

Meeting	Trust Board – Public		
Date & time	6 May 2015 at 1400hrs – 1630hrs		
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	
Attendees Lynne Spencer, Director of Communications & Corporate Affairs Colin Gentile, Interim Director of Finance Chris Goulding, Deputy Director, HR & Kate Green, Minute Taker Paul Convery, Local Authority			
Contact for this meeting: Kate Green (kate.green4@nhs.net) or 020 7288 3554			
Agenda Item		Paper	Action and Timing
Patient Story			
	Patient Story Philippa Davies, Director of Nursing & Patient Experience	Oral	Note 1400hrs
15/062	Declaration of Conflicts of Interests Steve Hitchins, Chairman	Oral	Declare 1420hrs
15/063	Apologies & Welcome Steve Hitchins, Chairman	Oral	Note 1425hrs
15/064	Minutes, Action Log and Matters Arising 1 April Steve Hitchins, Chairman	1	Approve 1430hrs
15/065	Chairman’s Report Steve Hitchins, Chairman	Oral	Note 1435hrs
15/066	Chief Executive’s Report Simon Pleydell, Chief Executive	2	Note 1445hrs
Patient Safety & Quality			
15/067	Safe Staffing Report Philippa Davies, Director of Nursing & Patient Experience	3	Note 1455hrs
Strategy and Planning			
15/068	Integrated Clinical Service Units and Organisational Structure Update	Oral	Note 1505hrs

15/069	Trust Operational Plan – TDA submission <i>Siobhan Harrington, Director of Strategy & Deputy Chief Executive</i>	4	<i>Approve</i> 1515hrs
Performance and Delivery			
15/070	Financial Performance Month 12 <i>Colin Gentile, Interim Director of Finance</i>	5	<i>Note</i> 1530hrs
15/071	Performance Dashboard <i>Lee Martin, Chief Operating Officer</i>	6	<i>Note</i> 1545hrs
15/072	Workforce Report <i>Chris Goulding, Acting Director of HR</i>	7	<i>Note</i> 1600hrs
Governance			
15/073	TDA Board Statements <i>Colin Gentile, Interim Director of Finance</i>	8	<i>Approve</i> 1610hrs
Any other urgent business and Questions from the public			
	No items notified to the Chairman		
Date of next meeting:			
	3 June 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 .			



The draft minutes of the meeting of the Trust Board of Whittington Health held in public at 14.00pm on Wednesday 1st April 2015 in the Whittington Education Centre

Present:	Greg Battle	Medical Director, Integrated Care
	Anita Charlesworth	Non-Executive Director
	Philippa Davies	Director of Nursing and Patient Experience
	Siobhan Harrington	Director of Strategy/Deputy Chief Executive
	Steve Hitchins	Chairman
	Richard Jennings	Medical Director
	Paul Lowenberg	Non-Executive Director
	Lee Martin	Chief Operating Officer
	Simon Pleydell	Chief Executive
	Tony Rice	Non-Executive Director
	Anu Singh	Non-Executive Director
	Rob Whiteman	Non-Executive Director
In attendance:	Doug Charlton	Deputy Director of Nursing
	Colin Gentile	Interim Chief Finance Officer
	Chris Goulding	Acting Director of Human Resources
	Kate Green	Minute Taker
	Lynne Spencer	Director of Communications & Corporate Affairs

Patient Story

The Board received a presentation from Rebecca Bailey of the Life Force Team, community children's nurses. She described the structure of the multi-specialist team, in particular the role of the respite nurses. The team had received feedback, via the national paediatric toolkit mechanism, that parents would like the hours the team operated extended from 9am-5.00pm. In response, the team agreed to alter their shifts and extend operating hours to 8.00am-8.00pm Monday to Friday from February 2015 for a trial period of three months. This change meant that school-age children could benefit from sessions.

Rebecca described the benefits this change had brought, which included staff being able to collect children from school and also to enable parents to give time to their other children. It was noted however that the team is under some strain due to their current low staffing level and a gradually increasing caseload. Rob Whiteman on behalf of the Board congratulated the team for the way in which they had demonstrated their ability to put patients first.

15/046 Declaration of Interests

46.01 No Board members declared interest in any part of the April Board proceedings.

15/047 Apologies for absence

47.01 Apologies were received from Graham Hart and Paul Convery.

15/048 Minutes of the previous meeting, matters arising and action log

48.01 The minutes of the meeting held on 4th March were approved.

48.02 Action log

There was no change to the action log – all actions were carried forward to the following meeting.

48.03 Matters arising

Referring to questions and comments from the public, Steve Hitchins informed those present that he proposed these would not be recorded within the main body of the board minutes since they did not technically constitute board business. If it was not immediately possible to answer questions raised then those who had submitted them would receive a written response.

15/049 Chairman's Report

49.01 The Chairman began his report by informing the Board that the previous day the hospital had received a gift of daffodils from the Queen. These flowers were distributed annually to hospitals with a 'royal' association; in the case of Whittington Health because the Trust's premises include the Royal Northern. The Trust had also recently received visitors from Denmark, Malta and the House of Lords.

49.02 The previous week, Steve had attended the London Medical Orchestra's concert in aid of Whittington Health's maternity unit. He had also welcomed Jill Fraser of 'Kissing it better' to the Trust, and was also in discussion with City & Islington College about initiating a pipeline to encourage local students into nursing careers with Whittington Health.

49.03 Steve welcomed Doug Charlton, newly-appointed Deputy Director of Nursing, to his first meeting of the Board. He also drew attention to Simon Pleydell's inclusion in the Health Service Journal's 50 Top Chief Executives list – Board members added their congratulations on this. Speaking as Non-Executive Director responsible for championing children's services, Anita Charlesworth informed colleagues that paediatric epilepsy nurse Tessa Walker had won a best practice award in March, and the Board asked that she be congratulated on receiving national recognition for her specialist work.

15/050 Chief Executive's Report

50.01 Simon Pleydell began his report by announcing that Chris Goulding had been appointed Deputy Director of HR at King's. The Trust would be advertising for a substantive HR Director the following week. A number of events had taken place since the previous Board meeting, including Patient Safety Week, which was a very important focal point for the Trust and one of Simon's personal priority – his aspiration was for Whittington health to be viewed as a leading patient safety integrated care organisation. The Trust had also held an extremely successful compassionate care conference, and had also signed up to the 'Hello, my name is' national campaign.

50.02 The Trust had performed well on infection prevention and control, with 17 C. Difficile cases being reported against the target limit of 19, and two MRSA bacteraemia breaches for 2014/15.

50.03 There remained considerable pressure on the Emergency Department (ED). The Trust was participating in a London-wide exercise, 'Breaking the cycle', which was aimed at ensuring there was a co-ordinated approach to discharge across the sector. The Trust was unlikely to meet the ED target for the year, however Simon

Pleydell remained confident that everything possible had been done, he recognised Whittington Health was by no means the only Trust in this position, and he recorded his thanks and congratulations to all the staff who had worked so hard. Performance on RTT had been good, and all cancer targets had been met.

50.04 The Trust had not been successful in its bid for 'vanguard' status despite having reached the final stage of the shortlisting process, however a meeting with the commissioners had taken place the previous day at which it had been agreed that the work begun as part of that process would continue since momentum had been built up and it was felt desirable this should continue. Appropriate primary care representation was key to future working.

50.05 Simon informed the Board that the financial position remained of concern and it looked as though the Trust would be declaring the forecast deficit. Whilst no-one underestimated the seriousness of this position, Simon pointed out that this had been predicted before Christmas, therefore the position could at least be said to be relatively stable. He added that staff were now planning not just next year's budget but also the budget for the following year.

50.06 Steve Hitchins praised the new five bay assessment centre, and Lee Martin explained that its inception meant that not only were patients being seen more quickly but there was also an increase in referrals to ambulatory care. The Chief Executive's report was accepted by the Board.

15/051 Patient Safety Week

51.01 Richard Jennings reported on the patient safety week which had taken place between 16-20 March. The week had served to highlight many of the different patient safety initiatives taking place throughout Trust services, and the Trust had also formally given its commitment to the national 'Sign up to Safety' campaign. He commented on the fact that there were so many ideas and developments that planning a week's activities had not been difficult, but acknowledged that the planning and timing of some of the events had not been ideal. He drew particular attention to the launch of the Jasmine Project (monitoring intra-uterine growth) and the presentation on reducing heart failure and stroke.

51.02 In answer to a question from Anu Singh about whether the event was highlighting excellence or starting something new, Richard replied that however good services were, there were always some episodes of avoidable harm, and the overall aim was to reduce these. Steve Hitchins added that the organisation of the event also said something about the culture of engagement, timing and involvement, and Siobhan Harrington raised the importance of maintaining an annual event. Simon Pleydell said that there were two components to this, the first being timing and planning, the second being that of culture, i.e. the responsibility of everyone to deliver safe services. It was felt the new style patient safety walkabout would also make a useful contribution to this agenda. It was noted that Richard Jennings had been asked to contribute to and speak about a UCLP initiative on sepsis. Steve Hitchins personally thanked all those who had worked so diligently on the first patient safety week, including Philippa, Richard, Pauline Frost, Rebecca Allsopp and Kate Green.

15/052 Safe Staffing Report

52.01 Philippa Davies introduced the safe staffing report for the month, saying that she would be reviewing it moving forward from April – in future it would also contain information on vacancies and the use of agencies and bank staff.

15/053 Development of Integrated Clinical Service Units and Organisational Structure

53.01 Simon Pleydell had previously briefed the Board on his general objectives, and had now issued a consultation paper setting out proposals for a new organisational structure. He was holding open discussions with staff and was receiving a good deal of feedback. Simon stressed that no structure could ever be perfect, and there were likely to be changes as differing views and ideas were received. The important thing, he added, was that staff felt fully engaged in the process.

15/054 Budget Setting Update

54.01 Introducing this item, Colin Gentile said that baselines were now being finalised for every service, and a list of cost pressures had been drawn up. Budget holders were also putting together project initiation documents (PIDs) for their CIP schemes overseen by the finance teams who were issuing appropriate challenges. Capital schemes and priorities were also being reviewed.

54.02 On 2nd April Directors were scheduled to spend the entire day going through the proposed CIPs – this remained work in progress and was at a critical stage, and it was agreed that further discussion with the entire Board was warranted at a future seminar. Rob Whiteman asked about what challenges and scrutiny there would be on CIPs, and Colin replied that he had spent some time the previous week going through the plans and making some significant challenges, however the following day the formal challenging process would begin in earnest. Rob felt that the seminar discussion should focus on what degree of certainty the Board could be given that plans would be delivered, and Colin agreed that this should be the case.

15/055 Financial Report

55.01 Reporting on the position at Month 11, Colin Gentile said that the Trust now had a cumulative deficit of £5.6m, underpinned by improvements to income; there had been an increase to income received from the block contract negotiated by Siobhan Harrington's team, and waiting list monies had also been received. The position on the capital programme would be very close to that projected, including MRI and CT scanner.

15/056 Performance Report

56.01 Lee Martin introduced the performance report which focused on February data. He was pleased to report continued positive performance on RTT national targets, also on waiting lists. The Trust had received a letter of thanks from NHS England which had been circulated to staff. ED performance had been a challenge during the last two weeks in February, but staff had performed very well. There had been a meeting the previous day to talk through the issues, and this would be written up so that its learning could be used the following year. Lee was especially pleased to see the fruition of all the hard work that had been done to improve cancer performance, noting that all key indicators had been met. Improved performance on complaints and infection prevention and control had also been worthy of note. It was noted that there had been an increase in referrals to maternity services during December and January.

56.02 In answer to a question from Rob Whiteman about cancellations, Lee replied that community and acute services had to be regarded separately and that the Trust had been working with the Intensive Support Team on improving systems. Anita Charlesworth informed Board colleagues that Imperial had introduced an initiative

whereby the cost of a cancellation was included in the confirmation letter sent to patients alongside the telephone contact number, and this had been proved to make a significant difference.

56.03 Anita also asked for information on IAPT waits and ambulatory care to be included in future reports, and Lee said that this would happen from May.

56.04 Looking at the data on falls contained on page 4 of the report, Lee explained this showed a percentage of those reviewed, and Richard Jennings said that what was needed was a run chart of falls alongside bed days so that a more meaningful comparison could be made. It was noted that there had been a drop in the number of timely new birth visits made by Haringey health visitors, and Lee explained there were two reasons for this, one being a rise in the number of births, and the other being a reduction in staff numbers. All mothers were given a number to call should they have any concerns between visits, and midwives were also offering additional support where there were any concerns.

Theatre Utilisation

56.04 A presentation was received by the Board that highlighted the ongoing improvement and development work by the Theatre teams.

15/057 Workforce Report

57.01 Chris Goulding began his report by drawing the Board's attention to the performance on 'flu vaccinations for staff, which at 83% stood at the highest performance in London and fifth highest in the country. The Board expressed its congratulations on this achievement. The initial results from the Friends and Family Test analysis showed an increase from 27% to 30% response rate. Moving on to mandatory training, Chris announced that the team was about to launch the new workbook, which he hoped would further improve compliance rates. Appraisal rates had recently 'flatlined', however work was in hand to review the appraisal process and simplify the scheme, and it was hoped this would bring an improvement in take-up from May.

57.02 Overtime expenditure was the lowest it had been all year, and there was a continuing downward trend in spending on bank and agency staff. Sickness was also showing as 'green', although Chris stressed that colleagues were in no way complacent about this and recognised that there may well be issues of under reporting. On the overall headcount, Chris said that from next month it was planned to look at key movements, also WTE changes against cost. Siobhan Harrington added that in May the Board would also see the detail of the Operational Plan submitted to the TDA. Colin Gentile stressed the importance of the Board's knowing it had full oversight and control of the pay bill and expenditure.

57.03 Anu Singh queried why the Board continued to find it necessary to discuss mandatory training, and Lee Martin replied that one reason was that mandatory training was difficult for staff to do online, hence the introduction of the new booklet. Chris added that being able to use parts of the corporate induction programme to carry out training modules was proving very useful for staff to improve compliance.

15/058 TDA Board Statements

58.01 Siobhan Harrington drew attention to changes which had taken place since the previous month's submission. She listed Number 6 (the Long Term Financial Model), Number 7 (forecast outturn position) and Number 10 (targets for January).

The Trust was also declaring a risk around compliance with Level 2 Information Governance training.

15/059 Use of Seal & Deed of Execution

59.01 The paper presented showed the formal record of the use of the Trust's seal during 2014/15, and was accepted by the Board.

15/060 Draft cycle of Board business

60.01 Introducing this item, Lynne Spencer explained this was very much a working document and therefore subject to change. She was working with committee chairs on sequencing of information flows from committees' cycles of business to the Board.

60.02 In answer to a question from Paul Lowenberg about whether there should also be an annual review of performance in June, Simon Pleydell replied that information would be contained within the annual plan which would come to the Board in May. There would also be a Remuneration Committee which would review the performance of the senior team. Paul said that there would need to be a structured review of the CIP programme, and Steve Hitchins, whilst agreeing with this, said that the correct forum for this review was the Finance and Business Development Committee.

15/061 Assurance Reports from Board Committees

Audit & Risk Committee

61.01 Paul Lowenberg, who had chaired the most recent meeting of this committee, said that there were two main items to report. The first, which he said should come as no surprise, was that the external auditors would not be issuing a clean report due to the financial deficit. The second item worthy of note was that the quality of some of the internal audit reports had been called into question; this was illustrated in particular by the report into Bank & Agency staffing. Further consideration needed to be given to this. Simon Pleydell informed the Board that the internal auditors had been present at the previous day's Trust Management Group (TMG), where there had been collective agreement of the internal plan for the coming year, and he added that it took two sides to agree a good audit plan, and wondered whether it was possible that the right questions to ask had not been specified. He felt that there had been a positive discussion at TMG. Rob Whiteman reminded the Board that this service would shortly be coming up for tender.

Quality Committee

61.02 Chair of the Quality Committee Anu Singh drew attention to the following items of business which had been discussed at the most recent meeting of the Quality Committee:

- Learning disability services, where that had been some major changes to local authority service provision as a result of which those services were being closely monitored
- Patient experience, where several recently received survey responses had been scrutinised and consideration given to how learning from these was embedded into services

- Complaints, where the committee routinely looks at both numbers and trajectories.

61.03 Anu concluded her report by stressing the importance of attendance at meetings by middle and senior divisional meetings, saying that one division had left the meeting following the presentation of their report. She accepted that this had been due to an unfortunate clash in meetings, and asked Lynne Spencer to bear this in mind when working on her planning cycle.

15/062 Any other business

Clinical Strategy

62.01 Greg Battle reported that work was in hand to develop the key documents that would support the clinical strategy, and he hoped that these would be ready for circulation in the following month.

62.02 Noting the end of the financial year, Steve Hitchins thanked everyone for the efforts they had made and acknowledged positive movement made over previous months. He asked that the Board's thanks be passed on to managers and their teams.

* * * * *

Action Notes Summary 2015-16

This summary lists actions arising from meetings held July 2014 to December 2014 and lists new actions arising from the Board meeting held on 1 April 2015.

Ref.	Decision/Action	Timescale	Lead
143.01	Cancer services strategy to be aligned to clinical strategy to address question on integrated care and present to Board	On Board Cycle	LM
174.06	Finance and Business Development Committee to review business plan produced for the outsourcing of catering service	On Board Cycle	PI
08.03	Key performance indicators on ambulatory care to be incorporated in the monthly dashboard report	May Board	LM
20/06	The Director of Communication & Corporate Affairs will liaise with the Director of Estates and Facilities to review signage	Ongoing	LS/PI
41.01	BAF and corporate risk register to be reviewed as part of governance review to strengthen risk management for 2015/16	Completed On Board Cycle	SMH
56.03	Information on IAPT waits and ambulatory care to be included in future performance reports	On Board Cycle	LM

Whittington Health Trust Board

6 May 2015

Title:		Chief Executive Officer's Report to the Board					
Agenda item:		15/066		Paper		2	
Action requested:		For discussion and information.					
Executive Summary:		The purpose of this report is to update the Board on local, regional and national key issues facing the Trust.					
Summary of recommendations:		To note the report.					
Fit with WH strategy:		This report provides an update on key issues for Whittington Health's strategic intent.					
Reference to related / other documents:		Whittington Health's regulatory framework, 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 completed:		May 2015					
Author name and title:		Simon Pleydell, Chief Executive		Director name and title:		Simon Pleydell, Chief Executive	
Date paper seen by EC n/a	n/a	Equality Impact Assessment complete?	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.

Year End

Thank you to all staff and volunteers who have worked hard throughout the 2014/15 financial year to maintain our focus on delivering high quality care to our patients and ensuring patient safety remains our top priority.

The formal close down of the year is now underway and the financial accounts, annual report, quality account and annual governance statement will be reported to the July Board with our formal AGM planned for September.

This year has seen the expansion of our pioneering Ambulatory Care service that provides care as close to home as possible for patients, limiting the amount of time they spend in hospital as is appropriate. We also opened our new TB centre as the lead provider of the new coordinated TB service for North Central London in partnership with UCLH.

We introduced our Hospital at Home service which combines community and acute staff working in partnership to provide safe care at home for children and young people, enabling them to be discharged from hospital quicker or preventing admission.

We were delighted to receive numerous high profile local and national awards which included:

- Our maternity unit for an initiative that enables birth partners to stay overnight to support women with the care of their newborn baby.
- The London midwifery supervisor of the year was awarded to Logan Van Lessen by the Local Supervising Authority.
- Our consultant obstetrician Chandrima Biswas named in the Evening Standard's list of the 1000 most influential people in London for the work she does on campaigning on the dangers of maternal obesity, her volunteer work in Africa tackling deaths in childbirth and her recent Kilimanjaro climb to raise funds for premature babies.
- Children's epilepsy nurse specialist, Tessa Walker won the best practice award at the Young Epilepsy Champions Awards in March 2015 for her work supporting young people with epilepsy to manage their own condition and learn from other young people with the same condition.
- The N19 pilot team named as the Team of the Year award at the Islington Council's staff awards.
- Paediatric community matron, Bernadette O'Gorman named as a winner in the prestigious national 2014 WellChild Awards.
- Our diabetes team of the year received a special commendation for their work by the BMJ.

- The Trust received a certificate of excellence award in recognition of our internship programme set up by CAPA International Education given to American exchange students working on projects at the Trust.

We continued to recognise the success of staff internally through our Whittington Health excellence awards.

We are pleased that we have continued to maintain our low SHMI score, meaning that the Whittington Hospital is one of the safest places nationally to receive care.

STRATEGIC

Maternity planning permission granted

Islington Council granted planning permission for the redevelopment of the maternity and neonatal facilities at its planning committee on Thursday 23 April. This is an important stage in our planned redevelopment. Our full business case for this is with the NHS Trust Development Authority (TDA) and we expect to hear soon about the outcome. The investment will enhance the quality and environment of our maternity services with new neonatal intensive care and high dependency care units, second obstetric theatre and refurbished labour ward.

QUALITY

Patient Safety

Our performance report fully details our target compliance and areas for improvement and below is a summary of some key quality and patient safety priorities:

Patient Safety Walkabouts

We have recently introduced a new format for the Patient Safety Walkabouts as part of our ongoing commitment to keeping patient safety as a top priority and ensure high visibility of our Trust Board members.

Dr Allan Frankel, an anaesthetist from Boston originated the idea of Patient Safety Walkabouts which aim to build communication and relationships with front line staff, increase the awareness of safety issues among all staff, make safety a priority for senior leaders by spending dedicated time promoting a safety culture, educate staff about patient safety concepts such as incident reporting and obtain and act upon information that identifies areas for improvement.

Learning from Experience

The Trust has launched a new intranet page for staff to share the lessons learned from our investigation outcome reports of serious incidents. This important initiative will continue to expand and supports our commitment to continuously improve our services for our patients.

Friends & Family Test (F&FT)

Staff engagement is a key indicator for the Trust in measuring how well we manage staff and the quarterly F&FT test is one of the ways we measure our progress.

We have seen improvements in our response rates since we started, with over 1100 members of staff replying to our latest survey which is almost double the response rate of other Trusts across the country. A targeted communications plan has helped us achieve this excellent response rate, as well as opening up the survey to all staff.

