T R U S T   B O A R D

14.00 – 16.30
Wednesday 6 January 2016

Whittington Education Centre Room 7

Whittington Health **NHS**

Meeting	Trust Board – Public
Date & time	6 January 2016 1400hrs – 1630hrs
Venue	WEC 7

AGENDA

Steve Hitchins, Chair Anita Charlesworth, Non-Executive Director Paul Lowenberg, Non-Executive Director Tony Rice, Non-Executive Director Anu Singh, Non-Executive Director Prof Graham Hart, Non-Executive Director David Holt, Non-Executive Director	Simon Pleydell, Chief Executive Siobhan Harrington, Director of Strategy & Deputy Chief Executive Stephen Bloomer, Chief Finance Officer Dr Richard Jennings, Medical Director Dr Greg Battle, Medical Director (Integrated Care) (on sabattical) Philippa Davies, Director of Nursing and Patient Experience Carol Gillen, Acting Chief Operating Officer Norma French, Director of Workforce

Attendees
Lynne Spencer, Director of Communications & Corporate Affairs
Kate Green, Minute Taker

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*		*Verbal*	*Note* 1400hrs
16/001	**Declaration of Conflicts of Interests** *Steve Hitchins, Chair*			*Declare* 1420hrs
16/002	**Apologies & Welcome** *Steve Hitchins, Chair*			*Note* 1425hrs
16/003	**Minutes, Action Log and Matters Arising 2 December** *Steve Hitchins, Chair*		1	*Approve* 1430hrs
16/004	**Chairman's Report** *Steve Hitchins, Chair*		*Verbal*	*Note* 1435hrs
16/005	**Chief Executive's Report** *Simon Pleydell, Chief Executive*		2	*Note* 1440hrs
Patient Safety & Quality				
16/006	**Serious Incident Report** *Philippa Davies, Director of Nursing & Patient Experience*		3	*Note* 1450hrs

16/007	**Safe Staffing Report** *Philippa Davies, Director of Nursing & Patient Experience*	**4**	*Note* *1500hrs*
Performance and Delivery			
16/008	**Financial Performance Month 7** *Stephen Bloomer, Chief Finance Officer*	**5**	*Note* 1510hrs
16/009	**Performance Dashboard Month 7** *Carol Gillen, Acting Chief Operating Officer*	**6**	*Note* 1520hrs
Governance and Regulatory			
16/010	**TDA Oversight Statements** *Siobhan Harrington, Director Strategy & Deputy Chief Executive*	**7**	*Note* 1530hrs
16/011	**NHS Constitution** *Lynne spencer, Director of Communication & Corporate Affairs*	**8**	*Approve* 1540hrs
Any other urgent business and questions from the public			
	No items notified to the Chairman		
Date of next Trust Board Meeting			
	03 February 2016 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.			

Whittington Health **NHS**

The draft minutes of the meeting of the Trust Board of Whittington Health held in public at 1400hrs on Wednesday 2nd December 2015 in the Whittington Education Centre

Present: Greg Battle   Medical Director, Integrated Care
             Stephen Bloomer   Chief Finance Officer
             Anita Charlesworth   Non-Executive Director
             Philippa Davies   Director of Nursing and Patient Experience
             Norma French   Director of Workforce
             Carol Gillen   Acting Chief Operating Officer
             Graham Hart   Non-Executive Director
             Steve Hitchins   Chairman
             David Holt   Non-Executive Director
             Richard Jennings   Medical Director
             Paul Lowenberg   Non-Executive Director
             Simon Pleydell   Chief Executive
             Tony Rice   Non-Executive Director
             Anu Singh   Non-Executive Director

In attendance: Kate Green   Minute Taker
             Lynne Spencer   Director of Communications & Corporate Affairs

Patient Story

Philippa Davies introduced Tracy Dick-Espinosa, in attendance to recount her experience of Mindfulness, cognitive therapy provided under the auspices of the Haringey Improving Access to Psychological Therapies (IAPT) service. Also in attendance were Harry O'Hayon, Team Leader, and Mariavi Martinez who had led the therapy sessions.

Tracy had lived in London for fifteen years but was originally from San Francisco. She had become involved with Mindfulness after suffering severe pain following an operation, and described the service as 'meditation not medication'. She had approached the first session cynically but after studying the accompanying reading material and persevering with the sessions, she felt that its benefits were both life-lasting and life-enhancing.

Tracy had been moved to attend the Board in order to encourage other patients who might share her initial cynicism to embark on the treatment programme, which she believed held genuine ramifications for society as a whole because of its lasting effect on views and behaviours. She emphasised this point by saying that although her entire group had wished for further sessions at the end of their course of treatment, she herself would forgo further sessions if it meant that more people were able to access the service.

Board members encouraged their visitors to expand on the benefits of group over one to one therapy, arrangements for commissioning the service, and the benefits gained from monitoring outcomes.

