

Meeting	Trust Board -Public
Date & time	1 April 2015 at 1400hrs - 1700hrs
Venue	WEC 7

AGENDA

Steve Hitchins, Chairman
Anita Charlesworth, Non-Executive Director
Paul Lowenberg, Non-Executive Director
Tony Rice, Non-Executive Director
Rob Whiteman, Non-Executive Director
Anu Singh, Non-Executive Director
Prof Graham Hart, Non-Executive Director

Simon Pleydell, Chief Executive
Siobhan Harrington, Director of Strategy
& Deputy Chief Executive
Dr Greg Battle, Medical Director
(Integrated Care)
Lee Martin, Chief Operating Officer
Dr Richard Jennings, Medical Director
Philippa Davies, Director of Nursing and
Patient Experience
Colin Gentile, Interim Director of Finance

Attendees

Lynne Spencer, Director of Communications & Corporate Affairs Chris Goulding, Deputy Director, HR and Kate Green, Minute Taker

Contact for this meeting: Kate Green (<u>kate.green4@nhs.net</u>) or 020 7288 3554

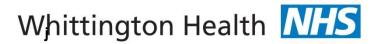
Agenda Item		Paper	Action and Timing
Patient	Story		
	Patient Story	Oral	Note
	Philippa Davies, Director of Nursing & Patient Experience		1400hrs
. = /2 2			
15/046	Declaration of Conflicts of Interests Steve Hitchins, Chairman	Oral	1420hrs
15/047	Apologies & Welcome	Oral	1425hrs
10/041	Steve Hitchins, Chairman		14201113
15/048	Minutes, Action Log and Matters Arising 4 March Steve Hitchins, Chairman	1	Approve 1430hrs
15/049	Chairman's Report		Note
13/043	Steve Hitchins, Chairman	Oral	1435hrs
15/050	Chief Executive's Report Simon Pleydell, Chief Executive	2	Note 1450hrs
Patient	Safety & Quality		14001113
15/051	Patient Safety Week 16-20 March Highlights	3	Recs
	Philippa Davies, Director of Nursing & Patient Experience		1505hrs
15/052	Safe Staffing Report	4	Note
10/002	Philippa Davies, Director of Nursing & Patient Experience	<u> </u>	1510hrs

Strateg	y and Planning		
15/053	Development of Integrated Clinical Service Units and	Oral	Note
	Organisation Sructure		1520hrs
	Simon Pleydell, Chief Executive		
4 = 10 = 4		_	
15/054	Budget Setting Update	5	Approve
	Colin Gentile, Interim Director of Finance		1535hrs
Perform	ance and Delivery		
		_	
15/055	Financial Performance Month 11	6	Note
	Colin Gentile, Interim Director of Finance		1545hrs
15/056	Performance Dashboard (presentation on theatres)	7	Note
	Lee Martin, Chief Operating Officer	-	1605hrs
15/057	Workforce Report	8	Note
	Chris Goulding, Deputy Director, HR		1625hrs
15/058	TDA Board Statements	9	Note
	Siobhan Harrington, Deputy CEO/Director of Strategy		1635hrs
0			
Governa			
15/059	Use of Seal & Deed of Execution	10	Maria
	Lynne Spencer, Director of Communications & Corporate		Note
	Affairs		1640hrs
/			
15/060	Draft Board Cycle of Business 2015/16	11	Approve
	Lynne Spencer, Director of Communications & Corporate		1645hrs
	Affairs		
15/061	Assurance reports from Board Committees	12	Note
10/001	Audit	'-	1650hrs
	Quality and Safety		10001110
Any oth	er urgent business and Questions from the public		
y •	No items notified to the Chairman		1700hrs
Date of	next meeting:		,,,,,,
	6 May 2015		
	Whittington Education Centre, Room 7		

Register of Conflicts of Interests:

The Register of Members' Conflicts of Interests is available for viewing during working hours from Lynne Spencer, Director of Communications & Corporate Affairs, at Trust Headquarters, Ground Floor, Jenner Building, Whittington Health, Magdala Avenue, London N19 5NF - communications.whitthealth@nhs.net.





ITEM:15/048 Doc: 01

The Minutes of the meeting of the Trust Board of Whittington Health held in public at 2.00pm on Wednesday 4th March 2015 in the Whittington Education Centre

Present: **Greg Battle** Medical Director, Integrated Care

> Anita Charlesworth Non-Executive Director

Director of Nursing and Patient Experience Philippa Davies Siobhan Harrington Director of Strategy/Deputy Chief Executive

Graham Hart Non-Executive Director

Steve Hitchins Chairman Richard Jennings **Medical Director**

Colin Gentile Interim Chief Finance Officer Paul Lowenberg Non-Executive Director Tony Rice Non-Executive Director Anu Sinah Non-Executive Director

Carol Gillen **Deputy Chief Operating Officer**

In attendance:

Chris Goulding Acting Director of Human Resources

Kate Green Minute Taker

Ursula Grueger **Deputy Director of Finance**

Lynne Spencer Director of Communications & Corporate Affairs

15/31 **Patient Story**

31.01 Presented by Cally Brinsley, Ward Manager for the Day Treatment Centre on behalf of a patient diagnosed with breast cancer who had recorded her positive

experiences and points of learning and areas for potential improvement.

31.02 Cally identified a solution to the issues raised, which was to create a 'link nurse'

> who would be able to liaise between the different departments the patient was required to attend. This has enabled a seamless patient journey and ensured all appointments were confirmed. Cally had been successful in gaining funding for two posts from Macmillan and this demonstrated that it was always possible to improve services even when they had been viewed as mainly positive. The patient

had now joined the service's patient forum, and was reviewing patient leaflets.

31.03 Steve Hitchins highlighted the excellent collaborative work between Whittington

Health and Macmillan which had led to the recent launch of the Macmillan

Information hub.

15/032 **Declaration of Interests**

32.01 No Board members declared interest in any part of the March Board proceedings.

15/033 **Apologies**

33.01 Apologies were received from Simon Pleydell, Chief Executive, Lee Martin, Chief

Operating Officer and Rob Whiteman (Non-Executive Director).

15/034 Minutes of the previous meeting

34.01 The Minutes of the meeting held on 4th February were approved.

34.02 Action notes

15/015 - Completed and item removed from the action tracker.

100.03 - Nursing establishment paper **on the agenda** and item removed from the action tracker.

143.01 - Cancer services strategy is on the **Board cycle** for future agreement.

174.06 - Finance & Business Development Committee will review the **catering service business pla**n at a future meeting.

08.03 - **Key performance indicators on ambulatory care** will be in the dashboard from May board reporting cycle onward.

27.02 – Completed, the Trust has a policy for **overseas visitors** which will be revised through operational procedures.

29.02 – Whistleblowing policy amended the appointment of an independent 'guardian' to be agreed in future. Rob Whiteman is the nominated lead non-executive director.

34.03 Matters arising

20.06 Paul Lowenberg requested that the recent free Wi-Fi service was advertised more explicitly. Steve Hitchins requested a review of all signage and suggested alerting patients that Wi-Fi was now available by including on appointment letters. The Director of Communication & Corporate Affairs will liaise with the Director of Estates and Facilities, Phil lent, to review signage. The Board congratulated the IT team for their work on installing the WiFi.

The Maternity service Full Business Case (FBC) was subject to Trust Development Authority (TDA) due diligence and London Borough of Islington planning permission was underway. The project team were managing all risks and meet on a regular basis to ensure milestones continue to be achieved.

15/035 Chairman's Report

- 35.01 The Chairman welcomed Colin Gentile, Interim CFO and expressed thanks from the Board to Ursula Grueger, Deputy Director of Finance for all her hard work and commitment over the last few months whilst acting up to CFO.
- 35.02 He reported that March is a busy month with numerous events including the London Mayors Annual Charity Walk from Whittington to Mansion House. Greater London Authority Health Committee delegates visiting the pioneering TB centre and a group of peers scheduled to visit the Ambulatory Care Centre. A study tour from Denmark will also visit the Ambulatory Centre to find out about our new models of care that span primary and acute interfaces and integration with mental health services. Whittington Health will be hosting a Compassionate Care Conference on 10 March, and celebrating Patient Safety week 16 to 20 March.
- The new corporate induction programme had been launched this month which had received positive feedback from delegates.
- 35.06 Congratulations to Anita Charlesworth, Non-Executive Director who had been reappointed for a further two years. The Chairman was pleased to report that he had successfully undergone his appraisal with the TD

15/036 Chief Executive's Report

- 36.01 Siobhan Harrington, Deputy Chief Executive and Director of Strategy reported that the Trust's bid to become a national Vanguard site had been successfully shortlisted to lead on piloting 'new models of care' in line with NHS England's Five Year plan. The Trust was pleased to have worked in partnership with Islington and Haringey CCGs, local authorities, and Camden & Islington Mental Health Trust to submit a strong application.
- 36.02 The Trust's Compassionate Care Conference scheduled for 10th March was fully booked.
- 36.03 The Emergency Department experienced high and complex demand levels in January which had presented numerous challenges. TDA and commissioners reported that Whittington was taking all appropriate actions and measures to maintain and meet performance targets. Despite the peak in demand the Trust was ranked fifth in London for performance.
- There had been a slight improvement in the financial position for in-month but the Trust continued to face a major challenge with forecast of a £7.4m deficit.
- 36.05 Paul Convery highlighted the recent FGM case and mentioned the high prevalence of FGM in Islington. He felt that the Trust had displayed excellent clinical governance throughout the matter. Richard Jennings concluded that the Trust had made a clear statement supporting the doctor's welcome acquittal, reinforcing that he was a good and well-respected doctor who had had no intention of causing harm.

15/037 Sign up to safety

- 37.01 Richard Jennings explained that the sign up to safety initiative was a national campaign and aimed to reduce harm to patients. The pledges will be launched in Whittington Patient Safety Week 16 to 20 March and the plan submitted to the NHS LA at the end of the week.
- Anita Charlesworth declared an interest as an employee of one of the organisations co-funding the initiative but this was not a material interest.
- 37.04 Paul Lowenberg felt this was a good piece of work and read well. He noted however that there would need to be definite outcome measures and measurable metrics. Richard Jennings agreed and reported the aim was also for the trust to learn from outcomes and continuously improve patient safety. He added that a new intranet page where learning from SIs could be disseminated will be launched in 2015 and this had been agreed by the SI executive panel and the Patient Safety Committee.
- 37.05 Paul Lowenberg suggested that the Trust should ensure patients received copies of all letters that made reference to them. Richard agreed that this was a priority, but not necessarily one which overlapped with this agenda; what did, he added, was the new legislation relating to duty of candour, which most organisations would not have fully implemented as yet. It was noted there would be a patient story on the Tuesday evening of patient safety week to highlight these areas.

'Kissing it better'

37.07

Steve Hitchins took this opportunity to invite Philippa Davies to introduce this initiative. She had submitted a business case to Islington CCG and had been successful in gaining a grant. The Trust would be working with a charity who would help in a number of engagement processes that would enhance care, including a 'pat a dog scheme', visits from students of beauty therapy, choirs, poetry, 'tea for two' for those without relatives etc. Philippa suggested those wanting to know more should google 'Kissing it better', 'Lister Hospital' and the BBC breakfast show.

15/038 Clinical Strategy

38.01

Greg Battle reminded the Board that an outline of the strategy had been brought to the Board the previous month and that this month the complete version had been circulated. Work on the strategy had been led by Siobhan Harrington, with input from Trust clinicians, as well as products from the stakeholder events which had taken place over the last several months.

38.02

The mission statement had been agreed which is 'helping local people live longer, healthier lives', and the vision was for the Trust to 'provide safe, personal, coordinated care for the community we serve'. This was supported by six strategic goals, which set out in more detail each aspect of the vision, emphasising the importance of the partnership approach.

38.03

The strategy would act as a framework for the clinical teams, to help them plan how to deliver their services as well as maximising their ability to carry out prevention work. Under the strategic goals are a number of principles for consideration. The next stage was for Lynne Spencer and the communications team to reflect the key messages from the strategy back to the organisation to enable them to design their service plans through this framework. Patient stories will be added to the final version of the strategy including at least one on children's services. Following the publication the executive team will develop corporate objectives for the year ahead.

38.04

Richard Jennings added that one of the key issues underpinning the clinical strategy work was the commitment to taking a population-based approach, which was fairly unusual for an organisation of Whittington Health's type. There was a need, he said, to use all contacts to promote health, and he cited the smoking cessation work carried out by the respiratory team, the alcohol intake investigative work carried out by ED, and the stroke prevention work carried out by the anticoagulation team. This latter was to be presented as part of the programme for Patient Safety Week.

38.05

Graham Hart stressed the importance of paragraphs 4.5 and 4.6 in the context of the Trust's research strategy, and also suggested that Whittington Health as an integrated care organisation was ideally placed to take a 'life-course approach' – only very minor alterations to the working of the strategy would be required to spell this out better. Siobhan Harrington agreed, saying that this approach had been discussed in the Women, Children and Families Group.

38.06

Siobhan would amend the document in the light of comments received at that day's meeting. She had also received some helpful suggestions from the council of governors in the preceding week. The Board agreed the Clinical Strategy.

15/039 Performance Report

39.01 Carol Gillen began the monthly performance report by informing Board members that the Referral to Treatment (RTT) standard had been achieved for the third consecutive month and all the backlog of cases had now been seen. There had however been a continuously high demand for emergency in-patient beds and theatre capacity, and because of the latter it had been necessary to reduce RTT capacity for two weeks, which had affected theatre utilisation. It had been necessary to open 55 escalation beds through this winter to create sufficient capacity to meet the additional demand. It was noted that Whittington Health was not an outlier, other Trusts had been similarly affected. The level of acuity and complexity of patients seen had also increased. Daily telephone conferences with NHS England and the CCGs had been taking place.

39.02 Carol drew Board members' attention to the building improvements completed in ED which improve the flow of patients in the Department. The Trust had been successful in its bid for the refurbishment of Enfield dental services. All cancer targets had been met for quarter three and this performance had been sustained for January and February.

39.03 During January the Trust's performance on complaints had been at 71%. Support for the divisions was now in place, and further improvements would be seen as a result. The review of the second MRSA bacteraemia case had taken place in January and an additional environmental audit had taken place, with areas being found to be compliant. A project was in place to improve DNA rates, and the service was also running a pilot to look at patients' preferred method of communication. It was noted there had been an increase in maternity referrals, and the previous Friday there had been 18 births (the average being 10-12).

39.04 The Trust's SHMI remained good and HSMR was back at the expected level. The Trust had achieved its harm-free care target, and there had been no breaches either for mixed sex accommodation or under 16s admitted to adult facilities. There had been no never events and no CAS alerts. The Friends and Family Test standards had also been achieved.

Anita Charlesworth congratulated executive colleagues for these achievements made over what had undoubtedly been a very tough period of time. She then said that it was very good news about the additional extra bookings in maternity, but it was a great shame that the Trust was not then able to follow this through with timely new birth visits. Paul Lowenberg expressed his congratulations to the MSK team for achieving a 15% rise within a month, and Steve Hitchins echoed this, saying how impressive Beverleigh Senior and her team were. There were issues of capacity in some areas, and these would be fed into the contract negotiations currently taking place.

39.06 Richard Jennings reminded colleagues that reports should always refer to MRSA Bacteraemia cases and to Chlostridium Difficile toxin positive cases. He also pointed out that when bed capacity was flexed it was also necessary to flex the way our staff work, and this needed to be acknowledged. The Board recognised how hard staff had been working during this time of extreme pressure.

Endoscopy Project

39.07 Carol introduced Kat McCann, Assistant Director for Medical Specialties, and VoiShim Wong, Consultant Gastroenterologist. Kat began by saying that she had taken over management of the endoscopy service in February 2014. At the time

the service had been experiencing some difficulties, and they had therefore made the decision to invite the National Support Team to come in and advise. An action plan was subsequently developed.

- 39.08 VoiShim said that following the addressing of issues around access, waiting lists and quality, he had then successfully bid for the national screening programme. The service had also applied for JAG accreditation, which he described as being similar to the CQC process, i.e. fairly exacting and taking 18 months to complete. They had been successful in gaining this standard in February.
- 39.09 Kat McCann said that at the point they took over the service the waiting times had been extremely poor, and the National Support Team (NST) had been aware of this. When the NST had returned in October, they had described the service as 'a beacon for how turnaround should happen'. This had not just been achieved within a six month period but sustained. VoiShim commented on the positive culture there now was within the service, saying that during the next 2-3 years work would continue on strengthening the position. He also hoped to open a fourth endoscopy room and was working to further improve access. He felt that the service would continue to be a centre of choice, not just for the local population but beyond. Teamwork was critical to this, and VoiShim said that he regarded everyone working in the service as his colleagues.
- 39.10 Anita Charlesworth commented that the Trust achieved many great things, but was not good at publicising them; she questioned how it was possible to achieve recognition. She suggested that achievements should be written up, and where possible published on the conference circuit. This was important not just for the sake of the Trust's reputation but also for sharing learning and fulfilling our responsibility to the wider system. The Communications team will be submitting awards for such innovative schemes in future.
- 39.11 VoiShim and Kat were thanked for their joint presentation and for all that they had achieved over the last two years. It was also noted with regret that Kat was shortly to leave the Trust (for a position nearer home) after 18 years dedicated service.

Workforce Report

- 39.12 Staff movement had been necessary to cover the resilience position and vacancy rates were under the threshold for the first time, adding that a review of the vacant position in the facilities directorate was taking place. Steve Hitchins stressed that such a review should be a rigorous process, subject to appropriate governance, and asked to be kept informed of the outcome. Staff sickness was also being scrutinised.
- 39.13 Chris informed the Board that appraisal rates had not risen significantly since last month's report, and a process was under way to review the new scheme; the consensus being that it required a degree of simplification. Mandatory training was also being reviewed, and Chris had established two new groups, a steering group and a working group, to oversee this. He had also been on visits to other organisations who had achieved remarkable turnarounds in order to assess what might be learned from them. Chris informed the Board that a network of HR directors had now engaged in a London-wide benchmarking exercise, which would report back in May.

15/040 Financial Report

- 40.01 Ursula Grueger reported that the Trust had declared a surplus of £343k, an improvement from the previous month and better than planned, largely due to a variation on income. Pay spend had increased due to winter pressures. The CIP position remained largely unchanged from the previous month, i.e. around 60% which was both the position at this month and the forecast for the year end. Work was in hand to plan for next year's CIPs. The capital programme remained on track.
- In answer to a question from Steve Hitchins about what percentage of 2014/15 CIP schemes had in fact been deliverable, Ursula replied that generally divisions had achieved more than corporate directorates, but overall CIP planning for the year had been over-ambitious. The key to success was to be more realistic, and Simon Pleydell's current priority was for further devolvement throughout the organisation and the Board agreed with this approach.
- 40.03 Steve Hitchins commented that junior doctors at their induction had commented on the amount of waste they had observed in the Trust. Anita Charlesworth echoed this, saying that she had recently been involved in a project to look at waste in the NHS, and she suggested there might be value in asking patients to comment on this. This was generally felt by the Board to be an exercise worth considering.
- 40.04 The budget-setting process for 2015/16 would look very different from that of the previous year, and Colin Gentile announced that budget-setting guidelines were to be issued that Friday, with a link to the CIP process plus a timetable. Ursula was thanked for everything she had contributed during her time as acting CFO.

14/041 TDA Board Statements

41.01 Siobhan Harrington informed the Board that the first of the two documents had not changed since the previous month. The second had been altered to reflect the reporting of the two MRSA Bacteraemia cases, and Richard Jennings spoke briefly about the learning from these cases. The second statement also reflected the financial position of the Trust. It was agreed the BAF and corporate risk register will be reviewed as part of a wider governance review to further strengthen risk management for 2015/16. Information Governance remained a risk.

14/042 Corporate Risk Register

- Introducing this item, Philippa Davies informed the Board that all risks had recently been reviewed and assurances could be given that risks would be mitigated. Those deemed 15-25 were rated red, and a number of these related directly to the financial position of the Trust. In answer to a question from Steve Hitchins about how best to work on the risk register going forward, Siobhan Harrington said that time would be allocated at a future Board seminar to discuss the risk register and the Board Assurance Framework (BAF). She added that the divisions had carried out an immense amount of work on their divisional risk registers, and this work was regularly reviewed by Simon Pleydell at the monthly divisional performance review meetings.
- 42.02 Paul Lowenberg commented that presentation of the risk register required review. He was concerned that the last two risks presented had not been reviewed in a timely fashion (i.e. one in October, the other in December). Richard Jennings replied that he had personally reviewed this risk with Fiona Isacsson two days previously, and mitigations had been put in place including a new Standard

Operating Procedure. It was noted the process was dynamic but also evolving in light of the new approach to managing risks.

42.03 Anita Charlesworth asked executive colleagues to comment on the assertions about Coyle and Victoria wards. She highlighted the need to separate concerns about quality with finance. Philippa Davies said that the only remaining risk related to high levels of agency staff.

14/043 Nursing Establishment Review

- 43.01 Philippa Davies had completed the nursing establishment review using a number of different models including nursing hours per patient day, the safer nursing tool, and professional judgement models. She had also met with all ward managers and heads of nursing. She noted that everyone was keen to introduce electronic rostering but unfortunately the bid submitted had been unsuccessful. This would be further discussed at the Board seminar the following week as part of a more general discussion around the Trust's capital programme. Further work will be carried out to identify appropriate skill mix to provide the best possible services for patients.
- 43.02 Both Steve Hitchins and Anita Charlesworth thanked Philippa for this piece of work, and Anita asked Philippa to comment on 'specials' as she was aware that their use had been a major factor in staffing levels in recent years. Philippa replied that this was something that was currently being looked at across London and she would look into this further.
- 43.03 Steve Hitchins spoke about an initiative he was undertaking with City & Islington College to look at actions and courses that might assist with nursing supply. He would keep the Board informed of the results of this discussion.

14/044 Safe Staffing Report

- 14.01 Philippa Davies expressed her thanks and gratitude to the staff who had been 'amazing', particularly around flexibility with escalation beds. The opening of Eddington Ward had been a major undertaking and all had responded swiftly and professionally.
- 14/045 Any other business there were no items.

Action Log

Ref.	Decision/Action	Timescale	Lead
143.01	Cancer services strategy to be aligned to the clinical	On Board	LM
	strategy – to address specific question on integrated care	Cycle	
	and to present to a future board.		
174.06	Finance and Business Development Committee to review	May	PI
	the business plan produced for the outsourcing of the		
	catering service		
08.03	Key performance indicators on ambulatory care to be	May	LM
	incorporated in the dashboard.		
20/06	The Director of Communication & Corporate Affairs will	Ongoing	LS/PI
	liaise with the Director of Estates and Facilities, Phil lent,		
	to review signage.		
41.01	It was agreed the BAF and corporate risk register will be	May	PD/LS
	reviewed as part of a wider governance review to further		
	strengthen risk management for 2015/16.		



The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

Whittington Health Trust Board

1 April 2015

Title:			Chief Executive Officer's Report to the Board							
Agenda item:			15/050			Paper		02		
Action requested	d:		For discussion and information.							
Executive Summ	nary:				nis report is al key issues			on local,		
Summary of recommendation	ns:	To note the report.								
Fit with WH strat	egy:		This report provides an update on key issues for Whittington Health's strategic intent.							
Reference to rela documents:	ated / ot	her	Whittington Health's regulatory framework, strategies and policies.							
Reference to are and corporate ris Board Assuranc Framework:	sks on t		Risks captured in risk registers and/or Board Assurance Framework.							
Date paper comp	oleted:		1 April 201	5						
Author name and	d title:		on Pleydell, ef Executive		Director nam	e and	Simon Pleyd Chief Execut			
Date paper seen by EC n/a	n/a	Ass	ality Impact essment plete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a		





Chief Executive Officer Report

The purpose of this report is to update the Board on local, regional and national key issues facing the Trust.

QUALITY

Patient Safety Week 16 to 20 March

I would like to thank staff for their enthusiasm and hard work for their participation in Whittington Health's first Patient Safety Week. We held 37 patient safety sessions across the week. The variety of presentations and training sessions included learning from incidents and complaints, medicine safety, improving management of sepsis, falls prevention, adult safeguarding, dementia awareness and management, junior doctor patient safety issues and the Jasmin project where we launched the perinatal institute's growth assessment to improve safety in the maternity and obstetric department.

Compassionate Care Conference 10 March

This pioneering conference was completely over-subscribed with 135 delegates in attendance for the day. It was a great opportunity to promote our compassion model by showcasing evidence-based methods of supporting and enhancing the quality and level of compassion in healthcare staff. Thank you to all the staff involved with special thanks to the planning team led by Michael Clift, Practice Development Nurse and Education, Quality and Safety Lead, Paediatrics and Raimondo Gallo, Leadership Coach.

#Hello my name is....

We launched our support for this national campaign at the Compassionate Care Conference. This local campaign highlights the importance of treating patients with compassion and kindness. The 'hello my name is...' campaign is led by Dr Kate Granger, a young hospital consultant from Yorkshire who works in elderly care. Dr Granger, 33, has terminal cancer and has made it her mission to get as many members of NHS staff as possible to pledge to introduce themselves to their patients.

Care Quality Commission (CQC) preparation

We continue to make good progress to prepare for a full CQC inspection; likely to happen between July and September. The inspection will identify best practice, as well as highlighting areas which may need improvement. Clinical colleagues and staff who work in patient areas have been attending our CQC briefing meetings to ensure everyone is well prepared and supported for the inspection.

MRSA Bacteremia

The Trust has a zero tolerance approach to MRSA bacteremia breaches. In February there were no cases reported. In January there was one reported incident of MRSA bacteremia which means we have two cases reported for 2014/15.

Colleagues are being urged to be extra vigilant and reminded of the importance of adhering to our infection control procedures.

Female Genital Mutilation (FGM)

The Trust has met to identify the important lessons from this case and an action plan is being reviewed by the Executive team at the end of the month.

PERFORMANCE AND OPERATIONAL

Operational Alignment and Structure

The Trust launched a consultation on 18 March for a small number of Senior Operational Managers, Divisional Directors and Clinical Directors who are affected by operational alignment proposals. The proposal aims to strengthen high levels of clinical engagement, leadership and accountabilities. This builds on dialogue and engagement with senior leaders over the past few months.

Emergency Department (ED)

We are pleased to have opened a new and modern five bay assessment area in our Emergency Department. It is being used for patients arriving by ambulance and replaces triage for walk-in patients. It is providing a rapid assessment service, speeding up the patient journey and improving the patient experience.

Our ED and subsequent services have seen an increase in demand, particularly the acuity and complexity of the patients. The high demand for inpatient and complex care planning continued into February as reported in last month's performance report. The Emergency Department has responded well to the challenges during February whilst managing the continued pressure on inpatient beds. Additional support is in place and the Whittington continues to perform well within London.

