



## Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board held in public on **Thursday, 30 March 2023** from **9.30am to 11.00am** held virtually via Microsoft Teams

Item	Time	Title	Presenter	Action
		<b>Standing agenda items</b>		
1.	930	Patient experience story	Chief Nurse	Discuss
2.	952	Welcome, apologies, declarations of interest	Trust Chair	Note
3.	955	26 January 2023 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
		<b>Quality</b>		
6.	1015	Quality Assurance Committee report	Committee Chair	Note
		<b>Performance</b>		
7.	1020	Integrated performance report	Director of Strategy and Corporate Affairs	Discuss
8.	1030	Finance, capital expenditure and cost improvement report	Chief Finance Officer	Discuss
		<b>Governance</b>		
9.	1040	Audit and Risk Committee report	Committee Chair	Note
10.	1045	Charitable Funds' Committee report	Committee Chair	Note
11.	1050	Workforce Assurance Committee report	Committee Chair	Note
12.	1055	Questions to the Board on agenda items	Trust Chair	Note
13.	1100	Any other urgent business	Trust Chair	Note



**Whittington Health**  
NHS Trust

**Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 26 January 2023**

<b>Present:</b>	
Baroness Julia Neuberger	Non-Executive Director and Trust Chair
Dr Junaid Bajwa	Non-Executive Director
Helen Brown	Chief Executive
Kevin Curnow	Deputy Chief Executive and Chief Finance Officer
Dr Clare Dollery	Medical Director
Amanda Gibbon	Non-Executive Director
Chinyama Okunuga	Chief Operating Officer
Baroness Glenys Thornton	Non-Executive Director
Rob Vincent CBE	Non-Executive Director
Sarah Wilding	Chief Nurse & Director of Allied Health Professionals
<b>In attendance:</b>	
Isabelle Cornet	Director of Midwifery (items 1 and 7)
Alicia St Louis	Inpatient Maternity Matron (item 1)
Helen Taylor	Clinical Director, Acute Patient Access Clinical Support Services Women's Health (items 1 and 7)
Norma French	Director of Workforce
Jonathan Gardner	Director of Strategy & Corporate Affairs
Tina Jegede MBE	Joint Director of Inclusion & Nurse Lead, Islington Care Homes
Alison Kett	Director of Operations, Adult Community Services (item 8)
Marcia Marrast-Lewis	Assistant Trust Secretary
Juliette Marshall	Director of Communication and Engagement
Swarnjit Singh	Joint Director of Inclusion & Trust Secretary
<b>No.</b>	<b>Item</b>
<b>1.</b>	<b>Welcome, apologies and declarations of interest</b>
1.1	The Chair extended a warm welcome to everyone. Apologies for absence were received from Tony Rice, Non-Executive Director and Naomi Fulop, Non-Executive Director. The Chair advised that Tony Rice was coming to the end of his third term as a Non-Executive Director of the Trust and would be present at the Board meeting being held in private on 23 February for his last meeting.
1.2	Glenys Thornton declared that she had been appointed as Vice Chair of the All-Party Parliamentary Group for Sickle Cell and Thalassaemia. The Chair also declared that she had been appointed as a member of the House of Lords' Science and Technology Committee. The Board noted both declarations which would be added to the register.

<b>2.</b>	<b>Minutes of the meeting held on 25 November 2022</b>
2.1	The minutes of the previous meeting were approved as a correct record.
<b>3.</b>	<b>Patient experience story</b>
3.1	Sarah Wilding introduced Patient A to talk to the Trust Board about her experience with maternity services at the Trust. Patient A explained that she gave birth to her first child, a daughter, 18 months ago at Whittington Health. She wanted to tell her story to help women with their future pregnancies at the Whittington Hospital. She stated that she was a key worker, required to travel to and from work during the Covid-19 pandemic during her pregnancy, when she was diagnosed by her GP with anxiety related to pregnancy. Her anxiety was exacerbated by the fact that this was her first pregnancy and growth scans had indicated that the baby was not growing as expected. During her ante-natal appointments, Patient A said she would raise the issue of her anxiety but she felt that it was largely disregarded as a pregnancy-related issue. She highlighted an incident at the antenatal clinic when she experienced an anxiety attack and needed to isolate herself to calm down and reduce the impact on other pregnant women at the clinic. Patient A explained that this incident, and the treatment she received, highlighted a lack of empathy for pregnant women with anxiety-related mental health issues and wondered if this indicated a need for training in this area.
3.2	Patient A stated that her first preference was to give birth in the Birthing Centre. However, during the pandemic it was closed, so she was admitted to the labour ward where she spent two nights. She found there were insufficient staff on the ward when she was admitted, which delayed the induction of labour which, in turn, increased her fears as to what would happen if she went into spontaneous labour or needed surgery. She also wondered if pregnant women should be given information on alternative hospitals if a labour ward was closed and asked whether this could be incorporated as part of the birth plan. Patient A said she did, however, have a good birth plan, and while she appreciated that the birth may not go to plan, she felt that the knowledge and preparation helped her to feel empowered and in control.
3.3	The actual delivery was very good and all the medical professionals involved were mindful of her medical history, which helped to foster a climate of trust space in which to give birth. Her medical records were up to date which saved a lot of time and eliminated the need to keep repeating herself.
3.4	Patient A reflected that her post-delivery experience was not as comforting, as she was weak and felt too scared to hold her baby, so missed her initial skin-to-skin contact. She had trouble breastfeeding, which the mid-wife insisted she did. Patient A felt that midwives were particularly unsupportive and unsympathetic, and this could have been impacted by staff shortages and the pandemic, but her daughter could not latch on, which added to the sense of stress and guilt. Her time on the post-natal ward was marred by witnessing an argument between two staff members who then shouted at her whilst on her way to the bathroom.
3.5	Patient A expressed her hope that her story would highlight the importance of

	<p>reading and understanding an individual patient's notes and having adequately trained staff in the maternity department and more specifically in the post-natal department. Furthermore, she emphasised the need to exercise empathy and sympathy as post-delivery care could impact how a new mother experienced the first days with her baby.</p>
3.6	<p>In summary, Patient A offered these points on which to reflect:</p> <ul style="list-style-type: none"> <li>• More training around mental health in pregnant women to evaluate real and statistical difficulties that women face in breastfeeding</li> <li>• Offer formula to women and appreciate that it could take some time for mother's milk to come in.</li> <li>• Regular training with breastfeeding consultants.</li> <li>• More awareness of behaviours and conflicts between medical staff as arguing on the ward puts patients in a difficult position.</li> </ul>
3.7	<p>Isabelle Cornet thanked Patient A for sharing her story. She stated that the pandemic was difficult for everyone but that, since then, a number of improvement measures had been implemented. These included:</p> <ul style="list-style-type: none"> <li>• The appointment of a specialist midwife for perinatal mental health, who had been in post for one year and was best placed to support women with anxiety.</li> <li>• Working with the United Nations' Children's Fund, UNICEF, on the baby friendly initiative which sought to give staff the skills and confidence for conversations about breastfeeding and early relationship building with parents.</li> </ul>
3.8	<p>Alicia St Louis expressed sympathy on hearing that staff were not demonstrative of the Trust's values. However, she was confident that the issues raised had been addressed. Helen Taylor added that a consultant who specialised in mental health for pregnant women had also been appointed so that a good multidisciplinary approach could be taken. In addition, she reported that some in-depth work on culture and civility amongst staff had taken place within maternity services which demonstrated that the issues highlighted had been taken very seriously.</p>
3.9	<p>Sarah Wilding thanked Patient A for her articulate account of her experience. She apologised for the shortcomings of the department and assured Patient A and Board members that the Trust was working to improve all the areas discussed.</p>
3.10	<p>Glenys Thornton explained that, as part of her role as a Non-Executive Director at the Trust, she was a maternity champion. She thanked Patient A for sharing her feedback on her experience and assured her that her story had helped the Trust to make the necessary changes to ensure that services were improved for women who gave birth here.</p> <p><b>The Chair thanked Patient A for her contribution to the meeting. She suggested that regular contact should be made with Patient A to inform her of the improvements made for women who chose maternity services at Whittington Health.</b></p>



<b>4.</b>	<b>Chair's report</b>
4.1	The Chair gave thanks and gratitude to all staff that worked during the Christmas and New Year period. The Chair reported that she attended the hospital on Boxing Day and was heartened to see that staff were working admirably to deal with extraordinary operational pressures, especially in the emergency department which was short staffed.
4.2	The Chair repeated that Tony Rice was approaching the end of his term as a Non-Executive Director and arrangements would be taken forward with the NHS England appointments team for a successor over the next few months.
4.3	Amanda Gibbon added that she visited Whittington Hospital on Christmas Day with Kevin Curnow and was humbled by the efforts and cheerful attitude of staff working. In relation to committee membership, Amanda Gibbon clarified that Naomi Fulop was a member of the Finance and Business Development Committee together with Rob Vincent.
4.4	<p>The Chair took the opportunity to wish the Trust Board a Happy New Year. She noted that it was also the new Chinese lunar year of the Rabbit, that Holocaust Memorial Day was the following day and that Burns night had taken place on 25 January.</p> <p><b>The Trust Board noted the Chair's report and agreed that, on behalf of the Board, a note of thanks would be sent to all staff who worked over the festive period.</b></p>
<b>5.</b>	<b>Chief Executive's report</b>
5.1	<p>Helen Brown added her thanks to staff who worked over the holiday period. She reported that she had a walk-round on Christmas Day and was pleased to witness an upbeat spirit by staff who were clearly pleased to see the executives at the hospital over the holiday period. She summarised her report and drew attention to the following:</p> <ul style="list-style-type: none"> <li>• Staff currently faced considerable challenges particularly with forthcoming industrial action. She stated that planning for the junior doctors' strike in March was the most pressing issue and provided assurance that the Trust would continue with its efforts to continue to deliver safe care.</li> <li>• The Care Quality Commission carried out an inspection of maternity services on 23 and 24 January. The initial high-level feedback received was a positive view of team culture, multidisciplinary working and leadership within the service, with welcoming and responsive teams. She advised that there were some points of learning to consider, particularly in terms of the triage at the beginning of the labour part of the pathway. It was expected that a draft report would be available in 6-8 weeks. Helen Brown thanked Sarah Wilding and Clare Dollery for their support during the inspection.</li> </ul>
5.2	Currently, the key focus was on the 2023/24 planning round for which guidance was issued on 23 December 2022. Two significant themes within the planning guidance related to urgent and emergency care capacity within the NHS and planned care backlog recovery, elective surgery and diagnostics. It

	was also likely that the Trust would revert to payment by results contractual arrangements.
5.3	Nadine Jeal was congratulated on her appointment as the clinical director for the Haringey Borough Partnership and it was noted that Michelle Johnson, former Chief Nurse at the Trust, had been appointed as the Deputy Chief Clinical Officer at the North Central London Integrated Care Board. There had been good digital developments in community services, where a number of applications had gone live, particularly in district nursing which had moved to the RiO system, paperless radiology and the Zesty patient portal.
5.4	<p>In discussion, the following points arose:</p> <ul style="list-style-type: none"> <li>• Amanda Gibbon queried the latest developments on the national discharge fund and asked whether there would be time to make use of it. Helen Brown explained that funds would not be paid directly to acute providers but would be paid to social care and community providers. She added that, while this funding did not have a direct impact on services at the Trust, indirectly it had brought a positive impact as the average inpatient length of stay number of had been consistently decreasing and was on a downward trend since the New Year.</li> <li>• Junaid Bajwa echoed his thanks to the team. He queried whether there were any specific relationships between the Trust, primary care networks, GPs and social care services that worked to improve patient flow out of the hospital. Helen Brown advised that both the adult community services and children and young people's services integrated clinical service units worked closely with primary care to deliver wrap-round care. She acknowledged that it was a challenging context with significant demand across all healthcare services and confirmed that a workshop would take place with colleagues from the North Central London Integrated Care Board in two weeks to explore opportunities and to strengthen collaborative relationships.</li> <li>• Rob Vincent referred to the Hewitt review of integrated care systems which was due to be published at the end of the month. Helen Brown commented that additional workstreams were being set up to support the review and felt that Whittington health was well placed in North Central London, which had a strong Integrated Care Board in place with good collaborative work between system partners to move forward.</li> <li>• Clare Dollery confirmed the Trust's Clinical Interface Group with primary care in Haringey was in place and actively working with parties. She said that there was also interface steering group for North Central London which recently met and considered different innovations on how parties could work together, including a consensus document to ensure that there was appropriation allocation of work.</li> <li>• Jonathan Gardner advised that he had recently held discussions with the Chief Executive of the GP Federation in Islington on how the Trust would support them with space and how the Trust would continue to work more closely with GPs.</li> <li>• Chinyama Okunuga added that, in terms of social care, the availability of funding had improved working relationships, and that issues with difficult to place patients had been resolved. She advised that there were still</li> </ul>

	<p>challenges with homeless patients and that good work had been undertaken, as the number of homeless inpatients had reduced from eight to three.</p> <p><b>The Trust Board noted the Chief Executive's report.</b></p>
<b>6.</b>	<b>Quality Assurance Committee Chair's report</b>
6.1	<p>In the absence of Naomi Fulop, the Chair of the Quality Assurance Committee, Amanda Gibbon, the Committee's Vice Chair, delivered a verbal report. She highlighted the following three key risks agreed by Committee members:</p> <ul style="list-style-type: none"> <li>• Emergency pressures and their impact on quality and safety</li> <li>• Workforce capacity and sickness absence rates that were around 6% for nursing and allied health professionals</li> <li>• The adverse impact on retention where specialist staff were diverted into managing general work</li> </ul>
6.2	<p>Amanda Gibbon confirmed that the Committee took significant assurance from the following items on the agenda:</p> <ul style="list-style-type: none"> <li>• Emergency Preparedness and Resilience Response Assurance Plan.</li> <li>• An interesting presentation on anti-microbial pharmacists and their work in the community, keeping patients out of beds in the acute setting.</li> <li>• Learning from deaths report.</li> <li>• The 2021/22 Research &amp; Development Annual Report.</li> <li>• The evidence needed for the maternity incentive scheme submission. The Committee had congratulated the Director of Midwifery and colleagues for their work in completing the assessment against a backdrop of external regulatory inspection</li> <li>• A presentation of deferred cord clamping which demonstrated the improvement work undertaken in response to a national audit.</li> </ul>
6.3	<p>Amanda Gibbon advised that the Committee received moderate assurance on the elective recovery item. She reported that the Quality entries on the Board Assurance Framework were reviewed and that the Committee was now also taking the lead in reviewing the Integration 2 risk entry.</p> <p><b>The Trust Board noted the Chair's assurance report for the meeting held on 11 January 2023</b></p>
<b>7.</b>	<b>Maternity Incentive Scheme (MIS)</b>
7.1	<p>Sarah Wilding introduced the item. She advised that the Trust had evidenced compliance with the 10 safety actions to receive its rebate under the incentive scheme within the stipulated time frame. The report had been through the governance structure signed off through the North Central London integrated care system.</p> <p><b>The Trust Board approved the submission of the MIS Year 4 declaration form to the North Central London local maternity and neonatal system and NHS Resolution by 2 February 2023.</b></p>

<b>8.</b>	<b>Integrated Performance Report</b>
8.1	<p>Jonathan Gardner presented the report. He highlighted the following:</p> <ul style="list-style-type: none"> <li>• There was an upward trend on mixed sex breaches due to extreme operational pressures, and it was expected that the opening of Thorogood Ward would help to reduce the breaches</li> <li>• One case of clostridium difficile was reported in December 2022. Nationally there was rise in clostridium difficile cases</li> <li>• There was a slight decrease in pressure ulcers in December</li> <li>• There were 278 ambulance breaches of 30 minutes and 146 breaches of 60 minutes and there were 350 12-hour trolley breaches</li> </ul>
8.2	<p>Jonathan Gardner assured the Board that operational teams were working hard to reduce pressure on emergency care pathways, with regular length of stay reviews, external escalation and the creation of a discharge lounge. In terms of other performance indicators in the report, he advised the following:</p>
8.3	<p>Performance against the cancer standards saw an improvement of 3.5% against the 2- day faster diagnosis measure</p> <ul style="list-style-type: none"> <li>• Referral to treatment targets saw improvement over 52 week waits</li> <li>• There were now targets around 78-weeks but these would need to be booked by the end of the financial year</li> <li>• In terms of elective recovery: <ul style="list-style-type: none"> <li>○ The volumes against 2019/20 was 101% overall, with 106% for inpatient elective and day cases.</li> <li>○ There was a slight dip in theatre utilisation. However. more cases were seen due to elective day case split.</li> <li>○ Endoscopy services continued to perform well,</li> <li>○ Outpatients overall were at 100% including unoutcomed appointments.</li> </ul> </li> <li>• For workforce metrics, appraisals and mandatory training were still below target but remained static.</li> <li>• In community services: <ul style="list-style-type: none"> <li>○ Audiology backlog of waiting lists remained but was on an improvement trajectory.</li> <li>○ Service transformation was ongoing</li> <li>○ There was significant improvement in waiting times for Haringey Paediatrics</li> <li>○ The number of autism and attention deficit hyperactivity disorder assessments had increased, with support from additional funding received which would impact positively on waiting times.</li> </ul> </li> </ul>
8.4	<p>The Chair queried whether there were any action plans in place to improve mandatory training and appraisal numbers at the Trust. Norma French explained that operational pressures had impacted on the time that staff would take to complete training and that, although numbers had not decreased, they were static. She confirmed that the Elev8 system was in place and was an intuitive programme that helps staff complete their mandatory training and would also enable managers to identify gaps in training. She added that HR business partners were working with integrated clinical service units and corporate directorates to produce appraisal data each month for discussion at</p>

	performance review meetings. The expectation was that trajectories would get back to target. She also felt that mandatory training and appraisal targets were higher than the average Trust at 90%. Helen Brown suggested that targets could be reset going into the new financial year and that mandatory training should be risk assessed, by differentiating between statutory and mandatory training. Operational pressures did create a difficulty releasing staff for mandatory training, but staff in high-risk areas should be prioritised for training.
8.5	Swarnjit Singh reported that colleagues in the Information team would be adding more granular data on patient waiting times by ethnicity and deprivation and on Did Not Attends (DNAs) by patient ethnicity. This information was expected to be included in performance reports to the Board from April onwards.
8.6	Clare Dollery identified that the way in which mandatory training was delivered made a big difference, and that, if training was easily more accessible, training rates might improve. It might therefore be worthwhile exploring the possibility of creating more online and virtual training solutions for staff.
8.7	The Chair questioned whether there was any benchmarking data that could compare the Trust's cancer performance against other acute providers in NCL. Jonathan Gardner was of the belief that the Trust was not an outlier- at worst it was on a par with the rest of NCL, at best better. He would clarify the position by the next meeting. Chinyama Okunuga assured the Trust Board that weekly meetings at NCL confirmed that the Trust was doing well compared to NCL neighbours, but it could still do better.
8.8	Junaid Bajwa enquired on the progress of the NHS e-Referral Service (e-RS) and the consistency around the Trust's target of 4%, given it was achieving around 30%. The knock-on effect might be more DNAs which could impact capacity and planning. He wondered what further work would be undertaken to address concerns. Jonathan Gardner confirmed that the team was managing the issues and they were working hard to move all patients onto the referral to treatment timeline. This would have a negative impact on total figures, but it was better because it reflected an accurate picture. Amanda Gibbon suggested that this was a good area for internal audit to review. She noted that it was good to see that 70% of patients were seen within 2 hours in urgent care. She also noted that the maternity Friends and Family Test responses were not as good, circa 50%. Isabelle Cornet explained that work to increase the number of completed forms would be undertaken.
8.9	Amanda Gibbon also raised the issue of 12-hour trolley waits. She observed that it was unclear as to whether the waiting times came into effect once the patient had been seen and was waiting for a bed or if the waiting times started once the patient was presented in the Emergency Department (ED) to be seen and before the decision to admit was made. Chinyama Okunuga confirmed that this data could be added to the performance report.
8.10	Clare Dollery confirmed that, in the interim, while more work was done on the maternity Friend and Family Tests, the Trust Board could take assurance that

8.11	<p>the Director of Midwifery met regularly with the Maternity Voices Partnerships, which was another source of contemporaneous feedback.</p> <p>Jonathan Gardner referred Board members to the report which detailed total ED attendances in the department for more than 12 hours amounted to 976 patients. Helen Brown added that this was more common with some patients and that length of stay in the department was an acute concern. She provided assurance that a review of the core nursing standards was under way to ensure that patients were on beds and receiving the care and support needed.</p> <p><b>The Board noted the integrated performance report and that deep dives into performance areas were being taken forward and agreed the following actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Performance on cancer standards would be benchmarked against NCL trusts</b></li> <li>• <b>Clarity would be provided as to whether the waiting times came into effect on decision to admit or when the patient presented in the ED</b></li> </ul>
8.12	<p><b>Adult Community Services</b></p> <p>Alison Kett presented the appendix to the report which detailed performance in adult community services. She explained that, during the pandemic, there was a heavy reliance on adult community services to support the organisation, ITU and vaccination programme. all of which were successfully undertaken but to the detriment to some of the services in adult community care. There were four key areas that struggled during this time: musculoskeletal services (MSK), podiatry, diabetes and pulmonary rehabilitation.</p>
8.13	<p>Alison Kett explained that different measures had been implemented to bring the MSK service up to date, including the addition of weekend clinics. Podiatry had been afflicted with different issues ranging from an increase in demand due to social foot problems, which was under review with the North Central London Integrated Care Board. She reported that the department had also been affected by staff sickness and was being managed by a new service manager. Additional support would also be sought for nail cutting and from the pharmacy to address patients' fungal nail problems.</p>
8.14	<p>Rob Vincent questioned whether some of the learning from all the pressures and responses was for the integrated care system and, in view of the interrelationships with various parts of the health system, particularly the role of 111 service, whether learning was picked up and shared. Helen Brown explained that the pressure in primary care was translating through to urgent care services. She agreed that it was clear the Trust had to collectively do something different, and there would be active discussions taking place and also learning applied from industrial action around the clinical triage of 999 calls and interoperability between 999 and 111 services. The learning thus far from industrial action was that there were ways that ambulance use could be reduced. Alison Kett added that the Trust would participate in an NCL pilot on strike days where clinicians sat in a call centre and managed category 2 patients.</p>

8.15	Tina Jegede advised that, in relation to podiatry services, training work in care homes was ongoing and had resulted in falls prevention and hospital avoidance.
8.16	<p>The Chair thanked Alison Kett for her attendance at the meeting and commented on the need for more deep dives into specific elements of performance across the Trust.</p> <p><b>The Trust Board noted the report and the actions taking place which were previously approved by the Trust's Management Group.</b></p>
<b>9.</b>	<b>Finance, capital expenditure and cost improvement report</b>
9.1	Kevin Curnow reported that the Trust had a deficit of £4.60m at the end of December 2022 which was £2.03m worse than plan. He explained that key drivers for the adverse financial position were the non-delivery of savings on cost improvement programmes (CIP), unfunded escalation beds, non-pay overspends in theatres and estates, and the non-achievement of the elective recovery fund income target.
9.2	Kevin Curnow stated that the forecast year-end position was still a near breakeven with an out-turn position of a £112k deficit. This would be achieved through some technical adjustments as well increased monitoring of the actual run rate. In terms of CIPs, the Trust had set an original £14m target, which was now unlikely to be delivered.
9.3	<p>Kevin Curnow also reported that there was slippage in capital spending and it was expected that the Trust would not spend its entire allocation this financial year. He advised that, where possible, projects were bring brought forward from the next financial year. Kevin Curnow reported that the cash position remained strong, with £80m on deposit in the bank.</p> <p><b>The Trust noted the finance, capital expenditure and cost improvement report.</b></p>
<b>10.</b>	<b>Audit and Risk Committee Chair's assurance report</b>
10.1	Rob Vincent summarised the report, which outlined discussions held at the meeting held on 14 December 2022. He said that this was the first meeting which included reports from RSM, the new internal auditor provider. The Committee took good assurance on Internal audit reviews which included assurance mapping and the nationally mandated review of financial sustainability.
10.2	Rob Vincent said that the Committee took moderate assurance on four internal audit reviews covering backlog maintenance, recruitment efficiency related to the shared service, medicines management, and the digital strategy.
10.3	The Committee had also reviewed the internal audit plan and was satisfied that the internal audit team would be in a position to deliver the complete plan by the end of the financial year.

	<b>The Trust Board noted the Audit and Risk Committee Chair's assurance report for the meeting held on 14 December 2022.</b>
<b>11.</b>	<b>Charitable Funds Committee Chair's Assurance report</b>
11.1	Amanda Gibbon summarised the report which outlined discussions held at the meetings held on 21 November 2022 and 10 January 2023. She acknowledged the efforts of the Head of Charity who had worked hard to improve the Charity's effectiveness. The January Committee meeting had considered two areas: <ul style="list-style-type: none"> <li>First, a draft grant making strategy which provided clarity on the plans for charitable funds; and secondly, an exercise to review investment management companies had resulted in the appointment of Churches, Charities and Local Authorities (CCLA) who were well experienced in the management of NHS charitable funds. CCLA would replace the current fund managers, Investec.</li> </ul>
11.2	Amanda Gibbon also recorded the Committee's gratitude for the \$250k grant from the Stuttering Foundation in America made for the Michael Palin Centre.  <b>The Trust Board noted the Charitable Funds Committee Chair's report.</b>
<b>12.</b>	<b>University College London Hospitals NHS Foundation Trust &amp; Whittington Health NHS Trust Partnership</b>
12.1	Jonathan Gardner presented the report and reminded Board members that Whittington Health had been working with its partner organisations across North Central London, particularly University College London Hospitals NHSFT (UCLH) in different clinical areas. He outlined that both trusts would benefit from a structured arrangement with the establishment of a joint committee-in-common as part of governance arrangements. This new forum would support the vision and direction around the partnership. Jonathan Gardner emphasised that both organisations would remain separate entities and a merger would not take place.
12.2	The Chair noted a conflict of interest for herself, Junaid Bajwa and Rob Vincent, who were Non-Executive Directors at UCLH.  <b>The Trust Board approved the formation of a joint board sub-committee with UCLH with effect from April 2023 and noted its suggested programme of work.</b>
<b>13.</b>	<b>Questions from the public</b>
13.1	The Chair confirmed that no questions relevant to the agenda had been received.
<b>14.</b>	<b>Any other business</b>
14.1	There was no other business to discuss.



# **Trust Board, 26 January 2023 public Board action log**

<b>Agenda item</b>	<b>Action</b>	<b>Lead(s)</b>	<b>Progress</b>
Chair's report	On behalf of the Board send a thank you to all staff who worked over the festive period.	Chief Executive	Completed
Integrated Performance Report	Benchmark cancer performance against NCL Trusts	Jonathan Gardner	Completed – see performance report
	Provide clarity as to whether the waiting times came into effect on decision to admit or when the patient presented in the ED, add to the performance report.	Chinyama Okunuga	Completed – see performance report
	Carry out more dives of specific performance areas	Chief Operating Officer	Each quarter



<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date: 30 March 2023</b>
<b>Report title</b>	<b>Chair's report</b>	<b>Agenda item: 4</b>
<b>Non-Executive Director</b>	Julia Neuberger, Trust Chair	
<b>Executive director lead</b>	Jonathan Gardner, Director of Strategy and Corporate Affairs	
<b>Report authors</b>	Swarnjit Singh, Joint Director of Inclusion and Trust Secretary, and Julia Neuberger	
<b>Executive summary</b>	This report provides a summary of activity since the last Board meeting held in public.	
<b>Purpose</b>	Noting	
<b>Recommendation</b>	Board members are asked to note the report.	
<b>Board Assurance Framework</b>	All entries	
<b>Report history</b>	Report to each Board meeting held in public	
<b>Appendices</b>	None	

## **Chair's report**

This report updates Board members on activities since the last Board meeting held in public.

### **February 2023 private Board meeting and seminar**

The Board of Whittington Health held a private meeting on 23 February. The agenda items covered a progress report on the greater partnership working with University College London Hospitals NHS Foundation Trust, including the establishment of a committee-in-common, an integrated performance report, a finance and capital expenditure report, and an update on the delivery of the 2022/23 corporate objectives in quarter three. Board members also received an update on fire remediation work and the private finance initiative building, and chairs' assurance reports from the Finance and Business Development and Quality Assurance Committees.

The Board also held a seminar on the same day. The topics discussed included the 2023/24 NHS priorities and operational planning guidance, an update on the Trust's 2019-24 strategy and also the NHS Well Led Framework, including proposals for an external review later this calendar year.

### **Visit to Lordship Lane Health Centre**

On 1 March, together with Rob Vincent, non-executive director, I visited the Lordship Lane Health Centre and had the privilege to meet two excellent service teams. The first was a proactive multidisciplinary team made up of staff from Whittington Health, primary and mental health services, care navigators and colleagues from Haringey adult social services. The second was the district nursing team for central Haringey led by Varda Lassman, Associate Director of Nursing and the Islington Borough Lead. Pressure ulcers were an area of particular focus for this service. The challenges in recruiting to some posts was fed back from both teams along with the positive development they were helping to train people in new roles such as nurse associates.

### **Consultant recruitment panels**

Since the January Board meeting, there has been one further recruitment and selection panel for a consultant post in emergency medicine, in which I participated.

### **Corporate induction**

On 13 February and 13 March, I took part in corporate induction training for new recruits to Whittington Health.

### **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.

### **Declarations of interest**

Board members have reviewed and updated their declarations of interest for the new financial year and these are appended.

### **Tony Rice and Sarah Humphery**

On 8 March Board members held an enjoyable farewell dinner for two Board members who had recently left Whittington Health - Tony Rice and Sarah Humphery.

## Appendix 1: Trust Board members' 2023/24 register of declarations of interest

Voting Board members	Declared interests
Baroness Julia Neuberger DBE, Trust Chair and Non-Executive Director	<ul style="list-style-type: none"> <li>Independent, Cross Bench Peer, House of Lords</li> <li>Chair, University College London Hospitals NHS Foundation Trust</li> <li>Vice-Chair, University College London Health Alliance Board</li> <li>Chair, Board of Trustees, Independent Age</li> <li>Occasional broadcasting for the BBC</li> <li>Rabbi Emerita, West London Synagogue</li> <li>Trustee, The Walter and Liesel Schwab Charitable Trust</li> <li>Trustee, Rayne Foundation</li> <li>Trustee, Leo Baeck Institute Academic Study of German Jewish relationships</li> <li>Trustee, Yad Hanadiv Israel (Charitable Foundation)</li> <li>Trustee, Lyons Learning Project (independent education charity dedicated to all aspects of Jewish Learning)</li> <li>Consultant, Clore Duffield Foundation (on Jewish matters)</li> <li>Commissioner, Commission on the Integration of Refugees</li> <li>Bereavement Commissioner, UK Commission on Bereavement</li> <li>Chair, Oversight Committee, City of London Centre</li> <li>Public Voice Representative, Jewish Community's BRCA Testing Programme</li> <li>Member of the Science and Technology Committee House of Lords</li> <li>Vice Chair All-Party Parliamentary Group on Faith and Society</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Junaid Bajwa, Non-Executive Director	<ul style="list-style-type: none"> <li>Chief Medical Scientist, Microsoft</li> <li>Essential Guides UK Limited (Shareholder, GP locum services and educational work)</li> <li>Merck Sharp and Dohme (shareholder and ex- employee)</li> <li>NHS England (GP appraiser)</li> <li>GP, Operose Health</li> <li>Non-Executive Director, University College London Hospitals NHS Foundation Trust</li> <li>Non-Executive Director, Medicines and Healthcare products Regulatory Authority</li> <li>Non-Executive Director, MedicaGroup Plc</li> <li>Governor, Nuffield Health</li> <li>Non- Executive Director, Nahdi Medical Corporation</li> <li>Non- Executive Director, eConsult</li> <li>Non-Executive Director Ondine</li> <li>Visiting Scientist, Harvard School of Public Health</li> <li>Associate Professor, University College London</li> </ul>

Voting Board members	Declared interests
	<p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
<p>Professor Naomi Fulop, Non-Executive Director and Senior Independent Director</p>	<ul style="list-style-type: none"> <li>• Honorary contract, University College London Hospitals NHS Foundation Trust</li> <li>• Professor of Health Care Organisation &amp; Management, Department of Applied Research, University College London</li> <li>• Non -Executive Director, COVID Bereaved Families for Justice (CBF4J)</li> <li>• CBF4J is a core participant in modules 1 &amp; 2 of the Covid Inquiry, represented by Broudie, Jackson &amp; Canter solicitors and I am also individually represented by them.</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
<p>Amanda Gibbon, Non-Executive Director and Vice-Chair</p>	<ul style="list-style-type: none"> <li>• Chair, RareCan Limited (start-up company looking to recruit patients with rare cancers into research in their disease areas. This post is currently unremunerated.)</li> <li>• Lay member, NHS Blood and Transplant's National Organ Donation Committee and Regional Chair for London NHSBT Regional Collaborative</li> <li>• Associate Non-Executive Director, Royal Free London NHS Foundation Trust</li> <li>• External member of the Audit and Risk Assurance Committee of the National Institute for Health and Care Excellence</li> <li>• UCLH: Chair of the Biobank Ethical Review Committee for the UCL/UCLH Biobank for Studying Health and Disease and Chair of the UCLH Organ Donation Committee</li> <li>• Director, The Girls Education Company Limited</li> <li>• Director, Garthgwynion Estate Limited</li> <li>• Chair of Steering Committee for UK Clinical Research Collaboration Tissue Directory and Co-ordination Centre</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• My four (adult) children each have personal shareholdings in GlaxoSmithKline and Smith &amp; Nephew</li> </ul>
<p>Baroness Glenys Thornton, Non-Executive Director</p>	<ul style="list-style-type: none"> <li>• Member of the House of Lords, Opposition Spokesperson for Women and Equalities</li> <li>• Member, Advisory Group, Good Governance Institute</li> <li>• Chair and Trustee, Phone Co-op Foundation for Co-operative Innovation</li> <li>• Chair, Advisory Board of Assistive Healthcare Technology Association</li> </ul>

Voting Board members	Declared interests
	<ul style="list-style-type: none"> <li>• Senior Associate, Social Business International</li> <li>• Senior Fellow, The Young Foundation</li> <li>• Council Member, University of Bradford</li> <li>• Emeritus Governor, London School of Economics</li> <li>• Trustee, Roots of Empathy UK</li> <li>• Patron, Social Enterprise UK</li> <li>• British Council All Party Parliamentary Group</li> <li>• Vice Chair Social Enterprise</li> <li>• Vice Chair Dentistry &amp; Oral Health</li> <li>• Vice Chair Domestic Violence &amp; Abuse</li> <li>• Vice Chair Get Refusal</li> <li>• Vice Chair Homelessness</li> <li>• Co-Chair Respiratory Health</li> <li>• Officer Sickle Cell &amp; Thalassaemia</li> <li>• Honorary Secretary Social Enterprise</li> <li>• Vice Chair Dalits</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Daughter is employed at Whittington Health.</li> </ul>
Rob Vincent CBE, Non-Executive Director	<ul style="list-style-type: none"> <li>• Non-Executive Director, University College London Hospitals NHS Foundation Trust</li> <li>• Commissioner UK Electoral Commission</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Helen Brown, Chief Executive	<ul style="list-style-type: none"> <li>• Nil</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Kevin Curnow, Chief Finance Officer	<ul style="list-style-type: none"> <li>• Nil</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
Dr Clare Dollery, Medical Director	<ul style="list-style-type: none"> <li>• Chair of the NCL Cancer Alliance Program board</li> <li>• Member of NCL Clinical Advisory Group</li> </ul> <p><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>

Voting Board members	Declared interests
Chinyama Okunuga, Chief Operating Officer	<ul style="list-style-type: none"> <li>Non-Executive Director, Whittington Pharmacy Community Interest Company</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Sarah Wilding, Chief Nurse and Director of Allied Health Professionals	<ul style="list-style-type: none"> <li>Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Nil</li> </ul>

Non-voting members	Declared interests
Norma French, Director of Workforce	<ul style="list-style-type: none"> <li>Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Husband is a Consultant Physician at Central &amp; North West London NHS Foundation Trust</li> <li>A son is employed as a Business Analyst in the Procurement department at Whittington Health</li> <li>A son is employed through Bank Partners in the Research team</li> </ul>
Jonathan Gardner, Director of Strategy and Corporate Affairs	<ul style="list-style-type: none"> <li>Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes	<ul style="list-style-type: none"> <li>Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Swarnjit Singh, Joint Director of Inclusion and Trust Secretary	<ul style="list-style-type: none"> <li>Secretary to the University College London Health Alliance Board and Chief Executive's Group</li> <li>Member of the North Central London People Board</li> <li>Management Side Co-Chair of the Equality, Diversity, and Inclusion subgroup of the NHS Staff Council</li> <li>Trustee and Board member of a learning disability charity, CASPA, (Children on the Autistic Spectrum Parents Association)</li> </ul>

Non-voting members	Declared interests
	<p data-bbox="411 208 1414 280"><u>Conflicts of interests that may arise out of any known immediate family involvement</u></p> <ul data-bbox="411 286 544 320" style="list-style-type: none"> <li data-bbox="411 286 544 320">• Nil</li> </ul>





<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date:</b> 30 March 2023
<b>Report title</b>	<b>Chief Executive's report</b>	<b>Agenda item:</b> 5
<b>Executive director lead</b>	Helen Brown, Chief Executive	
<b>Report authors</b>	Swarnjit Singh, Joint Director of Inclusion and Trust Secretary, and Helen Brown	
<b>Executive summary</b>	This report provides Board members with updates on national and developments since the last meeting held in public in January 2023.	
<b>Purpose</b>	Noting	
<b>Recommendation</b>	Board members are invited to note the report.	
<b>Board Assurance Framework</b>	All Board Assurance Framework entries	
<b>Report history</b>	Report to each Board meeting held in public	
<b>Appendices</b>	1: Use of the Trust seal	

## **Chief Executive's report**

### **Operational context**

Like the rest of the NHS, Whittington Health has continued to face very high levels of demand for services and activity, both non-elective and elective, with higher than average levels of staff sickness absence from seasonal illnesses, including influenza and Covid-19. Demand for urgent and emergency care remains significant and continues to impact on our ability to meet the emergency care access standards. Our teams are working hard to deliver safe, high-quality care but we acknowledge the impact that this sustained pressure is having on our patients' experience of care.

I am pleased, to report that Trust staff have worked hard to improve our elective position with reductions in the number of patients waiting more than 78 weeks for treatment, despite this being impacted by recent industrial action by NHS unions. I would like to thank all of our staff for their dedication in delivering healthcare services to all our patients against a backdrop of major operational pressures.

### **Industrial action**

The Trust was well prepared for the junior doctor's industrial action that took place from 13-16 March. With the support of our Consultant staff and fantastic teamwork and support from the wider multi-disciplinary team and support services the Trust was able to maintain safe and effective emergency care services. Unfortunately, all non-urgent surgery had to be cancelled during this period, as well as a significant number of outpatient appointments. Teams are working hard to ensure that all patients whose appointments were cancelled during this period are rescheduled as quickly as possible. A further period of industrial action has been announced to take place on 11-15 April.

### **NHS pay offer**

Following constructive talks between the government and health service unions covering staff on Agenda for Change terms and conditions of service, a revised offer has been made for NHS staff to receive an additional pay rise<sup>1</sup>. Industrial action will be paused while the unions consult and ballot their members on the updated pay offer. In addition to the revised pay offer, the government has also committed to a number of reforms, including asking the NHS Social Partnership Forum and the NHS Staff Council to identify ways to tackle and to reduce violence against NHS staff.

### **Urgent and emergency care**

In late January, the Department for Health and Social Care and NHS England published a delivery plan<sup>2</sup> for recovering urgent and emergency care services setting out how NHS organisations should work toward recovering performance. Key points include:

- delayed discharge and high demand linked to Covid-19 and flu has resulted in high levels of bed occupancy and lack of patient flow

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<sup>1</sup> [Government and Agenda for Change trade unions 'offer in principle' | NHS Employers](#)

<sup>2</sup> [B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf \(england.nhs.uk\)](#)

- recovering urgent and emergency care performance requires collaborative working between acute, community, mental health, primary care and social care sectors, and this activity should be led by local systems
- reform and improvement will focus on five key areas - increasing capacity in urgent and emergency care, growing the workforce, improving discharge, expanding out of hospital care and improving patient choice

### **NHS to expand services to keep vulnerable patients out of hospital**

I am pleased to note that the concept of virtual hospitals is being expanded on a national level with the aim of supporting up to 50,000 people at home in high-tech 'virtual wards' to reduce unnecessary trips to hospital, help at-risk patients receive faster treatment, and improve ambulance response times. This will help to reform the way the NHS provides services to adapt to the population's changing needs, including by expanding care outside of hospitals. The Trust has a well-established virtual hospital service, with expanded capacity in place funded via the ICS this winter. The Trust is taking a leadership role in further developing the model across NCL, with a particular focus on embedding remote monitoring technology into the service model.

### **NHS 2023/24 priorities and planning guidance submission**

The 2023/24 priorities and operational planning guidance issued in late December 2022 set out three high level objectives: to recover core services and productivity; to make progress in delivering the key ambitions in the Long-Term Plan; and, to continue transforming the NHS for the future. Along with other system partners, Whittington Health submitted its first draft activity, workforce and finance returns to the North Central London Integrated Care Board in mid-February and has engaged in ongoing dialogue with commissioners and system partners to finalise our 2023 / 2024 operating plan. The final plan for Whittington Health and for the North Central London system will be submitted to NHS England by 30 March.

### **NHS Provider Licence**

NHS England's consultation on changes to the NHS provider licence closed on 9 December 2022. The licence sets out conditions that healthcare providers must meet to help ensure that the health sector works for the benefit of patients. The proposed changes will bring the licence up to date, reflecting new legislation and supporting providers to work effectively as part of integrated care systems. The code will apply for the first time to NHS trusts from April 2023.

