

	Question	WH answer
1.	Chief Executive Officer's Report - page 4 (of 10), page 8(of 10), Appendix 4 - Provider Capability Assessment page 16 (of 23): there are many references made to violence and aggression to lone workers, the Emergency Department etc. i. It is noted that the CEO has written to Islington Council and the Metropolitan Police but, accepting that it may not be appropriate in all cases, how many violent aggressors have been prosecuted? ii. Who is responsible for taking the decision to prosecute? iii. Does the new Violence Prevention and Reduction Strategy (with the collaborative work with Islington and the Metropolitan Police) allow for this option?	i. Trust does not currently hold a single validated figure for how many individuals have been prosecuted. Not all incidents result in criminal proceedings, and outcomes are not always routinely fed back to the Trust. ii. The Trust and affected staff can report incidents to the police and provide supporting evidence such as CCTV, body-worn video and witness statements. The Trust does not make the decision to prosecute. The police investigate alleged offences, with charging decisions made by the police or the Crown Prosecution Service (CPS) depending on the seriousness and circumstances of the case. iii. Yes. The new Violence Prevention and Reduction Strategy supports a more consistent approach to reporting, evidence gathering, staff support and referral to the police where behaviour may constitute a criminal offence. It also strengthens collaborative working with Islington Council and the Metropolitan Police. Prosecution remains an available outcome where appropriate, although the decision to charge and prosecute rests with the police and CPS.
2.	Winter Plan Summary - Winter Funding - if option 3 is adopted, how would the partnering with UCLH & RFH work in practice?	Partnering would entail reducing the cost of the bridging service by leveraging economies of scale. Lessons learned from each organisation will also be shared with close collaboration with University College London Hospitals NHS Foundation Trust and the Royal Free London NHS Foundation Trust.
3.	Appendix 4 - Provider Capability Assessment page 10 (of 23) -with reference to "Digitally	"Digitally Connected Patients" includes patients who already use digital services and those who may wish to use them with

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	Connected Patients" - Does this mean those patients who are presently digitally connected or include non-digitally connected who will be persuaded to become digitally connected?	appropriate support. It does not mean that patients will be required or persuaded to use digital channels, and digital access will not be a condition of receiving care. Our ambition is to give patients and carers greater choice and control in managing their health and care. We recognise that access to devices and connectivity, digital skills and confidence, accessibility requirements and trust can all affect a person's ability or willingness to use digital services. We will work with patients, carers, communities and local partners to co-design accessible services and provide targeted support for those at greater risk of digital exclusion. Clear and accessible non-digital alternatives will continue to be available where digital services are not appropriate or are not the patient's preferred option. We will monitor uptake, patient experience and equality impacts, and adapt our approach to ensure that digital transformation helps to reduce, rather than widen, health inequalities. This approach aligns with the national direction set out in the NHS 10 Year Health Plan, including the shift from analogue to digital. Nationally, this is intended to give people easier access to information and services, greater control over appointments and medicines, and more personalised and joined-up care. "Digital by default" does not mean "digital only"; successful delivery requires accessible design, support for people who face barriers to digital access, and continued alternative routes to care. Our local approach will therefore support the national ambition while ensuring that patient choice, inclusion, clinical appropriateness and the reduction of health inequalities remain central. NHS 10 Year Health Plan NHS England: Preparing for digital-by-default

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4.	Appendix 4 Provider Capability Assessment - page 17 (of 23) - has this section taken into account the NHS England guidance about standards, which was on the agenda of the Board meeting on 23/7/26?	Yes, the Assessment has followed the Guidance from NHS in relation to learning from the Ockenden and Amos review – with assessments being undertaken against the recommendations The guidance for electives has also been reviewed and any gaps identified against the minimum standards of experience for elective care.
5.	Has the Board, through the appropriate Committee, considered the hospital's treatment of autistic patients?	The Trust is committed to providing equitable, person-centred care and has measures in place to support autistic patients, including reasonable adjustments, the use of patient passports where appropriate, and service improvements designed to reduce barriers to accessing care. Patient feedback, complaints, incidents and safeguarding concerns relating to autistic patients are reviewed through established governance processes and used to identify learning and opportunities for improvement. The Trust also considers relevant national guidance and best practice to improve patient experience and reduce health inequalities. The Trust is implementing the Oliver McGowan Mandatory Training on Learning Disability and Autism, in line with national NHS requirements. This training supports staff to better understand the needs of autistic people and people with a learning disability, helping them to deliver safer, more personalised and compassionate care.