



Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board held in public on **Friday, 29 September 2023** from **10.20am to 11.30am** held virtually via Microsoft Teams Link

Item	Time	Title	Presenter	Action
		Standing agenda items		
1.	1020	Welcome, apologies, declarations of interest	Trust Chair	Note
2.	1021	21 July 2023 public Board meeting minutes, action log, matters arising	Trust Chair	Approve
3.	1025	Chair's report	Trust Chair	Note
4.	1030	Chief Executive's report	Chief Executive	Note
		Quality and safety		
5.	1040	Quality Assurance Committee report	Committee Chair	Note
		People		
6.	1050	Workforce Assurance Committee report	Committee Chair	Note
		Performance		
7.	1100	Integrated performance report	Director of Strategy and Corporate Affairs	Discuss
8.	1110	Elective assurance self-certification	Director of Strategy and Corporate Affairs	Approve
9.	1115	Finance and capital report	Interim Chief Finance Officer	Discuss
10.	1125	Questions to the Board from the public agenda items	Trust Chair	Note
11.	1130	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 21 July 2023

Present:	
Baroness Julia Neuberger	Non-Executive Director and Trust Chair
Helen Brown	Chief Executive
Junaid Bajwa	Non-Executive Director
Kevin Curnow	Deputy Chief Executive and Chief Finance Officer
Dr Clare Dollery	Medical Director
Amanda Gibbon	Non-Executive Director
Chinyama Okunuga	Chief Operating Officer
Naomi Fulop	Non-Executive Director
Baroness Glenys Thornton	Non-Executive Director
Rob Vincent CBE	Non-Executive Director
Sarah Wilding	Chief Nurse & Director of Allied Health Professionals
In attendance:	
Norma French	Director of Workforce
Jonathan Gardner	Director of Strategy & Corporate Affairs
Tina Jegede MBE	Joint Director of Inclusion & Nurse Lead, Islington Care Homes
Clarissa Murdoch	Deputy Medical Director
Alexandru Negut	Patient Experience Project Lead (item 1)
Andrew Sharratt	Associate Director of Communications and Engagement
Swarnjit Singh	Joint Director of Inclusion and Trust Company Secretary
Ruth Wetherall	Acute Liaison Learning Disabilities Clinical Nurse Specialist (item 1)
No.	Item
1.	Patient experience story
1.1	<p>Sarah Wilding introduced Ms X who was the patient advocate and carer for, and sister, of a patient with autism and explained that Ms X had offered to work with the Trust to help to improve the patient experience of service users with a learning disability. Ms X gave Board members an overview of both her brother's experience as well as an outline of the experiences of people with autism and learning disabilities when accessing NHS services. She drew attention to the following points:</p> <ul style="list-style-type: none">• There was an ongoing issue regarding the ability to access healthcare services• Her brother is a 54 year old patient with severe autism. He is non-verbal, is registered blind and lacks capacity under the Mental Capacity Act (2005)• The ophthalmology department sent her brother away without assessment, on the grounds they could not examine him or issue a Certificate of Visual Impairment

1.2	<ul style="list-style-type: none"> • He was referred to the endocrinology department by his GP, but was not able to receive an appointment for over six months from his referral date • There were challenges in accessing care for Ms X's brother with a lack of available online appointments and confusion in communication received regarding appointment dates and the requirements for them, as Mr X is non-verbal • Ms X and her brother received valued support from the patient advice and liaison service (PALs) team, who contacted relevant departments on her brother's behalf • Overall, it was important that the Trust engaged with people with disabilities in the right way and made adjustments to allow them to access healthcare services – this was a common problem experienced by disabled people – despite Government policies and training provided across hospitals <p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> • The Chair apologised to Ms X for the patient experience her brother and she had faced. She welcomed the positive feedback about the PALs team and acknowledged that there was no excuse for the difficulties they had encountered – there was more to be done on providing cultural competency training for staff, particularly in relation to patients with disabilities • Tina Jegede thanked Ms X for her powerful insight and explained that the Trust was providing more cultural competency awareness guidance for staff • Chinyama Okunuga thanked Ms X for sharing her brother's patient experience story and apologised for the poor patient experience. She explained that discussions had been held with the ophthalmology team, and that work was taking place with the appointments team, to ensure that a flagging system was in place for disabled patients and that communication from learning disability nurses was strengthened and listened to • Rob Vincent thanked Ms X for her constructive help with Whittington Health. He emphasised the need to give more attention to communication with patients • Sarah Wilding apologised for the poor patient experience highlighted, and welcomed the opportunity to work with Ms X to improve practice for vulnerable patients. She also reported that there had been an increase in the staffing resource of the Trust's safeguarding team, in order to build on the current expertise in place, and committed to work to ensure that access to healthcare services was more equal for all patients • Helen Brown added her apologies for the poor patient experience. She gave a commitment to focus on the outpatient transformation programme to transform the patient experience of people with a learning disability <p>The Chair thanked Ms X for sharing her brother's patient experience story and her offer to work with the Trust to improve the patient experience for all patients with a disability</p>
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2.	Welcome, apologies and declarations of interest
2.1	The Chair welcomed everyone to the meeting. Apologies for absence were received from Clare Dollery, Medical Director.
2.2	Amanda Gibbon declared an interest, as she had been appointed as a Director of Wycombe Abbey Services this week. Swarnjit Singh reported that he has been invited to be a member of the North Central London Integrated Care Board's Population Health and Health Inequalities Steering Group. Board members noted both declarations, which would be added to the register of interests.
3.	Minutes of the previous meeting
3.1	The minutes of the meeting held on 24 May 2023 were agreed as a correct record and the updated action log was noted.
3.2	As a matter arising, Naomi Fulop recounted difficulties she had experienced with getting an appointment following a referral made in January 2023, particularly the challenges in doing this online, over the phone or via the NHSapp. She was concerned at the inaccessibility of the process for many people, either online or through the national call centre. Chinyama Okunuga agreed to review the booking processes involved and to liaise with the national booking service.
3.3	In reply to a query from Glenys Thornton on sickle cell services, Chinyama Okunuga reported that it had been agreed to establish an eight bed ward for sickle cell patients and that meetings with patients and staff were planned in September, before an update was brought to the Quality Assurance Committee's September meeting.
4.	Chair's report
4.1	The Chair thanked staff involved in preparations to minimise the impact of industrial action by junior doctors and consultants. She also congratulated staff involved in planning the successful staff awards event held on 21 June, particularly Andrew Sharratt.
4.2	<p>During discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Clarissa Murdoch reported that many consultants were on site today to help provide Christmas Day cover arrangements, when needed • Norma French reminded colleagues that radiographers would be taking industrial action from 25-27 July and provided assurance that work was taking place to minimise the impact • In reply to a question from Junaid Bajwa regarding the North Central London system working effectively together during industrial action and applying the lessons learnt from previous strikes, Chinyama Okunuga reported that the whole system was challenged, particularly on the urgent and emergency care pathway. However, there was good evidence of collaborative working across the system to minimise the impact, where possible

	<ul style="list-style-type: none"> • Helen Brown thanked all staff working to mitigate the effects of the industrial action. She explained that the impact on patient pathways and on elective services was profound across the North Central London system • Jonathan Gardner reported that the North Central London Management Board meeting had discussed the knock-on effect from industrial action on management and leadership capacity to deliver improvements such as cost improvement programmes <p>The Trust Board noted the Chair's report.</p>
5.	Chief Executive's report
5.1	<p>Helen Brown highlighted the 2022/23 annual report and accounts which were presented as appendices along with the Trust's 2023/26 green plan. Glenys Thornton said that she had enjoyed reading the annual report and asked whether a summary version would be produced. Jonathan Gardner confirmed that slide deck would be produced for the annual general meeting in September.</p> <p>The Trust Board noted the Chief Executive's report and the 2023/24 annual report and accounts and the 2023/26 green plan. The Board also noted that a summary version of the annual report would be available at the annual general meeting.</p>
6.	Quality Assurance Committee report
6.1	<p>Naomi Fulop explained that the Committee had met on 12 July and thanked Swarnjit Singh and Marcia Marrast-Lewis for producing the report in time for the Board meeting. She drew the attention of the Board members to the following matters discussed at the meeting:</p> <ul style="list-style-type: none"> • Comments from external stakeholders on the 2022/23 Quality Account • Complaints regarding the access to and the responsiveness of patient transport services – an improvement plan was due to be discussed at the Committee's next meeting in September • Committee members received an interesting and helpful presentation on the transition from the e-community system to the RIO electronic patient record system. The system upgrade would deliver several benefits including improved record keeping, reduced staff administration time, an improved ability to share information with partner organisations and reduced clinical governance risks • The Committee reviewed the bi-annual health and safety report and would receive an update on further patient led assessments of the care environment at its September meeting • Committee members took moderate assurance from the report on pressure ulcers. An improvement plan with a trajectory had been developed and delivery against it would continue to be reviewed by the Committee • There were four key risks to highlight to the Board: <ul style="list-style-type: none"> ○ Patient flow, overcrowding in the emergency department and delays in meeting urgent and emergency care pathway access standards

6.2	<ul style="list-style-type: none"> ○ Unintended consequences and the opportunity costs involved in dealing with the backlog of duty of candour cases, complaints and serious incident investigations. Progress on managing the duty of candour cases would be an agenda item at the Committee's next two meetings and be included in quarterly quality and safety reports considered by the Committee ○ The impact of industrial action ○ The lack of progress in completing quality impact assessments for cost improvement programme (CIP) schemes <p>In discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Sarah Wilding reported that since the Quality Assurance Committee meeting, grade four pressure ulcers had been identified in community services and related to issues with the new North Central London community service provider equipment contract. She explained that the matter had been escalated to and discussed with colleagues at the North Central London Integrated Care Board • Kevin Curnow confirmed there were insufficient CIP schemes ready for a quality impact assessment at the current time <p>The Trust Board noted the Chair's assurance report for the Quality Assurance Committee meeting held on 12 July 2023</p>
7.	Improvement Performance and Digital Committee report
7.1	<p>Junaid Bajwa thanked Marcia Marrast-Lewis and Jonathan Gardner for producing the report of the meeting held on 10 July. He highlighted the following points:</p> <ul style="list-style-type: none"> • Naomi Fulop was welcomed as a member of the Committee • The Committee reviewed and updated its terms of reference which were brought to the Board for approval • Committee members considered a report on the options available to the Trust in respect of a replacement for the current electronic patient record (EPR) system. The contract for the current provision with System C was due to expire in April 2025. During discussion, the Committee acknowledged the absence of additional central funding, and approved the recommended way forward to procure a new contract for the provision of the EPR system with System C under a direct contract award • The Committee discussed an update on cyber security protection in place at the Trust and received assurance that the required standards were being met • Good assurance on performance against the National Data Guardian's 10 data security standards. The Trust had met 32 of the 34 standards and an improvement plan had been implemented • The Committee carried out a deep dive into performance against standards for the urgent and emergency care pathway. While it was recognised that performance against the four-hour access standard was a national issue, Committee members remained concerned that performance was below that of other London and North Central London providers. The

7.2	<p>Committee had received assurance that the focus on admissions, length of stay and patient flow was critical to improved performance</p> <p>In discussion, Clarissa Murdoch raised the point that the Medical Director be included in the membership of the Committee.</p> <p>The Board:</p> <ul style="list-style-type: none"> i. noted the Chair’s assurance report for the meeting of the Improvement Performance and Digital Committee held on 10 July; ii. approved the updated terms of reference for the Committee, subject to the inclusion of the Medical Director as a member; and iii. noted and ratified the decision on the electronic patient record.
8.	Finance and capital expenditure report
8.1	<p>Kevin Curnow took the report as read. He outlined the following:</p> <ul style="list-style-type: none"> • At the end of June, the Trust reported a deficit of £8.29m, £1.36m off plan. There were four key factors for the deficit, as follows: <ul style="list-style-type: none"> ○ lower than expected cost improvement programme (CIP) savings - £1.1m had been delivered so far against a target of £2.7m ○ cost pressures related to the continued opening of a winter pressure ward, a fourth room for endoscopy services, enhanced care needs and additional costs for cover needed during industrial action ○ agency staffing expenditure costs ○ lower than anticipated elective recovery fund monies • Agency staffing costs continued to fall, following good work by the Discretionary Spend Scrutiny Panel on monitoring agency expenditure • £4.17m had been spent on the 2023/24 internally funded capital expenditure plan. The Trust was yet to receive its 2023/24 capital allocation for strategic projects from the North Central London Integrated Care System
8.2	<p>In discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Amanda Gibbon reported that the Finance and Business Development Committee had spent time on 20 July discussing progress with the delivery of CIP schemes and had also carried out a deep dive into Adult Community Services. She highlighted the need for a very granular understanding of current costs and stressed the need to maintain a focus on CIP delivery, particularly in view of the risks involved in meeting this year’s challenging target. The Chair concurred • Rob Vincent acknowledged the disruption and distraction caused by industrial action. He was concerned that there remained much to do on delivering CIPs and in transforming services • The Chair proposed that, following further consideration by the members of the Finance and Business Development and the Innovation Performance and Digital Committees, a report be brought back to the Board’s September meeting regarding CIPs and transformation • Helen Brown reported that the executive team had had active discussions about increasing capacity to allow more time for a focus on transformation and she would be keen to join Amanda Gibbon and Junaid Bajwa to

	<p>develop a proposal for the September Board meeting which would clarify and strengthen governance arrangements in this area</p> <p>The Board noted the financial performance at the end of month three and agreed on the need to improve savings delivery. The Board agreed that further work would be done to clarify the roles and responsibilities of different Board Committees for delivery against key indicators covering performance, quality and safety, cost improvement and transformation programmes in the context of the new remit of the Improvement, Performance & Digital Committee. The Board also requested further assurance regarding the quality impact assessment process for cost improvement programme schemes.</p>
9.	Integrated Performance Report
9.1	<p>Jonathan Gardner highlighted the following areas:</p> <ul style="list-style-type: none"> • There were two incidents identified of clostridium difficile. Actions taken in response included multi-disciplinary team meetings to review each case and an external audit of cleaning • There were 21 falls in June, a reduction from the 31 recorded in May, and a 5% reduction compared with the position in June 2022 • Performance against cancer targets remained an area of concern. The 28 day Faster Diagnosis was at 54.9% in May 2023 against a standard of 75%. This represented a deterioration of 6.5% from April's performance of 61.4%. performance against the 62-day referral to treatment performance was at 64.2% for May 2023 against a target of 85%. This was an improvement of 6.4% from April's performance of 57.8%. More positively, at the end of June 2023, the Trust's position against the 62-day backlog was ahead of trajectory with 62 against a target of 99. • Senior management oversight had been strengthened with weekly meetings with the Chief Operating Officer and with cancer teams • There was a slight worsening in June of performance against the 18 week target for referral to treatment to 68.5%, a deterioration of 0.4% from May's 68.9% performance. In addition, the Trust's position against the 52-week performance target worsened from 693 patients waiting more than 52 weeks for treatment in May 2023 to 727 in June 2023 • A considerable amount of work was taking place to address performance on the urgent and emergency care pathway and included the assistance of NHS England's Emergency Care Intensive Support Team and PA Consulting to improve patient flow and emergency care performance. Initiatives implemented included the 50 Day Challenge and a direct access pathway for same day emergency care • As requested by Board members, the report included graphs showing average length of stay, which illustrated the challenge as there were some patients with a long length of stay, especially for those who needed social care packages to be implemented prior to their discharge • Elective recovery performance was at 102% of 2019/20 activity - slightly below trajectory due to the impact of industrial action • There had been a worsening of performance on appointment slot issues for e-referrals – 56.5% against a target of 4%. Actions being taken

9.2	<p>included weekly monitoring at patient treatment list meetings and a significant improvement in the management of appointment slots was seen within surgery services</p> <ul style="list-style-type: none"> • In terms of well led performance indicators, appraisal rates increased by 3.1% in June to 77%. Mandatory training compliance performance was 86.3% against a target of 85% • Community services performance had seen a reduction in the backlog for podiatry services <p>During discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Chinyama Okunuga explained that the national portal for appointments had limited access for GPs for 12-18 weeks depending on the service speciality and progress on appointment slot issues at the trust would continue to be reviewed each week. She also reported that a private provider had ceased to deliver ear nose and throat services and consequently demand this service had increased • Helen Brown confirmed that detailed discussions and concerns about urgent and emergency care performance and the impact on patients was held by members of the Infection Prevention and Control Committee. A number of actions were in place to address performance and would be articulated in an update report for September's private Board meeting. She outlined the key challenge was the focus on length of stay and patient flow and accepted the need to demonstrate a grip on performance. Helen Brown also reported that capacity within Emergency and Integrated Medicine would increase significantly over the next three months with a new senior team • Rob Vincent welcomed the amount of work taking place in response to performance concerns and asked whether sufficient external help was in place. In reply, Helen Brown said that, due to a lack of management capacity, PA Consulting had helped to drive forward work at pace on reducing average length of stay. She recognised that there was a need for a dedicated resource to support improvements in both inpatient and outpatient service teams • Chinyama Okunuga advised that, starting on 24 July, the 50 Day Challenge was a focused piece of work and part of the range of actions being taken on length of stay and flow. Alongside it, other actions being taken included the closure of winter beds. She expected progress to be identified over the next three months and would bring an update to September's Board meeting <p>The Trust Board noted the integrated performance report and that an update on initiatives taken forward to tackle urgent and emergency care performance be brought to its private meeting in September.</p>
10.	Q1 Delivery of 2023/24 Corporate Objectives
10.1	<p>Jonathan Gardner thanked all contributors to the report. He drew Board members' attention to the following:</p> <ul style="list-style-type: none"> • Quality objectives were rated amber. Progress in quarter one had been seen in the Back to the Floor initiative being embedded within nursing and

	<p>midwifery and the establishment of task and finish groups to take forward nationally mandated work on the patient incident response framework</p> <ul style="list-style-type: none"> • People objectives remained rated as amber and could potentially move to green following good improvements in appraisals and mandatory training and a reduction in staff sickness absence. A staff engagement and wellbeing lead had also been appointed • In terms of integration objectives, a transformation programme for children's services was underway, following new investment, and the case for greater collaboration with University College London Hospitals NHS Foundation Trust had been drafted • For our sustainable corporate objectives, the assessment rating had reduced to red because of underperformance against CIP targets and risks in delivering a balanced financial plan <p>Trust Board members received and noted the outcomes against performance indicators for delivery of Whittington Health's corporate objectives in quarter one 2023/24.</p>
11.	Charitable Funds Committee report
11.1	<p>Amanda Gibbon reported the following key points from the 22 May meeting of the Committee:</p> <ul style="list-style-type: none"> • There was a focus on a presentation from the More Partnership regarding fundraising activity. Good practice had been identified areas of good performance, including a robust grant making strategy and the governance framework in place • Recommendations were suggested to improve fundraising activities and to develop major gift opportunities and Committee members discussed a recommendation that an additional two members of the team be recruited to focus on major gifts and the impact of grants • Fundraising for the dementia garden would be a priority area of activity in quarter three
11.2	<p>Helen Brown fully endorsed the dementia garden aspiration.</p> <p>Board members noted the Chair's assurance report for the Charitable Funds Committee meeting held on 22 May 2023 and the applications for funding agreed.</p>
12.	Questions from the public
12.1	<p>A member of the public noted the comments by Naomi Fulop regarding difficulties in making an appointment and commented on the need for NHS organisations to assist patients who did not have the ability to go online and make appointments. The Chair agreed.</p>
12.2	<p>A question was asked about the exclusion of bank staff from the national pay deal implemented in June for the majority of NHS staff. Norma French replied to clarify that NHS organisations were instructed to implement the pay deal for staff who were substantively in post on 31 March 2023 and because bank staff were not directly employed by the Trust, they were not eligible for a bonus. Kevin Curnow noted the national guidance was clear on this issue and</p>

	reported that only two NHS providers in England had paid the pay bonus to bank staff.
13.	Any other business
13.1	There was no other business to discuss.

Trust Board, 21 July 2023 public meeting action log

Agenda item	Action	Lead(s)	Progress
Patient experience story	Work in partnership with the sister of the patient to improve the patient experience for all patients with a disability	Sarah Wilding	Completed - The learning disability nurse has reached out to the patient's sister to discuss opportunities for collaboration to help improve the experience of patients with a learning disability
Declarations of interest	Update the register to reflect declarations by Amanda Gibbon and Swarnjit Singh	Marcia Marrast-Lewis	Completed
Chief Executive's report	Produce summary slides of the 2022/23 annual report for the annual general meeting	Andrew Sharratt and Swarnjit Singh	Completed
Improvement Performance and Digital Committee report	Include the Medical Director as a Committee member in the revised terms of reference	Marcia Marrast-Lewis	Completed
Finance and capital expenditure report	Clarify the roles and responsibilities of different Board Committees for delivery against key indicators covering performance, quality and safety, cost improvement and transformation programmes.	Amanda Gibbon, Junaid Bajwa, Helen Brown	Helen, Junaid and Amanda met to discuss respective roles and responsibilities of committees and how to ensure triangulation while minimising duplication. Worked examples are to be developed
	Provide further assurance regarding the quality impact assessment process for cost improvement schemes	Sarah Wilding and Clare Dollery	Completed - an update and assurance were provided at the September Quality Assurance Committee meeting
Integrated performance report (IPR)	Provide an update on initiatives taken forward to tackle urgent and emergency care performance to the Board in September	Chinyama Okunuga	Completed – slide 7 of the IPR shows the areas of focus in ED which will be discussed by the Improvement,

Agenda item	Action	Lead(s)	Progress
			Performance & Digital Committee at its next meeting in October.



Meeting title	Trust Board – public meeting	Date: 29 September 2023
Report title	Chair's report	Agenda item: 3
Non-Executive Director	Julia Neuberger, Trust Chair	
Executive director lead	Jonathan Gardner, Director of Strategy and Corporate Affairs	
Report authors	Swarnjit Singh, Joint Director of Inclusion and Trust Secretary, and Julia Neuberger	
Executive summary	This report provides a summary of activity since the last Board meeting held in public in July.	
Purpose	Noting	
Recommendation	Board members are asked to note the report.	
Board Assurance Framework	All entries	
Report history	Report to each Board meeting held in public	
Appendices	None	

Chair's report

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

First of all, I would like to acknowledge the continuing hard work of staff to manage services during the current industrial action and its impact on elective services. I also very much hope that our staff were able to take time off to rest over the Summer.

July private Board meetings and June Board seminar

The Board of Whittington Health held a private meeting on 21 July. Agenda items discussed included an update on fire remediation work and the private finance initiative building, the procurement of pathology services, a presentation on the case for collaboration with University College London NHS Foundation Trust and an update on the external policy environment changes.

Board membership changes

I am pleased to announce that NHS England has approved the appointment of Nailesh Rambhai as a Non-Executive Director of the Board with effect from 10 October 2023. Nailesh has been appointed for a three year term. He is currently a Non-Executive Director at University College London Hospitals NHS Foundation Trust and will chair our Finance and Business Development Committee from its December onwards. I am also sad to announce that Norma French, Director of Workforce, had announced that she has decided to retire in March 2024 after nearly 40 years of NHS service.

Deloitte well led review

In line with corporate governance good practice, the Trust has commissioned an external review of its well led arrangements. Following a procurement exercise, Deloitte LLP were successful in their bid to conduct the review. Along with the Chief Executive, I met the review team to discuss the aims and focus of the developmental well led review.

Long service awards

I have been delighted to take part in events to recognise, celebrate and thank our longest serving staff who have completed 20 to 30 years with Whittington Health and its predecessor organisations. On behalf of the Board, I would like to pay tribute to the service these staff have provided for our patients.

Appraisal process

I have been carrying out appraisals for Non-Executive Director colleagues and reporting the outcomes to NHS England's appointments team.

Consultant recruitment panels

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

Post title	Non-Executive Director	Selection panel date
Consultant Child & Adolescent Psychiatrist & Lead Clinician PMH x 1 post	Amanda Gibbon	14/09/2023
Consultant in Anaesthetics x 2 posts	Glenys Thornton	21/09/2023

Corporate induction

On 11 September, I took part in corporate induction training and welcomed new starters at the Trust.

I have participated in the following meetings:

- North Central London Integrated Care Board
- University College London Health Alliance
- Quarterly meeting with Islington Council and WH
- Whittington Health Charitable Funds Committee
- Whittington Health Medical Committee



Meeting title	Trust Board – public meeting	Date: 29 September 2023
Report title	Chief Executive's report	Agenda item: 4
Executive director lead	Helen Brown, Chief Executive	
Report authors	Swarnjit Singh, Joint Director of Inclusion and Trust Secretary, and Helen Brown	
Executive summary	This report provides Board members with updates on national and local developments since the last meeting held in public in July 2023.	
Purpose	Noting	
Recommendation	Board members are invited to note the report.	
Board Assurance Framework	All Board Assurance Framework entries	
Report history	Report to each Board meeting held in public	
Appendices	None	

Chief Executive's report

Industrial action

Industrial action within the NHS is ongoing. The British Medical Association (BMA), Hospital Consultants and Specialists Association (HCSA), British Dental Association (BDA) and the Society of Radiographers all have current mandates for industrial action. A series of stand-alone and co-ordinated periods of industrial action have taken place over the summer and is expected to continue into the coming months.

Most recently strike action by junior doctors and consultants represented by the BMA took place between 19 and 23rd September and further action is planned for the early October.

Information for the public is available on the NHS England website on the link below which summarises the position at a national level:

<https://www.england.nhs.uk/long-read/information-for-the-public-on-industrial-action/>

The Trust continues to work hard to ensure that safe services can be maintained during periods of Industrial Action and to minimise disruption to our patients.

During periods of industrial action, the priority is to ensure safe clinical cover for patients requiring urgent and emergency care and to maintain as much as possible of the most clinically urgent planned care treatments, including cancer care. Unfortunately, the Trust has, however, had to cancel significant numbers of lower priority outpatient appointments (c. 1200 ytd) and inpatient and day case procedures on strike days (c. 220 ytd); as well as reducing bookings on strike days (so the cancellation number does not reflect the full number of patients affected). This is adversely impacting on our activity / recovery plans for planned care services post-Covid and resulting in further waits for our patients, many of whom have already experienced long waits to access care.

We would like to apologise to all patients who are being affected by the long waits and for the additional distress caused by cancellations due to the industrial action.

It is more difficult to quantify the impacts of industrial action on emergency care services, with some emerging national data indicating worsening outcome data linked to periods of industrial action. A small number of incidents and 'near-misses' have been recorded linked to medical workforce issues during industrial action and are being assessed via the Trust's patient safety governance processes. Harm reviews also continue to be undertaken for patients experiencing long waits for treatment.

Planning for and managing the impact of industrial action and rescheduling planned care appointments as required is placing a significant burden on our clinical and non-clinical leadership teams and support services and reducing our capacity to make progress a range of other priorities.

We very much appreciate the ongoing commitment shown by all our multidisciplinary team who work through periods of industrial action ensuring patients are safe.

We respect the right of colleagues to take industrial action, and very much hope that the government and representative bodies can come to a resolution in the near future.

Reinforced Autoclaved Aerated Concrete

As Board members will be aware, there have been renewed concerns in recent weeks regarding the risks presented by public sector buildings with Reinforced, Autoclaved, Aerated Concrete (RAAC).

I can assure the Board that detailed surveys were carried out on all our acute and freehold sites in the community in 2019 and no RAAC was found. We have also written to freeholders where we hold a leasehold to get similar assurances from them.

Inpatient survey

The 2022 national adult inpatient experience survey was published in mid-September by the Care Quality Commission¹. The survey was undertaken in November 2022 and included patients who were discharged from hospital that month.

Although 73% of respondents rated their experience at seven out of 10 and there were some positive aspects to the findings, the overall results are disappointing and place Whittington Health in the lower quartile of Trusts for patient experience.

Key areas highlighted for improvement within the survey include the amount of time spent waiting for admission, cleanliness, the provision of food outside of mealtimes, creating an environment that supports patients to be able to sleep at night and communication about care and treatment.

There is a considerable time lag between the survey being undertaken and the publication of results. However, the Trust had already identified and initiated improvement actions to address many of these issues over the past year, including increasing the ward nursing establishment and reducing the use of temporary staff, weekly 'back to the floor' led by the Chief Nurse and senior nursing and allied health professionals and a major focus on improving housekeeping services. The team have continued to focus on improving Urgent and Emergency Care and reducing waiting times for emergency admission from our Emergency Department. Our patient experience team is developing an action plan in response to the survey findings that will build on work already undertaken.

The survey findings and action plan will be discussed in depth at a future Quality Assurance Committee meeting and an update provided to a future meeting of the public board.

¹ [Adult inpatient survey 2022 - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/adult-inpatient-survey-2022)

Bounds Green Health Centre

Following a fire on 28 August, the Bounds Green Health Centre is closed. The fire appears to have been caused by an electrical fault and thankfully no one was injured. However extensive damage was caused and the building is expected to be out of operation for an extended period.

Teams from across the trust took immediate action over the Bank Holiday weekend to secure the building, reprovide services and contact patients to rebook scheduled appointments. I am very grateful to the teams involved for how quickly and effectively they responded. Alternative accommodation has been secured for all services and teams for the short to medium term.

This is an important reminder to us all of the importance of following all fire safety rules. It is especially important to ensure work areas are not cluttered, escape routes are clear and that fire doors are never propped open for any reason at any time.

Sexual safety charter

On 5 September 2023, NHS England launched its first sexual safety charter to help protect staff with a commitment from employers to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. Whittington Health is fully committed to this aim and has already been in contact with NHS England to register our wish to sign up to the Charter. Beyond that we continue to promote our Freedom to Speak Up principles and infrastructure and will monitor our journey on the ten pledges through the Board's Workforce Assurance Committee.

In signing the pledge, the Trust commits to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. Whittington Health has confirmed its commitment to the following ten principles and core actions to achieve this:

- We will actively work to eradicate sexual harassment and abuse in the workplace.
- We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
- We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
- We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
- We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
- We will ensure appropriate, specific, and clear training is in place.
- We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
- We will take all reports seriously and appropriate and timely action will be taken in all cases.

- We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.

New cancer standards

NHS England has published new cancer waiting time standards to speed up diagnosis and treatment which will come into effect from 1 October 2023. Until now, the NHS had ten cancer performance standards. Following a consultation, and with the support of cancer charities and clinicians, these targets will be simplified and consolidated into three key measures:

- 28-day Faster Diagnosis Standard – diagnosis or ruling out of cancer within 28 days of referral (target 75%)
- 31-day treatment standard: cancer patients to commence treatment within 31 days of a decision to treat
- 62-day treatment standard: patients to commence treatment within 62 days of being referred either by a GP or through cancer screening, or from consultant upgrade

The changes taking place will see the removal of the two-week-wait standard, a combining of the existing 31-day first and subsequent treatment standards into one and an expansion of the 62-day standard to include patients from screening and consultant upgrade.

North London Mental Health Partnership

As you may be aware, Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust have been working in a formal partnership for the last few years to improve the care they offer across the North Central London system, now known as the North London Mental Health Partnership (NLMHP). The Trusts have recently announced their intention to put a formal merger application into regulators, with an expected go-live of April 2024, subject to approval. The NLMHP have developed a new five-year strategy, co-produced with service users, carers, partners and staff².

Extra Mile Monthly Awards

Our new monthly extra mile awards introduced this month will recognise colleagues who have done something extraordinary. Each month, one or two people or teams from that month's nominations will receive the award. The winner will be an individual or a team who has exceeded normal expectations and has 'gone the extra mile' in their work. As with the previous Chief Executive monthly awards, winners will receive a certificate and staff excellence pin badge, but Extra Mile Award winners will now also receive a £50 high street voucher (£250 for teams) to recognise their hard work.

² [North London Mental Health Partnership Strategy - May 23.pdf \(govdelivery.com\)](#)



Meeting title	Trust Board – public meeting	Date: 29 September 2023
Report title	Quality Assurance Committee Chair's report	Agenda item: 5
Committee Chair	Naomi Fulop, Non-Executive Director	
Executive lead	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
Report authors	Marcia Marrast-Lewis, Assistant Trust Secretary, and Swarnjit Singh, Joint Director of Inclusion and Trust Secretary	
Executive summary	<p>The Quality Assurance Committee met on 13 September 2023 and was able to take significant or reasonable assurance from the following items considered:</p> <ul style="list-style-type: none">• 2022/23 Quality Account• Acute patient access Clinical support services and Women's health ICSU• Q2 Board Assurance Framework• Quarterly Quality report• Biannual adult and children safeguarding reports• Biannual nursing establishment review• Research and development annual report• Haematology update <p>Committee members took moderate assurance from the following agenda items:</p> <ul style="list-style-type: none">• Chair's assurance report, Quality Governance Committee• Elective recovery performance• Risk Register• Quarter 4 Learning from deaths report• Maternity Board Report• Mental health administration and ligature assessment report• Systemic Anti-Cancer Therapy (SACT) mortality outlier• Annual Serious Incident Learning Review• Serious Incident Board report <p>Following discussion, the following four key risks were identified to be reported to the Trust Board:</p>	

	<ol style="list-style-type: none"> 1. Pressures on elective activity and waiting lists. 2. Impact of Industrial action . 3. Pressure on governance teams, due to lack of resourcing, policies and CQC compliance. 4. Maternity Incentive Scheme (MIS) compliance for year 5.
Purpose	To note.
Recommendations	Board members are asked to note the Chair's assurance report for the meeting held on 13 September 2023
BAF	Quality strategic objective entries and the Integration 2 entry
Appendices	<ol style="list-style-type: none"> 1: Bi-annual safeguarding report 2: Q4 2022/23 Learning from deaths report 3: Mid-year nursing & midwifery staffing review

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	13 September 2023
Summary of assurance:	
1.	<p>The Committee confirms to the Trust Board that it took either significant or reasonable assurance from the following agenda items:</p> <p>Acute patient access Clinical support services and Women's health ICSU presentation</p> <p>The Committee welcomed a presentation on a quality improvement project on the implementation of Artificial Intelligence (AI) at hospital and Wood Green Community Diagnostic Centre. It was intended to support clinical decision making and improve patient care in the reading of chest and limb x-rays. It was emphasised that the use of AI in radiology was a support tool and not intended to replace radiologists. Gleamer software was selected which would look at chest and limb x-rays. The chest x-ray demonstrated an increased sensitivity of detecting pathologies in adult patients. Published papers indicated that use of the software in conjunction with radiologist's report decreased the occurrence of missed fractures. Users could also directly access analysis from hospital PAC systems.</p> <p>The trial of the tool was carried out from May until August and an audit gathered was undertaken of both elements of the software comparing Gleamer's analysis to the final radiologist's report. User feedback indicated that staff had higher confidence with the Bone view results, confidence in Chest view was lower. It was therefore felt that Gleamer Bone view would be implemented for clinicians going forward. Following analysis of the audits and user feedback the project group decided to stop the trial of Chest View, it was felt that it needed further development before it could be put into clinical use at the Trust.</p> <p>The Committee sought assurance that Gleamer Bone View was a cost-effective tool. It was explained that the tool would be of particular benefit to early career doctors to bolster fracture detection training, but AI would always be backed up with the radiologist's report. The cost effectiveness of the software was yet to be determined as work was in progress to measure the number of fractures that were undetected without the software. The Committee was assured that the department was registered with the Royal College of Radiologists where oversight of AI was maintained and that collaborative work with the ICB was ongoing in respect of the development of Chest View.</p> <p>The Committee noted its appreciation for the presentation.</p> <p>Board Assurance Framework (BAF)</p> <p>The Committee considered the BAF which was reviewed at the Trust Management Group where it was agreed that the scores against the risks of delivering the Trust's strategic quality and Integration objectives would remain unchanged.</p> <p>The Committee noted the Board Assurance Framework.</p>

Quarter One Quality report

The Medical Director drew the committee's attention to the rise in reporting incidents of no or low harm suggesting a positive safety culture. She also advised that the latest Standardised Hospital Mortality Index (SHMI) was now again within the expected range. Review of causes of the small increase in SHMI suggested no specific disease were attributed to the change.

The Chief Nurse informed the Committee that while there was a rise in community acquired pressure damage, and the acute hospital setting has seen a decreasing number of pressure ulcers.

- The number of falls were reduced from 87 to 81 in Q1 the majority were graded as low or no harm, there were 2 moderate harm and 0 severe.
- There was an overall reduction in the number of mixed sex breaches, however the number of mixed sex breaches in Critical Care remained high as patients were waiting to be stepped down into appropriate beds.
- The Trust remained above the 85% benchmark in "very good or good" responses, increasing by 3% on Q4. However, we remain an outlier against the NHS benchmark of 5% in "poor and very poor" responses, scoring an average of 6.65%.
- The overall number of FFT responses had decrease in Q1, from 7,438 in Q4 to 7,366 in Q1.
- An update on the progress of the CQC action plan reported that 26 actions had been closed with ongoing monitoring through the Tendable application (Formerly Perfect Ward). The redecoration of Section 136 mental health suites in the emergency department was confirmed as ongoing.
- There has been significant improvement in reducing the historical Duty of Candour, down to 112 of which 18 related to 2022. The remaining 94 date were incurred in the current year with 20 outstanding for Q1.
- 53% of Trust policies were due for review, of which 32% were non-clinical, 16% were clinical and 4% operational.
- Ongoing challenges existed in responding to complaints within national timeframes, 53% were responded to within target, representing a slight fall on Q4 at 59%. The Committee acknowledged that specific work to reduce response times was ongoing.

The Committee discussed cleaning in the emergency department which has been highlighted in Friends and Family tests responses as a specific issue that impacted patient experience. It was noted that cleanliness was discussed at Board level and that action had been taken. The Committee was assured that regular audits were carried out.

Bi-annual Safeguarding Report

The Committee received a summary of the work undertaken across adult and children's safeguarding teams which covered the period between October 2022 to March 2023.

In relation to children and young people:

- Safeguarding training compliance had improved, Level 1 was 89%, Level 2 90% and Level 3 at 83%.
- A notable increase in complex cases with higher incidences of mental health, substance misuse and domestic abuse as a feature in referrals were received. Antenatal referrals had also increased the majority of which were received in the first trimester enabling early assessment.

- Adolescent mental health remained a key issue with high level mental health issues indicated in children as young as 10/11 which is also a national issue. Mental health concerns have been raised with Designated Nurse for looked after children.
- Domestic abuse cases have increased across the boroughs, domestic abuse remains the primary reason for referrals to social care. There was an increase in men reporting themselves as victims of domestic abuse. Work to improve access to the service was in progress.
- Referrals for children in social care was enhanced with changes to domestic abuse legislation announced in 2021 which recognises that children who live with domestic abuse are victims in their own right.
- Local robust action plans were in place to facilitate local safeguarding practice reviews (previously known as Serious Case Reviews). There were currently eight active reviews in progress.
- Staff supervision compliance has remained high.
- Revised guidance was rolled out in relation to the introduction of a multi-agency protocol for managing observed bruises and marks on non-mobile babies.

In relation to Adult Safeguarding the Committee noted:

- Quarters 3 & 4 of 2022 reported an increase in numbers of safeguarding adult referrals, related to discharge from hospital, access of care, serious incidents and complexity of cases.
- Complex hospital discharges which required discussions about suitability of discharges, and use of the Mental Capacity Act (MCA) had increased. A standardised response that aligned to the MCA had been developed with NCL.
- Training compliance increased with Level 1 at 88% and Level 2 at 81% at the end of March 2023.
- Urgent Deprivation of Liberty (DoLS) applications continued the upward trend.
- There had been no change in 'own home' being the most commonly recorded location of abuse and neglect continued to be the highest category of abuse.

The Committee was pleased to note that safeguarding adults and children training compliance had continued on an upward trend and welcomed continued improvement.

Quarterly Learning from Deaths (LfD) Report

The Committee considered the report which covered the period, 1 January to 31 March 2023. During the period there were 21 adult structured judgement reviews (SJRs) requests, five were returned. In response to an item on the action log the Learning from Death Associate Medical Director verbally updated on additional reviews received since the report was written and plans being put in place to deliver better tracking of reviews by supplying regular reports to mortality leads in clinical teams.

The Committee was assured that processes were in place to improve the number of returns and the way in which learning from SJRs was disseminated to clinical teams.

Maternity Board Report Q1

The Committee considered the report which covered the period 1 April to 30 June 2023 which summarised the work undertaken in the Maternity Unit:

- The CQC inspection of maternity services at the Trust in January rated the service as “requires improvement”. The outcome was challenged but the decision was upheld. A CQC action plan was established which addressed areas of concern, around safeguarding training compliance, targets have since been met. The CQC also raised concerns around the review of policies which found that 60 policies were out of date, 20 had since been updated. Additional resources are being put in place to address the issue, but this remains challenging in light of the additional workload for staff resulting from Industrial Action.
- Year 4 Maternity Incentive Scheme (MIS) declaration of compliance was challenged by NHS Resolution following publication of the CQC inspection report. The Trust was required to submit evidence in response to the challenge the outcome of which was positive and the Trust has recovered its contribution to the Clinical Negligence Scheme for Trusts (CNST) maternity incentive fund
- The Trust was currently working through the 10 safety actions to comply with Year 5 of the MIS. The Trust is required to submit its declaration of compliance by 1 February 2024.
- In relation to workforce, a plan was in place to restructure within the maternity unit with a high level consultation which would provide an opportunity to address concerns raised by the CQC and the MIS, related to the triage provision and the supernumerary status of the labour ward co-ordinator.

The Committee was pleased to learn that the Maternity team had been shortlisted for a Health Service Journal (HSJ) award for patient safety for the Ockendon Cafes.

