NHS
Whittington Health
NHS Trust

Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board held in public on **Thursday, 25 September 2025** from **10.25am to 11.30am** held at rooms A1 and A2 of the Whittington Education Centre, Highgate Hill, London N19 5NF

Item	Time	Title	Action
		Standing agenda items	
1.	*1025*	**Welcome, apologies, declarations of interest** *Julia Neuberger, Trust Chair*	Note
2.	*1040*	**Draft minutes 23 July 2025 meeting** *Julia Neuberger, Trust Chair*	Approve
3.	*1041*	**Chair's report** *Julia Neuberger, Trust Chair*	Note
4.	*1045*	**Chief Executive Officer's report** *Selina Douglas, Chief Executive Officer*	Approve
		Quality and safety	
5.	*1055*	**Quality Assurance Committee Chair's report** *Amanda Gibbon, Committee Chair*	Note
		People	
6.	*1105*	**Workforce Assurance Committee Chair's report** *Rob Vincent, Committee Chair*	Note
		Governance	
7.	*1110*	**Nursing and midwifery and AHP strategy 2025/28** *Sarah Wilding, Chief Nurse & Director of Allied Health Professionals*	Approve
		Finance & Performance	
8.	*1115*	**Integrated performance scorecard** *Chinyama Okunuga, Chief Operating Officer*	Note
9.	*1125*	**Finance and capital expenditure report** *Terry Whittle, Chief Finance Officer*	Note
10.	*1130*	**Questions to the Board on agenda items** *Julia Neuberger, Trust Chair*	Note
11.	*1135*	**Any other urgent business** *Julia Neuberger, Trust Chair*	Note

Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 23 July 2025

Present:	
Baroness Julia Neuberger	Non-Executive Director & Trust Chair
Selina Douglas	Chief Executive (from item 5)
Dr Junaid Bajwa	Non-Executive Director (via MS Teams)
Dr Clare Dollery	Chief Medical Officer
Professor Mark Emberton	Non-Executive Director
Chinyama Okunuga	Chief Operating Officer
Baroness Glenys Thornton	Non-Executive Director
Nailesh Rambhai	Non-Executive Director (via MS Teams)
Rob Vincent CBE	Non-Executive Director
Terry Whittle	Acting Deputy Chief Executive & Chief Finance Officer
Sarah Wilding	Chief Nurse & Director of Allied Health Professionals
In attendance:	
Ginika Achokwu	Deputy Director of Quality and Clinical Standards, North Central London Integrated Care Board (observer)
Liz O'Hara	Chief People Officer
Jonathan Gardner	Chief Strategy, Digital and Improvement Officer
Charlotte Hopkins	Consultant in Sexual Health and HIV, Bart's Health, and previously Acting Chief Medical Officer at Whittington Health (item 11)
Gemma Ingrams-Adams	Lead Cancer Nurse (Item 2)
Tina Jegede MBE	Joint Director of Inclusion & Nurse Lead, Islington Care Homes
Marcia Marrast-Lewis	Assistant Trust Secretary
Sheik Pahary	Cancer Matron (item 2)
Tracey Palmer	McMillan Information and Support Manager (item 2)
Andrew Sharratt	Director of Communication & Engagement
Swarnjit Singh	Joint Director of Inclusion & Trust Company Secretary
Helen Taylor	Deputy Director of Strategy (item 11)

The minutes of the meeting should be read in conjunction with the agenda and papers

No.	Item
1.	**Welcome, apologies and declarations of interest**
1.1	The Chair welcomed everyone to the meeting and reported that Selina Douglas had been delayed by a national call for chief executive officers regarding the industrial action taking place on 25-30 July by resident doctors. Apologies were noted for Amanda Gibbon, Non-Executive Director.
1.2	The Chair restated the declared interests for herself, Junaid Bajwa, Mark Emberton, Nailesh Rambhai, and Rob Vincent who were all Non-Executive

	Directors at University College London Hospitals NHS Foundation Trust (UCLH) and for Liz O'Hara, who was Chief People Officer for both UCLH and Whittington Health NHS Trust. There were no new declarations of interest reported.
2.	**Patient story**
2.1	Sarah Wilding introduced Gemma Ingrams-Adams, Sheikh Pahary, and Tracey Palmer, who had attended the meeting to raise awareness of the experience of LGBTQIA patients receiving cancer treatment.
2.2	Gemma Ingrams-Adams introduced the Q *Factor* video, which demonstrated the importance of communication and care for the LGBTQIA population. The video followed three individuals; a trans woman, a gay man, and a gay woman and highlighted the assumptions they faced when accessing healthcare. This was particularly relevant in cancer services, where the uptake of screening, such as prostate checks was poor, leading to later diagnoses, reduced quality of life, and increased costs.
2.3	The Q *Factor* video emphasised the importance of small but impactful communication changes where people asked, rather than assumed, used open questions, and apologised if mistakes occurred. Gemma Ingrams-Adams said that the video would be packaged as a training resource. She reported that pilot sessions had been completed at the Trust, and that there had been interest from other NHS bodies, both regionally and nationally, to use the video.
2.4	Tracy Palmer confirmed the project was funded by Macmillan Cancer and aimed to understand the experiences of LGBTQIA patients, identify challenges and solutions for improving care, and create a training video to raise awareness, based on real patient stories. She explained that, as part of the project, an event was held at the Queer Britain Museum to launch the video, with community speakers, and patient stories. The feedback received was overwhelmingly positive, with 90% of attendees reporting they learned valuable information, and felt better equipped to advocate for themselves.
2.5	During discussion, Board members raised the following points: • Swarnjit Singh was proud that Whittington Health had helped to produce such a powerful video which clearly demonstrated the importance of treating all patients with dignity and respect. • Tina Jegede welcomed the external interest in the video which she felt stood out from similar ones, by providing viewers with clear key learning outcomes. • Mark Emberton stated that many educational videos were poorly produced; however, the art direction and narrative in the Q *Factor* video were of exceptionally high quality. • Clare Dollery reported that she had the honour of watching the film at a recent Cancer Board meeting and thanked all colleagues who were involved in its production. • Rob Vincent acknowledged the challenges involved in producing the film and asked whether it was difficult to promote the video, and if sufficient

	support was available to help to socialise it. In response, Gemma Ingrams-Adams confirmed that further work was needed to break down barriers, including engagement with the pastoral team and collaboration with various faith groups within the Trust. She emphasised the need for respect, alongside the need to have open conversations, to improve patient care. **The Trust Board thanked Gemma Ingram-Adams, Sheik Pahary, and Tracey Palmer for their work in developing the Q factor video and for bringing the video to the attention of the Board**
3.	**Minutes of the previous meeting**
3.1	The Board approved the draft minutes of the meeting held on 21 May 2025 as a correct record.
4.	**Chair's report**
4.1	The Chair took the paper as read. She reported that the North Central London (NCL) Integrated Care Board (ICB) had agreed to proceed with a merger with the North West London ICB, subject to the latter's approval at a meeting today. The Chair confirmed that the new ICB would cover 13 London boroughs and that joint working arrangements would take place before the formal merger was implemented. She added that interviews for the new Chair and Chief Executive of the merged ICB would take place on Monday 28 July and would be followed by interviews for other senior posts and a consultation on staffing changes. The Chair acknowledged that the current period was challenging for ICB staff.
4.2	The Chair thanked Andrew Sharratt, Director of Communications and Engagement, and his team for their hard work in making the annual Staff Awards' event held on 4 July a success, with the celebration of positive achievements by staff.
4.3	The Chair also highlighted the continuing collaboration between Whittington Health and UCLH and drew attention to the positive meeting of the partnership development committee-in-common which took place on 30 June. **The Trust Board received and noted the Chair's report.**
5.	**Chief Executive's report**
5.1	Selina Douglas summarised her report and drew Board members' attention to the following issues: • She had received a warm welcome and strong support from Board colleagues and from staff in Whittington Health since starting at the Trust on 2 June. • The ongoing system-wide and national priorities which covered industrial action scheduled for 25-30 July, the NHS 10-year plan, financial sustainability, and segmentation for providers under the NHS Oversight Framework.

	• She had visited the Emergency Department (ED) the previous evening, and thanked staff for their hard work in maintaining patient flow, and highlighted the importance of ensuring patients received a supportive and clear experience from their arrival onwards. • An executive-led meeting with North London Foundation Trust was being planned to address mental health patients who presented at ED, with a focus on deploying the right skills in the most effective areas to support such local patients. **The Trust Board noted the Chief Executive Officer's report.**
6.	**Quality Assurance Committee Chairs Assurance Report**
6.1	Glenys Thornton presented the report of the meeting held on 9 July 2025 and highlighted the following items: • The Committee reviewed the risk register report, which showed the addition of two new risks related to limited baby electronic tracking tags being available in the maternity unit, for which mitigating actions were in place, and on safeguarding data, when several recording systems were being used. • The Committee had reviewed a patient safety incident investigation report on the outcome of an investigation into the death by suicide of a young person. Following the investigation, it was recommended that that the service age criteria for Haringey Adult Community Services be amended and brought in line with those in Camden and Islington, to care for people aged 18 and above. It also recommended that the small numbers of 16 and 17-year-olds receiving a course of treatment be cared for by children's mental health services. • The Committee considered the bi-annual nursing and midwifery report, in line with The National Quality Board's guidance related to nursing, midwifery and care staffing capacity and capability. **The Board noted the Chair's assurance report for the Quality Assurance Committee meeting held on 9 July 2025.**
7.	**Audit and Risk Committee Chair's report**
7.1	Rob Vincent presented the report for the meeting held on 19 June 2025 and highlighted the following areas: • Committee members were able to take good assurance from the audit of the 2024/25 annual accounts and the annual report. • The Committee considered the internal audit review report on patient engagement and patient experience in outpatients, which found the Trust had good systems and processes in place for improving outpatient engagement and experience. Overall, the review achieved a rating of reasonable assurance. • The Committee had also noted the internal audit review report on data quality in relation to the management of pressure ulcers, which received an overall rating of partial assurance. The audit had looked at the data quality policy and reviewed 19 pressure ulcer cases, which identified some inconsistencies in relation to the completion of care assessments, and

	concluded that there was further work to take place as part of the implementing the review's recommendations. • Committee members also received and noted the counter fraud 2024/25 annual report and functional standards return for the NHS Counter Fraud Authority. It confirmed that the Trust was fully compliant with requirements relating to fraud, bribery and corruption. The Committee had also reviewed and approved the quarter one board assurance framework, which was appended to the Committee Chair's report. **The Trust Board noted the Chair's report for the Audit and Risk Committee meeting held on 19 June 2025.**
8.	**Workforce Assurance Committee Chair's report**
8.1	Rob Vincent presented the report of the meeting held on 16 June 2025 and highlighted the following areas to Board members: • The Committee had a powerful start its meeting with a staff story from a domestic team supervisor who joined the Agenda for Change bands 2-7 black and minority ethnic development programme to improve leadership skills. The supervisor had brought to life some of the cultural challenges faced in the team and had welcomed the management support she had received. The programme had helped to improve her communication, decision-making, leadership and problem-solving abilities, enabling her to better manage conflict. • The Committee received an update on the People Strategy's fourth pillar, staff development, which showcased the number of staff development programmes undertaken by staff covering leadership, management and career development. • A six-monthly report which summarised the activity of the Freedom to Speak Up Guardian, from which the Committee took good assurance that a healthy reporting culture was being maintained at the Trust. While there was an increase in the number of bullying and harassment cases being reported to the Guardian, there was a decrease in reports from ethnic minority colleagues, and also on concerns related to quality and safety. The Guardian's report was an appendix to the Committee Chair's report. • The Committee received an update on progress of work on the NHS Sexual Safety Charter and received assurance that it remained on track with a full launch planned for September 2025. • Committee members also reviewed a summary of the workforce controls which had been implemented since May to reduce temporary staffing expenditure. **The Trust Board noted the Chair's report for the Workforce Assurance Committee meeting held on 16 June 2025, including the Freedom to Speak Up Guardian's six-monthly report.**
9.	**Improvement, Performance and Digital Committee Chair's report**
9.1	Junaid Bajwa gave a verbal report on the meeting held on 17 July. He highlighted the following:

	• The Committee carried out a deep dive into the Children and Young People clinical division, which focused on performance of the attention deficit hyperactivity disorder service. There was significant demand and delays being experienced by patients and the team was doing all it could to address this national challenge. • The Committee thanked staff for completing the Data Security and Protection Toolkit (DSPT) submission which provided assurance on information governance training, and the resilience of technological infrastructure and against cyber attack. • An update was also received on progress with the outline business case for a new electronic patient record (EPR), and ongoing information technology (IT) infrastructure projects. The Committee received an analysis of the NHS 10-year plan's digital components.
9.2	Jonathan Gardner advised that the DSPT outcome was very positive, despite being the first year it was linked to the cyber assurance framework. He confirmed that only two improvement areas were identified: work with third-party suppliers (a national challenge), and role-based access checks (nationally set expectations). The internal audit review had rated the submission with high veracity, and continued improvement since last year.
9.3	Jonathan Gardner highlighted a concern over the timeframe to approve the outline business case for the new EPR system and that there may be a need to proceed with procurement, at risk, in quarter three. **The Board noted the Chair's verbal report of the meeting of 17 July 2025**
10.	**Q1 2025/26 delivery of corporate objectives**
10.1	Jonathan Gardner took the report as read and thanked colleagues for their contributions. **The Board noted the outcomes against performance indicators for the delivery of corporate objectives in quarter one.**
11.	**Clinical Strategy**
11.1	Clare Dollery introduced Charlotte Hopkins and Helen Taylor, who had led on the development of the strategy. She confirmed that the clinical strategy would be embedded into daily practice and used to guide decision-making, while maximising treatment capacity, performance, and the quality of care delivered to patients.
11.2	Charlotte Hopkins presented the clinical strategy, which she explained was a five-year blueprint for Whittington Health, developed over 10 months through extensive engagement with staff, partners, patients, and community groups. The process included workshops, surveys, "back to the floor" discussions, and meetings with organisations such as Healthwatch, GP Federations, and voluntary services, ensuring stakeholders could challenge and shape the strategy.

11.3	Charlotte Hopkins highlighted the strategy's value proposition, agreed ways of working, and eight clinical chapters which covered older people; long term conditions; women and neonates; children and young people; cancer; elective and planned care; diagnostics; and urgent and emergency care. Key themes included reducing inequalities, keeping patients well in the community, optimising patient journeys, and strengthening partnerships.
11.4	Charlotte Hopkins added that core enablers identified were the EPR system, estates development, the Start Well programme, and financial sustainability, with transformation, rather than increased spending, seen as essential. The strategy outlined the current position, future goals, and key steps to achieve them, forming a clear blueprint for the organisation's direction.
11.5	During discussion, Board members raised the following points: • Tina Jegede commended the detailed equality impact analysis. • Swarnjit Singh praised the strategy as well-written, aspirational and welcomed its focus on improving health equity. He sought assurance on the success measures for the strategy which he proposed were included in the quarterly corporate objectives report for the Board. • Glenys Thornton asked about the biggest challenge to delivering the strategy. In response, Charlotte Hopkins identified digital innovation as having the greatest potential impact, enabling teams to connect and work more effectively in new or improved ways. • Terry Whittle praised the timing and structure of the strategy, along with its enablers. • Junaid Bajwa questioned what actions would be done differently as a result of the strategy's implementation, particularly in a resource-constrained environment, where the Trust would need prioritise certain activities, and areas that it might consider reducing or stopping altogether. In response, Charlotte Hopkins said that the implementation of the strategy was the priority. She acknowledged that the strategy represented the starting point of a longer journey. The focus should now be on implementation and bringing the document to life, ensuring that it was regularly referenced, particularly when linking it to other key organisational plans. • Rob Vincent welcomed the strategy as a strong piece of work, with strong engagement carried out to develop it. He anticipated that there would be key changes nationally which would impact on the strategy, including the recent Leng report. He also highlighted ongoing challenges in mental health care access and drew attention to the People strategy as another key enabler. Helen Taylor added that the strategy was designed around high-level principles for ways of working and agility. • Mark Emberton observed that, while the strategy was a strong, aspirational document, it lacked prioritisation and quantification of what could realistically be achieved. He asked whether the prioritisation of options of choices would be included in the strategy's implementation plan. Selina Douglas reiterated that the strategy would be a living document, sitting alongside the 10-year plan, the financial recovery plan, and increasing digital technology initiatives.

	The Board approved the 2025/30 clinical strategy and agreed that its success measures be confirmed
12.	**Integrated Performance Report**
12.1	Chinyama Okunuga presented the report. She thanked the cancer nursing leadership team for their attendance at the meeting and highlighted the following performance metrics: • The four-hour emergency department (ED) access target remained below threshold of 78%; however, improvement had been achieved, with performance rising to 73.21% in June 2025. The Emergency Care Intensive Support Team had been invited to review the ED pathway on 30 July. • While mental health waits over 12 hours had slightly decreased, some were still lengthy, and a recovery plan was in place to help to reduce these waits. • Ambulance conveyances rose in June to over 1,500, but handover times remained strong, and the ED team was thanked. • After three months of improvement, the average inpatient length of stay had increased in June to 21 days and was linked to a shortage of affordable care homes in Islington for patients who did not meet the criteria to reside in hospital. • Performance against national cancer targets remained good in May, with 80.8% of patients receiving a cancer diagnosis within 28 days of referral. Performance against the 62-day target of 75% had been met consistently for three consecutive months. • Diagnostic performance had risen to 89.5%, marking a 2.8% improvement since May 2025, though remaining below the national target of 99% by March 2026. A recovery plan was in place for audiology to help achieve the national target by the end of quarter four. • A deep dive into children's community waiting times had taken place in June, specifically on neurodevelopment pathways. It highlighted ongoing delays in autism and attention deficit hyperactivity disorder assessments. Some additional funding had been secured from the NCL ICB to help achieve improvements within three months. • A recovery plan was in place for the adult community stroke service, currently the only adult community service with waits over 52 weeks. A significant improvement was expected by the start of quarter four.
12.2	Sarah Wilding reported on the following quality and safety metrics: • There had been a slight improvement in response times to complaints and the highest volume of complaints was in the surgery and cancer and emergency and integrated medicine clinical divisions. • Two cases of clostridioides difficile infection were reported, against a trajectory of 22. Clinical teams, together with the estates and facilities teams, had been working closely to implement a range of measures to prevent an infection outbreak, including strict hand hygiene protocols, enhanced cleaning regimes, and regular walk-throughs of the affected areas.

12.3	During discussion, Board members raised the following issues: • The Chair acknowledged the efforts of Liam Triggs, Director of Estates and Facilities, and the cleaning teams for the noticeable cleanliness improvements made over the past 18 months. • Glenys Thornton observed that the change in employment status for some cleaning had contributed to the improvements being seen. • Selina Douglas brought the Board's attention to some cultural challenges in the estates and facilities department, which were being supported by the executive team in line with Whittington Health's values. **The Trust Board noted the Integrated Performance Report**
13.	**Finance Report**
13.1	Terry Whittle presented the month three finance report and highlighted the following points: • At the end of June, the Trust reported a deficit of £7.23m, £2.8m adverse to plan. • The North Central London system was currently reporting a £64 million deficit, with three organisations: Whittington Health, Great Ormond Street Hospital for Children NHS Foundation Trust and the North London Foundation Trust, off plan. In addition, the Royal Free London NHS Foundation Trust had a deficit plan in place. It was expected that these positions would impact on organisations' segmentation under the 2025/26 NHS Oversight Framework and the degree of oversight put in place. • There had been good progress in reducing temporary staffing expenditure, particularly with agencies. However, further reductions in bank staffing expenditure were needed as an average of £600k was currently being spent each month on bank staff. For the substantive staffing pay bill, there was a focus on reviewing rostering arrangements. • Income at the end of June was £2.4m above plan which included a £0.8m overperformance on elective activity. • In terms of the cost improvement programme (CIP), c.50% of the target had been identified or delivered in quarter one which compared favourably with other NCL providers. That said, work was taking place to identify schemes to cover the shortfalls in CIP delivery and would include consolidation of the improvement function within the organisation. • The Trust's cash balance on 30th June was £40.83m, which was £4.28m favourable to plan. • Capital expenditure at end of June was £1.68m against a plan of £1.02m.
13.2	In discussion, Board members raised the following points: • In reply to a question from the Chair, Terry Whittle confirmed that there would be no additional funding for the impact of the resident doctors' industrial action. • Mark Emberton queried the potential impact on bank staffing expenditure during the summer holidays. Terry Whittle confirmed that activity plans were phased to account for reduced staffing and that there had been no discernible increase in bank staffing expenditure. He added that there had also been a reduction in agency staffing expenditure over the summer.

	• Glenys Thorton queried whether any funding had been received for the Start Well programme. In reply, Terry Whittle advised that £3.5m capital funding had been allocated for this year, and an outline business case would be needed this autumn. • Selina Doughlas added that the Start Well programme had been officially transferred to Whittington Health as the Senior Responsible Officer host for the NCL system. She confirmed that a comprehensive delivery plan was being developed, and there was a need to adhere to tight timescales and to also work with the Royal Free London NHS Foundation Trust. **The Trust Board noted the month four finance report.**
14.	**Questions from the public**
14.1	There were no questions received.
15.	**Any other business**
15.1	There were no other items of business reported.

23 July Public meeting action log:

Agenda item	Action	Lead(s)	Progress
Clinical strategy	Confirm the success measures for delivery of the strategy.	Clare Dollery, Helen Taylor	Draft metrics have been developed and will be confirmed in quarter three and then incorporated into our integrated performance scorecard, performance reviews for clinical divisions, and our quarterly corporate objectives.

Meeting title	**Trust Board – public meeting**	**Date: 25.09.2025**
Report title	**Chair's report**	**Agenda item: 3**
Non-Executive Director lead	Julia Neuberger, Trust Chair	
Report authors	Swarnjit Singh, Trust Company Secretary, and Julia Neuberger	
Executive summary	This report provides an update and a summary of activity since the last Board meeting held in public on 23 July 2025.	
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 undertaken since the last Board meeting held in public on 23 July 2025.

First, I would like to want to start by thanking all of our staff and volunteers for their continued hard work over the summer in providing quality services and a good experience for our patients during a time of high demand.

North Central London and North West London Integrated Care Boards
Both the North Central London and North West London Integrated Care Boards (ICB) have agreed to a merger which will taking place by 1 April 2026. The new ICB will service 4.5 million residents from 13 London boroughs. I am pleased to report that Mike Bell has been appointed chair of the merged ICBs. He brings a wealth of experience having chaired the South West London ICB for several years. Along with all Board members, I look forward to building a strong and collaborative relationship with Mike Bell, particularly as we look to embed neighbourhood working, with patients and residents at its heart. I am also pleased to confirm that Frances O'Callaghan has been appointed as the Accountable Officer of the merged ICB. Consultation is taking place on executive and other roles in the new ICB.

Private Board meeting, July 2025
The Board of Whittington Health held a private meeting on 23 July. The main items discussed at the meeting included a report from the Chief Executive Officer, fire risks and the rectification needed for them, options for a more sustainable uro-oncology service, a verbal report from the Chair of the Finance and Business Development Committee for its meeting held on 22 July, a report from the partnership development committee-in-common with University College London Hospitals NHS Foundation Trust (UCLH). In addition, the Board considered the strategic implications of the 10-year plan and neighbourhood working.

Partnership Development Committee-in-Common
On 8 September, I chaired the quarterly meeting of the partnership development committee-in-common between UCLH and Whittington Health NHS Trust. The committee-in-common discussed the collaboration taking place in rheumatology services, considered a report from the programme director, reviewed the collaborative approach taken for the integrator role in neighbourhood working and discussed an update on the electronic patient record.

Annual non-executive director appraisals
In line with guidance from NHS England, all completed non-executive director appraisals have been sent to NHS England.

Annual General Meeting
I am looking forward to our Annual General Meeting (AGM) on 25 September which will be both in person and online. The AGM will look back at Whittington Health's achievements during 2024/25 and will also highlight our 2025/26 priorities.

Other meetings
In addition to the meetings already outlined in this report, I have also participated in the following:

- Weekly North Central London Health Alliance calls
- Regular one -to-one meetings with the Chief Executive Officer, other members of the executive team and other staff
- I attended and presented at corporate induction for new starters
- On 15 September, I attended the quarterly meeting between the London Borough of Islington and both Whittington Health and UCLH
- I have participated in weekly calls for the North Central London Integrated Care Board
- I have met with the programme team for the UCLH and Whittington Health collaboration, David Cheesman and Sana Burney
- On 18 September, I took part in a pre-Board meeting call between the Chief Executive Officer and Non-Executive Directors

I have also continued my informal walk abouts across the Whittington Health estate, meeting individual staff, patients and visitors.

Meeting title	**Trust Board – public meeting**	**Date: 25.09.2025**
Report title	**Chief Executive Officer's report**	**Agenda item 4**
Executive lead	Selina Douglas, Chief Executive Officer	
Report authors	Swarnjit Singh, Trust Company Secretary, and Selina Douglas	
Executive summary	This report aims to provide Board members with an update on strategic developments nationally, regionally and locally since the last the Board meeting held in public on 23 July 2025. Board members are also presented with the 2025/26 Winter Plan (see appendix 1) alongside a Board Assurance statement (see appendix 2), for approval. In addition, the impact of the industrial action taken by resident doctors in July is highlighted in appendix 3 of this report.	
Purpose	Approval	
Recommendation	Board members are invited to: i. note the report; ii. approve the 2025/26 winter plan; and iii. approve the 2025/26 winter plan board assurance statement; and iv. note the impact of industrial action by resident doctors in July.	
BAF	All Board Assurance Framework entries	
Appendices	1: 2025/26 Winter Plan 2: Board Winter assurance statement 3: Impact of July industrial action by resident doctors	

Chief Executive's report

NHS England

It has been a very busy time nationally with several important policy developments being issued nationally, as follows.

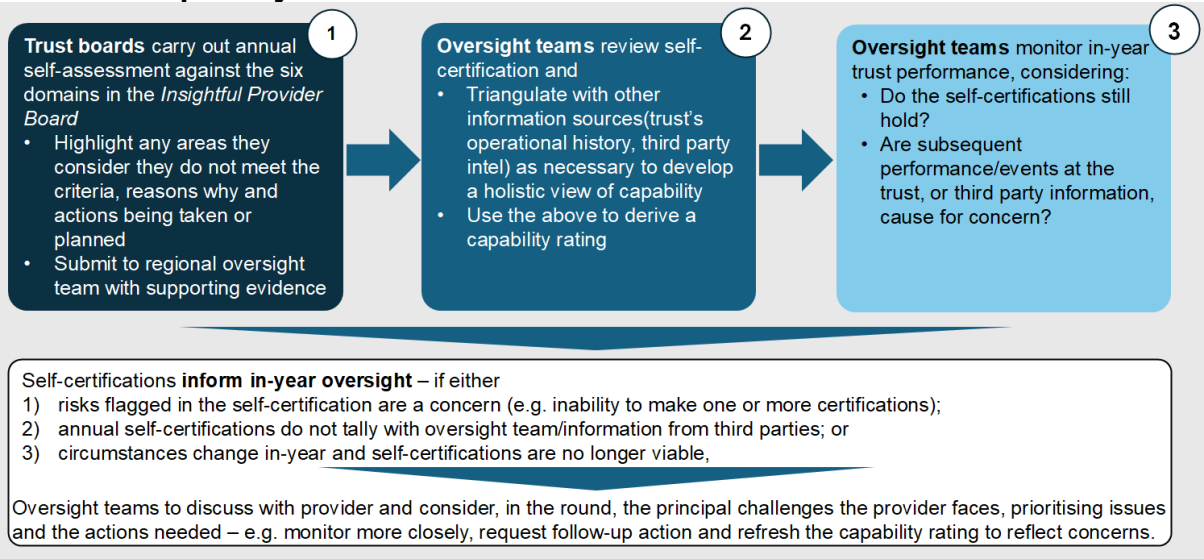
Joint executive team to be set up across DHSC and NHS England

A single joint executive team will be established at the Department of Health and Social Care and NHS England as part of the transition to one organisation.
It will provide unified leadership across both organisations, bringing policy and delivery together. The team will manage directors from related work areas from 3 November 2025 and will begin to combine resources.

NHS Oversight Framework

On 9 September, NHS England published its interactive dashboard under the 2025/26 NHS oversight framework to provide information on how NHS trusts are performing in key services including urgent and emergency care, elective services, and mental health. Whittington Health was placed in segment three because of its current financial challenges; operationally, our performance would have seen us placed in segment two. In terms of the national league table, Whittington Health was ranked as 41 out of 131 acute providers. The next steps will involve greater oversight and scrutiny of our day-to-day expenditure, living within our allocated budget, reducing waste and increasing productivity. The senior leadership team at Whittington Health are clear on the actions we need to take to turn around the fiscal position, including maintaining our good performance on reducing agency staffing expenditure and doing more to reduce our spend on bank staff, and delivering greater financial efficiencies. I should also emphasise that, while there is an important focus on financial aspects, there will not be a reduction on our focus on delivering high quality, safe services and meeting our key operational performance targets.

Provider Capability Assessment



NHS England published its guidance for NHS trust boards to complete annual assessments of capability against six domains this summer. The deadline to

complete the self-assessment and to submit it along with supporting evidence to the regional NHS England team is 22 October. Following submission, NHS England will review the self-assessment and triangulate it with other information, including the trust's operational history and track record of delivery to assign a capability rating. Regional oversight teams will, during the financial year, use the capability assessment to inform scrutiny where the risks flagged in the self-assessment are a concern, where the self-assessment does not tally with information from third parties of the oversight team's views, and were performance and events are the NHS provider are a cause for concern.

Winter Plan and Board assurance statement
As part of preparations for winter all NHS providers have been asked to develop plans that will undergo stress testing. In partnership with stakeholders, Whittington Health has developed its winter plan (see appendix 1), which takes on board lessons learnt across the North Central London system from previous years. All NHS provider Boards have been asked to review and agree a Board assurance statement for their winter plan (see appendix 2). Approval for the winter plan and the assurance statement is sought at this meeting.

NHS Model Blueprint
This blueprint focuses on the new NHS operating model and explains organisations roles, before the Department of Health and Social Care absorbs NHS England functions. In terms of governance, there will continue to be seven regions, who will be responsible, alongside the national headquarters, for the performance management and oversight of providers. Working with ICBs, the regions will oversee transformation at scale, support service configuration and ensure effective implementation of structures, functions and incentives. Performance management will now be the responsibility of NHS England's regional offices.

National maternity investigation
Baroness Amos has been selected to lead the rapid national independent investigation into NHS maternity and neonatal services at 14 NHS trusts. Its focus will be to understand the experience of affected women, families and babies, identifying lessons learned and driving improvements for high-quality, safe maternity and neonatal across England. While Whittington Health is not named as one of the 14 trusts, we will benchmark our services against the national investigation's recommendations.

2025/26 priorities and operational planning guidance
In August, NHS England updated its guidance with a smaller number of national priorities. The revised emphasis is to focus on improving access to timely care for patients, increasing productivity and living within allocated budgets, and driving reform. To support this, systems will have greater control and flexibility over how they use local funding to best meet the needs of their local population.

Industrial action at Health Service Laboratories
From 8.00am on 3 September to 8.00am on 6 September, there was industrial action taken by pathology staff working for Health Service Laboratories. HSL worked hard to minimise the disruption to pathology tests at Whittington Health and prioritised urgent tests for inpatients.

Industrial action by resident doctors
NHS England published data which outlined the impact of recent industrial action by resident doctors, which showed the results of a more robust approach by NHS leaders, with staff working around the clock to keep services open for patients. The data showed that more care was delivered during the July 2025 resident doctors' strike than in the five-day June 2024 walkout, with NHS analysis estimating that an additional 11,071 appointments and procedures went ahead. Staff absence due to industrial action was lower during this latest round, with around 1,243 fewer staff absent each day on average compared to last June – a 7.5% drop – helping Trusts to maintain more services and protect patient care. At Whittington Health, the impact on quality experience is shown in a report included as appendix 3 to this report.

Start Well programme
Whittington Health is proud that it will be a centre for maternity and neonatal services following a review by the North Central London Integrated Care Board. Recruitment is underway for a Programme Lead who will be pivotal to the success of these services going forward.

Visit of Dame Caroline Clarke, 19 September

I was pleased to welcome Dame Caroline Clarke DBE to Whittington Health on 18 September during her visit to our maternity services.

NRS community equipment contract
In early July 2025, intelligence indicated that NRS Healthcare Limited, provider of the pan-London community equipment contract since April 2023, was in financial difficulty. On 1 August, NRS Healthcare and Nottingham Rehab Limited went into liquidation, and they formally ceased trading on 15 September; PwC have been appointed as special managers.

Whittington Health has been working closely with the London Borough of Islington and the North Central London (NCL) Integrated Care Board to coordinate mitigation

efforts. In NCL, Barnet, Camden, Haringey, and Islington are aligning their responses to ensure consistency. Equipment availability is currently restricted to critical stock, sourced from multiple interim providers with limited delivery and collection capacity. A consortium of eight boroughs, including four from NCL, is procuring a new provider, and they are expected to be operational by early October. The initial service levels are expected to be constrained. Internally, the incident is being managed through tri-weekly meetings. Manual order tracking and risk assessments are in place to prioritise patients with the highest risk.

NCL Health Equity event
On 5 September, I attended the thought provoking and exciting NCL Health Equity event held at the Welcome Collection. The keynote speaker was Professor Kevin Fenton, Regional Director, Office for Health Improvement and Disparities (London) and the Regional Director of Public Health, NHS London. Professor Fenton reiterated the need for all organisations to be pro-actively anti-racist in the current political landscape. Other agenda items covered included equitable delivery in neighbourhoods and the importance of research and innovation in tackling health inequalities and making a real difference to the communities we serve.

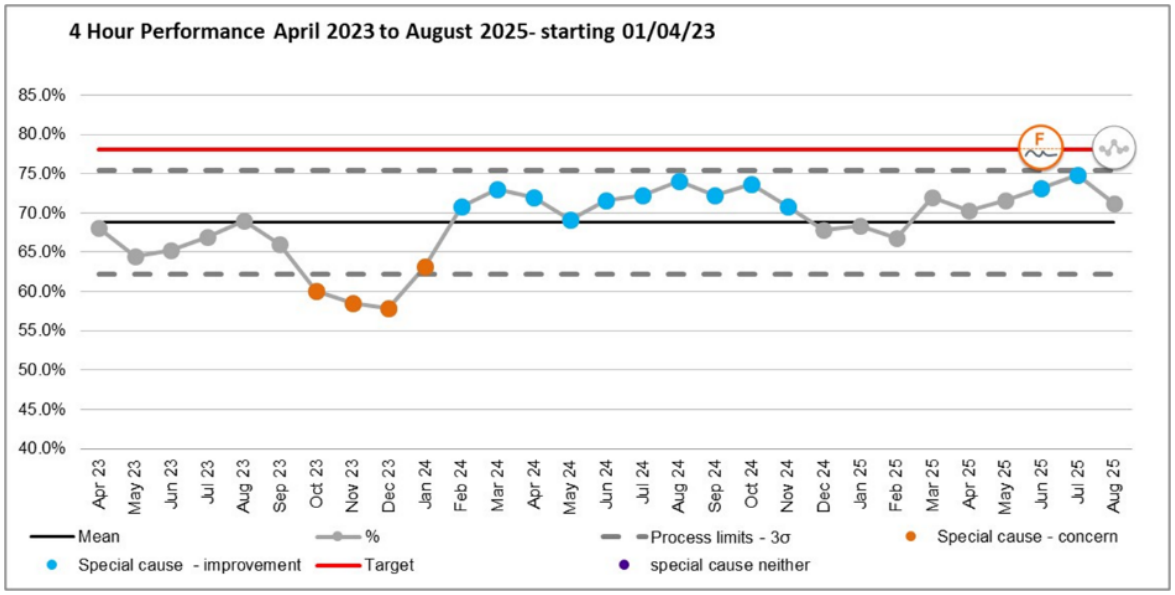
NHS Chief Executive's leadership event
I was pleased to attend an NHS leadership event on 16 September. The key message from the day included the priorities for the next six months: maintaining financial discipline; improving elective performance and activity levels; improving performance against the four-hour access standard for emergency departments; managing winter pressures well; planning for the future, including the implementation of the 10-year plan, and leading people in challenging times. In addition, the meeting looked at the 10-point plan for resident doctors and learning improving networks covering urgent and emergency care, outpatients and mental health.

London Chief Executives' event with the Regional Director
On 17 September, I attended a meeting of chief executives with Caroline Clarke DBE, NHS England's Regional Director for London. The topics covered at the meeting included updates on the model region, health data for London, performance in reducing temporary staffing costs. Whittington Health was acknowledged positively as having made significant progress with our agency staffing reductions.