The results show 78 per cent of staff would recommend Whittington Health to friends and family if they needed treatment or care, compared to 75 per cent for the previous quarter's survey. 61 per cent of staff would recommend Whittington Health to friends and family as a place to work, compared to 59 per cent for our previous survey.

MRSA Bacteremia

The Trust has a zero tolerance approach to MRSA bacteremia breaches. In March there were no cases reported and colleagues continue to be extra vigilant with regular awareness raising initiatives on the importance of adhering to our infection control procedures to maintain our focus on patient safety as our top priority.

C. Difficile

The Trust achieved the C.Difficile target for the year which is an important safety indicator for our patients that we are continually focusing on keeping our patients safe. The year ended at reporting 17 cases with a threshold target of 19. Staff are being supported and encouraged through our infection control programme to decrease this number further in 2015/16.

Pressure Ulcers

Prevalence of pressure ulcers has been increasing and the Trust Quality Committee is monitoring an action plan for improvements to be implemented in the community with educational programmes planned for families on the management and awareness of pressure ulcers.

Care Quality Commission (CQC)

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.

PERFORMANCE AND OPERATIONAL

Operational Alignment and Structure

The Trust has successfully concluded a consultation which commenced on 18 March for a small number of Senior Operational Managers, Divisional Directors and Clinical Directors affected by the proposals. Thank you to those staff who engaged

in the process to feedback their views and help us shape our new arrangements that will strengthen clinical engagement, leadership and accountability.

Recruitment is now underway for seven Clinical Director posts to lead the new seven Integrated Clinical Support Units (ICSUs).

1. Medicine, frailty and networked services.
2. Surgery.
3. Outpatients, prevention and long term conditions.
4. Children's services.
5. Women's and families services.
6. Clinical support services.
7. Emergency and urgent care.

We aim to launch the new arrangements from 1 June supported by a programme of internal communications and transitional management support.

Emergency Department (ED)

Our ED and subsequent services continue to have seen an increase in demand, particularly the acuity and complexity of the patients. Increased focus and support for our community teams continues in order to meet the demand for early discharge and increased referrals from neighbouring trusts. Despite the continued pressure, our performance against the four hour standard for March was 94.1 per cent. The year-end performance was reported at 94.74 per cent against the target of 95 per cent. The Trust is delighted that Whittington Health remains in the top quartile for performance of hospitals across London for delivering timely and high quality services to patients who attend our emergency department.

Referral to treatment (RTT) waiting times

We have continued delivering the national standards for our planned care patients. This is the fifth consecutive month that we have achieved the target. The waiting times for 'out-patient first consultant appointments' and 'diagnostics first appointments' are now included on our Trust Board performance dashboard and are being displayed on our internet site each month as part of our ongoing programme to publish more information for the communities we serve.

Cancer standards

We have met our national standards for March and are extremely pleased that patients continue to receive high quality and timely cancer services from our clinical teams.

FINANCE

Month 12

2014/15 continued to experience high demand for community and hospital services and staff are congratulated for ensuring patients received high quality and timely services throughout the year which is demonstrated through our strong operational performance results.

Against this backdrop of solid performance, we closed the year with a deficit of £7.3m. We enter the new financial year with a challenging plan to deliver an improved run rate to create a solid foundation for the organisation. Our operational plan outlines our approach to the year ahead. We are realigning the clinical leadership and management to enable us to deliver at scale and pace.

We are working closely with key stakeholders and the TDA to ensure financial sustainability is achieved in the forthcoming years. We anticipate a minimum two year financial recovery period and are confident that we can create the building blocks to achieve financial sustainability over this period.

Congratulations to our Marathon Runners

I would like to sincerely thank our fantastic team of runners who took part in the London Marathon on Sunday 26 April. This was an amazing achievement to dedicate their personal time to training over the year for the challenging event to raise vital funds for our charity.

The team who ran for us were Narendra Pisal (Consultant Gynaecologist), Wynne Leith (Neonatal Consultant), Miriam Tarkin (Specialist Paediatric Allergy Dietitian), Dan Moulton, Jonny Milligan and Jo Brown; latter three are non- staff.

It was also great to see Laura Harvey one of our physiotherapists being interviewed across the major TV channels at the Marathon because she ran with her fiancé and stopped half way to get married before resuming and being carried across the finishing line by her husband.

Congratulations to Laura and her husband Paul Elliott who works at Imperial College.

Simon Pleydell
Chief Executive Officer

Whittington Health Trust Board

6 May 2015

Title:		Safe Staffing (Nursing and Midwifery)					
Agenda item:		15/067		Paper		3	
Action requested:		For information					
Executive Summary:		<p>This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in March 2015. Key issues to note include:</p> <ul style="list-style-type: none">• The majority of areas reported greater than 95 per cent ‘actual’ versus ‘planned’ staffing levels.• A number of areas reported ‘actual hours worked’ over and above those ‘planned’ which was attributed in the main to the provision of RMNs/RGN’s/HCA’s to support patients under a Mental Health Section, patients with increased dependency and 1:1 ‘specialing’ of some of our most vulnerable patients.• In Cloudesley, 13 shifts triggered red due to unexpected leave and specialising requirements. Day shifts were supported by the matron and the Practice Development Nurse and site managers supervised night shifts.					
Summary of recommendations:		Trust Board members are asked to note the March 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:		Efficient and effective care, Francis Report recommendations, Cummings recommendations and NICE recommendations.					
Reference to related / other documents:		Complies with regulatory requirements and assures patient safety					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		3.4 Staffing ratios versus good practice standards					
Date paper completed:		April 2015					
Author name and title:		Lisa Smith– Assistant Director of Nurse Education and Workforce		Director name and title:		Philippa Davies – Director of Nursing and Patient Experience	
Date paper seen by EC	n/a	Equality Impact Assessment complete?	n/a	Risk assessment undertaken?	n/a	Legal advice received?	n/a



Safe Nurse Staffing Levels March 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 March 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 – 31st March 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. Staff were also moved 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 March 2015. The average fill rate was 103.8% for registered staff and 132.1% for care staff during the day and 113.7% for registered staff and 132.6% for care staff during the night.

Two wards fell below 95% fill rates for qualified nurses but were managed safely by moving staff from other green rag rated areas and with the assistance of matrons and practice development nurses. Above 100% fill rate occurred on six areas where nurses were required to care for patients who needed specials due to mental health issues. 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 March 2015 between 32 and 57 HCA 'specials' were required, which is around a third of the number at the highest point in August. The number of RMN 'specials'

required to care for patients under a mental health section was low for the most part of March with the exception of the last week, in which there were 48 shifts required.

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 March can be seen in **Appendix 3**. In summary, in March a total of 44/1488 (2.96%) shifts triggered 'red' which is fractionally higher than previous months but continues to be low. Of these, 34/837 (4.06%) occurred in the division of Integrated Care and Acute Medicine (ICAM), 2/279 (0.72%) in the Women's, Children and Families (WCF) division and 17/372 (4.57%) shifts were reported to have triggered 'red' in the division of Surgery, Cancer and Diagnostics (SCD).

Out of the 34 shifts which triggered red in ICAM, 13 were in Cloudesley and due to unexpected leave, including sickness and compassionate leave as well as the requirement for specials.

Of all shifts that initially triggered 'red', 19 were related to 'early' duty shifts, 15 to 'late' duty shifts and 10 to 'night' duty shifts.

The challenges of ensuring adequate staffing levels on wards during March 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.

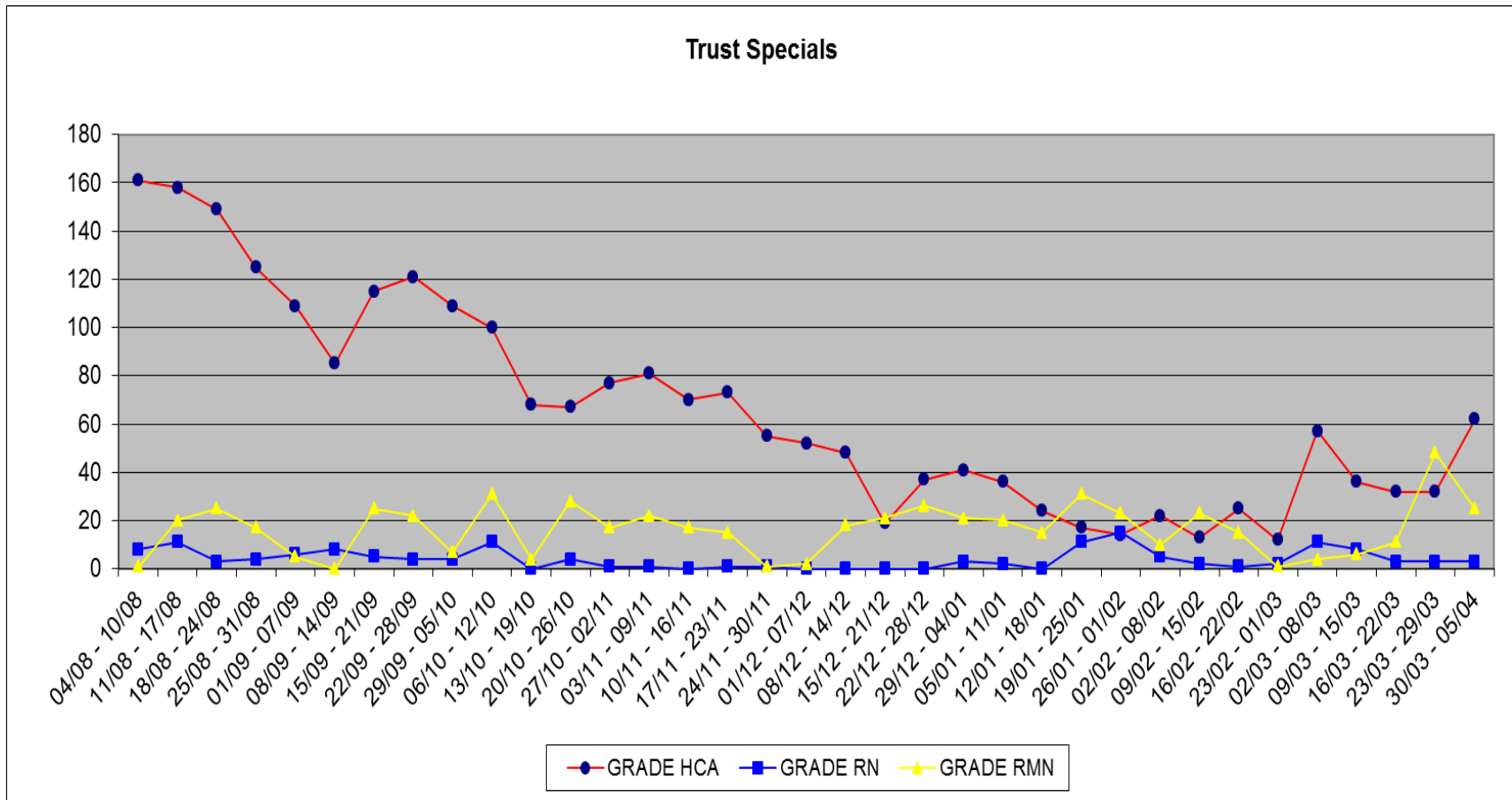
5.0 Conclusion

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

Fill rate data – summary

March 2015

Day				Night				<u>Average</u> fill rate data- Day		<u>Average</u> fill rate data- Night	
Registered nurses/ midwives		Care staff		Registered nurses/ midwives		Care staff		Registered nurses/ midwives	Care staff	Registered nurses/ midwives	Care staff
Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	103.8%	132.1%	113.7%	132.6%
33,443 hours	34,009 hours	10,544 hours	12,289 hours	27,133 hours	26,897 hours	6,499 hours	8,733 hours				



Appendix 3

				March – 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
ICAM	Elderly Care	Meyrick		93	3	1	1	5	5.38		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		Cloudesley		93	4	6	3	13	13.98		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
		Cavell		93	0	1	0	1	1.08		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		Bridges		93	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	Montouchi		93	0	0	1	1	1.08		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		93	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		93	1	1	2	4	4.30		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	MAU	MSS		93	0	0	1	1	1.08		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		MSN		93	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				837	8	9	8	25	2.99		
SCD	ITU	ITU		93	4	1	0	5	5.38		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		93	2	2	1	5	5.38		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Ortho (Trauma)	Coyle		93	1	1	1	3	3.22		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Ortho (planned)	Thorogood		93	2	2	0	4	4.30		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
TOTAL				372	9	6	2	17	4.57		
WCF	Paediatrics	IFOR		93	1	0	0	1	1.08		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		93	1	0	0	1	1.08		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Neonatal ITU	NICU/SCBU		93	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				279	2	0	0	2	0.72		
TRUST TOTAL				1,488	19	15	10	44	2.96		

Whittington Health Trust Board

6th May 2015

Title:		TDA One-Year Operational Plan 2015-16					
Agenda item:		15/069		Paper		4	
Action requested:		For agreement					
Executive Summary:		This paper is the summary of the Trust's Operational Plan for 2015/16 to be submitted to the Trust Development Authority (TDA). The plans will be submitted in full to the TDA on 14 th May 2015.					
Summary of recommendations:		<p>The Board is asked to:</p> <ul style="list-style-type: none">Agree the corporate objectives for 15/16 in section 1.6 <p>In 2015/16 we will:</p> <ol style="list-style-type: none">Deliver high-quality, safe care and improved patient experienceDevelop and support our people and teamsDevelop our business to ensure we are clinically and financially sustainableFurther develop and expand our partnerships and engagement <ul style="list-style-type: none">Agree the overall operational plan for 15/16					
Fit with WH strategy:		This paper reflects Whittington Health's strategic view and developments, alongside extensive planning. It is also a mandatory requirement placed on us by our regulator.					
Reference to related / other documents:		Trust Clinical Strategy					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		N/A					
Date paper completed:		27 th April 2015					
Author name and title:		Hannah Finney Strategy and Planning Manager		Director name and title:		Siobhan Harrington Director of Strategy and Deputy Chief Executive	
Date paper seen by EC	21st April 2015	Equality Impact Assessment complete?		Risk assessment undertaken?		Legal advice received?	N/A



Summary of One Year Operational Plan 2015/16

1. Strategic context and direction

Whittington Health has made significant progress in 14/15 in delivering innovative models of care, whilst understanding the detail of the financial performance of the Trust both historically and prospectively. It has been a challenging year which has seen changes in senior leadership in the Trust, whilst a lack of robust business planning historically led to ambitious activity assumptions and insufficient financial control. CIP delivery has been below the target set. Combined income and expenditure challenges have resulted in the Trust having a planned deficit of £7.3m at year end. The financial year 14/15 continued to see high demand for community and hospital services; in this context operational performance has overall been strong.

Through this year we have put in place a more robust planning process with significant clinical engagement. Progress has been made to secure a permanent leadership team. There is an understanding of the underlying financial position of the Trust and this work paves the way for 15/16 where the focus will be on stability and sustainability. The Trust will be setting realistic plans; dealing with the core issues and maintaining market share, with some areas for targeted growth.

The Trust has been reviewing its clinical strategy internally, and with local people and partners. The commitment to integrated care remains a key focus, with a stronger emphasis on patient safety, quality and prevention. The Trust believes its service portfolio of primary, community and hospital services, and positive relationships with partners and its local community places it in a strong position to be at the forefront of the 'Five Year Forward Models of Care', as we move into 15/16.

1.1 Achievements in 14/15

Whittington Health has continued in 14/15 to deliver high quality services alongside creating new models of care. We have achieved the national targets for cancer and RTT. We have performed relatively well in London against the Emergency Department 4 hour target. We have maintained performance on quality measures including our low Standardised Hospital Mortality Indicator ratio.

There has been investment into nursing and medical staffing to progress 7 day working, including recruiting additional orthopaedic and general surgeons. The clinical workforce and leadership in our GP practice in Hanley Road has been further developed. There has been improvement in both District Nursing and our musculoskeletal services. Our District Nurses use iPads to support their clinical work, which has supported communication and more efficient working.

The Trust obtained JAG accreditation for our Endoscopy service which continues to place us in a strong position for growth of bowel screening work.

The Kings Fund reviewed our journey to integrated care in October 2014 and noted the innovative care models that were being delivered and the progress we had made on integration.

We developed a new model of care in our ambulatory care unit which has been locally and nationally recognised. This has been enhanced by the development of additional pathways delivering care closer to home. Our Hospital at Home children's service has commenced and is being delivered in Islington.

We have been a key partner in the development of locality working in both Haringey and Islington, further progressing the work of the Islington Integrated Care Pioneer Programme. During the year this culminated in the Trust, with Islington and Haringey colleagues, being shortlisted for the national 'New Models of Care' programme as a potential Vanguard in the PACS (Primary and Acute Care Systems) model building on our work as an Integrated Care Organisation.

We have also delivered a joint integrated model of TB care with UCLH providing the south hub for TB services in North Central London.

Examples of some of our success in tendering exercises includes Whittington Health retaining the contract for sexual health services in Haringey, securing the Looked After Children's Service in Hackney, and being awarded the community gynaecology service for Islington and Haringey. We were also identified as the host organisation for the Community Provider Education Network in North Central London and are developing a community simulation hub.

There have been capital improvement works to areas within the Maternity department including the refurbishment of Murray Ward and the opening of a new staircase and lifts in the Maternity wing. There was also refurbishment of the front area of the Emergency Department to create a smoother pathway for patients and an area for rapid assessment.

Throughout the year we reviewed our communications strategy. There was engagement of staff, stakeholders and our community to develop our clinical strategy. We also hosted a voluntary sector conference and developed a number of patient champion roles.

1.2 Strategic commissioning intentions

The Trust and its primary commissioners (Haringey and Islington CCGs) continue to maintain excellent relations evidenced by joint working through the Transformation Board, agreement on resolution of contract issues in year, investments in new service models and work on RTT and winter resilience.

Commissioning intentions included:

- Ongoing development and delivery of value based commissioning with regard to frail elderly, diabetes and mental health care
- Developing the locality service offer and responding to the Better Care Fund opportunity in both boroughs
- Redesign of services and pathways in specialties such as urology, gastroenterology and dermatology as part of an emphasis on treating patients as close to home as possible
- Promotion of collaborative working across the local health economy on pathways that promote prevention and patient self-management

The overall impact of the commissioning intentions continues to be aligned to the strategy and delivery models of the integrated care organisation.

1.3 Local health economy factors

WH operates within North Central London which consists of five CCGs; Barnet, Enfield, Haringey, Islington and Camden, together serving a population of around 1.27 million people and facing significant financial challenge over the next five years.

The Trust is an active partner in UCLP, our local academic health science partnership. The provider market locally consists of two acute Foundation Trusts, UCLH and RFL. The Trust delivers clinical care within a specialist network with these providers. There are also a number of specialist Trusts locally including GOSH and Moorfields. Recent capital developments in maternity units at UCLH and North Middlesex have had some impact on maternity activity at the Trust which has added to the need for the environment in our maternity services to be improved.

The Trust is the largest provider of community services in North Central London, with three other community providers in the local area. The Trust holds a unique position in delivering primary, community and hospital services in two key boroughs as well as some key community service lines into Barnet, Enfield and Camden, as well as Hackney.

The Trust has good working relationships with Camden & Islington Mental Health Trust and Barnet, Enfield & Haringey Mental Health Trust, as well as with the North Middlesex University Hospitals Trust where we share population coverage across Haringey.

The population locally is expected to increase by c.6% over the next five years across Haringey and Islington. Significant growth is expected in the over-75 year olds in Haringey. Haringey and Islington are amongst the boroughs in England with the most significant health inequalities. Obesity is a key issue in both boroughs, with a projected rise in people suffering with more than one long-term condition.

WH has actively engaged in the strategic planning across North Central London with all providers. We believe we are uniquely placed to provide the whole pathway of care to our local population and support GPs in Haringey and Islington to manage demand into local tertiary centres.

1.4 Competitive position of the Trust

Whittington Health operates in an increasingly competitive market in acute and community services. The tables below provide a more detailed breakdown of market share of acute services by CCG.

1st Outpatient Referral

CCG	WH Market Share*	Main competitor	Other Significant Providers
Islington	49%	UCLH (27%)	Royal Free (6%)
Haringey	44%	North Middlesex (29%)	Royal Free (8%)
Barnet	4%	B&CF (44%)	Royal Free (35%)
Camden	4%	Royal Free (50%)	UCLH (28%)
Enfield	4%	B&CF (53%)	North Middlesex (22%), UCLH (6%)
City & Hackney	2%	Homerton (78%)	Barts (9%) UCLH (4%)

Based upon **first outpatient** referral date for December 2013 - December 2014, referred by GP.
Exclusions : Maternity (variable data entry practices across Trusts), Ophthalmology (distortion effect of Moorfields). Source: Dr Foster Intelligence

Day Case

CCG	WH Market Share*	Main competitor	Other Significant Providers
Islington	39%	UCLH (45%)	Royal Free (5%), Barts (2%)
Haringey	30%	North Middlesex (32%)	UCLH (18%) Royal Free (6%)
Barnet	5%	B&CF (42%)	Royal Free (22%), UCLH (16%)
Camden	4%	UCLH (51%)	Royal Free (31%), Imperial (5%)
Enfield	3%	B&CF (40%)	North Middlesex (28%), UCLH (12%)
City & Hackney	2%	Homerton (62%)	Barts (14%) UCLH (13%)

Based upon **Day Cases**, December 2013 – December 2014 Exclusions: As above. Source: Dr Foster Intelligence

Our marketing approach continues to be a customer-focused one, working with local GPs to respond to feedback on services. Our relationship with primary care in Haringey and Islington continues to be stronger than our local acute hospital competitors (i.e. UCLH or North Middlesex). We will continue this approach.

UCLH has gained market share locally with Day Case work. In the year ahead, through direct GP engagement and promotion of our Day Case facilities and recent JAG accreditation, along with rapid access pathways, we will actively compete.

In relation to community services and integrated care WH is seen as a market leader and has held a strong competitive position this year with some award of services in Hackney and Enfield. We have completed work to strengthen our district nursing and musculoskeletal services this year. We continue to look for new ways to deliver integrated care for our local population; for example, we have submitted our expression of interest to be lead provider for Older People with Frailty in Haringey, and Diabetes in Islington and Haringey.