### **CQC inspections – maternity services and Simmons House**

The Care Quality Commission's (CQC) draft report of its inspection of Whittington Health's maternity services in January is expected imminently. In addition, the CQC carried out a visit of the Simmonds House, an in-patient adolescent psychiatric unit on 15 March. While the draft report for this visit is also awaited in due course, initial feedback received was positive overall, with some areas of improvement identified and being taken forward pending receipt of the formal feedback report.

### **2022 National staff survey**

The Trust has received the outcome of the 2022 national staff survey and this will be considered in detail by the Workforce Assurance Committee in April. The survey focused on a range of themes and issues which aligned with the NHS People

Promise, published as part of the NHS People Plan in 2020/21. The Organisational Development team will help local teams in our integrated clinical service units and corporate departments to review their results and to develop targeted actions in response.

### **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 6 March, the vaccination rates for staff are shown in the table below and provide a benchmark against national and local vaccination rates:

Flu		Covid	
National	52.0%	National	50.9%
London	42.5%	London	42.9%
North Central London	41.8%	North Central London	44.9%
Whittington Health	40.9%	Whittington Health	41.1%

Overall uptake this year has been lower than previous years, however as set out above our performance has been below the regional and sector average.

### **Developing our Green Plan**

Whittington Health is aiming to be one of the greenest trusts in the NHS and has launched a sustainability survey to understand staff perspectives on this important issue as we develop our green plan. Engagement sessions with staff are planned for next month to help us finalise our plan, agree priorities for action and galvanise support. On Friday, 17 March, Global Recycling Day was marked by holding a recycling and sustainability event. New recycling bins and improved signage are currently being rolled out across the Trust.

### **International Women's Day**

On 8 March, Whittington Health's women's equality staff network celebrated International Women's Day. The theme this year was to embrace equity and a number of events and wellbeing sessions were held during the week.

### **Bereavement Midwife of the Year award**

Congratulations to Liz Thomas who was shortlisted for the Mariposa Trust Bereavement Midwife of the Year award. The Mariposa Trust (also known as 'Saying Goodbye') is a leading support charity primarily working within the field of baby loss and bereavement. Their annual awards recognise excellence in care and acknowledge the work of NHS staff who go above and beyond to support people who experience baby loss. "We are really proud that Liz was shortlisted for this prestigious award, and the dedication of Liz and the whole team to caring for those who have experienced loss" said Ilana Pizer Mason, Consultant Midwife for Public Health and Education.

### **Swallowing awareness day**

On 15 March, our Speech and Language Therapists (SLTs) celebrated Swallowing Awareness Day. The day aims to raise awareness of how SLTs help people living with eating, drinking and swallowing difficulties (dysphagia). Whittington Health SLTs

continue to work across acute and community services and across all age groups in the North Central London healthcare sector.

### **Neurodiversity celebration week**

Between 13-19 March, Whittington Health marked Neurodiversity Celebration Week, which challenges stereotypes and misconceptions about neurological differences and aims to transform how neurodivergent individuals are perceived and supported in organisations. Activities promoted at the Trust included an informative presentation which raised awareness of the benefits of neurodiversity in the workplace and gave tips for managers to enable neurodiverse staff to deliver their best at work.

### **Use of the Trust seal**

In line with Whittington Health's standing orders, the Chief Executive is required to report to the Board, at least annually, on the use of the Trust. The Trust seal was used a total of 11 times between 1 April 2022 and 21 March 23. The table in appendix 1 provides details of documents sealed during the period covered.

**Record of the use of the Trust Seal in accordance with Section 8 paragraph 8.3 of the Trusts Standing Orders,  
Reservations and Delegations of Powers and Standing Financial instructions**

	<b>Transaction</b>	<b>Parties</b>	<b>Executed by</b>	<b>Date affixed</b>
1.	Licence for alterations	The Mayor & Burgesses of the London Borough of Enfield (1) NHS Property Services Ltd (2) Whittington Health NHS Trust (3)	Jonathan Gardner Helen Brown	07.10.2022
2.	Deed of Variation	Whittington Health & Ambit Surveys Limited	Kevin Curnow Helen Brown	29.07.2022
3.	Lease of Units 51,52, & 53 The Mall Wood Green Shopping Centre	Wood Green One Limited and Wood Green Two Limited (1)	Norma French Helen Brown	05.08.2022
4.	Lease of Kiosk 2	Whittington Health NHS Trust (1) Hossam Elkadousy (2)		26.09.2022
5.	Lease relating to Car Park at Furnival Building. The Archway Campus 2 to 10 (even) Highgate Hill	Seven Capital (Highgate Hill) Ltd (1) Whittington health NHS Trust	Sarah Wilding Kevin Curnow	11.10.2022
6.	Deed of Appointment for the provision of cost manager services relating to a construction project for maternity and neonatal services	Whittington Health NHS Trust and W.T. Partnership Limited	Kevin Curnow Jonathan Gardner	11.10.2022
7.	Lease relating to Units 69-70The Mall Wood Green	Wood Green One Limited and Wood Green Two Limited (1)	Jonathan Gardner Mark Bateman	09.11.2022
8.	Deed of Appointment for Design Technical Advisor & Due Diligence Consultant relating to a construction project for maternity & neonatal services.	Whittington Health NHS Trust and Avanti Architects Limited	Helen Brown Chinyama Okunuga	03.02.2023
9.	Deed of Variation of the surveyor's appointment relating to a construction project for maternity and neonatal services.	Whittington Health NHS Trust and Ambit Surveys Limited	Helen Brown Kevin Curnow	22.02.2023



<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date:</b> 30 March 2023
<b>Report title</b>	<b>Quality Assurance Committee Chair's report</b>	<b>Agenda item:</b> 6
<b>Committee Chair</b>	Naomi Fulop, Non-Executive Director	
<b>Executive director leads</b>	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals and Clare Dollery, Medical Director	
<b>Report authors</b>	Marcia Marrast-Lewis, Assistant Trust Secretary, and Swarnjit Singh, Trust Secretary	
<b>Executive summary</b>	<p>The Quality Assurance Committee met on 8 March 2023 and was able to take significant or reasonable assurance from the following items considered:</p> <ul style="list-style-type: none"><li>• Quality Account Timeline</li><li>• Quarter 3 Quality Report</li><li>• Ligature Risk Assessment Update</li><li>• Infection and Prevention Control Annual Report</li><li>• Cancer Staging update</li><li>• Serious Incident Board report</li></ul> <p>Committee members took moderate assurance from the following agenda items:</p> <ul style="list-style-type: none"><li>• Chair's assurance report, Quality Governance Committee</li><li>• Elective recovery update</li><li>• Board Assurance Framework – Quality and Integration 2 entry</li><li>• Risk Register</li><li>• Pressure Ulcer update</li></ul> <p>Following discussion, the following risks were identified to be escalated to the Trust Board:</p> <ol style="list-style-type: none"><li>1. <b>Governance</b> – it was noted that a number of outdated Trust policies requiring review and ratification had been highlighted by the recent CQC inspection of maternity services.</li><li>2. <b>Operational pressures in the emergency care pathway</b> – it was recognised that managing capacity and patient throughput</li></ol>	

	<p>continued to be a challenge in the emergency department which could impact the quality of care and patient safety.</p> <p>3. <b>Industrial Action</b> the Committee was apprised of the actions in place to mitigate any quality risks arising from strike action taken by junior doctors.</p>
<b>Purpose</b>	Noting
<b>Recommendations</b>	Trust Board members are asked to note the Chair's assurance report for the Quality Assurance Committee's meeting held on 8 March 2023
<b>BAF</b>	Quality and Integration 2 strategic objective entries
<b>Appendices</b>	1. Quarterly Quality report



## Committee Chair's Assurance report

<b>Committee name</b>	Quality Assurance Committee
<b>Date of meeting</b>	8 March 2023
<b>Summary of assurance:</b>	
1.	<p><b>The Committee confirms to the Trust Board that it took significant or moderate assurance in the following areas:</b></p> <p><b>A presentation on the Bliss Baby Charter</b>  The Committee received a presentation on the Bliss Baby Charter delivered by Laura Perez-Adamson an Occupational Therapist in the neonatal department. It is a practical framework for neonatal units to self-assess the quality of family-centred care delivered against a set of seven core principles related to high quality family-centred care. The Committee took significant assurance from the audit process and the Trust's response which looked at the social, developmental, and emotional needs of families. It also looked at decision making, specialist services, staff, benchmarking and the involvement of parents in that benchmarking together with the resources employed by the Trust. The Committee was encouraged to learn that since the inception of the Bliss Baby Charter the Trust had made consistent progress through the audit process achieve both bronze and silver standards. Additionally, a long-term plan was in place in which it was hoped that the next audit would result in a gold award.</p> <p><b>Ligature Risk Assessment</b>  The Committee welcomed an update on the identification and of high-risk areas and risk assessments had been completed across the Trust. The Committee took significant assurance that a maintenance programme of work was in progress in collaboration with the Estate Team in all high-risk areas and that the risk assessment of medium risk areas would be completed by April 2023.</p> <p><b>Pressure Ulcer Update</b>  Committee members considered the report which summarised the ongoing work to reduce the occurrence of pressure ulcers. Work was carried out against an improvement plan and which had completed 3 out of the five workstreams developed. The Committee noted that the number of pressure ulcers had increased against a decrease in the level of severity and an increase in the number of patients coming through the hospital. Themes that had been identified related to documentation, work planning, concordance and safeguarding. A program of work had been implemented to continue the downward trend of pressure ulcers.</p> <p><b>Serious Incident Board Report</b>  The Committee noted the report on Serious Incidents (SIs) declared externally via the Strategic Executive Information System during December and January 2022/23. The Committee was informed that three SIs were declared for the reporting period and a further five had been referred to the North Central London Integrated Care Board following investigations. The</p>

	Committee noted themes arising out of investigations and areas of learning to be shared.
2.	<p><b>Committee members took moderate assurance from the following agenda items:</b></p> <p><b>Chairs assurance report, Quality Governance Committee</b></p> <p>The Committee noted the report of the items covered at the meeting held on 2 February 2023 where significant or reasonable assurance was taken from most of the items discussed. Committee members were updated on the limited assurance taken from the lack of progress made on the management of out-of-date policies across Trust, which was also picked up the Care Quality Commission at their inspection of maternity services at the Trust in February. The Committee noted that a rapid review process would be implemented to address outdated policies. The Committee also noted moderate assurance from pressure ulcer improvement program update report and the challenges faced by integrated clinical service units (ICSUs) in the management of complaint responses within national complaints response times.</p> <p>Committee members were assured that a number of measures had been agreed to manage the impact of the Junior Doctors strike which had been balloted since the meeting of the Quality Governance Committee. Shadow rotas for consultants, non-BMA members and SAS doctors would be put in place on strike days.</p> <p><b>Cancer Staging Update</b></p> <p>The Committee received moderate assurance from an update on Whittington Health's performance for Cancer Outcomes and Service Data cancer staging completeness which had risen from 51% to 60%.</p> <p>The Committee welcomed the improvements made across all cancer tumour groups recognising that specific work was needed to improve urology and upper GI cancers. The Committee acknowledged the need to implement a much more robust system of ensuring that staging data is accurately recorded working across cancer pathways with partner providers. The Committee also agreed the plan outlining actions, trajectories and target dates against each tumour group.</p> <p><b>The Committee noted the report.</b></p>

**Elective Recovery Update**

The Committee discussed activity performance as of the week ending 19 February 2023 and noted the following:

- Elective/Daycase Surgery – 1,855 cases (95% of 2019/20) since then the Trust has achieved 102%
- Outpatients – 12,968 first appointments (97% of 2019/20) and 11,964 follow ups (84% of 19/20).
- Long waiters – there were 610 patients over 52 weeks an increase of 30 compared to the previous 2 weeks. The number of patients over 78 weeks is at 32, it was expected to reduce to zero by the end of the year.
- Diagnostics: DM01 performance for February 2023 was 88.4%.
- Emergency Department – 4 hour performance for February was 61.2%, for January it was 63.6%. 12 hour trolley breaches for February were 321 and for January it was 424.
- Community – There were 51,138 total contacts in January and Day case 1,042 unoutcomed appointments.
- Community Long Waiters – 242 52-week waiters, an increase of 7 compared to the previous two weeks
- Cancer FDS – GP referral 62 day backlog was ahead of plan with 81 patients against a target of 90, and 104 day backlog is behind plan with 19 patients against a target of 14

The Committee noted that good progress had been made in most areas of performance and that action plans were in place which would focus on recovery in areas that were underperforming.

**Board Assurance Framework (BAF)**

The Committee reviewed the BAF and noted that the Integration 2 risk entry together with Quality One and Two risks were updated in terms of the actions and the assurances, there are no proposed changes to the scores for either the risks. Quality risk scored remained high due to the operational pressures. There were no recommended adjustments to the Integration risks.

**Trust Risk Register**

The Committee received the latest iteration of the risk register, in which it was noted that Emergency and Integrated Medicine and Adult Community Services ICSUs were still in the process of updating their risks, which was completed due to operational pressures.

Committee members reviewed the risk register which recorded 30 risks over of which seven required executives sign off. They included the fire risk at the

Whittington Education Centre and the electronic patient record (EPR) risk and insufficient for the purchase of a single EPR system. It was noted that the Whittington Education Centre's fire risk required validation by the relevant fire officer. The Committee also received confirmation that the issues related to outdated policies and overdue response times for complaints would be entered as a high risk on the risk register.

### **Quality 3 Quality Report**

The Committee took moderate assurance on a number of issues highlighted through the Quality Report notably:

- The outcome of the Quality Assurance Inspection of the Cervical Screening Service which identified five areas of improvement from which an action plan has been developed to be monitored by the SQAS for twelve months.
- The summary Hospital-level Mortality Indicator was within the expected range.
- Disappointing results from the Royal College of Emergency Medicine's audit of fracture neck of femur and pain management in the emergency department (ED) which found less than 100% compliance in some areas.
- The sickle cell improvement target in relation to pain relief had not been met.
- The Committee was assured that a number of actions had been put in place to address performance issues in the ED but recognised the extreme pressures in ED this winter.
- Friend and Family Tests outcomes had improved.

### **Infection Prevention Control Annual Report**

The Committee took significant assurance from the annual report for the period 2022/23 which detailed outbreaks and post infection review summaries for all Trust attributable infections including C.difficile, for which there were 17 incidents against a trajectory of 14, 1 MSRA infection against a trajectory of 0, and other high-profile organisms of concern. The report also summarised the work of the infection prevention control team.

### **Committee Terms of Reference**

The Committee carried out its annual review of its terms of reference and approved minor changes, which included reference to the Committee's role in terms of the Mental Health Act, the Deprivation of Liberty Safeguards and oversight of health inequalities as part of the work on continuous and measurable improvement.

### **Quality Account Timeline**

The Committee took significant assurance that the Trust's approach of the production of the Quality Account for 2022/23 was satisfactory. The report would outline the Trust's performance against priorities agreed at the

	<p>beginning of the financial year and includes the priorities set for the coming financial year.</p> <p>The quality priorities for improvement were set for a three-year period from 2020-23 and included:</p> <ul style="list-style-type: none"> <li>• Reducing harm from hospital acquired de-conditioning</li> <li>• Improving communication between clinicians and patients</li> <li>• Improving patient safety education in relation to human factors</li> <li>• Improving care and treatment related to blood transfusion</li> <li>• Reducing health inequalities in our local population</li> </ul> <p>The Committee approved the timeline for completion of the quality account for 2022/2023 to meet a deadline of 30 June 2023.</p> <p><b>Present:</b></p> <p>Professor Naomi Fulop, Non-Executive Director (Committee Chair)  Amanda Gibbon, Non-Executive Director (Vice Chair)  Baroness Glenys Thornton, Non-Executive Director  Dr Clare Dollery, Medical Director  Dale-Charlotte Moore, Deputy Chief Operating Officer  Sarah Wilding, Chief Nurse &amp; Director of Allied Health Professionals</p> <p><b>In attendance:</b></p> <p>Kat Nolan-Cullen, Compliance and Quality Improvement Manager  Anne O'Connor, Associate Director of Quality Governance  Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary  Marcia Marrast-Lewis, Assistant Trust Secretary  Carolyn Stewart, Executive Assistant to the Chief Nurse  Kelly Collins, Emergency and Integrated Medicine Associate Director of Nursing  Chetan Bhan, Clinical Director Surgery &amp; Cancer Integrated Clinical Support Unit  Laura Pedrez-Adamson, Neonatal Occupational Therapist  Varda Lassman, Lead and Nurse's Lead Islington Borough  Julie Singleton, Infection Prevention Control Nurse Lead  Paddy Hennessey, Director of Estates &amp; Facilities</p>
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<b>Meeting title</b>	<b>Quality Assurance Committee</b>	<b>Date: 8<sup>th</sup> March 2023</b>
<b>Report title</b>	<b>Quality Report: Q3 2022/23</b>	<b>Agenda item: 4.1</b>
<b>Executive director lead</b>	Dr Clare Dollery, Medical Director Sarah Wilding, Chief Nurse and Director of Allied Health Professionals	
<b>Report author</b>	<ul style="list-style-type: none"> <li>• Anne O' Connor; Interim Head of Quality Governance</li> <li>• Ihuoma Wamuo, Associate Medical Director for Patient Safety &amp; Learning from Death</li> <li>• Deborah Clatworthy, Deputy Chief Nurse</li> <li>• Clarissa Murdoch, Associate Medical Director for Quality Improvement &amp; Clinical Effectiveness</li> <li>• Sarah Crook, Head of Clinical Effectiveness</li> <li>• Kat Nolan-Cullen, Compliance and QI Manager</li> <li>• Iona MacDonald, Quality Improvement Lead</li> </ul>	
<b>Executive summary</b>	<p>This is the regular quarterly paper to provide an overview of quality across the organisation, covering patient safety, patient experience, clinical effectiveness, quality improvement and assurance. This report will cover Q3, key highlights include:</p> <ul style="list-style-type: none"> <li>• Ongoing challenges exist in responding to complaint responses within national timeframes with actions in place to improve</li> <li>• Number of outdated Trust policies requiring review and ratification with proposed actions to reduce back log</li> <li>• Clostridium difficile infection (CDI) ceiling exceeded by 1 at 15 in January 2023. The ceiling is 14. This is in line with national reporting</li> <li>• CQC: The Trust received a Notification on the 19th January 2023, for maternity on site visit on the 23rd January and virtual interviews with key staff members on the 24th January 2023. The report is awaited.</li> <li>• Screening Quality Assurance visit report NHS Cervical Screening Programme 8/09/22; No immediate or urgent recommendations. 5 high priority findings</li> </ul>	
<b>Purpose:</b>	Discussion and approval for Trust Board.	
<b>Recommendation(s)</b>	<p>Members are asked to approve for Trust Board:</p> <ul style="list-style-type: none"> <li>• Identify key issues of good practice to highlight to the Board.</li> <li>• Escalate any concerns where there is insufficient assurance to the Board.</li> </ul>	
<b>Risk Register or Board Assurance Framework</b>	Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.	
<b>Report history</b>	This report comprises elements that have been report to the Quality Governance committee in extended form	



## Quality Report: Quarter 3 2022/23

### 1. Introduction

The Quality Governance quarterly report is designed to demonstrate Whittington Health's commitment to continuous learning and improvement. This report provides a systematic analysis of intelligence from patient experience, patient safety and clinical effectiveness, including key performance metrics, as well as themes and trends. This aggregated approach allows the Trust to proactively identify any underlying concerns and to allocate resources accordingly to drive improvement.

### 2. Patient Safety

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
Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI C Difficile	<16	2	1	2	2		1	3	1	2	2	3	1
Actual Falls	400	40	23	31	25	28	30	29	40	22	35	39	38
Category 3 or 4 Pressure Ulcers	0	4	8	9	17	9	10	10	12	10	15	7	5
Medication Errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA Bacteraemia Incidences	0	0	0	0	0		0	0	0	0	0	0	0
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents	N/A	2	1	5	3	2	2	1	0	2	0	12	9
VTE Risk Assessment %	>95%	93.1%	92.0%	91.2%	95.2%	95.2%	94.9%	95.1%	95.4%	95.8%	95.8%	95.4%	95.8%
Mixed Sex Accommodation Breaches	0	2	4	5	4	5	14	7	16	6	8		
Summary Hospital Level Mortality Indicator (SHMI)	1.14			0.91									

Table 1 • Patient Safety Metrics from the September 2022 Board Performance Report (Q3)

### 2.1 Exception reports

#### 2.1.1 Falls

Compared to last year, the number of patient falls has increased by 32% (36) however the level of harm (moderate) has significantly reduced – 46%.

The highest number of falls were on Care of Older Persons (29) wards and surgical wards (28) which is a considerable increase from the number of falls recorded for the

same period in 2021. The actions to recover outlined below are monitored within Trust Falls Group.

#### Actions to recover

- The re-launch Baywatch were underway with ward-based simulations on using the Hoverjack and increasing awareness of falls risks —
- 'See Yellow, Think Falls' initiative continues.
- The Group also highlighted that it appeared that Baywatch was seen as primarily a nursing responsibility but advocated a multi-disciplinary approach to this initiative.

### **2.1.2 Pressure Ulcers**

There remains a much higher incidence of pressure damage in the community service. It is recognised that there are capacity and staffing challenges in the community nursing teams and that incidents assigned to district nursing teams involving patients who are seen very infrequently or who have other care providers involved in their pressure area care has a direct impact on the data.

#### Actions to recover:

- Commencement of Webinar SSKIN (The SSKIN bundle is designed as a resource pack to aid in the assessment and care planning for people at risk of pressure ulcers) training for all clinical staff
- The Tissue Viability service is providing pressure ulcer education on existing generic training programmes such as the Nurse Associate & Health Care Support Worker programmes with good success
- Commencement of care home pressure ulcer training to help reduce pressure ulcer development in care home patients under remit of District Nursing services.
- Task group established to look at Trust documentation and care planning with one focus on pressure area care
- Additional funding has been identified to increase the tissue viability services in Haringey to provide increased support
- Active recruitment into Tissue viability Team vacancies
- ICSU led review of pressure ulcer incidents in Quality & Risk meetings
- Trust Pressure Ulcer Group to monitor and support recovery

### **2.1.3 Mixed Sex Breaches**

	Oct 2022	Nov 2022	Dec 2022	Total
Coyle Ward	8	2	3	13
Critical Care Unit (CCU) /Intensive Care Unit (ITU)	7	3	2	12
Meyrick Ward	1	0	0	1
Recovery Room - Main Theatres	0	0	5	5
Total	16	5	10	31

Table 2 Mixed Sex breaches October – December 2022



Given the current challenges with bed shortages, all efforts are being made to accommodate patients within same sex areas.

### **2.1.3 Infection prevention Control**

- There were three cases of MSSA; Two are unknown origin, one was likely from line care of cannula. There is no national threshold on MSSA blood stream infections (BSI).

One MSSA BSI HAI has been associated to line care this quarter (Oct-Dec). This has been an ongoing focus for IPC education for 2022-23 as a part of the GNBSI program. Bespoke education has targeted clinical areas where the HAI occurred as well to other areas of the hospital as an opportunity for shared learning.

- There were 8 Gram negative Blood stream infections (BSI). One case of Klebsiella thought to be catheter associated as delayed removal. Audit to be undertaken by IPC team.
- COVID-19 as of 19/01/23 -Eight open outbreaks (5 active and 3 paused)
- Clostridium difficile infection (CDI) It was noted that the trajectory for C.diff infections was exceeded with 15 CDI to date [15 (hospital onset healthcare associated (HOHA) 1 community onset healthcare associated (COHA) one HOHA in January 2023

The ceiling for 2022-23 was 14 and has been breached. To date none are known to have been due to cross contamination.

This is in line with national reporting trends i.e., other Trusts too are reporting above their trajectory. One of the reasons may be due to the increased use of antibiotics over the last two years of the pandemic.

- The surgical site infection (SSI) surveillance scheme continues. This is a mandatory surveillance and scheme which is currently reporting in relation to large bowel surgery and fractured neck of femur.
- Gram-negative BSI (Klebsiella, EColi, Pseudomonas) have new national thresholds for 2022-23.

One Klebsiella BSI HAI is thought to be catheter associated due to the delayed removal. This association has not been highlighted as a Trust issue previously. However, IPCT are planning to undertake an audit to review if this is an area for further IPC input.

## **2.2 Mortality**

### **Summary Hospital-level Mortality Indicators (SHMI)**

- The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated. It covers all deaths reported of patients who

were admitted to non-specialist acute Trusts in England and either die while in hospital or within 30 days of discharge. COVID-19 deaths are excluded from the SHMI.

- The SHMI for the data period October 2021 to September 2022 at Whittington Health is 0.88 which is in the as expected group.

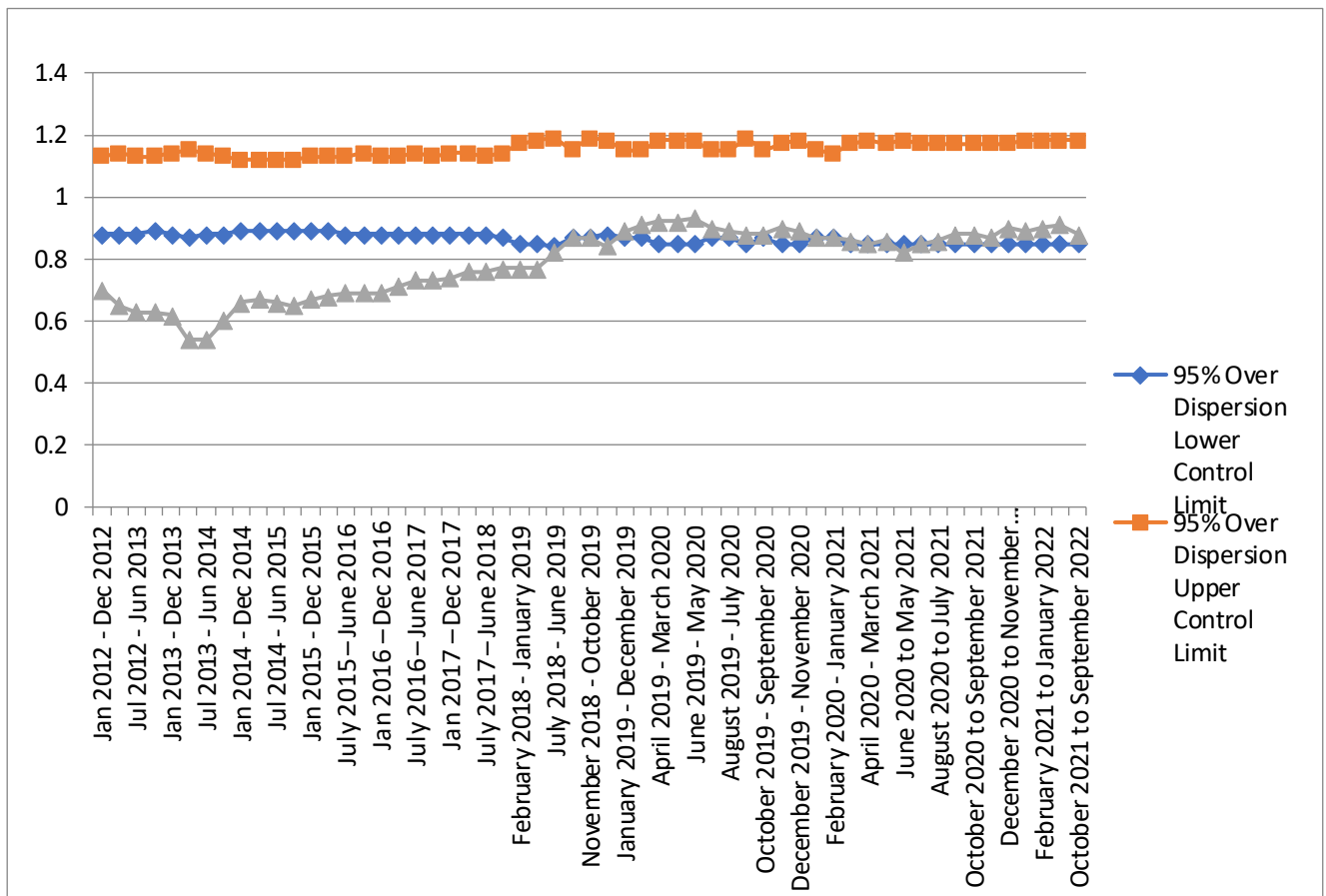


Fig 1: Whittington Health SHMI from January 2012 to September 2022

## 2.3 Incident data and themes

- The number of incidents reported in Q3 was similar to the total in Q2 with the moving average demonstrating little change in the trend of total incident reports (fig 2)

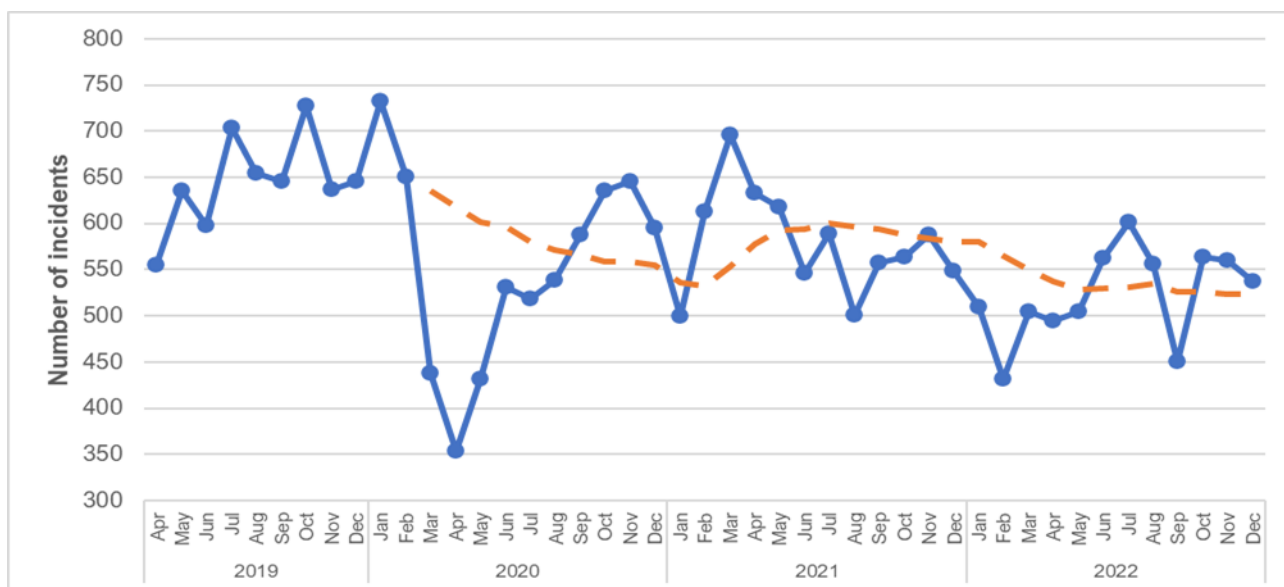


Figure 1 Patient Safety incidents from April 2019 to December 2022

- The severity of incidents in Q3 in fig 3, indicates little variation in the proportion of incidents causing significant harm (i.e. moderate harm, severe harm or death) compared with those causing no harm or low harm between quarters.

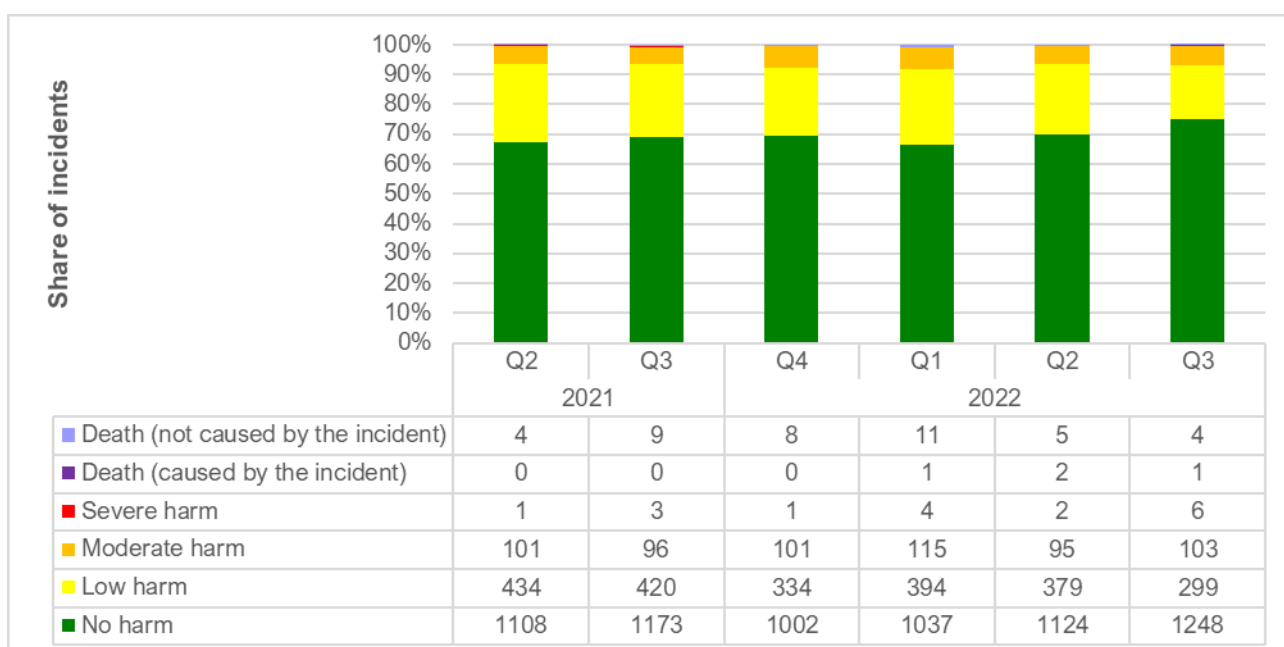


Figure 3 Level of Harm Q2 2021 – Q3 2023

- The first three of the top five categories of most frequently reported incidents remain largely unchanged from the last report in Q3 2021/22 although, compared with the last quarter, incidents regarding abusive and disruptive behaviour have now dropped to become the seventh most frequently reported incident category.

Category	Number of incidents	Share of incidents in Q3
Security	315	19.0%
Pressure Ulcer/Moisture Associated Skin Damage	217	13.1%
Access, Appointment, Admission, Transfer, Discharge	214	12.9%
Accident that may result in personal injury	136	8.2%
Medication	129	7.8%

Table 3 • Top 5 most frequently reported incident categories in Q3 2022/23

## 2.4 Serious Incidents

2.4.1 The Trust reported two SIs in Q3 2022/23 with investigations underway

Ref	Recorded on StEIS	ICSU	Type of incident
2022/22966	27/10/2022	S&C	Never Event – Wrong site surgery
2022/23007	18/10/2022	CYP	Apparent/actual/suspected self-inflicted harm meeting SI criteria

Table 4 • Serious Incidents reported in Q3 2022/23

2.4.2 Four serious incident investigations were closed during Q3

- Fractured neck of femur related to an unwitnessed fall
- Intrauterine death at 27 weeks gestation, root cause not identified
- Cardiac arrest on a ward where a patient was isolated with COVID-19, delayed diagnosis of acute coronary syndrome. The investigation team did not identify any care or service delivery issues in this incident, but an earlier ECG may have led to earlier detection, unlikely to have changed overall outcome
- Unexpected death in ED. Patient with high level of fragility. Delay in allocating of a bed, patient remained in ED for 26hours. Fell within the cubicle. Coroner's inquest concluded natural death, the fall did not contribute to the death. Learning; Ensure patients who are deemed high risk of falls are always visible to at least one member of staff.

## 2.5 Duty of Candour

- Of the 110 eligible incidents reported in Q3, the Trust has discharged its statutory duty of candour in relation to each of the Serious Incidents reported in Quarter 3 and for a further 53 other incidents (non-SIs) in the quarter.
- Duty of candour was discharged for 27 incidents (24.5% of eligible incidents) within ten working days while it was discharged for 28 incidents (25.5% of eligible incidents) beyond the ten working-day deadline.
- A further 55 incidents from Q3 2022/23 (50% of eligible incidents) do not have duty of candour recorded as checked and confirmed for moderate and above

incidents where duty of candour is likely to be applicable; these are monitored by the ICSU Risk Managers.

- Aside from those reported in Q3 2022/23, the Trust has 153 incidents for which duty of candour is either not recorded on Datix or is outstanding. This is a 155% (56 in Q2) increase since the last report and outstanding incidents are being prioritised by the ICSU risk managers to rectify any administrative errors.
- Just over a quarter (25.9%) of these incidents are pressure ulcers and are being managed as part of pressure ulcer improvement programme. The Emergency and Integrated Care ICSU (38.2%); the Surgery and Cancer ICSU (25.9%), the Acute Patient Access, Clinical Support Services, and Women's Health ICSU (22.5%) make up the overwhelming majority of outstanding incidents.

## 2.6 Clinical Harm Reviews

- There were no 78-week breaches for Priority 2 patients on inpatient pathways among elective waits and therefore no harm reviews conducted.
- No harm has been identified in the 104 day cancer pathway breaches across tumour groups

## 2.7 Safety Alerts

- The Trust received two new National Patient Safety Alerts (NatPSAs) in Q3 2022/23 which were both closed before their respective deadlines.

Reference	Title	Issued	Status
NatPSA/2022/009/MHRA	Prenoxad 1mg/ml Solution for Injection in a pre-filled syringe, Macarthys Laboratories, (Aurum Pharmaceuticals Ltd), caution due to potential missing needles in sealed kits	10/11/2022	Circulated to Pharmacy team and actions completed on 14 November 2022.
NatPSA/2022/008/MHRA	Recall of Targocid 200mg powder for solution for injection/infusion or oral solution, Aventis Pharma Limited t/a Sanofi, due to the presence of bacterial endotoxins	21/10/2022	Circulated to Pharmacy team and actions completed on 25 October 2022.

Table 5: National Patient Safety Alerts received in Q3 2022/2023

- At the end of Q3, three safety alerts remained open (table 6).

Reference	Title	Date due	Status
EFA/2017/002	Anti-Barricade Devices: risk of ineffectivity in certain circumstances	19/02/2018	The Trust awaits the replacement of a number of anti-barricade doors across the Trust including Simmons House; the Emergency Department and the Northern Health Centre. Assessments of each of these areas and their requirements have been undertaken with a view to complete replacement of these doors by end of March 2023.
EFA/2020/001	Allergens Issues - Food Safety In The NHS	12/02/2021	The Food Policy and Hazard Analysis and Critical Control Point (HACCP) policies. will incorporate the actions required by this alert and are expected to be ratified at Health and Safety Committee in February 2023.
NatPSA/2022/004/MHRA	NovoRapid PumpCart in the Roche Accu-Chek Insight insulin pump: risk of insulin leakage causing hyperglycaemia and diabetic ketoacidosis	26/11/2022	Relevant products were last purchased by the Trust in February 2022. Escalated to diabetes clinical lead to confirm that required action has taken place for patients who have these devices.

Table 6. CAS Alerts open at the end of Q3 2022/23

- A further Device Safety Information alert, which was issued directly from the MHRA rather than via the Central Alerting System, remained open at the end of Q3 and is overdue for response (table 7)

Reference	Title	Date due	Status
DSI/2022/004	Haemodialysis and haemofiltration machines: Actions to take following pressure-related alarms to avoid unintentional alteration of alarm limits	22/09/22	Alert has been circulated to relevant leads; update on progress with required actions is awaited.

Table 7. Non-CAS Alerts open at the end of Q3 2022/23

### 3 Clinical Effectiveness

#### 3.1 Clinical Audit and Effectiveness:

There is a high volume of National reports coming back to the Trust, landing with busy clinical teams to complete. Some teams are struggling to get responses back in a timely way, especially where there are lengthy action plans. In order to strengthen governance and reduce variability, a new template for reporting has been developed which will provide more support for the ICSUs when taking these reports to their respective ICSU boards and reduce variation.

The Trust is compliant with all NCEPOD study requirements.

Project Category	Complete	Completed - report outstanding / data submitted	On target	Not on Target	Not participating*	Not due to start	Total
Mandatory National Audits		17	35		1	1	54
National Audits	2	4	8	2			16
Local Audits	31	14	28	8			81
National Service Evaluations	3		3				6
Local Service Evaluations	11	2	12	2			27
<b>Total</b>	<b>47</b>	<b>37</b>	<b>86</b>	<b>12</b>	<b>1</b>	<b>1</b>	<b>184</b>

Table 8; Clinical audit project status, as at completion of Q3

\*The 'not participating' national mandatory audit relates to the End-of-Life Care audit

### 3.2 National audit publications 2022-23

Quarter	Published	Responses Received	Comments
3	12	9	75% response rate during a period of crisis level clinical pressures.

Table 9; National Audit response rates Q3

#### 3.2.1 RCEM National audit on Fractured Neck of Femur

The aim of the Royal College of Emergency Medicine's audit on fractured neck of femur is to improve the care provided to adult patients in the ED who had sustained a fractured neck of femur, over a 6-month period of continuous data collection. The data for this audit was collected during 2020/21, to identify current performance in EDs against four the following clinical standards:

1. Pain is assessed immediately upon presentation at hospital
2. Patients in moderate or severe pain (e.g., pain score 4 to 10) should receive appropriate analgesia within 30 minutes (or in accordance with local guidelines) unless there is a documented reason not to.
3. Patients should have an X-ray at the earliest opportunity.
4. Patients with severe or moderate pain should have documented evidence of re-evaluation and action within 30 minutes of receiving the first dose of analgesic.

None of the records audited for each standard achieved 100% compliance:

1. Standard 1: 7/41 (17%) records conformed to the standard - The national mean reflects that 48.6% of patients had their pain assessed as soon as they arrived at hospital.

