admissions are being completed as a minimum of quarterly? If for any reason, reviews have been paused, they should be recommenced using data from quarter 1 of 2022/23 financial year.	Yes
14	Is an audit trail available which provides evidence that reviews from Monday 18 July 2022 included **all** term babies transferred or admitted to the NNU, irrespective of their length of stay, are being completed as a minimum of quarterly. If your reviews already included all babies transferred or admitted to the NNU then this should continue using data from quarter 1 of 2022/23 financial year?	Yes
15	Do you have evidence that the review includes the number of transfers or admissions to the neonatal unit that would have met current TC admission criteria but were transferred or admitted to the neonatal unit due to capacity or staffing issues and the number of babies that were transferred or admitted to, or remained on NNU because of their need for nasogastric tube feeding, but could have been cared for on a TC if nasogastric feeding was supported there?	Yes
16	Do you have evidence that findings of all reviews of term babies transferred or admitted to a neonatal unit are reviewed quarterly and the findings have been shared quarterly with the maternity and neonatal safety champions and Board level champion, the LMNS and ICS quality surveillance meeting on a quarterly basis?	Yes
g) An action plan to address local findings from the audit of (standard b) Avoiding Term Admissions Into Neonatal units (ATAIN) reviews, and (standard f) been agreed with the maternity and neonatal safety champions and Board level signed off by the Board no later than 29 July 2022?		
17	Is standard (g) in place?	Yes
h) Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting each quarter following sign off at the Board.		
18	Has progress with the revised ATAIN action plan been shared with the maternity, neonatal and Board level safety champions each quarter, following sign off at the Board?	Yes
19	Has progress with the revised ATAIN action plan been shared with the LMNS each quarter, following sign off at the Board?	Yes
20	Has progress with the revised ATAIN action plan been shared at the ICS quality surveillance meeting each quarter, following sign off at the Board?	Yes

Safety action 4: Can you demonstrate an effective system of clinical* workforce planning to the required standard? (Page 1 of 2)

Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	**Obstetric medical workforce** Have your Trust Board signed off their engagement with the principles outlined in the Royal College of Obstetricians and Gynaecologists (RCOG) workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service: https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/roles-responsibilities-consultant-report/?	Yes
	Q2 and Q3 are linked	
2	Was compliance of consultant attendance monitored when a consultant was required to attend in person?	Yes
3	Were episodes where attendance was not possible reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance?	N/A
Do you have evidence that your position with the above RCOG document was shared at least once from May 2022:		
4	At Trust Board?	Yes
5	With Board level safety champions?	Yes
6	At LMNS meetings?	Yes
7	**Anaesthetic medical workforce** Do you have evidence of compliance with Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1? The rota should be used to evidence compliance with ACSA standard 1.7.2.1 *(A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients)*	Yes

Safety action 4: Can you demonstrate an effective system of clinical* workforce planning to the required standard? (page 2 of 2)

Whittington Health NHS Trust

	Q8 and Q9 are linked	
8	**Neonatal medical workforce** Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing?	Yes
9	If the requirement above has not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS and also include new relevant actions to address deficiencies. If the requirements had been met in year 3 without the need of developing an action plan to address deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies. Do you have evidence of this?	N/A
	Q10, Q11 and Q12 are all linked	
10	**Neonatal nursing workforce** Does the neonatal unit meet the service specification for neonatal nursing standards?	Yes
11	If the requirement above had not been met in both year 3 and year 4 of MIS, has the Trust Board evidenced progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies?	N/A
12	Has the above action plan been shared with the Royal College of Nursing, LMS and Neonatal Operational Delivery Network (ODN) Lead?	N/A

Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard? (page 1 of 2)

Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	a) Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed? Evidence should include: A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated	Yes
2	b) Can the Trust Board evidence midwifery staffing budget reflects establishment as calculated in a) above? Evidence should include: ● Midwifery staffing recommendations from Ockenden, Trust Boards must provide evidence (documented in Board minutes) of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations. ●The plan to address the findings from the full audit or table-top exercise of BirthRate+ or equivalent undertaken, where deficits in staffing levels have been identified must be shared with the local commissioners. ● Details of planned versus actual midwifery staffing levels to include evidence of mitigation/escalation for managing a shortfall in staffing. -The midwife to birth ratio -The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives. ● Evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status and the provision of one-to-one care in active labour. Must include plan for mitigation/escalation to cover any shortfalls.	Yes

Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard? (page 2 of 2)

Whittington Health NHS Trust

3	c) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service. The Trust can report compliance with this standard if this is a one off event and the coordinator is not required to provide 1:1 care for a woman in established labour during this time. If this is a recurrent event (i.e. occurs on a regular basis and more than once a week), the Trust should declare non-compliance with the standard and include actions to address this specific requirement going forward in their action plan mentioned in the section above. Do you have evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status?	Yes
	Q4 is for information only	
4	If you answered **no** to standard c, have you completed an action plan detailing how the maternity services intends to achieve 100% supernumerary status for the labour ward coordinator which has been signed off by the Trust Board, and includes a timeline for when this will be achieved? Please note, completion of an action plan **will no**t enable the trust to declare compliance with this sub-requirement in year four of MIS.	N/A
	Q5, Q6 and Q7 are all linked	
5	d) Have all women in active labour received one-to-one midwifery care?	Yes
6	If you have answered **no** to standard d, have you submitted an action plan detailing how the maternity service intends to achieve 100% compliance with 1:1 care in active labour?	N/A
7	Does the action plan include a timeline for when this will be achieved and has this been signed off by Trust Board?	N/A
8	e) Have you submitted a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year four reporting period?	Yes

Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two? (page 1 of 5)

Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Do you have evidence that Trust Board level consideration of your organisation is complying with the Saving Babies' Lives care bundle version two (SBLCBv2), published in April 2019? Note: Full implementation of the SBLCBv2 is included in the 2020/21 standard contract.	Yes
2	Has each element of the SBLCBv2 been implemented? Trusts can implement an alternative intervention to deliver an element of the care bundle if it has been agreed with their commissioner (ICB). It is important that specific variations from the pathways described within SBLCBv2 are also agreed as acceptable clinical practice by their Clinical Network.	Yes
3	The quarterly care bundle survey should be completed until the provider Trust has fully implemented the SBLCBv2 including the data submission requirements. Have you completed and submitted this?	Yes

Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two? (page 2 of 5)

Whittington Health NHS Trust

Element 1 - Reducing smoking in pregnancy Standard a*) Percentage of women where Carbon Monoxide (CO) measurement at booking is recorded.* *Standard b) Percentage of women where CO measurement at 36 weeks is recorded.*		
4	Has the Trust Board received data for **standard a)** from the organisation's Maternity Information System (MIS) evidencing an average of 80% compliance over a four month period (i.e. four consecutive months in during the MIS year 4 reporting timeframe)?	Yes
5	Has the Trust Board received data for **standard b)** from organisation's Maternity Information System or has an audit of 60 consecutive cases been provided to demonstrate >80% of women having a CO measurement recorded at 36 weeks?	Yes
6	Is the audit accompanied by a brief description of the stop smoking strategy within the Trust and any plans for improvement?	Yes
7	If the process indicator scores are less than 95% Trusts must also have an action plan for achieving >95%. Has this been completed?	Yes
Do you have evidence that the Trust Board has specifically confirmed that within their organisation they:		
8	Pass the data quality rating on the National Maternity Dashboard for the 'women who currently smoke at booking appointment' Clinical Quality Improvement Metric.	Yes
9	Have a referral pathway to smoking cessation services (in house or external)?	Yes
10	Have evidence of an audit of 20 consecutive cases of women with a CO measurement ≥4ppm at booking, to determine the proportion of women who were referred to a smoking cessation service?	Yes
4) Have you generated and reviewed the following outcome indicators within the Trust for four consecutive months within the MIS year 4 reporting period:		
11	Percentage of women with a CO measurement ≥4ppm at booking?	Yes
12	Percentage of women with a CO measurement ≥4ppm at 36 weeks?	Yes
13	Percentage of women who have a CO level ≥4ppm at booking who subsequently have a CO level <4ppm at the 36 week appointment?	Yes

Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two? (page 3 of 5)

Whittington Health NHS Trust

Element 2 - *Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)*

If a Trust has implemented the Tommy's Centre Risk Assessment and Clinical Decision Tool within a research programme then confirmation of the latter by the Trust Board will meet the requirement that Standards 1, 2 and 3 of Element 2 have been implemented

A Trust will fail Safety Action 6 if the process indicator metric compliance is less than 80%.

14	Standard 1) Have you provided evidence showing the percentage of pregnancies where a risk status for fetal growth restriction (FGR) is identified and recorded using a risk assessment pathway at booking and at the 20 week scan? The relevant data items for these process indicators should be recorded on the provider's Maternity Information System and included in the MSDS submissions to NHS Digital If your Trust has implemented the Tommy's Centre Risk Assessment and Clinical Decision Tool within a research programme then confirmation of the latter by the Trust Board will meet the requirement that Standards 1, 2 and 3 of Element 2 have been implemented	Yes
15	Has the Trust board received data from the organisation's MIS evidencing 80% compliance or has an in house audit of 40 consecutive cases of women at 20 weeks scan using locally available data or case records been undertaken and submitted to Board to assess compliance with this indicator?	Yes
Do you have evidence that the Trust Board has specifically confirmed within their organisation:		
16	Standard 2) Women with a BMI>35 kg/m^2 are offered ultrasound assessment of growth from 32 weeks' gestation onwards? If a Trust has implemented the Tommy's Centre Risk Assessment and Clinical Decision Tool within a research programme then confirmation of the latter by the Trust Board will meet the requirement that Standards 1, 2 and 3 of Element 2 have been implemented	Yes
17	Standard 3) In pregnancies identified as high risk at booking uterine artery Doppler flow velocimetry is performed by 24 completed weeks gestation? If a Trust has implemented the Tommy's Centre Risk Assessment and Clinical Decision Tool within a research programme then confirmation of the latter by the Trust Board will meet the requirement that Standards 1, 2 and 3 of Element 2 have been implemented	Yes
18	Standard 4) There is a quarterly audit of the percentage of babies born <3rd centile >37+6 weeks' gestation?	Yes
19	Standard 5) They have generated and reviewed the percentage of perinatal mortality cases for 2021 where the identification and management of FGR was a relevant issue (using the PMRT)?	Yes
20	Standard 6) Their risk assessment and management of growth disorders in multiple pregnancy complies with NICE guidance or a variant has been agreed with local commissioners (ICBs) following advice from the Clinical Network?	Yes
21	Standard 7) You have undertaken a quarterly review of a minimum of 10 cases of babies that were born <3rd centile >37+6 weeks' gestation. The review should seek to identify themes that can contribute to FGR not being detected (e.g. components of element 2 pathway and/or scanning related issues). The Trust board should be provided with evidence of quality improvement initiatives to address any identified problems. Trusts can omit the above mentioned quarterly review of a minimum of 10 cases of babies that were born <3rd centile >37+6 weeks' gestation for quarter 3 of this financial year (2021/22) if staffing is critical and this directly frees up staff for the provision of clinical care.	Yes

Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two? (page 4 of 5)

Whittington Health NHS Trust

Element 3 *Raising awareness of reduced fetal movement.*

A. Percentage of women booked for antenatal care who had received reduced fetal movements leaflet/information by 28+0 weeks of pregnancy.
B. Percentage of women who attend with RFM who have a computerised CTG (a computerised system that as a minimum provides assessment of short term variation).
The SNOMED CT code is still under development for RFM and therefore an in-house audit of two weeks' worth of cases or 20 cases of women attending with RFM whichever is the smaller to assess compliance with the element three process indicators.

If the process indicator scores are less than 95% Trusts must also have an action plan for achieving >95%.

A Trust will fail Safety Action 6 if the process indicator metric compliance is less than 80%.

	Q22 and Q23 are linked	
22	Have you completed an in-house audit of two weeks' worth of cases or 20 cases of women attending with RFM (whichever is the smaller) demonstrating 95% compliance with the element three process indicators?	Yes
23	If the process indicator scores are less than 95% , have you submitted an action plan for achieving >95%?	Yes
Element 4 *Effective fetal monitoring during labour* ***(Please see safety action 8 for fetal monitoring training)***		
You do not need to submit evidence within element 4, as it is included within safety action 8		

Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two? (page 5 of 5)

Whittington Health NHS Trust

Element 5 *Reducing preterm births*
The relevant data items for these process indicators should be recorded on the provider's Maternity Information System and included in the MSDS submissions to NHS Digital in an MSDSv2 Information Standard Notice compatible format, including SNOMED-CT coding.

If there is a delay in the provider Trust MIS's ability to record these data then an audit of 40 cases consisting of 20 consecutive cases of women presenting with threatened preterm labour before 34 weeks and 20 consecutive cases of women who have given birth before 34 weeks using locally available data or case records should have been undertaken to assess compliance with each of the process indicators.

The Trust board should receive data from the organisation's Maternity Information System evidencing 80% compliance with process indicators A, C and D. The percentage for process indicator B should be as low as possible and can be reported as the proportion.
A Trust will not fail Safety Action 6 if the process indicator scores for standards a,b,c & d are less than 80%. However, Trusts must have an action plan for achieving >80%.

	Q24, Q26, Q27 and Q28 are linked	
24	a) Has the Trust Board received data from the organisation's MIS evidencing 80% compliance or an in house audit demonstrating that 80% of singleton live births (less than 34+0 weeks) received a full course of antenatal corticosteroids, within seven days of birth?	Yes
25	b) Has the percentage of singleton live births occurring more than seven days after completion of their first course of antenatal corticosteroids been recorded on the provider's Maternity Information System and included in the MSDS submissions to NHS Digital in an MSDSv2 Information Standard Notice compatible format, including SNOMED-CT coding?	Yes
26	c) Has the Trust Board received data from the organisation's MIS evidencing 80% compliance or an in house audit demonstrating that 80% of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior birth?	Yes
27	d) Has the Trust Board received data from the organisation's MIS evidencing 80% compliance or an in house audit demonstrating that 80% of women have given birth in an appropriate care setting for their gestation (in accordance with local ODN guidance)?	Yes
28	If your process indicator scores for standards a,c or d are less than 80%, do you have an action plan for achieving >80%?	N/A
29	Do you have a dedicated Lead Consultant Obstetrician with demonstrated experience to focus on and champion best practice in preterm birth prevention?	Yes
	Q30 and Q31 are linked	
30	Do women at high risk of preterm birth have access to a specialist preterm birth clinic where transvaginal ultrasound to assess cervical length is provided?	Yes
31	If this is not the case, has the board described the alternative intervention that has been agreed with their commissioner (ICB) and that their Clinical Network and has agreed this is acceptable clinical practice?	N/A
32	Has an audit of 40 consecutive cases of women booking for antenatal care been completed to measure the percentage of women that are assessed at booking for the risk of preterm birth and stratified to low, intermediate and high risk pathways, and the percentage of those assessed to be at increased risk that are referred to the appropriate preterm birth clinic and pathway? The assessment should use the criteria in Appendix F of SBLCBv2 or an alternative which has been agreed with local ICBs following advice from the Clinical Network.	Yes
33	Does the risk assessment and management in multiple pregnancy comply with NICE guidance or a variant that has been agreed with local commissioners (ICBs) following advice from the provider's clinical network?	Yes

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

Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have you submitted Terms of Reference for your MVP? Do they reflect the core principles for Terms of Reference for a MVP as outlined in annex B of Implementing Better Births: A resource pack for Local Maternity Systems	Yes
2	Do your minutes of MVP meetings demonstrating how service users are listened to and how regular feedback is obtained, that actions are in place to demonstrate that listening has taken place and evidence of service developments resulting from coproduction between service users and staff?	Yes
3	Have you submitted written confirmation from the service user chair that they are being remunerated as agreed and that this remuneration reflects the time commitment and requirements of the role given the agreed work programme? Remuneration should take place in line with agreed Trust processes.	Yes
4	Have you provided minutes of the MVP's work programme, minutes of the MVP meeting which agreed it and minutes of the LMNS board that ratified it?	Yes
5	Do you have written confirmation from the service user chair that they and other service user members of the MVP committee are able to claim out of pocket expenses, including travel, parking and childcare costs in a timely way.	Yes
6	Do you have evidence that the MVP is prioritising hearing the voices of women from Black, Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation, given the findings in the MBRRACE-UK reports about maternal death and morbidity and perinatal mortality	Yes
7	Do you have evidence that the MVP Chair is invited to attend maternity governance meetings and that actions from maternity governance meetings, including complaints' response processes, trends and themes, are shared with the MVP	Yes

Safety action 8: Can you evidence that a local training plan is in place to ensure that all 6 core modules of the Core competency Framework will be included in out unit training programme over the next 3 years?
Can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support,? (Page 1 of 2)

Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
Can you evidence that:		
1	A local training plan is in place to ensure that all six core modules of the Core Competency Framework, will be included in your unit training programme over 3 years, starting from the launch of MIS year 4 in August 2021. should include the following 6 core modules: • Saving Babies Lives Care Bundle • Fetal surveillance in labour • Maternity emergencies and multi-professional training • Personalised care • Care during labour and the immediate postnatal period • Neonatal life support	Yes
Can you demonstrate at the end of 12 consecutive months within the period of 1st August 2021 until 5th December 2022, 90% of each relevant maternity unit staff group has attended an 'in house' one day multi-professional training day, that includes maternity emergencies?		
2	90% of Obstetric consultants?	Yes
3	90% All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota, including GP trainees?	Yes
4	90% Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives)?	Yes
5	90% of Maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum)?	Yes
6	90% of Obstetric anaesthetic consultants?	Yes
7	90% of all other obstetric anaesthetic doctors (staff grades and anaesthetic trainees) contributing to the obstetric rota?	Yes

Safety action 8: Can you evidence that a local training plan is in place to ensure that all 6 core modules of the Core competency Framework will be included in out unit training programme over the next 3 years?
Can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support,? (Page 2 of 2)

Whittington Health NHS Trust

Can you demonstrate at the end of 12 consecutive months within the period of 1st August 2021 until 5th December 2022, 90% of each relevant maternity unit staff group attended an 'in-house' one day multi-professional training day that includes antenatal and intrapartum fetal monitoring?		
8	90% of Obstetric consultants?	Yes
9	90% of all other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota?	Yes
10	90% of GP trainees who have any obstetric commitment to intrapartum care?	Yes
11	90% of midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives). Maternity theatre midwives who also work outside of theatres (if applicable)?	Yes
12	Are fetal monitoring sessions consistent with the Ockenden Report recommendations, and include: intermittent auscultation, electronic fetal monitoring with system level issues e.g. human factors, escalation and situational awareness?	Yes
13	Has the Trust board specifically confirmed that within their organisation 90% of eligible staff have attended local multi-professional fetal monitoring training annually as above?	Yes
Can you demonstrate at the end of 12 consecutive months within the period of 1st August 2021 until 5th December 2022, 90% of the team required to be involved in immediate resuscitation of the newborn and management of the deteriorating newborn infant have attended in-house neonatal life support training or a Newborn Life Support (NLS) course?		
14	90% of neonatal Consultants or Paediatric consultants covering neonatal units	Yes
15	90% Neonatal junior doctors (who attend any births)	Yes
16	90% of Neonatal nurses (Band 5 and above)	Yes
17	90% of advanced Neonatal Nurse Practitioner (ANNP)	Yes
18	90% of midwives (including midwifery managers and matrons, community midwives, birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives) and Maternity theatre midwives who also work outside of theatres.	Yes

Safety action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety quality issues? (Page 1 of 3)

NHS Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
Have you submitted evidence of a revised pathway which describes how frontline midwifery, obstetric and Board safety champions share safety intelligence between:		
1	a) each other?	Yes
2	b) the Board?	Yes
3	c) new LMNS/ICS quality group?	Yes
4	d) regional quality groups involving the Regional Chief Midwife and Lead Obstetrician to ensure early action and support is provided for areas of concern or need in line with the perinatal quality surveillance model?	Yes
Have you submitted evidence of a revised pathway which describes how frontline neonatal Board safety champions share safety intelligence between:		
5	a) each other?	Yes
6	b) the Board?	Yes
7	c) new LMNS/ICS quality group?	Yes
8	d) regional quality groups involving the Regional Chief Midwife and Lead Obstetrician to ensure early action and support is provided for areas of concern or need in line with the perinatal quality surveillance model?	Yes

Safety action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety quality issues? (Page 2 of 3)

Whittington Health NHS Trust

Have you submitted evidence that a clear description of the pathway and names of safety champions are visible to:		
9	Maternity staff?	Yes
10	Neonatal staff?	Yes
11	Have you submitted evidence that discussions regarding safety intelligence, including the number of incidents reported as serious harm, themes identified and actions being taken to address any issues?	Yes
12	Have you submitted evidence that discussions regarding safety intelligence, including staff feedback from frontline champions and engagement sessions?	Yes
13	Have you submitted evidence that discussions regarding safety intelligence, including minimum staffing in maternity services and training compliance are taking place at Board level no later than 16 June 2022? NB- The training update should include any modifications made as a result of the pandemic / current challenges and a rough timeline of how training will be rescheduled later this year if required. This additional level of training detail will be expected by 16 June 2022.	Yes
14	Have you submitted evidence of the engagement sessions (e.g. staff feedback meeting, staff walkaround sessions etc.) being undertaken by a member of the Board?	Yes
15	Have you submitted evidence of progress with actioning named concerns from staff workarounds are visible to maternity staff and reflects action and progress made on identified concerns raised by staff and service users?	Yes
16	Have you submitted evidence of progress with actioning named concerns from staff workarounds are visible to neonatal staff and reflects action and progress made on identified concerns raised by staff and service users?	Yes
17	Have you submitted evidence that the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level safety champions to help target interventions aimed at improving patient safety at least twice in the MIS reporting period at a Trust level quality meeting. This can be a board or directorate level meeting?	Yes
18	Has a decision been made by the Board as to whether staffing meets safe minimum requirements to continue rollout of current or planned MCoC teams, or whether rollout should be suspended? This is to be evidenced by a minuted Board level discussion and decision since 1 April 2022 on how a Trust's current workforce position should determine current and future rollout of MCoC. Where more than one discussion has taken place, the most recent discussion should be included in the trust Board submission.	Yes

Safety action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety quality issues? (Page 3 of 3)

Whittington Health NHS Trust

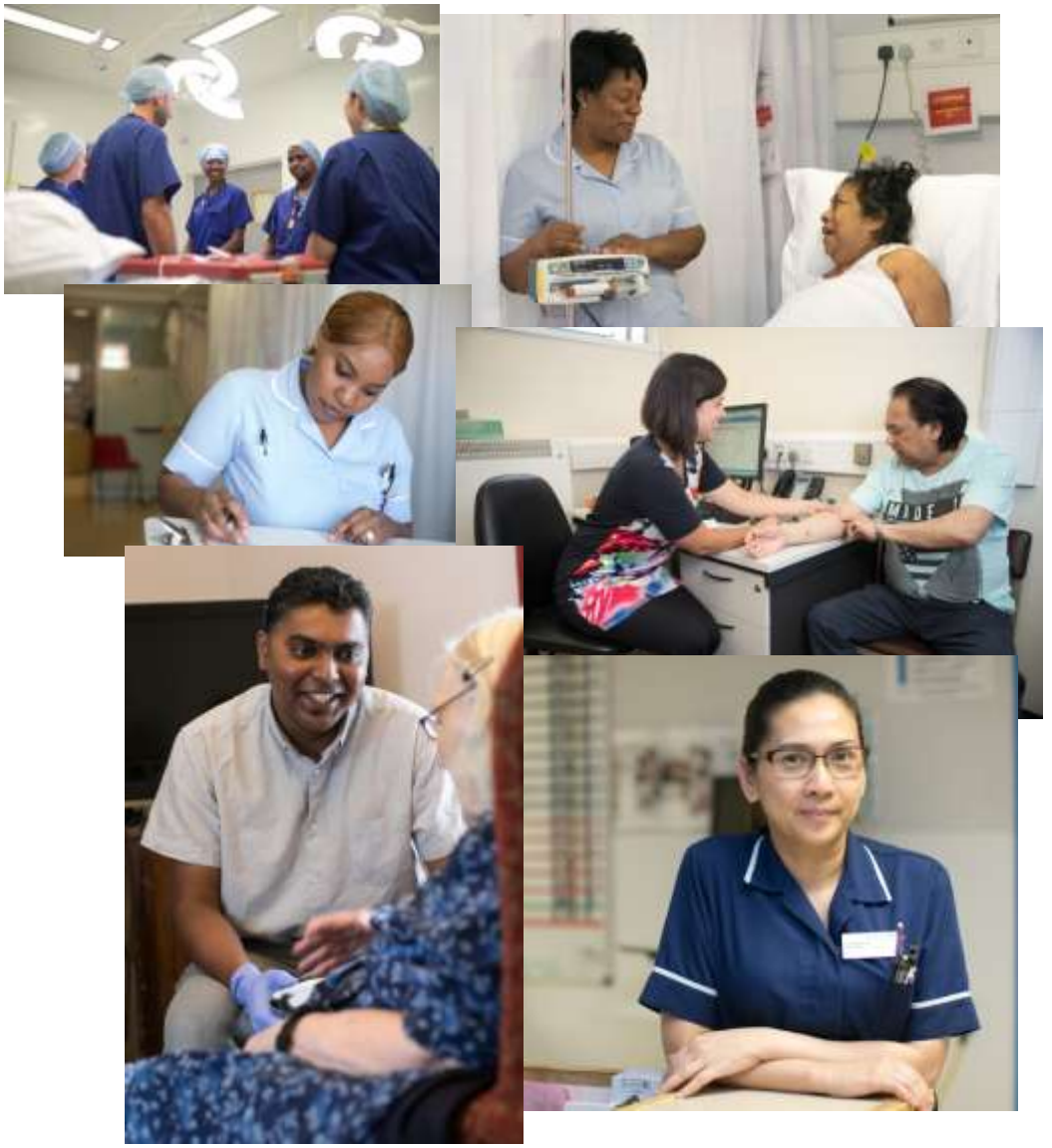
Is there Evidence of how the Board and Safety Champions have supported staff involved in part d) of the required standard and specifically in relation to:		
19	Active participation by staff in contributing to the delivery of the collective aims of the MatNeo Patient Safety Networks, and undertaking of specific improvement work aligned to the MatNeoSIP national driver diagram and key enabling activities	Yes
20	Engagement in relevant improvement/capability building initiatives nationally, regionally or via the MatNeo Patient Safety Networks, of which the Trust is a member	Yes
21	clinicians identified as MatNeoSIP Improvement Leaders to facilitate and lead work through the MatNeo Patient Safety Networks and the National MatNeoSIP network?	Yes
22	Utilise insights from culture surveys undertaken to inform local quality improvement plans?	Yes
23	oversight of improvement outcomes and learning, and ensure intelligence is actively shared with key system stakeholders for the purpose of improvement	Yes
24	Attendance or representation at a minimum of two engagement events such as Patient Safety Network meetings, MatNeoSIP webinars and/or the annual national learning event by 5th December 2022.	Yes
25	Evidence that insights from culture surveys undertaken have been used to inform local quality improvement plans by 5th December 2022.	Yes

Safety action 10: Have you reported 100% of qualifying cases to HSIB and to NHS Resolution's Early Notification (EN) scheme from 1st April 2021 to 5th December 2022?