1.5 SWOT analysis

This year, the Trust reviewed and refreshed its SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. The latest SWOT was developed with clinical engagement through the planning process.

We identified multiple strengths. The Trust offers safe care, with a low hospital mortality ratio and improved infection control measures. We have developed innovative integrated pathways (for example, Ambulatory Care, or our respiratory pathway) that are widely recognised as providing high-quality joined-up care for patients. As a Trust we also have capacity for potentially more elective work in the local health economy. We have good relationships across our local community and with our key stakeholders. Finally, we have an excellent reputation for training and education.

However, we also identified some weaknesses. There has been instability in the senior leadership team and this is now being strengthened. There are parts of the Trust's Estates portfolio that are in need of improvement. There are issues with high use of agency staffing and staff turnover. Despite some areas of good progress, the Trust will need to continue to develop innovative integrated pathways across its service provision. This links to a need to strengthen the IT systems across the Trust, in that we are yet to have interoperability across our care settings. Finally, we have a limited research portfolio that we are looking to extend.

Therefore, we have several opportunities to address our weaknesses and continue to move forward. We will be looking to strengthen existing relationships and develop new ones to continue to provide innovative and high-quality care across the sector. We will look to strengthen our partnership working, such as through our recent work on developing working relationships with the voluntary sector, and collaborative working with fellow providers and primary care. We will continue to develop innovative integrated care pathways that benefit our communities. We will also remain competitive in our local health economy to actively increase our market share and develop new services. We will work with other providers to help where elective capacity may be constrained.

These opportunities are framed within an understanding of the ‘threats’ that Whittington Health faces. We are working towards being financially stable and sustainable, and have a detailed and realistic plan in place to do this. We also need to be mindful of commissioning intentions, alongside the strategies of other providers within the sector. Finally, we have a dedicated local community who are passionate about Whittington Health which is a strength that we must continue to cultivate and appreciate.

1.6 Clinical strategy

In March 2015, the Trust Board approved Whittington Health’s new five year clinical strategy. It set out our ambition for the organisation to be a national leader in delivering safe, integrated care with a local community focus.

Our new mission is *“helping local people live longer, healthier lives”* and we will aim to achieve this through our new vision, *“to provide safe, personal, co-ordinated care for the community we serve”*.

The clinical strategy was a product of extensive engagement with both internal and external stakeholders, and through this work, we developed 6 new strategic goals. They are as follows:

- 1 To secure the best possible health and wellbeing for all our community
- 2 To integrate/co-ordinate care in person-centred teams
- 3 To deliver consistent high quality, safe services
- 4 To support our patients/users in being active partners in their care
- 5 To be recognised as a leader in the fields of medical and multi-professional education, and population-based clinical research
- 6 To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population

Alongside partners, we submitted an expression of interest for the vanguard programme. This was across Haringey and Islington with population-based health as a priority. Our application was shortlisted. There is a commitment locally to continue to move forward on delivering this work at pace.

In order to deliver the clinical strategy there has been recognition of the need to change the ways in which we currently operate and there are a number of themes that will underpin how we operate in order to enable delivery. These themes were captured as how we are going to move the organisation forward through:

- Strong clinical leadership and direction
- Staff engagement across the organisation
- Clear accountability and responsibilities in the workforce
- Drive in innovation and improvement
- Clear and strong decision-making and a clear vision for the organisation

To this end the corporate objectives that will frame our work in 2015/16 are to:

- Deliver high-quality, safe care and improved patient experience
- Develop and support our people and teams
- Develop our business to ensure we are clinically and financially sustainable
- Further develop and expand our partnerships and engagement

These, with the changes we have made to develop integrated clinical business units and realignment of our management will ensure that we deliver our challenging agenda throughout 15/16 and over the next stage of our integrated care journey. These changes will be supported with a training and development programme.

1.7 Service developments in 2015/16

The focus within the Trust in 15/16 will be to strengthen the sustainability of all services and prioritise patient safety and robust processes across the organisation.

Key strategic service developments for 15/16 will include:

- 1 Further development of ambulatory care and care closer to home linked to locality development in both Islington and Haringey
- 2 Mobilisation of community gynaecology service and further growth into the community market
- 3 Growth of endoscopy and bowel screening work
- 4 Further improvement and targeted growth of orthopaedics, and continued targeting of daycase elective work
- 5 Support and development of primary care providers as local federations emerge with which we will collaborate
- 6 Continue to be recognised as a leader in integrated care, and providing educational opportunities and population based research
- 7 Exploring the best model of pathology services for the organisation
- 8 Integrated new models of care for frail older people and those in nursing homes, and for those people with diabetes
- 9 Further developing the joint work with mental and physical health
- 10 Developing the integrated partnership working with Local Authority colleagues in the localities
- 11 Implementing interoperability across IT systems in Haringey and Islington
- 12 Progressing our redevelopment of Maternity and Neonatal services and development of a perinatal mental health service

1.8 Transactions and organisational sustainability

The Trust is not anticipating the need for a transaction in the year ahead. 15/16 will be a challenging year for the organisation but the detailed work on the LTFM and the strength of the permanent leadership team means that the scale of the challenge is understood. This work will not be complete in one year but there will be an improved run rate that will create momentum for delivery over the next two years. The team is committed to developing and

delivering realistic plans, having a stronger clinically led management structure and building an innovative, sustainable and viable organisation fit for the future.

2. Approach taken to improve quality and safety

Quality of care and patient safety are at the forefront of everything that Whittington Health does.

2.1 Priorities in 2014/15

Our Quality Account 13/14 identified the following as our key quality priorities for 14/15:

1. Develop a localities-based model of care with our commissioners.
2. Improve patient experience in outpatients.
3. Further develop co-creation of healthcare with patients as active partners.
4. Improve the success rate in helping people stop smoking and to reduce the harm caused by alcohol.
5. Work with other Islington stakeholders to develop our pilot Community Education and Practice network.

Progress has been made in all five areas. This will be reported and assessed in more detail in the Trust's Quality Account, due to be published in June 2015.

2.2 Our approach to quality and safety

As an Integrated Care Organisation, we can provide innovative and high quality healthcare across the acute hospital and community for the benefit of the local population. Our Clinical Strategy has been developed which aims over the next five years to 'help local people live longer healthier lives', with a strategic goal being to deliver consistent high quality, safe services. For the year ahead one of our corporate objectives is to: "Deliver high quality, safe care and improved patient experience". The Chief Executive's 'Way Forward' vision for the future of Whittington Health emphasises the importance of continually striving to improve quality and safety.

Our new strategic goals that were published in our clinical strategy for 2015-20 and our Sign Up to Safety priorities are providing a strong foundation for the Trust to continually promote quality across the organisation. Our Quality priorities for 15/16 are aligned to these strategic goals and we will embed them across the organisation.

In 2015/16, we will be using the Sign Up to Safety initiative to re-energise the organisation's commitment to safety. We will be focusing on specific areas with the aim of reducing avoidable harm to our patients.

The clinical leadership and operational model has been reviewed to reduce bureaucracy and strengthen the clinical leadership and engagement in decision making. This will support delivery of our clinical strategy incorporating our quality agenda.

The organisation has a strong governance structure in place to promote and monitor Quality. We have a programme board consisting of the Executive Medical Director, the Chief Operating Officer and the Director of Nursing and Patient Experience. Safety is reported through the Patient Safety Committee which reports to the Quality Committee, a sub-committee of the Trust Board chaired by our non-executive lead. There are identifiable

Quality Leads at director-level and in all clinical areas. There are also audit leads and clinical governance leads. The information strategy follows a system of information flowing between divisions, and from divisions up to the Quality Committee.

The divisional Quality groups have met on a monthly basis and have had a set core agenda. This covers all of the Quality monitoring systems such as: patient safety and patient experience walkabouts, CQC information, NICE guidelines, auditing, SI reporting, and a review of the 14 Quality Standards (inclusive of the 5 'Sign Up to Safety' standards). This is being reviewed to align to the integrated clinical business units.

Through 2015/16, safe, high-quality patient care delivered in the right way, at the right time, every time, will remain as our focus as we continue on our integrated care journey.

2.3 Strategic Quality Priorities in 2015/16

In March 2015, we had a Patient Safety Week which encouraged all staff across the organisation to engage with the many aspects of patient safety through a series of talks, workshops and events.

The Trust Board agreed to 'Sign up to Safety' at our March Trust Board.

We have developed 6 Quality Priorities for 2015/16 as we develop this year's Quality Account:

1. Learning disabilities:
 - In Q4 90% of inpatients with learning disabilities (LD) will meet the LD specialist nurse during their admission, be clearly identified on the electronic patient record, and have a personalised care plan (Purple Folder).
 - In the Emergency Department 75% of all staff will have had specific training in the care of people with LD.
2. Falls:
 - We will reduce the number of inpatient falls that result in serious harm by 50%.
3. Sepsis and Acute Kidney Injury (AKI):
 - We will achieve the national CQUIN around giving antibiotics within the first hour to patients with severe sepsis.
 - In addition we will effectively record our performance in delivering the sepsis 6 care bundle for all patients. We will improve our performance by 50% in the course of the year.
 - We will achieve all our outcome measures associated with our AKI CQUIN in 2015/16.
4. Pressure Ulcers:
 - We will have no avoidable grade 4 pressure ulcers.
 - We will reduce the number of avoidable grade 3 pressure ulcers in the acute setting by 50%.
 - We will reduce the number of avoidable grade 3 pressure ulcers in the community by 30%.
5. Research and education:
 - We will increase by at least 20% the number of NIHR research programmes in which we participate.

- We will increase participation in inter- professional learning events within Whittington Health by 30%.

6. Patient experience:

- We will improve the response rate by at least 20% of Family and Friends Test responses.
- We will reduce the number of people who would not recommend the Trust, and increase the number of people who would.
- We will improve the capture of data that demonstrates the impact of service delivery on outcomes in our diabetic service and frail elderly service.

A priority for the year ahead will also be to make improvements across the 5 CQC domains. Actions that we take to improve quality will be aligned with the 5 CQC indicators; they will be safe, effective, caring, responsive and representative of a well-led organisation.

We are aware that we will be inspected by the CQC in 2015/16 and have begun our preparations to demonstrate our commitment to patient safety and a high quality of care. Our programme of preparation has included: workshops for staff, mock CQC visits to all clinical areas, and revised patient safety walkabouts for Executives and Non-Executives. We have staff that have been part of the inspection regime and we are learning from other Trusts. We will continue to prepare for inspection in a manner that is comprehensive and demonstrative of our commitment to high-quality safe care.

3. Delivery of operational performance standards

During 2013/14, Whittington Health commenced a Value Improvement Programme which had the aim of bringing together improvements in quality, access and cost.

This 'triple aim' has driven redesign through 14/15 in the key patient pathways of emergency care, planned care and outpatients. Furthermore, there have been significant changes and improvements in Ambulatory Care, Pharmacy, Pathology and Radiology.

This redesign agenda has included a focus on working towards the delivery of the national targets for cancer, Referral to Treatment (RTT), and Emergency. The Trust remains extremely committed to delivering all national targets and continues to work hard to do so consistently.

Key deliverables have seen sustainable improvement in:

- RTT
- Cancer
- High performance in Emergency care
- Increased access to community services
- Reduction in Agency staff
- SHMI scores in the top quartile
- New to follow-up ratio for consultant referrals
- High morning discharges
- Low DTOC delays

Please see the table below for our year to date (YTD) performance.

Summary of performance against key national indicators 2014/15

Theme	Key indicator	Threshold (%)	YTD Performance	
Cancer	14 days to first seen	93	91.4%	YTD up to 28 Feb 15
	14 days to first seen - Breast symptomatic	93	91.0%	YTD up to 28 Feb 15
	31 days to first treatment	96	99.5%	YTD up to 28 Feb 15
	31 days to subsequent treatment - Surgery	94	100%	YTD up to 28 Feb 15
	31 days to subsequent treatment - Drugs	98	100%	YTD up to 28 Feb 15
	62 days from referral to treatment	85	90.1%	YTD up to 28 Feb 15
	62 days from consultant upgrade	-	66.7%	YTD up to 28 Feb 15
Referral to Treatment	Admitted	90	91.46%	Nov 14 - Mar 15
	Non Admitted	95	95.26%	Nov 14 - Mar 15
	Incomplete	92	92.85%	Nov 14 - Mar 15
ED	4 hour waits	95	94.74%	YTD up to 31 Mar 15
Mixed-sex Accom	Non-Clinically Justified breaches	0	30 non-clinical breaches	YTD up to 31 Mar 15
MRSA	Number of bacteraemia	0	2	YTD up to 31 Mar 15
C. Difficile	Number of infections	19	17	YTD up to 31 Mar 15

2014/15 has been a challenging year for emergency demand and further improving elective pathways. Through the year, a redesign programme has facilitated improvements in these key pathways.

Successes have been seen across acute and community services including; RTT, cancer, MSK, and District Nursing, for example.

The improvement work will continue into 2015/16 to spread innovations across Whittington Health. To assist with the challenges seen in the emergency care pathway, pre-planning will commence in April 2015 building on the lessons learned from the analysis of 2014/15.

4. Workforce plans

The Trust's workforce strategy will ensure:

'Whittington Health services are outstanding in quality, delivered by empowered, entrepreneurial, highly skilled, motivated staff providing improved, efficient and transformed services to meet the health needs and expectations of local people'.

The workforce plan is being designed to take account of transformational change already underway across the organisation through innovations such as ambulatory care, the TB centre, endoscopy service, maternity service, emergency care pathway, outpatient care pathway, radiology, pathology and pharmacy, musculoskeletal pathway, mental health, intermediate care pathway, district nursing and health visiting services, and the inpatient care pathway.

4.1 Key principles

Key principles in the development of the Trust's Workforce Plan for 15/16 are:

- Setting a staffing establishment that meets operational needs within the cash envelope
- Review and reduce the pay bill and use benchmark data to support the target reductions
- Review of support and other non-patient care services
- Supporting Integrated Care: flexible and remote working; generic skills, change skill mix, attracting staff to work in areas where hard to fill
- New types of roles and workers learning from workforce planning across Islington and Haringey i.e. locality working and redesign to deliver new models of care which will require different capabilities and skills than those currently in the organisation
- Continue the leadership development programme, staff engagement through the Communications strategy and implement the actions arising from the NHS and local staff surveys as well as the FFT for staff and patients
- Staff with the right skills, values and behaviours to work flexibly across the acute and community boundaries and be able to adapt and innovate
- Retain existing staff and attract returners in skill shortage areas such as ED, health visiting and district nursing

4.2 Key strategic drivers

- Reflecting the national priorities for the workforce
- Clinical Strategy
- Service Plans - workforce changes arising from Divisional and Corporate services and the impact of demographic changes

Our CIP programme has a number of schemes that focus on workforce changes requiring transformational change.

4.3 Transformational change within Operations

- Operational Leadership restructure stage one involving Clinical Directors and Associate Directors. The aim of this change is to strengthen the clinical leadership and engagement in the organisation. Once complete the structure and service changes within each of the 7 Clinical service units will be developed. Corporate Services will be redesigned to match the service requirements of the new Operations structure.
- Clinical teams redesign for 12 community work streams will be the next phase of redevelopment.
- Nursing establishment is being refocused as reported to Trust Board in March 2015.

4.4 Mechanisms for achieving transformational change

- Modernising terms and conditions
- Bank and Agency – continue the effective programme of reducing agency spend started in 14/15
- Robust recruitment strategy focussed on substantive recruitment, skill shortages, medical recruitment and local nurse recruitment
- Vacancy Scrutiny Panel continues its work in challenging all vacant posts that are submitted for recruitment
- Incorporate seven day working across the organisation to deliver consistent service levels into weekends
- Manager self-service for staff terminations and contractual variations removed and centralised therefore strengthening control on pay costs

4.5 Staff engagement and support

A new Organisation Development Strategy will be developed that will provide the context and framework for the development of a new Clinical Leadership programme to support the restructure in the Operations Clinical Service units.

The strategy will provide a renewed focus on performance management that aims to increase the compliance rates on appraisal and statutory mandatory training. The coaching conversations programme in phase two is continuing which will support managers in the performance reviews with their staff.

A more joined up approach to staff engagement is planned with a new Communications and Staff Engagement strategy. The key features will improve the Chief Executive's briefings and staff awards, a consolidated approach to staff surveys combining the findings from the NHS staff survey with the staff family friendly tests so that a corporate action plan with Executive accountability will be implemented during 15/16.

A robust succession planning scheme will also feature as part of the OD Strategy that will strengthen our leadership and management capacity to drive the change.

5. Financial and investment strategy

The financial plan for 2015/16 is pivotal to delivering the Trust's two year financial recovery plan.

Although the headline deficit in 2014/15 is projected to be £7.4m; the underlying position at the close of the 2014/15 year when non-recurrent sources of income are removed from the position, is circa £15m deficit. This underlying deficit will need to be eliminated. The 2015/16 plan takes the Trust along this trajectory.

Lessons from 2014/15 have been learnt. A key plank in the 2015/16 financial plan is the cost improvement programme of £15m which equates to circa 5%. This is a challenging target. The Trust is planning to implement major transformational work streams which intend to exploit the developed integrated care pathways and re-design/re-shape the workforce. This will be necessary to deliver a further £15m CIP in 2016/17. The Trust will need to deliver this scale of savings in order to eliminate the underlying financial deficit and move to a surplus position. Because of the importance of the delivery of the CIP the Executive team are strengthening the governance of the CIP programme. There is clear accountability for this programme.

The CIP program for 2015-16 had been developed with the following governance to ensure robust challenge of costs savings and maintaining quality and access:

- CIP report within the finance section of the board report
- CIP report to the finance and audit committee
- CIP report to the Trust Management Group
- CIP quality and safety review group chaired by the Medical and Nursing Directors
- CIP steering committee every two weeks chaired by the COO
- CIP working party meetings weekly chaired by the COO

The cost improvement programme themes are based on aligning quality, access and costs of services and potential redesign. Divisional and corporate services have been allotted CIP measures within the budget build up and also organisational savings have been developed.

Our plan is to reduce the expenditure run rate during 15/16. This will be achieved through strong cost control and delivery of the savings programme. We will be focus on improving the underlying financial health of the Trust. The Finance Directorate will enhance its financial reporting and business partnership approach to support the Executive team to drive the financial improvements. Cash is being managed tightly and will need to be so to support the 15/16 deficit budget.

Strict control of the cost base is essential and the executive team are enhancing the financial controls within the organisation in the 2015/16 financial year.

The Capital programme is aligned to supporting the cost improvement plans, balanced with addressing the estates and infrastructure improvement required by the Trust to support improved patient experience.

6. Organisational relationships and capability

Whittington Health has, as can be seen from the SWOT, some key strengths in terms of organisational relationships. In 14/15 the Board agreed an Engagement Strategy. There is a commitment to engage with our local community in a far greater and deeper way where we activate our communities to be involved in the working of the Trust. We are developing the role of patient champions.

We have continued to engage fully with our shadow governors and will be looking to develop this further. We will review our membership strategy.

We have delivered a voluntary sector conference and are planning to continue to develop this relationship.

Considerable work has been done on developing the values of the organisation and the behaviours associated with these values. Our organisational development strategy will help embed these values across the organisation in the year ahead.

Relationships with stakeholders are strong and will continue to be built on in the year ahead. In 14/15 the relationship with UCLP has been strengthened and this will continue to be developed. The Trust has worked well with all stakeholders including other Trusts and commissioners across North Central London and this will continue in the year ahead.

Leadership development across the organisation is an important aspect of the OD strategy. Clinical leadership will be a key priority and work delivered this year to improve clinical team working will continue to evolve next year. All directors have been reviewed in line with 'Fit and Proper Persons; Directors' (CQC Guidance, November 2014) and appraisal and personal development planning, as well as working to ensure succession planning is in place.

Key development priorities for 15/16 are:

- Strengthening further the business planning, financial, workforce planning and information functions in the organisation
- Strengthening the clinical engagement and accountability of clinical teams across the organisation
- Getting all the basics robustly in place
- CQC visit preparation
- Strengthening the Patient Safety agenda

7. Conclusion

2014/15 has been a challenging year for Whittington Health, yet the Trust has continued to deliver innovative integrated care models across the health and social care system in North Central London and maintained quality standards. Operational performance has achieved national targets, and improvements have been made in patient safety and patient experience.

As an Integrated Care Organisation, the Trust is uniquely placed to be at the forefront of new models of care needed to deliver a sustainable future for the NHS as described in the 'Five Year Forward View'. We continue to develop services that offer innovative pathways integrated across care settings, and we continue to develop our links with other providers, primary care, and the local voluntary sector. We are implementing a realignment of management resource that embeds clinical engagement and leadership into the core of the

Trust and we will continue to build on the ongoing work to improve staff engagement. Our extensive work in 14/15 means the Trust now has a framework of new strategic goals, corporate objectives, and quality priorities to lead service development and improvements. The Trust aims to continue making progress in 15/16, with robust business planning, implementation of our new clinical strategy, and delivery of our cost improvement programme forming the basis of our ambitions.

2015/16 is a year in which financial and clinical sustainability will be the focus whilst engaging fully with staff and our local communities to deliver patient focused care from home through to hospital, 'helping local people live longer healthier lives'.

Trust Board
6 May 2015

Title:	Finance month 12 - 2015					
Agenda item:	15/0703		Paper	5		
Action requested:	To receive the year end financial position.					
Executive Summary:	The paper analyses the financial performance of the Trust covering overall, clinical division and corporate performance, cash and capital.					
Summary of recommendations:	The Board is asked to note the report.					
Fit with WH strategy:	Delivering efficient, affordable and effective services. Meeting statutory duties.					
Reference to related / other documents:	Previous monthly finance reports to the Trust Board. Operational Plan papers (Trust Board: March, April and May 2014). Board Assurance Framework (Section 3).					
Date paper completed:	1 May 2015					
Author name and title:	Ursula Grueger, Deputy Director of Finance		Director name and title:	Colin Gentile, Interim Chief Finance Officer		
Date paper seen by EC 5 May 2015		Equality Impact Assessment complete	Risk Assessment undertaken	N/A	Legal advice received	N/A

Month 12 Finance Report - Executive Summary - draft figures subject to final accounts and audit

The Trust's full year position was a deficit of £7.3m, which is in line with the forecast of a deficit of £7.4m.