Bi-Annual Nursing Establishment Review

The Committee reviewed the mid-year review to comply with the statutory requirement to maintain safe nursing and midwifery staffing levels. The report highlighted:

- Safer staffing for critical care due to season variation. The Committee was assured that the Trust Management Group at its meeting on 13 September approved the recruitment of ten whole time equivalent staff and additional bank or agency staff to give stability during peak times covering three months of the year. Funding was received from the ICB to support non-clinical transfers.
- Maternity staffing restructure was needed to take into account the falling birth rate and also to augment senior leadership across the department.
- The formal review of Birthrate Plus would take place during the month of September 2023.
- Moderate progress had been made in the recruitment of registered nurses.

The Committee noted progress made to maintain safe staffing levels and the processes in place to step up safer staffing in critical at peak times.

Research & Development Annual Report 2022/23

The Committee received the annual report which highlighted:

- A significant drop in recruitment to studies, which was noted globally and nationally.

- A significant change in portfolios, particularly since the pandemic.
- Clinical Research Network (CRN) funding was increased.
- Recruitment across study areas had changed and found that top recruiting areas were found in ED, Brief Educational workshops in Secondary Schools Trial, Human Immune Response Variation in Tuberculosis and bio resource.
- Good results were noted in the Patient Research Experience Survey (PRES). Of the 46 responses for the Trust, 39 said that they agreed or strongly agreed they would consider taking part in research again, only 1 respondent disagreed and the remaining 6 neither agreed nor disagreed.

The Committee noted the report.

Mental Health Administration and Ligature Assessment Report

The Committee considered the report of the anti-ligature assessment work carried out at the Trust. Assessments were undertaken in high-risk areas were identified in Simmonds House, Accident and Emergency Department, Ifor Ward, Great Northern Health Centre and Maternity. The results were sent on to capital works who would undertake a number of capital projects. Work in A&E and Ifor ward was outstanding and would not be completed until 2024. Maternity works have been completed. Mitigating actions had been put in place reduce the risks in outstanding areas. The Committee agreed that an update on outstanding actions would be reported at the next meeting.

The Committee was informed of the provisions and processes in place at the Trust to keep patients with mental health issues safe while they receive or await treatment at the Trust.

- A service level agreement was in place with Camden & Islington Mental Health Trust who supported the Site Team and provided administrative support.
- Patients with mental health concerns that presented at A&E had access to side rooms.
- A challenging behaviour policy was in place.
- Patients requiring assessment were kept on the Seacole ward while awaiting assessment.

The Committee noted the report

Systemic Anti-Cancer Therapy (SACT) Mortality Outlier

The Committee discussed the Trust's response to the National Disease Registration Service (NDRS) which found the Trust was a mortality outlier for death after SACT for breast cancer in 2 subgroups of deprivation analysed in 2021. There were 2 deaths within 30 days of SACT in the year 2021, one in deprivation quintile 1 and one in deprivation quintile 4. It was found that both patient's deaths were unrelated to their SACT treatment but due to the advance stage of their cancer. It was found that as numbers of deaths were small, especially when adjusting for quintile, it was difficult to draw conclusion from data for individual units. NDRES has acknowledged this by excluding all trusts with less than 10 cases per year.

The Committee took good assurance that there were no concerns regarding the deaths that occurred after SACT at the Trust.

	<p>Haematology update</p> <p>The Committee received an update on the progress made against required improvements to the Sickie Cell Service at Whittington Health. The was pleased to noted that:</p> <ul style="list-style-type: none"> • Progress had been made on the establishment of an inpatient bed base located in Thorogood ward, funding had been approved and work should be completed in the late Autumn. • Funding had been received in the amount of £1m for the enlargement of community nursing across NCL in partnership with North Middlesex University Hospital and University College Hospital. • A business case for the resource needed to meet Specialist Haemoglobinopathy Services (SHT) standards for specialist psychology services had been submitted for approval. • Training for new inpatient nurses had commenced. Capacity was challenged as one consultant had retired and another embarked on maternity leave. <p>The Committee noted the positive progress made in haematology and welcomed a further update in the new year.</p>
2.	<p>Committee members took moderate assurance from the following agenda items:</p> <p>Chair's assurance report, Quality Governance Committee</p> <p>The Committee noted the report of the items covered at the meeting held on 27 July 2023 where significant or reasonable assurance was taken from most of the items discussed. The Committee took limited assurance from:</p> <ul style="list-style-type: none"> • The lack of Level 3 safeguarding training for adult services and insufficient knowledge around the Mental Capacity Act for children and young people's services. A detailed review of the programme of training and resources would be undertaken the aim of which was to ensure that training was effective and increase compliance. • The number of Clostridium difficile cases rose to 7 against a trajectory of 13. Long term inpatients and antibiotic use was found to be the main risk factors. The infection prevention control team are contacting high performing organisations to share learning. • Issues with the NRS contract supplying pressure ulcer relieving equipment was found to be a significant contributory factor to the increase in the incidents of grade 4 pressure ulcers in the community which has been escalated to the Integrated Care Board (ICB) and recorded on the Trust risk register. • The completion of CQC outstanding actions from 2019 • Results of rapid tranquilisation audit findings • Autism Spectrum Disorder waiting times which was noted as a national problem. The Trust had received funding to improve waiting lists and support families through the pathway. <p>The Committee highlighted the ongoing impact of industrial action strike on the operational functions of the Organisation, the NRS contract and slow progress made on the updating of policies as the three main risks to escalate to the Quality Assurance Committee.</p>

The Committee noted the report.

Elective recovery update

The Chief Operating Officer advised that NHS England had requested that hospital trusts gave assurance to their respective Boards that hospitals were taking steps to protect and expand elective capacity.

Accordingly, a number of requests were made to:

- Re-visit plans to reduce outpatient follow-ups, also set an ambition that no patient that was currently on waiting lists for 65 weeks would not be waiting for an appointment after 31 October.
- Maintain an accurate validated waiting patient tracking list (PTL) by ensuring that 90% of patients on the waiting lists over 12 weeks had been validated.
- Collect evidence for review by the Trust Board.

Additional funding had been requested to support the validation exercise.

The Committee noted that the impact of consultant and junior doctor strikes added more pressures on the validation exercise as elective activity would be cancelled which would lengthen waiting lists and increase appointment slot issues. The Committee was assured that risks to patients in emergency care during the seven strike days where a Christmas Day service would be maintained, but elective activity would be cancelled.

The Committee noted the report.

Risk Register

The Committee reviewed the Trust risk register which had been updated to 31 August 2023. The Committee noted 26 fully approved high risks scored at 15 and above on the risk register with 5 risks awaiting executive approval. There were four risks that were reduced from high to medium and one risk was closed. The Committee noted that the risk related to risk 1195 – Acute site ventilation related to the entire site and not specific to individual Integrated Clinical Support Units (ICSUs) and would be amended accordingly. The Committee was assured that portable appliance testing (PAT) was carried out across the sites in accordance with Health & Safety regulations and fire risks were regularly reviewed.

The Committee noted the report

Annual SI Report

The Committee received the annual report which examined the data on serious incidents that occurred at the Trust for the period 1 April 2022 to 31 March 2023. During the period the Trust reported 19 serious incidents on the Transfer of Strategic Executive Information System (StEIS) (NHS England). There were an additional 150 cases which were reported to the Trust's internal review group, which were moderate and above harm. Of the 19 cases that were reported externally one was related to a covid infection where the patient died. The report recorded one never event which arose from a wrong site injection. Key themes emerging from the report related to failures to identify and escalate deteriorating patients. The Committee received assurance that training and education events including "back to the floor" exercises were carried out as part of the shared learning arising from the incidents.

	<p>The Committee noted the report</p> <p>Serious Incidents report</p> <p>The Committee was informed that one new incident was reported related to a patient with a rare neurodegenerative disorder who deteriorated after elective surgery. The investigation will consider pre and perioperative assessment and care.</p> <p>The Committee was updated on learning shared in respect of a previous incident which involved the attempted suicide of a young person following discharge from the children's ward. The investigation concluded that while the person's mental health risk had been escalated of the day of discharge, there were multiple factors that impacted on the robustness of handover and the updating of the risk assessment that had been carefully carried out to reflect the patient's new expression of suicidal intent. Immediate learning actions points were identified around the timely transmission of new information to all multi-disciplinary teams and continuous assessment of all environmental risk factors.</p> <p>The Committee was assured that teams were working hard to reduce the number of all overdue SI investigations to zero by the end of November 2023.</p> <p>The Committee noted the report.</p>
3.	<p>Present:</p> <p>Naomi Fulop, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director Chinyama Okunuga, Chief Operating Officer Baroness Glenys Thornton, Non-Executive Director Sarah Wilding, Chief Nurse & Director of Allied Health Professionals Dr Clare Dollery, Medical Director</p> <p>In attendance:</p> <p>Mark Bateman, Deputy Director of Estates & Facilities Clarissa Murdoch, Deputy Medical Director Phillip Lee, Associate Medical Director for Patient Safety Kathryn Simpson, Research portfolio Manager Sarah Gillis, Associate Medical Director for learning from deaths. Erum Jamall, Associate Medical Director Quality Improvement & Clinical Effectiveness Isabelle Cornet, Director of Midwifery Sarah Gillis, AMD for learning from deaths Theresa Renwick, Adult Safeguarding lead Karen Miller, Children's safeguarding lead Anne O'Connor, Interim Associate Director of Quality Governance Kamilla Bessessar, Clinical Site Manager Chetan Bhan, Clinical Director Surgery and Cancer Emma Drasar, Consultant Haematologist Carl Knox – Digital Imaging Systems & Transformation Lead Kat Nolan-Cullen, Compliance and Quality Improvement Manager Marcia Marrast-Lewis, Assistant Trust Secretary Carolyn Stewart, Executive Assistant to the Chief Nurse</p>

	<p>Apologies:</p> <p>Swarnjit Singh, Joint Director of Inclusion & Trust Secretary</p> <p>Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes</p>
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Meeting title	Trust Board Quality Assurance Committee	Date: 13th September 2023
Report title	Bi Annual safeguarding report (October 2022 to March 2023)	Agenda item: 4.4
Executive director lead	Sarah Wilding Chief Nurse & Director of Allied Health Professionals	
Report author	Head of Safeguarding (Children) Karen Miller Safeguarding Adult Lead Theresa Renwick	
Executive summary	<p>Executive summary</p> <p>This report provides a summary of the work undertaken across adult and children's safeguarding and covers the period between October 2022 to March 2023.</p> <p>The Trust's safeguarding teams continue to provide a range of services to support key areas of safeguarding work, respond to emerging themes and strive to ensure all safeguarding processes are robust and effective and meet statutory and regulatory obligations.</p> <p>Children & Young People</p> <ul style="list-style-type: none">• Safeguarding training compliance has vastly improved since introduction of Elev8. Level 1 is currently 89%, level 2 90% and level 3 is 83%. The introduction of Elev8 online learning platform will help improve training compliance recording.• The complexity of cases being seen within the safeguarding arena has increased. Higher incidences of mental health, substance misuse and domestic abuse feature in the referrals. Of note, prebirth referrals have increased.• Adolescent mental health remains a key issue within safeguarding with high level mental health being indicated in children as young as 10/11. The lack of specialist provision nationally combined with a landscape of more complex mental health emerging at a younger age has presented the safeguarding team with consistent challenges.• Domestic abuse cases have increased across the boroughs, domestic abuse remains the primary reason for referrals to social care. There has been an increase in men reporting themselves as victims of domestic abuse.	

	<ul style="list-style-type: none"> • Changes to domestic abuse legislation were announced in 2021 with the recognition in law that children who live with domestic abuse are victims in their own right. This is a significant factor for professionals working within safeguarding. • Local Safeguarding Practice Review (LSPR) as they are now known under new legislation (previously known as Serious Case Reviews SCR) activity at this time indicates eight active reviews in progress. Whittington Health has a robust action plan in place to address the learning from SCR's, with most actions already completed before publication of the SCR/SPR. • Staff supervision compliance has remained high. Ad hoc supervision sessions to discuss complex cases are very helpful to staff. • Formalised supervision and restorative supervision has been extended to allied health professionals including Haringey improving Access to Psychological Therapies (IAPT) and the community children and young people therapies teams. • Following a Serious Incident Investigation in January 2023, revised guidance has been introduced and rolled out. This relates to the introduction of a multi agency protocol for managing observed bruises and marks on non-mobile babies. <p>Safeguarding Adults.</p> <ul style="list-style-type: none"> • These last two quarters Quarter 3 & 4 have remained challenging due to an increased involvement with hospital discharges, serious incident reports, an increase in numbers of safeguarding adult referrals, the complexity of cases, and a vacancy in the part time safeguarding adult advisor post which remained unfilled for one month. • The total number of safeguarding adult referrals this year (2022-2023) have continued as an upward trajectory which has been the case since 2015. • Complex hospital discharges are increasing, which require discussions about suitability of discharges, and use of the Mental Capacity Act. • Discussions have taken place within NCL about hospital discharges and use of MCA to look at a standardised response. • Additional resource from the service has been allocated to community services due to issues around identification of pressure ulcers and escalation.
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	<ul style="list-style-type: none"> • This has necessitated attendance at the weekly 72-hour report meeting regarding pressure ulcers to ensure correct processes have been followed in relation to safeguarding adults. • Training compliance has increased with L1 at 88% and L2 at 81% at the end of March 2023. • WRAP 3 compliance stands at 89% and basic awareness of PREVENT at 92% at the end of March 2023. • Urgent DoLS applications have continued the upward trend, and this quarter has seen also an increase on Q3. • Whilst LPS has been postponed to 'beyond the life of this Parliament', there remains a need to continue to embed the Mental Capacity Act across the Trust. as recent CQC inspections have focused on this area of practice. • Attendance at both regional and national NHS Clinical Reference Groups has continued during the period covered in this report. • The weekly drop-in session to discuss safeguarding and/or Mental Capacity Act concerns for community staff continues. • There has been no change this quarter in 'own home' being the most commonly recorded location of abuse. • Neglect continues to be the highest category of abuse. • There has been a slight reduction in the number of cases of self-neglect reported in Q4, which is not consistent with the previous two quarters.
Purpose:	Review and approve
Recommendation(s)	<p>The Trust Board is asked to: -</p> <p>(i) To receive assurance that there are systems in place to protect children and young people from abuse and neglect whilst in our care.</p> <p>(ii) To be assured that partners have confidence that Whittington Health is fulfilling its role as a statutory partner in safeguarding children and young people at risk in the wider community and health and care economy.</p>

Risk Register or Board Assurance Framework	Board Assurance Framework risk entry 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Report history	
Appendices	Biannual Integrated Safeguarding Report October 2022 to March 2023

BIANNUAL SAFEGUARDING REPORT October 2022 to March 2023

1. INTRODUCTION Safeguarding Children and young people.

1.1 This bi-annual report for safeguarding informs the Trust Board of activity and progress in improving and strengthening the safeguarding arrangements for children across Whittington Health NHS Trust. The report has been recommended by the Trust Quality Committee for approval by the Trust Board on recommendation from the Quality Committee. It covers the period from October 2022 to March 2023. The report provides assurance around the following:

- Adoption of national and local policy changes
- Responding to and learning from safeguarding concerns raised from internal incidents and serious incidents; Safeguarding Practice Reviews, Safeguarding Adult and Domestic Homicide Reviews and regulatory inspections
- Work plan and objectives for the coming period of review
- Whittington Health response to domestic abuse.

2.0 SAFEGUARDING CHILDREN

- 2.1** The Serious Case Review process has been replaced with National Child Safeguarding Practice Review Panel. This is hoped to streamline the process and implement a system of national learning in a timely way. Eight cases are currently open to Whittington Health.

A significant point of learning for Whittington Health raised within these SCR's/SPR's is multi agency discharge planning from acute hospitals for children admitted with suspected non-accidental injuries. An NCL wide working group is being established to look at safe and effective discharge planning alongside our partner agencies.

This work is further supported by revised guidance to support national guidance on identification and actions from observed marks or bruises in non mobile babies. This guidance has been written in response to a Serious Incident investigation.

Communication remains a core theme of learning from Serious Practice Reviews. Systems for communication are evaluated continually with encouragement that staff should always try to speak to staff to escalate their concerns rather than relying on systems and email. This remains a core element of safeguarding supervision and training.

- 2.2** Safeguarding supervision continues to be provided within statutory guidelines with compliance consistently maintained. Safeguarding supervision has also been widened to include supervision of allied health professionals. This is in recognition that they also work frontline with vulnerable children and often identify safeguarding concerns.

- 2.3** Safeguarding referral rates have increased by 20%. There is a marked increase in the complexity of cases presenting. Excellent engagement with our multi agency partners has helped in the response to this issue.

MASH health checks average at approximately 800 a month for each borough. This indicates that our MASH health workers are involved in about 45 strategy meetings a week, an increase from 28 a week in Q1/Q2. Strategy meetings are held for high level safeguarding concerns and health contribution to these meetings is a vital part of risk assessment.

- 2.4** Currently attendances to Emergency Departments for paediatrics are at average rates. We still experience increased adolescent mental illness, with presentations for serious mental health occurring in younger age groups.

It is also still a significant factor that children attend Emergency Department when unable to get a face to face appointment with the GP. Whilst incidences of this are better than during the pandemic, it is thought that A&E continues to be used in preference of the GP on account of speed of being seen.

- 2.5** Domestic abuse remains as the most common reason for referrals into social care. An increased incidence of men/fathers and same sex relationships presenting as the victims. This is encouraging to see that men feel confident in reporting their experiences, but it highlights the need for staff to be vigilant to wider factors prevalent in domestic abuse. Domestic abuse support services have always prioritised their work with female victims and support for male victims has always been limited.
- 2.6** Increased incidences of midwifery referrals to social care have been noted at the Whittington and nationally. The primary increase in referrals is as a result of mental health. This has resulted in the provision of a dedicated midwifery role to support both clients and professionals in managing the risks presented by maternal mental health. Recently it was felt that the cost of living crisis was impacting on prospective parents in respect of mental health and potential neglect.

3.0 DOMESTIC ABUSE

This chapter sets out domestic abuse referral activity for Whittington Hospital (mainly Emergency Department) through the safeguarding inbox and telephone calls logged to the Domestic Abuse Lead.

Whittington Health has not had a dedicated domestic abuse lead since 2018. The Head of Safeguarding assumed the role following the decommissioning of a dedicated externally funded post in 2018.

The paper will show referral numbers, themes and recommended actions for future resourcing of domestic abuse responses within Whittington Health.

Victim Support were resourcing a dedicated Independent Domestic Abuse Advocate (IDVA) to the Whittington from 2020. This resource has been withdrawn since January 2023. Whittington Health can still access support from the various local domestic abuse charities locally to Haringey and Islington (and the borough where the victim resides).

3.1 Referral/Contact rates

The data below shows number of disclosures leading to a referral to the domestic abuse generic inbox from Whittington Hospital site.

This scrutiny involves:

- checking if victim is a parent and has caring responsibility for children, if so is a children's safeguarding referral warranted.
- If victim is considered a 'vulnerable adult', has a safeguarding adult referral been completed.
- Did referral meet threshold for a MARAC referral and if so has a referral been considered
- Discharge: where is victim now and has appropriate safety netting occurred.

2022	No.contacts	No.referrals	2021	No contacts	No referrals
------	-------------	--------------	------	-------------	--------------

Dec	4	13	Dec	5	10
Nov	1	9	Nov	2	14
Oct	1	4	Oct	3	6
Sep	3	1	Sep	2	4
Aug	4	12	Aug	2	8
July	1	7	July	2	6
June	0	8	June	1	7
May	2	5	May	0	10
April	2	8	April	2	4
March	1	4	Mar	2	5
Feb	1	8	Feb	0	11
Jan	2	7	Jan	2	5
TOTAL	22	86	TOTAL	23	90
Average number of referrals per month	1.8	7	Average number of referrals per month	1.9	7.5

December continues to be the busiest month for referrals across both years. We also saw a spike in referrals in August 2022. This was possibly linked to the heatwave. The police reported an increase in referrals across London and nationally in August 2022.

Reasons why a disclosure of domestic abuse may not involve a referral to external agencies:

- Lack of consent from the victim to share
- Lack of information obtained from victim
- Client already known to services/support systems
- Threshold not reached for intervention

3.2 Source of referrals:

The below chart indicates which departments of the hospital referrals originate from:

	ED	Adult wards	Obs/Gynae/maternity	Outpatients
2021	62	19	6	3
2022	61	15	5	5

3.3 Timings of disclosures:

The below chart indicates timing of disclosure. This is helpful to know when considering additional resourcing for domestic abuse.

	In hours (8am to 6pm)	Out of hours
2021	58 (64%)	32 (36%)
2022	51 (59%)	35 (41%)

3.4 Types of abuse:

The below chart sets out some of the themes surrounding disclosures although many co-exist together. Many of the domestic abuse disclosures will also sit alongside other complex issues such as:

- Mental illness 56%
- Substance misuse 38%
- Physical ill health 35%
- Trauma and loss 12%

It is also of note that many victims are experiencing abuse from a same sex partner 4%

	Physical abuse	Coercive control	Verbal abuse	Financial abuse	Peer on peer abuse
2021	74	1	4	9	2
2022	58	12	10	5	1

3.5 Victims of Abuse

Predominantly we still see females as the victims of abuse, but increasing numbers of male victims are coming forward. The majority of male victims are in the older age group (<65 years). Peer on peer abuse still equates to very small numbers of referrals.

Approximately 50% of female victims of domestic abuse are parents to children although noted in the referrals was that a significant number of the victims no longer cared for their children.

Nationally data would suggest that 5% of female victims of domestic abuse are pregnant.

	Male	Female			Child (peer on peer)
		No reported children	parent	pregnant	
2021	15	36	34	3	2
2022	19	34	27	5	1

3.6 Perpetrators of Abuse

The below chart indicates who the perpetrators of the abuse are. I think this indicates how when considering domestic abuse, we have to think about the bigger picture. Many support agencies are set up to support women as victims, and this may need to change going forward as the landscape of domestic abuse is changing significantly post the Domestic Abuse Act 2021.

The Domestic Abuse Act(2021) definition of domestic abuse states that the victim and perpetrator need to be 'personally connected' and this often leads professionals into thinking about victims being in a relationship with the perpetrator, but the below table indicates a pattern of other relationships including online abuse.

	Partner/ex-partner	child	sibling	parent	carer	peer	other
2021	57	9	4	4	3	2	11
2022	59	5	2	5	2	1	12

Examples of other:

- Neighbours
- acquaintances/associates
- online
- victim refuses to name perpetrator

3.7 Conclusion

The work over the last two years has highlighted that staff at the Whittington Hospital are incredibly skilled at both recognising potential domestic abuse, and also following through on support and appropriate referrals. The referrals are appropriate and empathetic with a very strong victim focus.

3.8 Data Gaps

Maternity: this report focuses on referrals from the hospital excluding maternity. It would be beneficial to look at numbers of maternity referrals. The small number of pregnant women presenting in Emergency Department as victims often did not meet threshold for a social care intervention as their pregnancies were in very early stages, but it would be useful to examine links between these referrals and ongoing support within midwifery.

Ethnicity: We do not recorded ethnicity of victims. I think this is crucial going forward so that we can target groups appropriately and identify themes linked to diversity and domestic abuse.

Comparisons: With the withdrawal of the hospital based IDVA, it will be important to look at the numbers of referrals we generate compared to our statistical neighbours. Anecdotally the IDVA stated referrals from the Whittington are lower than other hospitals. Work needs to be done to ensure that our identification and referral rates do accurately reflect the number of disclosures. There also needs to be continued training of all frontline staff in domestic abuse. Domestic abuse training will be made mandatory and this will need to be factored into our training packages.

Alerts: Much discussion has taken place about the use of alerts for domestic abuse on notes. With so many record keeping systems across the organisation, these alerts cannot be relied upon to be a 'failsafe' option. Alerts can be useful, but staff should also be encouraged to complete holistic assessments in the 'moment' rather than relying on sometimes historical data. We also need to be mindful that if an 'alert' is put onto a patient record, it will need to be monitored and removed when necessary.

3.9 Plan

1. Secure funding for a dedicated Domestic Abuse Lead for Whittington Health
2. Develop a Domestic Abuse Training Needs Analysis and Strategy
3. Aggregate current data and continue data collection but include ethnicity and diversity.
4. Examine links between Emergency Department and maternity regarding victims presenting in early pregnancy and appropriate follow up.
5. Develop a flowchart for use in Emergency Departments around responses to Domestic Abuse and signposting.
6. Develop a Working Group to look at gaps in service provision and future resourcing of domestic abuse responses.

4. Safeguarding Adults.

- 4.1 These last two quarters have been busy, with increasing complexity of safeguarding adult referrals, hospital discharges and use of the Mental Capacity Act to ensure the appropriate legal framework is followed.
- 4.2 Additional support has been provided to Community Services in relation to identifying pressure ulcers as safeguarding adult concerns, with attendance at the twice weekly 72-hour report meeting being prioritised where possible.
- 4.3 Training compliance figures are given in section 5, and figures for level 2 Safeguarding Adults also include learning disability awareness, which was introduced in May 2019 in anticipation of the legal requirements of the Health and Social Care Act 2022 for all staff in regulated agencies to provide Learning Disability and Autism Awareness Training.
- 4.4 The Trust has continued to have a voice at both the National and Regional NHS Clinical Reference Groups for the implementation of Liberty Protection Safeguards (LPS). Whilst LPS has been postponed 'for the lifetime of this Parliament', ensuring staff can correctly identify anyone aged 16 and above in both institutional settings and community settings including privately own accommodation such as houses and flats, remains an area for training.
- 4.5 The tables below show a selection of data collected in relation to Safeguarding Adults activity, with neglect remaining the most identified category of alleged abuse.
- 4.6 'Own home' is consistently the category with the highest numbers for location of alleged abuse.
- 4.7 Numbers of pressure ulcers identified as safeguarding adult concerns in these last two quarters are similar to the first two quarters.
- 4.8 Below are a selection of tables representing some of the data collected in relation to safeguarding adults' activity, including numbers of Urgent DoLS applications.

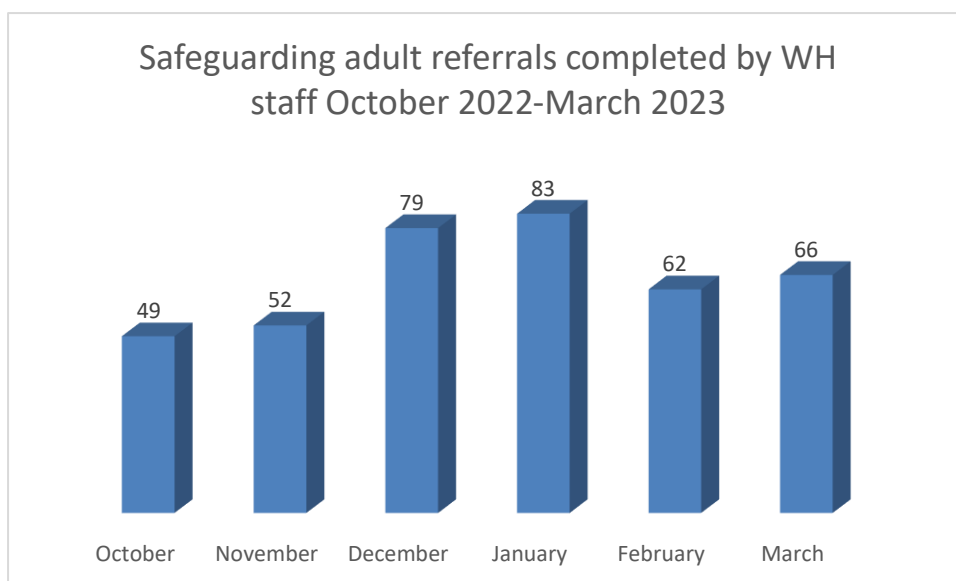


Table 1

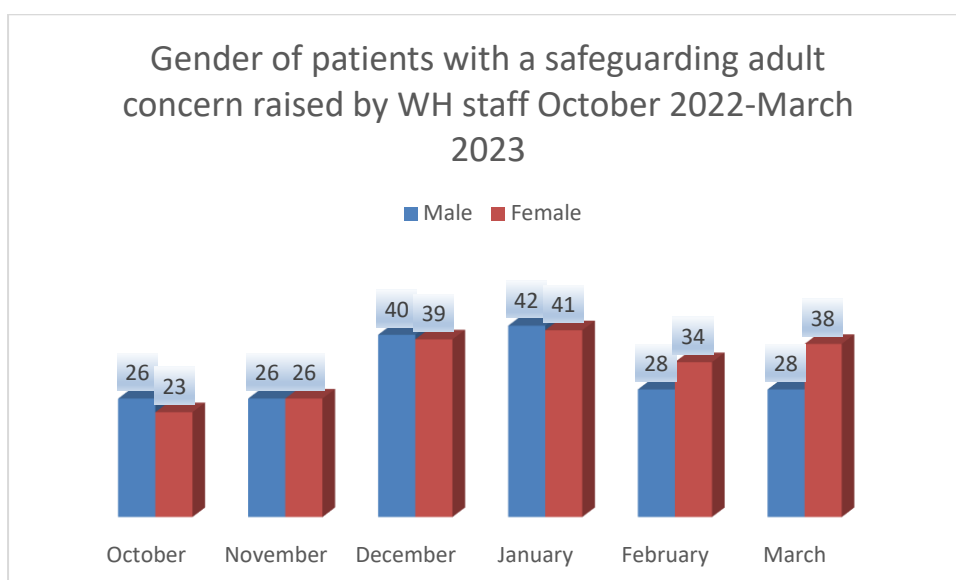


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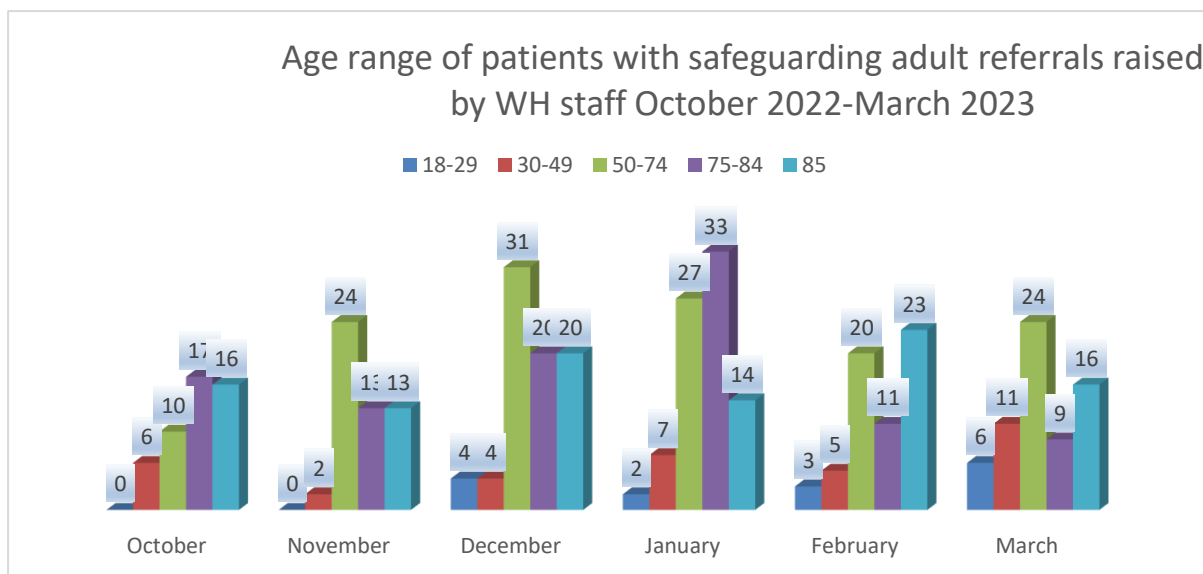


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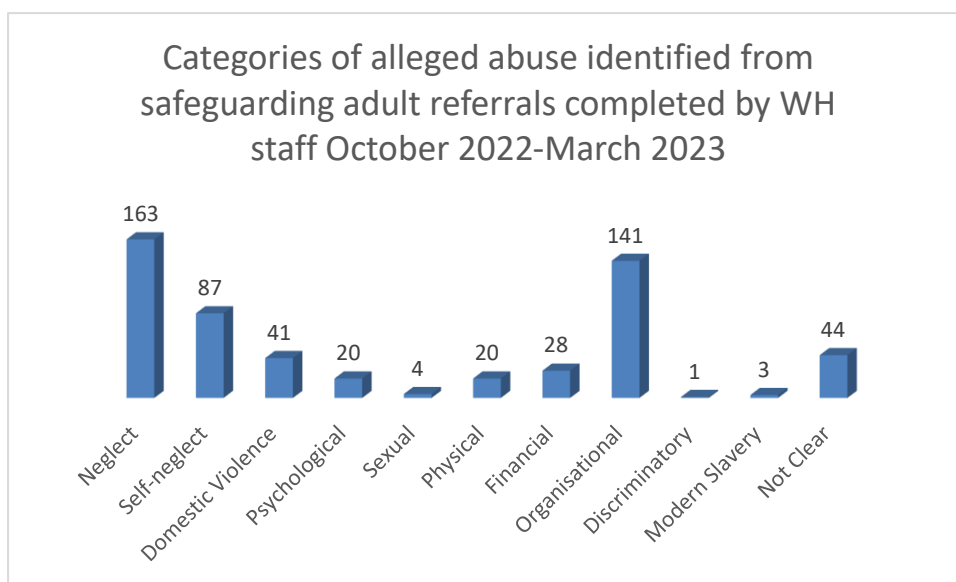


Table 4

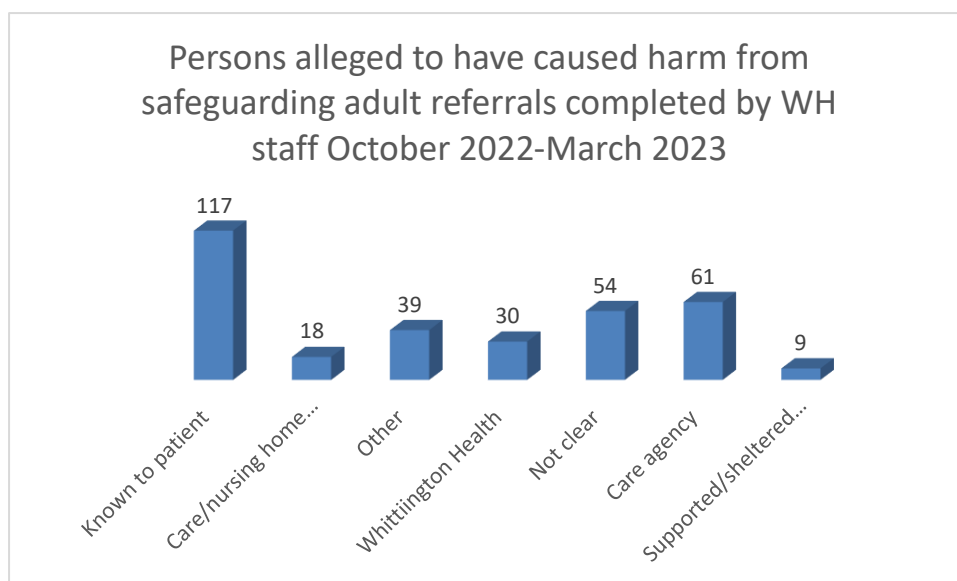


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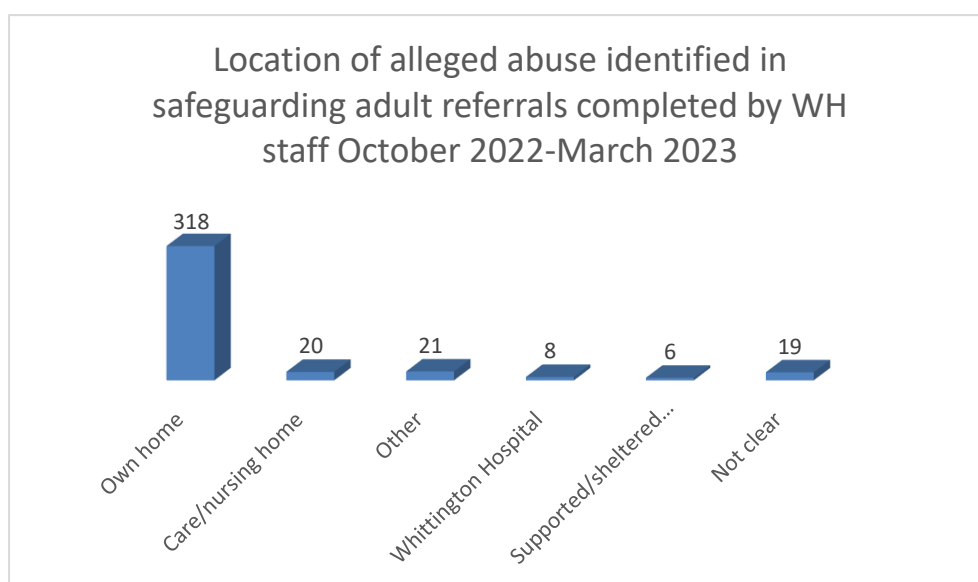


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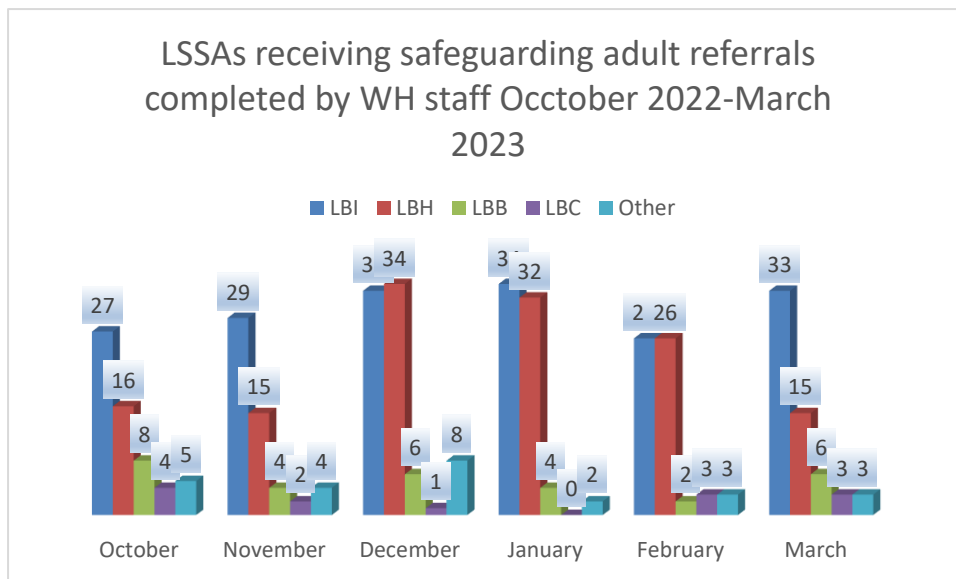


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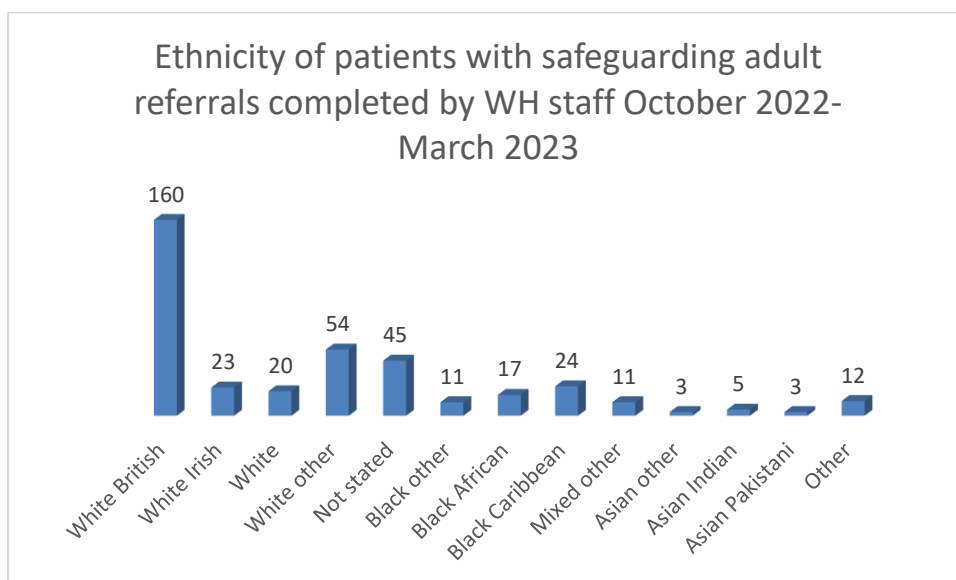


Table 8

4.9 Below is a case example of a safeguarding adult concern raised by a member of Trust staff.

CASE EXAMPLE

A member of the covid vaccination team carried out a home visit to administer the vaccine to a patient with dementia. It became clear during the visit that his wife was the sole carer for her husband, and was in need of additional support which her husband was not allowing her to accept. He had assaulted his wife and refused to allow her to access any help. A referral to social care requesting support for his wife was made, complying with the legal duty to consider the needs of informal carers in relation to safeguarding.