15/150 Declaration of Conflicts of Interest

150.01 No member of the Trust Board declared any interests in the proceedings scheduled for discussion that day.

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15/151 Apologies and welcome

151.01 Apologies for absence had been received from Siobhan Harrington and Paul Convery. Board members welcomed Steve Hitchins back following his stay in hospital and were pleased to see him recovered.

Siobhan Harrington joined the meeting at 1530hrs.

15/152 Minutes and Matters Arising

152.01 The minutes of the Trust Board meeting held on 4th November were approved.

152.03 There were no matters arising from the November meeting other than those already scheduled on the agenda for discussion.

15/153 Chairman's Report

153.01 Steve Hitchins began by apologising for having missed two Trust Board meetings. He expressed his gratitude to everyone who had extended their good wishes and support during his illness, and thanked staff for the 'exceptional' care he had received whilst in hospital. Particular thanks went to Simon for his support and to Anita for chairing the Board in his absence.

153.02 Steve had attended an event with representatives of the Tottenham Hotspurs Foundation at the House of Commons earlier in the week. Tottenham were setting out their plans for redevelopment and expansion of their ground; this was to include a range of other amenities and it was hoped that a much-needed new health centre might be included.

153.03 Steve expressed his thanks on behalf of the Board to Sodexo, who for the second year running had generously offered to provide mince pies for staff on 21st December, both at the hospital site and at all community sites. He added that the Christmas tree lights were due to be switched on the following day by two VIP guests - an actress from Eastenders and the Mayor of Haringey.

15/154 Chief Executive's Report

154.01 Simon Pleydell informed the Board that the Trust was focusing on the forthcoming CQC inspection. There had been a meeting of the CQC Programme Board the previous day, and feedback on the preparedness had been largely positive. The formal inspection would begin the following week, and the executive team would be making a presentation to the inspection team on 8th December. Mock inspections had given staff more confidence and they knew to highlight the services they were proud of as well as being open about areas being improved. Simon thanked Philippa Davies and her team for all their hard work for leading the plans for the inspection.

It was noted that there would be some verbal feedback soon after the inspection but the final report might not be received for several months.

154.02 A number of Lower Urinary Tract Service (LUTs) patients had attended November's Board meeting, and Simon reported that since then, a public meeting had been held which had been attended by over 200 people who wished to make representations about the suspension of the clinic. He was pleased to report that the clinic had been reinstated with a revised model for safety and restrictions on practice. Two reviews were to take place, one by the Royal College of Physicians (RCP), and the other by UCLH's Faculty of Medicine. There will be patient involvement and opportunities for feedback into the RCP

external review. The output from both these reviews would help to inform the long-term future of the service. Simon was clear that this had been an extremely difficult time for those patients affected, mainly because this was a unique service replicated nowhere else in the country.

154.03 The Trust continued to perform well on infection prevention and control, and overall performance against national targets was good despite some areas coming in slightly under target. Take-up of the staff survey was disappointing with a 30% response rate. Traditionally the Trust's response rate had been in the region of 40%. Recent research was suggesting e-questionnaires were not the best way to elicit views so consideration needed to be given to this for the future. Simon pointed out that staff expected to see action taken in response to views.

154.04 Norma French confirmed that as of Monday 30th November the flu vaccination take-up rate stood at 52% as compared to 60% the previous year. Norma confirmed that the team was collecting data on those staff who had received the 'flu vaccination elsewhere such as their GP surgery to ensure this was included in the Trust data return.

154.05 Simon informed the Board that Month 7 had been challenging for the Trust finances, and he was keen to address the lessons learned from the previous year. The estates strategy would be brought to the Board in January, and it was noted there had been many discussions with both local community and staff about this. Simon emphasised the strategy would focus more on setting the direction of travel than presenting detailed proposals. He had met and held discussions with Shirley Franklin and other members of the Defend the Whittington Coalition to ensure the approach was open and transparent.

154.06 A number of meetings had taken place concerning the planned industrial action by junior doctors, and there had been extensive use of social media. Simon was glad to see discussions had been resumed, but he was clear that future action remained a very real possibility. In the meantime he extended his thanks to Carol Gillen and her team for making good contingency plans, and also to the consultants who had been so willing to support the Trust.

154.08 Richard Jennings informed the Board that he and Philippa Davies had written to all staff stressing the importance of their being vaccinated against 'flu; they had reminded staff that the previous year some patients had contracted 'flu whilst in hospital, and two of those patients had died. The learning identified that any patient displaying symptoms should not be placed on an open ward. Staff had an ethical and moral duty to be immunised with the vaccination. Anita Charlesworth supported this, adding that she had concerns about the potential spread of 'flu in the community, and Carol Gillen assured her that district nurses were ensuring housebound and other at risk groups of patients were vaccinated, and 'patients of concern' reviewed after events such as severe weather conditions. Richard Jennings added that there were good and reliable national mechanisms in place to alert local services about issues of concern, e.g. an outbreak in a particular area.