Referral for Treatment (RTT)

We have continued delivering the national standards for our planned care patients. This is the fourth consecutive month that we have achieved the target. These improvements have now been embedded and we are looking at sustaining these throughout the year.

The Waiting times for Out Patient first consultant appointment and Diagnostics first appointment are now available on the dashboard for the second consecutive month and are being displayed on the Trust internet site.

Cancer targets

The overall national access standards for cancer have been met but the endoscopy service performed under target with a significant spike in referrals since December 2014. A review of capacity and demand is underway.

FINANCE

Month 11

There has been a slight improvement in our financial position with our month-in position at end of March at £0.2m surplus. The year to date position is a £5.6m deficit; mainly a result of expenditure pressures. The principal challenges remain in our integrated Care and Acute Medicine (ICAM) and Surgery, Cancer and Diagnostic (SCD) Divisions.

This financial position represents significant deviation from plan at the start of the year. We are currently forecasting a £7.4m deficit at year end which continues to be a major problem for the Trust and into the forthcoming months. Discussions with our commissioners continue with the aim of improving our year end position.

Vanguard (New Models of Care)

In January the NHS invited individual organisations and partnerships, including those with the voluntary sector to apply to become 'Vanguard' sites for the New Models of Care Programme, one of the first steps towards delivering the NHS Five Year Forward View to support improvement and integration of services.

More than 260 individual organisations and health and social care partnerships expressed an interest including Whittington Health with our local partners to develop a primary and acute care model aimed at transforming how care is delivered locally.

The Trust and partners narrowly missed being selected and only 29 organisations across the country will pilot the new initiative. However, we will continue as an Integrated Care Organisation and will be working with our local partners to take forward our commitment to help local people live longer, healthier lives by delivering safe, personal and co-ordinated care for the community we serve.

London Regional Tripartite

A high level leadership and learning event took place this month with leaders from across the London health system meeting up with colleagues from the CCGs and regulators to review 2014/15 winter planning arrangements and to identify learning for future winter planning 2015/16. The NHS Five year Forward Plan was discussed and how Trusts can take forward action planning to implement the Forward Plan going forward in 2015/16. Our Clinical Strategy puts us in a good position to deliver the commitments set out in the Forward Plan.

Simon Pleydell Chief Executive Officer



Executive Offices Direct Line: 020 7288 3939/5959 www.whittington.nhs.uk The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

Whittington Health Trust Board

1st April 2015

			7	1 st April	2013					
Title:			Patient Sat	fety Wee	ek 16	to 20 Ma	arch 2015	5 Report		
Agenda item:			15/	/051		Paper				03
Action requeste	ed:		For assura ideas on he Health.				_	•	•	
Executive Sum	mary:		Whittingtor which included hospital site. During this specialist leads a patient safe. This paper enthusiastic.	ided 37 pe. week the eads to	plann ne aim take t celeb ses a	ed talks was to he opporate achi nd thank	and active encourage tunity to sevement as all the	vities hoste ge individua raise awar s. staff involv	d a als ene	t the and ess about
Summary of recommendations: Trust Board members are asked to consider the report and make recommendations for future improvements to promote patient safety and how they can contribute to high visibility of the Board at such events.							mote			
Fit with WH stra	ategy:		Complies v Sign up to				tegic inte	ent of the T	rus	t and the
Reference to re other documen			Trust polici	ies and s	strate	gies.				
Reference to ris Board Assuran Framework:		ł	Captured in risk registers and Board Assurance Framework							
Date paper com	pleted	:	March 201	5						
Dir Col Spe Col Col			line Frost, Ir ector of Risk npliance & L ncer, Direct nmunication porate Affair ality Impact	Director name and title:			Richard Jennings, Medical Director & Philippa Davies – Director of Nursing & Patient Experience			
by EC		Ass	essment plete?			ssment ertaken?		received?		



Patient Safety Week 16 – 20 March

Whittington Health held a Patient Safety Week 16 to 20 March which included 37 planned talks and activities hosted at the hospital site.

During this week the aim was to encourage individuals and specialist leads to take the opportunity to raise awareness about patient safety and celebrate achievements.

The launch of the week was made by Philippa Davies the Director of Nursing and Patient Experience. Patient stories are a powerful tool in communicating lessons learnt from incidents which cause harm. As part of this session a CD was played which relayed the story of an airline pilot, Martin Bromiley, whose late wife died as a result of errors during an attempted operation. Since Elaine's death he has been trying to understand the current health system and how it could be improved for the benefit of patients and clinicians. Martin Bromiley is a pilot and director of the Clinical Human Factors Group.

During this session the "Hello my name is......" campaign was also launched. This is a campaign by Dr Kate Granger who is terminally ill with cancer. During a hospital stay she made the stark observation that many staff looking after her did not introduce themselves before delivering care. Whittington Healthcare is supporting this campaign in order to encourage and remind staff about the importance of introductions in the delivery of care as this is part of building a human connection at the beginning of a therapeutic relationship and building trust which is the first rung on the ladder to providing compassionate care.

As part of the introduction to the week the Patient Safety First Walk Rounds were also launched. The Trust is committed to putting safety as its top priority and to this end signed up to the national patient 'Sign up to Safety' campaign. During this campaign the Trust will be striving to make real measurable improvements in the safety and care of our patients and has pledged to prioritise the following areas:

- 1. To eliminate avoidable grade 3 and 4 pressure ulcers
- 2. Reduce the number of inpatient falls that cause serious harm
- 3. Recognise and treat all cases of sepsis and acute kidney injury
- 4. Reduce sub-optimal care in people with a leading disability.

The plethora of patient safety week activities were planned around the five CQC domains:

Safe: Learning lessons from medication errors, being open and the duty of candour, resuscitation demonstration in the main hospital entrance, "Do you know who I am?" giving patients the right blood every time, team working in operation theatres and common causes of litigation in paediatrics.

Effective: An audit to assess if abdominal x-rays are requested appropriately, learning from incidents, clinical guidelines & making them easier to find, incident reporting training in the

Datix system, medicine safety, junior doctor patient safety forum and complaints – a valuable resource for monitoring and improving patient safety.

Caring: A model of compassion, recognising depression – supporting patient safety by recognising the signs and symptoms of depression, adult safeguarding training, falls prevention training in hospital, followed by the well-attended dementia and acute care conference during the afternoon.

Responsive: Medication safety, acute and community walk around by a non-executive director, pressure ulcers – community care, do you know your role in an emergency?, using technology in supporting safer medication, clinical effectiveness and safety in bariatric surgery – a multidisciplinary audit meeting and launching the perinatal institute's growth assessment protocol (GAP) and the Jasmin Project.

Well led: Heart failure atrial fibrillation & stroke prevention, learning from claims supported the NHSLA Safety & Learning Lead and attended by the CEO, Datix surgery, medicines safety, improving the management of severe sepsis using Anglia ICE-based Sepsis Six bundle.

The final session of the week was attended by a range of staff including hospital executives, the chairman and the medical director who closed the week.

During the week there were promotional displays in the main entrance and level 1 foyer from the nutrition and dietetic team promoting Nutrition and Hydration week which had an excellent interactive stand promoting the ten key aspects of good nutritional care, catering in hospital, textured diets, giving people a chance to be weighed and measured and find out their body mass index (BMI). Midwifery services stalls promoted neonatal resuscitation, midwifery supervision, Jasmin Project and GAP.

Planning

Seven weeks prior to the planned event the date was communicated via a letter sent from the Medical Director asking for speakers. The advanced notice was to ensure that clinicians and speakers were able to arrange time out in their diaries to take part in the week. The speakers/presenters communicated their topics and availability to the Interim Director of Risk, Safety & Governance, Emergency Planning & Business Continuity Officer, & Temporary PA to the Medical Director.

Up take of offers to take part

The response from all specialities and grades of staff is demonstrated in the fact that there were thirty seven events held during the week.

Lessons

Despite multiple enquiries community based venues were not available during the week and it was clear from a planning perspective that more notice was required in the community regarding access to rooms in which to present. There was also feedback regarding the limited ability for staff in the community to access the hospital site during the week. It was

pleasing to see that community staff had made the effort to attend sessions, and in future patient safety week will be planned with a longer lead in time to ensure venues are available in as many care settings as possible.

Communication and promotion

The communication of the week's activity was via intranet notifications, the weekly staff bulletin, the CEO monthly bulletin, twitter feeds, a press release, a poster campaign, via team meetings and emails to the communication leads with key stakeholders such as the CCG and TDA.

Timing of Patient Safety week 2015

Sufficient advance notice was given to the speakers and presenters; however it became clear that holding patient safety week close to the end of the financial year affected attendances. There were a number of competing meetings being held by the senior teams in planning the 2015/16 year with the additional year end annual leave which left a limited number of staff free to attend the sessions. Service managers attended and released staff to attend sessions where possible.

The early morning sessions were poorly attended – in the hospital care setting it appeared that mid-morning attendance picked up.

An online forum for staff to share their feedback from this week will be established for planning 2015/16.

Consideration is being given to holding a second patient safety event which will reflect the community based services during the week commencing the 14 to 18 September 2015. This would bring Whittington Health in line with the national agenda and timetable.

Patient Safety Week must be planned as part of the annual meeting / events cycle of the organisation so the staff who would like to attend as an audience will be able to attend the planned event.

Recommendations

Trust Board members are asked to consider the Report and make recommendations for future improvements to promote patient safety and how they can contribute to high visibility of the Board at such events.

Richard Jennings Medical Director

Philippa Davies
Director of Nursing and Patient Experience



Executive Offices Direct Line: 020 7288 3939/5959 www.whittington.nhs.uk The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

Whittington Health Trust Board

1st April 2015

Title:	Safe Staffing (Nursir							
Agenda item:	15/052	Paper	04					
Action requested:	For assurance of saf	fe nurse staffing levels.	·					
This paper summarises the safe staffing position for nursing midwifery on our hospital wards in February 2015. Key issues to include: The majority of areas reported greater than 95 per cent 'acceptance' staffing levels A number of areas reported 'actual hours worked' over and all those 'planned' which was attributed in the main to the provision Health Care Assistants to support our most vulnerable pating who required 1:1 care. One ward required Registered Mealth Nurse to support 2 patients who were on a mental here 'Section' for most of the month. This report has data charts at Appendix 1: Fill rates, Appendix 1: Specials, Appendix 3: Shifts.								
Summary of recommendations: Trust Board members are asked to note the February UNIFY return position and processes in place to ensure safe staffing levels in the organisation. Unify is the online collection system used for collating sharing and reporting NHS and social care data.								
Fit with WH strategy:		e care, Francis Report re endations and NICE reco						
Reference to related / othe documents:	r HR & Workforce poli	icies.						
Reference to risks and Board Assurance Framework:	3.4 Staffing ratios ve	3.4 Staffing ratios versus good practice standards.						
Date paper completed:	March 2015							
D ar E	lison Kett – Deputy irector of Nursing nd Patient xperience quality Impact	Director name and title:	Philippa Davies – Director of Nursing and Patient Experience Legal advice					
by EC A	ssessment omplete?	assessment undertaken?	received?					



Safe Nurse Staffing Levels February 2015

1.0 Purpose

To provide the Board with an overview of nursing and midwifery staffing levels in terms of 'actual' versus 'planned' hours on our wards in February 2015 and an assurance that these levels are monitored and managed daily.

2.0 Background

Whittington Health is committed to ensuring that levels of nursing staff, which include Registered Nurses (RNs), Registered Midwives (RMs) and Health Care Assistants (HCAs), match the acuity and dependency needs of patients within clinical ward areas in the hospital. This includes an appropriate level of skill mix of nursing staff to provide safe and effective care. These staffing levels are viewed along with reported outcome measures, 'registered nurse to patient ratios', percentage skill mix ratio of registered nurses to HCAs and the number of staff per shift required to provide safe and effective patient care.

Staff fill rate information appears on the NHS Choices website www.nhschoices.net. Fill rate data from 1st – 28th February 2015 for The Whittington Hospital has been uploaded and submitted on UNIFY, the online collection system used for collating, sharing and reporting NHS and social care data. Patients and the public are now able to see how hospitals are performing on this indicator on the NHS Choices website. This data sits alongside a range of other safety indicators.

3.0 Fill rate indicator return

As described above, the 'Fill rate indicator return' was completed and submitted. A copy of the UNIFY submission is available on request and is available to view on the trust website. The 'actual' number of staffing hours planned is taken directly from our nurse roster system, following which a look back exercise is undertaken. There were occasions when planned hours were revised either up or down taking into account an increase or reduction in patient bed numbers. On occasions when there was a deficit in 'planned' hours versus 'actual' hours, staff were moved from other areas to ensure safe staffing levels across our hospital and to ensure wards/areas were staffed to a safe ratio of permanent versus temporary staff.

Appendix 1 details a summary of fill rates 'actual' versus 'planned' in February 2015. Average fill rate was 105% for registered staff and 119% for care staff during the day and 101.5% for registered staff and 109.2% for care staff during the night.

Three wards fell below average fill rates for qualified nurses but were managed safely by moving staff from other green rag rated areas. Above average fill rate occurred on one ward where additional RMNs were required to care for patients subject to a mental health 'Section'. Above average fill rates in excess of 100% for HCA's continues on wards where vulnerable patients require 1:1 care. On wards where one HCA is planned, provision of an additional HCA raises the percentage to 200% for that shift.

In the first week of August 2014 the number of HCA 'specials' used for patients on our wards was 162. In February 2015 between 14 and 25 HCA 'specials' were required, under a quarter of the number in August 14. The number of RMN 'specials' required to care for patients under a mental health 'Section' continues to be high (up to 21 in a week). Staff

work closely with the Integrated Liaison and Access Team (ILAT) to review 1:1 requirements for specific patients.

4.0 'Real Time' management of staffing levels to mitigate risk

Safe staffing levels are reviewed and managed on a daily basis. At the daily 08.30am bed meeting, the Director of Nursing/Deputy Director of Nursing in conjunction with matrons, site managers and other senior staff review all registered and unregistered workforce numbers by ward. Consideration is given to bed capacity and operational activity within the hospital which may impact on safe staffing. Actions are agreed to ensure that all areas are made safe. Ward shifts are rated 'red' 'amber' or 'green' according to numbers of staff on duty, taking into account patient numbers, acuity and dependency.

- ➤ Green shifts are determined to be safe levels and would not require escalation as these constitute the levels expected through the agreed ward establishment.
- Amber shifts are determined to be at a minimum safe level. The matron will be alerted, but no further escalation will be required. Staff will prioritise their work and adjust their workload through the shift accordingly, with a continual review of any changes to the acuity and dependency of patients.
- ➤ Red shifts are determined to be at an unsafe level. Mitigating actions will be taken, and documented, which may include the movement of staff from another ward and utilisation of supernumerary staff within the numbers or reducing the number of patients on the ward to match the staff availability. In exceptional circumstances, activity would be reduced through reduction in the number of beds. This addresses the risk and reduces the shift to an amber rating.

Details of wards that initially triggered 'red' in February can be seen in **Appendix 3**. In summary, in February a total of 31/1,344 (2.31%) shifts triggered 'red' which is fractionally higher than previous months but continues to be low. Of these, 20/756 (2.64%) occurred in the division of Integrated Care and Acute Medicine (ICAM), 0/252 (0%) in the Women's, Children and Families (WCF) division and 11/336 (3.27%) shifts were reported to have triggered 'red' in the division of Surgery, Cancer and Diagnostics (SCD).

Of all shifts that initially triggered 'red', 14 were related to 'early' duty shifts, 14 to 'late' duty shifts and 3 to 'night' duty shifts.

The challenges of ensuring adequate staffing levels on wards during February can be attributed to the following:

- > Patients requiring 1:1 care by an RMN.
- Continued demand for staff to provide 1:1 care for our vulnerable patients, particularly on three wards.

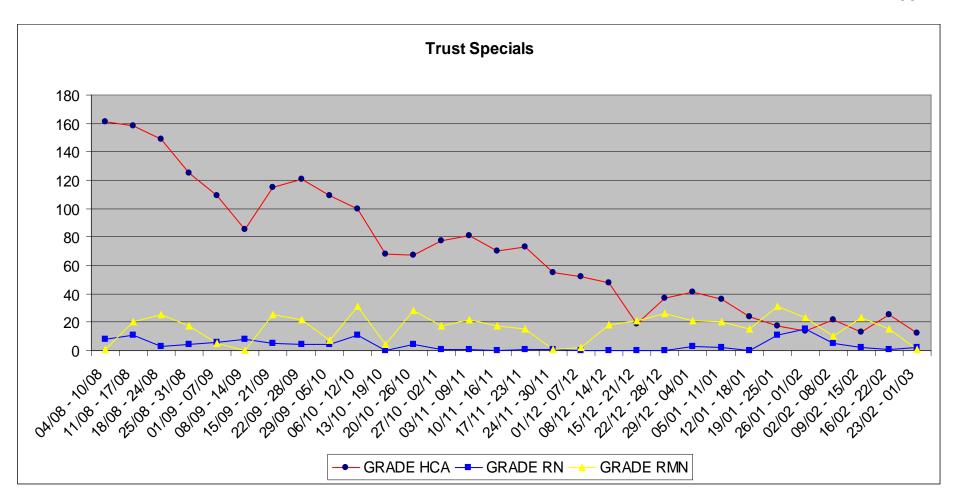
5.0 Conclusion

Trust Board members are asked to note the February UNIFY return position and processes in place to ensure safe staffing levels in the organisation.

Fill rate data - summary February 2015

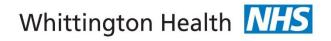
	Da	ay			Ni	ght		Average data-		<u>Average</u> fill rate data- Night	
Registere midv	d nurses/ vives	Care	staff	Registere midwives	egistered nurses/ Care si idwives			Registered nurses/ midwives	Care staff	Registered nurses/ midwives	Care staff
Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual				
30,771	32,019	9,473	11,170	24,714	25,080	6,322	7,850	105%	119%	101.5%	109.24%
hours	hours	hours	hours	hours	hours	hours hours					

Appendix 2



Appendix 3

					F	ebruary	- SHIFT DATA			
Division	Speciality	Ward	Total No. of shifts available	Early	Late	Night	Number of shifts where staffing fell below agreed staffing levels and triggered 'Red'	% of shifts where staffing fell below agreed staffing levels and triggered a 'Red' rating	RAG rating following action taken	DoN statement of actions taken to ensure safe staffing levels
	ороски,	Meyrick	84	1	0	1	2	2.38		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide
		Cloudesley	84	3	1	1	5	5.95		cover to ensure patient safety not affected Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		Cavell	84	1	3	1	5	5.95		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Elderly Care	Bridges	84	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Cardiology	Montuchi	84	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Respiratory	Nightingale	84	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Gastro/Haem/Onc	Mercers	84	2	4	0	6	7.14		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		MSS	84	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
ICAM	MAU	MSN	84	1	1	0	2	2.38		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		TOTAL	756	8	9	3	20	2.64		
	ITU	ITU	84	1	1	0	2	2.38		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Surgical	Victoria	84	2	2	0	4	4.76		Staffing levels proved challenging, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Ortho (Trauma)	Coyle	84	2	2	0	4	4.76		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
SCD	Ortho (planned)	Thorogood	84	1	0	0	1	1.19		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		TOTAL	336	6	5	0	11	3.27		
	Paediatrics	IFOR	84	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Maternity	All mat wards	84	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
WCF	Neonatal ITU	NICU/SCBU	84	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		TOTAL	252	0	0	0	0	0		
	Т	RUST TOTAL	1,344	14	14	3	31	2.31		



The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

Whittington Health Trust Board

1 April 2015

Title:			Budget Se	tting upd	ate 2015/16					
Agenda item:			15/054			Paper		5		
Action requested	d:		For discus	sion and	agreement.		·			
Executive Summ	nary:		This paper serves to update the Board on the progress of the 2015/16 budget setting process, and to provide assurances on the robustness of the process and the adopted methodologies. The paper also raises key financial issues for 2015/16 and beyond.							
Summary of recommendation	ns:		To recognise financial challenges faced by the Trust and to hole a Board seminar to explore the opportunities and risks associated with the 2015/16 budget.							
Fit with WH strat	egy:		Statutory a	ccounts						
Reference to rela	ated / ot	her	Financial accounting standards for the NHS							
Reference to are and corporate ris Board Assuranc Framework:	sks on t	_	Captured on risk registers and Board Assurance Framework							
Date paper comp	oleted:		March 201	5						
Author name and	d title:		in Gentile, In ef Financial		Director nan	ne and	Colin Genti			
Date paper seen by EC		Ass	ality Impact essment uplete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a		



Budget Setting Update 2015/16

Introduction

- Having experienced a financially challenging 2014/15, the Trust has prioritised the development of a robust financial plan for 2015/16 and launched its budget setting process on 10 March with a communication from the Trust Chief Executive. We have set a clear methodology, key milestones and governance arrangements.
- 2. Despite the challenging timescales, the Trust is committed to finalising its 15/16 in line with the approval of its TDA Operating Plan.

Progress

- 3. Divisions are working with their finance managers to formulate baseline recurrent budgets that do not include one-off expenditure and do not exceed 2014/15 outturn positions. Cost pressures are also being identified and evaluated. This is a complex and technical exercise which aims to reflect the operational challenges and opportunities faced by the Trust.
- 4. Divisions are also attending preliminary challenge sessions with the interim Chief Financial Officer to review their proposed baseline budgets and cost pressures, along with the progress of their cost improvement programmes. This scrutiny has thus far resulted in the elimination of a number of the cost pressures.
- 5. Cost improvement plans are being reviewed and tested for ownership, feasibility and realistic monthly profiling. Substantial work is still required to accurately quantify the deliverable benefits, establishing accountabilities and instituting robust governance to support the delivery.
- 6. Furthermore, some baseline budgets and cost pressures are subsequently being reworked. This is reflective of the iterative nature of budget setting, but the volume and intensity of work involved means that the executive challenge session, originally scheduled for 24 March 2015, has been delayed.

Other Issues

- 7. Contract negotiations continue with Commissioners.
- 8. All NHS Trusts were informed of the national tariff for education on 18 March 2015, and the implications of this development are being calculated.
- 9. The Trust's capital plan is presently in draft form, and will be tied back to the revenue budget.

Next steps

- 10. The Trust's budgets will be finalised during May's Trust board meeting. The following will be undertaken to ensure that the Trust meets this deadline:
 - a. agree baseline budgets with budget holders;
 - b. finalise cost pressure proposals;
 - c. conclude contract negotiations for 2015/16; and
 - d. finalise a suitable, feasible and acceptable Trust cost improvement plan, alongside appropriate governance to support its delivery.

Recommendations

11. The Board is asked to recognise the challenges faced by the Trust and to hold a Board seminar prior to the May Board Meeting to comprehensively explore the opportunities and the risks associated with developing the 2015/16 budget.



Trust Board

1st April 2015

Title:		2014/15 Finance Report - February (Month 11)									
Agenda item:		15/055	Paper	6							
Action requested:	Board m	The Trust Board is to charge the Finance & Business Committee to assure future Board meetings that the learning from the 2014/15 financial performance is being actioned.									
Executive Summary:		he paper analyses the financial performance of the Trust covering overall, linical division and corporate performance, cash and capital.									
Summary of recommendations:		The Board met during March to further examine the financial outlook for the Trust and actions necessary.									
Fit with WH strategy:	Deliverin	Delivering efficient, affordable and effective services. Meeting statutory duties.									
Reference to related / other documents:		s monthly finance report oard: March, April and N									
Date paper completed:	13th Mar	rch 2015									
Author name and title:		Jrsula Grueger, Deputy Director of Finance									
Date paper seen by EC ?		Equality Impact Assessment complete?	Risk Assess undertaken		N\A	Legal advice received ?	N\A				

Month 11 Finance Report - Executive Summary

The in-month position is a £0.2m actual surplus against a planned break-even position, representing a favourable variance of £0.2m. The year to date (YTD) position is a £5.6m deficit against a planned deficit of £0.1m, an adverse variance of £5.6m. The adverse variance is driven by expenditure pressures, mainly in pay and non pay.

This financial position represents significant deviation from plan at the start of the year. We are currently forecasting a £7.4m deficit at year end. The projected movement from £5.6mto £7.4m in month 12 is influenced by the phasing of income support secured.

Income

The income position is £1.1m favourable in month and £2.8m favourable YTD. This is due to a contract variation on our main block and an improvement on our NHS England position.

The Trust continues to seek other means of securing income, such as looking to support other Trusts in addressing their RTT and capacity challenges. RTT Income of £1.6m is reflected in the YTD position.

Non NHS Clinical income is above plan YTD due to road traffic accident, overseas visitors and local authority commissioned sexual health and higher dental activity. Other non patient income is above plan YTD due to mainly additional education and training income as well as some additional research income which is offset with costs.

Expenditure

The expenditure position is £1.0m adverse in month and £9.4m adverse YTD. The major expenditure challenges remain in the Integrated Care and Acute Medicine (ICAM) and Surgery, Cancer and Diagnostics (SCD) Divisions.

Pay is £0.1m adverse in month and £3.8m adverse YTD. Nursing and medical overspends continue in ICAM largely due to high agency spend, which is partly driven by winter related activity. Non Pay is £0.7m adverse in month and £2.6m adverse YTD. This is largely due to unallocated CIPs, activity related spend and expenditure on the nursing recruitment campaign.

The monthly position has resulted in the EBITDA margin of 5.69%, this being marginally better than the target of 5.70%. EBITDA stands for earnings before interest, taxation, depreciation and amortisation and is a measure of our ability to generate cash from our operations. It is vital to maintain a healthy cash balance to service our liabilities and finance the Trust's capital programme.

Cost Improvement Plans (CIPs)

The Trust has delivered YTD savings of £7.9m against a plan of £13.5m (59%). There are plans to deliver £8.8m in total for 2014/15 (65% of the target for the year). This projection is based on divisional and corporate projections and is currently being reviewed.

Cash and Capital

Cash decreased from £7m in January to £2.3m in February as a result of catch up creditor payments. The capital programme is forecasted to spend to plan, £10.2m, in 2014/15.