Number of pressure ulcers identified as
safeguarding adult concerns October 2022-March
2023

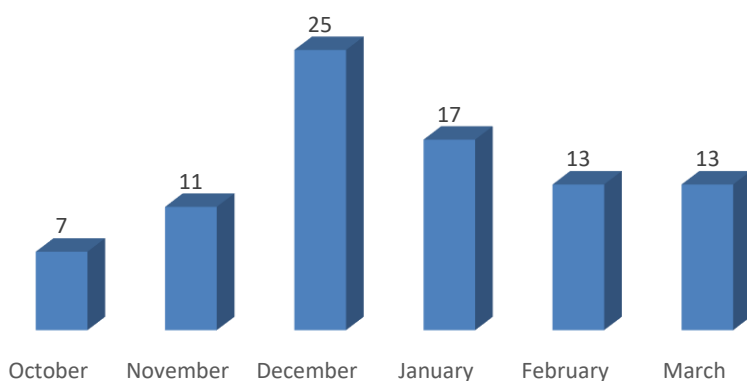


Table 9

Service line raising safeguarding adult concerns
October 2022-March 2023

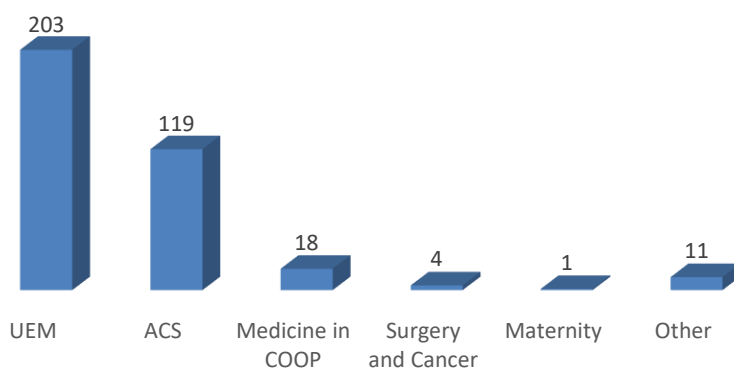


Table 10

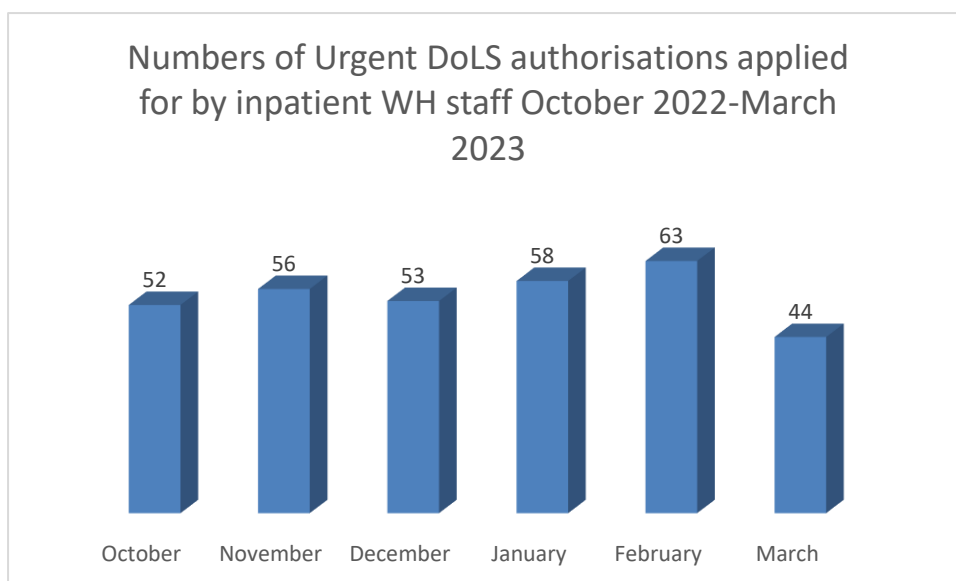


Table 11

4.0 ALLEGATIONS MADE AGAINST STAFF

- 4.1. In this reporting period there has been one case of a member staff employed by the Trust being referred to the LADO (Local Authority Designated Officer). The Allegations against Staff Policy remains in place.
- 4.2. The number of cases referred to the LADO from health settings is low, but this is in line with other health partners and is linked to the nature and level of contact health workers spend with children comparative to colleagues in education and social care settings.
- 4.3 The Trust is engaged in work being undertaken by both Safeguarding Adult Boards around formalising a process for allegations against Persons in Positions of Trust (PiPOT).
- 4.4 The current allegations policy is relevant for all staff wherever they may be working.

5.0 TRAINING Children

- 5.1 It had been recognised that there were issues with the ESR system's ability to record compliance across the levels. ESR reported compliance with statutory training is improving as a result of the introduction of a new reporting system Elev8. We know that we are training staff, but due to issues with previous reporting systems, accurate and timely recording was an issue.

Training compliance:	Level 1 89%
	Level 2 90%
	Level 3 83%

- 5.2 Safeguarding Partnership Arrangements provide multi agency training and this will provide an additional area in which staff can access training outside of Whittington Health. Whittington Health staff facilitate sessions within this training to maintain the multi agency approach.
- 5.3 For safeguarding adults, level 1 was at 88% at end of March 2023.
- 5.4 Level 2 safeguarding adults stood at 81%
- 5.5 Basic Awareness of Prevent (BPAT) was 92%
- 5.6 Level 3 PREVENT training was 89%.

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

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

Safeguarding Children

- 6.1 Trauma Informed Practice (TIP) remains a key focus across practice and TIPS training has been rolled out across the workforce. Supervision models also focus on trauma and the impact this will have on behaviour and emotional wellbeing in both adults and children.
- 6.2 New guidance has been issued in relation to bruises/marks observed on non-mobile babies. A multi agency pathway for referral is now in place. This guidance allows for a multi disciplinary approach to risk assessment and whilst this pathway may prove distressing for some families who undergo investigations for child abuse, it provides a robust approach to risk assessment.
- 6.3. Whittington Health has a Serious Case Review/Serious Incident (SCR/SPR/SI) Action Plan that is monitored through the quarterly Integrated Safeguarding Committee to ensure relevant learning from the SCR/SPR/SI's is implemented. Actions are also monitored through the Safeguarding Partnerships and their respective sub groups.
- 6.4. In October 2022 external funding from Islington CCG and Public Health to fund a dedicated MASH health worker substantively. This is recognition of the crucial role health plays in the safeguarding partnership.
- 6.5. Within children's safeguarding the Trust does not count the number of referrals made to children's social care as this would require central reporting from many different services across the Trust and could delay direct referrals to Children's Social Care (the importance of timely referrals is key therefore appropriate for staff to make direct referrals rather than through centralised place).

It would be difficult to generate this data for Whittington Health, however, Children's Social Services departments collect data on referral sources and also quality check referrals, and those of poor quality are re-directed back to Whittington Health via the safeguarding team for support and training purposes.

Our MASH health teams in Haringey and Islington also collect data on their activity in relation to referrals through the 'front door' of social care.

Safeguarding Adults.

- 6.6 The Trust has been involved in four Safeguarding Adult Reviews (SARs) in this reporting period.
- 6.7 Learning identified and shared in the face-to-face safeguarding adult refresher and induction training includes the importance of making referrals to the London Fire Brigade for fire safety checks, and identification of Deprivations Of Liberty.

7. PRIORITIES 2023/24 – Children and young people

- To recruit a Domestic Abuse Specialist across the Trust particularly in the Emergency Department/maternity.
- To continue to develop the Trust's response to Domestic Abuse by providing bespoke training and completing an audit into the Trust's response to allegations of domestic abuse.
- To continue to provide high level safeguarding training with the introduction of internally organised safeguarding conferences every quarter
- To contribute and develop practice across the organisation with regards to emerging themes around contextual safeguarding e.g. sexual exploitation and safeguarding risks in the wider community.
- To further develop partnership working between acute hospitals and community services to communicate health and safeguarding needs.
- To strengthen partnership working between midwifery and health visiting in respect of increased perinatal mental health.

Safeguarding Adults.

- Activity within safeguarding adults continues to increase, with the complexity and time required to offer support for these evident.
- The increase in both safeguarding adult referrals and DoLS data indicate there is a need for a review of the current resource allocation for safeguarding adults, MCA, DoLS and PREVENT.
- Whilst the implementation of LPS has been postponed for the foreseeable future, there is a need to continue work to ensure staff are aware of their responsibilities around use of the MCA. We also need to have oversight of our mental health patients and those subject to detention under the mental Health Act 1983.
- Currently, DoLS is applicable for those aged 16 and above, who live in their own homes. A considerable amount of awareness raising will be needed to ensure staff working with 16- and 17-year-olds are aware of their legal responsibilities in both inpatient and community settings.

- The increase in numbers of discussions around adult safeguarding in relation to patient discharges offers an assurance that staff understand the relevance and importance of safeguarding.

8. RECOMMENDATIONS

The Trust Board is asked to: -

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

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



Meeting title	Quality Assurance Committee	Date: 13th September 2023
Report title	Quarterly Learning from Deaths (LfD) Report Q4, 1 January to 31 March 2023	Agenda item: 4.5
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report authors	Dr Clare Dollery, Executive Medical Director Vicki Pantelli, Business Manager to Dr Clare Dollery Dr Ihuoma Wamuo, AMD for learning from deaths to end May 2023	
Executive summary	<p>During Quarter 4, 1 January to 31 March 2023 there were 129 adult inpatient deaths reported at Whittington Health (WH) versus 116 in Q3.</p> <p>21 adult structured judgement reviews (SJRs) were requested for Quarter 4 and 7 of these have been completed and presented at department mortality meetings.</p> <p>The Trust Level Summary Hospital-level Mortality Indicator (SHMI) for the data period October 2021 to September 2022 at Whittington Health is 0.87 which is lower than expected.</p> <p>Dr Sarah Gillis has been appointed as the new Associate Medical Director for Learning from Deaths with effect from 26 June 2023. A Mortality Review Group (MRG) meeting took place on 4 July 2023. The meeting reviewed the learning from death reports and received the Perinatal Mortality Review report. The Midwifery and Obstetric leads introduced MRG to their learning from carrying out reviews involving families and a lay member of their review group. Future plans for the Mortality Review Group were also considered.</p>	
Purpose:	The paper summarises the key learning points and actions identified in the mortality reviews completed for Q4, 1 January to 31 March 2023.	
Recommendation(s)	Members are invited to: <ul style="list-style-type: none">• Recognise the assurances highlighted for the robust process implemented to strengthen governance and improved care around inpatient deaths and performance in reviewing inpatient deaths which make a significant positive contribution to patient safety culture at the Trust.• Be aware of the areas where further action is being taken to improve compliance data and the sharing of learning.	
Risk Register or Board Assurance Framework	Captured on the Trust Quality and Safety Risk Register	
Report history	First reported here and then will proceed to Quality Assurance Committee	
Appendices	Appendix 1: NHS England Trust Mortality Dashboard	

Quarterly Learning from Deaths Report Q4 2022/23 1 January to 31 March 2023

1. Introduction

- 1.1 This report summarises the key learning identified in the mortality reviews completed for Quarter 4 of 2022/23. This report describes:
- Performance against local and national expectations in reviewing the care of patients who have died whilst in this hospital. This report focuses on deaths of inpatients.
 - The learning taken from the themes that emerge from these reviews.
 - Actions being taken to both improve the Trust's care of patients and to improve the learning from deaths process.

2. Background

- 2.1 In line with the NHS Quality Board "National guidance on learning from deaths" (March 2017) the Trust introduced a systematised approach to reviewing the care of patients who have died in hospital.
- <https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf>
- 2.2 The Trust requires that all inpatient deaths be reviewed. The mortality review should be by a consultant not directly involved with the patient's care.
- 2.3 A Structured Judgement Review (SJR) should be undertaken by a trained reviewer who was not directly involved in the patient's care, if the case complies with one of the mandated criteria listed below:
- Bereaved families and carers have raised a significant concern about the quality-of-care provision
 - Staff have raised a significant concern about the quality-of-care provision
 - Medical Examiners have identified the case for an SJR
 - All deaths of patients with learning disabilities
 - All inpatient deaths of patients with a severe mental illness (SMI) diagnosis. SMI is defined as schizophrenia, schizoaffective disorders, bipolar affective disorder, severe depression with psychosis. In addition to where these diagnoses are recorded in a patient's records, the use of Clozapine, Lithium and depot antipsychotic medication are indicative of these diagnoses
 - All neonatal, children and maternal deaths
 - Serious Incident requiring investigation involving a patient death
 - All deaths in a service where concerns have been raised either through audit, incident reporting processes or other mortality indicators
 - All deaths in areas where deaths would not be expected, for example deaths following elective surgical procedures
 - Deaths where learning will inform the provider's existing or planned improvement work, for example deaths where the patient had sepsis, diabetic ketoacidosis, or a recent fall
 - Deaths that are referred to HM Coroner's Office without a proposed Medical Certificate of Cause of Death (MCCD)

3. Mortality Review Quarter 4, 2022/23

- 3.1 During Quarter 4, 2022/23 there were 129 adult inpatient deaths reported at Whittington Health versus 116 in Q3.
- 3.2 Table 1 shows the distribution of deaths by departments/teams.

Table 1: Death by Department/Team

Department/Team	Number of deaths
Acute Admissions Unit (Mary Seacole North and South)	24
Cavell	14
Cloudesley	24
Meyrick	20
Critical Care Unit	14
Nightingale	10
Coronary Care Unit	6
Thorogood	4
Victoria	5
Coyle	7
Mercers	1
Theatres Recovery	0
Maternal	0
Total:	129 Adults

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

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

	Number of reviews required	Completed Reviews	Outstanding reviews
Adult Mortality Reviews	108	-	-
SJR	21	7	14

Unfortunately, due to short staffing we have been unable to collate the general reviews this quarter.

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

Table 2b: SJRs required for each department/team

Department	Number of SJRs	Number outstanding
Acute Admissions Unit (Mary Seacole North and South)	6	1
Cavell	5	4
Cloudesley	2	1
Meyrick	3	3
Critical Care Unit	0	0
Nightingale	0	0
Coronary Care Unit	2	2
Victoria	1	1
Coyle	0	0
Mercers	1	1
ED	1	1

Table 3: Reasons for deaths being assigned as requiring an SJR during Quarter 4, 2022/23

Criteria for SJR	Number of SJRs identified	Completed SJRs	Comments
Staff raised concerns about care	0	0	
Family raised concerns about quality of care	3	2	
Death of a patient with Serious mental illness	1	0	
Death in surgical patients	1	1	
Deaths referred to Coroner's office without proposed cause of death	0	0	
Deaths related to specific patient safety or QI work e.g. sepsis and falls	0	0	
Death of a patient with a Learning disability	2	0	
Medical Examiner concern	3	1	
Serious Incident investigations	1	0	
Unexpected Death	0	0	
Concerns raised through audit, incident reporting or other mortality indicators	0	0	
Definite COVID-19 Health Care Acquired Infection (HCAI)	10	3	
Probable COVID-19 HCAI	0	0	
Intermediate COVID-19 HCAI	0	0	
Total	21	7	

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

3.7 The aim of this review process is to:

- Engage with patients' families and carers and recognise their insights as a source of learning, improve their opportunities for raising concerns.
- Embed a culture of learning from mortality reviews in the Trust.
- Identify and learn from episodes relating to problems in care.
- Identify and learn from notable practice.
- Understand and improve the quality of End-of-Life Care (EoLC), with a particular focus on whether patient's and carer's wishes were identified and met.
- Enable informed and transparent reporting to the Public Trust Board with a clear methodology.
- Identify potentially avoidable deaths and ensure these are fully investigated through the Serious Incident (SI) process and are clearly and transparently recorded and reported.

4 Mortality Dashboard

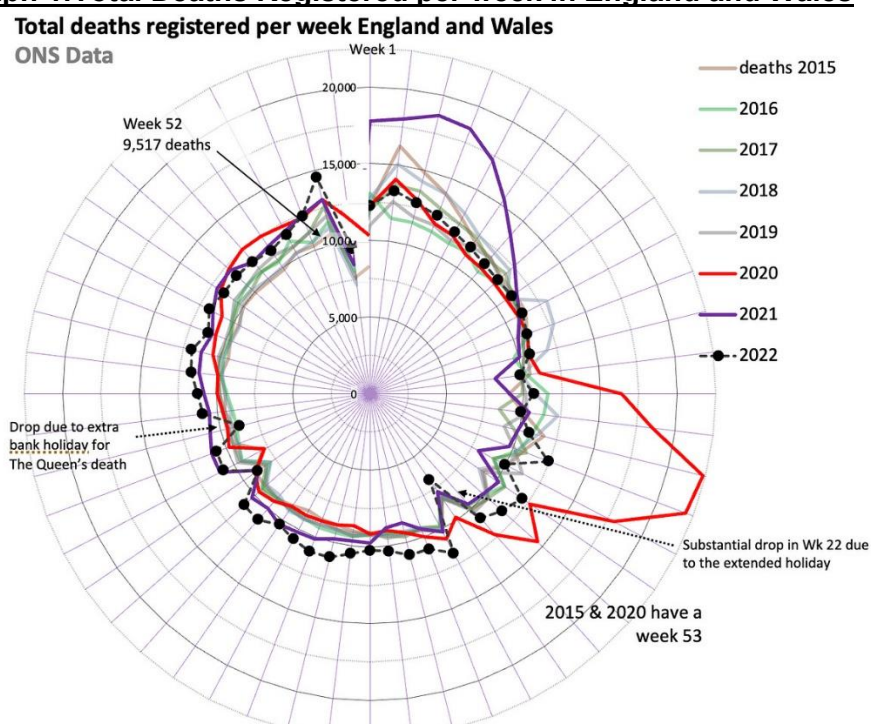
4.1 There were 129 inpatient adult deaths recorded in Quarter 4, 2022/23 at Whittington Health.

4.2 The National Guidance on Learning from Deaths gives a suggested dashboard which provides a format for data publication by Trusts. Whittington Health has chosen to adopt this dashboard

locally. The dashboard is provided in Appendix 1 – NHS England Trust Mortality dashboard. This dashboard shows data from 1 April 2017 onwards.

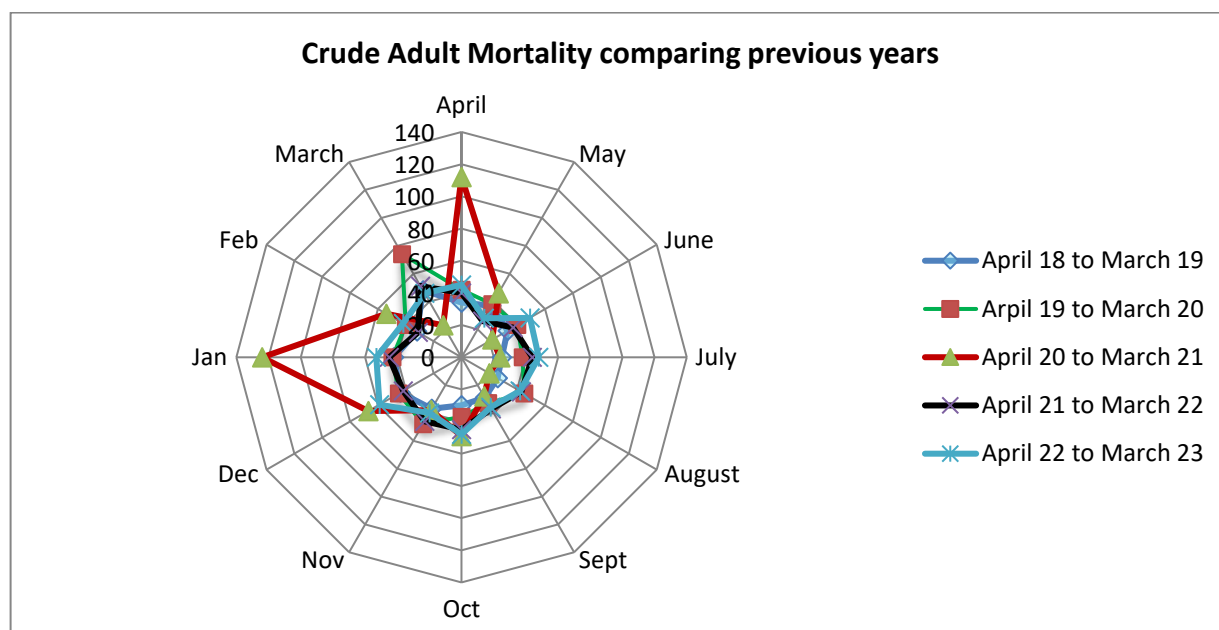
- 4.3 In the week ending 16 June 2023 (Week 24), 10,700 deaths were registered in England and Wales; 156 of these deaths mentioned novel coronavirus (COVID-19), accounting for 1.5% of all deaths. This was a decrease in all deaths compared with the week ending 9 June 2023 (Week 23), when the number of all-cause deaths registered was 10,940; COVID-19 accounted for 211 of these deaths (1.9%).
- 4.4 Of the 156 deaths involving COVID-19 in Week 24, 68.6% (107 deaths) had this recorded as the underlying cause of death, which was a higher proportion when compared with Week 23 (64.5%).
- 4.5 The number of deaths was above the five-year average in private homes (16.3% above, 427 excess deaths), hospitals (7.5% above, 326 excess deaths), care homes (9.0% above, 174 excess deaths) and other settings (10.1% above, 82 excess deaths).
- 4.6 The number of deaths registered in the UK in the week ending 16 June 2023 (Week 24) was 12,198, which was 10.6% above the five-year average (1,169 excess deaths); of these deaths, 173 (1.4%) involved COVID-19. The graph below is included for national comparison but has not been updated by the authors since January 2023- this is the last time it will be included in the report.

Graph 1: Total Deaths Registered per week in England and Wales



- 4.7 The radial graph below compares all causes of deaths (including ED deaths) in the Whittington hospital in 2018-19, 2019-20, 2020-21, 2021-22 with the year considered in this report 2022-23.
- 4.8 The number of inpatient and ED deaths in Q4 2022/23 was 141 which is 14 more than in the same quarter in the previous year.
- 4.9 There were 2 learning disability deaths during the quarter.

Graph 2: Crude Adult Mortality at Whittington Health comparing previous years (April-December 2022)



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

Table 4: Number of inpatient and ED deaths each month over the past 5 years

Month	April 18 to March 19	April 19 to March 20	April 20 to March 21	April 21 to March 22	April 22 to March 2023
April	34	42	112	40	45
May	37	38	46	26	28
June	33	40	22	37	49
July	25	38	24	44	48
August	26	45	20	43	42
Sept	29	33	28	37	36
Oct	30	37	49	45	48
Nov	37	48	38	46	40
Dec	44	45	67	42	59
Jan	42	43	124	45	53
Feb	32	40	54	31	42
March	48	74	23	51	46

5. Summary Hospital-level Mortality Indicator (SHMI)

5.1 The Summary Hospital-level Mortality Indicator (SHMI) for the data period October 2021 to September 2022 at Whittington Health as a Trust is 0.87 which is lower than expected for Trust level results (Site level is 0.87 but is within expected limits due to greater dispersion).

6. Themes and learning from mortality reviews Quarter 4 of 2022/2023

- 6.1 Recognising early when patients are no longer responding to NIV and to involve palliative care to prioritise comfort and the best death possible in the end of life care.
- 6.2 One multidisciplinary review highlighted the importance of recognising complex rib fractures in frail elderly patients, resulting from falls. These patients benefit from input with the local thoracic surgery service, Critical Care Outreach Team and the acute pain team.
- 6.3 Recognition that patients with advanced dementia can present with difficulty in swallowing as a feature of the end stage of life. Close working with the Speech and Language therapists and the Dementia Nurse, in such cases ensures a multidisciplinary approach to care. Risk feeding is considered appropriate for such cases, rather than PEG insertion.
- 6.4 There was good practice in the management of a case of hyperkalaemia, where the Trust guidelines were followed. The mortality meeting highlighted the importance of withdrawing any contraindicated medication and ensuring the use of loop or thiazide diuretics or oral bicarbonate in certain cases of chronic kidney disease.
- 6.5 Palliative care input in CCU, following extubation, can benefit early end of life care management in patients.
- 6.6 It was noted that one patient tested positive for influenza and then COVID-19 at time of admission but had been discharged 5 days before so this may be hospital acquired infection. The need for compliance with infection control practices was highlighted and the challenges when the Trust is near full capacity. This had avoidable elements but <50% as the patient was frail at baseline with respiratory illness.
- 6.7 The importance of keeping families informed about imminent procedures if the patient gives permission was highlighted. This would always be with the patient's permission but where patients are seriously ill and possibly close to end-of-life communication is even more vital.
- 6.8 The complexities of the fast-track process can present delays in the transfer of patients at the end stage of life. This concern has been escalated to the Palliative care consultant and COO, who are discussing this process with system leaders and the Medical Director has also escalated to the NCL Clinical Advisory Group.

7. Dissemination of Learning

- 7.1 This report is considered at the Mortality Review Group attended by the mortality leads from each specialty which allows them to disseminate onwards lessons.
- 7.2 Lessons from mortality reviews are included in the Trust-wide newsletter Safety Matters and specific cases have been the subject of patient safety forum presentations.
- 7.3 Teams hold mortality review meetings to discuss local cases and share wider learning between teams and jointly review cases

8. Mortality Review Group

- 8.1 Dr Sarah Gillis has been appointed the new Associate Medical Director for Learning from Deaths with effect from 26 June 2023. A Mortality Review Group meeting took place on 4 July 2023. The meeting reviewed the learning from death reports, the PMRT report and a breast cancer mortality outlier after chemotherapy. Future plans for the Mortality Review Group were also considered.

9. Conclusion and recommendations

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



Appendix 1



Whittington Health
NHS Trust

Description:

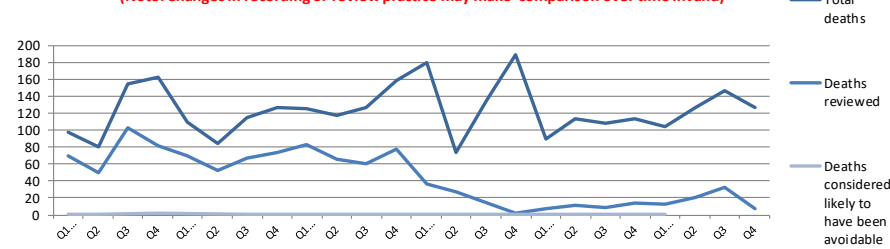
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology
Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
43	37	1	1	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
127	147	7	32	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
504	425	71	41	1	2

Time Series: Start date 2017-18 Q1 End date 2022-23 Q4

Mortality over time, total deaths reviewed and deaths considered to have been potentially avoidable
(Note: Changes in recording or review practice may make comparison over time invalid)


Total Deaths Reviewed by RCP Methodology Score

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

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology
Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
2	0	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
2	5	0	2	0	0

Meeting title	Quality Assurance Committee (QAC)	Date: 13th September 2023
Report title	Nursing and Midwifery Mid-year Safe Staffing Review Report (October 2022-April 2023 data)	Agenda item: 4.7
Executive director lead	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
Report authors	Marielle Perraut Assistant Chief Nurse Roda Mohamed, Lead Nurse for Safer Staffing	
Executive summary	<ul style="list-style-type: none"> • This paper covers items reported in the Quality Governance meeting held on 27th July 2023 and at Trust management Group on 15th August 2023 • In line with National Quality Board (NQB) guidance (2016), the Bi-Annual Nursing and Midwifery Establishment Review report outlines Whittington Health's response to the statutory requirements to have safe Nursing and Midwifery staffing levels. • This Mid-Year review report includes the following: <ul style="list-style-type: none"> ○ A summary of the review meetings held with the ICSUs between April 2023 and June 2023 ○ An update on actions from the annual establishment review undertaken in October 2022. ○ The key findings from this review of the Nursing and Midwifery workforce based on the Safer Nursing Care Tool (SNCT) and Mental Health Optimal Staffing Tool (MHOST) audits collected in November 2022 for all inpatient areas, Emergency Department (ED) in January 2023 and District Nurses teams (Islington North, Islington Urgent Response, Haringey Central and Haringey Urgent response) collected in March 2023 • Where added investment requirements have been identified since last review, and supported in principle by the Deputy/Chief Nurse, the ICSUs will progress as part of their local operational actions/business planning: <ul style="list-style-type: none"> ○ CCU: 5 WTE Registered Nurses recruited substantively to cover maternity leave. Currently approved as a cost pressure as financially low risk. ○ CCU: review of bed base with to increase in the bed base to 12 or review establishment based on acuity. North Central London (NCL) Integrated Care System (ICS) has secured funding to enable the increase and the ICSU is progressing an options appraisal for approval. 	

	<ul style="list-style-type: none"> ○ . ○ Maternity Services are undergoing a reconfiguration of the current establishment structure that will not require added financial investment. This will include the recruitment of a lead quality lead Midwife and assure a 24-hour cover for Triage to support the recommendations from Ockenden and CQC reports. ● Recommendations and actions to prepare for The Annual Establishment Review that will take place in Autumn 2023
Purpose:	<ul style="list-style-type: none"> ● As per the National Quality Board (2016) (NQB) 'Expectation 1: Right Staff' and NHS Improvement (2018), 'The planning cycle'; this report seek to give assurance to the Board that the mid-year establishment review took place for Nursing and Midwifery between March and June 2023.
Recommendation	<p>The Quality Assurance Committee is asked to:</p> <ul style="list-style-type: none"> (i) Review that the proposal with the appropriate level information is provided. (ii) Approve the establishments adjustments that have been recommended within individual ICSUs and supported by the Senior Nursing and midwifery Leadership team.
Risk Register or Board Assurance Framework	<p>BAF risk Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.</p> <p>BAF risk People 1 - Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs.</p>
Report history	<ol style="list-style-type: none"> 1. Establishment review meetings with Deputy Chief Nurse, Assistant Chief Nurse, Safer Staffing Lead Nurse, Associate Directors of Nursing and Midwifery (ADoN/M), Deputies, Matrons and Healthroster Team (Director of Operations present for CYP and EIM meeting) (April-June 2023) 2. Nursing and Midwifery Leadership Group (NMLG) June 2023 3. QGC (July 2023) 4. TMG (August 2023) 5. QAC (September 2023)

Bi-Annual Nursing and Midwifery Establishment Review Report

1. INTRODUCTION

- 1.1 This paper provides the committee with an overview of the mid-year Nursing and Midwifery Establishment Reviews that took place between March and June 2023 and an update on proposed actions from the October 2022 report.
- 1.2 In April 2023, ESR reported that Whittington Health Nursing and Midwifery establishment represented 1875.1 WTE (1282.84 WTE Registered and 593.41 Unregistered staff). This is an 4.87% increase (+ 1.92% Registered staff and +7.83% unregistered) from October 2022 and represents the investment for the additional escalation beds and the Wood Green Diagnostic Centre opening.
- 1.3 The NQB's 3 priorities that form the basis to making staffing decisions are as below.
 - Right staff
 - Right skills
 - Right place and time
- 1.4 Safer staffing and skill mix reviews were undertaken the following clinical areas:
 - Inpatient adult and children wards (EIM, S&C and CYP)
 - Simmons House (CYP)
 - Emergency Department (ED) (EIM)
 - Critical Care Unit (CCU) (S&C)
 - NICU (CYP)
 - Theatres and Recovery (S&C)
 - Day Treatment Centre- DTC (S&C)
 - Midwifery
 - A new national Community Nursing Safe Staffing tool was piloted in 4 District Nursing team across Islington and Haringey

2. ESTABLISHMENT REVIEW PROCESS AND METHODOLOGY

- 2.1 Whittington Health adheres to the recommendations set out in the "Safe staffing for nursing in adult inpatient wards in acute hospitals" guideline ([National Institute for Health and Care Excellence, 2014](#)).
- 2.2 NHS Improvement published the [Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing \(October 2018\)](#). This guidance addresses any gaps around safe workforce planning and recommendations to ensure a consistent approach to achieve:
 - Effective workforce planning
 - Staff deployment by using evidence-based tools.
 - Governance considerations when redesigning roles/skills mix.
 - Responding to unplanned workforce challenges

The NQB recommend the use of other quality data to inform professional judgement including acuity and dependency tools, incident data, health roster KPIs, Workforce KPIs, quality indicators and peer/national benchmarking.

In addition to the safe staffing processes utilised, Clinical Specialties national guidelines were referenced for this establishment review.

For the purpose of this review, data was collected from Electronic Staff Record (ESR), QlikView®, HealthRoster® and SafeCare® and were assessed against workforce and performance KPIs and targets as detailed in table below:

Indicator	Appraisals % Rate	Mandatory Training % Rate	Staff Sickness absence %	Staff Turnover %	Vacancy % Rate against establishment
	>85%	>85%	<3.5%	<13%	<10%

Table 1: Workforce KPIs and Performance targets

2.3 The guiding principles for the inpatient ward establishments are outlined below:

1. RN/NA skill mix ranging from 50/50 to 90/10 (national recommendation 65/35 but varies according to speciality and acuity)
2. 20.4% uplift within establishment to cover Annual leave, Sickness and Study Leave allowances (to note there will be variation different mandatory requirements according to specialism)
3. The nurse-to-patient ratios as recommended by NICE (1:8) was used where appropriate. Professional judgement was applied, having considered the specialism of each setting, acuity, and quality/safety indicators.

3. WORKFORCE KEY PERFORMANCE INDICATORS (KPI) FINDINGS AND ACTIONS

- 3.1 Following the Establishment review undertaken in October 2022, 33 flex beds across EIM (COOP and Victoria) and S&C (Coyle and Mercers) have been funded and 64 WTE Nursing staff (27 WTE registered nurses and 37 WTE Unregistered support staff) are in process of being recruited.
- 3.2 Ongoing operational pressures and an exceptionally busy winter required department reconfiguration and intermittent Thorogood operationalisation. This impacted on ICSUs increased substantive staff deployment to support both department reconfiguration, vacancies, and staff absences.
- 3.3 Use of temporary high-cost agency nurses remains a challenge in EIM particularly in ED, where work is ongoing re-establish controls and to authorise by exception. This was exacerbated by the outstanding reinstatement of £420K (10WTE band 5 cost) recommended in the October 2022 review.
- 3.4 Oversight of safe staffing across the Whittington Health remains a challenge due to short notice staff availability, and increased establishment requirements to support services increased acuity and creation of additional capacity. This is managed through Trust daily site meetings.

A new safe staffing morning meeting has been implemented to allow early actions and mitigations to inform the Site/operational meetings at later times. This has proved beneficial it promotes mutual aid internally and avoid extra temporary staffing expenditure.

- 3.5 The overall turnover remains above target (13%) at 14.25% for the last 6 months. This is an improvement compared to the previous 6-month period where staff turnover was 16.5%.

Cost of living and lack of career progression for lower bands are the main reason for the turnover rates. A new trend has been noted where substantive staff join temporary staffing agency where pay is higher and offers greater flexibility to have a better work-life balance.

Recruitment and retention (vacancy target below 10 %) remains a challenge and marginally improved from 15% at last review to 14.1% the last 6 months. The unregistered workforce vacancy rate has improved from 18% to 14.3% and has been achieved through targeted recruitment events held by the Trust.

The recruitment of Internationally Educated Nurses is also part of the wider nursing and Midwifery workforce strategy. In the next 12 months, we will welcome 70 colleagues in our organisation.

- 3.6 Staff sickness related absence is above the Trust Target of (3.5%) at 4.9% over last 6 months, but there is a noted 1.3% improvement compared to the preceding establishment review.

A higher percentage can be anticipated for this period of time due to seasonal ailments (colds and flu-like symptoms) but mental health and musculoskeletal disorders are the main reasons for long term sickness (over 4 weeks).

The ICSUs report that there is effective support from HR and OH in supporting colleagues to return to work, or to accommodate reasonable adjustment. Return to work interviews and support plans are in place to maximise work attendance.

- 3.7 Mandatory training is within or nearing 85% targets across all ICSUs.

Appraisal rates show performance below the current target overall 73.3%. It is also noted that there is a noticeable 4% to 10% difference between registered and unregistered staff in CYP, EIM and S&C.

National staff surveys have also highlighted appraisals as being an area for improvement. The Trust is investing in training for appraisers to conduct meaningful appraisals that promote development and staff satisfaction but also safe care delivery. Each ICSU is making appraisal a priority as it links directly to staff retention and wellbeing.

4. ICSU REVIEWS AND ANALYSIS

4.1 Children and Young People

The ICSU has several services across acute and community settings. This review primarily addresses Ifor ward, CAU, NICU and Simmons House.

Health Visiting and School Nursing did not have a formal review as there is currently no formal national tool available, but discussions included recruitment, retention and ways measure demand and capacity in future reviews.

Actions from last review	<ul style="list-style-type: none"> ○ Reconfiguration of acute paediatric services is underway with an aspiration to formalise a plan by Winter 2023. ○ 1WTE HCA was approved substantively and 2 WTE RMN were approved for a 1-year fixed-term in Ifor. The recommendation is then to undertake an impact assessment. This will offer opportunity to rotate RMNs between Ifor ward and Simmons House
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Establishment update	<ul style="list-style-type: none"> ○ No concerns raised with regards to the NICU establishment ○ There is no request to invest in additional resources within this mid-year review for acute services. ○ In Health Visiting, the vacancy rate is around 21 % and is featured on the ICSU risk register.
Workforce data	<ul style="list-style-type: none"> ○ The sickness rate has improved from 7.7% to an average of 5.1% from October 2022 to March 2023. It was noted that the main themes were stress and wellbeing related. ○ Mandatory training rates are within range over the 6 months period and appraisal marginally below (83%). There is ongoing work within the ICSU to support compliance and arrange time needed for managers to undertake appraisals.
Activity & Acuity impacting on staffing	<ul style="list-style-type: none"> ○ Enhanced care was the biggest overspend on Ifor Ward over the Winter months. This was due to higher-than-expected number of mental health admissions and the number of beds increased to 17. ○ The restructure of the department and investment in RMNs will be instrumental in mitigating the temporary staff bill spend.
Roster Management and safe deployment of staff	<ul style="list-style-type: none"> ○ Increased number of flexible working requests mainly related to working from home. The historical arrangements need to be prioritised for review and work is being done with Workforce to outline service requirements whilst being flexible.
Quality and safety	<ul style="list-style-type: none"> ○ No pressure ulcers were reported for this period. ○ Themes of complaints/SIs and actions: Staff training/education and communication
Succession planning	<ul style="list-style-type: none"> ○ Ifor/NICU: Rotation posts across acute paediatrics areas including acute ward, Neonatal unit and Paediatric Emergency Department are being considered. It would help promote joint work with CAMHs team. ○ Older CNS cohort and junior workforce across acute paediatrics: Consideration is being given to rotate into short term CNS roles for experience. ○ Areas of workforce risks in CYP: Recruitment in Community setting (Health visitors) <ul style="list-style-type: none"> ➤ Ifor: 1 Band 6's on Ifor ward is on long term sickness and 1 in secondment now into CNS role. ➤ Islington Health Visitors: Recruitment of qualified staff remains a challenge. There has been some recent improvements and workforce planning is in place to ensure band 5's develop into SCHPN students and become qualified practitioners.

Planning next review	<ul style="list-style-type: none"> ○ Conversation with recruitment to target community School Nurse and Health Visitors recruitment day. ○ CAU and Ifor restructure plan. ○ Review historical Flexible working.
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4.2 **Maternity as part of ACW**

This review was undertaken following the Birthrate Plus report from January 2023 across inpatient and outpatient' areas. Based on the birthing activity at the time, it identified a shortfall of 6WTE band 6 midwives.

Further evidence in last 6 months led to additional discussions as the number of births has reduced since the report was run. The information was refreshed locally around time of the establishment review, and it suggests that the funded establishment is exceeding what is recommended. However, it is essential to understand the context as Birthrate Plus does not consider the complexity and increase acuity of the births.

Actions from last review	<ul style="list-style-type: none"> ○ Band 5 preceptorship midwives are now paid at the top of band 5 Agenda for Change (AFC) scale and will be backdated to support retention. ○ Specialist bereavement post secondment for 7-days cover has been successfully recruited into and will cover Gynaecology services. ○ All band 2 have been uplifted to band 3 ○ Isabelle Cornet was successfully appointment as substantive of Director of Midwifery.
Establishment update	<ul style="list-style-type: none"> ○ Currently all services within the acute setting are meeting service needs. ○ Recommendations to appoint 5.4 WTE B6 to enable 24 hours phone cover for triage and a band 7 Lead Midwife for Quality. This will be achieved through restructure off current establishment.
Workforce data	<ul style="list-style-type: none"> ○ Sickness remains a challenge and remains over 3.5 %. <p>Sickness management is in place to support both managers and staff to remain or return to work safely.</p> <p>The main themes are stress and musculoskeletal complaints.</p>
Activity & Acuity impacting on staffing	<ul style="list-style-type: none"> ○ Some Datix over the last 6 months that were related to compromised skill mix. ○ Trends that have impacted on staffing over last 6 months:

	<ul style="list-style-type: none"> ➤ Birth Centre has been open 77%, suspended 23% (41) and closed once. ➤ Homebirth services not available 36% (65). ➤ The 2nd Theatre was opened on 5 occasions.
Roster Management and safe deployment of staff	<ul style="list-style-type: none"> ○ 80% staff are working flexible working hours. This can affect safety and the deployment of staff within the unit. HR is supporting reviews and links with Occupational Health.
Quality and safety	<ul style="list-style-type: none"> ○ Pressure ulcers: 1 following operative procedure over 4 hours. Raised BMI was identified as a contributing factor on this occasion. Pressure ulcer was missed then deteriorated. Action: During procedures over 2 hours, theatre team to alert Obstetrician/Anaesthetist and Recovery to continue to check postnatally. Early referral to Tissue Viability Nurse. ○ Complaints: Themes identified are linked to birth experience, lack of effective/delayed communication and staff attitude. Action: Identification that a dedicated Quality Lead Midwife may help support the responses and learning from complaints and incidents.
Succession planning	<ul style="list-style-type: none"> ○ Following reduction of birth rate figures seen in recent months, a local review has been completed at the beginning of 2023. At the time of the establishment review meeting (March 2023) plans are: ➤ Process of reviewing births and complexity to be in place ahead of the next Maternity Establishment review ➤ A restructure of the maternity workforce is planned, and the initial meeting planned for April 2023. ➤ Active international midwifery recruitment has taken place and there are currently 10 WTE in post with a further 7 to start later in the year. ➤ The Preceptorship pathway was reviewed, and post preceptorship rotation pathways implemented. ➤ Support flexi-retirement options for midwives planning retirement.
Planning next review	<ul style="list-style-type: none"> ○ Review of safe staffing within community services ○ Repurpose existing vacancies. ○ Review job plans and identify multiskilling opportunities. ○ Age profiles need formal review. ○ Clinical supervision framework needed to support lone workers and specialist midwives.