Emergency Department
Despite sustained hospital flow, urgent and emergency care performance against the hour access standard declined from 74.77% in June to 71.2% in August. This dip occurred alongside a reduction in emergency department (ED) attendances, falling from 9,102 in July to 8,361 in August. In July, there was also a slight decrease in ambulance conveyances (1,515 to 1,499), with a higher proportion originating from North Middlesex University Hospital postcode areas. There are three key drivers of our four-hour performance challenges, as follows:

- Out-of-hours variability: marked fluctuations in performance, particularly during evenings and weekends.
- Workforce pressures: elevated sickness levels among medical and nursing staff.
- Resident doctor rotation: the changeover impacted timely patient assessments.

12-hour ED trolley breaches continued to decline, from 190 in July to 118 in August. However, mental health-related breaches rose from 10 to 17, remaining consistently above the year-to-date average. Whittington Health is actively collaborating with the North London Foundation Trust, a system partner, to reduce delays for mental health patients. Positive progress as seen in a notable reduction in the average length of stay, supported by the Flow programme and the Airmid Bridging Service. Our strategic priorities are a focus on early discharge escalation, full implementation of flow improvements, and enhancing out-of-hours care through an expanded clinical decision unit and same day emergency care services.



Haringey Health Visiting service

I am pleased to report that the Haringey Health visiting service have successfully achieved the Stage 2 UNICEF Baby Friendly accreditation. Staff are equipped to support parents to have close and loving relationships with their baby, promote breast and chest feeding and assist with feeding. This was a joint effort, and the assessors really enjoyed meeting and interviewing staff and look forward to working with the team again as they continue with future stages.

All staff briefings
Since the July Board meeting, there have bene five all staff briefings at Whittington Health. The topics covered at the most recent one on 18 September included the importance of embodying Whittington Health's values in daily behaviours, particularly respect and compassion so that all of our patients feel safe to seek our help; the anxiety that some colleagues are feeling about current events in the UK and elsewhere in the world; the publication of segmentation arrangements for NHS providers under the NHS Oversight Framework; the launch of our winter flu vaccination campaign for frontline staff; and, the importance of maintaining staff health and wellbeing during winter, with helpful advice provided by Eva Tinka, our Head of Employee Health and Wellbeing.

Extra Mile Awards
Each month we give out an award to colleagues or teams that have gone the extra mile for patients or colleagues and really demonstrated our ICARE values. This month, I would like to congratulate Pete Simpson, our Postroom Supervisor. The supporting nomination for Pete's award said "Pete is a ray of sunshine that pops into offices in the mornings to deliver the post. He has such a 'can-do' attitude, he refuses to let it affect his work or his cheery disposition."

ICARE EQUITY

DRAFT

NHS
Whittington Health
NHS Trust

Winter Planning

2025/26

DRAFT

Winter Plan Contents

- National Context
- National Priorities
- National Winter Plan
- Local Response
- Winter Pressures Bed Plan & Triggers
- Winter Pressures Bed Phasing Plan
- Airmid/ Minerva
- Emergency Department Plans
- Emergency Department Workforce
- Expansion of EDSDEC
- Emergency Department Plans
- Emergency and Integrated Medicine Workforce
- Other Plans to Consider
- Total Costs of Winter Plans
- Ambulance Activity - Mutual Aid
- On Call Plans & Site Management
- Infection Prevention Control
- Rapid Response and Virtual Ward
- Outpatient IV Antimicrobial Therapy (OPAT)
- Do Not Meet Criteria to Reside & Discharge
- Vaccination Programme
- Pathology & Phlebotomy
- Acute Paediatrics
- Critical Care
- Theatres
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- Mortuary
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- Facilities
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Appendices

- LAS Winter Plan
- Mental Health Winter Plan
- NRS and Equipment
- Beds and Mattresses
- Cost of Winter Surge Beds
- Costs of Additional Winter Plans
- Cost of Potential Schemes
- Estates Department Key Contacts
- Facilities Management Key Contacts

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National Priorities

For ICBs	For Trusts
System coordination and leadership	Organisational leadership
Vaccine programmes (children, RSV for pregnant women and older adults, annual winter flu and covid)	Frontline staff flu vaccination
Population stratification	Capacity modelling (beds, staff, etc)
Capacity plans across providers	Discharge
Discharge	IPC
	Mental health support

	Priority
UEC Priorities	Reduce ambulance waits for Cat2 patients from 35 minutes to 30 minutes
	Reducing ambulance handover delays, to a maximum of 45 minutes
	Improve 4-hour performance to 78%
	Reduce 12-hour breaches to less than 10%
	Decrease number of patients waiting over 24 hours for mental health admissions
	Address delays in patient discharges, particularly for those who are >21 days past their discharge ready date
	Increase the number of CYP seen within 4 hours
Winter Priorities	**Winter priorities incorporate the UEC Priorities 25/26 as well as:**
	Improve vaccination rates for frontline staff and vulnerable patients by 5%
	Increase patients seen in primary care, MH alternatives and community, including UCR and VWs
	Set local performance targets by pathway to improve discharge times
	Reducing emergency length of stay by at least 0.4 days

ICARE EQUITY

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NHS Whittington Health NHS Trust

National Winter Plan

APPROACH TO MANAGING WINTER

- Learning from last winter
- Stress-test winter plan with scenarios
- Early identification of risk via monitoring of real time data (RAIDR)
- Monitoring of leading indicators via Winter Dashboard
- Workforce Resilience

PRIORITIES TO SUPPORT UEC RECOVERY AND WINTER RESILIENCE

Prevention and Proactive Care

- Increasing vaccination uptake for high-risk patient cohorts.
- Identifying and coordinating proactive care for vulnerable patients.
- Empowering the public to use appropriate services.

Managing Demand

- Boosting Primary Care capacity and community care offers
- Expanding MH crisis alternatives to the north
- Enhancing ICC Hub model
- Digital Front Door and alternatives to ED including Pharmacy First.

Addressing issues on admitted pathway

- Strengthening processes to Improving flow and ambulance handover time.
- Embedding 'Criteria to Reside'.
- Realising the Bed Productivity benefits for flow.

Supporting people home

- BCF Transformation Programme incorporating "Home First" and "Shift Left"
- Place based admission avoidance including improved discharge processes.

GOVERNANCE AND SYSTEM PROCESSES TO SUPPORT DELIVERY

- UEC governance structure linking to place and region
- System wide OPEL frameworks to support coordination and rapid escalation
- Clinically-led IPC forum to support management of risk and capacity closure

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Local Response

The current indications show that the winter surge demand will be challenging for 2025/26. Throughout this document, the term Winter refers to the period 1st November 2025 to 31st March 2026. The Trust aims to deliver the safest care possible for our patients and support our workforce, and will focus on the following key areas:

- Plan for appropriate number of safe winter surge bed capacity, with aligned surgical bed base to reduce medical outliers
- Protect Elective activity as far as possible
- Review clinical commitments, including medical take, surge capacity staffing model etc.
- As far as possible, avoid bedding patients in SDEC and Recovery
- Strengthen / streamline operational processes, particularly across the UEC pathway
- Optimise out of hospital and ambulatory care
- Increase virtual ward and remote monitoring capacity

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Winter Pressures Bed Plan and Triggers

As part of the bed reconfiguration plan during the summer period, we aimed to close 25 beds through closing portions of wards in a phased way

- Currently we have closed 18 medical beds closed with the potential to close an additional 5-10 additional beds on surgical wards

The opening of additional ward beds will be based on the metrics outlined below with an associated weighting that triggers when the score exceeds 18 or more.

- If a metric is not relevant or applicable this would score a 0
- Triggers that are grouped will only have 1 score

No.	Triggers	Weighting
1	≥15 predicted DTA's in ED unplaced at 15:00 and remaining in the ED and reviewed at 16:45 (pick one)	5
	≥11 predicted DTA's in ED unplaced at 15:00 and remaining in the ED (pick one)	3
	≥7 predicted DTA's in ED unplaced at 15:00 and remaining in the ED (pick one)	2
2	≥6 additional patients in trolleys in Majors (corridor care) once cubicles are full	5
3	More than 5 medical outliers in Surgical beds for >2days	3
4	>7 12-hour trolley breaches per day	3
5	Surgical elective cancellations due to bed pressures	3
6	>24 hrs to facilitate ITU step downs	2
7	>2 closed beds due to infection control reasons	2
8	OPEL 4 for two consecutive days in a row	3
9	Increased delays for repat > X days	1
10	Bed predictor showing -25 end of day	2
11	Sector diverts for more than 2hrs resulting in >5 LAS our of area per hour during this period	1
12	More than 4 MH patients in ED awaiting placement > 24hrs	2

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Winter Pressures Bed Phasing Plan

- During winter pressures, we would plan to phase beds open in increments of 5 based on demand. This will ensure we are able to maintain safety in ED and on the wards. Once the closed bed capacity (maximum of 26) during the summer period is re-opened, we will utilise the Eddington winter surge bed capacity if demand continues.
- Eddington which has 16 beds if required will be opened on a phased basis in the same increments
- An example of a phasing plan is outlined below when triggering a score >18

Summer Bed Closures (Max 26 beds)	**Cascade 1**	Open 5 beds on COOP
	Review Triggers if scoring >18	
	Cascade 2	Open 5 beds on Coyle
	Review Triggers if scoring >18	
	Cascade 3	Open 5 beds beds on Victoria
	Review Triggers if scoring >18	
	Cascade 4	Open 5 beds on Thorogood
	Review Triggers if scoring >18	
	Cascade 5	Open 2 beds on Thorogood
	Review Triggers if scoring >18	
Winter Surge Capacity 16 beds	**Cascade 6**	Open 5 beds on Eddington
	Review Triggers if scoring >18	
	Cascade 7	Open 5 beds on Eddington
	Review Triggers if scoring >18	
	Cascade 8	Open 6 beds on Eddington

- The beds opened may vary depending on the location of where beds are closed
- There is an expectation that all remedial works will have either been completed or ceased by the end of October. Fire remediation work should not be planned to occur during winter if there is an impact on inpatient bed capacity.

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Airmid/ Minerva

- The Airmid home bridging service was run as a pilot in Winter 24/25 from January to March with the aim to reduce delayed discharges for patients awaiting packages of care
    - Supports 20 patients at home
- The pilot proved successful and has continued throughout the year and enabled the closure of the winter escalation beds in March which was the first time this was achieved since 2020.
- This has also enabled the Division to close 22 additional beds
- As part of the winter plan for 2025/26 we are planning to continue this throughout Winter however this is currently a cost pressure

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Emergency Department Plans

- Fill ENP vacant shifts with SHOs to support UTC performance throughout the winter months, we have significant ENP gaps currently due to resignations and mat leave. Unable to recruit, we are enrolling two new trainee ENPS from Jan 26.
- Staffing to be reviewed on a weekly basis by matrons with extra dependency shifts booked for times when the trust is in critical incident, including reviewing SDEC staffing daily.

Operational Actions

- Operationally and clinically working in collaboration with Ambulatory Care and Virtual Wards to maximise flow and increase streaming
- Maximise opportunities for redirection
- Looking at establishing additional space to expand current EDSDEC provision this will increase the footfall through this pathway.
- CDU operational
- Revamp of Front of House working groups to support flow out of ED
- Continue embedding interventions/ workstreams as part of Patient flow programme

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Emergency Department Workforce

Additional nursing to support corridor care and LAS 45 minute drop off protocol

- 8.6 WTE for adult ED
- 4.3 WTE for SDEC escalation
  - This will only be utilised if we bed SDEC during winter, last winter this occurred very few times.
- 4.48 WTE for Paeds ED 4th nurse 24/7

Additional Medical staffing to support safety and flow:

- 1 x additional twilight reg 18:00-02:00 (majors/UTC)
- 1 x additional paeds Consultant 12:00-22:00 daily

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Expansion of ED SDEC

To support the national ambition of delivering consistent 78% 4hr performance

- Expand ED SDEC footprint
  - Increase number of patients streamed to ED SDEC from 11 to 31
  - Operational from 10:00-20:00
  - Increase UEC performance from 71% to 77%
  - Reduce overcrowding in ED and increase patient safety
- Requires Capital investment and works to be completed by October/ November to be operational
  - Investment of £100k of capital needed
  - Will support the establishment of a discharge lounge and facilitate earlier discharges

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Emergency & Integrated Medicine Workforce

- Providing 1 x second discharge registrar at the weekend to focus on discharges and flow from 08:00 -14:00
- Post Take/Outliers in ED 1 x WTE SHOS - trigger for this will be >30 DTAS in ED.
- Outliers 1 x WTE Consultant for 5 mornings – trigger for this will be >30 DTAS in ED.

Operational actions

- Continue working with the IDT team to focus on removing blockages and escalating to support discharge of patients with criteria not met to reside.
- Ensure IDT are maximising Minerva to ensure flow is maintained.
- Admission avoidance where possible, utilising virtual ward, frailty, ambulatory care.
- Regular review of rota's as part of BAU in response to sickness absence

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Other Plans - Potential Schemes

Discharge lounge

Establishment of a discharge lounge will support flow through earlier discharges and plan to open 07:30-20:00 Mon- Fri

- Staffing requirement
  - 2.4 WTE Band 5
  - 2.4 WTE Band 3/2

Airmid/Minerva expansion

Consider expanding Airmid to 30 patients in total Jan to March

  - Cost of £42.7k per month (total £128k for 3 months)

This may reduce the need or delay the opening of Eddington surge capacity

The costs of opening additional bed capacity in comparison to Minerva is 3 x the cost of Minerva (see Appendix)

Total Costs of Winter Plans

Summary of Total Costs of Winter Plans £1.9m

Service / Area	WTE	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total Cost
Total Escalation Beds Costs	29.52	0	0	0	0	102,143	159,600	261,743
Total of Mattreses		0	0	0	0	10,507	6,304	16,811
Total of Vaccination Programme	4.60	23,020	23,020	23,020	10,209	0	0	79,268
Total of ED Costs	20.76	147,766	147,766	147,766	147,766	147,766	147,766	886,595
Total of Acute Medicine	2.28	7,967	7,967	27,380	31,308	31,308	31,308	137,237
Total of Thorogood Flex Beds & Minverva	4.48	71,568	71,568	93,573	93,573	93,573	93,573	517,426
Grand Total	67.43	£250,320	£250,320	£291,738	£282,855	£385,296	£438,550	£1,899,080

Summary of Total Costs of Winter Plans, including additional costs of Minerva expanding to 30 beds £2.1m

Service / Area	WTE	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total Cost
Total Escalation Beds Costs	29.52	0	0	0	0	102,143	159,600	261,743
Total of Mattreses		0	0	0	0	10,507	6,304	16,811
Total of Vaccination Programme	4.60	23,020	23,020	23,020	10,209	0	0	79,268
Total of ED Costs	20.76	147,766	147,766	147,766	147,766	147,766	147,766	886,595
Total of Acute Medicine	2.28	7,967	7,967	27,380	31,308	31,308	31,308	137,237
Total of Thorogood Flex Beds & Minverva	4.48	71,568	71,568	93,573	93,573	93,573	93,573	517,426
Total cost of additional Costs for Minverva		0	0	0	47,712	47,712	47,712	143,136
Total of Discharge Lounge	4.80	0	0	0	20,867	20,867	20,867	62,602
Grand Total	66.43	£250,320	£250,320	£291,738	£351,435	£453,875	£507,130	£2,104,818

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Ambulance Activity – Mutual Aid

Proposed Triggers (under discussion)

- Number of ambulances waiting to offload and longest wait
- Number of patients being safely cohorted and surplus
- ED all type of attendances in the last 2 hours
- Number of patients in ED excluding UCC
- % of Majors and Resuscitation occupied
- ED waiting time to be seen
- Number of DTAs in ED (excluding assessment areas; i.e.: AAU, CDU, SDEC ,e.g.) and longest wait
- Number of patients waiting for a bed in assessment areas and longest wait
- Capacity Issues (G&A, ITU, Paeds)
- % of bed occupied by patients no longer meeting criteria to reside
- Staffing issues

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On Call Plans & Site Management

Weekday meetings

- Silvers will join the 16:45 weekday bed meetings
- Gold will join the 16:45 weekday bed meetings where able
- Gold/Silver may be required to join sector calls where needed out of hours

To ensure support with flow and operational pressures in OPEL 4 at the weekends/ BH, Silvers are expected to be on site

Weekend meetings

- Weekend site meetings have been established and are embedded 3 x per day
- Silvers will be onsite during the weekends in winter commencing from 1st of January 2025 to 31st March 2025
    - Silvers will attend all the site meetings and join any sector calls as necessary
- Gold will join the 08:30 site meetings at the weekends and be updated of the site position by Silver via phone or text throughout the day with the option to join for the evening and late evening, depending on site status
- As required Gold will join any sector discussions in relation to diverts or redirections

Site Management

- Site Management team remains unchanged

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Infection Prevention Control

The Infection Prevention and Control (IPC) team will continue to provide specialist advice pertaining to the prevention and control of infections during the winter months, operating a 9am to 5pm service, Monday to Friday with the support of the on-call microbiology team during out of hours. Ensuring effective IPC measures and practices remains central to reducing healthcare-associated infections (HCAIs) which in turn will support safe patient care, reduce clinical pressures, and optimise patient flow during periods of increased demands.

As part of winter preparedness the IPCT will:

- Maintain high visibility within clinical areas and continue regular attendance at site safety huddles and escalation meetings.
- Work closely with microbiology and bed management teams to ensure prompt risk assessment and response to positive microbiological isolates and providing risk assessments to support appropriate patient placement.
- Monitor trends in infection data and provide timely internal reports and statutory returns for mandatory HCAI surveillance (e.g. MRSA, C. difficile, E. coli bacteraemia).
- Lead and support investigations into outbreaks and incidents, offering expert advice and responsive training and education to clinical teams to mitigate recurrence.
- Implement streamlined respiratory testing protocols including the use of point-of-care testing (e.g. COVID-19, influenza, RSV) to enable timely patient placement and reduce nosocomial transmission.
- Optimise meeting structures (e.g. outbreak reviews, HCAI meetings) to include essential stakeholders only, and follow the PSIRF (Patient Safety Incident Response Framework) model for learning, action, and accountability.
- Continue to provide respirator mask face fit testing to ensure safety of staff during high prevalence of respiratory infections.

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Rapid Response and Virtual Ward

Rapid Response

Referral activity remains high, driven by increased community healthcare needs, an ageing population, and efforts to prevent hospital admissions.
To manage workload alongside Virtual Ward (VW) demands, the team now uses a newly agreed escalation closure SOP to temporarily stop new referrals when capacity is exceeded.

Activity is expected to rise further in winter due to seasonal pressures. ACS Temporary staffing Trajectory has forecasted spend over the winter months should it be required to support the hospital avoidance service.

Virtual Ward Remote monitoring beds:

- 16 – reverted to traditional home monitoring after supplier exit (June).

Islington Complex VW beds:

- 8 – delirium pathway planned to restart in September.

General VW beds:

- 20 (10 Haringey, 10 Islington) – discussions underway for direct GP, LAS, and 111 referrals (already in place for Rapid Response).

DocAbode

- Active in both boroughs, increasing capacity.

Developing pan-London repatriation SOP with Barnet Hospital, Royal Free, and UCLH to enable patients to be managed at home by their local VW team.

*** (bed numbers may change depending on NCL funding Aug 2025)**

ICARE EQUITY

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NHS Whittington Health NHS Trust

Outpatient IV Antimicrobial Therapy (OPAT)

- The OPAT team provides specialist service to enable patients with complex or chronic infections requiring high-risk antibiotics to be managed safely in the community settings:
- Identify patients suitable to have their IV antibiotic treatment managed in the community for early discharges / admission avoidance.
- Advice on convenient IV or oral antibiotic regimes to facilitate discharges / admission avoidance.
- Facilitate self-administration of IV antibiotics at home to provide convenience for patients and reduce workforce pressure
- Coordinate MDT review with clinical and community services.
- Ensure timely, safe and effective switch to oral antibiotic options.
- Optimise treatment duration, reduce drug cost and wastage.
- Safety oversight and governance to reduce risk of re-admission, patient harm and errors.
- Current maximum caseload of 10-15 patient (saving 2 beds/day).
- The service is awaiting financial agreement, which would see the service increasing to 25 - 50 patient caseload (saving 4 to 8 beds/day).

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Do not meet Criteria to Reside & Discharge

Reduce the number of patients not meeting the "Criteria to Reside" by improving discharge processes and addressing bottlenecks in the system.

Strengthen Integrated Discharge Team (IDT)/Transfer of Care Hub (ToCH) Capacity- Increase Staffing:

- If there is funding- Temporary increase of IDT/ToCH capacity by the recruitment of admin staff to support the team daily activity.

Reassess Workflow:

- Review the IDT processes and focus on early escalations of delays to expediate discharges of patients
- Early discussions with external partners to focus on solutions for barriers in discharge- during daily meetings, create additional calls…
- Utilise early use of alternative resources- such as Minerva if the patient meets criteria, SHP, Bridge Trust renewal

Collaborate with Local Authorities to Expedite Acceptance of Care Packages

- Introduce OPEL 4 like actions cards related to NCtR numbers with trigger at 40 NCTR
- Deep dive into reasons for high NCtR numbers in partnership with local authority e.g. delays or complexities

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Do not meet Criteria to Reside & Discharge

Expand Discharge Support Services

Rapid Response Teams:

- Engage community rapid response teams to manage patients in the community who are at risk of readmission, freeing up hospital capacity.

Step-Down Units:

- Work with local community services to establish or expand step-down units where patients can be moved while waiting for long-term care arrangements

Enhance Monitoring and Reporting

- Utilising Power Bi data on flow to identify and highlight trends with learning and actions plans
- Share data and trends with local authority to highlight repeated delays and rising length of stay to senior management during the bi-weekly patient outflow meetings, weekly senior escalation calls and in OPEL level 40 + patients at director level for action

ICARE EQUITY

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NHS Whittington Health NHS Trust

Vaccination Programme

- To encourage staff and patient vaccinations ahead of winter and increase immunity to flu and Covid, plans are being finalised re the vaccination programmes
  - In reach and vaccination promotion campaign
- Aim to deliver an increase of 5% points against last years flu vaccination rate for frontline staff by the start of the flu season
- The vaccination team will submit a paper to the Investment group for a year-round service which offers a cheaper sustainable model
- The staffing requirements to support the plan are outlined below for a period of
  - 2 WTE Band 5
  - 1 WTE Band 3
  - 0.3 WTE Band 8 pharmacist
  - 0.3 WTE Band 2
  - 1 WTE Band 8

Pathology & Phlebotomy

- For COVID/flu testing (Cephid testing) – previous year data shows the winter seasons drives the COVID/flu testing up by around 2.5 times from summer to winter. The Trust continues to work on a Demand Management improvement project to manage demand and associated costs.
- As the service is outsourced, additional workload will be managed by HSL and seen in the contract price (cost pressure).
- Phlebotomists rotate between bleeding the wards in the morning and attending clinics on Level 5, so the mornings clinics are limited in staffing capacity. Waiting times for Outpatient Phlebotomy clinics may worsen over the winter months.
- Clinic hours can be extended to provide additional capacity if required to create additional appointment capacity (funding not available within establishment –would result in a cost pressure).

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Acute Paediatrics

Actions that will be taken – no additional funding required:

- Cohort patients to minimise use of isolation cubicles
- Leadership team to work closely with Paediatric ED to monitor flow
- HDU/CAU lead will help with Paediatric ED flow & support high acuity patients
- NICU OOH team (Registrar) to support Paediatric ED / Ifor subject to NICU acuity
- Newly appointed full time PDN to support training for nursing staff
- NICU outreach team and transitional care fully recruited and will support early discharge
- Senior nursing leads (Band 7/8) to go into nursing numbers
- Ensure Hospital at home team support improvement in flow

Actions that require additional funding

- Increase in bed base from 15 to 19 (note: established bed base is 15, Ifor ward has not been able to close additional unfunded 2 beds opened in October 2023)
  - Funding has been found to support this
- Physical space available to flex up to 21 in response to increased demand across NCL
- Explore option of increasing CAU opening hours

Critical Care

Bed base

- Critical care has secured recurrent funding to increase the core bed base from 11 beds to 12 beds.
- Funding will allow the bed base to increase for 3 months (November, December & January)

Workforce

- Critical care currently has a robust nursing position. All nursing positions are currently fully recruited to with no vacancies.
- The leadership team has a focus on retention initiatives to optimise staffing over winter.

Management of Acuity & demand

- Robust S&C team planning (6,4,2 meeting & daily surgical meeting) to forecast and plan elective admissions in consideration of critical care capacity

Collaboration

- Continuation of our close working with NCL Critical Care Network and use of the access transfer service in times of extremis

ICARE EQUITY

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NHS Whittington Health NHS Trust

Theatres

Maintain activity to deliver activity plan and KPI's

- Ring Fenced Coyle and Mercers Surgical wards for Elective and Non elective surgical patients.
- Escalation to COO/ DCOO re cancellations due to bed pressure

Management of Activity & demand

- Robust S&C team planning (6,4,2 meeting & Elective Surgery Recovery meeting) to forecast and plan elective admissions in consideration of activity & income
- Continued theatre activity with prioritised;
    - P2 caseloads (including cancer)
    - RTT Breaches
- Theatre improvement: continued initiatives to optimise productivity within the current resource
- Review Opportunity to close theatres for 2 weeks in December prior to Bank Holidays
    - Financial impact being balanced with KPI's and activity plans

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Surgical Ward Beds and Flow

Surgical Beds

- A review of surgical beds will be undertaken with the aim to reduce capacity where able particularly around the December bank holidays in line with theatre closures

Flow

- Ensure dedicated surgical registrar to support flow in ED and reduce wait times and bottlenecks
- Early review of discharges on wards

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Mortuary

- The Mortuary refurbishment has now completed increasing on site body storage from 64 to 80.
- There is established relationship with an off-site provider of body storage (fridge and freezer) which will be used where additional storage is required, which will incur transport and storage costs.

Pharmacy

- On board additional staff in support of additional beds.
  - 1 x B6 pharmacist
  - 1 x B5 Pharmacy technician for the 26 beds
  - 1 x B6 for Eddington ward @16 beds
- BCP in place to determine and support articulation of service levels (Green/Amber/Red).
- Medicine stock list reviews for winter escalation wards ensuring accurate medicines needed and quantities present in the areas dependent on bed numbers.
- Staffing structure reorganised to support TTA workload over the Christmas period i.e., trainee pharmacists.
- Annual leave (22nd Dec -2nd Jan) organised and approved with a focus on core patient facing activities only.
- Financial Dashboard in place to monitor increased medicines expenditure associated with additional beds
- Dynamic review of weekend staffing numbers and flex as required in keeping within increased medical staffing and discharges.

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Facilities

Catering

- Additional meals will be delivered to the Emergency Department, on an ad hoc basis, to support prolonged waiting times – Variation Form to be completed upon request
- Resources to be redeployed to Emergency Department to serve hot meals (non-clinical staff may need support)

Domestics

- Additional rapid response resources will be made available in the afternoon, to support with discharge cleans at the ward level – Variation Form to be completed upon request
- Between 07:00 – 19:00, we will have additional rapid response resources to support with enhanced cleaning across wards with infectious patients– Variation Form to be completed upon request
- Wards and Departments to ensure there is sufficient stock of antichlor available for enhanced cleans – the domestic department will hold some contingency stock

Portering

- Additional resources will be available in general porters, between 11 am and 7 pm, to support patient movement – Variation Form to be completed upon request
- Emergency department, will have an additional porter, Monday to Friday, between 11 am and 7 pm– Variation Form to be completed upon request

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Facilities

Linen & Laundry

- Ensure extra blankets are available for quick distribution, especially for emergency departments
- There will be a trolley with contingency stock available in the linen room area (exact location to be confirmed) if there is a need for additional linen in the Emergency Department

Patient Transport

- Patient transport coordinators, will be liaising with wards to support with marking patients ready and with transport queries
- If required patient transport lounge can be opened past its operating hours, to accommodate additional discharges

Security

- The security team will be readily available to support incidents
- Staff are reminded to challenge anyone attempting to tailgate and to ensure that all doors on controlled access are closed at all times
- Wards and departments to ensure they test their security mechanisms and any issues are reported to @FACILITIESHELPDESK (WHITTINGTON HEALTH NHS TRUST)

Accommodation

- A limited number of on-call rooms will be available, requests must go through to @ACCOMMODATIONQUERIES (WHITTINGTON HEALTH NHS TRUST)

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Emergency Preparedness Resilience Response

Risk Assessment

- Ongoing risk assessment of increment weather
- Ongoing environment checks to see that that ward temperatures maintained. In collaboration with the Estates team.
- Ongoing assessment of Operational Escalation Levels (1-4). Throughout the organisation.

Training

- Silver and Gold training sessions associated with local and national risks
- The EPRR Winter Plan to be shared in November 2025

Exercises

- Severe weather exercises for Bronze, Silver and Gold
- Overcrowding exercising for on call staff and matrons

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Appendices

- LAS Winter Plan
- MH Winter Plan
- NRS and Equipment
- Bed and Mattresses
- Cost of Winter Surge Beds
- Cost of Additional Winter Plans
- Estates Depart Key Contacts
- Facilities Management Key Contacts

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LAS Winter Plan

Building on lessons learned from last year, we are bringing together all the actions that we are taking to prepare for winter. We include here a top-level summary of the actions we will take and welcome feedback from partners to enhance this further.

- We also highlight areas where LAS needs support from the system.
- We know that rapid handovers are crucial for achieving our ambulance response times at times of high pressure –this helps us to balance the risk to patients who are in the community waiting for our response. We are keen to work with hospitals on hand overs to aim for the national target of 15 minutes with no handovers beyond 45 minutes.
- Our Clinical Safety Plan (CSP) and Patient Flow Framework has continued as BAU from last year as we shift towards a year-round escalation process which has increased capacity over winter. As such we will not have the same escalation process as last year, but building on this and the improvements we have put in place since last winter, will utilise the SCC for escalation and communications throughout winter so that we have a system led approach to escalation.
- We will actively engage with ICBs and trusts and welcome feedback on actions we are outlining here to keep patients safe.
- We will share this plan at ICB and trust-led winter planning engagement sessions, with our full plan due to be submitted to LAS Board along with the Board Assurance framework on 11th September.
- We are keen to work with the system on joint communications that ensure our respective messages reach frontline staff who are at the heart of delivering during winter.

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Mental Health

To ensure NLFT maintains a strong position through winter, Operation Neva will take place from 1st with twice weekly Gold Groups to manage the operation.

The objectives for Operation Neva are as follows;

- Work across NLFT to maximise opportunities for improving patient flow through effective discharge,
- Fully embed and oversee the principal of seven day discharge and seven day operational management.
- Work with partners to remove obstacles to discharge, where they are present,
- Review all patients who are clinically ready for discharge and take effective action to discharge those patients wherever possible, especially older adults discharge
- Manage escalations to support discharge
- Communicate principals of effective flow management across the organisation.

Gold for Operation Neva will be the Unplanned Care Director.

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NRS and Equipment

Risks for Whittington Health

- Delay in discharge and potential impact on bad capacity
- Patient safety in our community services with risk to adults requiring hospital admission due to deterioration clinically by not having appropriate equipment.
- Risk of increased admission due to deterioration in community
- Provision of End-of-Life Care in preferred location with appropriate equipment to provide comfort

To mitigate the impact of equipment delays in relation to NRS

- 3 x weekly tactical meetings have been established
- Daily sit reps for acute and community delays focussing on key risk areas
- Additional storage space located onsite
- Implementation of PHB budget
- Additional products added to supply chain
- Continued representation at Sector meetings and escalations

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Bed and mattresses

Bed Capacity Increase – Rental & Mattress Costs

- Based on previous years' demand, an additional **15–20 beds** with foam mattresses may be required for **4–6 weeks**.

Bed rental cost: £12.81 per bed per day

Foam mattress purchase cost: £250 each

Total Costs (beds + mattresses):

- 16 beds in line with the Eddington surge beds phasing plan

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Cost of Winter Surge Beds

- Additional winter bed capacity will be supported through a hybrid bank and agency model

Service / Area	Scheme Name	Pay/Non-Pay	Grade/ Desc	WTE	Timescale/ H	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total Cost
Eddington	Escalation Beds -16 beds	Pay	Band 5	3.29	Jan-26					£10,110	£16,176	£26,286
Eddington	Escalation Beds -16 beds	Pay	Band 5	6.44	Jan-26					£19,770	£31,632	£51,401
Eddington	Escalation Beds	Pay	Band 3	4.29	Jan-26					£10,151	£16,241	£26,392
Eddington	Escalation Beds	Pay	Band 3	2.15	Jan-26					£5,075	£8,121	£13,196
Eddington	Escalation Beds	Pay	Band 6	1.00	Jan-26					£3,771	£6,034	£9,806
Eddington	Escalation Beds	Pay	Band 7	1.00	Jan-26					£4,376	£7,001	£11,377
Eddington	Escalation Beds	Pay	Band 3	1.00	Jan-26					£2,364	£3,783	£6,147
Eddington	Escalation Beds	Pay	Cons	0.20	Jan-26					£2,275	£3,640	£5,915
Eddington	Escalation Beds	Pay	SHO's	1.00	Jan-26					£4,668	£3,640	£8,308
Eddington	Escalation Beds	Pay	Band 3	2.15	Jan-26					£5,075	£8,121	£13,196
Eddington	PT	Pay	Band 6	1.00	Jan-26					£3,771	£6,034	£9,806
Eddington	OT	Pay	Band 6	1.00	Jan-26					£3,771	£6,034	£9,806
Eddington	OT/PT	Pay	Band 5	1.00	Jan-26					£3,070	£4,912	£7,982
Eddington	PT/OT	Pay	Band 3	2.00	Jan-26					£4,729	£7,566	£12,295
Eddington	Pharmacy	Pay	Band 6	1.00	Jan-26					£3,771	£6,034	£9,806
Eddington	Pharmacy	Pay	Band 3	1.00	Jan-26					£2,364	£3,783	£6,147
Eddington	Drugs	Non-pay	Drugs costs		Jan-26					£2,660	£4,256	£6,916
Eddington	Soft FM	Non-pay	Soft FM		Jan-26					£2,310	£3,696	£6,006
Eddington	Soft FM	Non-pay	Contrast		Jan-26					£2,000	£3,200	£5,200
Eddington	Soft FM	Non-pay	Blood tests etc		Jan-26					£2,000	£3,200	£5,200
Eddington	Feeding , other non-pay	Non-pay	Direct Non-pay		Jan-26					£4,060	£6,496	£10,556
Total Escalation Beds Costs				**29.52**		**0**	**0**	**0**	**0**	**102,143**	**159,600**	**261,743**
Thorogood	Nursing	Pay	Band 5 nurse	4.48	Dec-25			£22,005	£22,005	£22,005	£22,005	£88,018
Eddington	**Minerva Patient Bridging service -20 patients**				Oct-25	£71,568	£71,568	£71,568	£71,568	£71,568	£71,568	£429,408
Total of Thorogood Flex Beds & Minverva				**4.48**		**£71,568**	**£71,568**	**£93,573**	**£93,573**	**£93,573**	**£93,573**	**£517,426**
Grand Total of Winter Surge Beds				**34.00**		**£71,568**	**£71,568**	**£93,573**	**£93,573**	**£195,716**	**£253,173**	**£779,170**

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Costs of Additional Winter Plans

Service / Area	Scheme Name	Pay/Non-Pay	Grade/ Des	WTE	Timescale / Hours		Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total Cost
Eddington	Additional Pressure Mattress	Non Pay	**Mattress**		£15000 hire			£0	£0		£10,507	£6,304	£16,811
Total of Mattreses							**0**	**0**	**0**	**0**	**10,507**	**0**	**16,811**
Vaccination Programme	Vaccination Programme	Pay	**Band 5**	2.00			8,540	£8,540	£8,540				£25,621
Vaccination Programme	Vaccination Programme	Pay	**Band 3**	1.00			4,270	£4,270	£4,270				£12,811
Vaccination Programme	Vaccination Programme	Pay	**Band 8a**	0.30			2,137	£2,137	£2,137	£2,137			£8,549
Vaccination Programme	Vaccination Programme	Pay	**Band 2**	0.30			948	£948	£948	£948			£3,791
Vaccination Programme	Vaccination Programme	Pay	**Band 8a**	1.00			7,124	£7,124	£7,124	£7,124			£28,497
Total of Vaccination Programme				**4.60**			**23,020**	**23,020**	**23,020**	**10,209**	**0**	**0**	**79,268**
ED	Winter Workforce Requests	Pay	Band 5	8.60	Oct-25		42,241	£42,241	£42,241	£42,241	£42,241	£42,241	£253,445
ED	Winter Workforce Requests	Pay	Band 5	4.30	Oct-25		21,120	£21,120	£21,120	£21,120	£21,120	£21,120	£126,723
ED	Winter Workforce Requests	Pay	Registrar	1.50	Oct-25		26,000	£26,000	£26,000	£26,000	£26,000	£26,000	£156,000
ED	Winter Workforce Requests	Pay	Cons	1.88	Oct-25		36,400	£36,400	£36,400	£36,400	£36,400	£36,400	£218,400
ED	Winter Workforce Requests		Band 5	4.48	Oct-25		22,005	£22,005	£22,005	£22,005	£22,005	£22,005	£132,027
Total of ED Costs				**20.76**			**147,766**	**147,766**	**147,766**	**147,766**	**147,766**	**147,766**	**886,595**
Acute Medicine	Winter Workforce Requests	Pay	SHO's	1.00	Oct-25		7,967	£7,967	£7,967	£7,967	£7,967	£7,967	£47,800
Acute Medicine	Winter Workforce Requests		Registrar	0.28	Jan-26					£3,928	£3,928	£3,928	£11,783
Acute Medicine	Winter Workforce Requests		Cons	1.00	Dec-25				£19,413	£19,413	£19,413	£19,413	£77,653
Total of Acute Medicine				**2.28**			**7,967**	**7,967**	**27,380**	**31,308**	**31,308**	**31,308**	**137,237**
Grand Total				**32.43**			**£178,752**	**£178,752**	**£198,166**	**£189,283**	**£189,580**	**£179,074**	**£1,119,911**