2. Standard 2: 2/10 (20%) records conformed to the standard. The mean of 15% is the national benchmark upon which individual units can compare themselves.
3. Standard 3: 19/42 (45%) records conformed to the standard - The national mean of 56% of patients attending an ED with a suspected FNOF received an x-ray within 90 minutes.
4. Standard 4: 47.6% did not have this recorded – no national average mentioned

Following review of the results the Emergency Department took the following actions:

- To ensure that pain is assessed immediately upon presentation at hospital (standard 1) the Triage nurses are encouraged during teaching sessions, to prioritise triage of these patients and to document pain assessment.
- To improve the compliance to the other audit standards, the requirements for this group of patients has been included departmental teaching. Due to the high turnover of ED staff, this is now a routine feature of the teaching sessions.
- Reaudit in due course.

### **3.2.2 The National Audit of Inpatient Falls**

The national audit of inpatient falls is an annual audit which is overseen by the Royal College of Physicians. It has been found that femoral fractures occurring in an inpatient setting result in poorer patient experience and worse outcomes than fractures which occur outside of the hospital. In 2021/22, Whittington Health recorded 2 cases. Actions taken were based on the results of the national audit report:

1. In order to check and identify injury before movement from the floor, the post fall nursing assessment is completed.
2. Increase awareness of flat lifting equipment by incorporating into falls training programme and feedback/post fall debrief following a fall.
3. An early review of the patient after a fall by the medical team is encouraged with completion of the post falls assessment.
4. To ensure that the Multifactorial Risk Assessment For Older People (MRFA) and care plans are in place continuous training and review of the documentation is being undertaken.

### **3.3 Negative outlier status: Q3 update**

In August 2022, the Trust was notified of negative outlier status for the National Neonatal Audit Programme NNAP 2021 measures.

Outlier status refers to the audit standard for *Deferred cord clamping*, and for which we were three standard deviations from the expected measure.

The NNAP 2020 result for this measure was 3.8%; the national average for England and Wales was 43%. Following increased awareness through QI project work, education and training our 12-month rolling average is now 67% which is higher than both the national and London average.



A guideline for optimal cord management has also been developed and approved. Subsequent audit against this metric has shown significant improvements due to the raised awareness and education.

NNAP and CQC contacted the Trust on 28/10/22 to acknowledge receipt of the confirmation of the alert status and provided preliminary assurances from actions undertaken and interim audit results.

NCL Operational Delivery Network have now published 12-month rolling summary data for pre-term optimisation which demonstrates that the Trust is no longer a national or regional outlier for this metric. At 67% Whittington Health is now the best performing site in NCL.

### **3.4 NICE Guidance Q3**

- A total of 51 documents have been published during Q3. No significant barriers to implementation have been identified.
- A total of eleven guidelines requiring response were published during Q2. A total of nine (82%) responses have been received to date with (clinical pressure) extensions granted for the remaining two. No significant barriers to implementation have been identified.
- Q3 responses will be noted on in the next report. Submission deadlines have not been exceeded at the time of writing.

### **3.5 Clinical Guidelines**

- Five updated COVID-19 therapies guidelines were approved by D&TC with one new entry: Sotrovimab for the management of COVID-19
- A total of eleven guidelines requiring response were published during Q2. A total of nine (82%) responses 2 have been received to date with (clinical pressure) extensions granted for the remaining two.
- A total of eleven NICE guidelines requiring response were published during Q2. A total of nine (82%) responses have been received to date with (clinical pressure) extensions granted for the remaining two. No significant barriers to implementation have been identified.

### **3.6 Policies**

- During Q3 PAG has approved 5 reviewed and updated policies and 4 new SOPs.
- There are currently 278 online documents; 352 documents have been taken offline.
- Of the 278 online documents 56% were due for review. Of these 35% are non clinical, 17% clinical and 5% operational. The percentage overdue has remained consistent with very little progress in the last year; the overdue documents have been consistently sent to ICSUs for review and updating. Staffing and operational pressures in recent months may have contributed to this.

Actions taken:

- Monthly reminder of overdue policies sent to ICSUs and Corporate areas with list of titles.
- Discussion held with ICSU and Corporate department senior staff to ensure that if there is no new guidance or changes to procedures, the review may be completed quickly as information in the policy will not have changed.
- Request that overdue policies be given to staff members who are working from home.
- This has been added as a high risk on the risk register.

The IT team have worked very hard to reconstruct the intranet pages and to align policies with service pages so that documents appear under the correct service page as well as at ICSU level. This work is now completed.

The policy on management of procedural documents is in the process of being updated. It is now with the Corporate Secretary as the document owner, for further review and comment.

The following documents are not currently covered within the policy as follows:

- Patient Specific Protocols
- MEDL pathways
- Patient Information Leaflets

Additional information on the ratification process for the MEDL pathway and Patient Specific Protocol documents will be added once the correct process for these documents has been identified. Meetings have been held with the relevant leads for these items, the ratification process for them is being agreed.

## **4 Patient Experience**

### **4.1 Friends and Family Test (FFT)**

Key highlights from FFT data: (Fig 4)

#### **ED FFT:**

Variance against Plan:

ED is still currently performing below the target of 85% for getting good or very good responses, with an increase in poor and very poor responses, reaching its highest point in October with 21% (benchmark is 5%). Most negative responses relate to long waiting times, which reflects the current demand and pressure.

#### **Inpatients:**

Variance against Plan:

Inpatient areas showed consistent positive responses, with a sharp drop in response rates in December 2022. this is likely to be as a result in FFT cards not being collected in December due to volunteer shortages.

Action to Recover:

The Patient Experience team provide support to areas with low/nil response rates

### **Community FFT:**

Variance against Plan:

The response rate increased in November but decreased in December, due to some of the services being closed during the Winter holidays. However, community FFT “very good” & “good” responses are above the benchmark of 85%, at a steady 97%.

Action to Recover:

QR codes rolling out for community FFT in March 2023.

### **Outpatient FFT:**

Variance against Plan:

The Outpatients FFT had a positive response rate of 92.31% and managed to keep the poor and very poor responses under the benchmark of 5% in both October and December. Response rates dropped in Q3 (130) vs. Q2 (279)

Action to Recover:

Volunteers are going into clinics to gather feedback and remind patients that they can use the QR code posters to submit their responses. The use of standing iPad pods in most clinics is no longer an option as they are extremely slow.

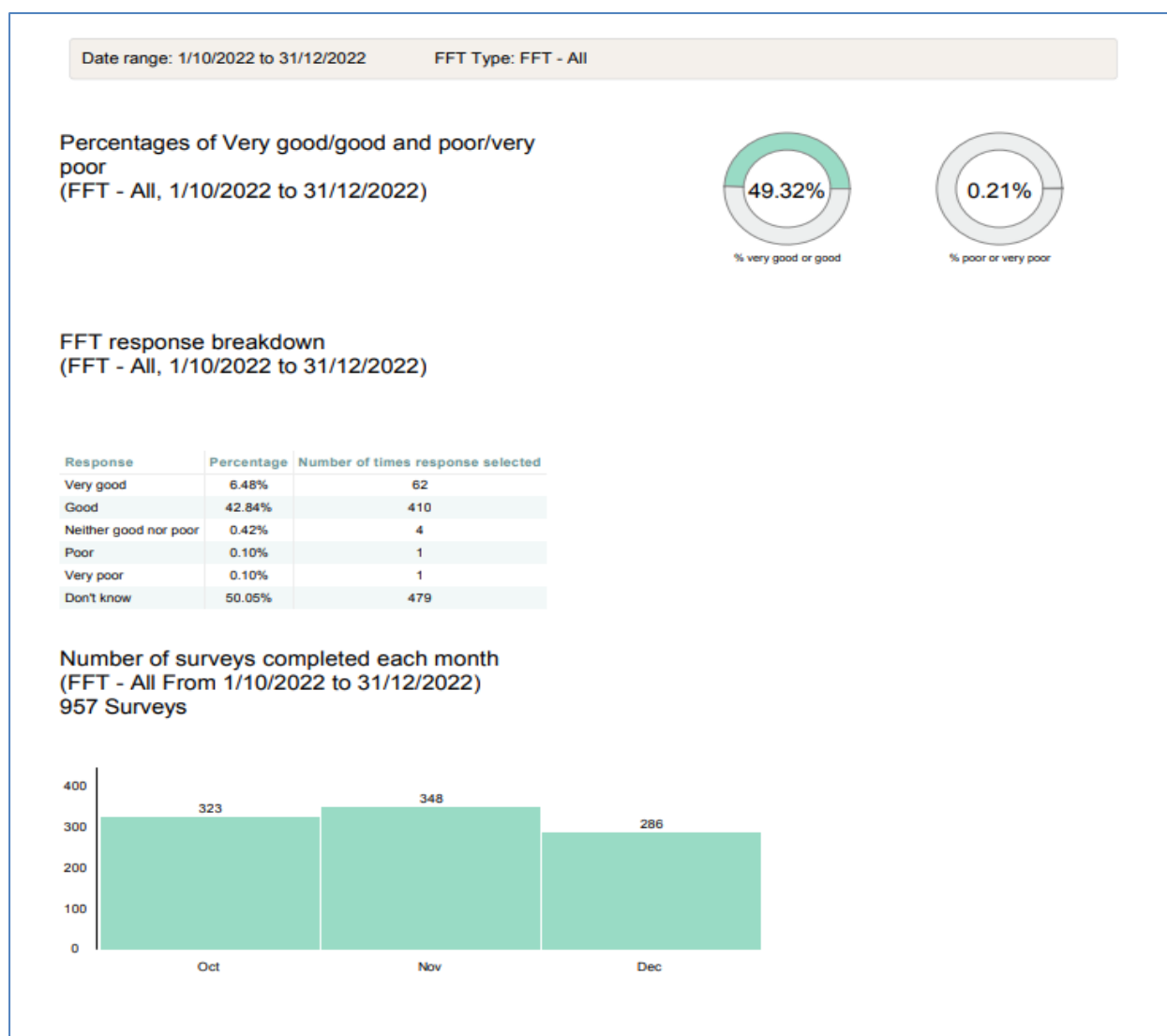


Fig 4: FFT 01/10/2022 – 21/12/2022

## 4.2 Compliments and Complaints

- The total number of complaints and compliments remain within normal deviation.
- In Q3 the Trust received 119 complimentary emails or letters that were sent to the Chief Executive and/or the PALS office (thanking 249 areas/individuals). It should also be noted that each ICSU receive a large number of compliments directly from patients and families. Chart (1) below shows the volumes for the year 2021-22 to date.
- The metric to acknowledge complaints within 3 working days exceeded the Trust target of 90%, with 100% attainment
- The target to respond to complaints within 25 or 40 working days continues to fall below the 80% target (Fig 5) The performance level is generally a result of increasing operational pressures and the inability of clinical staff to investigate the complaints, as their focus is on providing patient care. ICSU staff are also working on a backlog of complaints that still require investigation & a response. Additional support, provided through the Winter Pressure additional fund, will provide support

2 days a week for the Surgery and Cancer ICSU complaint investigations to the end March 2023.

- The age of the open complaint ranges from <40 days to >360 days (fig. 6)
- Of the complaints closed during Q3, 18% of complaints were fully upheld, 55% were partially upheld and 27% were not upheld meaning that 73% of complaints were upheld in one form or another, in line with the majority of previous quarters where around 80% of complaints had been upheld in one form or another.

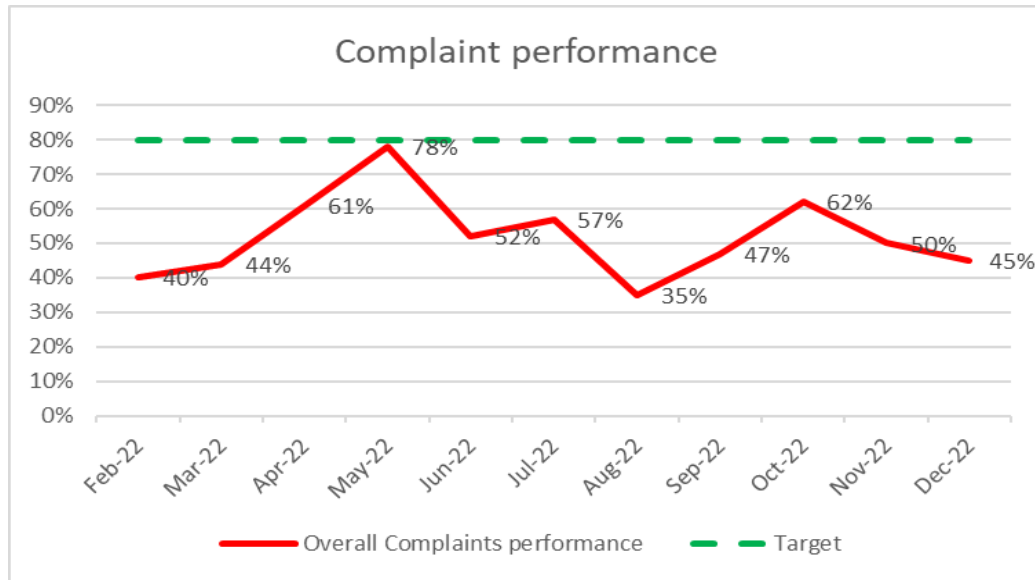


Fig 5: Complaint performance against internal target of response dates

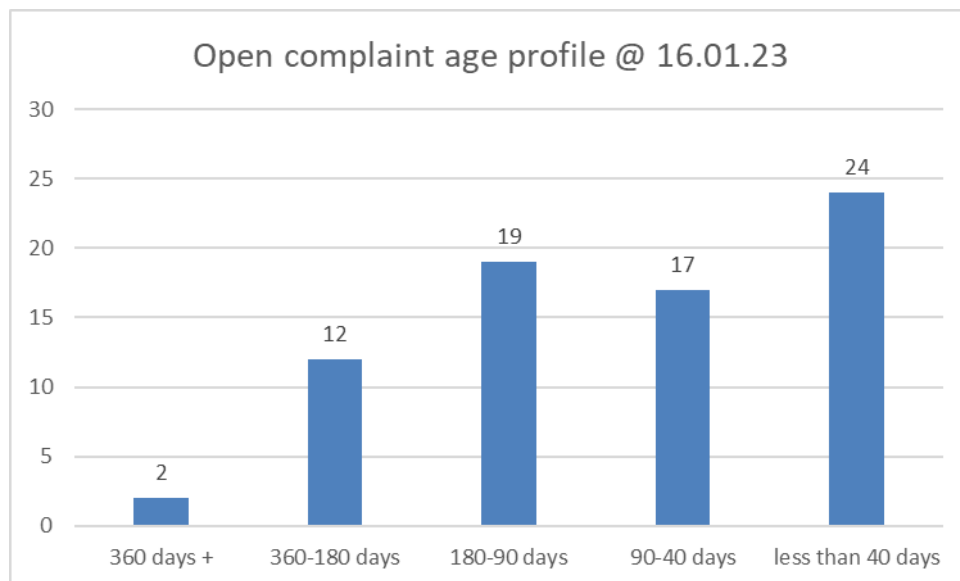


Fig 6: Open complaints by how long they have been in the Trust (as at 16.01.2023)

- The three main themes identified from the complaints during Q3 were as follows:

- 19 complainants raised concerns about 'communication' with the main theme being that the communication needed 'clarity' or was 'confusing'
- 12 complainants raised concerns about 'medical care', with the main themes being that the medical care was 'inadequate' or about 'poor treatment'
- 8 complainants raised issues about 'attitude', with the main themes being about 'rudeness' or 'inconsiderate'
- 61% of the complaints in Q3 were considered low risk, with 32% moderate and the remaining 7% high risk.
- Learning from complaints  
All complaints that are upheld require actions taken to be outlined in the response to demonstrate any learning that has been identified. These are shared with the staff involved in the complaint and through the staff newsletter.
- Parliamentary & Health Service Ombudsman  
The Trust received three requests for information during Q3. The reply to one of these requests enabled the Ombudsman service to reject the complaint as 'out of time'. The Trust is awaiting further updates from the Ombudsman service as to whether the other cases will proceed to a full Ombudsman investigation.

### **4.3 Patient Surveys**

#### Maternity Survey

The results for the 2022 National Maternity Patient Experience Survey were released in January 2023.

In addition to these Whittington Health results, full national results can be found here: <https://nhssurveys.org/all-files/04-maternity/05-benchmarks-reports/2022/>

This survey looks at the experiences of patients and carers attending the trust between April and August 2022.

Whittington Health scored the same as other trusts on 47 questions, better than the national average on 5 questions, and worse than national average on 5 questions.

Areas of particular interest this year:

3 out of the 5 top scores were found in Labour & Birth, the three questions being "Were you involved in the decision to be induced?", "Were you given enough information on induction before you were induced?", and "And before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?".

3 out of the bottom 5 scores were found in antenatal care, the three questions being "During your pregnancy did midwives provide relevant information about feeding your baby?", "During your pregnancy, if you contacted a midwifery team, were you given the help you needed?", and ". During your antenatal check-ups, did your midwives ask you about your mental health?".

Figs 7 & 8 indicate Whittington Health NHS Trust performance in comparison with other trusts within the region:

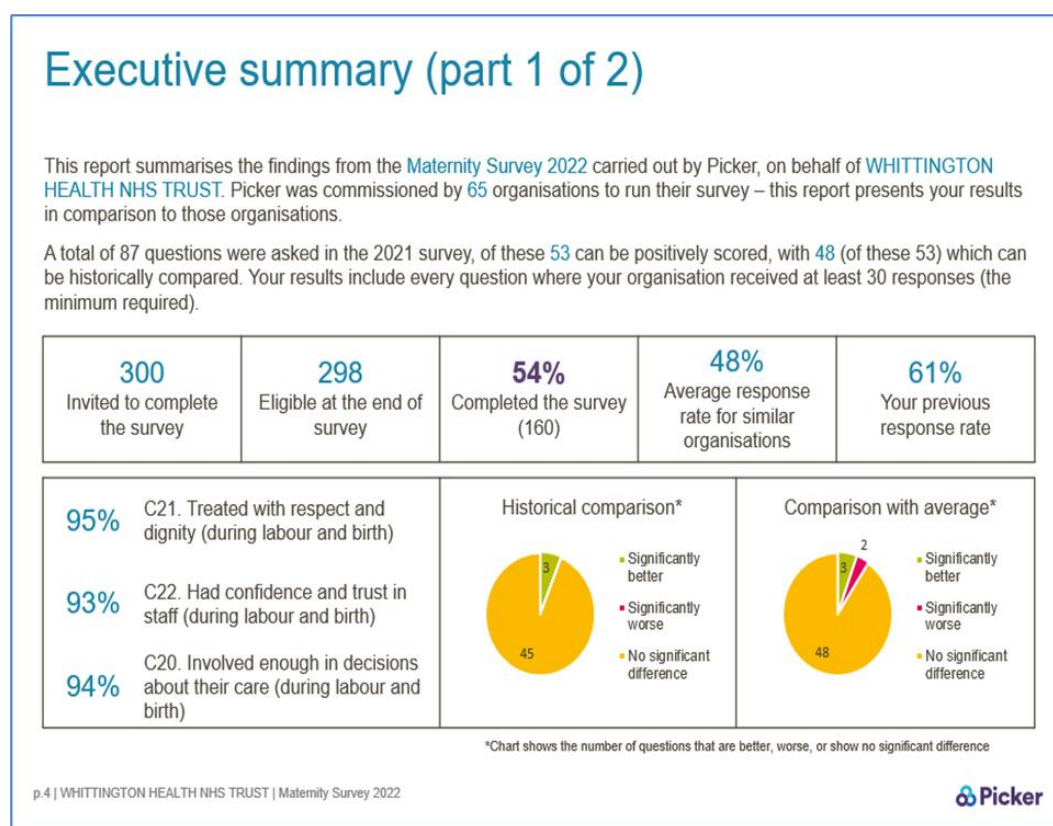


Fig 7: Picker maternity summary 2022

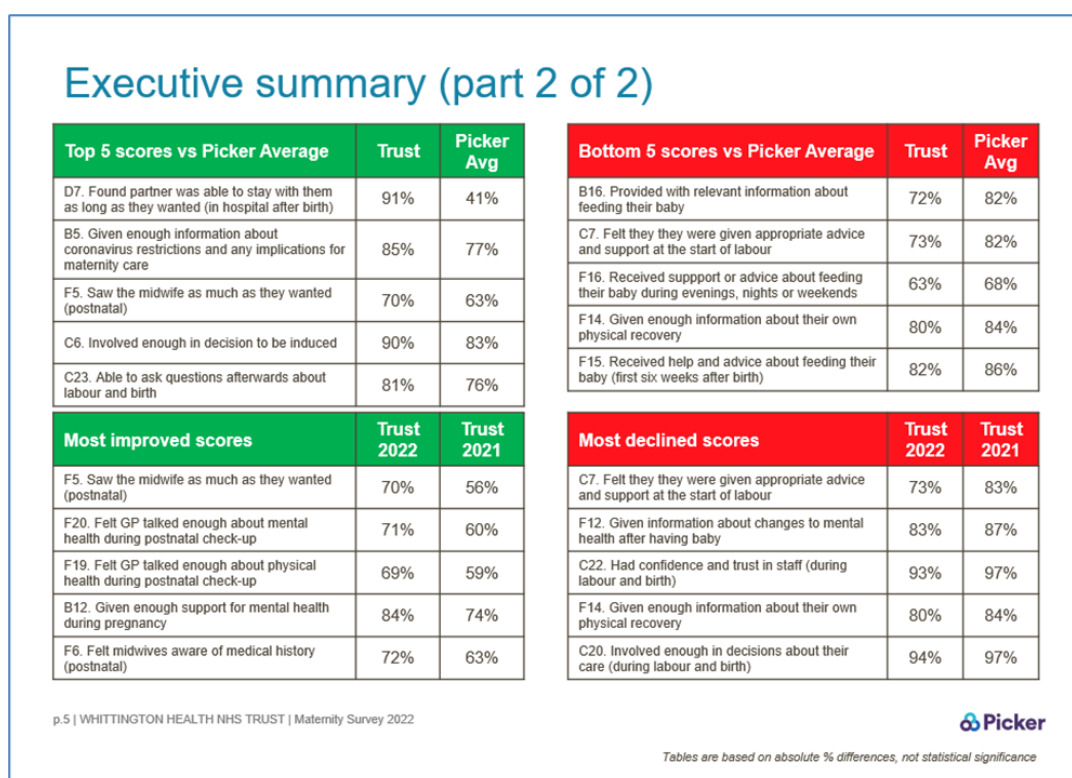


Fig :8 Top and bottom scores v Picker average

The Quality and Governance team presented the findings of the survey at the Maternity Audit/QI meeting. Discussions at the meeting focused on improving the education/information provided throughout the maternity service. There was also discussion about ensuring that service users were given all the options and did not feel “coerced” into making decisions about delivery location, ensuring clearer education about the different locations and level of care, and which setting was best for different types of delivery/obstetric risk.

An action plan to improve the lower scoring areas has been developed and will be managed by the ICSU with progress reported to the CGC at a future meeting.

#### **4.4 Volunteer Service**

The Volunteer Service has a number of vacancies and activities have been reduced accordingly. The service was partially closed between the end of November 2022 and beginning of January 2023. Recruitment to the Band 5 post commenced in February 2023.

The service continues to support the work of Ambitious about Autism and Care Trade by providing placement opportunities for students. The students have supported the Patient Experience team by inputting the information from the ‘Friends and Family’ feedback cards onto the database. This work provides good initial experience of being in a work environment. The students tend to be with the service for one term and then move on to other hospital services. The service is able to provide a higher level of support to those on placement working alongside their job coaches to ensure that the experience is both satisfactory (for all parties) and provides meaningful experience of the workplace.

#### **4.5 Patient Information and Interpreting**

- The Trust continues to run a dual service in Interpreting, with the majority of ‘planned’ interpreting provided by the in-house interpreting team, and the unplanned work provided (predominantly by telephone) by The Big Word. There has been an upward trend in requests for Face to Face (F2F) interpreting referrals which has resulted in a high number of referrals outsourced, as only Turkish F2F is provided in house.
- The tender of the Interpreting service outsourcing provision across several trusts is still ongoing. The scope of the contract will be the outsourced element of interpreting, as well as additional support with translation and other language support, e.g., Braille.
- A new booking system for the service is currently being piloted and will allow clinics/services to book online and check their own referrals. The interpreting team manager is meeting with teams across the Trust to brief them on the new system.



- A total of 32 patient information leaflets were approved this quarter (29 in previous quarter). Several translations of medical records, appointment letters, and questionnaires across the trust in several languages were completed.

#### 4.6 Patient Experience Strategy 2022-25

The Patient Experience Strategy 2022/23, signed off by the Quality Assurance Committee, will be reviewed in detail, with a view to agreeing key objectives and actions that are deliverable for the coming year

### 5 Better Never Stops: From Good to Outstanding

#### 5.1 Quality Improvement (QI) Programme (Quality Account priorities)

The Trust Quality Improvement Programme is focused on 5 key priorities, which were identified as part of the Quality Account consultation. The details on progress against the Quality Account commitments are outlined in table

Priority	Streams within Priority	Notes
Reducing harm from hospital acquired de-conditioning	Patients in Hospital 65% of patients to have assessment of functional status within 24 hours 70% of patients to be mobilised within 24 hours Ensuring 15 patients are mobilised daily	On target / goals achieved
	Discharge To reduce length of stay through implementation of a delirium discharge pathway pilot.	Further funding agreed by ICB. Successful in Islington, number of people leaving hospital on this pathway higher than anticipated. Further work in Haringey needed to implement (challenged by recruitment)
	Reducing admissions Utilisation of new falls pick up service to support people to be supported at home rather than requiring admission.	Data shows on track to achieve. Falls pick up service in place, with 65-90% being seen between 2-24 hours
Improving communication between clinicians and patients	Zesty roll out (Outpatient)	On target to achieve by end of Q4
	NOK Communication (Inpatient)	Initial targets achieved – project work indicates further areas of focus for future years
	Dear Patient Letters	Audit results show mixed success with the initiative; Results of 54 letters audited showed: 33% of letters were addressed to patient;

		15% were written in easy language format; 100% identified next steps; 85% had clarity on discharge vs follow up; 76% provided safety netting; 56% provided practical advice. Ongoing discussion with departments to improve engagement with clinical teams.
Improving patient safety education in relation to human factors	Human Factors Training	Goals require adjustment to focus on PSIRF implementation
Improving care and treatment related to blood transfusion	Vein to vein system	Not achieved (due to external factors within the external company Btrack rather than internal delays). This is captured on the risk register (low – moderate harm, based on controls in place)
	Blood transfusion training	Goal achieved. Compliance rate >60%
Reducing health inequalities in our local population	Sickle Cell Improvement Project Ensure 100% of sickle cell patients receive 1st dose of pain relief within 30mins of attendance to ED	Target not achieved QI projects continue, focussing on reducing biases associated with Sickle Cell.
	Prostate Cancer Awareness Hold 20 Prostate cancer events by end of March 2023	Risk of not achieved – member of staff leading left Trust,

Table 10: Quality Account Priorities progress Q3

## 5.2 Additional Quality Improvement Projects

- 5.2.1 Victoria ward Safety Huddle: Implementation of a daily safety huddle on Victoria ward was launched during Q3. The team have implemented a safety checklist that is discussed in a short MDT meeting, with the aim of identifying, mitigating and escalating safety concerns. Positive feedback has been received from the staff, as it has created a common forum to allow concerns to be raised and dealt with in a timely, constructive way.
- 5.2.2 FANTastic ED: Aim of the project is for all patients attending the Emergency Department to receive an initial assessment within 15 minutes, reducing unnecessary patients being sent to Rapid Assessment and Treatment (RAT). Further work is needed to achieve the 100% target, with more recent increase in demand showing to have a negative effect on this target. The layout of the ED results in the consultation area being within hearing distance of the waiting area, particularly during busier periods, and the team are exploring alternative options to ensure confidentiality is maintained.
- 5.2.3 Encouraging, Empowering and Embedding QI

During Q3, profile raising for QI has continued, aiming to target cross ICSU areas, such as attendance at getting it right first time (GIRFT) review meetings, linking in with Quality and Risk Managers across ICSUs, as well as site visits outside of the Whittington Hospital site to engage with teams based across the Boroughs.

Six training sessions were provided to a total of 77 staff during Q3. Training sessions included: Pharmacy, AHPs, Skincare Ambassadors, Preceptorship, CAMHS and QI Enabled training

## **6. Quality Assurance**

### **6.1 CQC action plan 2019/20**

- 24 actions are now closed, with ongoing monitoring via Tendable and ICSU Quality meetings and via walk rounds to ensure quality standards are maintained (see below for Tendable)
- 10 actions open, of which six are long-term projects related to training and appraisal rates, external transfer training, medical record completion, CYP waiting times and improving morale on Critical Care; all are being monitored through the Better Never Stops meeting and ICSU Quality meetings.
- Four actions for immediate action relate to the redecoration of the 136 suite in ED, Quality board completion on wards, ensuring consultant reviews take place on surgical wards, and consultant presence at board rounds, are being monitored through the better never stops meeting and ICSU Quality meetings. Note, the Board round actions are described in the QI project.

### **6.2 External Quality Reviews Q3 - By Exception**

#### **6.2.1 CQC Inspection – Maternity Services**

The Trust received a Notification of inspection on the 19th January 2023, for maternity on site visit on the 23rd January and virtual interviews with key staff members on the 24th January 2023.

A high-level feedback meeting was held with the Executive team on the 25th January

Initial high-level feedback received was as follows:

Positive feedback received:

- The culture of the service was commended
- There was good multi-disciplinary team working and staff engagement.
- Good engagement with the Maternity Voices Partnership Team and production of the 'Kindness wont hurt initiative'

Areas for improvement:

- Policies and guidelines were not always up to date or regularly reviewed.
- Assessment and prioritisation of women in triage was not consistent to ensure safety.
- Telephone cover in triage was not always sufficient.

The Trust will be given 10 days for factual accuracy checks once the report is received and the final report will be received after that.

## 6.2.2 Cervical Screening Service Quality Assurance Inspection

The Screening Quality Assurance Service (SQAS) undertook a QA visit of the cervical screening service on the 8<sup>th</sup> September 2022. The Trust has since received the report with the following summary:

- No immediate concerns identified.
- No urgent recommendations were identified
- The QA visit team identified 5 high priority findings as summarised below:
  - the colposcopy clinic is frequently staffed with only 1 member of the nursing team
  - not all histopathologists are achieving the 150 cases per year in accordance with national guidance
  - national standards for colposcopy performance and multi-disciplinary team (MDT) meeting attendance have not been met by all colposcopists
  - there is a backlog of patients and referrals to the colposcopy service are increasing
  - the multiple IT systems may impact on the tracking of patient management

An action plan has been developed by the screening service. This plan will be monitored by SQAS for 12 months after publication of the report.

## 6.3 Tendable

### 6.3.1 Activity

- Tendable is an audit application which gives a real-time view of quality assurance via an easy-to-use mobile app and web portal. The platform provides reports, analytics, and insights on performance and compliance, allowing teams to spend more time focussing on providing support and care to patients.
- A total of 335 audits were conducted via Tendable during Quarter 3. 11 of the audit topics have a frequency of monthly mandated, with Controlled Drugs Audit mandated quarterly. The WHO observations audit is applicable to theatre setting only.
- Results for Quarter 3 by audit topic are shown in the table below (table 11):

Audit	Frequency	Number completed	Average score	Response Rate
Medicines Management	<i>Monthly</i>	60	91%	41%
Controlled Drugs	<i>Quarterly</i>	44	88%	90%
Harm Free Care	<i>Monthly</i>	14	92%	10%
Safeguarding	<i>Monthly</i>	7	96%	5%
Facilities	<i>Monthly</i>	14%	88%	10%
WHO Observations	<i>Monthly,</i>	1	100%	3%

	<i>theatres only</i>			
Matrons Audit	<i>Monthly</i>	22	89%	15%
Infection Prevention and Control (Also including Antimicrobial Inspection, Hand Hygiene)	<i>Monthly</i>	112	87%	76%
Medical Devices Check (Also including Catheter and Peripheral Line)	<i>Monthly</i>	51	95%	35%

Table 11 Trust audit results

The graph below demonstrates the uptake, average scores, and response rate of Tendable compared to the preceding quarters:

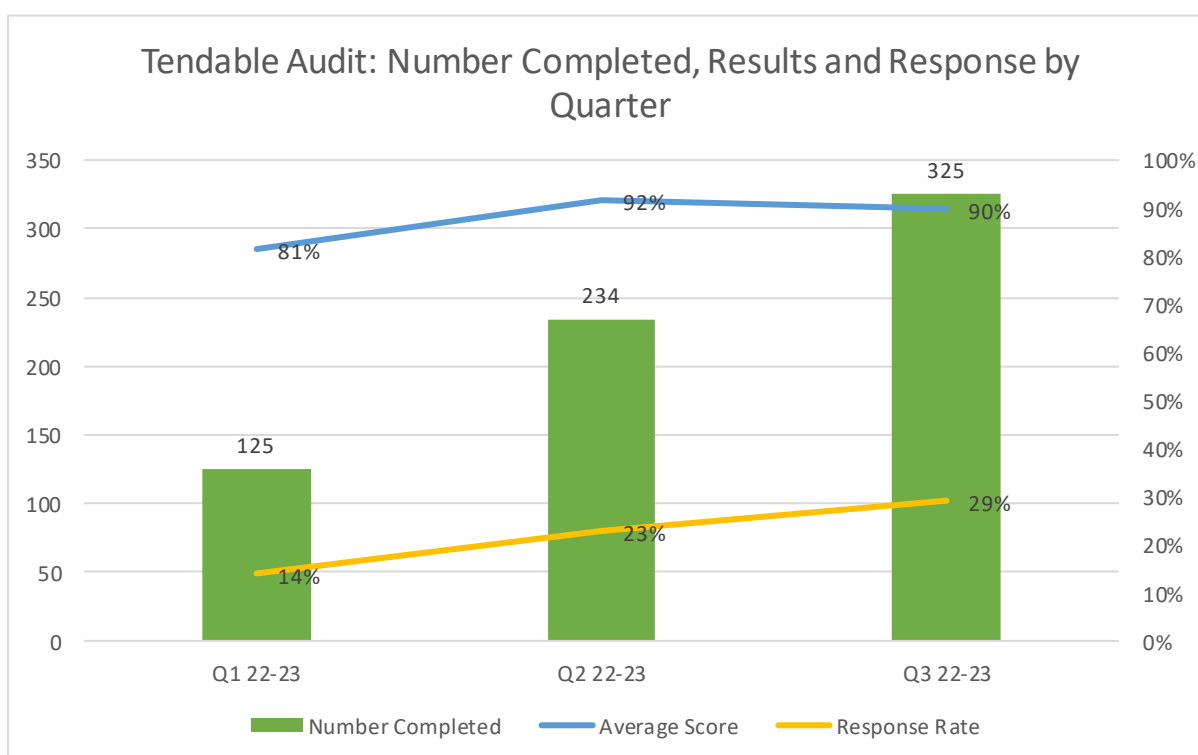


Fig 9. Audits completed by quarter 2022-2023

### 6.3.2 Analysis of Findings from Audit:

The Matrons Audit achieved 89% on average during Quarter 3 across ICSUs. The main themes identified were:

- Ward/Clinic area cleanliness
- Identification of clean equipment (use of the “I am Clean” stickers)
- Damage to ward/clinic area environment

These actions have been escalated to the Estates and Facilities Team to ensure domestic staff are aware of the correct protocols. The Estate and Facilities team are aware of environment concerns, which form part of their wider strategy. When environment damage is identified, staff carrying out audits are encouraged to log these with the Facilities helpdesk and ensure a reference number is obtained.

Q4 plans focus on increased Tendable use within S&C, ACW and CYP ICSUs, using a model found to be effective when targeting EIM ICSU in previous quarters. This involved visiting all wards and clinic areas within EIM to demonstrate the use of the app to staff and supporting with the completion of the audits alongside the management teams.

## **7. Recommendations**

The Quality Assurance Committee is asked to note the three key quality messages from the Q2 Quality report:

- Ongoing challenges exist in responding to complaint responses within national timeframes with actions in place to improve
- Number of outdated Trust policies requiring review and ratification with proposed actions to reduce back log
- Screening Quality Assurance visit report NHS Cervical Screening Programme 8/09/22; No immediate or urgent recommendations. 5 high priority findings



<b>Meeting Title</b>	<b>Trust Board – public meeting</b>	<b>Date:</b> 30 March 2023
<b>Report Title</b>	<b>Integrated Performance Report</b>	<b>Agenda Item:</b> 7
<b>Executive Director Lead</b>	Jonathan Gardner, Director of Strategy and Corporate Affairs	
<b>Report Owner</b>	Paul Attwal, Head of Performance, Jennifer Marlow, Performance Manager	
<b>Executive Summary</b>	<p>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.</p> <p><b>With regards to performance, areas to draw to Board members' attention are:</b></p> <p><b>Emergency Department (ED)</b> During February 2023, performance against the 4-hour access standard was 61.4%, which is lower than the NCL average of 67.75%, and lower than the London average of 69.76% and the national average of 71.50%. There were 378 12-hour trolley breaches in February 2023. <i>* 12-hour trolley breaches show the numbers of patients who waited longer than 12 hours to be admitted to the ward following a decision to admit (DTA)</i></p> <p><b>Cancer</b> 28 Day Faster Diagnosis was at 61.3% in January against a standard of 75%, this is a decline from December's performance of 69%.</p> <p>62-day referral to treatment performance was at 39.6% for January against a target of 85%, this is a decline from December's performance of 51.9%</p> <p>At the end of February 2023, the trusts position against the 62-day backlog was ahead of trajectory with 72 against a target of 85.</p> <p><b>Referral to Treatment: 52+ week waits</b> Performance against 18-week standard for February was: 64.4%.</p> <p>The trust position against the 52-week performance has worsened from 524 patients waiting more than 52 weeks for treatment in January 2023 to 552 in February 2023.</p> <p>The Trust has 24 patients over 78 weeks at the end of February 2023 against the target of 0. All 24 patients have an action plan for treatment.</p> <p>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</p> <p><b>Community Services</b> All services are running with their business-as-usual models now and most services are progressing positively with their backlogs. Workforce capacity</p>	

	<p>continues to be the main issue for Podiatry. Waiting times increasing in ICRT, and Bladder and Bowel, the ICSU is working on reviewing demand and capacity. MSK has completed a series of six super Saturdays which has had some impact on waiting times. Self-management portal is set to be introduced in April and will enable the service to reduce waiting times and see 95% of patients within 6 weeks.</p> <p><b>Children's Community Therapy Services</b>  Since February 2022 there has been a reduction in the vacancy rate from 36% to 12% in Barnet, however, increase in demand and capacity constraints in Islington and Haringey continues.</p> <p><b>Islington CAMHS Service</b>  There is an increase in referrals and complexity, but 100% of urgent referrals are being seen within the required timeframe.</p> <p><b>Additional Documents</b>  North Central London Integrated Care System Weekly Cancer Performance Report – Showing cancer performance across all providers in NCL</p>
<b>Purpose:</b>	Review and assurance of Trust performance compliance
<b>Recommendation</b>	That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan
<b>Risk Register or Board Assurance Framework</b>	The following BAF entries are linked: Quality 1; Quality 2; People 1; and People 2.
<b>Report history</b>	Trust Management Group, 28 March 2023



# Whittington Health NHS Trust

## Performance Report

**March 2023**  
**Month 11 (2022-2023)**



Indicator	Target	Last Reported Month	Latest Month	Previous Month	2022-2023	Variation	Assurance
Admissions to Adult Facilities of pts under 16 yrs of age	0	Feb	0	0	0		
HCAI C Difficile	<16	Feb	0	1	16		
Actual Falls	400	Feb	25	31	352		
Category 3 or 4 Pressure Ulcers	0	Feb	0	0	95		
Medication Errors causing serious harm	0	Feb	0	0	0		
MRSA Bacteraemia Incidences	0	Feb	0	0	0		
Never Events	0	Feb	0	0	0		
Serious Incidents	N/A	Feb	0	0	10		
VTE Risk Assessment %	>95%	Feb	95.8%	95.8%	95.5%		
Mixed Sex Accommodation Breaches	0	Feb	9	8	98		
Summary Hospital Level Mortality Indicator (SHMI)	1.14	Feb			0.88		

## Commentary

### Category 3 or 4 Pressure Ulcers (Target 0)

There were 0 Category 3 or 4 Pressure Ulcers reported in February 2023. In January there were 12 Category 3 pressure ulcers (9 in hospital, 3 in community) and 0 category 4

**Issues:** There has been a delay in reporting category 3 and 4 pressure ulcers for January and February. Reporting process is now under review.

**Actions:** -Review and amend reporting processes. -Increased access to electronic and face to face pressure area care training Pressure Ulcer Group revised with target areas: documentation, equipment, data and making training mandatory.

**Mitigations:** -No category 4 pressure damage since July 2022. -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. -Care home pressure ulcer training continues to support the reduction of pressure ulcers in care home patients under remit of District Nursing services.

### Mixed Sex Accommodation (Target 0)

#### February Performance - 9

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 indicator has consistently fallen short of the standard required (0)

**Issues:** Lack of capacity and inability to admit to single sex beds & step down from ITU

**Actions:** Patients continue to be allocated according to their clinical need and time spent waiting for a bed or to step down from CCU

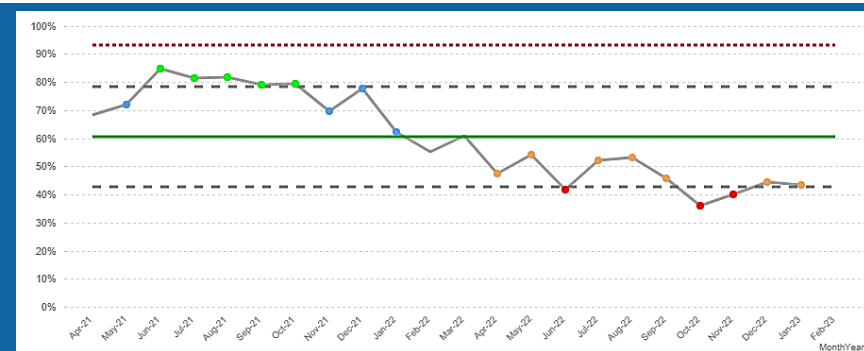
**Mitigations:** -Incidents continue to be reported on Datix and reviewed. -Cases discussed at each site meeting. -There is ongoing dialogue with patients affected to explain why they may be in a bay/area with members of the opposite gender. -In CCU, there are a number of physical barriers in place which mitigates this further.