4.3 Surgery and Cancer

Inpatient areas (Mercers, Coyle, CCU), Theatres and DTC were reviewed in this establishment review.

Actions from last review	<ul style="list-style-type: none"> ○ Development pathway to be reviewed for staff: <ul style="list-style-type: none"> ➤ The new recruited RNs including IENs have protected time to do the preceptorship programme. ➤ Professional Nurse Advocate lead in S&C: Rae Sy ○ Implementation of roster check meetings: not yet actioned
Establishment update	<ul style="list-style-type: none"> ○ <u>Mercers and Coyle:</u> <ul style="list-style-type: none"> ➤ Following the funding of escalation beds, the establishment meets the service needs. ➤ It was also discussed that there is no funding for Enhanced Care currently. This correlates with the current temporary staffing spend. Enhanced Care will be reviewed trust wide. ○ <u>CCU:</u> At the time of meeting, The ADoN discussed that extra funding will come from NCL to support increasing the bed base to 12 beds from October 2023- March 2024. Ongoing work undertaken with the Safer Staffing Lead Nurse to model an establishment based on 12 beds (8 level 3 and 4 Level 2). The calculation should includes a 24.3% uplift that reflects the specialist training needed by CCU staff. ○ Overspend over winter months in theatres and recovery was driven by the increased activity. ○ In DTC, no concerns were noted but an expansion from 22 bays to 33 is being discussed and this will impact on staffing need. This will be reviewed with the safer staffing team at later date. ○ The Chemotherapy unit is undergoing a review of activity which will impact on staffing requirement in the future but no concern at present.
Workforce data	<ul style="list-style-type: none"> ○ S&C has experienced a marked improvement in the majority of metrics in last 6 months ○ Vacancies are below 10% for Mercers and Coyle. ○ Mandatory training 6 months average remains in low 80s%. Appraisal needs a focus of attention as the average is 57.5%. ○ Sickness average over the October 2022 to March 2023 period has improved from 4.55% to 3.22% within Trust target.
Activity & Acuity	<ul style="list-style-type: none"> ○ Red Flags: Coyle ward remains having large numbers of medical patients on a surgical ward In response to this Coyle is included in the bed reconfiguration work currently taking place.

impacting on staffing	<ul style="list-style-type: none"> ○ CHPPD (Care hours per patient per day) variance is -38% on Coyle. This is rationalised by the extra 8 flex beds (not yet included in ledger) and unbudgeted Enhanced Care for 1:1s for an increase in mental health patient admissions in winter.
Roster Management and safe deployment of staff	<ul style="list-style-type: none"> ○ Following the last review, substantive work has been undertaken relating to flexible working. This was highlighted as an area of concern last year (mainly in Theatres and Recovery). All areas with historical arrangements have now resubmitted new requests. No concern raised at this review. ○ There is a request for CNSs and ANP to be visible on Healthroster. This is a long-term project for HealthRoster team to implement across Trust due to Licensing and the scale of undertaking.
Quality and safety	<ul style="list-style-type: none"> ○ Pressure ulcers: 79 were reported across the ICSU, mainly on Coyle and CCU ○ Misc: The Chemotherapy unit saw incidents with DVTs in PICC lines. The incidents are being carefully monitored and training has taken place.
Succession planning	<ul style="list-style-type: none"> ○ Review of the Chemotherapy suite staffing in relation to activity-ongoing work. ○ Job plans for Cancer nurses being reviewed as many are funded through external organisations.
Planning next review	<ul style="list-style-type: none"> ○ Review of the externally funded cancer Nurses ○ Review CCU Bed base ○ Focus on appraisal across all staff groups. ○ Implementation of rota meetings with Healthroster team. ○ Review of the staffing in chemotherapy and DTC post activity review

4.4 Integrated and emergency medicine (EIM)

The establishment review assessed the emergency floor and inpatients services.

Actions from last review	<ul style="list-style-type: none"> ○ Band 5 establishment needs to be updated to reflect the 10 WTE budget (£420K, based on 2022-2023 Agenda for Change mid-point costing calculator) that was removed from the Nursing establishment to 32.5 WTE. Update: This has been actioned (August 2023) ○ Funding escalation beds in EIM: Update: Actioned except from Nightingale and Montushi whose establishment has been assessed as safe to accommodate 3 extra beds
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Establishment update	<ul style="list-style-type: none"> ○ ED: <ul style="list-style-type: none"> ➤ ICSU developing a business case to fund 16.3WTE additional B3 HCAs/TNAs to meet the current deployment supporting new RAT process and support increased enhanced care needs for mental health patients. The current establishment represents 13 WTE. The model is currently delivered but as a cost pressure. ➤ Approving the substantive recruitment to meet both the services and patients' needs would reduce Bank and Agency WTE expenditure. It would improve workforce resilience and enable standardisation of care for the mental health patients as well service users requiring a greater level of support to preserve their safety. ○ Mary Seacole (North and South): <ul style="list-style-type: none"> ➤ An increased use of temporary staffing for unregistered workforce was noted. The registered workforce use meets the vacancy rate. This is driven by an increase in dependency and mental health attendances. Data is being collected to assess if a business case would be feasible to increase Enhanced care establishment. ○ The team notes that the high cost/usage of temporary staff across the ICSU is a result of having to staff Thorogood ward opened to increase capacity. ○ COOP is under one cost centre, so it is difficult to identify individual spending and priorities. Recommendation is to split the budgets to the individual wards.
Workforce data	<ul style="list-style-type: none"> ○ The average appraisal rate for the 6 months period is 71% compared to 80.2% for mandatory training for the same period. As per other ICSUs, this will impact on retention of all grades but particularly unregistered staff and internationally recruited nurses. ○ Sickness has also improved in the 6-month data collected. It remains over target at 4.77% but shows a downward trend from February 2023. The main themes for long term sickness remain stress and mental health.
Activity & Acuity impacting on staffing	<ul style="list-style-type: none"> ○ Red flags reporting remains quite high with 57 Red shifts reported in last 6 months since last review, 17 were in AAU and 22 within COOP. This reflects acuity and activity increase over the winter months. ○ Actual Vs Planned hours in deficit. This is partly because the funded beds are not shown in budget and not established in Healthroster. ○ Trends in increased activity over last 6 months that have impacted staffing: <ul style="list-style-type: none"> ➤ All wards and ED /SDEC have redeployed one RN to Thorogood since December 2022 to date. ➤ Nightingale required increased staffing levels due to acuity and opening a Tracheostomy Bay between December 2022 and February 2023.

Roster Management and safe deployment of staff	<ul style="list-style-type: none"> ○ COOP and AAU have reviewed all their existing flexible working and new requests. ○ Safe Nursing Care Tool: <ul style="list-style-type: none"> ➤ This was the first time ED used the tool following training of all staff. The recommendation of 112.3 WTE is based on the acuity for this period. Headroom recommendation is 25%. The team will explore if split/twilight shifts could be revisited to maximise workforce capacity. ➤ No challenge or concerns for the rest of the EIM SNCT audits.
Succession planning	<ul style="list-style-type: none"> ○ The Team is looking at hybrid roles within the CNS workforce. ○ Number of CNS required and job plans are being reviewed. ○ There is currently an agreed cost pressure to support trainee ACP post in ED, SDEC and frailty.
Planning next review	<ul style="list-style-type: none"> ○ Uplift to be increased to reflect the extra mandatory training for ED staff to reflect acuity and specialism: This will be reviewed at the annual establishment review later this year. The National Quality Board (NQB), p15, recommends that the headroom on average Should be 25% ○ Recruitment and retention: ICSU will focus on recruitment into agreed escalation beds. ○ Plan to separate COOP cost centres for clarity in spend. ○ Hybrid roles with EIM (CNS and ward collaboration) ○ Review of Enhanced Care and better utilisation ○ 10 WTE to be put back into ED budget. ○ Demand for 6 HCA in A&E per shift (16.3WTE)

4.5 **Adult community services (ACS)**

This is the first time that ACS has been part of the establishment review.

The National Community Nursing Safer Nursing Tool (CNSNT) was introduced in the Organisation this year. The team opted to pilot it in 4 district nurses' teams (Islington North, Islington Urgent Response, Haringey Central and Haringey Urgent Response). As detailed earlier in the report, this is a starting point and by no means an exact science to determinate a long-term workforce strategy based on 1 week data collection.

The team is also concurrently working with Kingsgate consultancy company to review establishment as the teams are undergoing a restructure at present. At initial review, it appears their conclusions are different from those detailed in this review, this will be discussed before any staffing changes are put forward.

The main challenges identified are difficulties recruiting. The plan agreed is to link with the recruitment team to have targeted recruitment days in community settings.

5. RECOMMENDATIONS

The Nursing establishments will formally be reviewed again at the annual review in October 2023. The data collection for this period starts at the end of June 2023. All safe staffing metrics will continue to be monitored monthly via performance meetings, safe staffing governance meetings and the integrated board reports.

A review of uplifts will be conducted across all establishments and will consider any variances due to specialist areas specific education requirements (CCU and ED in particular)

Community services will have an in-depth review assessing all metrics the other ICSUs are measured against.

Evaluations are underway within Maternity, Children Ambulatory Unit (CAU), CCU and ED services to assess changing demand and capacity as part of the ICSUs strategies. This ongoing work should inform some of the recommendation in the next establishment review.



Meeting title	Trust Board – public meeting	Date: 29 September 2023
Report title	Workforce Assurance Committee Chair's report	Agenda item: 6
Committee Chair	Rob Vincent, Non-Executive Director	
Executive director lead	Norma French, Director of Workforce	
Report authors	Marcia Marrast-Lewis, Assistant Trust Secretary, and Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary	
Executive summary	<p>Trust Board members are presented with the Workforce Assurance Committee Chair's report for the meeting held on 26 July 2023.</p> <p>Areas of assurance:</p> <ul style="list-style-type: none">• Quarter 1 corporate workforce information report• Restorative just culture update• Medical appraisal Peer review report and Revalidation Policy• Update on Local Clinical Excellence Rewards• Report from the Guardian of Safe Working• Report from the Freedom to Speak Up Guardian• Deep dive into recruitment and retention• Inclusion Strategy <p>The Committee also received:</p> <ul style="list-style-type: none">• Board Assurance Framework• Risk Register• Staff health wellbeing and engagement internal audit report	
Purpose	Noting	
Recommendation(s)	Board members are invited to note the Committee Chair's report, particularly areas of significant assurance.	
BAF	People 1 and 2 entries	
Appendices	<ol style="list-style-type: none">1: Freedom to Speak Up Guardian's report2: Guardian of Safe Working Hours report Q3 2022/233: Guardian of Safe Working Hours report Q4 2022/23	

Committee Chair's assurance report

Committee name	Workforce Assurance Committee
Date of meeting	26 July 2023
Summary of assurance:	
1.	<p>The Committee is reporting significant assurance to the Board on the following matters:</p> <p>Workforce Director's report</p> <p>The Committee was apprised of the salient points of the report which highlighted:</p> <ul style="list-style-type: none"> • Ongoing industrial action undertaken by junior doctors, consultants and radiographers. It was confirmed that junior doctors would strike from 11 August to 16 August and were also out ballot to retain their mandate to strike beyond September. Consultants had also planned to strike on 24 and 25 August. Emergency planning for this industrial action was underway. • Staff survey actions were in progress with listening events taking place on areas of focus such as career progression and staff health and wellbeing. Each listening event was led by an executive director sponsor. • The long term national workforce plan was published on 30 June 2023 and set out plans to address workforce issues in the short, medium and longer terms with an allocation of £2.4bn of funding mainly for training. <p>The Committee was assured that safe clinical cover was maintained throughout the junior doctors' strikes. The consultant strike was not an all-out strike as some consultants volunteered to work on strike days and a Christmas day service was implemented.</p> <p>Restorative Just Culture</p> <p>The Committee received a progress report on the work undertaken on the implementation of restorative just culture approach. The approach sought to move the culture from retributive to a restorative and just culture, with the overall aim of improving staff development and patient safety. The Trust Management Group had approved a 12 month delivery plan and, to date, the following milestones were achieved:</p> <ul style="list-style-type: none"> • The establishment of Working Group together with three task and finish groups. • A new disciplinary policy was developed for review and approval through the governance framework. • Training for managers commenced in May 2023. • Key performance indicators and outcome measures identified. • A soft roll out of the principles with managers who would contact the service for support, but wider engagement across the organisation was expected to take place in the coming months. <p>The Committee was assured that HR Business Managers had taken a practical approach with the implementation of restorative just culture principles across the organisation. A further progress report on the impact</p>

and application of the principles would be brought back to the Committee in the Autumn.

2023/24 Quarter one workforce report

The Committee received the report which described key workforce issues for the first quarter of 2023/24. These included:

- Sickness absence reduced to 3.7% from 4.4% in quarter 4 2022/23.
- Mandatory training was maintained at 86%, appraisal compliance increased to 86%. HR Business Partners would continue to work with Integrated Clinical Support Units (ICSU) and corporate divisions to increase compliance.
- Vacancy rates were reduced to 10.6%, turnover rates reduced to 13.4% and bank and agency expenditure decreased by £3.5k.
- Employee relations cases were mainly around long-term sickness. Case conferences were planned with occupational health colleagues to review individual cases to identify common themes and reduce sickness rates further. The average time taken to resolve a case was 65 days which was below the target of 90 days.

The Committee welcomed further reporting on the triangulation of workforce data with finance and patient experience.

Medical Appraiser Peer Review

The Committee considered the outcome of a peer review of medical appraisals at North Middlesex University Hospital and Whittington Health. The peer review identified areas of good practice around the doctors' scope of practice and setting the scene. There were also areas that required improvement related to aged appraisal software which would be upgraded imminently. The Committee noted that peer reviews of medical appraisals would take place every two years.

The Committee noted that a timeline had been put in place in respect of the medical appraisal system, with a "go live" planned for the beginning of September 2023.

Medical Appraisal and Medical Revalidation Policy.

The Committee received the revised policy which had been amended to reflect changes to medical appraisal methodology post-covid. The changes were recommended by the Royal Colleges and focussed on doctors' development and wellbeing. The Committee noted that all substantive doctors were subject to a medical appraisal as well as long term off framework locums. Short term locums were contracted through NHS framework approved agencies, who would need a medical director lead on revalidation.

Clinical excellence awards scheme

The Committee considered an overview of the clinical excellence award scheme. The scheme was divided local and national constituent parts, where local award schemes were run by local medical directors with lower value awards. Since the pandemic, Trusts were allowed to choose between

running a competitive round and an equal distribution of awards with the latter being the preferable approach. The Trust was currently seeking the views of consultants, clinical directors and the executive team in respect of the approach for this year's round of awards.

Report from Guardian of Safe Working Hours

The Committee discussed a report covering quarters three and four of 2022/23 which contained similar numbers of exception reporting in both periods. A total of 260 exception reports were made and were mainly around processes for payment. Each quarterly report included two immediate safety concerns which were not adequately addressed and related to staff concerns around the level of cover for patients. However, the quarter four report found improved levels of staffing in general medicine, who were the biggest area for exception reports. Most of the reports continue to be from year one foundation doctors and were predominantly about workload and patient doctor ratios. This was impacted by operational pressures and junior doctors' strikes in quarter 4. Monies accrued from fines were yet to be utilised but it was thought that funding refreshments at training events would increase attendance and learning.

The Committee was assured that the process of reporting to the Guardian of Safe Working Hours was secure and that issues were reflected back to training supervisors for action. There were also good mechanisms in place to monitor the welfare of doctors at the Trust.

Report from the Freedom to Speak Up Guardian

The Committee was informed on the work of the Freedom to Speak Up Guardian (FTSUG) covering the period October 2022 to March 2023. The report included reflections of the Staff Survey 2022 results specific to raising concerns and a quarter 3 update from the National Guardian.

In terms of activity at the Trust, the Committee noted the following:

- A decrease in overall confidence to speak up through the various channels in place at the Trust.
- Only one quarter of advocates that were trained over the last four years remained active and this highlighted the need for more training and engagement sessions.
- 32 initial concerns were raised between quarters three and four which indicated a reduction of 9 from the previous quarter.
- 45% of concerns raised came from ethnic minority staff.

The Committee acknowledged that there was more work to do in respect of improving the culture around speaking up but were assured that this would be taken forward.

Deep dive - recruitment & retention

The Committee received the findings arising out of the deep dive into recruitment and retention. It was assured that strenuous efforts were taken to by the organisation to improve and increase nurse and healthcare support worker recruitment. A number of international student nurses were also in the

	<p>pipeline. In terms of retention, the Committee received assurance that a number of initiatives were in place to support retention which included:</p> <ul style="list-style-type: none"> • Completion of actions arising from the staff survey; • Improved career progression opportunities with better training for bands 2-3 staff. • A focus on staff wellness at work. • Advertising posts internally in the first instance so that staff had the opportunity to apply for posts and progress, before they were advertised externally. • The creation of a talent pool. • The creation of more apprenticeship posts. <p>HR Business Partners were also working with ICSUs to improve retention rates across clinical divisions. The Committee noted that more data analysis in respect of recruitment and a decrease in vacancy levels would be identified for better and accurate reporting in the People Strategy.</p> <p>Whittington Health Inclusion improvement strategy</p> <p>The Committee were informed of the progress of the development of the Trust's Inclusion Strategy and received an update on the NHS England's published Equality, Diversity and Inclusion Improvement Plan. The national plan referenced a number of high impact actions which would be included in Trust's own strategy. As part of ongoing work to improve the awareness of frontline staff and improve patient experience the draft strategy would be submitted to staff equality networks, the chaplaincy service, patient experience, team colleagues, ICSUs and corporate departments to get their feedback during quarters two and three. The Committee agreed that an update would be provided to its next meeting. The Committee also noted the draft Culture and Religion Guide which was also out for consultation and aimed to raise the awareness of frontline staff of the diverse patient communities they served and their particular preferences in areas such as diet, dress, and end of life care in order to help improve patient experience.</p> <p>Board Assurance Framework and Trust Risk Register – People entries</p> <p>The Committee noted that there were no changes to risk scores contained in the Board Assurance Framework. One new risk related to staff shortages in colposcopy was noted in the Trust Risk Register.</p> <p>Staff Health Wellbeing and Engagement Internal Audit Report</p> <p>The Committee received a report on the outcome of an internal audit review of staff health and wellbeing at the Trust and welcomed the good assurance outcome achieved. The audit took place in June 2023, and found three medium priority areas around:</p> <ul style="list-style-type: none"> • Just culture project plan, • Health and wellbeing project plan; and • The development of key performance indicators to monitor progress against the work.
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	<p>The Committee was assured the internal audit actions would be followed up by organisational development management.</p> <p>Staff Story: mediation services Dr Helen Taylor, Clinical Director of Acute Patient Access, Clinical Support Services and Women's Health ICSU talked about her role as a mediator at the Trust. She explained that she was first exposed to mediation some time ago when she was requested to assist with mediation with some external mediators at a different hospital trust. Mediation was successfully used to help resolve conflicts that had arisen between and in teams which had a negative impact on patient care. Helen stated that she found the experience powerful and rewarding, as she could observe the positive impact that mediation had on an otherwise stressful and fraught situation. The Committee learned that Helen Taylor seized the opportunity to train to become a mediator when it arose. The training was intensive and took place over two days with additional independent study. The learning received provided Helen with a strong support structure and the confidence to approach mediations with professionalism, empathy and the ability to grasp the issues quickly. Helen stated that during this time, a grievance was raised against her but her training and experience helped her to look at the issues from both sides. Helen Taylor explained that it was important as a mediator to recognise that each case was highly emotive. It was therefore vital to maintain a neutral position and ensure that each party was given the opportunity to talk, listen and develop solutions together.</p> <p>The Committee was pleased to learn that Helen was in a position to incorporate the learning received through mediation into her day job, which she found an invaluable skill when dealing with difficult situations and conversations.</p> <p>Mala Shaunak, an organisational development consultant informed the Committee that she was also a mediator at the Trust, but there were opportunities for other staff members to become a mediator to bolster the numbers of mediators at the Trust.</p> <p>The Committee welcomed the proposal to incorporate specific elements of mediator training into development training for senior managers.</p> <p>Top three items to highlight to the Trust Board The Committee agreed that the following risk areas would be escalated to the Trust Board:</p> <ul style="list-style-type: none"> • Staff retention and career development • Inclusion strategy and staff engagement • Freedom to speak up Guardian's report
<p>2.</p>	<p>Present: Rob Vincent, Non-Executive Director (Committee Chair) Junaid Bajwa, Non-Executive Director Norma French, Director of Workforce</p>

	<p>Glenys Thornton, Non-Executive Director</p> <p>In attendance: Jeanette Barnes, Associate Director of Nursing, Children & Young People Kevin Curnow, Deputy Chief Executive and Chief Finance Officer Ruben Ferreira, Freedom to Speak Up Guardian Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes Swarnjit Singh, Joint Director of Inclusion & Trust Company Secretary Kate Green, Executive Assistant, Director of Workforce Sola Makinde, Associate Medical Director, Workforce Zara Sayer, Haematology Consultant Mala Shaunak, Acting Head of Organisational Development Helen Taylor, Clinical Director, Acute patient Access, Clinical Support Services and Women's Health Astrid von Volckammer, Acting Assistant Director, Learning & Organisational Development Rowena Welsford, Deputy Director of Workforce</p> <p>Apologies: Sarah Wilding, Chief Nurse and Director of Allied Health Professionals Fiona Isacson, Director of Operations, Surgery & Cancer Charlotte Pawsey, Deputy Director of Workforce</p>
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Meeting title	Workforce Assurance Committee	Date: 26 July 2023
Report title	Freedom To Speak Up Guardian Report (October 2022 - March 2023)	Agenda item: 23/23
Executive director lead	Sarah Wilding, Chief Nurse and Director of Allied Health Professionals	
Report author	Ruben Ferreira, Freedom to Speak Up Guardian	
Executive summary	This paper provides: <ul style="list-style-type: none">• A brief overview of the work of the Freedom To Speak Up Guardian (FTSUG) from October 2022 to March 2023• Reflection of the Staff Survey 2022 results regarding raising concerns• Updates on the National Guardian Quarter 3 (2022) data	
Purpose:	The report provides information about Freedom to Speak Up across Whittington Health with information covering the period October 2022 to March 2023	
Recommendation(s)	The Trust Board is asked to: <ul style="list-style-type: none">• Encourage and promote with managers and senior leaders to engage with Freedom to Speak Up• Support the implementation of Freedom to Speak Up training to staff.• Support the recruitment of Speak Up Advocates specially in services where they are not present.	
Risk Register or Board Assurance Framework	BAF entry 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.	
Report history	Six monthly report presented to Whittington Health Trust Board	
Appendices		

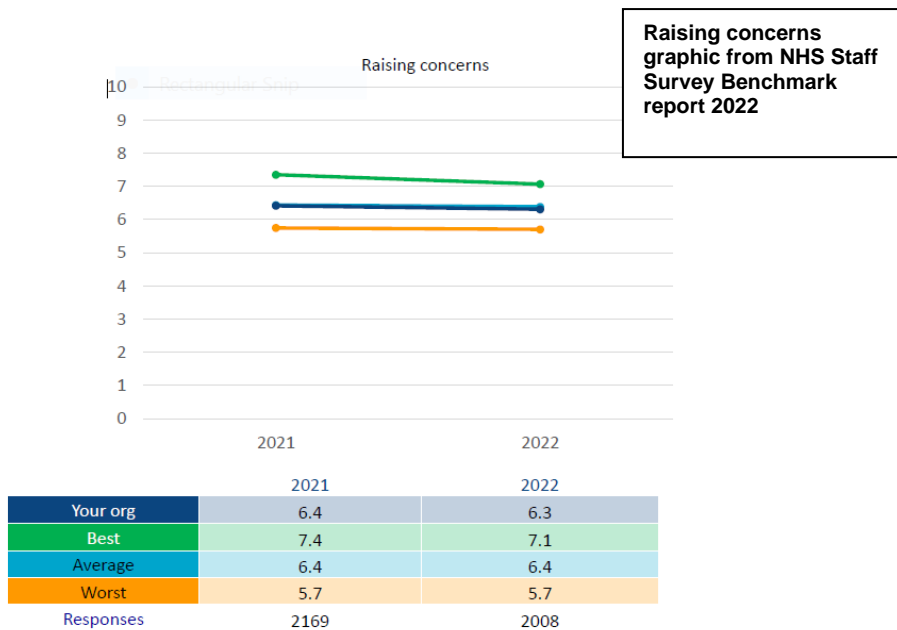


1 Introduction

- 1.1 The Freedom to Speak Up Guardian (FTSUG) role was created because of recommendations from Sir Robert Francis' Freedom to Speak Up Review, published in February 2015. Freedom to Speak Up Guardians are expected to work with trust leadership teams to create a culture where staff can speak up to protect patient safety and empower workers. As well as providing a safe and impartial alternative channel for workers to speak up to, they identify themes and provide challenge to their organisation to work proactively to tackle barriers to speaking up.
- 1.2 The National Guardian's Office (NGO) works to make speaking up become business as usual in health. The office leads, trains and supports a network of Freedom to Speak Up Guardians in England and provides learning and challenge on speaking up matters to the healthcare system. Since the establishment of the NHS National Guardian's Office in 2016 following the recommendation of the Francis Review, there is now a wide-ranging network of more than 900 Freedom to Speak Up Guardians in England supporting workers in 514 organisations, in primary and secondary care, the independent sector and national bodies.

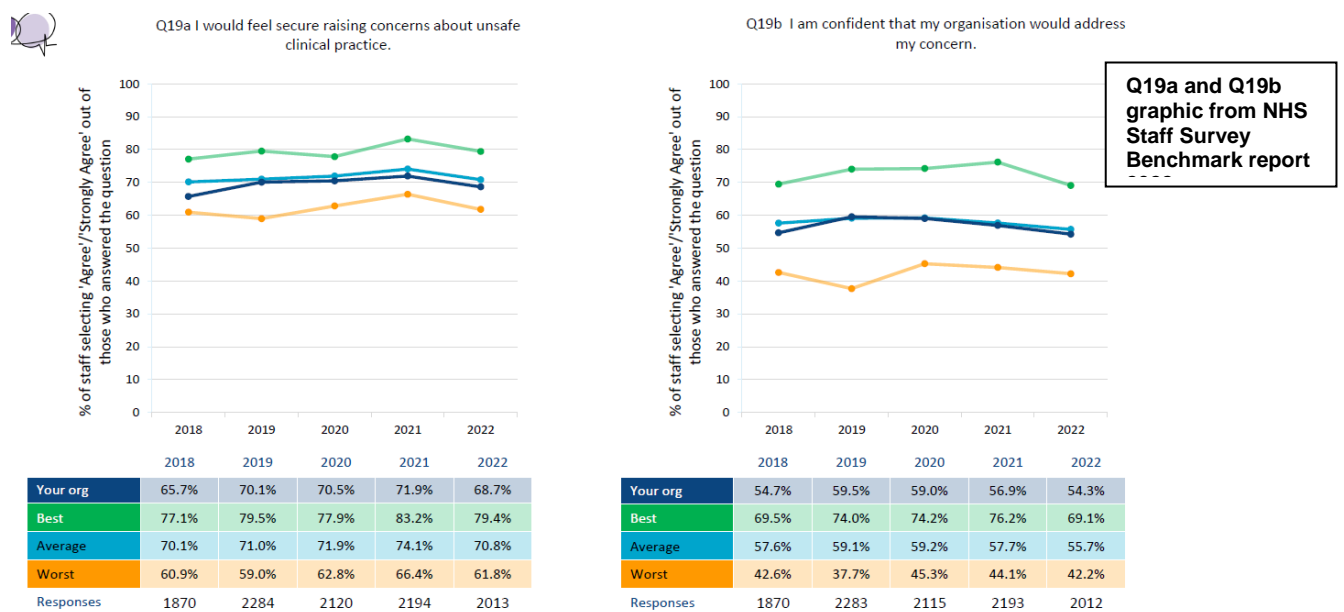
2 Brief overview of Freedom To Speak Up Guardian and National Guardian Office

- 2.1 **The Whittington Health Guardian** is continuously working to engage with teams and services across Community and Hospital departments. The Guardian continues to offer staff members the option for remote appointments through phone, Microsoft Teams or Zoom, as face-to-face. Over the last few weeks, the Guardian has noticed a slight decrease in the number of initial concerns being raised. This is aligned with the National pattern and is reflected on the staff survey at the Whittington Health NHS Trust and the NHS in general.
- 2.2 On reading the results for the speaking up questions in the staff survey, Dr Jayne Chidgey-Clark, the National Guardian, said: "It is disappointing that the staff survey results reflect a decrease in workers' confidence to speak up, and especially concerning that this includes about clinical matters. However, fostering a culture where speaking up is supported, and actions taken as a result is the responsibility of each and every one of us. Whether you are a government minister, a regulator, a board member, or senior leader, whether you work in a department, in a team, on a ward, or in a GP practice. No one should feel they cannot speak up to protect their patients or their colleagues. These survey results must be a wakeup call to leaders at all levels that Freedom to Speak Up is not just a 'nice to have' – it is essential for safe services."
- 2.3 At the Whittington Health NHS Trust, according to our last staff survey (as shown on the graphic one) an overall caption about raising concerns shows a minor dropping from last year and marginally below average.



Graphic one: source NHS Staff Survey Benchmark report 2022

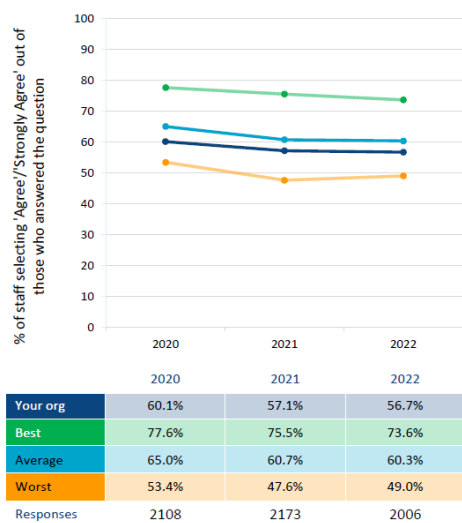
2.4 When considering question 19 (graphic two), Q19a about raising concerns about unsafe practice and Q19b if workers are confident that the organisation would address their concerns, we can also observe a decline from previous years. The same occurs in question 23 (Q23e and Q23f – graphic three) about feeling safe raising concerns about anything and confidence that the organisation would act on it. These figures don't single out Freedom to Speak Up (FTSU) as it constitutes one of the routes to escalate concerns. Nevertheless, it is a strong indicator that more needs to be done around staff engagement and training on FTSU across the organisation.



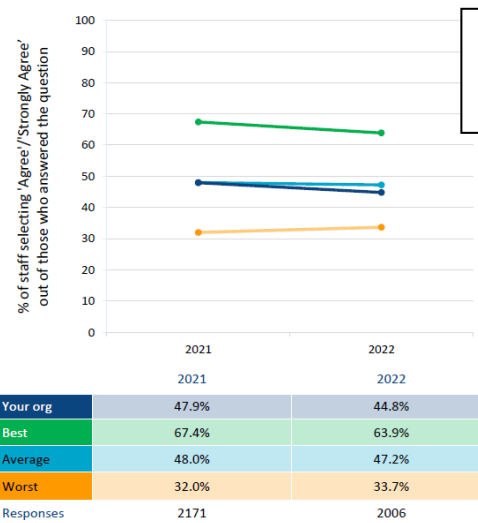
Graphic two: source NHS Staff Survey Benchmark report 2022



Q23e I feel safe to speak up about anything that concerns me in this organisation.



Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



Q23e and Q23f graphic from NHS Staff Survey Benchmark report

Graphic three: source NHS Staff Survey Benchmark report 2022

- 2.5 As a strategy to change the direction of this new trend involving raising concerns, the Guardian will work with the Executives and non-Executives to ensure adequate training on FTSU starts to be delivered at Whittington Health NHS Trust. Training is crucial to regain trust that we continue aligned in our FTSU standards and committed to adequately listening, thanking, and follow up any concerns raised. The training will start with the Executive team, Senior leaders, and managers.
- 2.6 The Guardian will engage with Datix team, Safeguarding and PALS, to triangulate information received from raised concerns for a clearer and more effective picture for senior leadership to act upon. This will also help the Guardian to be made aware of potential pockets of resistance to change and potential challenging areas where his presence can benefit and encourage colleagues to speak up. It was added to the Datix form an option to also add the Guardian as the recipient of this concern.
- 2.7 Communication and visibility continue to be two key points for the success of engaging with staff who may wish to raise concerns. The Guardian continues to work closely with the Communications Department to review the Trust's media activity and promotion. This collaboration is fundamental as it provides the tools to reach more colleagues, promoting visibility, helps with the recruitment of Speak Up Advocates and clarifications regarding the role.
- 2.8 The Guardian will continue to work closely with all the staff networks to listen to staff concerns, promote a healthy and positive Speak Up culture and help remove additional barriers that workers may face in speaking up. Collaboration and mutual support are growing between the FTSUG and the network's leadership with the collaboration of the Joint Directors for Race, Equality, Diversity & Inclusion.
- 2.9 The Guardian continues to be part of the preceptorship study day and Newly Qualified Nurses Orientation Training, Health Care Support Worker (HCSW) Development Programme and medical education induction to explain how to raise concerns safely

and confidentially, raising the profile of FTSU. The Guardian continues to attend the Trust's corporate induction day for all new starters. When the Guardian is not available to attend, Speak Up Advocates provide cover which helps to promote their role and adds a stretch opportunity to their experience.

- 2.10 The FTSU Guardian and Human Resources (HR) Business Partners continue their close collaboration listening and supporting colleagues in particular areas of concern.
- 2.11 The Guardian is organising 1:1 drop-in informal and confidential sessions with staff members from areas of concern including community sites. This initiative, supported by senior management, was linked with several quality and staff concerns received regarding specific services. This leads to several staff sharing their experiences. The themes have been shared with the senior leadership team and actions taken to address concerns.
- 2.12 The collaboration between the FTSUG and the Organisational Development (OD) team continues to be fundamental to reinforcing learning and acting on the concerns received. This collaboration allows the trust to challenge cultural behaviours, bullying and harassment and detriment in a serious, committed, and constructive way. Because of a positive approach to speaking up, the Trust can keep improving services and staff experience, addressing inadequate behaviours as necessary. OD is also collaborating in the continuous development and training of the Speak Up Advocates network.
- 2.13 The Freedom to Speak Up Guardian continues to help and promote the de-escalation of conflicts and facilitate and improve routes of communication on a 1:1 level or within a team/ department. He is also supporting the OD team doing mediations.

3 Speak Up Advocate's role

- 3.14 The Guardian is offering supervision and support to consolidate the network of Speak Up Advocates. Currently, the network has 51 Advocates. More than half of the Advocates are from a black and minority ethnic background (BAME). As some Advocates leave the Trust, others are sought from the same service, to ensure the continuation of the service provided.
- 3.15 Speak Up Advocates continue to support colleagues by active listening to their concerns. Most of the Advocates report that colleagues often look for their support and advise as they are known to be a confidential and impartial support for everyone in the Trust. When the concerns raised required any actions, colleagues are signed post to the Guardian.
- 3.16 The Guardian is engaging in regular 121 with the FTSU Advocates, offering support and collect valuable feedback from different areas. Aligned with the same experience of the Guardian, the Advocates also perceive a general disengagement from staff regarding raising concerns.
- 3.17 To promote re-engagement, visibility, and awareness on FTSU, the Guardian is working alongside the Advocates to visit teams and services across the Trust, actively listening to people, identifying barriers and promote a safe culture on raising concerns.

3.18 The ambition remains to have an Advocate for each inpatient ward and services that still have no one from the FTSU Network.

4 Local concerns raised Q3 and Q4 (October 2022 to March 2023)

4.1 In this reporting period (October 2022 to March 2023 – Q3 and Q4), the FTSUG received 32 initial concerns, from which only 2 were raised anonymously and reported internally. It is noticeable a slight decrease on the concerns received if compared with same quarters (Q3 and Q4) for the previous year (October 2021 – March 2022) with 41 initial cases. The decrease of concerns is perceived Nationally.

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

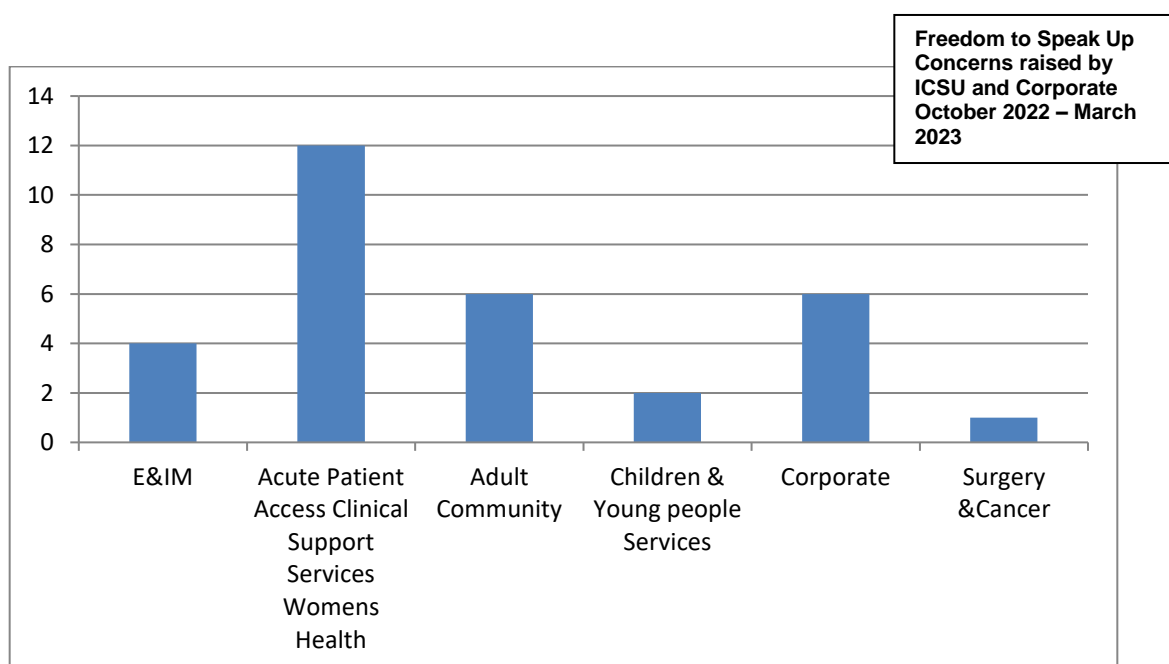


Table one: Freedom to Speak Up Concerns raised by ICSU and Corporate in October 2022 – March 2023

4.3 Table two describes the themes raised for the same period. Attitudes and behaviours category will be replaced. To better understand the nature of these behaviours being reported, for future FSTU reports, we will be aligned with the National Guardian's Office that replaced this category with two new categories: bullying and harassment, and elements of inappropriate attitudes or behaviours.

Freedom to Speak Up themes October 2022 – March 2023

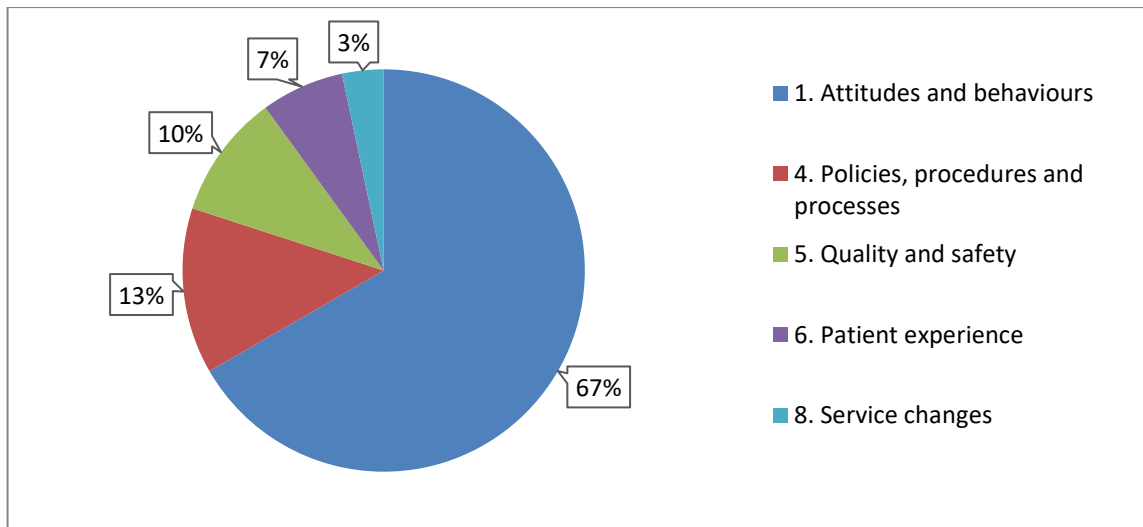


Table two: Freedom to Speak Up themes April 2022 – September 2022

4.4 Table three shows the ethnicity of staff raising concerns from October 2022 to March 2023. 45% of people raising concerns are from a Black and Asian Minority Ethnic (BAME) background. This is a good indicator as people from a BAME background are likely to feel less safe to raise concerns. The FTSU Guardian, together with the Joint Directors for Race, Equality, Diversity & Inclusion and Staff Networks, will continue to reflect and learn from known barriers to speak up and increase visibility, and knowledge on FTSU and Speak Up Advocates recruitment. 19% are white British and 26% from a different white background.