Cost of Potential Schemes

Minerva & Discharge Lounge

Service / Area	Scheme Name	Pay/Non-Pay	Grade/ Des	WTE	Timescale / Hours	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total Cost
Discharge Lounge	Nursing	Pay	Band 5	2.40	Jan-26				£11,788	£11,788	£11,788	£35,364
Discharge Lounge	HCA/Nursing	Pay	Band 3	2.40	Jan-26				£9,079	£9,079	£9,079	£27,237
Total of Discharge Lounge				**4.80**		**0**	**0**	**0**	**20,867**	**20,867**	**20,867**	**62,602**
Eddington	**Additional 10 patients for Minerva**				Jan-26				£47,712	£47,712	£47,712	£143,136
Total cost of additional Costs for Minverva						**0**	**0**	**0**	**47,712**	**47,712**	**47,712**	**143,136**
Grand Total				**4.80**		**£0**	**£0**	**£0**	**£68,579**	**£68,579**	**£68,579**	**£205,738**

For context it is important to note that the cost of 18 beds on Minerva vs the cost of 18 inpatient beds, the inpatient beds are 3 x the cost of Minerva

	Jan-May	Monthly cost
Minerva 20 patients	£312,258	£62,452
Cost of 18 beds	£957,845	£191,569
Difference between Minerva and Inpatient beds	**£645,587**	**£129,117**

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Estates Department Key Contacts

- Liam Triggs – Director of Estates, Facilities & Capital Projects
- Annie Hurst – Deputy Director of Estates & Facilities
- Shand Muller – Fire Safety Manager
- Tom Keating – Estates Mechanical Manager
- Catalin Ionete – Estates Mechanical Officer
- Uzair Raja – Estates Mechanical Officer
- Joven Dela Cruz – Estates Electrical Officer
- Taimoor Chaudhary – Estates Electrical Officer
- Vanessa Bailey – Estates Fabric Officer
- Edilberto Magboo – Estates Fabric Officer

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Facilities Management Key Contacts

- Ewerton Soares – Head of Facilities
- Ali Shammat – Operations Manager (Community, Waste, Linen & Patient Transport)
- Priscilla Lathbridge – Soft Services Manager (Portering & Domestics)
- Haxhi Rrapi – Portering Manager
- Grace Matthews- Domestic Manager
- Andrew Odiaka- Facilities Duty Manager
- Pamela Latawan- Catering Manager
- Samir Younsi-Retail Manager
- Annie West – Facilities Support Manager (Helpdesk, Cencom and Accommodation)
- Rohat Ahmed- Head Of Security
- Jason Woodbyrne – Security Manager
- Shah Jelani- Deputy Security Manager
- Vacancy – Waste Manager
- Sara Neves – Facilities Officer

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NHS
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NHS Trust

Thank you

Mike Cooshneea, Deputy Chief Operating Officer
Mike.Cooshneea@nhs.net

Appendix 2: Board Assurance Statement for NHS Trusts

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)	
Governance			
The Board has assured the Trust Winter Plan for 2025/26.		Going to Trust Board on 25th September 2025	
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.		The QEIA panel is 24th September 2025	
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	The Trust has a winter plan which includes all key areas and summary from key system partners	
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	Operational colleagues attended two system wide exercises. Earlier versions of the plan has been revised based on the outcome of the latest exercise.	
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	The Chief operating officer is the accountable executive officer for the winter period	
Plan content and delivery			
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.		To be answered at COM on 19th Sept.	
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	The Trust Executive team is having ongoing conversations regarding the plans and reviewing the mitigation plans.	
The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025.		The Trust has set a trajectory for the operational standards. There are recovery plans for the areas that are not meeting the current position of the trajectory to ensure that they are met by the end of the year.	
Provider CEO name	**Date**	**Provider Chair name**	**Date**
Selina Douglas		Julia Neuberger	

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. There is a plan in place to achieve at least a 5 percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.	Yes	The Trust has launched a vaccination programme that aims to encourage frontline staff and patients to receive vaccinations ahead of the winter period. Additional funding has been approved for the team to undertake this programme.
Capacity		
2. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.		As part of the system discussions and Winter preparedness, we are having discussions for demand models. This was also raised at the Winter event with the London UEC team. In the meantime, the plans are based on the demand from last winter and plans set from the system wide review
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.	Yes	The plan has additional resources for both the ED department and ward teams to ensure maximum senior decision makers
4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.	Yes	We have continued discussion with our Local Authorities. The next A&E Delivery Board will be reviewing plans from local authorities. This is monitored via the daily local meetings and weekly system calls.
5. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.	Yes	Elective plans have been agreed that recognise the demand over the winter period. Q1 to Q3 plans have been set with higher activity to mitigate for the reduction in Q4.
Infection Prevention and Control (IPC)		

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
1. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Yes	The IPC mainly cover weekday core hours. Out of hours support will be provided by the on call microbiology team.
2. Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	Yes	This is one of the core areas for the IPC team.
3. A patient cohorting plan including risk-based escalation is in place and understood by site management teams, ready to be activated as needed.	Yes	The Trust has a plan for managing outbreaks and incidents which may lead to isolation or co-horting of patients.
Leadership		
1. On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	The Trust has robust on call arrangements which is enhanced over the Winter period with on site presence. Meetings are held three times daily, including weekends and attended by the operational on call team.
2. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	The Opel framework has been used to develop triggers that are used daily to recognise/monitor pressure real time.
Specific actions for Mental Health Trusts		

Checklist		Confirmed (Yes / No)	Additional comments or qualifications (optional)
3.	A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.	N/A	
4.	Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.	N/A	

Appendix 3: Impact of Resident doctors' industrial action in July 2025

Meeting title	**Trust Board – public meeting**	**Date: 25/09/25**
Report title	**Impact of Resident Doctor industrial action for July 2025**	**Agenda item: Appendix 3 to item 4**
Executive director lead	Dr Clare Dollery, Chief Medical Officer and Deputy Chief Executive	
Report authors	Dr Clare Dollery, Chief Medical Officer and Deputy Chief Executive, Kemi Ogunseitan, Medical staffing HR business partner, Paul Attwal, Head of Performance, and Manju Mandirathil, Business Manager to the Chief Medical Officer	
Executive summary	This paper considers the quality impact of industrial action (IA) in July 2025. IA occurred from 7 am 25th July to 7am 30 July 25. All previous episodes of industrial action have been considered in prior reports. The approach to providing services during the IA has been focused throughout on the prioritisation of patient safety. No derogations were requested, and all rotas were safely staffed. During the industrial action the following impact was seen: • 398 resident doctors' shifts were lost during the July 2025 strike reflecting 68% absence rate • 745 fewer outpatient appointments but 93% of OP activity was maintained during the IA period • 93 fewer inpatient elective procedures than usual were carried out during the IA in July. Thís represents a performance of 79% • No PSIIs were declared – overall incident reporting increased during the strike periods. • No deaths directly attributable to IA were reported • There were no patient advice and liaison concerns related to IA and no complaints were received. Nursing, allied health professionals, and operational management teams have worked very hard to ensure safety through the strikes. The professionalism of the multidisciplinary team throughout this period is to be commended. The flexibility of consultant medical teams to act down or out of their usual area of speciality has been key to safe cover. The BMA IA has had some adverse impact on patients waiting times for outpatient and inpatient care, but this is less than prior IA.	

	Staff have stepped up to ensure immediate patient safety in difficult circumstances with ongoing fatigue and some impact on morale.
Purpose:	Discussion
Recommendation(s)	Board members are asked to note the impacts on activity and quality of the IA by Resident Doctors
Risk Register or Board Assurance Framework	BAF Quality Risk 1
Report history	Chief Officers' Meeting, 08/09/25; Trust Management Group, 09/09/25
Appendices	None

1. Introduction

1.1. This paper undertakes an analysis of the safety impact of the resident doctors' industrial action (IA) held from 25–30 August 2025, drawing on activity, workforce, and patient and staff feedback data.

2. Background

2.1. The BMA obtained a six-month mandate for resident (junior) doctors to undertake industrial action, valid from 21 July 2025 to 7 January 2026. The planned strike took place from 07:00 on 25 July 2025 until 07:00 on 30 July 2025In line with all the previous periods of IA pertaining to the resident doctor IA the BMA had a national mandate and there was no derogation of services, except for arrangements to recall staff in the event of a mass casualty incident.

2.2. The Trust response was led by the Chief Medical Officer and the Chief Operating Officer who is responsible for emergency planning, with the Director of Workforce and their teams as well as the divisional triumvirates and vital support services such as pharmacy, radiology, IM&T and pathology. Planning commenced as soon as each action was announced, with a focus on keeping patients safe, delivering high standards of care in urgent and acute services that were not stood down, and supporting those colleagues providing essential cover.

3. IA Planning

3.1. Prior to each round of IA in the lead up to the strike days, Operational, Clinical and Corporate teams came together at daily meetings, chaired by either the Chief Medical Officer in the planning phase or the Chief Operating Officer during the emergency (IA) period.

3.2. The purpose of these meetings was to ensure the safety of patient services via receipt of RAG ratings on the pre planning and the fill rates of the medical rotas that were being put in place within each ICSU. This planning group included Clinical Directors, Directors of Operations or their deputies and representatives from HR, nursing, pharmacy, radiology, IM&T, and pathology etc. This team approach has been critical to ensuring safety through the IA.

3.3. Where essential to provide ward or emergency cover elective activity was cancelled or curtailed and multi-disciplinary teams came together to provide additional support.

3.4. Senior nurses provided visible leadership across the clinical areas and other nursing colleagues took on additional work as needed.

3.5. Vacant medical shifts were covered wherever possible by Consultants or Bank staff. Staff continued to be booked to cover pre-existing vacancies and sickness absence.

3.6. No Trust specific derogations were requested during the periods of IA.

Prior to the IA a strike committee met with staff side representatives from the BMA and local reps to discuss operational practicalities of the action and to ensure that those who chose to take action were supported.

4. Resident doctors Absences

4.1. Industrial action lasted for 5 workdays for resident doctors.

Table 1: Resident doctors' absences and participation during IA period from 25 July to 30 July

Date From	Date To	Role	Absent During Industrial Action (number)	Doctors on Rota (number)	* Percentage absent (%)	** Doctors attending to work
25/07/2025	26/08/2025	Resident drs	94	151	62%	57
26/07/2025	27/08/2025	Resident drs	40	65	62%	25
27/07/2025	28/08/2025	Resident drs	41	65	63%	24
28/07/2025	29/08/2025	Resident drs	109	149	73%	40
29/07/2025	30/08/2025	Resident drs	114	159	72%	45
Overall total IA period			**398**	**589**	**68%**	**191**

4.2. In general, the resident doctors have had lower levels of uptake of industrial action than previous IA with 62% to 73% absent from rostered duty.

5. Reduction of Activity

5.1. Staffing of acute inpatient and emergency services required a step down of elective activity, including outpatient appointments, most inpatient procedures and same day case surgery.

5.2. The minimum legal 2 weeks' notice was given for this period of IA. Preparation to cancel patients was delayed until shortly before the IA as it was hoped that a deal might emerge that would remove the reason to carry out IA. To reflect the activity that usually is carried out average activity for a 4-week index period outside IA was taken as a comparator.

5.3. Table 2 shows that 93% of all outpatient activity was undertaken over the July episode of industrial action. This represents a total of 745 fewer appointments than expected for the relevant period.

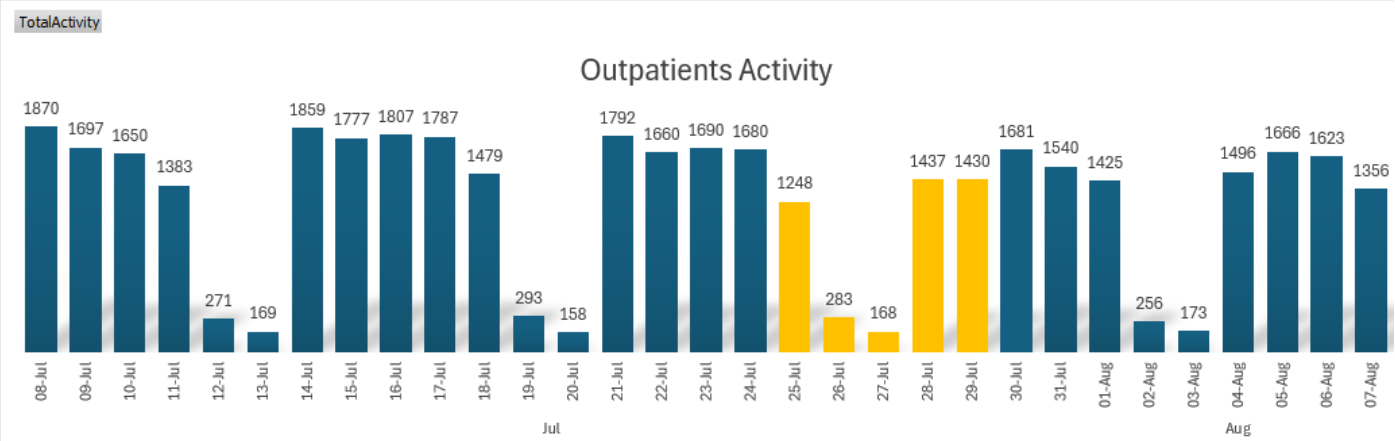
5.4. Where possible 2 week wait clinics have not been cancelled and target endoscopy has been maintained.

Table 2: Outpatient Activity Comparison

Type of activity	Total Outpatients		
Activity Undertaken	**Strike**	**Average**	**%**
Fri 25/07/2025	1248	1429	87%
Sat 26/07/2025	283	273	104%
Sun 27/07/2025	168	167	101%

Mon 28/07/2025	1437	1715	84%
Tue 29/07/2025	1430	1701	84%
Wed 30/07/2025	1681	1707	99%
Total activity	**6247**	**6992**	**93%**

Graph 1 The graph shows Outpatient activity for July – the period impacted by Industrial action is shown in yellow



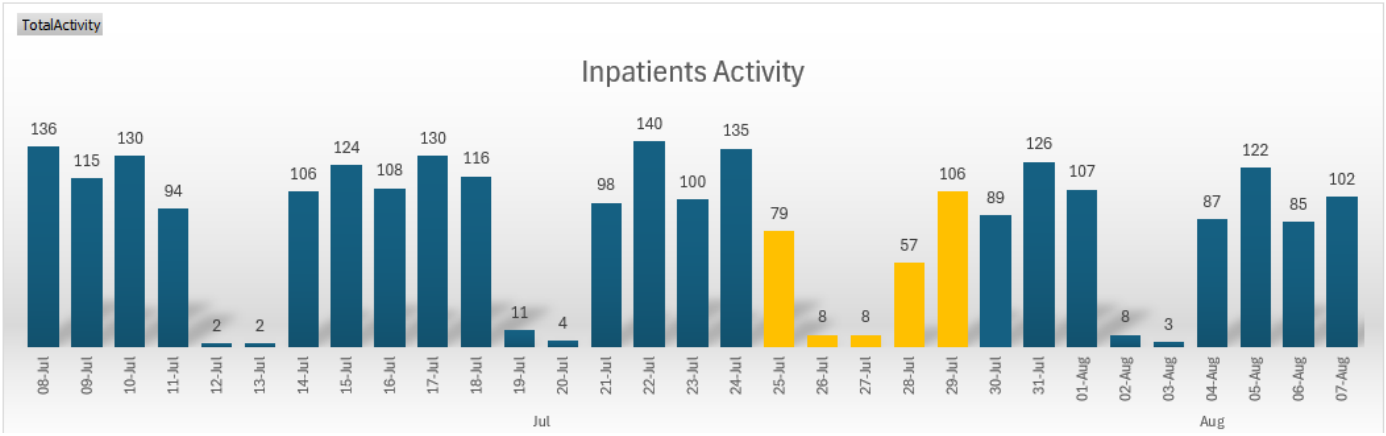
5.5. Table 3 compares elective inpatient procedural activity, contrasting the number of procedures undertaken on strike days with the average. During July 25–30, 79% of average activity was maintained, with elective admissions down from 440 to 347—a reduction of 93 cases. All cancer, emergency procedures continued as normal throughout the period of industrial action.

5.6.

Table 3: Elective inpatient Activity Comparison

Type of activity	**Total elective inpts**		
Activity Undertaken	**Strike**	**Average**	**%**
Fri 25/07/2025	79	106	75%
Sat 26/07/2025	8	7	114%
Sun 27/07/2025	8	3	266%
Mon 28/07/2025	57	97	59%
Tue 29/07/2025	106	129	82%
Wed 30/07/2025	89	98	91%
Total activity	**347**	**440**	**79%**

Graph 2: The graph overleaf shows outpatient activity for July – the period impacted by industrial action is shown in yellow



5.7. In addition to the on-the-day impact, the cancellations of activity on the strike days will have a negative impact on the size of waiting lists, resulting in longer waits for patients. This will be reflected in future performance reports.

6. Mortality, Incidents and Patient Experience

Mortality data

6.1. The number of deaths in the 2 weeks surrounding IA was considered with the same methodology as that used for incidents. The numbers are quite variable making interpretation difficult. There was no signal within our own analysis to indicate that mortality had been adversely affected over the period of IA.

6.2. No concerns have been raised via the Trust's Associate Medical Director for Learning from Deaths, Medical Examiners or in structured judgement reviews regarding an adverse IA impact on deaths.

Table 4. Mortality data comparison

Date	Whose action	Sample period	No. of deaths & average
Comparator period	NA	3July 2024-24 July 2025	509 deaths (1.3avg)
25 July -30 July 2025	Resident Doctors	20 July -5 Aug 2025	21 deaths (1.3avg))

6.3. Between 20 July 2025 and 5 August 2025, there were 21 inpatient deaths, including those in the Emergency Department, averaging 1.3 deaths per day. There was no significant difference between the average number of deaths recorded during and around the subsequent IA periods (patients dying on average per day) compared to non-IA periods (1.3 patients on average per day).

7. Incidents

7.1. Overall, in the first IA period similar numbers of incidents were reported to the comparator period but during and around the subsequent IA higher numbers were reported. The severity profile of incidents was similar.

7.2. Through the hard work of staff from all the professions who were working, safety was otherwise maintained with no serious incidents occurring.

Table 5: Incidents

Date	Whose action	Sample period	No of patient safety incidents
Comparator period	NA	8-20 February 2023	268
25 July -30 July 2025	Resident Doctors	20 July -5 Aug 2025	353

8. Patient feedback

8.1. No PALS concerns or formal complaints were received specifically related to IA.

8.2. Overall, there were no complaints or concerns received about the impact of IA.

Table 6: Patient complaints

Date	Whose action	Information required for this whole period	No of complaints received	No of PALS concerns received
25-30 July 2025	Resident Doctors	20 July - 5 August 2025	5 – none about IA	87 – none about IA

9. Staff wellbeing

9.1. There is a recognition that the IA impacts on all colleagues involved, including both those taking action and those working differently to support services and patient care whilst action is ongoing.

9.2. Nursing, allied health professionals, and operational management teams have worked very hard to ensure safety through the strikes. In addition to nursing colleagues the pharmacy, radiography and IMT teams have been key. The professionalism of the multidisciplinary team throughout this period is to be commended.

9.3. The flexibility of consultant medical teams to act down or out of their usual area of speciality has been key to safe cover.

9.4. It is important to acknowledge ongoing fatigue resultant from the IA and a gradual erosion of good will.

10. Impact on Patient Care

10.1. Colleagues are concerned about the impact on elective care as well as those patients who were treated during the strike. There is an acute awareness that the patients who are not booked or cancelled related to IA remain on waiting lists and may suffer harm or express dissatisfaction with future episodes of care due to erosion of their goodwill and faith in the NHS.

10.2. In most strike periods senior decision making throughout pathways has reduced ED waits and admissions while increasing some discharges – this likely reflects that higher level of risk that can safely be taken with the benefit of a consultant's experience. This is also reflected in

fewer out of hours requests for tests.

11. Other impacts

11.1. This paper has specifically not included the financial impact of IA which has already been reported elsewhere, and it has had a negative contribution to the Trusts financial position.

11.2. The Trust position on the rates of pay offered during these IA periods were the same as those agreed previously and are in line with all NCL trusts.

12. Conclusion

12.1. The BMA IA has had a lower impact on activity and therefore care of patients than prior industrial action – in part due to lower levels of participation.

12.2. Cancellation of appointments or admissions was intentionally postponed until very shortly prior to the industrial action in order to minimise the impact.

12.3. Staff have stepped up to ensure immediate patient safety in difficult circumstances with ongoing fatigue and some impact on morale.

13. Recommendation

13.1 The Trust Board is asked to note the update.

Meeting title	**Trust Board in Public**	**Date: 25.09.2025**
Report title	**Quality Assurance Committee Chair's report**	**Agenda item: 5**
Committee Chair	Amanda Gibbon, Non-Executive Director	
Executive leads	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals, Clare Dollery Chief Medical Officer and Deputy Chief Executive	
Report author	Marcia Marrast-Lewis, Assistant Trust Secretary	
Executive summary	The Quality Assurance Committee met on 10 September 2025 and was able to take good assurance from the following agenda items considered: • Board Assurance Framework - Quality and Integration 2 entries • Adult Children & Women Clinical Division Quality Improvement Project – Development of a Digital Outpatient Parenteral Antimicrobial Therapy (OPAT) Dashboard • Quarterly Quality Report • Patient Experience Report • Annual Serious Incident Learning Review • Patient Safety Incident Report Framework (PSIRF) Workshop • Patient Safety Incident Investigation report (PSII) report • Q2 Maternity Board report • Learning from deaths report • Ligature Risk assessment report • Fire Action Plan • Mental Health update The Committee took partial assurance from the following agenda items: • Risk Register report • HSL update In addition, the Committee noted the minutes of the meeting of the Quality Governance Committee held on 12 August June 2025 when the following areas of escalation which covered: • Infections: surge in measles and contact tracing resulting in pressures on infection control and occupation health. • NICU and SCBU and colonisation with CPE. Had some improvement over 12 months but 29 babies have been colonised. Have taken steps including improved hand hygiene and decluttering of the environment. The UKHSA have been invited to carry out a peer review. No harm had been caused to babies.	

	• Gaps in the central quality governance team including complaints and PALs. • NRS and supply of medical equipment. The Committee agreed that the following areas be brought to the Board's attention: 1. Support for staff attending inquests 2. Paediatric Emergency Department pressures 3. Interpreting service review 4. Annual PSIRF review 5. NRS equipment supplies 6. Maternity Incentive Scheme risks 7. Mental Health risks
Purpose	Noting
Recommendation	Board members are asked to: note the Chair's assurance report for the Quality Assurance Committee meeting held on 10 September 2025
BAF	Quality 1 and 2 entries and Integration 2 entry
Appendices	1. Q4 Learning from deaths' report 2. Patient safety incident investigation report

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	10 September 2025
Summary of assurance:	

1. Emerging Issues- QAC considered

a) Prevention of Future Deaths Notice – A recently received notice was discussed and a response is being drafted and will include how to prepare staff who may be called to give evidence.

b) NRS – Insolvency of the company was creating supply issues of specialist equipment for patients in the community and impacting discharge from hospital.

c) The National Inpatient survey was published on 9 September 2025. Benchmarking across acute and specialist providers remained largely the same and the Trust scored well on kindness and respect.

2. The Committee confirms to the Trust Board that it took good assurance from the following agenda items:

Q2 Board Assurance Framework (BAF) – Quality 1 and 2 and Integration 2 entries

The Committee discussed the risks to the delivery of the Trust's quality and integration strategic objectives. No changes were recommended to the BAF risk scores.

The Committee approved the Q1 BAF for the Quality and Integration 2 entries.

Q1 Patient experience report

Committee members considered the report and discussed the following points:

1. On Friends and Family Test (FFT) results, the Trust had maintained a score above the 85% NHS benchmark at 91%, with 8,785 responses received, an increase of 1,799 responses on Q4.
2. The Trust had seen a steady number of complaints with some improvement in response times. Good progress has been made specifically in the Surgery & Cancer clinical division. Further work would be undertaken to address key reasons for complaints to improve response rates across the hospital.
3. Patient advisory liaison (PALs) team had seen significant increase in the number of PALs contacts. The team was responding positively to challenges within the team.
4. A backlog in the review of patient information leaflets has impacted the number of leaflets reviewed during the quarter. 27 were reviewed and approved.
5. Interpreting services were under review to ensure that they met the needs of patients where English was not their first language.
6. Recruitment of volunteers had increased which included a therapy dog which had been well received by both patients and staff.

The Committee discussed ongoing challenges affecting the paediatric emergency department where FFT positive response rates of 59% were below

the NHS target of 85% and negative comments at 33% were significantly above the NHS 5% benchmark. The Committee was assured that steps had been taken to address staffing issues in the paediatric emergency department (ED) as well as the recruitment of a paediatric ED consultant. The Committee agreed that a detailed report outlining actions taken to address issues would be considered at the next committee meeting.

The Committee noted the report.

Quarterly Quality Report

The Committee reviewed the Q1 report which highlighted the following:

- Ten projects were presented at the annual Quality Improvement celebration. The hot Cholecystectomy project was declared the winner of the best project award.
- There are 30 outstanding Duty of Candours (DoC) stage 2 (written apology). The importance of completing DoC is constantly reinforced across all services.
- National audits data and compliance rates were very good. In Q1, seven national audit reports were published, the team received 2 responses. 3 responses were overdue and being chased.
- The overall number of overdue clinical policy documents has increased to 29% in August 2025 compared to 19% in March 2025.
- PSIRF – The following learning responses were completed in Qtr1 and presented at Whittington Improvement Safety Huddle (WISH).
  - 13 Rapid Action Reviews with no further action required
  - 5 Rapid Action Reviews with feedback required
  - 2 Rapid Action Reviews with action plans
  - 3 After Action Reviews
- There was 1 patient safety incident investigation (PSII) declared in Qtr1

The Committee received assurance that support was in place to manage and update the backlog of policies that were out of date.

The Committee discussed delays in reviews at the stroke clinic. The Committee learnt that the Trust is unique in that there is no dedicated stroke service on site. While University College London Hospitals runs a Hyper-acute Stroke Unit (HASU) it is based at the National Hospital for Neurology and Neurosurgery which means that transfers from Whittington Health (WH) are not straightforward. Improvement work is underway to relieve the pressures on stroke units.

The Committee noted the report

Annual Report for Patient Safety Incident Investigations including Never Events 2024/25

The Committee considered a review of the Patient Safety Incident Investigations (PSIIs) during the financial year April 2024 and March 2025 which reported on the following:

- During 2024/25 nine PSIIs were reported.
- Two Never Events, related to wrong site surgery.

- One incident met the Maternity and Newborn Safety Investigations (MNSI) criteria.

The Committee received assurance that the PSII process was now progressing well. Of the nine PSIIs declared last year, a clear timetable has now been set to complete investigations in a timely manner. The Committee took assurance that learning was being embedded into daily practice and cascaded through divisions, with no major themes identified. While pressures in ED have impacted patient care, the Committee was assured that issues were appropriately managed.

The Committee noted the report

Patient Safey Incident Response Framework (PSIRF) Workshop Update
The Committee received assurance from the "One Year On" workshop that significant progress has been made since implementation of the framework in April 2024. The session was attended by a wide range of clinicians who had in some way been impacted by PSIRF. A stronger culture of learning was evident through initiatives such as WISH which took place weekly and daily triage meetings, which have improved incident reporting and transparency. Staff engagement has been positive, with after action reviews and swarm huddles providing valuable learning. The Committee welcomed the steps taken to augment training following a training needs assessments to close training gaps. In addition, measures would also be put in place to increase clinician involvement in investigations, and ensure learning was consistently translated into sustainable organisational improvements.

The Committee noted the report

Patient Safety Incident Investigation Report (PSIRF)
The Committee reviewed the report which outlined one serious incident (SI) and two patient safety incident investigations:

- The SI related to a term infant born by caesarean section with hypoxic-ischaemic encephalopathy and meconium aspiration. The baby was transferred out for therapeutic hypothermia and escalated care. The investigation found that there was a missed opportunity for an early risk assessment and foetal wellbeing evaluation and a delay with the transfer to a tertiary neonatal unit compounded by extreme neonatal acuity across London. Since then, a midwife and obstetrician attend daily surge calls, electronic patient notes are available at the front door, improved staffing at maternity triage and reception has been implemented and a robust mechanism to chase blood testing was now in place.
- A wrong side nerve block for analgesia of rib fracture was investigated. Findings established that the process for nerve blocks in theatre was not embedded outside of the theatre environment. A standardised process for the use of blocks was now in place with a consistent approach to training and supervision.
- A mental health patient was asked to leave the emergency department without being seen having been abusive to staff and was later found dead by suspected suicide. An investigation found that patients presenting with violent and aggressive behaviour would need to be safely managed with the support of security in the ED. A new code 10 process has been introduced to

summon security and a multidisciplinary team via a standard process to allow patient and staff safety and clear MDT decision making.

The Committee discussed the importance of wider review of the treatment of mental health patients who present in the ED. The Committee was assured that improvement work would focus on additional training for staff; clinical de-escalation; violence reduction, restrictive practice and environmental factors.

The Committee noted the report

Maternity Services Quarterly Board Report – Q2 2025/26

The Committee received a summary of the work undertaken in the maternity department for quarter 1. The following points were highlighted:

- Training compliance for foetal monitoring and PROMPT remained below the 90% threshold (MIS Year 8 requirement). Most of the doctors requiring training were already booked. Provided all staff attend as scheduled, the Trust was expected to achieve compliance.
- Safeguarding Children Level 3 training was raised as a concern during the CQC revisit. Fortnightly meetings were in place to ensure progress, with compliance actions ongoing.
- MIS Year 6 was fully compliant. The Trust had received a £32k bonus which would be reinvested into projects to support upcoming compliance requirements.
- For MIS Year 7 three safety actions were currently at risk
    - Safety Action 4 – compliance with locum checks. Audit and action plans were in place
    - Safety Action 7 – MNVP (Maternity and Neonatal Voices Partnership) attendance/records. Updated references were required and attendance evidenced before the deadline.
    - Safety Action 8 – Training compliance (see above).
- Saving Babies' Lives Care Bundle (v3.2, June 2025). Q1 compliance recorded at 91% overall, above the national threshold.
- No new maternity and safety investigations were reported in Q1. One investigation had been completed and recommendations implemented.
- Perinatal mortality review toolkit reviews were up to date.
- Quality Improvement Projects
    - Interpreter cards project with Maternity & Neonatal Voices Partnership has been well received by service users and recognised at London level.
    - Foetal physiology training was being embedded, with evidence of reducing Hypoxic-Ischemic Encephalopathy.
    - MIS Safety Action 3 QI project on dashboards included perinatal mortality reporting.

The Committee took assurance that clear action plans are in place for areas at risk. Training compliance remained the most significant risk, but mitigations were in place with capacity to add emergency sessions if required. Positive assurance was gained from progress against the Saving Babies' Lives Care Bundle and innovative QI work with strong service-user involvement. Ongoing oversight was required for CQC actions (particularly safeguarding) and the delivery of Safety Actions 4, 7, and 8.

The Committee noted the Q1 maternity report.

Learning from Deaths Quarterly Report Q4

The Committee was informed that, 119 adult inpatient deaths at Whittington Health (excluding deaths in the emergency department), during quarter 4 compared with 100 in Q3. There were no maternal deaths, one neonatal death due to extreme prematurity, and no paediatric deaths.

Eight adult Structured Judgement Reviews (SJRs) were requested and completed (one awaiting a second reviewer), alongside 48 non-SJR mortality reviews. All reviewed cases have been discussed at departmental M&M meetings, with one SJR requested externally by the Medical Examiner service following family concerns. Two Prevention of Future Deaths (PFD) notices were issued by the coroner.

The latest published standard hospital mortality index (SHMI) for Jan–Dec 2024 was 0.93, showing improvement from 0.98 in the prior period (Aug 2023–Jul 2024) and remaining within the expected range. 75% of deaths occurred in hospital (vs 69% nationally). 57.9% of provider spells were in deprivation quintiles 1–2 (vs 43.2% nationally). The highest SHMI by diagnostic group was lung cancer at 1.6, which remains within expected limits.

The Committee took assurance that mortality was being closely monitored, reviews were completed in line with policy. Learning was embedded across divisions, with national benchmarks confirming performance remains within expected parameters.

The Committee noted the report.

ACW QI Project – Development of a digital Outpatient Parenteral Antimicrobial Therapy (OPAT) dashboard

The Committee welcomed Shehryar Khan, Specialist Infection Pharmacist who attended the meeting to deliver a presentation on the Outpatient Parenteral Antimicrobial Therapy (OPAT) service, which provided complex and chronic infection care for patients across Barnet, Camden, Hackney, and surrounding boroughs.

The Committee was advised of the following:

- The service team is comprised of medical, pharmacy, and ambulatory care expertise. The team accepted referrals across all clinical teams and reviewed patients weekly in a multidisciplinary team (MDT) scenario.
- To strengthen governance, OPAT transitioned from an Excel-based patient tracker to a live, electronic patient record linked system feeding into a Power BI dashboard.
- The new system captured treatment indications, outcomes, antibiotic stewardship data, and demographic trends, with enhanced visibility and reporting to infection prevention and control and Trust governance forums.
- The live dashboard enabled real-time monitoring of patient safety (e.g. blood test scheduling, follow-ups) and service activity (e.g. bed days saved, outcome data, antibiotic usage).

- Data demonstrated that almost all antibiotic prescribing was microbiology-directed, with resistant organism monitoring embedded.
- Patient outcomes and equity of access were monitored by age, gender, and other demographic factors, supporting action on health inequalities.
- The service has delivered measurable reductions in bed days, improved patient safety oversight, and strengthened antimicrobial stewardship.
- The team was recognised at the Health Security Agency (UKHSA) Awards, nominated for a Health Service Journal Award, and their digital approach has been adopted in the British Society for Antimicrobial Chemotherapy good practice recommendations.
- Collaboration is underway with NHS England and BSAC to scale the model nationally.

The Committee was assured that OPAT was a high-performing, data-driven service that delivered safe, effective, and equitable care, aligned with national antimicrobial stewardship and "Data Saves Lives" strategies.

The Committee thanked Shehryar Khan for his presentation and would forward to future updates

Ligature risk update
The Committee received an update on progress in reducing ligature-related risks. Work undertaken by the estates team and targeted training have led to a measurable risk reduction, with assessments continuing across the Trust. Two outstanding assessments remain in the community, one of which is jointly owned and more complex to progress. Engagement with clinical staff has strengthened, supporting prioritisation and ensuring care delivery is maintained alongside risk reduction activity.

Practical mitigations delivered included installation of anti-barricade doors, grab rails, cord adjustments, and CCTV. Training progress is notable, with 100% compliance achieved in some areas and positive shared learning reported among staff. A new programme of ligature reviews was scheduled to commence in October.

The Committee acknowledged that ligature risks cannot be fully eliminated, but welcomed the significant progress made and the expectation that risks will be substantially reduced once estates work and training are completed. Ongoing review will ensure the programme continues to evolve in line with best practice.

The Committee noted the report

Mental Health Update
The Committee received an update on key priorities for improving the care of patients with mental health needs. The Committee were informed of the following:
- Monthly audits by a charge nurse to review patients that have been secluded.
- ED environments for mental health patients were under review, supported by targeted training and an external review by the Crisis Prevention Institute.
- Patients leaving ED before liaison review are being analysed, with plans to enhance community pathways.