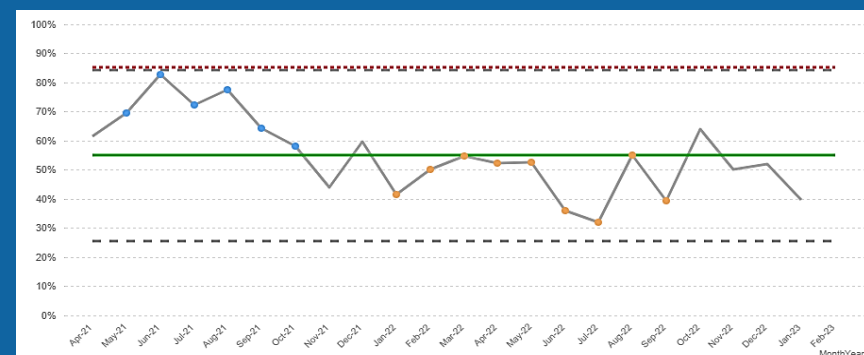
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Indicator	Target	Last Reported Month	Latest Month	Previous Month	2022-2023	Variation	Assurance
Cancer - 14 days to first seen	>93%	Jan	43.3%	44.5%	45.7%		
Cancer - 14 days to first seen - breast symptomatic	>93%	Jan	9.5%	9.1%	14.1%		
Cancer - 62 days from referral to treatment	>85%	Jan	39.6%	51.9%	47.5%		
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	Jan	35.3%	50.0%	45.3%		
Cancer ITT - % of Pathways sent before 38 Days	>85%	Jan	21.4%	25.0%	22.7%		
Cancer - % Pathways received a Diagnosis within 28 Days of Referral	>75%	Jan	61.3%	69.0%	63.1%		
Cancer - 31 days to first treatment	>96%	Jan	87.1%	93.8%	89.7%		
Cancer - 31 days to subsequent treatment - surgery	>94%	Jan					
Cancer - 62 Day Screening	>90%	Jan	100.0%	100.0%	66.7%		
DM01 - Diagnostic Waits (<6 weeks)	>99%	Feb	88.03%	83.82%	86.09%		
RTT - Incomplete % Waiting <18 weeks	>92%	Feb	64.4%	65.6%	68.3%		
Referral to Treatment 18 weeks - 52 Week Waits	0	Feb	552	520	5575		
% seen <=48 hours of Referral to District Nursing Service	>95%	Feb	90.4%	86.9%	92.9%		
Haringey New Birth Visits - % seen within 2 weeks	>95%	Jan	96.1%	90.0%	93.1%		
Islington New Birth Visits - % seen within 2 weeks	>95%	Jan	95.4%	95.5%	95.2%		
% of Rapid Response Urgent referrals seen within 2 Hours of Referral		Feb	57.5%	50.7%	68.2%		

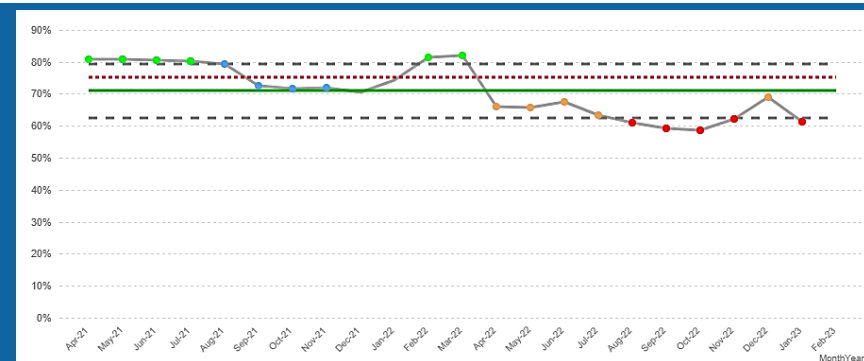
Cancer - 14 Days to First Seen



Cancer - 62 Day Performance



Cancer - 28 Day FDS



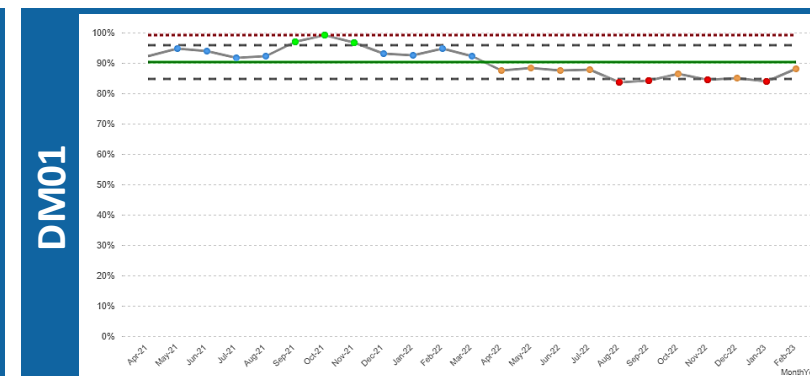
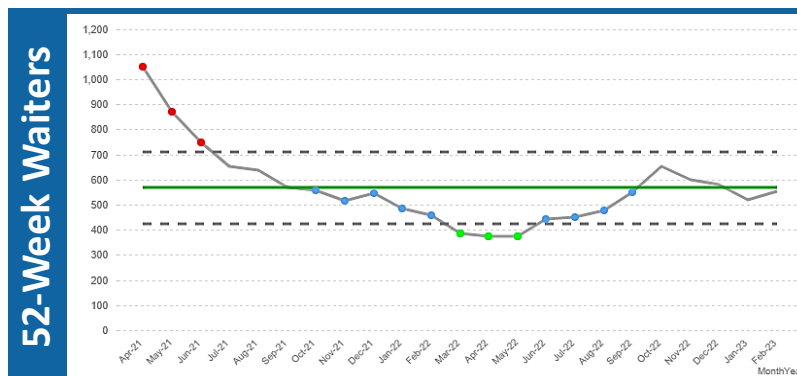
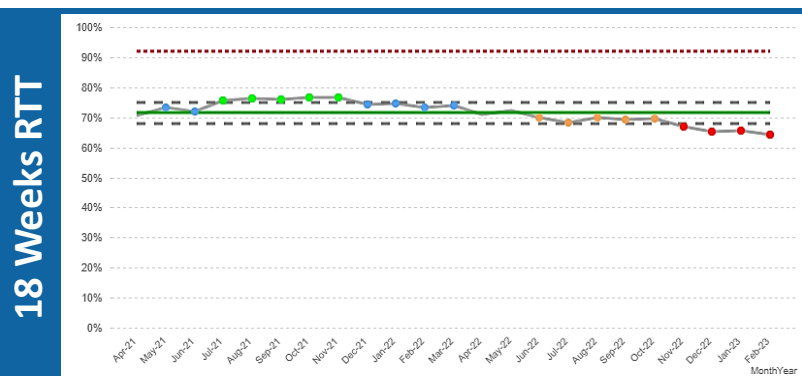
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Background	What the Data Tells Us	Issues	Actions	Mitigations
<b>Cancer – 14 Days to First Seen</b> (Target >93%)	<b>January Performance - 43.3%</b> This is a decline from December's performance of 44.5% and remains below target.	Limited Capacity in outpatients department for Gynaecology Rapid Access, Dermatology, and Breast One Stop Shop service.	<ul style="list-style-type: none"> <li>Breast service is working with NCL Cancer Alliance to source mutual aid.</li> <li>Dermatology have now established a joint consultant appointment to improve outpatient capacity.</li> <li>Gynaecology to recruit to Rapid Access Consultant role.</li> <li>Gynaecology will increase Rapid Access template capacity as locum consultant starts at the end of March 2023.</li> </ul>	<ul style="list-style-type: none"> <li>Maximise all outpatient, Imaging, and Radiology slots.</li> <li>Gynaecology Rapid Access capacity has increased.</li> <li>An additional bid is being made by NCL Gynaecology providers for additional resources to fund 52 weeks of outpatient capacity.</li> </ul>
<b>Cancer - 62 Day Performance</b> (Target >85%) 62 Day from Referral to Treatment	<b>January Performance – 39.6%</b> This is a decline of 12.3% from December's performance of 51.9%. As with 2 weeks wait performance, variation indicates consistently falling short of the standard.	Significant number of patients breaching the target within Breast and Urology services.	<ul style="list-style-type: none"> <li>Breast service is working with NCL Cancer Alliance to source mutual aid.</li> <li>All services to improve pathway coordination including treatment scheduling.</li> <li>Urology to review Haematuria pathway, improved tracking, and backlog clearance.</li> <li>Urology to ensure that prostate pathway is running to previously agreed plans.</li> </ul>	<ul style="list-style-type: none"> <li>Maximise all treatment capacity.</li> <li>Maximise relationships with other treating Trusts.</li> </ul>
<b>Cancer - 28 Day Faster Diagnosis Standard (FDS)</b> (Target >75%) % Pathways Received a Diagnosis within 28 Days of Referral	<b>January Performance – 61.3%</b> This is a decline of 7.7% from December's performance of 69%	<p>Significant number of patients breaching the target within Gynaecology and Urology services.</p> <p>Delays in histology reporting.</p>	<ul style="list-style-type: none"> <li>Gynaecology to recruit to Rapid Access Consultant role.</li> <li>Gynaecology will increase Rapid Access template capacity as locum consultant starts at the end of March 2023.</li> <li>Gynaecology triaging patients straight to outpatient hysteroscopy.</li> <li>To work with Pathology to improve histology reporting turnaround times.</li> <li>Urology to review of Haematuria Pathway.</li> <li>Urology to ensure that prostate pathway is running to previously agreed plans.</li> </ul>	<ul style="list-style-type: none"> <li>Hysteroscopy working group to review conversion rate from outpatient hysteroscopy.</li> <li>Urology service to ensure timely booking of tests and improve scheduling of clinical reviews.</li> </ul>





# Responsive (Access)



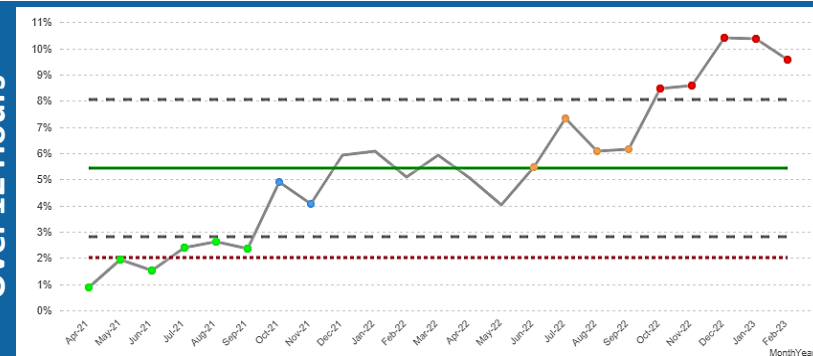
Background	What the Data Tells Us	Issues	Actions	Mitigations
<b>Referral to Treatment (RTT)</b> The National RTT Standard is to achieve a maximum of 18 weeks wait from GP referral to first definitive treatment for every patient.	<b>February Performance – 64.4%</b> This is a decline of 1.2% from January's performance of 65.6% <ul style="list-style-type: none"> <li>In February there were 552 patients waiting more than 52 weeks for treatment, this is an increase of 28 from 524 in January.</li> <li>The 78-week position was down to 24 this is a decrease of 8 from 32 in January.</li> </ul>	<ul style="list-style-type: none"> <li>The majority of patients waiting 52 weeks, or more are in the Surgery and Cancer ICSU.</li> <li>The ICSU continues to have a high number of patients 541, this is an increase of 24 from 517 on January.</li> </ul>	<ul style="list-style-type: none"> <li>All patients in the 78-week cohort with a DTA must have a recorded TCI (to come in) date by the end of February 2023 within the Waiting List MDS, with first definitive treatment scheduled before the end of April 2023.</li> <li>Improvement work conducted to improve theatre productivity is supporting the delivery in overall reduction.</li> </ul>	The Surgery and Cancer ICSU are looking to bring forward all patients to meet the 78-week standard by the end of April.
<b>DM01 Diagnostics</b> 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.	<b>February Performance – 88.03%</b> This is an increase of 4.21% from January's performance of 83.82%. The data shows performance for DM01 is a cause for concern against variation and assurance.	<ul style="list-style-type: none"> <li>All services have exceeded 90% for DM01 performance except for community audiology and inpatient sleep studies.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Lead for Community Audiology continues to review available capacity options, complete initial assessments, and support waiting times reduction. However, availability of additional clinical staff has been limited across the NCL.</li> <li>Sleep Studies capacity is under review, however patient numbers are very small within DM01 standards.</li> </ul>	NCL Integrated Care Board have provided additional Community Audiology contacts from within the private sector for additional support.



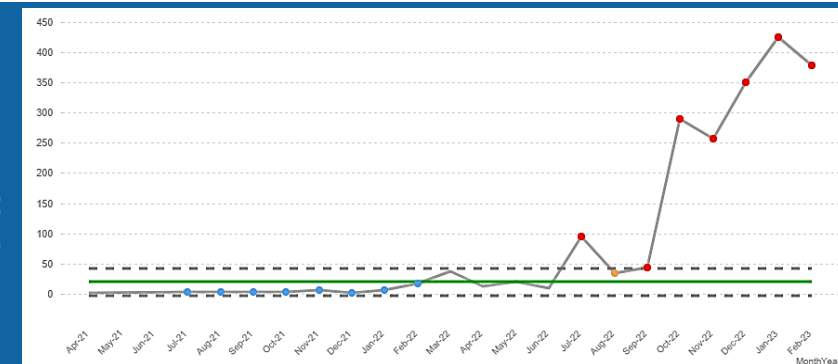
# Responsive (Emergency Department)

Indicator	Target	Latest Month Reported	Latest Month	Previous Month	2022-2023	Variation	Assurance
LAS Patient Handover Times - 30 mins	0	Feb		123	1027		
LAS Patient Handover Times - 60 mins	0	Feb		79	472		
% streamed to an onsite service	>7.5%	Feb	1.4%	1.7%	2.3%		
Median Wait for Treatment (minutes)	< 60 min	Feb	115	94	110		
% of ED attendance seen by clinician within 60 mins of arrival		Feb	33.9%	37.5%	35.1%		
Median time from Arrival to Decision to Admit		Feb	05:13	05:32	04:54		
12 Hour Trolley Waits in ED	0	Feb	378	424	1912		
Total ED Attendances in dept for more than 12 hours (arrival to dept)		Feb	756	967	7204		
% of ED Attendances over 12 hours from Arrival to Departure	<2%	Feb	9.6%	10.4%	7.4%		
Emergency Department waits (4 hrs wait)	>95%	Feb	61.4%	63.6%	68.7%		
% left ED before being seen		Feb	11.1%	9.1%	11.3%		
% ED re-attendance within 7 days		Feb	9.9%	9.7%	9.8%		

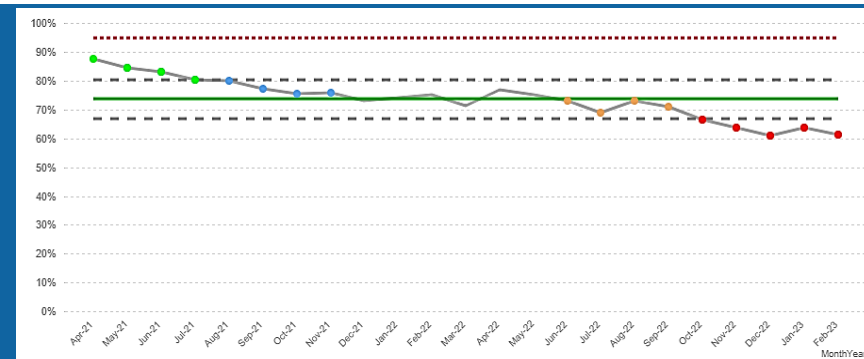
% of ED Attendances  
Arrival to Departure  
Over 12 Hours



12-Hour Trolley  
Waits in ED



ED 4 hour Waits



# Responsive (Emergency Department)

Background	What the Data Tells Us	Issues	Actions	Mitigations
<b>% Of ED Attendances Over 12 Hours from Arrival to Departure</b> <i>(Target &lt;2%)</i> This metric shows the % of patients who have been in the department for more than 12 hours from arrival	<b>February Performance – 9.6%</b>  This is a decline of 0.8% from January's performance of 10.4%.	<ul style="list-style-type: none"> <li>• Overcrowding in the department.</li> <li>• Bed occupancy remains high and above 100%.</li> <li>• Continued delay in discharge of patients in an acute bed which includes a high number of medically optimised patients on the wards.</li> </ul>	Focus is on principles of patient flow which includes right patient, in the right place, being reviewed by the right professional at the right time. <ul style="list-style-type: none"> <li>• Ongoing length of stay reviews.</li> <li>• Daily Trust wide escalation meetings and huddles to facilitate patient flow across the hospital.</li> <li>• Daily external escalations at MADE meetings of issues/challenges affecting onward discharge or transfer of patients to onward destinations.</li> <li>• In-reach from frailty and virtual ward to facilitate early treatment and transfer plans from the ED.</li> <li>• Boarding on the wards is employed where possible with infection prevention and control considerations to facilitate flow out of ED.</li> <li>• Improvement programme to review current ED issues and create action plan to improve patient outcomes and ED metrics.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain patient safety and welfare checks in ED.</li> <li>• Regular huddles are undertaken on each shift as a communication and risk management tool.</li> <li>• Regular review of escalation triggers and actions to prevent long waits in ED.</li> <li>• First assessment nurse system remains in place as a safety net.</li> </ul>
<b>12-Hour Trolley Waits in ED</b> <i>(Target 0)</i> 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)	<b>February Performance - 378</b>  This is a decline of 46 (10.8%) from January's performance of 424. However, the daily figures remain at an average of 13.5 per day.	<ul style="list-style-type: none"> <li>• Continued increase in length of stay of mental health patients in ED.</li> <li>• Significant variations in workforce productivity between day and night for the different roles (i.e., ENPs, Doctors, Nurse etc).</li> </ul>		
<b>Emergency Department Waits (4 hrs wait)</b> <i>(Target &gt;95%)</i> This metric shows the number of patients treated within 4 hours of arrival at A&E	<b>February Performance – 61.4%</b>  This is a decline of 2.2% from January's performance of 63.6%.			



Category		Indicator	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Activity
ED		ED Attendances		8787	9742	9387	9117	8081	8383	9392	9324	9287	8309	7891	
ED		ED Admission Rate %		11.0%	9.8%	9.5%	10.2%	10.6%	10.1%	9.0%	9.0%	10.3%	10.9%	9.9%	
Community		Community Face to Face Contacts		37979	45690	43502	41275	37903	40786	42849	46685	35130	43873	40578	
Admissions		Elective and Daycase		1739	2090	2081	2178	2019	2300	2314	2391	1820	2221	2003	
Admissions		Emergency Inpatients		1700	1707	1717	1674	1686	1563	1626	1577	1631	1605	1462	
Referrals		GP Referrals to an Acute Service		12821	15412	14416	14400	14603	14654	16175	15665	12567	17075	15775	
Referrals		% of GP Referrals that were completed via ERS		82.9%	81.9%	80.9%	82.7%	82.8%	81.4%	82.4%	82.7%	77.6%	74.8%	71.4%	
Referrals		% e-Referral Service (e-RS) Slot Issues	<4%	32.9%	33.0%	32.6%	30.1%	31.5%	32.5%	31.8%	38.5%	38.3%	34.3%	35.3%	
Maternity		Maternity Births	320	265	244	262	264	271	237	254	259	231	248	221	
Maternity		Maternity Bookings	377	323	388	284	327	277	262	295	297	322	293	327	
Outpatients		Outpatient DNA Rate % - New	<10%	11.6%	10.5%	10.5%	11.5%	12.7%	13.3%	12.8%	12.0%	13.6%	11.2%	11.4%	
Outpatients		Outpatient DNA Rate % - FUP	<10%	10.6%	9.9%	10.4%	10.9%	10.7%	10.5%	10.6%	10.4%	11.7%	9.9%	10.5%	
Outpatients		Outpatient New Attendances		8731	10207	9925	9325	9401	9472	9890	11488	9925	12308	11364	
Outpatients		Outpatient FUP Attendances		15887	17971	17029	15841	16450	18091	17317	18413	15385	17713	15964	
Outpatients		Outpatient Procedures		5253	6337	5893	5988	6169	6285	6386	6490	5503	6444	5707	

## Key highlights

Lowest monthly attendances in 12 months

Lowest monthly emergency inpatients in 12 months

Two high months of GP referrals

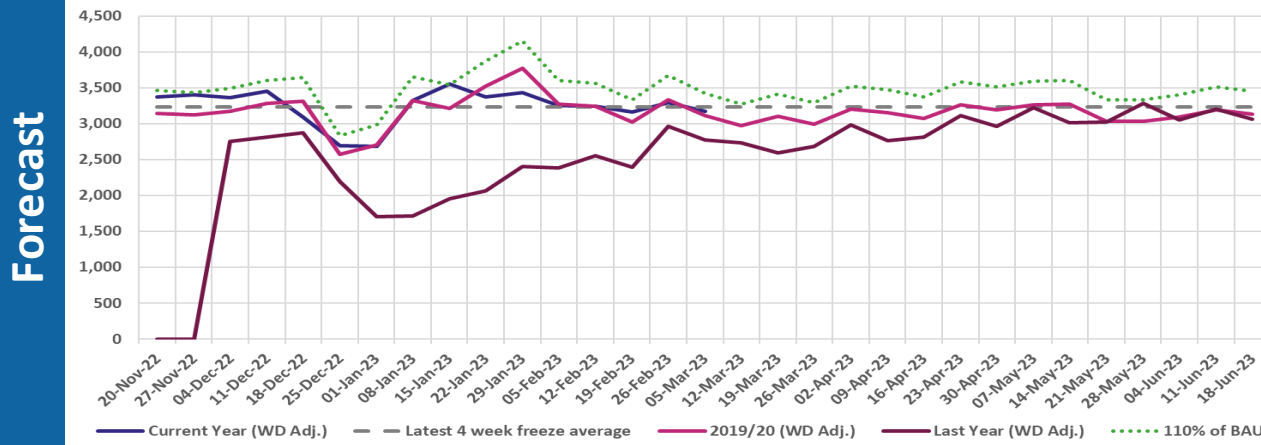
Reducing ERS referral trend

Another low month of maternity births (lowest in 12 months) but bookings higher

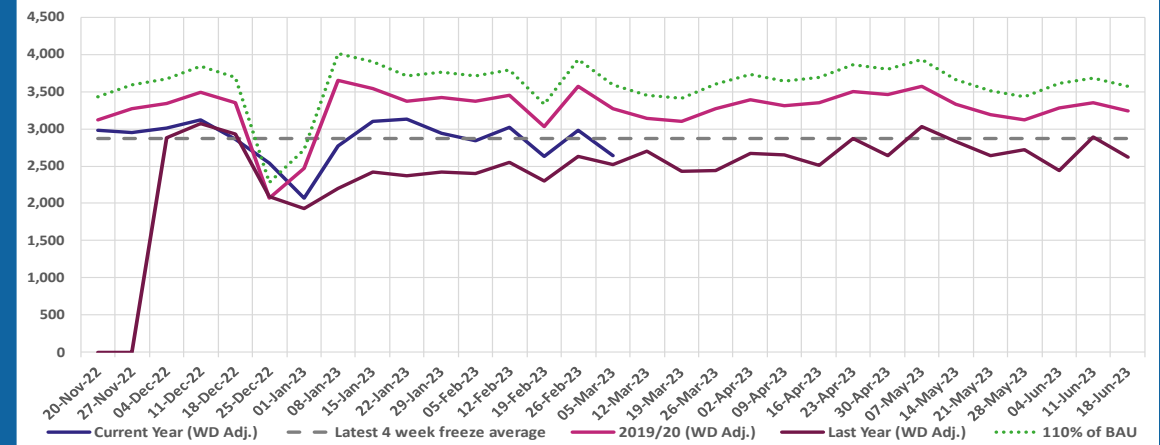




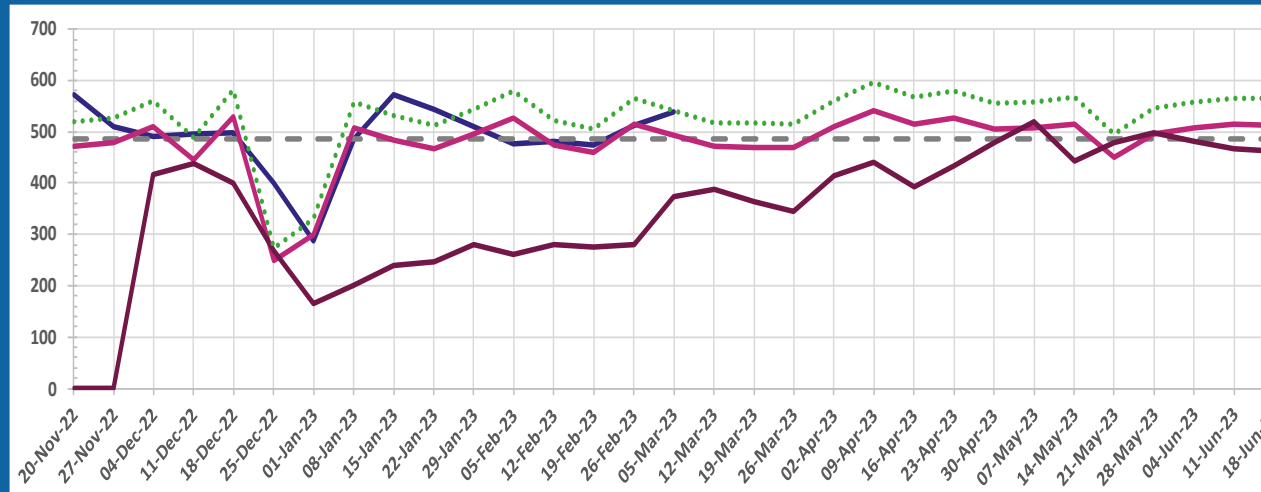
## Weekly Outpatient First Attendances Trajectories



## Weekly Outpatient Follow-up Attendances Trajectories



## Weekly Elective Activity Trajectories - Forecast



## Commentary

### Weekly Elective Activity Trajectories:

Flex position week ending 05/03/23 was at 109% of 19/20 levels - Average activity for 4 weeks prior to 05/03/23 was at 103% of 19/20 (including flex).

### Weekly Outpatient First Attendances Trajectories:

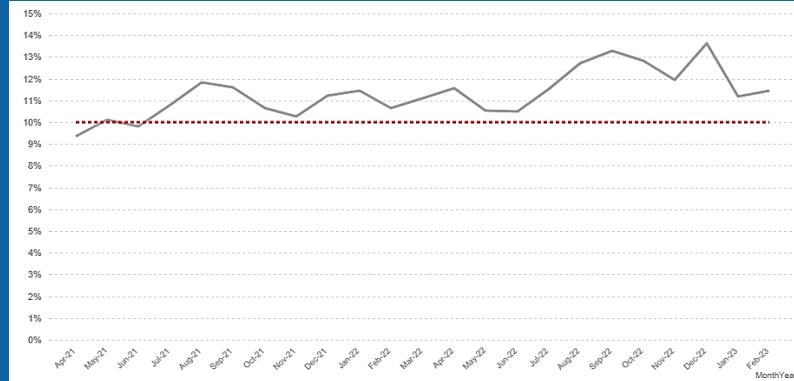
Flex position week ending 05/03/23 was at 102% of 19/20 levels - Average activity for 4 weeks prior to 05/03/23 was at 101% of 19/20 (including flex).

### Weekly Outpatient Follow-up Attendances Trajectories:

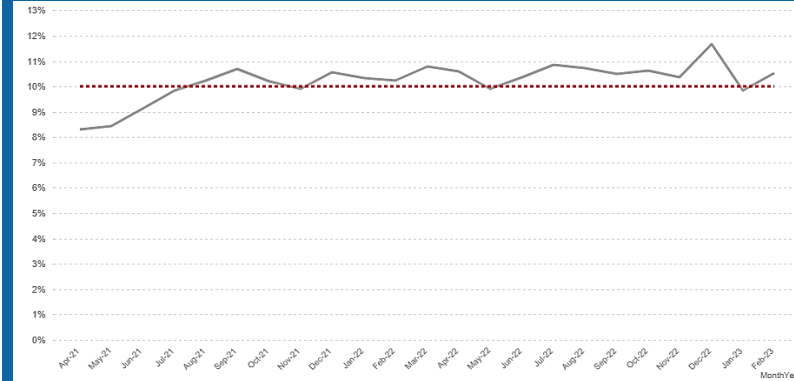
Flex position week ending 05/03/23 was at 81% of 19/20 levels - Average activity for 4 weeks prior to 05/03/23 was at 85% of 19/20 (including flex).



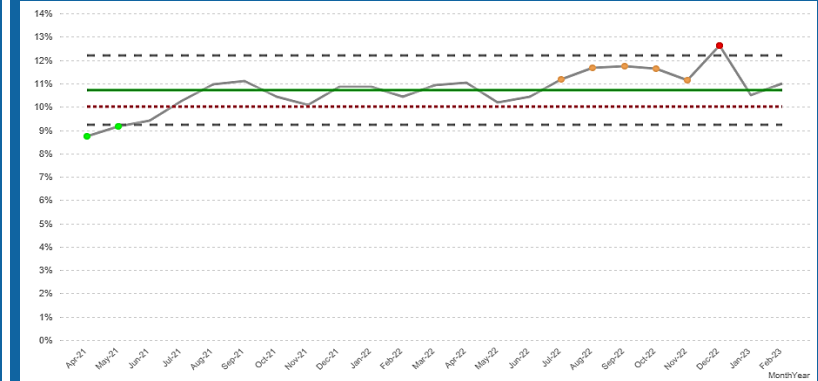
## Outpatient DNA % Rate - New



## Outpatient DNA % Rate – Follow-Up



## Acute DNA % Rate



## Commentary

**Community Activity:** There were 48,091 total contacts in February and there were 657 unoutcomed appointments.

**Elective/Day Cases:** There have been 2,007 cases over the last 4 weeks (103% of 19/20 activity)

**Outpatients:** In the last 4 weeks there have been 12,880 Firsts Apps (101% of 19/20), and 11,278 Follow-Ups (85% of 19/20)

**DNA Rates:** The overall DNA Rate for February 2023 was 11.1% this is an increase of 0.6% from 10.5% in January. Outpatient DNA rate for follow up appointments for February 2023 was 10.3% this is an increase of 0.4% from 9.9% in January.

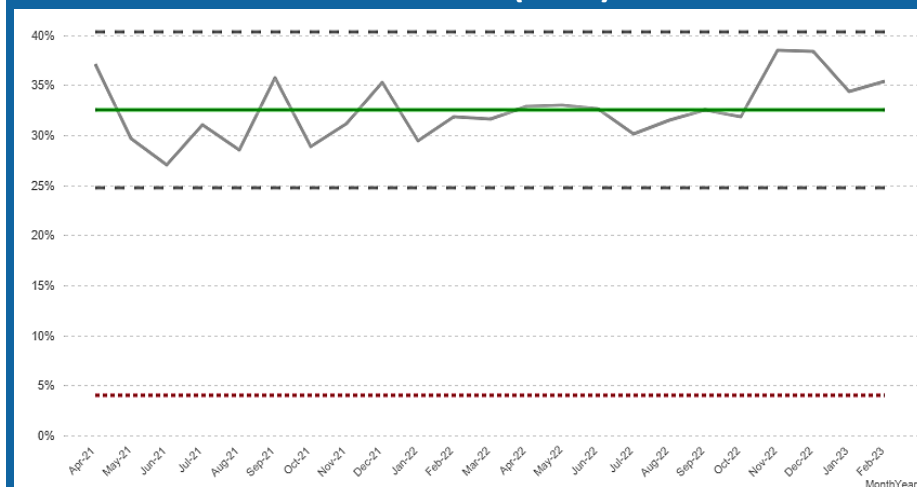
**Issues:** DNA rates continue to breach trust target of 10%. 2023/2024 Outpatient programme board intends to dedicate a workstream plan to reducing DNA below 10% sustainably.

**Actions:** This is now part of the new revamped Outpatient Transformation project and is one of the key issues of focus.

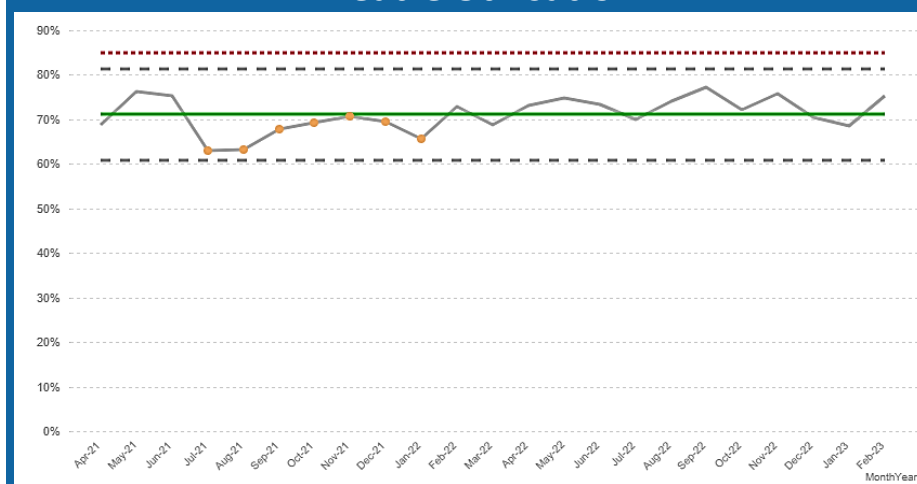
- Quality checks to be undertaken to review standards of coding outcome and mitigate DNAs.
- Services to ensure compliance with trust access policy, particularly 'reasonable notice' when scheduling.
- Deep dive focus for services with high DNA rate and long-term trends.
- Digital improvements: Continue to market Whittington's patient portal platform (Phase 1). The benefits of which are empirically shown to support reduction to DNA rates through notification of appointments, calendar appointment planner access to last letters. The trust target is to achieve a target of 40% of patients receiving outpatient appointments, presently the trust is achieving 53% (13% above target).

Indicator	Target	Last Reported Month	Latest Month	Previous Month	2022-2023	Variation	Assurance
Cancelled Ops not rebooked <28 Days	0	Jan	7	21	92		
Hospital Cancelled Operations	0	Jan	3	13	31		
Theatre Utilisation	>85%	Feb	75.25%	68.37%	73.12%		
Community DNA % Rate	<10%	Feb	7.9%	8.0%	7.9%		
Acute DNA % Rate	<10%	Feb	11.0%	10.5%	11.2%		
% e-Referrals Service (e-RS) Slot Issues	<4%	Feb	35.3%	34.3%	33.6%		
Outpatients New:Follow Up Ratio	2.3	Feb	1.40	1.44	1.66		
Non Elective Re-Admissions within 30 days	<5.5%	Feb	3.27%	2.92%	3.96%		
Rapid Response - % of referrals with an improvement in care		Feb	67.3%	79.8%	75.3%		

## % e-Referrals Service (e-RS) Slot Issues



## Theatre Utilisation

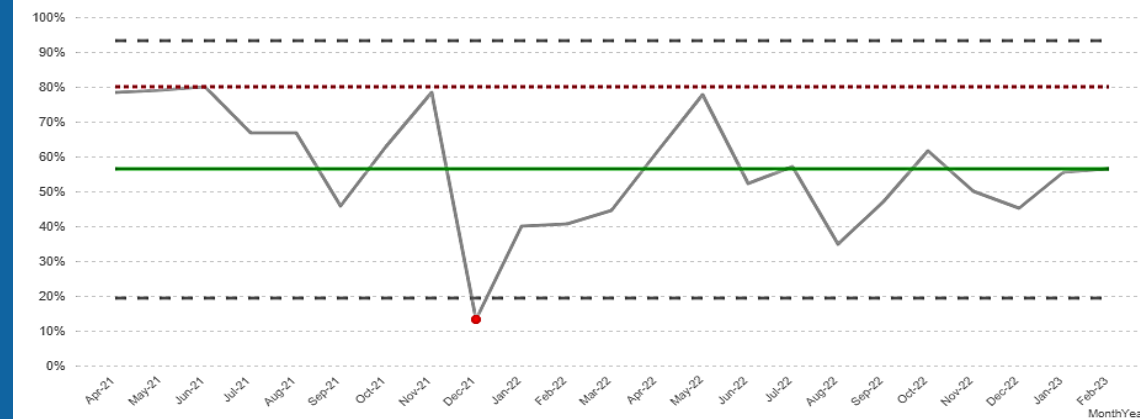


Background	What the Data Tells Us	Issues	Actions	Mitigations
<p><b>% e-Referrals Service (e-RS) Slot Issues</b> (Target &lt;4%)</p> <p><b>Appointment Slot Issues (ASI):</b> When no clinic appointment is available for patients to book in e-RS, the referral can be forwarded or deferred to the patient's chosen provider known as an appointment Slot Issue.</p>	<p><b>February Performance – 35.3%</b></p> <p>This is a worsening of 1% from January's performance of 34.3%.</p> <p>Current performance continues to remain behind the 4% target, 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.</p>	<ul style="list-style-type: none"> <li>• Management of available capacity.</li> <li>• Capacity constraints across the surgical specialties continues to impact slot availability.</li> </ul>	<ul style="list-style-type: none"> <li>• Work is going on to utilise the NCL ASI support team which will enable the trust to reduce the ASI figures for Surgery.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Central outpatients are now conducting reviews of all patients over 12 weeks on the ASI list to transfer them directly on to the PTL.</li> <li>• ASIs are being monitored weekly at the PTL meeting.</li> <li>• Additional meetings with Surgery to take place over the next month.</li> </ul>
<p><b>Theatre Utilisation</b> (Target 85%)</p> <p>Drive to increase theatre productivity: increased number of sessions open per week with focus on timely start to ensure higher cases / session. Utilisation alone suboptimal marker of theatre productivity.</p>	<p><b>February Performance – 75.25%</b></p> <p>This is an increase of 6.88% from January's performance of 68.37%</p> <p>Performance against this standard has improved over the last 12 months, however performance is still below target and has not returned to pre-covid performance.</p>	<ul style="list-style-type: none"> <li>• Late starts have effectively been eliminated.</li> <li>• Focus required on early finishes.</li> <li>• 10% lists finish before 16:00 40% before 16:30.</li> <li>• Focus is to increase Cases booked.</li> <li>• SMS appointment reminders significant impact on reducing the DNA rates.</li> </ul>	<ul style="list-style-type: none"> <li>• Service managers to challenge non-clinical requests to remove cases on lists.</li> <li>• Design and complete booking rule template for services to support targeted booking.</li> <li>• New proforma to support Cancellation highlights who is requesting cancellation.</li> <li>• Standby patient SOP completed, implementation date to be confirmed.</li> </ul>	<ul style="list-style-type: none"> <li>• Review at 6-4-2 theatre scheduling meetings to address early finishes and repeat offenders.</li> <li>• Use theatre productivity dashboard to monitor cases and sessions.</li> </ul>



Indicator	Target	Last Reported Month	Latest Month	Previous Month	2022-2023	Variation	Assurance
ED - FFT % Positive	>90%	Feb	75.4%	83.2%	76.0%		
ED - FFT Response Rate	>15%	Feb	11.2%	11.9%	11.5%		
Inpatients - FFT % Positive	>90%	Feb	95.3%	92.1%	93.9%		
Inpatients - FFT Response Rate	>25%	Feb	15.8%	18.7%	19.3%		
Maternity - FFT % Positive	>90%	Feb	100.0%	98.4%	61.0%		
Maternity - FFT Response Rate	>15%	Feb	9.0%	6.5%	15.5%		
Outpatients - FFT % Positive	>90%	Feb	90.8%	88.9%	90.3%		
Outpatients - FFT Response Rate	400	Feb	240	190	1068		
Community - FFT % Positive	>90%	Feb	95.3%	96.9%	96.6%		
Community - FFT Response Rate	1500	Feb	636	714	7526		
Complaints responded to within 25 or 40 working days	>80%	Feb	56.3%	55.6%	54.5%		
Complaints (including complaints against Corporate division)		Feb	16	18	220		

## Complaints Responded to within 25 Working Days



## Commentary

### % Complaints Responded to Within 25 or 40 Working Days (Target >80%)

Performance for February 2023 was 56.3%, this is an improvement of 0.7% from 55.6% in January. 16 complaints were received that required a response in February 2023.

**Issues:** Current performance is a result of increasing operational pressures and capacity of ICSU staff to investigate complaints, as focus is on providing patient care. ICSU staff are working on the backlog of complaints that require investigation and response.

















**Actions:** Additional support provided via Winter Pressure additional fund is in place two days a week for the Surgery and Cancer ICSU to the end March 2023. Surgery and Cancer have recruited a member of staff to address the backlog of complaints. Additional temporary support in place for the PALS team to end March 2023. This is being extended to end of June 2023 subject to VSP approval. Complaints response performance has been raised as a concern at the Quality Governance Committee and will be assessed around risk levels.