Income

The income position ytd is 4.7m favourable.

This reflects the year end deal with NHS England, additional cash support from the CCGs, additional education income due to number of trainees as well as one off income for resilience and RTT work.

Expenditure

The expenditure position is £13.3m adverse ytd.

A circa £8.0m under performance against CIP targets across all divisions accounted for much of the Trust's deficit. This had the most substantial impact in ICAM and SCD divisions, which both consistently incurred high levels of pay and non-pay expenditure.

ICAM overspent on staff by £7.4m, particularly in wards, district nursing, A&E and medical speciality areas. The division relied on agency staffing to address increased activity (particularly during the prolonged winter period), recruitment challenges (including very specialist positions) and covering sickness.

Likewise, SCD's expenditure was driven by increased demand of its imaging and diagnostics services, as well as increased Theatre and dental activity, along with investments in additional dental services and spinal surgery. The division overspent by £3m against its pay budget and 1.3m against its non-pay budget.

Expenditure relating to escalation beds and medical outlier in-patients impacted both divisions.

CIPs

The Trust achieved £7m of a target of £15m CIPs in 14/15.

Cash and Capital

The Trust ended the year with a cash position of £1.3m. This was in line with the target set by the TDA (lower than £1.5m). The capital plan was on target.

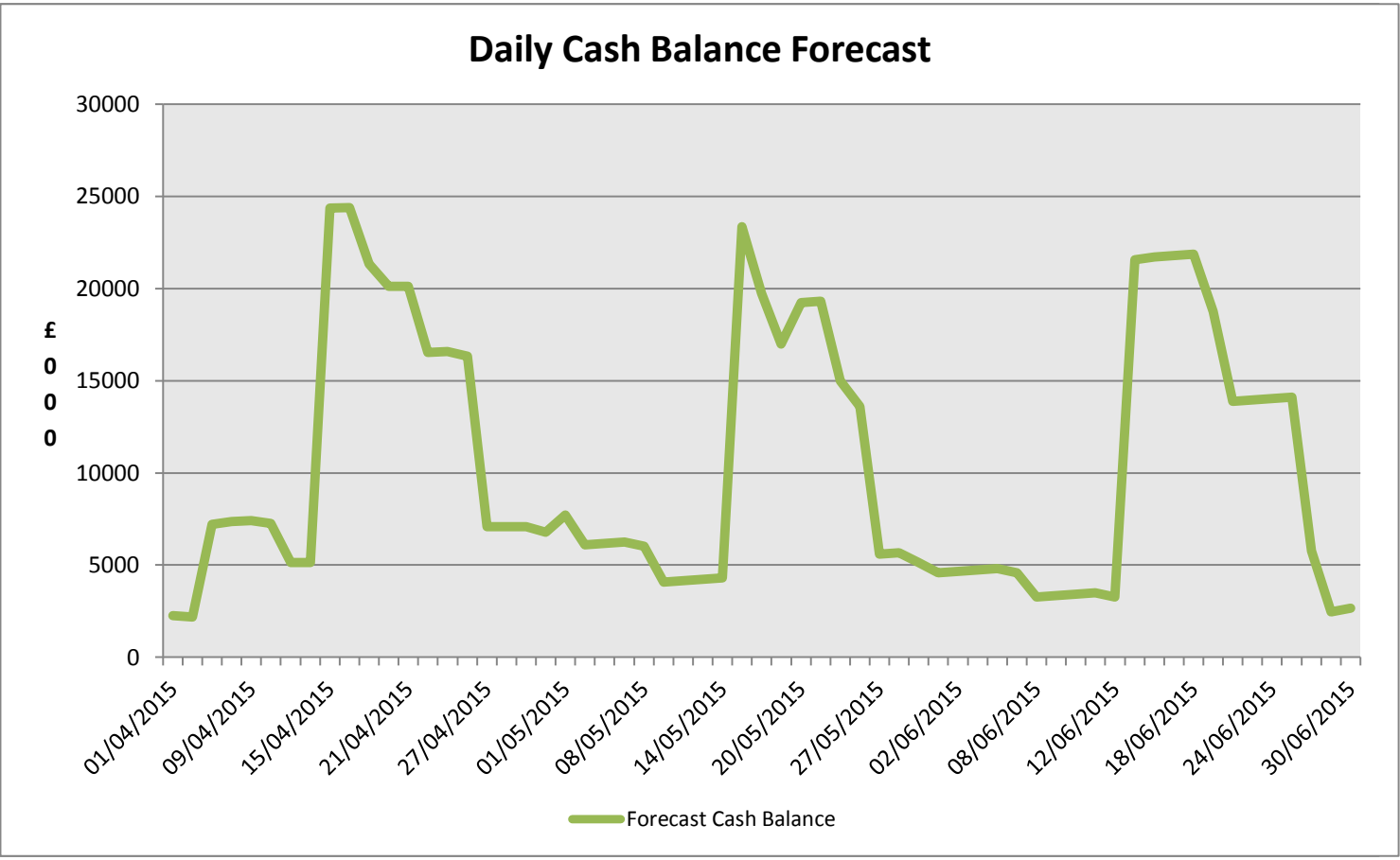
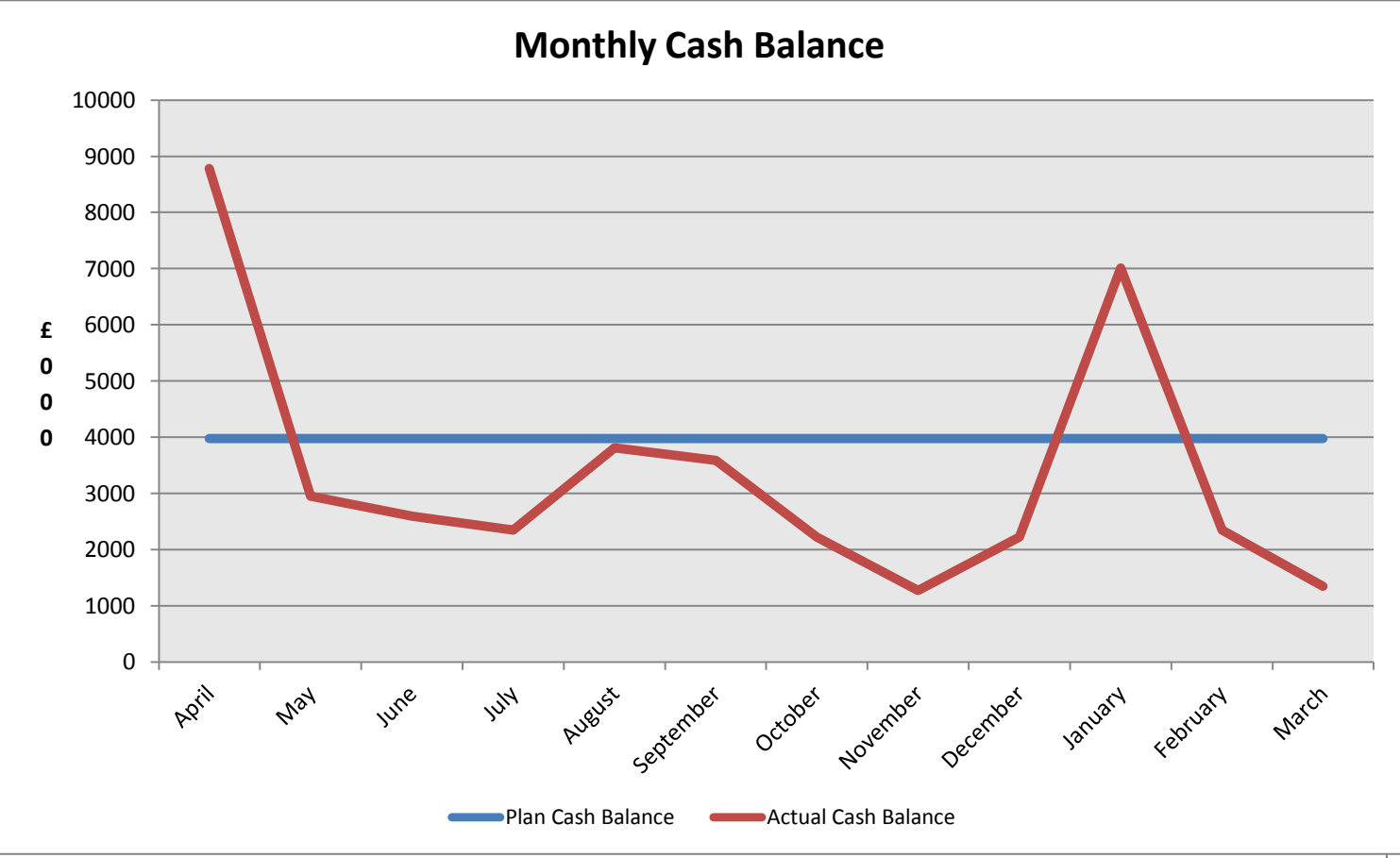
Statement of Comprehensive Income	Full Year	March 2015			M12 YTD, 2014/15		
	Budget (£'000)	Budget (£'000)	Actuals (£'000)	Variance (£'000)	Budget (£'000)	Actuals (£'000)	Variance (£'000)
Nhs Clinical Income	239,171	20,041	21,632	1,580	239,171	240,604	1,434
Non-Nhs Clinical Income	16,359	1,360	1,638	278	16,359	17,697	1,338
Other Non-Patient Income	34,665	3,186	3,240	54	34,665	36,570	1,905
Total Income	290,195	24,587	26,510	1,912	290,195	294,871	4,677
Non-Pay	69,969	5,992	7,719	(1,733)	69,969	74,898	(4,313)
Pay	206,688	17,192	19,137	(1,946)	206,688	212,390	(5,701)
Savings	(3,303)	(275)	0	(275)	(3,303)	0	(3,303)
Total Expenditure	273,355	22,908	26,857	(3,953)	273,355	287,288	(13,317)
EBITDA	16,840	1,678	(346)	(2,025)	16,840	7,584	(8,652)
EBITDA %	5.80%	6.83%	-1.31%	-8.13%	5.80%	2.57%	-3.03%
Interest Payable	2,820	235	296	(61)	2,820	2,889	(69)
Interest Receivable	30	3	3	0	30	25	(5)
Depreciation & Impairment	9,724	810	1,307	(496)	9,724	10,236	(512)
Dividends Payable	4,326	361	149	212	4,326	3,818	150
Donated Asset Additions	0	0	0	0	0	0	19
Net Surplus / (Deficit) - before adjusting for impairments, IFRS and donated assets (relevant for break-even duty)	(0)	275	(2,095)	(2,370)	(0)	(9,334)	(9,069)
Add back impairments and adjust for IFRS & donated assets	285	24	60	36	285	2,039	1,736
Adjusted Net Surplus / (Deficit) - including Impairments due to Revaluation of Fixed Assets	285	299	(2,035)	(2,334)	285	(7,295)	(7,010)

Numbers subject to final accounts and audit

Statement of Financial Position

	As at 1st April 2014 £000	As at 31st March 2015 £000	Plan 31st March 2015 £000	Commentary
<i>Non Current Assets</i>				A revaluation of land and buildings was carried out which resulted in a net increase in the revaluation reserve of c.£10m. In addition there was an impairment charge to the I&E of £2m. Following on from the revaluation exercise, asset lives were increased thereby reducing the depreciation charged in the year in comparison to plan by about £2m.
Property, plant and equipment	179,975	190,801	180,105	
Intangible assets	5,428	4,481	4,295	
Trade and other receivables	702	757	610	The month-end cash balance was £1.3m, an improvement on forecast, achieved by close monitoring and management of payables and receivables. The Trust continues to put in measures to collect outstanding debts, the bulk of which is owed by CCGs.
Total Non Current Assets	186,105	196,039	185,010	
<i>Current Assets</i>				
Inventories	1,295	1,427	1,290	Payables, Borrowings and Provisions, are in line with prior year and represent the Trusts's liabilities payable in the short term.
Trade and other receivables	17,527	15,740	6,930	
Cash and cash equivalents	5,123	1,347	3,976	
Total Current Assets	23,945	18,514	12,196	Borrowings and Provisions, are in line with plan and prior year actuals and represent the Trusts's liabilities payable in the medium to long-term.
Total Assets	210,050	214,553	197,206	
<i>Current Liabilities (amounts due in less than one year)</i>				
Trade and other payables	36,010	35,244	27,154	The temporary PDC funding has now been converted to permanent PDC. Revaluation reserve has increased as a result of the asset revaluation exercise referred to above. There has been a reduction over the year in retained earnings due to the income and expenditure deficit, but is in line with forecast.
Borrowings	1,377	1,361	2,542	
Provisions	1,238	1,380	198	
Total Current Liabilities	38,625	37,985	29,894	
Net Current Assets (Liabilities)	(14,680)	(19,471)	(17,698)	
Total Assets less Current Liabilities	200,785	215,510	202,708	
<i>Non Current Liabilities (amounts due greater than one year)</i>				
Borrowings	36,758	35,398	34,028	
Provisions	2,015	2,050	2,190	
Total Non Current Liabilities	38,773	37,448	36,218	
Total Assets Employed	132,652	139,120	131,094	
<i>Taxpayers' Equity</i>				
Public dividend capital	56,461	62,377	56,671	
Retained earnings	15,277	6,209	18,918	
Revaluation reserve	60,914	70,534	55,505	
Total Taxpayers' Equity	132,652	139,120	131,094	
Capital cost absorption rate	3.5%	3.5%	3.5%	

Cash Forecast for the Trust



Commentary

The principal cash inflows are clinical SLA receipts, typically around £19m in the middle of the month. Cash decreases sharply in the latter part of the month due to income tax, NI and pension contributions totalling £7m and the monthly payroll of around £9.5m on the 27th of the month. Any cash available after allowing for these obligations is used to service the weekly payment of creditors. The underlying payment run is normally over £1m but there are numerous variables which can have a significant impact on the value. Major payments distorting these values are accounted for specifically in the forecast.

Income is invoiced as promptly as possible, and outstanding debts chased regularly. Prioritisation is on the basis of materiality, notably the clinical SLAs. Creditors are prioritised by due date, with payments being restricted if there is insufficient cash to pay everything due.

In December, the Trust received a £5.6m cash loan, in the form of temporary PDC. This has now been converted into a permanent PDC funding. In addition, the Trust made a successful application for a revolving loan facility with the Department of Health and drew down £4.9m in April 2015. This is expected to be repaid when the Trust's financial position becomes more viable.

The Trust continues to put measures in place to manage the cash position closely; for example by ensuring that all income is invoiced as soon as possible, debts are chased promptly and expenditure is aligned to CIPs

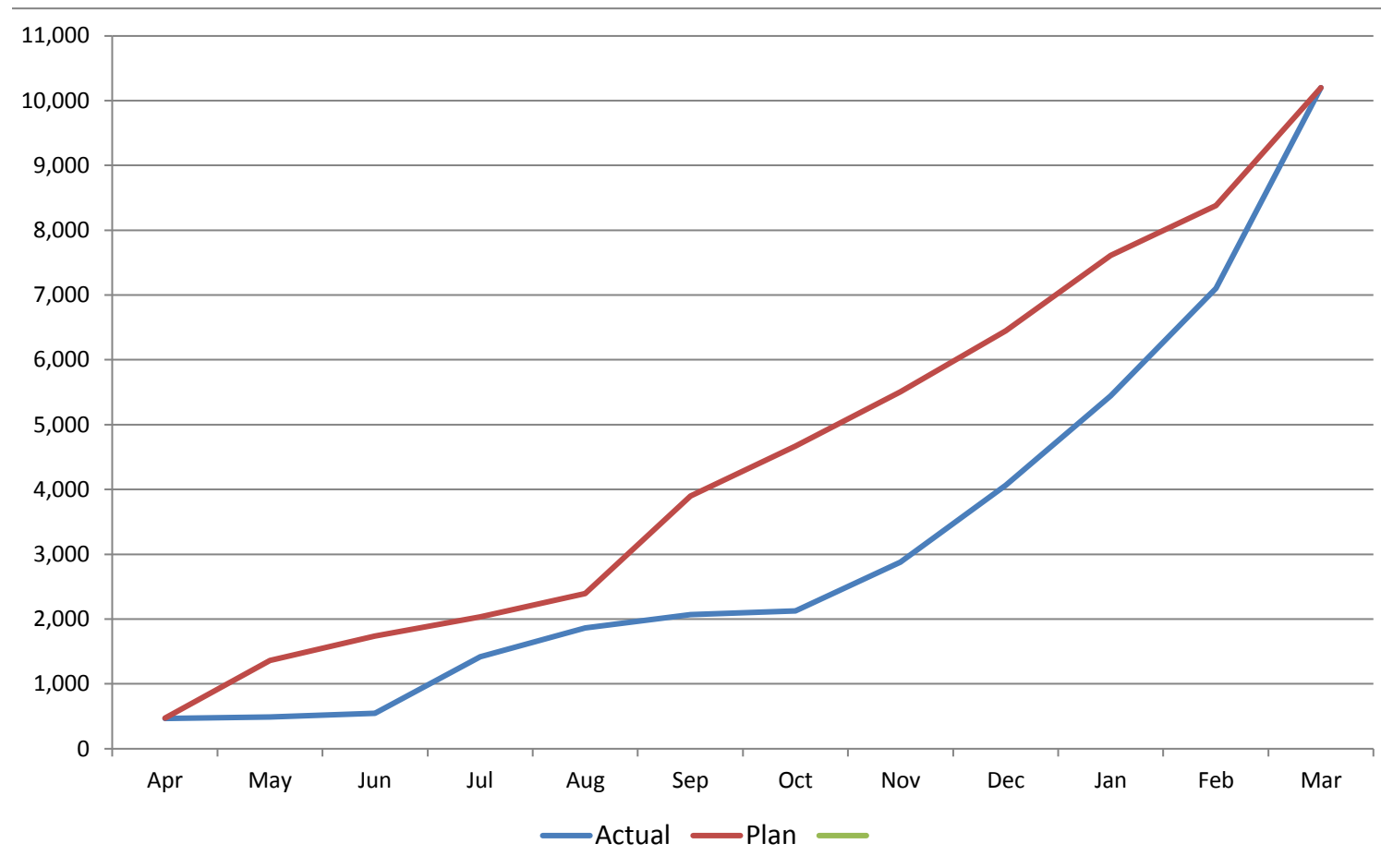
Data for charts

Capital Spend Performance and Forecast

	Annual Plan £'000	YTD		
		Plan £'000	Act £'000	Var £'000
Estates	5,618	5,618	5,618	1,189
IT	810	810	810	-1,695
Equipment	1,514	1,514	1,514	587
Business Cases	336	336	336	0
Leases	1,922	1,922	1,922	1,195
Total	10,200	10,200	10,200	1,277

CRL 10,200
Variance 0

Spend against Capital Programme (£000s)



Continuity of Services Risk Rating (COSR)

<u>Metric</u>	<u>Definition</u>	<u>Parameters</u>				Actual YTD	Plan Outturn
		1	2	3	4		
Working Capital Balance (£'000) (+/-)						(20,898)	(18,988)
Annual Operating Expenses (£'000) (+)						287,038	271,133
Liquidity Ratio (Days)						(26)	(25)
Liquidity Rating	$\frac{\text{Working Capital Balance} \times 360}{\text{Annual Operating Expenses}}$	<-14	-14	-7	0	1	1
Revenue Available for Debt Service (£'000) (+)						7,577	16,786
Annual Debt Service (£'000) (+)						9,786	10,358
Capital Servicing Capacity (Times)						0.8	1.6
Capital Servicing Capacity Rating	$\frac{\text{Revenue Available for Debt Service}}{\text{Annual Debt Service}}$	<1.25	1.25	1.75	2.50	1	2
Weighted:							
Liquidity Rating - 50%						0.5	0.5
Capital Servicing Capacity Rating - 50%						0.5	1.0
Overall Continuity of Services Risk Rating						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.

Whittington Health Trust Board

6 May 2015

Title:	Trust Board Report May 2015 (March 15 data)		
Agenda item:	15/071	Paper	6
Action requested:	For discussion and agreement of areas of focus.		
Executive Summary:	<p>The following is the Performance for March 2015; a number of highlights and areas for focus are identified.</p> <p><u>National Indicators</u></p> <p>Referral for Treatment (RTT): Achieved 5th consecutive month.</p> <p>The Waiting times for Out Patient first consultant appointment and Diagnostics first appointment are now available on the dashboard for the third consecutive month and being displayed on the trust internet site.</p> <p>Emergency Care: The Emergency Department remained challenged during March with continued pressure on inpatient beds. Additional support is in place and the Whittington continues to perform well within London.</p> <p>Cancer targets: The overall national access standards for cancer have been met.</p> <p><u>Areas to note</u></p> <p>Complaints: Target not achieved, action plan in place with recruitment to a vacancy underway.</p> <p>Infection Control: C Diff target for the year achieved.</p> <p><u>Summary of report:</u></p> <p>QUALITY</p> <ul style="list-style-type: none"> • Inpatient deaths remain mainly respiratory related. • Completion of valid NHS number: data available by clinician to ensure completion. • SHMI: Whittington Hospital mortality rate remains lower than expected for the Trust. • HSMR: no weekend and weekdays updated data available this month. 		