	• For inpatients detained under the Mental Health Act, 54% had been in hospital over 28 days without timely psychiatric input. • Collaborative initiatives with North London Foundation Trust aimed to address unmet physical health needs among long-stay mental health patients. • Cross-Trust training posts for medical staff; nursing and therapies were being explored. • Data collection for children and young people remained challenging; an improved patient record system was recommended. • The use of the Mental Health Act for children and young people was minimal reflecting effective restrictive practice reduction. • Violence and aggression on Ifor Ward highlighted the importance of rapid tranquillisation, policy adherence, and team communication. • Most children presenting to ED are already known to CAMHS; upstream interventions aim to prevent ED attendance. The Committee noted the governance around seclusion, effective restrictive practice reduction, strengthened training, and collaborative system-wide initiatives. Risks remained regarding data quality, safeguarding-related delayed discharges, psychiatric access for detained inpatients, and management of aggression on paediatric wards. **The Committee noted the report**
3.	**Committee members took moderate assurance from the following agenda items:** **Risk Register report** The Committee reviewed the risk register report which showed 47 risks ≥15 on the risk register, 43 of which were fully approved and four were awaiting approval. There were two new 15+ risks • 1638 - Structural Defects to Jenner Block Emergency Staircase • 1649 - Pseudomonas Aeruginosa in water outlets in augmented care areas • 1632 - Stuart Crescent - Fire Detection inadequate • 1650 - 'Legionella Pneumophila in water outlets throughout Trust • 1627 - Transcribing process in District Nursing • 1640 - Lack of Capacity within the Vascular service Six risks were increased • 1469 - Inadequate community equipment service provision by NRS Five high risks were decreased: • 1588 - Increased Islington VW bed capacity with pharmacy staff already at capacity • 683 - Crowding in ED • 1532 - Ligature Risk Reduction Works • 1605 - Lack of anaesthetic resource to adequately support elective activity • 1587 - HSL Adherence of KPIs One high risk was closed

	• 1171 - Capital Replacement - Fire Passive and Active systems deficiencies in K Block The Committee welcomed the remedial work carried out on water safety noting that no patient harm had occurred. A detailed report would be considered at the next meeting. **The Committee noted the Risk Register report and mitigations in place** **Fire Action Plan update** The Committee received assurance on the delivery of the Fire Action Plan following the issue of Fire Notices by the London Fire Brigade (LFB) in December 2024, which remain unpublished. The Trust has maintained regular engagement and open dialogue with the LFB throughout this period. The Committee was apprised of the following: • Since March 2025, a fire alarm upgrade programme has been underway, including installation of modern, compliant fire detection and alarm systems, compartmentation improvements, and upgrades to emergency lighting. Strategic measures include conversion of lifts into evacuation lifts and establishment of a 24-hour Fire Watch in high-risk areas. • Intrusive surveys and essential fire-stopping works have been completed across Blocks A, L, C, and M, addressing compartmentation breaches and strengthening fire containment. Installation of the new L1 alarm system is nearly complete in Block L but work in Block A has been paused following its reclassification as a High Rise Building under the Building Safety Act 2022. This requires a formal submission to the Building Safety Regulator, expected to take several months. The Committee was informed that once funding was secured, construction of a secondary decant ward would commence to enable the phased P2 remediation programme without disrupting patient care. All works are being delivered in collaboration with specialist fire safety partners and in alignment with NHS England standards and RIBA Stage 4 requirements. **The Committee noted the report** **HSL Update** The Committee received a verbal update on progress with the HSL contract. The Committee was informed that key performance indicators (KPIs) were agreed over the summer, with further discussion required with services and wider users. The Committee was advised that new laboratories were being created on site, with the Trust scheduled to relocate by the end of the autumn. The new facilities would include upgraded analysers expected to increase capacity, expedite turnaround times, and improve local service delivery. The Committee received assurance that the new laboratory development and agreed KPIs would strengthen operational performance and quality of service, subject to successful transition later in the year. **The Committee noted the verbal update**
4.	**Present:** Amanda Gibbon, Non-Executive Director (Chair)

	Baroness Glenys Thornton, Non-Executive Director Dr Clare Dollery, Chief Medical Officer and Deputy Chief Executive Sarah Wilding, Chief Nurse & Director of Allied Health Professionals Chinyama Okunuga, Chief Operating Officer Swarnjit Singh, Joint Director of Inclusion & Trust Company Secretary Tina Jegede, Joint Director of Inclusion & Islington Care Homes Lead **In attendance:** Selina Douglas, Chief Executive Nickki Sands, Deputy Chief Nurse Clarissa Murdoch. Deputy Chief Medical Officer. Dr Phillip Lee, Associate Medical Director, Patient Safety Marcia Marrast-Lewis, Assistant Trust Secretary Matthew Minter, Associate Director of Clinical Governance Ruth Woolhouse, Senior Mental Health Nurse Liam Triggs, Director of Estates & Facilities Isabelle Cornet, Director of Midwifery Shehryar Khan, Specialist Infection Pharmacist Stuart Richardson, Chief Pharmacist Antoinette Weber, Head of Patient Experience Theresa Renwick, Safeguarding Adults Lead Ruth Woolhouse, Senior Nurse and Team Manager Dr Anna Picciotto, Associate Director, CAMHS and Mental Health **Apologies** Mark Emberton, Non-Executive Director Jonathan Gardner, Chief Strategy, Digital and Improvement Officer

Meeting title	**Quality Assurance Committee**	**Date: 10th September 2025**
Report Title	**Quarterly Learning from Deaths (LfD) Report** Q4 1st January 2025 to 31st March 2025	**Agenda Item:** 3.8
Executive Director Lead	Dr Clare Dollery, Chief Medical Officer	
Report Authors	Dr Sarah Gillis, Associate Medical Director Learning from Deaths Ruby Carr, Project Lead for Learning from Deaths	
Executive Summary	During Quarter 4, 1st January 2025 to 31st March 2025, there were 119 adult inpatient deaths (excluding deaths in the Emergency Department (ED)), reported at Whittington Health (WH) versus 100 in Quarter 3 2024/25. 8 adult structured judgement reviews (SJRs) were requested for Quarter 4 and 8 of these have been completed. 1 has not yet had a second reviewer, but all others have been reviewed at departmental Morbidity and Mortality (M&M) meetings. 48 non SJR mortality reviews were completed. One of these SJRs was requested by the Medical Examiners (ME) service at another Trust where the patient died after concerns raised by the family with the ME there. There were no maternal deaths. There was 1 neonatal death in Q4 which was due to extreme prematurity. There were no paediatric deaths. 2 Prevention of Future Deaths (PFDs) notices were issued by HM Coroner to Whittington Health. The latest published Summary Hospital-level Mortality Indicator (SHMI) for the Whittington is for the data period January 2024 - December 2024 is 0.93. This remains within the expected range and shows improvement, reflecting a decrease from 0.98 during the previous period, from August 2023 to July 2024. 75% of our deaths occurred in hospital vs 69% nationally. 57.9% of our provider spells were in deprivation quintiles 1 and 2 vs 43.2% nationally. The highest SHMI by diagnostic group was cancer of the bronchus; lung at 1.6. However, these deaths remain within the expected range.	
Purpose:	The paper summarises the key learning points and actions identified in the mortality reviews completed for Q4, 1st January 2025 to 31st March 2025.	
Recommendation(s)	Members are invited to: • Recognise the assurances highlighted for the robust process implemented to strengthen governance and improved care around inpatient deaths and performance in reviewing inpatient deaths which make a significant positive contribution to patient safety culture at the Trust. • Be aware of the areas where further action is being taken to improve compliance data and the sharing of learning.	
Risk Register or Board Assurance Framework	Captured on the Trust Quality and Safety Risk Register	
Report history	Presented at Mortality Review Group 01/08/2025, Quality Governance Committee on 12/08/2025	
Appendices	Appendix 1: NHS England Trust Mortality Dashboard	

1. Introduction

1.1 This report summarises the key learning identified in the mortality reviews completed for Quarter 4 of 2024/25. 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.

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:

- Deaths where families, carers or staff have raised concerns about the quality-of-care provision.
- All inpatient deaths of patients with learning disabilities (LD) and autism.
- 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.
- Deaths recommended by the Medical Examiner service as needing further review.
- 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 during elective surgical procedures.
- Deaths where learning will inform the provider's existing or planned improvement work, for example deaths where the patient had treatment relating to blood transfusion.
- All inpatient paediatric, neonatal, and maternal deaths are reviewed as per national guidance and included in this report.

3. Mortality Review Quarter 4, 2024/25

3.1 There were 119 adult inpatient deaths (excluding deaths in ED) reported at Whittington Health (WH).

3.2 There was one neonatal death in Q4 due to extreme prematurity. The mother was booked at UCLH but brought to Whittington Health by London Ambulance Service. There were no paediatric deaths.

3.3 There were no maternal deaths.

3.4 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)	25
Cavell	13
Cloudesley	16
Meyrick	11
ITU (Intensive Treatment Unit)	18
Nightingale (respiratory)	11
Coronary Care Unit (Montuschi)	8
Thorogood	9
Victoria	5
Coyle	2
Mercers	1
Eddington	0
Cearns	0
Theatres Recovery	0
Child/neonatal	0
Maternal	0
Total:	119

3.5 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	112	48	64
Neonatal and Paediatric Mortality Reviews	0	0	0
SJR	8	8	0

3.6 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)	1	0
Cavell	0	0
Cloudesley	0	0
Meyrick	1	0
ITU	3	0
Nightingale	0	0
Coronary Care Unit (Montuschi)	0	0
Victoria	2	0
Coyle	0	0

Mercers	0	0
ED	0	0
Thorogood	1	0
Theatres Recovery	0	0
Other	0	0
Total:	**8**	**0**

Table 3: *Reasons for deaths being assigned as requiring an SJR during Quarter 4, 2024/25*

Criteria for SJR	**Number of SJRs identified**	**Completed SJRs**	**Comments**
Staff/clinician raised concerns about care	0	0	
Staff/Clinician/Medical Examiner raised concerns about care	0	0	
Family raised concerns about quality of care	1	1	
Death of a patient with Serious mental illness (SMI)	6	6	One patient had a severe mental illness(SMI) and a learning disability (LD)
Death in surgical patients	0	0	
Paediatric/maternal/neonatal/intra-uterine deaths	0	0	
Deaths referred to Coroner's office without proposed cause of death	0	0	
Deaths related to specific patient safety or QI work	0	0	
Death of a patient with a Learning disability	1	1	
Medical Examiner concern	0	0	
Serious Incident investigations	0	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)			
Total including Neonatal Deaths	**8**	**8**	

3.7 Deaths requiring an SJR 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.

3.8 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 process and are clearly and transparently recorded and reported.

4. Mortality Dashboard

4.1 There were 119 inpatient adult deaths recorded in Quarter 4, 2024/25 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 4 April 2025 (Week 14 2025), 11,448 deaths were registered in England and Wales (including non-residents), an increase from 11,241 in the previous week (Week 13 2025). The number of deaths registered in Week 14 2025 was 8.4% higher than the expected number (889 more deaths). In the week ending 4 April 2025, 13.5% of registered deaths involved influenza or pneumonia (1,540 deaths), while 0.7% involved coronavirus (COVID-19) (82 deaths).

4.4 The number of inpatient and ED deaths in Q4 2024/25 was 142.

4.5 There was 1 learning disability death, 1 death of patient with Autism and 6 deaths of patients (1 patient had SMI and LD) with an SMI during Quarter 4.

4.6 The radial graph below compares all crude adult mortality rates (including ED deaths) for Whittington health in 2018-19, 2019-20, 2020-21, 2021-22, 2022-23 with the current year considered in this report 2024-25.

Graph 1: Crude Adult Mortality at Whittington Health comparing previous years (April 2018 – March 2025)

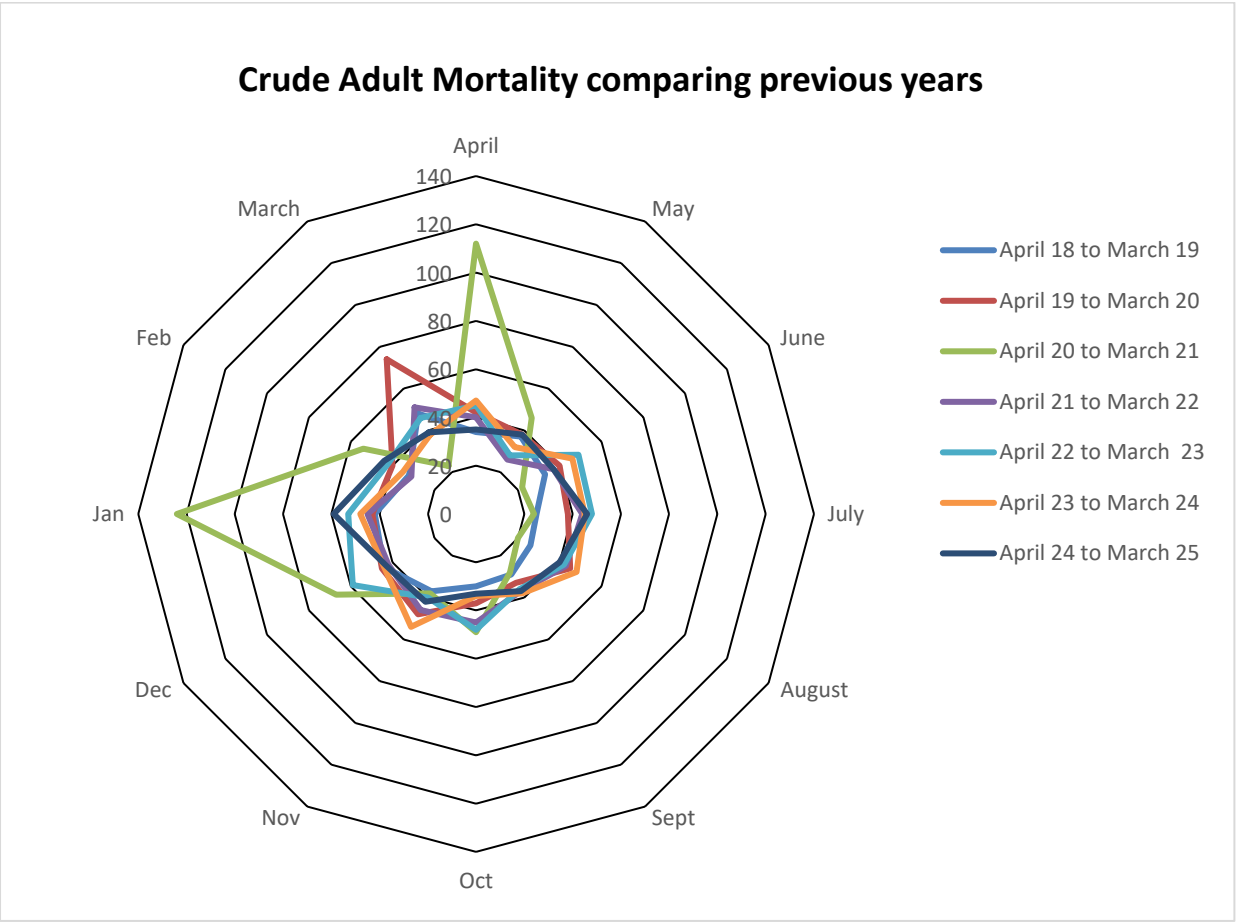


Table 4: Number of inpatient and ED deaths each month over the past 6 years

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 23	April 23 to March 24	April 24 to March 25
April	34	42	112	40	45	47	35
May	37	38	46	26	28	32	38
June	33	40	22	37	49	46	37
July	25	38	24	44	48	45	46
August	26	45	20	43	42	48	40
Sept	29	33	28	37	36	38	37
Oct	30	37	49	45	48	34	33
Nov	37	48	38	46	40	54	42
Dec	44	45	67	42	59	44	43
Jan	42	43	124	45	53	48	59
Feb	32	40	54	31	42	35	44
March	48	74	23	51	46	38	39
Total	**417**	**523**	**607**	**487**	**536**	**509**	**493**

5. Summary Hospital-level Mortality Indicator (SHMI)

The latest published Summary Hospital-level Mortality Indicator (SHMI) for the Whittington is for the data period January 2024 - December 2024 is 0.93. This remains within the expected range and shows improvement, reflecting a decrease from 0.97 during the previous period, from October 2023 to September 2024. New data should be available for later iterations of this report.

6. Prevention of Future Deaths (PFDs)

2 PFDs were issued by HM Coroner to Whittington Health. One has been responded to already, and for the other a response is currently being prepared and will be sent to the Coroner soon.
The PFD which has been responded to was to the Integrated Community Ageing Team (ICAT)and this was in regard to a death at home in March 2024. This case has been presented at Quality Assurance Committee (QAC) on 15/05/25 and 09/07/25, and at Quality Governance Committee (QGC) on 10/06/25. The patient was referred and discharged from Integrated Community Ageing Team (ICAT), because they did not want to engage with their assessment of him at home; the patient was suffering from cognitive impairment as a result of previous strokes, dementia, mental health history and paranoia. The Trust's response to the PFD was that a mental capacity assessment should be conducted for all patients when they are not engaging with services, and additionally family involvement should be sought where appropriate.
Details have been added to the assessment proforma clearly showing the requirement to consult with the patients' family where applicable.
Compliance with the additional information completion will be audited monthly and reported back to the governance meeting.
This has been discussed at the Adult Community Service (ACS) Quality Board for dissemination of learning.

The second was in regard to the death of a child where medical staff did not recognise the lack of nursing observations. Observations were thought to be acceptable because they were not reported as otherwise, when in fact they were absent. The discharging doctor decided that, if his final observations were normal Finlay could go home. Those observations were never carried out, but Finlay was nevertheless discharged. The Trust's response is due mid-August. However, there is already a new discharge proforma, and there has been education about the need to ensure all observations are done as a complete set, repeated at 1h if there is any abnormality. This will be followed up by regular education, induction and audit by the ED team.

7. Themes and learning from mortality reviews Quarter 4, 2024/2025

7.1 Management of patients with Serious Mental Illness (SMI)

There were 6 deaths of patients with serious mental illness. In summary highlighted learning was:
7.1.1 That in the treatment of raised potassium where low blood sugar is a known complication, that blood sugars should be monitored, and glucagon (a treatment for this) should be available.
7.1.2 Treatment escalation plans should be clear and unambiguous.
7.1.3 Highlighted good multidisciplinary team (MDT) involvement with monitoring of fluid balance with the Critical Care Outreach Team (CCOT) and nutrition team involvement.
7.1.4. Concern over lack of continuity over bank holiday weekends was highlighted.
7.1.5 Early recognition of end of life is important in order to allow anticipatory medications to be prescribed and families to be informed.
7.1.6 A patient was sedated on the ward as they were refusing treatment but had no capacity. Cardiac arrest occurred likely secondary to high potassium levels. However, there was concern about whether sedation could have contributed although this was not clear in the notes. Learning is that advice and support in relation to sedation should be sought.
7.1.7 In one patient there was care given in ED corridor highlighted as a concern, otherwise excellent care.
7.1.8 Triage needs to be documented, and patients seen promptly after ED admission. Concerns flagged in the SJR were that patient had been noted to potentially have partial airway compromise. After the Coronial

case, the death was not felt to be related to airway problems, but for future concerns regarding airway compromise an ENT and anaesthetic review should be sought.

Evidence of good End of life care (EOLC)
A patient with SMI and LD was highlighted as having excellent EOLC
2 patients in ITU who were referred to the Specialist Nurse for Organ Donation as per guidance. Neither was accepted as a donor as there was no identified next of kin (NOK).

7.2 Management of patients with Learning Difficulties or autism

There was one death of a patient with a learning disability and one death where the patient was autistic. The patient with LD also had SMI. They had pneumonia, with a high likelihood of death recognised. There was excellent MDT involvement supporting the patient in the lead up to their death.
A case was referred to the Court of Protection after family concerns about brain stem testing – the court ordered the testing to occur. The outcome of the coroner's case is still awaited.

7.3 Other adult deaths

One SJR was done after a request by the ME at another Trust after a subsequent admission there. The family raised concerns about the care of the patient at the Whittington. The patient was felt by the reviewer to have no evidence of death avoidability, but there were other quality issues raised around their care to learn from. The patient had a long stay in ED while waiting for a bed to become available. Learning was that the pressure areas needed to be documented in the medical notes as well as the nursing notes. The CFS (Clinical Frailty Score) was underscored initially and meant that the patient did not have a review by the frailty team, and this might have led to better holistic care. They highlighted an opportunity to improve teaching on how to score a CFS.

Feedback highlighted from adult non SJR deaths were: At the hospital presentation leading to their death, a patient tested positive for HIV and died from infections related to this. The reviewers noted that they had had a previous admission with a community acquired pneumonia where guidance is that people should be tested for HIV, and that this was not done and was a missed opportunity to diagnose earlier and treat.

8. Dissemination of Learning

8.1 This report is considered at the Mortality Review Group attended by the mortality leads from each specialty which allows them to disseminate onwards lessons.
8.2 Additionally, a PowerPoint summary of learning has been prepared and will be sent to all mortality leads to discussed at their departmental mortality meetings
8.3 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.
8.4 Teams hold mortality review meetings to discuss local cases and share wider learning between teams and jointly review cases.

9. Summary of Items at Mortality Review Group (MRG)

9.1 The Mortality Review Group met in January and April 2025 to consider Q4 deaths.

9.2 The Trust has changed providers for quarterly mortality analysis and these reports are now being provided by Healthcare Evaluation Data (HED).
9.3 The group requested two reviews of specific causes of death where HMI was higher than average but still within the expected range – lung cancer and heart failure. This will be reported on in the Q1 2025/26 report.

Appendix 1

NHS Whittington Health: Learning from Deaths Dashboard - March 2024-25

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
42	43	11	15	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
144	117	48	39	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
491	501	149	87	0	0

Time Series: Start date 2017-18 Q1 End date 2024-25 Q4

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 (QT	0 -	This Quarter (QT	0 -	This Quarter	0 -
This Year (YTD)	0 -	This Year (YTD)	0 -	This Year (YTD)	0 -	This Year (YTD)	0 -	This Year (YTD)	0 -	This Year (Y	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
1	1	1	1	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
2	1	2	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
7	8	5	7	0	0

Meeting title	**Trust Board – public meeting**	**Date: 25.09.2025**
Report title	**Workforce Assurance Committee Chair's report**	**Agenda item: 6**
Committee Chair	Rob Vincent, Non-Executive Director	
Executive lead	Liz O'Hara, Chief People Officer	
Report authors	Marcia Marrast-Lewis, Assistant Trust Secretary, Swarnjit Singh, Trust Company Secretary, Liz O'Hara and Rob Vincent	
Executive summary	Trust Board members are presented with the Workforce Assurance Committee Chair's report for the meeting held on 11 August 2025. **Areas of assurance:** • Chief People Officer verbal report • Board Assurance Framework – People 1 and 2 entries • Risk Register • People strategy update on Pillar 5, staff engagement; communication, staff wellbeing and inclusion • A review of the management of contracted hours on the electronic staff record (ESR) • An update on temporary staffing expenditure and the programme management office structure • Staff Story: Update from LGBTQIA+ network The Committee agreed to highlight the following areas to the attention of the Board: • The good work taking place on pillar 5 of the People Strategy on staff engagement • The review of the management of contracted hours on ESR and the reset of nursing hours which will now be considered by the Audit and Risk Committee. • The staff story which highlighted the activities of the LGBQT+ network	
Purpose	Noting	
Recommendation(s)	Board members are invited to note the Committee Chair's report for the meeting held on 11 August 2025	
BAF	People 1 and 2 entries	
Appendices	None	

Committee Chair's assurance report

Committee name	Workforce Assurance Committee
Date of meeting	11 August 2025
Summary of assurance:	

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

Chief People Officer's report

The Committee received a verbal report from the Deputy Director of Workforce in which she highlighted key events and developments since the last meeting, as follows:

- Industrial action by resident doctors between 25 to 30 July: the impact of the strike action was managed safely. Workforce and payroll teams were now analysing the operational and financial impact, and the outcomes will be shared with Finance and HR to ensure lessons were learned.
- NHS 10-Year Plan: the new national strategy aligned strongly with Whittington Health's priorities, particularly the shift from hospital to community, and from analogue to digital. The workforce implications included digital capability, flexible working, and an investment in prevention-focused roles.
- Staff experience & wellbeing: there was high emphasis in the plan on staff health and wellbeing, sickness absence reduction, and flexible working. Current Whittington Health initiatives included treatment hubs, wellbeing programmes, flexible contracts and the Trust was well-positioned to meet expectations.
- Workforce development: there was a greater national commitment to lifelong learning, career progression, and talent management. A refreshed leadership and training framework will be rolled out, supporting both succession planning and local prosperity with anchor institutions playing a key role.
- Performance & reward: a revised pay and a performance approach for Very Senior Managers would be linked to league tables and performance metrics. This would encourage a cultural shift across the NHS with a potential impact on recruitment, retention, and organisational profile.
- Delivery requirements: Trust workforce teams would need to respond at pace and more detailed guidance was anticipated in September. Liz O'Hara had volunteered to join the national Workforce Working Group.

In discussion, the Committee was apprised of the following issues:

- Whittington Health would continue to retain local control over workforce planning and decision-making while the North Central London (NCL) Integrated Board (ICB) took forward its merger with the North West London ICB.
- The Trust was confirmed as programme host for the Start Well initiative.
- NHS England's 2025/26 planning guidance was expected to be published in the autumn.
- The Royal College of Nursing was holding a ballot for strike action and the outcome was expected within two weeks

The Committee noted the verbal update and agreed that a report setting out the Trust's actions to manage system instability would be considered at the next meeting.

Deep dive into People Strategy – pillar five engage.

The Committee received a presentation on fifth pillar - staff engagement, staff wellbeing and inclusion. The following outcomes were noted:

- A multi-team engagement approach was taken to drive communication across multiple teams, including staff wellbeing, organisational development, communications and inclusion. This approach provided wider reach and encouraged broad ownership.
- Staff engagement levels had increased steadily over the last two years, remaining above the NHS average for acute and community organisations.
- Listening and feedback mechanisms included the use of national staff survey, quarterly People Pulse surveys, local listening events, focus groups, and organisational development diagnostics, which facilitated staff voices and informed interventions.
- Annual staff awards, extra mile awards, and long service awards provided opportunities for recognition and the celebration of achievements, thus improving morale and retention.
- Training and development: there were large coaching and mediation networks, leadership development programmes, and continuing professional development opportunities were in place. This enhanced engagement and created internal champions.
- Internal communications: weekly noticeboards, team briefings, chief executive all staff briefings, and newsletters ensured staff were kept up-to-date and informed, engaged, and included, particularly those that were not desk-based.
- Digital and social media initiatives included YouTube "Why I Care" stories, social media posts, and brand toolkits support engagement, recruitment, and professional communication standards.
- Inclusion and belonging: the Engagement strategy included work on belonging and inclusion, fostering a sense of being part of the organisation to support retention and improved patient care.

In discussion, the Committee received the following assurances:

- Multiple channels were available for staff to give feedback or raise concerns through mediation referrals, direct contact, HR and Inclusion Team, team briefings, QR codes, and manager escalation routes.
- Engagement was inclusive. There was an emphasis on reaching under-represented staff groups, to ensure all voices are heard.
- Frontline insight was achieved by informal walkarounds and formal roles such as maternity safety champions or freedom to speak up champions who provided valuable real-time feedback.
- Communications support was achieved through storytelling, roadshows, and the redesigned intranet support for effective dissemination of information and engagement.

- Executive engagement by the development of a rolling programme of standardised executive and non-executive site visits to link staff experience to board oversight.

Staff wellbeing and engagement

The Committee were apprised of the work undertaken to address the staff wellbeing and engagement element of pillar 5. The following assurances were given:

- Whittington Health had successfully combined staff wellbeing and engagement under a unified leadership, enabling more effective interventions.
- An evidence-based strategy was implemented by an initial needs assessment. This shaped wellbeing priorities, ensuring initiatives reflected staff feedback and organisational needs.
- A staff wellbeing brand was established which ensured staff could easily identify available support.
- Wellbeing Wednesdays & roadshows provided regular, organisation-wide touchpoints. This increased accessibility and engagement, particularly for part-time staff.
- Digital and hardcopy wellbeing booklets were made available to all staff groups.
- A Wellbeing Advocate Group of approximately 300 members provided peer-to-peer support.
- The employee assistance programme was provided by an integrated platform offering counselling, GP access, and staff benefits.
- Leadership development programmes were in place to equip leaders and managers with skills to prioritise wellbeing and engagement in operational decision-making.
- Staff survey scores reflected a positive shift in perception, with staff reporting feeling heard and supported.
- Initiatives have strengthened organisational culture, promoting inclusion, recognition, and connectedness.

Inclusion

The Committee learnt that engagement in inclusion was central to fostering a supportive, equitable, and culturally competent workplace. There was an emphasis on proactive allyship, anti-racism, and inclusion across all staff levels was promoted. The annual national reporting requirements on the disability and race workforce equality standards to NHS England provided transparency and accountability.

Key Initiatives included:

- The See Me First Programme: Trust-wide pledges for inclusive behaviour, encouraged staff to act as upstanders and hold peers accountable.
- Quarterly open forums celebrating good practice and sharing case studies of improved inclusion. They were a good source of staff engagement.

- Staff networks and champions had been established to coordinate the approach for inclusion, and included the menopause cafe, freedom to speak up, and wellbeing champions to provide information and guidance.
- Training and development covered anti-racism, preceptorship, leadership, and cultural competence programmes.
- International staff support provided reciprocal mentoring and practical guidance for overseas colleagues to support integration.
- Communication and recognition were provided with inclusion newsletters, chief executive briefings, and cultural calendar events.
- A religion and belief guide for frontline staff.

The Committee was assured that a robust and integrated approach to staff wellbeing, engagement, and inclusion was well embedded across the Trust. Leadership, staff champions, and systematic engagement mechanisms provided evidence-based assurance that the organisation fostered a culture of respect, belonging, and continuous improvement, benefiting both staff and service users.

A review of the management of contracted hours on ESR
The Committee considered the significant backlog of owed hours by nurses linked to historic rostering issues arising post-COVID and from system resourcing constraints. An external rostering consultant was engaged to work with frontline teams to develop rostering support who had made following recommendations:

- Executive-approved investment in rostering team was needed to increase capacity.
- A proposal was agreed to reset hours with a review to take place after six months. This aligned with practice in other NHS trusts.
- Staff-specific reconciliations were managed locally to ensure fairness.

The Committee noted the report and agreed that a reset of the outstanding hours from October 2023 on the e-roster system by 1st October 2025 was carried out. The Committee also agreed that this report should be considered at the next meeting of the Audit and Risk Committee.

Temporary staffing expenditure
The Committee considered a report on temporary staffing expenditure and noted the following:

- Agency spend continued to reduce in July to £485k, down from an average of £1.2m/month last year.
- Expenditure on temporary bank staff was £2.2m in July, driven by industrial action, and compared to £2.5m/month average last year.
- The financial impact of the industrial action in July was estimated at c. £600k (£390k for additional staffing costs and £200k for lost activity)

The Committee noted the good progress in reducing agency spend and recognised the need to do more to reduce bank staff expenditure. The Committee also noted the financial impact of the industrial action in July.

Financial recovery
The Committee received an update on the progress of the financial recovery plan and the development of a programme management office from the Senior Responsible Officer. The Committee was assured that

- Four priority workstreams had been agreed: people, clinical value, non-pay, and flow.
- Each workstream had executive, operational and programme leads.
- An exercise was taking place to map cost improvement opportunities into the programme.
- Preparations were underway to fully launch the financial recovery plan in September, with strong clinical leadership and communications input.

The Committee noted the report

Quarter 2 Board Assurance Framework (BAF)
The Committee received the report which considered the risks to the delivery of the Trust's People strategic objective. The People one and two BAF entries had been reviewed, and it was agreed that there would be no changes to risk scores to either entry. The only update related to the gap in controls in the People 2 entry regarding the development of a talent management programme for staff at Band 8A and above. The Committee was informed that discussions were taking place with Imperial NHS Trust who had run such a programme as well as identifying the funding needed.

The Committee approved the quarter two 2025/26 BAF entries for the risks to the delivery of People strategic objectives and agreed that the scores for both entries remain unchanged.

Risk register
The Committee was informed that a review of all workforce-related risks had been undertaken. The review identified opportunities to streamline the Datix system to make workforce risks clearer and more easily identifiable. The review covered the full risk register, not only high-rated risks (15+), which highlighted new areas for potential focus. The Committee recognised the value of this approach and was assured that workforce risks were being systematically reviewed.

The Committee noted the report
Staff Story – Update from LGBTQIA+ network
Louise Fisher, Chair of the LGBTQ+ Staff Network, provided an update on the network's activities and impact. The Committee learnt that the network aimed to create a safe and inclusive space for LGBTQ+ staff and allies, offering monthly meetings, training sessions, and support on issues such as bullying, harassment, and well-being.

Recent achievements included rebuilding engagement post-COVID, with regular participation from 25–30 staff at each meeting, and widespread visibility through rainbow lanyards. The network had completed the NHS England Rainbow Badge assessment, identifying areas for improvement in

	LGBTQ+ inclusion across clinical and corporate services. In response, the team developed an inclusion booklet and pride pin initiative, with over 150 staff already signed up. Challenges experienced were around limited funding, lack of protected time for network chairs and members, and reduced national support for LGBTQ+ programmes. The network was also responding to concerns raised in relation to legal ruling affecting trans rights. Future plans included expanding the badge initiative, enhancing support for trans colleagues, developing an LGBTQ+ equality standard, and encouraging staff survey participation. A call for increased allyship, senior representation, formalised protected time, and additional budget to sustain and grow the network's impact had also been raised. The Committee received the following assurances: • The Trust had issued a supportive public statement and held an open forum to gather staff views on trans issues; further sessions planned involved lived experience. • The network would consider the development of an LGBTQ+ equality standard, reinforcing dignity and respect in patient care. The Committee commended the staff network's leadership and acknowledged the importance of intersectionality along with the need for clear communication from senior leadership on the behaviours expired while people were at work.
2.	**Present:** Rob Vincent, Non-Executive Director (Committee Chair) Junaid Bajwa, Non-Executive Director Clare Dollery, Chief Medical Officer Selina Douglas, Chief Executive Officer Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary Glenys Thornton, Non-Executive Director Terry Whittle, Chief Finance Officer & Acting Deputy Chief Executive Sarah Wilding, Chief Nurse and Director of Allied Health Professionals **In attendance:** Deborah Choudhury, Business Manager to Chief People Officer Eliana Chrysostomou, Acting Assistant Director of Learning and Organisational Development Marcia Marrast-Lewis, Assistant Trust Secretary Charlotte Pawsey, Deputy Director of Workforce Eva Tinka, Head of Staff Wellbeing and Staff Engagement Serena Wilshire, HR Business Partner Mark Livingstone, Chief Allied Health Professional Joanne Bronte, Acting Deputy Director of HR Operations Louise Fisher, Communications and engagement officer

	Apologies Liz O'Hara, Chief People Officer Chinyama Okunuga, Chief Operating Officer

Meeting title	**Trust Board – public meeting**	**Date: 25.09.2025**
Report title	**Nursing, Midwifery, and Allied Health Professions (AHP) Strategy 2025-2028** *Inclusive Culture, Empowered Leaders, Excellence in Care* **(Overview)**	**Agenda item: 7**
Executive lead	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
Report author	Marielle Perraut, Assistant Chief Nurse	
Executive summary	Whittington Health's Nursing, Midwifery, and Allied Health Professions (NM&AHP) Strategy sets a clear three-year direction to strengthen workforce capability, wellbeing, and innovation. Its design complements professional development with organisational transformation and national priorities. The NM&AHP Strategy has been co-designed in close collaboration with our staff, patients, and visitors, ensuring their voices are not only heard but actively shape the direction of our work. This approach reflects both Whittington Health's ambitions and our biggest workforce's aspirations, fostering a culture of genuine engagement and shared purpose. By prioritising colleagues' involvement from the outset, we laid the foundation for stronger co-production, where innovation and improvement are driven by those closest to patient care. The strategy is based on our vision to be a compassionate, inclusive organisation where Nurses, Midwives, and AHPs are empowered to deliver outstanding care and reach their full potential. The strategy was shared though various committees (see history below). All comments and suggestions were considered by the steering group before sharing with the Trust Board **Context** This strategy sets out Whittington Health three-year vision for Nursing, Midwifery and Allied Health Professions, developed through extensive engagement with over 850 staff and 1,000 patients and members of the public. It complements the Trust's transformation agenda and reflects both internal and external challenges, including workforce pressures, leadership diversity, and evolving care models.	

	The strategy is built around four strategic commitments underpinned under the central theme of outstanding patient care: ❖ **Inclusive Leadership**: Promoting equity, visibility, and compassionate leadership across all levels. ❖ **Recognition and Wellbeing:** Embedding a culture of daily appreciation, psychological safety, and support. ❖ **Practice and Development:** Creating clear career pathways and flexible learning opportunities. ❖ **Innovation and Improvement:** Driving evidence-based care through digital enablement, research, and quality improvement. • The Strategy complements and reinforces the Trust core priorities: ❖ Trust Clinical Strategy ❖ Workforce Transformation ❖ Quality Improvement and Patient Experience ❖ Equality, Diversity, and Inclusion • **Impacts:** ❖ Workforce: Stronger retention, development, and diverse leadership. ❖ Innovation: Better outcomes via empowered staff and evidence-based care. ❖ Finance: Cost savings through innovation and workforce efficiency. ❖ Risk: Non-implementation risks morale, retention, and care standards. • **Implementation** ❖ Implementation will be led by the Chief Nurse's leadership team, supported by divisional and corporate partners. A newly formed Implementation Group will oversee delivery, with measurable objectives and governance through NMLG and AHPLG. ❖ Three-Year Implementation Matrix Status - The matrix is currently in draft form. - It outlines the strategic actions planned over a three-year period considering existing KPIs. - Progress is pending the formal establishment of the implementation group, which will oversee execution and governance.
Purpose:	The aims of the strategy are to: • set a clear three-year direction for Nursing, Midwifery, and AHPs • align professional development with Trust transformation and national priorities and other strategies (clinical, digital etc) • strengthen workforce capability, wellbeing, and innovation.