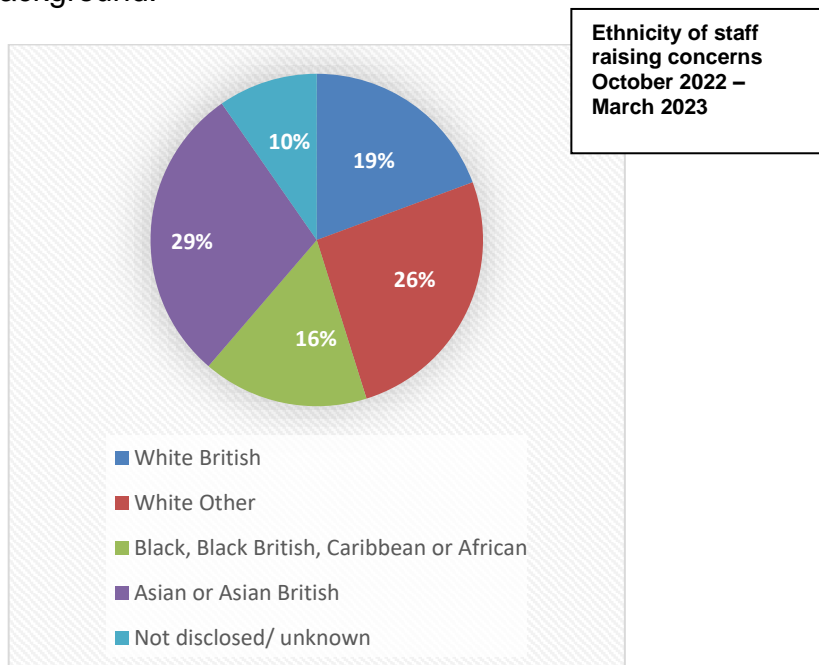


Table three: Ethnicity of staff raising concerns October 2022 – March 2023

4.5. Table four shows the number of cases raised by professional group. These new professional/worker group categories are informed by feedback from Freedom to Speak Up Guardians and based on NHS Digital's National Workforce data set.

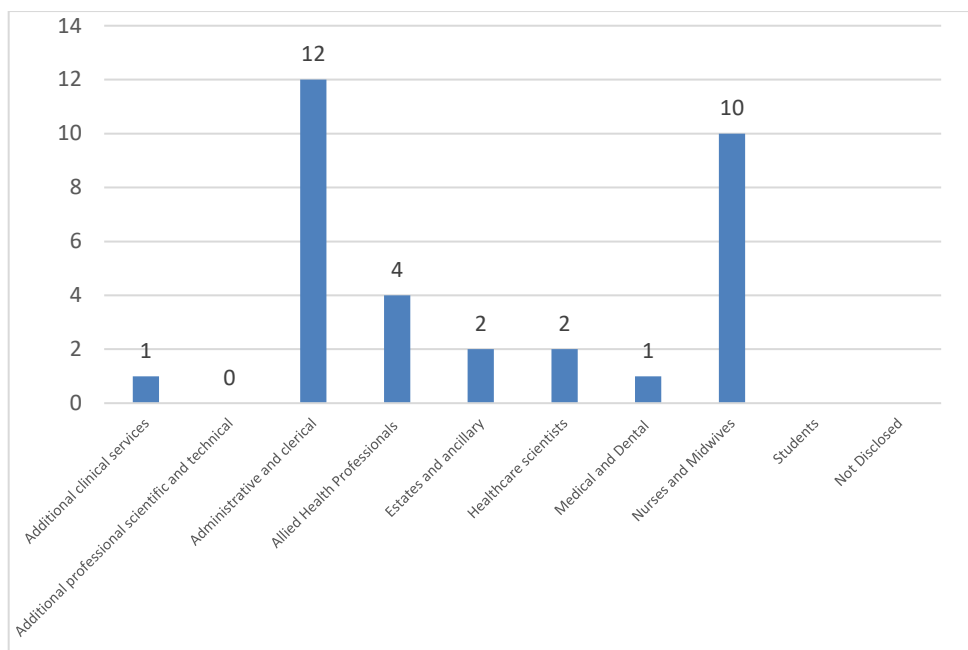


Table four: Raised cases from October 2022 – March 2023 for each professional group

2 NATIONAL GUARDIAN QUARTER THREE DATA

- 2.1 The National Guardian's Office requires Freedom to Speak Up Guardians in all NHS Trusts and Foundation Trusts to report non-identifiable information of Freedom to Speak Up cases raised with them. For our reference we are just considering London region and other NHS Trusts/ Foundation Trust (35 in total), excluding Private providers, Primary Care, GP federation amongst others.
- 2.2 Data for Q3 in 2022-2023 is represented in Table four and that shows that the rate of referral ranked Whittington Health 24th out of 35 London NHS Trusts. It is important to mention that this ranking is not calculated per rata. Some strategies in place are enabling the numbers of concerns to rise in Q4.

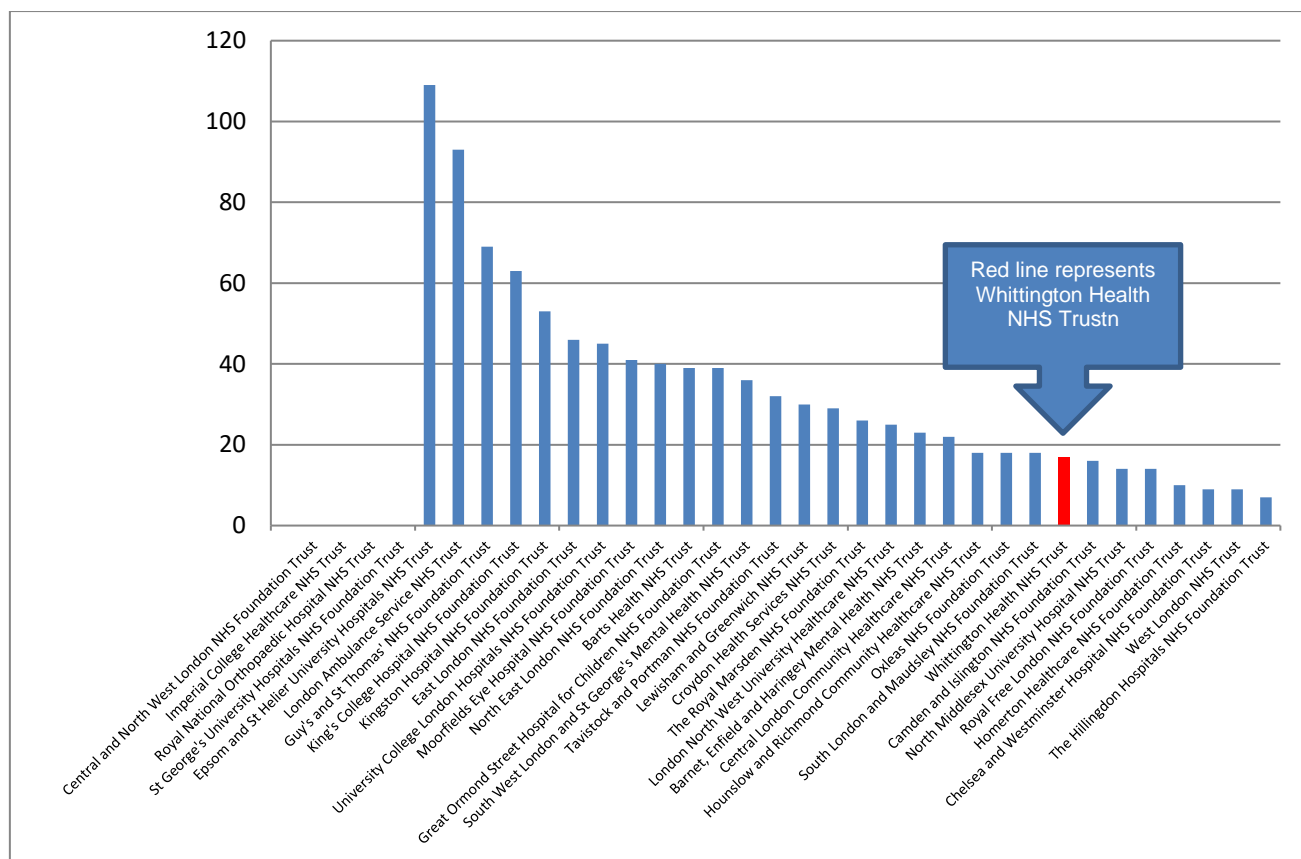


Table four: National NHS Trusts benchmarking quarter three Freedom to Speak Up Referral Rates

5 Priorities for the next six months

5.1 The Guardian has identified several priorities for the next six months to re-enable staff engagement in regard to raising concerns and they include:

1. Visits to Health Centres, Community services and sites throughout the Hospital, including night and early morning visits.
2. Roll out of national FTSU training, resetting and align expectations and standards regarding good practice involving FTSU to executive and senior managers and front-line managers.
3. FTSU training to all colleagues involved in training, education and inductions.
4. Support and supervise the Speak Up Advocates, recruiting and training new ones as necessary. Also, support continuous development within the role.
5. Provide support and raise FTSU profile in all the Staff Networks.
6. Collaboration with the Communication department to raise the FTSU awareness and visibility.
7. Triangulate and set ongoing collaboration with Datix, Safeguarding and PALS to find potential areas of concerns where FTSU visibility may need increasing.

6 Recommendations

- Encourage and promote with managers and senior leaders to engage with Freedom to Speak Up
- Start implementation of Freedom to Speak Up training to all staff, prioritising the Executive team, Senior Leaders, and Managers.

- Support the recruitment of Speak Up Advocates and acknowledge the importance of providing protected time (within job roles) for the Advocates to support their colleagues



Meeting title	Workforce Assurance Committee	Date: 26/07/23
Report title	Guardian of Safe Working Hours Report Q3 2022-23	Agenda item: 23/22
Executive director lead	Dr Clare Dollery, Medical Director	
Report author	Dr Zara Sayar, Guardian of Safe Working Hours (GoSWH)	
Executive summary	<ul style="list-style-type: none">• The report shows steady numbers of exception reports (ERs) across the quarter. Most ERs are in the EIM ICSU.• Primary events leading up to exceptions are issues due to workload and times when there is very minimal staffing on the wards due to 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 this report covers is when the Trust has been at OPEL4.• There are low levels of reporting in certain specialities, for example 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.• Nationally there are lower than previous numbers of junior doctors available to fill bank and agency shifts which leaves on-call teams very stretched.• 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.• This report includes a change in the way vacancies within the Trust are documented. This is now obtained quarterly from the post-graduate education centre who obtain this information directly from Health Education England (HEE).• This report also includes a change in the way the bank and agency staff data is reported in that this is now presented by ICSU.	



Purpose:	To provide assurance to the Board that Junior Doctors are working safe hours in accordance with the 2016 <i>Terms and Conditions of Service for NHS Doctors and Dentists in Training</i> .
Recommendation(s)	The Board is asked to note this report.
Risk Register or Board Assurance Framework	NA
Report history	NA
Appendices	NA

Guardian of Safe Working Hours (GoSWH) Report Q3 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 and continues 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): 208 (52 LTFT)

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: N/A

3. Exception reports (with regard to working hours)

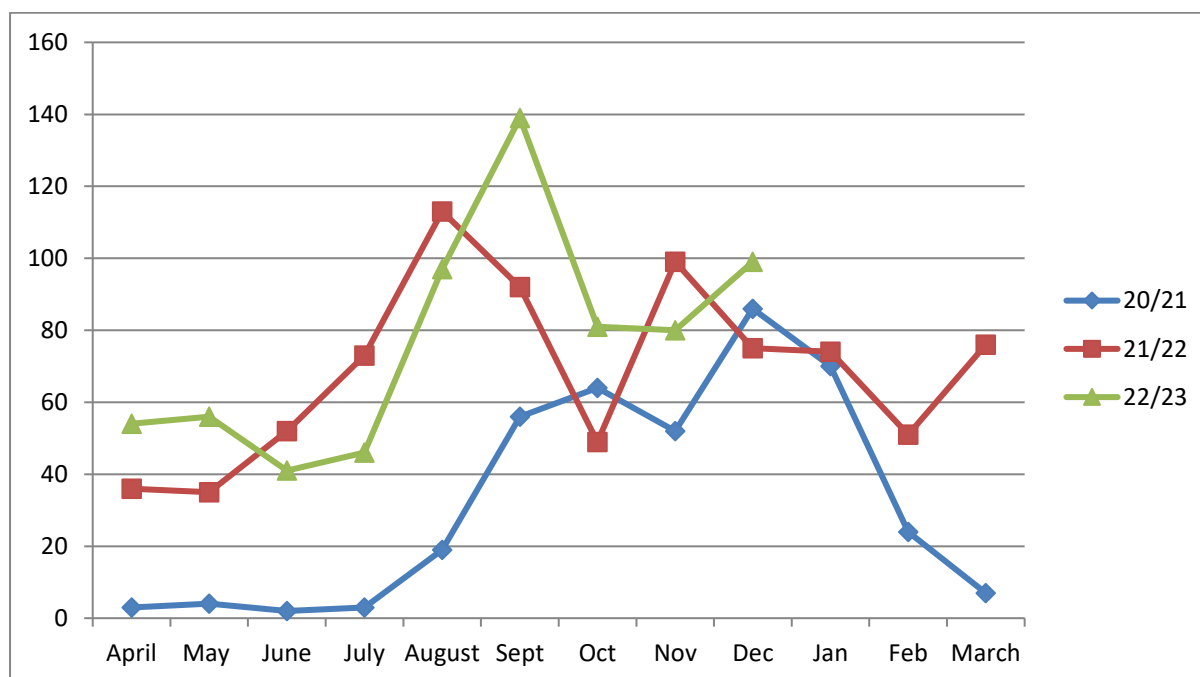
3.1. Between the 1st October and the 31st December there have been a total of 260 ERs raised. The table below gives details on where exceptions have been raised and the responses to deal with the issue raised.

Table 1: Exception reports raised and responses

2022		Oct	Nov	Dec	Total
Reports	Grand Total	81	80	99	260
	Closed	0	0	0	260
	Open	0	0	0	0
Individual doctors / specialties reporting	Doctors	24	24	27	75
	Specialties	9	10	9	28
Immediate concern		0	0	2	2
Nature of exception	Hours/Rest/pattern	81	79	99	259
	Education/Training/service support	0	1	0	1
Additional hours	Total hours	133	125	160	418
Response	Agreed	81	80	99	260
	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)	21	9	11	41
	Payment for additional hours (hrs)	60	65	81	206
	No action required (ERs)	0	6	7	13
	Other/Pending (ERs)	0	0	0	0
Grade	Foundation year 1	77	50	59	136
	Foundation year 2	1	10	21	32
	IMT/ST1 or ST2	3	20	18	41
	GP Specialty Registrar	0	0	0	0
	Specialty Registrar	0	0	1	1
Exception type (more than one type of exception can be submitted per exception report)	Work Load	51	62	95	208
	Pt/Dr ratio too high	15	7	0	22
	Rota gaps	0	0	4	4
	Late running WR	3	1	2	6
	Deteriorating patient	11	9	0	20
	Educational	1	3	0	4
Specialty	General Medicine	64	63	73	200
	General Surgery	8	8	11	27
	T&O	6	5	6	17
	Paediatrics	0	0	1	1
	Anaesthetics/ITU	0	0	0	0

	Radiology	0	0	0	0
	Psychiatry	2	1	0	3
	Obstetrics and gynaecology	0	0	0	0
	Accident and emergency	1	3	8	12
	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. Junior doctors are encouraged to report ERs at induction.
- 3.3. During this quarter the Trust had ongoing high levels of staff sickness along with being at OPEL4 for a large proportion of this time. As such, workload, high Dr:Patient ratios and deteriorating patients are the 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 two reports that were 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 with regard to doctor's working conditions.

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 postgraduate department who now provide quarterly data on the vacancies within departments. This data is now taken directly from Health Education England (HEE).

Bank and Agency usage

4.2 It has been confirmed that all bank staff are currently Whittington Health employees. All bank shifts documented below are therefore carried out by junior doctors already working within the Trust. There has been a change to the reporting of this data so that it is provided by ICSU and includes the costs spent.

Table 2: Bank and agency usage Q3 by ICSU

ICSU	Bank		Agency		Total	
	Hours	Cost	Hours	Cost	Hours	Cost
Emergency and integrated medicine	7146.18	401439.22	2358.75	102408.86	9504.93	503848.08
Surgery and cancer	555.25	32262.36	2075.42	120 173.83	2630.67	152436.19
Access centre clinical support and women's health	686.65	37957.81	37	2813.73	723.65	38681.46
Children and young people	836.5	44902.56	-	-	836.5	44902.56

Vacancies

4.3 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 which was obtained via the postgraduate centre.

Table 3: Vacancies per speciality Q3

Speciality	Current vacancies
General Medicine	FY2 1 IMT3 3 SPR 4 GP 1
General Surgery inc urology and T&O	FY2 1 SHO (core) 2 SPR 2

Obstetrics and Gynaecology	GP 1 SPR 1 FY1/2/SHO 1
Emergency medicine	SHO (core) 1
Paediatrics (inc NICU)	GP 1 FY1/2/SHO 1 SPR 1
Anaesthetics inc ITU	Nil
Radiology	FY1/2/SHO 1
Microbiology/Haematology	SPR 2
Psychiatry	CMT 1

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

- 5.1. For this quarter a total of 405.75 hours is 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 £7,208.40 of which £2,102.39 has so far been paid to the junior doctors directly.
- 5.3. £3,503.98 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.
- 5.4. GoSWH has access to the fine monies and is in liaison with the Junior doctors about how this is spent via JDF. The junior doctors are currently making plans to discuss how this money is spent. Some suggestions have been made to improve the facilities within the JD Mess.

Table 4: Breakdown of fines by ICSU

ICSU	Amount of Fine to Doctor (£)	Amount of Fine to Guardian (£)
Emergency and Integrated Medicine	2102.39	3503.98
Surgery and Cancer	-	-
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 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.
- 6.4. GoSWH has contacted the appropriate staff to try and assist with the number of ER from Nightingale Ward – a phlebotomist in this area 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.
- 6.5. The GoSWH is 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 steady levels of ER reporting, primarily from FY1 and FY2 doctors.
- 7.2. The majority of ER continue to be from 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 on-call commitments and sickness. This is having an increasing impact especially on the provision of emergency care and on-call rotas.
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.

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.



Meeting title	Workforce Assurance Committee	Date: 26/07/23
Report title	Guardian of Safe Working Hours Report Q4 2022/23	Agenda item: 23/22
Executive director lead	Dr Clare Dollery, Medical Director	
Report author	Dr Zara Sayar, Guardian of Safe Working Hours (GoSWH)	
Executive summary	<ul style="list-style-type: none">• This report covers a period of 3 days of industrial action by most junior doctors.• This, coupled with high levels of acuity of patients has led to high levels of exception reporting this quarter.• Nationally there are lower than previous numbers of junior doctors available to fill bank and agency shifts which leaves on-call teams very stretched.• The Trust continue to be forced to move trainees within specialities at times to support safe working.• There continue to be high levels of fatigue and burnout amongst all staff across the NHS and this has affected our doctors and dentists in training.• The GoSWH has continued to work with the postgraduate department, rota coordinators and the Junior Doctors Forum (JDF) during this period to support all the trainees to face the challenges before them whilst ensuring safe working throughout this period.	
Purpose:	<ul style="list-style-type: none">• To provide assurance to the Board that Junior Doctors are working safe hours in accordance with the 2016 <i>Terms and Conditions of Service for NHS Doctors and Dentists in Training</i>.	
Recommendation(s)	The Board is asked to note this report.	
Risk Register or Board Assurance Framework	NA	
Report history	NA	
Appendices	NA	

Guardian of Safe Working Hours (GoSWH) Report Q4 2022-2023

1. Introduction

- 1.1. This report is presented to the Board with the aim of providing context and assurance around safe working hours for Whittington Health junior doctors.
- 1.2. In August 2016 the new Terms and Conditions (TCS) were introduced for doctors in training. There are clear guidelines of safe working hours and adequate supervision. Trainees submit an 'exception report' (ER) if these conditions are breached. The 2016 TCS has more recently been amended in 2019.
- 1.3. ERs are raised by junior doctors where day to day work varies significantly and/or routinely from their agreed working schedule. Reports are raised electronically through Allocate's E-Rota system. The educational/clinical Supervisor for the individual doctor and the GoSWH receives an alert which prompts a review of the ER and requires the supervisor to meet with the trainee to discuss the events leading to the ER and to take appropriate action to rectify. Such action may include time off in lieu or payment for additional hours worked. They are also asked to review the likelihood of a further exception recurring and address this with the trainee. Where issues are not resolved or a significant concern is raised, the GoSWH may request a review of the doctors' work schedule. The GoSWH, in conjunction with the Medical Workforce team, reviews all 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 and continues 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): 208

Job planned time for guardian: 1 **programmed activity**

Admin support provided to the guardian (if any): as required from MD office

Amount of job-planned time for educational supervision: N/A

3. Exception reports (with regard to working hours)

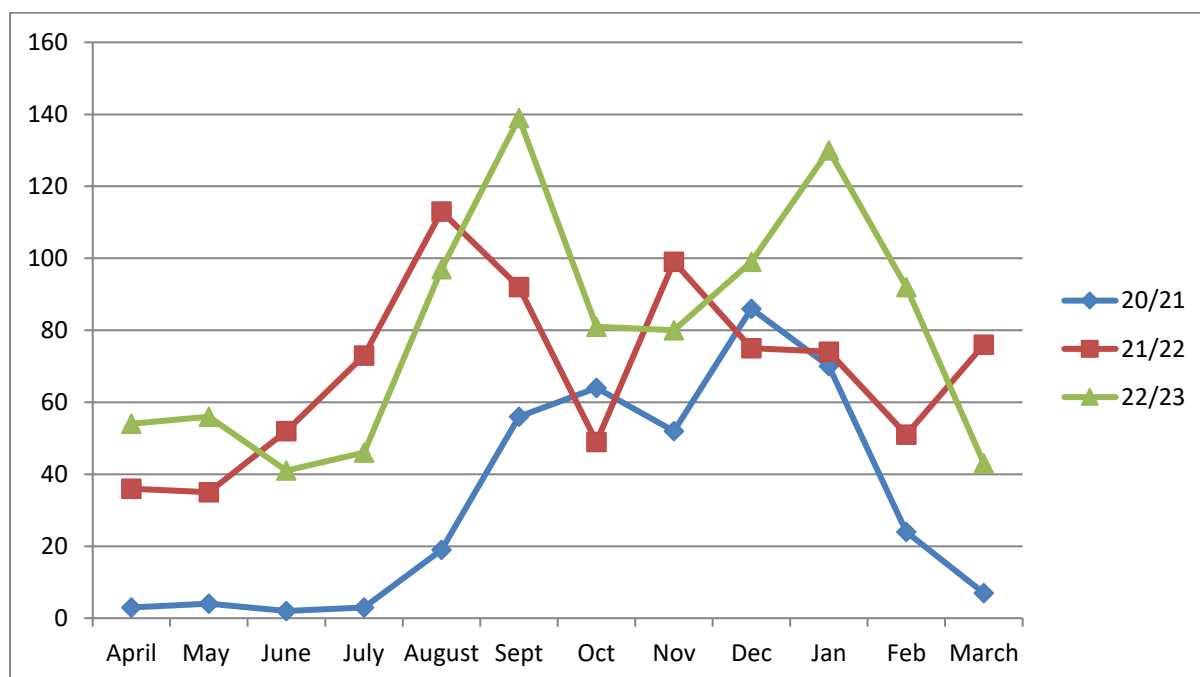
3.1. Between the 1st January and the 31st March 2023 there have been a total of 265 ERs raised. The table below gives details on where exceptions have been raised and the responses to deal with the issue raised.

Table 1: Exception reports raised and responses

2023		Jan	Feb	Mar	Total
Reports	Grand Total	130	92	43	265
	Closed	130	92	43	265
	Open	0	0	0	0
Individual doctors / specialties reporting	Doctors	35	29	19	83
	Specialties	8	6	6	20
Immediate concern		1	1	0	2
Nature of exception	Hours/Rest/pattern	123	92	43	258
	Education/Training/service support	7	0	0	7
Additional hours	Total hours	199	128	58	385
Response	Agreed	130	92	43	265
	Not Agreed/Not yet actioned	0	0	0	0
Agreed Action ('No action required' is the only response available for 'education' exception reports)	Time off in lieu (hrs)	16	12	1	29
	Payment for additional hours (hrs)	95	78	42	215
	No action required (ERs)	19	2	0	21
	Other/Pending (ERs)	0	0	0	0
Grade	Foundation year 1	98	69	29	196
	Foundation year 2	7	18	2	27
	IMT/ST1 or ST2	20	5	10	35
	GP Specialty Registrar	0	0	0	0
	Specialty Registrar	5	0	2	7
Exception type (more than one type of exception can be submitted per exception report)	Work Load	92	62	26	180
	Pt/Dr ratio too high	19	16	9	44
	Rota gaps	1	0	1	2
	Late running WR	4	1	3	8
	Deteriorating patient	11	9	3	23
	Educational	5	0	0	5
Specialty	General Medicine	100	0	39	139
	General Surgery	20	14	2	36
	T&O	9	6	2	17
	Paediatrics	1	0	0	1
	Anaesthetics/ITU	0	0	0	0

	Radiology	0	0	0	0
	Psychiatry	0	0	0	0
	Obstetrics and gynaecology	0	0	0	0
	Accident and emergency	0	5	0	5
	Histopathology and micro	0	0	0	0
	Ophthalmology	0	0	0	0

Graph 1: Exception reports over three years by Month



3.2. The number of ERs submitted per month is very variable throughout the year and year on year. Over the last three months there has been an ongoing fluctuation in the level of ERs, particularly in light of the industrial action taken by junior doctors. There were no exception reports submitted during the industrial time but and reduced numbers leading up to this. The reduction in ER submitted in March is also a reflection of the reliable GIM outlier cover that was available from a Consultant perspective and the regular provision of two SHO from the bank service that were made available to support the outlier medical teams.

Immediate safety concerns

3.3. There were two reports that was flagged as an immediate safety concern (ISC) over the three month period. Each has been reviewed in a timely fashion and none were appropriately submitted.

Work Schedule reviews

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

4. Establishment and Vacancy data

Bank and Agency usage

4.1 It has been confirmed that all bank staff are currently Whittington Health employees. All bank shifts documented above are therefore carried out by junior doctors already working within the Trust.

Table 2: Bank and agency usage Q4

ICSU	Bank		Agency		Total	
	Hours	Cost (£)	Hours	Cost (£)	Hours	Cost (£)
Emergency and integrated medicine	7492.08	411503.61	2585	109513.4	10077.08	521017.01
Surgery and cancer	996.32	56004.48	2266.1	113199.22	3262.42	169203.7
Access centre clinical support and women's health	779.45	41971.68	-	-	779.45	41971.68
Children and young people	1143.58	51457.54	9	427.31	1152.58	51884.85

Vacancies

4.2 This table has been altered to include vacancies within clinical pathology which along with microbiology, also includes haematology.

Table 3: Vacancies per speciality Q4

Speciality	Current vacancies
General Medicine	4 WTE vacant ST3+ 5 WTE vacant FY2-IMT3
General Surgery inc urology and T&O	2 WTE vacant ST3+ 3 WTE vacant SHO+
Obstetrics and Gynaecology	1 WTE vacant ST3 + 2 WTE vacant SHO (including 1 GP)
Emergency medicine	1 WTE vacant ACCS
Paediatrics (inc NICU)	1WTE vacant ST3+ 1WTE vacant SHO (Neonates) 1 WTE vacant (GP) (Paeds)
Anaesthetics inc ITU	No vacancies
Radiology	1 WTE vacant SHO
Microbiology and Haematology	2 WTE vacant ST3+
Psychiatry	1 WTE vacant SHO

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

5.1. For this quarter a total of 147.75 hours is 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 £2,217.31 of which £1,224.44 has so far been paid to the junior doctors directly.

5.3. £2,040.55 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.

5.4. There remains no formal request from the junior doctors about spending of this fine money. The junior doctors are eager to involve as many juniors from as many specialities as possible to ensure the process is fair. They have asked the GoSWH about a number of options and the GoSWH continues to work with the junior doctors with regard to this.

Table 4: Breakdown of fines by ICSU

ICSU	Amount of Fine to Doctor	Amount of Fine to Guardian
Emergency and Integrated Medicine	1182.74	1971.02
Surgery and Cancer	41.70	69.53
Children and Young People	-	-

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. The GoSWH continues to work with the junior doctors to identify ways in which to spend the fine monies generated.

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.

7. Conclusions

7.1. This quarter's report shows a steady ER but with a reduced number in March likely due to the industrial action taken by junior doctors.

7.2. The majority of ER continues to be seen in the EIM ICSU. This is likely to reflect the ongoing high levels of patient acuity in this area.

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 and is trying hard to mitigate risk to both patients and staff.

7.4. There are still very low levels of reporting in certain specialities, e.g. anaesthetics, radiology etc. and at higher grades. Attempts are being made to increase engagement and there has been some improvement. This is a well-recognised issue nationally. The GoSWH continues to promote ER in these areas.

8. Recommendations

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



Meeting Title	Trust Board – public meeting	Date: 29 September 2023
Report title	Integrated Performance Report	Agenda Item: 7
Executive lead	Jonathan Gardner, Director of Strategy and Corporate Affairs	
Report authors	Paul Attwal, Head of Performance, and Jennifer Marlow, Performance Manager	
Executive Summary	<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>This report should be read in the context of considerable pressures of high demand in our urgent care pathways, as well as elective pathways, and in the month of August there was a 96-hour junior doctor strike. The organisation has put considerable effort at every level to mitigate these issues through keeping extra beds open and bringing in extra resources where possible.</p> <p>Emergency Care Flow During August 2023, performance against the 4-hour access standard was 69%, which is lower than the NCL average of 72.70%, and lower than the London average of 74.59% and the national average of 72.98%. There were 78 12-hour trolley breaches in August 2023, however this figure has yet to be validated. <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>Cancer 28 Day Faster Diagnosis was at 70.3% in July 2023 against a standard of 75%, this is an improvement of 10.8% from June's performance of 59.5%. 62-day referral to treatment performance was at 40% for July 2023 against a target of 85%. This is a worsening of 10.7% from June's performance of 50.7%. At the end of August 2023, the Trust's position against the 62-day backlog was ahead of trajectory with 54 against a target of 85.</p> <p>Referral to Treatment: 52+ Week Waits Performance against 18-week standard for August was: 67.7%, this is an improvement of 0.6% from July's performance of 67.1%. The Trust position against the 52-week performance has improved from 778 patients waiting more than 52 weeks for treatment in July 2023 to 739 in August 2023. The Trust had 7 patients over 78 weeks at the end of August 2023 against a target of 0.</p> <p>Workforce Appraisal rates have seen a steady improvement in August by 0.1% from 79.1% in July 2023 to 79.2% in August 2023. Work continues to support service areas to improve overall compliance. August's performance for Mandatory was 87.5% against a target of 85%, this has shown a sustained level of performance.</p>	












Purpose	Review and assurance of Trust performance compliance
Recommendation	That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan.
Board Assurance Framework	The following BAF entries are linked: Quality 1; Quality 2; People 1; and People 2.
Report history	Trust Management Group

Whittington Health NHS Trust

Performance Report

August 2023
Month 4 (2023-2024)



Indicator	Target	Current Month		Previous Month	2023-2024	Variation	Assurance
Admissions to Adult Facilities of Patients Under 16	0	Aug	0	0	0		
HCAI C Difficile	<13	Aug	0	1	8		
Actual Falls	400	Aug	30	32	141		
Category 3 or 4 Pressure Ulcers	64	Aug	10	15	54		
Medication Errors causing serious harm	0	Aug	1	0	2		
MRSA Bacteraemia Incidences	0	Aug	0	0	0		
Never Events	0	Aug	0	0	0		
Serious Incidents	N/A	Aug	1	1	5		
VTE Risk Assessment %	>95%	Aug	96.2%	95.8%	95.7%		
Mixed Sex Accomodation Breaches	0	Aug	6	7	39		
Summary Hospital Level Mortality Indicator (SHMI)	1.14	April 2022 - March 2023	0.9				

Category 3 or 4 Pressure Ulcers - Target 0

August Performance: Category 3 = 9, Category 4 = 1 This is an improvement of 5 from previous month.

Issues: Eight of the nine full thickness wounds occurred in community setting. Challenges with increased patient activity for complex frail patients in community setting affecting ability of staff to effectively implement management plans. Ongoing issues with community pressure relieving equipment supplier resulting in delayed delivery and repair of dynamic mattresses, cushions and lateral turning platforms, although this is improving.

Actions: Change in escalation process for ordering community pressure relieving equipment and senior leadership engagement for resolution. Increased support and senior review of pressure ulcer patients on community caseloads.

Mixed Sex Accommodation Breaches - Target 0

August Performance – 6 This is an improvement of 1 from 7 in July 2023.

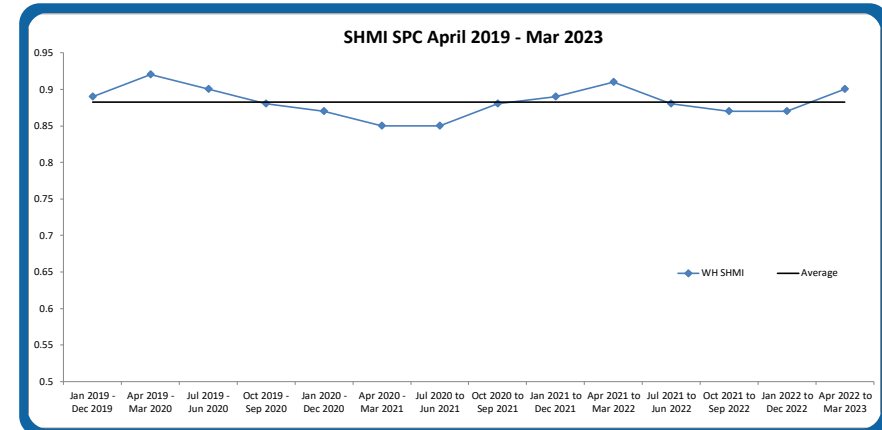
Issues: Lack of capacity and inability to admit to single sex beds and step down from ITU.

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

Breaches are recorded as incidents on Datix and reviewed. Cases discussed at each site meeting, three times per day and escalated as appropriate. Continued dialogue with patients affected to explain the why they may be in a bay/area with members of the opposite gender. In CCU, there are a number of physical barriers in place which mitigates this further.

Summary Hospital-Level Mortality Indicator – Target <1.14

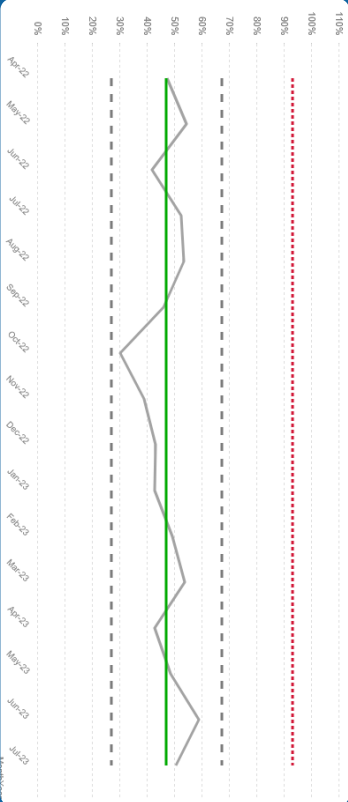
- The SHMI ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die is at 0.9 for the last reported period. This is in the as expected range.
- The data trend shows that SHMI score has remained within normal variation from the data point Apr 2019-Mar 2023.



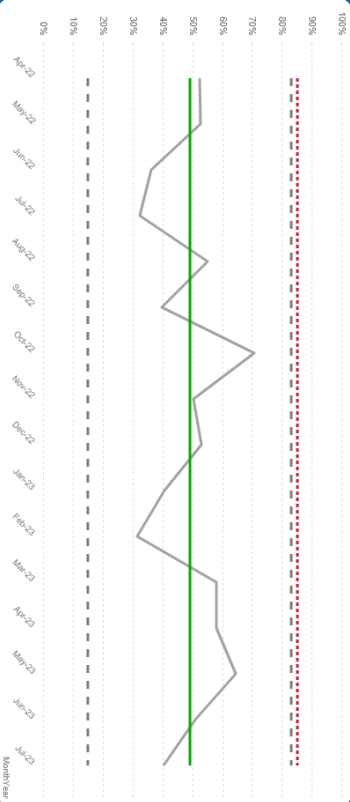
Responsive (Access)

Indicator	Target	Current Month	Previous Month	2023-2024	Variation	Assurance
Cancer - 14 days to first seen	>93%	Jul 50.2%	58.7%	50.3%		
Cancer - 14 days to first seen - breast symptomatic	>93%	Jul 9.3%	7.4%	8.4%		
Cancer - 62 days from referral to treatment	>85%	Jul 40.0%	50.7%	53.4%		
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	Jul 40.0%	46.1%	51.6%		
Cancer ITT - % of Pathways sent before 38 Days	>85%	Jul 40.0%	6.7%	21.1%		
Cancer - % Pathways received a Diagnosis within 28 Days of Referral	>75%	Jul 70.3%	59.5%	61.5%		
Cancer - 31 days to first treatment	>96%	Jul 94.4%	100.0%	96.3%		
Cancer - 62 Day Screening	>90%	Jul 33.3%	75.0%	46.7%		
DM01 - Diagnostic Waits (<6 weeks)	>99%	Aug 83.4%	82.3%	81.2%		
RTT - Incomplete % Waiting <18 weeks	>92%	Aug 67.7%	67.1%	67.3%		
Referral to Treatment 18 weeks - 52 Week Waits	0	Aug 739	778	3564		
% seen <=48 hours of Referral to District Nursing Service	>95%	Aug 90.2%	93.3%	89.8%		
Haringey New Birth Visits - % seen within 2 weeks	>95%	Jul 96.5%	91.5%	92.8%		
Islington New Birth Visits - % seen within 2 weeks	>95%	Jul 93.9%	97.6%	95.7%		
% of Rapid Response Urgent referrals seen within 2 Hours of Referral		Aug 63.8%	81.7%	76.4%		

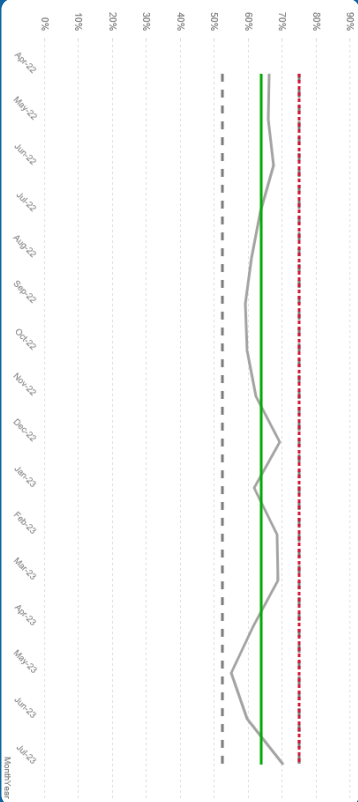
Cancer - 14 Days to First Seen



Cancer - 62 Day Performance



Cancer - 28 Day FDS



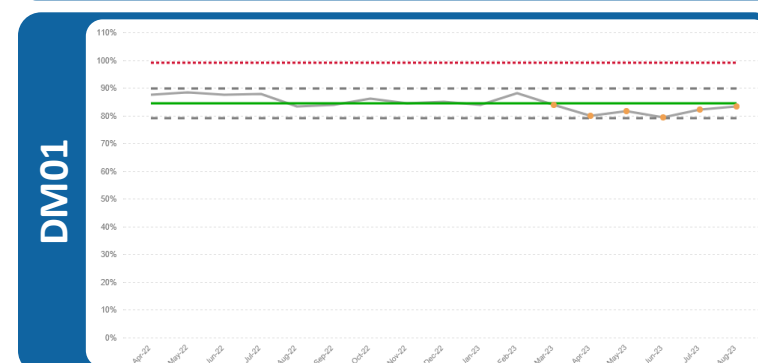
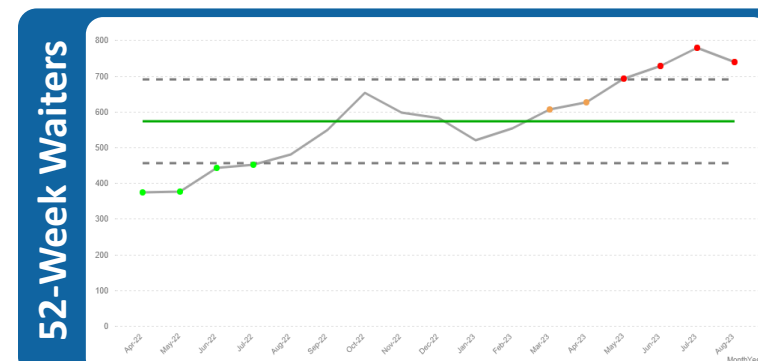
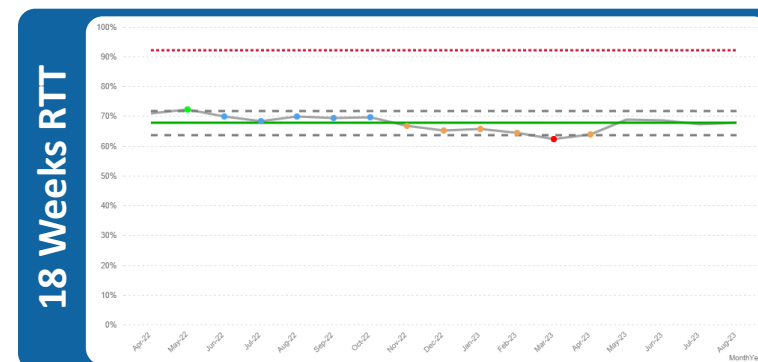
Responsive (Access)

What the Data Tells Us	Issues	Actions and Mitigations
<p>Cancer: 14-Days to First Seen - Target >93% <i>No. of pts first seen by a specialist within two weeks of referral.</i></p> <p>July Performance – 50.2% This is a worsening of 8.5% compared to 58.7% in June 2023.</p>	<ul style="list-style-type: none"> Breast 2WW One Stop was at 19.3%. This has improved from previous months however the service was challenged due to continued staffing gaps and pressures within Breast Radiology. Dermatology 2WW was at 26.3%. This is a worsening of 36.7% from June 2023 position of 63%, following a spike in 2WW referrals. Gynaecology Rapid Access Clinics performance improved to 57.8% from 42.3% in June 2023 	<ul style="list-style-type: none"> To continue to monitor referral patterns to ensure services to plan and provide appropriate capacity Additional capacity provided in Dermatology with continued planning for months ahead. Continued ongoing additional capacity for Rapid Access Clinics for Gynaecology. Additional capacity to be in place from October 2023 to December 2023 for the breast one stop clinics to improve performance.
<p>Cancer: 62-Day Performance - Target >85% <i>No. of pts receiving their first treatment for cancer within 62 days of GP referral.</i></p> <p>July Performance – 40% This is a worsening of 10.7% compared to 50.7% in June 2023.</p>	<ul style="list-style-type: none"> Breast – 25% this is a worsening of 3.6% from previous month. Lower GI – 12.5% this is a worsening of 16.1% from previous month. Urology – 45.8% this is a worsening of 11.3% from previous month. Industrial action has impacted performance's due to cancelled elective activity. 	<ul style="list-style-type: none"> Action plan as per 14-Days and 28-Day Faster Diagnosis Standard. The Trust is implementing 62-day treatment breach reviews with relevant clinical teams and operational support starting in October 2023. Additional resources for tracking of patients has been requested via the cancer alliance to maintain data quality and maintain patient experience. Outcome is expected to be confirmed in October 2023.
<p>Cancer: 28-Day Faster Diagnosis Standard (FDS) - Target >75% <i>% Pathways Received a Diagnosis within 28 Days of Referral.</i></p> <p>July Performance – 70.3% This is an improvement of 10.8% compared to 59.5% in June 2023.</p>	<ul style="list-style-type: none"> Gynaecology – 36.3% improved by 1.6% Lower GI – 69.2% this is an improvement of 3.5% from previous month. Upper GI - 54.5% this is an improvement of 4.5% from previous month. Urology – 60% - this is an improvement of 10% from previous month. Overall, Trust performance has improved from 59.5% in June to 70.3% in July 2023. 	<ul style="list-style-type: none"> Consistent and effective tracking required together with co-ordination to achieve outpatient review, diagnostics, histology and clinical review within the 28-Day FDS. Current review to establish reporting into turnaround times of imaging reporting for patients on an FDS pathway. This is expected to be imbedded from October 2023 with phase 2 to review other diagnostic modalities by the end of Q3 2023.