	Full Year	F	ebruary 2015	5		YTD	
Statement of Comprehensive Income	Budget (£'000)	Budget (£'000)	Actuals (£'000)	Variance (£'000)	Budget (£'000)	Actuals (£'000)	Variance (£'000)
Nhs Clinical Income	239,034	13,350	13,627	277	219,129	218,972	(157)
Non-Nhs Clinical Income	16,359	1,360	1,644	284	14,999	16,058	1,059
Other Non-Patient Income	34,652	9,822	10,356	534	31,480	33,310	1,850
Total Income	290,045	24,532	25,627	1,096	265,608	268,341	2,752
Non-Pay	69,901	5,867	6,543	(676)	63,977	66,555	(2,577)
Pay	206,607	17,541	17,625	(84)	189,497	193,252	(3,756)
Savings	(3,303)	(275)	0	(275)	(3,028)	0	(3,028)
Total Expenditure	273,205	23,132	24,168	(1,036)	250,446	259,807	(9,361)
EBITDA	16,840	1,399	1,459	60	15,162	8,534	(6,628)
EBITDA %	5.81%	5.70%	5.69%	-0.01%	5.71%	3.18%	-2.53%
Interest Payable	2,820	235	217	18	2,585	2,593	(8)
Interest Receivable	30	3	3	0	28	22	(5)
Depreciation	9,724	810	685	125	8,914	8,929	(15)
Dividends Payable	4,326	361	407	(46)	3,966	4,027	(61)
Donated Asset Additions	0	0	0	0	0	19	19
Net Surplus / (Deficit) - before IFRIC 12 adjustments	(0)	(4)	152	156	(275)	(6,974)	(6,699)
Add back impairments and adjust for IFRS & donated							
assets	285	24	60	36	214	1,355	1,141
Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments	285	20	212	193	(61)	(5,619)	(5,557)
Previous Month: adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments	285	248	343	94	(57)	(5,831)	(5,774)
Movement from Month 10 to Month 11 (+ve & Green is Favourable)	(0)	(229)	(130)		(4)		216

Whittington Health Cost Improvement Programme Report - Month 11 (February)

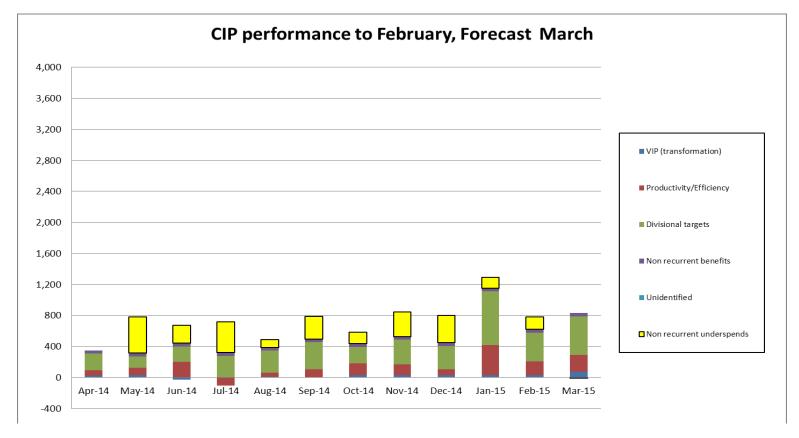
	Annual		Febr	uary			Υ٦	ΓD			Forecast		
	Plan	Plan	Act	%	Var	Plan	Act	%	Var	Plan	Fcst	%	Var
	£'000	£'000	£'000	achieved	£'000	£'000	£'000	achieved	£'000	£'000	£'000	achieved	£'000
ICAM	1,768	166	110	66%	(56)	1,601	1,023	64%	(578)	1,768	1,232	70%	(536)
SCD	1,179	101	60	59%	(41)	1,060	542	51%	(518)	1,179	612	52%	(567)
WCF	1,299	108	34	31%	(74)	1,190	407	34%	(783)	1,299	487	38%	(811)
Corporate	1,519	132	169	128%	37	1,387	1,338	96%	(49)	1,519	1,514	100%	(5)
Total Divisional Schemes	5,764	507	372	73%	(134)	5,239	3,311	63%	(1,929)	5,764	3,846	67%	(1,919)
Productivity & Efficiency	5,347	469	172	37%	(297)	4,878	1,343	28%	(3,535)	5,347	1,560	29%	(3,787)
VIPs	3,388	510	33	6%	(477)	2,878	201	7%	(2,676)	3,388	274	8%	(3,114)
Total Productivity & Efficiency and													
Transformational Schemes	8,735	979	205	21%	(774)	7,756	1,544	20%	(6,212)	8,735	1,834	21%	(6,901)
Non Recurrent Benefits	500	42	42	100%	0	458	458	100%	0	500	500	100%	0
Non Recurrent Under Spends	0	11	162		151	11	2,592		2,581	0	2,592		2,592
Total Non Recurrent Items	500	53	203		151	469	3,051		2,581	500	3,092		2,592
Total delivery against planned													
schemes	15,000	1,539	781	51%	(758)	13,464	7,905	59%	(5,559)	15,000	8,772	58%	(6,228)

Month 11 CIP Summary

The CIP delivery underperformance YTD has continued into month 11.

In month 11 £781k (51%) of CIP delivery was achieved compared to a plan of £1,539k. YTD CIP delivery in total is £7,905k (59%), compared to the YTD target of £13,464k.

The main under performing schemes are around admin staffing changes, reductions of previous over capacity on wards and VIP schemes.



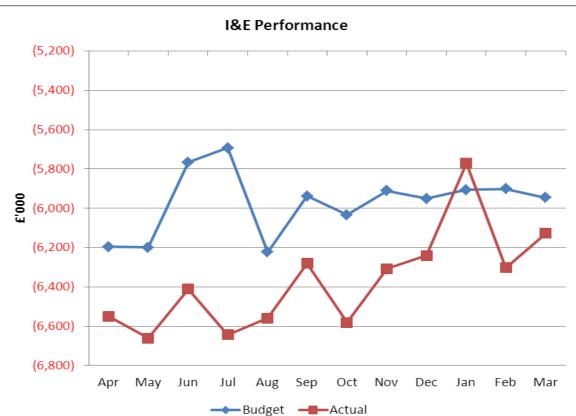
Divisional schemes are forecasting £3,846k delivery (67%) against plan, £5,764k.

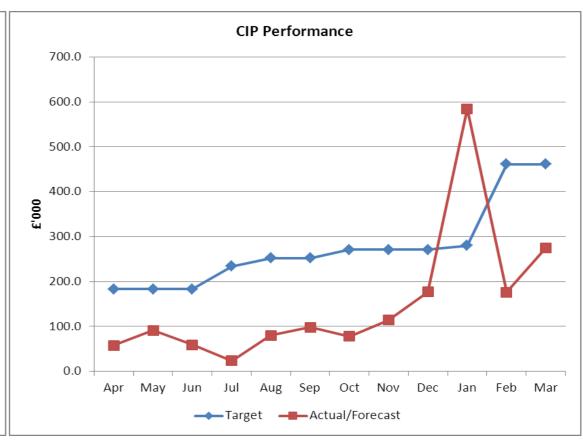
Productivity & Efficiency schemes are forecasting £1,560k delivery (29%) against plan, £5,347k.

The VIP transformational schemes are forecasting £274k delivery (8%) against plan, £3,388k.

ICAM Divisional Position - Month 11 (February 15)

			In Month		Y	ear To Dat	e
Income & Expenditure	Ann Plan £'000	Plan £'000	Act £'000	Var £'000	Plan £'000	Act £'000	Var £'000
Nhs Clinical Income	7,776	648	971	323	7,128	9,496	2,368
Other Income For Pat Care	2,127	177	282	104	1,950	2,071	122
Other Non-Patient-Devolved	692	60	22	(37)	642	515	(127)
Other_Non-Patient_Non-Dev	0	0	1	1	0	12	12
Income	10,595	885	1,276	391	9,720	12,094	2,373
A/C	5,243	433	492	(60)	4,810	5,340	(530)
Executive Board & Sen Mgmt	486	40	34	7	445	433	12
Medical	13,410	1,094	1,289	(195)	12,326	13,924	(1,598)
Nurses & Midwives	28,694	2,371	2,535	(164)	26,322	28,430	(2,108)
Other Support Workers	199	17	27	(11)	183	336	(153)
Scientific, Ther & Tech	17,412	1,450	1,512	(62)	15,962	16,610	(649)
Pay Reserve	(1,638)	(149)	0	(149)	(1,489)	0	(1,489)
Pay	63,805	5,256	5,889	(633)	58,559	65,073	(6,514)
Establishment	462	39	58	(20)	423	556	(133)
Ext Cont Staffing & Cons	115	6	(32)	38	64	386	(322)
Healthcare From Non Nhs	548	46	(28)	73	502	47	455
Miscellaneous	364	30	132	(102)	333	428	(95)
Non-Pay Reserve	(253)	(21)	0	(21)	(232)	0	(232)
Premises & Fixed Plant	392	33	50	(18)	360	623	(263)
Supplies & Servs - Clin	16,450	1,368	1,466	(99)	15,082	14,795	287
Supplies & Servs - Gen	373	31	42	(11)	342	485	(143)
Non Pay	18,450	1,530	1,689	(159)	16,875	17,320	(445)
Income Less Direct Costs	(71,660)	(5,902)	(6,303)	(401)	(65,714)	(70,300)	(4,586)





Income and Expenditure Commentary

The position at month 11 is £401k adverse in month and £4,586k adverse YTD.

NHS Clinical Income is £323k favourable in month mainly due to agreement with NHS England regarding the receipt of Pbr Exclusion drugs income. £170k was credited to ICAM. In addition to this, funding for additional beds on Cavell Ward income has now been accounted for. YTD the position is £2,368k favourable due to prison income recognised in month 1 (£0.5m), additional CCG investments and RTT and winter resilience funding.

Pay is £633k adverse in month and £6,514k adverse YTD.

Nursing is £164k adverse in month and £2,108k YTD due to high agency spend within ED, District Nursing and in Acute Wards. This is high due to vacancies, specialing and high dependency patients on the wards. ED nursing spend has been partly offset by Winter Resilience income received. M11 decreased overspend is mainly due to the cessation of double running costs required for newly qualified staff waiting on PINs.

Medical is £195k adverse in month and £1,598k adverse YTD. This is due to 3 agency consultants within medical specialties (gastroenterology and rheumatology) covering vacancies, long term sick leave and maternity. In addition, agency spend on middle grade doctors in ED is higher than planned due to vacancies, high activity, and extra winter staffing. The increased expenditure on ED consultants increased spend is offset by Enhanced Virtual Ward income.

Unallocated CIP and VIP is leading to a £70k adverse variance in month and £783k adverse YTD.

Non-Pay - YTD Adverse £445K; £159k adverse in month. YTD adverse; £286k due to Prison expenditure accounted for in month 1, with no budget (service now decommissioned). In month movement is mainly due to £51k unfunded FP10 charges, increased pharmacy drugs spend and a £13k wheelchairs payment.

CIP Commentary

In month 11, the division delivered £176k against a plan of £461k. Year to date the division has delivered £1,461k against a plan of £3,186k.

In month commentary:

ED Nursing - Only additional nursing spend is now offset by winter resilience income.

District Nursing - Cohort of new nurses have started in November and December. This has helped reduce DN run rate, but as yet run rate hasn't been reduced sufficiently to achieve CIP.

Ward Nursing - Saving no longer achievable due to new nursing model

- **TB** TB income has now come into the ICAM budget in M10-M12, therefore achieving the CIP for TB in full.
- **VIP** Emergency Care and Ambulatory Care VIPs not yet delivering. Locality based teams VIP moved to COO cost centre. Emergency care VIP is non-recurrently achieved through winter pressure money funding the twilight shift.

Divisional Actions

Forecast I&E improvement in final month of the year based on significant recruitment, challenging targets set for district nursing and ward specialing expenditure improvement and additional TB income.

ED - Nursing vacancies are set to be filled by trust wide nursing recruitment drives. Winter resilience is currently funding additional medical and nursing shifts.

District Nursing - Phased recruitment plan in place to reduce agency spend. New nurses have started in November to January. Activity levels continue to increase, so savings due to productivity and efficiency have not materialised.

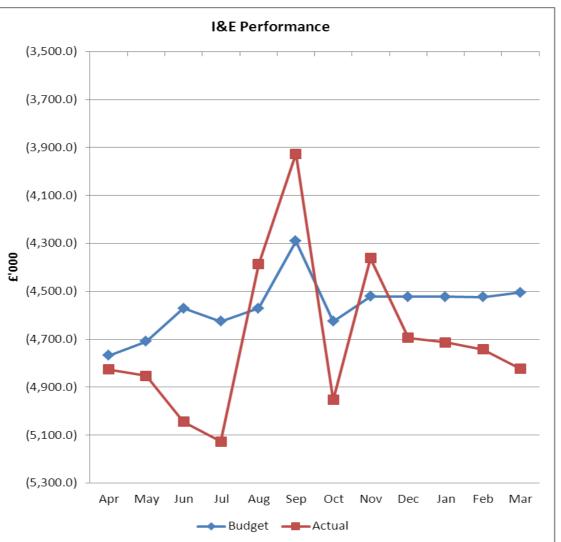
Ward Nursing - Corporate Nursing to look into required budget for specialing and what processes are required to control the spend.

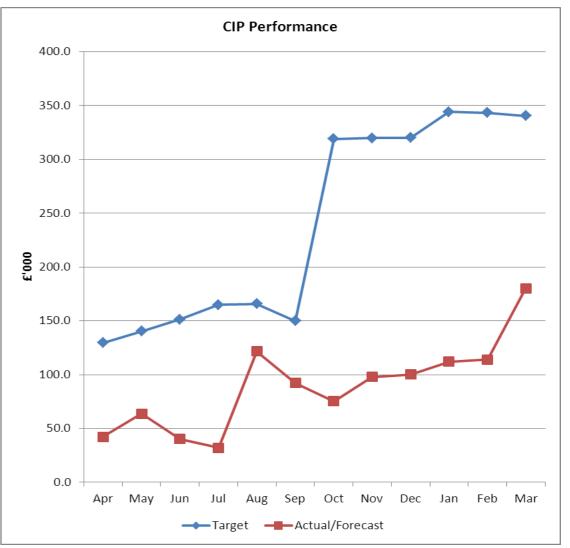
Consultant Agency - 1 x Gastroenterology post offer accepted. 1 x post going out to advert fixed term, expected to be recruited into post by April. Agency usage ceased after first week of March.

Underachieved CIPs - Recruitment of consultant to permanent posts in Gastroenterology, with income from UCLH activity offsetting remaining overspend. All non-essential vacancies to continue to be held vacant where possible.

SCD Divisional Position - Month 11 (February 15)

			In Month		Ye	ear To Date	
Income & Expenditure	Annual Plan £'000	Plan £'000	Actuals £'000	Var £'000	Plan £'000	Actuals £'000	Var £'000
Nhs Clinical Income	819	68	155	86	751	2,689	1,93
Other Income For Pat Care	1,028	87	119	33	941	1,293	35
Other Non-Patient-Devolved	720	55	37	(18)	665	570	(95
Other_Non-Patient_Non-Dev	640	53	53	(0)	587	626	3
Income	3,207	263	364	101	2,944	5,178	2,23
A/C	4,040	311	381	(70)	3,729	4,686	(957
Dental	2,344	195	199	(3)	2,149	2,135	1
Executive Board & Sen Mgmt	611	51	45	6	560	438	12
Medical	16,180	1,361	1,339	22	14,839	14,925	(87
Nurses & Midwives	15,024	1,271	1,226	45	13,754	13,800	(46
Other Support Workers	376	31	30	1	345	321	2
Scientific, Ther & Tech	8,356	700	731	(31)	7,656	7,927	(272
Pay Reserve	(1,640)	(194)	0	(194)	(1,445)	0	(1,445
Pay	45,292	3,726	3,950	(224)	41,585	44,232	(2,647
Establishment	280	23	36	(12)	257	397	(141
Ext Cont Staffing & Cons	176	15	13	2	161	137	2
Miscellaneous	334	28	9	18	306	442	(136
Non-Pay Reserve	(65)	(11)	0	(11)	(54)	0	(54
Premises & Fixed Plant	591	49	63	(14)	542	653	(112
Supplies & Servs - Clin	10,799	910	990	(80)	9,889	10,458	(568
Supplies & Servs - Gen	554	47	45	2	507	482	2
Non Pay	12,669	1,061	1,155	(94)	11,607	12,570	(963
Income Less Direct Costs	(54,754)	(4,524)	(4,742)	(218)	(50,249)	(51,624)	(1,376





Income and Expenditure Commentary

The position at month 11 is £218k adverse in month and £1,376k adverse YTD. Against forecast for the month the Division over-performed by £85k.

Income is £101k favourable in month and £2,234k favourable YTD driven by £1,348k of RTT income recognised YTD along with income from Dental Out of Hours service. Additionally, Resilience 2 funding of £35k was also accounted for in-month along with pathology prison and RFH ophthalmology over-runs.

Pay is £224k adverse in month and £2,647k adverse YTD. Against the average runrate of last 9 months the cost of pay continues to remain lower by £78K in-month.

Nurses & Midwives is £45k favourable in month and £46K adverse YTD. This is largely due to lower levels of the escalation bed budget in wards. However ITU ward overspend by £24K in-month due to higher levels of activity and bed occupancy.

Admin and Clerical is £70k adverse in month and £957k adverse YTD.

Unallocated CIP and VIP is leading to a £194k adverse variance in month and £1,445k adverse YTD. This is because the Planned Activity VIP target was phased from M07.

Non Pay is £94k adverse in month and £963k adverse YTD. This is largely due to costs within theatres (due to electives) and pathology on clinical consumables, prosthetics and reagents.

CIP Commentary

In month 11 the division delivered £114k against a plan of £343k.

Year to date the division has delivered £891k against a plan of £2,546k.

Productivity Target - This is under-performing in-month. However it is forecasted to improve through increase in referrals from Moorfields to the financial year end.

VIP - Transformation stretch target in Diagnostics and parts of Outpatient pathway target have been profiled from Q1 & Q2 which remains un-identified and therefore unachieved. Planned Activity VIP was profiled from M07 which is also unachieved. There are further financial pressures due to extra beds in wards.

Imaging - WLI payments plus bank & agency spend to cover vacancies remains high. Non pay continues to increase.

Theatres schemes - CIP performance for Theatres have remained constant since December, however performance has fallen back to 50% achievement due to increase in orthopaedic prosthetics spend.

Imaging

- The constant budget review continues to reduce spend.
- An alternative to existing additional Radiology reporting spend has been identified and is being implemented.

Divisional Actions

- There is a plan to reduce spend for A&C till financial year end
- Cross charging to RFH and UCLH is of concern and is being checked.

Theatres

- It is expected that theatres will be fully staffed by end of financial year 2014/15, agency & bank spend continues to reduce.
- Non pay spend is linked to activity. All non pay spend is scrutinised through a control process to keep costs to a minimum.

Admin & Clerical Staffing

- Most staff are now in new roles.
- A review has been undertaken to make sure that all staff are in the correct positions. This has raised some concerns which are being addressed in budget setting for 2015/16.

Surgery

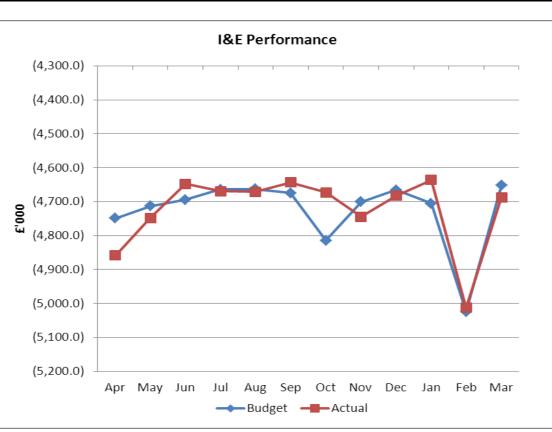
- The Orthotics service as a managed service is an opportunity and work continues to reclaim VAT for 2015/16.

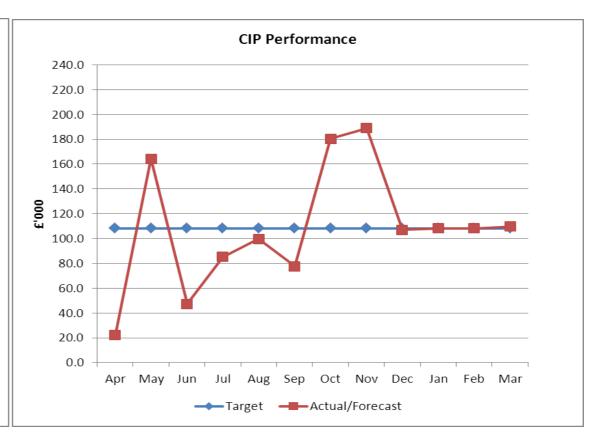
NLI

- The division continues to pursue the possibility of work from other organisations.

WCF Divisional Position - Month 11 (February 15)

			In Month		Y	ear To Date	
Income & Expenditure	Annual Plan £'000	Plan £'000	Actuals £'000	Var £'000	Plan £'000	Actuals £'000	Var £'000
Nhs Clinical Income	940	79	(229)	(309)	860	989	129
Other Income For Pat Care	6,958	575	701	126	6,383	6,853	470
Other Non-Patient-Devolved	407	32	68	36	390	513	124
Other_Non-Patient_Non-Dev	0	0	(18)	(18)	0	63	63
Income	8,306	687	522	(165)	7,633	8,419	786
A/C	4,578	387	410	(23)	4,198	4,425	(227)
Executive Board & Sen Mgmt	666	53	37	16	613	456	157
Medical	11,432	951	941	10	10,496	10,697	(200)
Nurses & Midwives	31,447	2,741	2,653	89	28,910	28,650	260
Other Support Workers	39	3	13	(10)	36	129	(93)
Scientific, Ther & Tech	12,942	1,231	1,091	140	11,889	11,831	59
Pay Reserve	(332)	(16)	0	(16)	(305)	0	(305)
Pay	60,773	5,351	5,144	207	55,838	56,187	(349)
Establishment	482	44	57	(13)	442	561	(120)
Ext Cont Staffing & Cons	78	7	5	1	72	74	(2)
Miscellaneous	294	25	30	(5)	235	385	(150)
Non-Pay Reserve	1	0	0	0	0	0	0
Premises & Fixed Plant	548	48	52	(4)	502	538	(35)
Supplies & Servs - Clin	2,507	209	221	(11)	2,298	2,415	(118)
Supplies & Servs - Gen	345	29	26	3	316	247	70
Non Pay	4,255	361	390	(29)	3,866	4,220	(354)
Income Less Direct Costs	(56,723)	(5,025)	(5,013)	12	(52,071)	(51,988)	83





Income and Expenditure Commentary

The WCF position at month 11 is £12k favourable in month and £83k favourable YTD.

Patient Care Income (NHS Clinical Income and Other Income for Patient Care) is £183k adverse in month and £599k favourable YTD. In previous months provisions were made relating to income for new in-year investments. However, in M11 expenditure budgets have been allocated to match off actual spend. Therefore, the in month income has reduced as this reflects the YTD effect. The adverse variance on income is offset against favourable variances on pay and non pay for the same reason. The YTD favourable variance on 'Other Income for Patient Care' relates to higher GUM activity, new born screening income and YTD RTT funding of £121k.

Other Income (Other Non Patient Devolved & Non developed) is £18k favourable in month and £187k favourable YTD. The YTD position is being driven by additional education, training and schools income.

Pay is £207k favourable in month and £349k adverse YTD. The in-month position reflects the increase in pay budgets relating to in-year investments as described earlier.

A&C is £23k adverse in the month and £227k adverse YTD. The in-month position is largely driven by an overspend in LAC and School Nursing for which there is corresponding income. The YTD variance relates to Looked After Children (LAC) and School Nursing, maternity admin, which is due to long-term sickness and agency cover and paediatric integrated care.

Medical is £10k favourable in month and £200k adverse YTD. The YTD adverse variance is largely driven by junior doctor agency expenditure in Obstetrics and Gynaecology.

Nursing is £89k favourable in month and £260k favourable YTD. The in-month position reflects an increase in the midwifery pay budget for maternity support workers, which is offset by the adverse variance in NHS Clinical Income where provisions were previously made. The YTD position reflects vacancies against posts within community services (school nursing, children's community nursing and family nurse partnership) where new initiatives are starting up.

Scientific, There & Tech is £140k favourable in month and £59k favourable YTD. The in-month position reflects an increase in the pay budget relating to the MSK Physio investment, which is offset by the adverse variance in NHS Clinical Income where provisions were previously made.

Non Pay is £29k adverse in month which is driven by an increased provisions for clinical supplies on Labour Suite and red-books. The adverse YTD position of £354k is driven by additional equipment requirements and increased activity.

CIP Commentary

In month 11, the division delivered the monthly CIP plan of £108k in full.

Year to date the division has delivered CIPs of £1,189k against the YTD plan of £1,190k.

Of the £1,189k delivered YTD, £407k is recurrent and £782k is non-recurrent.

The Division is forecasting that the 2014-15 CIP plan will be achieved in full through recurrent and non-recurrent CIPs.

There are no VIP schemes to report on within WCF.

Divisional Actions

Agency reduction

Close management of sickness levels and vacancies is required to control the reduction in bank, agency and locum spend, which in turn will ensure the currently reported financial position is maintained or improved.

Recruitment to vacancies are continuing in areas where agency staffing is currently used and to specific posts relating to new investments.

Income

Ensure all income due is identified and invoiced appropriately for existing contracts and new investments.

Corporate Divisional Position - Month 11 (February 15)

		In	Month		Yea	Year To Date		
Income & Expenditure	Annual Plan £'000	Plan £'000	Actuals £'000	Var £'000	Plan £'000	Actuals £'000	Var £'000	
Organisational Development	2,163		331	(155)	1,989	2,421	(432)	
lct	6,642	553	523	30	6,089	6,154	(64)	
Finance	4,052		371	(33)	3,714	3,868	(155)	
Trust Secretariat	1,695	137	138	(2)	1,558	1,717	(159)	
Chief Operating Officer	1,187	40	103	(63)	1,147	1,536	(389)	
Nursing & Patient Experience	9,508	804	831	(27)	8,704	8,758	(54)	
Procurement	789	66	88	(22)	723	726	`(3)	
Medical Director	1,053	88	76	`12	965	733	233	
Facilities	28,314		2,287	94	25,950	25,051	898	
Total	55,402	4,581	4,746	(165)	50,839	50,963	(125)	

ICT Breakdown

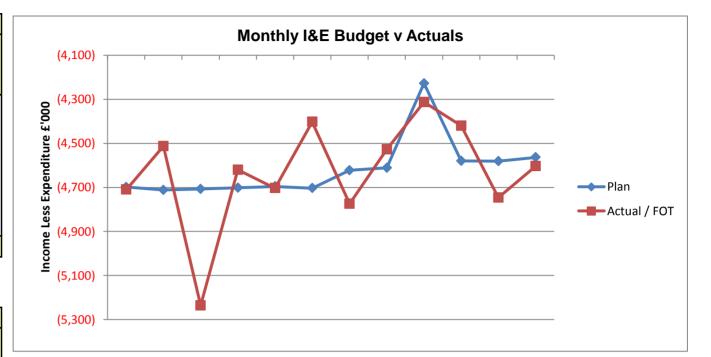
		In	Month		Ye	ar To Date	
Income & Expenditure	Annual Plan £'000	Plan £'000	Actuals £'000	Var £'000	Plan £'000	Actuals £'000	Var £'000
Income	22	2	58	56	20	87	67
Non-Pay	2,977	247	277	(30)	2,729	3,028	(299)
Grand Total	3,688	307	304	4	3,381	3,212	168
Total	(6,642)	(553)	(523)	30	(6,089)	(6,154)	(64)

Facilities Breakdown

		In	Month		Yea	ar To Date	
Income & Expenditure	Annual Plan £'000	Plan £'000	Actuals £'000	Var £'000	Plan £'000	Actuals £'000	Var £'000
Income	1,841	133	195	62	1,709	1,967	258
Pay	11,178	900	791	110	10,278	9,077	1,201
Non-Pay	18,978	1,613	1,691	(78)	17,381	17,942	(561)
Total	(28,314)	(2,380)	(2,287)	94	(25,950)	(25,051)	898

Nursing & Patient Experience Breakdown

		In	Month		Year To Date			
Income & Expenditure	Annual		Actuals	Var		Actuals	Var	
	Plan £'000	Plan £'000	£'000	£'000	Plan £'000	£'000	£'000	
Income	(3)	(0)	(9)	9	(2)	(126)	123	
Pay	3,435	297	308	(11)	3,138	3,168	(30)	
Non-Pay	6,075	507	531	(25)	5,568	5,716	(147)	
Total	9,508	804	831	(27)	8,704	8,758	(54)	
Total	9,508	804	812	(8)	7,900	7,927	(27)	



Commentary

The corporate position at month 11 is £165k adverse in month and £125k adverse YTD.