Recommendations	The Board of Directors is asked to: i. approve the 2025–2028 NMAHP Strategy; ii. endorse the formation of the Implementation Group; and iii. support the development of the implementation plan and measurable objectives.
Report history	NMLG: 28th July 2025; AHP leadership group: 19th August 2025; COM: 19th August 2025; TMG: 9th September 2025; Partnership Group: 11th September 2025
Appendices	1: Nursing, Midwifery and AHP strategy 2025-2028 [Full document] 2: Nursing, Midwifery and AHP strategy Equality Impact Assessment

Nursing, Midwifery, and Allied Health Professions (AHP) Strategy 2025-2028

Inclusive Culture, Empowered Leaders, Excellence in Care

1. Introduction

This strategy reflects a shared vision shaped by over 850 staff and 1,000+ patients and public voices at Whittington Health. It honours the resilience and compassion of our workforce amid a changing healthcare landscape and builds on values that guide everyday practice. Rooted in four strategic commitments, **Inclusive Leadership, Recognition & Wellbeing, Practice & Development, and Innovation & Improvement**, it champions a culture of diversity, empowerment, and excellence. This is a collective strategy, driven by collaboration and a commitment to outstanding care.

2. Context overview

- Internal:
  - ❖ Leadership changes: New CEO, continued Chief Nurse leadership.
  - ❖ Transformation programmes: Neighbourhoods, Start Well, Financial Improvement
  - ❖ Workforce evolution: MDT collaboration, ACPs, apprenticeships

- External:
  - ❖ Political shifts, NHSE dissolution, ICBs changes
  - ❖ Workforce challenges: cost of living, recruitment pauses.
  - ❖ National priorities: personalised care, digital innovation, health equity

3. Engagement summary

- 850+ staff and 1,000+ patients/public engaged.
- Surveys, walkabouts, webinars, stalls
- Four open-ended questions explored pride, improvement, aspirations, and challenges.
- Working groups formed across divisions and professions.
- Patient feedback triangulated with staff input.
- Areas of focus shaped our strategic commitments around patient care:

❖ Workforce: EDI, wellbeing, ACPs, apprenticeships
❖ Quality, Safety & Excellence: PSIRF, ward accreditation, speaking up.

- ❖ Innovation & New Care Pathways: community nursing, outpatient transformation, research
- ❖ Education & Development: leadership, training, career progression.

4. Strategic commitments around patient care

- Inclusive Leadership: Promoting equity, visibility, and compassionate leadership across all levels.
- Recognition and Wellbeing: Embedding a culture of daily appreciation, psychological safety, and support.
- Practice and Development: Creating clear career pathways and flexible learning opportunities.
- Innovation and Improvement: Driving evidence-based care through digital enablement, research, and quality improvement

5. Strategic support & complement

The nursing, midwifery and AHP strategy is designed to complement and reinforce the organisation's other strategic priorities:

- **Trust Clinical Strategy:** Our strategy complements clinical excellence by having a workforce that driver and supports service innovation, integrated care models, and leadership development.
- **Workforce Transformation:** Our strategy promotes workforce initiatives through targeted implementation of new roles, digital capabilities, and inclusive career pathways.
- **Quality Improvement & Patient Experience**: Our strategy strengthens quality and experience efforts by embedding improvement frameworks and amplifying patient voice in service design.
- **Equality, Diversity & Inclusion (EDI):** our strategy supports EDI objectives by operationalising inclusive practices, addressing barriers, and promoting equity across all strategic commitments.

6. Implications of strategy implementation

- **Workforce**: supports enhanced staff retention through targeted development pathways, inclusive leadership programmes, and improved career progression. It fosters a more diverse leadership pipeline and strengthens organisational resilience by investing in skills and wellbeing.
- **Innovation:** By empowering staff with evidence-based tools and improvement methodologies, the strategy drives measurable improvements in patient and staff experience. It promotes a culture of continuous learning, accountability, and patient-centred care, ensuring safety and excellence remain the focus.
- **Finance:** Initiatives within the implementation matrix will offer potential sustainable cost efficiencies through service redesign, digital innovation, workforce development and accountability
- **Risk:** Failure to implement the Strategy may lead to disengagement, increased turnover, and impact care quality.

7. Implementation & governance

- Implementation Group to oversee delivery.
- Divisions and corporate teams lead local action.

- Associate Directors of Nursing and Midwifery and Senior AHPs link strategy to frontline teams
- 3-tier model to support delivery:
❖ **Strategic Oversight:** Approves priorities and plans.
❖ **Programme Delivery**: Manages execution and ongoing development.
❖ **Operational Delivery:** Sets measurable objectives with named leads Working groups to support delivery across clinical divisions.
- Roadmap
❖ Phases: Engagement, introduction→ Strategy Launch → Implementation → Delivery & Impact
❖ Key milestones and timelines
❖ Progress reporting and continuous engagement

- Immediate next steps
❖ Transition Steering Group to Implementation Group
❖ Finalise implementation plan matrix with measurable objectives (currently in draft form with suggested timelines and common themes to avoid duplications)
❖ Assign leads for work groups against each strategic commitment and align resources.
❖ Continue staff and patient engagement.

Nursing, Midwifery, and Allied Health Professions (AHP) Strategy 2025-2028

Inclusive culture, Empowered leaders, Excellence in care

Contents

1. **Introduction**
   Sarah Wilding, Chief Nurse & Director of Allied Health Professionals (AHPs)

2. **Background**
   Internal and external contexts, our stakeholders

3. **Methodology**
   Approach, development methods, engagement initiatives

4. **Our Vision**
   Our ultimate ambition and mission statements

5. **Our strategic commitments**
   Inclusive leadership, recognition and wellbeing, practice and development, innovation and improvement

6. **Implementation**
   Proposed next steps and partnerships

1. Introduction

At Whittington Health, we believe that our people are the beating heart of exceptional care. This strategy, crafted through the insights of over 850 staff and more than 1,000 patients and members of the public, represents our shared vision for the future of nursing, midwifery, and allied health professions.

Between the challenges posed by a transforming healthcare landscape and the resilience shown in the wake of a global pandemic, our workforce has shown time and again what it means to lead with compassion, to innovate with purpose, and to care with excellence.

This strategy isn't a top-down document , it belongs to all of us. It reflects the values that underpin our daily practice and the aspirations that drive our future. The four strategic commitments, **Inclusive Leadership, Recognition & Wellbeing, Practice & Development, Innovation & Improvement,** are built on what truly matters to our colleagues and communities.

We are proud to champion a culture where diversity is embraced, development is encouraged, and every professional feels empowered and valued. Together, we will bring this strategy to life, through meaningful collaboration, constant reflection, and an unwavering dedication to outstanding care.

Thank you to everyone who helped shape our bold and inclusive vision:

Inclusive culture, Empowered leaders, Excellence in care

Your Chief Nurse and Director of Allied Health Professionals (AHPs),
Sarah Wilding

2. Background

Our Nursing and Midwifery Strategy and priorities are due for renewal

SUMMARY SLIDE
Nursing, Midwifery, Health Visiting and Therapies 2021 -22 and Beyond

Whittington Health NHS Trust

Strategic Priorities (aligned with I.CARE values)

Deliver outstanding safe and compassionate care in partnership with patients

1. Ensuring that we have quality standards with a clear focus on quality improvement and experience led design – staff are QI trained
2. Develop **Clinical Ambassador Roles** – both across the community & acute settings
3. Develop Shared Leadership & Governance – Empowering staff to make decisions that impact on patient care.
4. Development of ward/teams quality dashboard
5. Learning from COVID-19 pandemic is heard and shared

Empower, support and develop engaged staff Empower support and develop engaged staff

1. **Retention** and ensuring staff want to stay at Whittington Health for their career – career frameworks
2. **Developing and growing leaders**, especially among BAME colleagues. And not just for qualified registered professionals, but for clinical support staff who deliver compassionate care and need to have more of a voice on their career development plans. Promote coaching, mentoring and preceptorship for new graduates
3. Working on **professional behaviours**, treating each other with kindness, putting a focus on talking and learning together and supporting and coaching clinical team/ward managers to change poor behaviours at earliest stage.
4. Promote all staff to feel they have a professional voice through facilitating staff to have a seat at the table

Integrate care with partners and promote health and wellbeing

1. **Look upwards and outwards** - joining in with work such as NHS AHP into Leadership, #TeamCNO, Capital Nurse and Capital Midwife and importantly across North London Partners
2. Development of new ways of working and roles e.g. nursing associates, advanced clinical practitioners

Transform and deliver innovative, financially sustainable services

1. Ensure staff understand their budgets, use of Health Roster and take control of the resources we use.
2. Focus on **education and research**, supporting a clinical workforce, who are curious about why, how and what they do to care and who use evidence as a basis for improving care and challenging others.

#LeadAchieveInspire

2: Background

Internal context

- **Change in leadership teams**
  Since 2022 our professions have been led by Sarah Wilding, Chief Nurse and Director of Allied Health Professionals (AHPs). She is supported by Deputy Chief Nurses, Chief AHP, Director and Head of Midwifery, Assistant Chief Nurse and Associate Directors of Nursing and deputies.
  In June 2025 we also welcomed a new CEO, Selina Douglas, and our previous Acting CEO, Dr Claire Dollery, has resumed her role as Chief Medical Officer.

- **Organisational transformation**
  The Trust has a comprehensive transformation agenda of programmes which will impact patient care and staff (for example Outpatient Transformation, Start Well, Artificial Intelligence tools). It also includes the current development of Whittington Health Clinical Strategy that is complementing our professional strategy.

2: Background

Internal context

- **Workforce transformation**
  A changeable landscape of our professions as adopted an approach with more MDT focused partnership. This has led to a decision to develop a nursing, midwifery and AHP strategy to mirror the Chief Nurse Office structure and the complex interdependencies to care for our patients. Additionally, the nursing, midwifery and AHP workforce continues to evolve through workforce council, establishment reviews, workforce modelling and new career development opportunities (ACPs, Apprenticeships, Education)

- **Professional identity**
  The ambition is to identify a common purpose and aspirations for the Whittington Health nursing, midwifery and AHP workforce.

  Setting a renewed vision and mission statement that meet Whittington Health priorities, and our values will enable us to develop an implementation plan for next 3 years.

2: Background

External context

- **Political landscape**
  New government, new priorities
- **NHSE dissolution**
  Impact on NCL collaboration structure
  Uncertainty
- **10-year health plan**
  Shifting care (community/out of hospital, digital, health promotion)
  Reduce health inequality and promote personalised care
  Supporting workforce (shortages, training and development, collaboration)
- **Nursing, midwifery and AHP workforce challenge**
  London cost of living
  Challenges in embedding of Nursing associate role
  Apprenticeship challenges with backfill
  Pause on international recruitment

2: Background

Broad range of internal and external stakeholders

3. Methodology

A structured approach

- **Scope:** Key areas of focus determined and agreed by Chief Nurse Office and AHP leadership.
- **Engagement planning:** The process prioritised engagement to maximise the reach to staff, while recognising time and resource constraints.
- **All areas of focus engagement:** Broad engagement seeking views on all areas of focus
    A. **Single area of focus engagement:** Targeted engagement focused on one of the areas of focus
    B. **Patient and public views:** Engagement and data gathering across all areas of focus
- **Developing themes:** Strategic commitments were developed from the engagement output which was then re-tested as part of the trust wide engagement
- **Write up and approval:** Current stage, once written it continues through approval committees process (NMLG, AHPLG, Execs, TMG and Board of Directors)
- **Implementation planning and delivery:** An implementation plan will be developed with measurable outcomes. The progress will be shared with teams through meetings, reports and forums

3: Methodology

Scope (broad scope to include all opportunities and risks)

The strategy sets a three-year vision for Nursing, Midwifery, and AHP within the Trust. It recognises and addresses internal and external contexts. It sets priorities for workforce development and support for nurses, midwives and AHP. It will be implemented through collaboration with divisions/ICSUs, the Chief Nurse's leadership team, AHP leadership Team and corporate teams.

Areas of focus: Four priority areas were identified, each containing multiple example sub-topics:

Workforce	Quality, Safety and Excellence	Innovation and new care pathways	Education and development
Equality, Diversity & Inclusion	Patient dependency & complexity	Workforce models transformation	Staff development
Wellbeing of nurses, midwives & AHPs	PSIRF	Community Nursing	Leadership development
Development of the ACP roles	Ward accreditation	Outpatient transformation	Training and education
Nursing associates	Ward to Board/CNO communication	Nursing Midwifery and AHP Research	Career progression
Apprenticeships	Mental Health adult & paediatric patients	Link with digital strategy	Competent & skilled workforce
HCSWs	Empower staff to deliver excellence		
Recruitment and Retention	Shared learning, not a blame culture		
Long Term People plan	Promote speaking up advocates		

3: Methodology

Engagement planning (three-way approach to maximise reach and richness of information gathering)

A. Wide reaching engagement to as many staff as possible across all settings and staff groups

B. Targeted engagement to aim at specific areas of focus and what matters most to staff

C. Patient and public engagement as enablers to empower staff to deliver outstanding care

With this method over 850 nursing, midwifery and AHP staff as well as other colleagues were engaged. Over 1000 patients and public views were collected through feedbacks and surveys.

A. All areas of focus engagement

Engagement relating to all 4 areas of focus

This engagement across all professional groups has included:

- Strategy survey
- Strategy stall
- Trust and local meetings
- Walk-abouts
- "Back to the floor" sessions

B. Single area of focus engagement

Engagement through Working Groups each focused on one area of focus

This engagement has included:

- Priority focussed surveys
- Walk-abouts
- Priority focussed working groups meetings
- Local meetings

C. Patient and public views

Collection of patient and public views through engagement and data gathering, including:

- Complaints, Compliments
- Friends and Family Test (FFT)
- Stalls
- Strategy surveys

3: Methodology

A. All areas of focus engagement Trust wide surveys (part one, 6 Nov 2024 to 6 Jan 2025)

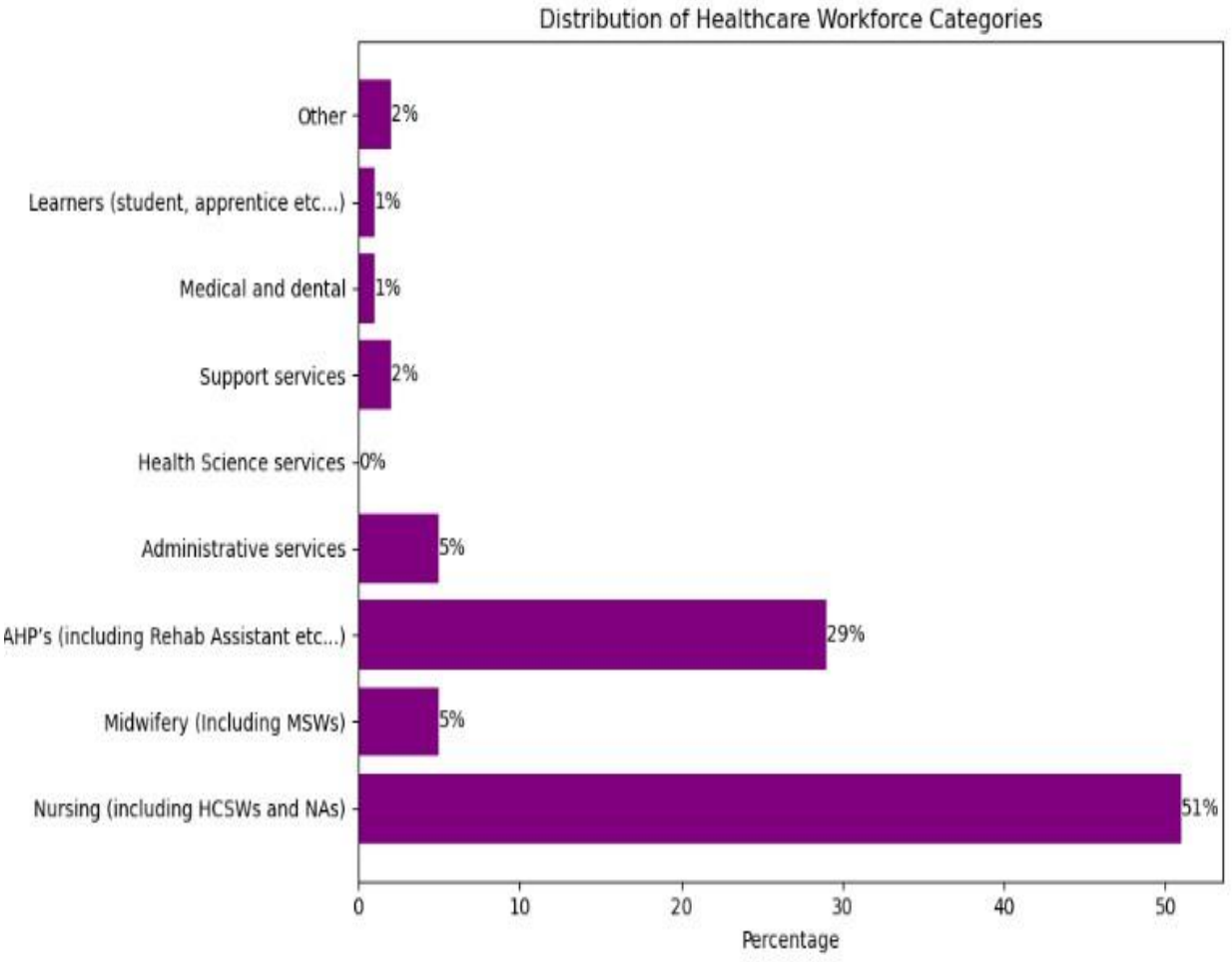
- Available on the intranet and through dedicated strategy page, the survey was publicised at CEO briefing, “Back to the floor” days, walkabout and at local and ICSU wide meetings.
- It contained four open-ended questions:
  1. What are you most proud of about nursing or midwifery at Whittington Health?
  2. What would help you to improve the quality of care you deliver?
  3. If you had one wish for nursing and midwifery, what would it be?
  4. What help make day to day working life easier for nurses, midwives and AHPs?
- Responses were downloaded weekly and thematically categorised.
- Responders’ demographics were monitored to extra promote the survey to under-represented groups.

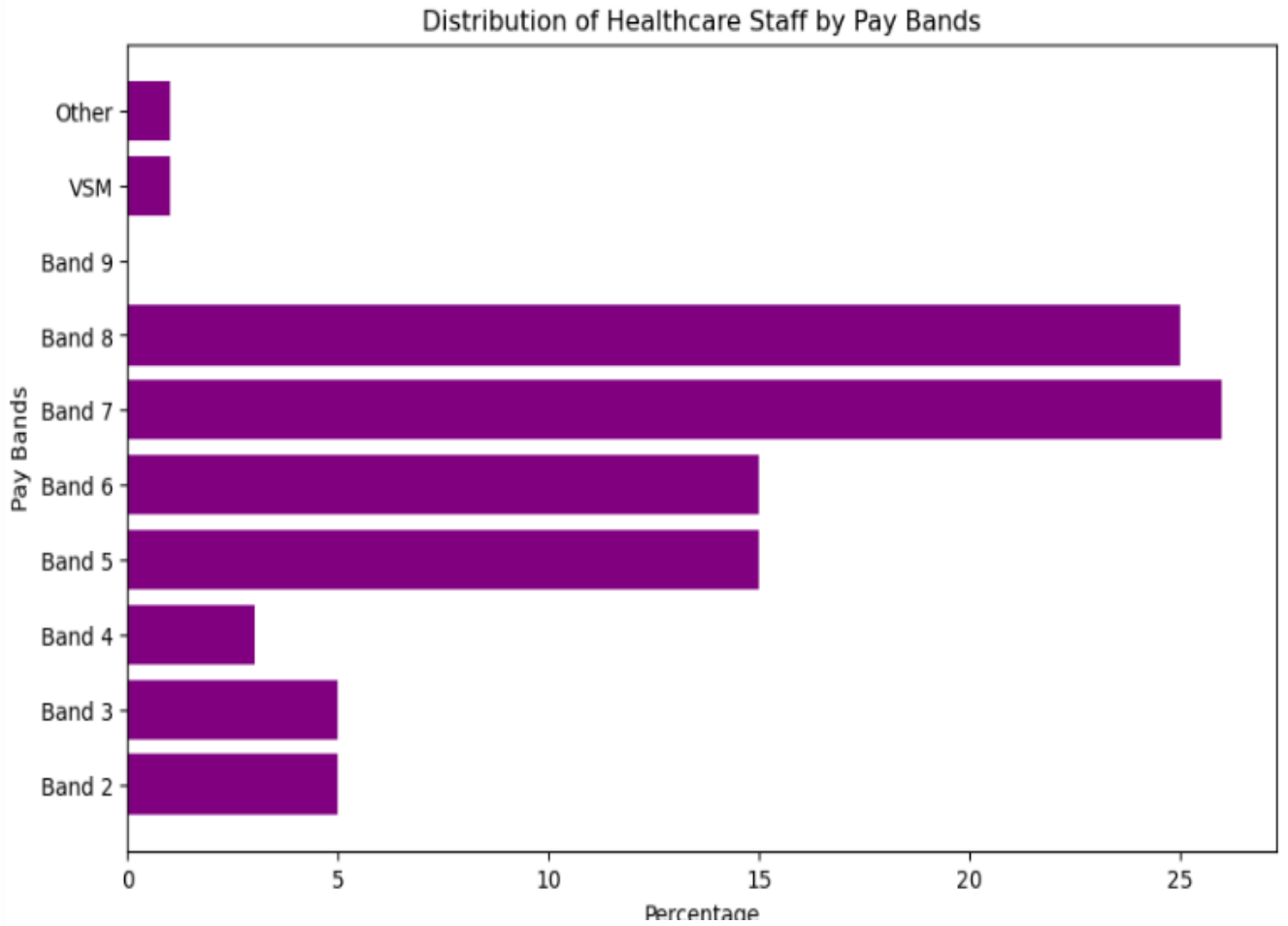
Main themes (234 responses)

- Teamwork & Collaboration
- Dedication & Compassion
- Professional Development & Innovation
- Challenges & Resilience
- Staffing & Resources
- Training & Development
- Wellbeing & Support
- Communication with patients, public and colleagues
- Work-Life Balance
- Personalised and Holistic Care

3: Methodology

A. All areas of focus engagement Trust wide surveys (part one, 6 Nov 2024 to 6 Jan 2025)





3: Methodology

A. All areas of focus engagement

Trust wide survey (part two, 4 to 23 April 2025), Back to the floor session/stall (9 April 2025)

- Following on from previous global and working group engagement's several theme analysis, a new trust wide survey was designed. Colleagues were encouraged to provide feedback on several identified priority areas for the new strategy.
- We also tailored our approach and had a static stall in the first-floor atrium to engage visitors, staff and patients.
- We organised a "Design a logo" competition to represent our Nursing, Midwifery and AHP Strategy. We received five entries. Maria Lygoura (Safer Staffing Lead Nurse) was the winner, and her design was adapted to reflect the essence of our strategy.
- Feedback was received from approximately 80 responses across online, webinar and stall.

3: Methodology

B. Single area of focus engagements through four working groups

- Working groups were created for each area of focus priority. These groups set and delivered a range of engagement for their priority, before providing a standardised output.
- Two Co-Chairs were recruited from across the organisation, ensuring representation from all ICSU and profession (Nursing, Midwifery and AHPs). These Co-Chairs became members of the Operational Group, helping to share learning and identify areas of crossover findings.
- Each working group also had around 10 additional members across all ICSUs, professions and banding helping to ensure broad engagement.

Workforce

- Engaged nursing, midwifery, AHP and corporate staff through meetings, walkabouts and surveys. Approximate number of people engaged: 190

Quality, safety and excellence

- Engaged nursing, midwifery, AHP, corporate staff and patients through walkabouts, meetings, stalls and surveys. Approximate number of people engaged: 75

Innovation and new care pathways

- Engaged nursing, midwifery, AHP and corporate colleagues through meetings, walkabouts and surveys. Approximate number of people engaged: 100

Education and development

- Engaged nursing, midwifery, AHP and corporate colleagues through meetings, walkabouts and surveys. Approximate number of people engaged: 150

3: Methodology

C. Patient and public views (January 2024 to December 2024)

The voice of patients, families and visitors was heard throughout the strategy development through surveys and existing data

Review of existing data

- Compliments, PALS and complaints specifically related to nursing, midwifery and AHP.
- Patient experience data for the year 2020/21 was reviewed which included national surveys (Inpatient survey, Cancer survey and Maternity survey) and Family and Friend test (FFT) feedback.
- Working group patient survey.

This was crossed referenced with staff feedback

- The patient data was triangulated with staff feedback; common themes emerged as described in following page

Outcome was re-tested across March and April 2024

- These findings were presented to the steering and operational groups.
- It was presented at NMLG and AHP leadership group.
- During the part two of engagement, staff, patients and visitors had a further opportunity to review the emerging themes/commitments.

3: Methodology

C. Patient and public views (January 2024 to December 2024)

Several themes emerged when the multiple sources of patient data and staff feedback were crossed referenced.

THEMES		Complaints /PALS	FFT	Compliments	National surveys	Patient survey (workgroup)	Staff engagement
Clinical care	Procedures	x	x	x			
	Medication	x	x		x		
	Support (mental)			x	x		
	Compassion	x	x	x	x	x	x
	Skilled staff	x	x	x	x	x	x
	Pain management	x			x		
Communication	Clinical care delivery	x	x	x	x	x	x
	Treatment and follow up	x	x		x	x	
	Being listen to	x			x		x
	Access to care (phone/emails)	x	x			x	
	Teamwork	x		x			x
Wellbeing/development	Staff training		x			x	x
	Staff experience	x					x
Environment /facilities	Cleanliness	x	x		x		
	Infection control	x	x		x		x
	Waiting times	x	x		x	x	
	Privacy/dignity		x		x		
Innovation	Technology	x	x				x
	Right equipment to provide care		x			x	x
Staff Attitude/Professionalism		x	x	x	x	x	x

4. Our Vision

Inclusive culture, Empowered leaders, Excellence in care

Whittington Health is an organisation where every Nurse, Midwife and AHP will have equal opportunities and support to progress in their career to reach their full potential.

Nurses, AHPs and Midwives feel they belong, that they are valued and that their health and wellbeing matter.

Nurses, Midwives and AHPs are an expert and innovative workforce who thrives to improve in patient care and safety.

Through innovation, research and evidenced-based learning, Nurses, Midwives and AHPs will influence best clinical practice.

We recruit and retain a kind, diverse and committed workforce who are proud to deliver outstanding care in partnership with patients, carers and families.

5. Our strategic commitments

❖ **Outstanding patient care**

- Throughout the development of the strategy, we consistently heard from nurses, midwives and AHPs, as well as patients and the public, that **outstanding care** is the common theme that weaves through each strategic commitment and goal.
- We have agreed that **Outstanding patient care** will be at the centre of all we aim to achieve in the next three years, instead of making it a stand-alone commitment.
- Following the various theme analysis of the Trust wide and workgroup engagements four main commitments were identified:
  - ❖ **Inclusive leadership**
  - ❖ **Recognition and wellbeing**
  - ❖ **Practice and development**
  - ❖ **Innovation and improvement**
- We outline them across the following slides.

5: Our strategic commitments

Strategic commitment 1: Inclusive leadership

- Whittington Health's inclusive leadership goes beyond representation. It ensures every Nurse, Midwife, and AHP feels genuinely valued and heard. The organisation acknowledges the lack of diversity in senior roles among Black, Asian, and Minority Ethnic staff. It actively promotes equity and visibility across all teams, with a strong focus on community services.

- All leaders are grounded in compassion, approachability, and transparency. Inclusion is not limited to internal representation but extends to advocating for diverse patient communities. The goal is a culture where both workforce and service users feel genuinely valued and heard.

- To embody inclusive leadership, Whittington Health calls on senior staff to stay visible, understand frontline realities, celebrate innovation, and actively listen. Diverse voices are invited to influence both policy and practice, fostering unity and excellence in care. This approach builds equitable, high-performing teams grounded in collaboration and respect.

5: Our strategic commitments and goals

Inclusive leadership

Leaders at all levels create and foster inclusive, compassionate environments where we all thrive.

We celebrate diversity and the unique strengths we each brings.

What will we achieve?

- A leadership that reflects the diversity of our communities
- Fair access to development and career progression for all.
- Transparent, inclusive recruitment and HR practices.
- A respectful culture that values everyone's contribution
- Equitable care tailored to each patient's needs
- Advocacy for the most vulnerable and marginalised
- Visible, supportive leaders who empower frontline teams
- A culture of trust, feedback, and growth at every level
- Confident, skilled and future-ready leaders shaping care nationally

How will we achieve it?

- Publish regular updates to share progress, celebrate success, learn from challenges
- Embed recruitment processes to reduce bias and highlight personal strengths
- Recognise services and individuals' contributions at Trust - wide forums
- Adapt training methods to meet the frontline staff's needs
- Use patient and staff feedback to drive continuous improvement
- Involve diverse staff groups in co-designing service changes
- Schedule clinical hours for senior nurses, AHPs and midwives to work with the teams
- Facilitate structured listening sessions and act visibly on staff feedback
- Offer leadership development at every stage of the career pathway

Enablers: MDT leadership and governance, Workforce, Recruitment, Human Resources, Organisational Development, Staff side

5: Our strategic commitments and goals

Strategic commitment 2: Recognition and wellbeing

- The nursing, midwifery and AHP community is the largest professional group, and we recognise the growing challenges faced amid staffing pressures and new ways of working. Our people are our greatest strength at Whittington Health
- To deliver the highest standard of patient care, we prioritise the workforce wellbeing.
- Through engagement during the strategy development, we heard clearly that feeling valued, respected and supported make people feel they belong at Whittington Health.
- Time for care and professional development are essential to staff morale.
- While we celebrate achievements through the Nursing, Midwifery and AHP awards and Extra Mile awards, recognition must extend beyond formal ceremonies . It must be part of our daily culture: colleagues and leaders consistently demonstrating appreciation, compassion and kindness.
- Through a culture of Recognition and Wellbeing, we lay the foundations for a thriving and resilient workforce.

5: Our strategic commitments and goals

Recognition and wellbeing

All staff feel valued every day, prioritising wellbeing, recognising contributions, and investing in compassionate support to deliver outstanding care.

What will we achieve?

- We will create a welcoming and inclusive culture for all staff, new and existing.
- Foster daily respect and celebration of staff contributions across teams.
- Ensure clarity and support around roles and responsibilities.
- Provide timely access to physical, emotional, and psychological wellbeing resources.
- Build compassionate teams grounded in empathy and mutual respect.
- Support work-life balance through a healthy, adaptable working environment.
- Guarantee rest periods, with regular breaks and suitable rest facilities.

How will we achieve it?

- Enhance induction experiences to ensure all staff feel welcomed, valued, and prepared from day one.
- Celebrate success more widely to recognise individuals and teams
- Support continuous development through regular reviews that encourage challenge and feedback.
- Innovate rostering models to protect time for reflection, learning, and wellbeing activities (ie: Self-rostering, job planning).
- Promote wellbeing awareness with clear processes to access physical, emotional, and psychological support.
- Collaborate across teams to meet staff needs for development, rest, and work-life balance.

Enablers: MDT leadership, Workforce, Recruitment, Human Resources, Organisational Development, Estates and Facilities

5: Our strategic commitments and goals

Strategic commitment 3: Practice and development

- Professional development for Nurses, Midwives, and AHPs is rapidly progressing, driven by new roles and mandatory revalidation. Despite barriers like limited time and resources, Whittington Health embraces flexible learning routes, such as apprenticeships, shadowing, and work-based training. These tailored pathways support continuous growth and ensure care remains high-quality and patient-focused.

- Staff value professional development but identify key training gaps in paediatrics, mental health, leadership, and operations. Inconsistencies in learning access and course awareness further hinder their growth. Addressing these issues could unlock greater potential across the workforce.

- Whittington Health is committed to providing clear, fair career pathways and guidance to empower staff to reach their full potential. This supports professional growth while ensuring the delivery of outstanding, patient-centred care.

5: Our strategic commitments and goals

Practice and development

Nurses, AHPs and Midwives are trusted and skilled professionals who provide exceptional care.

Whitting Health prioritises their development so they can achieve their aspirations.

What will we achieve?

- A workforce equipped with the right skills for safe, effective, and evolving care delivery
- A culture of personal responsibility and accountability to look for opportunities meet our professional goals
- Inclusive, visible career pathways that enable progression across all levels and roles
- Staff who are empowered to access development opportunities tailored to their needs
- Collaborative, multi-professional learning environments that foster innovation and best practice

How will we achieve it?

- Compare similar organisations to identify strengths, gaps, and guide targeted improvements in professional development.
- Hold meaningful career conversations and appraisals that lead to personalised and achievable development plans.
- Ensure transparency and access to CPD funding so staff can pursue relevant learning when needed.
- Promote shadowing, mentoring, coaching, and cross-organisational projects.
- Use technology to increase the flexibility and inclusivity of teaching.
- Utilise current talent to provide in-house training and also training that can be offered externally to drive income

Enablers: MDT leadership & governance, Workforce, Recruitment, Human Resources, Communications, IT, Organisational Development

5: Our strategic commitments and goals

Strategic commitment 4: Innovation and improvement

- Innovation drives progress at Whittington Health, where Nursing, Midwifery, and AHP practice evolves through technology and empowered leadership. By engaging frontline staff in digital development, we ensures meaningful, patient-focused solutions. Leadership at every level is key to delivering care that's smart, inclusive, and future-ready.
- Digital enablement will modernise the way we deliver care; improving safety, efficiency, and integration across services.
- At the heart of transformation is a strong culture of learning, quality improvement, and research.
- We will create environments that encourage curiosity, collaboration, and continuous development.
- Through investment in innovation and a commitment to shared, collaborative learning, we will strengthen a reputation where new ideas are not only welcomed but embedded into everyday care.

5: Our strategic commitments and goals

Innovation and improvement

Nurses, AHPs and Midwives embrace innovation, foster a learning culture and embed research and improvement into practice.

What will we achieve?

- Gold Standards of care through proactive leadership ensuring evidence-based excellence in everyday nursing, midwifery and AHP practice.
- Broader access to quality clinical learning environments, enabling all learners to develop skills in supportive, enriched settings.
- A research-positive nursing, Midwifery and AHP culture, where staff are empowered to initiate, lead, and collaborate on research projects that drive meaningful change.
- Translation of research into practice, through active dissemination of findings and support for implementation.

How will we achieve it?

- Run regular cross-team learning sessions and hands-on simulations.
- Embed innovation and QI projects into everyday work.
- Offer on-demand digital modules that staff can access when and where they need them.
- Collaborate with universities and the Department of Health on future workforce roles and pathways.
- Regularly review clinical learning environments to meet the latest standards.
- Ensure clinical voice is represented and influencing improvement in care and innovation.
- Build research skills through training and apply evidence to improve services and care.

Enablers: MDT leadership & governance, Workforce, Communications, IT, Learning & Development, Research Department

6. Implementation

Delivering our strategy

- Whittington Health's Nursing, Midwifery and AHP strategy development has gained strong engagement from staff and patients, reflecting its relevance and collective ownership. It's built on four strategic commitments, each backed by clear, measurable objectives. Implementation will be guided by coordinated leadership efforts across all levels of the organisation:
  - **The Chief Nurse's leadership team** will provide overarching guidance.
  - **ICSU/Divisional nursing, midwifery, and AHP teams** will support local delivery.
  - **Corporate functions**, where relevant, will contribute to cross-cutting initiatives.

- To drive and govern delivery, the current **Steering Group will transition into an Implementation Group**, tasked with:
  - Monitoring and reporting on strategic objectives at Trust level.
  - Prioritising activities and ensuring appropriate resources are in place.
  - Championing enablers that require broader organisational support.

- Reporting and oversight will be maintained through **NMLG and AHPLG**, with Associate Directors of Nursing and Midwifery acting as key links between the Implementation Group and ICSU teams.