15/155 Serious Incident Report

155.01 Philippa Davies reported that four serious incidents had been declared during October, details of which were as follows:

- a patient under the care of the district nursing and podiatry services being admitted to the hospital with sepsis
- delayed diagnosis and treatment of colorectal cancer
- the loss of a substantial amount of dental services data due to an IT outage, and
- long-term harm suffered from prolonged treatment with antimicrobials.

155.02 There were no overdue SI reports, and Philippa was pleased to report that case studies had been captured on the intranet site including a summary which provided the essential information from which learning could be shared promptly.

155.03 David Holt enquired whether Whittington Health's position in relation to information governance incidents was normal or whether there were issues of concern about which the Board should be informed. Richard Jennings replied that the incidents reported were quite different in nature and did not therefore indicate any trend, and that the Trust's Caldicott Guardian had indicated that the Trust's position on information governance adherence had in fact improved. Simon Pleydell added that IG breaches were reported to the Information Commissioner's Office, and that body had not signalled there were any grounds for concern. In Simon's experience, the numbers reported were not unusual, and he would in fact worry if they were lower since this would likely herald a signal of failures to report.

15/156 <u>Safer Staffing Report</u>

156.01 Philippa Davies introduced the safer staffing report covering the Trust's position in October. Some wards had reported below 95% fill rates for qualified nurses, but all had been managed safely and promptly by moving staff from other areas. There had been an increase in month of the number of patients that required 'specialling', which in turn had a knock-on effect on agency spend in the month.

156.02 Anita Charlesworth enquired whether the Trust had begun any work with the mental health trust to look at co-morbidities and whether there had been any significant changes, as the impact could be profound. She also enquired whether the Trust was admitting a greater number of elderly people as in-patients due to a shortage of early intervention resources. In response to the first point Philippa Davies said that these conversations had already begun, and Stephen Bloomer added that evidence was being gathered prior to further discussion with both commissioners and the mental health trust, which had itself seen a 30% rise in referrals.

15/157 <u>Financial Report</u>

157.01 Stephen Bloomer reported that a number of issues had contributed towards ending Month 7 with a deficit position of £1.26m worse than planned, in particular a shortfall on planned income, an increase in length of stay and an increase in temporary staffing. On non-pay, October had seen an increase in spending on drugs, and failure in some areas to deliver on CIP targets. On the latter, the team was working closely with the ICSUs to maintain financial control and to offer additional assistance to any areas felt to be experiencing particular difficulties. Stephen noted that November was also likely to be a difficult month.

157.02 In answer to a question from David Holt about whether the Trust was maximising its income, Stephen Bloomer replied that he was aware there remained some additional opportunities around coding. Anita Charlesworth asked whether the Trust was losing market share in respect of its maternity services, and Stephen replied that the share itself had not reduced but the Trust had aimed for a slightly higher number than had been achieved. There were also ongoing discussions with commissioners over funding.

157.03 Anita enquired whether the Women & Family Services ICSU had sufficiently robust plans for attracting women to the service, and it was agreed this was an appropriate topic for discussion at the forthcoming Business Challenge Day. It was noted that a new Head of Midwifery had been appointed for the service. Anu Singh informed the Board that Quality Committee planned to discuss maternity services in more detail in the New Year.

15/158 <u>Performance Dashboard</u>

158.01 Carol Gillen assured the Board that district nursing metrics would be included on the dashboard the following month and gave a flavour of what would be included. There was a working group looking at performance measures for integrated care. Carol said that there had been some under-achievement on RTT in-month, also within trauma and orthopaedics and general surgery. A new service manager for these areas was due to start at the Trust the following Monday.

158.02 Carol said that the Trust was performing well on access first to follow up times, and there was evidence of sustained improvement in diagnostics. Cancer waits were disappointing, but the service was confident there would be improvement the following month. ED had been extremely challenged during October, with the main contributory factor being bed capacity within the hospital leading to backlogs. It was noted that a significant amount of breaches took place between 8.00pm and 8.00am. Carol added that she would be attending a system resilience meeting the following day with Camden & Islington Mental Health Trust and the CCGs.

158.03 Referring to page 10 of the report, Carol informed the Board that there was to be a meeting with commissioners to discuss MSK demand and capacity, and that significant work was being undertaken in podiatry to further improve the position. Paul Lowenberg enquired about the apparently high level of health visiting and district nursing appointments where there was no recorded outcome (page 9); it was agreed this needed to be improved.

158.04 Noting that fifteen breast symptomatic patients had not been seen on time in September and that a neighbouring Trust had issued a communication to GPs about its own service, Simon Pleydell expressed his concern about the capacity of that service, especially since the Trust was about to lose another breast radiologist.

158.05 David Holt raised the subject of the Trust's performance in responding to complaints, noting that response times appeared to have slipped well before the suspension of the LUTS clinic and corresponding correspondence. Simon Pleydell agreed that performance in this area was currently unacceptable, he was aware that some ICSUs were not prioritising complaints responses, and this was of particular concern since the handling of complaints was a reliable indicator of the degree to which patients are placed at the centre of what we do.