COO - The in month position is £63k adverse, £389k adverse YTD. The in month position is being driven by unachieved CIP.

Facilities - The favourable YTD position has continued, with M11 showing a £94k favourable variance, M11 YTD £898k favourable. The in month position is being driven by a reduction in CNWL costs for properties occupied by the Trust (£150k benefit).

ICT - A schedule of annual expenditure and agency contracts has been agreed with ICT for 2014/15. The YTD ICT bottom line reflects the agreed schedule and is a key driver for the £64k YTD adverse variance.

Organisational Development - YTD adverse position driven by underperformance against the Occupational Health income target and staffing CIPs. The in month adverse variance of £155k is being driven by spend on the Nurse Recruitment Campaign (£115k).

Finance - £33k adverse in month, YTD £155k adverse. The adverse position is being driven by agency premium on current vacancies within the department.

Trust Secretariat – £2k in month adverse, £155k YTD adverse position, this being driven by a number of posts being covered by interim staff.

Procurement - £22k adverse in month, £3k adverse YTD. The in month variance is due to additional cost from newly contract staff. It is expected that forecasted expenditure will break even to budget for 2014\15, by flexing the use of additional temporary staff.

Acute Activity Analysis

Activity by PoD Type

Activity by PoD Type	[February			YTD	
PoD Group	Annual Plan	Plan	Actual	Variance	Plan	Actual	Variance
Adult Critical Care	7,745	645	545	(100)	7,099	6,750	(349)
Block Contract/Adjustments	0	0	0	0	0	0	0
Day Cases	19,179	1,598	1,357	(241)	17,580	18,367	787
Direct Access	1,014,339	84,528	84,122	(406)	929,811	909,996	(19,815)
ED Attendances	104,069	8,672	6,891	(1,781)	95,396	83,745	(11,651)
Elective Inpatients	2,752	229	226	(3)	2,523	2,526	3
Excess Beddays	7,301	608	1,668	1,060	6,692	7,265	573
Maternity Pathway	8,943	745	649	(96)	8,197	7,225	(972)
NICU High Dependancy Beddays	1,942	162	110	(52)	1,781	1,719	(62)
NICU Intensive Care Beddays	880	73	37	(36)	807	504	(303)
NICU Special Care Beddays	5,171	431	352	(79)	4,740	3,694	(1,046)
NICU Transitional Care Beddays	6,350	529	214	(315)	5,821	4,635	(1,186)
Non-Elective Inpatients	29,445	2,454	1,619	(835)	26,991	24,951	(2,040)
Other Activity	69,572	5,798	1,783	(4,015)	63,774	49,648	(14,126)
Outpatient 1st Attends	61,195	5,100	4,225	(875)	56,095	54,264	(1,831)
Outpatient Diagnostic Imaging	23,529	1,961	1,858	(103)	21,569	20,298	(1,271)
Outpatient Follow Ups	152,207	12,684	8,142	(4,542)	139,523	127,214	(12,309)
Outpatient Procedures	21,099	1,758	1,304	(454)	19,341	13,640	(5,701)
Paediatrics High Dependency	256	21	0	(21)	235	446	211
TOTAL	1,535,974	127,998	115,102	(12,896)	1,407,976	1,336,887	(71,089)

Activity By Commissioner

			February			YTD	
Commissioner	Annual Plan	Plan	Actual	Variance	Plan	Actual	Variance
NHS England	17,697	1,475	1,213	(262)	16,222	14,501	(1,721)
NHS Islington CCG	842,508	70,209	65,989	(4,220)	772,299	738,442	(33,857)
NHS Haringey CCG	521,106	43,425	38,022	(5,403)	477,680	454,460	(23,220)
NHS Camden CCG	30,086	2,507	1,947	(560)	27,579	23,495	(4,084)
NHS City and Hackney CCG	19,066	1,589	824	(765)	17,477	13,079	(4,398)
NHS Enfield CCG	11,822	985	926	(59)	10,837	12,472	1,635
NHS Barnet CCG	69,945	5,829	4,503	(1,326)	64,116	57,139	(6,977)
Other CCG	23,745	1,979	1,678	(301)	21,766	23,299	1,533
TOTAL	1,535,974	127,998	115,102	(12,896)	1,407,976	1,336,887	(71,089)

Commentary

Critical care activity has increased by 48 (10%) compared to January 2015.

Day case activity is 241 below the Month 11 target of 1,598. NB This line also includes the additional RTT activity (national).

Direct access activity has increased in month by 16,587 (25%) compared to January 2015 and is 2% below plan YTD.

ED attendance, non elective inpatients and some of 'other' activity are all part of the emergency care pathway. This is reduced due to the impact of admission avoidance schemes and ambulatory care centre.

Elective inpatient activity is below plan, with this line in YTD terms including the additional national RTT work.

Maternity actuals have decreased by 6 (1%), compared to January 2015. Actual activity has been lower than plan for the first few months of the year. NICU activity is below January level by 11 days and 2,594 below the YTD plan.

OPD activity continues to be below plan due to catch up of data recording, for example in anticoagulation. OPD is also impacted by CQUIN and QIPP schemes.

Outpatient procedures have increased as stated last month, as the pathways are now in place and data recording is being monitored.

Commentary

The NHS England variance due to critical care activity and time lag in coding of High cost drugs

The majority of activity under performance for Islington CCG is from OP Pods which are 12,880 attendances below the YTD plan and Direct Access Pathology by 8,895.

A significant proportion of activity under performance for Haringey CCG is DA Pathology by 8,708 YTD and Physiotherapy by 3,803 YTD.

Acute Income Analysis

Income Analysis

<u>-</u>			February								YTD			
PoD Group	Ar	nnual Plan £'000	PI	an £'000	Act	ual £'000		ariance £'000	Р	lan £'000	Ac	tual £'000	٧	ariance £'000
Adult Critical Care	£	10,160	£	847	£	715	-£	132	£	9,313	£	8,778	-£	536
Block Contract/Adjustments	£	10,997	£	916	£	973	£	56	£	10,081	£	11,086	£	1,006
Day Cases	£	11,899	£	992	£	945	£	47	£	10,907	£	11,687	£	780
Direct Access	£	10,965	£	914	£	1,009	£	95	£	10,052	£	10,937	£	886
ED Attendances	£	11,434	£	953	£	717	-£	236	£	10,481	£	9,307	-£	1,174
Elective Inpatients	£	9,142	£	762	£	751	£	11	£	8,380	£	7,961	Ģ	419
Excess Beddays	£	2,140	£	178	£	431	£	253	£	1,961	£	1,984	£	23
Maternity Pathway	£	9,945	£	829	£	658	-£	171	£	9,116	£	8,005	-£	1,111
NICU High Dependancy Beddays	£	1,717	£	143	£	97	£	46	£	1,574	£	1,520	Ģ	54
NICU Intensive Care Beddays	£	1,012	£	84	£	43	£	42	£	928	£	579	Ģ	348
NICU Special Care Beddays	£	1,974	£	165	£	134	£	30	£	1,810	£	1,410	Ģ	399
NICU Transitional Care Beddays	£	2,425	£	202	£	82	£	120	£	2,223	£	1,770	щ	453
Non-Elective Inpatients	£	42,876	£	3,573	£	2,875	£	698	£	39,303	£	36,095	ф	3,207
Other Activity	£	2,010	£	167	£	102	-£	65	£	1,842	£	1,283	£	559
Outpatient 1st Attends	£	8,916	£	743	£	774	£	31	£	8,173	£	8,150	щ	23
Outpatient Diagnostic Imaging	£	2,655	£	221	£	216	£	5	£	2,434	£	2,269	Ģ	165
Outpatient Follow Ups	£	11,631	£	969	£	831	£	138	£	10,662	£	10,089	£-	573
Outpatient Procedures	£	3,596	£	300	£	232	-£	68	£	3,296	£	2,439	-£	857
Paediatrics High Dependency	£	263	£	22	£	-	-£	22	£	241	£	457	£	216
TOTAL	£	155,757	£	12,980	£	11,584	-£	1,396	£	142,777	£	135,808	-£	6,969

Commentary

In month 11 the Trust financial position continues to show the acute income position to be reflected as though the Trust were under a block contract.

The tables presented on this page show the position for the first 11 months of the year as if the Trust were on a pure PbR acute contract and therefore this does not reflect the actual Trust income position. The position shows an under performance of £1.4m in month and an under performance of £7.0m YTD against plan.

There is a review underway to understand the risk associated with capture and coding of acute activity, moving into 2015/16.

Income by Commissioner - £000's

TOTAL	£	155,757	£	12,980	£	11,584	-£	1,396	£	142,777	£	135,808	£-	6,969
Other CCG	£	5,541	£	462	£	432	-£	30	£	5,079	£	5,743	£	664
NHS Barnet CCG	£	9,056	£	755	£	608	-£	147	£	8,301	£	8,125	-£	177
NHS Enfield CCG	£	2,892	£	241	£	270	£	29	£	2,651	£	2,964	£	313
NHS City and Hackney CCG	£	4,776	£	398	£	374	-£	24	£	4,378	£	3,879	-£	500
NHS Camden CCG	£	5,280	£	440	£	353	-£	87	£	4,840	£	3,782	-£	1,058
NHS Haringey CCG	£	49,898	£	4,158	£	3,853	-£	305	£	45,740	£	44,661	-£	1,079
NHS Islington CCG	£	64,371	£	5,364	£	4,784	-£	580	£	59,007	£	55,737	-£	3,270
NHS England	£	13,942	£	1,162	£	911	-£	251	£	12,780	£	10,917	-£	1,863

Acute Activity and Income Variances by Division - do not use for board report now

In Mont	h Activity \	/ariance - Fe	bruary		
Board Report PoD Group	Trust Wide	Integrated Care & Acute Medicine	Surgery & Diagnostics	Women, Children & Families	TOTAL
Adult Critical Care	0	0	-100	0	-100
Block Contract/Adjustments	0	0	0	0	0
Day Cases	0	-212	33	-62	-241
Direct Access	0	112	-518	0	-406
ED Attendances	0	-1,781	0	0	-1,781
Elective Inpatients	0	-4	-4	5	-3
Excess Beddays	0	1,020	127	-86	1,060
Maternity Pathway	0	0	0	-96	-96
NICU High Dependancy Beddays	0	0	0	-52	-52
NICU Intensive Care Beddays	0	0	0	-36	-36
NICU Special Care Beddays	0	0	0	-79	-79
NICU Transitional Care Beddays	0	0	0	-315	-315
Non-Elective Inpatients	0	-130	-64	-641	-835
Other Activity	0	-1,110	6	-2,910	-4,015
Outpatient 1st Attends	0	-74	15	-815	-875
Outpatient Diagnostic Imaging	0	-73	-34	4	-103
Outpatient Follow Ups	0	-1,618	-103	-2,821	-4,542
Outpatient Procedures	0	-82	-177	-195	-454
Paediatrics High Dependency	0	0	0	-21	-21
TOTAL	0	-3,954	-820	-8,122	-12,896

In Month	Price	e Varia	nce	£000's -	Feb	ruarv				
Board Report PoD Group		ıst Wide	Ca	ntegrated are & Acute Medicine	S	urgery &	С	Women, hildren & Families		TOTAL
Adult Critical Care	£	-	£	-	-£	132	£	-	£-	132
Block Contract/Adjustments	£	56	£	-	£	-	£	-	£	56
Day Cases	£	-	-£	111	£	100	£	36	£	47
Direct Access	£	-	£	94	£	2	£	-	£	95
ED Attendances	£	-	-£	236	£	-	£	-	-£	236
Elective Inpatients	£	-	-£	7	-£	19	£	15	-£	11
Excess Beddays	£	-	£	256	£	32	-£	36	£	253
Maternity Pathway	£	-	£	-	£	-	-£	171	-£	171
NICU High Dependancy Beddays	£	-	£	-	£	-	-£	46	-£	46
NICU Intensive Care Beddays	£	-	£	-	£	-	-£	42	-£	42
NICU Special Care Beddays	£	-	£	-	£	-	-£	30	-£	30
NICU Transitional Care Beddays	£	-	£	-	£	-	-£	120	-£	120
Non-Elective Inpatients	£	-	-£	105	-£	177	-£	416	-£	698
Other Activity	£	-	-£	55	£	0	-£	11	-£	65
Outpatient 1st Attends	£	-	-£	5	£	8	£	28	£	31
Outpatient Diagnostic Imaging	£	-	-£	8	£	4	-£	0	-£	5
Outpatient Follow Ups	£	-	-£	82	-£	10	-£	45	-£	138
Outpatient Procedures	£	-	-£	10	-£	20	-£	39	-£	68
Paediatrics High Dependency	£	-	£	-	£	-	-£	22	£	22
TOTAL	£	56	-£	270	-£	211	£-	971	-£	1,396

YTD Activity Variance											
Board Report PoD Group	Trust Wide	Integrated Care & Acute Medicine	Surgery & Diagnostics	Women, Children & Families	TOTAL						
Adult Critical Care	0	0	-349	0	-349						
Block Contract/Adjustments	0	0	0	0	0						
Day Cases	0	231	920	-364	787						
Direct Access	0	5,817	-25,633	0	-19,815						
ED Attendances	0	-11,651	0	0	-11,651						
Elective Inpatients	0	57	-111	58	3						
Excess Beddays	0	710	-120	-16	573						
Maternity Pathway	0	0	0	-972	-972						
NICU High Dependancy Beddays	0	0	0	-62	-62						
NICU Intensive Care Beddays	0	0	0	-303	-303						
NICU Special Care Beddays	0	0	0	-1,046	-1,046						
NICU Transitional Care Beddays	0	0	0	-1,186	-1,186						
Non-Elective Inpatients	0	-302	-426	-1,312	-2,040						
Other Activity	0	-5,791	1,192	-9,527	-14,126						
Outpatient 1st Attends	0	-357	-2,428	955	-1,831						
Outpatient Diagnostic Imaging	0	-447	-626	-198	-1,271						
Outpatient Follow Ups	0	-7,728	3,210	-7,790	-12,309						
Outpatient Procedures	0	-1,295	-2,295	-2,110	-5,701						
Paediatrics High Dependency	0	0	0	211	211						
TOTAL	0	-20,759	-26,666	-23,664	-71,089						

YTD Price Variance £000's											
Board Report PoD Group	Tr	ust Wide	Ca	ntegrated re & Acute Medicine		Surgery & agnostics	С	Women, hildren & amilies		TOTAL	
Adult Critical Care	£	-	£	-	-£	536	£	-	£	536	
Block Contract/Adjustments	£	1,751	£	746	£	-	£	-	£	1,006	
Day Cases	£	-	£	111	£	907	-£	238	£	780	
Direct Access	£	-	£	1,238	-£	352	£	-	£	886	
ED Attendances	£	-	-£	1,174	£	-	£	-	-£	1,174	
Elective Inpatients	£	-	£	64	-£	636	£	153	-£	419	
Excess Beddays	£	-	£	172	-£	48	-£	101	£	23	
Maternity Pathway	£	-	£	-	£	-	-£	1,111	£	1,111	
NICU High Dependancy Beddays	£	-	£	-	£	-	-£	54	£	54	
NICU Intensive Care Beddays	£	-	£	=	£	-	-£	348	-£	348	
NICU Special Care Beddays	£	-	£	-	£	-	-£	399	-£	399	
NICU Transitional Care Beddays	£	-	£	-	£	-	-£	453	-£	453	
Non-Elective Inpatients	£	-	-£	663	-£	1,228	-£	1,316	-£	3,207	
Other Activity	£	-	-£	431	£	2	-£	131	-£	559	
Outpatient 1st Attends	£	-	£	20	-£	351	£	308	-£	23	
Outpatient Diagnostic Imaging	£	-	-£	91	-£	60	-£	13	-£	165	
Outpatient Follow Ups	£	-	-£	602	£	316	-£	287	-£	573	
Outpatient Procedures	£	-	-£	160	-£	281	-£	416	-£	857	
Paediatrics High Dependency	£	-	£	-	£	-	£	216	£	216	
TOTAL	£	1,751	£	2,262	£	2,268	£	4,190	£	6,969	

Statement of Financial Position

	As at	As at	Forecast 31st March 2015	Plan	Commentary
	1st April 2014 £000	28th Feburary 2015 £000	£000	£000	
Non Current Assets	2000		2000		A revaluation of land and buildings took place earlier in the year which
Property, plant and equipment	179,975	184,693	187,317	180,105	increased both property, plant and equipment (PPE) and the revaluation
Intangible assets	5,428	4,216	4,023	4,295	reserve by £5.3m. This was partially offset by impairments of £1.2m which
Trade and other receivables	702	1,047	533	610	reduced both PPE and retained earnings, but are excluded from the
Total Non Current Assets	186,105	189,956	191,873	185,010	breakeven duty. A further revaluation is expected at the year end, which
<u>Current Assets</u>					cannot yet be quantified.
Inventories	1,295	1,539	1,456	1,290	
Trade and other receivables	17,527	19,740	14,994	6,930	The revaluation also increased asset lives, thereby reducing the
Cash and cash equivalents	5,123	2,342	796	3,976	depreciation charged to both PPE and retained earnings. PPE additions are
Total Current Assets	23,945	23,621	17,246	12,196	below plan for the year to date, but forecast to meet the capital resource
Total Assets	210,050	213,577	209,119	197,206	limit by the year end.
Current Liabilities (amounts due in less than one year)					
Trade and other payables	36,010	38,775	34,787	27,154	The month-end cash balance was £2.3m which is consistent with other
Borrowings	1,377	1,361	2,344	2,542	regular months as no exceptional cash payments were received. Also the
Provisions	1,238	390	417	198	
Total Current Liabilities	38,625	40,526	37,548	29,894	Trust has increased its payments to creditors.
Net Current Assets (Liabilities)	(14,680)	(16,905)	(20,302)	(17,698)	
Total Assets less Current Liabilities	200,785	206,861	212,175	202,708	The Trust has now received confirmation that the £5.6m temporaray PDC facility has been converted to permanent PDC.
Non Current Liabilities (amounts due greater than one year)					
Borrowings	36,758	34,364	34,419	34,028	
Provisions	2,015	1,812	1,915	2,190	
Total Non Current Liabilities	38,773	36,176	36,334	36,218	There has been a reduction over the year in retained earnings due to the
Total Assets Employed	132,652	136,875	135,237	131,094	impairment and the income and expenditure deficit. Recovery of the latter depends upon CIP delivery.
Taxpayers' Equity					depends upon cir delivery.
Public dividend capital	56,461	62,321	62,321	56,671	
Retained earnings	15,277	8,518	6,788		
Revaluation reserve	60,914	66,036	66,128	55,505	
Total Taxpayers' Equity	132,652	136,875	135,237	131,094	
Capital cost absorption rate	3.5%	3.5%	3.5%	3.5%	

2014/15 Finance report - February (Month 11)