Whittington Health NHS Trust

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have you reported all qualifying cases to HSIB from 1 April 2021 to 5 December 2022?	Yes
2	Have you reported all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 1 April 2022 until 5 December 2022?	Yes
For all qualifying cases which have occurred during the period 1 April 2021 to 5 December 2022, the Trust Board are assured that:		
3	The family have received information on the role of HSIB and NHS Resolution's EN scheme	Yes
4	There has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour	Yes
Can you confirm that the Trust Board has:		
5	Sight of Trust legal services and maternity clinical governance records of qualifying HSIB/EN incidents and numbers reported to HSIB and NHS Resolution.	Yes
6	Sight of evidence that the families have received information on the role of HSIB and EN scheme	Yes
7	Sight of evidence of compliance with the statutory duty of candour.	Yes
8	Complete the field on the Claims Reporting Wizard (CMS), whether families have been informed of NHS Resolution's involvement, completion of this will also be monitored, and externally validated.	Yes

Thank you



Acknowledgments:

- Filipa Braga, Women's Health Clinical Governance Manager
- Dr Carolyn Paul, Obstetric Lead
- The whole Multi Disciplinary Maternity and Neonatal Team.

I·C A R E

Meeting title	**Trust Board – public meeting**	**Date: 26 January 2023**
Report title	**Integrated Performance Report**	**Agenda Item: 8**
Executive director lead	Jonathan Gardner, Director of Strategy and Corporate Affairs	
Report authors	Paul Attwal, Head of Performance, Jennifer Marlow, Performance Manager	
Executive summary	Board Members should note that all metrics are shown in summary, but only certain measures have been highlighted for further analysis and explanation based on their trajectory, importance, and assurance. **With regards to performance, areas to draw to Board members' attention are:** **Emergency Department (ED)** During December 2022, performance against the 4-hour access standard was 60.9%, which is lower than the NCL average of 61.79%, and lower than the London average of 64.38% and the national average of 61.79%. There were 350 12-hour trolley breaches in December. The breaches were due to challenges in allocation of beds due to capacity, discharges later in the day, and the high number of medically optimised patients in the trust. Ambulance handovers have seen a significant increase in the number of 60-minute breaches from 66 breaches in November 2022 to 146 breaches in December 2022. **Cancer** 28 Day Faster Diagnosis was at 62.2% in November against a standard of 75%, this is an improvement from October's performance of 58.7%. 62-day referral to treatment performance was at 50% for November 2022 against a target of 85%, this is a decline from October's performance of 64%, but an improvement on September's performance of 34.4%. At the end of December, the trusts position against the 62-day backlog was ahead of trajectory with 88 against a target of 110. **Referral to Treatment: 52+ week waits** Performance against 18-week standard for December is: 65.12%.	

	The trust position against the 52-week position has decreased from 598 to 583 patients waiting more than 52 weeks for treatment compared to the previous month's performance. The Trust has 18 patients over 78 weeks at the end of December 2022 against the target of 0. The trust in on track to have 0 patients over 78 weeks by the end of March 2023. Mitigations and causes are explained in the paper by the operational and clinical teams for all three areas of Cancer, Referral to Treatment, and ED performance **Workforce** Appraisal rates for December are at 73.7% against a target of >90% and remain static. The compliance against mandatory training was 84.6% for December and also remains static. **Adult Community Services** As requested from previous Trust Board is attached is an additional paper with a focus on performance of Adult Community Services.
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; People 1; People 2; and Sustainability 1
Report history	Trust Management Group
Appendices	Appendix 1: Community performance dashboard Appendix 2: Community waiting rimes dashboard Appendix 3: Adult Community Services: Focus on performance

Whittington Health
NHS Trust

Performance Report
January 2023

Month 09 (2022 – 2023)

A note on SPC charts

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

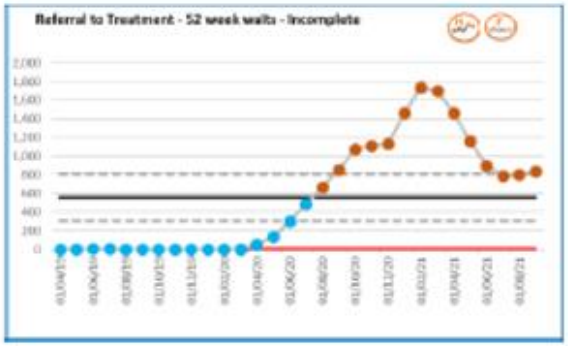
SPC rules – Special Cause Variation

Note: the data below is an example only and not Whittington Health data

A breach of the upper/lower control limit

2 out of 3 points close to the control limit

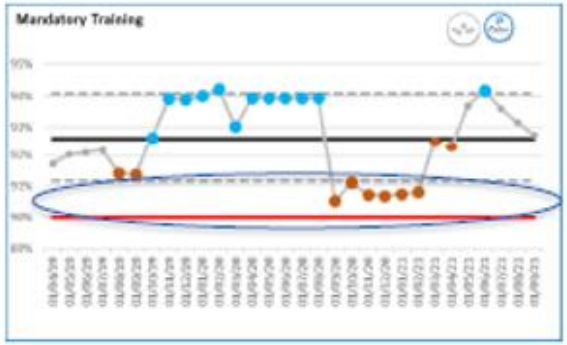
A run of ascending/descending data points



A run of points all one side of the mean

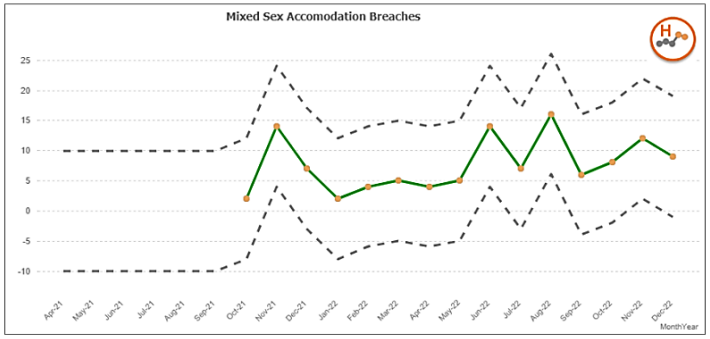
Variation indicating consistently failing the target – target line above upper control limit

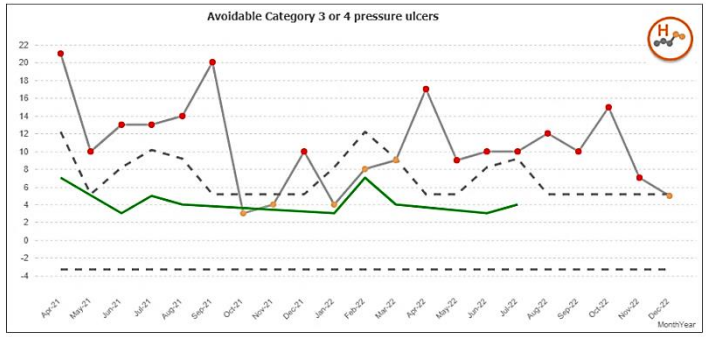
Variation indicating consistently passing the target – target line below lower control limit

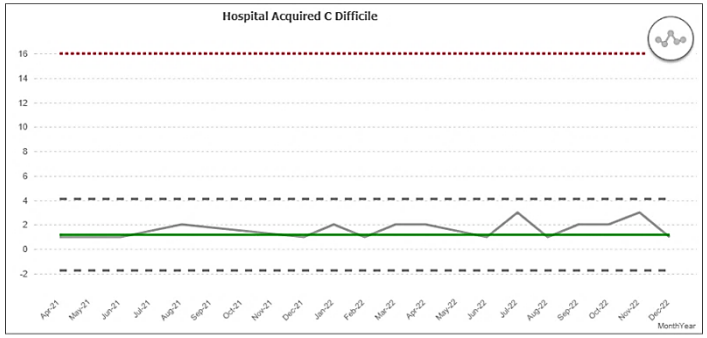


Indicator	Target	Last Reported Month	Performance			Variation	Assurance
			Latest Month	Previous Month	2022-2023		
Admissions to Adult Facilities of pts under 16 yrs of age	0	Dec	0	0	0	L	
HCAI C Difficile	<16	Dec	1	3	15	H	
Actual Falls	400	Dec	38	39	296	H	
Category 3 or 4 Pressure Ulcers	0	Dec	5	7	95	H	
Medication Errors causing serious harm	0	Dec	0	0	0	L	
MRSA Bacteraemia Incidences	0	Dec	0	0	0	L	
Never Events	0	Dec	0	0	0	L	
Serious Incidents	N/A	Dec	0	0	10		
VTE Risk Assessment %	>95%	Dec	95.8%	95.4%	95.4%	H	P
Mixed Sex Accomodation Breaches	0	Dec	9	12	81	H	
Summary Hospital Level Mortality Indicator (SHMI)	1.14	Dec					

Special Cause Variation – Performance/Assurance – Mixed Sex Accommodation Breaches, Category 3 or 4 Pressure Ulcers and HCAI C Difficile





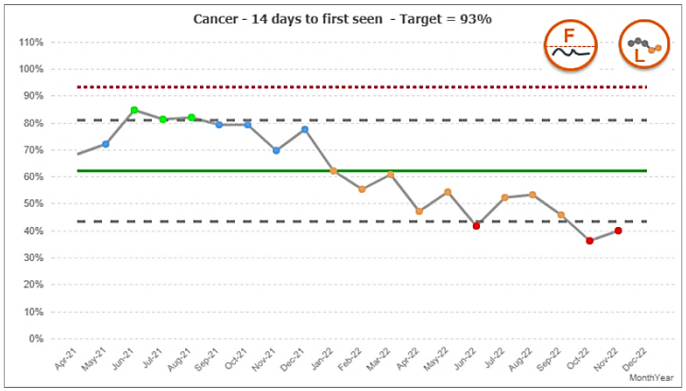


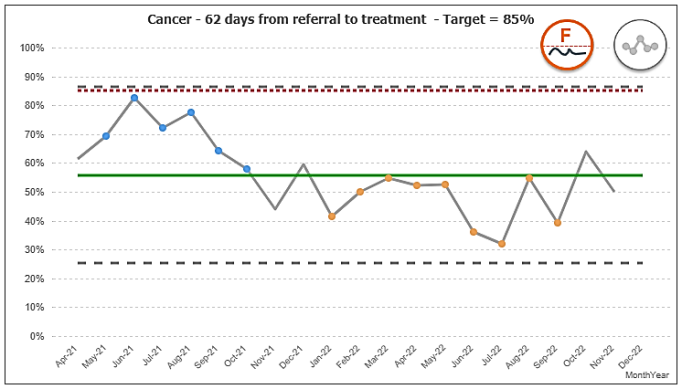
Background	What the Data tells us	Issues	Actions	Mitigations
Mixed Sex Accommodation The number of mixed sex accommodation breaches.	There has been an upward trend in mixed sex accommodation breaches during the financial year 2022/23. On average there have been 9 breaches per month, therefore this indictor has consistently fallen short of the standard required (0)	Lack of capacity and inability to admit to single sex beds & step down from ITU	Increased capacity opened in December (a further 22 beds on Thorogood ward). Patients continue to be allocated according to their clinical need and time spent waiting for a bed or to step down from CCU.	Recorded as incidents on Datix and reviewed. Cases discussed at each site meeting, three times per day and escalated as appropriate. Continue dialogue with patients affected to explain the why they may be in a bay/area with members of the opposite gender. In CCU, there are a number of physical barriers in place which mitigates this further.

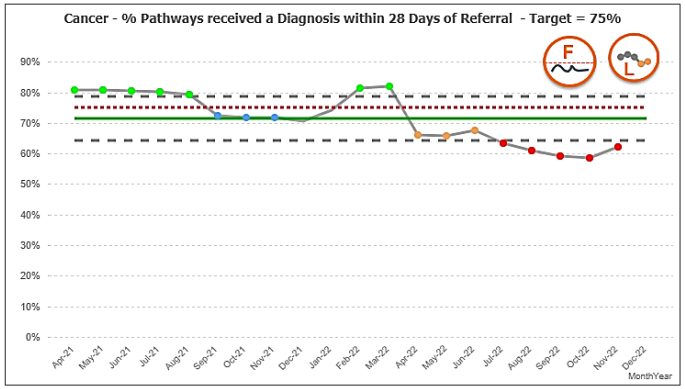
Background	What the Data tells us	Issues	Actions	Mitigations
Category 3 or 4 Pressure Ulcers **Pan Trust Standard** 10% reduction in the total number of attributable PUs during 2022/23 compared to 2021/22	**Total Trust Acquired Pressure Ulcers in December 2022:** 67 (+21 deep tissue injuries) affecting 49 patients. There were 8 medical device related pressure ulcers. **Breakdown:** Category 2: 39 (25 in hospital,14 in community) Category 3: 5 in community Category 4: None Mucosal: 3 in hospital Unstageable: 10 (3 in hospital, 7 in community) Deep Tissue Injury: 21 (3 in hospital, 18 in community). No category 4 pressure damage since July 2022	Increased clinical acuity and capacity in hospital setting requiring additional surge beds Increased patient length of stay in ED department where staff and equipment (bed surfaces & mattresses) demands exceeded immediate availability Paediatric patient developed 3 pressure ulcers under traction despite preventative measures in place Issues with patient concordance with recommended pressure ulcer prevention strategies	**Action to Recover:** Increased access to electronic and face to face pressure area care training Care home pressure ulcer training established to help reduce pressure ulcer development in care home patients under remit of District Nursing services. Following a community services review funding has been identified to increase the tissue viability services in Haringey to provide increased support Active recruitment into Tissue viability Team vacancies	Increased on site electric bed frame provision Tissue Viability Nurse attending the Emergency Department (ED) to assist with pressure area care support for patients with prolonged ED attendance Role adjustment of TVN team and Medstrom Clinical Advisor to provide targeted support to key areas (ED & surge) / District Nurse Teams.
HCAI C Difficile and MRSA (Methicillin-Resistant Staphylococcus Aureus)	Variance against Plan: 1 C-Diff case in December this month with a total Year to Date (YTD) of 15. The yearly target is to remain below 16. If trend continues as is (2/months since April 2022) we will breach the target.	Nationally there is a rise in C-Difficile cases, and this is perhaps due to the increased use of antibiotics over the last few years as a result of Covid19	**C-Difficile:** Promote effective antibiotic stewardship within clinical areas and medical teams. Avoid cross contamination by monitoring hand hygiene and working with IPC team and our estate colleagues. Ensure isolation processes are actioned as soon as possible.	There has been no known lapse of care in terms of cross contamination and antibiotic stewardship is robust with all cases reviewed by pharmacy, micro and the clinical teams provide input to the investigation.

Indicator	Target	Last Reported Month	Performance			Variation	Assurance
			Latest Month	Previous Month	2022-2023		
Cancer - 14 days to first seen	>93%	Nov	39.9%	36.1%	46.1%		
Cancer - 14 days to first seen - breast symptomatic	>93%	Nov	6.7%	20.0%	15.0%		
Cancer - 62 days from referral to treatment	>85%	Nov	50.0%	64.0%	47.8%		
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	Nov	48.8%	60.4%	45.8%		
Cancer ITT - % of Pathways sent before 38 Days	>85%	Nov	21.4%	20.0%	22.7%		
Cancer - % Pathways received a Diagnosis within 28 Days of Referral	>75%	Nov	62.2%	58.7%	62.8%		
Cancer - 31 days to first treatment	>96%	Nov	92.3%	91.4%	89.5%		
Cancer - 31 days to subsequent treatment - surgery	>94%	Nov					
Cancer - 62 Day Screening	>90%	Nov	100.0%	100.0%	58.8%		
DM01 - Diagnostic Waits (<6 weeks)	>99%	Dec	85.00%	84.45%	86.10%		
RTT - Incomplete % Waiting <18 weeks	>92%	Dec	65.1%	66.8%	69.1%		
Referral to Treatment 18 weeks - 52 Week Waits	0	Dec	582	598	4503		
% seen <=48 hours of Referral to District Nursing Service	>95%	Dec	77.4%	94.9%	92.7%		
Haringey New Birth Visits - % seen within 2 weeks	>95%	Nov	90.3%	93.1%	92.9%		
Islington New Birth Visits - % seen within 2 weeks	>95%	Nov	94.8%	92.8%	95.0%		
% of Rapid Response Urgent referrals seen within 2 Hours of Referral		Dec	50.4%	70.2%	71.5%		

Special Cause Variation – Performance/Assurance – Cancer – 14 Days to First Seen, 62 Day Performance, 28 Day FDS



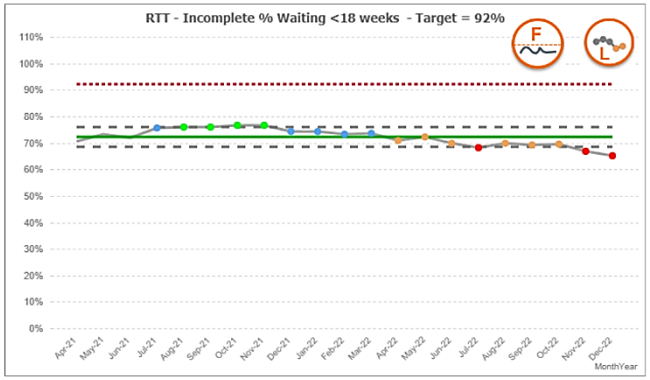


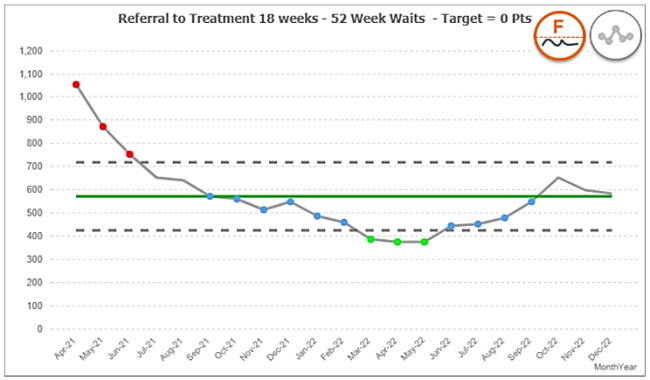


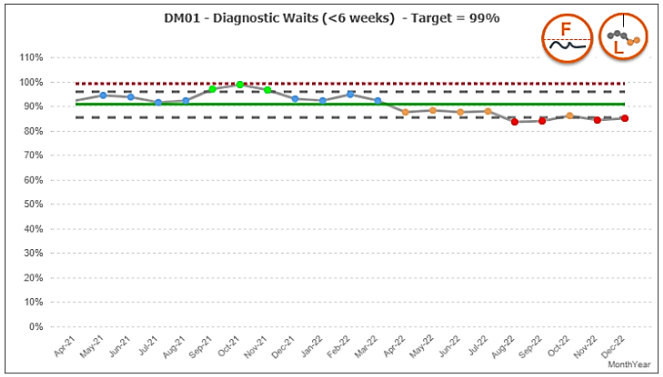
Background	What the Data tells us	Issues	Actions	Mitigations
Cancer – 14 Days to First Seen (Target 93%) 14 days to first seen – patients should be seen within 14 days of referral by GP or Dentist if they are suspected of having a cancer.	Current performance 39.9% Since March 2021 performance has continually worsened. However, this is an improvement from the previous month's performance of 36.1% but remains in decline.	There are several issues across all specialities including increases in referrals and capacity constraints seen in Breast, Colorectal, Dermatology and Gynaecology.	Capacity and demand modelling taking place for Cancer Booking Backlog Plans to clear the current and potentially accrued Cancer Booking Backlog to 31 March 2023. For 22/23 establish plans with specialties for the sourcing of additional activity to incrementally remove the Cancer Booking Backlog. Monitor the PTL closely to ensure updates are timely and accurate.	Work closely with outpatients to ensure patients are encouraged to attend their appointment (as delays can reduce compliance). Monitor appointment usage by specialty. Ensure that each appointment is tracked for outcome within 48 hours onto the PTL. Remove patients from the PTL in a timely way Monitor the Cancer Booking Backlog twice weekly by specialty.