15/159 <u>Workforce KPIs</u>

159.01 Norma French began her report by explaining that there were aspects of the workforce data that she was still checking. One positive move she had already made however was to move the ESR function back to workforce in future, and she would be advertising a post before Christmas.

159.02 Whittington Health is a participant in the pan-London Streamlining Programme, and Norma was pleased to report that the Trust's recruitment pipeline was currently the fastest across London at only seven weeks.

159.03 There had been a slight increase in sickness absence, although this remained lower than the national average. Appraisal rates had reached 73%, showing the level of hard work and commitment by staff and managers, and there had been a slight rise in mandatory training compliance.

159.04 Norma reported that compiling her report took a week, and it would be of considerable benefit to her team if the Board agreed for it to be submitted quarterly rather than every

month. Simon Pleydell confirmed that this was standard practice in other Trusts where he had worked, and the Board agreed to the production of a quarterly report.

159.05 Paul Lowenberg had noted that agency staff levels had reached 9.6%, and enquired whether there was a planned trajectory to bring that figure down. Acknowledging that the Trust had exceeded its planned spend on agency nursing in the month, Norma replied that the trajectory was for 3% as next stage, adding that strict controls were in place with Philippa Davies personally signing off requests. A meeting on this was planned for the following day.

159.06 Simon Pleydell pointed out that (should winter pressures require it) the only economical way to open an additional ward was through the use of agency staff. Philippa Davies added that our systems lacked the sophistication to separate out those staff funded from the Better Care Fund, Children at Home etc. Greg Battle said that he had been on a patient safety 'huddle' where a member of staff had asked about changing the rates for bank staff, and Norma replied that consideration was being given to this; she was aware that Whittington Health's rates could be more competitive, and she would be bringing a business plan to the Trust Management Group.

15/160 TDA Oversight Statements

160.01 Siobhan Harrington reported that representatives from the Trust Development Authority would be observing a future Board meeting in 2016. She confirmed that the monthly statements submitted to the TDA were in a much improved format.

15/161 Report from Quality Committee

161.01 Reporting on the meeting of the Quality Committee held on 9th September, Anu Singh said that there were in year process issues with managing the business, however there had been a marked improvement in the format and timeliness of the papers, with risks more clearly identified. ICSUs had been asked to flag their >12 risks and these were captured on a new Quality Committee Risk Register for stronger scrutiny and escalation to the BAF if appropriated. She thanked the secretariat of the meeting for the improvements. In answer to a question from Paul Lowenberg about NHS numbers in ED, Anu replied that the committee would look at this again in January, however there appeared to be some improvement.

15/162 Finance & Business Development Committee

162.01 Tony Rice informed the Board that the October meeting of the Finance & Business Development Committee had focused largely on CIPs and Value Based Commissioning (VBC). The Committee had felt unable to provide complete assurance on CIP plans, mainly due to continued uncertainties over income, agency spend, and a number of other areas where there was additional work to be done. Looking at the run rate, one of the most important factors was the IT system and associated coding, since it seemed certain further income could be generated through more robust systems. He felt however that good progress was being made and thanked managers throughout the Trust for this.

162.02 On Value Based Commissioning, the Trust was currently in contract negotiations for the role of lead provider for the provision of diabetes services in Islington and Haringey and services for the frail elderly in Haringey. The Committee had concentrated on ensuring that tenders were properly constructed in terms of cost, risk and structure.

15/163 Any other business

163.01 An updated CQC Statement of Purpose, which included reference to the new ICSU structure, had been circulated for the Board's approval. The contents were noted and the statement formally approved.

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Action Notes Summary

154/05	The estates strategy to be brought to the Board in January	February 2016	SMH
158/01	Performance measures for district nursing to be included in the performance dashboard	January 2016	CG
105/08	The external review of IT needed to be retendered as only one expression of interest had been received; the Board would receive a further update from Stephen Bloomer	January 2016	SB
159/04	Workforce report quarterly to Board in 2016/17	2016 cycle	NF
159/06	Bank Staff – present business plan to the Trust Management Group in 2016	TMG cycle	NF
160/01	Representatives from the Trust Development Authority would be observing a future Board meeting in 2016	tbc	SMH
161/01	NHS numbers in ED – Quality Committee to review	January 2016	AS

Whittington Health Trust Board

6 January 2015

Title:	Chief Executive Officer's Report to the Board		
Agenda item:	**16/005**	**Paper**	**02**
Action requested:	For discussion and information.		
Executive Summary:	The purpose of this report is to highlight specific issues to the Trust Board and 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:	29 December 2016		

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

<h1 align="center">Chief Executive Officer Report</h1>

The purpose of this report is to highlight issues to the Trust Board.

1.   QUALITY AND PATIENT SAFETY

Happy New Year

I would like to wish everyone a happy New Year and thank staff and volunteers who worked or volunteered over the festive season to care for patients.