Month 11 (February) Aged Debtors Analysis Period End Date: 25/02/2015

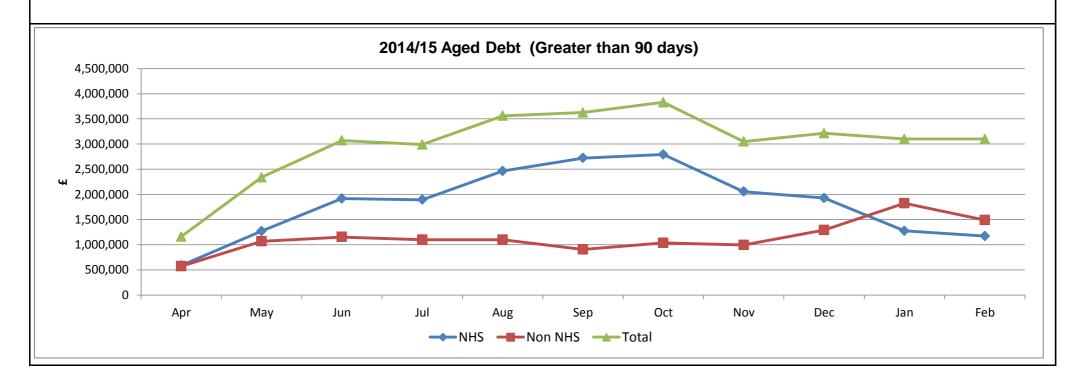
£	Sum of Outstanding debtors	Days Range						
	Sum of Odistanding deptors	Days Range						
		30 Days &				Over 365	Greater than	
	NHS		30 to 60 Days			Days	90 Days	Grand Tota
1	NHS ISLINGTON CCG	4,916,713.00	74,844.29	50,513.52	219,179.39	26,848.50	246,028	5,288,099
2	NHS HARINGEY CCG	18,930.59	5,720.00	962,426.00	50,576.41	6,302.25	56,879	1,043,955
3	THE ROYAL FREE LONDON NHS FT	222,865.76	185,338.66	62,077.21	90,852.42	54,535.87	145,388	615,670
4	NHS CITY & HACKNEY CCG	5,000.00	0.00	0.00	353,221.29	0.00	353,221	358,221
5	THE UCL HOSPITALS NHS FOUNDATION TRUST	81,945.08	1,829.33	42,631.89	55,912.55	74,913.86	130,826	257,233
6	HEALTH EDUCATION ENGLAND	252,588.65	0.00	0.00	0.00	0.00	0	252,589
7	ROYAL FREE LONDON NHS FT	102,507.06	73,865.16	6,205.00	47,128.50	0.00	47,129	229,706
8	CNWL NHS FOUNDATION TRUST	22,371.06	27,501.96	16,377.15	118,671.15	0.00	118,671	184,921
9	NHS ENFIELD CCG	15,479.76	13,979.00	0.00	151,026.45	0.00	151,026	180,485
10	NHS BRENT CCG	-6,631.92	-6,413.96	2,887.04	131,935.22	0.00	131,935	121,776
Top ′	Top 10 NHS Total:	5,631,769	376,664	1,143,118	1,218,503	162,600	1,381,104	8,532,655
All O	ther NHS Total:	730,266.23	332,903.76	93,936.46	-305,786.61	97,105.36	(208,681)	948,425
NHS	Total:	6,362,035	709,568	1,237,054	912,717	259,706	1,172,423	9,481,080
NHS	Total Previous Month	3,986,601	1,306,313	32,270	1,013,561	263,203	1,276,764	6,601,948
NHS	Total Movement (Month 10 to Month 11)	2,375,434	(596,745)	1,204,784	(100,844)	(3,497)	(104,341)	2,879,132
		20 Davis 8				0 205	One of our theory	
£	Non NHS	30 Days &	30 to 60 Days	60 to 90 Days	Over 90 Days	Over 365 Days	Greater than 90 Days	Grand Tota
	LONDON BOROUGH OF HARINGEY	252,504.17	59,776.00	114,849.92	288,301.37	40,999.44	329,301	756,431
	OVERSEAS VISITOR (SH)	22,036.00	48,794.00	39,350.00	217,264.00	0.00	217,264	327,444
	LONDON BOROUGH OF ISLINGTON	224,246.02	18,749.97	0.00	-0.60	25.65	25	243,021
4	THE HIGH ROAD SURGERY	0.00	0.00	0.00	159,613.26	0.00	159,613	159,613
_	HIGHBURY GRANGE HC	0.00	11,084.19	11,084.19	30,968.91	44,336.67	75,306	97,474
	VODAFONE LIMITED		11,001.13	11,00 1.13	•	11,550.07	10,000	0. ,
7	VODAI ONE ENVITED	1 0.00	92 390 40	0.00	0.00	0.00	·	
	THE RISE PRACTICE	0.00	92,390.40 10,916.46	0.00 10 916 46	0.00 21 832 92	0.00 22 775 54	0	92,390
18	THE RISE PRACTICE BETSI CADWALADR LINIVERSITY LHB	0.00	10,916.46	10,916.46	21,832.92	22,775.54	0 44,608	92,390 66,441
8	BETSI CADWALADR UNIVERSITY LHB	0.00 3,414.20	10,916.46 8,577.82	10,916.46 3,425.27	21,832.92 21,412.52	22,775.54 26,110.88	0 44,608 47,523	92,390 66,441 62,941
9	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE	0.00 3,414.20 0.00	10,916.46 8,577.82 7,247.25	10,916.46 3,425.27 7,247.25	21,832.92 21,412.52 44,419.30	22,775.54 26,110.88 0.00	0 44,608 47,523 44,419	92,390 66,441 62,941 58,914
9 10	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE LONDON BOROUGH OF HACKNEY	0.00 3,414.20 0.00 15,190.00	10,916.46 8,577.82 7,247.25 0.00	10,916.46 3,425.27 7,247.25 2,314.18	21,832.92 21,412.52 44,419.30 6,907.86	22,775.54 26,110.88 0.00 32,239.63	0 44,608 47,523 44,419 39,147	92,390 66,441 62,941 58,914 56,652
9 10 Top ′	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE LONDON BOROUGH OF HACKNEY 10 Non NHS Total:	0.00 3,414.20 0.00 15,190.00 517,390	10,916.46 8,577.82 7,247.25 0.00 257,536	10,916.46 3,425.27 7,247.25 2,314.18 189,187	21,832.92 21,412.52 44,419.30 6,907.86 790,720	22,775.54 26,110.88 0.00 32,239.63 166,488	0 44,608 47,523 44,419 39,147 957,207	92,390 66,441 62,941 58,914 56,652 1,921,321
9 10 Top ′	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE LONDON BOROUGH OF HACKNEY	0.00 3,414.20 0.00 15,190.00 517,390 264,945.49	10,916.46 8,577.82 7,247.25 0.00 257,536 131,148.23	10,916.46 3,425.27 7,247.25 2,314.18 189,187 76,394.72	21,832.92 21,412.52 44,419.30 6,907.86 790,720 228,698.67	22,775.54 26,110.88 0.00 32,239.63 166,488 304,359.85	0 44,608 47,523 44,419 39,147 957,207 533,059	92,390 66,441 62,941 58,914 56,652 1,921,321
9 10 Top ²	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE LONDON BOROUGH OF HACKNEY 10 Non NHS Total:	0.00 3,414.20 0.00 15,190.00 517,390	10,916.46 8,577.82 7,247.25 0.00 257,536	10,916.46 3,425.27 7,247.25 2,314.18 189,187	21,832.92 21,412.52 44,419.30 6,907.86 790,720	22,775.54 26,110.88 0.00 32,239.63 166,488	0 44,608 47,523 44,419 39,147 957,207	92,390 66,441 62,941 58,914 56,652 1,921,321
9 10 Top '	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE LONDON BOROUGH OF HACKNEY 10 Non NHS Total: her Non NHS Total: NHS Total:	0.00 3,414.20 0.00 15,190.00 517,390 264,945.49 782,336	10,916.46 8,577.82 7,247.25 0.00 257,536 131,148.23 388,684	10,916.46 3,425.27 7,247.25 2,314.18 189,187 76,394.72 265,582	21,832.92 21,412.52 44,419.30 6,907.86 790,720 228,698.67 1,019,418	22,775.54 26,110.88 0.00 32,239.63 166,488 304,359.85 470,848	0 44,608 47,523 44,419 39,147 957,207 533,059 1,490,266	92,390 66,441 62,941 58,914 56,652 1,921,321 1,005,547 2,926,868
9 10 Top 2 All of Non	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE LONDON BOROUGH OF HACKNEY 10 Non NHS Total: ther Non NHS Total: NHS Total: NHS Total Previous Month	0.00 3,414.20 0.00 15,190.00 517,390 264,945.49 782,336	10,916.46 8,577.82 7,247.25 0.00 257,536 131,148.23 388,684 413,075	10,916.46 3,425.27 7,247.25 2,314.18 189,187 76,394.72 265,582	21,832.92 21,412.52 44,419.30 6,907.86 790,720 228,698.67 1,019,418	22,775.54 26,110.88 0.00 32,239.63 166,488 304,359.85 470,848	0 44,608 47,523 44,419 39,147 957,207 533,059 1,490,266	92,390 66,441 62,941 58,914 56,652 1,921,321 1,005,547 2,926,868
9 10 Top 2 All of Non	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE LONDON BOROUGH OF HACKNEY 10 Non NHS Total: her Non NHS Total: NHS Total:	0.00 3,414.20 0.00 15,190.00 517,390 264,945.49 782,336	10,916.46 8,577.82 7,247.25 0.00 257,536 131,148.23 388,684	10,916.46 3,425.27 7,247.25 2,314.18 189,187 76,394.72 265,582	21,832.92 21,412.52 44,419.30 6,907.86 790,720 228,698.67 1,019,418	22,775.54 26,110.88 0.00 32,239.63 166,488 304,359.85 470,848	0 44,608 47,523 44,419 39,147 957,207 533,059 1,490,266	92,390 66,441 62,941 58,914 56,652 1,921,321 1,005,547 2,926,868
9 10 Top '	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE LONDON BOROUGH OF HACKNEY 10 Non NHS Total: ther Non NHS Total: NHS Total: NHS Total Previous Month	0.00 3,414.20 0.00 15,190.00 517,390 264,945.49 782,336	10,916.46 8,577.82 7,247.25 0.00 257,536 131,148.23 388,684 413,075	10,916.46 3,425.27 7,247.25 2,314.18 189,187 76,394.72 265,582	21,832.92 21,412.52 44,419.30 6,907.86 790,720 228,698.67 1,019,418	22,775.54 26,110.88 0.00 32,239.63 166,488 304,359.85 470,848	0 44,608 47,523 44,419 39,147 957,207 533,059 1,490,266	92,390 66,441 62,941 58,914 56,652 1,921,321 1,005,547 2,926,868 3,671,648 (744,780)
9 10 Top ' All of Non I Non I	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE LONDON BOROUGH OF HACKNEY 10 Non NHS Total: ther Non NHS Total: NHS Total: NHS Total Previous Month NHS Total Movement (Month 10 to Month 11)	0.00 3,414.20 0.00 15,190.00 517,390 264,945.49 782,336 1,189,803 (407,467)	10,916.46 8,577.82 7,247.25 0.00 257,536 131,148.23 388,684 413,075 (24,391)	10,916.46 3,425.27 7,247.25 2,314.18 189,187 76,394.72 265,582 245,824 19,758	21,832.92 21,412.52 44,419.30 6,907.86 790,720 228,698.67 1,019,418 1,582,856 (563,438)	22,775.54 26,110.88 0.00 32,239.63 166,488 304,359.85 470,848 240,090 230,758	0 44,608 47,523 44,419 39,147 957,207 533,059 1,490,266 1,822,946 (332,680)	92,390 66,441 62,941 58,914 56,652 1,921,321 1,005,547 2,926,868 3,671,648 (744,780) 12,407,948 10,273,597
9 10 Top All of Non Non Gran	BETSI CADWALADR UNIVERSITY LHB RIVER PLACE GROUP PRACTICE LONDON BOROUGH OF HACKNEY 10 Non NHS Total: ther Non NHS Total: NHS Total: NHS Total Previous Month NHS Total Movement (Month 10 to Month 11) and Total	0.00 3,414.20 0.00 15,190.00 517,390 264,945.49 782,336 1,189,803 (407,467) 7,144,371	10,916.46 8,577.82 7,247.25 0.00 257,536 131,148.23 388,684 413,075 (24,391) 1,098,253 1,719,388	10,916.46 3,425.27 7,247.25 2,314.18 189,187 76,394.72 265,582 245,824 19,758	21,832.92 21,412.52 44,419.30 6,907.86 790,720 228,698.67 1,019,418 1,582,856 (563,438) 1,932,135 2,596,418	22,775.54 26,110.88 0.00 32,239.63 166,488 304,359.85 470,848 240,090 230,758	0 44,608 47,523 44,419 39,147 957,207 533,059 1,490,266 1,822,946 (332,680) 2,662,688	92,390 66,441 62,941 58,914 56,652 1,921,321 1,005,547 2,926,868 3,671,648 (744,780)

Commentary

Aged Debt 'Greater than 90 days' has reduced by £0.4m to £2.7m in Month 11. Material aged debt over 90 days includes: Rent and Rates charges to L.B. Haringey, CNWL and various GP Surgeries, £574k. 2013/14 payments relating to changes in the way the Trust

is paid for the maternity pathway, £335k and while our lead commissioners Islington and Haringey have paid their bills, other CCGs are yet to follow.

Outstanding debt of £400k relates to the NHSE Community Dental Contract which was transferred out of CCG contracts in 13/14. A swift resolution is required in order to also secure the correct contract value for 14/15. Other amounts include £478k of NCA (Non Contractual Activity), Debts with UCLH (£131k), Royal Free (£193k) and a number of other smaller debts including overseas patients.

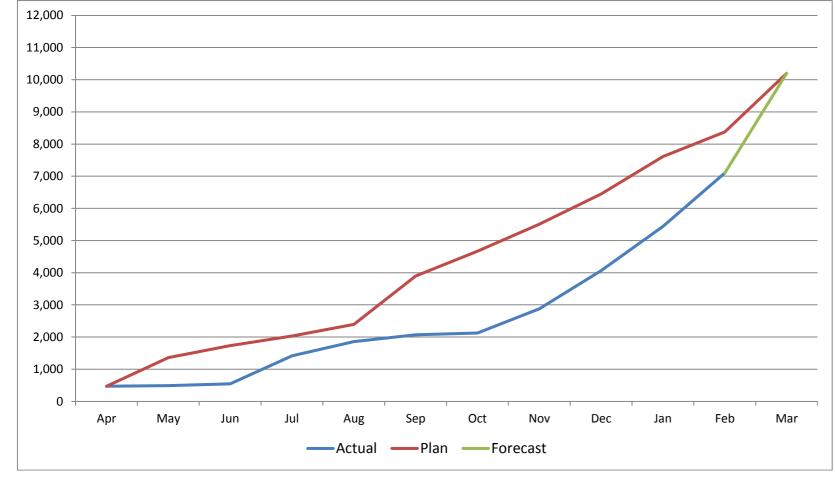


Capital Spend Performance and Forecast

	Annual		Current Month			YTD		Forecast Outturn			
	Plan	Plan	Act	Var	Plan	Act	Var	Plan	Forecast	Var	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Estates	5,618	585	767	-182	4,752	3,563	1,189	5,618	5,618	-	
IT	810	100	472	-372	515	2,210	-1,695	810	810	-	
Equipment	1,514	85	139	-54	1,514	927	587	1,514	1,514	-	
Business Cases	336	0	0	0	0	0	0	336	336	-	
Leases	1,922	0	0	0	1,598	403	1,195	1,922	1,922	-	
Total	10,200	770	1,378	-608	8,379	7,102	1,277	10,200	10,200	-	

CRL 10,200 Variance 0

Spend against Capital Programme (£000s)

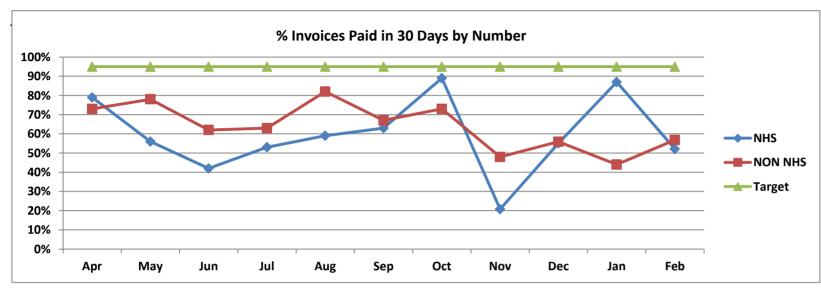


Commentary

- The Capital Accountant meets regularly with project managers and monthly at the Capital Monitoring Group (CMG) to report progress against plan.
- The year to date actuals are showing an underspend against plan due to delays & changes to the capital programme to meet the Trust's priorities. The CMG is still forecasting to spend the £10.2m as planned. This is dependent on a few 'big ticket' items such as the new CT and MRI scanners coming through in March.
- The in month variance is due to the increase activity on schemes catch up.
- The Trust is expecting to spend up to it's Capital Resource Limit (CRL).

2014/15 Finance report - February (Month 11)

Best Practice Payment Code



Commentary

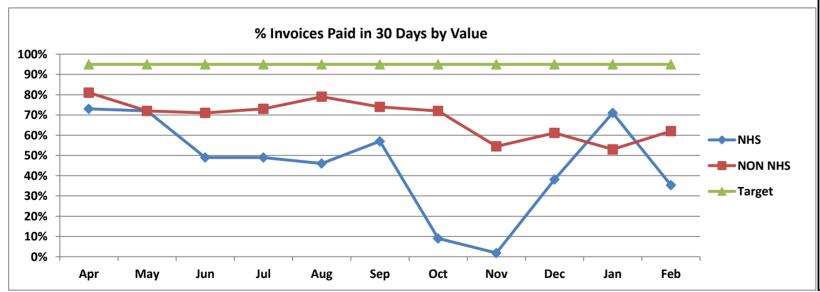
The Trust is currently falling short against its requirement of paying 95% of invoices within 30 days.

During February the number of NHS invoices paid within 30 days reduced to 52%, whilst Non NHS increased to 57%.

Based on the value of invoices paid within 30 days, the value of NHS invoices paid reduced to 35%, whilst Non NHS increased to 62%.

Part of the reason for the poor performance is active management of working capital, which is planned to continue during the remainder of the 2014/15 financial year.

The reduction in NHS % if invoices paid within 30 days reflects the lower average due to catch up payments.

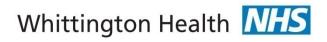


Continuity of Services Risk Rating (COSR)

						Actual	Forecast	Plan
<u>Metric</u>	<u>Definition</u>		<u>Parar</u>	<u>neters</u>		YTD	Outturn	Outturn
		1	2	3	4			
Working Capital Balance (£'000) (+/-)						(18,444)	(21,758)	(18,988)
Annual Operating Expenses (£'000) (+)						259,788	280,605	271,133
Liquidity Ratio (Days)						(23)	(26)	(25)
Liquidity Rating	Working Capital Balance x 360 Annual Operating Expenses	<-14	-14	-7	0	1	1	1
Revenue Available for Debt Service (£'00 Annual Debt Service (£'000) (+)	0) (+)					8,558 9,320	9,440 10,422	16,786 10,358
Capital Servicing Capacity (Times)						0.9	0.9	1.6
Conital Compinion Consoity Bating	Revenue Available for Debt Service	-4.05	4 OF	4 75	2.50	4	1	2
Capital Servicing Capacity Rating	Annual Debt Service	<1.25	1.25	1.75	2.50	1	1	
Weighted:								
Liquidity Rating - 50%						0.5	0.5	0.5
Capital Servicing Capacity Rating - 50%						0.5	0.5	1.0
Overall Continuity of Services Risk Ra	ting					1	1	2

The Continuity of Services Rating (COSR) represents the financial risk rating used by Monitor, where a score of "one" highlights an organisation as "high risk". The table shows that WH is in this high risk category

Whilst this demonstrates the need for improvement this should be assessed in light of two key factors. Firstly, our current financial performance is materially below plan and supports an assessment of high risk. Secondly, a strong COSR performance relies upon a strong working capital position and our balance sheet has been recognised as, historically, weak. We therefore find ourselves at a disadvantage under this measure, for example, compared to Foundation Trusts that have high cash balances from previous land and property sales even though they may also report an in year deficit.



Operations Directorate Direct Line: 020 7288 5440 www.whittington.nhs.uk The Whittington Hospital NHS Trust Magdala Avenue, London N19 5NF

Whittington Health Trust Board 1st April 2015

Title:	Trust Board Report April 2019	5								
Agenda item:	15/056	Paper	07							
Action requested:	For discussion and agreemer	nt of areas of focus.								
Executive Summary:	The following is the Perform 2015; a number of highlights									
	National Indicators	National Indicators								
	Referral for Treatment (RTT): Achieved 4 th consecutive month.									
	Diagnostics first appointment	The Waiting times for Out Patient first consultant appointment and Diagnostics first appointment are now available on the dashboard for the second consecutive month and being displayed on the trust internet site.								
	during February with continue	Emergency Care: The Emergency Department remained challenged during February with continued pressure on inpatient beds. Additional support is in place and the Whittington continues to perform well within London.								
	Cancer targets: The overal have been met, however the target. There has been a referrals since December 20 underway.	ne endoscopy service per significant spike in referr	formed under als for target							
	Areas to note									
	Complaints: continues to im	prove.								
	Infection Control: no further	reported cases in February	y,							
	Maternity: The increase of absorbed within the maternity has been one occasion thus an orange alert due to a high	 unit. Close monitoring is in far where the unit success 	n place. There fully dealt with							
	Summary of report:									
	OUALITY Inpatient deaths have decreased to expected level again for the time of year.									

- Completion of valid NHS number: Remain the same.
- SHMI: Whittington Hospital mortality rate remains lower than expected for the Trust.
- HSMR: no updated data available this month,

PATIENT SAFETY

- Harm Free Care: Below target due to pressure ulcers, action plan in place.
- VTE assessment: Achieved
- Pressure Ulcers: Increase in prevalence overall. The trust is working with partners in the community implementing the action plan.
- Medication errors causing severe/moderate/low harm: No severe medication errors causing actual harm.
- Never events: none
- CAS alerts: none
- Serious incidents reported: all incidents are fully investigated and learning is shared. Duty of Candour was achieved for all SI's.

PATIENT EXPERIENCE

- Family and Friend Test: The number of patients satisfied with Whittington Health has decreased. On investigation it was found that the number of patients asked was much lower due to imbedding of new equipment. The number of patients not happy with Whittington Health was comparable to last month.
- Mixed sex Accommodation: no breaches
- Patient admission to adult facilities for under 16 years of age: no breaches

INFECTION PREVENTION

- Infections including MRSA/E.coli/MSSA and C Difficile: no new cases this month.
- Ward Cleanliness: remains at 98%

ACCESS

- First to follow-up: acute ratio remains below the national benchmark.
- Hospital cancellations: continued focus on improving cancellation rate.
- Diagnostic waits: Achieved
- 52 weeks wait: none
- Community access: MSK have made significant improvement in waiting times.

Presentation:

Operating Theatre

Summary of recommendations:	That the board note	That the board notes the performance.						
Fit with WH strategy:	All five strategic aim	All five strategic aims						
Reference to related other documents:	/ N/A	N/A						
Reference to areas or risk and corporate risks on the Board Assurance Framework:	f N/A	N/A						
Date paper completed:	19 th March 2015							
Author name and title	Hester de Graag, Performance Lead	· · · · · · · · · · · · · · · · · · ·						
Date paper seen by EC	Equality Impact Assessment complete?	Quality Impact Assessment complete?	Financial Impact Assessment complete?					



April Trust Board Report (February data)

Quality	Threshold	Dec-14	Jan-15	Feb-15
Number of Inpatient Deaths	-	54	50	32
NHS number completion in SUS (OP & IP)	99%	98.9%	98.7%	arrears
NHS number completion in A&E data set	95%	94.5%	94.3%	arrears

Quality (Mortality index)	Threshold	Jan 13 - Dec 13		
SHMI	-	0.63	0.54	0.54

Quality (Mortality index)	Threshold	Aug-14	Sep-14	Oct-14
Hospital Standardised Mortality Ratio (HSMR)	<100	105.18	79.98	63.03
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	110.7	58.2	61.8
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	104.5	88.4	64.1

Patient Safety	Threshold	Dec-14	Jan-15	Feb-15
Harm Free Care	95%	95.4%	95.2%	92.8%
VTE Risk assessment	95%	95.4%	95.2%	arrears
Medication Errors actually causing Serious/Severe Harm	-	0	0	0
Never Events	0	0	0	0
CAS Alerts (Central Alerting System)	-	0	0	0
Proportion of reported patient safety incidents that are harmful	-	35.2%	42.4%	43.5%
Serious Incident reports	-	8	11	14

Access Standards

Referral to Treatment (in arrears)	Threshold	Nov-14	Dec-14	Jan-15
Diagnostic Waits	99%	100%	99.7%	99.3%
Referral to Treatment 18 weeks - 52 Week	0	0	0	0
Waits	U	U	U	U

	Meeting threshold			
Patient Experience	Threshold	Dec-14	Jan-15	Feb-15

Whittington Health **MHS**

Efficiency and productivity - Community	Threshold	Dec-14	Jan-15	Feb-15
Service Cancellations - Community	2%	7.70%	7.90%	8.40%
DNA Rates - Community	10%	6.9%	6.5%	6.8%
Community Face to Face Contacts	-	58,199	62,496	57,137
Community Appts with no outcome	0.5%	1.0%	1.6%	2.0%

Community Access Standards	Threshold	Dec-14	Jan-15	Feb-15
Community Dental - Patient Involvement	90%	98.0%	97.0%	97.0%
Community Dental - Patient Experience	90%	100.0%	100.0%	96.0%
MSK Waits - Non-Consultant led still waiting at month end (% < 6 weeks)	100%	83.5%	97.2%	98.4%
MSK Waits - Consultant led patients seen in month (% < 18 weeks)	95%	99.3%	99.6%	arrears
IAPT - patients moving to recovery	50%	45.0%	44.3%	arrears
GUM - Appointment within 2 days	100%	100.0%	100.0%	100.0%

Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Dec-14	Jan-15	Feb-15
First:Follow-up ratio - acute	2.31	1.66	1.64	1.41
Theatre Utilisation	95%	79.7%	75.3%	85.1%
Hospital Cancellations - acute - First Appointments	<2%	5.4%	4.6%	4.8%
Hospital Cancellations - acute - Follow-up Appointments	<2%	6.7%	7.0%	7.2%
DNA rates - acute - First appointments	8%	14.1%	14.2%	12.4%
DNA rates - acute - Follow-up appts	8%	13.8%	13.6%	13.2%
Hospital Cancelled Operations	0	2	3	5
Cancelled ops not rebooked < 28 days	0	0	0	0
Urgent procedures cancelled	0	0	0	0

		Failed the	reshold	
Emergency and Urgent Care	Threshold	Dec-14	Jan-15	Feb-15

April Trust Board Report (February data)

Whittington Health **NHS**

Patient Satisfaction - Inpatient FFT (% recommendation)	-	94%	94%	86%
Patient Satisfaction - ED FFT (% recommendation)	-	87%	91%	92%
Patient Satisfaction - Maternity FFT (% recommendation)	-	87%	95%	89%
Mixed Sex Accommodation breaches	0	0	0	0
Complaints	-	21	29	23
	000/	740/	73%	arrears
Complaints responded to within 25 working day	80%	71%	/5%	alleais

Infection Prevention	Threshold	Dec-14	Jan-15	Feb-15
Hospital acquired MRSA infection	0	1	1	0
Hospital acquired <i>C difficile</i> Infections	19 YTD	1	2	0
Hospital acquired E. coli Infections	-	1	0	0
Hospital acquired MSSA Infections	-	1	0	0
Ward Cleanliness	-	98%	98%	98%

Access Standards (RTT)

Referral to Treatment (in arrears)	Threshold	Nov-14	Dec-14	Jan-15
Referral to Treatment 18 weeks - Admitted	90%	90.7%	92.8%	91.3%
Referral to Treatment 18 weeks - Non-admitted	95%	95.0%	96.1%	95.0%
Referral to Treatment 18 weeks - Incomplete	92%	92.2%	92.4%	92.8%

Meeting threshold

Emergency Department waits (4 hrs wait)	95%	94.9%	94.5%	93.1%
ED Indicator - median wait for treatment (minutes)	60	70	69	78
30 day Emergency readmissions	-	269	214	arrears
12 hour trolley waits in A&E	0	0	0	0
Ambulatory Care (% diverted)	>5%	2.7%	2.8%	3.0%
Ambulance Handover (within 30 minutes)	0	16	7	arrears
Ambulance Handover (within 60 minutes)	0	0	0	arrears

Cancer Access Standards (in arrears)	Threshold	Nov-14	Dec-14	Jan-15
Cancer - 14 days to first seen	93%	93.2%	93.7%	94.2%
Cancer - 14 days to first seen - breast symptomatic	93%	93.5%	94.4%	93.7%
Cancer - 31 days to first treatment	96%	100.0%	100.0%	100.0%
Cancer - 31 days to subsequent treatment - surgery	94%	100.0%	-	100.0%
Cancer - 31 days to subsequent treatment - drugs	98%	100.0%	100.0%	100.0%
Cancer - 62 days from referral to treatment	85%	87.5%	88.2%	92.9%

Maternity	Threshold	Dec-14	Jan-15	Feb-15
Women seen by HCP or midwife within 12 weeks and 6 days	90%	85.7%	80.7%	84.0%
New Birth Visits - Haringey	95%	83.5%	84.0%	arrears
New Birth Visits - Islington	95%	88.7%	89.3%	arrears
Elective Caesarean Section rate	14.80%	12.9%	15.2%	11.9%
Breastfeeding initiated	90%	92.2%	88.6%	88.8%
Smoking at Delivery	<6%	4.7%	4.8%	7.2%

Failed threshold

Quality

Whittington Health **NHS**

		Trust Actual		
	Threshold	Dec-14	Jan-15	Feb-15
Number of Inpatient Deaths	-	54	50	32
Completion of a valid NHS number in SUS (OP & IP)	99%	98.9%	98.7%	arrears
Completion of a valid NHS number in A&E data sets	95%	94.5%	94.3%	arrears

		Lower Limit	Upper Limit	RKE SHMI Indicator
	Jul 2013 - Jun 2014	0.88	1.14	0.54
	Apr 2013 - Mar 2014	0.87	1.15	0.54
SHMI	Jan 2013 - Dec 2013	0.88	1.14	0.62
SHIVII	Oct 2012 - Sep 2013	0.89	1.13	0.63
	Jul 2012 - Jun 2013	0.88	1.13	0.63
	Apr 2012 - Mar 2013	0.88	1.14	0.65

Commentary

Inpatient Deaths

Issue: number of in-patient deaths have dropped to similar levels last year. In February 2014 Whittington Health recorded 35 in patients deaths.

Action: All in-patient deaths are reviewed by the Medical Director.

Timescale: On-going

Completion of valid NHS number

Issue: NHS number completion in SUS and A&E dataset remained the same.

Action: The ED department has access to a dataset, updated daily, identifying missing NHS numbers. Policies are re-

enforce including procedures on completing NHS number in EPR. Action plans in place.

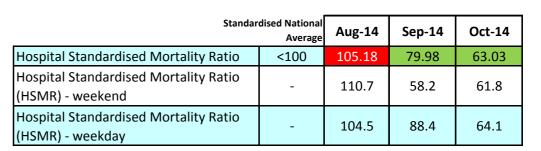
Timescale: Expected to be compliant in April 2015

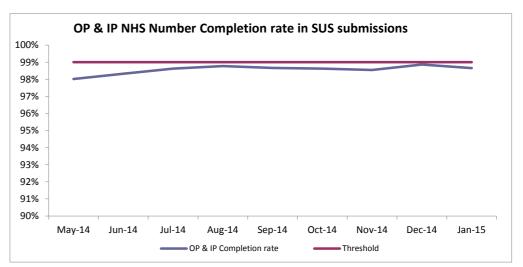
SHM

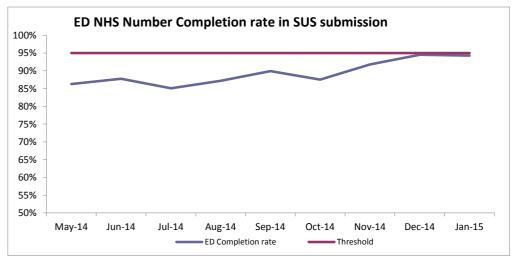
WH score remains below the lower limit which therefore, indicates that the mortality rate remains lower than expected at our Trust. The continued improvement appears to be related to an increase in hospital spells whilst inpatient deaths remain constant.

HSMR

In October 2014 Whittington Health reported 24 in-patient deaths. The standardised mortality rate returns to expected level for Whittington Hospital, which means the balance between elective admissions and non-elective admissions are back at expected levels.