Background	What the Data tells us	Issues	Actions	Mitigations
Cancer – 62 Day Performance (Target 85%) 62 days from referral to treatment – patients who have cancer should be treated within 62 days of referral	62-day current performance 50.0%. As with 2 weeks wait performance, variation indicates consistently falling short of the standard from an assurance point of view and a trend of worsening over time.	Breast: the length of the pathway Gynaecology: Significant workforce issues Current high demand Urology: Staffing levels due to absence & new reg team and late referrals to tertiary centres and tertiary centres have long waiting lists Colorectal: Historic significant demand	Review Breach Reporting Process. Identify opportunities for reducing breaches both internally and externally. Take corrective actions by specialty. At the end of December, the trusts position against the 62-day backlog was ahead of trajectory with 88 against a target of 110.	Work closely with outpatients to ensure patients are encouraged to attend their appointment (as delays can reduce compliance). Monitor appointment usage by specialty. Ensure that each appointment is tracked for outcome within 48 hours onto the PTL. Any DNA or other non-attendance should be acted on accordingly in line with the Cancer Access Policy. Remove patients from the PTL in a timely way through clinical review or other established process by specialty
Cancer – 28 Day Faster Diagnosis Standard (FDS) (Target 75%) 28 Day FDS – patients who are referred on a 14-day referral should by day 28 in the pathway know whether they have cancer or not.	Current performance is at 62.2% against the FDS standard of 75%. This is an improvement from the previous month's performance of 58.7% however remains a cause for concern against variation and assurance.	The Colorectal and Gynaecology service are currently Booking at patients at day 28s of referral due to capacity constraints. The Urology service has experienced a number of staff capacity challenges. Dermatology has been pressured across North Central London, however, there has been an improvement against standard and to note 65% of patients discharged on the day of appointment	Review the process for closing off the FDS Pathway by specialty. Ensure that there is a clear and appropriate method by specialty. Take any corrective actions required by specialty.	Work closely with outpatients to ensure patients are encouraged to attend their appointment (as delays can reduce compliance). Monitor appointment usage by specialty. Ensure that each appointment is tracked for outcome within 48 hours onto the PTL. Any DNA or other non-attendance should be acted on accordingly in line with the Cancer Access Policy. Remove patients from the PTL in a timely way through clinical review or other established process by specialtys per 14 days to First Tsee mitigations

Special Cause Variation – Performance/Assurance – 18 Weeks RTT, 52-Week Waiters, and DM01





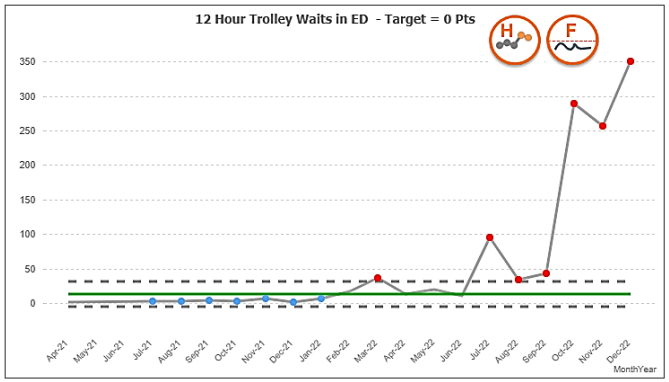


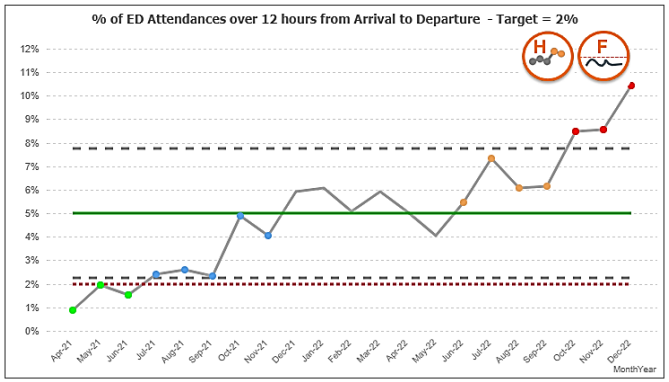
Background	What the Data tells us	Issues	Actions	Mitigations
The National RTT Standard is to achieve a maximum of 18 weeks wait from GP referral to 1st definitive treatment for every patient. It is a priority to ensure patients have access to timely care whilst also reflecting patient choice regarding timing and place of treatment.	Performance against 18-week standard for December is: 65.12%. The trust position against the 52-week position has decreased from 598 to 583 patients waiting more than 52 weeks for treatment compared to the previous month's performance. As a result of this increase this indicator is now a cause for concern against variation and assurance. The Trust has 18 patients over 78 weeks at the end of December 2022	The majority of patients waiting 52 weeks, or more are in the Surgery and Cancer ICSU. The ISCU continues to have a high number of patients (573) however this has declined since November 2022 by 16 patients.	Surgery and Cancer ICSU to ensure all patients in the 78-week cohort without a decision to admit (DTA) must have a next appointment booked by the end of January 2023. All patients in the 78-week cohort with a DTA must have a recorded TCI (to come in) date by the end of January 2023 within the Waiting List MDS, with first definitive treatment scheduled before the end of March 2023	The Surgery and Cancer ICSU is carrying out ongoing reviews of their service capacity plans to support an overall improvement in the RTT standard through to the end of March 2023 and ensure compliance of not having any patient waiting more than 78 weeks.

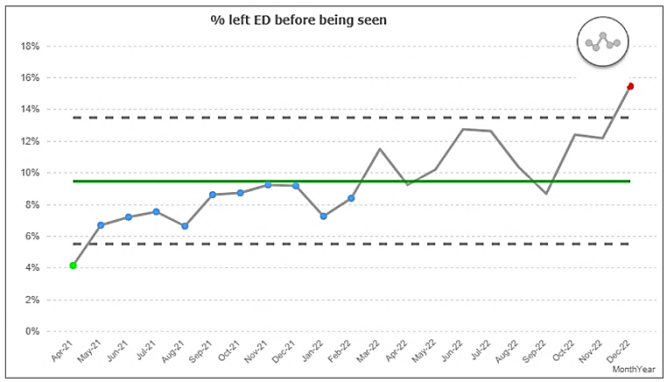
Background	What the Data tells us	Issues	Actions	Mitigations
DM01 Diagnostics The monthly diagnostics waiting times and activity return collects data on waiting times and activity for 15 key diagnostic tests and procedures with a standard 99% of patients to be seen within in 6 weeks	There has been a steady downward trajectory in the delivery of DM01 with December at 85%. The data shows performance for DM01 is a cause for concern against variation and assurance.	The main area of concern is Community Audiology. Capacity constraints for the service across acute and community remain. The community audiology recovery plan is in place, however, requires further development.	Clinical lead for Community Audiology to complete work with the service manager and audiology leads on developing a trajectory for 6 week waits across the service and to be finalised by end of January 2023. Clinical Lead to review available capacity options to complete initial assessments to support waiting times reduction	Ongoing capacity review to support possible mutual aid and difficulty in securing additional temporary staff, as well as the option of contracting with a private provider.

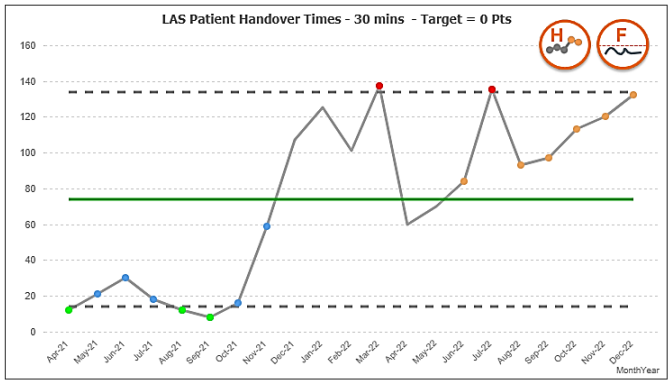
Indicator	Target	Latest Month Reported	Performance			Variation	Assurance
			Latest Month	Previous Month	2022-2023		
LAS Patient Handover Times - 30 mins	0	Dec	132	120	904		
LAS Patient Handover Times - 60 mins	0	Dec	146	66	393		
% streamed to an onsite service	>7.5%	Dec	1.8%	2.7%	2.4%		
Median Wait for Treatment (minutes)	< 60 min	Dec	134	133	111		
% of ED attendance seen by clinician within 60 mins of arrival		Dec	30.8%	31.4%	35.0%		
Median time from Arrival to Decision to Admit		Dec	06:12	05:22	04:46		
12 Hour Trolley Waits in ED	0	Dec	350	256	1110		
Total ED Attendances in dept for more than 12 hours (arrival to dept)		Dec	967	796	5586		
% of ED Attendances over 12 hours from Arrival to Departure	<2%	Dec	10.4%	8.6%	6.9%		
Emergency Department waits (4 hrs wait)	>95%	Dec	60.9%	63.8%	69.9%		
% left ED before being seen		Dec	15.4%	12.2%	11.6%		
% ED re-attendance within 7 days		Dec	9.8%	9.4%	9.8%		

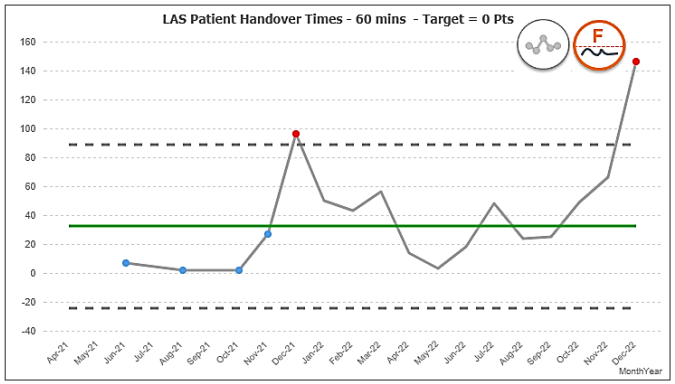
Special Cause Variation – Performance/Assurance – 12-Hour Trolley Waits in ED, % of ED Attendances Over 12 Hours from Arrival to Departure, % Left ED Before Being Seen, and LAS Handover Times











Background	What the Data tells us	Issues	Actions	Mitigations
12-Hour Trolley Waits in ED: This metric shows the numbers of patients who waited longer than 12 hours to be admitted to the ward following a decision to admit (DTA).	While the data shows the 12-hour trolley breaches have been rising since February 2022, the month of December 2022 saw a steep rise to a record level of 350 breaches.	High number of medically optimised (MO) patients awaiting hospital discharge Larger proportions of hospital discharges occurring later in the day Wards/bays closed due to infection prevention and control precautions Lack of Mental Health beds in the system	Ongoing Long Length of stay reviews External escalation with system partners Early and regular review of patients in ED who can be supported at home rather than being admitted. Creation of discharge lounge Better utilisation of alternative pathways such as Virtual wards, Rapid response and virtual monitoring to manage patients within their own homes. A new ED Transformational team is being set up to drive improvement in ED.	Safety check for all patients awaiting beds. Escalation at huddle and access meetings. Review escalation triggers and actions to prevent long waits in ED including boarding decisions. Welfare checks of patients in the waiting areas.
% Of ED Attendances Over 12 Hours from Arrival to Departure This metric shows the % of patients who have been in the department for more than 12 hours from arrival.	The data shows a significant rise in the percentage of patients spending more than 12 hours in the department from arrival to departure. This figure increased from 8.6% in November to 10.4 % in December.	Higher acuity of patients requiring longer to complete treatments Lack of availability of treatment spaces due to spaces occupied by patients awaiting hospital admission		
% Left ED Before Being Seen This is the % of patients who have left the emergency department before being seen.	The data show a steep rise from 12.2% in November to 15.4 % in December. This is an upward rising trend since April 2021	Long waits lead to patients leaving the department before being seen.	Promote utilisation of streaming pathways from current 2.5% to 7.5% of ED patients accessing these pathways. Zero tolerance policy to boarding in SDEC Presence of senior decision maker in Rapid assessment	First assessment nurse review to ensure high acuity patients are triaged and treated in a timely manner. This reduces the risk of high acuity patients waiting longer for treatment.
LAS Handovers This is the time it takes from arrival via ambulance to the patient being accepted in ED	The data shows a significant increase in the number of 60-minute breaches from 66 breaches in November to 146 breaches in December.	Downward capacity constraints have affected the ability to offload LAS patients due to these spaces being occupied by patients awaiting beds in the hospital.	The department is working with LAS to implement Hospital led cohorting, LAS led cohorting. 45-minute off load and rapid release process.	Patients being reviewed in the ambulance while awaiting off load.

Category	Indicator	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Activity
ED	ED Attendances		8285	7990	9763	8787	9742	9387	9117	8081	8383	9392	9324	9287	
ED	ED Admission Rate %		12.6%	12.1%	11.5%	11.0%	9.8%	9.5%	10.2%	10.6%	10.1%	9.0%	9.0%	10.3%	
Community	Community Face to Face Contacts		37982	38013	45498	37766	45499	43177	40792	37462	40590	42152	45431	33322	
Admissions	Elective and Daycase		1669	1789	2009	1739	2090	2081	2178	2017	2300	2314	2391	1824	
Admissions	Emergency Inpatients		1725	1583	1910	1700	1707	1717	1674	1686	1563	1625	1575	1631	
Referrals	GP Referrals to an Acute Service		14248	14371	16133	12809	15398	14400	14312	14254	14005	15499	15540	12497	
Referrals	% of GP Referrals that were completed via ERS		83.4%	83.4%	84.7%	83.0%	82.0%	81.1%	83.3%	85.2%	85.9%	86.8%	83.5%	78.2%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	29.4%	31.8%	31.6%	32.9%	33.0%	32.6%	30.1%	31.5%	32.5%	31.8%	38.5%	38.3%	
Maternity	Maternity Births	320	249	237	271	265	244	262	264	271	237	254	259	231	
Maternity	Maternity Bookings	377	320	250	343	323	388	284	327	277	262	295	297	322	
Outpatients	Outpatient DNA Rate % - New	<10%	11.5%	10.6%	11.1%	11.6%	10.5%	10.5%	11.5%	12.7%	13.2%	12.8%	11.9%	13.6%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	10.5%	10.3%	10.9%	10.7%	10.0%	10.4%	10.9%	10.7%	10.5%	10.6%	10.3%	11.7%	
Outpatients	Outpatient New Attendances		8887	8928	10404	8718	10202	9923	9322	9399	9464	9880	11430	9753	
Outpatients	Outpatient FUp Attendances		15602	15125	17302	15665	17831	17008	15829	16441	18078	17278	18311	15106	
Outpatients	Outpatient Procedures		5250	5467	6245	5253	6337	5893	5988	6168	6284	6383	6485	5492	

Commentary

- Average community activity fell in December to 33,322 from 45,431 in November 2022.
- Elective and day cases saw a dip in activity December 2022 (1824) compared to November 2022 (2391) as a result of expected reduction of capacity during the festive period.
- There continues to be a worrying trend in overall births declining in December there were 231 against a target of 350. However maternity bookings increased in December to 322 which is the highest level since July 2022
- DNA rates for first appointments continue to increase for both acute and community appointments. Acute first appointment DNA rate for December was 13.6% and for November it was 11.9%
- ASI issues are still high at 38.3% in December against a target of <4%

Performance for elective and day-cases and outpatients based on volume, comparing current performance to 19/20 show a positive trend throughout the year, however, there has been a decline in December 2022. This continues to be monitored at the Trust Management Group. Overall progress has been positive but further analysis at the speciality level is ongoing with particular attention on the surgical specialities.

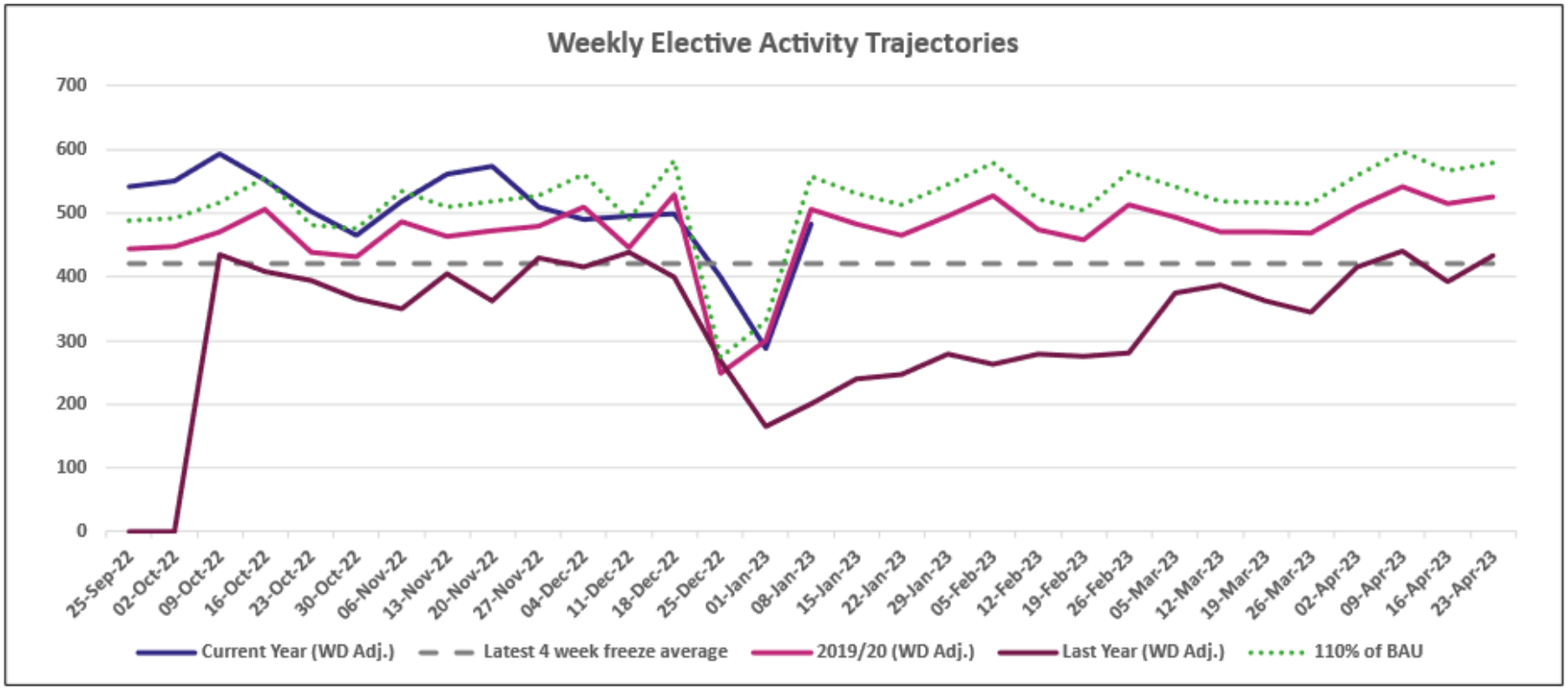
Recovery Trajectory – Electives & Day Cases

Actual

flex

W/E	25-Sep-22	02-Oct-22	09-Oct-22	16-Oct-22	23-Oct-22	30-Oct-22	06-Nov-22	13-Nov-22	20-Nov-22	27-Nov-22	04-Dec-22	11-Dec-22	18-Dec-22	25-Dec-22	01-Jan-23	08-Jan-23
Week No.	Wk_39	Wk_40	Wk_41	Wk_42	Wk_43	Wk_44	Wk_45	Wk_46	Wk_47	Wk_48	Wk_49	Wk_50	Wk_51	Wk_52	Wk_1	Wk_2
Weekly Activity - Current Year (WD Adj.)	541	550	593	553	502	465	518	562	573	509	490	495	499	400	288	483
Weekly Activity - 2019/20 (WD Adj.)	444	447	470	506	438	432	486	463	472	480	510	445	530	248	300	507
% of Baseline Year (2019/20)	122%	123%	126%	109%	115%	108%	107%	121%	121%	106%	96%	111%	94%	161%	96%	95%

Forecast



The latest flex position is at 95% of 19/20 levels.

Average activity over the last 4 weeks is at 105% of 19/20 (including flex).

*All figures are first cut and subject to further validation and outcoming.

Recovery Trajectory – Outpatients

flex

First

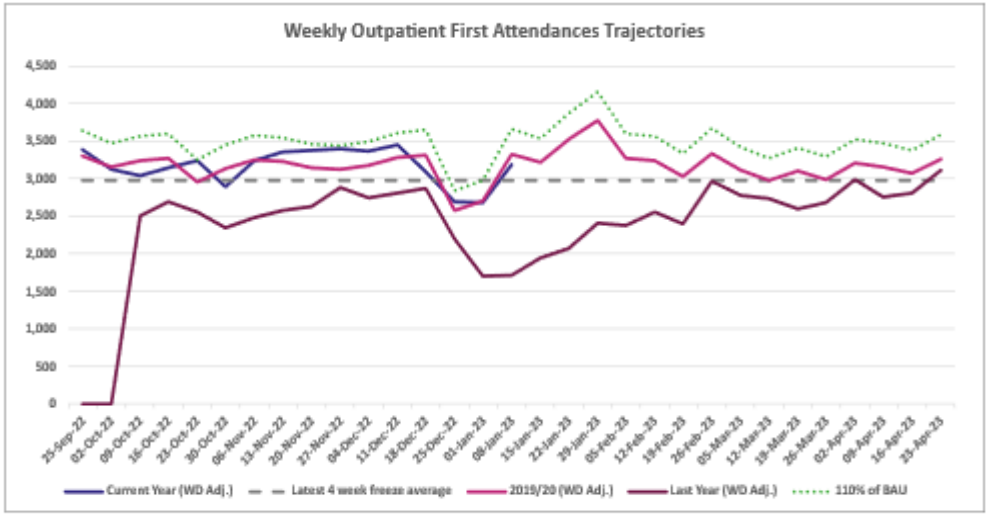
W/E	25-Sep-22	02-Oct-22	09-Oct-22	16-Oct-22	23-Oct-22	30-Oct-22	06-Nov-22	13-Nov-22	20-Nov-22	27-Nov-22	04-Dec-22	11-Dec-22	18-Dec-22	25-Dec-22	01-Jan-23	08-Jan-23
Week No.	Wk_39	Wk_40	Wk_41	Wk_42	Wk_43	Wk_44	Wk_45	Wk_46	Wk_47	Wk_48	Wk_49	Wk_50	Wk_51	Wk_52	Wk_1	Wk_2
Weekly Activity - Current Year (WD Adj.)	3,383	3,121	3,037	3,149	3,239	2,897	3,236	3,361	3,376	3,399	3,365	3,452	3,098	2,692	2,682	3,188
Weekly Activity - 2019/20 (WD Adj.)	3,307	3,152	3,242	3,267	2,954	3,134	3,249	3,226	3,148	3,125	3,178	3,279	3,315	2,578	2,709	3,324
% of Baseline Year (2019/20)	102%	99%	94%	96%	110%	92%	100%	104%	107%	109%	106%	105%	93%	104%	99%	96%

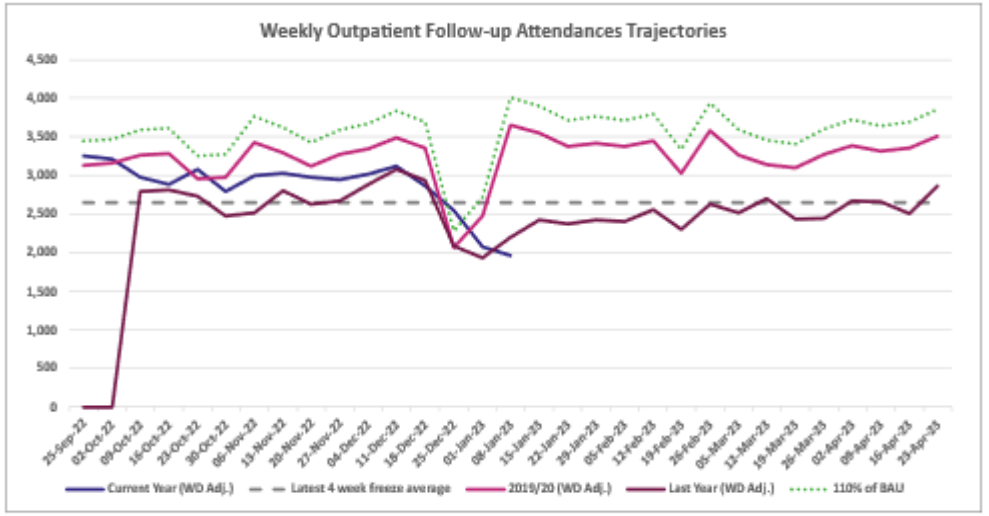
flex

Follow-up

W/E	25-Sep-22	02-Oct-22	09-Oct-22	16-Oct-22	23-Oct-22	30-Oct-22	06-Nov-22	13-Nov-22	20-Nov-22	27-Nov-22	04-Dec-22	11-Dec-22	18-Dec-22	25-Dec-22	01-Jan-23	08-Jan-23
Week No.	Wk_39	Wk_40	Wk_41	Wk_42	Wk_43	Wk_44	Wk_45	Wk_46	Wk_47	Wk_48	Wk_49	Wk_50	Wk_51	Wk_52	Wk_1	Wk_2
Weekly Activity - Current Year (WD Adj.)	3,251	3,216	2,978	2,888	3,074	2,792	2,994	3,022	2,977	2,946	3,014	3,116	2,863	2,545	2,070	1,960
Weekly Activity - 2019/20 (WD Adj.)	3,133	3,156	3,266	3,283	2,959	2,979	3,426	3,288	3,117	3,268	3,341	3,488	3,354	2,068	2,474	3,647
% of Baseline Year (2019/20)	104%	102%	91%	88%	104%	94%	87%	92%	96%	90%	90%	89%	85%	123%	84%	54%

Forecast



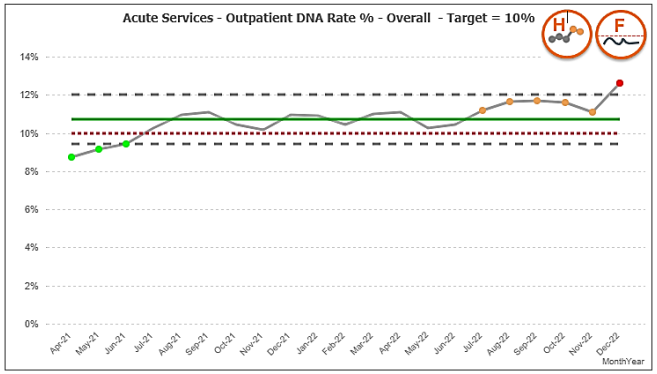


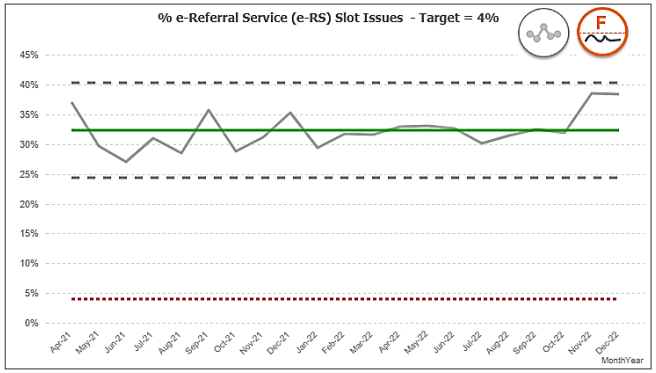
The latest flex position is at 96% (firsts) and 54% (follow-ups) of 19/20 levels.
Average activity over the last 4 weeks is at 98% (firsts) and 82% (follow ups) of 19/20 levels (including flex).