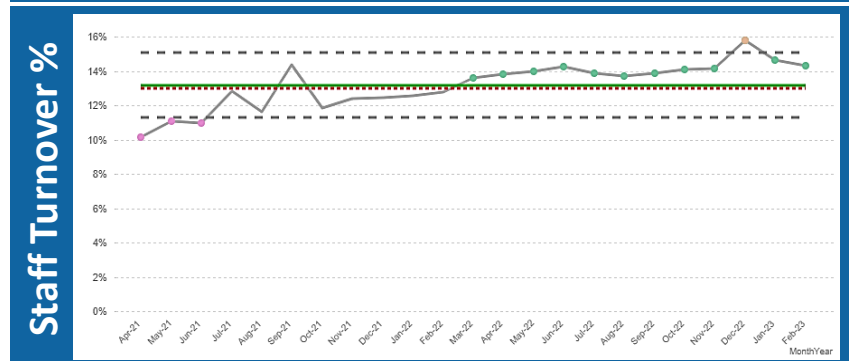
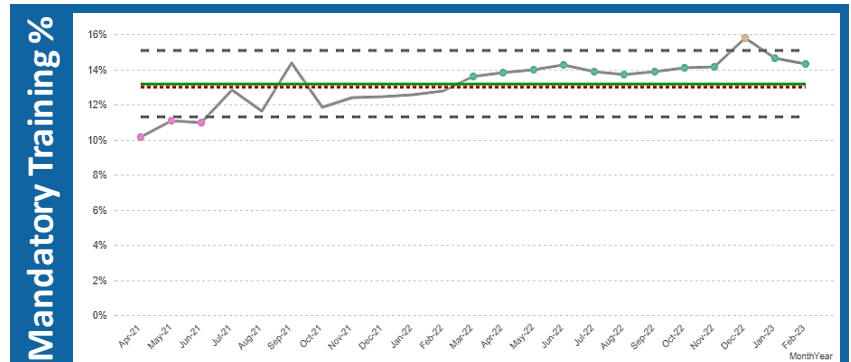
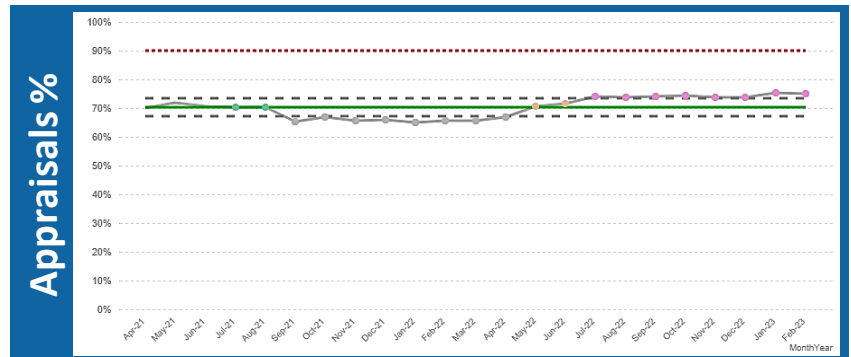
**Mitigations:** Regular meetings between Complaints Facilitators with ICSU leads to gauge progress and identify problems. Ensure that all complainants are kept informed of any delays to investigations.





# Well Lead

Indicator	Target	Last Reported Month	Latest Month	Previous Month	2022-2023	Variation	Assurance
Appraisals % Rate	>90%	Feb	74.8%	75.1%	72.9%		
Mandatory Training % Rate	>90%	Feb	85.3%	84.7%	84.7%		
Permanent Staffing WTEs Utilised	>90%	Feb	87.5%	89.2%	87.2%		
National Quarterly Pulse Survey (NQPS)	800	Feb	0	0	1086		
NQPS Staff % recommended work	>50%	Feb			51.1%		
Staff Sickness absence %	<3.5%	Jan		3.68%	4.13%		
Staff Turnover %	<13%	Feb	14.3%	14.6%	14.2%		
Vacancy % Rate against establishment	<10%	Feb	12.5%	10.8%	12.8%		
Average Time to Hire	<=63	Feb	66	71	77		
Safe Staffing Alerts - Number of Red Shifts		Feb	4	26	133		
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		Feb	9.8	10.0	10.3		



Background	What the Data Tells Us	Issues	Actions	Mitigations
<b>Appraisals % Rate</b> (Target >90%)  <b>Mandatory Training % Rate</b> (Target >90%)	<b>February Performance Appraisals – 74.8%</b> This is a decrease of 0.3% from January's performance of 75.1%  <b>February Performance Mandatory Training – 85.3%</b> This is an increase of 0.6% from January's performance of 84.7%	<ul style="list-style-type: none"> <li>• End of the financial year, staff shortages, and work pressures are further impacting on appraisal and mandatory training completion rate.</li> <li>• Lowest rates in Estates and Facilities who have experienced significant management change recently.</li> </ul>	<ul style="list-style-type: none"> <li>• The Learning and Organisational Development team will continue to promote elev8 and logging in to the new learning management system.</li> <li>• Estates and Facilities are providing team appraisals in the first instance, and team leads are being trained on how to conduct team appraisals.</li> </ul>	Both mandatory training and appraisals have a target of 90%, unlike other NCL organisations which have a target of 85%  <ul style="list-style-type: none"> <li>• Significant change in Mandatory Training in the last 2 years:</li> <li>• An audit identified areas not aligned with Core Skills Training Framework (CSTF) including e.g., 'level 1 resuscitation', and other subjects. TMG agreed to align, bringing down compliance.</li> </ul>
<b>Staff Turnover %</b> (Target <13%)	<b>February Performance – 14.3%</b> This is an Decrease of 0.3% from January's performance of 14.6%	<ul style="list-style-type: none"> <li>• More opportunities for staff to move around across NCL and London due to high vacancy rates.</li> <li>• Cost of living impacting on staffing wanting to commute further than is necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewing newly published staff survey results to identify areas of improvement.</li> <li>• Development programme for junior staff</li> <li>• Continue to support development posts and apprenticeships</li> </ul>	<ul style="list-style-type: none"> <li>• Turnover remains consistent at 14% although above the Trust target of 13%</li> <li>• Turnover remains high across NCL</li> </ul>



# Community Performance

Community Performance Dashboard

Indicator	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	2022-2023
IAPT Moving to Recovery	>50%	48.5%	52.1%	50.2%	48.7%	48.3%	47.1%	53.8%	50.7%	49.0%			49.9%
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	91.9%	92.6%	95.2%	93.3%	90.5%	94.1%	95.0%	92.0%	91.9%			92.8%
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	63.4%	71.9%	62.9%	64.7%	73.1%	64.4%	69.2%	67.5%	67.4%	63.1%		66.8%
Haringey - HR1 % carried out before child aged 15 months	N/A	76.8%	69.4%	75.8%	75.5%	74.3%	69.9%	77.7%	74.2%	75.9%	71.1%		74.0%
Haringey - HR2 % carried out before child aged 30 months	N/A	54.8%	55.0%	68.1%	74.3%	66.2%	75.2%	74.7%	72.6%	66.2%	71.6%		67.9%
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	68.5%	72.4%	77.4%	77.3%	70.8%	70.9%	60.0%	67.9%	61.8%	70.1%		69.7%
Islington - HR1 % carried out before child aged 15 mths	N/A	80.9%	78.1%	80.8%	86.8%	85.2%	80.3%	79.0%	86.1%	82.4%	80.5%		82.0%
Islington - HR2 % carried out before child aged 30 mths	N/A	80.3%	73.7%	78.5%	77.2%	81.1%	87.8%	79.6%	83.3%	87.6%	82.3%		81.0%
% of MSK pts with a significant improvement in function (PSFS)	>75%	83.6%	73.5%	83.3%	88.6%	87.7%	87.9%	92.5%	87.5%	93.9%	90.7%	74.4%	84.1%
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	100.0%			100.0%	60.0%	77.8%	82.4%	100.0%	80.0%	90.9%	88.2%	84.1%
ICTT - % Patients with self-directed goals set at Discharge	>70%	70.7%	74.4%	73.5%	70.8%	72.7%	71.7%	80.2%	81.5%	71.3%	70.1%	72.8%	73.8%
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	92.9%	90.6%	93.4%	95.2%	96.4%	93.9%	94.2%	95.9%	88.4%	92.7%	94.7%	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%
Hackney Smoking Cessation: % who set quit date & stopped after 4 weeks	>45%			52.0%			41.2%						46.8%
Islington Self-Management - Average Increase in PAM Score	>=9												
Haringey Self-Management - Average Increase in PAM Score	>=9												





# Community Waiting Times

## Community Waiting Times Dashboard - Routine Referrals

SERVICE	% Threshold	Target Weeks	Dec-22	Jan-23	Feb-23	Avg Wait (Feb)	No. of Pts Seen
Bladder and Bowel - Children	>95%	-				-	0
Community Matron	>95%	6	100.0%	94.7%	100.0%	0.7	14
Adult Wheelchair Service	>95%	8	100.0%	98.0%	100.0%	1.5	30
Community Rehabilitation (CRT)	>95%	12	97.4%	75.9%	85.1%	8.9	47
ICTT - Other	>95%	12	83.7%	86.7%	75.5%	6.3	106
ICTT - Stroke and Neuro	>95%	12	17.6%	20.8%	30.0%	13.5	10
Home-based Intermediate Care Service	>95%	6	46.2%	77.4%	84.3%	3.7	51
Community Bed-based Intermediate Care Service	>95%	6	100.0%	100.0%	100.0%	0.1	7
Paediatric Wheelchair Service	>95%	8	100.0%	60.0%	100.0%	5.4	2
Bladder and Bowel - Adult	>95%	12	58.5%	33.3%	31.8%	19.1	107
Musculoskeletal Service - CATS	>95%	6	39.3%	33.6%	26.8%	11.9	444
Musculoskeletal Service - Routine	>95%	6	34.1%	27.0%	27.4%	13.5	1575
Nutrition and Dietetics	>95%	6	97.3%	93.9%	95.6%	2.6	158
Podiatry (Foot Health)	>95%	6	21.9%	13.0%	18.7%	22.2	503
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	3.0	18
Tissue Viability	>95%	6	100.0%	92.9%	98.1%	2.5	52
Cardiology Service	>95%	6	100.0%	92.5%	100.0%	2.0	41
Diabetes Service	>95%	6	90.7%	60.9%	75.6%	4.5	82
Respiratory Service	>95%	6	98.2%	98.0%	97.5%	1.7	40
Spirometry Service	>95%	6	96.6%	91.7%	98.2%	3.6	55

## Community Waiting Times Dashboard - Urgent Referrals

SERVICE	% Threshold	Target Weeks	Dec-22	Jan-23	Feb-23	Avg Wait (Feb)	No. of Pts Seen
Bladder and Bowel - Children	>95%	-				-	0
Community Matron	>95%	2				-	0
Adult Wheelchair Service	>95%	2	100.0%	100.0%	88.9%	0.5	9
Community Rehabilitation (CRT)	>95%	2	20.0%	44.4%	53.3%	10.1	15
ICTT - Other	>95%	2	6.3%	8.0%	5.0%	4.3	20
ICTT - Stroke and Neuro	>95%	2	20.0%	0.0%	36.4%	3.4	11
Home-based Intermediate Care Service	>95%	2	82.4%	86.2%	79.5%	1.2	73
Community Bed-based Intermediate Care Service	>95%	2	100.0%	66.7%	100.0%	0.7	4
Paediatric Wheelchair Service	>95%	-				-	0
Bladder and Bowel - Adult	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	2	14.3%	22.2%	33.3%	5.2	6
Musculoskeletal Service - Routine	>95%	2	72.1%	42.0%	46.4%	2.5	151
Nutrition and Dietetics	>95%	2	100.0%	100.0%	80.0%	0.7	5
Podiatry (Foot Health)	>95%	2		33.3%	50.0%	3.9	2
Lymphodema Care	>95%	2	100.0%	100.0%		-	0
Tissue Viability	>95%	-				-	0
Cardiology Service	>95%	2	100.0%	100.0%		-	0
Diabetes Service	>95%	2				-	0
Respiratory Service	>95%	2				-	0
Spirometry Service	>95%	2			100.0%	1.9	1



## Adult Community Waiting Times - Commentary and Action Plan

**All services are running with their business-as-usual models now and most services are progressing positively with their backlogs.**

**Podiatry:** Workforce continues to be the main issue with this service. However, there has been progress in managing sickness and recruiting to vacant posts with new trainees starting in the summer. There is an action plan in place to mitigate the risk which is monitored monthly. Waiting times for follow ups have dropped by streamlining processes and new patient waiting lists are beginning to drop with the first of three Super Saturdays and optimising clinics lists. The service is completing a demand and capacity review to ensure there is sufficient capacity within the service to meet demand.

**ICRT:** Waiting times for neuro and stroke rehabilitation have grown in the last few months, a hangover effect of the pandemic but also very long length of stay (LOS). Patients waiting for Physiotherapy (PT) and Occupational Therapy (OT) are the main areas of concern due to, less than optimal productivity. Kingsgate have been supporting the service manager with a demand and capacity review and are developing processes to optimise appropriate discharges to reduce LOS. There is an action plan to which is monitored monthly by the Director of Operations.

**Bladder and Bowel Service:** Waiting lists are growing due to the increase in referrals from the General Practitioner Federation Community Gynaecology direct access women's health physiotherapy referrals. In addition, the only clinician able to see paediatric patients retired at the beginning of the calendar year. Kingsgate have supported the clinical lead to complete a demand and capacity review and re-introduce group sessions. Reviewing job planning alongside the classes will allow the service to get back to business as usual by the end of the calendar year with the capacity to take on more activity as appropriate in discussion with commissioners.

**MSK:** MSK has completed a series of six super Saturdays which has had an impact on waiting times. Self-management portal is set to be introduced in April and will enable the service to reduce waiting times and see 95% of patients within 6 weeks.



# Children's Community Waits Performance

## Children's Community Dashboard - Routine Referrals

SERVICE	% Threshold	Target Weeks	Dec-22	Jan-23	Feb-23	Avg Wait (Feb)	No. of Pts Seen
CAMHS	>95%	8	59.2%	46.8%	56.4%	19.4	140
Community Children's Nursing	>95%	2	66.0%	50.0%	62.7%	3.3	51
Community Paediatrics - Haringey	>95%	18	83.3%	96.3%	92.4%	6.5	66
Community Paediatrics - Islington	>95%	18	95.0%	100.0%	91.3%	7.9	23
Family Nurse Partnership - Islington	>95%	12				-	0
Haematology Service - Islington	>95%	12	100.0%	100.0%	100.0%	0.2	5
Haringey - SCT	>95%	20	0.0%	0.0%	0.0%	39.3	25
IANDS - SCT	>95%	20	5.3%	9.4%	0.0%	48.1	29
IANDS	>95%	18	100.0%	83.3%	72.7%	10.5	11
Looked After Children - Haringey	>95%	4	60.0%	63.6%	80.0%	6.2	15
Looked After Children - Islington	>95%	4	75.0%	88.9%	100.0%	1.8	6
Occupational Therapy - Barnet	>95%	18	32.4%	41.2%	72.9%	21.7	48
Occupational Therapy - Haringey	>95%	18	40.0%	26.8%	60.0%	20.3	25
Occupational Therapy - Islington	>95%	18	73.7%	37.0%	50.0%	22.1	18
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	72.7%	90.0%	8.1	10
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	100.0%	100.0%	6.3	16
Physiotherapy - Barnet	>95%	18	50.0%	73.6%	86.5%	11.1	52
Physiotherapy - Haringey	>95%	18	94.9%	100.0%	100.0%	4.8	69
Physiotherapy - Islington	>95%	18	100.0%	97.9%	100.0%	6.1	38
PIPS	>95%	12	100.0%	91.7%	100.0%	2.5	20
SALT - Barnet	>95%	18	35.6%	27.7%	46.9%	32.4	49
SALT - Haringey	>95%	13	39.1%	34.1%	19.2%	24.3	99
SALT - Islington	>95%	13	81.0%	86.5%	94.1%	7.4	34
SALT - MPC	>95%	18	61.9%	84.6%	78.6%	9.8	28
School Nursing - Haringey	>95%	12	84.4%	90.6%	84.8%	5.7	66
School Nursing - Islington	>95%	12	94.8%	96.7%	100.0%	1.5	41

## Children's Community Dashboard - Urgent Referrals

SERVICE	% Threshold	Target Weeks	Dec-22	Jan-23	Feb-23	Avg Wait (Feb)	No. of Pts Seen
CAMHS	>95%	2	87.5%	84.2%	100.0%	0.7	20
Community Children's Nursing	>95%	1	100.0%	100.0%	100.0%	0.0	1
Community Paediatrics - Haringey	>95%	1				-	0
Community Paediatrics - Islington	>95%	1				-	0
Family Nurse Partnership - Islington	>95%	-				-	0
Haematology Service - Islington	>95%	-				-	0
Haringey - SCT	>95%	2				-	0
IANDS - SCT	>95%	2				-	0
IANDS	>95%	2	100.0%			-	0
Looked After Children - Haringey	>95%	-				-	0
Looked After Children - Islington	>95%	-				-	0
Occupational Therapy - Barnet	>95%	6				-	0
Occupational Therapy - Haringey	>95%	-				-	0
Occupational Therapy - Islington	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	2				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	2				-	0
Physiotherapy - Barnet	>95%	6				-	0
Physiotherapy - Haringey	>95%	2	0.0%		100.0%	2.0	1
Physiotherapy - Islington	>95%	2				-	0
PIPS	>95%	-				-	0
SALT - Barnet	>95%	6				-	0
SALT - Haringey	>95%	2	0.0%	33.3%		-	0
SALT - Islington	>95%	-				-	0
SALT - MPC	>95%	2				-	0
School Nursing - Haringey	>95%	-				-	0
School Nursing - Islington	>95%	-				-	0



## Children's Community Waiting Times - Commentary and Action Plan

### Therapy Services:

**Barnet** - Service has now been with Whittington Health for a year and improvements have been achieved. Since February 2022 there has been a reduction in the vacancy rate from 36% to 12%. The number of CYP waiting for assessment and the time waiting has decreased. Focus is now on maintaining the position and expanding the service.

**Islington** - There has been an increase of referrals into the Islington Occupational Therapy services and a reduction in staffing causing waiting times to increase. New recruits started in February 2023 which will help reduce waiting times. Increase in waiting times for the SLT service is anticipated whilst the service readjusts its core therapy offer in Spring/Summer 2023.

**Haringey** - Ongoing work continues to develop a strategic approach to Speech Language and Communication Needs (SLCN) in Haringey. A graduated offer for school aged children has been developed and funding is being considered from the Local Authority safety valve programme and the NCL ICB community services review. Inequalities funding has enabled a programme to run in the Northumberland Park area, bringing down waits for children on the early years SLT waiting list in this area. Referral rates have increased, and children are still waiting long times for initial assessment and therapy in early years across the Borough.

### Looked After Children (LAC) Haringey:

Capacity (sickness) and pathway delays (including delays in notifications of children coming into care) have impacted waiting times for the LAC service. A new nurse has been recruited to the team (March 2023) and additional recurrent resource for clinical staff will be confirmed in March 2023 and this will help improve waiting times.

### Social Communication - Autism/ADHD Assessments:

Services for under 5s with autism in Islington have seen a further rise in waiting times due to staff vacancies and an increase in referrals. The service is in discussion with the ICB in regard to addressing the model of service, increasing workforce skills across universal and targeted services to support with the demand for diagnostic services.

Haringey have seen an increase in referrals, and consequent impact on waiting times. Additional funding confirmed for Haringey from April 2023 to support a reduction in waiting times.

### Islington Community CAMHS

Average waiting times for Community CAMHS continue rise due to the ongoing increase in referrals and increase in complexity. The majority of teams within CAMHS are seeing children and young people within the target of 8 weeks, but long waits for specialist assessment and treatment including ASC and ADHD increases the average wait times reported. The service is seeing increased pressures as demand for the service increases. Staffing, including at the front door, is being addressed with the ICB. 100% of CYP needing an urgent appointment were seen within the target of two weeks in February.



<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date: 30.03.2023</b>
<b>Report title</b>	<b>Finance Report December (Month 11) 2022/23</b>	<b>Agenda item: 8</b>
<b>Executive director lead</b>	Kevin Curnow, Chief Finance Officer	
<b>Report author</b>	Finance Team	
<b>Executive summary</b>	<p>The Trust is reporting a deficit of £2.14m at the end of February which is £0.07m worse than plan. The planned deficit for February was £2.07m.</p> <p>The year-to-date adverse financial performance to plan is mainly driven by the following factors:</p> <ul style="list-style-type: none"><li>• The non-delivery of savings on Cost Improvement Programmes (CIP)</li><li>• Unfunded escalation beds</li><li>• Non-pay overspends within theatres and estates</li><li>• Elective recovery fund (ERF) breakeven due to confirmation of no clawback by the North Central London ICB</li></ul> <p>The cash position at the end of December was £77.22m</p> <p>Trust has spent £17.57m on its capital projects as of 28 February 2023.</p> <p>The Trust is currently forecasting to deliver its planned deficit of £112k for 2022/23.</p>	
<b>Purpose</b>	To discuss February performance.	
<b>Recommendation(s)</b>	To note February's financial performance, recognising the need for improve savings delivery.	
<b>BAF</b>	BAF risks S1 and S2	
<b>Report history</b>	Trust Management Group	
<b>Appendices</b>	Appendix 1 – ICSU Financial Performance	



**CFO Message****Finance Report M11**

**Trust reporting  
£2.14m deficit  
at the end of  
February –  
£0.68m worse  
than plan**

The Trust is reporting a deficit of £2.14m at the end of February which is £0.07m worse than plan. The planned deficit to end of February was £2.07m.

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

- Underperformance of £3.09m against year-to-date Cost Improvement Programmes (CIP) target; The Trust delivered £9.26m savings year to date against a target of £12.35m.
- 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 recovery fund (ERF) is reported as breakeven on a YTD basis reflecting confirmation by the ICB that there will be no clawback for any underperformance.

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

The Trust is forecasting to deliver plan for 2022-23 through non-recurrent mitigations.

**Cash of  
£77.22m at end  
of February**

As at the end of February, the Trust's cash balance stands at £77.22m, a decrease of £4.2m from 31 March 2022, £3.79 lower than January's figure and £14.7m above Plan. The balance has reduced since 31st March as the Trust reports a year-to-date deficit of £2.14m. 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 £17.57m**

The Trust's internally funded capital plan for 2022-23 is £25.4m. Capital expenditure as of 28<sup>th</sup> February 2023 for internally funded projects was £14.20m, against a plan of £22.50m. The Trust is forecasting to spend £17m on its internally funded capital programme for 2022-23. The Trust has also spent £3.33m on Wood green Community centre that is funded nationally.

**Better Payment  
Practice  
Performance –  
84.9% 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 96.4% by volume and 81.4% by value. The BPPC for non-NHS invoices is 87.6% by volume and 84.9% by value.

## 1. Summary of Income & Expenditure Position – Month

	In Month			Year to Date			Annual Budget
	Plan	Actual	Variance	Plan	Actual	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Income</b>							
NHS Clinical Income	28,227	28,528	301	311,574	314,740	3,166	340,229
High Cost Drugs - Income	824	1,026	202	9,804	10,266	462	10,713
Non-NHS Clinical Income	1,147	1,439	292	12,617	12,966	349	13,772
Other Non-Patient Income	2,059	3,192	1,133	23,003	27,083	4,080	25,072
Elective Recovery Fund	656	656	0	7,234	7,235	1	7,891
	<b>32,913</b>	<b>34,841</b>	<b>1,928</b>	<b>364,233</b>	<b>372,290</b>	<b>8,058</b>	<b>397,677</b>
<b>Pay</b>							
Agency	0	(689)	(689)	(83)	(16,549)	(16,466)	(83)
Bank	(306)	(2,433)	(2,127)	(3,915)	(28,457)	(24,542)	(4,221)
Substantive	(23,004)	(20,716)	2,288	(254,300)	(222,772)	31,529	(277,367)
	<b>(23,310)</b>	<b>(23,837)</b>	<b>(528)</b>	<b>(258,299)</b>	<b>(267,777)</b>	<b>(9,479)</b>	<b>(281,671)</b>
<b>Non Pay</b>							
Non-Pay	(6,466)	(7,132)	(667)	(77,935)	(77,756)	179	(83,069)
High Cost Drugs - Exp	(711)	(864)	(153)	(8,068)	(9,010)	(942)	(8,779)
	<b>(7,177)</b>	<b>(7,996)</b>	<b>(820)</b>	<b>(86,003)</b>	<b>(86,766)</b>	<b>(763)</b>	<b>(91,848)</b>
<b>EBITDA</b>	<b>2,427</b>	<b>3,008</b>	<b>580</b>	<b>19,931</b>	<b>17,747</b>	<b>(2,184)</b>	<b>24,158</b>
<b>Post EBITDA</b>							
Depreciation	(1,531)	(1,446)	84	(16,271)	(15,606)	665	(17,801)
Interest Payable	(114)	(79)	35	(1,148)	(866)	282	(1,288)
Interest Receivable	51	255	204	461	1,631	1,170	512
Dividends Payable	(460)	(458)	2	(5,040)	(5,042)	(2)	(5,693)
P/L On Disposal Of Assets	0	0	0	0	0	0	0
	<b>(2,054)</b>	<b>(1,729)</b>	<b>325</b>	<b>(21,998)</b>	<b>(19,882)</b>	<b>2,116</b>	<b>(24,270)</b>
<b>Reported Surplus/(Deficit)</b>	<b>373</b>	<b>1,279</b>	<b>905</b>	<b>(2,067)</b>	<b>(2,135)</b>	<b>(68)</b>	<b>(112)</b>

- The Trust year to date financial position as at the end of February is a deficit of £2.14m (excluding donated asset depreciation and impairments) against a planned deficit of £2.07m. This is £0.07m 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 £10.51m. This is £4.42m higher than the level of non-recurrent support assumed in the plan.
- The normalised position excluding non-recurrent benefits is £12.65m deficit which is £10.58 worse than the plan.

## 2. Income and Activity Performance

### 2.1 Income Performance – February

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	1,502	1,439	(63)	17,916	17,541	(375)
Elective	2,137	1,715	(422)	24,144	20,173	(3,971)
Non-Elective	4,619	4,034	(585)	55,068	48,799	(6,270)
Critical care	540	442	(98)	6,444	5,791	(653)
Outpatients	4,191	3,951	(240)	47,353	44,251	(3,102)
Ambulatory	483	464	(19)	5,757	6,039	282
Direct Access	958	1,222	265	10,820	12,639	1,819
Community	6,337	6,337	0	69,704	69,704	0
Other Clinical income NHS	8,284	9,950	1,665	84,171	100,069	15,899
<b>NHS Clinical Income</b>	<b>29,051</b>	<b>29,554</b>	<b>503</b>	<b>321,377</b>	<b>325,006</b>	<b>3,629</b>
Non NHS Clinical Income	1,147	1,439	292	12,617	12,966	349
Elective recovery fund (ERF)	656	656	0	7,234	7,235	1
<b>Income From Patient Care Activities</b>	<b>30,854</b>	<b>31,650</b>	<b>795</b>	<b>341,229</b>	<b>345,207</b>	<b>3,979</b>
<b>Other Operating Income</b>	<b>2,059</b>	<b>3,192</b>	<b>1,133</b>	<b>23,004</b>	<b>27,083</b>	<b>4,079</b>
<b>Total</b>	<b>32,913</b>	<b>34,841</b>	<b>1,928</b>	<b>364,233</b>	<b>372,290</b>	<b>8,058</b>

- Income was £1.93m over plan in month and £8.06m over plan YTD.
- In month £1.93m overperformance driven by £0.5m NHS clinical income, £0.29m non-NHS clinical income and £1.13m 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. £0.5m in month favourable position due to £0.6m NHSE (dental & drugs), £0.3m CAMHS, offset by underperformance in CDC £0.4m
- Other operating £1.13m overperformance is driven by £0.8m education & training reflecting latest HEE payment schedule and £0.3m relating to estate charges to C&I Foundation Trust.
- Continued significant underperformance in elective, non-elective, critical care and outpatients, with slight underperformance in A&E and ambulatory partially offset by continued overperformance in direct access.

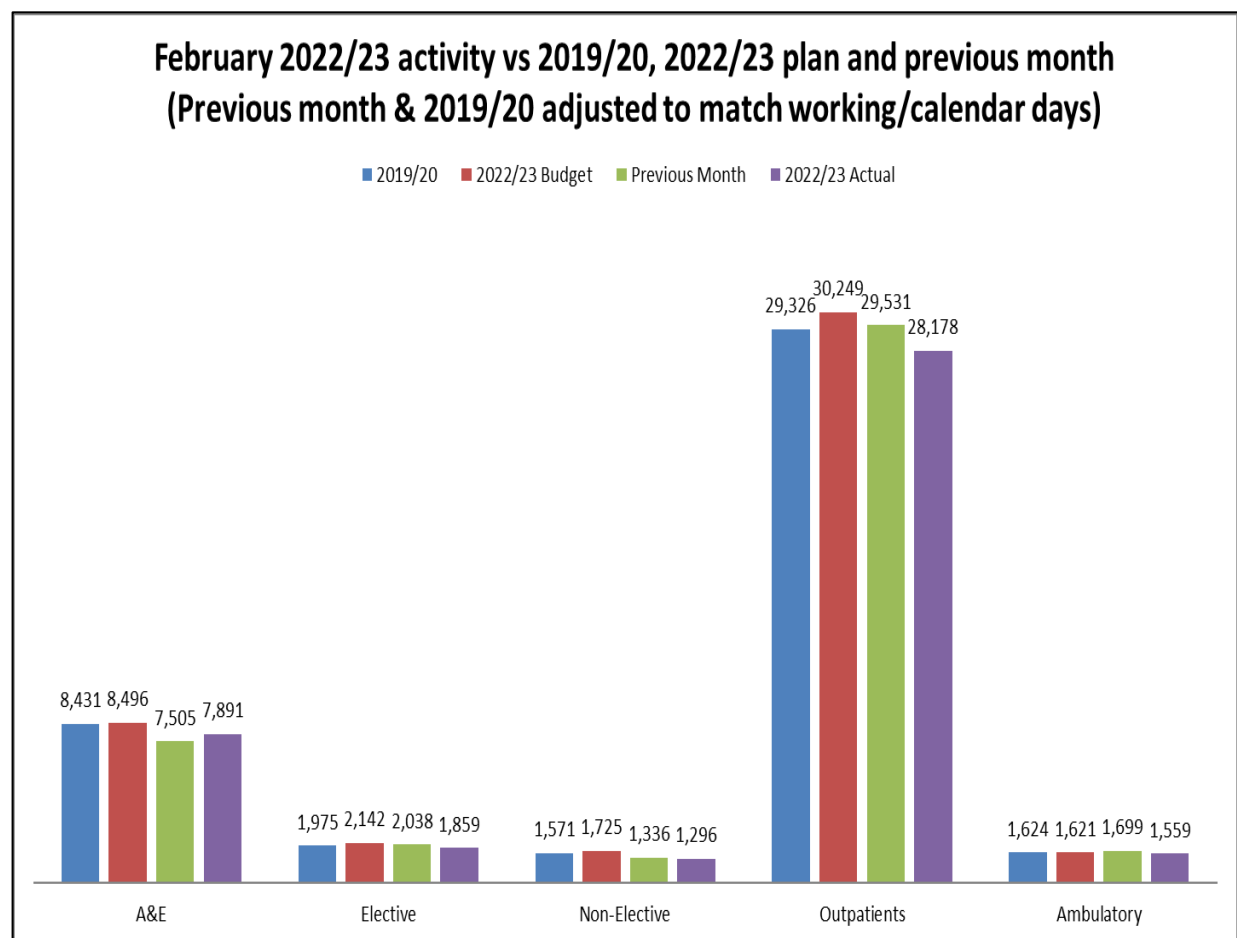


## 2.2 Activity Performance – February

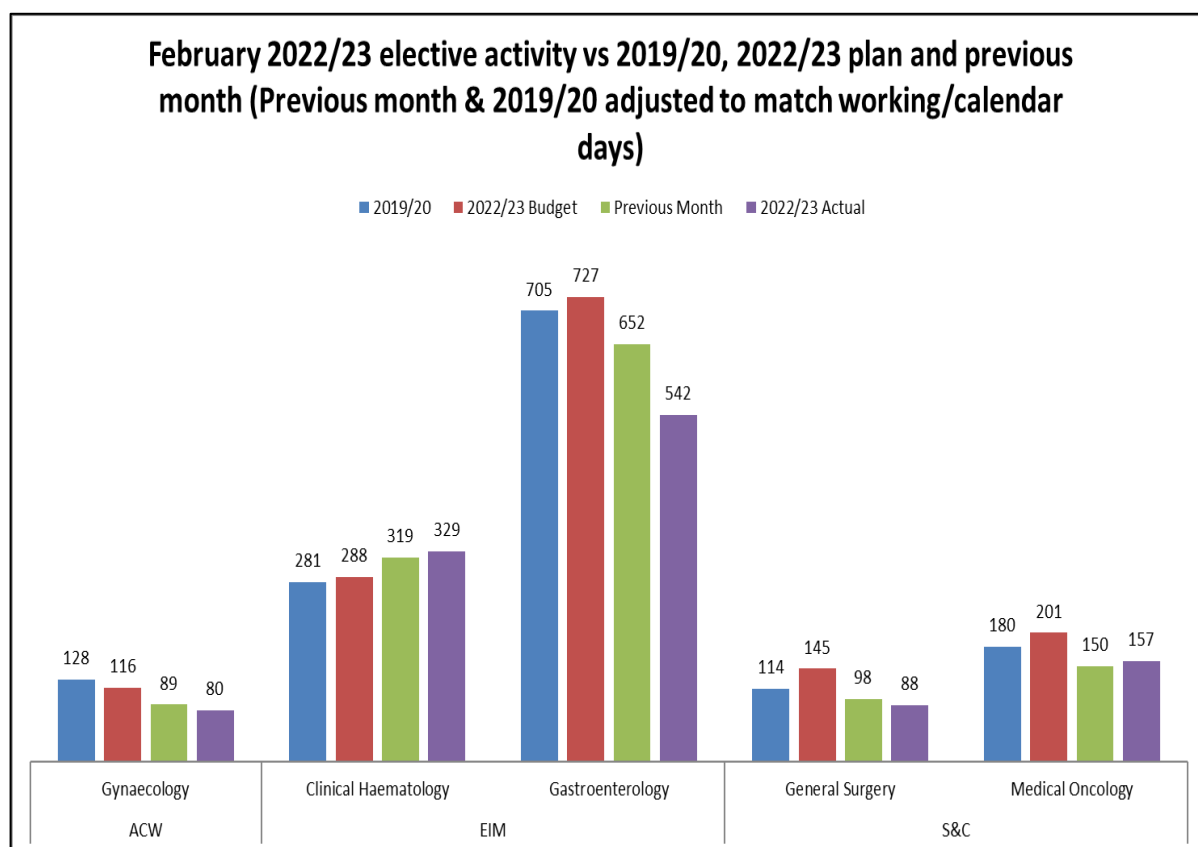
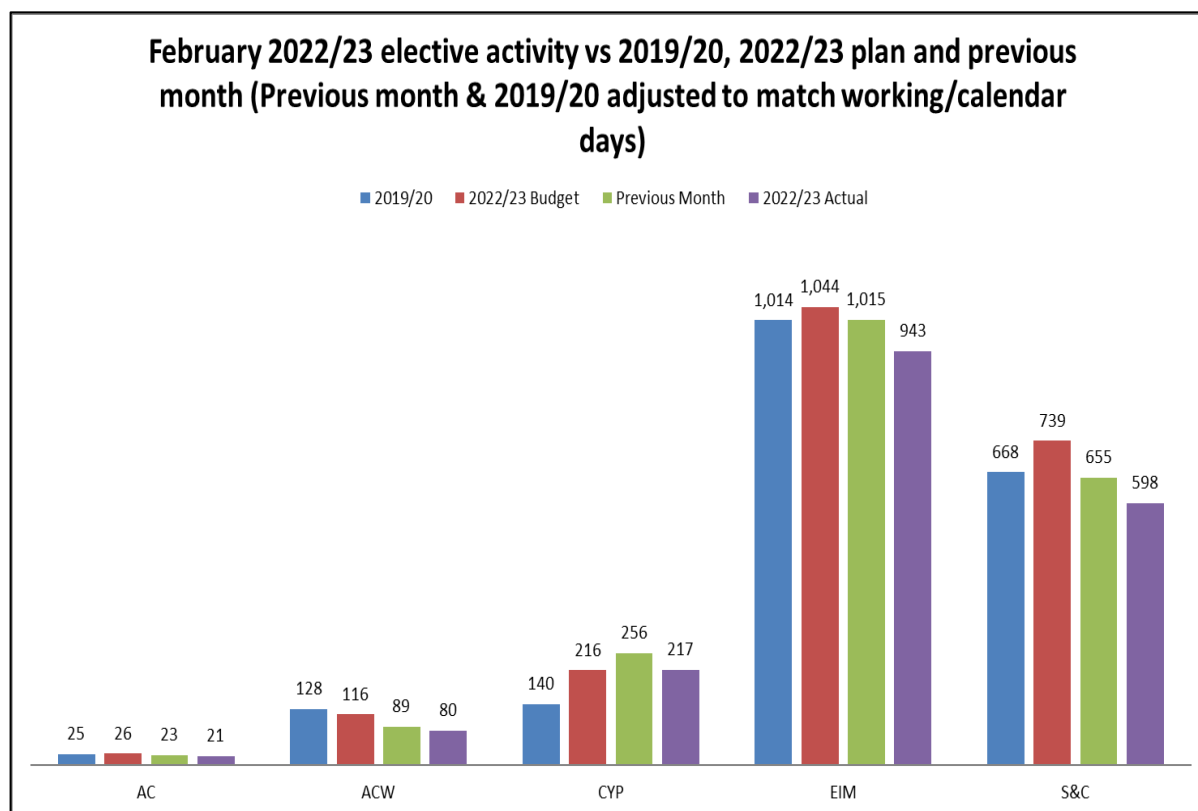
Activity	In Month Activity Plan	In Month Activity Actual	In Month Variance	In month Activity Diff%	YTD Activity Plan	YTD Activity Actual	Activity Diff	YTD Activity Diff%
A&E	8,496	7,891	(605)	(7%)	101,348	97,701	(3,647)	(4%)
Elective	2,142	1,901	(241)	(11%)	24,205	22,471	(1,734)	(7%)
Non-Elective	1,725	1,296	(429)	(25%)	20,575	16,432	(4,143)	(20%)
Critical care	407	351	(56)	(14%)	4,854	3,916	(938)	(19%)
Outpatients	30,249	28,190	(2,059)	(7%)	341,724	315,939	(25,785)	(8%)
Ambulatory	1,621	1,559	(62)	(4%)	19,333	20,287	954	5%
Direct Access	81,004	97,516	16,512	20%	915,342	1,071,732	156,390	17%

Activity across inpatients and outpatients continues to be under plan

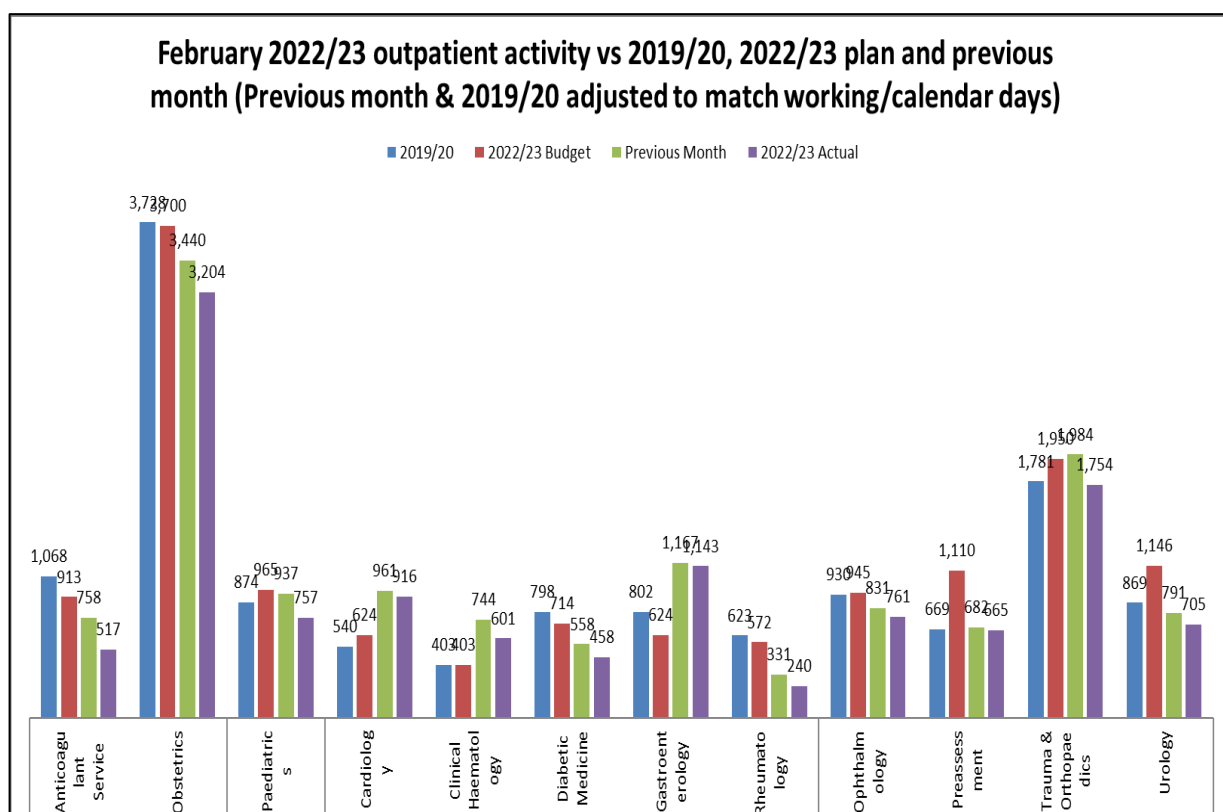
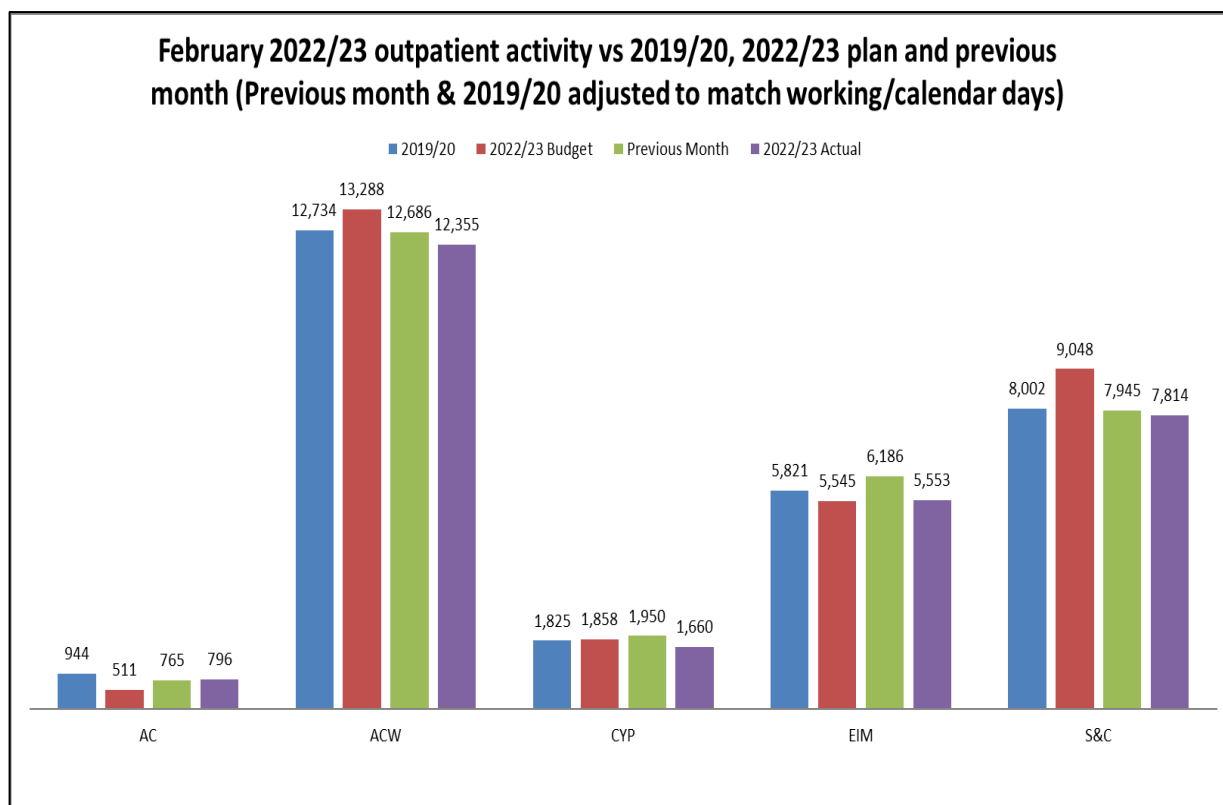
Activity increased in elective and outpatients compared to previous month adjusted for calendar/working days. Decreased in A&E, non-elective and ambulatory activity.