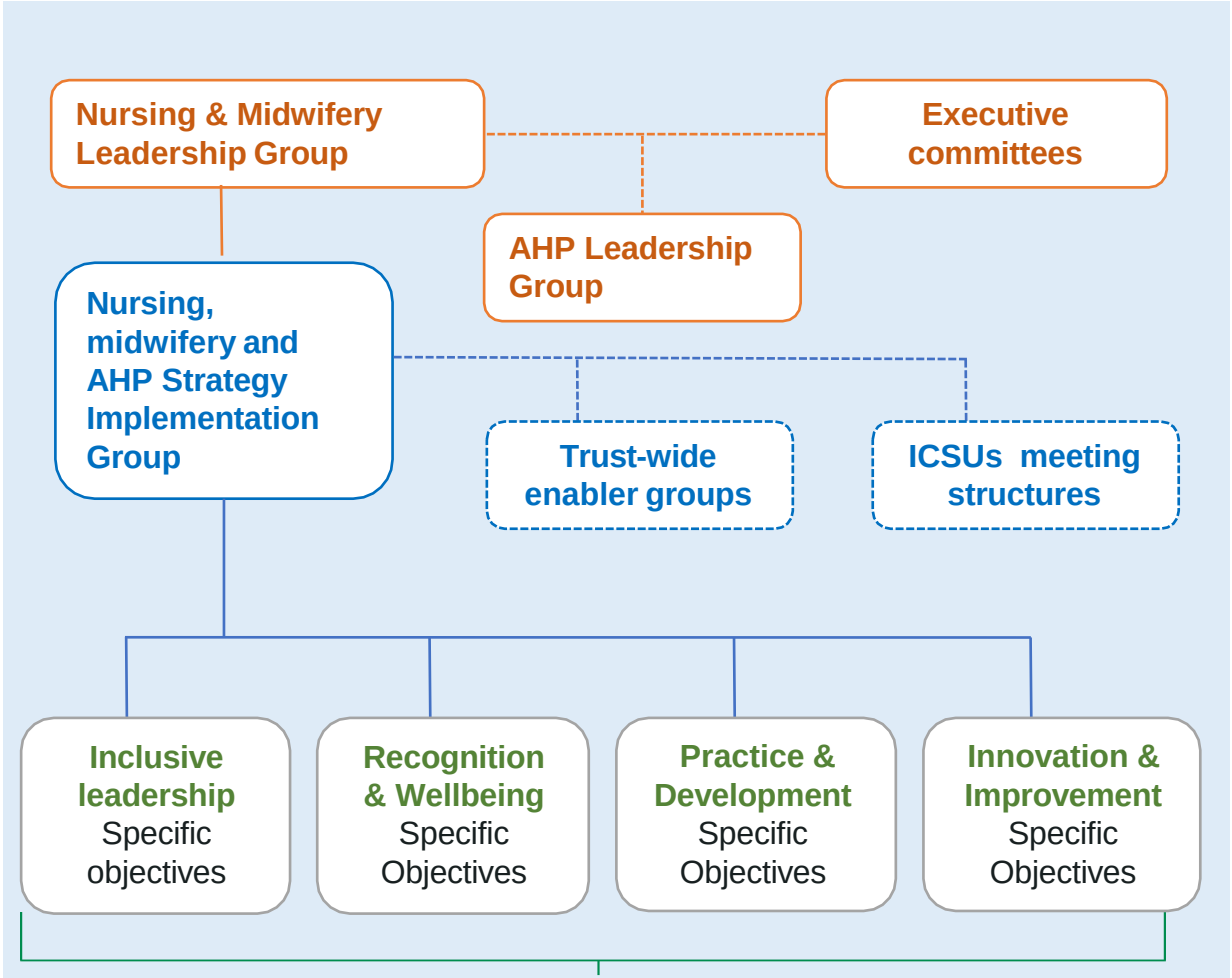
6: Implementation

Governance for delivery

Strategic oversight
Oversees the delivery of the strategy and signs off priorities and plans

Programme delivery
Responsible for the delivery of the programme and the ongoing development of the strategy and its commitments

Operational delivery
Our 'How we will achieve it' section within our 4 strategic commitments will be used to create a set of measurable objectives. All objectives will have named lead(s).
Once the delivery plan has been developed, sub-groups of the Implementation Group will be agreed. These may exist for different lengths of time (i.e. a short-term task and finish group versus a constant group for duration of the strategy period).



6: Implementation

Immediate next steps

1. Agree the evolution of the Nursing, Midwifery and AHP Strategy Steering Group into an Implementation Group, with any necessary changes in membership, frequency and focus.

2. Agree the process for development of the implementation plan, including:
   A. Creation of a draft plan from the 4 strategic commitments
   B. Designate owners for objectives
   C. Identifying measurable outcomes are set for all objectives
   D. Engage multi professional colleagues to provide support for implementation.

Whittington Health

Equality Impact Assessment Report

1. Name of Policy or Service

Nursing, Midwifery and Allied Health Professions (AHP) strategy 2025-2028

2. Assessment Officer

Marielle Perraut Assistant Chief Nurse

3. Officer responsible for policy implementation

Sarah Wilding, Chief nurse and Director of AHP

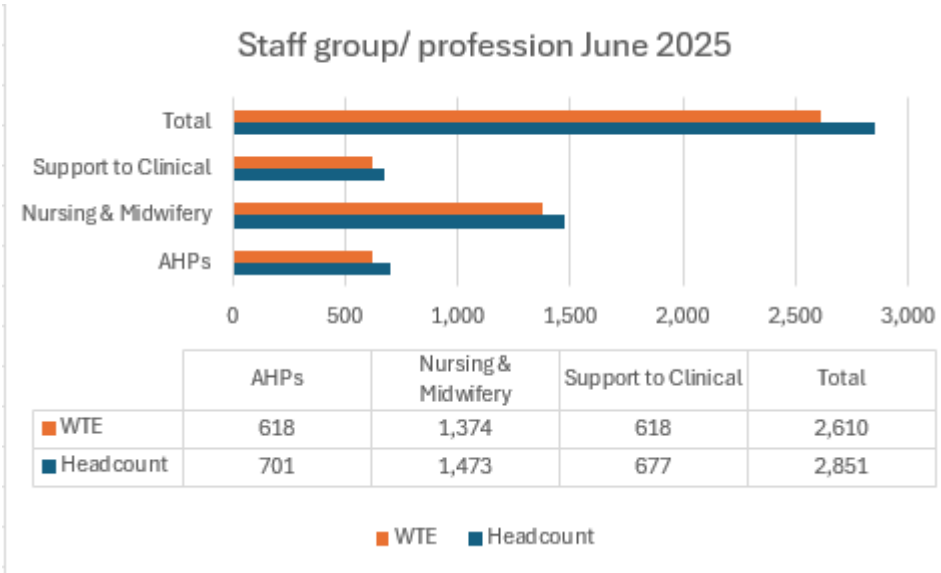
4. Date Equality Impact Assessment Completed

July -September 2025

5. Description and Aims of Policy/Service

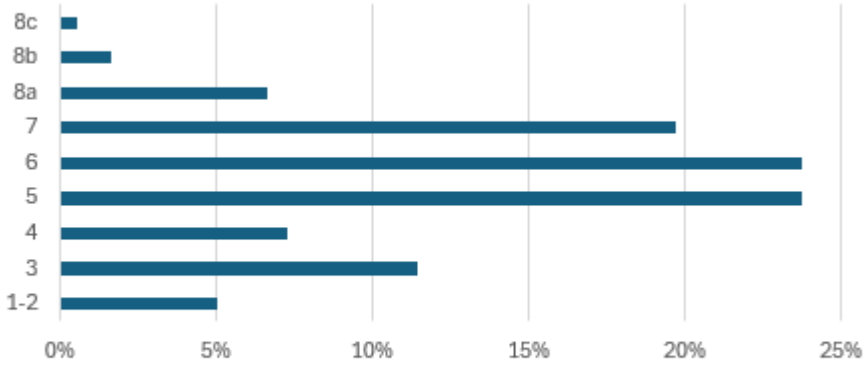
- Set a clear three-year direction for Nursing, Midwifery, and AHPs
- Align professional development with Trust transformation and national priorities and other strategies (clinical, digital etc)
- Strengthen workforce capability, wellbeing, and innovation

6. Workforce demographics (June 2025, ESR national data, NHSE website)



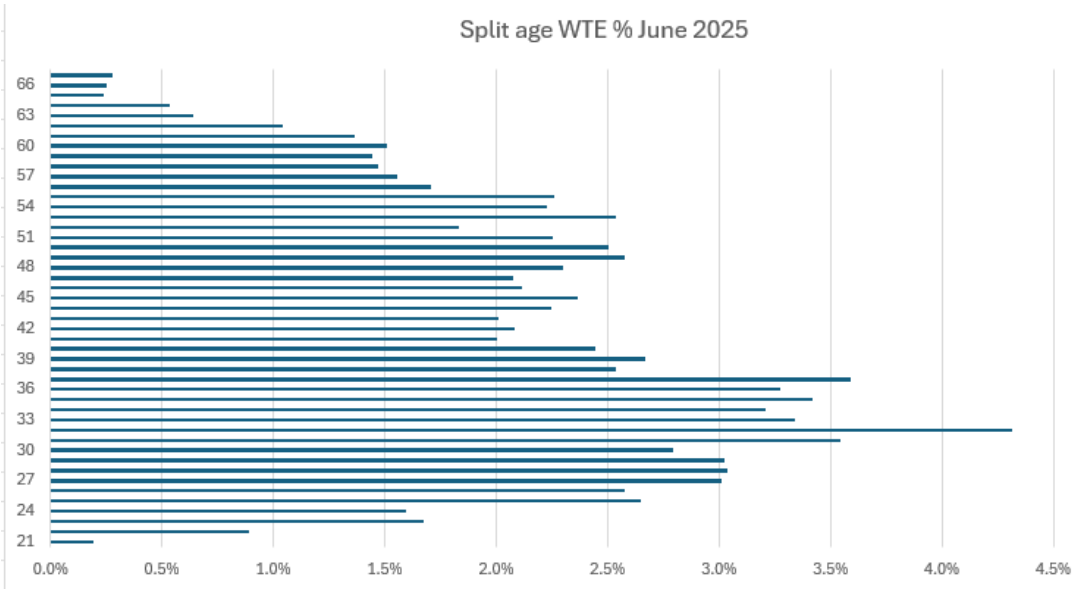
	AHPs	Nursing & Midwifery	Support to Clinical	Total
WTE	618	1,374	618	2,610
Headcount	701	1,473	677	2,851

Split bands WTE % June 2025

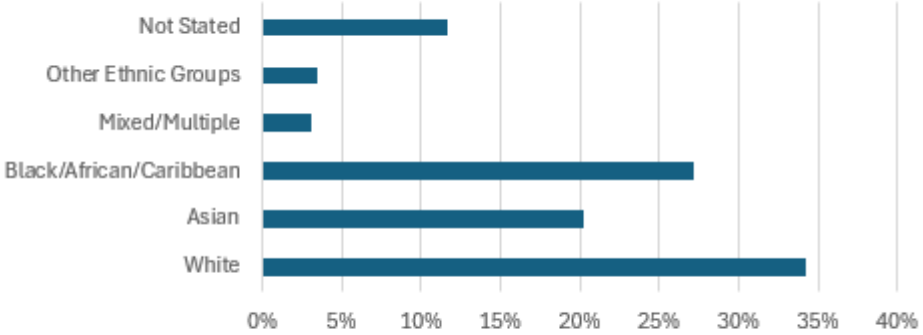


	1-2	3	4	5	6	7	8a	8b	8c
WTE %	5%	11%	7%	24%	24%	20%	7%	2%	1%

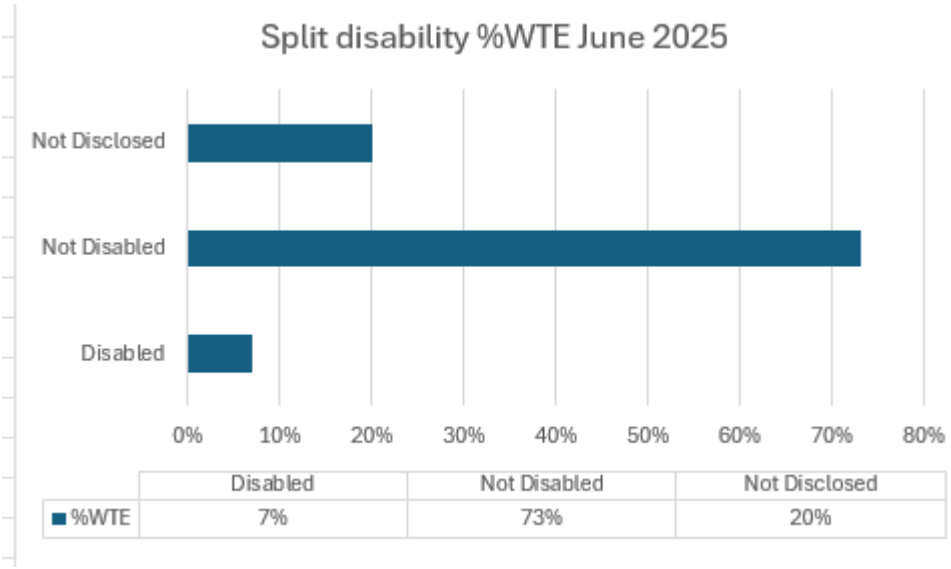
Split age WTE % June 2025



Split Ethnicity % WTE June 2025



	White	Asian	Black/African/Caribbean	Mixed/Multiple	Other Ethnic Groups	Not Stated
% WTE	34%	20%	27%	3%	3%	12%



7. Initial Screening

To evaluate the impact of the Nursing, Midwifery and AHP Strategy on equality, diversity, and inclusion across staff groups, ensuring compliance with the Equality Act 2010 and alignment with NHS frameworks

Framework	**Alignment**
Equality Act 2010	Meets Public Sector Equality Duty (PSED)
People promise	Pledges to make the NHS a supportive, inclusive, and empowering place to work.
NHS 10 years plan	Prioritises growing and supporting a skilled, flexible workforce to deliver more care in communities.
Anti-Racism Framework	Promotes anti-racist leadership and psychological safety
WRES / WDES	Monitors race and disability equity in workforce outcomes
NHS EDI Improvement Plan	Embeds inclusive culture and fair access to development

- Age
- Disability
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation
- Human Rights (FREDA)
-

Protected characteristic	Positive impact	Negative impact	Neutral impact	Detail of impact identified	Evidence used
Age	X			Promotes age-inclusive workforce planning, supports mentoring, and addresses age-related barriers in recruitment and retention and succession planning.	ESR Demographics from survey Staff survey Staff network feedback
Disability	X			Promotes inclusive recruitment, reasonable adjustments, and accessibility in leadership development.	ESR Demographics from survey Staff survey Recruitment Staff network feedback
Gender Reassignment	X			Promotes inclusive culture and respect for all	ESR Staff network feedback Freedom to speak up reports Sexual safety reports
Marriage & Civil Partnership			X	Minimal direct impact, but strategy ensures no disadvantage in flexible working, benefits, or career progression	Freedom to speak up reports ESR data
Pregnancy & Maternity	X			Supports retention through flexible working , and inclusive leadership that values parental support, career progression and continuous development .	ESR Staff Survey Flexible working data Recruitment and retention data
Race	X			Central to anti-racism commitments; addresses disparities in progression, disciplinary rates, and representation in leadership	ESR Staff network feedback Freedom to speak up reports WRES data
Religion or Belief	X			Promotes inclusivity scheduling, cultural awareness, and respect for all	ESR Staff network feedback Demographics from survey Freedom to speak up reports WRES data
Sex			X	Minimal impact but strategy gives assurance of inclusive leadership, fair recruitment and equal rights for all	ESR Staff network feedback Demographics from survey Freedom to speak up reports

					Sexual safety programme
Sexual Orientation	X			Fosters psychologically safe environments, inclusive networks, and visibility of LGBTQIA+ staff in governance structures.	ESR Staff network feedback Demographics from survey Freedom to speak up reports Sexual safety programme
Human Right (FREDA)	X			Embeds dignity and inclusive culture; ensures fairness and respect in decision-making and governance.	

8. Outcome of initial screening

No direct adverse impact could be seen in terms of the protected groups.
A full impact assessment was not necessarily following initial review.

9. Monitoring

Group	Role
NMLG and executives' committees	Oversees delivery of strategy and implementation plan. Receives annual impact report
NMAHP Strategy Implementation Group through enablers and ICSUs meeting structures	Responsible for the delivery of the programme and the ongoing development of the strategy and its commitments Tack the Implementation plan actions
Nursing & Midwifery and AHP workforce council	Monitor progress of KPIs and strategy implementation plan quarterly
Staff Networks	Provide Live feedback on how actions are progressing in day to day working lives
Inclusion group	Receives feedback and update from implementation group

10. Publication intranet

Meeting Title	**Trust Board – public meeting**	**Date: 25.09.2025**
Report Title	**Integrated Performance Report**	**Agenda Item: 8**
Executive lead	Chinyama Okunuga, Chief Operating Officer	
Report owners	Paul Attwal, Head of Performance, Jennifer Marlow, Performance Manager	
Executive summary	Board members should note that all metrics are shown in summary, but only certain measures have been highlighted for further analysis and explanation based on their trajectory, importance, and assurance. **Infection Prevention and Control** During August 2025 there was 1 HCAI C Difficile infections and 0 MRSA Bacteraemia bringing the total number of MRSA Bacteraemia's to 0 for the year (April 2025 – March 2026). **Emergency Care Flow** During August 2025 performance against the 4-hour access standard was 71.19% which is lower than the NCL average of 78.7%, and the National average of 75.9%. In August 5.8% of patients spent more than 12 hours in ED **Cancer: 28-Day Faster Diagnosis Standard (FDS) July Performance – 72%** This is a worsening of 9.9% compared to June's performance of 81.9% **Cancer: 31 Days to First & Subsequent Treatment July Performance – 100%** This is an improvement of 3.4% from June's performance of 96.6%. **Cancer: 62-Day Combined Treatments July Performance – 81%** This is an improvement of 2.1% compared to June's performance of 78.9% At the end of July 2025, the Trust's position against the 62-day backlog was 55 patients. **Referral to Treatment: 52+ Week Waits** Performance against 18-week standard for August 2025 was 63.2% this is a worsening of 1.9% from July's performance of 65.1% The Trust position against the 52-week performance worsened from 401 patients waiting more than 52-weeks for treatment in July 2025 to 539 in August 2025, this equates to 2.01% of the total RTT waiting list. The Trust had 115 patients waiting over 65 weeks at the end of August 2025 this is an increase of 61 from 54 in July 2025. **Complaints** Complaints responded to within 25 or 40 working days improved by 11.9%, increasing from 64.7% in July 2025 to 76.6% in August 2025. While this represents a positive upward trend, performance remains below the required standard of 80%. The Complaints Team continues to work closely with Divisions to support the timely completion of all complaint investigations and ensure sustained improvement.	

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	Quality 1; Quality 2; People 1; and People 2.
Report history	Trust Management Group
Appendices	1: Integrated Performance Report 2: Key Performance Targets by March 2026

NHS
Whittington Health
NHS Trust

Whittington Health NHS Trust

Integrated Performance Report

September 2025

ICARE EQUITY

Integrated Performance Report Overview

NHS Whittington Health NHS Trust

The Whittington Health Integrated Performance Report provides an overview of the Trust's operational, clinical, and workforce performance, highlighting key achievements and areas requiring attention as we continue to deliver safe, effective, and timely care.

Slide	Section
3-4	Key Exceptions for Noting
5-11	Performance Overview
12	Emergency Department and Patient Flow
13	Referral-to-Treatment and Diagnostics
14	Cancer
15-16	Activity and Productivity
17	Quality and Safety
18	Workforce
19	Community – Children and Young People
20	Community – Adults

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Key Exceptions for Noting

NHS Whittington Health NHS Trust

Emergency Department and Patient Flow

Urgent and Emergency Care (UEC) performance declined to 71.2% in August, influenced by workforce pressures, out-of-hours variability, and resident doctor rotation, despite reduced ED attendances and ambulance conveyances.

While 12-hour trolley breaches decreased, mental health-related breaches rose, prompting ongoing collaboration with system partners.

Positive progress includes a notable reduction in Average Length of Stay, supported by the Flow Programme and Airmid Bridging Service.

Strategic priorities focus on early discharge escalation, full implementation of flow improvements, and enhancing out-of-hours care through expanded Clinical Decision Unit and Same Day Emergency Care services.

Referral-to-Treatment and Diagnostics

RTT compliance for August stands at 63.2%, below the 72% standard, with Neurology, Pain, Plastics, Vascular, and LUTS underperforming (<50%).

The 52-week breach position remains non-compliant and is a cause for concern, driven by LUTS, General, and Vascular Surgery. These divisions have developed recovery plans, which they are actively working to implement and improve.

The RTT backlog is marginally above trajectory (26,882 vs. 26,501).

DM01 performance dropped to 84.33%, with challenges in Audiology, Echo, Dexa, and Sleep Studies.

Cancer

In July, the 28-Day Faster Diagnosis Standard was 72%, with Dermatology (46.7%) and Urology (57%) identified as key areas of underperformance due to high demand and limited capacity.

The Trust maintained excellent performance against the 31-Day Treatment target, achieving 100% across all specialties.

The 62-Day Combined Treatment performance was 81%, with Gynaecology (63.6%) and Urology continuing to face pathway challenges. Both specialties are implementing redesign plans and seeking additional resources to address these issues and improve future performance.

Activity & Productivity

Overall activity in August fell below plan due to industrial action and capacity limits, with elective care, outpatient procedures, first outpatient attendances, and day cases all behind monthly targets but expected to recover in September. Despite this, year-to-date activity remains ahead of plan across these areas.

Elective theatre utilisation in August was 81%, below the 85% target, impacted by maternity emergencies and seasonal variation; theatre start times improved significantly. Ten elective cancellations occurred due to overruns, ventilation issues, and administrative errors, with mitigating actions in progress.

DNA rates for new outpatient appointments rose to 11.8% in August, exceeding the 9% target.

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Key Exceptions for Noting

Quality and Safety

Hospital category 3 pressure ulcers increased in August, with ongoing issues in assessment timing and patient engagement, though the Trust remains on track for improvement targets.

In the community, pressure ulcers decreased slightly, but delays in pressure-relieving equipment due to supplier administration are impacting care and may affect progress. The situation is being closely monitored and mitigated.

In August, 77% of complaints received a response, with 64% of closed complaints upheld fully or partially. Key themes continued to focus on communication, medical, and nursing care.

Workforce

Appraisal completion has improved to 79.9% as of July 2025, with ongoing workforce engagement to enhance quality and ownership.

Sickness absence remains above the 3.5% target, showing a slight increase in June and July after prior declines.

Targeted support continues for high-absence areas, alongside new digital training for line managers launching in September to strengthen management and service sustainability.

Community – Children and Young People

Nearly all children and young people waiting over 52 weeks are awaiting autism and ADHD assessments, with some reductions in waiting times following increased capacity and recruitment, but significant backlogs remain without additional funding.

CAMHS continues to reduce average waiting times through improved triage and access to therapy.

Speech and Language Therapy services face ongoing pressures but are supported by one-off funding and collaborative efforts across boroughs. Providers are working together across North Central London to standardise neurodevelopmental pathways and improve service sustainability.

Community - Adults

Average wait times are nearing the six-week target, though staffing reductions to meet CIP targets may affect future waits.

Targeted efforts in Islington Community Rehabilitation are reducing long waits, supported by additional locum staff and risk assessments.

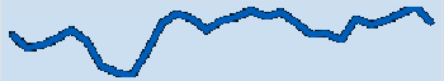
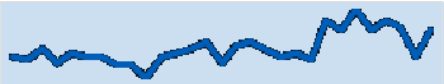
Haringey's Urgent Community Response has improved response times through better staff coordination via Doc Abode.

District Nursing remains under pressure, with ongoing reviews to manage referrals, caseloads, and reduce agency reliance.

Performance Overview

NHS Whittington Health NHS Trust

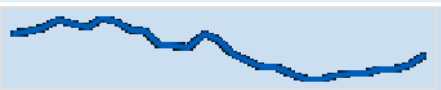
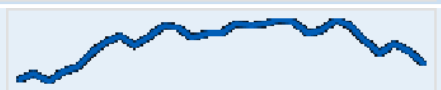
4	• Significant performance variance from target or trajectory and/or SPC analysis shows special cause concerning variation • Performance is expected to continue to deteriorate in the short term
3	• Significant performance variance from target or trajectory and/or SPC analysis shows special cause concerning variation • Performance improvement is expected in the short term
2	• Marginal performance variance from target or trajectory • Performance improvement is being achieved/expected
1	• Performance achieving target or trajectory and/or SPC analysis shows special cause improvement variation

Status	Metric	Trend	Target	Performance	
				Period	Trust
Emergency Department and Patient Flow					
2	Percentage of Patients Arriving at the Emergency Department by Ambulance Handed Over Within 30 Minutes		95% or higher	August 2025	92.53%
3	Percentage of A&E Patients Admitted, Transferred, or Discharged Within Four Hours		78% or higher by March 2026	August 2025	71.19%
1	Percentage of Patients Spending More Than 12 Hours in A&E		7.3% or less	August 2025	5.8%
1	Number of Mental Health Patients With a Decision to Admit Who Spent Over 12 Hours in A&E		Less than 174 for 2025/26	August 2025	19
2	Average Length of Stay for Non-Elective Admissions (General and Acute)		7.7 days or less	August 2025	8 days
2	Number of Patients Not Meeting Criteria to Reside and Not Discharged		40 or less	August 2025	49

ICARE EQUITY

Performance Overview

NHS Whittington Health NHS Trust

Status	Metric	Trend	Target	Performance	
				Period	Trust
Referral-to-Treatment and Diagnostics					
2	Total Number of Patients on the Referral to Treatment (RTT) Waiting List		Less than 26,501 by March 2026	August 2025	26,882
3	Percentage of Patients Receiving First Appointment Within 18 Weeks		72% or higher by March 2026	August 2025	65.27%
3	Percentage of Incomplete RTT Pathways Waiting Less Than 18 Week		72% or higher	August 2025	63.2%
4	Percentage of Patients Waiting Over 52 Weeks for Elective Treatment		1% or less by March 2026	August 2025	2.01%
3	Percentage of Patients Waiting Under Six Weeks for a Diagnostic Test		99% or higher by March 2026	August 2025	84.33%
Cancer					
2	Faster Diagnosis Standard: Percentage of Patients with Cancer Diagnosed or Ruled Out Within 28 Days		80% or higher by March 2026	July 2025	72%
1	Percentage of Patients Receiving First Definitive Treatment Within 31 Days of Cancer Diagnosis		96% or higher	July 2025	100%
1	Percentage of Patients Receiving First Definitive Cancer Treatment Within 62 Days of an Urgent GP Referral		75% or higher	July 2025	81%

ICARE EQUITY

Performance Overview

NHS Whittington Health NHS Trust

Status	Metric	Trend	Target	Performance	
				Period	Trust
Activity and Productivity					
1	First to Follow-Up Appointment Ratio		2.3	August 2025	1.66
2	Did Not Attend (DNA) Rates for New Appointments		9% or less	August 2025	11.8%
2	First Outpatient Attendances: Percentage of Activity Delivered Against Plan		100% or higher	August 2025	88.37%
2	Outpatient Procedures: Percentage of Activity Delivered Against Plan		100% or higher	August 2025	99.91%
2	Ordinary Elective Care: Percentage of Activity Delivered Against Plan		100% or higher	August 2025	93.81%
2	Day Case Activity: Percentage of Activity Delivered Against Plan		100% or higher	August 2025	91.18%
2	Operating Theatre Utilisation Rate		85% or higher	August 2025	76.43%
3	Number of Hospital Cancelled Operations		0	July 2025	10
2	Number of Births per Month		320 or higher	August 2025	221

ICARE EQUITY

Performance Overview

NHS Whittington Health NHS Trust

Status	Metric	Trend	Target	Performance	
				Period	Trust
Quality and Safety					
1	Percentage of Patients Assessed for Venous Thromboembolism (VTE) Risk		95% or higher	August 2025	95.9%
1	Inpatient Falls		Less than 400 for 2025/26	August 2025	20
1	Number of Clostridioides Difficile Infections (C. Diff)		Less than 22 for 2025/26	August 2025	1
1	Number of Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections		0	August 2025	0
2	Number of Acute Pressure Ulcers (Grades 3 to 4)		Less than 68 for 2025/26	August 2025	7
1	Percentage of Patients Readmitted as an Emergency Within 30 Days of Discharge		5.5% or less	August 2025	3.8%
1	Summary Hospital-Level Mortality Indicator (SHMI)		1	May 2024 – April 2025	0.93
1	Inpatient Survey Satisfaction Rate: Positive Responses		90% or higher	August 2025	96.1%
2	Percentage of Complaints Responded to Within 25 or 40 Days		80% or higher	August 2025	76.6%

ICARE EQUITY

Performance Overview

NHS Whittington Health NHS Trust

Status	Metric	Trend	Target	Performance	
				Period	Trust
Workforce					
1	Mandatory Training Completion Rate		85% or higher	August 2025	88%
2	Percentage of Completed Appraisals		85% or higher	August 2025	79.9%
2	Percentage of Sickness Absence		3.5% or less	July 2025	4.25%
1	Staff Turnover Rate: Percentage Leaving in Last 12 Months		13% or less	August 2025	8.9%
1	Vacancy Rate Percentage		10% or less	August 2025	5.7%
1	Average Time to Hire (Days)		63 days or less	August 2025	52 days

ICARE EQUITY

Performance Overview

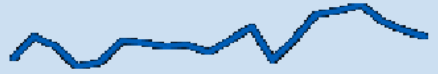
NHS Whittington Health NHS Trust

Status	Metric	Trend	Target	Performance	
				Period	Trust
Community – Children and Young People					
2	New Birth Visits by Health Visitors (Haringey and Islington)		95% or more completed within 14 days	July 2025	93.13%
4	Percentage of CYP Patients Waiting Over 52 Weeks		Less than 1% of total service	August 2025	9.68%
1	Average Wait Time to First Appointment: Occupational Therapy (OT)		18 weeks or less	August 2025	7.9 weeks
1	Average Wait Time to First Appointment: Speech and Language Therapy (SLT)		13 weeks or less	August 2025	10.8 weeks
2	CAMHS Wait Times to First Appointment (Excluding Neurodevelopmental Disorders)		4 weeks or less	August 2025	5 weeks

ICARE EQUITY

Performance Overview

NHS Whittington Health NHS Trust

Status	Metric	Trend	Target	Performance	
				Period	Trust
Community – Adults					
1	Average Wait Time to First Appointment: All ACS Services		6 weeks or less	August 2025	5.6 weeks
1	Percentage of Patients Waiting Over 52 Weeks for an Appointment		Less than 1% of total service	August 2025	0.07%
2	Percentage of Patients with Urgent Rapid Response Referrals Seen Within 2 Hours		80% or higher	August 2025	83.6%
2	CHS 28-Day Referral to Complete Assessment		50% or higher	August 2025	43%
	Total appointments for District Nursing		No target – Monitoring only	August 2025	30,987
1	Percentage of Patients Seen Within 48 Hours of Referral to District Nursing		80% or higher	August 2025	98.8%
2	Number of Category 3 and 4 Pressure Ulcers in Adult Community Care		Less than 211 for 2025/26	August 2025	22
	Percentage of Virtual Ward Occupancy		TBC	August 2025	54%

ICARE EQUITY

Emergency Department and Patient Flow

Whittington Health NHS Trust

Urgent and Emergency Care (UEC) Performance Summary – August

Despite sustained hospital flow, UEC performance declined from 74.77% in June to 71.2% in August. This dip occurred alongside a reduction in ED attendances, falling from 9,102 in July to 8,361 in August, and a slight decrease in ambulance conveyances (1,515 to 1,499), with a higher proportion originating from NMUH postcodes

Key Drivers of 4-Hour Performance Challenges

- Out-of-hours variability: Marked fluctuations in performance, particularly during evenings and weekends.
- Workforce pressures: Elevated sickness levels among medical and nursing staff.
- Resident doctor rotation: Changeover impacted timely patient assessments.

12hr ED Trolley Breaches continued to decline, from 190 in July to 118 in August however, mental health-related breaches rose from 10 to 17, remaining consistently above the year-to-date average. The Trust is actively collaborating with system partners to reduce delays for mental health patients.

Positive Developments:

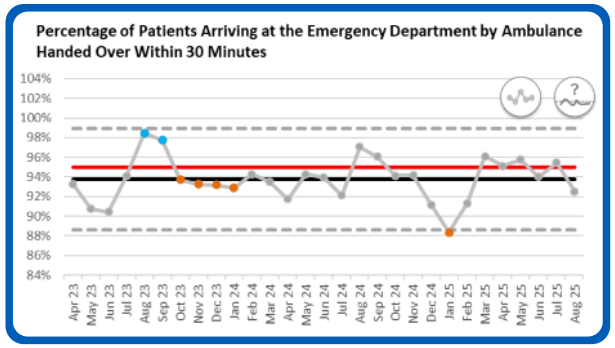
- Average Length of Stay (ALoS) saw a notable reduction, alongside NCTR and LOS metrics driven by the Flow Programme and the Airmid Bridging Service.

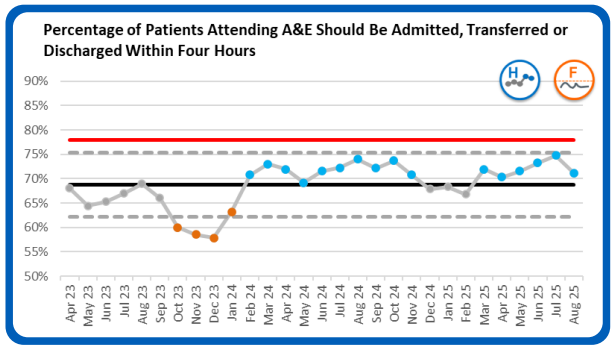
Strategic Priorities Moving Forward:

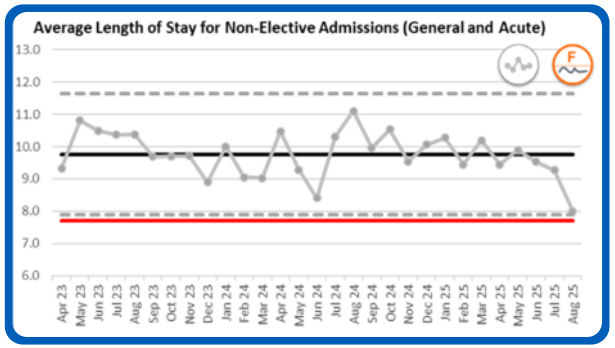
- Early system-wide discharge escalation: Engaging community services, social care, mental health providers, and local councils.
- Full implementation of Flow Improvement Programme actions
- Reducing criteria to reside and long length of stay (LLoS)

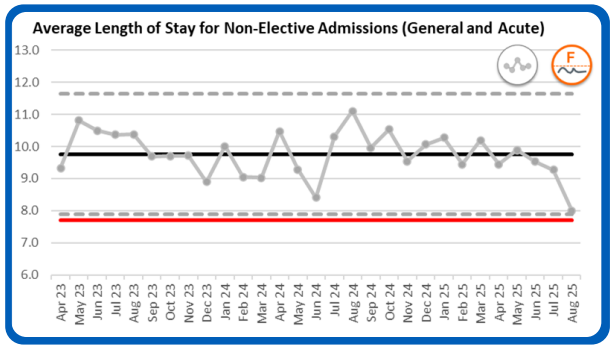
Targeted performance goals:

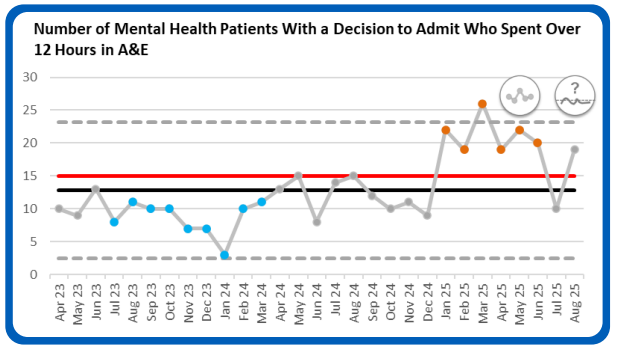
- Optimising out-of-hours care:
- Expanded use of Clinical Decision Unit (CDU) and Same Day Emergency Care (SDEC)
- Reducing out-of-hours breaches
- Enhanced streaming pathways to direct patients to the most appropriate care settings

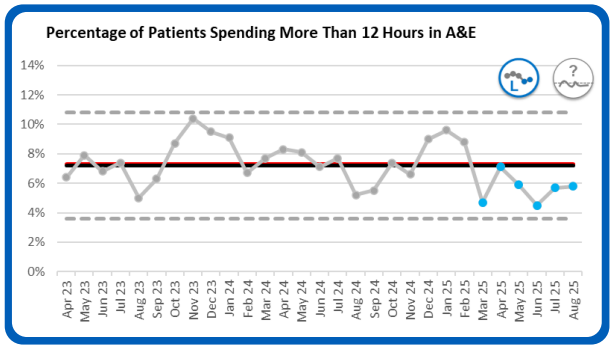












ICARE EQUITY

Referral-to-Treatment and Diagnostics

Whittington Health NHS Trust

Referral-to-Treatment and Diagnostics - Old

As of August 2025, the Trust is reporting an RTT compliance rate of 63.2%, which remains below the national standard of 72%.