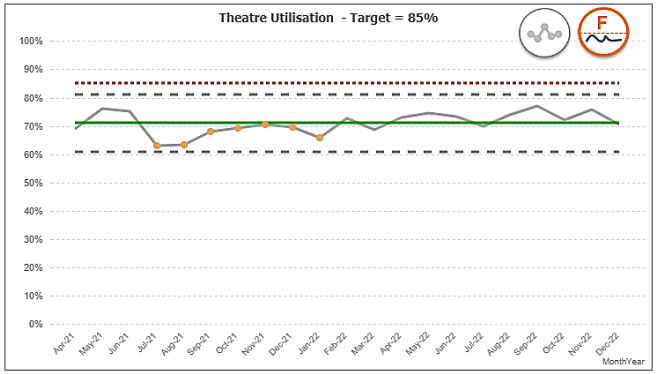
*All figures are first cut and subject to further validation and outcoming.

Indicator	Target	Last Reported Month	Performance			Variation	Assurance
			Latest Month	Previous Month	2022-2023		
Cancelled Ops not rebooked <28 Days	0	Nov	9	7	64	H	
Hospital Cancelled Operations	0	Nov	2	3	15		
Theatre Utilisation	>85%	Dec	70.37%	75.72%	73.47%		
Community DNA % Rate	<10%	Dec	9.0%	8.0%	7.9%		P
Acute DNA % Rate	<10%	Dec	12.6%	11.1%	11.3%	H	F
% e-Referrals Service (e-RS) Slot Issues	<4%	Dec	38.3%	38.5%	33.4%		F
Outpatients New:Follow Up Ratio	2.3	Dec	1.55	1.60	1.72	L	
Non Elective Re-Admissions within 30 days	<5.5%	Dec	4.45%	3.63%	4.17%	L	P
Rapid Response - % of referrals with an improvement in care		Dec	75.0%	75.5%	75.5%	H	

Special Cause Variation – Performance/Assurance – Acute DNA % Rate, % e-Referrals Service (e-RS) Slot Issues, Theatre Utilisation





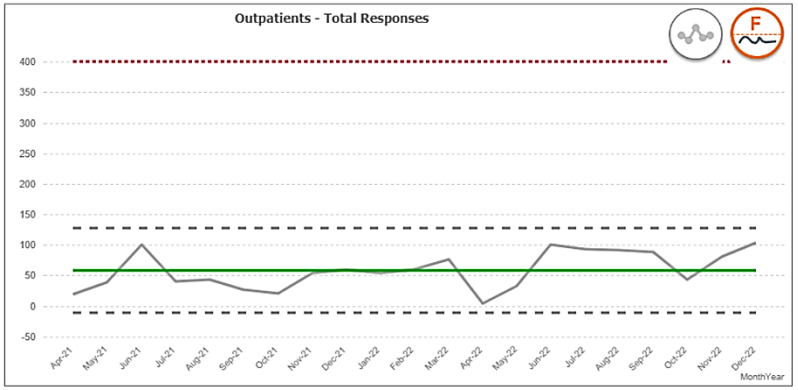


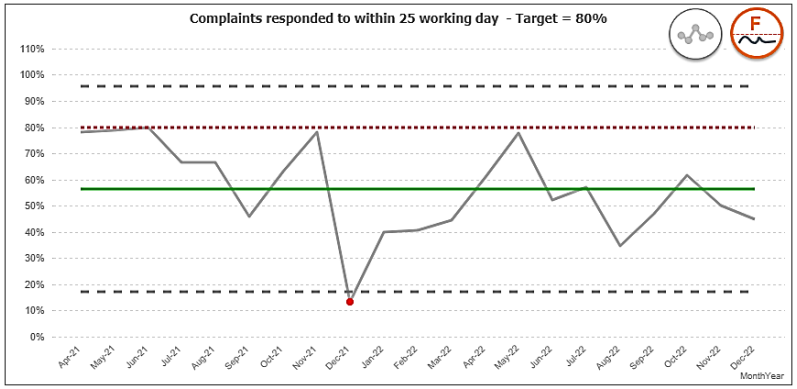
Background	What the Data tells us	Issues	Actions	Mitigations
Acute DNA % Rate The total percentage of patients who do not attend their outpatient appointment.	The overall DNA rate for December was 12.6%. The average DNA rates for First Appointments currently sits at 11.2% with F/up appointments at 10.6%. 40% of the Trust DNA's rates sit in the Surgery and Cancer services as well as Emergency Integrated Medicine ICSU, with the exception of Women's Health Service; Gynaecology.	There continues to be issues with cancellation of clinics to support the wards during OPEL 4, which is affecting the DNA rates. There are trends we have seen in Diagnostics which needs to be addressed and the access policy that needs to be followed correctly to ensure patients are given sufficient notice ahead of their appointment.	Diagnostics appointments DNA deep dive to be reviewed in January 2023. Review Coding outcomes for DNA rates, specifically in Ambulatory Care. Ensure services are compliant in the use of the Trust Access Policy and ensure all services with high DNA rates are working in line with this policy.	Calling patients across some services for appointment reminders. Text reminders are being sent. ZESTY platform to be used to support reduction in DNA rates as part of phase 2 roll out. Leaflets, clinic letters/ appointment codes to be checked and ensure are updated to right location of clinic codes.

Background	What the Data tells us	Issues	Actions	Mitigations
%e-Referrals Service (e-RS) Appointment lot Issues When no clinic appointment is available for patients to book in e-RS, the referral can be forwarded or deferred to the patient's chosen provider known as an appointment Slot Issue (ASI) There are two reasons why there may ASIs: 1. No clinic appointments available on e-RS due to technical reasons 2. The organisation providing directly bookable services have not made sufficient appointment slots available to e-RS.	In December the Trust had 38.3% ASI's against a target of <4%. The performance in December 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. This is now becoming a cause of concern.	Main issues include: Management of available capacity Use of patient booking windows to see available patient slots	Work is going on to utilise the NCL ASI support team which will enable the trust to reduce the ASI figures for Surgery. Additional support from the Access team is reducing the tail end of the backlog of longer waiters as a result long waiters are starting to reduce.	Central outpatients are now carrying out reviews of all patients over 12 weeks on the ASI list to transfer them directly on to the PTL. The impact has been seen since it started in November.
Theatre Utilisation: Target 85%	December performance against theatre utilisation is at 70.37%. There has been a dip in performance of 5.35% in December against Novembers performance of 75.72%	During December the majority of inpatient electives cases were cancelled due to flow issues and bed availability within the trust.	Bed availability and flow is being monitored daily. Regular reviews of the expected theatre booking lists to ensure spaces can be backfilled in a timely fashion.	Theatre activity has gone up as there has been an increase in the number of less complex cases that do not require beds. This means that more down time is needed between cases and has caused theatre utilisation to drop.

Indicator	Target	Last Reported Month	Performance			Variation	Assurance
			Latest Month	Previous Month	2022-2023		
ED - FFT % Positive	>90%	Dec	72.7%	74.3%	75.3%		F
ED - FFT Response Rate	>15%	Dec	10.9%	11.2%	11.4%		F
Inpatients - FFT % Positive	>90%	Dec	94.6%	94.1%	94.0%		P
Inpatients - FFT Response Rate	>25%	Dec	13.7%	21.4%	19.7%		F
Maternity - FFT % Positive	>90%	Dec	49.0%	49.4%	56.5%		F
Maternity - FFT Response Rate	>15%	Dec	31.6%	34.4%	17.5%		P
Outpatients - FFT % Positive	>90%	Dec	96.2%	88.9%	90.4%		P
Outpatients - FFT Response Rate	400	Dec	104	81	638		F
Community - FFT % Positive	>90%	Dec	97.1%	97.0%	96.7%		P
Community - FFT Response Rate	1500	Dec	447	813	6176	H	F
Complaints responded to within 25 or 40 working days	>80%	Dec	45.0%	50.0%	54.3%	L	F
Complaints (including complaints against Corporate division)		Dec	20	24	186		

Special Cause Variation – Performance/Assurance – With a Focus on Complaints Responded to Within 25 Working Days

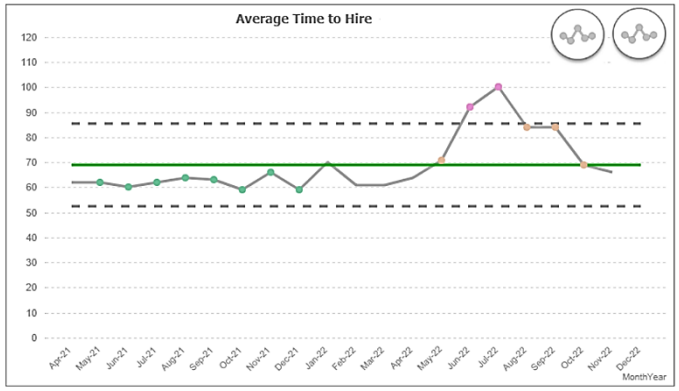


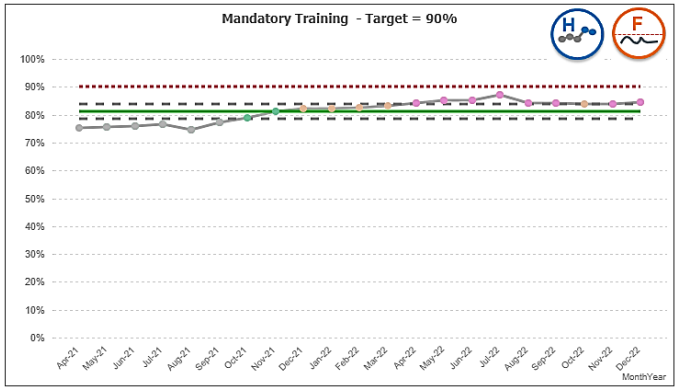


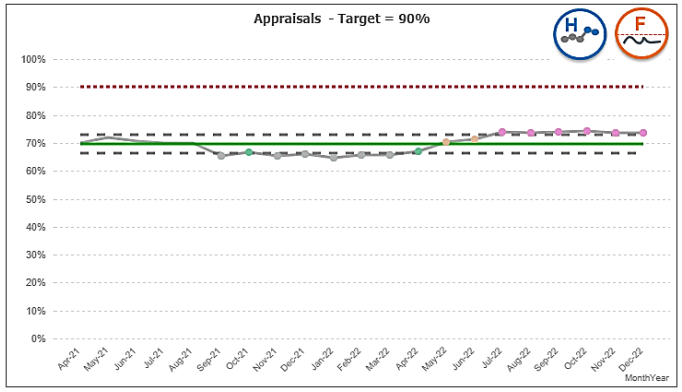
Background	What the Data tells us	Issues	Actions	Mitigations
% Complaints Responded to Within 25 Working Days	There were 20 complaints received where a response was required in December 2022. The Trust performance for December 45% and this is a drop of 5% from November when it was 50% The dip performance is now a cause for concern against variation and assurance.	Trust in Opel 4 for several weeks leading to ICSU staff under severe clinical, nursing and administrative pressures causing delays in complaint investigations, affecting submission of draft responses to the PALS & Complaint team for review. ICSU staff also working on older complaints that still require investigation and responses.	Recruiting additional temporary staff to support ICSU (S&C) complaint investigations to end March 2023 Recruiting additional temporary support for the PALS team to end March 2023, allowing the team to take effective action wherever possible to de-escalate potential complaints.	Regular meetings between Complaints Facilitators with ICSU leads to gauge progress and identify problems. Ensure that all complainants are kept informed of any delays to investigations.

Indicator	Target	Last Reported Month	Performance			Variation	Assurance
			Latest Month	Previous Month	2022-2023		
Appraisals % Rate	>90%	Dec	73.7%	73.8%	72.5%	H	F
Mandatory Training % Rate	>90%	Dec	84.6%	84.0%	84.7%	H	F
Permanent Staffing WTEs Utilised	>90%	Dec	87.6%	86.5%	86.8%	L	F
National Quarterly Pulse Survey (NQPS)	800	Dec	0	0	1086		
NQPS Staff % recommended work	>50%	Dec			51.1%		
Staff Sickness abscence %	<3.5%	Nov	4.23%	4.31%	4.20%		F
Staff Turnover %	<13%	Dec	15.8%	14.1%	14.2%	H	F
Vacancy % Rate against establishment	<10%	Dec	12.4%	13.5%	13.2%	H	F
Average Time to Hire	<=63	Dec		66	79		
Safe Staffing Alerts - Number of Red Shifts		Dec	12	9	103		F
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		Dec	11.4	9.9	10.4		

Special Cause Variation – Performance/Assurance – Average Time to Hire, Mandatory Training % Rate and Appraisals % Rate







Background	What the Data tells us	Issues	Actions	Mitigations
Time to Hire The average time to hire from interview to start date.	There has been a steady improvement in the average time to hire data over the last 3 months. However, the current average is still above the Trust target which is 63 days.	There continues to be issues regarding the time taken for North London Partners Shared Service (NLPSS) to complete employment checks for candidates. At present it is taking 36 days to complete these checks instead of the 20-day KPI set.	Continue to meet with NLPSS on a weekly basis to assess the position and work through any potential barriers.	There has been a steady improvement in the average time to hire data over the last 3 months. However, the current average is still above the Trust target which is 63 days.
Mandatory Training and Appraisals: Mandatory training and appraisals both have a target of 90%	Mandatory training has increased 1% to 85% since last month and previous 3 months. Appraisal rates are sticking at 74% as they have for the last 3 months.	Staff shortages and the pressure of work which is further impacted by the usual winter pressures. It is a challenge to release staff to training or take a meaningful period of time away from work to conduct appraisals.	Promote the login to the learning platform and encourage engagement in easy to find and complete courses.	Significant change in Mandatory Training in the last 2 years: Audit identified areas not aligned with Core Skills Training Framework (CSTF) including e.g., no 'level 1 resuscitation', and other subjects. TMG agreed to align, bringing down compliance, we are still working to regain. Covid has reduced our ability to teach close contact subjects such as 'moving and handling' and 'resuscitation', reducing compliance. The Trust has a new and improved learning platform to support compliance.

Appendix 1 – Community Performance Dashboard

Indicator	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	2022-2023	Performance
IAPT Moving to Recovery	>50%	57.2%	47.6%	47.5%	48.5%	52.1%	50.2%	48.7%	48.3%	47.1%	53.8%	50.7%		50.0%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	88.5%	89.6%	91.9%	91.9%	92.6%	95.2%	93.3%	90.5%	94.1%	95.0%	92.0%		93.0%	
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	63.9%	62.5%	65.4%	63.0%	71.8%	62.5%	64.7%	72.6%	64.4%	69.2%	68.2%		67.1%	
Haringey - HR1 % carried out before child aged 15 months	N/A	58.5%	53.5%	73.6%	76.4%	69.5%	76.0%	75.2%	74.3%	69.9%	77.7%	74.2%		74.1%	
Haringey - HR2 % carried out before child aged 30 months	N/A	68.5%	61.8%	65.5%	54.8%	54.8%	68.1%	74.3%	66.4%	74.8%	74.8%	72.1%		67.5%	
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	58.5%	69.7%	68.7%	68.5%	72.4%	77.8%	77.3%	71.3%	70.9%	60.0%	68.3%		70.9%	
Islington - HR1 % carried out before child aged 15 mths	N/A	78.6%	66.8%	81.3%	81.0%	79.9%	80.8%	86.8%	85.2%	80.3%	77.1%	85.6%		82.1%	
Islington - HR2 % carried out before child aged 30 mths	N/A	73.4%	74.4%	78.9%	79.2%	73.7%	78.4%	77.8%	81.1%	87.8%	78.5%	82.1%		79.8%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	88.9%	94.8%	91.5%	83.6%	73.5%	83.3%	88.6%	87.7%	87.9%	92.5%	87.5%	93.9%	84.9%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	100.0%	100.0%	88.9%	100.0%			100.0%	60.0%	77.8%	82.4%	100.0%	80.0%	81.7%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	71.7%	74.7%	72.2%	70.7%	74.4%	73.5%	70.8%	72.7%	71.7%	80.2%	81.5%	71.3%	74.4%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	96.3%	93.2%	88.6%	92.9%	90.6%	93.4%	95.2%	96.4%	93.9%	94.2%	95.9%	88.4%	93.2%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	100.0%	100.0%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Hackney Smoking Cessation: % who set quit date & stopped after 4 wee...	>45%			61.5%			52.0%			41.2%				46.8%	
Islington Self-Management - Average Increase in PAM Score	>=9														
Haringey Self-Management - Average Increase in PAM Score	>=9														

Appendix 2 – Community Waiting Times Dashboard

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Oct-22	Nov-22	Dec-22	Avg Wait (Dec)	No. of Pts Seen	% Threshold	Target Weeks	Oct-22	Nov-22	Dec-22	Avg Wait (Dec)	No. of Pts Seen
CAMHS	>95%	8	60.8%	62.0%	52.7%	20.9	55	>95%	2	86.7%	78.6%	86.4%	1.4	22
Child Development Services	>95%	12	90.0%	61.9%	100.0%	0.3	5	>95%	-				-	0
IANDS	>95%	18	82.5%	80.1%	76.4%	15.8	89	>95%	2			100.0%	0.0	1
Community Children's Nursing	>95%	2	76.9%	67.1%	71.4%	2.2	56	>95%	1	100.0%	100.0%	100.0%	0.1	4
Community Paediatrics Services	>95%	18	66.0%	64.7%	88.1%	8.4	67	>95%	1				8.4	0
Family Nurse Partnership	>95%	12				-	0	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	0.1	1	>95%	-				-	0
Looked After Children	>95%	4	88.2%	70.0%	77.8%	3.7	18	>95%	-				-	0
Occupational Therapy	>95%	18	64.7%	47.1%	40.0%	20.0	10	>95%	2		100.0%		-	0
Physiotherapy	>95%	18	92.7%	77.0%	94.4%	8.8	36	>95%	2			0.0%	10.0	1
PIPS	>95%	12	81.8%	84.2%	100.0%	3.6	8	>95%	-				-	0
School Nursing	>95%	12	93.3%	94.8%	90.4%	3.9	83	>95%	-				-	0
Speech and Language Therapy	>95%	8	60.8%	45.6%	50.5%	15.7	99	>95%	2	0.0%	0.0%		-	0
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	96.3%	100.0%	100.0%	0.3	8	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	3.0	38	>95%	2	87.5%	75.0%	100.0%	0.9	2
Community Rehabilitation (CRT)	>95%	12	89.1%	87.9%	91.3%	6.9	46	>95%	2	54.5%	40.0%	23.8%	11.6	21
ICTT - Other	>95%	12	53.7%	83.2%	83.1%	5.9	83	>95%	2	30.4%	0.0%	5.9%	4.5	17
ICTT - Stroke and Neuro	>95%	12	27.3%	42.9%	17.6%	16.3	17	>95%	2	50.0%	33.3%	20.0%	3.9	10
Home-based Intermediate Care Se...	>95%	6	38.3%	40.7%	46.2%	7.3	104	>95%	2	65.1%	59.4%	81.9%	1.4	72
Community Bed-based Intermediat...	>95%	6	100.0%	100.0%	100.0%	0.0	5	>95%	2	100.0%	63.6%	100.0%	0.8	3
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	5.3	4	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	45.3%	63.9%	52.8%	13.3	123	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	47.1%	33.3%	39.2%	9.1	232	>95%	2	42.9%	0.0%	14.3%	3.1	7
Musculoskeletal Service - Routine	>95%	6	31.7%	34.0%	34.3%	13.4	846	>95%	2	66.4%	55.0%	72.8%	1.7	125
Nutrition and Dietetics	>95%	6	94.6%	100.0%	97.9%	2.5	145	>95%	2	80.0%	100.0%	100.0%	0.3	5
Podiatry (Foot Health)	>95%	6	22.8%	16.3%	22.0%	20.4	273	>95%	2	50.0%	20.0%		-	0
Lymphodema Care	>95%	6	85.7%	91.7%	100.0%	2.9	25	>95%	2			100.0%	0.1	1
Tissue Viability	>95%	6	100.0%	97.1%	100.0%	2.1	37	>95%	-				-	0
Cardiology Service	>95%	6	90.9%	92.0%	100.0%	2.1	22	>95%	2	100.0%		100.0%	0.7	1
Diabetes Service	>95%	6	95.9%	93.2%	89.5%	4.7	38	>95%	-				-	0
Respiratory Service	>95%	6	98.4%	94.0%	98.2%	0.8	55	>95%	2				-	0
Spirometry Service	>95%	6	96.0%	100.0%	96.6%	4.1	58	>95%	-				-	0

Children's Community Waits Performance

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Oct-22	Nov-22	Dec-22	Avg Wait (Dec)	No. of Pts Seen	% Threshold	Target Weeks	Oct-22	Nov-22	Dec-22	Avg Wait (Dec)	No. of Pts Seen
CAMHS	>95%	8	60.8%	62.0%	52.7%	20.9	55	>95%	2	86.7%	78.6%	86.4%	1.4	22
Community Children's Nursing	>95%	2	73.2%	54.2%	62.5%	2.8	40	>95%	1	100.0%	100.0%	100.0%	0.1	4
Community Paediatrics - Haringey	>95%	18	57.1%	60.7%	86.3%	8.7	51	>95%	1				-	0
Community Paediatrics - Islington	>95%	18	91.7%	83.3%	93.8%	7.7	16	>95%	1				-	0
Family Nurse Partnership - Islington	>95%	12				-	0	>95%	-				-	0
Haematology Service - Islington	>95%	12	100.0%	100.0%	100.0%	0.1	1	>95%	-				-	0
Haringey - SCT	>95%	20	0.0%	0.0%	0.0%	43.6	22	>95%	-				-	0
IANDS - SCT	>95%	20	7.7%	0.0%	5.6%	49.5	18	>95%	2				-	0
IANDS	>95%	18	92.9%	100.0%	100.0%	3.3	13	>95%	2			100.0%	0.0	1
Looked After Children - Haringey	>95%	4	88.9%	66.7%	72.7%	4.9	11	>95%	-				-	0
Looked After Children - Islington	>95%	4	87.5%	72.7%	85.7%	1.9	7	>95%	-				-	0
Occupational Therapy - Barnet	>95%	18	31.0%	30.4%	27.3%	30.5	33	>95%	6				-	0
Occupational Therapy - Haringey	>95%	18	64.7%	47.1%	40.0%	20.0	10	>95%	2		100.0%		-	0
Occupational Therapy - Islington	>95%	18	61.9%	77.3%	75.0%	15.7	16	>95%	2				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	83.3%	50.0%	100.0%	0.3	5	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	100.0%	100.0%	6.6	9	>95%	-				-	0
Physiotherapy - Barnet	>95%	18	68.4%	46.2%	50.0%	19.5	22	>95%	-				-	0
Physiotherapy - Haringey	>95%	18	92.7%	77.0%	94.4%	8.8	36	>95%	2			0.0%	10.0	1
Physiotherapy - Islington	>95%	18	98.4%	96.5%	100.0%	4.8	34	>95%	2				-	0
PIPS	>95%	12	81.8%	84.2%	100.0%	3.6	8	>95%	-				-	0
SALT - Barnet	>95%	18	25.7%	27.5%	36.4%	29.8	55	>95%	6				-	0
SALT - Haringey	>95%	13	44.3%	33.0%	37.3%	18.6	59	>95%	2	0.0%	0.0%		-	0
SALT - Islington	>95%	13	76.1%	63.8%	81.0%	8.6	21	>95%	-				-	0
SALT - MPC	>95%	18	77.8%	45.5%	53.3%	15.0	15	>95%	-				-	0
School Nursing - Haringey	>95%	12	86.7%	93.8%	80.8%	6.2	26	>95%	-				-	0
School Nursing - Islington	>95%	12	96.6%	95.5%	94.7%	2.8	57	>95%	-				-	0

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Children Community Waiting Times	**Therapy services** Vacancies across therapy services, in particular in OT, continue to have an impact on performance. Work is planned to better coordinate recruitment across teams to help address gaps In Barnet 84% of the service provision is covered by permanent staff, this is a significant improvement since the service transferred to WH in February 2022. All vacant roles in Islington have been recruited to and we are starting to see an improvement in waiting times. Additional funding linked to the development of family hubs will focus on early identification and intervention of young children with Speech, Language and Communication needs Services continues to work with partners on implementation of recommendations from the community services review in NCL – additional investment for some areas will be confirmed in February and this will support reduction in waiting times. Linked to this work all boroughs are reviewing service offers and considering further changes to be made locally. WH teams continue to use recovery funding to provide additional initial assessments and interventions to help reduce waiting times. **Community paediatrics** Significant improvement in waiting times in Haringey are shown – long waits for initial appointments caused by staffing challenges are reducing as planned. Waiting times in Islington have been impacted by gaps in the community paediatric team. The team is currently reviewing demand and capacity across the service and will be recruiting to vacant post. **Looked after children** In Haringey & Islington some additional temporary capacity has supported a reduction in waiting times. An increase in funding for staffing is proposed as part of the work in response to the NCL Community Service Review. A decision on allocation of funding is expected in February and the expected investment will help teams deliver reviews within target waiting times. **Islington CAMHS** Average waiting time remains within the target. The number of urgent referrals doubled between October and December, and average waiting times for urgent referrals increased in December. Routine waiting times increased in Community CAMHS in December, however, the majority of CAMH services continue to see children and young people well within the 8-week target but the figure in the dashboard includes NDP and the central CAMHS Therapies team which continue to see an increase in referrals and hold the longest waits. **Social Communication - autism/ADHD assessments** The service is working with the Integrated Care Board and other local providers to agree where additional recurrent funding will be invested to support reduction of waiting times across NCL. It is proposed that increased investment will be directed towards outer London boroughs which have historically received less investment. In late February investment per borough & provider will be confirmed. In the meantime, the Haringey service is providing additional assessments using one off funding and the Islington under 5s service are looking at new model of assessment processes to help further reduce waiting times. The ASC/ADHD Hub (managed for NCL by WH) began conducting assessments in December. The hub is providing additional assessment capacity across NCL to help reduce waiting times. We expect to start to see an impact on waiting times in Q4 2022/23	**Named person:** Director of Operations, Children and Young People's Services

<table>
<tr><th>Indicator and Definition</th><th>Commentary and Action Plan</th><th>Named Person & Date Performance will Recover</th></tr>
<tr><td>Adult Community Waiting Times</td><td>
All services are running with their business-as-usual models now and most services are progressing positively with their backlogs.