Care Quality Commission (CQC)

The formal CQC inspection which took place in December has concluded. The initial findings of the inspection identified areas of outstanding practice, as well as focusing on Trust action plans for service areas which require improvement. The next part of the process is for the CQC to forward the Trust a draft outcome report within the next four weeks. The formal publication date by the CQC will be March 2016.

MRSA Bacteremia

The Trust is pleased to report that it has had no cases of MRSA so far for this financial year. The Trust has a robust zero tolerance approach to MRSA bacteremia breaches and will continue to keep this as a top patient safety and quality priority.

Clostridium Difficile

The Trust reported no new cases of Clostridium Difficile during November. The Trust total is six cases for the year to date and the target is for no more than 17 cases in each year. The Trust continues with regular awareness raising initiatives on the importance of adhering to infection control procedures to maintain a strong focus on patient safety as our top priority.

Cancer Waiting Time Targets

The Trust has dipped performance for its national cancer targets and achieved three of the seven national cancer waiting time targets. The Trust is focusing on meeting the targets by the next reporting period. The three cancer targets achieved include important patient safety areas such as 31 days to first treatment, 31 days to subsequent treatment (surgery) and 31 days to subsequent treatment (drugs).

Community Access Targets

MSK and GUM appointments are under target. MSK six weeks wait has improved, but show an increase in demand and capacity planning is in place. GUM target has also improved and recruitment continues with plans to become within target early 2016.

Health Roster

The Trust is making good progress with the Allocate E Health Roster which is a modern system for managing safe staffing numbers in wards of hospitals. Our system is being developed with current data transferring to the new system. The new electronic system

will enable a considered approach to safe staffing in our wards based on acuity and brings us in line with normal practice in other Trusts. Implementation will be completed by March 2016.

Flu campaign

The Trust continues to vaccinate staff against flu. Whittington Health has a good track record of delivering a high rate of flu vaccinations and we are currently at 56.64% of staff having been vaccinated which is less than last year at this time which was 77.06%. We are encouraging all staff to ensure they are vaccinated in order to protect our patients at this time of year.

2.   FINANCE MONTH 8

At the end of November, the Trust reported a YTD deficit of £9.2m which is £1.2m off our planned position.

Income was £0.3m more than planned in Month 8 and £0.1m ahead of the YTD plan. Patient Level income underperformed by £1.4m in November, but this was offset by favourable performance in other areas.

The Trust overspent against its expenditure plans by £0.2m. Non-Pay was over spent by £59k and the pay bill exceeded by £125k. All Integrated Clinical Service Units (ICSUs), except Outpatients, posted overspends and Women's Services posted the biggest adverse variance of £222k.

Temporary staffing reduced by £191k in November, but the month's 9.62% agency nursing usage exceeded the Trust's 6% cap. The corporate and ICSU teams will be focusing on these areas during the remainder of the financial year to reduce usage.

November's CIP performance was 77% (£1.38m) against a plan of £1.78m. YTD, the Trust has delivered 83% of its planned savings (£7.9m). Over 30% of the delivered financial efficiencies have been secured on a non-recurrent basis.

The Trust forecasts to meet its planned 2015/16 deficit of £15m, but due to the £1.56m adverse variance posted last month, this outcome is contingent on the Trust containing overspends within several ICSUs (Medicine, Emergency, Surgery and Women's), and through improving CIP delivery on corporate schemes related to the reduction of temporary staff usage.

The Trust will be adding increased focus on the financial forecasts agreed with ICSUs from month 9 onwards, to oversee delivery of the 2015/16 financial plan and support the 2016/17 business planning process.

3.   PLANNING GUIDANCE

Planning guidance was issued in December which requires NHS organisations to produce two plans
- a five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View
- a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging Sustainability and Transformation Plan (STP)

STP will be **'place-based'** and include

- Local leaders coming together as a team
- Developing a shared vision with the local community, which also involves local government as appropriate
- Programming a coherent set of activities to make it happen
- Execution against plan
- Learning and adapting

There will be central funding attached to the local NHS planning process, and the STP will become the single vehicle to be accepted onto programmes with transformational funding for 2017/18 onwards. By April 2016, commissioner and provider plans for 2016/17 will need to be agreed by NHS England and NHS Improvement, based on contracts that must be signed by March 2016.

4.   ESTATE STRATEGY

The Trust continues to develop an Estates Strategy that will enable the Clinical Strategy 2015-2020 to be delivered. The work is well underway with engagement of staff and stakeholders in considering the environment required to deliver care for our local population over the next five years. We will present the Strategy to a future Board meeting in 2016.

5.   JUNIOR DOCTORS

The Trust has robust arrangements in place for the potential junior doctors' strike scheduled for 12 January and this work is being led by the operations team.   The Trust will operate business as usual apart from elective and planned procedures. Patients have been contacted and rescheduling of non-urgent services will take place throughout January.