5% underperformance in total elective activity driven mainly by gynaecology (31% under plan), medical oncology (22% likely late outcoming), general surgery (39%) and gastroenterology (25%). Offset by clinical haematology (14%).



4% underperformance in outpatient activity driven mainly by urology (38% under plan), rheumatology (58%), preassessment (40%), anticoagulant (43%), diabetic medicine (36%), paediatrics (22%), trauma & orthopaedics (10%) and obstetrics (13%). Offset by overperformance in gastroenterology (83% over plan), cardiology (47%) and clinical haematology (49%).



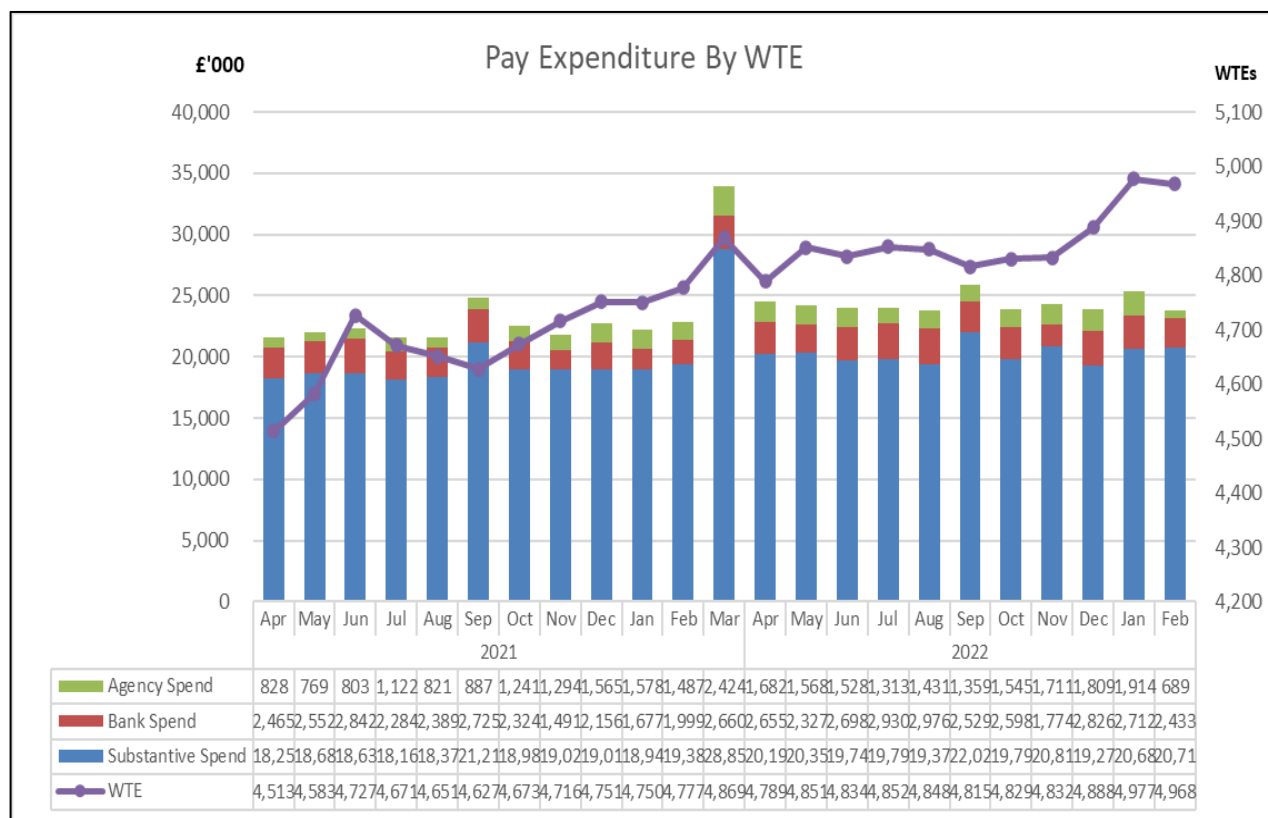
### 3. Expenditure – Pay & Non-pay

#### 3.1 Pay Expenditure

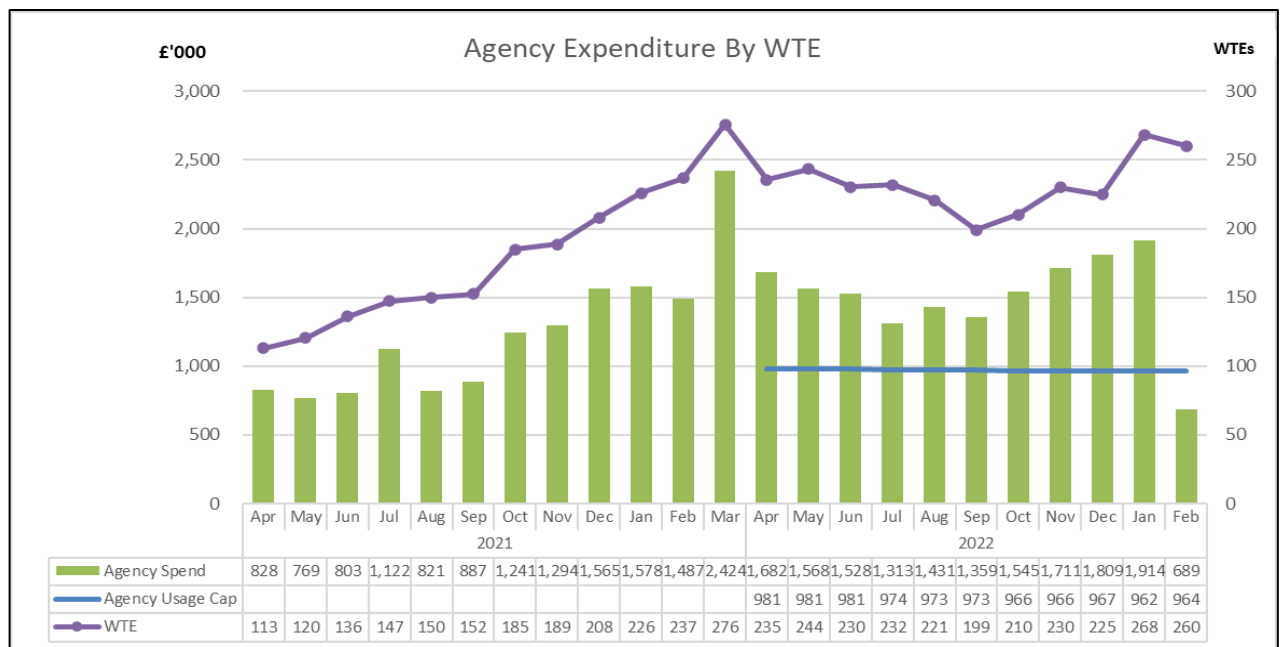
Overall pay is overspent by £9.48m year to date compared to plan. The overspend is mainly driven by unachieved CIPs across all ICSUs, covid requests to cover red/green areas (£3.11m ED), unfunded escalation beds open (£3.62m in Wards and £0.65m enhanced Care) and £1.55m in ITU which is related to increased 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 February was £23.84m. Operational pay spend was £25.3m for the moth £0.07 higher than January. The increase is partly due to pay cost for additional cover.

	2021-22			2022-23											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mov <sup>mt</sup>
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	1,914	1,895	(19)
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	2,709	2,729	20
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	20,638	20,711	73
<b>Total Operational Pay</b>	<b>22,095</b>	<b>22,632</b>	<b>24,249</b>	<b>23,399</b>	<b>23,405</b>	<b>23,397</b>	<b>23,504</b>	<b>23,511</b>	<b>27,776</b>	<b>24,911</b>	<b>23,555</b>	<b>24,445</b>	<b>25,261</b>	<b>25,335</b>	<b>74</b>
Non Operational Pay Costs	103	234	9,686	1,131	843	572	528	267	(1,860)	(970)	749	(531)	47	(1,498)	(1,545)
															0
<b>Total Pay Costs</b>	<b>22,198</b>	<b>22,866</b>	<b>33,934</b>	<b>24,530</b>	<b>24,248</b>	<b>23,969</b>	<b>24,033</b>	<b>23,778</b>	<b>25,916</b>	<b>23,941</b>	<b>24,304</b>	<b>23,914</b>	<b>25,308</b>	<b>23,837</b>	<b>(1,471)</b>



\* (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

Non-pay spend for February was £7.13m. YTD expenditure include the transfer of Histopathology service (previous costs incurred on pay), overspends from clinical supplies (£2.69m), general supplies (£0.48m), use of independent sector (£0.14m), unachieved CIPs, and reactive maintenance costs. The is partially offset by non-recurrent benefits and the release of provision for bad debt £1.02m (within miscellaneous).

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.

	2022-22			2022-23											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mov't
<b>Non-Pay Costs</b>															
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	3,373	3,450	77
Supplies & Servs - Gen	447	488	316	24	262	512	337	351	356	231	371	237	301	305	4
Establishment	260	305	210	287	214	207	237	240	144	302	259	194	327	245	(82)
Healthcare From Non Nhs	210	282	293	87	226	71	276	376	68	62	(285)	122	288	(230)	(519)
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	1,281	2,239	957
Ext Cont Staffing & Cons	175	(2)	85	142	147	120	175	192	320	202	323	173	538	717	179
Miscellaneous	2,225	2,374	8,377	1,653	1,651	1,517	774	848	1,400	1,491	1,645	958	1,671	536	(1,134)
Chairman & Non-Executives	12	12	12	11	11	11	9	12	11	11	11	11	11	11	0
Non-Pay Reserve				(8)	66	14	14	14	(16)	14	14	14	14	(140)	(154)
<b>Total Non-Pay Costs</b>	<b>9,146</b>	<b>9,068</b>	<b>18,404</b>	<b>7,016</b>	<b>6,943</b>	<b>7,690</b>	<b>6,444</b>	<b>6,455</b>	<b>7,508</b>	<b>7,362</b>	<b>6,978</b>	<b>6,410</b>	<b>7,804</b>	<b>7,132</b>	<b>(672)</b>

Excludes high-cost drug expenditure and depreciation.

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

## Miscellaneous Expenditure Breakdown

Miscellaneous Breakdown	2022-22			2022-23											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mov't
Ambulance Contract	157	152	144	168	176	208	190	172	131	109	127	154	213	75	(138)
Other Expenditure	58	81	295	72	51	52	144	103	62	124	173	63	36	232	196
Audit Fees	9	9	107	8	8	8	8	9	8	8	41	12	12	12	0
Provision For Bad Debts	100	24	2,124	105	141	19	124	62	101	(80)	106	(76)	180	163	(17)
Cnst Premium	837	837	735	827	827	827	827	827	827	827	827	827	827	810	(17)
Fire Security Equip & Maint	0	15	3	5	11	12	4	6	18	18	18	13	11	16	5
Interpretation/Translation	22	10	10	21	16	9	10	11	10	2	19	10	15	5	(11)
Membership Subscriptions	126	126	196	128	132	135	139	140	134	103	128	121	119	131	12
Professional Services	203	367	1,525	300	185	294	266	334	(13)	277	375	112	380	213	(168)
Research & Development Exp	0	11	296	1	(1)	(2)	(1)	134	1	(0)	(21)	0	124	7	(117)
Security Internal Recharge	20	10	10	10	10	10	10	10	10	5	10	10	10	10	(0)
Teaching/Training Expenditure	65	86	699	34	65	86	87	79	42	53	92	231	29	263	234
Travel & Subs-Patients	1	1	8	1	4	4	3	3	2	4	2	11	3	7	4
Work Permits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Write Down Of Inventories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Non-Pay Costs</b>	<b>1,599</b>	<b>1,728</b>	<b>6,152</b>	<b>1,679</b>	<b>1,626</b>	<b>1,662</b>	<b>1,812</b>	<b>1,891</b>	<b>1,334</b>	<b>1,449</b>	<b>1,897</b>	<b>1,489</b>	<b>1,960</b>	<b>1,943</b>	<b>(17)</b>

### 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
<b>ICSU TOTAL</b>	<b>7,980</b>
CORPORATE SERVICES TOTAL	2,020
CENTRAL	3,829
<b>CIP GRAND TOTAL</b>	<b>13,829</b>

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

### Year to Actuals

At the end of February, the Trust is reporting actual delivery of £9.26m year to date of CIP against a target of £12.35m.

ICSU	22/23 CIP Target Allocated £'000	YTD Plan £'000	YTD Actuals £'000	YTD Variance £'000
ADULT COMMUNITY	1,192	1,060	1,060	0
CHILDREN & YOUNG PEOPLE	1,839	1,636	1,615	(21)
EMERGENCY & INTEGRATED MEDICINE	1,653	1,472	350	(1,122)
SURGERY & CANCER	1,569	1,396	273	(1,123)
ACW	1,728	1,537	973	(564)
<b>ICSU TOTAL</b>	<b>7,981</b>	<b>7,101</b>	<b>4,271</b>	<b>(2,830)</b>
CORPORATE SERVICES	1,014	903	567	(336)
ESTATES & FACILITIES	1,006	895	975	80
PROCUREMENT	-	-	-	-
CENTRAL	3,829	3,447	3,446	(1)
<b>CIP GRAND TOTAL</b>	<b>13,829</b>	<b>12,346</b>	<b>9,259</b>	<b>(3,087)</b>

## 4.0 Statement of Financial Position (SoFP)

The net balance on the Statement of Final Position as at 28<sup>th</sup> February 2023 is £231.59m, £2.22m lower than March 2022, as shown in the table below

Statement of Financial Position as at 28th February 2023	2021/22 M12 Balance	2022/23 M10 Balance	2022/23 M11 Balance	Movement in Month	MOVEMENT IN YR
	£000	£000	£000	£000	(£000)
<b>NON-CURRENT ASSETS:</b>					
Property, Plant And Equipment	225,710	232,563	231,682	(882)	5,972
Intangible Assets	9,711	7,488	7,269	(218)	(2,442)
Right of Use Assets	0	37,143	36,794	(350)	36,794
Assets Under Construction	20,484	17,170	22,621	5,451	2,137
Trade & Other Rec -Non-Current	415	517	581	64	166
<b>TOTAL NON-CURRENT ASSETS</b>	<b>256,321</b>	<b>294,882</b>	<b>298,947</b>	<b>4,065</b>	<b>42,626</b>
<b>CURRENT ASSETS:</b>					
Inventories	788	1,143	1,082	(61)	294
Trade And Other Receivables	12,742	18,342	22,537	4,195	9,795
Cash And Cash Equivalents	81,416	81,003	77,218	(3,785)	(4,198)
<b>TOTAL CURRENT ASSETS</b>	<b>94,946</b>	<b>100,487</b>	<b>100,836</b>	<b>348</b>	<b>5,890</b>
<b>CURRENT LIABILITIES</b>					
Trade And Other Payables	(66,576)	(74,455)	(76,821)	(2,366)	(10,245)
Borrowings: Finance Leases	(79)	(808)	(808)	0	(729)
Borrowings: Right of Use Assets	0	(2,078)	(4,370)	(2,292)	(4,370)
Borrowings: Dh Revenue and Capital Loan - Current	(118)	(135)	(116)	19	2
Provisions for Liabilities and Charges	(704)	(1,086)	(1,083)	3	(378)
Other Liabilities	(1,859)	(4,398)	(5,344)	(946)	(3,485)
<b>TOTAL CURRENT LIABILITIES</b>	<b>(69,337)</b>	<b>(82,959)</b>	<b>(88,542)</b>	<b>(5,583)</b>	<b>(19,205)</b>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>25,609</b>	<b>17,528</b>	<b>12,294</b>	<b>(5,235)</b>	<b>(13,315)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>281,930</b>	<b>312,410</b>	<b>311,240</b>	<b>(1,169)</b>	<b>29,311</b>
<b>NON-CURRENT LIABILITIES</b>					
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,740)	(1,682)	(1,682)	0	58
Borrowings: Finance Leases	(4,754)	(3,180)	(3,095)	85	1,659
Borrowings: Right of Use Assets	0	(35,210)	(32,583)	2,627	(32,583)
Provisions for Liabilities & Charges	(41,622)	(42,017)	(42,287)	(270)	(665)
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>(48,116)</b>	<b>(82,089)</b>	<b>(79,647)</b>	<b>2,442</b>	<b>(31,531)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>233,813</b>	<b>230,321</b>	<b>231,593</b>	<b>1,272</b>	<b>(2,220)</b>
<b>FINANCED BY TAXPAYERS EQUITY</b>					
Public Dividend Capital	113,854	113,854	113,854	0	0
Retained Earnings	20,473	16,980	18,253	1,272	(2,220)
Revaluation Reserve	99,487	99,487	99,487	0	0
<b>TOTAL TAXPAYERS EQUITY</b>	<b>233,813</b>	<b>230,321</b>	<b>231,593</b>	<b>1,272</b>	<b>(2,220)</b>

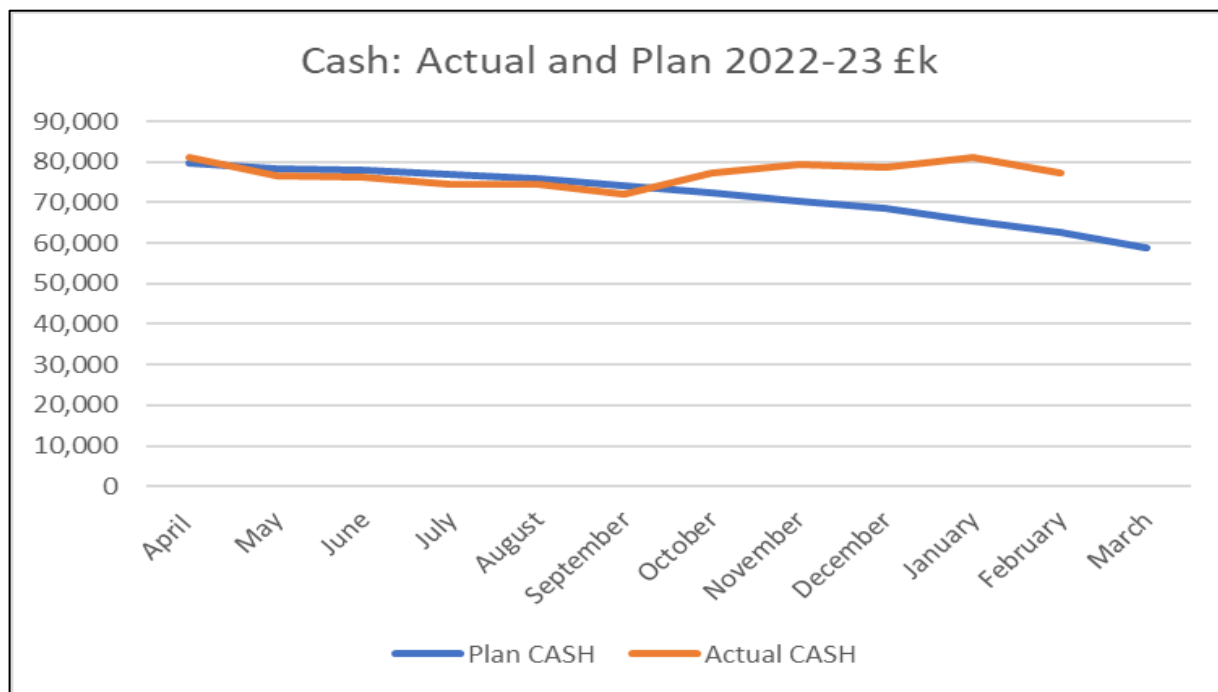
The Trust's overall Receivables increased by £4.20m to £22.54m in February, of which £3m is an increase in trade debtors and accrued income is £1.2m in-month. The largest outstanding invoice is the Health Education England invoice of £2.798m for February and March 2023.

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.

The Trust's overall Payables increased by £2.37m to £76.82m in February, which relates wholly to increased accruals of £2.3m in-month.

## 4.1 Cash & Cash Equivalents

As at the end of February, the Trust's cash balance is £77.22m – a decrease of £4.2m from 31 March 2022, £3.79m lower than January's figure and £14.7m above Plan. The balance has reduced since 31st March as the Trust reports a year-to-date deficit of £2.14m. 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 favourable variance of cash to plan results from YTD lower than planned capital expenditure.





Statement of Cashflows as at 28th February 2023		28th February 2023 (£000)
<b>Cash flows from operating activities</b>		
TB surplus/(deficit)		(2,220)
Less Interest Recvd & Paid		(765)
Less PDC Dividend		5,042
<b>Operating surplus/(deficit)</b>		<b>2,056</b>
Non-cash income and expense:		
Depreciation and amortisation		15,691
(Increase)/decrease in trade and other receivables		(9,704)
(Increase)/decrease in inventories		(294)
Increase/(decrease) in trade and other payables		12,842
Increase/(decrease) in other liabilities		3,485
Increase/(decrease) in provisions		1,043
<b>Net cash generated from / (used in) operations</b>		<b>23,064</b>
<b>Cash flows from investing activities</b>		
Interest received		1,375
Purchase of intangible assets		(685)
Purchase of property, plant and equipment and investment property		(23,113)
<b>Net cash generated from/(used in) investing activities</b>		<b>(22,423)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received		0
Loans from Department of Health and Social Care - repaid		(58)
Capital element of finance lease rental payments		(930)
Interest paid		(49)
Interest element of finance lease		(817)
Interest element of PFI, LIFT and other service concession obligations		0
PDC dividend (paid)/refunded		(5,042)
<b>Net cash generated from/(used in) financing activities</b>		<b>(6,895)</b>
<b>Increase/(Decrease) in cash and cash equivalents</b>		<b>(4,198)</b>
<b>Cash and cash equivalents at start of period</b>		<b>81,416</b>
<b>Cash and cash equivalents at end of period</b>		<b>77,218</b>
<b>Cash balance per SOFP</b>		<b>77,218</b>

The recent increases in interest rates and higher than planned cash balances have resulted in a total of £1,632k interest being reported for the first 11 months of the year, which is 1,171k more than Plan. The Trust continues to monitor the available interest rates and the monthly sum of interest received and accrues for interest receivable.

## **5.0 Capital Expenditure**

Capital expenditure as at 28<sup>th</sup> February totals £17.57m, which is £9.09k below plan. The Trust's principal capital projects for this financial year are progressing more slowly than planned. Several projects such as TIF funding relocation recovery had significant YTD budget of £4.2m, the non-delivery of which has contributed to an adverse variance.

The total of £17.57k above is divided into £14.20m relating to internally funded projects and £3.37m relating to externally funded projects.

The total capital in-month expenditure totals £5.45m against budget of £3.75m, which is £1.71m more than budget in-month.

Forecasts have been 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 review of actuals to forecasts will move to weekly for the remainder of March.

The overall allocation in the Annual Plan for the 22/23 financial year is £30.4m including £5m of Targeted Investment Fund. A total of £1.4m of PDC has been applied for drawdown for this project for 2022/23, with the remainder of £3.60m to be drawn and spent during 2023/24.



<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date:</b> 30 March 2023
<b>Report title</b>	<b>Audit &amp; Risk Committee Chair's Assurance report</b>	<b>Agenda item:</b> 9
<b>Committee Chair</b>	Rob Vincent, Non-Executive Director	
<b>Executive director lead</b>	Kevin Curnow, Deputy Chief Executive and Chief Finance Officer	
<b>Report author</b>	Swarnjit Singh, Joint Director of Inclusion and Trust Secretary	
<b>Executive summary</b>	<p>This report details areas of assurance from the items considered at the Audit and Risk Committee meeting held on 23 January 2023.</p> <p><b>Areas of significant assurance:</b></p> <ul style="list-style-type: none"><li>• Draft Head of Internal Audit Opinion</li><li>• Internal audit reviews – Risk Management and the Board Assurance Framework and Staff Health Wellbeing &amp; Engagement</li><li>• 2023/24 Internal Audit plan</li><li>• External Audit progress report</li><li>• Counter fraud progress report, 2023/24 plan and Draft NHS Counter Fraud Authority submission</li></ul> <p><b>Areas of moderate assurance:</b></p> <ul style="list-style-type: none"><li>• Internal audit reviews – Waiting List &amp; Activity Reporting</li><li>• Trust Risk Register and Board Assurance Framework</li><li>• Tender waiver and breaches</li></ul> <p>The Committee also discussed reports covering losses and special payments, NHS and non-NHS debtors, and the Chair's assurance report from the Quality Assurance Committee.</p> <p>In addition, the Committee approved its revised terms of reference, completed its annual review of self-effectiveness. It noted the 2022/23 hospitality and gifts register and asked executive directors to check that the arrangements for capturing gifts and hospitality were fully effective across all organisational areas. The Committee also noted its workplan for the remainder of the calendar year.</p> <p>The three areas to draw to the Board's attention from this meeting were:</p> <ul style="list-style-type: none"><li>• The positive outcome indicated in the draft annual Head of Internal Audit Opinion</li><li>• Work was continuing on the process to approve the 2022/23 annual accounts and it was envisaged this would be completed by 30 June</li></ul>	

	<ul style="list-style-type: none"> <li>The Committee agreed to draw attention to the internal audit review report, and its recommendations on staff health wellbeing and engagement, to the Workforce Assurance Committee</li> </ul>
<b>Purpose</b>	Noting
<b>Recommendations</b>	Board members are invited to note the Chair's assurance report for the Audit and Risk Committee meeting held on 23 March 2023.
<b>BAF reference</b>	All entries
<b>Report history</b>	Board meetings following each Committee meeting
<b>Appendices</b>	1: Quarter 4 Board Assurance Framework

## Committee Chair's Assurance report

<b>Committee name</b>	Audit and Risk Committee
<b>Date of meetings</b>	23 March 2023
<b>Summary of assurance:</b>	
<b>1.</b>	<p><b>The Committee can report significant assurance to the Trust Board in the following areas:</b></p> <p><b>Draft Head of Internal Audit Opinion</b>  Committee members discussed the head of internal audit's draft annual opinion, based upon, and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control, and governance processes. They took significant assurance from the second highest assurance rating possible. The recommendations for further enhancement to the system of control had been accepted by management and would be taken forward in quarter one, 2023/24, particularly through the agreement of the risk management strategy and board's risk appetite statement.</p> <p>The head of internal audit's opinion was informed by factors including the reasonable assurance ratings for reviews of data quality – workforce metrics, digital strategy, board assurance framework and risk management, staff health, wellbeing and engagement and the partial assurance ratings following reviews of Backlog Maintenance, data quality – breastfeeding initiated, recruitment efficiency, waiting lists and elective recovery activity reporting. In addition, they noted the positive outcomes from advisory reviews carried out for financial sustainability and assurance mapping.</p> <p>Committee members welcomed the outcome which would contribute towards Whittington Health's annual governance statement.</p> <p><b>Internal audit review – risk management and the board assurance framework</b>  Committee members took good assurance from the outcome of the review and the evidence highlighted in support of the reasonable assurance opinion. The Committee noted that the actions agreed related to the refreshed risk management strategy and risk appetite statement which would be discussed at the April Board meeting.</p> <p><b>Internal audit review – staff health wellbeing &amp; engagement</b>  The Committee noted the opinion of reasonable assurance for this review. John Elbake outlined the actions agreed with management to strengthen the control framework. These included better oversight and the monitoring and reporting of outcomes and the strengthening of milestones for the implementation of the restorative just culture initiative. Helen Brown welcomed the report and its fair and reasonable recommendations. She outlined the ambition to do more on staff engagement and listening and responding to staff feedback. The Committee agreed that this internal audit review be remitted to the Workforce Assurance Committee to draw attention to the outcome and the recommendations for action.</p>

	<p><b>Internal audit progress report and 2023/24 Internal audit plan</b>  The Committee noted good progress with delivery of the 2022/23 plan. Two reviews remained outstanding. The first, the Data Security and Protection toolkit, was due for completion in the next fortnight and the second, Covid-19 preparedness, would be completed in time for the next committee meeting in June. John Elbake also provided assurance that, The Committee also agreed the draft 2023/24 plan. Clive Makombera thanked the executive team for their engagement and input into the plan and confirmed that it covered the right areas of quality, financial delivery, information technology and performance. The Committee Chair thanked Clive Makombera for including areas of feedback from non-executive directors in the plan.</p> <p><b>External audit progress report</b>  Fleur Nieboer provided an update on work completed for the external audit of the annual accounts. She explained that work was in progress for the value for money audit and discussions were taking place on provisions, the cost of remediation works and building valuations. She gave assurance that there were no concerns in meeting the milestones for submission of the annual accounts on 30 June. It was noted that papers for the next committee meeting on 20 June would be circulated in advance to members who would also be alerted to any potential issues, should they arise.</p> <p><b>Counter fraud progress report, 2023/24 plan and Draft NHS Counter Counter Fraud Authority submission</b>  The Committee noted the progress report and the activity being undertaken and the areas of focus identified by the Counter Fraud Authority, including staff and mandate fraud. The Committee also discussed the increased risk of mandate fraud from the use of artificial intelligence in more sophisticated phishing emails and telephone banking fraud. James Shortall provided assurance that an aide-memoire was being put together for staff on the actions to take, particularly the additional checks that can be undertaken.</p> <p>The Committee discussed and agreed the draft 2023/23 counter fraud plan following confirmation that it aligned to the 12 Counter Fraud Standards. Glenys Thornton welcomed the inclusion of annual anti-bribery training for non-executive directors.</p> <p>Committee members also reviewed the draft Counter Fraud Authority submission due by the end of May and the evidence provided in support of the ratings. They welcomed the overall green rating against the 12 standards.</p>
2.	<p><b>The Committee can report moderate assurance to the Trust Board in the following areas:</b></p> <p><b>Internal audit review – waiting list &amp; activity reporting</b>  Committee members noted the review’s overall outcome of partial assurance. This opinion was indicative of the high numbers of patients on the waiting list and issues concerning average length of stay and performance against national targets for the period reviewed. The actions set out in the review were</p>

	<p>designed to improve reporting and to support decision making. Committee members observed that waiting lists remained an issue of continued challenge requiring attention. Chinyama Okunuga welcomed the review as a fair assessment and provided assurance that plans put in place had helped to improve performance, particularly on cancer waiting lists and in theatres. The Committee noted that the implementation dates for the actions identified would be reviewed and that the actions would be the joint responsibility of operational leads with the head of performance.</p> <p><b>Trust Risk Register and Board Assurance Framework</b>  The Committee noted the good progress being achieved with reviewing and updating entries on the risk register. In particular, they noted the process of escalating risks to the trust risk register, following executive team approval. The Committee also reviewed the quarter four board assurance framework. Discussion focussed on the adverse impact of the inability to secure capital resource on entries relating to power and infrastructure (sustainability 2) and on delivery of the digital strategy and the new electronic patient record integration 1). It was agreed that the Innovation and Digital Assurance Committee would be asked to review the score for the sustainability 3 entry, particularly the impact of the lack of funding for the electronic patient record.</p> <p><b>Tender waiver and breaches</b>  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.</p>
3.	<p><b>Meeting attendance:</b></p> <p><b>Present:</b>  Rob Vincent, Non-Executive Director (Committee Chair)  Amanda Gibbon, Non-Executive Director  Glenys Thornton, Non-Executive Director</p> <p><b>In attendance:</b>  Helen Brown, Chief Executive  Vivien Bucke, Business Support Manager  Kevin Curnow, Chief Finance Officer  John Elbake, Senior Manager, RSM UK Risk Assurance Services LLP  Jerry Francine, Operational Director of Finance  Martin Linton Assistant Director of Financial Services  Clive Makombera, Partner, RSM UK Risk Assurance Services LLP  Phil Montgomery, Procurement Business Partner  Fleur Nieboer, Director, KPMG LLP  Chinyama Okunuga, Chief Operating Officer</p>

	<p>Ann O'Connell, Interim Associate Director of Quality James Shortall, Counter Fraud Specialist, BDO Kudrat Sotayo-Aro, Audit Manager, KPMG LLP Swarnjit Singh, Joint Director of Inclusion and Trust Secretary</p> <p><b>Apologies:</b> Jonathan Gardner, Director of Strategy and Corporate Affairs</p>
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**Appendix 1: 2022/23, Q4 Board Assurance Framework summary**

Strategic objective and BAF risk entry	Principal risk(s)	Current score			Target score	Lead director(s)
		C	L	R		
<b>Quality 1 – quality and safety of services</b>	Failure to provide care which is ‘outstanding’ in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation	4	5	20	4	Chief Nurse / Medical Director
<b>Quality 2 – capacity and activity delivery</b>	Due to a lack of capacity, capability, and clinical attention and continuing pressures from the pandemic, there is an inability to meet elective recovery and clinical performance targets, resulting in a deterioration in service quality and patient care such as: <ul style="list-style-type: none"> <li>• long delays in the emergency department and an inability to place patients who require high dependency and intensive care</li> <li>• patients not receiving the care they need across hospital and community health services</li> <li>• patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage</li> <li>• an unsuccessful rollout of the Covid-19 pandemic booster and winter flu vaccination programmes</li> </ul>	4	5	20	4	Chief Operating Officer / Chief Nurse / Medical Director
<b>People 1 – staff recruitment and retention</b>	Lack of sufficient substantive staff, due to increased staff departures and absence, and difficulties in recruiting and retaining sufficient staff, results in further pressure on existing people, a reduction in the quality of care, insufficient capacity to deal with demand, and increased temporary staffing costs	4	5	20	9	Director of Workforce
<b>People 2 – staff wellbeing,</b>	Failure to improve staff health, wellbeing, equity, diversity and inclusion, empowerment, and morale, due to the continuing post-	4	4	16	4	Director of Workforce

Strategic objective and BAF risk entry	Principal risk(s)	Current score			Target score	Lead director(s)
		C	L	R		
<b>engagement and equity, diversity and inclusion</b>	<p>pandemic pressures, and the restart of services, poor management practices, and an inability to tackle bullying and harassment and behaviours unaligned with the Trust's values result in:</p> <ul style="list-style-type: none"> <li>• a deterioration in organisational culture, morale and the psychological wellbeing and resilience</li> <li>• adverse impacts on staff engagement, absence rates and the recruitment and retention of staff</li> <li>• poor performance in annual equality standard outcomes and submissions</li> <li>• a failure to secure staff support, buy-in and delivery of NCL system workforce changes and an increased potential for unrest</li> </ul>					
<b>Integration 1 – ICB/S and Alliance changes</b>	Changes brought about by national policy, the ICB or Provider Alliance, such as corporate services' rationalisations, Fuller report, community services review, "Start Well" review, and pathway reconfiguration, may impact adversely on patient services, particularly fragile ones, and the strategic viability of the Trust	4	3	12	8	Chief Executive / Director of Strategy & Corporate Affairs
<b>Integration 2 – population health and activity demand</b>	Local population health and wellbeing deteriorates, due to the impact of the pandemic, because of a lack of available investment in, or focus on ongoing care and prevention work, and due to unsuccessful collaboration with local sector health and social care partners, resulting in continued high demand for services which is insufficiently met	4	3	12	8	Director of Strategy & Corporate Affairs
<b>Sustainable 1 – control total delivery and underlying deficit</b>	Adverse funding arrangements regionally or nationally; or failure to a) manage costs, b) reduce the run rate, c) properly fund cost pressures, due to poor internal control systems, or inability to transform services and deliver the cost improvement programme savings, or due to insufficient flexibility under a block contract along NCL system and provider alliance changes, result in an inability deliver the annual control total, a deterioration in the underlying deficit for the Trust,	4	5	20	8	Chief Finance Officer

Strategic objective and BAF risk entry	Principal risk(s)	Current score			Target score	Lead director(s)
		C	L	R		
	increased reputational risk and pressure on future investment programmes, or cancellation of key Whittington Health investment projects, and improvements in patient care and savings not being achieved					
<b>Sustainable 2 – estate modernisation</b>	The failure of critical estate infrastructure, or continued lack of high-quality estate capacity, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm, poorer patient experience, or reduced capacity in the hospital	4	4	16	8	Chief Finance Officer
<b>Sustainable 3 – digital transformation and interoperability</b>	Risk that if we don't invest effectively in cyber security, and continual improvement of software (EPR etc) and hardware and workforce, there is a possibility of catastrophic downtime due to ransomware attacks or contracts running out, inefficiency of operational processes continues, hampering transformation and CIP delivery and reduced levels of integration with system partners.	3	3	9	6	Director of Strategy & Corporate Affairs

## 2022/23 Q4, Board Assurance Framework detail

### Quality entries

<b>Strategic objective</b>		<b>Deliver outstanding safe, compassionate care in partnership with patients</b>
<b>Executive leads</b>		Chief Nurse and Director of Allied Health Professionals; Medical Director; Chief Operating Officer
<b>Oversight committees</b>		Quality Governance Committee, Trust Management Group, Quality Assurance Committee
<b>Principal risks</b>	<b>Quality 1</b>	Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
	<b>Quality 2</b>	<p>A lack of capacity to restart elective and other key services, capability, and attention to clinical performance targets, due to priorities in planning for and responding to future pandemic waves, or winter pressures result in a deterioration in service quality and patient care such as:</p> <ul style="list-style-type: none"> <li>• long delays in the emergency department and an inability to place patients who require high dependency and intensive care,</li> <li>• patients not receiving the care they need across hospital and community health services</li> <li>• patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage</li> <li>• an unsuccessful rollout of the winter Covid-19 pandemic booster</li> </ul>

**Risk scores** (I (Impact) L (Likelihood) S (Score))

Risk	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Target
	C	L	S	C	L	S	C	L	S	C	L	S	
Quality 1	4	3	12	4	4	16	4	3	16	4	5	20	4
Quality 2	4	4	16	4	4	16	4	4	16	4	5	20	4

## Controls and assurances

Key controls	Assurances	Tier
Maintain expanded rapid response services across adult community and children and young people's services and re-start other community services in a safe way, prioritising the vulnerable and maintain as much business as usual as possible to prevent escalation of other illnesses	• The weekly executive team meeting is alerted to any areas of concern	1 <sup>st</sup>
	• Trust Management Group monitors the delivery of targets for elective, outpatient, and community services each month.	1 <sup>st</sup>
	• Quality Governance Committee reviews the risk register at each meeting	1 <sup>st</sup>
	• The Quality Assurance Committee reviews the risk register at each meeting	2 <sup>nd</sup>
Work with partners in the system to manage flow and demand to ensure patients are in the right place to receive care	• The monthly Trust Management Group (TMG) meeting reviews the elective recovery dashboard key performance indicators for Whittington Health and North Central London (NCL) partners	1 <sup>st</sup>
	• Weekly NCL Operational Implementation Group	2 <sup>nd</sup>
Partner with service users to deliver our quality, safety, and patient experience priorities, with a focus on protecting people from infection and implement actions from the CQC inspection report	• The bi-monthly 'Better Never Stops' steering group reviews progress with delivery of the Trust's Care Quality Commission (CQC) actions and reviews divisional self-assessments	1 <sup>st</sup>
	• The Quarterly Quality Assurance report is reviewed by the Quality Assurance Committee	2 <sup>nd</sup>
	• Clinical and national audit findings, (compliance with Getting it Right First Time and National Institute of Clinical Excellence guidance) are reported to Quality Assurance Committee on a quarterly basis, along with any identified actions within the quarterly quality report	2 <sup>nd</sup>
	• Quality Account priorities (monitoring of priorities is included within the quarterly quality report presented to Quality Assurance Committee	2 <sup>nd</sup>
	• CQC Relationship Assurance meetings	3 <sup>rd</sup>
	• Peer review visits include and Clinical Commissioning Group and other trust leads	3 <sup>rd</sup>
	• Delivery of Patient Experience Strategy annual implementation plan presented to Patient Experience Group (PEG)	1 <sup>st</sup>