There continues to be a focus on Musculoskeletal (MSK) and Podiatry, but 2 new areas are beginning to be challenged with backlogs. These are the Islington Community Rehabilitation Team (ICRT) and the Bladder and Bowel Team

<u>MSK</u>: The total number of patients waiting for an (MSK) appointment in December is now 9497 compared with 8413 in November, this has increased mainly due to having a smaller backlog of patients on Community Recovery Services (CRS) waiting to be transferred to RIO. Recovery continues to be slow and therefore we are planning 2 more super Saturdays in Feb/March focussing on Routine physio rather than Clinical Assessment Treatment Service (CATS).
Average waiting time: CATS – 9.1 weeks in December up from 9.0 weeks in November
Routine – 13.4 weeks in December down from 14.4 weeks in December

<u>Podiatry</u>: Workforce issues continue to be the main issue with this service. Wait times continue to increase. There is a comprehensive action plan in place to mitigate the risk of the waits growing further which is being monitored very closely.
Average waiting times over the last 6 months.
<table>
<tr><th>Dec</th><th>Nov</th><th>Oct</th><th>Sept</th><th>Aug</th><th>July</th><th>June</th></tr>
<tr><td>20.4</td><td>24.6</td><td>20.5</td><td>18.7</td><td>16.2</td><td>15.5</td><td>16.3</td></tr>
</table>
We will be refocusing on this service as current measures have yet to impact wait times. We are discussing options alongside commissioners and Voluntary and Community Sector (VCS) to understand if social nail cutting could be provided by the voluntary sector. We will be running 2 super Saturdays in Feb/March to reduce waiting times. We can provide assurance that despite the longer waits all high priority patients are triaged and seen urgently. There are 15 patients waiting over 52 weeks all whom have an appointment.

ICRT: Waiting times for neuro and stroke rehabilitation have grown in the last few months. This is mainly for Physiotherapy (PT) and Occupational Therapy (OT) due to staffing a less than optimal productivity. There are 10 patients waiting over 52 weeks, and these are all waiting for a Parkinson Warrior class which is due to restart in March 23. We have a focused action plan to improve productivity which will be closely monitored. In addition, the current Urgent Response staff consultation will remove urgent referrals from this team to ensure we improve response for Early stroke discharge.
Average waiting time (Adults): OT: 20 weeks in December down from 24 weeks in November
PT: 8.8 weeks in December down from 11.8 weeks in November

Bladder and Bowel Service: Growing waiting lists due to the increase in referrals from the General Practitioner (GP) Federation community Gynaecology direct access women’s health physio referrals. In addition, the only clinician able to see paediatrics is retiring next month. We will need to further discussions with Emergency & Integrated Medicine Services (EIM) to transfer resource to Adult Community Health Services (ACS) as these patients would have been seen by the Women’s Health physio working with urogynaecology and as part of the Community Service Review as these referrals would have also been sent directly to other hospitals in North Central London (NCL).
We have transferred resources and the responsibility for the paediatric Bladder and Bowel services to Children & Young People Services (CYP) where it is better delivered.
Average Waiting Times: Adults – 13.3 weeks in December which is the same as it was in November 13.3
</td><td>Named person:
Director of Operations, Adult Community Services</td></tr>
</table>

NHS
Whittington Health
NHS Trust

Adult Community Services

Focus on Performance

Jan 2023

I·C A R E
INNOVATION COMPASSIONATE ACCOUNTABLE RESPECTFUL EXCELLENT

Factors impacting Performance and Recovery

Whittington Health NHS Trust

- 3 periods of mass redeployment for ACS staff – ITU/wards, lead the vaccine programme (housebound and mass site) – multiple service pauses and impact on morale and retention
- Increasing violence and aggression – workstream focused on tackling – new policy, training, staff safety devices
- Requirement to deliver multiple Health Inequality (Diabetes and Heart Failure in Haringey) and partnership projects (Nursing Associates, MSK FCPs and Paramedics)

Post Pandemic actions

Whittington Health NHS Trust

- NCL Community Services review – engagement, transformation collaboration projects, gap analysis and new investments in Haringey and Virtual Ward
- Focused ACS recruitment campaign including videos, targeted adverts
- Staff Wellbeing – BAME development programme, In Our Own Words, wellbeing focus

High Performing Services

Whittington Health NHS Trust

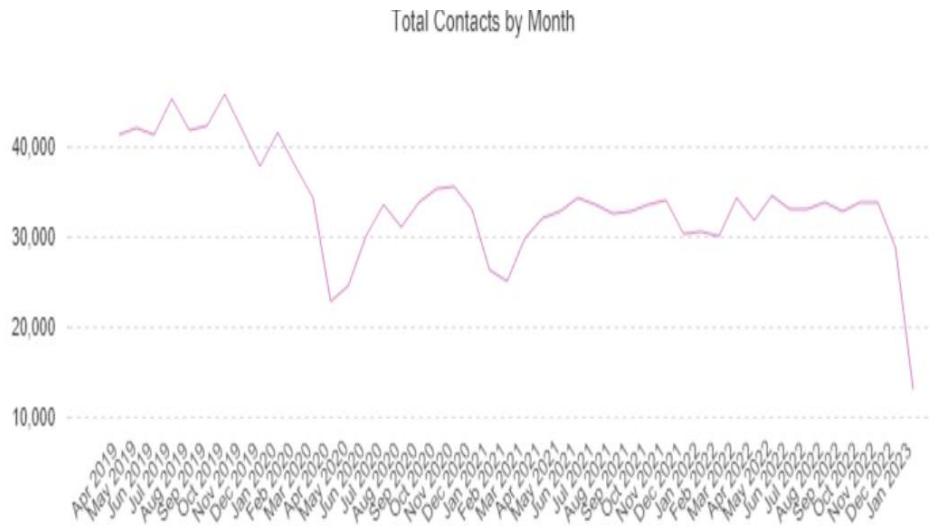
Waiting Times – Jan 23

Jan-23

	Waiting Time Band								
REFERRED_TO_SERVICE_DESCRIPTION	0 - 6 Weeks	6 - 12 Weeks	12 - 16 Weeks	16 - 18 Weeks	18 - 30 Weeks	30 - 40 Weeks	40 - 52 Weeks	52 + Weeks	Grand Total
Community Matron	6	3							9
Community Rehabilitation ICTT	154	85	20	7	15	1	1		283
Covid	51	82	19	4					156
Diabetes Service	286	49	1						336
District Nursing	678	124	36	10	5	1			854
Enhanced Health in Care Home	4	2	1						7
Haringey Home-based Intermediate Care Service	197	30	1						228
Heart Failure	38	1							39
Integrated Community Ageing Team	18	10	4		6			1	39
Integrated Multidisciplinary Team	87	26	10	1	1				125
Islington Community Bed-based Intermediate Care Service	2								2
Islington Home-based Intermediate Care Service	66	11	1		2				80
Lymphodema Care	14								14
Mental Health	33	5	7		5	2	2		54
Nutrition and Dietetics	142	9	1		1				153
Proactive Ageing Well Service	4	2	2	1	1				10
Rapid Response	1								1
Respiratory Service	164	5							169
Speech and Language Therapy	3	1							4
Tissue Viability Service	33	1							34
Wheelchair Service	35	6							41

- Some services didn't pause for covid or recovered quickly
- Monitored via Care group level QPRs to ACS Directors

Activity 2019- Jan 23



Services identified for focus on recovery

Whittington Health NHS Trust

- **MSK** – multiple pauses and redeployment, virtual only during surges, increased turnover of staff, post covid surge in referrals
- **Podiatry** – routine service paused multiple times with redeployment, increased turnover and sickness
- **Diabetes** – virtual only during covid
- **Pulmonary Rehab** – nationally paused until 2022

- **NCL Community services** also had similar recovery challenges across the same services (apart from Camden MSK who weren't redeployed)

Recovered Services

Whittington Health NHS Trust

Jan 23

	Waiting Time Band								
	0 - 6 Weeks	6 - 12 Weeks	12 - 16 Weeks	16 - 18 Weeks	18 - 30 Weeks	30 - 40 Weeks	40 - 52 Weeks	52 + Weeks	Grand Total
Diabetes Service	286	49	1						336
RESP H CRT Spirometry Reversibility Ref	53	2							55
RESP Spirometry All New Referrals	45								45
RESP PR All New Referrals	32								32
RESP CORE All New Referrals	13								13
RESP CORE Initial TC Assessment	14								14
RESP PR Health inequalities work	4	3							7
RESP PR Whittington assessment	2								2
RESP CORE Active Home Visit Caseload Har	1								1
Respiratory Service Total	**164**	**5**							**169**

- Diabetes recovered well with bank shifts increasing clinic capacity, waiting list cleansing
- Pulmonary Rehab recovered via opt in's and waiting list cleansing

MSK and Podiatry – focused recovery plans implemented

Whittington Health NHS Trust

Podiatry 16/01/2023		
Backlog	3984	Jan-23
Average new Referrals per month	1000	
Pre-covid referrals	1200	
reduction due to duplicate and inappropriate referrals	20%	based on average duplicate discharged between Jan -April 2022
Rate of opt-in	60%	linked to opt in rate
Current Capacity Jan	206	

Projected Demand and Capcity

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Patients awaiting appointment	3984	4284	4267	4167	4301	4434	4567	4701	4834	4967	5101
New Referrals	800	800	800	800	800	800	800	800	800	800	800
PTL	4784	5084	5067	4967	5101	5234	5367	5501	5634	5767	5901
Actual PTL	3984										
Activity (NP)	300	350	400	400	400	400	400	400	400	400	400
Activity (NP Enhanced Clinics Feb and Mar)	0	140	140	0	0	0	0	0	0	0	0
Opt-ins to send	500	817	900	667	667	667	667	667	667	667	667

Podiatry recovery plan: we had paused non urgent Bio work, we are reviewing clinic utilisation, agency use, sickness management and focusing on a recruitment drive.

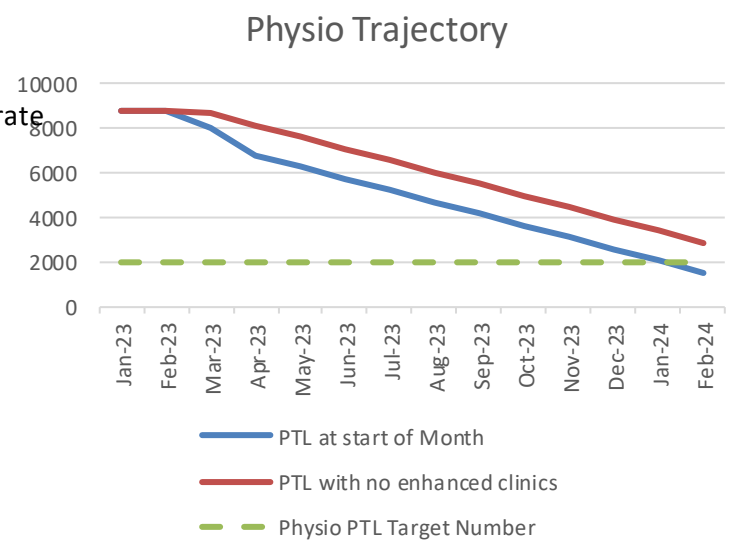
Due to the continuing challenges to recover we will revise our action plans. The plan will include managing triage more tightly, ie deferring fungal toes to community pharmacy etc. recruitment drive.

MSK Physio - focused recovery plans implemented

Whittington Health NHS Trust

MSK Physiotherapy 16/01/2023		
PTL at start of Month	8785	PTL + eRS backlog + DC'd Opt-ins
Predicted Referrals Recieved in Month	2600	based on last few months
Predicted Referrals Recieved in Month once GetUBetter introduced- March 2023	2080	
Pre-covid referrals received in Month	3989	
Reduction due to Duplicate ref rate	0.9	linked to new referral rate
Rate of opt-in	0.6	linked to opt in rate
Predicted Monthly NP Activity - Current	1440	based on last few months
Predicted Monthly NP Activity - Feb and March- enhanced clinics	1840	
Pre-Covid Monthly NP Acitivity	1500	
Pre-covid PTL	4000	

linked to duplicate rate



Projected Demand and Capcity

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
PTL at start of Month	8785	8725	7998	6804	6276	5748	5220	4692	4164	3636	3108	2580	2052	1524
Predicted Referrals Recieved in Month	2340	2340	1872	1872	1872	1872	1872	1872	1872	1872	1872	1872	1872	1872
PTL + Referrals received in Month	11125	11065	9870	8676	8148	7620	7092	6564	6036	5508	4980	4452	3924	3396
Predicted Monthly NP Activity	1440	1840	1840	1440	1440	1440	1440	1440	1440	1440	1440	1440	1440	1440
Number of Opt-Ins to be sent	2400	3067	3067	2400	2400	2400	2400	2400	2400	2400	2400	2400	2400	2400
PTL with no enhanced clinics	8785	8725	8665	8137	7609	7081	6553	6025	5497	4969	4441	3913	3385	2857
Physio PTL Target Number	1950	1950	1950	1950	1950	1950	1950	1950	1950	1950	1950	1950	1950	1950

MSK (Physio and Cats) recovery plan: reinstate all classes, enhanced rates weekend work x 8, clinic utilisation work continues, agency use, recruitment drive

90% of classes are back up and running. We are focusing caseload management to use the classes

Introduced 20% reduction in referral numbers once we implement get you better in December

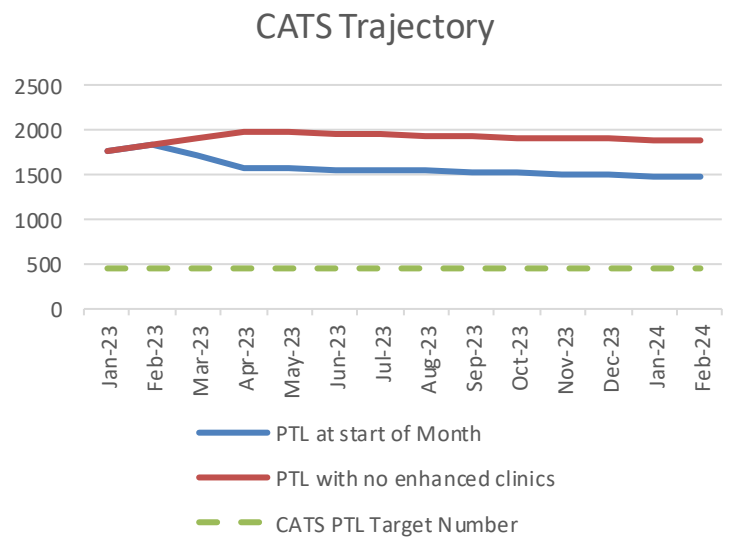
The extra bank holidays have affected the PTL - losing a days worth of pts
GetUBetter (Self management referral portal) to be signed off shortly to start implementing

Enhanced clinics booked for Feb and March '23- this will target mainly our peripheral pts due to them require less Fus.

MSK CATS - focused recovery plans implemented

Whittington Health NHS Trust

MSK CATs 16/01/2023				
PTL at start of Month	1759	PTL + eRS backlog + DC'd Opt-ins		
Predicted Referrals Recieved in Month	637	based on last few months		
Pre-covid referrals recieved in Month	1000			
Reduction due to Duplicate ref rate	0.9	linked to new referral rate		
Rate of opt-in	0.6	linked to opt in rate		
Predicted Monthly NP Activity - Jan- due to staff leaving	300	based on last few months, minus 2 x staff leaving and Mat leave	15750	
Predicted Monthly NP Activity - Feb and March enhanced clinics.	420			
Predicted Monthly NP Activity - April - due to staff leaving	350			
Pre-Covid Monthly NP 30 mins Acitivity	579	NP	17370	
Pre-covid PTL	700			



Projected Demand and Capcity

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
PTL at start of Month	1759	1832	1706	1579	1569	1559	1549	1539	1529	1519	1509	1499	1489	1479
Predicted Referrals Recieved in Month	573	573	573	573	573	573	573	573	573	573	573	573	573	573
PTL + Referrals received in Month	2332	2406	2279	2152	2142	2132	2122	2112	2102	2092	2082	2072	2062	2052
Predicted Monthly NP Activity	300	420	420	350	350	350	350	350	350	350	350	350	350	350
Number of Opt-Ins to be sent	500	700	700	583	583	583	583	583	583	583	583	583	583	583
PTL with no enhanced clinics	1759	1832	1906	1979	1969	1959	1949	1939	1929	1919	1909	1899	1889	1879
CATS PTL Target Number	450	450	450	450	450	450	450	450	450	450	450	450	450	450

We are maintaining 45 mins for New Patients to fall inline with similar MSK CATS services

Due to complexity appt length need to be extended to 1hr

MSK CATS clinician's have reduced clinics/leadership time in other areas to increase capacity short term into service.

Clinician lead duties be spread across the other APPs

Additional areas of focus identified Dec 2022: Bladder and Bowel and NeuroRehab (CRT Islington)

Whittington Health NHS Trust

- **Bladder and Bowel delayed recovery:** multiple redeployment, increase in referral rate, Service Manager retirement, sickness

- **Neuro rehab (CRT Islington) delayed recovery:** During covid covered D2A and reablement (Islington Council paused throughout covid), low productivity and job planning, taking on case management roles, no use of opt in, poor triage, paused Parkinson's groups due to covid risks

- **Focused recovery plans in development** – being supported by Kingsgate
- Including job planning restart, reintroduction of classes, tighter triage processes

Bladder and Bowel - Trajectory

Whittington Health NHS Trust

- Trajectory for Bladder and Bowel assuming a 70% opt in rate before action plan

Current situation taking into account no opt ins (30%)

Bladder and Bowel	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Waiting List (waiting for first appointment)	575	618	661	710	715	720	725	730	735	740	745	750
NP referrals	157	157	157	157	157	157	157	157	157	157	157	157
Total with new referrals	732	775	818	867	872	877	882	887	892	897	902	907
Capacity (number of NP seen)	114	114	108	152	152	152	152	152	152	152	152	152
Total left to be seen	618	661	710	715	720	725	730	735	740	745	750	755

- Benchmarking with other trusts
- Review appointment allocation time
- Recruit to vacant posts
- Restart Classes
- Transfer paediatrics to CYP
- Opt in for all appointments
- Support from Kingsgate
- Demand and Capacity
- Benchmarking with other Trusts
- Revisit the urogynae pathway

Community Rehabilitation Team - Trajectories

Whittington Health NHS Trust

CRT OT 13/12/2022		
Backlog	106	Nov-22
Average new Referrals per month	26	average April -November , 210
reduction due to duplicate, out of area and inappropriate referrals	9%	based on average discharged between April - november 2022
Rate of opt-in	30%	linked to opt in rate
Current Capacity Nov	12	

Projected Demand and Capcity

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Patients awaiting appointment		106	90	73	57	41	24	8	-8	-25	-41
New Referrals	24	24	24	24	24	24	24	24	24	24	24
PTL	106	130	113	97	81	64	48	32	15	-1	-17
Actual PTL	106										
Activity (NP)	12	12	12	12	12	12	12	12	12	12	12
Opt-ins to send	40	40	40	40	40	40	40	40	40	40	40

CRT Physio 13/12/2022		
Backlog	240	Nov-22
Average new Referrals per month	39	average April -November , 310
Pre-covid referrals		
reduction due to duplicate and inappropriate referrals	0%	based on average duplicate discharged between April - november 2022
Rate of opt-in	70%	linked to opt in rate
Current Capacity Nov	45	

Projected Demand and Capcity

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Patients awaiting appointment	240	176	150	125	100	75	49	24	-1	-27	-52
New Referrals	39	39	39	39	39	39	39	39	39	39	39
PTL	240	215	189	164	139	114	88	63	38	12	-13
Actual PTL	240										
Activity (NP)	45	45	45	45	45	45	45	45	45	45	45
Opt-ins to send	64	64	64	64	64	64	64	64	64	64	64

- Trajectories for OT and Physio only as waits for other professions not long.

Action plan

- Almost fully staffed
- Opt in for all patients. First tranche of letters sent. Opt in higher than predicted.
- Caseload review to discharge patients not requiring service
- Trusted assessor model so in profession visits to prevent joint visits.
- MDT review to support with discharge
- Requesting for NCL neuro - registrar to support discharge after 6 weeks
- Daily screening
- Job planning and clinic templates
- Classes/group sessions to improve productivity and support ie upper limb groups
- Review PD Warrior class winter session.

Meeting title	**Trust Board – public meeting**	**Date: 26 January 2023**
Report title	**Finance report, December (month 9) 2022/23**	**Agenda item: 9**
Executive director lead	Kevin Curnow, Chief Finance Officer	
Report authors	Finance Team	
Executive summary	The Trust is reporting a deficit of £4.60m at the end of December 2022 which is £2.03m worse than plan. The planned deficit for December was £2.57m. The year-to-date adverse financial performance to plan is mainly driven by: • Non-delivery of savings on Cost Improvement Programmes (CIP) • Unfunded escalation beds • Non-pay overspends within theatres and estates • Elective recovery fund (ERF) underperformance Cash position at the end of December was £78.64m Trust has spent £8.90m on its Capital projects as of the 31st of December 2022. The Trust is currently forecasting to deliver its planned deficit of £112k for 2022-23.	
Purpose	To discuss December performance.	
Recommendation(s)	To note December financial performance, recognising the need for improve savings delivery.	
Risk Register or Board Assurance Framework	BAF risks S1 and S2	
Report history	Finance and Business Development Committee	
Appendices	None	

CFO Message

Finance Report M09

Trust reporting £4.60m deficit at the end of December – £2.03m worse than plan

The Trust is reporting a deficit of £4.60m at the end of December which is £2.03m worse than plan. The planned deficit to end of December was £2.57m.

The year-to-date adverse financial performance is mainly driven by.