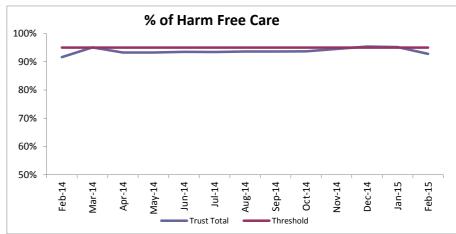


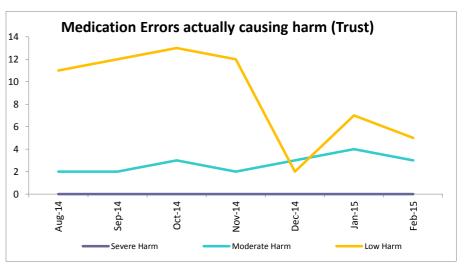
Patient Safety

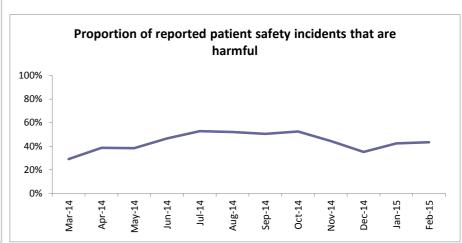
Whittington Health MHS

Data extracted on 09/02/2015		Trust Actual		
	Threshold	Jan-15	Feb-15	
Harm Free Care	95%	95.2%	92.8%	
Pressure Ulcers (prevalence)	-	4.25%	6.14%	
Falls (audit)	-	0.09%	0.43%	
VTE Risk assessment	95%	95.2%	arrears	
Medication Errors actually causing Serious or Severe Harm	0	0	0	
Medication Errors actually causing Moderate Harm	-	4	3	
Medication Errors actually causing Low Harm	-	7	5	
Never Events	0	0	0	
Open CAS Alerts (Central Alerting System)	-	0	0	
Proportion of reported patient safety incidents that are harmful	-	42.4%	43.5%	
Serious Incidents (Trust Total)	-	11	14	

	Feb-15	
ICAM	SCD	WCF
91.1%	100.0%	100.0%
7.52%	0.00%	0.00%
0.52%	0.00%	0.00%
Reported	one month	in arrears
0	0	0
3	0	0
4	1	0
0	0	0
-	1	1
45.9%	39.2%	40.7%
11	0	3







Commentary

Harm Free Care

Issue: Scoring below target.

Action: Continued HFC monitoring and learning from reviews is in place. Thematic action plan in community in place to monitor the number of pressure ulcers acquired by patients under the care of Whittington Health. This plan is monitored by an overarching pressure ulcer prevention group spanning Haringey and Islington and include partner organisations.

Timescale: On-going

Pressure Ulcer prevalence

Action: The sample includes pressure ulcers acquired within and outside Whittington Health's care. The Tissue Viability nurse has met with the Director of Nursing and is working with the Head of Nursing and Deputy Director of Nursing to implement a improvement plan. A paper was tabled at the last Trust Quality Committee detailing the improvements put in place in the community and identifying the need for education to families around

pressure ulcers. Timescale: Immediate

Medication Errors actually causing harm

Issue: No Serious medication error have been reported in February 2015. The 3 moderate errors relates to missing doses of medications, 2 in the hospital and one in the community. The 5 low harm incidents related to incorrect procedures being followed (incorrect and delay in medication given and incorrect recording of medication in notes).

Action: All errors are investigated and appropriate action taken.

Timescale: completed

CAS alerts: The trust has no overdue CAS alerts. All alerts were actioned as appropriate.

Proportion of reported patient safety incidents that are harmful

Issue: Datix reporting has been fixed.

Action: Missing data between December 2014 and January 2015 identified and send out to services to complete.

Timescale: March 2015

Issues: 14 SI were reported in February 2015. 11 pressure ulcers (7 grade 3, 3 grade 4 and one not yet graded) and 2 unexpected admission to NICU and one safeguarding incident, a suspected non-accidental injury. Duty of Candour, providing information for patients and families about the incident and investigation within 10 working days, was achieved for all SI's. Action: All incidents are being investigated. All reports are due in April and May 15 Timescale: April /May 2015

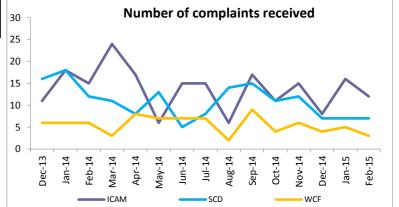
Patient Experience

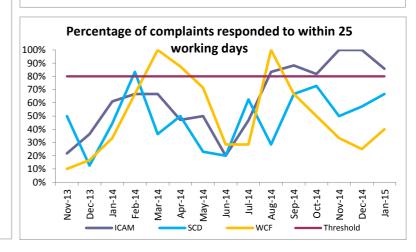
Whittington Health **NHS**

		Trust	Actual
	Threshold	Jan-15	Feb-15
Patient Satisfaction - Inpatient FFT (% recommendation) **	-	93.6%	86.4%
Patient Satisfaction - Emergency Department FFT (% recommendation) **	-	91.4%	91.6%
Patient Satisfaction - Maternity FFT (% recommendation) **	-	94.9%	88.6%
Mixed Sex Accommodation (not Clinically justified)	0	0	0
Complaints (incl Corporate)	-	29	23
Complaints responded to within 25 working day	80%	73.08%	arrears
Patient admission to adult facilities for under 16 years of age	-	0	0

Feb-15						
SCD	WCF					
74.9%	74.8%					
1	1					
-	88.6%					
0	0					
7	3					
66.7% *	40.0% *					
0	0					
	SCD 74.9% - 0 7 66.7% *					

12 Mixed Se	x accommodation clinically ju		vhich is no	t	
8 -					
6 -					
4 -					
2 -	^ \				
0				1	
Apr-14 May-14	Jun-14 Jul-14 Aug-14	Sep-14 Oct-14	Nov-14 Dec-14	Jan-15	Feb-15
Ap Ma	Trust Total	S ŏ ——ICAM	SCD	Ja	Fe
	- Hast rotal	ICAIVI			





Commentary

Patient Satisfaction

The nationally mandated scoring method for FFT has changed to make it simpler and more suitable for NHS Hospital Trusts. It shows percentage of patients satisfied. There are currently no targets set.

Issue: Inpatient and maternity score dropped this month for FFT. Maternity have now restored the electronic system to record FFT, and are embedding the system, this is the reason for the reduced performance.

Action: Maternity to continue to increase the use of electronic system to record FFT.

Timescale: On-going

Mixed Sex Accommodation

A policy and processes embedded in the services and no breaches for 7 consecutive months.

Complaints

Issue: Stepped improvement. **Action:** Action plan embedded.

Timescale: Expectation to be compliant April 2015

^{*} Complaints responded to within 25 working days are previous months figures (reported in arrears)

^{**} FFT calculation has now changed nationally from Nov 2014

Infection Prevention

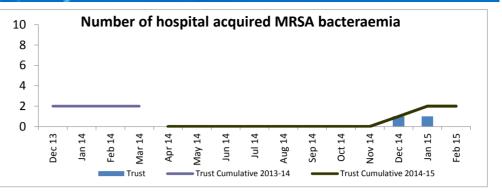
Whittington Health **NHS**

	Trust	Actual	
	Threshold	Jan-15	Feb-15
MRSA	0	1	0
E. coli Infections*	-	0	0
MSSA Infections	-	0	0

Feb-15						
ICAM	SCD	WCF				
0	0	0				
-	-	-				
0	0	0				

	Threshold	Feb 15	YTD
C difficile Infections	19 (Year)	0	16

ICAM	SCD	WCF
0	0	0



* E. coli infections are not specified by ward or division

Ward Cleanliness

Audit period

		09/05/14	01/07/14
	04/03/14 to	to	to
	03/04/14	12/06/14	15/08/15
Trust %	97.6%	97.9%	97.7%

01/09/14	06/11/14	19/01/15
to	to	to
02/10/14	16/12/14	17/02/15

Commentary

MRSA

No new MRSA infections for February 2015

E.coli Infection and MSSA

No new E. coli infections or MSSA identified in February 2015.

C Difficile

No new C Difficile infections for February 2015, the year to date remains at 16 cases .

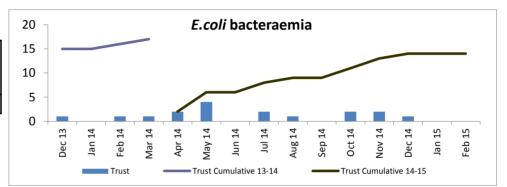
Ward Cleanliness

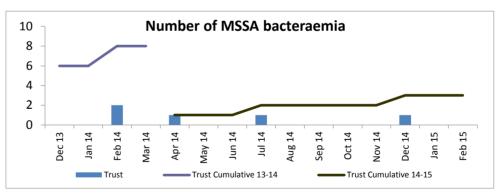
Issue: Overall percentage remains around 98%

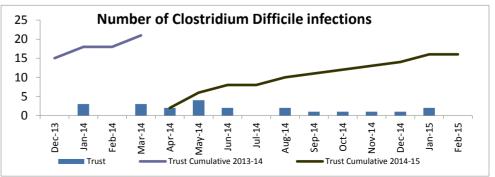
Action: A detailed action plan is in place for infection prevention, cleaning standards and audits are being

carried out by Estates and matrons to ensure standards are maintained.

Timescale: In place.





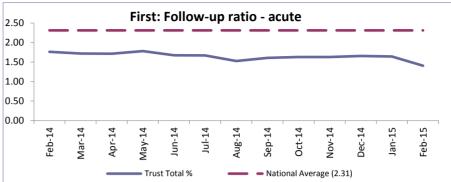


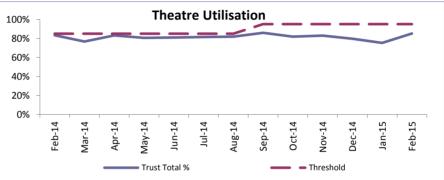
Efficiency and productivity - acute

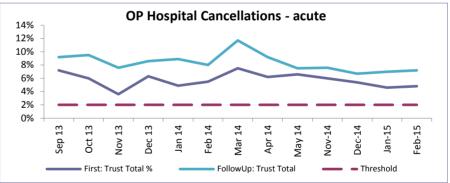
Whittington Health NHS

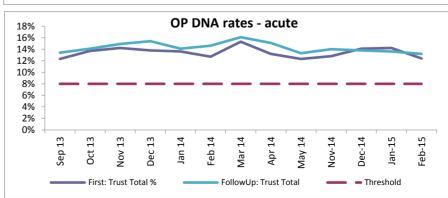
		Feb
	Threshold	Trust Actual
First:Follow-up ratio - acute	2.31	1.41
Theatre Utilisation	95%	85.1%
Hospital Cancellations - acute - First Appointments	<2%	4.8%
Hospital Cancellations - acute - Follow-up Appointments	<2%	7.2%
DNA rates - acute - First appointments	8%	12.4%
DNA rates - acute - Follow-up appointments	8%	13.2%
Hospital Cancelled Operations	0	5
Cancelled ops not rebooked < 28 days	0	0
Urgent Procedures cancelled	0	0
Urgent Procedures cancelled (of these how many cancelled 2nd time)	0	0

ICAM	SCD	WCF	2.50		
ICAIVI	SCD	WCF	2.00 -		
1.80	1.39	1.00			
97.6%	84.0%	91.6%	1.50 -		
			1.00 -		
5.3%	5.6%	3.5%	0.50 -		
			0.00		
9.4%	7.5%	4.5%	0.00	Feb-14	Mar-14
16.3%	11.6%	9.8%		Ψ	Σ
14.3%	14.7%	10.6%			
1	4	n/a	100%	7	
0	0	n/a	80%	-	
0	0	0	60%	-	
0	0	0	40%	-	









Commentary

First: Follow-up ratio - acute

The new to follow up rate is continuing to have a steady improvement over time and is well under the national benchmark of 2.31. The Value Improvement Program for Out Patients will continue to monitor and improve new to follow up ratios by unit.

Theatre Utilisation

Issue: Compliance is 84% for February and has improved from December & January performance. Specialities which have a low performance are low volume specialities. Breast, Pain, and ENT.

Action: All service lines have made improvements in start times, and this will continue to deliver further improvements. Individual specialities have been identified to make improvements by April 2015.

Timescale: Immediate and improvements by end of April 2015.

Hospital Cancellations - acute

Issue: Both first and follow-up cancellations have gone up by 0.2%. The percentage is affected by bringing forward patients into unused clinic slots.

Action: Consultant leave is monitored closely. Booking Team continue to identifying any unused clinic slots to pull patient appointments forward.

Timescale: on-going

Did not attend

Issue: Overall 'Did not attend ' reduced slightly this month.

Action: All services are now using protocols including given choice at point of booking, reminder call 7 days and 1 days before appointment.

Timescale: Further reduction of DNA expected March 2015

Hospital Cancelled Operations

Issue: There were 5 operation cancelled by the hospital in February due to non-clinical reasons, all patients were clinically categorised as routine. All have been rebooked within the 28 day period. Two operations were cancelled due to process errors (translator not booked and transport having the incorrect address for the patient), 3 operations were cancelled due to over running of theatres.

Action: The Surgical board monitor cancellations.

Efficiency and productivity - Community

Whittington Health **NHS**

	Feb-15						
	Threshold	Trust Actual		ICAM	SCD	WCF	
Service Cancellations - Community	2%	8.4%		9.1%	4.6%	6.6%	
DNA Rates - Community	10%	6.8%		6.6%	12.7%	7.3%	
Community Face to Face Contacts	-	57,137		39,257	1,805	16,075	
Community Appointment with no outcome	0.5%	2.0%		2.1%	0.0%	2.0%	



N.B. From October 2014, figures include Community Dental activity (SCD)

Commentary

Service Cancellations - Community

Issue: Work on the community waiting list continues and service cancellations have gone up slightly for February 2015.

Action: The improvement plan for waiting list management in the community continues and includes review of all templates and increase in filling unfilled late cancelations by patients.

Timescale: The threshold to be achieved after completion of additional capacity work in March 2015.

DNA Rates - Community

Community clinics - Achieved.

Community Dental DNA's has decreased from last month 16% to 12.7%. Actions are being taken to remind patients regarding their appointments including text and phone call reminders.

Community Face to Face Contacts

Face to face contacts have decrease by 3.9 %, compared to the same month last year.

All services are negotiating new contracts taking into account service development and variances to face to face contacts.

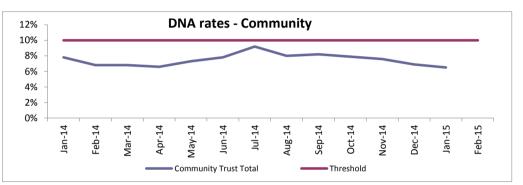
Community Appointment with no outcome

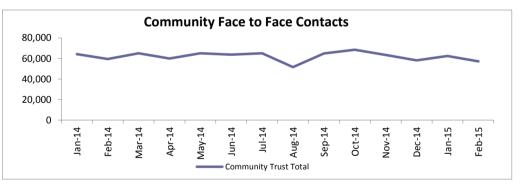
January data submission was completed before the final submission to the Secondary Uses Service (SUS). This is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

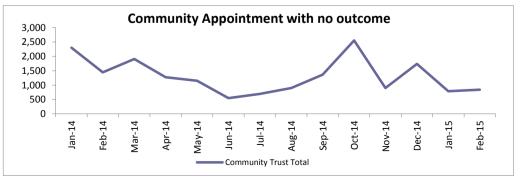
Issue: Above the threshold. There is a delay in outcoming appointments but all are done by final SUS submission.

Action: Teams with high levels of un-outcomed appointments identified and processes to outcome appointments within 48 hours re-enforced. SUS submission discussed weekly at Patient Tracker List meeting.

Timescale: immediately





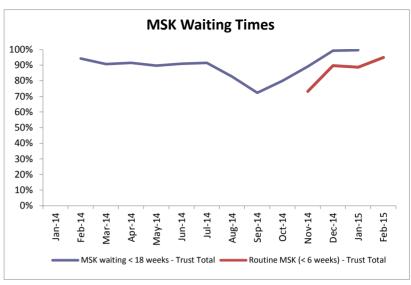


Community

Whittington Health NHS

		Trust Actual		
	Threshold	Dec-14	Jan-15	Feb-15
Community Dental - Patient Involvement	90%	98.0%	97.0%	97.0%
Community Dental - Patient Experience	90%	100.0%	100.0%	96.0%
District Nursing Waiting Times - 2hrs assessment	-	100%	-	-
District Nursing Waiting Times - 48 hrs for visit	-	100%	-	-
MSK Waiting Times - Routine MSK (<6 weeks)	100%	89.7%	88.7%	95.0%
MSK Waiting Times - Consultant led (<18 weeks)	95%	99.3%	99.6%	arrears
IAPT - patients moving to recovery	50%	45.0%	44.3%	arrears
GUM - Appointment within 2 days	100%	100.0%	100.0%	100.0%
Haringey Adults Community Rehabilitation (<6 weeks)	-	71%	61%	68%
Haringey Adults Podiatry (Foot Health) (<6 weeks)	-	74%	64%	74%
Islington Community Rehabilitation (<6 weeks)	-	89%	85%	78%
Islington Intermediate Care (<6 weeks)	-	66%	45%	56%
Islington Podiatry (Foot Health) (<6 weeks)	-	64%	82%	92%

YTD
n/a
n/a
TBC
TBC
-
90.6%
-
99.8%
-
-
-
-
-



Commentary

Dental

Patient Involvement and Experience consistently score above threshold.

District Nursing

The two response times for District Nursing being 2 hours for assessment and 48 hours are being met.

Issue: December and January data is being processed and is estimated to be 100%. Electronic process has been developed and is being tested.

Action: New process to be signed of by division.

Timescale: March 2015

MSK

Issue: Validating work is now completed and 18 weeks target is achieved. 6 weeks target for routine MSK appointments has also improved.

Action: Continued work on waiting list.

Timescale: Completed

IAPT

Issue: Slight reduction to last month.

Action: An improvement plan is in place, closely monitored jointly with CCG Haringey including: Wait to first appointment on target, waiting list tails being successfully reduced through use of Crisis Concordant money, tight case management and clinical supervision, telephone consultations to increase patient engagement and creating a monthly performance report for Therapists, starting in February 2015

Timescale: On-going

GUM

Achieved.

Please note: Change in reporting for Sexual Health Service Haringey. As of December 2014 only Haringey residents will be included in the figures.

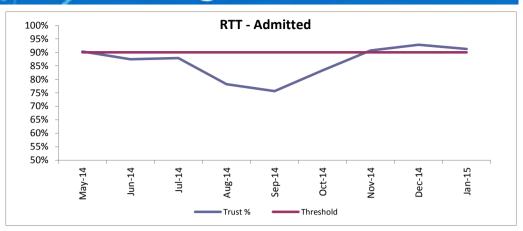
Referral to Treatment (RTT) and Diagnostic waits

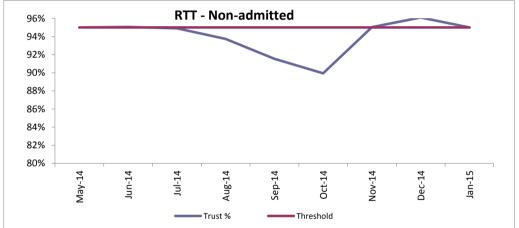
Whittington Health NHS

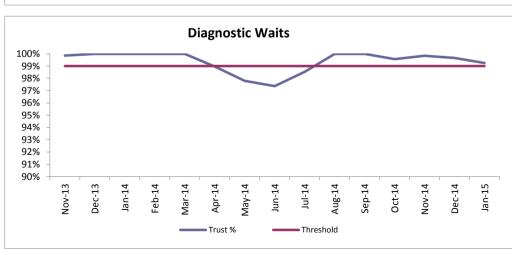
	Jan-15 (arrears)					
	Threshold	Trust Actual		ICAM	SCD	WCF
Referral to Treatment 18 weeks - Admitted	90%	91.3%		85.7%	90.4%	97.1%
Referral to Treatment 18 weeks - Non- admitted	95%	95.0%		96.1%	92.1%	98.8%
Referral to Treatment 18 weeks - Incomplete	92%	92.8%		94.3%	90.5%	99.6%

Referral to Treatment 18 weeks - 52 Week Waits	0	0
Diagnostic Waits	99%	99.3%

0	0	0		
99.8%	99.7%	99.25%		







Commentary

RTT

Achieved third consecutive month.

Diagnostic Waits

Target achieved. This included Audiology, Imaging, Neurophysiology and in/out patients.

Waiting times - OPD appointment

Cardiology 8 Weeks, Dermatology 8 Weeks, Endocrine 10 Weeks, ENT 5 Weeks, Gastroenterology 9 Weeks, General Surgery 4 Weeks, Gynaecology 9 Weeks, Neurology 10 Weeks, Pain 13 Weeks, Rheumatology 6 Weeks, Thoracic Medicine 12 Weeks, Urology 6 Weeks, Vascular 11 Weeks, Ophthalmology 5 Weeks

Diagnostic waiting times (radiology) all under 6 weeks (42 days) waiting time standard

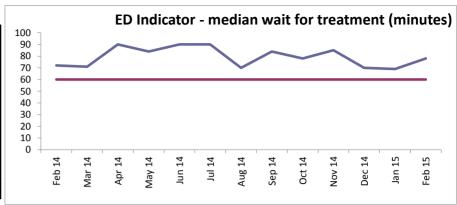
Imaging Modality no wait, CT 35 days, MRI 20 days, Nuclear Medicine 21 days, DEXA 13 days, Fluoroscopy 41 days, Ultrasound (Gynae) 18 days, Ultrasound General (Radiologist Lead) 37 days, Ultrasound Paediatrics 39 days, Ultrasound MSKs 33 days, Ultrasound Hernias 40 days, Ultrasound Obstetrics 29 days, Ultrasound Abdomen & Gynae at Hornsey General 20 days.

Emergency Care

Whittington Health **NHS**

		Trust	Actual
	Threshold	Jan-15	Feb-15
Emergency Department waits (4 hrs wait)	95%	94.5%	93.1%
Wait for assessment (minutes - 95th percentile)	<=15	15	15
ED Indicator - median wait for treatment (minutes)	60	69	78
Total Time in ED (minutes - 95th percentile)	<=240	307	337
ED Indicator - % Left Without Being seen	<=5%	4.0%	4.7%
12 hour trolley waits in A&E	0	0	0
Ambulance handovers 30 minutes	0	7	arrears
Ambulance handovers exceeding 60 minutes	0	0	arrears

١	/TD
94	.81%
	15
	80
2	267
5	.4%
	0
	64
	0



Paediatrics only		Trust Actual				
	Threshold	Dec-14	Jan-15	Feb-15	YTD	
Emergency Department waits (4 hrs wait) Paeds only	95%	96.4%	98.1%	96.4%	96.4%	

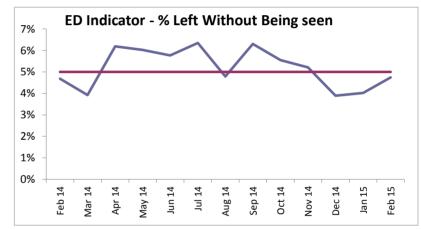
Commentary

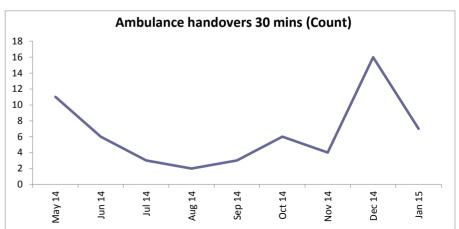
The Emergency Department remained challenged during February with continued pressure on inpatient beds. All additional bed capacity has remained open but peaks in demand have directly affected flow though the department.

Additional resilience schemes are in place providing additional medical support to the department. Particular emphasis continues to be placed on providing the best possible clinical care during times of increased pressure.

The Whittington continues to perform well within London trusts and has close working relationships with CCGs and other providers.

ED waits for Paediatrics remain above target.





	Threshold	Trust
	Tillesiloid	Actual
Cancer - 14 days to first seen	93%	94.2%
Cancer - 14 days to first seen - breast symptomatic	93%	93.7%
Cancer - 31 days to first treatment	96%	100.0%
Cancer - 31 days to subsequent treatment - surgery	94%	100.0%
Cancer - 31 days to subsequent treatment - drugs	98%	100.0%
Cancer - 62 days from referral to treatment	85%	92.9%
Cancer - 62 days from consultant upgrade	-	-

Jan-15								
ICAM	SCD	WCF						
86.4%	95.5%	97.2%						
-	93.7%	-						
100.0%	100.0%	100.0%						
-	100.0%	-						
-	100.0%	-						
100.0%	95.2%	-						
-	-	-						

	2014/15									
Q1	Q2 Q3		Q4	YTD						
89.3%	89.4%	93.9%	94.2%	91.2%						
83.7%	93.1%	95.2%	93.7%	90.6%						
100.0%	100.0%	98.6%	100.0%	99.5%						
100.0%	100.0%	100.0%	100.0%	100.0%						
100.0%	100.0%	100.0%	100.0%	100.0%						
91.5%	88.9%	90.6%	92.9%	90.5%						
75%	73%	33%		67%						

Commentary

All cancer targets were achieved this month and QRT 3 standards all achieved.

The Cancer Patients tracking list is monitored daily and discussed in the weekly

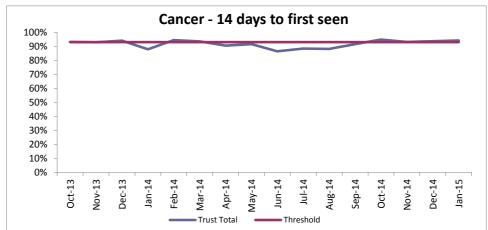
Whittington Health also proved support to other trust who needed additional capacity. All these patients have been treated and no further patients have been transferred.

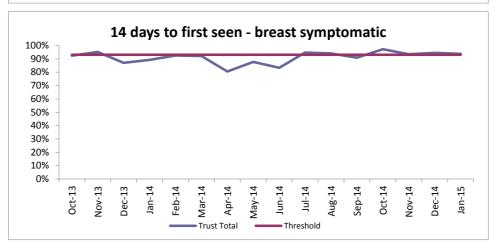
Cancer - 14 days to first seen ICAM

Issue: Below target. Since December 2014 the Endoscopy Service have seen significant spike in activity for target referrals and the trend is continuing in referral rates. This is as a result of numerous awareness campaigns that are being highlighted in last couple of months.

Action: The Service is undertaking a capacity and demand review and continue to arrange adhoc sessions. Target referrals slots are protected to ensure that adequate patient choice is offered in what is a limited timeframe.

Timescale: It is anticipated that March 15 will show significant improvement in compliance and that by April 15 we will be back within expected delivery targets.