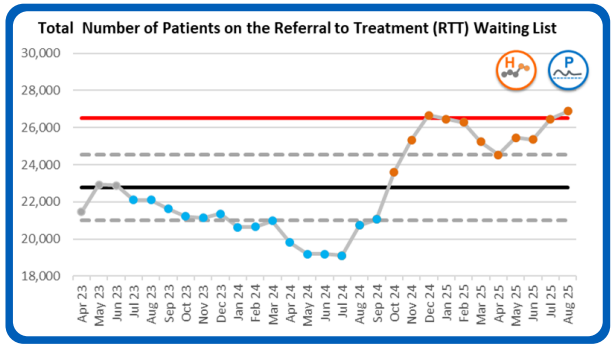
Several specialties including Neurology, Pain Management, Plastic Surgery, Vascular Surgery, and the Lower Urinary Tract Service (LUTS) continue to perform below 50% and are being closely monitored

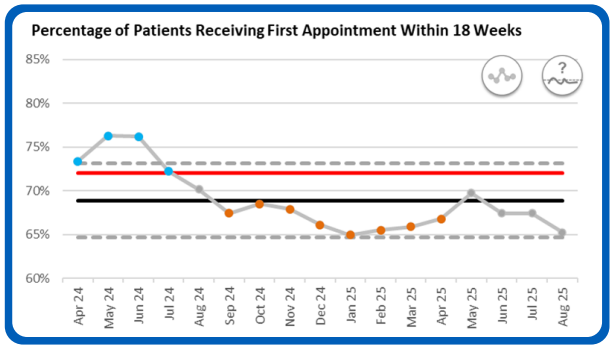
The Trust remains actively engaged in NHS England's national Validation Sprint initiative, which is helping to improve the accuracy of patient waiting list data. A new training programme for administrative staff has also been launched to support stronger operational management of RTT pathways. Overall, RTT backlog performance is marginally behind of projected trajectory, currently standing at 26,882 patients compared to the forecasted 26,501.

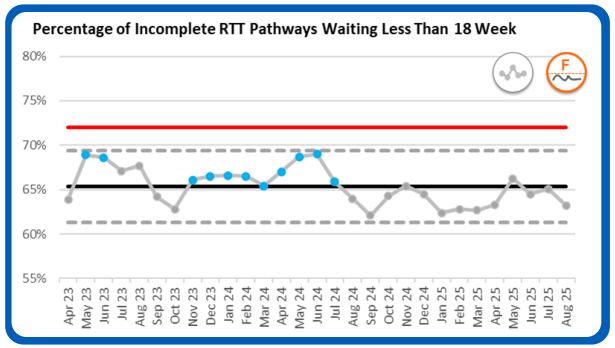
The 52-week position remains non-compliant and is a cause for concern, with several key specialties contributing to the significant increase. The areas of most concern are LUTS, General Surgery, and Vascular Surgery. These divisions have developed recovery plans, which they are actively working to implement and improve.

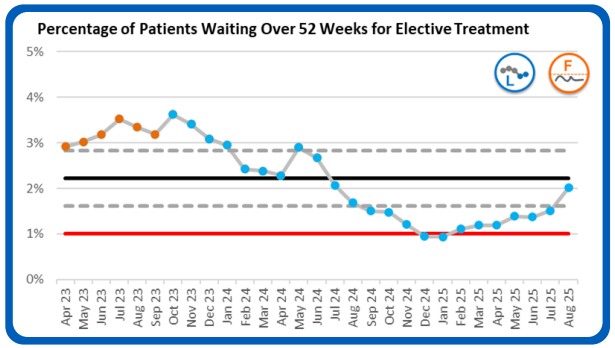
For DM01 diagnostics, performance has dropped to 84.33%, marking a 3.35% decline since July 2025, though remaining below the national target of 99% by March 2026.

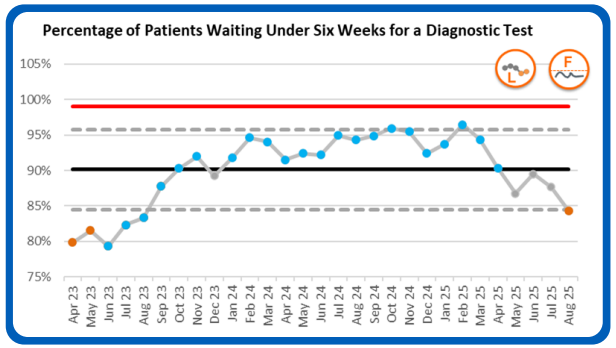
Endoscopy and CT modalities are currently achieving the required standard. However, Audiology, Echocardiography, Dexa Scans, and Sleep Studies continue to face persistent challenges, driven by ongoing capacity and funding constraints that are being addressed as part of the diagnostic improvement plan.











ICARE EQUITY

Cancer

Cancer

28-Day Faster Diagnosis Standard (FDS): Performance in July 2025 was 72%, with unvalidated August performance showing a significant improvement to 82.3%.

A key factor impacting July's performance was Dermatology, which reported only 46.7% against the standard. This was primarily due to high seasonal demand and limited capacity to manage the associated increase in referrals. Urology also contributed to underperformance, achieving just 57%.

In response, several actions were implemented within Surgery & Cancer (S&C) to support improvement. These included the funding of four Waiting List Initiatives (WLIs) through the North Central London Cancer Alliance (NCLCA), adaptation of a consultant job plan to increase seasonal capacity, and revisions to clinic templates to optimise appointment availability. Additionally, following detailed demand and capacity modelling, a business case with an investment proposal was submitted to ensure the department is appropriately resourced.

Despite recent improvements, cancer performance remains at risk without further investment to meet ongoing demand.

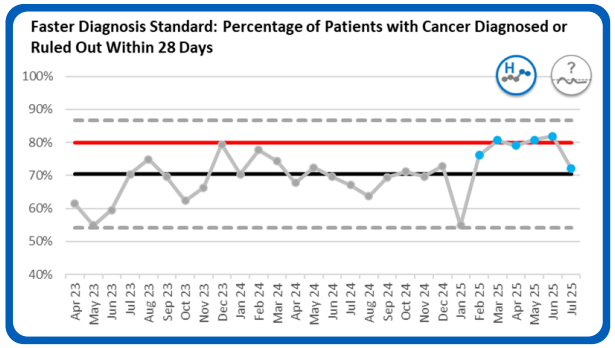
31 Days to First and Subsequent Treatment: The Trust achieved an excellent 31-day treatment performance, maintaining 100% compliance in both July and unvalidated August 2025 across all specialties.

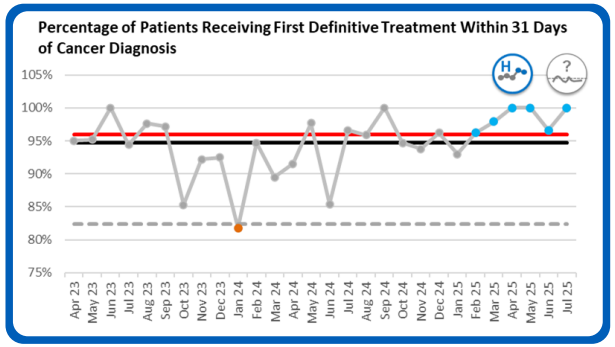
62-Day Combined Treatments: The Trust's performance improved from 81% in July 2025 to an unvalidated 86.3% in August 2025.

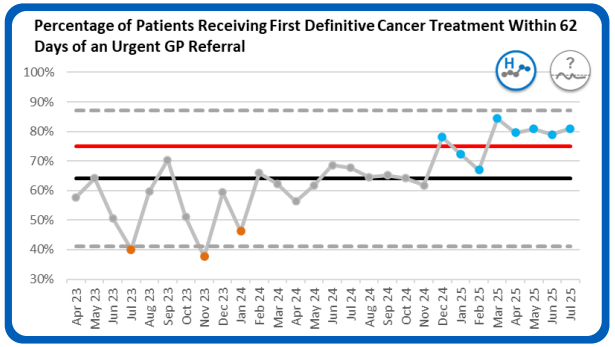
Key areas requiring focused improvement include Gynaecology, which achieved 63.6%, and Urology, where ongoing pathway challenges continue to impact performance.

Urology: To address performance issues, the service is recommended to redesign its pathway by adopting a one-stop clinic model, piloting the approach used at UCLH. Consultant-led local anaesthetic transperineal (LA TP) biopsies are scheduled to start in October to improve diagnostic times. Additionally, the "Uro-oncology gap," which affects the multidisciplinary team (MDT), remains a challenge. UCLH has committed to reviewing and enhancing oncology support for the Trust to help close this gap.

Gynaecology: A focused improvement area, a working group has been established to explore expanding the Rapid Access Clinic (RAC) model by integrating two additional consultants with scanning expertise. There has been strong engagement and positive progress with the team toward these enhancements.







Activity and Productivity

Activity

Overall activity for August 2025 fell below plan, primarily due to a combination of factors including recent industrial action and limitations in available capacity.

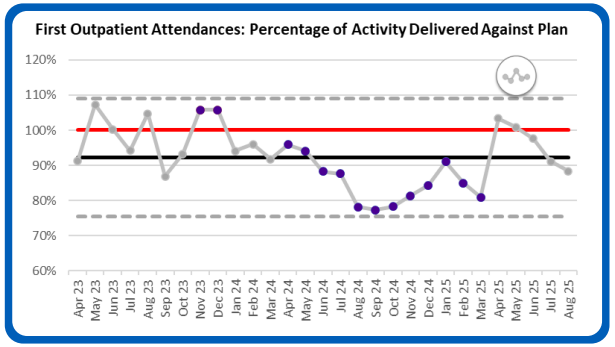
Despite this, elective care activity, although behind plan for the month, is expected to recover in September, with year-to-date (YTD) activity currently ahead of plan.

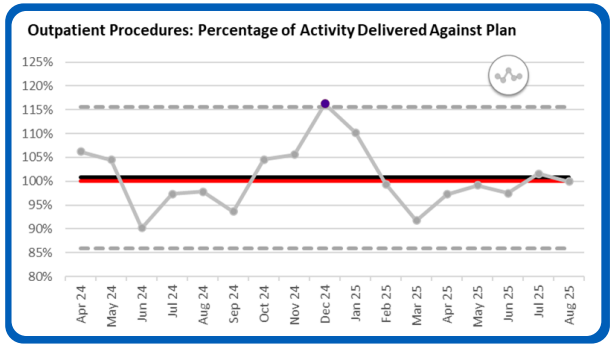
Outpatient procedures in August were marginally below the planned target but remain ahead for the YTD period, with recovery anticipated next month.

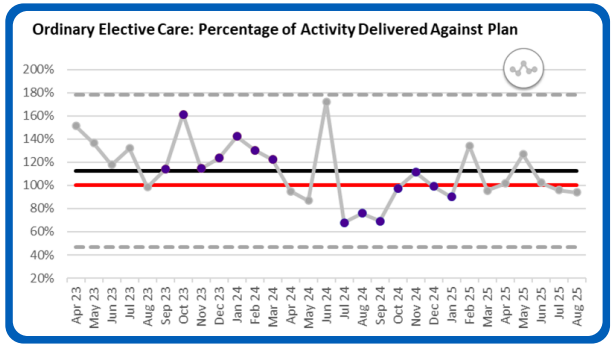
First outpatient attendances were 11.63% below target for August; however, performance remains positive overall, with YTD activity exceeding expectations. Notably, service-level variations persist, particularly in Dermatology, ENT GP Federation, and Trauma and Orthopaedics, where targeted efforts are underway to address specific challenges.

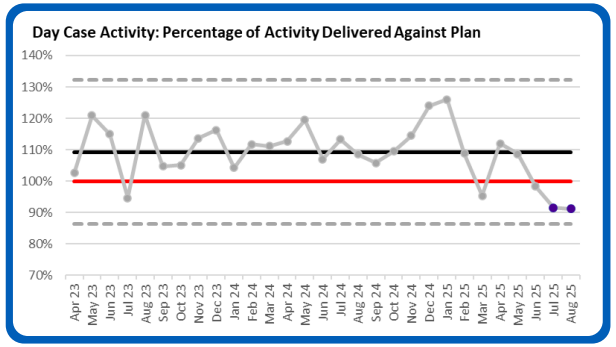
Day case activity also fell short of the monthly plan but is projected to recover in September, with YTD figures showing an overall positive position.

To support sustained recovery and better alignment with planned trajectories across specialties, outpatient review processes are ongoing. These reviews focus on improving patient access, streamlining referral pathways, and enhancing scheduling efficiency. Key initiatives include resolving bottlenecks, optimising clinic templates, and exploring alternative consultation models, such as virtual or group clinics, where appropriate. This proactive approach aims to bolster capacity and ensure the delivery of timely, high-quality care.









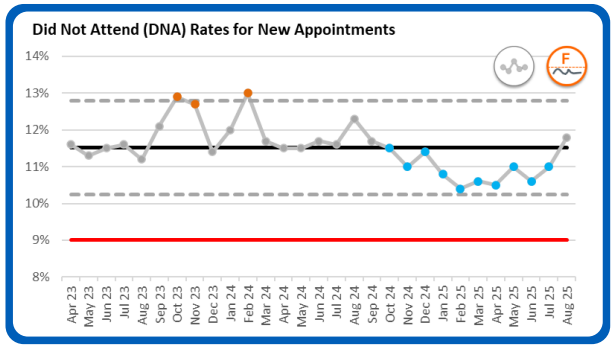
Activity and Productivity

DNA

The Did Not Attend (DNA) rate for new outpatient appointments rose to 11.8% in August, remaining above the Trust target of 9%. This recent increase signals ongoing challenges in patient engagement and highlights the need for continued focus on improving attendance rates.

Outpatient reviews are taking place to address these issues, with targeted work in Urology and Gynaecology. Early outcomes continue to show positive signs, particularly in improving scheduling stability and patient responsiveness.

In light of current performance, the Trust is reassessing the timing and scope of a broader rollout of the 6-4-2 scheduling model. Further analysis will guide next steps to ensure the model can be effectively applied to support improvements in outpatient efficiency and attendance across services.



Theatres

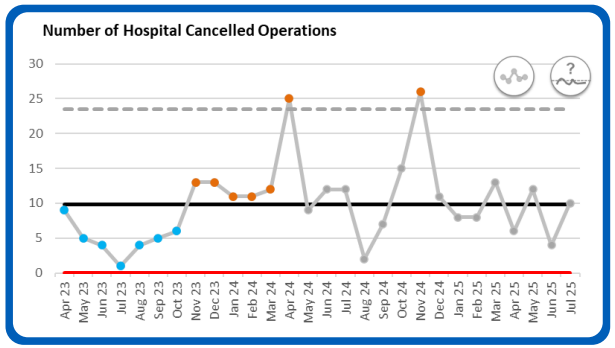
Elective theatre utilisation in August 2025 was 81%, slightly below the Trust's target of 85%. This figure includes maternity theatres, where emergency activity continues to impact overall elective capacity. Work is ongoing to optimise scheduling and maximise use of available theatre time.

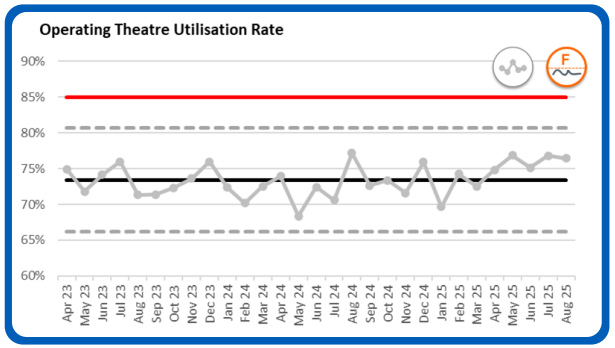
There has been steady improvement in theatre start times, with average delays reducing from 24 minutes in June to 13 minutes in August, a 46% decrease. This reflects improvements in pre-operative coordination and theatre readiness.

Day case activity remained strong, achieving between 91% and 93% of the planned volume. The slight shortfall reflects seasonal variation, including the effect of patient choice during the summer holiday period.

A total of ten elective procedures were cancelled in August. Six were due to theatres overrunning, where complex cases exceeded their expected surgical time. Two cancellations were caused by estates-related ventilation issues during a period of high external temperatures, which affected temperature control in theatres. The remaining two were due to administrative factors, including a booking error and the unavailability of an interpreter.

Mitigating actions are underway to address these issues, with continued focus on scheduling efficiency, estates resilience, and administrative accuracy.





Quality and Safety

NHS Whittington Health NHS Trust

Pressure Ulcers

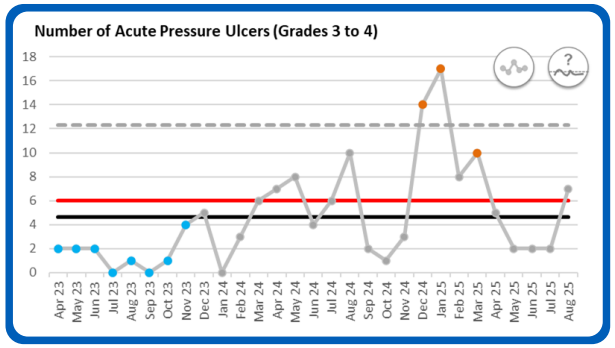
In the hospital setting, seven category 3 pressure ulcers developed in five patients, increasing by five since July 2025. Incident reviews highlighted key issues with the timing and documentation of skin assessments on admission, delays in delivering planned care, and difficulties engaging patients in preventative strategies. Two cases involved complex patients where damage was unavoidable.

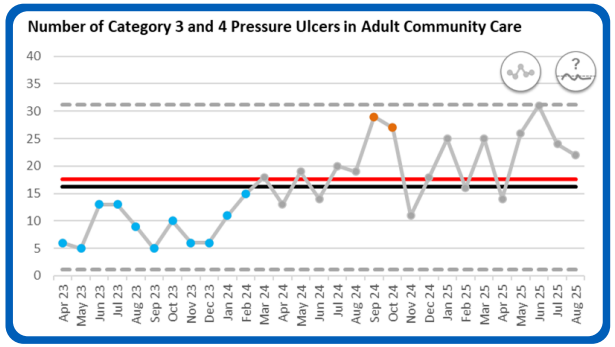
Despite the rise in full-thickness pressure ulcers this month, the Trust remains on track to meet the 25% improvement target for the acute setting. The Trust Pressure Ulcer Improvement Plan continues to focus on enhancing data quality and advancing Division-led Quality Improvement projects through the PSIRF framework. A comprehensive review of the plan is scheduled for October 2025 to ensure alignment with the Trust's incident learning.

In the community setting, nineteen category 3 and three category 4 pressure ulcers developed in twenty-two patients, a decrease by two since July 2025. Incident reviews identified key issues with the timing and documentation of full skin assessments, challenges in patient and carer engagement with prevention strategies, and problems with equipment provision.

In August 2025, the Trust's community equipment supplier, including for pressure-relieving devices, went into administration. This led to delays and reduced reliability in equipment delivery and maintenance, impacting patient care. Although mitigation measures were put in place, interim provision remains limited and may affect care for at-risk patients. The situation is under close review and will be escalated as needed.

Despite a consecutive three-month decrease in full-thickness pressure ulcers, the Trust is currently below trajectory to meet improvement targets. The ongoing equipment challenges may hinder further reductions. Adult Community Services continue to advance the Division's Improvement Plan, focusing on systems-based actions and education.





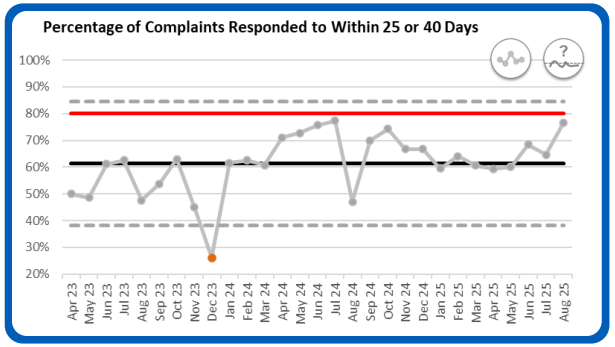
Complaints

In August 2025, 47 complaints were due a response, with a performance rate of 77% (36/47). The complaints were distributed across services as follows: ACW 28% (13), EIM 23% (11), S&C 23% (11), CYP 18% (8), ACS 6% (3), and Estates and Facilities 2% (1).

In terms of severity, 4% (2) were rated as high risk, 24% (11) as moderate, and 72% (34) as low risk.

Key themes remained consistent with previous months—communication, medical care, and nursing care. ICSUs and the complaints team continue to collaborate to address these issues.

Of the 36 complaints closed, 8% (3) were upheld, 56% (20) partially upheld, and 36% (13) not upheld. In total, 64% of closed complaints were upheld in full or in part.



ICARE EQUITY

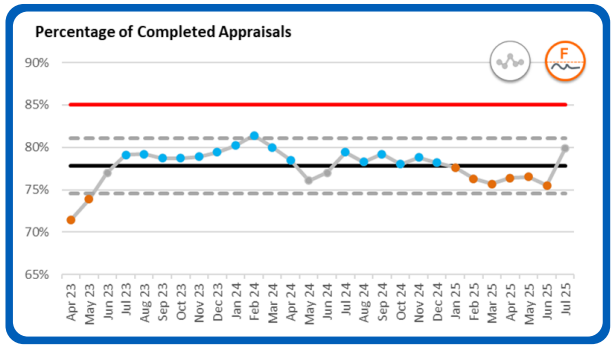
Workforce

Appraisals

Appraisal completion continues to move in a positive direction with 79.9% of staff having had an appraisal as of July 25.

In order to improve the quality of appraisals and the completion percentage the Organisational Development team have reviewed the appraisal documentation and shared options with the workforce in order to obtain their input and preference.

This has been carried out with a view to engage the workforce in contributing and taking ownership of the process and facilitating better quality appraisals.

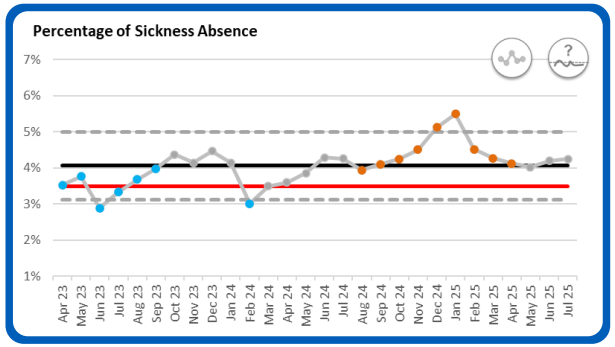


Sickness Absence

Sickness absence rates have remained above the Trust's target of 3.5% since April 2024, and although a steady month-on-month decline was being observed there has been a marginal increase during June and July 25.

Targeted support continues to be in place to address both short-term and long-term absence, with hotspot areas under active review.

To enhance management capability, the Workforce team has developed and is launching during September 25 digital training for line managers, improving access to essential resources and supporting sustainable service delivery.



Community – Children and Young People

Whittington Health NHS Trust

CYP

Children and Young People Waiting Over 52 Weeks

Nearly all children and young people waiting over 52 weeks to be seen are waiting for autism and ADHD assessments. In 2024/25 North Central London Integrated Care Board (NCL ICB) increased investments in these assessment services to ensure capacity could be increased to support a reduction in waiting times. In all 3 services provided by Whittington Health (WH) new staff have been recruited and capacity has increased. Reductions in long waits are evident in the Haringey service for 0-11 year olds and the Islington service for 0-5 year olds. The ongoing challenge for services is how to reduce the significant backlog of children and young people waiting. No additional investment is available to support this reduction.

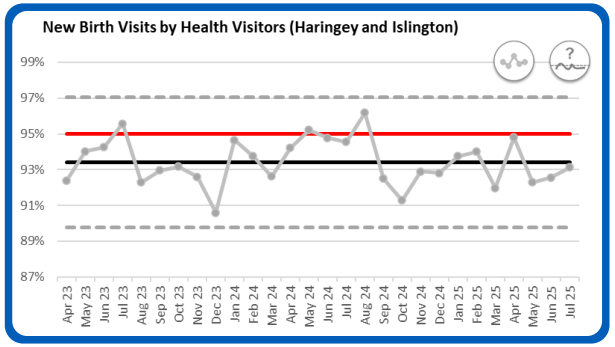
Alongside work to increase capacity, providers across NCL including WH are collaborating to standardise and streamline neurodevelopmental pathways. This work is being led by a programme team that is working with all providers to agree changes to provision.

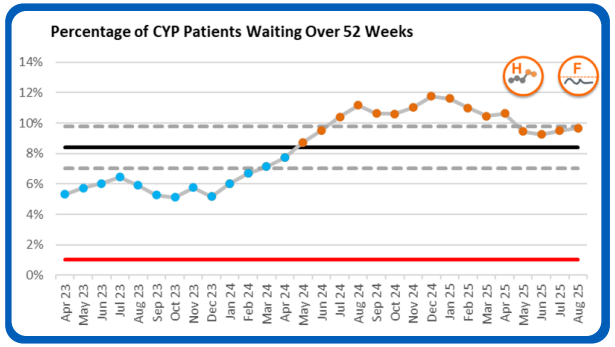
CAMHS Waiting Times

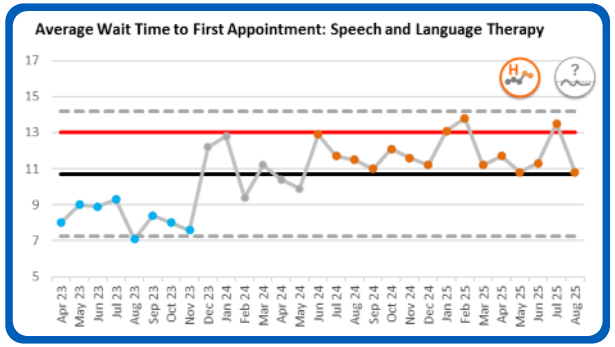
Child and Adolescent Mental Health Services (CAMHS) also continue to show positive reductions in average waiting times. A broad range of teams provide support across CAMHS, with ongoing work focused on improving access to first therapy appointments. Key initiatives include enhanced triage processes to ensure timely and appropriate care for CYP and families.

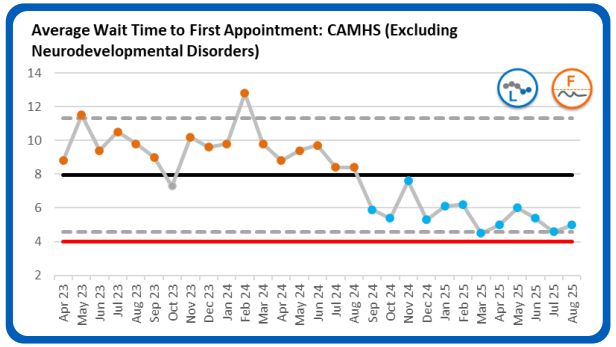
SLT Waiting Times

Speech and Language Therapy (SLT) services continue to face pressures in meeting waiting time targets. In Haringey and Barnet, teams are utilising additional one-off investment from NCL ICB to support a reduction in waiting times. All 4 CYP SLT services provided by WH (Camden, Barnet, Islington & Haringey) are working together to consider changes to provision to ensure service sustainability.









ICARE EQUITY

Community - Adults

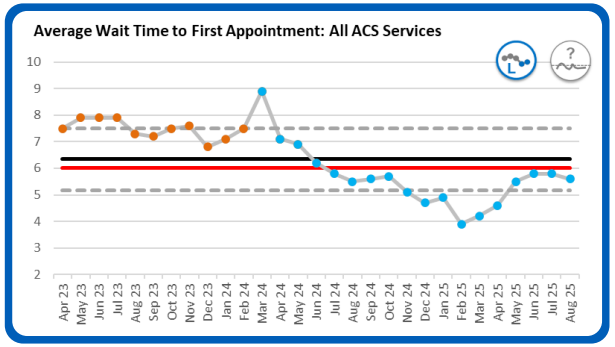
Community

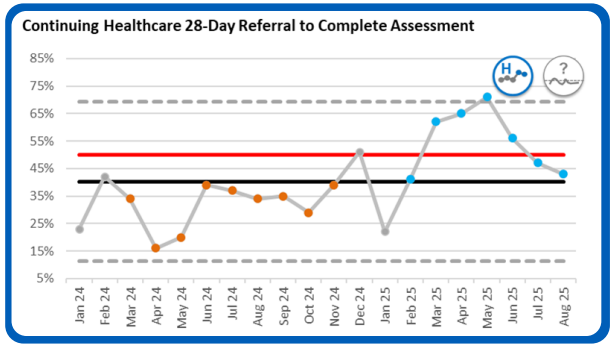
Average wait times are now approaching the six-week target. In some services, reductions in staffing to meet Cost Improvement Programme (CIP) targets may begin to impact waiting times. Despite this, teams are continuing to maximise productivity wherever possible.

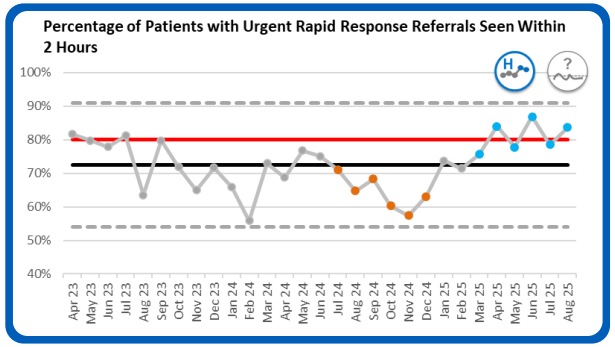
There has been a significant reduction in the number of patients waiting over 52 weeks. The majority of these long waiters are concentrated within Community Rehabilitation services in Islington. Since July 2025, targeted work has been taking place within Islington Therapies to reduce waiting times across Stroke, Neuro, Falls, and Rehabilitation services, with the aim of returning to a business-as-usual (BAU) position. To support this, additional locum capacity has been secured, and all patients waiting more than 52 weeks are being risk assessed. Urgent and priority patients continue to be seen within three weeks. Staffing has been bolstered by the redeployment of a Band 6 Occupational Therapist and a Band 3 Rehabilitation Assistant to the team, following the closure of the Intermediate Care beds at St Anne's. Caseload management strategies have been introduced, and a review of class provision and meeting schedules has been undertaken to release additional clinical capacity. Job planning is ongoing to ensure the most efficient use of staff time and resources.

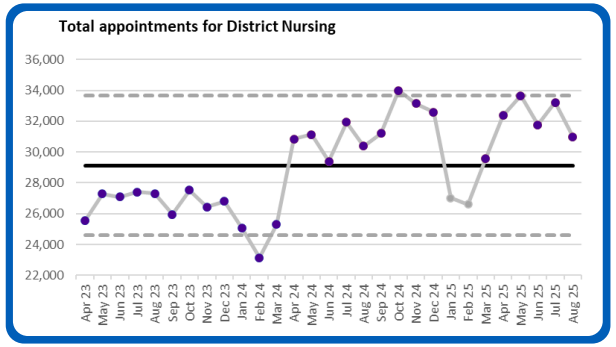
In Haringey, the Urgent Community Response (UCR) service has shown statistically significant improvements in both two- and four-hour response times since March 2025. These improvements are linked to the implementation of Doc Abode, a platform that has enhanced visibility of staff availability and real-time location tracking, enabling more accurate coordination of care.

District Nursing teams remain under considerable pressure and are currently working at full capacity in the face of rising referral rates. A review of referral acceptance criteria is underway, with particular focus on patients who are not housebound. Caseload reviews are also being carried out to increase capacity, while parallel efforts continue to reduce reliance on agency and bank staffing.









Meeting title	**Trust Board - public meeting**	**Date: 25.09.2025**
Report title	**Finance Report - August (Month 5) 2025/26**	**Agenda item: 9**
Executive lead	Terry Whittle, Chief Finance Officer and Deputy Chief Executive	
Report authors	Senior Finance Team	
Executive summary	The Trust is reporting a deficit of £11.6m for August, which is £5.3m adverse to plan. The variance is attributed to Industrial Action, pay overspends and slippage in delivery of financial efficiency savings. Capital expenditure at end of August was £4.87m against a plan of £2.25m. The Trust's capital allocation for the year of £28.7m. The Trust's cash balance on 31st August was £40.39m, which is £3.63m favourable to plan.	
Purpose:	To note financial performance.	
Recommendation(s)	To note the financial performance for August 2025.	
Risk Register or Board Assurance Framework	BAF risks S1 and S2	
Appendices	None	

Trust is reporting a deficit of £11.6m at end of August. This is £5.3m adverse to plan.

The Trust is reporting a YTD deficit of £11.6m for August, this is £5.3m adverse to plan.

ERF activity at the end of August was £0.7m above the ERF cap.

The Trust delivered £7.4m of savings against an internal target of £11.3m YTD.

In August, pay awards of circa 3.6% were paid with arrears of £3.8m. There is a shortfall in pay award funding of £0.7m in the year-to-date variance. Key drivers for the adverse variance continue to be pay and non-pay cost pressures and slippage in delivery of financial efficiency schemes.

Key drivers of overspending are:

- Industrial action costs (July) - £0.4m
- Non-recurrent pay expenditure - £0.2m
- A&E including temporary escalation space - £1.3m
- Enhanced care - £0.7m
- Unfunded paediatric capacity - £0.2m
- Ward general overspends - £0.9m due to additional beds and safer staffing levels.
- Childcare packages - £0.4m

Overall, non-pay was £0.06m underspent YTD. The August position included £0.8m of non-recurrent mitigation. Pressure on non-pay includes:

- Minerva (winter step-down) costs of £0.4m
- Clinical supplies relating to ERF performance of £1.2m
- Overspend on HSL pathology £0.4m
- Community equipment and dressings - £0.3m
- Overspend on histopathology and blood products - £0.4m
- Domestic supplies and patient catering - £0.4m

Cash of £40.39m as of 31st August

The Trust's cash balance on 31st August was £40.39m, which is £3.63m favourable to plan.

Capital Allocation for 2025-26 is £28.70m

The Trust capital expenditure at end of August was £4.87m against a plan of £2.25m.

Better Payment Practice Performance – 95.50% for non-NHS by value

Overall, the Trust's BPPC is 96.00% by volume and 94.54% by value for the four months year-to-date. The BPPC for non-NHS invoices is 96.27% by volume and 95.50% by value.

Summary of Income & Expenditure Position – Month 5

	In Month			Year to Date			
	Plan	Actual	Variance	Plan	Actual	Variance	Annual Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income							
NHS Clinical Income	28,832	29,313	480	144,886	145,904	1,018	347,332
High Cost Drugs - Income	1,119	1,352	233	5,452	5,955	504	13,063
Non-NHS Clinical Income	1,665	1,826	161	8,324	9,194	870	19,978
Other Non-Patient Income	2,400	2,621	221	12,002	12,722	719	28,805
Elective Recovery Fund	4,927	4,923	(4)	26,143	26,888	745	62,321
	38,943	**40,035**	**1,092**	**196,807**	**200,664**	**3,857**	**471,499**
Pay							
Agency	44	(439)	(483)	(45)	(2,805)	(2,760)	(145)
Bank	(75)	(1,691)	(1,616)	(415)	(9,645)	(9,230)	(943)
Substantive	(28,880)	(29,072)	(192)	(144,922)	(142,841)	2,081	(348,756)
	(28,910)	**(31,201)**	**(2,291)**	**(145,382)**	**(155,292)**	**(9,910)**	**(349,843)**
Non Pay							
Non-Pay	(8,200)	(7,873)	327	(41,000)	(40,766)	234	(82,415)
High Cost Drugs - Exp	(1,003)	(942)	61	(5,014)	(5,309)	(295)	(12,034)
	(9,203)	**(8,814)**	**388**	**(46,014)**	**(46,076)**	**(61)**	**(94,450)**
EBITDA	**830**	**19**	**(811)**	**5,411**	**(704)**	**(6,114)**	**27,206**
Post EBITDA							
Depreciation	(1,906)	(1,880)	25	(9,529)	(8,993)	535	(22,869)
Interest Payable	(73)	(50)	23	(365)	(250)	115	(876)
Interest Receivable	111	154	43	692	871	179	1,185
Dividends Payable	(506)	(506)	0	(2,530)	(2,530)	0	(6,072)
P/L On Disposal Of Assets	0	0	0	0	0	0	0
	(2,374)	**(2,282)**	**92**	**(11,732)**	**(10,903)**	**829**	**(28,632)**
Reported Surplus/(Deficit)	**(1,544)**	**(2,262)**	**(719)**	**(6,321)**	**(11,606)**	**(5,285)**	**(1,426)**
Impairments	0	0	0	0	0	0	0
IFRS & Donated	(5)	(6)	(1)	(25)	(30)	(5)	(60)
Reported Surplus/(Deficit) after Impairments and IFRIC12	**(1,549)**	**(2,268)**	**(719)**	**(6,346)**	**(11,636)**	**(5,290)**	**(1,486)**

- Actual deficit for August is £2.3m (excluding donated asset depreciation and impairments), £0.7m worse than planned.
- The YTD position includes non-recurrent benefits of £5.2m and £0.4m of industrial action costs.
- Though the Trust is reporting a year to date over performance of £0.7m on its ERF activity, there is a significant risk of not being paid for activity above ERF plan.
- Work is progressing with all clinical and corporate divisions on management of cost pressures brought forward from 2024/25 and those arising in 2025/26.