Simon Pleydell
Chief Executive Office

Nursing and Patient Experience
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The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Whittington Health Trust Board
January 2016

Title:	Serious Incidents - Monthly Update Report

Agenda item:	**16/006**	**Paper**	**03**

Action requested:	For Information
Executive Summary:	This report provides an overview of serious incidents submitted externally via StEIS (Strategic Executive Information System) as of the end of November 2015. This includes SI reports completed during this timescale in addition to recommendations made, lessons learnt and learning shared following root cause analysis.
Summary of recommendations:	None
Fit with WH strategy:	1. Integrated care 2. Efficient and Effective care 3. Culture of Innovation and Improvement
Reference to related / other documents:	• Supporting evidence towards CQC fundamental standards (12) (13) (17) (20). • Ensuring that health service bodies are open and transparent with the relevant person/s. • National Framework for Reporting and Learning from Serious Incidents Requiring Investigation, • Whittington Health Serious Incident policy. • Health and Safety Executive RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).
Reference to areas of risk and corporate risks on the Board Assurance Framework:	**Corporate Risk 636.** Create a robust SI learning process across the Trust. Trust Intranet page has been updated with key learning points following recent SIs and RCA investigations. Standing operating procedure is currently being developed to ensure learning from SIs at all learnings nursing staff, junior doctors, consultants and admin staff.
Date paper completed:	22/12/2015

Author name and title:	Jayne Osborne, Quality Assurance Officer and SI Co-ordinator		**Director name and title:**		**Philippa Davies, Director of Nursing and Patient Experience**	
Date paper seen by EC		**Equality Impact Assessment complete?**	n/a	**Risk assessment undertaken?**	n/a	**Legal advice received?** n/a

Serious Incident Monthly Report

1.   Introduction

This report provides an overview of serious incidents submitted externally via StEIS (Strategic Executive Information System) as of the end of November 2015.

The management of Serious Incident's (SIs) includes not only identification, reporting and investigation of each incident but also implementation of any recommendations following investigation and dissemination of learning to prevent recurrence.

2.   Background

The Serious Incident Executive Approval Group (SIEAG) comprising the Executive Medical Director, Director of Nursing and Patient Experience, Chief Operating Officer, the Head of Integrated Risk Management and SI Coordinator meet weekly to review Serious Incident investigation reports in addition to investigations into high severity incidents to ascertain whether these meet the reporting threshold of a serious incident (as described within the NHSE Serious Incident Framework (March 2015).

3.   Serious Incidents

3.1   The Trust declared 6 serious incidents during November 2015 bringing the total to 37 since 1st April 2015. This includes 2 incidents that were later downgraded (de-escalated).

All serious incidents are reported to North East London Commissioning Support Unit (NEL CSU) via StEIS and a lead investigator is assigned to each by the Clinical Director of the relevant Integrated Clinical Support Unit.

All serious incidents are also uploaded to the NRLS (National Reporting and Learning Service) in line with national guidance and CQC statutory notification requirements.

3.2 **The table below details the Serious Incidents currently under investigation**

Category	Month Declared	Summary
Sub optimal care of deteriorating Patient (Ref: Oct Socdp)	Oct 15	Patient under the care of the Podiatry and District nursing was admitted to hospital with sepsis.
Delayed Diagnosis (ref Oct DD)	Oct 15	Delayed diagnosis and treatment of colo-rectal cancer
Loss of patient data (Ref; Oct Lopd)	Oct 15	Loss of dental service records due to a corruption of the service database.
Medication Incident (Ref;Oct MI)	Oct 15	Patient sustained long term harm from prolonged treatment with oral antimicrobials.
Medication Incident 2015.35236	Nov 15	Misplaced central venous line into the carotid artery
Slip/Trips Falls 2015.35740	Nov 15	Patient had an unwitnessed fall and sustained a fracture of the tibia and fibula.
Failure to obtain appropriate bed for child who needed it	Nov 15	Paediatric patient absconded from ward whilst receiving Mental Health care.

2015.36400		
Slip/Trips Falls 2015.36401	Nov 15	Patient had an unwitnessed fall and sustained a peri prosthetic fracture to left femur.
Maternity/Obstetric incident 2015.36818	Nov 15	Unexpected stillbirth at 29 weeks gestation.
Slip/Trips Falls 2015.37024	Nov 15	Patient fell whilst walking with carer and sustained a hip fracture

3.3. The table below details serious incidents by category reported to the NEL CSU. The Trust reported 6 serious incidents in November 2015

STEIS 2015-16 Category	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	total
Child protection	0	0	0	1	0	0	0	0	1
Communication issue	1	0	0	0	0	0	0	0	1
Confidential information leak/loss/Information governance breach	1	2	0	0	1	2	1	0	7
Diagnostic Incident including delay	0	2	0	1	0	0	1	0	4
Drug incident	0	0	0	0	1	0	1	1	3
Failure to obtain appropriate bed for child who needed it	0	0	0	0	0	0	0	1	1
Maternity/Obstetric incident mother and baby (includes foetus, neonate and infant)	0	1	0	1	0	1	0	1	4
Pressure ulcer grade 3	5	1	0	0	0	0	0	0	6
Screening Issues	0	0	0	1	0	0	0	0	1
Slips/Trips/Falls	1	0	0	0	0	0	0	3	4
Suboptimal care of deteriorating patient	0	1	0	2	0	0	1	0	4
Medical equipment/ devices/disposables incident	0	0	0	0	0	1	0	0	1
Total	8	7	0	6	2	4	4	6	37