Whittington Health MHS

		Trust Actual			
	Threshold	Dec-14	Jan-15	Feb-15	
Women seen by HCP or midwife within 12 weeks and 6 days	90%	85.7%	80.7%	84.0%	
New Birth Visits - Haringey	95%	83.5%	84.0%	Arrears	
New Birth Visits - Islington	95%	88.7%	89.3%	Arrears	
Elective Caesarean Section rate	14.80%	12.9%	15.2%	11.9%	
Emergency Caesarean Section rate	-	16.9%	15.9%	17.6%	
Breastfeeding initiated	90%	92.2%	88.6%	88.8%	
Smoking at Delivery	<6%	4.7%	4.8%	7.2%	

94% ¬		Wo	men	seen	by H	CP w	ithin	12 w	eeks	and s	six da	ıys
94% - 92% - 90% - 88% - 86% - 84% - 82% - 80% - 78% -			~	<u></u>	<u></u>	<u></u>					<u></u>	_
76% - 74% -	Mar-14	Apr-14	May-14	Jun-14	Inl-14	in 12+6	Sep-14	Thresho	n Nov-14	Dec-14	Jan-15	Feb-15

YTD

86.7%

87.7% 90.9% 11.4% 63.0% 90.5% 5.2%



Commentary

Women seen by HCP or midwife within 12 weeks and 6 days

Whittington Health received over 406 extra referrals for maternity services during January 2015. Woman were at a different stage of pregnancy. All additional referrals received have been booked into appointments.

Issue: managing capacity and demand during the coming months. One amber alert this month, with 18 babies being born in one weekend (average 10 per weekend).

Action: A breakdown of EDD is used to make sure the correct staffing is in place during the coming months. Day to day activity is monitored closely.

Timescale: by staffing plan for the next twelve months agreed by the end of April.

New Birth Visits

Issue: Rates remain around 90% YTD across both boroughs.

Action: Fortnightly conference calls with NHSE from January 2015 until April to update on 'Call to Action' programme which aims to increasing levels of HV's. Bespoke work pilot with Haringey Public Health has commenced in Tottenham where deprivation is high and staff numbers are low.

Timescale: On-going

Caesarean Section rates

Issue: The elective C-section rate continues tobe around the national average. with this month achieving the target.

Action: Multiple work streams are in place to help reduce rates including improved education for women and a VBAC clinic (Vaginal birth after C-section Clinics).

Timescale: On-going

Breastfeeding

Issue: Although slightly improved for this month it is still under target. A number of women choose not to breastfeed.

Action: All breastfeeding support is in place on the wards. Work towards Level 3 Unicef Breastfeeding initiative now started.

Timescale: On-going

Smoking

Issue: Above target for this month

Action: Patient choice affect this month percentage. Funding for carbon monoxide screening during antenatal period has been secured.

Timescale: On-going



Executive Offices Direct Line: 020 7288 3939/5959 www.whittington.nhs.uk The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

Whittington Health Trust Board

April 1st 2015

Doc: 8

Title:	Dashboard Performance Workforce report February 2015.
Action requested:	To update the Trust Board on the performance of key workforce performance indicators from the last month.
Executive Summary:	Background The monthly dashboard as it refers to the workforce KPI's is a standard report and part of the Performance Dashboard report.
	Highlights this month:
	Headcount In total, actual worked whole time equivalent posts has increased by 57 from 4,417 in January to 4,474 in February 2015.
	Turnover Turnover figures have marginally increased this month. The highest area for turnover is ICAM. The management team continues with its focus on retention in key areas of the Division.
	Vacancy rates Vacancy rates are linked to turnover and the high level of vacancies in Corporate Services is subject to a "deep dive" analysis and posts that remain vacant are being scrutinised to assess whether they can be permanently deleted from the establishment.
	Sickness Sickness rates are at 2.7% below the Trust threshold of 3 %. From the analysis of absence management across the Trust, the specific priorities are to tackle short term absence and relative high Bradford scores. The bespoke resource to address pockets of high levels of sickness in the Facilities Directorate has been implemented.
	Overtime For the month of February there was an overall decrease in overtime expenditure of around £10,000K in comparison to January. ICAM and Corporate showed a decrease.
	Bank and Agency Bank and agency expenditure for this month has decreased

		which contin	ues the	e underlying tr	end.				
	recent quarte emphasised Despite acti incremental month. Notice	Appraisal The appraisal figures show no change from last month. At the recent quarterly performance meetings, the Chief Executive has emphasised that appraisal rates need to be more of a priority. Despite action plans being in place Directors will work on incremental % increases and review the position month by month. Noticeably SCD compliance has increased in February to 48% from 40% in January.							
		There is a training con received a re on a range o	Mandatory Training There is a 2% increase in the performance on mandatory training compliance rates. The Audit and Risk Committee received a report at its March meeting updating the Committee on a range of initiatives to improve compliance rates. As a result each Director is working towards to a 90 % compliance rate by quarter two.						
		It was report to join a bei	Benchmark Comparisons It was reported at the last Trust Board that steps had been taken to join a benchmark network. It is anticipated that a report on KPI workforce comparisons will be available at the May Trust Board.						
Summary of recommendations:			To note the report and the progress being made in key areas to increase compliance rates and benchmark with other Trusts.						
Fit with WH strateg	y:								
Reference to related documents:	d / other	N/A	N/A						
				N/A					
Date paper complet	ted:	18 th March 2	2015						
Author name and ti		rious Managers ource the workfo		Director nam title:	e and	Chris Gouldin Director HR	g Acting		
Date paper seen by EC	Eq As	uality Impact sessment mplete?		Quality Impact Assessment complete?		Financial Impact Assessment complete?			





Dashboard Performance Workforce Report February 2015

Whittington Health Trust Board April 1st 2015

Chris Goulding, Deputy Director, HR Paper 15/057 Agenda Item 09

Whittington Health **WHS**



Workforce			Trust								
Headcount	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Starting Point for Workforce 14/15	4,403	4,403	4,403	4,403	4,403	4,403	4,403	4,403	4,403	4,403	4,403
Planned Changes (reductions)	0	(18)	(46)	(63)	(74)	(66)	(111)	(119)	(119)	(119)	(119)
Contract Additions	4	15	12	17	22	34	46	54	58	64	64
Total	4	(3)	(34)	(45)	(52)	(31)	(65)	(65)	(61)	(55)	(55)
Revised Workforce Plan	4,407	4,399	4,369	4,358	4,351	4,372	4,338	4,338	4,342	4,348	4,348
Headcount wte Total	4,404	4,397	4,366	4,398	4,429	4,374	4,383	4,414	4,388	4,417	4,474
Variance to Revised Plan	3	3	2	(41)	(78)	(2)	(45)	(76)	(46)	(69)	(126)

The actual whole time equivalent posts have increased during February 2015 by 57 (from 4,417 in January to 4,474). The key movements in staffing levels are in nursing and midwifery which has increased over this period due to excepytional demands on front line services as experienced by most Trusts. The figures include additional winter planning staff to cover one, two and three resilience plans as a result of the impact of winter pressures. The major increases in staffing levels were through the temporary staffing bank office which is consistent with the strategy to reduce agency usage

							Trust					
Management of the workforce	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Trust Turnover Rate	<13%	15.1%	14.1%	14.0%	13.9%	13.7%	13.4%	13.8%	13.9%	13.9%	13.4%	14.1%
Total trust vacancy rate	<13%	13.4%	14.2%	14.3%	14.1%	14.1%	13.2%	13.3%	12.1%	13.2%	11.1%	13.4%
Sickness rates	<3%	2.7%	2.6%	2.8%	2.8%	2.8%	2.6%	3.2%	2.8%	2.9%	2.8%	2.7%
Overtime wte	75	123	118	113	94	113	99.66	92.05	113.06	85.34	88.99	77.14
Overtime expenditure		70,459.70	69,704.27	63,236.55	51,535.17	61,751.31	56,431.72	51,716.56	63,456.99	46,129.40	51,754.53	41,479.67
Bank Hours expenditure	-	1,523	1,580	1,519	1,402	1,602	1,472	1,546	1,506	1,437	1,478	1,440
Agency Hours expenditure *	1m	1,426	1,184	1,491	1,457	1,200	1,210	1,254	1,125	1,007	1,155	1,091

^{*}bank expenditure will fluctuate as agency expenditure reduces

Trust Board Report - Workforce (February 2015 data)

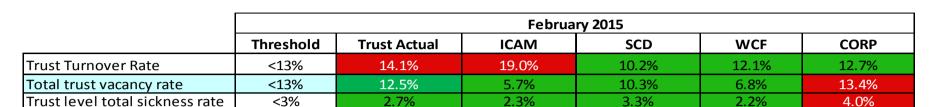


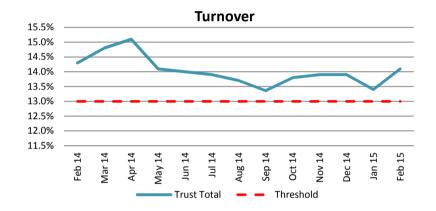
			Trust										
Development of the workforce	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	
Appraisal	90%	43%	40%	39%	45%	51%	55%	58%	60.0%	60%	60%	60%	
Mandatory Training	90%	75%	77%	76%	76%	75%	73%	66%	65.0%	66%	68%	70%	

		Trust				
Staff FFT Results		Q1	Q2			
Staff who would recommend the trust as a place to work	-	62%	59%			
Staff who would recommend the trust as a place for treatment	-	74%	74%			

Staff FFT Results for Q3 will not be available until the May Trust Board

Whittington Health *NHS*







Turnover rate

ICAM figures remain high. The Director of ICAM is now implementing a retention plan to address high turnover.

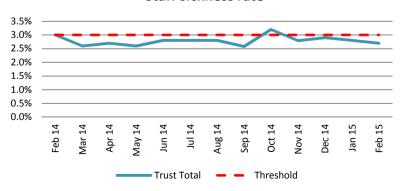
Vacancy Rates

Vacancy rates are linked to turnover and the high level of vacancies in Corporate Services.

Trust Level Sickness rates

Levels for sickness rates are below the threshold and action plans have been developed by each Division/Corporate services to reduce short term sickness absence and to tackle high Bradford scores.

Staff sickness rate



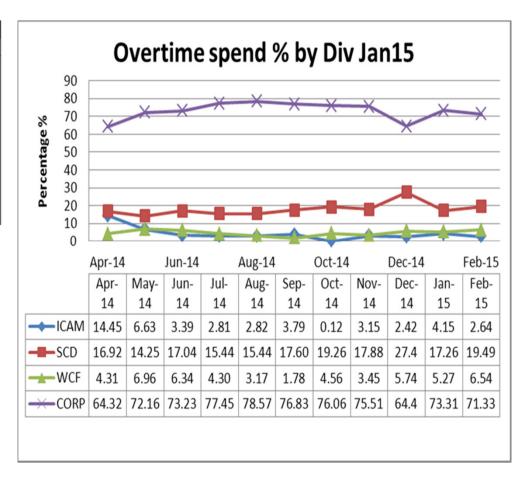
Whittington Health **NHS**

Overtime expenditure

			February 201	5	
	Trust	ICAM	SCD	WCF	CORP
Overtime cost	£41,479.67	£1,094.31	£8,084.05	£2,711.81	£29,589.50

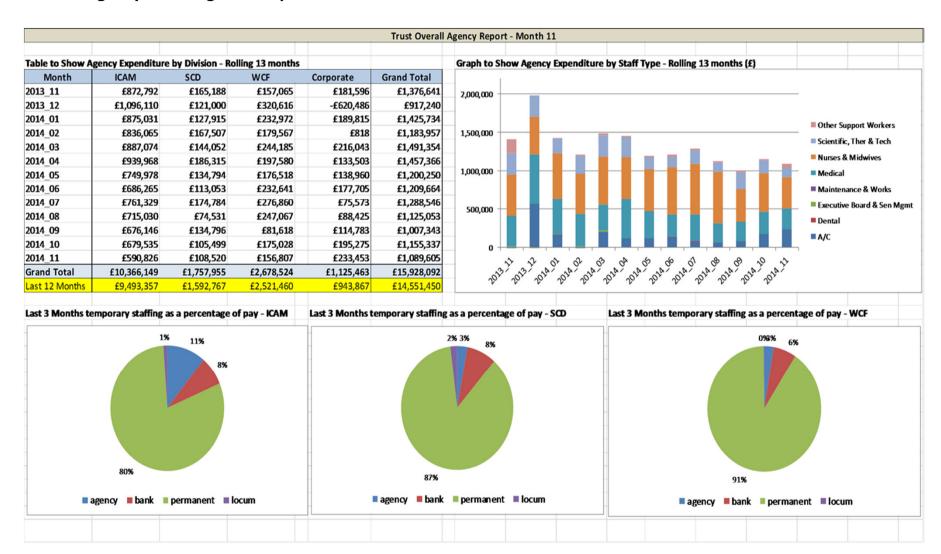
Overtime

For the month of February there was an overall decrease in overtime expenditure of around £10,000K in comparison to January. ICAM and Corporate showed a decrease.



Whittington Health **MHS**

Bank & Agency wte usage and expenditure



Whittington Health **MHS**

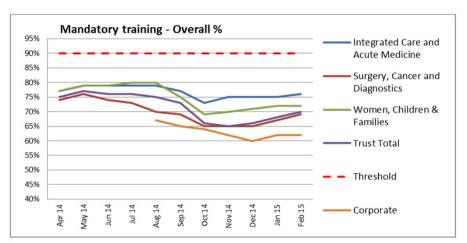
		February 2015							
	Threshold	Trust Actual	ICAM	SCD	WCF	CORP			
Percentage of staff with mandatory training compliance	90%	70%	76%	69%	72%	62%			
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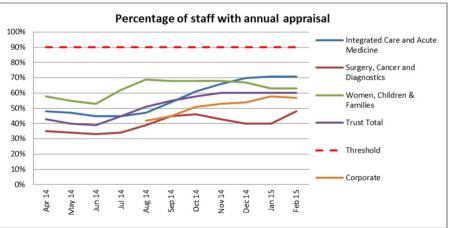
Mandatory training

The Trust compliance rates are below average for other Trusts across London. A review of action plans continues to be part of performance review meetings in divisions and corporate services. The Audit and Risk Committee received a report at its last meeting recommending further action to improve compliance rates. As a result each Director has been tasked with forecasting when significant improvements will be made in compliance rates for their staff. In February the overall compliance rate increased by 2% with ICAM and SCD rates on the increase and WCF and Corporate remaining at the same rate as in January.

Appraisal

The overall rate remains the same as last month. The implementation of action plans for both Corporate and the divisions remains a priority. Noticeably SCD compliance has increased in February to 48% from 40% in January.







Dashboard Performance Workforce Report February 2015

Whittington Health Trust Board April 1st 2015

Chris Goulding, Deputy Director, HR Paper 15/057 Agenda Item 09

Whittington Health MHS

Workforce				Tru	ıst						
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Trust level total sickness rate	<3%	2.7%	2.3%	3.3%	2.2%	4.0%					





Turnover rate

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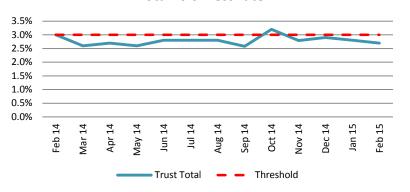
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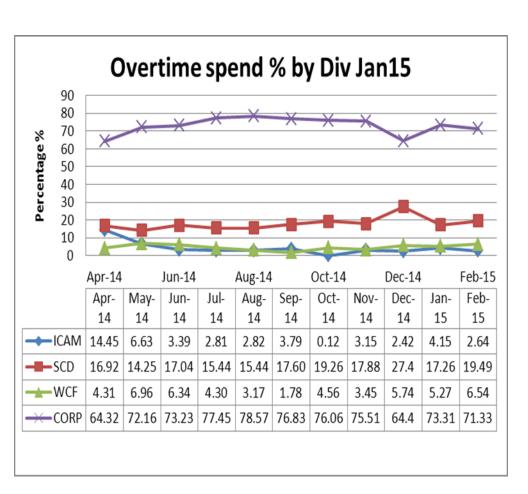


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Overtime

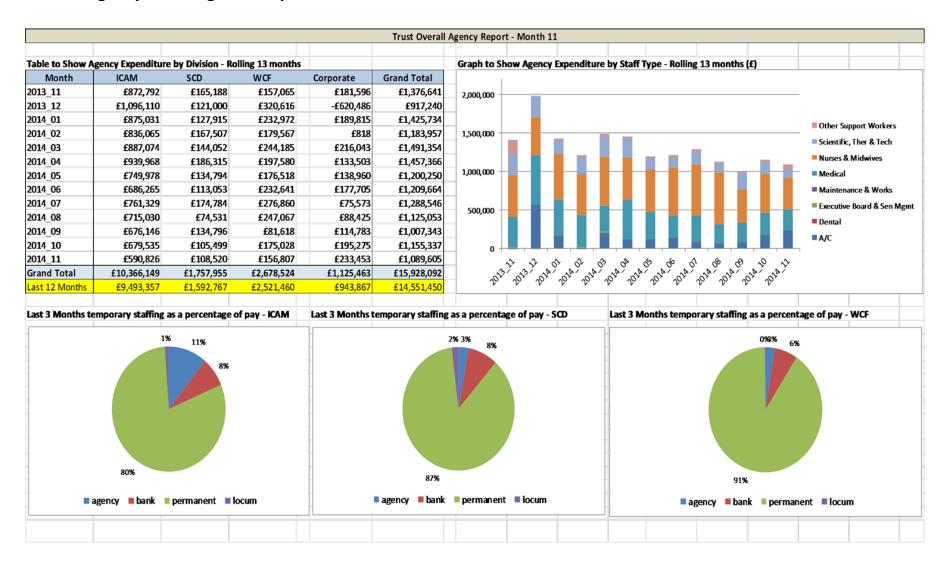
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Whittington Health MHS



Bank & Agency wte usage and expenditure



Whittington Health MHS

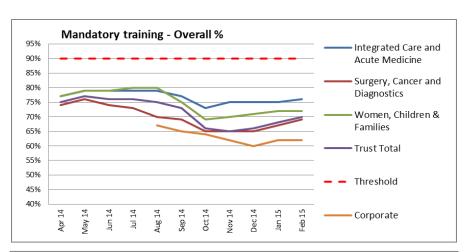
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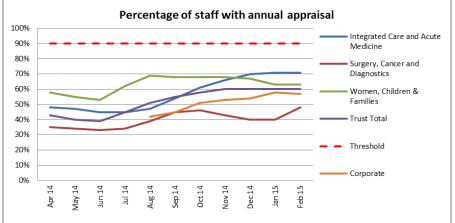
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Appraisal

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Executive Offices Direct Line: 020 7288 3939/5959 www.whittington.nhs.uk The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

Whittington Health Trust Board

1 April 2015

Title:		NHS Trust Development Authority (TDA) – Self-Certification						
Agenda item:		15/	/ 058		Paper		09	
Action requested:		For appro	val	•				
Executive Summary:		The NHS TDA has published their Accountability Framework for NHS Trust Boards which details a clear set of rules and principles under which NHS Trusts should all operate. Within the framework, the NHS TDA describes their monthly self-certification process, which is based on compliance to a number of the conditions within Monitor's Provider Licence and a set of Board Statements.						
Summary of recommendations:		Under the NHS TDA assurance process, a self-certification submission is required each month. Therefore the Board is asked to retrospectively sign-off the return for February 2015, which was submitted to the TDA on 18 March 2015 and agree the status for the March 2015 return. The Trust Board is also asked to discuss and agree any reporting issues in anticipation of the March 2015 and future returns.						
Fit with WH strategy:		n/a - regulatory requirement.						
Reference to related / other documents:		Self-Certification is monthly.						
Reference to areas of ri and corporate risks on Board Assurance Framework:								
Date paper completed	ı:	March 2015						
Author name and title:	Ursi	ula Grueger	DDOF	Director na title:	me and	Simon P Chief Ex		
Date paper seen by EC	Asse	ality Impact essment plete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessm complete	n/a ent	



NHS TRUST DEVELOPMENT AUTHORITY



OVERSIGHT: Monthly self-certification requirements - Board Statements Monthly Data.

CONTACT INFO	RMATION:			
•••				
Enter Your Name:				
Enter Your Email Address				
Full Telephone Number:			Tel Extension:	
SELF-CERTIFICATION Select Your Trust:				
Submission Date:		Reportir	ng Year:	
Select the Month	April	May	June	
	July	August	September	
	October	November	December	
	lanuary	Echruary	March	



CLINICAL QUALITY FINANCE GOVERNANCE

The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

BOARD STATEMENTS:



For CLINICAL QUALITY, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

1. CLINICAL QUALITY

Indicate compliance

Timescale for compliance:

RESPONSE:

Comment where noncompliant or at risk of noncompliance



For CLINICAL QUALITY, that

2. The board is satisfied that Commission's registration req	plans in place are sufficient to ensure ongoing compliance with the Care Quality uirements.
2. CLINICAL QUALITY Indicate compliance.	
Timescale for compliance:	
RESPONSE:	
Comment where non- compliant or at risk of non- compliance	
BOARD STATEMEN	ITS:
•••	
For CLINICAL QUALITY, th	at
3. The board is satisfied that care on behalf of the trust have	processes and procedures are in place to ensure all medical practitioners providing ve met the relevant registration and revalidation requirements.
3. CLINICAL QUALITY Indicate compliance.	
Timescale for compliance:	
RESPONSE:	
Comment where non- compliant or at risk of non- compliance	



For FINANCE, that

4. The board is satisfied that t date accounting standards in f		nain a going concern, as	defined by the most up to
4. FINANCE Indicate compliance.			
Timescale for compliance:			
RESPONSE:			
Comment where non- compliant or at risk of non- compliance			
BOARD STATEMEN	ITS:		
For GOVERNANCE, that			
5. The board will ensure that tand shows regard to the NHS	the trust remains at all times. Constitution at all times.	compliant with the NTDA	A accountability framework
5. GOVERNANCE Indicate compliance.			
Timescale for compliance:			
RESPONSE:			
Comment where non- compliant or at risk of non- compliance			



6. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

6. GOVERNANCE Indicate compliance.	
Timescale for compliance:	
RESPONSE:	
Comment where non- compliant or at risk of non-	

BOARD STATEMENTS:



For GOVERNANCE, that

7. The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

7. GOVERNANCE Indicate compliance. Timescale for compliance: RESPONSE: Comment where non-



8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.
8. GOVERNANCE Indicate compliance.
Timescale for compliance:
RESPONSE:
Comment where non- compliant or at risk of non- compliance
BOARD STATEMENTS:
For GOVERNANCE, that
9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).
9. GOVERNANCE Indicate compliance.
Timescale for compliance:

RESPONSE

Comment where noncompliant or at risk of noncompliance



targets as set out in the NTDA forward.			
10. GOVERNANCE Indicate compliance.			
Timescale for compliance:			
RESPONSE:			
Comment where non- compliant or at risk of non- compliance			
BOARD STATEMEN	ITS:		

For GOVERNANCE, that

11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit

11. GOVERNANCE

Indicate compliance

Timescale for compliance:

RESPONSE:

Comment where noncompliant or at risk of noncompliance



12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

12. GOVERNANCE Indicate compliance.	
Timescale for compliance:	
RESPONSE:	
Comment where non- compliant or at risk of non-	

BOARD STATEMENTS:



For GOVERNANCE, that

13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

13. GOVERNANCE Indicate compliance. Timescale for compliance: RESPONSE: Comment where non-



14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

14. GOVERNANCE Indicate compliance.	
Timescale for compliance:	
RESPONSE:	

Comment where noncompliant or at risk of noncompliance



Executive Offices Direct Line: 020 7288 3939/5959 www.whittington.nhs.uk The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

Whittington Health Trust Board

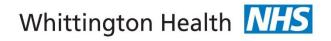
1 April 2015

Title:			Register of Deed of Execution / Seal						
Agenda item:	15/	/ 059	Paper				10		
Action requested:	For informa	For information							
Executive Summa	A report to the Board of the use of the Trust Seal as noted on the formal register for period 1 April 2014 to 31 March 2015								
Summary of recommendations	To take assurance that the use of the Trust's seal has been administered in accordance with Trust Standing Orders.								
Fit with WH strate	gy:		Ensures robust governance of strategy delivery.						
Reference to relat documents:	SO's. SFI's and Scheme of Delegation.								
Reference to area and corporate risk Board Assurance Framework:	Captured on risk registers and/or Board Assurance Framework.								
Date paper comple	eted:		March 2015						
Dire Cor			ne Spencer, ector of nmunication porate Affai	s and	Director name and title: Director of Communication Corporate A			cations and	
Date paper seen by EC	-	Ass	uality Impact - Quality - Financial Impact Impact Assessment complete? complete?						-



Register of Deed of Execution 2014/15

Reference	Details	Date
15/01	Asteral Agreements. Purchase of Asteral by Permira from Brook Henderson Group • Funders Direct agreement. • Deed of Release.	29/08/14
15/02	Whittington Hospital NHS Trust and Nationwide Building Society Authorised Guarantee Agreement.	14/11/14
15/03	Whittington Hospital NHS Trust and Nationwide Building Society and Notemachine UK Limited: Licence to assign and Deed of Variation relating to ATM.	14/11/14
15/04	Lease for cell site no 4342 and Whittington Hospital Cornerstone Telecoms Infrastructure Ltd.	23/12/14
15/05	London Borough of Haringey. Contract for the provision of Sexual Health Services 2014/15.	09/01/15
15/06	London Borough of Haringey – Contract for the provision of Public Health Services 2014/16.	09/01/15
15/07	Contract Documents for Rapid Assessment Refurbishment.	05/02/15



The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

Whittington Health Trust Board

1 April 2015

Title:		Draft Board Cycle of Business 2015/16								
Agenda item:			15/060				Paper			11
Action requested	For discus	sion and	l agre	ement.						
Executive Summary:			The purpose of the Draft Board Cycle 2015/16 is to provide assurance to the Board that all key business will be presented to the Board throughout the forthcoming year in a timely and efficient manner.							
		The Executive team's operational business will establish robust governance and reporting structures around the Board Cycle to ensure a smooth flow of reporting. The document will remain dynamic to adapt to the changing external and evolving internal operating environments.								
Summary of recommendation	To discuss the proposed indicative Board business for 2015/16, comment on any omissions and agree as the principal planning tool for the Corporate Secretariat to manage the Board's timetable of meetings and administration.									
Fit with WH strategy:			The Cycle of Business will ensure the Board can fulfil its statutory duties to operate in a transparent and open way and take ultimate accountability for decision making to ensure the organisation meets it strategic goals and corporate objectives.							
Reference to rela documents:	Reference to related / other documents:			Whittington Health's regulatory framework, SO's, SFI's, Scheme of Delegation, strategies and policies.						
Reference to areas of risk and corporate risks on the Board Assurance Framework:			Risks captured in risk registers and/or Board Assurance Framework.							
Date paper comp	Date paper completed:			March 2015						
	Dire Cor			ector of title: Director Communication and			Spencer, r of inication and ate Affairs			
Date paper seen 17/03 Equ by EC Ass			ality Impact essment plete?	n/a			n/a	Financial Impact Assessm complete	ent	n/a