Key controls	Assurances	Tier
	<ul style="list-style-type: none"> <li>Annual and bi-annual reports are produced for complaints, claims and legal cases, medicine optimisation, health and safety safeguarding and infection prevention and control presented to Quality Assurance Committee</li> </ul>	2 <sup>nd</sup>
Re-start planned care in a 'COVID-19 protected' safe way, prioritising with the system those most urgently in need	<ul style="list-style-type: none"> <li>Adherence to Public Health England's Infection Prevention and Control (IPC) guidance and FFP3 mask fit testing results presented to TMG</li> </ul>	1 <sup>st</sup>
	<ul style="list-style-type: none"> <li>As part of COVID-19, communication issued once a week or more to staff, as required, on adherence to IPC requirements</li> </ul>	1 <sup>st</sup>
	<ul style="list-style-type: none"> <li>Zoned areas in healthcare settings to meet IPC needs</li> </ul>	1 <sup>st</sup>
	<ul style="list-style-type: none"> <li>COVID-19 operational management is highlighted at monthly Trust Management Group meetings</li> </ul>	1 <sup>st</sup>
	<ul style="list-style-type: none"> <li>Staff wellbeing is a priority for the Trust, offering resources to meet physical, social, and emotional wellbeing needs to keep staff and patients safe</li> </ul>	1 <sup>st</sup>
	<ul style="list-style-type: none"> <li>TMG confirmed changes to COVID-19 testing in line with guidance so that we are only testing immunocompromised or symptomatic patients and only symptomatic staff</li> </ul>	1 <sup>st</sup>
	<ul style="list-style-type: none"> <li>Rollout of staff and patient COVID-19 and flu vaccination uptake reported monthly to TMG (in season)</li> </ul>	1 <sup>st</sup>
	<ul style="list-style-type: none"> <li>NCL Operational Implementation Group and Clinical Advisory Group</li> </ul>	2 <sup>nd</sup>
Serious incident (SI) reporting and action plans monitored to ensure learning and incidents, risks and complaints entered on Datix system	<ul style="list-style-type: none"> <li>Incident and Serious Incident reporting policies monitoring of progress of the national patient safety strategy and response framework roll out.</li> </ul>	1 <sup>st</sup>
	<ul style="list-style-type: none"> <li>Weekly incident review meeting with Integrated Clinical Service Units (ICSU) risk managers</li> </ul>	1 <sup>st</sup>
	<ul style="list-style-type: none"> <li>Trust Risk Register reviewed by Quality Governance Committee, Quality Assurance Committee, Audit &amp; Risk Committee and Trust Board</li> </ul>	2 <sup>nd</sup>
Mortality review group learning from deaths	<ul style="list-style-type: none"> <li>Quarterly Learning from deaths report to Quality Assurance</li> </ul>	2 <sup>nd</sup>

Key controls	Assurances	Tier
process and reporting	Committee;	
	<ul style="list-style-type: none"> <li>COVID-19 updates to Quality Assurance Committee and Trust Board</li> </ul>	2 <sup>nd</sup>
Continued use of the full integrated performance report to monitor all areas of quality and activity	<ul style="list-style-type: none"> <li>Considered each month by TMG and by the Trust Board</li> </ul>	1 <sup>st</sup> and 2 <sup>nd</sup>
	<ul style="list-style-type: none"> <li>Reviewed monthly by respective ICSU Boards and committees e.g., Infection prevention and control and drugs and therapeutics</li> </ul>	1 <sup>st</sup>
Project Phoenix Quality Improvement drive now on	<ul style="list-style-type: none"> <li>Trust Better Never Stops steering group regular meeting</li> </ul>	1 <sup>st</sup>
Tracker in place to monitor progress against the Quality Account priorities on a quarterly basis, with updates to the relevant sub-groups	<ul style="list-style-type: none"> <li>Updates on Quality Account priorities provided quarterly to patient safety, patient experience and clinical effectiveness groups and to the Quality Governance Committee</li> </ul>	1 <sup>st</sup>
Level 1 Quality Impact Assessments (QIAs) for service/pathway changes are monitored by operational managers and clinical managers. Level 2 QIAs (deemed moderate to high risk) are reported and approved by Medical Director and Chief Nurse at the QIA panel	<ul style="list-style-type: none"> <li>QIA panel</li> </ul>	1 <sup>st</sup>
	<ul style="list-style-type: none"> <li>Better Never Stops Improving Value meeting</li> </ul>	1 <sup>st</sup>

### Gaps in controls and assurances

Gaps	Mitigating actions	Completion date
Security audits and fire safety mandatory training levels as raised in the health and safety report	<ul style="list-style-type: none"> <li>Remedial actions agreed with monitoring of progress by the Health and Safety Group, Quality Assurance Committee and Trust Management Group</li> </ul>	Monthly reports on fire training safety to TMG

## People

<b>Strategic objective</b>		<b>Empower, support and develop an engaged staff community</b>
<b>Executive lead</b>		Director of Workforce
<b>Oversight committees</b>		People Committee; Trust Management Group; Workforce Assurance Committee (WAC)
<b>Principal risks</b>	<b>People 1</b>	Lack of sufficient substantive staff, due to increased staff departures and absence, the impact of the UK's exit from the EU, and difficulties in recruiting sufficient staff, result in increased pressure on staff, a reduction in quality of care, insufficient capacity to deal with demand, and increased temporary staffing costs
	<b>People 2</b>	<p>Failure to improve staff health, wellbeing, equity, empowerment, and morale, due to the continuing post pandemic pressures and the restart of services, poor management practices, a poorly developed and implemented Workforce Race Equality Standard action plan, an inability to tackle bullying and harassment result in:</p> <ul style="list-style-type: none"> <li>• behaviours displayed which are out of line with Whittington Health's values</li> <li>• a deterioration in organisational culture, morale and the psychological wellbeing and resilience of staff</li> <li>• adverse impacts on staff engagement, absence rates and the recruitment and retention of staff</li> <li>• poor performance in annual equality standard outcomes and submissions</li> <li>• a failure to secure staff support, buy-in and delivery of NCL system workforce changes</li> </ul>

**Risk scores** (I (Impact) L (Likelihood) S (Score))

Risk	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Target
	I	L	S	I	L	S	I	L	S	I	L	S	
People 1	4	5	20	4	5	20	4	5	20	4	5	20	9
People 2	4	4	16	4	4	16	4	4	16	4	4	16	4



## Controls and assurances

Key controls	Assurances	
Implemented Public Health England infection control and prevention guidance for staff and completed risk assessments for staff	<ul style="list-style-type: none"> <li>Monthly fit testing dashboard review.</li> <li>95% completion rate reported to TMG on 11 August 2020 against a national target of 100%</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> </ul>
Provided psychological/wellbeing support to staff	<ul style="list-style-type: none"> <li>Trust Board, TMG, People Committee (PC), Partnership Group, and WAC update on activities</li> <li>The importance of staff rest and recuperation emphasised and the ability to take annual leave was agreed by the executive team and TMG members during quarter four 2020/21 and remains important</li> <li>Implementing health and wellbeing discussions with all staff as part of annual appraisal reports</li> <li>Ensuring Health and Wellbeing intranet hub is kept up-to-date and accessible</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> </ul>
Implemented corporate and local staff survey action plans	<ul style="list-style-type: none"> <li>ICSU Boards and Directorates consider quarterly pulse surveys, annual staff survey results and create local action plans</li> <li>Quarterly People Pulse report to TMG, Partnership Group (PG) and PC; 2nd tier assurance at WAC</li> <li>Templates provided for ICSU/Directorate level and for team level to maximise empowerment through participation in making improvements</li> <li>NHS staff survey outcomes and action plans report to the Trust Board, WAC, People Committee and Partnership Group</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>2<sup>nd</sup></li> </ul>
Implemented activities under the #Caringforthosewhocare initiative	<ul style="list-style-type: none"> <li>The range of interventions provided for staff under the #Caring for those who care activities are reported to each meeting of the Workforce Assurance Committee, TMG, PG and PC</li> </ul>	<ul style="list-style-type: none"> <li>2<sup>nd</sup></li> </ul>
Implemented updated	<ul style="list-style-type: none"> <li>Workforce report to quarterly meeting of the Workforce Assurance Committee and PC and</li> </ul>	<ul style="list-style-type: none"> <li>2<sup>nd</sup></li> </ul>

Key controls	Assurances	
action plan for recruitment and retention strategy	from well led indicators on the Trust Board's monthly integrated performance report	
Develop and implement a WRES improvement plan	<ul style="list-style-type: none"> <li>Annual workforce disability and race equality standard submissions paper to Workforce Assurance Committee, Trust Management Group and Trust Board</li> <li>Workforce Assurance Committee reviews progress with the equality and inclusion action plan</li> </ul>	<ul style="list-style-type: none"> <li>2<sup>nd</sup></li> <li>2<sup>nd</sup></li> </ul>
EDI plan in place	<ul style="list-style-type: none"> <li>People Committee and Workforce Assurance Committee</li> </ul>	<ul style="list-style-type: none"> <li>2<sup>nd</sup></li> </ul>
Trust-wide Talent management and succession planning arrangements	<ul style="list-style-type: none"> <li>Development of a Bands 2 -7 development programme for black, Asian and minority ethnic staff. launched in June 2022.</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> </ul>

### Gaps in controls and assurances

Gaps	Mitigating actions	Completion date
Review, engage and communicate a WH People Strategy from 2023 onwards	Currently being consulted and being developed to align with the NCL people strategy and with the NHS People Plan	Q4 2022/23
Complete annual grading of workforce domains of the NHS Equality Delivery System	In line with national guidance, this is to be taken forward in Q2 and reported to the Workforce Assurance Committee	Q2 2023/24

## Integration

<b>Strategic objective</b>		<b>Integrate care with partners and promote health and wellbeing</b>
<b>Executive leads</b>		Chief Executive; Director of Strategy and Corporate Affairs
<b>Oversight committees</b>		Trust Management Group, Finance and Business Development Committee; quality Assurance Committee; Trust Board
<b>Principal risk</b>	<b>Integration 2</b>	Local population health and wellbeing deteriorates, due to the impact of the pandemic, because of a lack of available investment in, or focus on ongoing care and prevention work, and due to unsuccessful collaboration with local sector health and social care partners, resulting in continued high demand for services which is insufficiently met

**Risk scores** (I (Impact) L (Likelihood) S (Score))

Risk	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Target
	I	L	S	I	L	S	I	L	S	I	L	S	
Integration 1	4	3	12	4	3	12	4	3	12	4	3	12	8
Integration 2	4	3	12	4	3	12	4	3	12	4	3	12	8

## Controls and assurances

<b>Key controls</b>	<b>Assurances</b>	<b>Tier</b>
Participation in NCL governance meetings by executives, regular communication with executive counterparts at other organisations, good liaison through the NEDs to other Trusts. Shared Chair with UCLH. Chair and CEO on the provider alliance board.	<ul style="list-style-type: none"> <li>Strong engagement by all Directors in NCL Boards</li> <li>WH Director of Workforce is the NCL Workforce Lead</li> <li>The Chief Operating Officer is on the NCL Operational Implementation Group</li> <li>The Director of Strategy is on the Elective Strategy Group</li> </ul>	<ul style="list-style-type: none"> <li>2<sup>nd</sup></li> <li>2<sup>nd</sup></li> <li>2<sup>nd</sup></li> <li>2<sup>nd</sup></li> </ul>
Review of Pathology services	<ul style="list-style-type: none"> <li>Regular item at executive team and Trust Board meetings</li> </ul>	<ul style="list-style-type: none"> <li>2<sup>nd</sup></li> </ul>

Key controls	Assurances	Tier
being undertaken with NCL colleagues and NWLP before a decision is taken on which network is joined		
Participation and influence in clinical networks by senior clinicians	<ul style="list-style-type: none"> <li>• WH has the lead surgeon for general surgery for this work</li> <li>• Named leads for each acute network</li> </ul>	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup></li> <li>• 2<sup>nd</sup></li> </ul>
Participation in NCL pathway boards	<ul style="list-style-type: none"> <li>• Community Diagnostic Hub Board (Director of Strategy present)</li> <li>• Diagnostic Board – (Director of Strategy present)</li> </ul>	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup></li> <li>• 2<sup>nd</sup></li> </ul>
Oncology services strategy – collaboration with UCLH	<ul style="list-style-type: none"> <li>• Conversations have been held with UCLH regarding a proposed model and they are also helping with staffing capacity through a locum appointment. We have also just recruited to several other posts</li> <li>• Cancer Board – meeting roughly quarterly</li> <li>• Clear clinical cancer lead in place</li> <li>• Regular project group for cancer set up now meeting at least monthly</li> <li>• UCLH / Whittington Clinical Collaboration board meets every two months</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup></li> <li>• 1<sup>st</sup></li> <li>• 2<sup>nd</sup></li> </ul>
Orthopaedic hub – collaboration with UCLH	<ul style="list-style-type: none"> <li>• Monthly report to Transformation Programme Board</li> <li>• TMG monthly</li> <li>• UCLH and WH Clinical Collaboration Board</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup></li> <li>• 1<sup>st</sup></li> <li>• 2<sup>nd</sup></li> </ul>
Implement locality leadership working plans through close liaison with Islington and Haringey councils	<ul style="list-style-type: none"> <li>• Three Islington Leadership teams in place, and a single leadership team in Haringey in place and meeting monthly</li> <li>• Monthly Borough Partnership Boards attended by CEO and Dir Strategy</li> <li>• Monthly Haringey, Start Well, Live Well, Age Well and Place Boards Place board chaired by the Director of Strategy and service leads attend other boards</li> <li>• Islington and Haringey Overview &amp; Scrutiny Committees meet ad hoc to consider any issues</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup></li> <li>• 3<sup>rd</sup></li> <li>• 3<sup>rd</sup></li> <li>• 3<sup>rd</sup></li> </ul>
Community services review – anticipatory care / urgent response / streams of work, we	<ul style="list-style-type: none"> <li>• Project progress as per plan reported to Integrated Forum on monthly basis.</li> </ul>	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup></li> </ul>

Key controls	Assurances	Tier
are leading on the virtual ward		
Start well review – CN and CFO are key leads on the review workstreams, Director of Strategy leads an ad hoc review meeting of all the documentation.	<ul style="list-style-type: none"> <li>• Internal start well review meetings</li> <li>• TMG</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup></li> <li>• 1<sup>st</sup></li> <li>•</li> </ul>
Progress Anchor Institution work and population health work – Director of Strategy leading on an action plan around the key areas of employment, procurement, buildings, environment, partnerships. Participation in various groups in Haringey and Islington – to progress local employment, engage in regeneration schemes, support the green agenda, promote LLW,	<ul style="list-style-type: none"> <li>• Integrated forum monthly review</li> <li>• National anchor institution learning network</li> <li>• Haringey and Islington borough partnership monthly</li> <li>• Haringey inequalities working group monthly</li> <li>• Islington Health and Social care academy <i>quarterly</i></li> <li>• Islington London Living Wage working group <i>two weekly</i></li> <li>• Quarterly report to the Trust Board on anchor institution scoring</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup></li> <li>• 1<sup>st</sup></li> <li>• 2<sup>nd</sup></li> <li>• 2<sup>nd</sup></li> <li>• 2<sup>nd</sup></li> <li>• 2<sup>nd</sup></li> <li>• 2<sup>nd</sup></li> </ul>
Our anchor institution action plan is monitored and reported quarterly to board.	<ul style="list-style-type: none"> <li>• Integrated forum – monthly meeting</li> <li>• TMG</li> <li>• 2<sup>nd</sup> tier – F&amp;BD</li> <li>• 2<sup>nd</sup> tier – Quarterly score review at Board meeting</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup></li> <li>• 2<sup>nd</sup></li> <li>• 2<sup>nd</sup></li> <li>• 2<sup>nd</sup></li> </ul>

### Gaps in controls and assurances

Gaps	Mitigating actions	Completion date
None currently identified		

<b>Strategic objective</b>		<b>Transform and deliver innovative, financially sustainable services</b>
<b>Executive leads</b>		Chief Finance Officer; Chief Operating Officer
<b>Oversight committees</b>		Better Value Delivery Board; Financial Performance Group; Trust Management Group; Finance and Business Development Committee; Innovation and Digital Assurance Committee
<b>Principal risks</b>	<b>Sustainability 1</b>	Adverse funding arrangements regionally or nationally; or failure to a) manage costs, b) reduce the run rate, c) properly fund cost pressures, due to poor internal control systems, or inability to transform services and deliver the cost improvement programme savings, or due to insufficient flexibility under a block contract along NCL system and provider alliance changes, result in an inability deliver the annual control total, a deterioration in the underlying deficit for the Trust, increased reputational risk and pressure on future investment programmes, or cancellation of key Whittington Health investment projects, and improvements in patient care and savings not being achieved
	<b>Sustainability 2</b>	The failure of critical estate infrastructure, or continued lack of high-quality estate capacity, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm, poorer patient experience, or reduced capacity in the hospital

**Risk scores** (I (Impact) L (Likelihood) S (Score))

<b>Risk</b>	<b>Quarter 1</b>			<b>Quarter 2</b>			<b>Quarter 3</b>			<b>Quarter 4</b>			<b>Target</b>
	<b>I</b>	<b>L</b>	<b>S</b>	<b>I</b>	<b>L</b>	<b>S</b>	<b>I</b>	<b>L</b>	<b>S</b>	<b>I</b>	<b>L</b>	<b>S</b>	
Sustainability 1	4	4	16	4	5	20	4	5	20	4	5	20	8
Sustainability 2	4	4	16	4	4	16	4	4	16	4	4	16	8
Sustainability 2	3	3	9	3	3	9	3	3	9	3	3	9	6

### Controls and assurances

<b>Key controls</b>	<b>Assurances</b>	
Create replicable better more efficient and effective pathways for the long-term including 'virtual by default' where possible and promoting self-management	<ul style="list-style-type: none"> <li>• ICSU monthly Board meetings</li> <li>• Community Estates Programme Group –fortnightly meetings</li> <li>• Monitoring of monthly updates at TMG</li> <li>• ICSU quarterly performance reviews</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup></li> <li>• 1<sup>st</sup></li> <li>• 1<sup>st</sup></li> <li>• 1<sup>st</sup></li> </ul>

Key controls	Assurances	
	<ul style="list-style-type: none"> <li>Monthly integrated performance report to Trust Board</li> <li>Monthly elective recovery dashboard reviewed by TMG and elective recovery targets included in the revised integrated performance report</li> </ul>	<ul style="list-style-type: none"> <li>2<sup>nd</sup></li> <li>1<sup>st</sup></li> </ul>
Maintain financial governance controls Manage our expenditure to lower than last year's run-rate to enable investment in other services	<ul style="list-style-type: none"> <li>Monthly Investment Group</li> <li>Monthly Transformation Programme Board</li> <li>Monthly Finance report to Trust Management Group</li> <li>ICSU deep dives at Finance &amp; Business Development Committee</li> <li>Monthly Finance report to Trust Board</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>2<sup>nd</sup></li> <li>2<sup>nd</sup></li> </ul>
Monthly Cost Improvement Programme (CIP) delivery board	<ul style="list-style-type: none"> <li>Better Never Stops – Improving Value update and TMG (monthly) to show progress against the 2022/23 £13m CIP target</li> <li>Finance &amp; Business Development Committee reviews progress at its bi-monthly meetings</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> <li>2<sup>nd</sup></li> </ul>
Accountability Framework	<ul style="list-style-type: none"> <li>TMG endorsed an updated Framework in July 2022</li> <li>Quarterly performance reviews continued and targeted support provided to ICSUs where identified</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> </ul>
Development of an estate plan Strong monitoring of fire safety procedures and compliance Capital programme addresses all red risks	<ul style="list-style-type: none"> <li>Estate Strategic Outline Case (SOC) agreed by Trust Board</li> <li>Monthly Private Finance Initiative monitoring group</li> <li>Monthly Fire safety group</li> <li>and fire warden training with a comprehensive fire safety dashboard reported monthly to TMG; 1st tier – Monthly Health and Safety Committee</li> <li>Capital Monitoring Group</li> </ul>	<ul style="list-style-type: none"> <li>2<sup>nd</sup></li> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> </ul>
Estate Strategy is approved Strategic Outline Case for maternity and neonatal services is approved Phase 1 business case approved Progress next stage of business cases	<ul style="list-style-type: none"> <li>Maternity Transformation Board monthly</li> <li>Transformation Programme Board monthly</li> <li>Finance &amp; Business Development Committee next review in the Summer for phase 2 business case</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>2<sup>nd</sup></li> </ul>
Pathology services	<ul style="list-style-type: none"> <li>Transformation Programme Board monthly</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> </ul>

Key controls	Assurances	
	<ul style="list-style-type: none"> <li>Finance &amp; Business Development Committee and Trust Board</li> </ul>	<ul style="list-style-type: none"> <li>2<sup>nd</sup></li> </ul>
Community estate transformation programme Tynemouth Road is complete Consultation for Wood Green community hub is complete and approved with the business case to be considered in October 2022	<ul style="list-style-type: none"> <li>Integrated Forum monthly review</li> <li>Monthly summary report to Transformation Programme Board</li> <li>Community Estates Programme Group every two weeks</li> <li>Trust Board agreed empty sites as surplus to requirements</li> <li>Overview &amp; Scrutiny Committee and consultation (completed)</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> <li>2<sup>nd</sup></li> <li>3<sup>rd</sup></li> </ul>
Facilitate Trust's Agile working policy	<ul style="list-style-type: none"> <li>Monthly report to Transformation Programme Board</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> </ul>
Deliver maternity and neonatal transformation programme five workstreams meeting weekly – Ockenden, Culture, IT, Estates, Continuity of Carer	<ul style="list-style-type: none"> <li>Monthly Maternity Transformation Programme Board</li> <li>Monthly Transformation Programme Board</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup></li> <li>1<sup>st</sup></li> </ul>

#### Gaps in controls and assurances

Gaps	Mitigating actions	Completion date
Updated Sustainability plan for the Trust to be published	A draft Sustainability plan will be presented in for feedback and agreement.	Quarter four 2022/23



Assurance definitions:	
Level 1 (1 <sup>st</sup> tier)	Operational (routine local management/monitoring, performance data, executive-only committees)
Level 2 (2 <sup>nd</sup> tier)	Oversight functions (Board Committees, internal compliance/self-assessment)
Level 3 (3 <sup>rd</sup> tier)	Independent (external audits / regulatory reviews / inspections etc.)

The following principles outline the Board's appetite for risk:

Risk category	Risk Appetite level based on GGI matrix	Indicative risk appetite range
Quality (patient safety, experience & clinical outcomes)	Cautious	3 - 8
Finance	Cautious / Open	3 - 10
Operational performance	Cautious	3 - 8
Strategic change & innovation	Open / Seeking	6 - 15
Regulation & Compliance	Cautious	3 - 8
Workforce	Cautious	3 - 8
Reputational	Cautious / Open	3 - 10

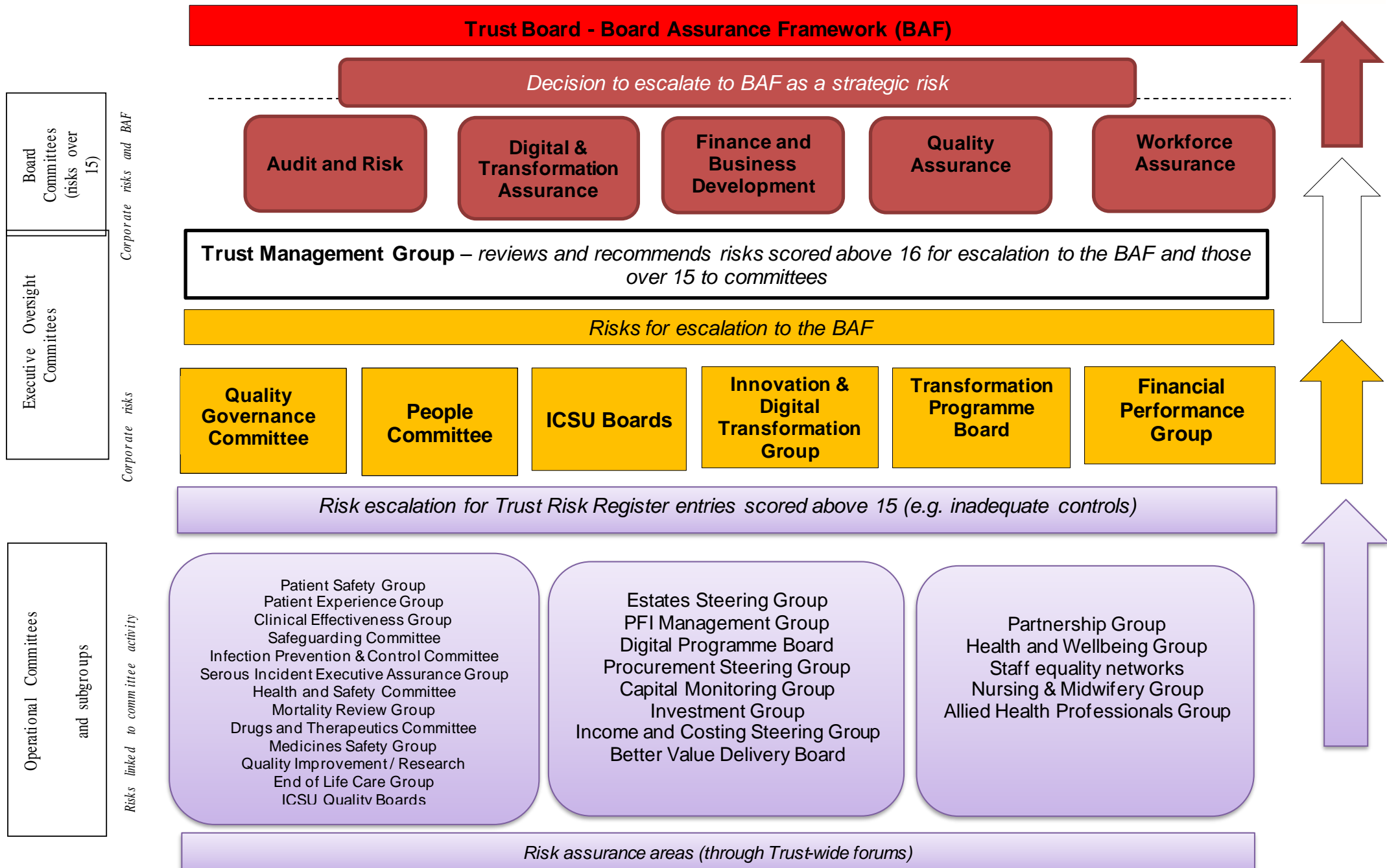
Risk scoring matrix (Risk = Consequence x Likelihood (C x L))

	Likelihood				
	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Scores obtained from the risk matrix are assigned grades as follows:

1-3	Low risk	8-12	High risk
4-6	Moderate risk	15-25	Extreme risk

## Trust-wide review and escalation of strategic risks





<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date: 30 March 2023</b>
<b>Report title</b>	<b>Charitable Funds Committee Chair's Assurance report</b>	<b>Agenda item: 10</b>
<b>Executive leads</b>	Jonathan Gardener, Director of Strategy & Corporate Affairs	
<b>Report author</b>	Marcia Marrast-Lewis, Assistant Trust Secretary	
<b>Executive summary</b>	<p>In line with governance arrangements, this Committee Chair's report reports on areas of assurance on the items considered at the 21 February 2023 Charitable Funds Committee meeting which included:</p> <ul style="list-style-type: none"><li>• Month 10 Finance Report including Fund Balances.</li><li>• Charity report</li><li>• Applications for funding</li></ul> <p>There were no items covered at these meetings where the Committee is reporting limited assurance to the Trust Board.</p>	
<b>Purpose:</b>	Noting	
<b>Recommendation(s)</b>	Board members are invited to note the Chair's assurance report for the Charitable Funds Committee meeting held on 21 February 2023 and the applications for funding agreed.	
<b>Risk Register or Board Assurance Framework</b>	Sustainability 1	
<b>Report history</b>	Public Board meetings following each committee meeting	
<b>Appendices</b>	Whittington Health Impact Report	

Committee Chair’s Assurance report:	Charitable Funds Committee																								
Date of meeting	21 February 2023																								
Summary of assurance:																									
1.	<p>The Committee can report significant assurance to the Trust Board in the following areas:</p> <p><b>Month 10 Finance Report</b></p> <ul style="list-style-type: none"><li>Reported income to December 2022 was £336k</li><li>Expenditure to December was £348k</li><li>There was a net consumption of Charitable funds of £12k before movements in the investment portfolio were taken into consideration.</li></ul> <p>The Committee was informed that the investment portfolio incurred a loss of £130k at the end of quarter 2 but regained £20k in quarter 3 leaving a net loss of £110k. The transfer of the investment portfolio to new fund managers, CCLA, had been delayed due to an administrative issue which has since been rectified.</p> <p><b>Charity Report</b></p> <p>The Committee received a report outlining the following activity:</p> <ul style="list-style-type: none"><li>Fundraising – the Charity received an informal pledge of US\$250k in support of the Michael Palin Centre for 2023/24. Feedback from the Donor indicated that they were pleased with the work of the Centre and efforts would be made to secure a multi-year pledge to continue the work.</li><li>Donations for the Courtyard Appeal amounted to £10k, however construction work was yet to begin. It was hoped that the works would be carried out <i>gratis</i>. An informal pledge from an anonymous donor had been received to support the project.</li><li>An application for a grant for the Humanising ITU project would be submitted by 28 February 2023 subject to confirmation that fire remediation works could be managed separately.</li><li>The groundwork for the “Grateful Patient Programme” had begun.</li><li>A business case for the recruitment of a Trust and Foundations fundraising manager and a separate individual for major gifts/grant making role.</li></ul> <p><b>Grant Making</b></p> <p>The CFC met in January 2023 specifically to review the Charity’s proposed two-year grant-making strategy. Recommendations implemented and final version approved by Tony Rice, former Chair of the Committee.</p> <p>A number of small grant applications were made and approved as follows:</p> <table><tr><th>Date</th><th>Applicant</th><th>Fund</th><th>Description</th><th>Grant Category</th><th>Value</th></tr><tr><td>14-Nov-22</td><td>LifeForce Team</td><td>Children and Young People</td><td>Christmas presents for children in LifeForce care</td><td>C) Patient and Community Wellbeing</td><td>£2,000.00</td></tr><tr><td>21-Nov-22</td><td>Critical Care Unit</td><td>Kanitz Fund</td><td>Purchase of reference textbook to support learning on critical care</td><td>E) Research and Development</td><td>£82.95</td></tr><tr><td>30-Nov-22</td><td>Maternity</td><td>Acute Patient Access</td><td>Monthly maternity Ockenden</td><td>E) Research and Development</td><td>£1,218.00</td></tr></table>	Date	Applicant	Fund	Description	Grant Category	Value	14-Nov-22	LifeForce Team	Children and Young People	Christmas presents for children in LifeForce care	C) Patient and Community Wellbeing	£2,000.00	21-Nov-22	Critical Care Unit	Kanitz Fund	Purchase of reference textbook to support learning on critical care	E) Research and Development	£82.95	30-Nov-22	Maternity	Acute Patient Access	Monthly maternity Ockenden	E) Research and Development	£1,218.00
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	05-Dec-22	Simmons House	Children and Young People	Christmas activities and gifts for CYPs	C) Patient and Community Wellbeing	£1,200.00
	15-Dec-22	Respiratory Team	Acute Patient Access	Providing each member of respiratory	A) State of the art equipment & technology	£1,500.00
	15-Dec-22	Respiratory Team	Acute Patient Access	Replacement of very old staff	D) Staff wellbeing	£355.00
	15-Dec-22	Hornsey Vaccination Hub	Staff Wellbeing	Refreshments for vaccination volunteers	D) Staff wellbeing	£263.99
	19-Dec-22	Fundraising	General	Invoice for London Marathon	C) Patient and Community Wellbeing	£1,980.00
	03-Jan-23	Community Pulmonary Rehabilitation	Adult Community Services	Running focus groups with different	C) Patient and Community Wellbeing	£500.00
	09-Jan-23	Fundraising	General Fund	Charity merchandise - collection pots	F) Administration	£502.50
	12-Jan-23	Cancer & Surgery	Hencel Fund	Certificate in Psychosexual Training	E) Research and Development	£2,000.00
	12-Jan-23	Cancer & Surgery	Hencel Fund	Certificate in Psychosexual Training	E) Research and Development	£2,000.00
	12-Jan-23	Cancer & Surgery	Hencel Fund	Psychosexual Issues Impacting Men	E) Research and Development	£650.00
	12-Jan-23	Cancer & Surgery	Hencel Fund	Psychosexual Issues Impacting Men	E) Research and Development	£650.00
	12-Jan-23	Cancer & Surgery	Hencel Fund	Psychosexual Issues Impacting Men	E) Research and Development	£650.00
	18-Jan-23	Maternity	Acute Patient Access	Refreshments for staff training on	E) Research and Development	£100.00
	24-Jan-23	NICU	Children and Young People	Breast pumps	A) State of the art equipment & technology	£2,041.60
	25-Jan-23	Strategy Directorate	Staff Wellbeing	Memorial for Project Wingman	D) Staff wellbeing	£600.00
	27-Jan-23	COOP	Acute Patient Access	Tech devices to improve patient care	C) Patient and Community Wellbeing	£1,997.62
	30-Jan-23	Critical Care Unit	Kanitz Fund	Purchase of reference textbook to	E) Research and Development	£119.26
	30-Jan-23	Fundraising	General	More Partnership Consultancy	F) Administration	£12,000.00
	02-Feb-23	Cancer & Surgery	Surgery & Cancer	Prostate Cancer Awareness	C) Patient and Community Wellbeing	£200.00

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

Applications for Funding

The Committee reviewed bids received for:

- Five collective bids for psychosexual training from the Hencel Fund totalling £5,950.
- Expenditure for outings for the young people of Simmonds House in the school holidays; for the period February 2023 to January 2024.

The Committee approved the bids for psychosexual training and the bid for the young people at Simmonds House, the latter would be funded from Children's & Young People restricted funds.

	<p>The Committee reviewed and rejected a bid to fund a provide a tailored induction programme for International Medical Graduates; for the period June 2023 to June 2024. The Committee agreed its support in principle for the programme but felt that it was something that ought to be funded from NHS funds.</p> <p>The Committee noted that 14 bids totalling £12.5k were approved through the delegation route to the Chief Finance Officer and Head of Charity.</p>
4.	<p><b>Other key issues</b></p> <p>Top three items to refer to the Trust Board:</p> <ol style="list-style-type: none"> <li>1. The Committee reflected on the positive change of direction of the Charity.</li> <li>2. The approach taken to applications for funding and fundraising.</li> <li>3. Raise the awareness of the role of the Trust Board as Trustees of the Charity through a Board Seminar.</li> </ol>
5.	<p><b>Attendance:</b></p> <p>Amanda Gibbon – Non-Executive Director (Committee Chair)  Kevin Curnow - Chief Finance Officer  Helen Brown - Chief Executive  Jonathon Gardner – Director of Strategy &amp; Corporate Affairs  Tony Rice - Non-Executive Director (<i>ex-officio</i>)</p> <p><b>Fundraising</b></p> <p>Sam Lister – Head of Charity  Martin Linton – Assistant Director Financial Services  Sarah Wilding - Chief Nurse &amp; Director of Allied Health Professionals  Marcia Marrast – Assistant Secretary  Vivien Bucke - Business Support Manager</p> <p><b>Apologies for Absence</b></p> <p>Julia Neuberger – Trust Chair  Swarnjit Singh – Joint Director of Equality Diversity &amp; Inclusion/Trust Secretary  Clare Dollery - Medical Director</p>



# The difference you made in 2022

Whittington  
Health Charity



# Contents

Introduction.....	1
2022 in numbers .....	2
Antenatal Counselling Room.....	3
Tynemouth Road Community Health Centre .....	4
Dealing with the lasting effects of the Covid-19 pandemic.....	5
State-of-the-art technology and equipment.....	6
Giving hope to children like Zac, aged 10, who stammer .....	7

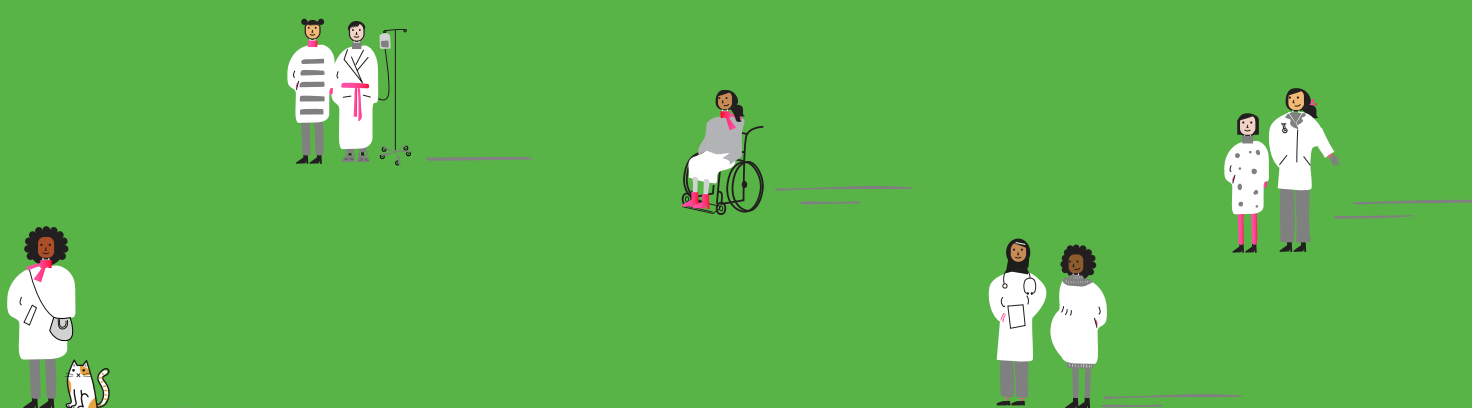
## About Whittington Health Charity

Whittington Health Charity is the dedicated charity for Whittington Health NHS Trust. We enhance the quality of care and improve the experiences of patients and staff by funding projects that go above and beyond what the NHS is able to provide.

Everything we do has a positive impact on staff, patients and their families. Big or small, we make the difference with better equipment, facilities, training, research and improved patient and staff wellbeing.

## Our Reach

Our work makes a difference to over 500,000 people across north London. We're proud to serve our diverse local communities, whether they be patients and their families or our staff. We believe that everybody has a right to the very best care in the very best facilities.





## Introduction

The Covid-19 pandemic took a significant toll on NHS staff across the country and Whittington Health was severely impacted. During 2020 and 2021, thanks to the extraordinary generosity of our supporters, we were able to fund an extensive range of staff wellbeing-focused projects, with the aim of keeping our staff safe and equipped to provide the very best care to patients.

In 2022, we placed a greater emphasis on directly patient-focused projects and in this report, you will read about some of the amazing work that was enabled through charitable donations, such as creative art projects to improve patient experiences and state-of-the-art equipment allowing more patients to receive treatment.

The year also saw us continue to support our staff. The Charity funded a comprehensive programme of mental health support, primarily delivered by clinical psychologists, with the aim of ensuring that patient care was unaffected by the toll that the pandemic had taken upon frontline health workers.

If you would like more information on the work that we do or you'd like to get involved with the Charity, our contact details are at the end of the report.

**Thank you  
for helping  
us to make a  
difference. We  
couldn't do it  
without you.**







## 2022 in numbers

- **£425,000 in new grants approved**
- **70 new projects funded**
- **39 different teams and departments supported**
  - o With projects delivered at Whittington Hospital and within our local communities of Islington, Haringey and beyond
- **312 hours of classical music**
  - o Ward visits from professional musicians played a key role in lifting the spirits of patients in the hospital
- **21 outings for young people at Simmons House**
  - o Some children will spend the whole year in secure care to receive mental health treatment; funding trips and activities during term breaks had a hugely beneficial impact on their wellbeing
- **18,200 interactions with community-designed artwork**
  - o 350 children each week benefitting from an environment at Tynemouth Road Community Health Centre specifically tailored to their needs
- **1,000+ staff members accessed mental health support**
  - o Supporting the wellbeing of staff ensures that they are best-equipped to focus on delivering outstanding care to patients





**When receiving difficult news, a comfortable, welcoming and private space is essential**

## **Every year, more than 4,000 babies are born under the care of Whittington Health.**

At various stages in their pregnancy, expectant mothers visit Whittington Hospital for antenatal screening.

This includes a general check on the baby's health, as well as screening for infectious diseases such as HIV and hepatitis B, and conditions such as sickle cell disease and thalassaemia.

Some mothers and families will have to receive difficult news; it might be that they have had a miscarriage, or that their unborn child has a condition such as Down's syndrome or a life-limiting illness.

Thanks to the generosity of one of our supporters, we have been able to convert an

unwelcoming clinical space into a safe, private and comfortable counselling room, with artwork, greenery, sofas, a coffee machine and soft lighting.

It gives patients the chance to process the information that they've been given in their own time, with privacy, and without the distraction of a bustling, harsh clinical environment.

"I know that women and families have appreciated the privacy it has offered within a calming environment. I have visibly seen their body language change by becoming more relaxed and more receptive to information."



## Working with local artists and schools in east Haringey to turn a community health centre into a vibrant, fun and welcoming space.

Tynemouth Road Community Health Centre is a new specialist hub, providing care and health assessments to children from across Haringey.

More than 350 children visit the Centre each week to access a range of services; it might be an assessment to see if a child requires support with their speech and language development, or it might be the first of many appointments to treat a child who's experiencing pain when they walk or run.

The Centre also supports children with special educational needs and disabilities; children who require regular specialist support and care and for whom the environment in which they're treated plays a huge part in how they feel about their regular visits.