4.   Submission of SI reports

All final investigation reports are reviewed at weekly SIEAG meeting chaired by an Executive Director (Trust Medical Director or Director of Nursing and Patient Experience) comprising membership from the Chief Operating Officer, Executive Operational Team and Integrated Risk Management. The Integrated Clinical Support Unit's (ICSU) Operational Directors or their deputies are required to attend each meeting when an investigation from their services is being presented.

The remit of this meeting is to scrutinise the investigation and its findings to ensure that contributory factors have been fully explored, root causes identified and that actions are aligned with the recommendations, so that lessons are learnt and appropriate action taken to prevent future harm.

On completion of the report the patient and/or relevant family member receive a final outcome letter highlighting the key findings of the investigation, actions taken to improve services and learn from mistakes. A 'being open' meeting is offered in line with duty of candour recommendations.

The Trust has expedited its duties under the Duty of Candour for the investigations completed and submitted in November 2015, with the exception of 3 investigations where the Duty of Candour did not apply as there was no patient harm identified. The Trust however, as part of its being open process contacted all patients, staff affected by these incidents and an apology was given.

Lessons learned following the investigation are shared with all staff and departments involved in the patient's care through various means including the 'Big 4' in theatres, 'message of the week' in Maternity and Obstetrics and other departments. Learning from identified incidents is also published on the Trust Intranet making them available to all staff.

4.1 The Trust submitted 4 reports to NELCSU in November 2015.

4.2. The table below provides a brief summary of the 2 individual completed serious incident investigations submitted in October and a selection of actions taken as a result of the lessons learnt.

Summary	Actions taken as result of lessons learnt
• Delay in a number of referred patients being seen in a timely manner.	• A comprehensive endoscopy improvement plan is in place which includes a tighter standard operating procedure, supervision, and greater assurance processes. • The Patient Tracker List has now been configured to show diagnostic waits in endoscopy. • A quarterly assurance report will be presented to the Patient Safety Committee.
• Epidural procedure – Near miss	• There is now in place a robust procedure to ensure correct connection between epidural line and epidural pump. Counter signing of the epidural connection is now documented on an epidural sticker contained within the patient prescription chart. • A case note audit will take place on a regular (3 month) obasis to test compliance with the process.
• Unexpected Admission to NICU	• The use of the Neonatal early Warning Score (NEWS) and feeding charts is being reinforced • SBAR handover is used consistently throughout the department.
• Inappropriate access to staff records	• A summary of the incident with key learning has been shared on intranet designated page. • IG mandatory training records for staff have been reviewed to ensure compliance.

5.0 Sharing Learning

In order to ensure learning is shared widely across the organisation, a dedicated site has been created on the Trust intra-net detailing a range of patient safety case studies.

6.0   Summary

The Trust Board is asked to note the content of the above report which aims to provide assurance that the serious incident process is managed effectively and lessons learnt as a result of serious incident investigations are shared widely.

![Whittington Health NHS]

Whittington Health Trust Board

6 January 2016

Title:	Safe Staffing (Nursing and Midwifery)			
Agenda item:	**16/007**	**Paper**		**04**
Action requested:	For information			
Executive Summary:	This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in November 2015. Key issues to note include: • 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 extra support required due to the increase in beds to accommodate patients as well as an increase in those requiring specials. • The number of specials increased slightly in November compared to October.			
Summary of recommendations:	Trust Board members are asked to note the November 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:				
Reference to areas of risk and corporate risks on the Board Assurance Framework:	3.4 Staffing ratios versus good practice standards			
Date paper completed:	December 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		**Equality Impact Assessment complete?**		**Risk assessment undertaken?**		**Legal advice received?**	

Safe Nurse Staffing Levels

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 November 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 – 30th November 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 November 2015. The average fill rate was 105% for registered staff and 103.3% or care staff during the day and 102.2 % for registered staff and 100.4 % for care staff during the night.

Three wards reported below 95% fill rates for qualified nurses but were managed safely by moving staff from other green RAG rated areas and with support from matrons and practice development nurses. Above 100% fill rates occurred in thirteen areas where nurses were required to care for patients who needed 1:1 care due to high dependency or acuity needs of those patients with mental health needs. A number of wards increased their bed base which resulted in additional staff required over and above those planned.

v.1

3.1 Additional Staff (Specials 1:1)

When comparing November's requirement for 1:1 'specials' with previous months, the figures continue to demonstrate a low level of need. There was an increase noted with regard to 1:1 requests in November (101) compared to the previous month (95). The requests made for this level of care are to ensure the safe management of particularly vulnerable groups of patients including elderly patients at risk of falls due to severe confusion, agitation and those patients detoxifying from drugs or alcohol. The number of RMN 'specials' required caring for patients under a mental health section remained the same as October at 38. This was due to a small number of patients requiring specialist support to ensure their safety.