- Underperformance of £2.50m against year-to-date Cost Improvement Programmes (CIP) target; The Trust delivered £6.87m savings year to date against a target of £9.38m.
- Enhanced pay rates and temporary staff premiums.
- Use of temporary staffing for covid related reasons mainly to cover red and green areas within the Accident and Emergency (A&E) and sickness and agency premium within theatres.
- Unfunded escalation medical beds and pay overspends within ITU.
- Non-pay overspends within theatres, reactive maintenance costs and energy costs within Estates.
- Elective/Day case performance continues to be below plan. Elective recovery fund (ERF) underperformed in month by £0.44m and £1.58m year to date.

Some of the adverse variances above were partly offset non-recurrently by slippage in planned investments.

Cash of £78.64m at end of December

As at the end of December, the Trust's cash balance stands at £78.64m, a decrease of £2.78m from 31 March 2022, £0.74m lower than November's figure and £10.2m above Plan. The balance has reduced since 31st March as the Trust reports a year-to-date deficit of £4.60m. The favourable variance of cash to plan is a result of lower than planned year to date capital expenditure.

Year to date capital spend of £8.90m

The Trust's capital plan for 2022-23 is £30.42m. This includes self-funded schemes of £25.42m and £5.00m relating to elective recovery (Targeted Investment Fund yet to be approved). The Trust's internal capital plan of £25.42m is funded through depreciation (£11.5m) and cash reserves (£13.9m).

Capital expenditure as of 31st December 2022 totals £8.90m, which is £10.28m below plan. This is the continued reflection that the Trust's principal capital projects are yet to get fully underway for this fiscal year.

Better Payment Practice Performance – 91.3% for non-NHS by value

The Trust is signed up to the NHS commitment to improve its Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms. Overall, the Trust's BPPC is 93.8% by volume and 89.8% by value. The BPPC for non-NHS invoices is 94.6% by volume and 91.3% by value.

1. Summary of Income & Expenditure Position – Month

	In Month			Year to Date			
	Plan	Actual	Variance	Plan	Actual	Variance	Annual Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income							
NHS Clinical Income	28,480	28,612	132	254,863	256,654	1,791	340,579
High Cost Drugs - Income	909	929	20	8,071	8,197	126	10,713
Non-NHS Clinical Income	1,147	1,126	(21)	10,323	10,286	(37)	13,772
Other Non-Patient Income	2,059	2,255	196	18,885	21,018	2,132	25,072
Elective Recovery Fund	656	215	(441)	5,922	4,340	(1,582)	7,891
	33,252	**33,138**	**(114)**	**298,064**	**300,495**	**2,431**	**398,027**
Pay							
Agency	(7)	(1,809)	(1,802)	(83)	(13,946)	(13,863)	(83)
Bank	(338)	(2,826)	(2,488)	(3,267)	(23,312)	(20,045)	(4,184)
Substantive	(22,912)	(19,279)	3,634	(208,947)	(181,373)	27,574	(278,039)
	(23,257)	**(23,914)**	**(657)**	**(212,297)**	**(218,631)**	**(6,334)**	**(282,306)**
Non Pay							
Non-Pay	(7,037)	(6,410)	628	(63,794)	(62,805)	989	(82,784)
High Cost Drugs - Exp	(711)	(801)	(90)	(6,646)	(7,000)	(354)	(8,779)
	(7,748)	**(7,211)**	**537**	**(70,440)**	**(69,805)**	**636**	**(91,563)**
EBITDA	**2,247**	**2,013**	**(233)**	**15,326**	**12,059**	**(3,267)**	**24,158**
Post EBITDA							
Depreciation	(1,531)	(1,428)	103	(13,210)	(12,712)	498	(17,801)
Interest Payable	(114)	(79)	35	(920)	(708)	212	(1,288)
Interest Receivable	51	198	147	359	887	528	512
Dividends Payable	(458)	(458)	(0)	(4,122)	(4,125)	(3)	(5,693)
P/L On Disposal Of Assets	0	0	0	0	0	0	0
	(2,052)	**(1,767)**	**285**	**(17,893)**	**(16,658)**	**1,235**	**(24,270)**
Reported Surplus/(Deficit)	**195**	**246**	**51**	**(2,567)**	**(4,599)**	**(2,033)**	**(112)**

- The Trust year to date financial position as at the end of December is a deficit of £4.60m (excluding donated asset depreciation and impairments) against a planned deficit of £2.57m. This is £2.03m worse than planned.

- Adverse variance on CIP delivery and other expenditure overspends which are currently being offset by slippage on planned investments and overperformance against the year-to-date income plan.

- The reported position includes non-recurrent benefits of £6.69m. This is £2.03m higher than the level of non-recurrent support assumed in the plan.

- The normalised position excluding non-recurrent benefits is £11.28m deficit which is £8.72 worse than the plan.

2. Income and Activity Performance

2.1 Income Performance – December

Income	In Month Income Plan £000's	In Month Income Actual £000's	In Month Variance £000's	YTD Income Plan £000's	YTD Income Actual £000's	YTD Variance £000's
A&E	1,663	1,645	(18)	14,751	14,564	(188)
Elective	1,925	1,486	(439)	19,764	16,274	(3,490)
Non-Elective	5,110	4,869	(242)	45,339	40,222	(5,117)
Critical care	598	330	(268)	5,306	4,042	(1,263)
Outpatients	3,776	3,635	(141)	38,762	35,906	(2,856)
Ambulatory	534	573	39	4,740	5,045	305
Direct Access	862	1,150	288	8,857	10,376	1,519
Community	6,337	6,337	0	57,031	57,031	0
Other Clinical income NHS	8,584	9,517	933	68,384	81,391	13,007
NHS Clinical Income	**29,389**	**29,542**	**152**	**262,933**	**264,851**	**1,918**
Non NHS Clinical Income	1,147	1,126	(21)	10,323	10,286	(37)
Elective recovery fund (ERF)	656	215	(441)	5,922	4,340	(1,582)
Income From Patient Care Activities	**31,193**	**30,883**	**(310)**	**279,178**	**279,477**	**299**
Other Operating Income	**2,059**	**2,255**	**196**	**18,886**	**21,018**	**2,132**
Total	33,252	33,138	(114)	298,064	300,495	2,431

- Income was £0.1m under plan in month and £2.4m over plan YTD.
- In month £0.1m underperformance driven by £0.4m elective recovery fund (ERF), offset by overperformance in £0.2m NHS clinical income and £0.2m other operating income.
- NHS clinical income is mainly CCG and NHSE block contract income, with small variable element for provider-to-provider income. The income shown against the points of delivery, e.g. A&E are notional activity-based values, with the balancing amount to block values shown against other clinical income NHS. £0.2m in month favourable position due to £0.3m winter pressure, £0.1m NHSE dental and £0.1m foundation trust income, less £0.3m clinical diagnostic centre.
- ERF £0.4m underperformance is an estimate for August to December underperformance, with April to July reported as on plan. Discussions are ongoing with ICB on whether this underperformance will be clawed back or not.
- Other operating £0.2m overperformance is driven by several small variances. The largest being £0.1m education & training.
- Continued significant underperformance in elective, non-elective, critical care, and outpatients, with slight underperformance in A&E. Continued overperformance in ambulatory and direct access.

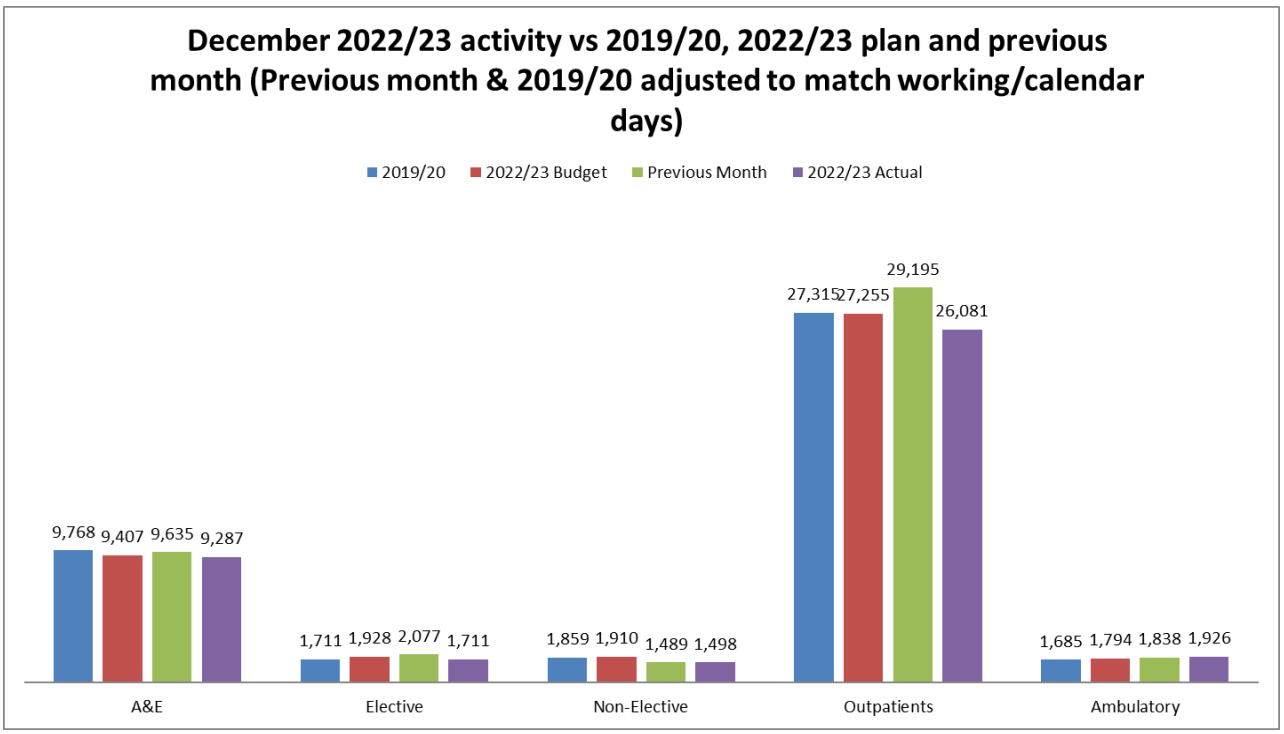
2.2 Activity Performance – December

Activity	In Month Activity Plan	In Month Activity Actual	In Month Variance	In month Activity Diff%	YTD Activity Plan	YTD Activity Actual	Activity Diff	YTD Activity Diff%
A&E	9,407	9,287	(120)	(1%)	83,446	81,501	(1,945)	(2%)
Elective	1,928	1,736	(192)	(10%)	19,814	18,353	(1,461)	(7%)
Non-Elective	1,910	1,499	(411)	(22%)	16,941	13,602	(3,339)	(20%)
Critical care	450	283	(167)	(37%)	3,996	2,802	(1,194)	(30%)
Outpatients	27,255	26,081	(1,174)	(4%)	279,729	255,742	(23,987)	(9%)
Ambulatory	1,794	1,926	132	7%	15,918	16,949	1,031	6%
Direct Access	72,903	103,293	30,390	42%	749,284	894,417	145,133	19%

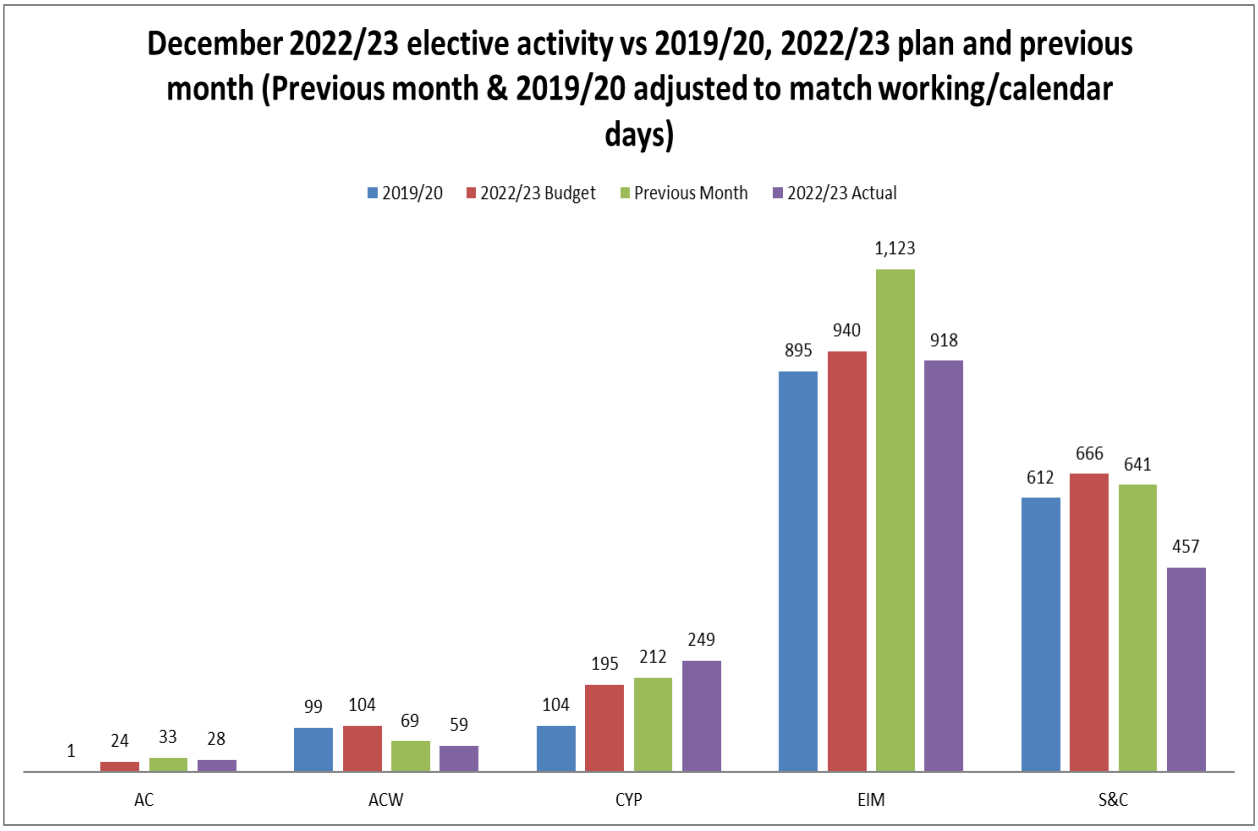
It was expected that activity would be significantly lower than November and this is reflected in the plan. Except for ambulatory and direct access, activity continues to be under plan.

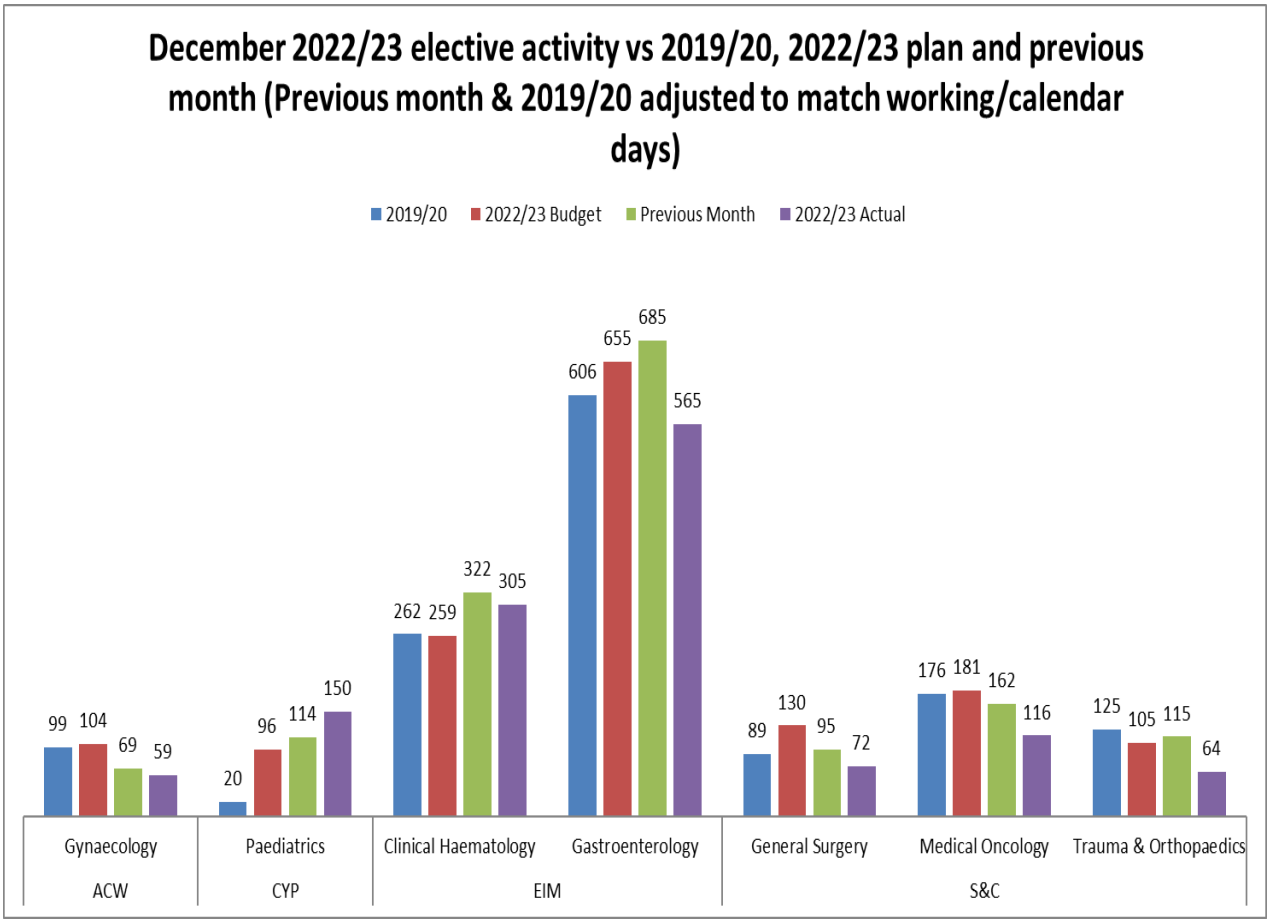
Based on this initial early data it strongly suggests that the Trust is at risk of not achieving the 109% activity target needed to achieve 100% of the £8m planned ERF.

Activity decreased compared to previous month adjusted for calendar/working days, except for Direct Access and ambulatory activity.

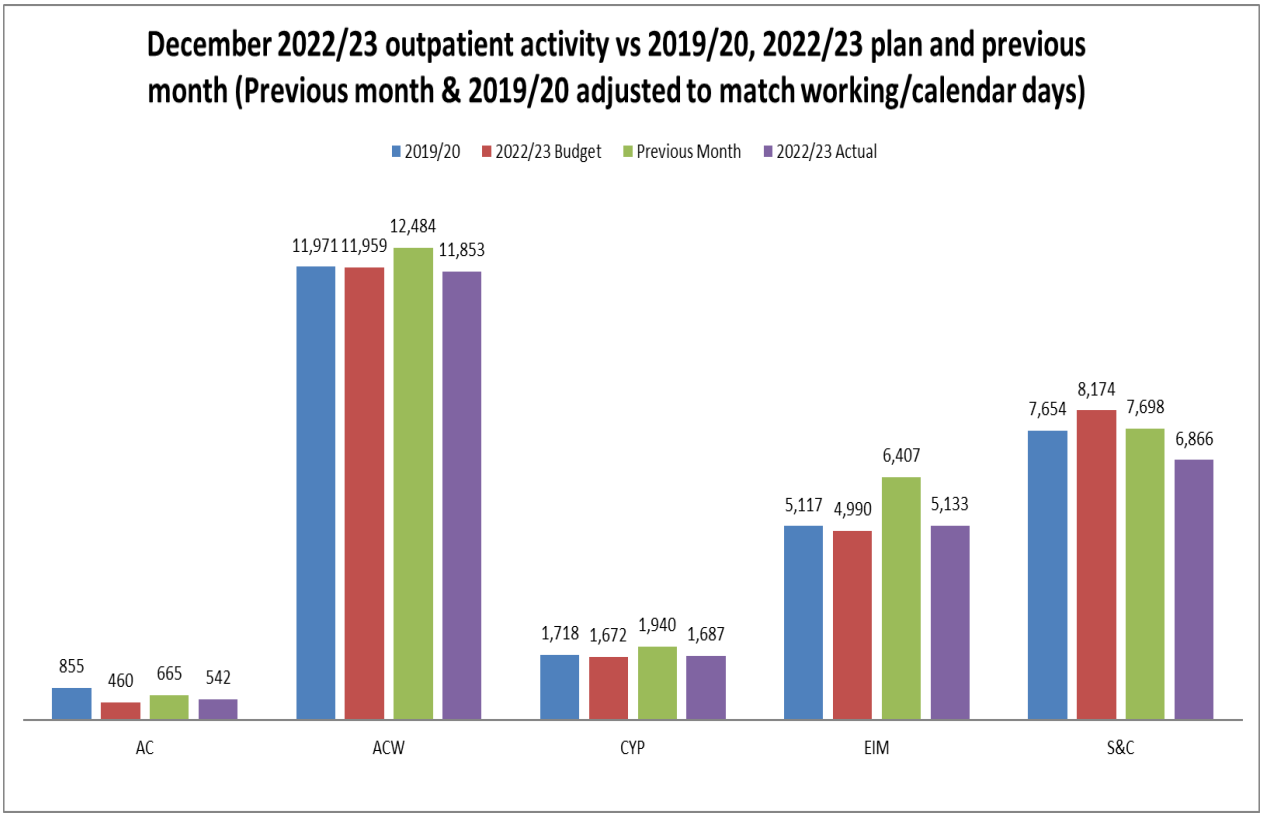


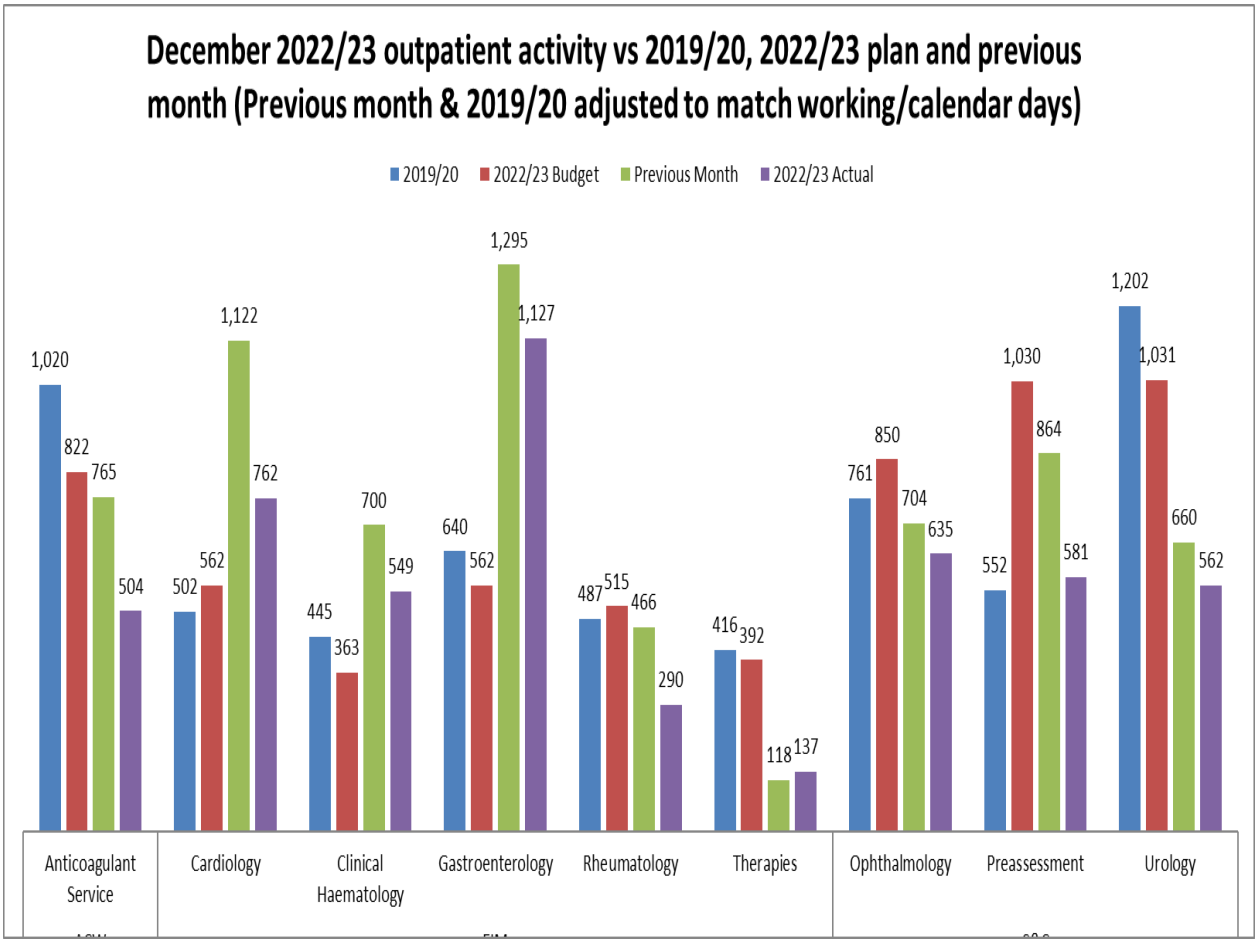
10% underperformance in total elective activity driven mainly by gynaecology (43% under plan), medical oncology (36% likely late outcoming), general surgery (45%) trauma & orthopaedics (39%) and gastroenterology (14%). Offset by paediatrics (57% over plan) and clinical haematology (18%).