	<p>PATIENT SAFETY</p> <ul style="list-style-type: none"> • 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: 2 outstanding related to window restrictors, all work to be completed by the end of April 2015 • Serious incidents reported: all incidents are fully investigated and learning is shared. Duty of Candour was achieved for all SI's. <p>PATIENT EXPERIENCE</p> <ul style="list-style-type: none"> • Family and Friend Test: Below target in ED, plan in place. • Mixed sex Accommodation: no breaches • Patient admission to adult facilities for under 16 years of age: no breaches <p>INFECTION PREVENTION</p> <ul style="list-style-type: none"> • MRSA: no new cases this month. • EColi and MSSA: 3 new EColi and one MSSA infections in March, all protocols adhered to. • C Difficile: one new infection, but over target for the year achieved. • Ward Cleanliness: remains at 98% <p>ACCESS</p> <ul style="list-style-type: none"> • 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.
Summary of recommendations:	That the board notes the performance.
Fit with WH strategy:	All five strategic aims

Reference to related / other documents:		N/A					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		N/A					
Date paper completed:		22 nd April 2015					
Author name and title:		Hester de Graag, Performance Lead		Director name and title:		Lee Martin, Chief Operating Officer	
Date paper seen by EC	n/a	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a



May Trust Board Report (March data)

Quality	Threshold	Jan-15	Feb-15	Mar-15
Number of Inpatient Deaths	-	50	32	40
NHS number completion in SUS (OP & IP)	99%	98.7%	98.6%	arrears
NHS number completion in A&E data set	95%	94.7%	94.6%	arrears

Quality (Mortality index)	Threshold	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14
SHMI	-	0.63	0.54	0.54

Quality (Mortality index)	Threshold	Sep-14	Oct-14	Nov-14
Hospital Standardised Mortality Ratio (HSMR)	<100	79.98	63.03	71.43
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	58.2	61.8	-
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	88.4	64.1	-

Patient Safety	Threshold	Jan-15	Feb-15	Mar-15
Harm Free Care	95%	95.2%	92.8%	92.2%
VTE Risk assessment	95%	95.2%	95.1%	arrears
Medication Errors actually causing Serious/Severe Harm	-	0	0	0
Never Events	0	0	0	0
CAS Alerts (Central Alerting System)	-	0	0	2
Proportion of reported patient safety incidents that are harmful	-	42.4%	43.5%	36.1%
Serious Incident reports	-	11	14	3

Access Standards

Referral to Treatment (in arrears)	Threshold	Dec-14	Jan-15	Feb-15
Diagnostic Waits	99%	100%	99.3%	99.5%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0

		Meeting threshold		
Patient Experience	Threshold	Jan-15	Feb-15	Mar-15

Efficiency and productivity - Community	Threshold	Jan-15	Feb-15	Mar-15
Service Cancellations - Community	2%	7.9%	8.4%	7.8%
DNA Rates - Community	10%	6.5%	6.8%	7.0%
Community Face to Face Contacts	-	64,496	58,866	63,721
Community Appts with no outcome	0.5%	1.6%	1.9%	1.8%

Community Access Standards	Threshold	Jan-15	Feb-15	Mar-15
Community Dental - Patient Involvement	90%	97.0%	97.0%	96.0%
Community Dental - Patient Experience	90%	100.0%	96.0%	97.0%
MSK Waiting Times - Non-Consultant led patients seen in month (% < 6 weeks)	100%	88.7%	95.0%	93.0%
MSK Waits - Consultant led patients seen in month (% < 18 weeks)	95%	99.6%	100.0%	arrears
IAPT - patients moving to recovery	50%	44.3%	43.5%	arrears
GUM - Appointment within 2 days	100%	100.0%	100.0%	99.9%

Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Jan-15	Feb-15	Mar-15
First:Follow-up ratio - acute	2.31	1.64	1.41	1.42
Theatre Utilisation	95%	75.3%	84.6%	79.5%
Hospital Cancellations - acute - First Appointments	<2%	4.6%	4.9%	5.6%
Hospital Cancellations - acute - Follow-up Appointments	<2%	7.0%	7.2%	7.8%
DNA rates - acute - First appointments	8%	14.3%	12.5%	12.7%
DNA rates - acute - Follow-up appts	8%	13.6%	13.3%	13.8%
Hospital Cancelled Operations	0	3	5	5
Cancelled ops not rebooked < 28 days	0	0	0	0
Urgent procedures cancelled	0	0	0	0

		Failed threshold		
Emergency and Urgent Care	Threshold	Jan-15	Feb-15	Mar-15

May Trust Board Report (March data)

Patient Satisfaction - Inpatient FFT (% recommendation)	-	94%	86%	90%
Patient Satisfaction - ED FFT (% recommendation)	-	91%	92%	88%
Patient Satisfaction - Maternity FFT (% recommendation)	-	95%	89%	88%
Mixed Sex Accommodation breaches	0	0	0	0
Complaints	-	29	21	29
Complaints responded to within 25 working day	80%	73%	61%	arrears
Patient admission to adult facilities for under 16 years of age	-	0	0	0

Infection Prevention	Threshold	Jan-15	Feb-15	Mar-15
Hospital acquired MRSA infection	0	1	0	0
Hospital acquired <i>C difficile</i> Infections	19 YTD	2	0	1
Hospital acquired <i>E. coli</i> Infections	-	0	1	3
Hospital acquired MSSA Infections	-	0	0	1
Ward Cleanliness	-	98%	98%	98%

Access Standards (RTT)

Referral to Treatment (in arrears)	Threshold	Dec-14	Jan-15	Feb-15
Referral to Treatment 18 weeks - Admitted	90%	92.8%	91.3%	91.1%
Referral to Treatment 18 weeks - Non-admitted	95%	96.1%	95.0%	95.1%
Referral to Treatment 18 weeks - Incomplete	92%	92.4%	92.8%	93.2%

 Meeting threshold

Emergency Department waits (4 hrs wait)	95%	94.5%	93.1%	94.1%
ED Indicator - median wait for treatment (minutes)	<60	69	78	95
30 day Emergency readmissions	-	214	236	arrears
12 hour trolley waits in A&E	0	0	0	0
Ambulatory Care (% diverted)	>5%	2.8%	3.0%	3.2%
Ambulance Handover (within 30 minutes)	0	7	7	arrears
Ambulance Handover (within 60 minutes)	0	0	0	arrears

Cancer Access Standards (in arrears)	Threshold	Dec-14	Jan-15	Feb-15
Cancer - 14 days to first seen	93%	93.7%	94.2%	93.6%
Cancer - 14 days to first seen - breast symptomatic	93%	94.4%	93.7%	95.9%
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%	88.2%	92.9%	85.7%

Maternity	Threshold	Jan-15	Feb-15	Mar-15
Women seen by HCP or midwife within 12 weeks and 6 days	90%	80.7%	84.0%	81.2%
New Birth Visits - Haringey	95%	84.0%	81.5%	arrears
New Birth Visits - Islington	95%	89.3%	91.3%	arrears
Elective Caesarean Section rate	14.80%	14.9%	11.7%	13.0%
Breastfeeding initiated	90%	88.6%	88.8%	90.9%
Smoking at Delivery	<6%	4.8%	7.2%	3.4%

 Failed threshold

	Threshold	Trust Actual		
		Jan-15	Feb-15	Mar-15
Number of Inpatient Deaths	-	50	32	40
Completion of a valid NHS number in SUS (OP & IP)	99%	98.7%	98.6%	arrears
Completion of a valid NHS number in A&E data sets	95%	94.7%	94.6%	arrears

SHMI		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
	Jan 2013 - Dec 2013	0.88	1.14	0.62
	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: The number of in-patient death remain at expected level. Last year Whittington Health recorded an exceptionally low number of deaths in March (17) but the year before, in March 2013, 37 in patients deaths were recorded. Almost 50 % of in-patient deaths are related to respiratory diseases.

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 remains just under target.

Action: The ED department has now access to a report identifying missing NHS numbers. by clinician to ensure the last NHS numbers are entered into EPR.

Timescale: Expected to be compliant in April 2015

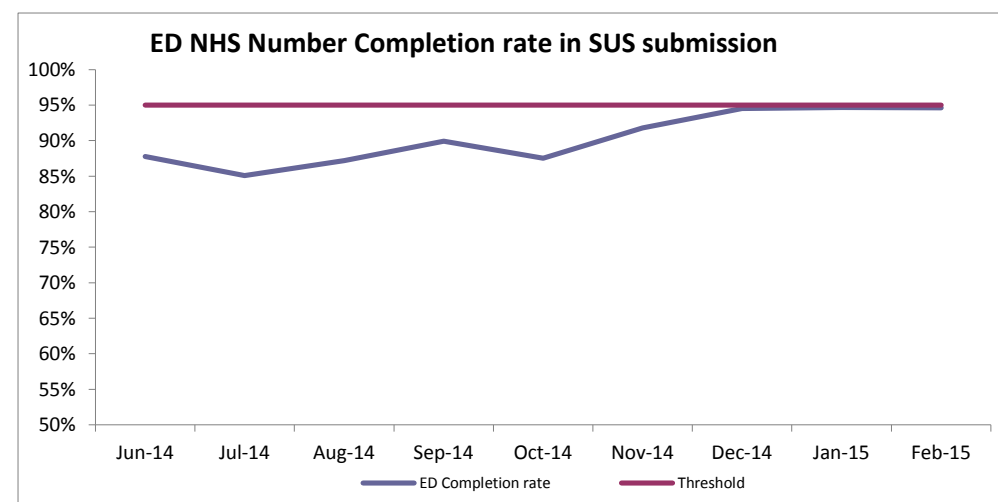
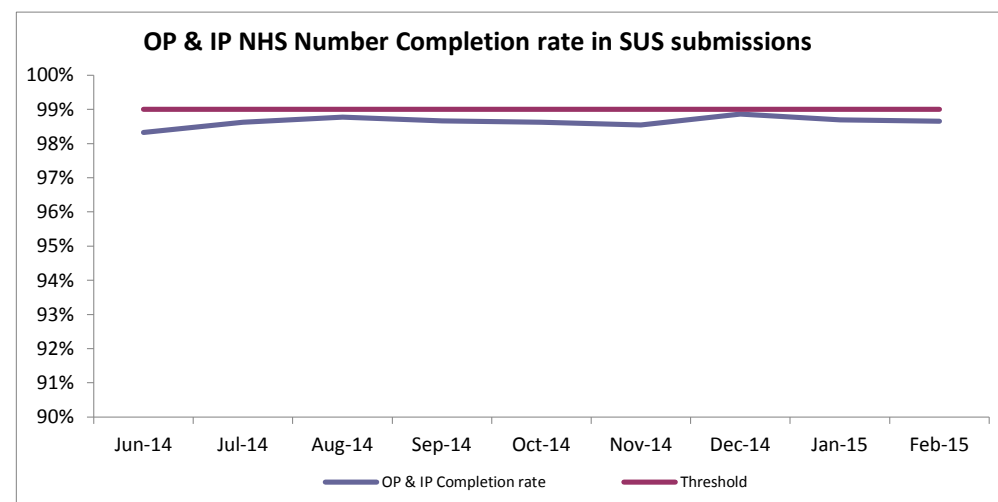
SHMI

WH score remains below the lower limit which therefore, indicates that the mortality rate remains lower than expected at our Trust.

HSMR

In November 2014 Whittington Health reported 27 in-patient deaths. The standardised mortality rate has returned to an expected level for Whittington Hospital, which means the balance between elective admissions and non-elective admissions are back at expected levels.

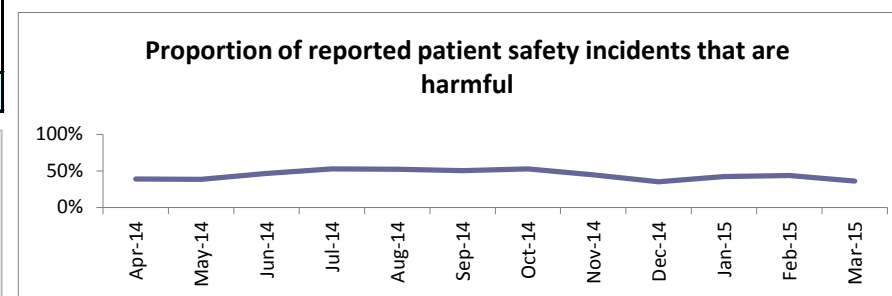
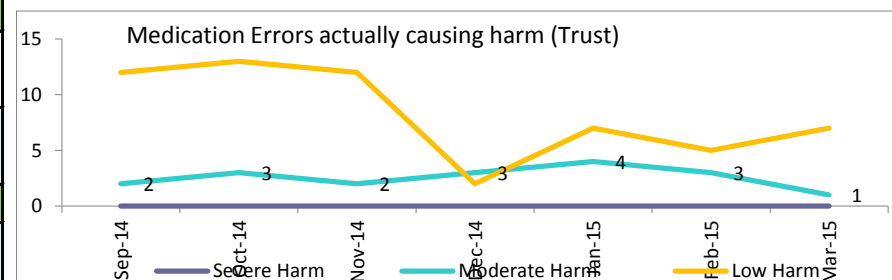
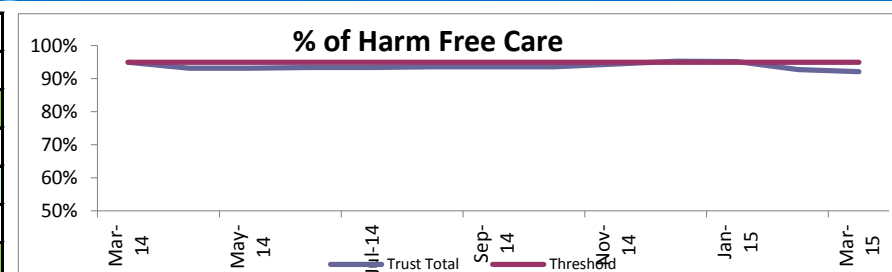
	Standardised National Average	Sep-14	Oct-14	Nov-14
Hospital Standardised Mortality Ratio	<100	79.98	63.03	71.43
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	58.2	61.8	-
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	88.4	64.1	-



Data extracted on 09/02/2015

	Threshold	Trust Actual	
		Feb-15	Mar-15
Harm Free Care	95%	92.8%	92.2%
Pressure Ulcers (prevalence)	-	6.14%	7.04%
Falls (audit)	-	0.43%	0.57%
VTE Risk assessment	95%	95.1%	arrears
Medication Errors actually causing Serious or Severe Harm	0	0	0
Medication Errors actually causing Moderate Harm	-	3	1
Medication Errors actually causing Low Harm	-	5	7
Never Events	0	0	0
Open CAS Alerts (Central Alerting System)	-	0	2
Proportion of reported patient safety incidents that are harmful	-	43.5%	36.1%
Serious Incidents (Trust Total)	-	14	3

Mar-15		
ICAM	SCD	WCF
90.3%	97.5%	100.0%
8.71%	2.46%	0.00%
0.73%	0.00%	0.00%
Reported one month in arrears		
0	0	0
0	0	0
4	2	1
0	0	0
-	-	-
38.4%	31.7%	36.1%
1	1	1



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

Issue: Prevalence is increasing.

Action: 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: On-going

Medication Errors actually causing harm

Issue: No Serious medication error have been reported in March 2015. The 1 moderate errors relates to incorrect medication being suspended by pharmacy. The 7 low harm incidents five related to incorrect procedures being followed (incorrect and delay in medication given and incorrect recording of medication in notes) and one was an unexpected allergic reaction to medication and one related to medication not being available from suppliers.

Action: All errors are investigated and appropriate action taken.

Timescale: completed

CAS Alerts

Issue: 2 open alerts referring to Window Restrictors

Action: Window restrictors have been placed and are near to completion in the community by mid April 15 and hospital work will be completed end of April 2015.

Timescale: immediately

Proportion of reported patient safety incidents that are harmful

Issue: Missing data between December 2014 and January 2015 due to Datix update in December 2014.

Action: Data identified and send out to services to complete.

Timescale: Completed

Serious Incidents

Issues: 3 SI were reported in March 2015. Two were related to grade 3 pressure ulcers and one was an unexpected admission to NICU. All investigations have been completed and Duty of Candour, information patients and families about the investigation within 10 working days, was adhered to for all SI's.

Action: All incidents have been investigated. All reports are due in April and May 15. De-escalation of the unexpected NICU admission is being discussed. Maternity review of SI in the last years is continuing and due to finish at the end of April 2015. Feedback expected in May 2015

Timescale: April /May 2015

	Threshold	Trust Actual		Mar-15		
		Feb-15	Mar-15	ICAM	SCD	WCF
Patient Satisfaction - Inpatient FFT (% recommendation) **	-	86.4%	90.0%	95.8%	83.4%	77.0%
Patient Satisfaction - Emergency Department FFT (% recommendation) **	-	91.6%	88.0%	88.0%	-	-
Patient Satisfaction - Maternity FFT (% recommendation) **	-	88.6%	88.5%	-	-	88.5%
Mixed Sex Accommodation (not Clinically justified)	0	0	0	0	0	0
Complaints (incl Corporate)	-	21	29	12	12	4
Complaints responded to within 25 working day	80%	61.11%	arrears	80.0% *	40.0% *	50.0% *
Patient admission to adult facilities for under 16 years of age	-	0	0	0	0	0

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

** FFT calculation has now changed nationally from Nov 2014

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: The overall in-patient score increased this month, although the ED score decreased slightly. this was mainly due to the business of ED.

Action: Raise awareness of importance of FFT in ED.

Timescale: By end of April

Mixed Sex Accommodation

A policy and processes embedded in the services and no breaches for 8 consecutive months.

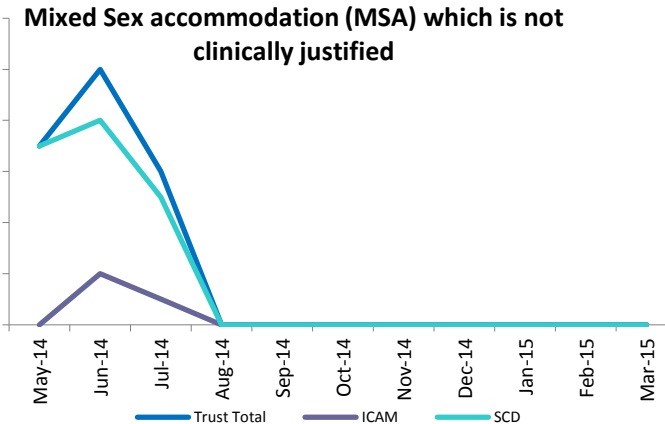
Complaints

Issue: 2 out of 3 post supporting divisions with the complaints procedure are vacant.

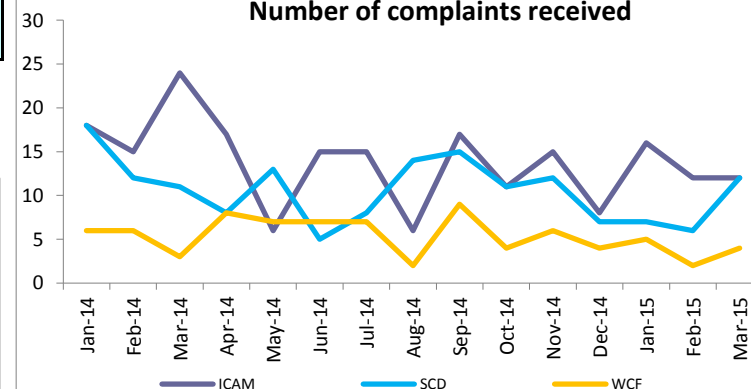
Action: Recruitment plan in place.

Timescale: The expectation to be compliant April 2015 will have to be reviewed.

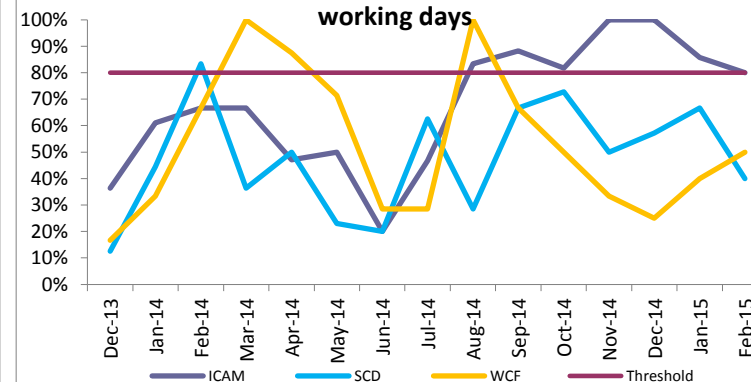
Mixed Sex accommodation (MSA) which is not clinically justified



Number of complaints received



Percentage of complaints responded to within 25 working days



	Threshold	Trust Actual	
		Feb-15	Mar-15
MRSA	0	0	0
E. coli Infections*	-	1	3
MSSA Infections	-	0	1

Mar-15		
ICAM	SCD	WCF
0	0	0
-	-	-
0	0	0

	Threshold	Mar 15	2014/15 YTD
C difficile Infections	19 (Year)	1	17

ICAM	SCD	WCF
1	0	0

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

Ward Cleanliness

Audit period

	04/03/14 to 03/04/14	09/05/14 to 12/06/14	01/07/14 to 15/08/15	01/09/14 to 02/10/14	06/11/14 to 16/12/14	19/01/15 to 17/02/15
Trust %	97.6%	97.9%	97.7%	98.2%	98.1%	98.3%

Commentary

MRSA

No new MRSA infections for April 2015

E.coli Infection and MSSA

Issue: Three new E. coli infections were identified and one MSSA identified.

Action: Action plan in place. Patient placed in side room as per protocol.