Responsive (Access)

What the Data Tells Us	Issues	Actions and Mitigations
<p>Referral to Treatment Incomplete % Waiting <18 week – Target 92%</p> <p>August Performance – 67.7% This is an improvement of 0.6% from July's performance of 67.1%.</p>	<ul style="list-style-type: none"> The Trust was 7 patients away from achieving the target of 0 over 78 weeks for August, all 7 patients have plans to be treated in September 2023. Surgical specialties continue to be the key areas of risk, however risk is being managed through mitigations. 	<ul style="list-style-type: none"> Regular review of RTT backlog at weekly review meetings. This includes weekly review by the Chief Operating Officer. The response to protecting expanding elective capacity report shows plans are in place to ensure that the Trust has validated 90% of patients waiting over 12 weeks by the end of October 2023. The Trust has started monitoring the over 65-week waiters in line with agreed plan.
<p>Referral to Treatment 18 weeks - 52 Week Waits – Target 0</p> <p>August Performance – 739 This is an improvement of 39 from July's performance of 778 There were 7 Patients waiting over 78 weeks.</p>	<ul style="list-style-type: none"> To note the overall 52-week position has decreased and the number of long waiters and waiting times has reduced and this will continue to be monitored. Continued industrial action has been a major factor 	
<p>DM01: Diagnostic Waits <6 weeks – Target 99% <i>Percentage of patients waiting less than 6 weeks for 15 key diagnostic tests and procedures.</i></p> <p>August Performance – 83.35% This is an improvement of 1.01% from July's performance of 82.34%</p>	<ul style="list-style-type: none"> Overall, there has been a marginal improvement from July to August. There are several diagnostics test that have achieved the diagnostic standard in August these are CT, DEXA and Endoscopy. There has been knock on effect from the Radiographer strike in July into August's capacity which has affected overall performance Key diagnostics with underperformance continue to be in Audiology Assessment, Echo Cardiography, and Respiratory Sleep Studies and MRI. 	<ul style="list-style-type: none"> Audiology continue to implement extra clinics to support recovery plan. Outpatient Cardiac plan in place to eliminate backlog through September 2023. The Clinical Diagnostic Centre in Wood Green will support MRI capacity and is due to open in December 2023.



Responsive (Emergency Care Flow)

Indicator	Target	Current Month	Previous Month	2023-2024	Variation	Assurance	
LAS Patient Handover Times - 30 mins	0	Aug	20	63	312		
LAS Patient Handover Times - 60 mins	0	Aug	2	22	136		
% streamed to an onsite service	>7.5%	Aug	1.9%	2.1%	2.2%		
Median Wait for Treatment (minutes)	< 60 min	Aug	77 Mins	98 Mins	94 Mins		
% of ED attendance seen by clinician within 60 mins of arrival		Aug	44.5%	39.1%	40.4%		
Median time from Arrival to Decision to Admit		Aug	04:17	04:32	04:32		
12 Hour Trolley Waits in ED	0	Aug	78	281	1029		
Total ED Attendances in dept for more than 12 hours (arrival to dept)		Aug	400	619	2865		
% of ED Attendances over 12 hours from Arrival to Departure	<2%	Aug	5.0%	7.4%	6.7%		
Emergency Department waits (4 hrs wait)	>95%	Aug	69.0%	67.0%	66.7%		
% left ED before being seen		Aug	9.1%	12.1%	11.3%		
% ED re-attendance within 7 days		Aug	10.7%	11.0%	10.6%		

LAS Handovers - Target 0

Number of Ambulance Handover delays of greater than 30 minutes and 60 minutes.

August Performance (30 mins) – 20

Significant improvement from July 2023 and reduction of 20 breaches from 63.

August Performance (60 mins) – 2

Significant improvement from July 2023 60-minute LAS handover delays, which correlates with a reduction in 12-hour breaches and less crowding in the Department, providing more capacity to offload in a timely manner.

Issues: Further improvement work required to meet target and sustain during times of pressure.

Overcrowding due to inpatient bed capacity and late discharges remains an issue that significantly impacts ED flow.

Actions: Plan for continued improvement on August performance, embedding flow improvement workstream.

Safety huddles reintroduced in September to improve communication and situational awareness.

Creation of LAS offloading capacity and cohorting where appropriate.

Median Wait for Treatment - Target <60

Time from arrival to seeing a doctor or nurse practitioner.

August Performance – 77 minutes

This is an improvement of 21 minutes from 98 in July 2023. Due to reduced activity, there was less overcrowding in majors

Issues: Although there was an improvement from July there are further opportunities to improve performance

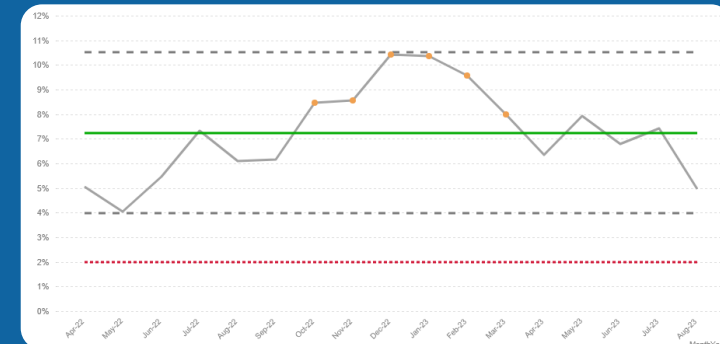
Actions: UEC improvement plan to focus on key interventions and KPIs to improve overall performance within the ED department.



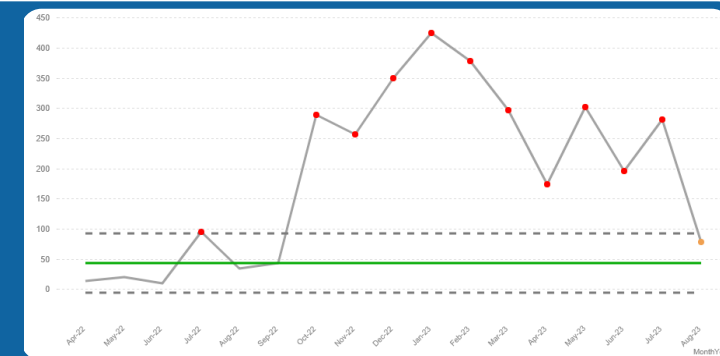
Responsive (Emergency Care Flow)

What the Data Tells Us	Issues	Actions and Mitigations
<p>% Of ED Attendances Over 12 Hours - Target <2%</p> <p><i>Percentage of patients in ED for more than 12 hour.</i></p> <p>August Performance – 5%</p> <p>This is an improvement of 2.4% from July's performance of 7.4%.</p>	<p>Recurrent issues affecting ED are:</p> <ul style="list-style-type: none"> • Overcrowding in the ED department. • Long length of stay and delay in discharge processes. • Use of Same Day Emergency Care as escalation capacity to bed patients. 	<p>ED improvement plan focus:</p> <ul style="list-style-type: none"> • Strengthen collaboration with system partners. • Embed hospital flow improvement workstream and improve LOS. • Review of streaming/redirection pathway.
<p>12-Hour Trolley Waits in ED - Target 0</p> <p><i>No. of patients who waited longer than 12 hours to be admitted to the ward following a decision to admit.</i></p> <p>August Performance – 78 (Unvalidated) (Average 2.5 per day)</p> <p>This is an improvement of 203 from July's performance of 281.</p>	<p>Other issues impacting August's performance:</p> <ul style="list-style-type: none"> • Lack of capacity in majors resulting in Urgent Treatment Centre with higher acuity. • Lack of physical space in Urgent Treatment Centre contributes to overcrowding and longer waits. • Increased ward length of stay impacting flow. • Delayed discharges once medical condition resolved as a result of complex discharge needs of patients. • Streaming and redirection pathways not fully optimised. 	<ul style="list-style-type: none"> • Development of new clinical pathways for Same Day Emergency Care. • Maximising usage of virtual ward increasing acuity of patients seen. • Embedding Rapid Assessment & Triage (RAT) with senior decision makers and early investigations. • Review of Emergency Nurse Practitioner workforce model and scope of practice.
<p>Emergency Department Waits (4 hrs wait) - Target >95%</p> <p><i>No. of patients treated within 4 hours of arrival in ED.</i></p> <p>August Performance – 69%</p> <p>This is an improvement of 2% from July's performance of 67%.</p>		<p>Work continues to address key areas to maintain sustainable results.</p>

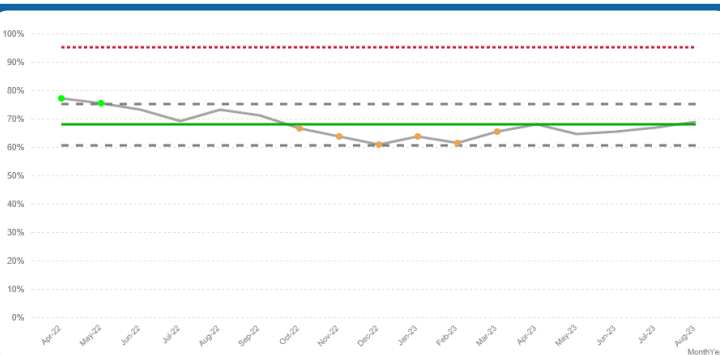
ED Attendances Over 12 Hours



12-Hour Trolley Waits in ED



ED 4-hour Waits



Responsive (Flow) - Length Of Stay

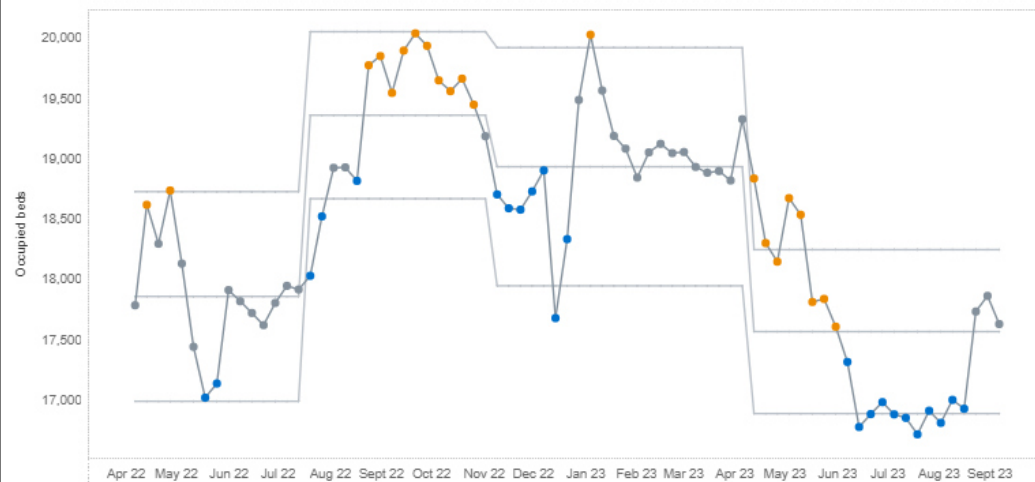
England

Patients occupying a bed for 21+ days

Weekly average of beds occupied by adult patients in an acute hospital for 21+ days

- Common cause variation (no significant change)
- Special cause variation of a concerning nature
- Special cause variation of an improving nature

XmR chart (displaying a maximum of last 75 weeks), data drawn from start of previous financial year



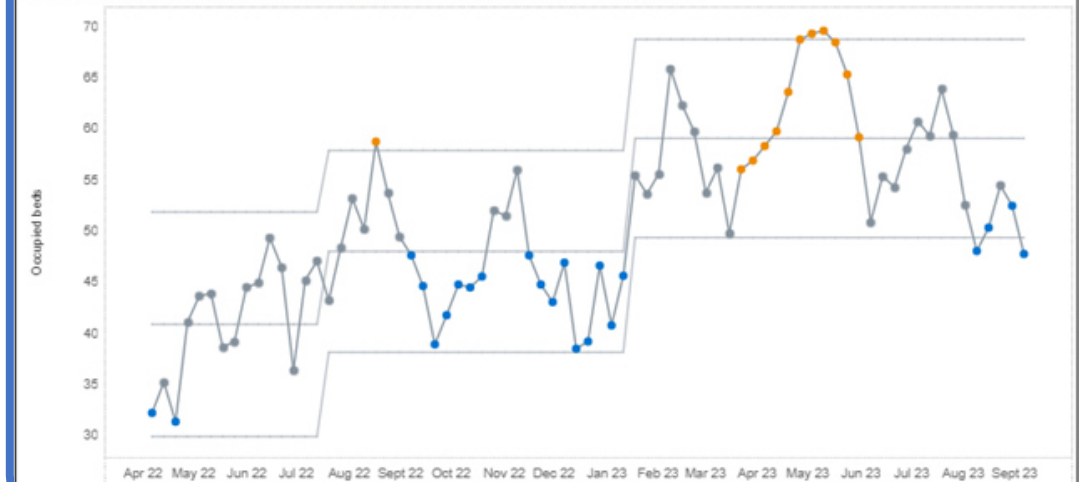
Whittington Health

Patients occupying a bed for 21+ days

Weekly average of beds occupied by adult patients in an acute hospital for 21+ days

- Common cause variation (no significant change)
- Special cause variation of a concerning nature
- Special cause variation of an improving nature

XmR chart (displaying a maximum of last 75 weeks), data drawn from start of previous financial year



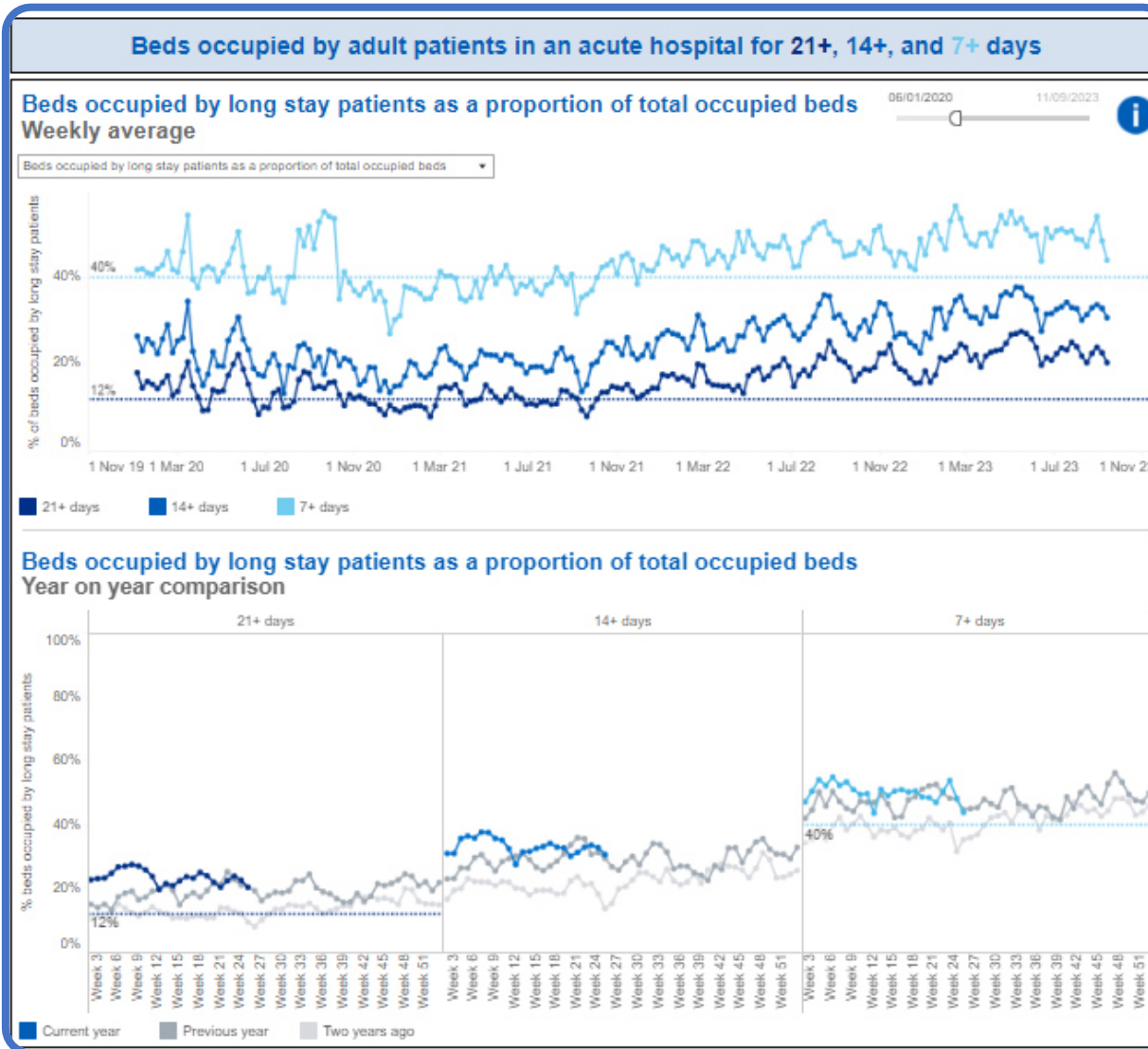
Length of Stay

Nationally August saw an improvement in the length of stay for patients who remain in hospital more than 21 days however towards the end of the month there has been a gradual increase in patients' long length of stay. The Trust has started to see special cause variation with an improving nature, this is in line with previous year's performance and the trajectory suggest improvements in length of stay will continue. Ongoing work with PA Consulting to support patient flow has been established to ensure improvements in long length of stay.

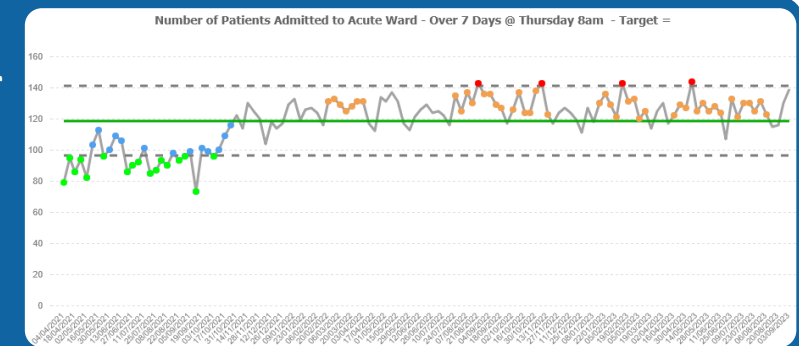
Responsive (Flow) – Length Of Stay

Length of Stay

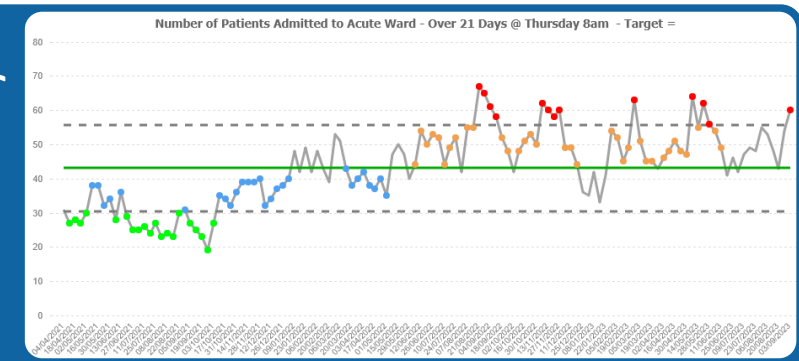
- Performance in all 3 main indicators are showing a downward trend in line with 2022, however figures still remain behind 2021 performance.
- Although the Trust has not seen a significant improvement in length of stay the number of medically optimised patients remains high.



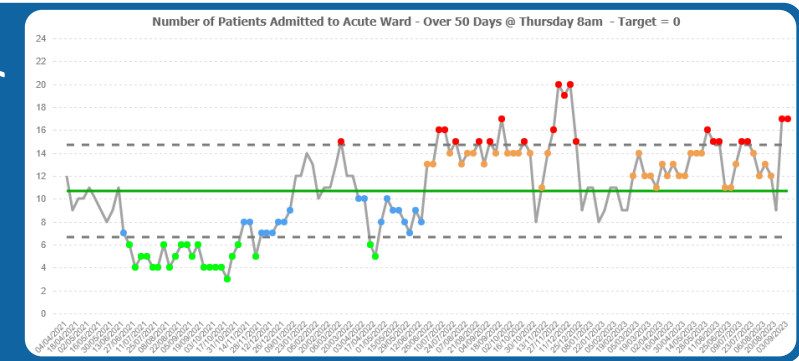
LOS over 7 days



LOS over 21 days



LOS over 50 days



Indicator	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Activity
ED Attendances		8383	9392	9324	9287	8309	7891	8762	7988	8823	9098	8609	8042	
ED Admission Rate %		10.1%	9.0%	9.0%	10.3%	10.9%	9.9%	10.4%	10.6%	9.6%	9.3%	9.7%	10.0%	
Community Face to Face Contacts		40854	42937	46798	35288	44270	41143	46264	37603	44780	46422	42834	39019	
Elective and Daycase		2304	2318	2393	1826	2233	2012	2152	1877	2221	2418	1907	2166	
Emergency Inpatients		1563	1626	1577	1631	1605	1468	1619	1395	1551	1588	1577	1590	
GP Referrals to an Acute Service		7364	8074	7408	6474	8136	7408	8383	6461	9794	7936	6961	7715	
% of GP Referrals that were completed via ERS		81.3%	82.0%	80.4%	76.1%	72.9%	68.8%	70.0%	63.1%	59.9%	53.4%	44.8%	45.7%	
% e-Referral Service (e-RS) Slot Issues	<4%	32.5%	31.8%	38.5%	38.3%	34.3%	35.3%	38.5%	48.0%	48.2%	56.5%	69.6%	65.8%	
Maternity Births	320	237	254	259	231	248	221	227	192	226	228	237	263	
Maternity Bookings	377	262	295	297	322	293	327	356	313	263	291	302	274	
Outpatient DNA Rate % - New	<10%	13.3%	12.8%	12.0%	13.6%	11.2%	11.3%	11.6%	11.8%	11.5%	11.8%	11.7%	11.4%	
Outpatient DNA Rate % - FUP	<10%	10.5%	10.6%	10.4%	11.6%	9.8%	10.5%	10.1%	9.8%	10.2%	10.5%	9.9%	10.2%	
Outpatient New Attendances		9476	9896	11488	9933	12388	11585	12250	10655	12184	13206	12524	12618	
Outpatient FUP Attendances		18134	17341	18478	15446	17867	16428	17820	14787	17674	18495	16920	17623	
Outpatient Procedures		6285	6386	6490	5509	6457	5790	6561	5416	5734	6421	6297	5962	

GP Referrals

August 2023 – 7,715

This is an increase of 754 compared to 6,961 in July 2023, and an increase of 261 compared to 7,454 in August 2022.

% e-Referrals Appointment Slot Issues - Target <4%

August Performance – 65.8%

This is an improvement of 3.8% from July's performance of 69.6%.

Issues: Due to an increase in 2WW referrals in Dermatology, general dermatology capacity has been moved to accommodate this demand, this has subsequently contributed to an increase in ASIs.

Following the closure of the ENT community service in Haringey the Trust outpatient service has seen a significant impact on ASI issues for this service.

Actions: Exploring insourcing of routine Dermatology outpatient appointments to manage demand and address backlog of new appointments.

For ENT, partnership with Islington GP Federation to provide additional capacity and ensure patients are seen in a timely manner with the right procedure/clinical intervention being done in the right place.

Plans are in place to implement Robotic Process Automation for the management of referrals. Operation plan to be signed off and delivery is expected to start in November 2023. This will negate ASI's as an issue going forward.



Activity – Activity and Forecasts

Activity Highlights

Maternity Births – August 2023 - 263

This is an increase of 26 compared to 237 in July 2023, and a decrease of 8 compared to 271 in August 2022.

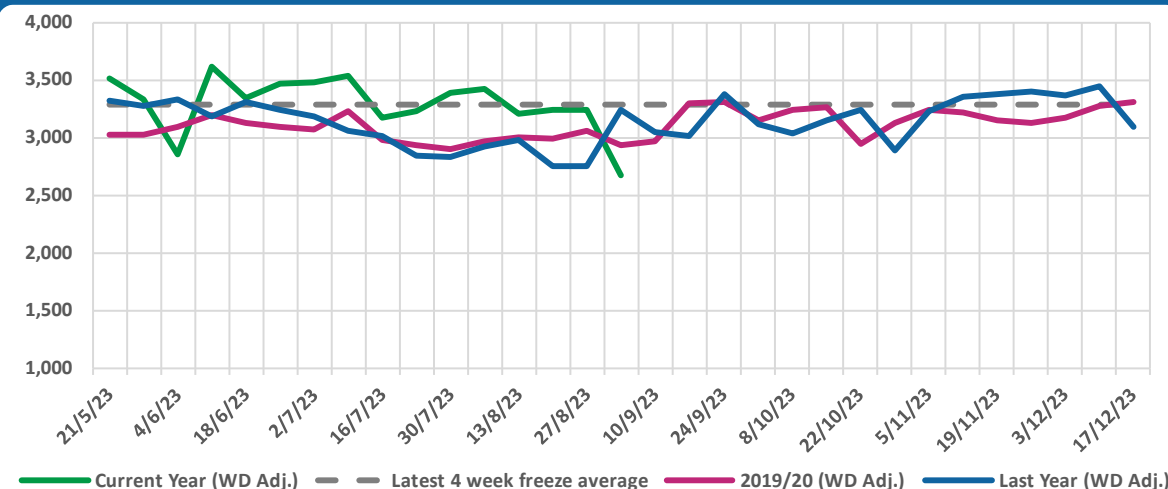
ED attendances - August 2023 – 8,042

This is a decrease of 567 compared to 8,609 in July 2023, and a decrease of 39 compared to 8,081 in August 2022.

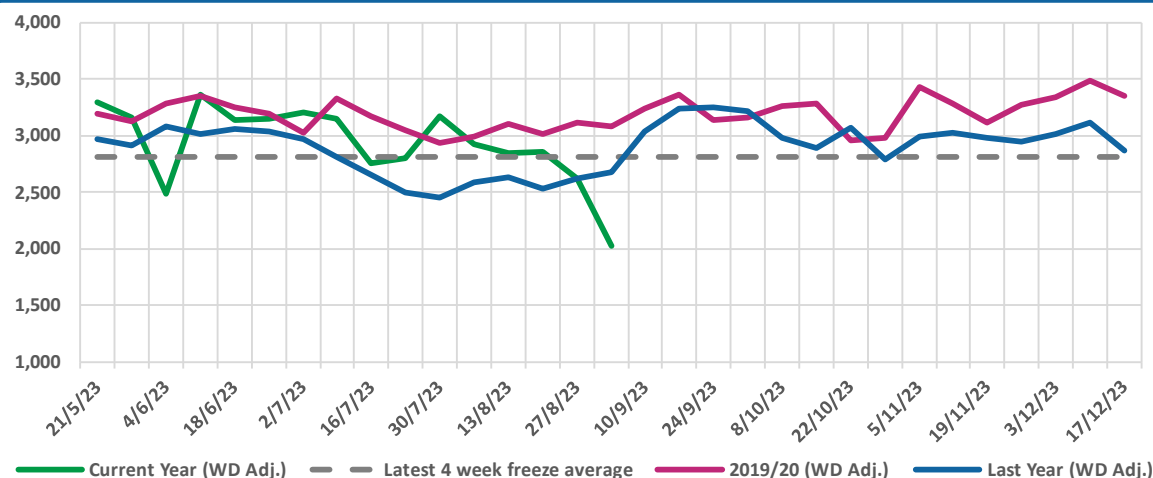
Outpatient First Appointments: There were 12,384 first appointments in the last 4 weeks of August, this is 103% of 19/20 levels.

Outpatient Follow-up Appointments: There were 10,351 follow-up appointments in the last 4 weeks of August, this is 84% of 19/20 levels. Follow-up activity is in line with productivity improvements.

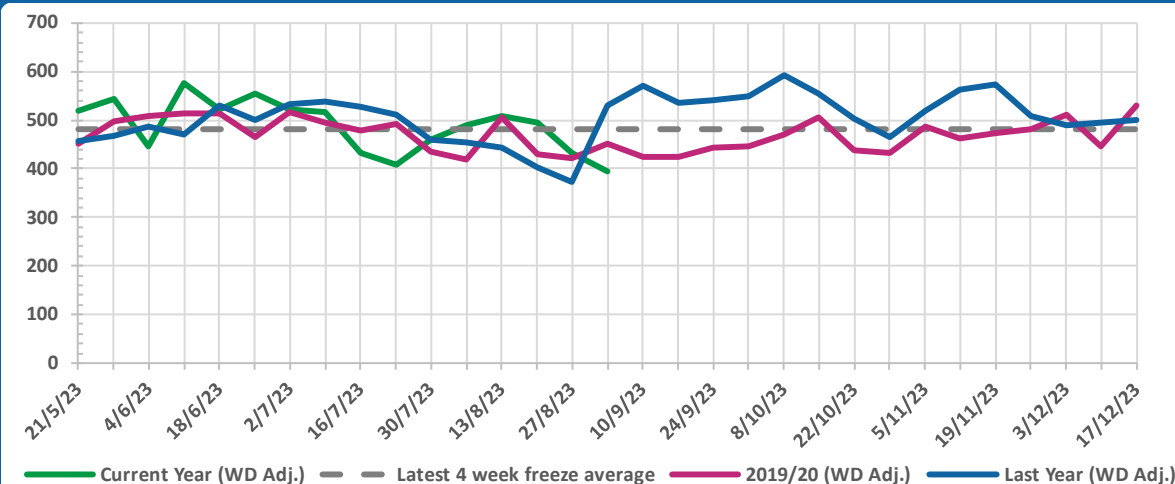
Weekly Outpatient First Attendances



Weekly Outpatient Follow-up Attendances



Weekly Elective Activity



Activity Highlights

Elective Activity: There were 1,830 cases in the last 4 weeks of August, this is 101% of 19/20 levels. However, there is a variation in case mix where we have seen less inpatient activity and increased day cases.

DNA Rates

Acute DNA rate for August was 10.8% which is the same as it was in July 2023.

Outpatient DNA rate for new appointments was 11.3% for August this is an improvement of 0.4% from 11.7% in July 2023. Outpatient DNA rates for

Follow-up appointment was 10.2% for August this is a worsening of 0.3% from 9.9% in July 2023.

Community Activity: There were 46,273 total contacts in August 2023. Face to face and non-face to face

Community Activity Dashboard

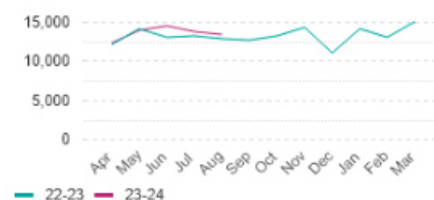
REFERRAL

Indicator	May 2023	Jun 2023	Jul 2023	Aug 2023
Referral	13,828	14,325	13,691	13,300
Discharge	13,687	14,272	14,402	15,191

** - Incomplete Month

Referral

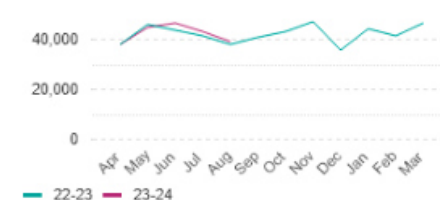
Year on Year by Month for the last two years



CONTACT

Indicator	May 2023	Jun 2023	Jul 2023	Aug 2023
Face to Face	44,781	46,431	42,849	39,077
Non Face to Face	7,942	7,994	8,118	7,196
Group Contacts	2,475	2,579	1,649	1,178
Total Contacts	52,723	54,425	50,967	46,273

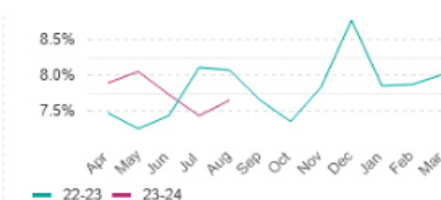
Face to Face



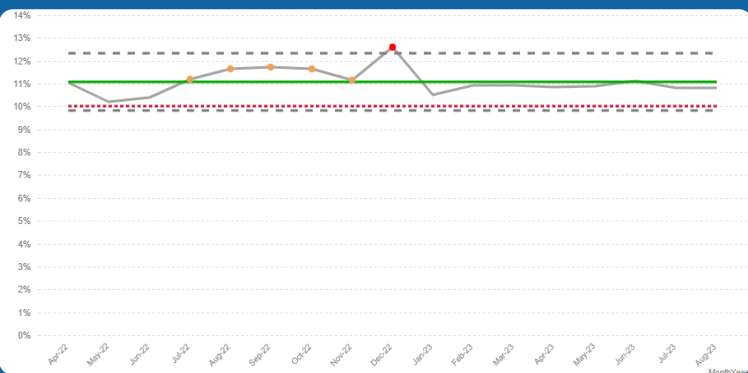
OUTCOME

Indicator	May 2023	Jun 2023	Jul 2023	Aug 2023
Unoutcomed	122	145	237	312
DNA	4,607	4,558	4,091	3,827
Client Cancellation	1,870	1,987	1,881	1,790
Provider Cancellation	11,720	11,439	11,551	10,851
Total Appointment	71,341	73,007	69,023	63,230

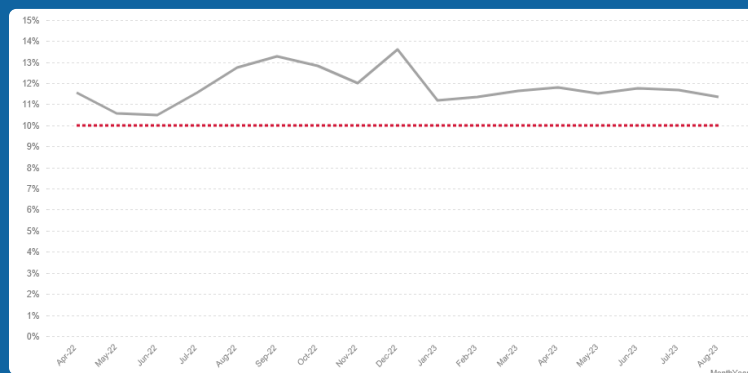
DNA Rate



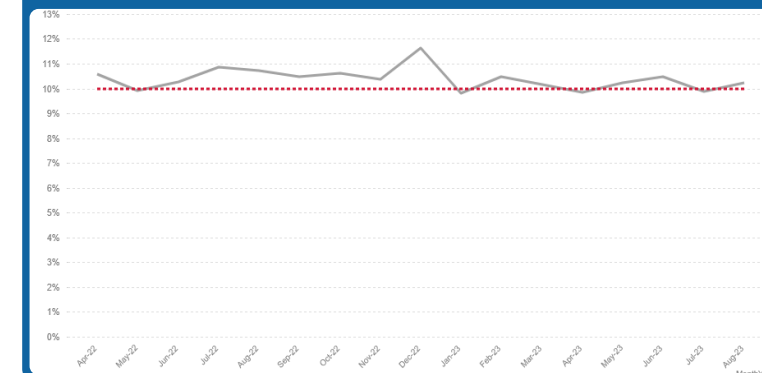
Acute DNA % Rate



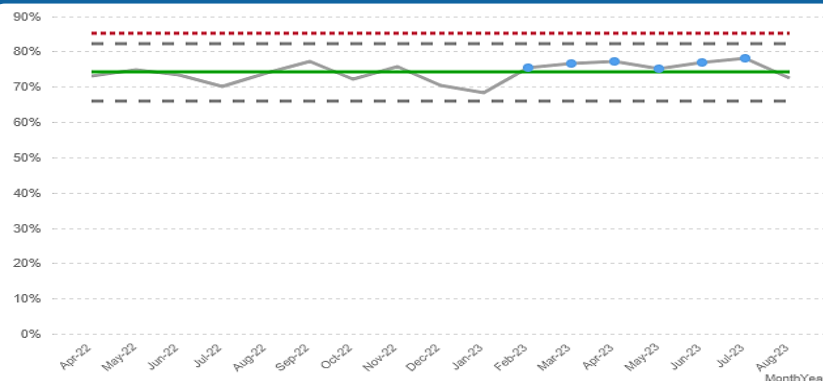
Outpatient DNA % Rate - New



Outpatient DNA % Rate – Follow-Up



Theatre Utilisation



Indicator	Target	Current Month	Previous Month	2023-2024	Variation	Assurance
Cancelled Ops not rebooked <28 Days	0	Jul	0	3	6	
Hospital Cancelled Operations	0	Jul	1	4	19	
Theatre Utilisation	>85%	Aug	72.4%	78.2%	75.9%	
Community DNA % Rate	<10%	Aug	7.7%	7.6%	7.8%	
Acute DNA % Rate	<10%	Aug	10.8%	10.8%	10.9%	
Outpatients New:Follow Up Ratio	2.3	Aug	1.4	1.35	1.4	
Non Elective Re-Admissions within 30 days	<5.5%	Aug	4.0%	5.4%	4.1%	
Rapid Response - % of referrals with an improvement in care		Aug	71.6%	77.5%	74.8%	

What the Data Tells Us

Theatre Utilisation - Target 85%
Percentage of available Theatre time used for elective procedure.

August Performance – 72.42%
This is a worsening of 5.75% from July's performance of 78.17%.

Hospital Cancelled Operations - Target 0
July Performance – 1
This is an improvement of 3 from June's performance of 4.

Issues

Impact of Junior Doctor and Consultant strikes have adversely impacted elective throughput.

Issue with the quality of sterile theatre equipment packaging, resulting in cancellation due to safety and infection prevention.