December 2022/23 elective activity vs 2019/20, 2022/23 plan and previous month (Previous month & 2019/20 adjusted to match working/calendar days)
2019/20
2022/23 Budget
Previous Month
2022/23 Actual
1
24
33
28
99
104
69
59
104
195
212
249
895
940
1,123
918
612
666
641
457
AC
ACW
CYP
EIM
S&C


December 2022/23 elective activity vs 2019/20, 2022/23 plan and previous month (Previous month & 2019/20 adjusted to match working/calendar days)
2019/20
2022/23 Budget
Previous Month
2022/23 Actual
99
104
69
59
20
96
114
150
262
259
322
305
606
655
685
565
89
130
95
72
176
181
162
116
125
105
115
64
Gynaecology
Paediatrics
Clinical Haematology
Gastroenterology
General Surgery
Medical Oncology
Trauma & Orthopaedics
ACW
CYP
EIM
S&C

4% underperformance in outpatient activity driven mainly by therapies (65% under plan) urology (46%), preassessment (44%), ophthalmology (44%), rheumatology (44%) and anticoagulant (39%, possibly late outcoming). Offset by overperformance in gastroenterology (101% over plan), cardiology (36%) and clinical haematology (51%).





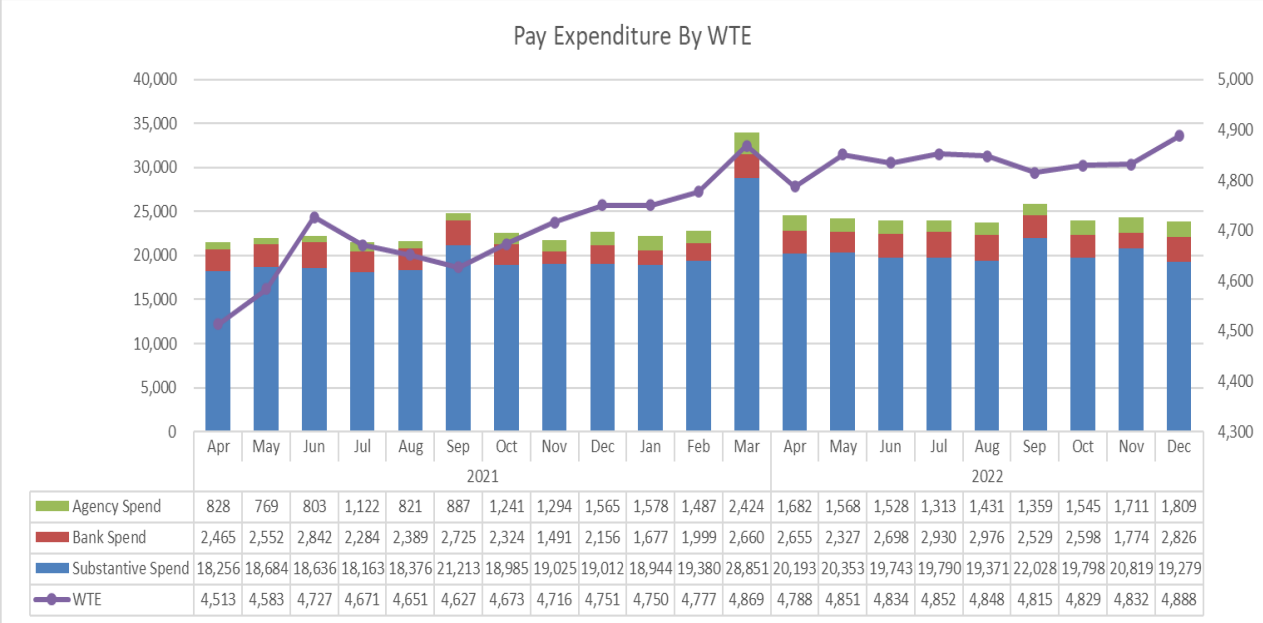
3. Expenditure – Pay & Non-pay

3.1 Pay Expenditure

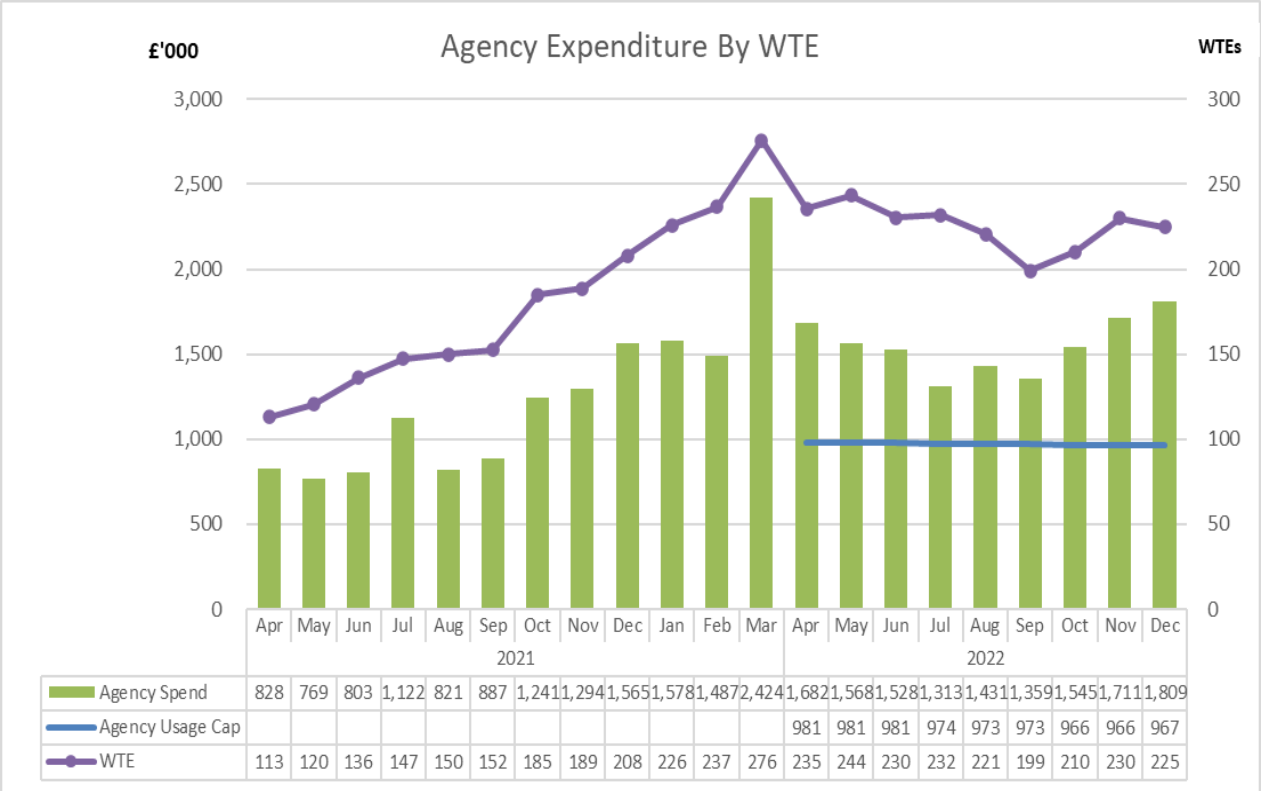
Overall pay is overspent by £6.33m year to date compared to plan. The overspend is mainly driven by unachieved CIPs of £2.50m across all ICSUs, covid requests to cover red/green areas (£2.68m ED), unfunded escalation beds open (£2.39m in Wards and £0.63m Enhanced Care) and £1.15m in ITU which is related to increased acuity on the wards, and agency staff required to cover staff on limited duties. Part of the unachieved CIPs is currently being offset by vacancies and slippages in some of the planned investments.

Pay expenditure for December was £23.91m which was £0.39m less than previous month. The reduction in pay cost is mainly due to the release of non-recurrent benefit.

	2021-22			2022-23									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mov^t
Agency	1,170	1,145	1,568	1,678	1,615	1,528	1,313	1,431	1,359	1,545	1,711	1,809	98
Bank	2,045	2,310	2,644	2,551	2,424	2,586	2,836	2,900	2,723	2,533	1,749	2,622	873
Substantive	18,880	19,178	20,037	19,170	19,366	19,283	19,355	19,179	23,694	20,832	20,094	20,014	(81)
Total Operational Pay	**22,095**	**22,632**	**24,249**	**23,399**	**23,405**	**23,397**	**23,504**	**23,511**	**27,776**	**24,911**	**23,555**	**24,445**	**890**
Non Operational Pay Costs	103	234	9,686	1,131	843	572	528	267	(1,860)	(970)	749	(531)	(1,280)
													0
Total Pay Costs	**22,198**	**22,866**	**33,934**	**24,530**	**24,248**	**23,969**	**24,033**	**23,778**	**25,916**	**23,941**	**24,304**	**23,914**	**(390)**



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



**2022-23 agency cap figures issued by NHSI in Q2.*

Review actions on pay expenditure include

- Review use of additional staffing for Covid
- Review additional staffing related to IPC guidance
- Review vacancies to help with non-recurrent CIP delivery

3.2 Non-pay Expenditure

Overall, non-pay on a year-to-date basis is £0.64m better than plan. Underspend is mainly due to the in-month recognition of one-off non-recurrent Arcadis benefit (£0.52m), slippages in planned investments and release of provision for bad debt which is partially offset by overspends relating to clinical supplies (£1.86m), general supplies (£0.48m), use of independent sector (£0.14m), unachieved CIPs, and (£1.99m) reactive maintenance costs due to change of contractor.

Overspends in clinical and general supplies are being driven by increased number of send away test, increased insulin pumps cost, increased purchases in Endoscopy, unfunded escalation beds, increased usage of apheresis service from NHS Blood and Transport and increased surgical consumables.

In-month non-pay expenditure run rate decrease is mainly due to the release of bad debt provision post settlement of debt.

	2022-22			2022-23									
Non-Pay Costs	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Mov^t**
Supplies & Servs - Clin	3,624	2,633	3,103	2,616	2,884	2,537	2,721	2,776	2,876	2,616	3,234	2,637	(597)
Supplies & Servs - Gen	447	488	316	24	262	512	337	351	356	231	371	237	(134)
Establishment	260	305	210	287	214	207	237	240	144	302	259	194	(65)
Healthcare From Non Nhs	210	282	293	87	226	71	276	376	68	62	(285)	122	406
Premises & Fixed Plant	2,193	2,977	6,010	2,203	1,482	2,701	1,900	1,647	2,350	2,434	1,405	2,064	659
Ext Cont Staffing & Cons	175	(2)	85	142	147	120	175	192	320	202	323	173	(150)
Miscellaneous	2,225	2,374	8,377	1,653	1,651	1,517	774	848	1,400	1,491	1,645	958	(687)
Chairman & Non-Executives	12	12	12	11	11	11	9	12	11	11	11	11	0
Non-Pay Reserve				(8)	66	14	14	14	(16)	14	14		(14)
Total Non-Pay Costs	**9,146**	**9,068**	**18,404**	**7,016**	**6,943**	**7,690**	**6,444**	**6,455**	**7,508**	**7,362**	**6,978**	**6,396**	**(582)**

Excludes high-cost drug expenditure and depreciation.

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

Miscellaneous Expenditure Breakdown

	2022-22			2022-23									
Miscellaneous Breakdown	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Mov^t**
Ambulance Contract	157	152	144	168	176	208	190	172	131	109	127	154	27
Other Expenditure	58	81	295	72	51	52	144	103	62	124	173	63	(110)
Audit Fees	9	9	107	8	8	8	8	9	8	8	41	12	(29)
Provision For Bad Debts	100	24	2,124	105	141	19	124	62	101	(80)	106	(76)	(182)
Cnst Premium	837	837	735	827	827	827	827	827	827	827	827	827	(0)
Fire Security Equip & Maint	0	15	3	5	11	12	4	6	18	18	18	13	(5)
Interpretation/Translation	22	10	10	21	16	9	10	11	10	2	19	10	(9)
Membership Subscriptions	126	126	196	128	132	135	139	140	134	103	128	121	(7)
Professional Services	203	367	1,525	300	185	294	266	334	(13)	277	375	112	(263)
Research & Development Exp	0	11	296	1	(1)	(2)	(1)	134	1	(0)	(21)	0	21
Security Internal Recharge	20	10	10	10	10	10	10	10	10	5	10	10	0
Teaching/Training Expenditure	65	86	699	34	65	86	87	79	42	53	92	231	139
Travel & Subs-Patients	1	1	8	1	4	4	3	3	2	4	2	11	9
Total Non-Pay Costs	**1,599**	**1,728**	**6,152**	**1,679**	**1,626**	**1,662**	**1,812**	**1,891**	**1,334**	**1,449**	**1,897**	**1,489**	**(408)**

3.3 Cost Improvement Programmes (CIP)

The CIP target for 2022-23 is £13.83m. The targets have been allocated to ICSU and corporate divisions as part of 2022-23 budgets.

ICSU	22/23 CIP Target Allocated £'000
ADULT COMMUNITY	1,192
CHILDREN & YOUNG PEOPLE	1,839
EMERGENCY & INTEGRATED MEDICINE	1,653
SURGERY & CANCER	1,569
ACW	1,728
ICSU TOTAL	**7,980**
CORPORATE SERVICES TOTAL	2,020
CENTRAL	3,829
CIP GRAND TOTAL	**13,829**

CORPORATE DIRECTORATES	22/23 CIP Target Allocated £'000
CHIEF OPERATION OFFICER	75
ESTASTES & FACILITIES	1,006
FINANCE	186
ICT	252
MEDICAL DIRECTOR	67
NURSING & PATIENT EXPERIENCE	183
TRUST SECRETARIAT	74
WORKFORCE	177
CORPORATE TOTAL	**2,020**

Year to Actuals

At the end of December, the Trust is reporting actual delivery of £6.87m year to date of CIP against a target of £9.38m.

ICSU	22/23 CIP Target Allocated £'000	YTD Plan £'000	YTD Actuals £'000	YTD Variance £'000	YTD Actuals vs YTD Plan %
ADULT COMMUNITY	1,192	796	797	1	100.1%
CHILDREN & YOUNG PEOPLE	1,839	1,231	1,192	(39)	96.9%
EMERGENCY & INTEGRATED MEDI	1,653	1,108	332	(776)	30.0%
SURGERY & CANCER	1,569	1,050	418	(632)	39.8%
ACW	1,728	1,155	753	(402)	65.2%
ICSU TOTAL	**7,981**	**5,340**	**3,492**	**(1,848)**	**65.4%**
CORPORATE SERVICES	1,014	682	404	(278)	59.3%
ESTASTES & FACILITIES	1,006	673	255	(418)	37.9%
PROCUREMENT	-	-	40	40	0.0%
CENTRAL	3,829	2,681	2,680	(1)	100.0%
CIP GRAND TOTAL	**13,829**	**9,376**	**6,872**	**(2,504)**	**73.3%**

4.0 Statement of Financial Position (SoFP)

The net balance on the Statement of Final Position as at 31st December 2022 is £229.14m, £4.67m lower than March 2022, as shown in the table below.

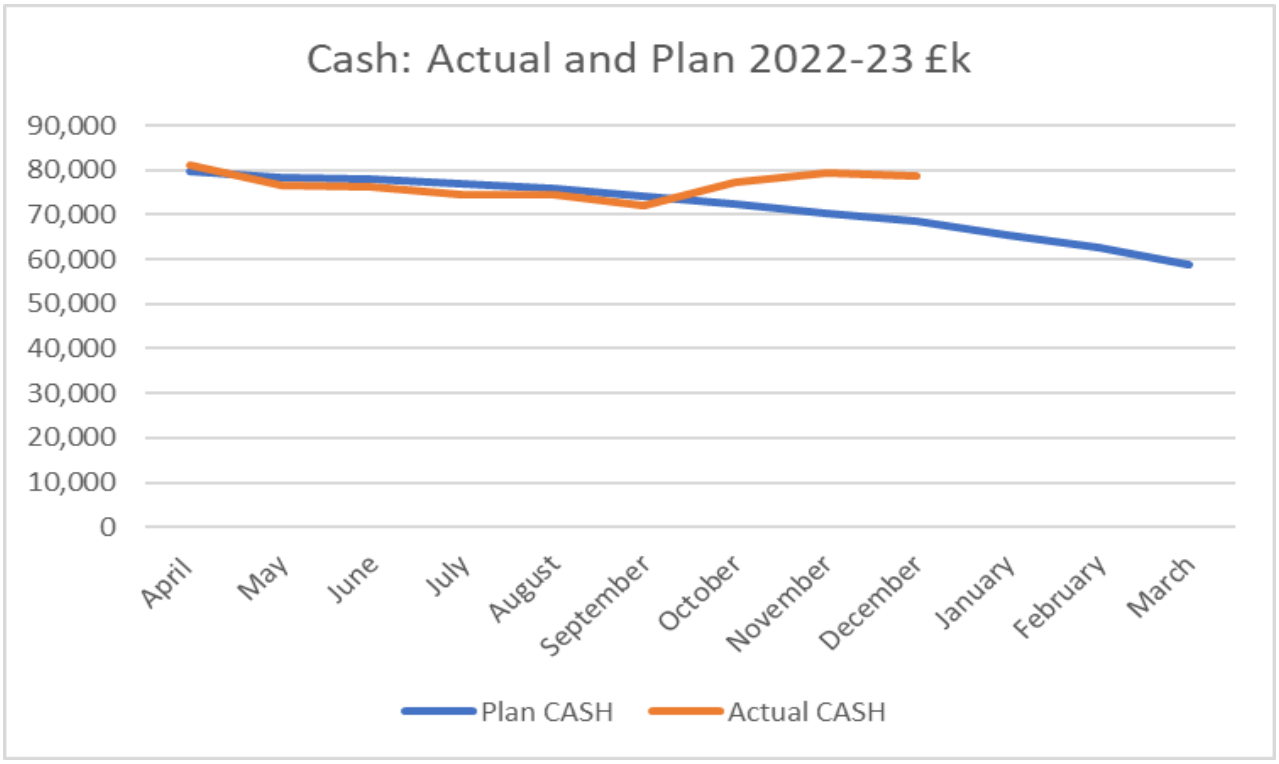
Statement of Financial Position as at 31st December 2022	2021/22 M12 Balance	2022/23 M08 Balance	2022/23 M09 Balance	Movement in Month	MOVEMENT IN YR
	£000	£000	£000	£000	(£000)
NON-CURRENT ASSETS:					
Property, Plant And Equipment	225,710	233,970	233,448	(522)	7,739
Intangible Assets	9,711	7,926	7,706	(219)	(2,005)
Right of Use Assets	0	37,843	37,493	(350)	37,493
Assets Under Construction	20,484	13,018	13,937	919	(6,547)
Trade & Other Rec -Non-Current	415	517	516	(1)	101
TOTAL NON-CURRENT ASSETS	**256,321**	**293,273**	**293,101**	**(172)**	**36,780**
CURRENT ASSETS:					
Inventories	788	1,138	1,161	22	373
Trade And Other Receivables	12,742	14,504	15,348	844	2,606
Cash And Cash Equivalents	81,416	79,377	78,640	(737)	(2,776)
TOTAL CURRENT ASSETS	**94,946**	**95,019**	**95,149**	**129**	**203**
CURRENT LIABILITIES					
Trade And Other Payables	(66,576)	(66,154)	(67,476)	(1,323)	(900)
Borrowings: Finance Leases	(79)	(132)	(723)	(592)	(644)
Borrowings: Right of Use Assets	0	(2,078)	(2,078)	0	(2,078)
Borrowings: Dh Revenue and Capital Loan - Current	(118)	(126)	(131)	(4)	(12)
Provisions for Liabilities and Charges	(704)	(538)	(812)	(274)	(108)
Other Liabilities	(1,859)	(7,151)	(6,028)	1,123	(4,169)
TOTAL CURRENT LIABILITIES	**(69,337)**	**(76,179)**	**(77,248)**	**(1,070)**	**(7,911)**
NET CURRENT ASSETS / (LIABILITIES)	**25,609**	**18,840**	**17,900**	**(940)**	**(7,709)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**281,930**	**312,114**	**311,001**	**(1,112)**	**29,072**
NON-CURRENT LIABILITIES					
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,740)	(1,682)	(1,682)	0	58
Borrowings: Finance Leases	(4,754)	(4,025)	(3,349)	676	1,405
Borrowings: Right of Use Assets	0	(35,880)	(35,545)	335	(35,545)
Provisions for Liabilities & Charges	(41,622)	(41,623)	(41,283)	340	339
TOTAL NON-CURRENT LIABILITIES	**(48,116)**	**(83,210)**	**(81,859)**	**1,351**	**(33,742)**
TOTAL ASSETS EMPLOYED	**233,813**	**228,904**	**229,143**	**238**	**(4,671)**
FINANCED BY TAXPAYERS EQUITY					
Public Dividend Capital	113,854	113,854	113,854	0	0
Retained Earnings	20,473	15,563	15,801	238	(4,671)
Revaluation Reserve	99,487	99,487	99,487	0	0
TOTAL TAXPAYERS EQUITY	**233,813**	**228,904**	**229,143**	**238**	**(4,671)**

The Trust's overall Receivables increased by £0.84m to £15.35m in December compared to the prior month. Included within this balance is £7.9m of trade debtors, which have increased by £2.0m in-month. Royal Free Hospital FT (RFH) continues to form the Trust's most significant debtor, and discussions with RFH continue to accelerate payment following the technical issues experienced by that organisation. Their overall balance of £1.5m has increased by £0.2m during December.

The Trust's overall Payables increased by £1.32m to £67.48m in December compared to the prior month.

4.1 Cash & Cash Equivalents

As at the end of December, the Trust's cash balance stands at £78.64m – a decrease of £2.78m from 31 March 2022, £0.74m lower than November's figure and £10.2m above Plan. The balance has reduced since 31st March as the Trust reports a year-to-date deficit of £4.60m. The Trust's ongoing cash requirements have not changed materially in terms of staff pay and capital expenditure, and the Trust continues to strive to pay suppliers early in the current economic climate. The favorable variance of cash to plan results from lower than planned capital expenditure in the year to date.



Statement of Cashflows as at 31st December 2022

Statement of Cashflows as at 31st December 2022	December 2022 (£000)
Cash flows from operating activities	
TB surplus/(deficit)	(4,671)
Less Interest Recvd & Paid	(179)
Less PDC Dividend	4,125
Operating surplus/(deficit)	**(725)**
Non-cash income and expense:	
Depreciation and amortisation	12,784
(Increase)/decrease in trade and other receivables	(2,707)
(Increase)/decrease in inventories	(373)
Increase/(decrease) in trade and other payables	(274)
Increase/(decrease) in other liabilities	4,169
Increase/(decrease) in provisions	(232)
Net cash generated from / (used in) operations	**13,367**
Cash flows from investing activities	
Interest received	887
Purchase of intangible assets	(372)
Purchase of property, plant and equipment and investment property	(10,282)
Net cash generated from/(used in) investing activities	**(9,768)**
Cash flows from financing activities	
Public dividend capital received	0
Loans from Department of Health and Social Care - repaid	(58)
Capital element of finance lease rental payments	(761)
Interest paid	(41)
Interest element of finance lease	(667)
Interest element of PFI, LIFT and other service concession obligations	0
PDC dividend (paid)/refunded	(4,125)
Net cash generated from/(used in) financing activities	**(5,651)**
Increase/(Decrease) in cash and cash equivalents	**(2,777)**
Cash and cash equivalents at start of period	**81,416**
Cash and cash equivalents at end of period	**78,640**
Cash balance per SOFP	78,640

The recent increases in interest rates have resulted in a total of £0.89m interest being reported for the first nine months of the year, which is £0.53m in excess of Plan. The Trust continues to monitor the available interest rates and the monthly sum of interest received.