Timescale: Immediate

C Difficile

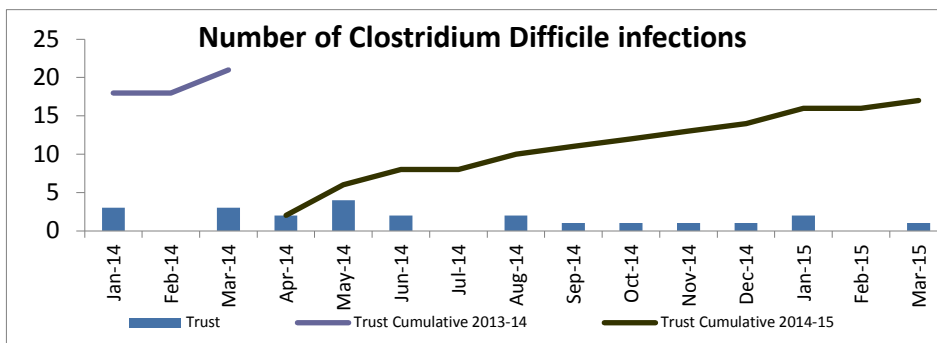
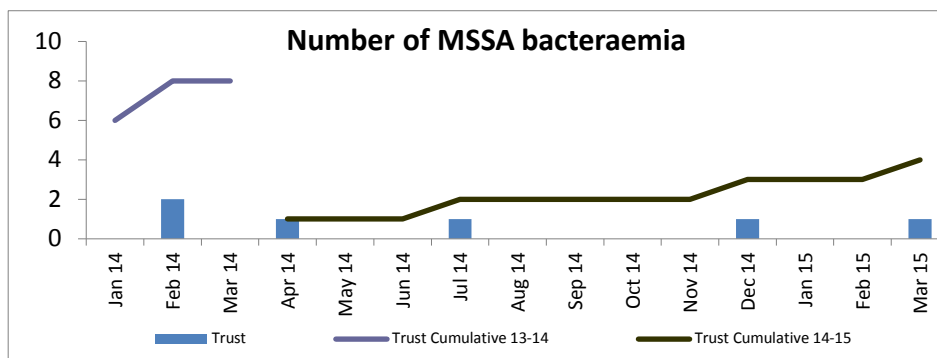
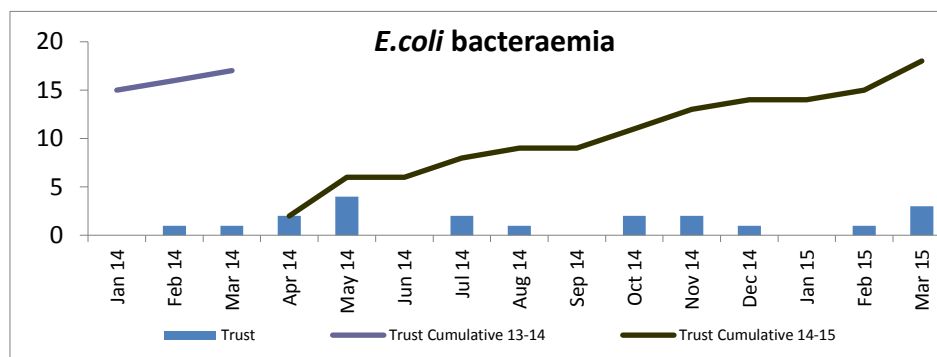
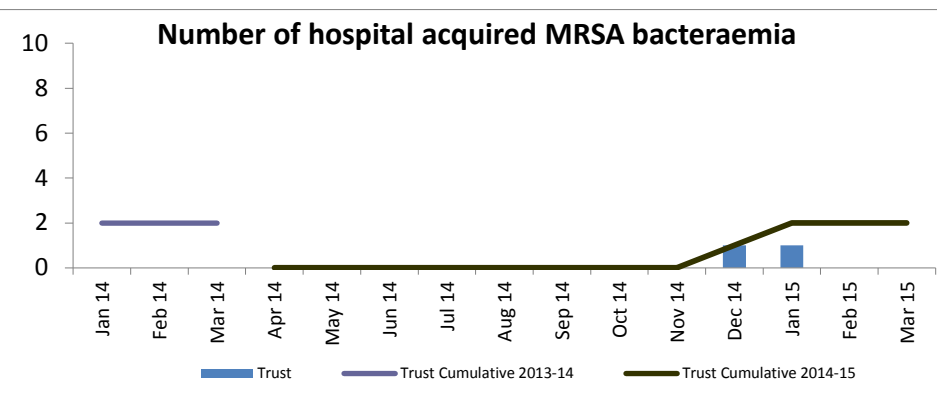
One new C Difficile infection for March 2015. Whittington Health reported 17 cases in the financial year 2014/15. This is below the threshold of 19 cases.

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

	Mar-15				
	Threshold	Trust Actual	ICAM	SCD	WCF
First:Follow-up ratio - acute	2.31	1.42	2.08	1.30	1.07
Theatre Utilisation	95%	79.5%	47.5%	79.7%	82.9%
Hospital Cancellations - acute - First Appointments	<2%	5.6%	6.7%	6.4%	3.4%
Hospital Cancellations - acute - Follow-up Appointments	<2%	7.8%	9.3%	9.1%	4.8%
DNA rates - acute - First appointments	8%	12.7%	15.9%	11.9%	10.8%
DNA rates - acute - Follow-up appointments	8%	13.8%	14.4%	15.1%	11.8%
Hospital Cancelled Operations	0	5	1	3	1
Cancelled ops not rebooked < 28 days	0	0	0	0	0
Urgent Procedures cancelled	0	0	0	0	0
Urgent Procedures cancelled (of these how many cancelled 2nd time)	0	0	0	0	0

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 : Under target. Specialities which are poor performers are the low volume specialities Breast, Pain, ENT and urology. ICAM has dropped from 97.6% last month due to a combination of staff sickness, scheduled holidays and patients DNA.

Action : All service lines have made improvements in start times, so 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 increased on last month. The percentage is still 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 remained around the same.

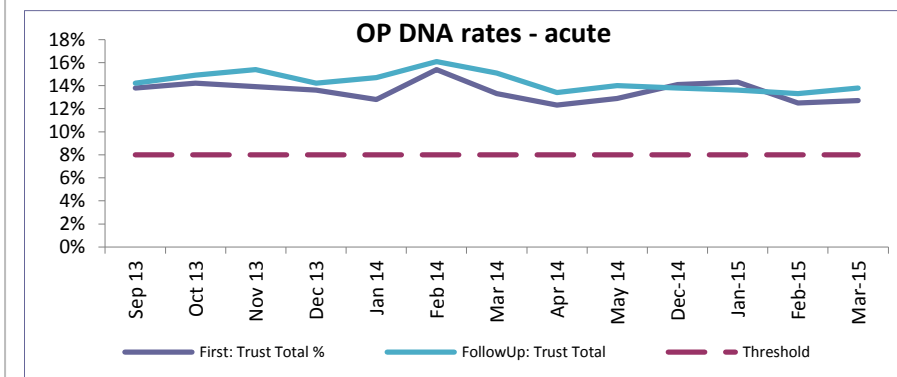
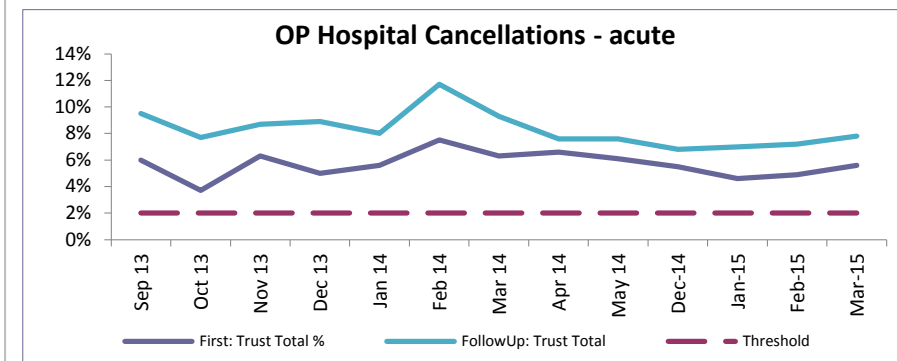
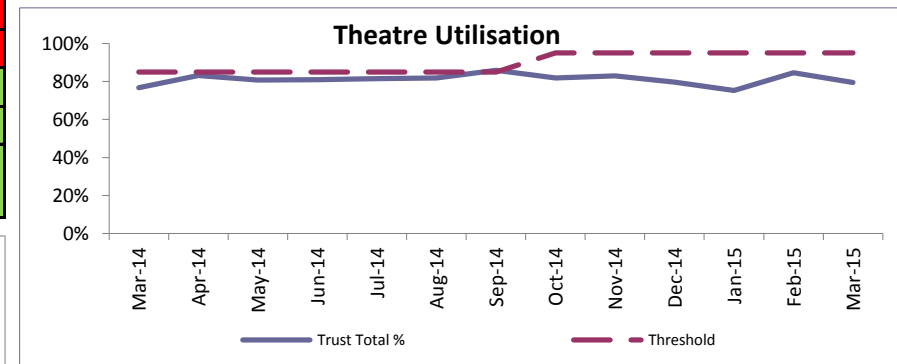
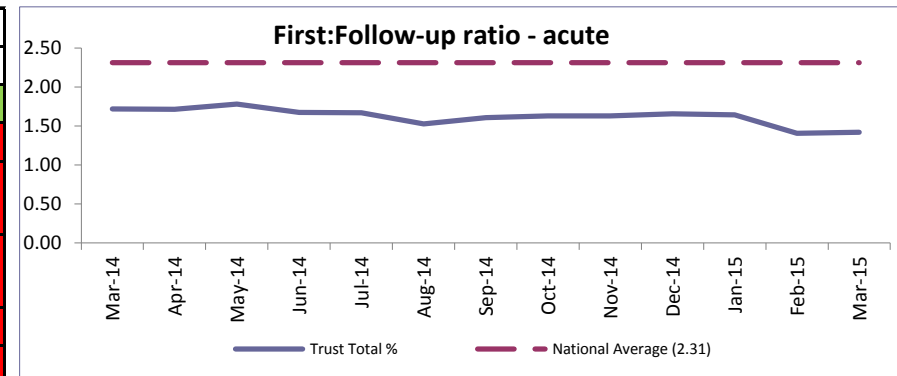
Action: All services are now using protocols including given choice at point of booking, reminder call 7 days and 1 days before appointment.

Timescale: on-going

Hospital Cancelled Operations

Issue: There were 5 operation cancelled by the hospital in March 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 (Patient incorrectly booked and no notes available), 2 operations were cancelled due to over running of theatres. One operation was cancelled by a surgeon.

Action: The Surgical board monitor cancellations.



	Mar-15				
	Threshold	Trust Actual	ICAM	SCD	WCF
Service Cancellations - Community	2%	7.8%	8.3%	3.0%	6.5%
DNA Rates - Community	10%	7.0%	6.8%	14.0%	7.6%
Community Face to Face Contacts	-	63,721	43,534	1,995	18,192
Community Appointment with no outcome	0.5%	1.8%	2.0%	0.0%	1.6%

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 are slowly reducing, see chart.

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

Timescale: The threshold to be achieved after completion of additional capacity work in March 2015. Improvement should be seen from April onwards.

DNA Rates - Community

Community clinics - Achieved.

Community Dental DNA's (reported in SCD column) continues to be between 12 and 15%. 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 2.1 %, compared to the same month last year.

All services are in the process of negotiating new contracts. Service development and variances to face to face contacts are taken into account. Extensive work is taking place to set up electronic systems to include financial and performance data.

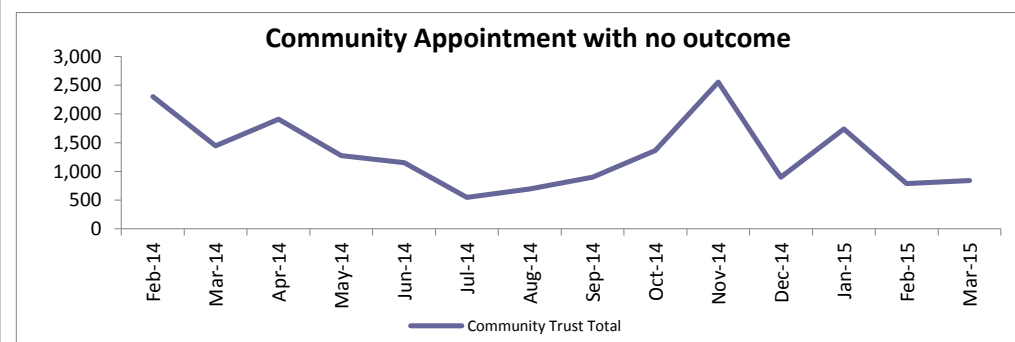
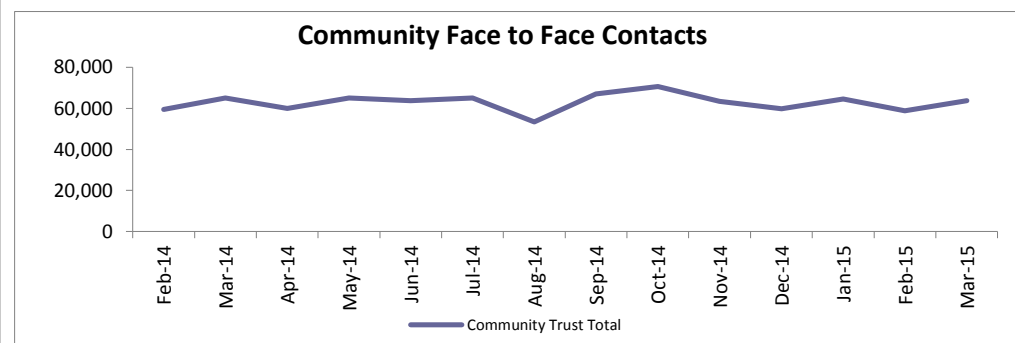
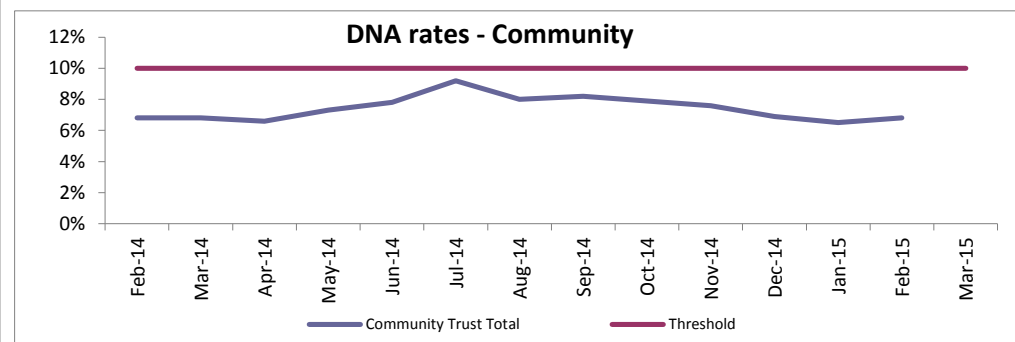
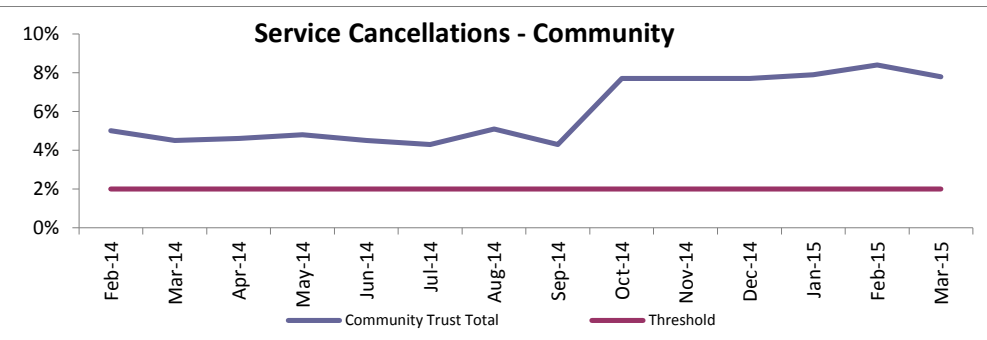
Community Appointment with no outcome

February 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.

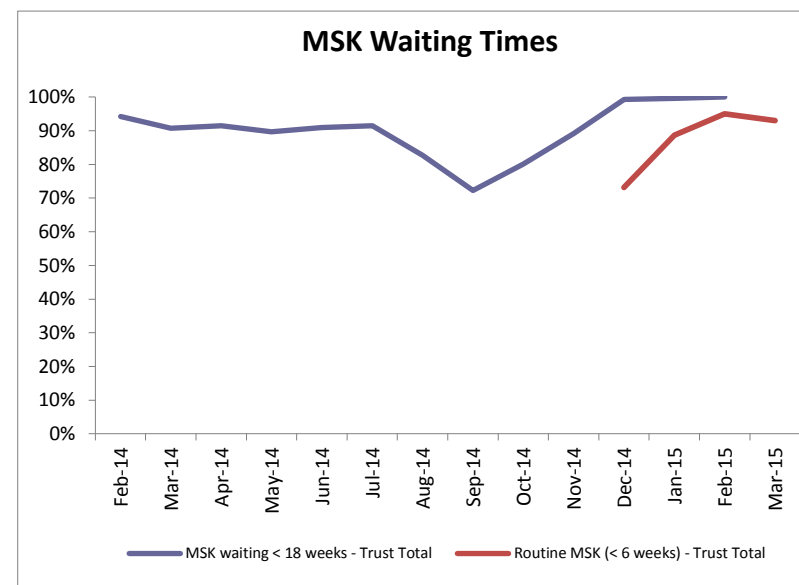
Issue: Above the threshold. There is a delay in outcoming appointments but all are done by final SUS submission.

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



	Threshold	Trust Actual			2014/15 YTD
		Jan-15	Feb-15	Mar-15	
Community Dental - Patient Involvement	90%	97.0%	97.0%	96.0%	n/a
Community Dental - Patient Experience	90%	100.0%	96.0%	97.0%	n/a
District Nursing Wait Time - 2hrs assess (Islington)	-	-	-	70%	-
District Nursing Wait Time - 2hrs assess (Haringey)	-	-	-	94%	-
District Nursing Wait Time - 48hrs for visit (Islington)	-	-	-	85%	-
District Nursing Wait Time - 48hrs for visit (Haringey)	-	-	-	99%	-
MSK Waiting Times - Routine MSK (<6 weeks)	100%	88.73%	94.99%	93.00%	-
MSK Waiting Times - Consultant led (<18 weeks)	95%	99.6%	100.0%	arrears	90.0%
IAPT - patients moving to recovery	50%	44.3%	43.5%	arrears	-
GUM - Appointment within 2 days	100%	100.0%	100.0%	99.9%	99.6%
Haringey Adults Community Rehabilitation (<6 weeks)	-	61%	68%	69%	-
Haringey Adults Podiatry (Foot Health) (<6 weeks)	-	64%	74%	84%	-
Islington Community Rehabilitation (<6 weeks)	-	85%	78%	90%	-
Islington Intermediate Care (<6 weeks)	-	45%	56%	62%	-
Islington Podiatry (Foot Health) (<6 weeks)	-	82%	92%	79%	-



Commentary

Dental

Patient Involvement and Experience consistently score above threshold.

District Nursing

The two response times for District Nursing are now reported electronically.

Issue: Referrals for DN are processed in the Central Referral Team and Urgency is taken from the referral form, filled in by the referrer. The referral is then triaged by the Specialist Nurse and the Urgency might be changed, hence the lower scores than previously reported. The true Urgent referrals are mostly phoned through to the Service and are always seen within 2 hours. Examples of urgent referrals are 'End of Life Care change' and 'Blocked catheter'.

Action: Process from Central Referral Team to triaging to be reviewed.

Timescale: May 2015

MSK

MSK Waiting Times - Routine MSK (<6 weeks): The figures for this target have been revised for the months showing above. They now exclude patients on an RTT pathway with an incomplete clock stop status. The target has also been reviewed and will be set to 95% for 2015/16.

MSK Waiting Times - Consultant led (<18 weeks): Standard is being met.

IAPT

Issue: Reduction to last month.

Action: An extensive improvement plan is in place, and shows 51% recovery rate for March 2015.

Timescale: Improvement showing from March 2015

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.

	Feb-15 (arrears)				
	Threshold	Trust Actual	ICAM	SCD	WCF
Referral to Treatment 18 weeks - Admitted	90%	91.1%	60.0%	90.7%	98.6%
Referral to Treatment 18 weeks - Non-admitted	95%	95.1%	94.0%	93.9%	99.1%
Referral to Treatment 18 weeks - Incomplete	92%	93.2%	94.9%	90.6%	99.5%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0
Diagnostic Waits	99%	99.5%	99.7%	99.3%	99.53%

Commentary

RTT

Achieved fourth consecutive month.

Non-compliance for the ICAM division (60% for RTT Admitted) refers to a small number of patients (10) of which 6 did were treated within 18 weeks target.

Diagnostic Waits

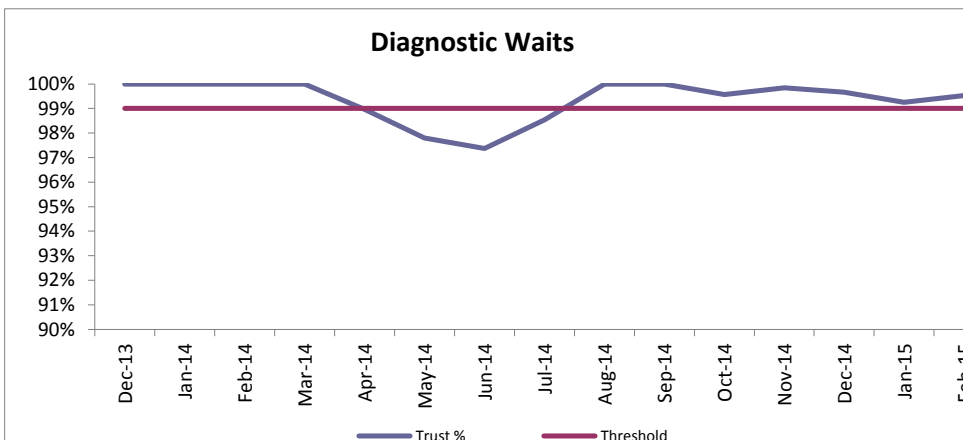
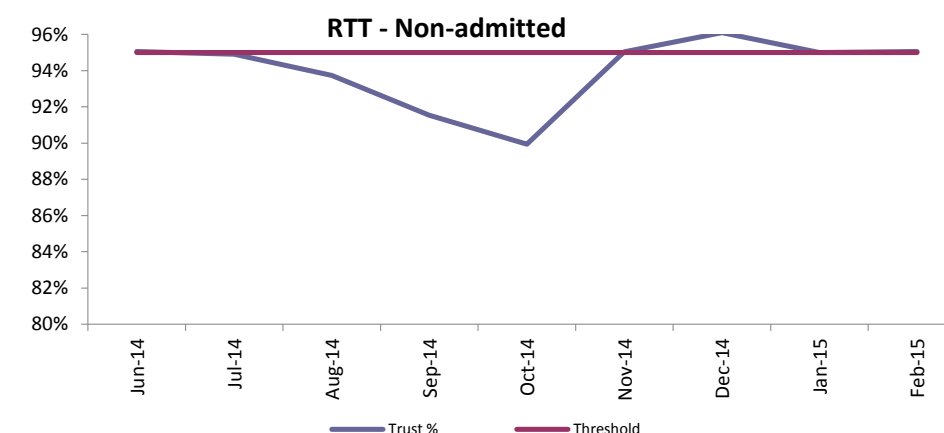
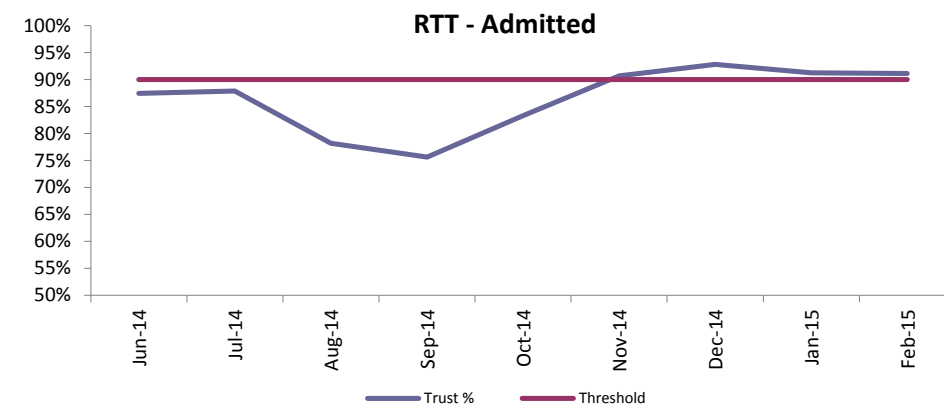
Target achieved. This included Audiology, Imaging, Neurophysiology and in/out patients.