2.0 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	Income Diff £'000
	£000's	£000's	£000's	£000's	£000's	£000's
Elective	2,262	2,483	221	12,263	12,967	704
Imaging	489	573	83	2,653	3,201	548
Outpatients	2,560	2,440	(120)	13,696	13,921	225
Other clinical Income NHS	**105**	**(0)**	**(105)**	**184**	**(0)**	**(184)**
Total ERF &Imaging	**5,416**	**5,496**	**79**	**28,796**	**30,089**	**1,293**
A&E	2,395	2,210	(185)	11,820	11,536	(284)
Critical Care	638	388	(250)	3,147	1,988	(1,159)
Direct Access	1,169	962	(207)	6,339	5,298	(1,041)
Elective	86	124	38	458	605	148
Imaging	631	793	163	3,417	4,190	773
Non-Elective	5,611	5,507	(104)	27,727	28,800	1,073
Outpatients	1,875	1,550	(326)	10,010	9,828	(183)
Community	6,899	6,899	0	34,494	34,494	0
Ambulatory	399	478	79	2,161	2,619	458
Block Adjustment	**0**	**792**	**792**	**0**	**216**	**216**
Other clinical Income NHS	9,759	10,389	630	48,111	49,085	974
Total Income	**29,461**	**30,092**	**630**	**147,684**	**148,659**	**974**
NHS Clinical Income	**34,878**	**35,587**	**709**	**176,480**	**178,748**	**2,267**
Non NHS clinical income	**1,665**	**1,826**	**161**	**8,324**	**9,194**	**870**
Income From Patient Care Activities	**36,543**	**37,413**	**870**	**184,804**	**187,942**	**3,137**
Other Operating Income	**2,400**	**2,621**	**221**	**12,002**	**12,722**	**719**
Total	**38,943**	**40,034**	**1,091**	**196,806**	**200,664**	**3,856**

- Income was £3.9m over plan at end of August. £2.3m NHS clinical income, £0.9m related to non-NHS clinical income and £0.7m other operating.

- £2.3m of NHS clinical income overperformance is driven mainly by £0.74m ERF, 0.5m high-cost drugs, £0.3m in diagnostic imaging, and 0.2m in community dental. Overperformance in ERF is offset by additional expenditure.

- £0.9m non-NHS clinical income overperformance is driven mainly by £0.6m workforce pilot extension grant from local authority offset by additional expenditure.

- Other operating Income is being driven by 0.4m of research income offset by expenditure.

2.2 Elective recovery fund (ERF) – August

- The cumulative ERF over performance is estimated to be £0.75m. There is no confirmation if ERF performance above plan will be funded by the ICBs. A national true-up exercise will be undertaken in month 6, clarity on system affordability should become clearer at this stage.
-

ERF Income by ICSU

ICSU	Annual Plan £000's	In Month Income Plan £000's	In Month Income Actual £000's	In Month Income Variance £000's	YTD Income Plan £000's	YTD Income Actual £000's	YTD Income Variance £000's
ACW	8,101	625	746	121	3,378	3,555	177
CYP	7,318	564	492	(72)	3,052	2,796	(256)
EIM	22,360	1,738	1,533	(206)	9,323	9,362	39
S&C	24,476	1,895	2,153	258	10,206	11,175	970
Corp	65	105	(0)	(105)	184	(0)	(184)
Balancing Figure	0	0	0	0	0	0	0
Grand Total	62,321	4,927	4,923	(4)	26,143	26,888	745

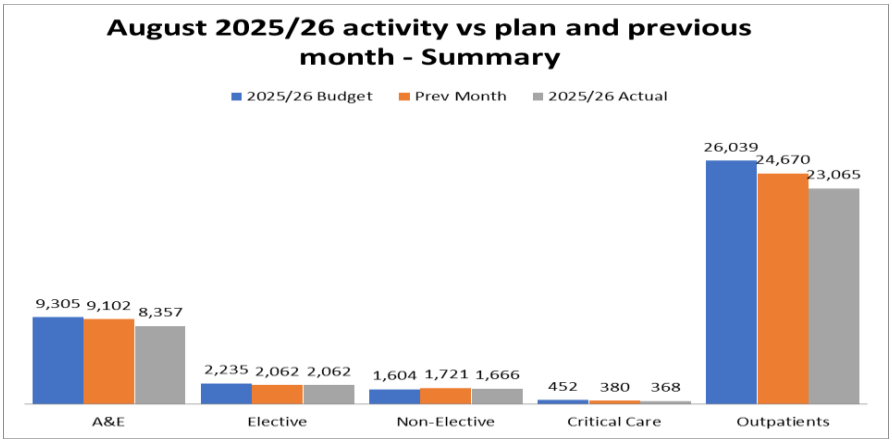
2.3 ERF Performance – August

- Activity overperformed against plan in elective, non-elective inpatients and outpatients.

ERF Income by POD

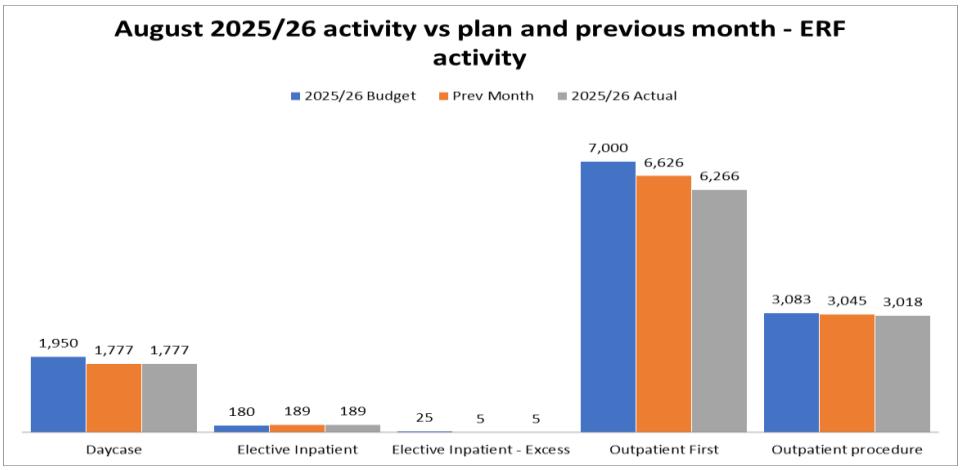
POD	Annual Plan £000's	In Month Income Plan £000's	In Month Income Actual £000's	In Month Income Variance £000's	YTD Income Plan £000's	YTD Income Actual £000's	YTD Income Variance £000's
DC	22,493	1,730	1,735	4	9,380	9,349	(31)
EL	6,915	532	748	216	2,883	3,618	735
OP First	22,796	1,887	1,625	(262)	9,661	9,509	(151)
OP Procedure	10,117	778	815	37	4,219	4,411	193
Balancing Figure	0	0	0	0	0	0	0
Grand Total	62,321	4,927	4,923	(4)	26,143	26,888	745

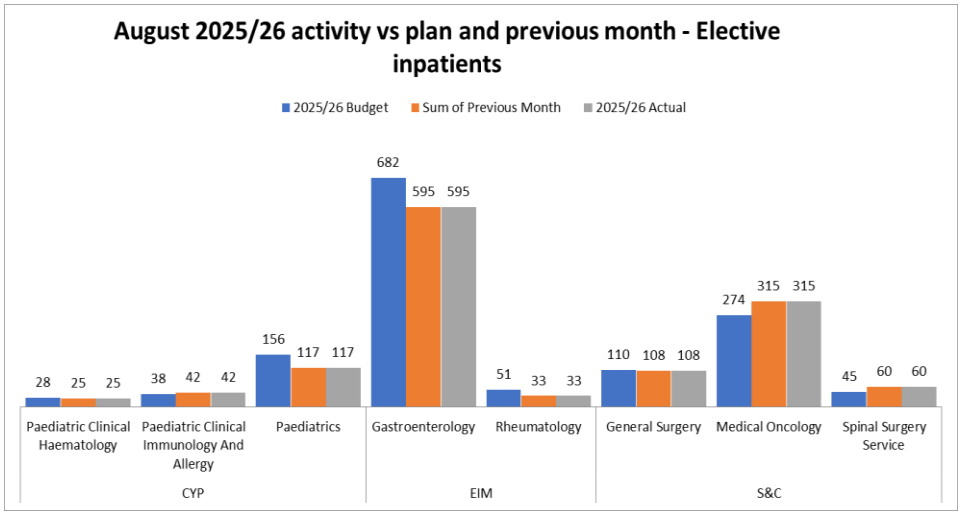
- ERF inpatient activity is below plan for Day cases and overperforming on elective. Outpatients is under plan for August



- Specialties with day cases under plan:
    - Gastroenterology – 79 below plan
    - Clinical Haematology – 33 below plan

- Overall Outpatients firsts are under plan:
    - Clinical physiology 203 underperformance
    - Dermatology 126 underperformance
    - General Surgery 169 underperformance





3. Expenditure – Pay & Non-pay

3.1 Pay Expenditure

Pay expenditure for August was £31.2m. This is a decrease of £0.5m from the July position. Included in the July pay position was £0.4m of costs relating to industrial action.

- Pay Awards of circa 3.6% was paid in August with an arrears of £3.8m. The latter of which is reflected in the increase in substantive pay of £4.8m and offset by the non-operational pay movement of -£4.6m.

- The Trust is £1.2m below the bank and agency spend cap YTD of £13.8m. Temporary staffing spend in August was £0.7m lower compared to July due to strike costs of £0.2m in July and reduction of 20 beds across the trust in August.

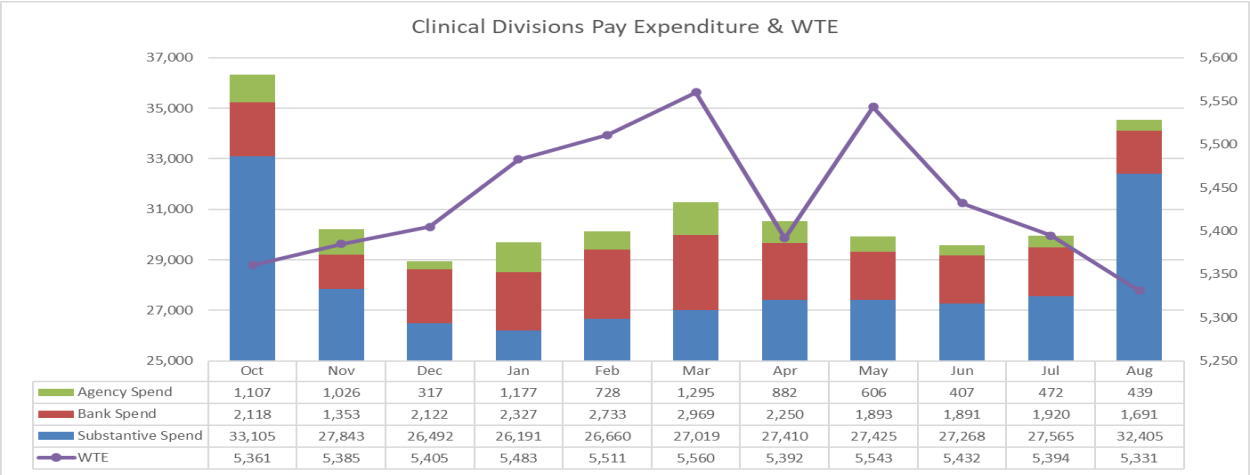
- There was also a reduction in enhanced care costs in month.

	2024-25		2025-26					
	Feb	Mar	Apr	May	Jun	Jul	Aug	Mov^t
Agency	899	1,167	881	614	407	485	379	(106)
Bank	2,733	2,367	1,897	2,191	1,883	2,222	1,653	(569)
Substantive	26,660	27,019	27,410	27,425	27,268	27,565	32,405	4,839
Total Operational Pay	**30,291**	**30,554**	**30,188**	**30,231**	**29,557**	**30,272**	**34,437**	**4,165**
Non Operational Pay Costs	(47)	19,848	1,141	467	792	1,442	(3,236)	(4,678)
Total Pay Costs	**30,244**	**50,402**	**31,329**	**30,698**	**30,349**	**31,714**	**31,201**	**(513)**

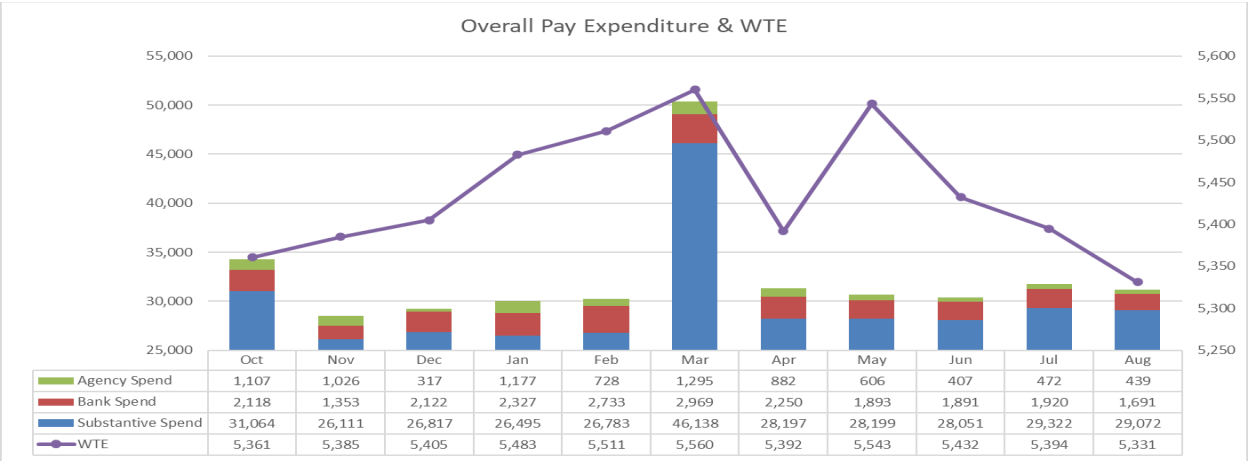
Enhanced Care

As part of additional reporting requirements from NHSE, Trusts are required to report on temporary staffing usage for enhanced care. The Trust booked 6,545 hours for enhanced care in August (a decrease of 2,431hrs compared to previous month). The decrease is due to enhanced controls and reduced beds in August. Additional costs relating to enhanced care are one of the drivers for pay overspend.

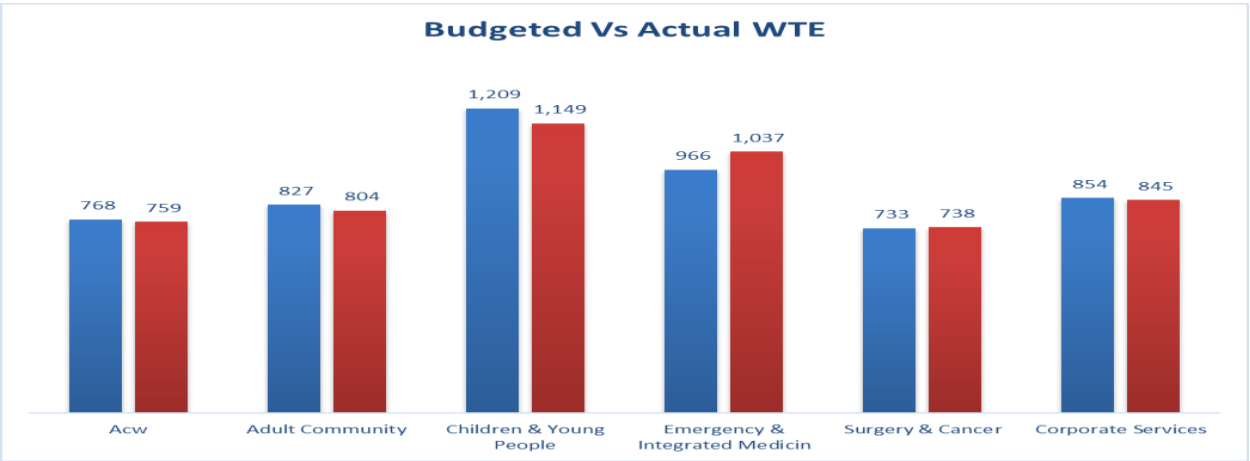
		Hours Booked for Enhanced Care											
Category	Division	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Agency	CYP	84	336	144	252	72							
	SC&C	176	24	24	0	0							
	EIM	204	0	48	0	0							
		464	**360**	**216**	**252**	**72**							
Bank	CYP	252	1,044	900	1,392	1,332							
	SC&C	636	1,236	816	528	336							
	EIM	5,508	7,500	6,924	6,804	4,805							
		6,396	**9,780**	**8,640**	**8,724**	**6,473**							
Total		**6,860**	**10,140**	**8,856**	**8,976**	**6,545**							

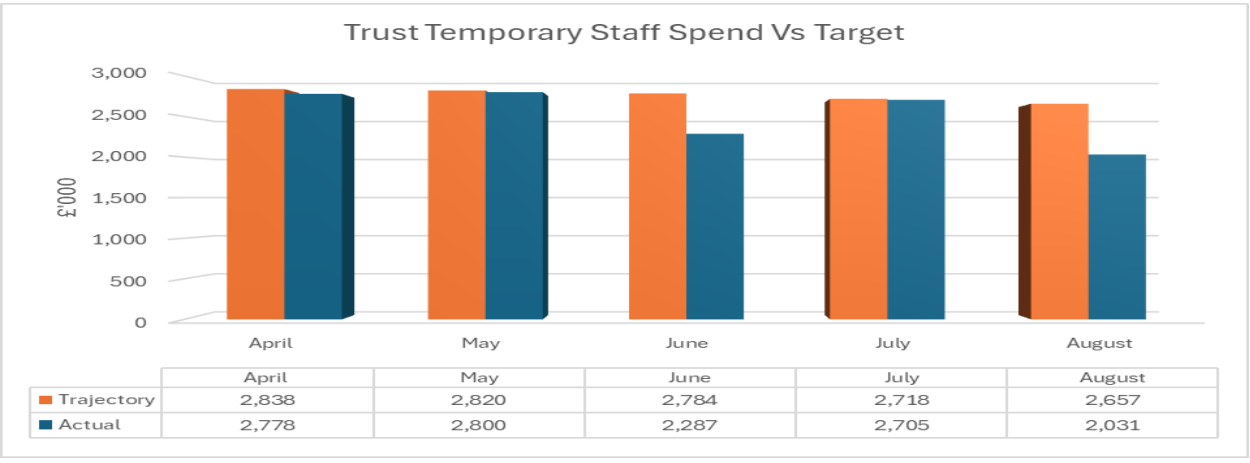


	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Agency Spend	1,107	1,026	317	1,177	728	1,295	882	606	407	472	439
Bank Spend	2,118	1,353	2,122	2,327	2,733	2,969	2,250	1,893	1,891	1,920	1,691
Substantive Spend	33,105	27,843	26,492	26,191	26,660	27,019	27,410	27,425	27,268	27,565	32,405
WTE	5,361	5,385	5,405	5,483	5,511	5,560	5,392	5,543	5,432	5,394	5,331



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Agency Spend	1,107	1,026	317	1,177	728	1,295	882	606	407	472	439
Bank Spend	2,118	1,353	2,122	2,327	2,733	2,969	2,250	1,893	1,891	1,920	1,691
Substantive Spend	31,064	26,111	26,817	26,495	26,783	46,138	28,197	28,199	28,051	29,322	29,072
WTE	5,361	5,385	5,405	5,483	5,511	5,560	5,392	5,543	5,432	5,394	5,331





	April	May	June	July	August
Trajectory	2,838	2,820	2,784	2,718	2,657
Actual	2,778	2,800	2,287	2,705	2,031

Agency spend excludes non-recurrent benefits included in corporate central

3.2 Non-pay Expenditure

Non-pay spends excluding high-cost drugs decreased by £0.3m compared to previous month. Key movements include the following:

- Non recurrent benefits of £0.8m included in the in-month position
- Increase in clinical supplies of £0.1m partly driven by increased blood recharges of £58k and incontinence pads of £46k.

	2025-24	2025-26					
Non-Pay Costs	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Mov^t**
Supplies & Servs - Clin	4,582	3,576	4,160	4,447	3,836	3,950	114
Supplies & Servs - Gen	380	440	274	356	382	427	45
Establishment	413	317	368	309	299	276	(23)
Healthcare From Non Nhs	137	115	97	(151)	95	93	(2)
Premises & Fixed Plant	2,829	2,130	2,101	2,297	2,275	2,269	(6)
Ext Cont Staffing & Cons	525	194	127	221	210	233	23
Miscellaneous	3,386	1,034	1,468	726	1,146	615	(531)
Chairman & Non-Executives	11	11	11	11	11	10	(1)
Non-Pay Reserve	0	0	0	0	0	0	0
Total Non-Pay Costs	**12,264**	**7,816**	**8,607**	**8,217**	**8,254**	**7,873**	**(381)**

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

Miscellaneous Expenditure Breakdown

	2025-24	2025-26					
Miscellaneous Breakdown	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Mov^t**
Ambulance Contract	216	159	188	173	157	196	39
Other Expenditure	(1,236)	107	233	(1,159)	(185)	(667)	(483)
Audit Fees	13	14	15	14	14	14	(0)
Provision For Bad Debts	1,754	(481)	(392)	156	(160)	(268)	(108)
Cnst Premium	766	847	773	810	798	807	9
Fire Security Equip & Maint	17	2	23	33	17	13	(4)
Interpretation/Translation	104	31	0	69	43	25	(18)
Membership Subscriptions	128	139	145	133	136	150	14
Professional Services	804	160	410	385	187	221	35
Research & Development Exp	58	0	1	1	1	1	0
Security Internal Recharge	0	12	11	13	12	12	0
Teaching/Training Expenditure	759	42	58	95	124	109	(14)
Travel & Subs-Patients	3	0	3	2	3	2	(1)
Work Permits	0	0	0	0	0	0	0
Write Down Of Inventories	0	0	0	0	0	0	0
Total Non-Pay Costs	**3,386**	**1,034**	**1,468**	**726**	**1,146**	**615**	**(531)**

3.3 Cost Improvement Programme (CIP)

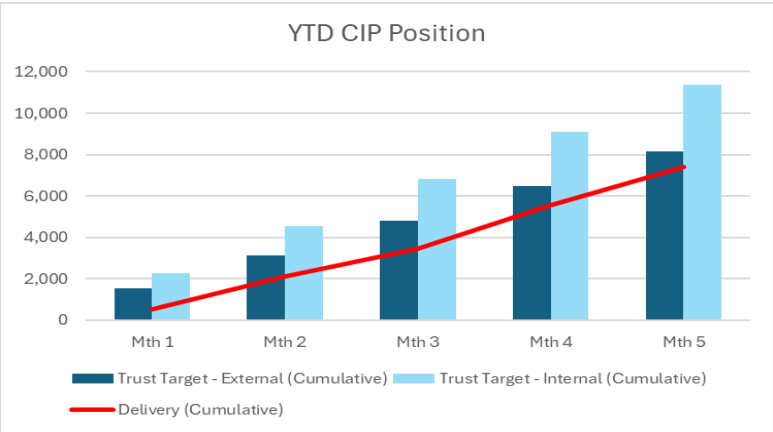
The CIP target in the Trust plan for 2025–26 is £22m. The internal target set for clinical divisions, and corporate services, is £27m to account for a proportion of the brought forward liability associated with non-recurrent savings schemes in the prior year (2024/25). The increased internal efficiency target (of £5m) has been set to focus improvement on the Trust underlying financial position, which will otherwise deteriorate due to unfunded growth in the recurrent cost-base.

As of Month 5, £22m has been identified of which the recurrent forecast delivery is £9.6m. 60% of open schemes are currently under development, with £4.6m of schemes currently sitting in opportunities. These are being worked upon by Divisions, awaiting full approval (e.g. completed Project Initiation Document and Quality Impact Assessment).

Divisions	25/26 CIP Target '£000	YTD CIP target '£000	YTD Actuals Recurrent '£000	YTD Actuals Non-Recurrent '£000	Total YTD Actuals Total '£000	YTD Variance to target '£000
ADULT COMMUNITY	3,560	1,483	224	0	**224**	(1,260)
CHILDREN & YOUNG PEOPLE	4,464	1,860	263	86	**349**	(1,511)
EMERGENCY & INTEGRATED MEDICINE	4,830	2,013	176	0	**176**	(1,836)
SURGERY & CANCER	4,651	1,938	30	188	**219**	(1,719)
ACW	4,968	2,070	141	16	**156**	(1,914)
DIVISIONS TOTAL	**22,473**	**9,364**	**834**	**290**	**1,124**	**(8,240)**
CORPORATE SERVICES	2,585	1,077	240	16	**256**	(821)
ESTATES AND FACILITIES	2,272	947	218	361	**578**	(368)
CENTRAL	0	0	1,926	3,517	**5,443**	5,443
TRUST TOTAL	**27,330**	**11,388**	**3,217**	**4,184**	**7,402**	**(3,986)**
External Target	**22,000**	**8,139**	**3,217**	**4,184**	**7,402**	**(737)**

	Full Year Target	YTD Target	YTD Delivery	YTD Variance
External	22,000	8,139	7,402	-737
Internal	27,330	11,388	7,402	-3,986

The YTD shortfall of £3.99m (35% of the YTD internal target) is due to unidentified gap as more schemes come on-line from Q3&Q4. With regards to the schemes in plan, there is no slippage in delivery. There was £0.9m of non-recurrent benefits in month that was released centrally.



There have been divisional and corporate services roadshows to generate more ideas and increase participation and ownership of schemes. In addition, with Programme Management Office commencement will aid in closing the recurrent gap of £17.7m.

4.0 Statement of Financial Position (SoFP)

The net balance on the Statement of Final Position as of 31st August 2025 is £201.96m, £2.27m lower than 31st July 2025, as shown in the table below.

Statement of Financial Position as at 31st August 2025	2024/25 M12 Balance	2025/26 M04 Balance	2025/26 M05 Balance	Movement in Month
	£000	£000	£000	£000
NON-CURRENT ASSETS:				
Property, Plant And Equipment	242,623	237,941	238,689	748
Intangible Assets	4,079	3,309	3,304	(5)
Right of Use Assets	36,104	36,044	35,622	(423)
Assets Under Construction	18,227	20,547	19,262	(1,286)
Trade & Other Rec -Non-Current	805	551	551	(0)
TOTAL NON-CURRENT ASSETS	**301,837**	**298,392**	**297,427**	**(966)**
CURRENT ASSETS:				
Inventories	1,308	1,653	1,664	10
Trade And Other Receivables	25,217	27,029	22,375	(4,654)
Cash And Cash Equivalents	46,276	40,059	40,393	334
TOTAL CURRENT ASSETS	**72,801**	**68,741**	**64,432**	**(4,309)**
CURRENT LIABILITIES				
Trade And Other Payables	(94,855)	(94,156)	(93,335)	822
Borrowings: Finance Leases	(1,025)	(1,025)	(1,025)	0
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	(227)	(198)	(183)	15
Other Liabilities	(2,216)	(5,311)	(3,722)	1,589
TOTAL CURRENT LIABILITIES	**(102,809)**	**(105,175)**	**(102,750)**	**2,425**
NET CURRENT ASSETS / (LIABILITIES)	**(30,007)**	**(36,434)**	**(38,319)**	**(1,884)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**271,830**	**261,958**	**259,108**	**(2,850)**
NON-CURRENT LIABILITIES				
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,392)	(1,392)	(1,392)	0
Borrowings: Finance Leases	(1,282)	(781)	(656)	125
Borrowings: Right of Use Assets	(32,055)	(32,043)	(31,632)	411
Provisions for Liabilities & Charges	(23,510)	(23,520)	(23,474)	46
TOTAL NON-CURRENT LIABILITIES	**(58,239)**	**(57,735)**	**(57,153)**	**582**
TOTAL ASSETS EMPLOYED	**213,591**	**204,223**	**201,955**	**(2,268)**
FINANCED BY TAXPAYERS EQUITY				
Public Dividend Capital	138,320	138,320	138,320	0
Retained Earnings	1,634	(7,734)	(10,002)	(2,268)
Revaluation Reserve	73,637	73,637	73,637	0
TOTAL TAXPAYERS EQUITY	**213,591**	**204,223**	**201,955**	**(2,268)**

The most significant movements in the month to 31st August 2025 were as follows:

NON-CURRENT ASSETS
Non-Current assets closed at £297.43m on 31st August 2025, a net increase of £0.97m from previous month due the following:

- Capital expenditure for owned assets £0.92m
- Monthly depreciation: Owned assets (£1.46m)
- Monthly depreciation: Right of Use assets (£0.42m)

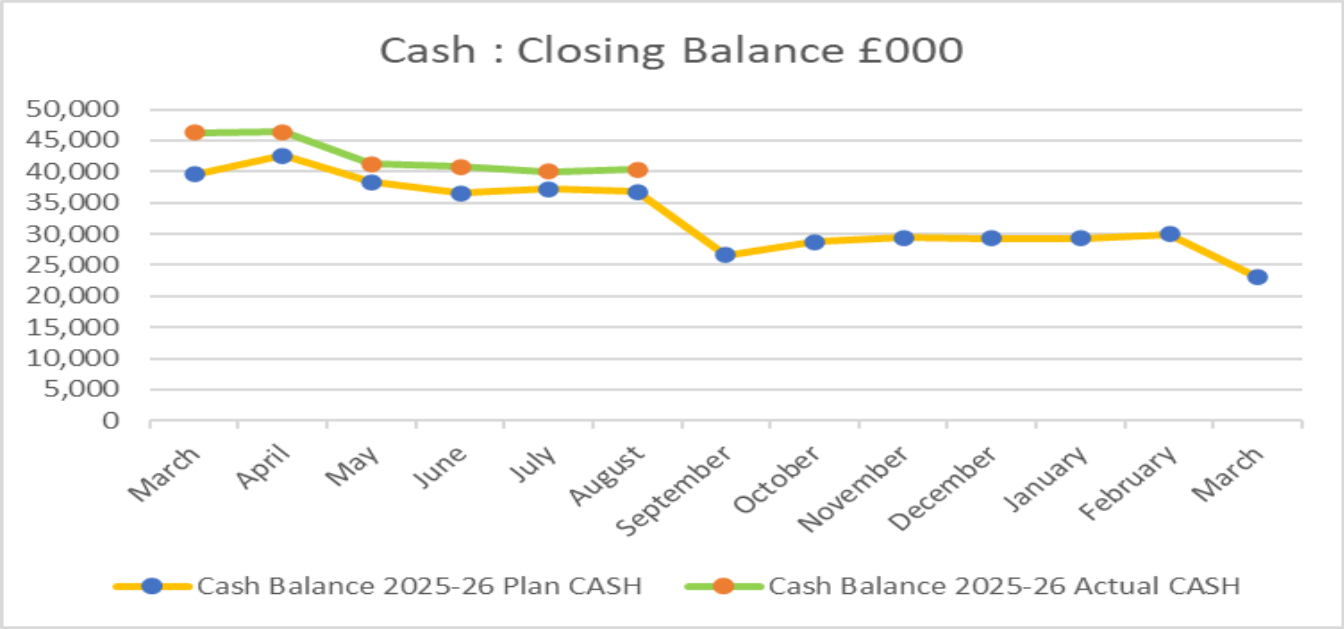
CURRENT ASSETS
Current assets closed at £64.43m in August 2025, a net decrease of £4.31m from the previous month. Principal movements comprised Trade and Other Receivables decrease of £4.65m and cash increase of £0.33m as detailed below.

CURRENT LIABILITIES
Current liabilities increased by £1.88m in month. A decrease of £0.82m in Trade payable and £1.59m in Other Payables (NHS Deferred Income).

NON-CURRENT LIABILITIES
Non-Current liabilities closed at £57.15m in August 2025, a net increase of £0.58m from previous month due predominantly £0.58m by repayment of Right of Use finance lease liabilities and other finance lease liabilities.

RETAINED EARNINGS
Retained Earnings closed at (deficit) (£10.0m) in August 2025, a net increase in (deficit) from the July's figure of (£2.27m).

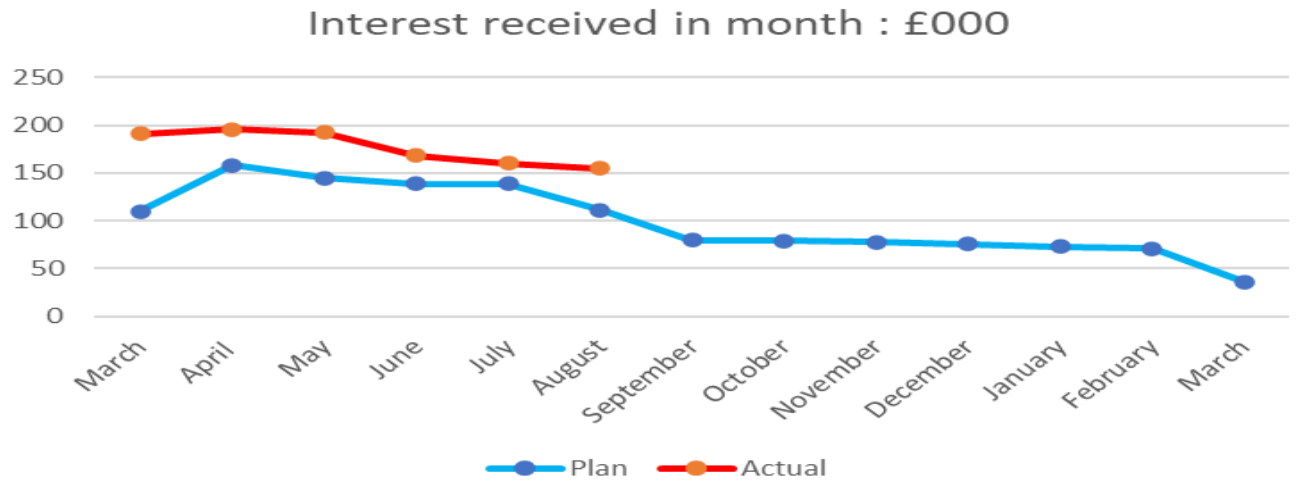
CASH
The Trust's cash balance on 31st August was £40.39m, which is £3.63m favourable to Plan, and an increase of £0.33m from July's closing balance.



The in-month increase is primarily due to the final 2024/25 VAT reclaim of £3.2m which was received in August and more than offset the £2.27m in-month deficit which the Trust reported at Month 5.

The 2025/26 Plan encompasses a reduction of £16.57m of cash over the 12 months to 31st March 2026. The Trust forecasts and closely monitors its cash position against Plan.

Interest Received
The interest received during August 2025 was £0.16m, which is £0.04m above Plan. August's interest received reflected the impact the favorable balance cash balance during month. Reflecting the Base Rate reduction, the interest rate received by the Trust decreased from 4.14% to 3.89% during August. The Plan assumed a greater rate reduction during August, resulting in an actual ate which is greater than plan.



5.0 Capital Expenditure

The total approved capital allocation to date is £28.70m. Further additional PDC awaiting approval from NCL in the coming months:

- £15.0m Wood Green CDC Phase 3
- £0.89m Robotic Assistive Surgery at WH

Capital Summary Month 03: 31st August 2025

all figures: £000	Allocation					In Month			Year to Date		
	Allocation	Subsequent Allocation	Total Allocation	Transfers between Functions	Total Programme	In-Month Forecast	Actual	Variance	YTD Forecast	Actual	Variance
ESTATES AND STRATEGIC PROJECTS CAPITAL PROGRAMME 2025/26	9,030	1,500	10,530		10,530	554	380	(174)	2,031	2,025	(6)
ICT	1,500		1,500		1,500	24	32	8	88	0	(88)
PACS	400		400		400	0	0	0	0	0	0
Equipment	500		500		500	24	0	(24)	88	0	(88)
Divisions	200		200		200	12	0	(12)	44	32	(12)
Contingency	425		425		425	0	0	0	0	0	0
Pharmacy Robot	402		402		402	0	0	0	0	0	0
Total Owned Assets	**12,457**	**1,500**	**13,957**	**0**	**13,957**	**614**	**413**	**(201)**	**2,251**	**2,057**	**(194)**
PDC funded	0	9,272	9,272		9,272	0	509	509	0	1,179	1,179
Total PDC funded	**0**	**9,272**	**9,272**	**0**	**9,272**	**0**	**509**	**509**	**0**	**1,179**	**1,179**
RoU assets (new leases)	0		0		0	0	0	0	0	0	0
RoU assets (remeasures)	5,471		5,471		5,471	0	0	0	0	1,631	1,631
Total Right of Use	**5,471**	**0**	**5,471**	**0**	**5,471**	**0**	**0**	**0**	**0**	**1,631**	**1,631**
Total	**17,928**	**10,772**	**28,700**	**0**	**28,700**	**614**	**922**	**308**	**2,251**	**4,867**	**2,616**

The year-to-date actual expenditure as of 31st August is £4.87m against plan of £2.25m. Major expenditure includes the following:

- Power project - £**1.20m**
- Fire project - £**0.78m**

Better Payments Practice Code

The Trust is signed up to the NHS commitment to improve its Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms. Overall, the Trust's BPPC is 96.00% by volume and 94.52% by value for the 5 months year-to-date. The BPPC for non-NHS invoices is 96.27% by volume and 95.50% by value for the 5 months year-to-date. The charts below show performance for March to August 2025.