5.0 Capital Expenditure

Capital expenditure as at 31st December 2022 totals £8.90m, which is £10.28m below plan. The Trust's principal capital projects for this financial year are progressing more slowly than planned. A number of projects had significant budgeted spend during December, the non-delivery of which has contributed to an adverse variance. The in-month total is £1.31m against budgeted expenditure of £3.75m, an in-month variance of £2.44m against budget.

Forecasts are reviewed with functional heads on a monthly basis to ensure that forecasts for the coming months and the year as a whole continue to reflect the current status of the projects and changes which have occurred since the previous month's review.

The overall allocation for the 22/23 financial year is £30.41m including £5.00m for the Targeted Investment Fund project to co-locate Recovery facilities adjacent to Theatres, which was expected to be funded externally. This project is not now expected to proceed in the 2023/24 financial year, and the Trust's forecast outturn has been reduced accordingly.

Meeting title	**Trust Board – public meeting**	**Date: 26 January 2023**
Report title	**Audit & Risk Committee Chair's Assurance report**	**Agenda item: 10**
Committee Chair	Rob Vincent, Non-Executive Director	
Executive director lead	Kevin Curnow, Deputy Chief Executive and Chief Finance Officer	
Report author	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 14 December 2022. **Areas of significant assurance:** • Internal audit reviews – assurance mapping, financial sustainability **Areas of moderate assurance:** • Internal audit reviews – medicines management, digital strategy, data quality, backlog maintenance, recruitment efficiency • Progress with delivery of the internal audit plan • Trust Risk Register and Board Assurance Framework • Tender waiver and breaches The Committee also discussed reports covering losses and special payments, NHS and non-NHS debtors, outsourcing and the Chair's assurance report for the Quality Assurance Committee. In addition, the Committee noted a report from KPMG on the 2022/23 external audit plan, including audit fees.	
Purpose	Noting	
Recommendations	Board members are invited to note the Chair's assurance report for the Audit and Risk Committee meeting held on 14 December 2022.	
BAF reference	All entries	
Report history	Board meetings following each Committee meeting	
Appendices	None	

Committee Chair's Assurance report

Committee name	Audit and Risk Committee
Date of meetings	14 December 2022
Summary of assurance:	

1. The Committee can report significant assurance to the Trust Board in the following areas:

Internal audit review – assurance mapping
Committee members took good assurance from the outcome of the review of assurance mapping. It had concluded that overall, there was adequate coverage in relation to first, second- and third-line assurances relating to all business areas of the Trust. RSM did, however, recommend that the two areas identified - ambulance handovers and apprenticeships - required improved assurances going forward.

Internal audit review – financial sustainability
The Committee was able to take good assurance from the review of Whittington Health's mandated assessment against guidance issued by the Healthcare Financial Management Association *"Improving NHS financial sustainability: are you getting the basics right?"*. The review had considered the scores in the self-assessment against the 72 listed questions and reviewed the evidence provided in support. The review had identified one area for further action to help implement a more robust process for the targeting of productivity improvements and recommended the development of action plan to enhance the process for productivity improvements and the delivery of cost improvement programme savings.

2. The Committee can report moderate assurance to the Trust Board in the following areas:

Internal audit review - Digital strategy
Committee members noted the review's outcome of reasonable assurance and its conclusion that there was evidence of a defined control framework in place for the design of implementation of the strategy, clear objectives which aligned to the Trust's overall 2019-24 strategy, with clear lines or responsibility and authority. Areas identified for improvement included a defined end state target operating model which showed the technology infrastructure, partners and resources to support the new digital services outlined in the strategy, the mapping of actions to mitigate potential data privacy risks were mapped to aspecific timeline, and an updated delivery timeframe for projects where there were delays. Jonathan Gardner updated Committee members to explain that the Zesty project introducing a patient portal had gone live in two service areas. He also provided assurance that the target operating model was scheduled to be available in January 2023.

Internal audit review - Data quality
The Committee discussed the review of the arrangements in place to ensure the accuracy and quality of data of information is maintained and reported in relation to key performance indicators and arrangements to ensure that the data used to

report to the Board and Committees was accurate. The review had focused on the following three performance measures reported as part of the Trust monthly integrated performance report:

- Staff turnover, with a target of less than 13%
- Vacancy rate against establishment, with a target of less than 10%
- Breastfeeding initiated with a target greater than 90%

The review concluded that there was partial assurance in place. It acknowledged that, while there were management processes in place for all three performance indicators, further data quality checks were required as part of local processes. The review resulted in a split opinion when assessing these indicators against six dimensions of data quality: while there was reasonable assurance on the two workforce indicators, the review had identified issues in relation to three data quality standards - accuracy, validation and relevance – for breastfeeding initiated information. Further actions were also highlighted to improve the control data quality framework in relation to the communication and awareness of the Trust's data quality policy.

Internal audit review - Backlog maintenance

The Committee noted the review's outcome of partial assurance. This opinion was driven by the need to ensure a comprehensive condition survey of the estate and physical property was undertaken and fully completed and the computer-aided facilities management (CAFM) system updated with the results and full list of estates and assets and their condition/rankings. This action would enhance the reliability of information held on the CAFM system and used as the starting point for backlog maintenance planning in terms of conditions and rankings based on legislation, regulations and safety requirements. This approach would also support the Trust not just in any current year but also in planning ahead over a five-year period with adjustments made on an annual basis. Furthermore, in relation to governance, the review recommended that the Capital Monitoring Group should ensure that the itemised maintenance plan is approved and monitored for delivery at each of its meetings with any delays reported and actioned. Committee members welcomed the report and the assurance received from Mark Bateman that the estates and facilities team would take ownership and implement the review's recommendations, including the development of a back log management action plan to help respond to the review's findings.

Recruitment efficiency

Committee members noted the review's outcome of partial assurance and the actions needed to strengthen the control framework to manage identified risks, including the monitoring and reporting of data completeness and its accuracy by the shared North Central London recruitment service. The Associate Director of Workforce provided assurance that the average time to hire had been falling and would be closely monitored in a major recruitment campaign underway for healthcare support workers and for nurses in January 2023. The Committee agreed that the recruitment efficiency review report be disseminated to colleagues at the North London Partners Shared Services to help to implement the lessons learnt.

Progress with delivery of the internal audit plan
The Committee took moderate assurance from the report highlighting progress with the internal audit plan and noted that reviews were in progress for waiting lists and activity reporting, compliance with the Data Security Protection Toolkit, and risk management. The report also highlighted the follow up work on actions identified in reviews by the previous internal audit provider, Grant Thornton and advised that actions were being implemented with revised implementation dates in response to reviews on temporary staffing and public engagement.

Committee members were apprised of progress with the implementation of actions recommended for medicines management, with the timescales to be confirmed. Stuart Richardson updated the Committee on actions being taken in three areas – temperature control cabinets and managing temperature control in treatment rooms, access rights to treatment rooms and patient drug lockers. The Committee asked that the proposed timelines for the full implementation of these actions be shortened, where possible.

Committee members also fed back the need to appropriately sequence reviews throughout the year for the 2023/24 internal audit plan.

Trust Risk Register and Board Assurance Framework
The Committee noted the good progress being achieved with reviewing and updating entries on the risk register. There was discussion on the inter-relationship between the in-year operational risks and the more strategic and residual risk entries on the board assurance framework. It was noted that the Trust's risk management strategy would be revised following the internal audit review of risk management arrangements. Amanda Gibbon and Glenys Thornton reported on the detailed discussions held by the Quality Governance Committee on both the risk register and the board assurance framework and how helpful they found the discussions on granular operational risks and more strategic ones. It was suggested that a development session cold be held in quarter four to look at how the risk register and board assurance framework were operating and helping to drive oversight across the organisation of key risk areas.

The Committee also approved the board assurance framework which had recently been discussed at the 25 November public board meeting. In addition, Committee members noted the plan for oversight of the integration 2 entry (covering population health and activity demand) on the board assurance framework to move from the Finance and Business Development Committee to move to the Quality Assurance Committee, with the integration 1 entry (impact of system and provider alliance) remaining with the Finance and Business Development Committee.

Tender waiver and breaches
Phil Montgomery presented the report covering a four-month period. The Committee noted that 28 waiver applications were approved during this period and this represented a slight increase when compared with previous reports. Assurance was provided that all of the waiver applications were within the remit of the Trust's Standing Financial Instructions and below the Public Contracts

	Regulations threshold limit. It was noted that there was likely to be an increase in the numbers of waivers requested in the coming months and would be related to urgent works being undertaken by the estates and facilities team and assurance was provided by Kevin Curnow that the team would seek value for money from contractors.
3.	**Meeting attendance:** **Present:** Rob Vincent, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director Glenys Thornton, Non-Executive Director **In attendance:** Kevin Curnow, Chief Finance Officer Mark Bateman, Deputy Director of Estates & Facilities Helen Brown, Chief Executive Vivien Bucke, Business Support Manager Clare Dollery, Medical Director John Elbake, Senior Manager, RSM Jerry Francine, Operational Director of Finance Jonathan Gardner, Director of Strategy and Corporate Affairs Gillian Lewis, Associate Director of Quality Martin Linton Assistant Director of Financial Services Phil Montgomery, Procurement Business Partner Fleur Niober, Director, KPMG Ann O'Connell, Interim Stuart Richardson, Chief Pharmacist James Shortall, Counter Fraud Specialist, BDO Swarnjit Singh, Joint Director of Inclusion and Trust Secretary Craig Waterman, KPMG LLP Rowena Welsford, Associate Director of Workforce **Apologies:** Norma French, Director of Workforce Marcia Marrast-Lewis, Assistant Trust Secretary

Meeting title	**Trust Board – public meeting**	**Date: 26 January 2023**
Report title	**Charitable Funds Committee Chair's report**	**Agenda item: 11**
Committee Chair	Tony Rice, Non-Executive Director	
Executive director leads	Kevin Curnow, Deputy Chief Executive and Chief Finance Officer, and Jonathan Gardner, Director of Strategy and Corporate Affairs	
Report authors	Swarnjit Singh, Joint Director of Inclusion & Trust Secretary, and Marcia Marrast-Lewis, Assistant Trust Secretary	
Executive summary	The Charitable Funds Committee met on 21 November 2022 and 10 January 2023. The focus of the meeting in January was on two key items: a review of the grant making strategy for the next two financial years and an update on the outcome of a review of investment arrangements. Committee members took good assurance on all agenda items.	
Purpose	Noting	
Recommendations	Board members are asked to note the Chair's assurance report for the meeting of the Charitable Funds Committee held on 21 November 2022 and 10 January 2023	
Appendices		

Committee Chair's Assurance report:	**Charitable Funds Committee**
Date of meeting	**21 November 2022**

Summary of assurance:

1. **The committee can report significant assurance to the Trust Board in the following areas:**

Month 7 Finance Report

- Income and expenditure to October was £205k and £263k respectively resulting in a consumption of charitable funds of £58K before movements in the investment portfolio are taken into consideration.
- The investment portfolio had been impacted by global events in Europe. As at the end of Q2, the funds are showing a £130k loss in year.
- The total fund balance as at the 31 October 2022 (Month 07) was £1.982m

The Committee noted that meetings had been arranged with a number of investment management companies as part of a review of the Charities investment portfolio and strategy.

Charity Report

The Committee received a report outlining the following activity:

- Fundraising - The Committee was updated on progress of a number of appeals and campaign in place. Good progress had been made with fundraising priorities, an overview on the work carried out on:
  - Maternal health and Neonatal Capital Project
  - Dementia, CooP and the intensive Treatment courtyard garden
  - Tynemouth Road Community health Centre Garden

- The Committee welcomed a substantial gift in the amount of US$250,000 from the Stuttering Foundation of America to the Michael Palin Centre.
- Grant making – the Committee discussed at length ways in which staff could be encouraged to apply for grants that would have significant impact on staff well-being, and the cost-of-living crisis both for patients and staff. The Committee agreed that ring fencing small grants would support transformational work for both staff and patients as well as provide transparency to donors. It was noted that a Charity Advisory Group would be set up to oversee the Grant making strategy to improve the Charity's impact, operating efficient, accountability and its fundraising potential.

2. **The Committee is reporting moderate assurance to the Board on the following matters:**

<u>Applications for Funding</u>

The Committee reviewed and approved bids received, including the following:

	▪ Stuttering Foundation -£210,000 ▪ Charity Photography - £5,730 ▪ Fundraising Consultancy Support - £12,000 ▪ Furniture for Tynemouth Road £22,287 ▪ Charity Merchandise - £12,169
4.	**Other key issues** The Committee approved the Charity Annual Accounts 2020/21 for submission to the Charity Commission.
5.	**Attendance:** Tony Rice - Non-Executive Director (Committee Chair) Julia Neuberger – Trust Chair Jonathon Gardner – Director of Strategy & Corporate Affairs Amanda Gibbon – Non-Executive Director Kevin Curnow - Chief Finance Officer Helen Brown - Chief Executive Sam Lister – Head of Charity Katherine Mobey – Fundraising Manager Marcia Marrast – Assistant Trust Secretary Vivien Bucke - Business Support Manager **Apologies** Alex Ogilvie - Deputy Head of Financial Services Swarnjit Singh – Joint Director of Equality Diversity & Inclusion/Trust Secretary

Committee name	Charitable Funds Committee
Date of meeting	10 January 2023

Summary of assurance:

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

Grant-making strategy 2023-24 to 2024-25

The Committee had discussed a draft strategy for a proactive grant-making model at its previous meeting and indicated broad support for the proposals. The updated version now before Committee members had been revised following previous discussion. During discussion, feedback provided on the current draft strategy was, as follows:

- A paragraph should be added after the impact goals to show how requests for grants for staff experience would be supported as they demonstrated their link to the impact goals around good patient experience
- Delivery against the impact goals in bids for charitable funds would be helpful to provide feedback to donors and to help incentivise further donations. It would be helpful for bids to have quantitative and qualitative measures to help demonstrate the impact of successful bids for charitable funds
- The strategy needed to expand the commentary for the sections on staff wellbeing and on patient and community wellbeing by including links between the two.
- There should be agreement on the balance amounts to be allocated to different funds
- The revised strategy would now have five objectives aligned to grant making categories and the flexibility to consider high impact bids whose approval might exceed the amounts allocated to respective categories
- The aim to raise c.££600k-£750k annually in charitable donation during the period covered by the strategy was noted along with the individual amounts suggested for each category, as a guide. It was agreed that Innovation was an area to include within the strategy's first category
- There should be communication provided on the Charity's website which explained that the gift aid element of donations would be used for grants from the general fund

The Committee agreed the draft grant-making strategy subject to the comments made in discussion and agreed that it would review progress in 12 months' time.

Investment report

The Committee considered a report which reviewed the Charity's investment arrangements. This included meetings with investment providers on 20 December 2022 where presentations were received covering receptive offers, including fees, their approach to risk and ethical investment issues. The review concluded that there should be a transfer of the Charity's investments from the current provider, Investec, to the Churches, Charities and Local Authorities (CCLA) Investment Management Limited. Committee members endorsed the recommendation.

2.	**Present:** Tony Rice, Non-Executive Director (Committee Chair) Julia Neuberger, Trust Chair Amanda Gibbon, Non-Executive Director Kevin Curnow, Deputy Chief Executive and Chief Finance Officer Jonathan Gardner, Director of Strategy & Corporate Affairs **In attendance:** Allison Balsamo, Trusts & Foundations and Charity Projects Manager Vivien Bucke, Business Support Manager Martin Linton, Assistant Director Financial Services Sam Lister, Head of Charity Alex Ogilvie, Deputy Head of Financial Services Swarnjit Singh, Joint Director of Equality Diversity & Inclusion and Trust Secretary **Apologies:** Helen Brown, Chief Executive Marcia Marrast-Lewis, Assistant Trust Secretary

Meeting title	**Trust Board – public meeting**	**Date: 26 January 2023**
Report title	**University College London Hospitals NHS Foundation Trust & Whittington Health NHS Trust Partnership**	**Agenda item: 12**
Executive director lead	Jonathan Gardner Director of Strategy, Development & Corporate Affairs	
Report authors	Laura Churchward, Director of Strategy, University College London Hospitals NHS Foundation Trust and Jonathan Gardner	
Executive summary	This report provides an outline of the suggested programme of work to expand the partnership work between University College London Hospital (UCLH) and Whittington Health (WH).	
Purpose	To apprise the Trust Board of the intention to create the long-term vision for the partnership between WH and UCLH, to develop the roadmap to achieve this vision, to oversee the successful delivery of the partnership priorities, and to advise the WH and UCLH Boards on the proposed partnership.	
Recommendation(s)	The Trust Board is asked to: • note the suggested programme of work. • support the formation of a joint board sub-committee from April 2023 between the two organisations	
Risk Register or Board Assurance Framework	BAF risks Sustainability 1 and Sustainability 2	
Report history	Not applicable	
Appendices	1: Partnership development committee-in-common draft terms of reference	

UCLH / Whittington Health Partnership

UCLH and Whittington Health have, for a number of years, worked together in partnership to improve care for the local population. We have a number of clinical workstreams that are closely aligned (such as maternity, TB, oncology, urology, vaccinations and orthopaedics) and the executive teams have been formally meeting since 2017 (under the auspices of UCLH/Whittington Health Collaborative.) The two organisations also share a joint chair and 2 further non-executive board members and have significant historical joint pathways and appointments across the clinical workforce.

There are a number of sector-driven developments in services (such as 'Start Well') that involve both organisations and which will require close collaboration between us. We also recognise the opportunities of bringing services closer together across the next 5 – 10 years for the benefit of patients. In addition, there is the potential that the services could in the future operate across a single digital platform (although this would be subject to a competitive tender).

Both Whittington Health NHS Trust and UCLH NHS Foundation Trust **will remain as separate organisations** with their own boards. However, we believe there are potentially significant benefits of further collaboration that will support our joint aim to provide the best possible care for local residents; improving outcomes, tackling inequalities, integrating care more seamlessly between all care settings, enhancing productivity and value for money and recruiting, retaining, developing and supporting our workforce to enable them to deliver the best possible care. The hypothesis is that these benefits may arise from an even more joined up population focussed approach to designing workforce, clinical pathways, support services, and community flows. Both parties bring different strengths such as integrated community care, frailty, and day case expertise from Whittington and neurology, urology and cancer expertise from UCLH.

Given this background, we would like to explore options to further cement our collaboration. We propose that a first step to increase joint cooperation would be to set up a new joint board sub-committee to start in April 2023. The draft terms of reference for this are attached as appendix 1. Furthermore, we have commissioned a piece of work to explore and fully explain all potential benefits and risks of closer collaboration between UCLH and Whittington Health, in order for us to ensure we consider increasing our partnership in areas which optimise quality and sustainability of community and hospital services for our local population. Procurement for this work (which will need to be undertaken by a neutral party) is underway.

The strategy to collaborate further may lead to questions or concerns from staff, patients and stakeholders. Although we are clear at the outset that there is no intention to merge the organisations, it is essential that we can articulate the benefits across both organisations, be clear about where we may seek to collaborate further and are honest about where any collaboration may fall short of our aspirations. To support the work further, we will have a joint communications plan which will need to engage internal and external stakeholders about the future of our partnership.

Appendix 1 – Draft Terms of Reference, Committee in Common

Role

The role of this Committee is to create the long-term vision for the partnership between WH and UCLH, to develop the roadmap to achieve this vision, to oversee the successful delivery of the partnership priorities, and to advise the WH and UCLH Boards on the partnership.

The Partnership Development Committee is a committee in common established in accordance with the respective standing orders and standing financial instructions of both partners, with authority and power only as delegated by the Boards of WH and UCLH. WH and UCLH remaining as two independent and autonomous organisations; this partnership seeks to deliver improvements in care to patients, increase opportunities for staff in both organisations and seek ways to use limited resources more effectively and efficiently.

Key duties & responsibilities

- To provide strategic leadership to the partnership between WH and UCLH to ensure the delivery of the following aims:
    - optimise quality and sustainability of community and hospital services for our local population
    - improve outcomes and tackle inequalities
    - integrate care more seamlessly between all care settings
    - enhance productivity and value for money
    - improve recruitment, retention, development and support of our workforce
- To create a vision for the partnership beyond the initial priorities.
- To develop a road map that will deliver the vision of the partnership and the aims, and to oversee its delivery.
- To develop a governance roadmap that will be required to support the effective delivery of the partnership and outline the steps needed to achieve this.
- To oversee the delivery of partnership priorities to fulfil the aims and to advise the Board on progress.
- To oversee the progress of programme board to ensure successful delivery of partnership priorities.
- To seek assurance of the timely delivery of key milestones and outputs of the partnership priorities and ensure that these are reported to the Boards of both organisations effectively.
- To seek assurance that risks are correctly identified, and appropriate mitigating actions are in place.
- To ensure the vision and delivery of the partnership is in line the wider strategic Commissioning review and the formation of the NCL ICS and its priorities.
- To approve any changes in scope of the partnership priorities as and when required.
- To evaluate opportunities and outcomes arising from the vision and road map setting and to provide recommendations to both Boards.
- To ensure effective stakeholder engagement and that the review is informed by a broad range of partners, including Trust Governors, patients and the public from across NCL.
- To ensure that communication both to and from the partners and relevant stakeholders is effective and consistent; this includes regular communication with system partners across NCL and the London region.

- To ensure that both Boards have clear and transparent oversight of the work of the Partnership Development Committee and the Programme Board by providing direct reports to the Boards.
- To oversee risks that are identified in relation to the partnership and to escalate any issues or concerns to both Boards as required.

Membership	Other core attendees

The committee shall be made up of the following members:
• Julia Neuberger, Joint Trust Chair (Chair)
• David Probert, CEO, UCLH
• Helen Brown, CEO, WH
• At least 2 non-executive directors (NEDs) from each organisation (this should be two joint NEDs and two NEDs appointed only to one board)
• 6 executive directors
  ○ Two strategy directors
  ○ Two medical directors
  ○ Two Finance directors
	Other attendees may be invited to attend in line with meeting agenda and business items. Others may attend by Chair's invitation only.

Quorum	**Meetings & Frequency & Review**
The quorum necessary for the transaction of business shall be 3 NED members (including at least the Chair and one NED from each organisation). The Chair and NEDs present shall determine whether an appropriate balance of representation from WH and UCLH is present to form a quorum.	Meetings are normally held in private, but a summary of progress will come to public boards on a regular basis. The Committee will meet bi-monthly. Meeting dates should be aligned with Board and other Committee meetings to enable effective information flows. The committee will review its remit on an annual basis.

Management of Sub-Groups

The Committee may establish sub-groups as it deems necessary, but the Committee may not delegate any of its powers to any other group or individuals.

While the Committee may delegate responsibilities to sub-groups or individuals, the accountability for these shall always rest with this Committee.

Powers and Authority

The Committee has no powers, other than those specifically delegated by both Boards by these terms of reference. The Committee will normally fulfil its functions by making appropriate recommendations to the Boards and will operate within relevant codes of conduct and both Trusts' Standing Orders, Financial Instructions and Schemes of Delegation.

Generally, the Committee is authorised to:

- Seek any information it requires from any employee of either Trust in order to perform its duties and to call any employee to present at a Committee meeting

- Obtain outside legal or other professional advice on any matter within its terms of reference subject to the Trusts' relevant policies; this should normally be co-ordinated by one of Trusts' Company Secretaries

Powers executed outside of formal meetings

In exceptional circumstances where delaying actions or decisions would have a negative impact on the Partnership's business, certain items requiring an urgent decision, or the taking of the decision itself, may be conducted outside of formal meetings. Any exceptional decisions taken must not sit outside the powers and authority delegated to the Committee by the respective Boards. Such decisions will normally be agreed by the Committee in advance and executed by either:

- Chair's action
- Calling an extraordinary or virtual meeting
- Reaching consensus on a decision by e-mail

The Trust Company Secretaries will co-ordinate such items of business and ensure that appropriate records are kept and that all relevant decisions are formally ratified by the Committee and/or both Boards at the next meeting.

A written record of the action, signed by the Chair and CEOs, should be presented to the whole Committee for ratification at its next meeting.

Reporting responsibilities

The Committee in Common shall report and be accountable to the Boards of both organisations. The Boards shall determine ongoing reporting and information requirements as they deem necessary. The Committee shall report to other Board Committees as and when directed by the respective Board.

Succinct but robust minutes will be kept of all proceedings of this Committee's meetings with special emphasis on regular, written progress reports being presented at each meeting. A regular update report to both public boards will be written.

The exercise of emergency powers including Chair's Action will be reported to both Boards for ratification and minuting.