In 2022, thanks to the support of our donors, the Charity was able to fund transformational artwork across the Centre.

Local artists led workshops in local schools to create whole-wall artwork that provides for inviting and fun journeys through the Centre.

What could have been a sterile and potentially threatening environment for children already anxious about their visit is, thanks to the support of our donors, now a place that allows them to feel relaxed and safe, regardless of whether it's a one-off visit, or somewhere that they'll visit hundreds of times in their childhood.





## Dealing with the lasting effects of the Covid-19 pandemic.

The Charity's single largest financial commitment over the past three years has been the provision of mental health support to Whittington Health staff, thousands of whom experienced significant trauma as a result of caring for patients through the Covid-19 pandemic.

As the pandemic progressed, our priorities shifted away from lessening the immediate impacts – such as providing basic items like cold drinking water and skin creams to staff who were spending dozens of hours in PPE clothing – to addressing some of the more complex and long-lasting effects of the pandemic.

Donor support allowed us to establish a staff psychological support programme, the main component of which was the employment of clinical psychologists.

Through a combination of group therapy sessions, peer-to-peer counselling, informal drop-ins, family bereavement conversations and even interactive theatre performances, the programme has since provided support to more than 2,500 Whittington Health staff members since it was created.

The nature of the support offered in 2022 differed somewhat from during the peaks of the pandemic in 2020 and 2021, but the demand placed upon the clinical psychologists remained significant. More than 1,000 members of staff accessed psychological support, funded entirely by charitable donations.

The therapy provided by clinical psychologists such as Sue and Njinga (pictured below), played a crucial role in ensuring that staff at Whittington Health retained the capacity and ability to continue to provide the very best care to patients.

"I felt relieved, lighter - and that I could move forward almost immediately.

I may never have sought help if I had to go through a long referral process or seek external help.

I'm very aware that had I not had this intervention locally, free of charge and promptly, I may have suffered a long-term impact on my mental health."

**Senior Nurse, Whittington Health**



## State-of-the-art technology and equipment.

Technology can transform patient outcomes and experiences. Charitable donations enable us to purchase state-of-the-art, innovative equipment: equipment that cannot be bought with NHS-funds alone.

**In 2022, the Charity helped fund the purchase of two Innowalk Pro machines** for the Richard Cloudesley School, which is a specialist school in Islington attended by 80 pupils aged 2-19 years with physical disabilities and additional sensory needs.

The state-of-the-art robotic machines allow children with cerebral palsy to exercise in a way that simply isn't possible without such equipment. **Nearly 90% of children with cerebral palsy at the school reported that their quality of life was improved** after six months of using the machines.

**Some medical conditions require regular injections. For children, this can be a painful, traumatic and anxiety-inducing experience.**

In response, we purchased dozens of Buzzy devices, which are small, reusable devices that lessen the pain of an injection by using vibrations and skin cooling. The device is specially designed for young children who experience fear, pain and distress around blood sampling, injections and vaccinations.

One child who benefitted was Grace\*, a three-year-old with Severe Juvenile Idiopathic Arthritis. Grace needs weekly injections – and will need this treatment for the rest of her life. Each injection is painful. Understandably, Grace was getting increasingly anxious ahead of each injection.

By all but eliminating the pain of an injection, the Buzzy device has made a huge difference to Grace's life – and by purchasing so many of these devices, we've been able to ensure that every child receiving regular injections can benefit.



Innowalk Pro machine  
(image courtesy of madeformovement.com)

**We're helping to improve patient safety by funding training with advanced virtual reality (VR) headsets.** We've bought six headsets, which allow doctors and nurses to acquire skills through simulation-based practice scenarios – with no risk or fear of harming a real-life patient.

**Beyond the obvious benefit of real patients not being hurt, the positives of VR training are numerous:**

- Improve patient safety and better outcomes for patients
- Cost-effective and time-efficient – meaning staff can spend less time away from their patients
- VR simulations are scalable, replicable, and completely immersive
- Easily accessible: can be used anywhere, anytime to integrate simulation with everyday practice
- More engaging than traditional education methods, with learners remembering acquired skills for longer

\*Grace's name has been changed to protect her privacy

## Giving hope to children like Zac, aged 10, who stammer.

Established in 1993, the Michael Palin Centre for Stammering (MPC) is a world-renowned specialist speech and language therapy centre that delivers expert assessments and individually-tailored therapy to children, young people and adults who stammer. MPC has provided hope to thousands of these children and adults throughout the UK and further afield with their national helpline and therapy services.

Ten-year-old Zac had a severe stammer that was having a damaging effect on his confidence, his ability to communicate and his quality of life. He avoided speaking to minimise his stammering, causing him to do poorly in school, and sadly chose to avoid doing activities and other things he was interested in because he might stammer.

**"At school, I made presentations as short as possible, but I kind of wanted to speak for a long time."**

The Michael Palin Centre, as part of Whittington Health NHS Trust, is committed to making each person feel listened to, understood and respected, and is determined to help improve their communication skills and enable them to achieve their goals in life.

Zac was referred to MPC by his local therapist in Wiltshire. Specialist stammering therapy was not available in his area, so Zac's therapist turned to MPC.

**Around one in 12 children under the age of 12 in the UK will have a stammer at some point. Currently, there are around 150,000 children and young people living in the UK who have a persistent stammer.**

It was agreed with Zac and his mother that he would benefit from working at an intensive level, from meeting other children who stammer, from becoming more desensitised about stammering and addressing his increasing levels of avoidance. Such therapy was not available to Zac in his locality, so he attended MPC. At the beginning of his therapy, Zac said that his hope was 'to not be held back - to say what I want.'

Zac and his mother attended a two-week intensive group therapy course and continued to access support from MPC over the subsequent year. He's made significant progress through his therapy sessions.

**"When I'm speaking, I use more eye contact and hand gestures to show what I'm saying so the other person is more interested in what I'm saying. It makes me feel happier and other people are listening to me more".**

And Zac's mum has a strong sense of real excitement for Zac's future: "it will shape the man he will become".

**Thanks to support from the Charity, the Michael Palin Centre is able to employ three additional therapists, meaning more children like Zac can be given the best possible start in life.**

# Thank you for your support.

Whittington Health Charity is the working name of The Whittington Hospital NHS Trust Charitable Funds.

Registered Charity Number: 1056452

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<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date: 30 March 2023</b>
<b>Report title</b>	<b>Workforce Assurance Committee Chair's report</b>	<b>Agenda item: 11</b>
<b>Committee Chair</b>	Rob Vincent, Non-Executive Director	
<b>Executive director lead</b>	Norma French, Director of Workforce	
<b>Report authors</b>	Marcia Marrast-Lewis Assistant Trust Secretary	
<b>Executive summary</b>	<p>Trust Board members are presented with the Workforce Assurance Committee Chair's report for the meeting held on 25 January 2023.</p> <p><b>Areas of assurance:</b></p> <ul style="list-style-type: none"><li>• Quarter 3 corporate workforce information report</li><li>• Model of Organisational Wellbeing</li><li>• National Staff Survey 2022: results overview</li><li>• Report from Guardian of Safe Working</li><li>• Board Assurance Framework</li><li>• Risk Register People Entries</li></ul> <p>The Committee also received a verbal update on the following areas:</p> <ul style="list-style-type: none"><li>• Equality Diversity &amp; Inclusion</li><li>• Restorative Just Culture</li></ul>	
<b>Purpose</b>	Noting	
<b>Recommendation(s)</b>	Board members are invited to note the Committee Chair's report, particularly areas of significant assurance.	
<b>BAF</b>	People entries	
<b>Appendices</b>	1: Q1 Guardian of Safe Working report 2: Q2 Guardian of Safe Working report	

## Committee Chair's assurance report

<b>Committee name</b>	Workforce Assurance Committee
<b>Date of meeting</b>	25 January 2023
<b>Summary of assurance:</b>	
<b>1.</b>	<p><b>The Committee is reporting significant assurance to the Board on the following matters:</b></p> <p><b>Industrial action</b> Committee members were apprised of current threats of industrial action following strike action taken by the London Ambulance Service and the Royal College of Nurses in the previous week. The Chartered Society of Physiotherapists (CSP) were scheduled to go on strike on 26 January and 15 February and the ballot for industrial action by junior doctors was due to close on 20 February with possible strikes to take place in March. A ballot for industrial action would also be undertaken by the Society of Dietitians. The Trust Industrial Action Group would continue to meet to manage the impact on the Trust.</p> <p><b>Flu and Covid Staff Vaccination Campaign</b> The Committee were informed that the current vaccination programme would continue into February. Roving clinics across the Trust and community would also continue.</p> <p><b>North London Shared Partnership Service</b> The Committee noted the time to hire metric continued to improve, it was currently at 66 days against a target of 63 days although there were still delays in pre-employment checks. It was agreed that the NCL review of shared services, including recruitment and occupational health, would be brought to the Committee for information.</p> <p><b>Bank provision</b> It was reported that the call-off framework for north Central London (NCL) hosted by University College London Hospital (UCLH) was awarded to Acacium which would take effect from May 2023.</p> <p><b>2022/23 Quarter three workforce report</b> The Committee received the report which reported on key workforce issues for the third quarter of 2022/23, notably:</p> <ul style="list-style-type: none"> <li>• Vacancy rates had decreased by 1.3% from Q2, however turnover had increased by 1.9%</li> <li>• Sickness absence continued to be of concern although the absence rates continued to reduce, although the daily absence rate was under the Trust's target of 3.5%</li> <li>• Appraisal and mandatory training remain below target but were slowly increasing month on month.</li> <li>• Employee Relations (ER) continued to see that cases were not resolved within the 90-day target. A piece work would be undertaken to determine the reasons for the delays to resolution of cases.</li> </ul>

- Recruitment time to hire data had shown improvement but still above the Trust's target.

The Committee discussed sickness absence, it was noted that the primary reason was attributed to colds and flu however the secondary reason was due to stress and anxiety. The Committee were assured that external support was in place for staff suffering from stress and anxiety and that a psychological support service for staff was implemented within the Trust during the pandemic. Psychological support would be reconfigured for the new financial year as part of a package for staff wellbeing.

In terms of staff disciplinary cases, the Committee were assured that specific work had been undertaken with estates and facilities, where it was found to have a high number of disciplinary matters and bank staff. Engagement sessions had also been held to give staff the opportunity to voice concerns around issues related to estates and also to ensure that staff were kept informed about changes to the department and the organisation generally. Additionally, an exercise to transfer bank staff to substantive roles had been undertaken which would improve staff morale within the service as well as give staff assurance around contracted hours.

#### **Nurse recruitment**

Committee members were apprised of the outcome of a health care support workers recruitment event that was held in mid-December. A total of 90 people attended the event out of which 43 appointments were made. A recruitment open day for Allied Health professionals (AHPs) and Band 5 nurses was held on 21 January. A total of 27 nurses attended out of which 23 appointments were made, 35 AHPs had been scheduled to attend interviews at the Trust over a two-week period. A programme of events would be scheduled to take place each quarter where it was hoped that AHP interviews could take place on the day.

#### **Model of Organisational Wellbeing**

Committee members received a draft model of wellbeing has been drafted which focussed on a variety of aspects of the employee journey. The model includes current work projects such as Cost of Living, and Restorative Just Culture, new workstreams are included such as a staff recognition scheme, collaboration with local trusts (to share costs, reduce duplication of supply and prevention of under-use), the creation of a hardship fund, and the provision of legal and financial advice. The document had been reviewed by Executive Management Team where it was agreed that further work around violence and aggression and staff recognition would be added to the model before it was rolled out formally. The Committee noted its support for the approach taken to wellbeing services at the Trust.

#### **National Staff Survey 2022: Results Overview**

The Committee received an overview of the 2022 response rates and results from Picker, the external provider used by WH. The results were benchmarked against 63 other acute and community trusts who used Picker and were under embargo until spring 2023 when the national results from the

	<p>Care Quality Commission will be published and will provide further comparisons with all other acute and acute and community NHS trusts across England.</p> <p><b>Equality, diversity and inclusion update</b></p> <p>The Committee received highlights of recent equality, diversity and inclusion developments. It was noted that:</p> <ul style="list-style-type: none"> <li>• The national planning guidance for 2023/24 detailed a shift in the focus from workforce imperatives to a patient health inequalities and prevention, which included a women's health strategy and better outcomes for people with learning disabilities.</li> <li>• The Trust's integrated performance report would from 1 April 2023 include data on waiting times by ethnicity and deprivation.</li> <li>• Work would continue to develop the diversity toolkit to be rolled out in the first quarter of the new financial year.</li> <li>• An application to the Charity had been made to fund mentoring and support to the Trust international medical graduates.</li> <li>• The sum of £9k had been received from Health Education England to support a programme of reciprocal mentoring. The procurement exercise to procure a training provider was in progress.</li> <li>• The National Race Equality week was schedule to take place from 6 to 12 February 2023, a number of events would take place over the course of the week.</li> </ul> <p><b>Report from the Guardian of Safe Working</b></p> <p>The Committee received a report from the newly appointed Guardian of Safe Working Hours Dr Zara Sayar. The common themes highlighted included:</p> <ul style="list-style-type: none"> <li>• The majority of exception reports continue to be seen in the Emergency &amp; Integrated Medicine ICSU which was attributed to the ongoing impact of the pandemic on the work force both in terms of personal illness and fatigue but also persistent high clinical demands.</li> <li>• Most exception reports were processed for payment – this may be due to [pressures meaning that time off in lieu was not possible.</li> <li>• Primary events leading up to exceptions are issues due to workload and times when there is very minimal staffing on the wards due to rota gaps, on-call commitments and sickness. This is having an increasing impact especially on the provision of emergency care and on-call rotas. The Trust is aware of the issues and is trying hard to mitigate risk to both patients and staff.</li> <li>• There were very low levels of reporting in certain specialities, e.g. anaesthetics, radiology etc. and at higher grades. Attempts are being made to increase engagement and there has been some improvement. This is a well-recognised issue nationally.</li> <li>• Nationally there are lower than previous numbers of junior doctors available to fill bank and agency shifts which leaves on-call teams stretched.</li> </ul>
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	<ul style="list-style-type: none"> <li>• There continues to be high levels of fatigue and burnout amongst all staff across the NHS and this has also affected our doctors and dentists in training.</li> </ul> <p><b>Board Assurance Framework and Trust Risk Register – People entries</b> The Committee noted the Board Assurance Framework and Trust Risk Register.</p> <p><b>Staff Story: Career Development Programme for staff banded grades 2-7</b> The Committee received testimonials from the first cohort of staff that participated in the Trust's career development programme for staff at AFC Bands 2-7. The programme was led by the Trust's Organisational Development Programme and rolled out in July 2021 and was specifically aimed at black, asian and minority ethnic staff who wished to develop and refine their skills as well as define a clear career path within the Trust or the wider NHS. Participants reported that they individually and hugely benefited from the programme, and not only were able to learn and develop but also grew in confidence. The Committee learned that 45% of participants had achieved job promotions, and that mentoring and support from managers was ongoing. The Committee were assured that the programme could be tailored to the specific career aspirations of candidates and that funding had been secured for a further two cohorts of trainees.</p>
2.	<p><b>Present:</b> Rob Vincent, Non-Executive Director (Committee Chair) Glenys Thornton, Non-Executive Director Kevin Curnow, Chief Finance Officer Clare Dollery, Medical Director Norma French, Director of Workforce Glenys Thornton, Non-Executive Director Junaid Bajwa, Non-Executive Director</p> <p><b>In attendance:</b> Tina Jegede, Joint Director, Race, Equality, Diversity &amp; Inclusion and Lead Nurse, Islington Care Homes Swarnjit Singh, Trust Secretary and Joint Director of Inclusion Helen Kent, Assistant Director of Learning &amp; Organisational Development Rowena Welsford, Associate Director of Workforce Charlotte Pawsey, Deputy Director of Workforce Marcia Marrast-Lewis, Assistant Trust Secretary Kate Green, PA Director of Workforce</p>



<b>Meeting title</b>	<b>Workforce Assurance Committee</b>	<b>Date: 25/01/23</b>
<b>Report title</b>	<b>Guardian of Safe Working Hours Report Q1 2022-23</b>	<b>Agenda item: 22/31</b>
<b>Executive director lead</b>	Dr Clare Dollery, Medical Director	
<b>Report author</b>	Dr Zara Sayar, Guardian of Safe Working Hours (GoSWH)	
<b>Executive summary</b>	<ul style="list-style-type: none"><li>• This quarter's report shows steady but variable levels of Exception reports (ERs).</li><li>• The majority of ERs continue to be seen in the EIM ICSU. This is likely to reflect the ongoing impact of the pandemic on the work force both in terms of personal illness and fatigue but also persistent high clinical demands.</li><li>• Most ERs are processed for payment – this may be due to pressures meaning that time off in lieu is not possible</li><li>• Primary events leading up to exceptions are issues due to workload and times when there is very minimal staffing on the wards due to rota gaps, on-call commitments and sickness. This is having an increasing impact especially on the provision of emergency care and on-call rotas. The Trust is aware of the issues and is trying hard to mitigate risk to both patients and staff.</li><li>• There are still very low levels of reporting in certain specialities, e.g. anaesthetics, radiology etc. and at higher grades. Attempts are being made to increase engagement and there has been some improvement. This is a well-recognised issue nationally. The GoSWH continues to promote ER in these areas.</li><li>• Nationally there are lower than previous numbers of junior doctors available to fill bank and agency shifts which leaves on-call teams stretched.</li><li>• There continues to be high levels of fatigue and burnout amongst all staff across the NHS and this has also affected our doctors and dentists in training.</li></ul>	
<b>Purpose:</b>	<ul style="list-style-type: none"><li>• To provide assurance to the Board that Junior Doctors are working safe hours in accordance with the 2016 <i>Terms and Conditions of Service for NHS Doctors and Dentists in Training</i>.</li></ul>	
<b>Recommendation(s)</b>	The Board is asked to note this report.	
<b>Risk Register or Board Assurance Framework</b>	NA	
<b>Report history</b>	NA	
<b>Appendices</b>	NA	

## **Guardian of Safe Working Hours (GoSWH) Report Q1 2022-22**

### **1. Introduction**

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

### **2. High level data**

Number of doctors / dentists in training (total):	
Number of doctors / dentists in training on 2016 TCS (total):	212
Job planned time for guardian:	1 PA
Admin support provided to the guardian (if any):	as required from MD office
Amount of job-planned time for educational supervision:	NA

### **3. Exception reports (with regard to working hours)**

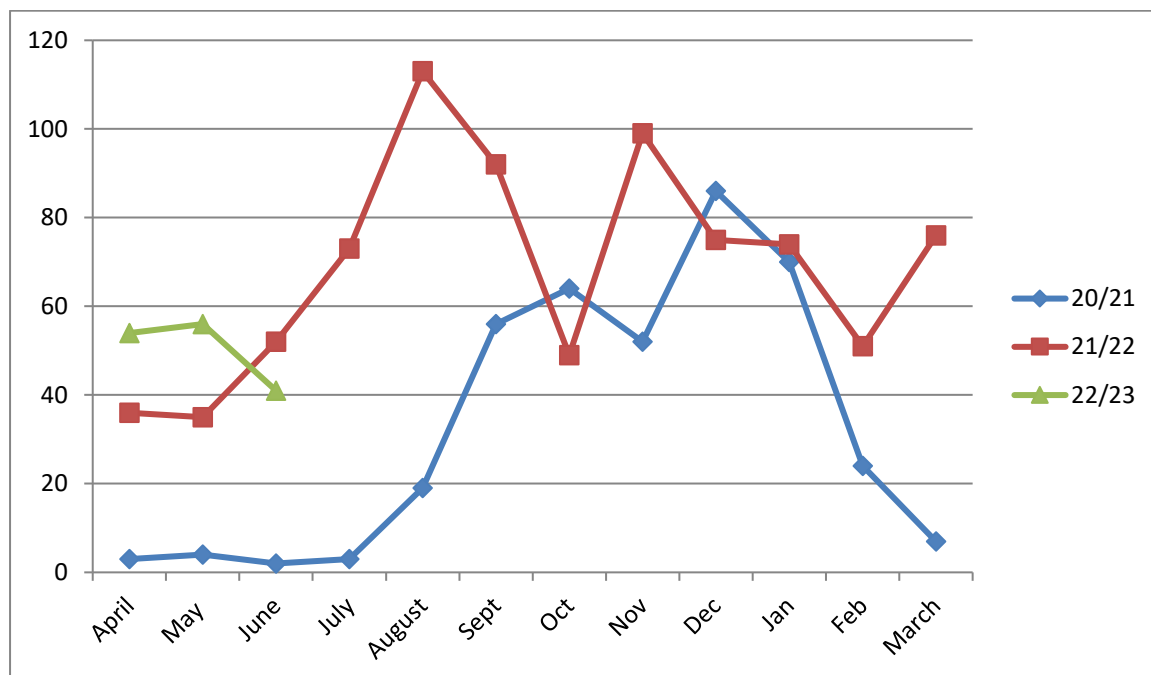
- 3.1. Between 1 April and the 30 June 2022 there have been a total of 151 ERs submitted. The table below gives details on where exceptions have been raised and the responses to deal with the issue raised.

**Table 1: Exception reports raised and responses**

2022		Apr	May	June	Total
Reports	Grand Total	54	56	41	151
	Closed	54	56	41	151
	Open	0	0	0	0
Individual doctors / specialties reporting	Doctors	21	16	20	57
	Specialties	4	3	3	10
Immediate concern		0	0	1	1
Nature of exception	Hours/Rest/pattern	53	56	37	146
	Education/Training/service support	1	0	4	5
Additional hours	Total hours	71	100	45	216
Response	Agreed	54	56	41	151
	Not Agreed/Not yet actioned	0	0	0	0
Agreed Action ('No action required' is the only response available for 'education' exception reports)	Time off in lieu (hrs)	17	3	5	25
	Payment for additional hours (hrs)	36	50	30	116
	No action required (ERs)	1	3	6	5
	Other/Pending (ERs)	0	0	0	0
Grade	Foundation year 1	33	48	23	104
	Foundation year 2	11	6	9	26
	IMT/ST1 or ST2	9	2	9	20
	GP Specialty Registrar	0	0	0	0
	Specialty Registrar	1	0	0	1
Exception type (more than one type of exception can be submitted per exception report)	Workload	18	22	8	48
	Pt/Dr ratio too high	27	7	24	58
	Rota gaps	0	1	1	2
	Late running WR	0	0	0	0
	Deteriorating patient	5	3	6	14
	Educational	1	0	4	5
Specialty	General Medicine	53	54	41	148
	General Surgery	0	2	0	2
	T&O	0	0	0	0
	Paediatrics	0	0	0	0
	Anaesthetics/ITU	0	0	0	0
	Radiology	0	0	0	0
	Psychiatry	1	0	0	1
	Obstetrics and gynaecology	0	0	0	0
	Accident and emergency	0	0	0	0
	Histopathology and micro	0	0	0	0
	Ophthalmology	0	0	0	0



**Graph 1: Exception reports over three years by Month**



3.2. The number of ERs submitted per month is variable throughout the year and year on year. The impact of the COVID-19 pandemic has exacerbated these variations as the Trust has experienced waves of infection. Over the last three months there has been an ongoing fluctuation in the level of ERs. The variation is in keeping with the unpredictable nature of the pandemic and exception reporting.

3.3. There has been ongoing high numbers of non-COVID admissions with persistent use of escalation “winter pressures” beds during this quarter. This has led to high clinical workloads for junior doctors which is felt to be reflected in the ongoing higher level of ER during this quarter. The medical and emergency teams have been very stretched during this period.

3.4. As has been highlighted at a national level there is ongoing and increasing concern over the mental health and stamina of the NHS workforce across all professions and grades. It is likely that this will be reflected in the volume of ERs over the coming months and it will be very important to establish ongoing support of all trainees as this takes effect.

### **Immediate safety concerns**

3.5. There was one exception report that was flagged as an immediate safety concerns (ISC) over the three month period. This was reviewed by the GoSWH in a timely fashion and found to have been incorrectly entered and did not reflect actual safety concerns.

### **Work Schedule reviews**

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

#### 4. Establishment and Vacancy data

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

#### 4.2. Bank and Agency usage

4.2.1. Use of bank and agency staff may or may not include trainees that already work within the trust.

**Table 2: Bank and agency usage Q1**

Speciality	Bank		Agency		Total	
	Shifts	Hours	Shifts	Hours	Shifts	Hours
General medicine	203	1411	436	3222.18	639	4633.43
ED	463	4330	163	1550.5	626	5880.50
General Surgery	21	236.5	245	2304.5	267	2541
Urology	42	598	66	749.28	108	1347.28
T&O	2	16.5	75	685.48	77	701.98
O&G	82	829.9	8	91	90	920.92
Anaesthetics	4	30	21	206.5	25	236.5
ITU	15	158	0	0	15	158
Paediatrics	117	1128	49	408	166	1535.75
Radiology	32	236.7	24	192	56	428.72
Total	982	8975	1087	9409.44	2069	18384.08

#### 4.3. Locum work carried out by trainees

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

#### 4.4. Vacancies

4.4.1. Due to concerns about the accuracy of data provided by HEE the GoSWH has sought alternative methods of trying to ensure the data provided here is as accurate for the relevant quarter as possible. Presented below is the data that was available at the time of writing of this report.

**Table 3: Vacancies per speciality Q1**

<b>Speciality</b>	<b>Current vacancies</b>
General Medicine	2 WTE vacant ST3+ 1 WTE vacant FY2-IMT2 3 LTFT FY2-IMT2 6 LTFT ST3+
General Surgery inc urology and T&O	Data Unavailable
Obstetrics and Gynaecology	Data unavailable
Emergency medicine	Data unavailable
Paediatrics (inc NICU)	1.6 WTE vacant ST3+ 0.6 WTE vacant SHO (Neonates) 1.2 WTE vacant SHO (Paeds)
Anaesthetics inc ITU	0.2 WTE vacant ST3+ 0.2 WTE vacant CT 0.2 WTE vacant middle grade
Radiology	Data unavailable
Microbiology	Data unavailable
Psychiatry	Data unavailable

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

- 5.1. For this quarter a total of 222 hours are to be re-paid either in time off in lieu (TOIL) or, if this is not possible, as pay for additional hours worked. It would not be appropriate for TOIL accrued in one specialty to be rolled over to another specialty.
- 5.2. Currently, these hours equate to a total of approximately £3344.84 of which £3384.84 has so far been paid to the junior doctors directly.
- 5.3. £1269.38 has been issued in fines to the Trust in accordance with the terms and conditions laid out in the contract. This is to be added to pre-existing fines that have been accrued and is to be kept in a separate fund for the junior doctors. There are currently still issues with ensuring that these fines have been paid and the money is ring-fenced for the JDF. Fines to the Guardian go into the JDF.
- 5.4. During this quarter the GoSWH has been working hard with the JDF to access the money accrued in fines. The GoSWH now has access to the funds and will be discussing how to spend this money at the next JDF. Unfortunately, a large proportion of this money will not be spent for the benefit of junior doctors who raised the fines as they have rotated and I have asked for this to be taken into account when deciding how to spend it.

**Table 4: Breakdown of fines by ICSU**

<b>ICSU</b>	<b>Amount of Fine to Doctor (£)</b>	<b>Amount of Fine to Guardian (£)</b>
Emergency and Integrated Medicine	761.41	1269.38
Surgery and Cancer	0	0
Children and Young People	0	0

## **6. Next steps**

- 6.1. GoSWH to continue to ensure all remaining open ERs are signed off in a timely fashion. Changes made to the contract in 2019 enables the GoSWH to action outstanding ERs at 30 days.
- 6.2. GoSWH and HR to work with the finance team to ensure the JDF is able to access the fines money to be able to spend it prior to August changeover date.
- 6.3. GoSWH to continue to work with ICSU leadership teams, rota coordinators and the bank office, to try to reduce the need for ERs by working to fill rota gaps whenever possible. There has been an increase in ER's and this is being monitored closely.
- 6.4. GoSWH to continue to work with the relevant specialities to review working practices that are leading to long running ward rounds contributing to high levels of ERs in certain sub-specialities.

## **7. Conclusions**

- 7.1. This quarter's report shows steady but variable levels of ERs.
- 7.2. The majority of ERs continue to be seen in the EIM ICSU. This is likely to reflect the ongoing impact of the pandemic on the work force both in terms of personal illness and fatigue but also persistent high clinical demands.
- 7.3. Most ERs are processed for payment – this may be due to pressures meaning that TOIL is not possible
- 7.4. Primary events leading up to exceptions are issues due to workload and times when there is very minimal staffing on the wards due to rota gaps, on-call commitments and sickness. This is having an increasing impact especially on the provision of emergency care and on-call rotas. The Trust is aware of the issues and is trying hard to mitigate risk to both patients and staff.
- 7.5. There are still very low levels of reporting in certain specialities, e.g. anaesthetics, radiology etc. and at higher grades. Attempts are being made to increase engagement and there has been some improvement. This is a well-recognised issue nationally. The GoSWH continues to promote ER in these areas.

## **8. Recommendations**

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



<b>Meeting title</b>	<b>Workforce Assurance Committee</b>	<b>Date: 25/01/23</b>
<b>Report title</b>	<b>Guardian of Safe Working Hours Report Q2 2022-23</b>	<b>Agenda item: 22/31</b>
<b>Executive director lead</b>	Dr Clare Dollery, Medical Director	
<b>Report author</b>	Dr Zara Sayar, Guardian of Safe Working Hours (GoSWH)	
<b>Executive summary</b>	<ul style="list-style-type: none"><li>• This report covers the changeover period of junior doctors in August where newly qualified FY1s start their first rotations.</li><li>• The report shows a spike in exception reports (ERs) following junior doctor rotation with 97 reported in August and 139 reported in September. Most ERs are in the EIM ICSU.</li><li>• Primary events leading up to exceptions are issues due to workload and times when there is very minimal staffing on the wards due to rota gaps, on-call commitments and sickness. This is having an increasing impact especially on the provision of emergency care and on-call rotas. The Trust is aware of the issues as a large proportion of the time in August and September coincides with the Trust being at OPEL4.</li><li>• There are low levels of reporting in certain specialities, e.g. anaesthetics, radiology etc. and at higher grades. Attempts are being made to increase engagement through induction. This is a well-recognised issue nationally. The GOSWH continues to promote ER in these areas.</li><li>• Nationally there are lower than previous numbers of junior doctors available to fill bank and agency shifts which leaves on-call teams very stretched.</li><li>• There continue to be high levels of fatigue and burnout amongst all staff across the NHS and this has affected our doctors and dentists in training.</li></ul>	
<b>Purpose:</b>	<ul style="list-style-type: none"><li>• To provide assurance to the Board that Junior Doctors are working safe hours in accordance with the 2016 <i>Terms and Conditions of Service for NHS Doctors and Dentists in Training</i>.</li></ul>	
<b>Recommendation(s)</b>	The Board is asked to note this report.	
<b>Risk Register or Board Assurance Framework</b>	NA	
<b>Report history</b>	NA	
<b>Appendices</b>	NA	

## Guardian of Safe Working Hours (GoSWH) Report Q2 2022-23

### 1. Introduction

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

### 2. High level data

Number of doctors / dentists in training (total):	
Number of doctors / dentists in training on 2016 TCS (total):	229
Job planned time for guardian:	1 PA
Admin support provided to the guardian (if any):	as required from MD office
Amount of job-planned time for educational supervision:	NA

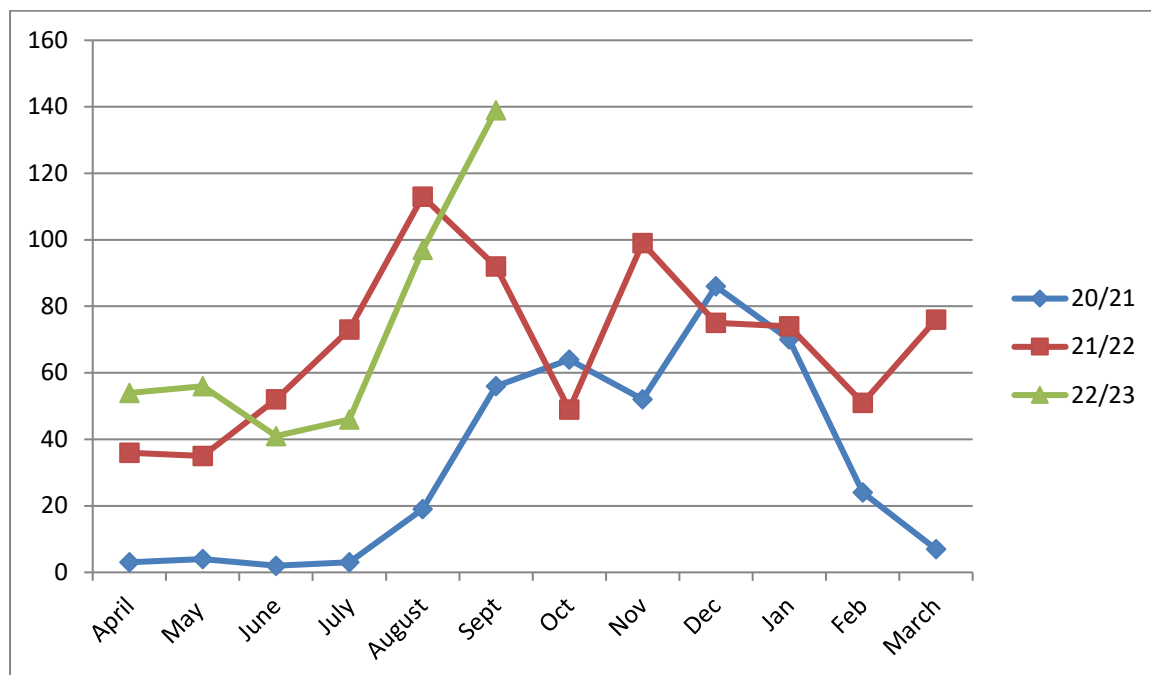
### 3. Exception reports (with regard to working hours)

- 3.1. Between the 1<sup>st</sup> July and the 30<sup>th</sup> Sept there have been a total of 282 ERs raised. The table below gives details on where exceptions have been raised and the responses to deal with the issue raised.

**Table 1: Exception reports raised and responses**

2022		July	Aug	Sept	Total
Reports	Grand Total	46	97	139	282
	Closed	46	97	139	282
	Open	0	0	0	0
Individual doctors / specialties reporting	Doctors	16	28	36	80
	Specialties	3	8	6	17
Immediate concern		1	2	3	6
Nature of exception	Hours/Rest/pattern	43	93	135	271
	Education/Training/service support	3	4	4	11
Additional hours	Total hours	57:45	124:15	197:40	379:40
Response	Agreed	46	97	139	282
	Not Agreed/Not yet actioned	0	0	0	0
Agreed Action ('No action required' is the only response available for 'education' exception reports)	Time off in lieu (hrs)	0	35	45	80
	Payment for additional hours (hrs)	39	49	76	164
	No action required (ERs)	7	7	10	24
	Other/Pending (ERs)	0	6	8	14
Grade	Foundation year 1	35	77	113	225
	Foundation year 2	0	2	10	12
	IMT/ST1 or ST2	11	16	12	39
	GP Specialty Registrar	0	0	0	0
	Specialty Registrar	0	2	4	6
Exception type (more than one type of exception can be submitted per exception report)	Work Load	27	47	61	135
	Pt/Dr ratio too high	8	20	31	59
	Rota gaps	9	6	15	30
	Late running WR	2	4	8	14
	Deteriorating patient	2	19	22	43
	Educational	0	7	4	11
Specialty	General Medicine	42	78	84	204
	General Surgery	0	8	40	48
	T&O	0	5	10	15
	Paediatrics	0	0	0	0
	Anaesthetics/ITU	0	0	0	0
	Radiology	0	0	0	0
	Psychiatry	0	0	1	1
	Obstetrics and gynaecology	4	0	0	4
	Accident and emergency	0	6	4	10
	Histopathology and micro	0	0	0	0
	Ophthalmology	0	0	0	0

**Graph 1: Exception reports over three years by Month**



- 3.2. The number of ERs submitted per month is very variable throughout the year and year on year. Over the last three months there has been an ongoing rise in the level of ERs. The variation in this report is likely in keeping with the new junior doctors starting in August and is similar to that seen in the previous year. Junior doctors are encouraged to report ERs at induction.
- 3.3. During this quarter we have had ongoing high levels of staff sickness along with the Trust being at OPEL4 for a large proportion of this time. As such, workload and high Dr:Patient ratios are the two most common reasons cited for ER completion. The medical and emergency teams have been very stretched during this period and this continues.
- 3.4. As has been highlighted at a national level there is ongoing and increasing concern over the mental health and stamina of the NHS workforce across all professions and grades. It is likely that this will be reflected in the volume of ERs over the coming months and it will be very important to establish ongoing support of all trainees as this takes effect.

### **Immediate safety concerns**

- 3.5. There were six reports that was flagged as an immediate safety concerns (ISC) over the three month period. Each was reviewed by the GoSWH in a timely fashion and all were found to have been incorrectly entered and did not reflect actual safety concerns.



## Work Schedule reviews

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

## 4. Establishment and Vacancy data

4.1. As has been highlighted in previous reports the accuracy of the data in this section is very hard to guarantee. The GoSWH has been working with the finance department and the workforce team to try to provide accurate data. For this report College tutors have been contacted directly to try to improve the accuracy of data presented.

### 4.2. Bank and Agency usage

4.2.1. Use of bank and agency staff may or may not include those that are also trainees.

**Table 2: Bank and agency usage Q2**

Speciality	Bank		Agency		Total	
	Shifts	Hours	Shifts	Hours	Shifts	Hours
General medicine	334	2486.83	451	3141.8	785	5628.63
ED	522	4882.8	163	1553.87	685	6436.67
General Surgery	19	195.25	148	1363.5	167	1558.68
Urology	71	854.2	87	708.48	158	1562.68
T&O	7	45	69	623.5	76	668.5
O&G	61	567.33	5	59.5	66	626.83
Anaesthetics	11	134.75	19	172	30	307
ITU	23	273.5	0	0	23	273.5
Paediatrics	80	737.42	85	715	165	1452.42
Radiology	27	194.48	21	168	48	362.48
Total	1155	10371.56	1048	8505.9	2203	18877.46

### 4.3. Locum work carried out by trainees

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

## 4.4. Vacancies

4.4.1. Due to concerns about the accuracy of data provided by HEE the GoSWH has sought alternative methods of trying to ensure the data provided here is as accurate for the relevant quarter as possible. Presented below is the data that was available at the time of writing of this report.

**Table 3: Vacancies per speciality Q2**

<b>Speciality</b>	<b>Current vacancies</b>
General Medicine	3 WTE vacant ST3+ 3 LTFT ST3+ 3 LTFT FY2-IMT2
General Surgery inc urology and T&O	Data unavailable
Obstetrics and Gynaecology	Data unavailable
Emergency medicine	Data unavailable
Paediatrics (inc NICU)	2.6 WTE vacant ST3+ 0.6 WTE vacant SHO (Paeds) until Aug, 1.6 Aug-Sept (GP trainees start in Aug)
Anaesthetics inc ITU	0.5 WTE vacant ST3+ 0.5 WTE vacant CT 0.5 WTE vacant middle grade
Radiology	Data unavailable
Microbiology	Data unavailable
Psychiatry	Data unavailable

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

5.1. For this quarter a total of 371.5 hours are to be re-paid either in TOIL or, if this is not possible, as pay for additional hours worked. It would not be appropriate for TOIL accrued in one specialty to be rolled over to another specialty.

5.2. Currently, these hours equate to a total of approximately £5646.13 of which £3161.28 has so far been paid to the junior doctors directly.

5.3. £2497.57 has been issued in fines to the Trust in accordance with the terms and conditions laid out in the contract. This is to be added to pre-existing fines that have been accrued and is to be kept in a separate fund for the junior doctors. There are currently still issues with ensuring that these fines have been paid and the money is ring-fenced for the JDF. Fines to the Guardian go into the JDF.

5.4. GoSWH has access to the fine monies and is in liaison with the Junior doctors about how this is spent via JDF.

**Table 4: Breakdown of fines by ICSU**

ICSU	Amount of Fine to Doctor (£)	Amount of Fine to Guardian (£)
Emergency and Integrated Medicine	1474.81	2457.84
Surgery and Cancer	23.83	39.73
Children and Young People	-	-

## **6. Next steps**

- 6.1. The GoSWH continues to ensure all remaining open ERs are signed off in a timely fashion. Changes made to the contract in 2019 enables the GoSWH to action outstanding ERs at 30 days.
- 6.2. GoSWH to continue to work with ICSU leadership teams, rota coordinators and the bank office, to try to reduce the need for ERs by working to fill rota gaps whenever possible. There has been an increase in ERs and this is being monitored closely.
- 6.3. GoSWH to work with ICSU leads to try to ensure there is an accurate way of reporting bank and agency usage along with the fill rate, to ensure there is accurate and meaningful data for presentation to the Board. This is particularly challenging due to the way that the data is collected but alternative ways of collecting this data are proving more accurate.
- 6.4. GoSWH to discuss plan for how best to spend monies generated from fines via the JDF – this needs to take into account that the majority of money available was from a previous junior doctor cohort.
- 6.5. GoSWH has contacted the appropriate staff to try and assist with the number of ER from Nightingale Ward – a phlebotomist here would likely help to reduce the number of additional hours the junior doctors are having to do – this has been highlighted to the ops manager and supported by the clinical director.
- 6.6. GoSWH involved in junior doctor reorganisation within the medical teams with the help of the data collected from the ER.

## **7. Conclusions**

- 7.1. This quarter's report shows a spike in ER following junior doctor rotation in Aug.
- 7.2. The majority of ER continues are in the EIM ICSU.
- 7.3. Primary events leading up to exceptions are issues due to workload and times when there is very minimal staffing on the wards due to rota gaps, on-call commitments and sickness. This is having an increasing impact especially on the provision of emergency care and on-call rotas. The Trust is aware of the issues as a large proportion of the time in August and September coincides with the Trust being at OPEL4.

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## **8. Recommendations**

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