DRAFT Board Annual Business Cycle 2015/16

APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Open Board	Open Board	Open Board	Open Board	Open Board	Open Board	Open Board	Open Board	Open Board	Open Board	Open Board	Open Board
Strategic	Strategic	Strategic	Strategic	Strategic	Strategic	Strategic	Strategic	Strategic	Strategic	Strategic	Strategic
IBP & LTFM (inc. CIPs & quality review)	IBP & LTFM	IBP & LTFM	IBP & LTFM	IBP & LTFM	IBP & LTFM	IBP & LTFM	IBP & LTFM	IBP & LTFM	IBP & LTFM	IBP & LTFM	IBP & LTFM
Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off	Business Cases in line with Scheme Delegation sign off
Indicative Budgets	Maternity FBC update	Risk Strategy	Quality Strategy	Equality & Human Rights Strategy	HENCEL (former LETBs) update	draft indicative Budget Setting 16/17	draft Winter Plan 15/16	Budget Setting 16/17 (allocations be published by Dec)	Emergency Preparedness (Major Incident Plan) Refresh 16/17	draft Forward Plan 16/17 (Annual COs) informed by tariff	Forward Plan 16/17 (Annual Corporate Objectives) to approve
	David Dalton Review discussion	OD update	5 Yr Capital Programme & Investment Plan update			5 Yr Capital Programme & Investment Plan update		draft Operating Plan 16/17 (allocations published Dec)	Revised National Tariff Announced by Monitor		16/17 budgets to approve
	Infection, Protection & Control Strategy	I&MT Strategy	Cancer Strategy					HENCEL (former LETBs) update	5 Yr Capital Programme & Investment Plan update		HENCEL (former LETBs) update
	TDA Annual Operating Plan 16/17	Nursing establishment update	Governance Strategy								
	Final Budget 15/16	HENCEL (former LETBs) update	Innovation & Improvement Strategy								
	Communication & Engagement Strategy	Heatwave Plan	IG Strategy								
Performance	Performance	Performance	Performance	Performance	Performance	Performance	Performance	Performance	Performance	Performance	Performance
Finance	Finance	Finance	Finance	Finance	Finance	Finance	Finance	Finance	Finance	Finance	Finance
Workforce incl. Equality	Workforce incl. Equality	Workforce incl. Equality	Workforce incl. Equality	Workforce incl. Equality	Workforce inc. NHS Staff Survey update	Workforce incl. Equality	Workforce incl. Equality	Workforce incl. Equality	Workforce incl. Equality	Workforce incl. Equality	Workforce incl. Equality
Quality & Safety	Quality & Safety	Quality & Safety	Quality & Safety	Quality & Safety	Quality & Safety	Quality & Safety	Quality & Safety	Quality & Safety	Quality & Safety	Quality & Safety	Quality & Safety
Performance incl theatre utilisation	Performance incl F&FT	Performance incl F&FT	Performance incl F&FT	Performance incl F&FT	Performance incl F&FT	Performance incl F&FT	Performance incl F&FT	Performance incl F&FT	Performance incl F&FT	Performance incl F&FT	Performance incl F&FT
Regulatory	Regulatory	Regulatory	Regulatory	Regulatory	Regulatory	Regulatory	Regulatory	Regulatory	Regulatory	Regulatory	Regulatory
TDA submissions	TDA submissions (plans signed off	TDA submissions	TDA submissions	TDA submissions	TDA submissions	TDA submissions					
15/16 Seal / Deed Execution -	NHS Staff Survey Outcomes &	Annual Accounts/AGS/AR/ Quality	H&S (inc fire) Annual Report 15/16	Environmental & Sustainability	AGM, Annual Report, Annual	NHS Staff Survey Action Plan 15/16	Mid-Year Review of Internal Audit	Sign Up to Safety Update (replaces			IG Toolkit submission & Caldecott
authorised users	Charitable Funds Annual Report	, 100001111	Clinical Audit & Research Annual	Safeguarding Older People Annual	Accounts/AGS/Quality Account Sign Up to Safety Update (replaces	update and 16/17 due out	Plan Mid Year Review of External Audit	CNST)			CQC Registration
	Spinal, Orthopaedic & General	Annual Governance Statement	Report 15/16 CQC report	Report 15/16 Bribery Policy & Statement 15/16	OINO1)						Sign Up to Safety Update (replaces
	Surgery update paper Accountable Officer Controlled	15/16 External Audit Letter 15/16	Safeguarding Children & Young	Report on Director's Fit and Proper							CNST) Quality Account Update
	Drugs Annual 15/16 R&D Operational Capability	Sign Up to Safety Update (replaces	People Annual Report 15/16 CQUIN Annual Report 15/16	Person's req'rmts Clinical Audits Annual Report 15/16							
	Statement draft Regulatory Framework 15/16	CNST) Hygiene Code Compliance &	Revalidation	Section 75 Agreements Update							
	Internal Audit Plan 15/16	Infection Control AR CQC O8 NHS Constitution Plan	Patient Experience (complaints, Sis)								
Governance	Governance	Governance	Annual 15/16 Governance	Governance	Governance	Governance	Governance	Governance	Governance	Governance	Governance
draft Board Cycle 15/16	Annual self review Board &	Welcome new DOF (Simon		Corporate Risk Register		Corporate Risk Register		Corporate Risk Register		Corporate Risk Register	BAF 15/16 end of year
Annual Refresh SO's, SFI's &	Corporate Risk Register 15/16	Bloomer) to the Board draft Board Development Skills				- Corporate Max Register		- Corporate Risk Register		Corporate Mak Megister	draft BAF 16/17
Scheme of Delegation - done	Board & Committee Terms of	Analysis & Plan									draft Regulatory Framework 16/17
	Reference Map 15/16										Annual performance of Board (Wel
Standing Items	Standing Items	Standing Items	Standing Items	Standing Items	Standing Items	Standing Items	Standing Items	Standing Items	Standing Items	Standing Items	Standing Items
	DAE	BAF	BAF	BAF	DAE	BAF	BAF	BAE	BAE	PAE	BAE
Committee Assurance reports	Committee Assurance reports	Committee Assurance reports	Committee Assurance reports	Committee Assurance reports	Committee Assurance reports	Committee Assurance reports	Committee Assurance reports	Committee Assurance reports	Committee Assurance reports	Committee Assurance reports	Committee Assurance reports
Policies for Approval by Board	Policies for Approval by Board	Policies for Approval by Board	Policies for Approval by Board	Policies for Approval by Board	Policies for Approval by Board	Policies for Approval by Board	Policies for Approval by Board	Policies for Approval by Board	Policies for Approval by Board	Policies for Approval by Board	Policies for Approval by Board
New Risks & Litigation	New Risks & Litigation	New Risks & Litigation	New Risks & Litigation	New Risks & Litigation	New Risks & Litigation	New Risks & Litigation	New Risks & Litigation	New Risks & Litigation	New Risks & Litigation	New Risks & Litigation	New Risks & Litigation
Chair Report & CEO Report	Chair Report & CEO Report	Chair Report & CEO Report	Chair Report & CEO Report	Chair Report & CEO Report	Chair Report & CEO Report	Chair Report & CEO Report	Chair Report & CEO Report	Chair Report & CEO Report	Chair Repot & CEO Report	Chair Report & CEO Report	Chair Report & CEO Report
Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story	Patient Story
Confidential Board	Confidential Board	Confidential Board	Confidential Board	Confidential Board	Confidential Board	Confidential Board	Confidential Board	Confidential Board	Confidential Board	Confidential Board	Confidential Board
Strategic Maternity FBC	Strategic (13 May LA to consider Maternity)	Strategic Maternity	Strategic	Strategic	Strategic	Strategic	Strategic	Strategic	Strategic	Strategic	Strategic
Reputation Issues	Reputation Issues	Reputation Issues	Reputation Issues	Reputation Issues	Reputation Issues	Reputation Issues	Reputation Issues	Reputation Issues	Reputation Issues	Reputation Issues	Reputation Issues
Oral update by Medical Director	Oral undate by Medical Director	Oral update by Medical Director	Oral update by Medical Director						Oral update by Medical Director		Oral update by Medical Director
						Regulatory	Regulatory	Regulatory	Regulatory	Regulatory	Regulatory
Regulatory	Regulatory	Regulatory	Regulatory	Regulatory	Regulatory						
Regulatory Contracting Update			Regulatory	Regulatory	Regulatory						
	Regulatory Report on Directors' 'Fit and Proper		Regulatory Serious Case Reviews	Regulatory Serious Case Reviews	Serious Case Reviews	Serious Case Reviews	Serious Case Reviews	Serious Case Reviews	Serious Case Reviews	Serious Case Reviews	Serious Case Reviews
Contracting Update	Regulatory Report on Directors' 'Fit and Proper Person's' reqr'ments						Serious Case Reviews Governance	Serious Case Reviews Governance	Serious Case Reviews Governance		
Contracting Update Serious Case Reviews	Regulatory Report on Directors' 'Fit and Proper Person's' reqr'ments Serious Case Reviews				Serious Case Reviews	Serious Case Reviews					
Contracting Update Serious Case Reviews Governance Serious Incidents Standing Items	Regulatory Report on Directors' 'Fit and Proper Person's' reqr'ments Serious Case Reviews Governance Serious Incidents Standing Items	Serious Case Reviews Governance Serious Incidents Standing Items	Serious Case Reviews Governance Serious Incidents Standing Items	Serious Case Reviews Governance Serious Incidents Standing Items	Serious Case Reviews Governance Serious Incidents Standing Items	Serious Case Reviews Governance Serious Incidents Standing Items	Governance Serious Incidents Standing Items	Governance Serious Incidents Standing Items	Governance Serious Incidents Standing Items	Serious Case Reviews Governance Serious Incidents Standing Items	Serious Case Reviews Governance Serious Incidents Standing Items
Contracting Update Serious Case Reviews Governance Serious Incidents	Regulatory Report on Directors' 'Fit and Proper Person's' reqr'ments Serious Case Reviews Governance Serious Incidents	Governance Serious Incidents Standing Items New Risks & Litigation	Governance Serious Incidents	Governance Serious Incidents	Serious Case Reviews Governance Serious Incidents	Serious Case Reviews Governance Serious Incidents					



Trust Board 1 April 2015

The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

Title:		Audit & Risk Committee - 12 March 2015							
Agenda item:		15/061		Р	aper		12a		
Action requested	d:	For the Board to take assurance and note the business of the March Audit & Risk Committee.							
Executive Summ	nary:	This summary report details outcomes from the Audit & Risk Committee meeting of 12 March 2015 when the following matters were considered							
		 Terms of Reference. External Audit Progress Report and Plan. Internal Audit Progress Report. Bad debt write-off. Tender Waiver Report. Repayment of Short-term Loans. Breaches of competition law – DH communication. Mandatory Training. Review of 2014/15 Corporate Risk Register. Draft 2014/15 Annual Accounts, Annual Governance Statement, Annual Report and Quality Account deadline for submission to Auditors (22 April 2015). Information Commissioner Office notification Audit for security of personal data and data sharing May 2015. 							
Summary of recommendation	ns:	The Trust Board is asked to comment on the business discussed at the March Audit & Risk Committee meeting.							
Fit with WH strategy:		The Audit and Risk Committee, a sub-committee of the Trust Board, considers business relating to internal and external audit, fitness for purpose of risk management, assurance and internal controls and manages statutory requirements as set out in the NHS Audit Committee handbook.							
Reference to rela		SO's. SFI's and Scheme of Delegation, Trust Board Terms of Reference, Audit & Risk Committee Terms of Reference.							
Date paper comp		March 2015							
Author name and		Lynne Spencer, Director of title: Communications & Whiteman, Non Director Chairn & Risk Commit				ve Direc an, Non- Chairm Committ	ector, Rob n- Executive man of Audit		
Date paper seen by EC	N/ A	Equality Impact Assessment complete?	N/A	Risk assessment undertaken?	Legal ad received		N/A		

Audit & Risk Committee - Meeting held on 12 March 2014

Non-Executive Directors present

Paul Lowenberg (in the Chair), Anita Charlesworth

Executive Directors present

Simon Pleydell, Chief Executive, Siobhan Harrington, Deputy Chief Executive & Director of Strategy, Lee Martin, Chief Operating Officer, Colin Gentile, Interim Director of Finance, Ursula Grueger, Deputy Director of Finance, Lynne Spencer, Director of Communications and Corporate Affairs, Pauline Frost, Interim Director of Risk and Governance and Chris Goulding, Acting Director of HR & Workforce.

Internal Auditors present

Paul Grady, Director, TIAA and Surinder Ahir, TIAA

External Auditors present

Antony Smith, KPMG Engagement Lead, Neil Hewitson, Director, KPMG

Decisions made under delegated authority

The Audit & Risk Committee made delegated decisions as set out below on behalf of the Trust, under the authority delegated to it within its terms of reference.

Meeting Highlights

Terms of Reference

The Committee agreed the Terms of Reference will be reviewed as part of the wider governance review taking place across the organisation by the Chief Executive and Director of Communications and Corporate Affairs. A Trust Board Seminar will receive a governance and risk presentation in future and ratify a final Terms of Reference Map for the Board and all of its sub-committees in 2015.

External Audit Progress Report and Plan

The Committee noted that the external auditors were undertaking field work, and were due to meet with Colin Gentile to discuss progress. Updates from regulators were reported and responsibilities of the External Auditors was confirmed as

- Ensuring financial statements are appropriately prepared in accordance with relevant directions and requirements and are based on proper accounting records.
- Concluding on whether the Trust has made proper arrangements to secure economy, efficiency and effectiveness in use of resources.
- Completing a mandated review of the Quality Account and issue an assurance opinion on overall arrangements and specific indicators.

A clean opinion on financial sustainability and economic and efficient use of resources is unlikely due to the major financial risks the Trust continues to face.

The draft 2014/15 Financial Accounts, Annual Governance Statement, Annual Report and Quality Account deadline for submission to the Auditors was confirmed as 23 April 2015.

Internal Audit Progress Report

Three internal audits had been completed (two data quality and one governance) with the 18 weeks report almost complete. The joint venture procurement will be reviewed in quarter one of 2015/16. The audit opinion on bank and agency will be reviewed. Committee noted that the review only looked at transactional matters and a wider review would be beneficial in 2015. The 2015/16 Internal Audit Plan will be discussed at the Trust Management Group meeting 31 March and presented to the next Audit Committee for agreement.

Bad debt write-off

Bad debt was written off at £12,806 with most relating to overseas visitors.

Tender Waiver

The process for Standing Financial Instruction waivers is under review.

Repayment of Short-term Loans

The Trust is adherent with NHS processes and guidelines for repayment of loans.

Breaches of Competition Law

Auditors received a DH communication which had triggered routine checks at NHS Trusts. No issues were raised for the Trust.

Mandatory Training

Compliance for year end 2014/15 was reported at risk with mitigating actions underway including the introduction of a training booklet, greater promotion of e-learning, commencement of new corporate induction programme, improved data cleansing and recording to show up-to-date training records, sign-up to the London streamlining project to 'passport' staff training records when joining from a previous NHS organisation.

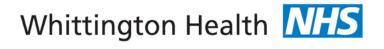
Review 2014/15 Corporate Risk Register

The Committee reviewed the end of year Risk Register. The Board will receive a governance and risk management presentation at a future Board Seminar to agree their risk appetite for 2015/16 and consider a refreshed approach to risk management and the Board Assurance Framework in line with the NHS Code of Governance.

Other matters

Information Commissioner Office notification of Audit in May 2015 for security of personal data and data sharing.

Paul Lowenberg, Non-Executive Director (Acting Chairman for 12 March 2015) Rob Whiteman, Non-Executive Director (Chairman)



The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

Trust Board 1 April 2015

Title:									
Agenda item:	15/00	61	Pa	apeı	r	12b			
Action requested:	For the Board to take assurance and note the business of the March Quality Committee and its decision making.								
Executive Summa	ry:	 This summary report details outcomes from the Quality Committee meeting of 11 March 2015 when the following reports were considered: Divisional Risk and Quality Reports. Director of Nursing and Patient Experience, Patient Safety Report. Serious Incident Report. Quality Performance Report. Infection Control Update. Review of Policies. Safe Staff Nursing Report. Quarterly Reports: Aggregated, Patient Experience, Regulation and Compliance. Annual Reviews/Reports: Maternity Risk Management Strategy, Learning Disability Quality Metrics, Ward Staffing Establishment Review, Pressure Ulcer Report (community), External Safeguarding Adult Review. Update on Policy Reviews. 							
Summary of recommendations	:	The Trust Board is asked to comment on the business discussed at the March Quality Committee meeting.							
Fit with WH strate	gy:	The Committee, a sub-committee of the Trust Board, considers business relating to quality, patient safety and governance.							
Reference to related / other documents:		SO's. SFI's and Scheme of Delegation, Trust Board Terms of Reference, Quality Committee Terms of Reference.							
Date paper completed:		March 2015							
Author name and title:		Lynne Spencer Director of Communication Corporate Affai	ıs & rs	Director name and title:		Anu Singh, Non- Executive Chair			
Date paper seen by EC	N/A	Equality Impact Assessment complete?	N/A	Risk assessment undertaken?		Legal advice received?	N/A		

Quality Committee Meeting11 March 2015

Non-Executive Directors present

Anu Singh, Chair and Tony Bell.

Executive Directors present

Philippa Davies, Director of Nursing and Patient Experience, Lee Martin, Chief Operating Officer, Lynne Spencer, Director of Communications and Corporate Affairs, Pauline Frost, Interim Director of Risk and Governance.

Decisions made under delegated authority

The Quality Committee made delegated decisions as set out below on behalf of the Trust, under the authority delegated to it within its terms of reference.

Meeting Highlights

Terms of Reference

The Committee agreed the Terms of Reference will be reviewed as part of the wider governance review taking place across the organisation by the Chief Executive and Director of Communications and Corporate Affairs. A Trust Board Seminar will receive a governance and risk presentation in future and ratify a final Terms of Reference Map for the Board and all of its sub-committees in 2015.

Divisional Presentations

Surgery Cancer and Diagnostics (SCD)

The committee received a clear comprehensive presentation from the Head of Nursing and the Divisional Director of Operations. The committee challenged the low compliance of appraisals (41% at 31 January) and mandatory training (67%) but received assurance that these priority areas were being actively managed to improve compliance to 90% by year end. Complaint responses within 25 days required improvement and compliance rates were reported at 57.1% with work underway to improve response rates.

The management of Serious Incidents (SIs) was considered and the improvements underway in the process for timely closure of outstanding actions. The backlog had improved with the revised processes and learning outcomes were being shared with new initiatives planned to expand the reach of disseminating learning, such as the development of a new intranet 'learning from experience' page.

Positive feedback from the Friends and Family test was reported with feedback at 40%. A new Risk Register form had been introduced to quality check reported data before entering onto the Trust risk management database Datix. Risk Management Training had been delivered to support staff manage risks effectively and appropriately.

CQC compliance for wards is within thresholds with two improvement areas of 'responsive' and 'well led' being targeted for two wards who will be re-inspected by the Trust Compliance and Risk team to support ongoing improvement.

Integrated Care and Acute Medicine (ICAM)

The committee received a clear comprehensive presentation from the Divisional Director of Operations. The presentation highlighted the improvements in complaints handling and staff appraisal rates. The Division will be developing the Friends and Family Test in the community and results will be reported to the committee in 2015/16. The division has maintained compliance with the same sex accommodation standard since 1 August 2014.

An update on pressure ulcer prevalence was reported and assurance provided that there was a reduction in the number of pressure ulcers in the community but an increase had occurred on the wards in the hospital. A thematic reduction plan to improve prevalence rates is now in place.

The rates for appraisals (71% end of December) and mandatory training (74%) were received and these priority areas were reported as being actively managed to improve compliance to 90% by year end.

CQC compliance for wards is within thresholds with one improvement area 'well led' being targeted for two wards who will be re-inspected by the Trust Compliance and Risk team to support ongoing improvement.

Women, Children and Families (WCF)

The committee received a presentation from the Head of Midwifery. The Division is rolling out the Friends and Family Test and developing further mechanisms for gathering patient experience data including the Paediatric Toolkit and results will be reported to the committee in 2015/16.

Complaint responses within 25 days were challenged and the committee sought assurance that improvement would occur as compliance rates were reported at 33% (to the end of November). An action plan had been developed by the team which formed part of a wider Trust initiative to improve compliance. The committee discussed rates for appraisals (63% end of December) and mandatory training (72%) and received assurance that these priority areas were being actively managed to improve compliance to 90% by year end.

CQC compliance was reported with improvement for one area being targeted of 'well led'.

Director of Nursing and Patient Safety Report

The committee welcomed the new integrated report which included: Nursing and Midwifery staffing, the Safety Thermometer (Falls, Pressure Ulcers), Safeguarding Adults and Safeguarding Children.

The NHS Safety Thermometer audit enables the measurement of 'harm free care' which is defined by the absence of pressure ulcers, harm from a fall, a urine infection (UTI) in patients with a catheter and new venous thromboembolism (VTE). Compared to other integrated organisations the Trust is comparable for overall Harm Free Care.

There were 4 Adult Safeguarding alerts in January compared to 5 in the previous month.

Mental Capacity Assessments (MCA) and Deprivation of Liberty (DoLS)

The FACE Mental Capacity Assessment reported 83 assessments from April 2014 year to date. This excludes assessments completed in the community which will be included within the new report in 2015/16.

Deprivation of Liberty Safeguards provide legal protection for those vulnerable people aged 18 years and over who lack mental capacity to consent to the arrangements for their care which are deprived of their liberty other than under the Mental Health Act 1983. Twenty eight DoLs Safeguarding authorisations were agreed by the Local Authorities from April 2014 year to date.

Matrons and Ward Managers had received face to face training on DoLS and a MCA/DoLS Standing Operating Policy (SOP) had been developed which will be ratified in Q4.

Safeguarding Training

Level 1 Adult Safeguarding provides basic awareness for non-clinical staff. Level 2 training is targeted at clinical staff and senior managers. Adult Safeguarding compliance at Level 1 and Level 2 is below the target of 90%. For Level 1 a total of 173 staff had been trained and for Level 2 a total of 45 at 9 January 2015. An action plan is in place to ensure Level 2 training reaches 90% by Q2 2015/16.

The highest level of non-compliance is for junior doctors. A significant number of new FY1/FY2 doctors were trained at Level 2 in July 2014 and a review is underway of systems used to raise compliance in other hospitals to evaluate implementation at the Whittington. The majority of doctors joining the Trust have received child protection training and the Learning and Development team are developing a passport system for transfer of records. During January doctors provided dates they completed their training within the last three years to enable upload to ESR under the passport system.

The Children's Safeguarding team is almost at full capacity following the restructure of the Safeguarding Children's Service in May 2014.

Serious Incident (SI) Report

There were 14 SIs declared during February 2015 bringing the total to 113 since March 2014, including incidents that were later downgraded (de-escalated). There were 62 SI pressure ulcers declared between March 2014 and February 2015, three of which had been downgraded (de-escalated) by the North East London Commissioning Support Unit (NELCSU) and removed from the Trust's SI profile.

Infection, Prevention and Control Report

From 1 April 2014 to 23 February 2015 there had been 2 Trust attributable MRSA bacteraemia episodes. Prior to this the Trust had been MRSA bacteraemia free for over 14 months.

There had been 2 Trust attributable (post 48 hour) C.difficile cases from 1 January 2014 to 23 February 2015 resulting in a total of 16 cases; threshold 2014/15 is 19 cases. For 2015/2016 the threshold has been agreed at 17 cases.

Public Health England (PHE) issued guidance on the identification and control of Carbapenamase producing Enterobacteriaceae CPE's (highly resistant Gram negative bacteria). The Trust responded swiftly and an action plan and policy is now in place with enhanced screening procedures from 1 October 2014. The first CPE positive case was identified in December 2014 with appropriate treatment successfully provided.

An outbreak of Norovirus occurred in February affecting 3 staff and 3 patients and this was effectively contained by prompt action of staff.

Review of Policies

Hand Hygiene, Visiting Time, Multi-Resistant Acinetobacter baumannii and Clinical Supervision (Nursing, Allied Health Professionals and Support Workers) Policies had been revised and

ratified at the Policy Approval Group. Children's Safeguarding, Female Genital Mutilation and Supervision Policies had all been updated and will be ratified at the next Trust Policy Approval Group.

Performance Report

The committee discussed the performance report which has been further updated and included in the April Board packs.

Other matters

The committee considered the following reports:

Aggregated Report on Complaints, Incidents, Claims and Litigation

Q3 2014/15 statistics and trends were reported with assurance of ongoing work that SIs created on the Strategic Executive Information System (StEIS), Patient Safety Incidents, Complaints and Compliments and Litigation (Claims and Inquests) were being managed in accordance with policy and procedures and that lessons learned were being implemented.

Patient Experience Report

The committee considered patient experience activity reported from October to December 2014 including results from 4 national surveys: Cancer Patient Experience, Accident and Emergency, Children and Young People and Inpatients and the Friends and Family Test (FFT) and local reporting from the Patient, Advice and Liaison Service (PALS) and complaints response times.

Learning Disability Quality Initiatives

The committee received an assurance report on how services are organised under the Haringey Learning Disability Partnership Integrated Service. There are two additional learning disability services supported by this team, the Acute Liaison Nurse at the Whittington Hospital and Edwards Drive Respite Service. The report highlighted the Trust's response and work underway to lessons learned from the Winterbourne Review. An easy read version of the Friends and Family Test is offered after clinical appointments to ensure feedback is simplified.

Nursing and Midwifery Ward Establishment Review

Details of the ward establishment review were reported and how the Board agreed investment £1.9m had been utilised. The committee agreed recommendations to procure an electronic staff rostering system which will include a 'safe staffing' function, to review and agree percentage of 'headroom' allocation, to undertake a ward manager diary exercise to understand care contact time, supervisory time and time spent on 'other' activities, to review percentage of registered to unregistered nurses and review nurse structure by ward.

Safeguarding Review

An external review was commissioned by the Director of Nursing and Patient Experience to provide assurance and identify areas of practice which may need improvement. The report highlighted a number of recommendations to improve on the existing position in the trust and since the review some of these had been completed. The workplan for 2015/16 will incorporate the remaining recommendations which were approved by the committee.

Anu Singh, Chair of Quality Committee Non-Executive Director March 2015