Waiting times - OPD appointment

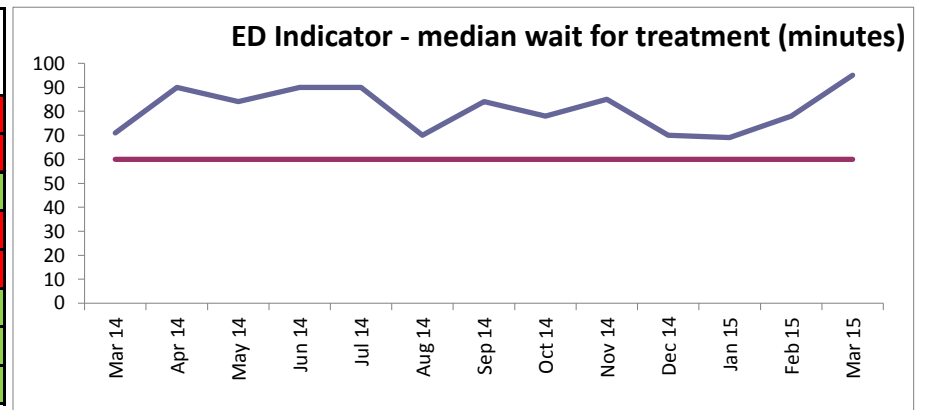
Cardiology 8 Weeks, Dermatology 10 Weeks, Endocrine 10 Weeks, ENT 6 Weeks, Gastroenterology 9 Weeks, General Surgery 4 Weeks, Gynaecology 6 Weeks, Neurology 9 Weeks, Pain 13 Weeks, Rheumatology 6 Weeks, Thoracic Medicine 10 Weeks, Urology 6 Weeks, Vascular 13 Weeks, Ophthalmology 4 Weeks

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

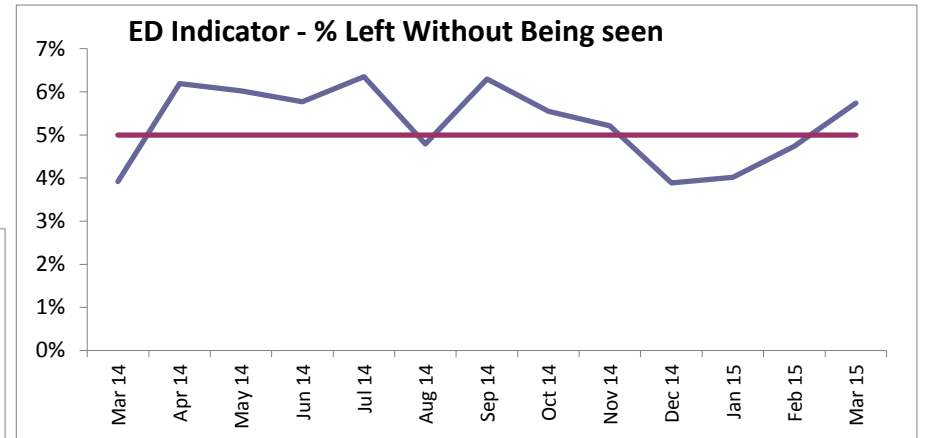
Imaging Modality no wait, CT 25 days, MRI 10 days, Nuclear Medicine 22 days, DEXA 29 days, Fluoroscopy 29 days, Ultrasound (Gynae) 21 days, Ultrasound General (Radiologist Lead) 30 days, Ultrasound Paediatrics 36 days, Ultrasound MSKs 36 days, Ultrasound Hernias 37 days, Ultrasound Obstetrics Anomaly 42 days, Ultrasound Obstetrics Growth 28 days, Ultrasound Abdomen & Gynae at Hornsey General 17 days.



	Threshold	Trust Actual		2014/15 YTD
		Feb-15	Mar-15	
Emergency Department waits (4 hrs wait)	95%	93.1%	94.1%	94.74%
Wait for assessment (minutes - 95th percentile)	<=15	15	19	15
ED Indicator - median wait for treatment (minutes)	60	78	95	82
Total Time in ED (minutes - 95th percentile)	<=240	337	310	273
ED Indicator - % Left Without Being seen	<=5%	4.7%	5.7%	5.4%
12 hour trolley waits in A&E	0	0	0	0
Ambulance handovers 30 minutes	0	7	arrears	71
Ambulance handovers exceeding 60 minutes	0	0	arrears	0



	Threshold	Trust Actual			2014/15 YTD
		Jan-15	Feb-15	Mar-15	
Emergency Department waits (4 hrs wait) Paeds only	95%	98.1%	96.4%	93.2%	96.1%



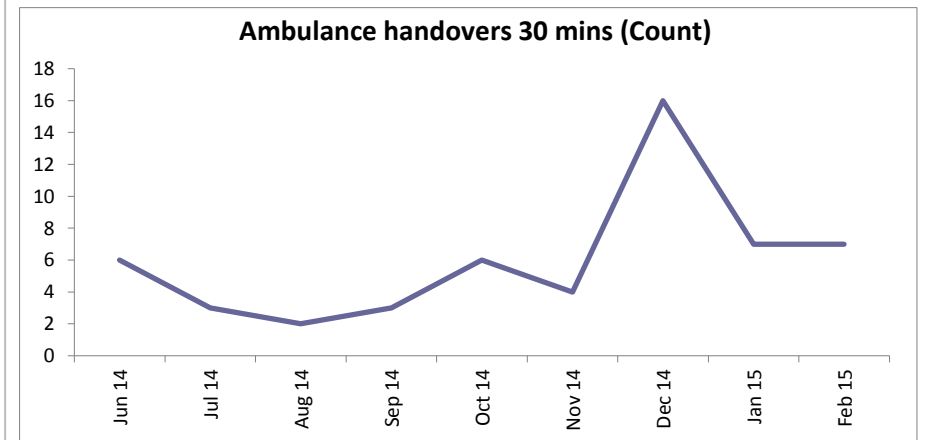
Commentary

The Emergency Department remained challenged during March with continued pressure on managing the complexity of patients individual care and inpatient beds. All additional bed capacity has remained open but peaks in demand have directly affected flow through 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 remaining in the highest performing type one departments.

ED waits for Paediatrics remain above target.



	Threshold	Trust Actual	Feb-15			2014/15				
			ICAM	SCD	WCF	Q1	Q2	Q3	Q4	YTD
Cancer - 14 days to first seen	93%	93.6%	93.6%	94.1%	88.9%	89.3%	89.4%	93.9%	93.8%	91.4%
Cancer - 14 days to first seen - breast symptomatic	93%	95.9%	-	95.9%	-	83.7%	93.1%	95.2%	94.9%	91.0%
Cancer - 31 days to first treatment	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	99.5%
Cancer - 31 days to subsequent treatment - surgery	94%	100.0%	-	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer - 31 days to subsequent treatment - drugs	98%	100.0%	-	100.0%	-	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer - 62 days from referral to treatment	85%	85.7%	75.0%	88.9%	-	91.5%	88.9%	90.6%	88.9%	90.1%
Cancer - 62 days from consultant upgrade	-	-	-	-	-	75.0%	72.7%	33.3%	0.0%	66.7%

Commentary

All cancer targets were achieved this month and QRT 4 standards all achieved.

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

Cancer 14 days to first seen

a small number of patients had appointment booked after the 14 days standard, this was due to arranging multiple appointments in one visit and also due to individual patients needs

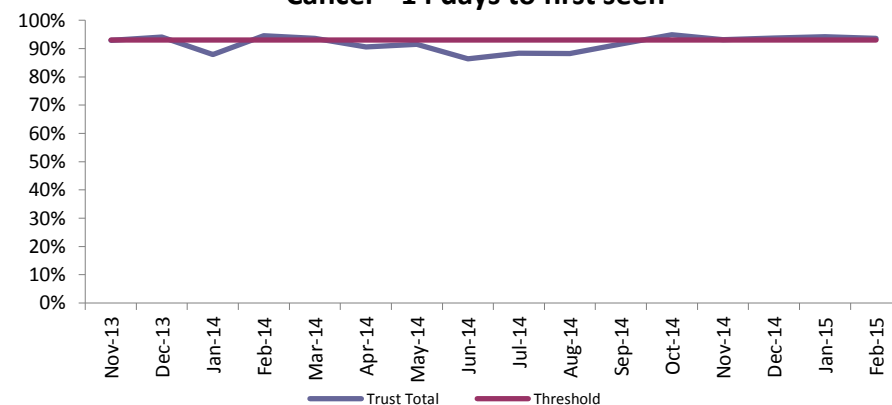
Cancer - 62 days from referral to treatment ICAM

Issue: Below target and refers to one patient.

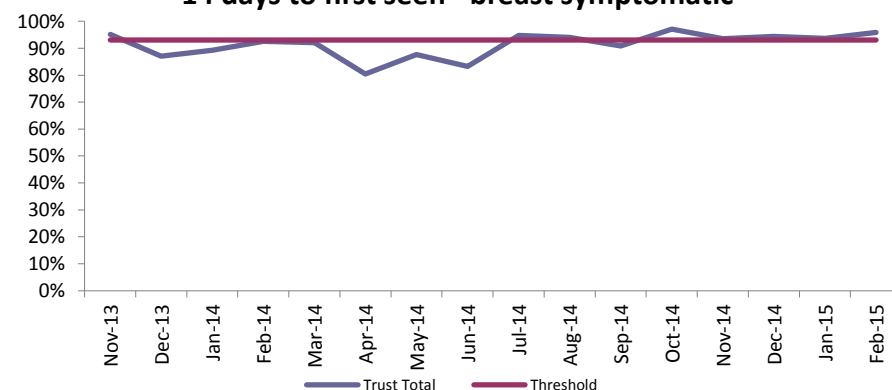
Action: A root cause analysis is being completed to determine clinical procedure which has delayed treatment within 62 days.

Timescale: immediately

Cancer - 14 days to first seen



14 days to first seen - breast symptomatic



	Threshold	Trust Actual			2014/15 YTD
		Jan-15	Feb-15	Mar-15	
Women seen by HCP or midwife within 12 weeks and 6 days	90%	80.7%	84.0%	81.2%	86.1%
New Birth Visits - Haringey	95%	84.0%	81.5%	Arrears	87.4%
New Birth Visits - Islington	95%	89.3%	91.3%	Arrears	91.0%
Elective Caesarean Section rate	14.80%	14.9%	11.7%	13.0%	11.6%
Emergency Caesarean Section rate	-	15.5%	17.4%	16.1%	18.4%
Breastfeeding initiated	90%	88.6%	88.8%	90.9%	90.5%
Smoking at Delivery	<6%	4.8%	7.2%	3.4%	5.2%

Commentary

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

Issue: Planning correct staffing during the coming months. No further amber alert in March.

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 next twelve months agreed by end of April.

New Birth Visits

Issue: Islington increased and is expected to improve further due to HV recruitment. Islington has now gone into the growth for HV trajectory, performance is co-dependent on a number of vacancies, hence Haringey's reduction. These vacancies are not being backfilled with agency.

Action: The risk of not back filling vacancies is closely monitored in liaison with NHS England.

Timescale: On-going

Caesarean Section rates Check YTD rate

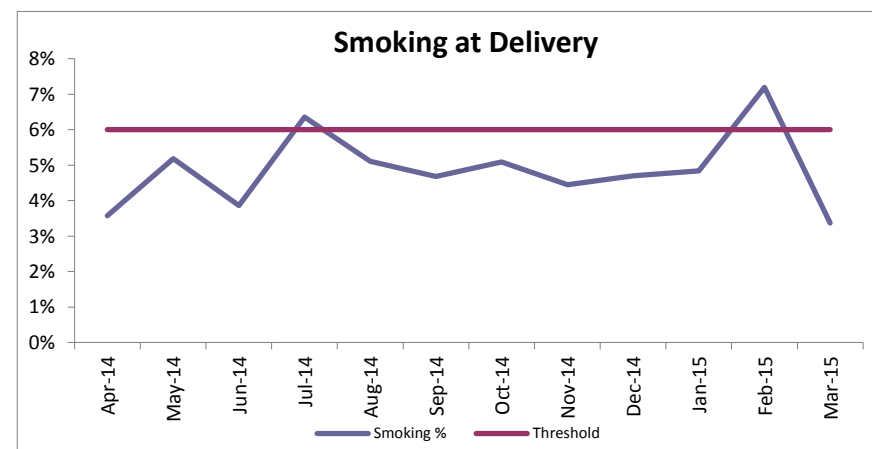
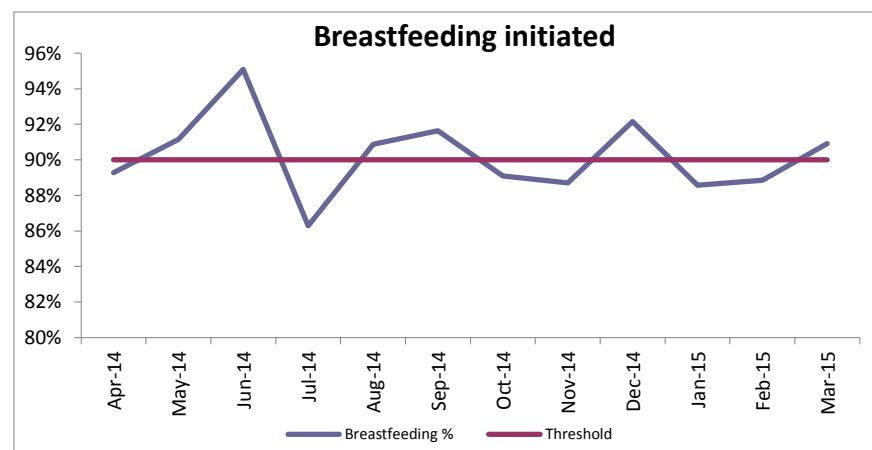
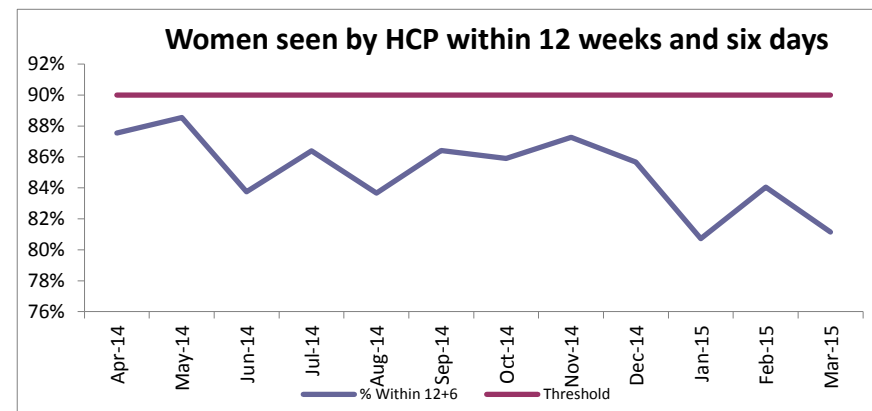
Achieved

Breastfeeding

Achieved

Smoking

Achieved



Whittington Health Trust Board

May 6 2015

Title:	Dashboard Performance Workforce report March 2015.		
	15/072	Paper	07
Action requested:	To update the Trust Board on key workforce performance indicators (KPI's) for March.		
Executive Summary:	<p>Background The monthly dashboard as it refers to the workforce KPI's is a standard report and part of the performance dashboard report.</p> <p>Highlights this month:</p> <p>Workforce WTE and workforce costs. The interim CFO informed the Non-Executive Directors at the Trust Board seminar in April of the changes being introduced by HR and Finance in reporting on workforce costs and changes in workforce numbers. From the experience of workforce reporting in 2014/15 there will be greater alignment between the Finance report and Workforce plan. The narrative in the report describes what will be reported going forward in 2015/16 and the workforce table summarises the end of year position in terms of WTE and workforce costs.</p> <p>Turnover Turnover figures this month is slightly lower than the previous month. In particular the figure for ICAM has decreased as a result of interventions by the management team to address staff retention. Corporate services are showing an increase.</p> <p>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. This work is continuing.</p> <p>Sickness Sickness rates are slightly above the Trust threshold of 3 % (3.1%). Action plans have been developed by each Division/Corporate services to tackle short term absence and relatively high Bradford scores. Further control mechanisms are being put in place for reporting sickness and a programme for</p>		

addressing long term sickness cases is also being put in place. The Trust Management Group has agreed to assign a bespoke resource in the Facilities Directorate. In conjunction with HR the resource over 12 months will support managers in delivering better performance which will reduce the overall sickness rates and tackle the highest Bradford scores. In turn this will reduce occupational sick pay, overtime expenditure and bank and agency usage. If successful this resource will be targeted at other services where sickness rates are high.

More recently the Trust is targeting other service areas and a key action is to ensure return to work interviews are being carried out and recorded on ESR.

Overtime

Overtime figures have increased on last month in Corporate services but decreased in the three clinical Divisions.

Bank and Agency

The Trust Board is asked to note the performance of bank and agency expenditure

Appraisal

The appraisal figures show a slight increase from last month. The appraisal process is currently being revamped and streamlined and will be launched in May supported by manager briefings.

Executive Directors have developed action plans with all their managers and the inputting onto ESR is being centralised by Learning and Development to support managers.

The Chief Executive has emphasised that appraisal rates need to be more of a priority.

Mandatory Training

There is a 2% increase in the performance on mandatory training compliance rates. A review of action plans continues to be part of performance review meetings in divisions and Corporate services. The Audit and Risk Committee were informed at their last meeting that the Executive will be redoubling their efforts through corporate initiatives and setting up a steering and working group to give direction. Since the last Trust Board a mandatory training workbook was launched with the purpose of increasing compliance rates and is making a significant difference in the completion of mandatory training. A central resource is in place to upload ESR to support managers. The Trust Board should see an increase in compliance rates for June through to September.

Benchmark Comparisons

It was reported at the last Trust Board that steps had been taken to engage with other London Trusts to benchmark standard KPI's. As a result, a report showing this data is being prepared for the May meeting of the Audit and Risk Committee.

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 strategy:							
Reference to related / other documents:		N/A					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		N/A					
Date paper completed:		29 April 2015					
Author name and title: Chris Goulding		Various Managers who source the workforce data		Director name and title:		Chris Goulding Acting Director HR	
Date paper seen by EC		Equality Impact Assessment complete?		Quality Impact Assessment complete?		Financial Impact Assessment complete?	



Dashboard Performance Workforce Report March 2015

Whittington Health Trust Board
May 6th 2015

Chris Goulding, Deputy Director, HR

Workforce monitoring 2015/16

The workforce monitoring report will in future align with the finance monthly report to the Trust Board. This will show month on month changes linked to the budget establishment and vary according to planned movements. The trend will be towards a balanced budget.

Key components of Workforce monitoring

- Planned monthly and year to date profile for the workforce measuring pay spend and WTE's. (The monthly profile will be influenced by a range of factors for example: CIP's on pay, known developments (business cases), winter resilience plans requiring more staff. etc).
- Comparatives to previous financial year.
- Graph illustrating month on month expenditure by employment category.

Key performance metrics

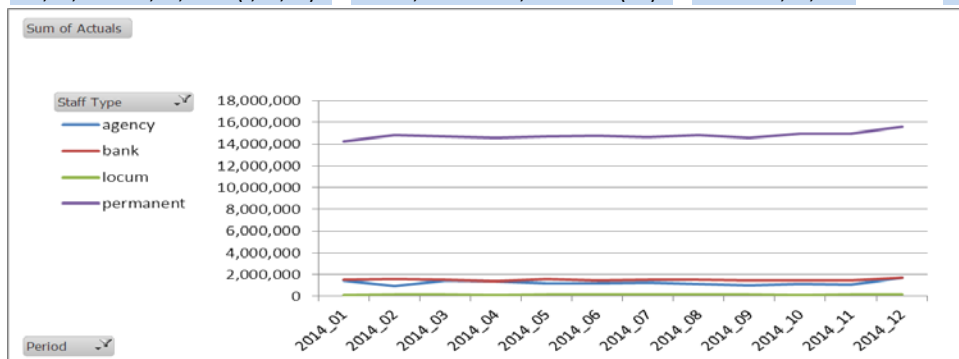
- Total pay expenditure for 2015/16 broken down by substantive, bank, locum and agency workers in occupational groups.
- Performance against planned expenditure and WTE by occupational groups.
- Variance report each month measured in WTE and pay spend.
- Monthly reporting to Trust Board on other HR related KPI's remains the same eg turnover, vacancy, sickness, mandatory training and appraisal.

AREAS FOR LONGER TERM DEVELOPMENT 2015/16/17

- Workforce planning beyond year 1 with the particularly focus on workforce transformation.
- Medical Productivity.
- Profitability and contribution of the workforce in terms of the efficiency and effectiveness of the Trust in meeting its strategic objective.
- Ratios of qualified and unqualified staffing levels.
- Skills mix and new roles (part of transformation).