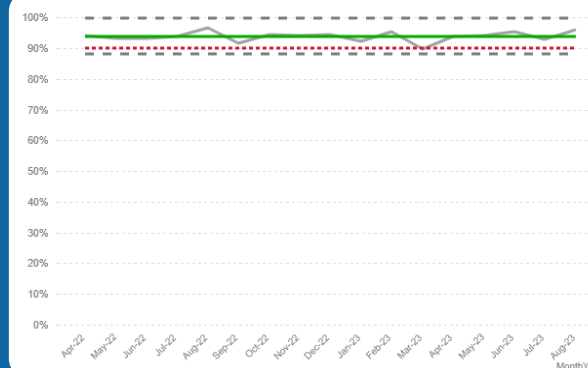
Actions and Mitigations

- Surgery and Cancer continue to drive and deliver on its elective transformation programme to improve theatre productivity. This has advanced our utilisation rates for the year to date.
- Theatre Anaesthetic workforce recruitment drive has been undertaken to further strengthen the Trust elective capacity.
- 6-4-2 Scheduling continues to have significant focus as part of weekly planning and scheduling.
- At the beginning of 2023/2024, the Trust has embarked on an elective theatre improvement programme to influence theatre scheduling, process management and capacity management.
- Issues are addressed through contract management and escalation.

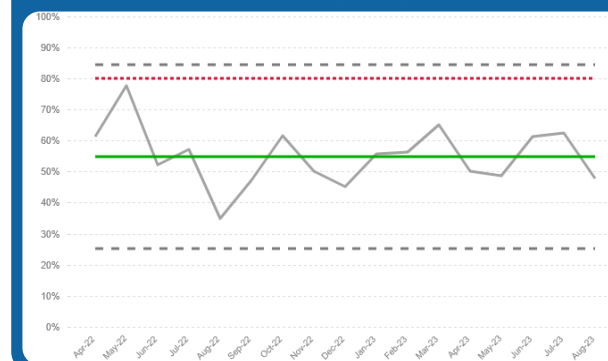


Indicator	Target	Current Month	Previous Month	2023-2024	Variation	Assurance
ED - FFT % Positive	>90%	Aug	83.1%	77.2%	79.5%	
ED - FFT Response Rate	>15%	Aug	13.7%	12.3%	12.1%	
Inpatients - FFT % Positive	>90%	Aug	96.1%	93.0%	94.1%	
Inpatients - FFT Response Rate	>25%	Aug	11.4%	15.2%	15.7%	
Maternity - FFT % Positive	>90%	Aug	97.4%	0.0%	96.1%	
Maternity - FFT Response Rate	>15%	Aug	7.3%	0.1%	3.7%	
Outpatients - FFT % Positive	>90%	Aug	95.6%	93.9%	93.8%	
Outpatients - FFT Response Rate	400	Aug	454	313	989	
Community - FFT % Positive	>90%	Aug	95.6%	95.5%	95.5%	
Community - FFT Response Rate	1500	Aug	732	826	3482	
Complaints responded to within 25 or 40 working days	>80%	Aug	47.6%	62.5%	53.1%	
Complaints (including complaints against Corporate division)		Aug	21	24	128	

Inpatient FFT % - Positivity



Complaints Responded to within 25 Working Days



Complaints Responded to Within 25 or 40 Working Days - Target >80%

August Performance – 47.6%
















This is a worsening of 14.9% from July's performance of 62.5%.

Severity of Complaints: 46% (11) were designated 'low' risk, 46% (11) were designated as 'moderate' risk, and 4% (2) were designated 'high' risk

Themes: A review of the complaints due a response in July 2023 shows that 'Medical Care' 33% (8), 'Communication' 25% (6), and 'Attitude' 16% (4), were the main issues for complainants.

Of the 15 complaints that have closed, 5 (33%) were 'upheld', 7 (47%) were 'partially upheld', and 3 (20%) were 'not upheld' meaning that 80% of the closed complaints in July 2023 were upheld in one form or another".



Indicator	Target	Current Month	Previous Month	2023-2024	Variation	Assurance	
Appraisals % Rate	>85%	Aug	79.2%	79.1%	76.1%		
Mandatory Training % Rate	>85%	Aug	87.5%	87.6%	86.6%		
Permanent Staffing WTEs Utilised	>90%	Aug	89.0%	88.9%	89.0%		
National Quarterly Pulse Survey (NQPS)	800	Aug					
Staff Sickness absence %	<3.5%	Jul	3.3%	2.9%	3.4%		
Staff Turnover %	<13%	Aug	13.1%	13.5%	13.5%		
Vacancy % Rate against establishment	<10%	Aug	11.0%	11.1%	11.0%		
Average Time to Hire	<=63	Aug	61		59		
Safe Staffing Alerts - Number of Red Shifts		Aug	3	6	16		
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		Aug	10.3	10.1	9.3		

Appraisals % Rate - Target >85%

August Performance – 79.2%

This is an improvement of 0.1% compared to 79.1% in July.

Issues: During the summer months less, appraisals are being completed due to annual leave. Continuing disruption across the organisation due to strike actions has slowed progress against target.

Actions: All staff who are currently outstanding an appraisal, as well as their managers, will receive additional reminder communication including information on the benefits of a performance appraisal and how to access support and training. HRBP Team supporting below target areas to reach compliance.

Staff Turnover % - Target <13%

August Performance – 13.1%

This is an improvement of 0.4% compared to July's performance of 13.5%.

Issues: London and national vacancies remain high increasing staff's ability to change organisations.

Actions: Focus on career development opportunities and improving employee experience.

Vacancy % Rate – Target <10%

August Performance – 11%

This is an improvement of 0.1% compared to July's performance of 11.1%.

Issues: Vacancy rates remain high across NCL and London which is further impacted by skills shortages.

Actions: Engaging external organisations to explore new pipeline opportunities in the local communities.

Community Performance Dashboard

Indicator	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	2023-2024	Activity
IAPT Moving to Recovery	>50%	47.1%	53.8%	50.7%	49.0%	53.1%	50.7%	52.5%	48.7%	50.0%	49.9%	44.5%		48.4%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	94.1%	95.0%	92.0%	91.9%	92.9%	92.0%	93.3%	96.2%	95.9%	94.4%	90.9%		94.3%	
Haringey - 8wk Review % carried out before child aged 8 weeks		65.2%	69.6%	68.8%	68.5%	65.6%	69.7%	71.3%	78.3%	70.3%	74.2%	83.0%		76.7%	
Haringey - HR1 % carried out before child aged 15 months		69.7%	77.2%	74.5%	75.6%	71.0%	75.1%	73.5%	72.7%	84.4%	80.7%	83.3%		80.1%	
Haringey - HR2 % carried out before child aged 30 months		75.5%	74.1%	72.3%	66.0%	71.7%	67.4%	69.5%	70.3%	69.7%	71.2%	71.4%		70.6%	
Islington - 8wk Review % carried out before child aged 8 weeks		71.9%	60.9%	68.6%	61.4%	71.7%	82.6%	76.0%	70.8%	69.6%	76.1%	77.4%		73.5%	
Islington - HR1 % carried out before child aged 15 mths		80.6%	79.0%	86.6%	83.3%	80.4%	84.0%	84.5%	83.0%	83.2%	86.9%	83.1%		83.9%	
Islington - HR2 % carried out before child aged 30 mths		87.2%	79.6%	82.9%	87.6%	84.0%	84.1%	82.7%	81.4%	81.9%	85.9%	83.1%		83.0%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	87.9%	92.5%	87.5%	93.9%	90.7%	74.4%	91.5%	81.7%	75.8%	83.3%	77.5%	79.8%	79.4%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	77.8%	82.4%	100.0%	80.0%	91.7%	89.5%	87.5%	83.3%	75.0%	57.1%	79.2%	72.7%	68.8%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	71.7%	80.2%	81.5%	71.3%	70.1%	72.8%	75.3%	77.4%	70.4%	74.3%	70.9%	71.6%	72.3%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	93.9%	94.2%	95.9%	88.4%	92.7%	94.7%	95.5%	87.7%	94.7%	89.1%	91.1%	89.7%	90.9%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	100.0%	100.0%	100.0%		100.0%	100.0%	85.7%	75.0%	100.0%	80.0%	100.0%	100.0%	90.5%	
Hackney Smoking Cessation: % who set quit date & stopped after 4 weeks	>45%	53.2%			50.7%			54.3%			56.8%			56.8%	



Community Waiting Times

SERVICE	% Threshold	Target Weeks	Jun-23	Jul-23	Aug-23	Avg Wait (Avg)	No. of Pts Seen
Bladder and Bowel - Children	>95%	-				-	0
Community Matron	>95%	6	100.0%	94.4%	100.0%	1.4	11
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.8	45
Community Rehabilitation (CRT)	>95%	12	66.0%	84.4%	68.1%	11.0	47
ICTT - Other	>95%	12	87.2%	98.1%	98.1%	4.2	158
ICTT - Stroke and Neuro	>95%	12	28.0%	36.8%	38.5%	11.6	13
Home-based Intermediate Care Service	>95%	-	81.7%	88.2%	60.7%	5.0	28
Community Bed-based Intermediate Care Service	>95%	6		100.0%	66.7%	4.2	3
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	3.2	3
Bladder and Bowel - Adult	>95%	12	41.7%	28.4%	46.8%	13.3	154
Musculoskeletal Service - CATS	>95%	6	31.0%	28.1%	23.9%	14.0	444
Musculoskeletal Service - Routine	>95%	6	29.1%	25.9%	28.9%	16.6	1232
Nutrition and Dietetics	>95%	6	97.1%	96.6%	93.5%	2.6	155
Podiatry (Foot Health)	>95%	6	20.1%	22.5%	23.6%	13.7	537
Lymphodema Care	>95%	6	100.0%	96.3%	88.5%	4.2	26
Tissue Viability	>95%	6	100.0%	100.0%	95.7%	1.9	47
Cardiology Service	>95%	6	98.2%	95.5%	95.7%	2.3	47
Diabetes Service	>95%	6	94.6%	98.4%	100.0%	4.1	110
Respiratory Service	>95%	6	90.9%	100.0%	97.1%	1.7	34
Spirometry Service	>95%	6	85.9%	66.3%	97.8%	4.4	89

SERVICE	% Threshold	Target Weeks	Jun-23	Jul-23	Aug-23	Avg Wait (Avg)	No. of Pts Seen
Bladder and Bowel - Children	>95%	-				-	0
Community Matron	>95%	-				-	0
Adult Wheelchair Service	>95%	2	100.0%		100.0%	0.0	4
Community Rehabilitation (CRT)	>95%	2	29.4%	46.4%	48.7%	6.6	39
ICTT - Other	>95%	2	20.0%	11.8%	4.3%	8.7	23
ICTT - Stroke and Neuro	>95%	2	40.0%	30.8%	33.3%	2.9	12
Home-based Intermediate Care Service	>95%	-	79.7%	91.0%	88.8%	1.1	80
Community Bed-based Intermediate Care Service	>95%	-	70.0%			-	0
Paediatric Wheelchair Service	>95%	2			100.0%	1.0	1
Bladder and Bowel - Adult	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	2	20.0%	66.7%	40.0%	6.4	5
Musculoskeletal Service - Routine	>95%	2	38.6%	33.5%	40.5%	3.5	163
Nutrition and Dietetics	>95%	2	100.0%	100.0%	100.0%	0.4	1
Podiatry (Foot Health)	>95%	2				-	0
Lymphodema Care	>95%	-				-	0
Tissue Viability	>95%	-				-	0
Cardiology Service	>95%	2	100.0%			-	0
Diabetes Service	>95%	-				-	0
Respiratory Service	>95%	-				-	0
Spirometry Service	>95%	-				-	0

Adult Community Waiting Times - Commentary and Action Plan

Podiatry:

Recovery is ongoing and showing steady improvement. The increase in long waiters appears to be data error, which the team need to cleanse. As all long waiters were sent opt in letters and if no contact Efficiencies in productivity are now embedded and showing improvements in waiting times, particularly for follow ups.

Islington Community Neuro-Rehabilitation (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). Additional agency staff have been recruited to in the interim to help manage backlog. Recovery work is ongoing, and a slight improvement has been seen during 2023.

Bladder and Bowel Service:

Kingsgate supported the clinical lead to complete a demand and capacity review and re-introduce group sessions. These started in April. The service will get back to business as usual by quarter 3 with the capacity to take on more activity as appropriate in discussion with commissioners. Recovery is ongoing however the service has seen a slow improvement.

Musculoskeletal (MSK):

The service has seen an increase in backlog as a result of triaging and patients being added the waiting list and this now gives an accurate picture of the overall backlog. Work continues to reduce and resolve the backlog with the use of Super Saturdays, extra bank shifts, focused recruitment campaign and the GetUbetter supported self-management tool. However. the impact has not been substantial. There has been a significant increase in the number of internal rejections from the Trusts Spinal service which has resulted in increased referrals being directed to the MSK service.

Children's Community Waits Performance

SERVICE	% Threshold	Target Weeks	Jun-23	Jul-23	Aug-23	Avg Wait (Avg)	No. of Pts Seen
CAMHS	>95%	8	49.2%	48.6%	56.4%	12.9	133
Community Children's Nursing	>95%	2	50.0%	60.4%	83.3%	1.1	60
Community Paediatrics - Haringey	>95%	18	96.2%	87.5%	93.1%	11.0	29
Community Paediatrics - Islington	>95%	18	94.1%	100.0%	100.0%	1.1	6
Family Nurse Partnership - Islington	>95%	-				-	0
Haematology Service - Islington	>95%	12	100.0%	66.7%	100.0%	1.1	3
Haringey - SCT	>95%	20	0.0%	0.0%	0.0%	51.4	20
IANDS - SCT	>95%	20	3.3%	0.0%	0.0%	54.7	32
IANDS	>95%	18	100.0%	100.0%	100.0%	4.2	10
Looked After Children - Haringey	>95%	4				-	0
Looked After Children - Islington	>95%	4	92.3%	85.7%	80.0%	4.1	10
Occupational Therapy - Barnet	>95%	18	81.8%	87.2%	78.6%	19.2	28
Occupational Therapy - Haringey	>95%	18	100.0%	94.7%	95.7%	11.0	23
Occupational Therapy - Islington	>95%	18	62.5%	33.3%	14.3%	27.6	7
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	9.1%	100.0%	0.0%	23.0	1
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	100.0%	100.0%	7.3	6
Physiotherapy - Barnet	>95%	18	96.7%	95.8%	100.0%	7.9	28
Physiotherapy - Haringey	>95%	18	98.9%	100.0%	100.0%	6.6	43
Physiotherapy - Islington	>95%	18	100.0%	100.0%	100.0%	3.3	50
PIPS	>95%	12	100.0%	100.0%	100.0%	3.0	13
SALT - Barnet	>95%	18	32.6%	34.0%	43.2%	18.6	81
SALT - Camden	>95%	6	50.9%	44.6%	59.5%	5.9	42
SALT - Haringey	>95%	13	40.8%	25.3%	27.8%	18.5	36
SALT - Islington	>95%	13	88.0%	83.3%	75.0%	9.7	20
SALT - MPC	>95%	18	87.0%	95.5%	81.8%	8.4	22
School Nursing - Haringey	>95%	12	93.0%	94.7%	93.3%	1.6	15
School Nursing - Islington	>95%	12	98.5%	100.0%	100.0%	2.6	27

SERVICE	% Threshold	Target Weeks	Jun-23	Jul-23	Aug-23	Avg Wait (Avg)	No. of Pts Seen
CAMHS	>95%	2	100.0%	66.7%	85.7%	0.9	7
Community Children's Nursing	>95%	1	100.0%	100.0%	100.0%	0.1	10
Community Paediatrics - Haringey	>95%	1				-	0
Community Paediatrics - Islington	>95%	-				-	0
Family Nurse Partnership - Islington	>95%	-				-	0
Haematology Service - Islington	>95%	-				-	0
Haringey - SCT	>95%	-				-	0
IANDS - SCT	>95%	-				-	0
IANDS	>95%	-				-	0
Looked After Children - Haringey	>95%	-				-	0
Looked After Children - Islington	>95%	-				-	0
Occupational Therapy - Barnet	>95%	-				-	0
Occupational Therapy - Haringey	>95%	-				-	0
Occupational Therapy - Islington	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	-				-	0
Physiotherapy - Barnet	>95%	-				-	0
Physiotherapy - Haringey	>95%	-				-	0
Physiotherapy - Islington	>95%	-				-	0
PIPS	>95%	-				-	0
SALT - Barnet	>95%	-				-	0
SALT - Camden	>95%	-				-	0
SALT - Haringey	>95%	2	0.0%	33.3%		-	0
SALT - Islington	>95%	-				-	0
SALT - MPC	>95%	-				-	0
School Nursing - Haringey	>95%	2		0.0%		-	0
School Nursing - Islington	>95%	2				-	0

Children's Community Waiting Times - Commentary and Action Plan

Therapy Services:

Speech and Language Therapy

All vacant roles in Islington have been recruited to and the Trust is seeing an improvement in waiting times. Additional funding from family hubs will focus on early identification and intervention for young children. In Haringey waits have lengthened and this is due to the end of non-recurrent investment in 2022/2023. New pathways for early years referrals started in September which aim to reduce waiting times in the long term.

Occupational Therapy

Teams in Haringey and Islington are now fully recruited to, and waits are improving with more impact expected over the next 3 months. The new family hub program in Islington will also fund additional OT capacity in early years to support reduction in needs for older children.

Social Communication:

Waiting times for autism assessments remain long in Haringey and Islington. The Trust is working with the ICB and other local providers to progress work to improve provision and agree changes across NCL. The Trust is commissioned to provide additional autism assessments across NCL to help reduce the longest waiting times. The service is sharing learning from this work to inform improvements and propose changes for NCL provision.

Islington CAMHS

Referrals into central CAMHS (getting more help thrive needs-based grouping) continue to increase, particularly for moderate to severe anxiety and depression and for neurodevelopmental assessments (ADHD and autism). The service is starting to see a positive impact from additional ICB investment for core and CBT treatment, with an increase in cases allocated. In addition, a QIP on the core offer in the CAMHS Therapies Team is underway. Referrals for the boxing and CBT intervention are being identified from the CAMHS waiting list, with the first group due to start in November.





Meeting title	Trust Board – public meeting	Date: 29 September 2023
Report title	Protecting and expanding elective capacity – self-certification	Agenda item: 8
Executive lead	Jonathan Gardner, Director of Strategy & Corporate Affairs and SIRO	
Report author	Paul Attwal, Head of Performance	
Executive summary	<p>This paper summarises the response required following the letter for Protecting and expanding elective capacity to NHS England (NHSE) received on 4th August 2023:</p> <p>Each NHS Trust is required to:</p> <ul style="list-style-type: none">• Revisit plans on outpatient follow up reduction, to identify more opportunity for transformation.• Set an ambition that no patient in the 65-week ‘cohort’ (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.• Maintain an accurate and validated waiting list by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with December 2022 validation guidance) by 31 October 2023, and ensuring that RTT rules are applied in line with the RTT national rules suite and local access policies are appropriately applied <p>As part of the above priorities, NHSE are asking each provider to ensure that this work is discussed and challenged appropriately at board, undertake a board self-certification process and have it signed off by trust chairs and chief executives by 30 September 2023.</p> <p>Included in this paper at the end of every box, is a draft self-certification to be submitted by return by 30 September 2023 for protecting and expanding elective capacity.</p> <p>We are recommending that the board take ASSURANCE on all but one measure, as per the wording of the ask, i.e. that the board has received plans and trajectories. Some areas we cannot give complete assurance that we will guarantee to hit the targets. This is particularly due to the context of industrial action this year.</p>	

	There is one measure where we propose PARTIAL ASSURANCE and that is around Patient Initiated Follow Ups (PIFU) where our plans only look to 2% rather than 5% delivery.
Purpose	Discussion and approval of the self-certification response for submission by 30 September 2023.
Recommendation(s)	Board members are asked to receive this report and agree the self-certification submission for NHS England by the 30 September deadline.
Board Assurance Framework	Quality 1, Quality 2, People 1, People 2 and Sustainable 1 entries
Report history	None
Appendices	<p>Contained within the report:</p> <ul style="list-style-type: none"> 1: Summary data quality metrics 2: Status of 12-week validation performance 3: Weekly performance tracker (report from 18 September 2023) 4: RTT 65-week trajectory (agreed March 2023) and Patient Initiated Follow Up plan 2023/24 (submitted March 2023) 5: Extract from waiting lists and elective recovery activity reporting Internal audit report (13 March 2023) 6: Clinical harm review process <p>Attachments available on request:</p> <ul style="list-style-type: none"> 7: Independent sector cancer requirements 8: Planning updates (Trust Management Group updates) 9: Outpatient Board terms of reference 10: North Central London Clinical Advisory Group report August 2023 11: Weekly activity monitoring report

Protecting and expanding elective capacity - self-certification

About this self-certification

To deliver elective and cancer recovery ambitions, high-quality waiting list management and ambitious outpatient transformation are vital. We are now asking trusts to complete this return to provide assurance on these recovery plans.

Nationally and regionally, we will use this to identify providers requiring more support, as well as areas of good practice that can be scaled up to accelerate recovery. Please return this to NHS England by **30 September 2023**, via NHS England regional teams.

Guidance for completing the self-certification

The return asks for assurance that the board has reviewed and discussed specific outpatient operational priorities and has signed off the completed checklist. Please return this to your NHS England regional team.

Trust return: Whittington Health NHS Trust

The Chair and Chief Executive are asked to confirm that the Board:

Assurance Area		
1. Validation – The board:	Assured?	Documentation
a. has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.	<ul style="list-style-type: none">• The current validation position as of 30th September for Referral To Treatment (RTT) pathways is at 90% of patients waiting 14 weeks.• Summary of validations rates are shared weekly at the Trust PTL Management meeting.• The Trust has stopped using the LUNA system however does have an internal suite of data quality metrics that are readily available to target data quality issues. E.g. patients on a duplicate pathway, patients are on planned pathway and pathways starting with a 92 or 98 code (non RTT)• Metrics are reviewed weekly at the Trust's Patient Tracking List (PTL) management meeting with appropriate action plans when required.	<ul style="list-style-type: none">• Summary validation rates paper that goes to PTL (Available on request)• Summary of DQ metrics (summary in appendix)

	<ul style="list-style-type: none"> • Validation metrics will be added to the monthly Trust performance report as from September 2023. • ASSURED 	
<p>b. has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation.</p>	<ul style="list-style-type: none"> • The Trust has already put in place a plan to validate within the required target. The plan in essence consists of prioritising the time of the validation team on those pathways closest to 12 weeks. As of 30th September, the Trust validates all patients over 14 weeks and is expected to be at 12 weeks by 31st October. • We have also asked for urgent additional support required to strengthen the process of key action follow ups. Additional resource has been requested via NCL ICB. We expect an answer by the end of the month. Nevertheless, as above we are nearly at the target. • The board should note that the data that the centre holds for WH shows a higher issue of patients having no first appointment, however, because of incorrect coding of pathways this is not a true reflection of reality. This not unique to us and we have escalated this to the centre. • Ongoing training and development for staff on RTT rules and use of technology is in place. • The use of Zesty (patient text messaging system) to support a two-way process to improve validation is being worked up, this includes Did Not Attend (DNA) management. • A Waiting List Review questionnaire is being developed which will go to patients to ensure that all patients on the waiting list should still be on it. • Also looking towards using a new application through IBOX which will allow improved validation processes. • ASSURED 	<ul style="list-style-type: none"> • Status of validation metrics (Pending) • Available on request: Access Policy, Access Policy Cheat Sheet, RTT-E-Learning Slides

<p>c. ensures that the RTT rules and guidance and local access policies are applied, and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and training can be found on the Elective Care IST Futures NHS page. A clear plan should be in place for communication with patients.</p>	<ul style="list-style-type: none"> • The Trust has a RTT training programme available electronically through the Trust training portal. There is a local access policy governing all RTT requirements. Also available is a RTT escalation policy to identify any delays in managing patient pathways. • Zesty messaging system being worked up to support patient communication with an aim to go live in October. Patient communication letters are regularly reviewed. • As proof that our rules are being followed accurately the Internal Auditors complete a bi-annual audit of waiting list management . Last year we received a clean bill of health, with assurance that Waiting List Validation Checks process is being followed. • ASSURED 	<ul style="list-style-type: none"> • Waiting List Audit available on request. Summary in appendix.
<p>d. has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.</p>	<ul style="list-style-type: none"> • The bullets points below are our considered reports on the clinical risk of patients in a non-RTT cohort. • All specialities have an oversight of their non-RTT patients broken down into admitted and non-admitted pathways. The Trust reviews it's Non RTT waiting list on a weekly basis at the RTT PTL meeting. • There is a clinical harm review undertaken (as per attached process) for RTT patients over 78 weeks. We do not currently have a report on clinical risk of patients in the non-RTT cohort. • As a result, further reviews on clinical risk for Non RTT patients are required for some specialities, including improvements in clinical liaison in line with current process to review patients over 52 weeks on a RTT pathway. • The board should be aware that non-RTT pathways refer in the main to OP follow-ups. These are flagged were necessary through Performance review meetings when services find they do not have capacity. (e.g., Haematology, LUTS, neurology). We rely on the clinicians to flag any concerns, and we are confident they do that. 	<ul style="list-style-type: none"> • 78-week clinical harm review process below (summary in appendix)

	<ul style="list-style-type: none"> The key other non-RTT specialities are non-consultant delivered services such as (dietetics, therapies, and community services). The clinical risks for these services are monitored through their waiting list meetings. ASSURED 	
2. First appointments – The board:	Assured?	
a. has signed off the trust's plan with an ambition that no patient in the 65 week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.	<ul style="list-style-type: none"> The Trust approved the original activity plan for 2023/24. This plan shows compliance against the 65-week standard by 21st March 2024. This is tracked weekly at the Surgery ICSU performance meeting, attended by the COO. As of 30th September, the plan to ensure (patients who, if not treated by 31 March 2024, will have breached 65 weeks) waiting for a first outpatient appointment after 31 October 2023 shows 243 patients. ASSURED 	<ul style="list-style-type: none"> Original activity plan (summary in appendix)
b. has signed off the trust's plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net	<ul style="list-style-type: none"> The bullet points below constitute our plan for the independent sector. Cancer specific pathways for the independent sector have been agreed by ICSUs and are in place. (e.g., outpatient capacity for Dermatology) Where required, the Trust has and will utilise independent sector capacity, for example use of 18 Weeks Support to address capacity issues in vascular surgery. There is an ongoing review at speciality level to assess whether further capacity is required. It is worth noting that the way NCL works in elective hubs and mutual aid means that our approach to the independent sector is driven by and facilitated by NCL. ASSURED 	<ul style="list-style-type: none"> Cancer Independent Sector Recovery Requirements (summary in attached in appendix)

3. Outpatient follow-ups – The board:	Assured?	
<p>a. has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan.</p>	<ul style="list-style-type: none"> • Current performance (August 2023) is 94% (of follow up activity vs 19/20) against an ambition of 75%, this is an improvement of improved 1% compared to the first 4 months (95%) of 2023/24 • Performance is variable at the moment. • We plan to get down to 85% by end of financial year. • Current performance against submitted plans is reviewed monthly at Trust Management Group and current performance is included in Trust Board Performance report. However, tracking against trajectory has not been provided to the board to date but is attached. • Our action plan is as follows: <ul style="list-style-type: none"> ○ Follow up performance in information provided to ICSU boards. ○ Services with high N2F ratio to review clinical pathway protocols for discharge. ○ Focus on increasing Patient Initiated Follow Ups (PIFU) in the following areas rheumatology, respiratory and T&O ○ Review of clinic templates to reduce follow ups • We will continue to develop plans via the outpatient transformation board to support transformation work for further reduction of follow ups and PIFU. This work will also include options appraisals for ongoing work. • ASSURED 	<ul style="list-style-type: none"> • Activity report (summary in appendix) • Tracking trajectory (summary in appendix)
<p>b. has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial</p>	<ul style="list-style-type: none"> • A plan was established at the beginning of the financial year and set an NCL agreed 2% achievable target. (attached) • Continuous review of deliverables at Outpatients Transformation Group Meetings. Improvement in progress required at speciality level including clinical engagement to achieve 5% minimum target. 	<ul style="list-style-type: none"> • 2% target plan (summary in appendix)

<p>cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty.</p>	<ul style="list-style-type: none"> • Additional discussion with NCL ICB on shared pathway management to take place in September to support overall delivery of PIFU. Current PIFU rates for NCL are at 2.1%. Our rate is currently at 0.5% • Consolidation plan to be implemented as part of next phase to build on current areas of success which can be applied to areas not yet engaged and optimise areas currently utilising PIFU. <ul style="list-style-type: none"> ○ Complete review of internal corporate/administrative process that support management of PIFU pathways – will provide additional assurance/confidence in process for clinicians to drive increase of uptake across clinical services. ○ Consolidate learning from PIFU pathways working well to create framework to implement across outstanding specialities where Whittington is an outlier based on guidance from ICB. ○ Complete DQ work following system change to coding of PIFU patients to ensure data is accurate and reflective of current performance. • PARTIALLY ASSURED – PLAN RECEIVED BUT ONLY TO 2% NOT 5% and only delivering 0.5% 	
<p>c. has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments.</p>	<ul style="list-style-type: none"> • Plan and processes in place to support DNA reduction monitored via the Trust Performance report. Current position for 2023/24 is at 10.7% against a target of <10%. • Data required for: <ul style="list-style-type: none"> ○ Consistent approach across trust specialities to support equal access for patients. ○ Identify areas of good practice/success to apply across specialities. ○ Provide targeted support for specialities over 11.3% 	<ul style="list-style-type: none"> • Outpatient Plan and TOR (Available on request)

	<ul style="list-style-type: none"> ○ Optimise use of technology through text messaging campaigns and Zesty including review cycle of their application across active codes and specialities ○ Review of content of communications with patients to ensure clear and consistent messaging. • Key focus on first attendances where current DNA rate is 11.3% • Regularly reviewed at Outpatient Transformation Board. Further focused support required for high DNA rate specialities. • Development of Zesty to support direct patient communication expected to be in place from October 2023 • ASSURED 	
d. has a plan to increase use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understands the impact of workforce capacity to provide advice and has considered how to meet any gaps to meet min levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking	<ul style="list-style-type: none"> • Plan in place using Advice and Guidance. Job planning cycle underway and will include review of capacity to support further development. • Data required to <ul style="list-style-type: none"> ○ Capture current approach per speciality regarding protected resource for delivering Advice and Guidance and identify gaps in resource to be addressed through job planning. ○ Review speciality approach to advice and guidance and ensure tool used best fits speciality need (i.e., eRS vs Consultant Connect) • We are achieving of average 3.2 per 100 referrals of which in July the Trust achieved 97% response rate as confirmed via the NCL CAG report in August 2023. • System report shows a decline in activity through July however this is linked to Industrial action. • ASSURED 	<ul style="list-style-type: none"> • Outpatient Plan and TOR (available on request) • NCL CAG report August 2023 (summary in appendix)
e. has identified transformation priorities for models such as group outpatient follow up appointments,	<ul style="list-style-type: none"> • Transformation Programme for Outpatients as identified key priorities, these include: <ul style="list-style-type: none"> ○ PIFU 	<ul style="list-style-type: none"> • Outpatient Board paper and TOR (available on request)

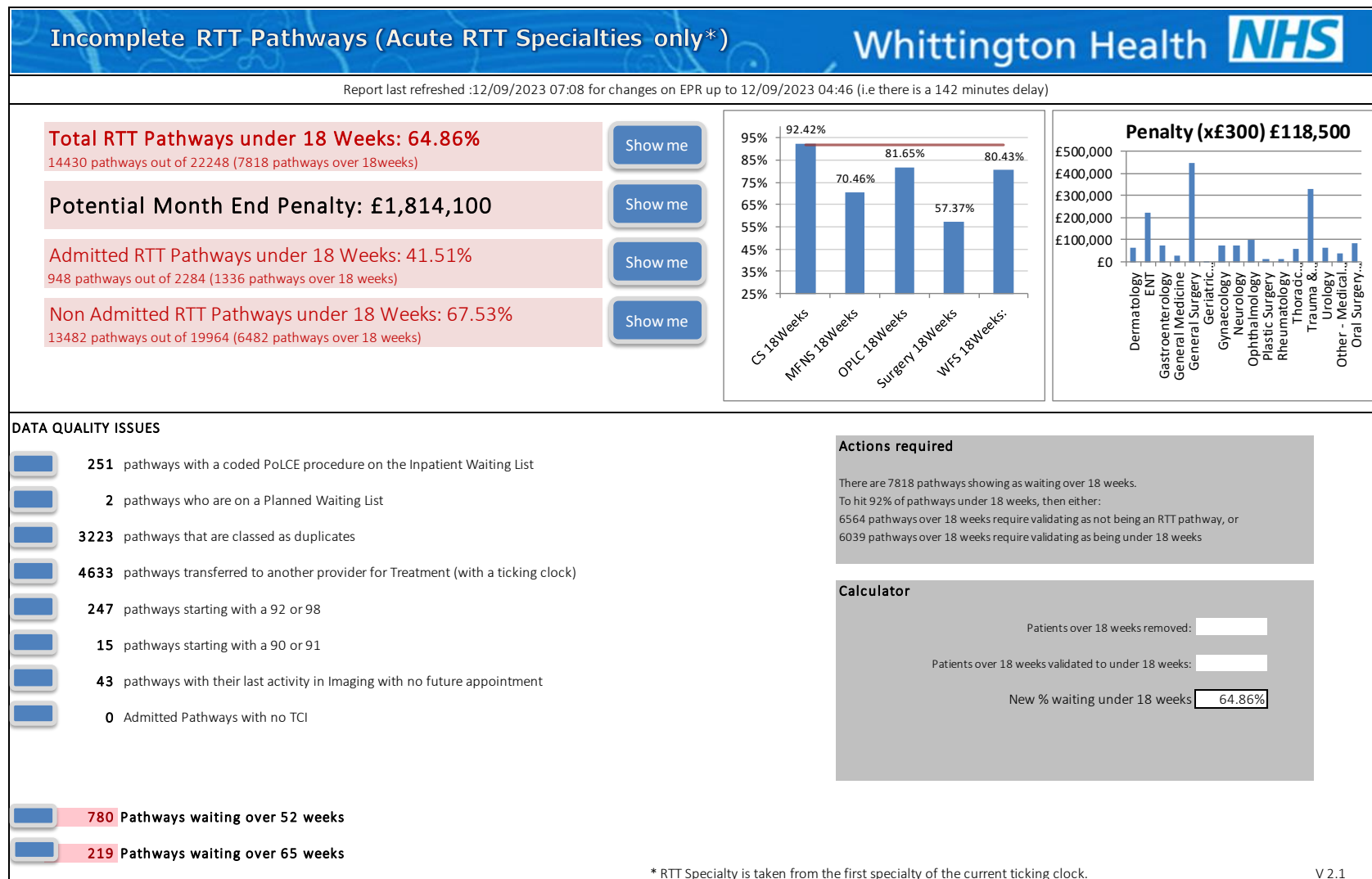
one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.	<ul style="list-style-type: none"> ○ Advice and Guidance ○ Hospital Cancellation rates ○ DNA management ○ Group sessions: Areas where we have successfully introduced group sessions are in Respiratory Pulmonary Rehab, MSK, Rheumatology. <ul style="list-style-type: none"> • Additional programme management resource is in place for September 2023. • Phase 2 of the transformation plan is being finalised by the end of September 2023. • ASSURED 	
4. Support required		
The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.	<ul style="list-style-type: none"> • Additional capacity to support booking rates requested. Request made via North Central London ICS. 4 x Patient pathway co-ordinators and 2 x waiting list co-ordinators 	

Sign off:

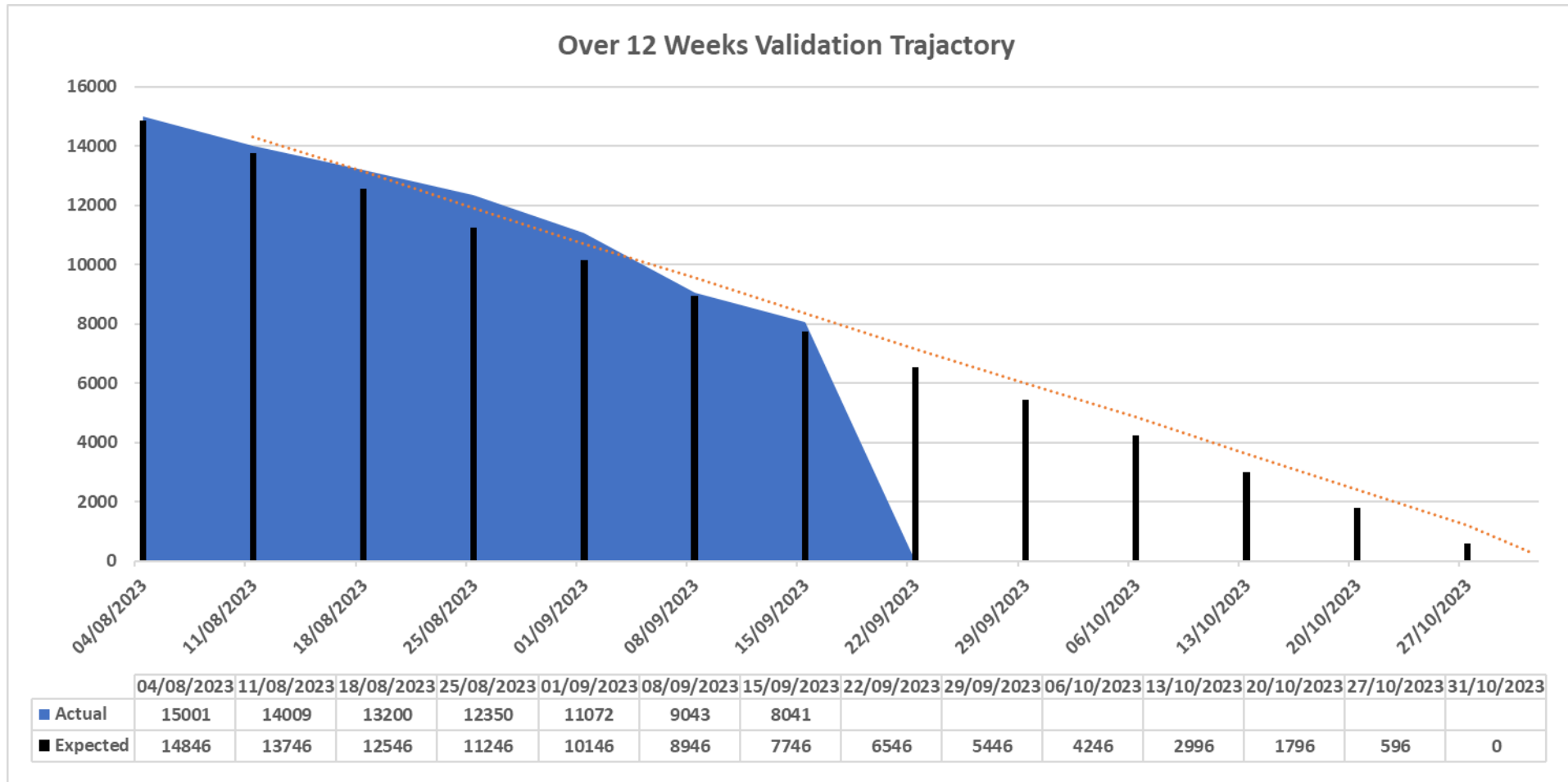
Trust lead (name, job title and email address):	
Signed off by chair and chief executive (names, job titles and date signed off):	

Appendices

Appendix 1: Summary data quality metrics



Appendix 2: Status of 12-week validation performance



Appendix 3: Weekly Performance tracker (Report from 18th September 2023)

Total Outpatient Firsts: Target 110% of 2019/20

W/E	04-Jun-23	11-Jun-23	18-Jun-23	25-Jun-23	02-Jul-23	09-Jul-23	16-Jul-23	23-Jul-23	30-Jul-23	06-Aug-23	13-Aug-23	20-Aug-23	27-Aug-23	03-Sep-23	10-Sep-23	17-Sep-23
Week No.	Wk_23	Wk_24	Wk_25	Wk_26	Wk_27	Wk_28	Wk_29	Wk_30	Wk_31	Wk_32	Wk_33	Wk_34	Wk_35	Wk_36	Wk_37	Wk_38
Weekly Activity - Current Year (WD Adj.)	3,584	3,625	3,351	3,471	3,489	3,549	3,185	3,234	3,414	3,448	3,264	3,272	3,292	3,504	3,175	3,213
Weekly Activity - 2019/20 (WD Adj.)	3,092	3,198	3,136	3,101	3,071	3,236	2,986	2,941	2,909	2,968	3,006	2,999	3,058	2,943	2,974	3,305
% of Baseline Year (2019/20)	116%	113%	107%	112%	114%	110%	107%	110%	117%	116%	109%	109%	108%	119%	107%	97%

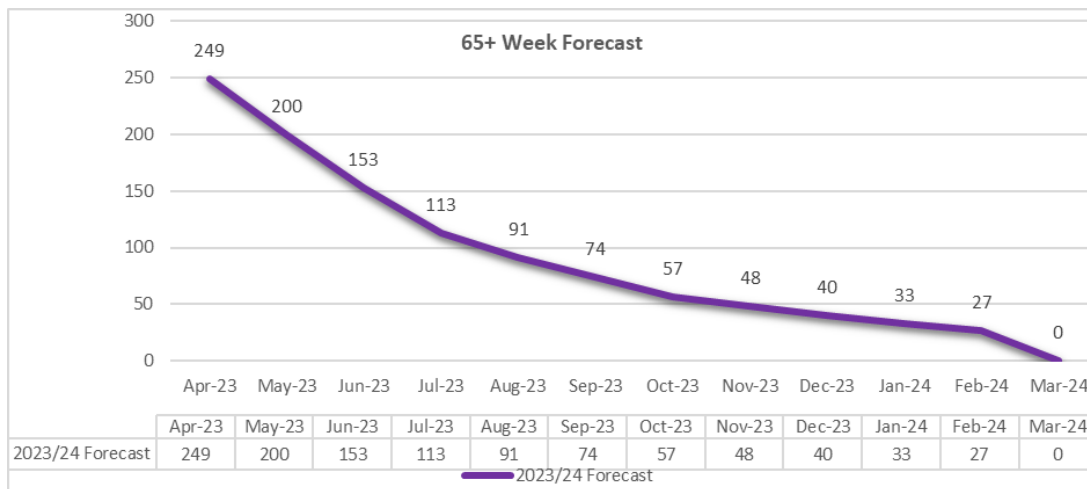
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Total Outpatient Follow-ups: Target 85% of 2019/20

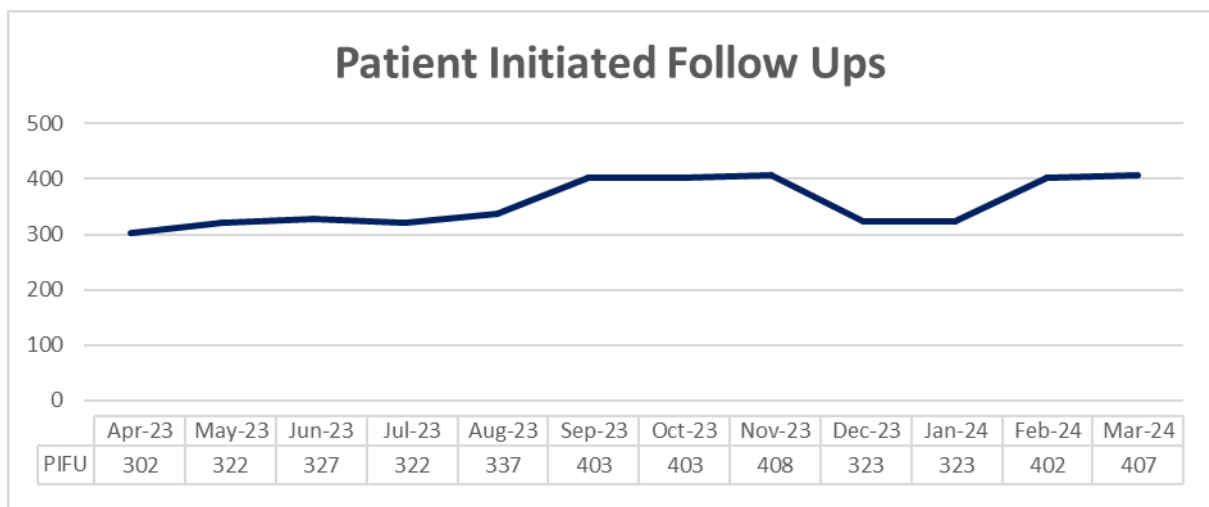
W/E	04-Jun-23	11-Jun-23	18-Jun-23	25-Jun-23	02-Jul-23	09-Jul-23	16-Jul-23	23-Jul-23	30-Jul-23	06-Aug-23	13-Aug-23	20-Aug-23	27-Aug-23	03-Sep-23	10-Sep-23	17-Sep-23
Week No.	Wk_23	Wk_24	Wk_25	Wk_26	Wk_27	Wk_28	Wk_29	Wk_30	Wk_31	Wk_32	Wk_33	Wk_34	Wk_35	Wk_36	Wk_37	Wk_38
Weekly Activity - Current Year (WD Adj.)	3,105	3,368	3,139	3,151	3,210	3,165	2,768	2,811	3,208	2,962	2,888	2,884	2,777	2,971	2,891	2,626
Weekly Activity - 2019/20 (WD Adj.)	3,280	3,350	3,245	3,199	3,021	3,331	3,174	3,052	2,940	2,992	3,104	3,012	3,119	3,077	3,235	3,368
% of Baseline Year (2019/20)	95%	101%	97%	98%	106%	95%	87%	92%	109%	99%	93%	96%	89%	97%	89%	78%

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Appendix 4: RTT 65 Week Trajectory (Agreed in March 2023)



Patient Initiated Follow Up plan 2023/24 (submitted in March 2023)



Appendix 5: Extract from Waiting lists and elective recovery activity reporting internal audit review 13 March 2023

Elective Access Policy

The Trust has an Elective Access Policy which defines the principles and standards that the Trust use for managing patient access to secondary care services from referral to treatment (RTT) in relation to patients who are waiting for treatment on admitted, non-admitted and diagnostic pathway. The Policy is designed to be relevant to all services of the Trust and is therefore a Trust wide approach to the management of patient access. The RTT pathway access standards including rules and exceptions have been defined which provide guidance for staff on process to follow to ensure the Trust remain compliant to NHSE statutory access standards.

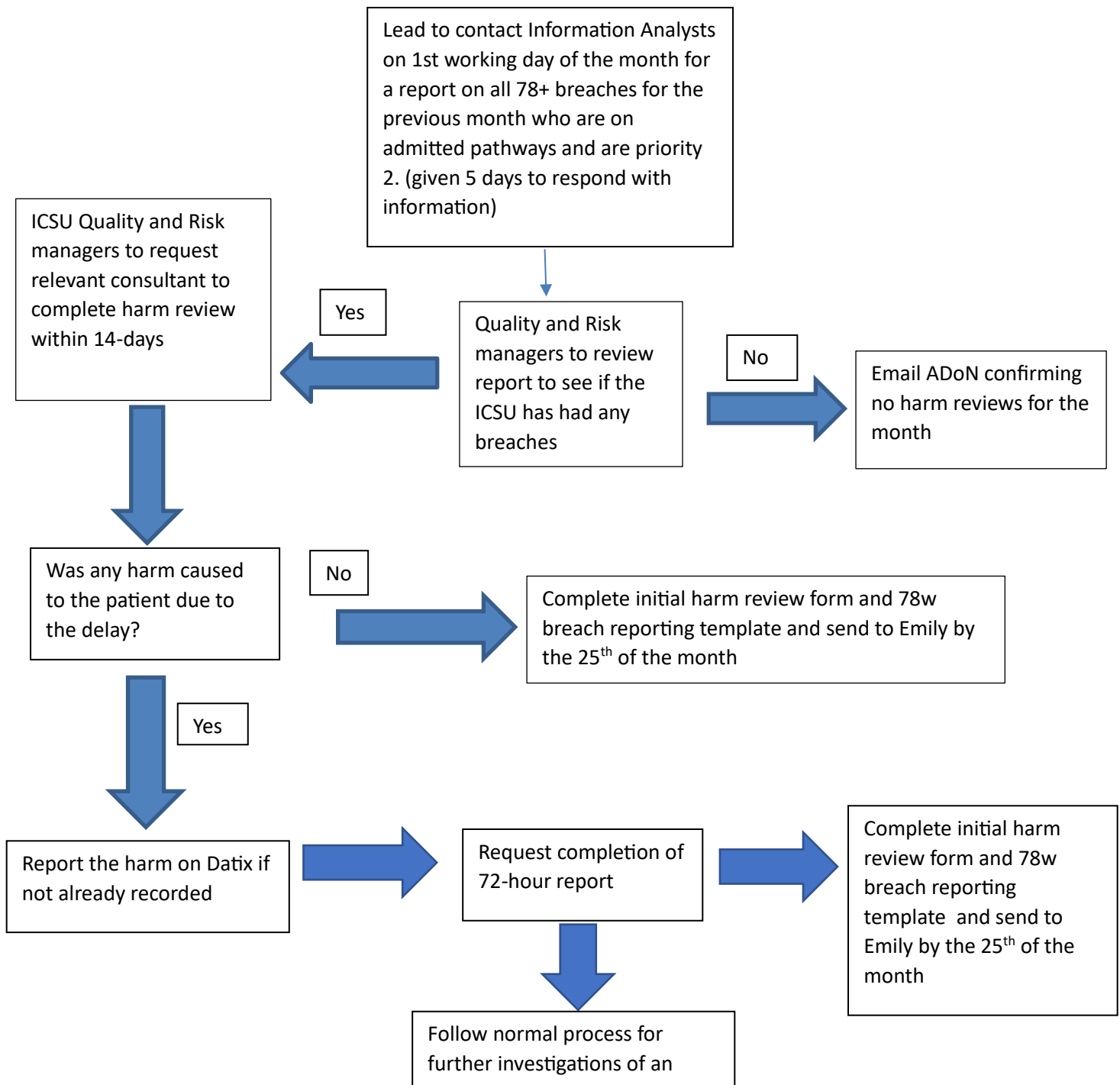
We confirmed the Policy outlines all access standards, cancer standards and booking standards to be adhered to by the Trust. Access standards include RTT, diagnostic waits, therapy services, e-referral services and cancelled operations. The roles and responsibilities for key staff within the access and referral processes have been outlined throughout the Policy and are clear in reference. The Policy was most recently ratified by the Trust Management Group in September 2021 when it was then further approved by the Trust Operational Management Group in November 2021, the Policy is next due for review in 2024. A copy of the Policy can be accessed by all staff of the Trust via the staff intranet.

Waiting List Validation Checks

For all waiting lists of the Trust, validation checks are performed which seek to identify errors made during data entry through regular audit checks over the data. Errors made within the data used to calculate the metrics such as RTT status, clock stop and start times, duplicate patient entries, incorrect discharge outcomes and incomplete data are all reviewed as part of the validation checks. The Validation Team make changes where required and produce audit reports to substantiate the tests completed. We confirmed from review of the checks performed by a sample of Validation audits within the period September 2022 to date of the audit that these audits had been performed and that actions taken are discussed with Service Managers over the issues identified. We confirmed that where repeat data entry errors are identified which in turn have resulted in data skew in reporting, training is produced to staff over correct data entry as well as training guidance over adequate recording of start and stop times which are delivered per speciality.

Appendix 6: Clinical harm review process

Monthly reporting of 78+ week Harm Reviews for patients who have breached on an admitted pathway



** Collate the numbers of breaches, harm reviews completed and level of harm and email ADoN before 25th of



Meeting title	Trust Board – public meeting	Date: 29/09/2023
Report title	Finance Report August (Month 05) 2023/24	Agenda item: 9
Executive director lead	Jerry Francine, Interim Chief Finance Officer	
Report author	Finance Team	
Executive summary	<p>The Trust is reporting a deficit of £13.15m at the end of August which is £2.61m worse than plan. The planned deficit to end of August was £10.54m.</p> <p>The year-to-date adverse financial performance to plan is mainly driven by</p> <ul style="list-style-type: none">• Non-delivery of savings on Cost Improvement Programmes (CIP)• The unfunded escalation beds, Endoscopy fourth room and the cost of strike cover.• Elective recovery fund (ERF) underperformance• Other expenditure overspends <p>Cash position at the end of August was £63.03m.</p> <p>Trust has spent £7.9m on capital to end of August.</p>	
Purpose:	To discuss August performance.	
Recommendation(s)	Board members are asked to note financial performance at the end of August 2023 and to recognise the need for improve savings delivery.	
Risk Register or Board Assurance Framework	BAF risks S1 and S2	
Report history		
Appendices		

Month 5 Finance report

Trust reporting £13.15m deficit at the end of August - £2.61m worse than plan

The Trust is reporting a deficit of £13.15m at the end of August which is £2.61m worse than plan. The planned deficit to end of August was £10.54m.

Key drivers for year-to-date financial performance are:

- Underperformance of £2.31m against year-to-date Cost Improvement Programmes (CIP) target; the Trust delivered £2.19m savings for the year-to-date against a target of £4.50m.
- The year-to-date cost of opening escalation beds in Thorogood (£0.78m, closed with effect from 18th August), use of an endoscopy 4th room (£0.49m), provision of enhanced care (£0.55m) and additional costs to cover industrial action (£0.70m in month and £1.90m year to date)
- The Trust spent £6.58m on agency staff which is a £0.08m adverse variance against the planned target. The Discretionary Spend Scrutiny panel is continuing work with Integrated Clinical Service Units to control and monitor agency spend.
- There is underperformance for the year-to-date on elective recovery fund (ERF) monies of £1.48m. The Trust previously reported only 30% of the underperformance based on North Central London Integrated Care Board guidance. However, the guidance was revised in August and the Trust is now reporting the full value of the underperformance in its year to date position. The ERF target has been adjusted by 2% to reflect the strike action in April.

Cash of £63.03m as at end of August

At the end of August, the Trust closed with a cash balance of £63.03m, an increase of £4.26m compared to July's figure. The increase in cash relates to the additional payment relating to revenue funding for the Community Diagnostic Hub (CDC). Interest received on cash balances for the year-to-date was £1.39m which is favourable to plan by £0.86m.

Additional capital allocation from the North Central London Integrated Care System

Internally funded capital plan for 2023-24 was £12.21m. The North Central London Integrated Care System has made a further £9m allocation to support investments in power, maternity and remedial works. Capital expenditure at end of August was £7.90m, of which £3.40m is related to nationally funded projects, and £4.50m for internally funded projects. Nationally funded projects include the Community Diagnostic Centre and Targeted Investment Fund resource allocation for elective recovery.

Better Payment Practice Performance – 97.0% 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 97.9% by volume and 96.2% by value. The BPPC for non-NHS invoices is 98.2% by volume and 97.0% by value.

Emerging cost pressures and forecast outturn

Though the Trust is continuing to forecast delivery of the plan for 2023-24, there are emerging cost pressures that need further mitigation. These include the impact of strikes on both costs and elective performance, slippage on savings delivery, and the impact of winter.

1. Summary of Income & Expenditure Position – Month 5

	In Month			Year to Date			Annual Budget £'000
	Plan	Actual	Variance	Plan	Actual	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
Income							
NHS Clinical Income	24,586	26,182	1,596	123,027	127,176	4,150	295,403
High Cost Drugs - Income	817	862	45	4,085	4,886	802	9,803
Non-NHS Clinical Income	1,817	1,950	133	8,930	9,794	864	24,869
Other Non-Patient Income	2,063	2,201	138	10,314	10,915	601	24,786
Elective Recovery Fund	4,318	3,348	(970)	22,416	20,939	(1,477)	55,137
	33,601	34,543	942	168,771	173,710	4,939	409,998
Pay							
Agency	0	(1,143)	(1,143)	0	(6,577)	(6,577)	0
Bank	(398)	(3,036)	(2,639)	(1,997)	(13,936)	(11,939)	(5,028)
Substantive	(24,872)	(23,793)	1,079	(124,199)	(113,261)	10,938	(284,443)
	(25,270)	(27,973)	(2,703)	(126,197)	(133,774)	(7,578)	(289,472)
Non Pay							
Non-Pay	(7,704)	(6,753)	951	(39,303)	(39,943)	(640)	(84,488)
High Cost Drugs - Exp	(678)	(743)	(65)	(4,085)	(4,147)	(63)	(9,838)
	(8,382)	(7,496)	886	(43,388)	(44,091)	(703)	(94,326)
EBITDA	(50)	(926)	(875)	(813)	(4,154)	(3,341)	26,201
Post EBITDA							
Depreciation	(1,578)	(1,526)	51	(7,705)	(7,650)	55	(18,749)
Interest Payable	(79)	(78)	2	(397)	(334)	62	(952)
Interest Receivable	104	292	188	521	1,385	864	1,250
Dividends Payable	(429)	(479)	(50)	(2,143)	(2,395)	(252)	(5,750)
P/L On Disposal Of Assets	0	0	0	0	0	0	0
	(1,982)	(1,791)	191	(9,724)	(8,994)	729	(24,201)
Reported Surplus/(Deficit)	(2,032)	(2,717)	(685)	(10,537)	(13,149)	(2,612)	2,000
Impairments	0	0	0	0	0	0	0
IFRS & Donated	(8)	(5)	3	(38)	(25)	13	(92)
Reported Surplus/(Deficit) after Impairments and IFRIC12	(2,040)	(2,722)	(682)	(10,575)	(13,173)	(2,598)	1,908

- The Trust's year-to-date financial position as at the end of August is a deficit of £13.15m (excluding donated asset depreciation and impairments) against a planned deficit of £10.54m. This is £2.61m worse than planned.
- The main drivers for this position are the adverse variance on CIP delivery (£2.31m adverse variance) and costs relating to Industrial action of £1.90m which is partially offset by slippage on other planned investments.
- The reported position includes non-recurrent benefits of £1.6m. The normalised position excluding non-recurrent benefits is £14.7m deficit which is £3.85m worse than the plan.

2. Income and Activity Performance

2.1 Income Performance – August

Income	In Month Income Plan	In Month Income Actual	In Month Variance	YTD Income Plan	YTD Income Actual	YTD Variance
	£000's	£000's	£000's	£000's	£000's	£000's
A&E	1,707	1,565	(142)	8,426	8,178	(248)
Elective	1,999	1,828	(171)	10,507	9,661	(846)
Non-Elective	4,812	4,573	(238)	23,758	22,722	(1,036)
Critical care	504	512	8	2,486	2,391	(95)
Outpatients	4,016	4,229	213	21,123	21,212	89
Ambulatory	599	469	(130)	2,958	2,574	(384)
Direct access	1,071	1,538	467	5,637	7,251	1,615
Community	6,499	6,499	0	32,494	32,494	0
Other clinical income NHS	4,197	5,831	1,635	19,724	25,538	5,815
NHS Clinical Income	25,403	27,044	1,641	127,111	132,021	4,909
Non NHS clinical income	1,817	1,950	133	8,930	9,794	864
Elective recovery fund (ERF)	4,318	3,348	(970)	22,416	20,939	(1,477)
Income From Patient Care Activities	31,539	32,342	804	158,457	162,754	4,297
Other Operating Income	2,063	2,201	138	10,314	10,956	642
Total	33,601	34,543	942	168,771	173,710	4,939

- Income was £0.94m over plan in month and £4.94m over plan year to date.
- 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.
- £1.64m NHS clinical income in month overperformance relates to £1.4m 2023/24 pay award accrual (This is offset with a matching expenditure accrual) and £0.1m blood borne virus (BBV) income.
- £0.13m Non-NHS clinical income in month overperformance driven by £0.1m local authority (£0.12m neurodevelopment ADHD hub)
- £0.14m Other operating income in month overperformance driven by £0.1m education & training.

2.2 Elective recovery fund (ERF) – August

ERF is showing £1.48m underperformance for the year-to-date. Previously reported only 30% provision for underperformance based on ICB guidance. This month, NHSE guidance is to show the full underperformance. The removal of the provision and reporting 100% underperformance had a £1.18m adverse impact on the position. (£1.69m less £0.51m)

Drivers of movement between July reported and August reported

£'000	
773	2% Target reduction applied to April only in M5 return, M4 was phased over 12 mths
432	Previous months performance improved due to late outcoming
(992)	Month 5 underperformance
(1,183)	Removal of 30% provision (1690-507)
(970)	Movement between July and August

ERF Performance – comparison between July reported and reported August.

Month 5	Actual	Actual	Actual	Actual	Actual	Actual	Variance	Variance	Variance	Variance	Variance	Variance
	M1	M2	M3	M4	M5	Total	M1	M2	M3	M4	M5	YTD Total
ICB/NHSE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NCL	3,388	3,955	4,132	3,612	3,687	18,775	707	(124)	(355)	(671)	(800)	(1,242)
Spec Comm	233	254	258	237	171	1,152	62	11	(9)	(18)	(96)	(51)
NEL	121	149	132	126	113	642	31	13	(18)	(17)	(37)	(27)
NWL	72	101	114	115	89	492	(7)	(19)	(18)	(11)	(43)	(97)
SEL	8	14	11	25	17	74	(3)	(3)	(7)	7	(1)	(8)
Herts & West B	17	19	28	35	22	121	(7)	(16)	(10)	(2)	(16)	(51)
Total	3,839	4,493	4,675	4,148	4,100	21,255	783	(137)	(417)	(714)	(992)	(1,477)

Month 4	M1	M2	M3	M4	M5	Total	M1	M2	M3	M4	M5	YTD Total
Total	3,813	4,462	4,601	3,847	0	16,723	(278)	(86)	(399)	(927)	0	(1,690)
30% Provision							(83)	(26)	(120)	(278)	0	(507)

Diff to M4	26	31	74	301		432	1,061	(52)	(18)	213	(992)	213
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The guidance was to also apply the 2% target reduction for the April strikes to be applied to April only. It was previously applied across the year. this improved the year-to-date position by £0.78m. There has been no communication if there are to be future adjustments for the impact of strikes post April. NHSE have released revised targets and are expected to release at least one more revision.

ERF performance by ICSU - August.

- The Trust's internal plan £55.14m is £1.7m lower than the national target £56.76m. If the Trust achieves its plan, there will be a £1.62m reduction planned income, therefore it is important that the Trust overperforms. The table below details performance by ICSU.
- Currently all the ICSU are underperforming year to date. The national target is phased on working days, whilst the Trust plan is working days adjusted for August and December holidays. This means although the Trust was near plan in month, it was still significantly underperforming against the target. In future months the Trust plan maybe higher than the target, but this will have minimum impact on the overall position.

ICSU	Annual Plan	In Month Income Plan	In Month Income Actual	In Month Variance	YTD Income Plan	YTD Income Actual	YTD Income Diff
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Acw	6,376	494	443	(51)	2,602	2,208	(395)
Adult Community	332	26	31	5	136	130	(5)
Children & Young People	6,713	522	462	(59)	2,741	2,465	(276)
Emergency & Integrated Medicin	20,241	1,596	1,604	8	8,290	7,988	(301)
Surgery & Cancer	22,395	1,746	1,708	(38)	9,153	8,334	(819)
Corporate Central	(921)	(66)	(900)	(834)	(507)	(187)	319
Grand Total	55,137	4,318	3,348	(970)	22,416	20,939	(1,477)

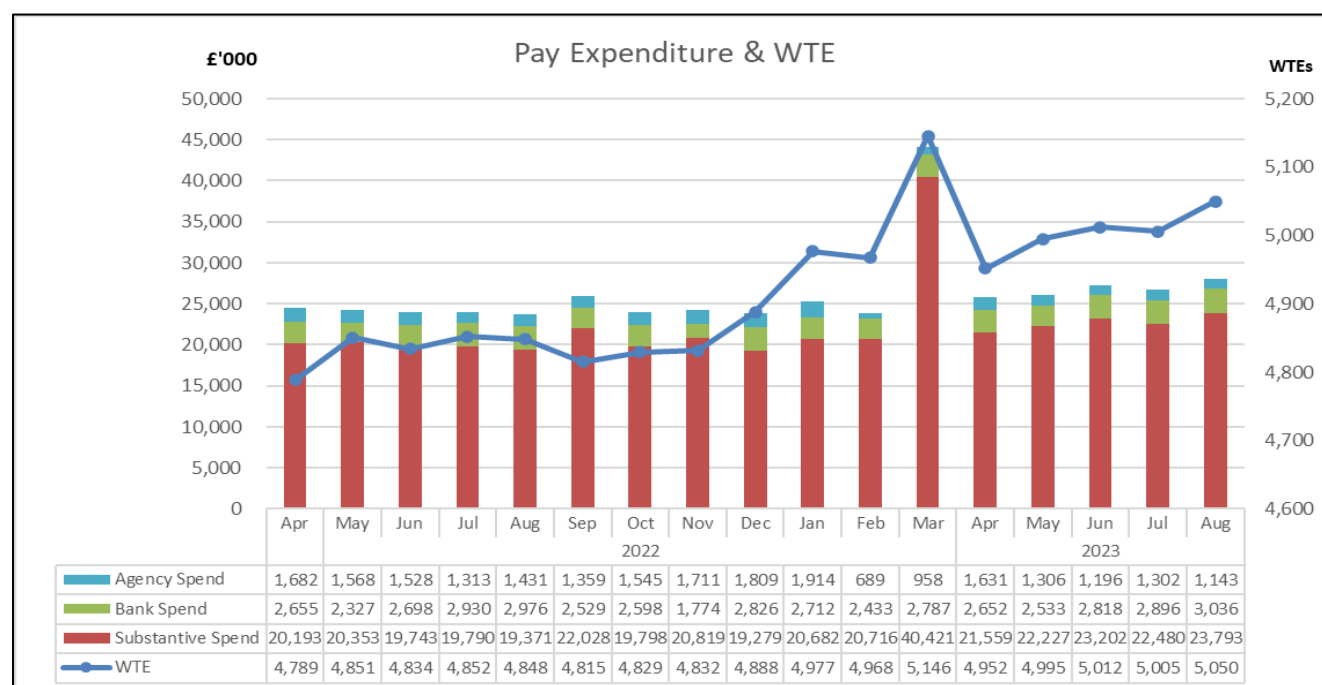
3. Expenditure – Pay & Non-pay

3.1 Pay Expenditure

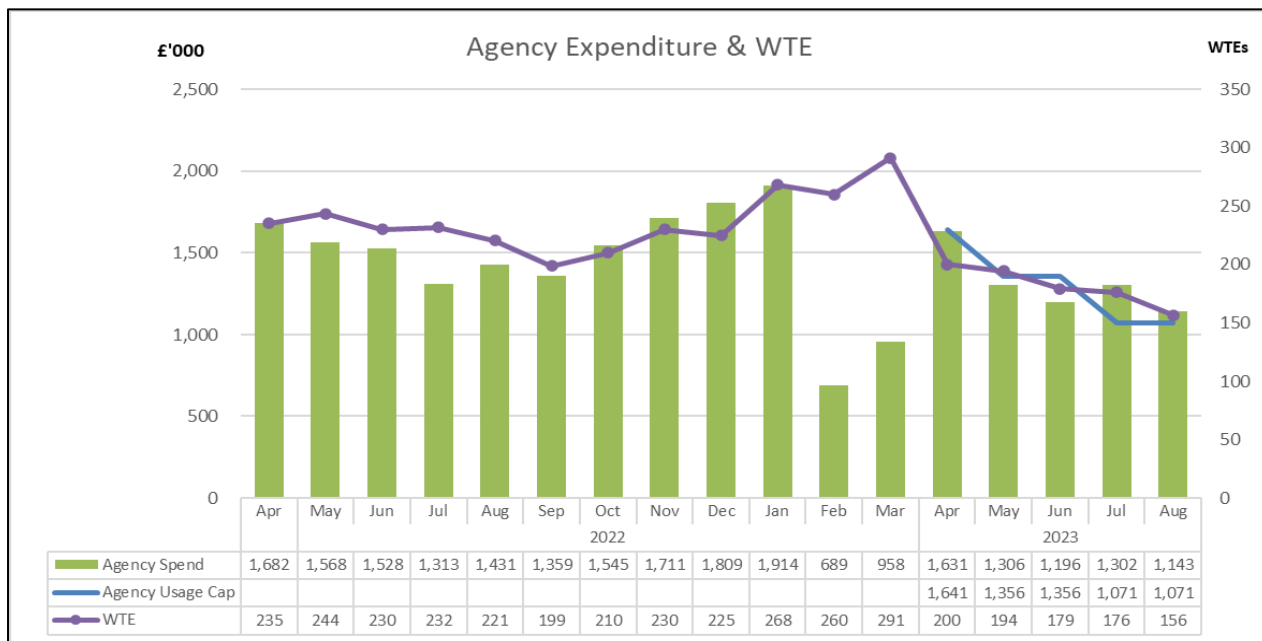
Overall pay is overspent by £7.58m year to date compared to plan. This includes year to date spend on Thorogood ward (£0.79m, closed 18th August), continued cost of enhanced care (£0.55m) and net costs to cover national strike action (£1.90m). Other operational movements are from unachieved CIPs across all ICSUs which is partly being offset by vacancies and slippages in some of the planned investments.

Pay expenditure for August was £27.97m with operational pay been £0.58m higher than July. An accrual of £1.41m has been held centrally to account for the expected year to date impact of 6% Medical pay uplift within non-operational pay costs and this is offset by expected funding.

	2022-23			2023-24					Mov't
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Agency	1,914	1,895	2,496	1,631	1,234	1,223	1,302	1,143	(159)
Bank	2,709	2,729	3,648	2,651	2,533	2,817	2,894	3,034	139
Substantive	20,638	20,711	20,666	20,561	20,960	24,015	21,847	22,448	601
Total Operational Pay	25,261	25,335	26,809	24,842	24,726	28,055	26,043	26,624	581
Non Operational Pay Costs	47	(1,498)	17,357	999	1,340	(839)	635	1,348	713
									0
Total Pay Costs	25,308	23,837	44,166	25,841	26,066	27,216	26,678	27,973	1,295



March 2023 substantive pay costs included £11m additional pension contribution from Department of Health & Social Care and cost of 2022/23 non-consolidated pay bonus £8.5m.



3.2 Non-pay Expenditure

Non-pay spend for August was £6.75m. There were reduced spends in month on clinical supplies and services, and from the release of non-recurrent benefits.

Non-Pay Costs	2022-23			2023-24					Mov^t
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Supplies & Servs - Clin	3,373	3,450	5,711	3,112	3,161	3,514	3,523	3,087	(435)
Supplies & Servs - Gen	301	305	588	333	376	442	310	440	130
Establishment	327	245	412	263	240	284	237	273	36
Healthcare From Non Nhs	288	(230)	58	95	79	85	76	80	4
Premises & Fixed Plant	1,281	2,239	4,596	2,286	1,924	2,431	2,628	2,030	(598)
Ext Cont Staffing & Cons	538	717	698	193	388	265	13	169	157
Miscellaneous	1,671	536	(8,221)	1,821	1,836	1,295	1,942	669	(1,273)
Chairman & Non-Executives	11	11	9	9	9	9	9	9	0
Non-Pay Reserve	14	(140)	0	42	388	(251)	(178)	(5)	173
Total Non-Pay Costs	7,804	7,132	3,852	8,155	8,400	8,075	8,559	6,753	(1,806)

Excludes high-cost drug expenditure and depreciation

Miscellaneous expenditure breakdown

Miscellaneous Breakdown	2022-23			2023-24					Mov^t
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Ambulance Contract	213	75	138	175	206	185	172	199	26
Other Expenditure	(289)	144	(10,306)	155	85	166	100	(483)	(584)
Audit Fees	12	12	0	15	12	(17)	11	13	2
Provision For Bad Debts	188	(997)	(15)	65	94	(238)	250	(596)	(846)
Cnst Premium	827	810	827	821	821	821	821	821	(0)
Fire Security Equip & Maint	11	16	14	5	5	6	10	7	(4)
Interpretation/Translation	15	5	47	27	8	31	21	14	(6)
Membership Subscriptions	119	131	166	125	159	117	161	135	(26)
Professional Services	408	162	(73)	355	354	115	288	495	206
Research & Development Exp	124	7	312	(1)	(1)	(1)	4	12	8
Security Internal Recharge	10	10	12	10	11	14	13	(0)	(13)
Teaching/Training Expenditure	30	155	633	66	77	92	89	49	(40)
Travel & Subs-Patients	3	7	3	2	4	4	1	4	3
Work Permits	0	0	0	0	0	0	0	0	0
Write Down Of Inventories	0	0	23	0	0	0	0	0	0
Total Non-Pay Costs	1,671	536	(8,221)	1,821	1,836	1,295	1,942	669	(1,273)

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

3.3 Cost Improvement Programmes (CIP)

The CIP target for 2023-24 is £17.98m. The targets have been allocated to ICSU and corporate divisions as part of 2023-24 budgets.

ICSU	23/24 CIP Target Allocated £'000	CORPORATE DIRECTORATES	23/24 CIP Target Allocated £'000
ADULT COMMUNITY	1,683	CHIEF OPERATION OFFICER	131
CHILDREN & YOUNG PEOPLE	2,525	ESTATES & FACILITIES	2,130
EMERGENCY & INTEGRATED MEDICINE	3,171	FINANCE	355
SURGERY & CANCER	3,054	ICT	511
ACW	3,424	MEDICAL DIRECTOR	130
ICSU TOTAL	13,857	NURSING & PATIENT EXPERIENCE	352
CORPORATE SERVICES TOTAL	4,127	TRUST SECRETARIAT	139
CIP GRAND TOTAL	17,984	WORKFORCE	325
		PROCUREMENT	54
		CORPORATE TOTAL	4,127

Year-to-date actuals

At the end of August, the Trust is reporting actual delivery of £2.19m year to date of CIP against a target of £4.50m.

ICSU	23/24 CIP Target Allocated	YTD Plan £'000	YTD Actuals £'000	YTD Variance £'000	YTD Actual vs Plan % Variance
ADULT COMMUNITY	1,683	421	421	(0)	100%
CHILDREN & YOUNG PEOPLE	2,525	631	437	(195)	69%
EMERGENCY & INTEGRATED MEDICINE	3,171	793	52	(741)	7%
SURGERY & CANCER	3,054	764	54	(709)	7%
ACW	3,424	856	458	(398)	54%
ICSU TOTAL	13,857	3,464	1,421	(2,043)	41%
CORPORATE SERVICES	1,943	595	609	14	102%
ESTATES & FACILITIES	2,130	426	157	(269)	37%
PROCUREMENT	54	11	0	(11)	0%
CIP GRAND TOTAL	17,984	4,496	2,187	(2,309)	49%

4.0 Statement of Financial Position (SoFP)

The net balance on the statement of final position as of 31st August 2023 is £234.56m, £2.70m lower than July 2023, as shown in the table below.

Statement of Financial Position as at 31st August 2023	2022/23 M12 Balance	2023/24 M4 Balance	2023/24 M5 Balance	Movement in Month
	£000	£000	£000	£000
NON-CURRENT ASSETS:				
Property, Plant And Equipment	230,044	234,732	233,779	(952)
Intangible Assets	7,051	7,390	7,164	(226)
Right of Use Assets	36,444	38,735	41,717	2,983
Assets Under Construction	31,917	28,650	30,303	1,653
Trade & Other Rec -Non-Current	584	495	501	7
TOTAL NON-CURRENT ASSETS	306,040	310,001	313,465	3,464
CURRENT ASSETS:				
Inventories	942	973	1,018	45
Trade And Other Receivables	25,881	21,255	17,669	(3,585)
Cash And Cash Equivalents	72,991	58,764	63,028	4,264
TOTAL CURRENT ASSETS	99,813	80,992	81,716	724
CURRENT LIABILITIES				
Trade And Other Payables	(80,777)	(70,406)	(75,380)	(4,974)
Borrowings: Finance Leases	(808)	(460)	(721)	(261)
Borrowings: Right of Use Assets	(4,370)	(4,370)	(4,370)	0
Borrowings: Dh Revenue and Capital Loan - Current	(116)	(116)	(116)	0
Provisions for Liabilities and Charges	(1,774)	(1,752)	(1,752)	0
Other Liabilities	(2,701)	(5,581)	(4,116)	1,466
TOTAL CURRENT LIABILITIES	(90,545)	(82,685)	(86,455)	(3,770)
NET CURRENT ASSETS / (LIABILITIES)	9,268	(1,693)	(4,739)	(3,046)
TOTAL ASSETS LESS CURRENT LIABILITIES	315,309	308,308	308,726	418
NON-CURRENT LIABILITIES				
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,624)	(1,624)	(1,624)	0
Borrowings: Finance Leases	(3,011)	(3,011)	(3,011)	0
Borrowings: Right of Use Assets	(32,250)	(34,481)	(37,598)	(3,117)
Provisions for Liabilities & Charges	(31,963)	(31,930)	(31,930)	0
TOTAL NON-CURRENT LIABILITIES	(68,848)	(71,046)	(74,163)	(3,117)
TOTAL ASSETS EMPLOYED	246,460	237,262	234,563	(2,699)
FINANCED BY TAXPAYERS EQUITY				
Public Dividend Capital	120,707	121,983	121,983	0
Retained Earnings	25,454	14,979	12,280	(2,699)
Revaluation Reserve	100,300	100,300	100,300	0
TOTAL TAXPAYERS EQUITY	246,460	237,262	234,563	(2,699)

The most significant movements in the month to 31st August 2023 were as follows:

Current assets

Trade and Other Receivables closed at £17.67m in August 2023, a decrease of £3.59m, mainly trade debtors for from Royal Free London NHS Trust old debt of £1.00m and VAT return £2.81m paid during the month of August.

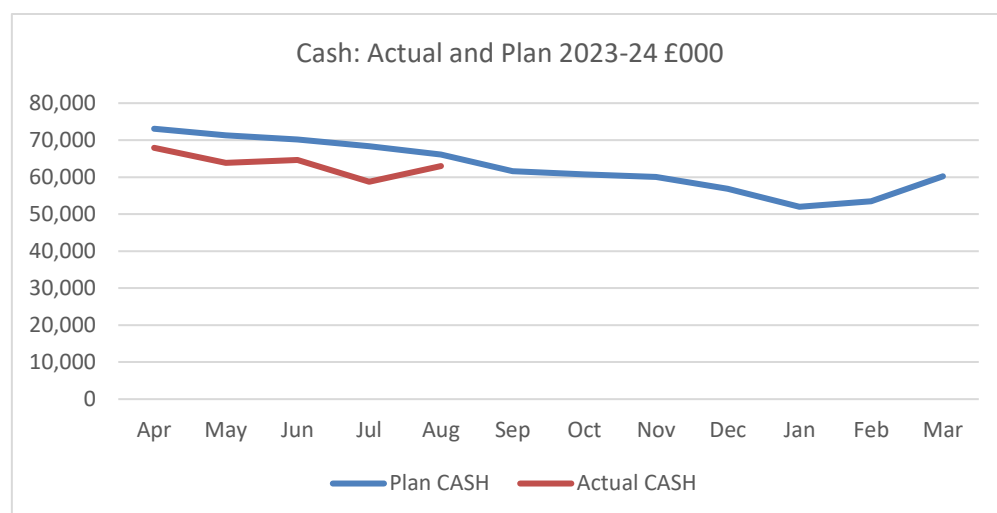
Current liabilities

Trade and other payables closing at £75.38m in August 23 an increase £4.97m, mainly Trade payable £3.93m and Capital GRNI accruals in month £1.04m due to the CDC Phase II.

Other liabilities closing at £4.12m in August 23 a decrease £1.47m, mainly LDA Health Education England deferred Income.

Cash and interest received

The Trust's cash balance at 31 August was £63.03m, which is £4.26m higher than at 31 July. The principal factors in the higher cash balance observed in August were the reduction in debtors of £3.59m and additional cash received for CDC.



The Trust continues to monitor its actual and forecast cash position against plan. The table below summarises the position at 31 August. The forecast cash position at 31 March 2024 is £33.99m lower than originally planned owing to the factors shown. The principal variance arises in respect of capital expenditure: the £9.0m of additional CRL awarded is non-cash backed, and the Trust has paid down the very significant capital creditors which existed at March 2023, as the receipted orders were invoiced and paid.

	Plan	Forecast at Month 5	Variance: Forecast to Plan	Factors
Opening Cash	75,377	72,990	(2,387)	Actual opening cash was £2.39m lower than planned.
I&E as Plan Soci	1,908	1,908	0	
Capital expenditure	(24,359)	(40,212)	(15,853)	Additional capital of £9m strategic projects is non-cash backed. Paydown of capital creditors £6.9m
Working capital change	(4,000)	(3,850)	150	Lower closing creditors projected as Trust BPPC performance improves
Reduction in provisions and accruals	(13,600)	(17,000)	(3,400)	Any slippage on CIP will have an adverse impact
Depreciation and Amortisation	14,628	14,628	0	
FL interest	(672)	(672)	0	
Reduction of FL creditor	(997)	(997)	0	
PDC drawdown	12,148	12,148	0	
Loan repayments:principal	(116)	(116)	0	
Loan repayments: interest	(52)	(52)	0	
Closing Cash	60,265	38,775	(21,490)	

The year-to-date interest received is £1.39m which is favourable to plan by £0.86m. The plan was set with an anticipated peak to interest rates around month 6-7 of the 2023-24 financial year and expected reduction in cash balances during the year. Work with the Programme Management Office team has determined that the amount of £0.20m can be identified as CIP with minimal risk, whilst having regard to interest rate and cash balance reductions as the year progresses. This will be reviewed for further CIP opportunities if the higher interest rates continue.

5.0 Capital Expenditure

Capital expenditure at 31st August was £7.90m, of which £3.40m related to PDC-funded and £4.50m to internally-funded projects. This is an overspend of £4.40m against Plan to 31st August, of which £3.40m relates to PDC-funded projects and £1.00m to internally funded projects. The overspend is due to the phasing of the plan as the projects are still expected to be within the funded envelope. The PDC-funded expenditure of £3.40m relates to 2023/24 funded projects which are planned to occur later in the year, of which £1.28m has now been drawn down and £2.12m is yet to be drawn down. Further PDC will be drawn as expenditure is incurred.

Capital expenditure 2023/24							
	<i>all: £000</i>	April	May	June	July	August	Cumulative
Plan	Internally funded	1,236	377	377	758	758	3,506
	PDC funded	0	0	0	0	0	0
	Total	1,236	377	377	758	758	3,506
Actual	Internally funded	1,504	460	931	611	996	4,502
	PDC funded	225	940	111	1,463	660	3,399
	Total	1,729	1,400	1,042	2,074	1,656	7,901
Variance	Internally funded	(268)	(83)	(554)	147	(238)	(996)
	PDC funded	(225)	(940)	(111)	(1,463)	(660)	(3,399)
	Total	(493)	(1,023)	(665)	(1,316)	(898)	(4,395)

Further work is currently being undertaken to update the capital plan and forecast to reflect the additional CRL allocation from the ICS.

An ongoing risk is represented by expenditure relating to prior-year projects which continue to incur expenditure, with £1.75m of the internally funded expenditure to date relating to prior-year projects. The risk is managed by monthly review of capital expenditure by project with the functional heads, and work is currently progressing to identify and close old-year purchase orders which are no longer required.