Trust Board Report - Workforce (March 2015 data)

	Current Month 12			Prior Year, in month			FY 2014/15			FY 2013/14	
	Budget £	Actuals £	Variance	Budget WTE	Actuals WTE	Variance WTE	Actuals £	YTD Budget £	YTD Actuals £	YTD Variance £	13/14 Actuals
Administrative and Clerical	46,388	279,362	(232,974)	4	30	(26)	664,176	556,660	1,574,092	(1,017,432)	2,602,310
Dental	(0)	3,073	(3,073)	0	0	0	1,346	(0)	13,817	(13,817)	38,592
Management	0	0	0	0	0	0	(44,940)	0	45,360	(45,360)	0
Facilities							0				10,857
Medical	62,521	364,104	(301,583)	2	16	(14)	647,059	1,050,285	4,139,736	(3,089,451)	4,639,857
Nurses & Midwives	62,760	792,168	(729,408)	0	127	(127)	497,160	752,082	6,618,896	(5,866,814)	6,687,970
Other Support Workers	0	12,912	(12,912)	0	4	(4)	(1,025,778)	5,197	266,331	(261,134)	358,113
Scientific, Ther & Tech	7,255	244,720	(237,464)	0	41	(41)	277,071	87,061	2,280,960	(2,193,899)	2,269,234
Agency	178,925	1,696,337	(1,517,412)	6	217	(211)	1,016,094	2,451,284	14,939,192	(12,487,908)	16,606,933
Administrative and Clerical	107,635	554,744	(447,109)	21	244	(223)	615,474	1,132,809	6,241,956	(5,109,147)	6,566,784
Dental	(0)	25,646	(25,646)	0	3	(3)	16,819	(0)	302,534	(302,534)	95,649
Medical	3,815	85,073	(81,259)	0	9	(8)	89,615	45,779	792,149	(746,370)	838,395
Nurses & Midwives	96,073	796,593	(700,520)	17	213	(196)	857,502	1,260,462	8,454,609	(7,194,147)	7,789,307
Other Support Workers	88	110,709	(110,621)	0	59	(59)	83,251	1,059	997,964	(996,906)	898,896
Scientific, Ther & Tech	2,501	125,143	(122,643)	1	37	(36)	148,978	27,542	1,413,756	(1,386,215)	1,657,021
Bank	210,112	1,697,910	(1,487,797)	39	565	(525)	1,811,639	2,467,651	18,202,968	(15,735,317)	17,846,051
Medical	85,369	163,311	(77,942)	9	14	(4)	14,433	1,024,289	1,862,664	(838,374)	1,708,562
Locum	85,369	163,311	(77,942)	9	14	(4)	14,433	1,024,289	1,862,664	(838,374)	1,708,562
Administrative and Clerical	2,316,117	1,972,242	343,874	850	697	153	2,003,577	27,867,912	23,665,201	4,202,712	22,278,012
Dental	195,355	176,037	19,318	25	24	1	158,040	2,344,259	2,022,950	321,309	1,920,666
Management	815,821	571,913	243,908	136	91	45	991,049	9,782,725	8,135,524	1,647,201	8,563,227
Maintenance & Works	52,188	45,648	6,540	17	13	3	48,902	626,251	562,504	63,748	577,675
Medical	3,272,908	3,626,224	(353,316)	444	412	32	3,621,021	39,259,276	36,842,900	2,416,376	36,240,499
Nurses & Midwives	6,166,774	5,597,086	569,688	1,702	1,507	195	5,333,671	75,151,126	64,289,732	10,861,394	62,888,208
Other Support Workers	525,343	433,283	92,060	273	167	106	490,613	6,589,721	4,922,618	1,667,103	5,616,459
Scientific, Ther & Tech	3,322,685	3,157,361	165,323	855	777	78	3,112,082	39,601,810	36,926,656	2,675,154	36,272,280
Permanent	16,667,191	15,579,795	1,087,395	4,302	3,690	612	15,758,955	201,223,081	177,368,085	23,854,996	174,357,025
	17,141,597	19,137,354	(1,995,757)	4,357	4,485	(128)	18,601,120	207,166,306	212,372,909	(5,206,603)	210,518,570



		Trust											
Management of the workforce	hreshol	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-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%	13.8%
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%	11.6%
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%	3.1%
Overtime wte	75	123	118	113	94	113	99.66	92.05	113.06	85.34	88.99	77.14	96.09
Overtime expenditure		70k	70k	63k	52k	62k	56k	52k	63k	46k	52k	41k	45k
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	1,379
Agency Hours expenditure *	1m	1,426	1,184	1,491	1,457	1,200	1,210	1,254	1,125	1,007	1,155	1,089	1,696

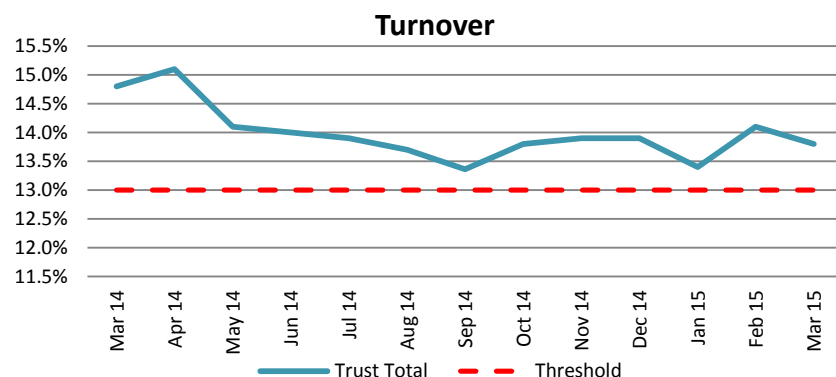
*bank expenditure will fluctuate as agency expenditure reduces

		Trust											
Development of the workforce	hreshol	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Appraisal	90%	43%	40%	39%	45%	51%	55%	58%	60.0%	60%	60%	60%	61%
Mandatory Training	90%	75%	77%	76%	76%	75%	73%	66%	65.0%	66%	68%	70%	72%

		Trust		
Staff FFT Results		Q1	Q2	Q4
Staff who would recommend the trust as a place to work	-	62%	59%	61%
Staff who would recommend the trust as a place for treatment	-	74%	75%	78%

Staff survey replaced Q3 results

	March 2015					
	Threshold	Trust Actual	ICAM	SCD	WCF	CORP
Trust Turnover Rate	<13%	13.8%	17.3%	10.5%	12.1%	14.2%
Total trust vacancy rate	<13%	11.6%	5.7%	9.7%	4.2%	13.7%
Trust level total sickness rate	<3%	3.1%	3.0%	3.1%	3.1%	3.5%



Turnover rate

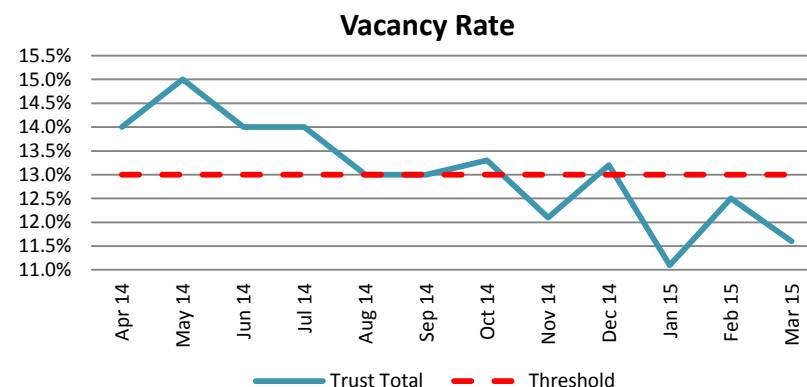
Turnover rate for this month is slightly lower than last month. In particular ICAM figures have reduced and this is been due to results of plans that the Director has put in place. Corporate services is showing an increase.

Vacancy Rates

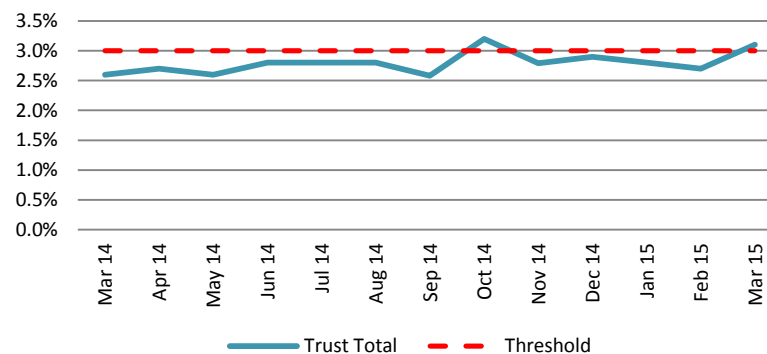
Vacancy rates have decreased in the Division with the exception of Corporate services, which is subject to a "deep dive analysis" to ascertain the root causes to high vacancy rates.

Trust Level Sickness rates

Levels for sickness rates are slightly above the threshold. Action plans have been developed by each Division/Corporate services to reduce short term sickness absence and to tackle high Bradford scores. In addition further control mechanisms will be put in place for reporting sickness and a program of addressing long term sickness cases work is also being put in place.



Staff sickness rate



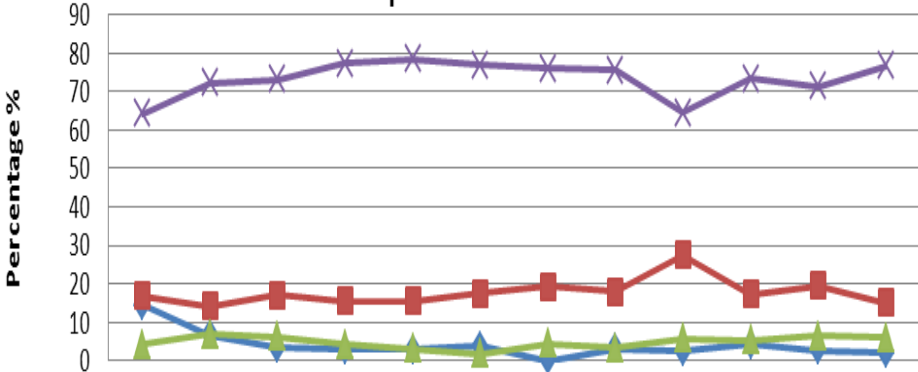
Overtime expenditure

	March 2015				
	Trust	ICAM	SCD	WCF	CORP
Overtime cost	45k	1k	7k	3k	34k

Overtime

In March there was a slight increase in overtime expenditure in Corporate services . This was due to increased demand from front lined services. However the Divisions are showing a decrease.

Overtime spend % of total monthly expenditure by Division
Apr14-Mar15



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
ICAM	14.45	6.63	3.39	2.81	2.82	3.79	0.12	3.15	2.42	4.15	2.64	2.04
SCD	16.92	14.25	17.04	15.44	15.44	17.60	19.26	17.88	27.4	17.26	19.49	15.06
WCF	4.31	6.96	6.34	4.30	3.17	1.78	4.56	3.45	5.74	5.27	6.54	6.12
CORP	64.32	72.16	73.23	77.45	78.57	76.83	76.06	75.51	64.4	73.31	71.33	76.77

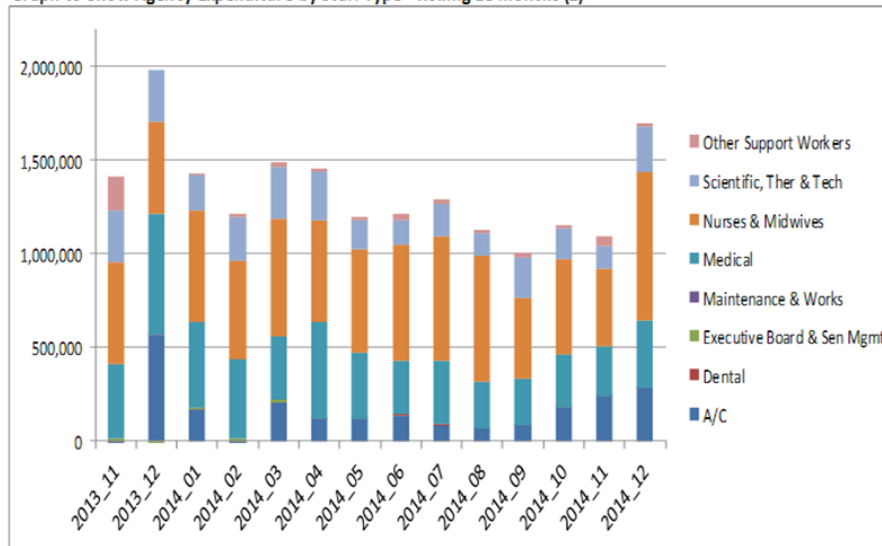
Bank & Agency wte usage and expenditure

Trust Overall Bank and Agency Report - Month 12

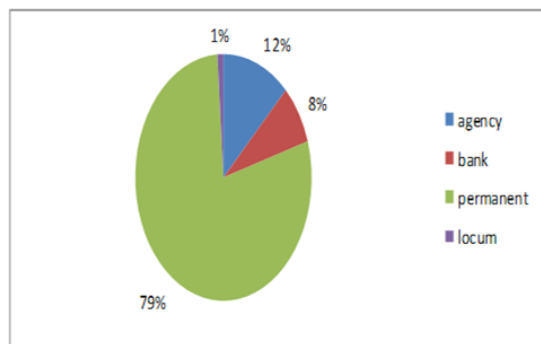
Table to Show Agency Expenditure by Division - Rolling 13 months

Month	ICAM	SCD	WCF	Corporate	Grand Total
2013_11	£872,792	£165,188	£157,065	£181,596	£1,376,641
2013_12	£1,096,110	£121,000	£320,616	-£620,486	£917,240
2014_01	£875,031	£127,915	£232,972	£189,815	£1,425,734
2014_02	£836,065	£167,507	£179,567	£818	£1,183,957
2014_03	£887,074	£144,052	£244,185	£216,043	£1,491,354
2014_04	£939,968	£186,315	£197,580	£133,503	£1,457,366
2014_05	£749,978	£134,794	£176,518	£138,960	£1,200,250
2014_06	£686,265	£113,053	£232,641	£177,705	£1,209,664
2014_07	£761,329	£174,784	£276,860	£75,573	£1,288,546
2014_08	£715,030	£74,531	£247,067	£88,425	£1,125,053
2014_09	£676,146	£134,796	£81,618	£114,783	£1,007,343
2014_10	£679,535	£105,499	£175,028	£195,275	£1,155,337
2014_11	£590,826	£108,520	£156,807	£233,453	£1,089,605
2014_12	£1,032,645	£133,006	£252,977	£277,709	£1,696,337
Last 12 Months	£9,493,357	£1,592,767	£2,521,460	£943,867	£14,551,450

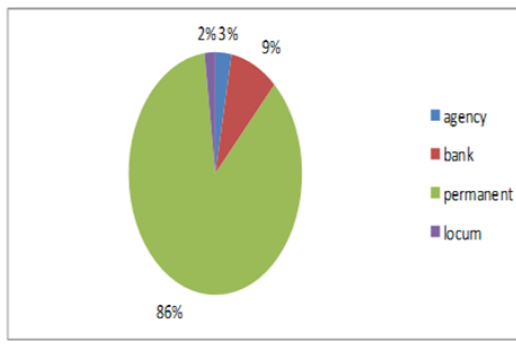
Graph to Show Agency Expenditure by Staff Type - Rolling 13 months (£)



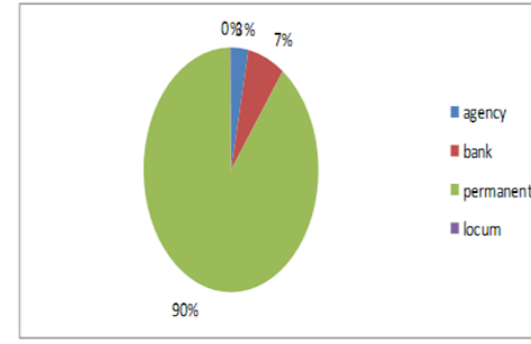
Last 3 Months temporary staffing as a percentage of pay - ICAM



Last 3 Months temporary staffing as a percentage of pay - SCD



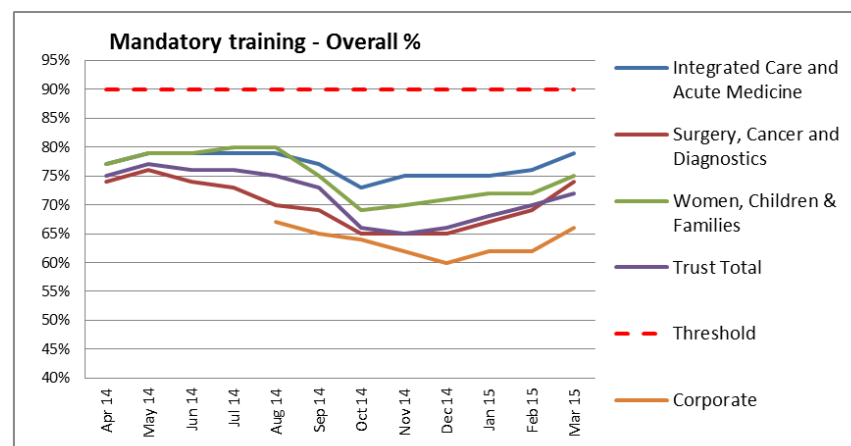
Last 3 Months temporary staffing as a percentage of pay - WCF



	March 2015					
	Threshold	Trust Actual	ICAM	SCD	WCF	CORP
Percentage of staff with mandatory training compliance	90%	72%	79%	74%	75%	66%
Percentage of staff with annual appraisal	90%	61%	76%	51%	55%	58%

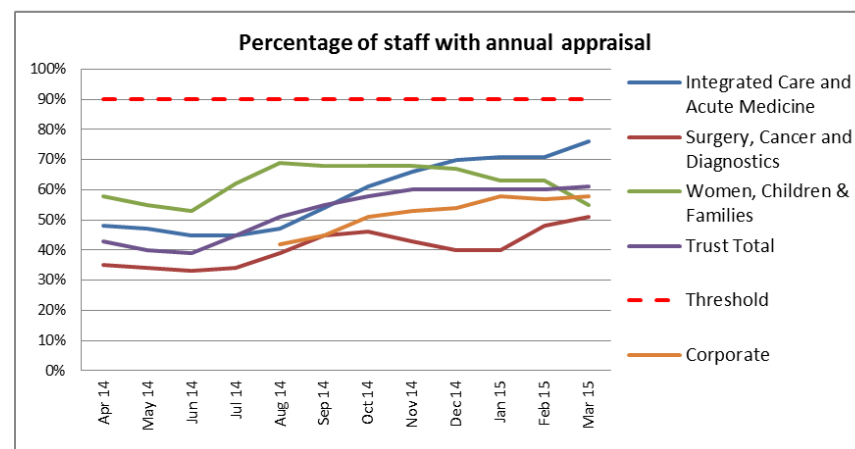
Mandatory training

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. As a result each Director has been tasked with forecasting when significant improvements will be made in compliance rates for their staff. Since the last Trust Board a mandatory training workbook was launched with the purpose of increasing compliance rates and is making a significant difference in the completion of mandatory training. The overall impact will be shown in June onwards. The overall compliance rate increased by 2%.



Appraisal

The overall rate remains the same as last month. The implementation of action plans for both Corporate and the divisions remains a priority. ICAM continues to show an increase along with SCD. The WCF need to pay particular attention to appraisal in the forthcoming months.



Whittington Health Trust Board

6 May 2015

Title:		NHS Trust Development Authority (TDA) – Self-Certification					
Agenda item:		15/073		Paper		8	
Action requested:		<i>For approval</i>					
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 March 2015, which was submitted to the TDA on 18 March 2015 and agree the status for the April 2015 return. The Trust Board is also asked to discuss and agree any reporting issues in anticipation of the April 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 risk and corporate risks on the Board Assurance Framework:		Risks captured on risk registers and/or BAF as appropriate					
Date paper completed:		22 nd April 2015					
Author name and title:		Colin Gentile, Interim CFO		Director name and title:		Simon Pleydell, Chief Executive	
Date paper seen by EC	n/a	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a



OVERSIGHT: Monthly self-certification requirements - Compliance Monitor Monthly Data.

CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



1. **Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. **Condition G5** – Having regard to monitor Guidance.
3. **Condition G7** – Registration with the Care Quality Commission.
4. **Condition G8** – Patient eligibility and selection criteria.
5. **Condition P1** – Recording of information.
6. **Condition P2** – Provision of information.
7. **Condition P3** – Assurance report on submissions to Monitor.
8. **Condition P4** – Compliance with the National Tariff.
9. **Condition P5** – Constructive engagement concerning local tariff modifications.
10. **Condition C1** – The right of patients to make choices.
11. **Condition C2** – Competition oversight.
12. **Condition IC1** – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence: [The new NHS Provider Licence](#)

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



Comment where non-compliant or at risk of non-compliance

1. Condition G4

Fit and proper persons as Governors and Directors.

Timescale for compliance:

2. Condition G5

Having regard to monitor Guidance.

Timescale for compliance:

3. Condition G7

Registration with the Care Quality Commission.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

4. Condition G8

Patient eligibility and selection criteria.

Timescale for compliance:

Comment where non-compliant or
at risk of non-compliance

5. Condition P1

Recording of information.

Timescale for compliance:

6. Condition P2

Provision of information.

Timescale for compliance:

7. Condition P3

Assurance report on
submissions to Monitor.

Timescale for compliance:

8. Condition P4

Compliance with the
National Tariff.

Timescale for compliance:

Comment where non-compliant or
at risk of non-compliance

9. Condition P5

Constructive engagement
concerning local tariff
modifications.

Timescale for compliance:

Comment where non-compliant or
at risk of non-compliance

10. Condition C1

The right of patients to
make choices.

Timescale for compliance:

11. Condition C2

Competition oversight.

Timescale for compliance:

12. Condition IC1

Provision of integrated
care.

Timescale for compliance:

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

CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

BOARD STATEMENTS:



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 non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

2. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have 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

BOARD STATEMENTS:



For **FINANCE**, that

4. The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

4. FINANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For **GOVERNANCE**, that

5. The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

5. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

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-compliance

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-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

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 non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

10. GOVERNANCE
Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



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 non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

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-compliance

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-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

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 non-compliant or at risk of non-compliance