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.

In summary, in November a total of 22/1395 (1.58 %) shifts triggered 'red' which was lower than previous months. Of these, 8/372 (2.1%) occurred in the Surgical Integrated Care Service Unit, 0/93 (0%) in the Women's ISCU and 7/558 (1.25%) shifts were reported to have triggered 'red' in the Medicine and Frailty & Networked Service ISCU). In addition 7/186 (3.7%) triggered red in the Emergency and Urgent Care ISCU.

5.0 Conclusion

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

v.1

Fill rate data - summary
November 2015

Day				Night				Average fill rate data- Day		Average 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				
0-31399 hours	32955 hours	11105 hours	11476 hours	25362 hours	25942 hours	8881 hours	8912 hours	105%	103.3%	102.2%	100.4%

4

Trust Specials 2015

v.1

Trust Board

6th January 2016

Title:	Month 8 2015/16 - Financial Performance					
Agenda item:	16/008		**Paper**		05	
Action requested:	For noting					
Executive Summary:	The paper analyses the financial performance of the Trust covering overall, clinical division and corporate performance, cash and capital.					
Summary of recommendations:	To note the financial results relating to November 2015.					
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:	24th December 2015					
Author name and title:	Stephen Bloomer, Chief Financial Officer		**Director name and title:**	Stephen Bloomer, Chief Financial 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

Finance overview | Financial performance summary

The table below provides a summary of the key finance metrics and actual performance against plan. The Trust financial position was broadly consistent with plan during November trading; however the cumulative position is £1.2 million adverse to plan. The organisation is forecasting achievement of the full-year deficit plan, however there needs to be a sustained focus on financial control during the remainder of the year to enable plan delivery.

Indicator	Measure	In-Month Plan	In-Month Actual	YTD Plan	YTD Actual
EBITDA margin	%	-0.89%	-0.51%	1.30%	0.74%
EBITDA achieved	£000s	-215	-124	2,509	1,426
Adjusted net deficit margin	%	-6.23%	-5.93%	-4.16%	-4.78%
Adjusted net deficit achieved	£000s	-1,512	-1,456	-8,007	-9,211
Liquidity ratio	days	-	-	-21	-16
Capital Servicing Capacity	times	-	-	-0.34	0.30
Income	£000s	24,263	24,538	192,447	192,535
Pay	£000s	17,738	17,863	141,749	141,850
Non-Pay	£000s	6,740	6,798	48,189	49,259
CIPs	£000s	1,838	804	7,833	6,560

Finance overview | Statement of comprehensive income

At the end of November, the Trust reported a YTD deficit of £9.2m which is £1.2m worse than the planned position.

Income was £0.3m more than planned in month 8, and £0.1m ahead of the YTD plan. Patient Level income underperformed by £1.4m in November, but this was offset by favourable performance in other areas. Several patient care services continued to underperform against activity plans; especially elective and day-case activity which have underperformed YTD by 518 spells and 1,002 cases, respectively. Revenue from outpatients exceeded both month 8 and YTD plans, while Direct Access over-performed for the first time this year.

The Trust overspent against its Month 8 expenditure plans by £0.2m. Non-Pay was over spent by £59k and the pay bill exceeded the Month 8 plan by £125k. November's expenditure was £155k less than October's, but this reduction was not sufficient in containing ICSU overspends and allowing recovery from last month's £1.5m adverse performance. All ICSUs except Outpatients posted overspends in Month 8, with Women's Services posting the biggest adverse variance of £222k.

Temporary staffing reduced by £191k in November, but the month's 9.62% agency nursing usage again breached the Trust's 6% ceiling. This is a major concern for the Trust, particularly during the winter period. This will be an area for close focus during the remainder of the financial year.

November's CIP performance was 77% (£1.38m) against a plan of £1.78m. YTD, the Trust has delivered 83% of its planned savings (£7.9m). Over 30% of the delivered financial efficiencies have been secured on a non-recurrent basis. These schemes will need to be substituted with recurrent savings during 2016/17 to deliver a sustainable improvement to the organisations financial run-rate.

The Trust forecasts to meet its planned 15/16 deficit of £15m, but due to the £1.56m adverse variance posted last month, this outcome is contingent on the Trust containing overspends within several ICSUs (Medicine, Emergency, Surgery and Women's), and through improving CIP delivery on corporate schemes related to the reduction of temporary staff usage.

The organisation will be adding increased focus on the financial forecasts agreed with ICSUs from month 9 onwards, to oversee delivery of the 2015/16 financial plan and support the 2016/17 business planning process.

The table below is a statement of comprehensive income for the period up to month 8 for the Trust.

in £000	In Month Budget (£000s)	In Month Actual (£000s)	Variance (£000s)	YTD Budget (£000s)	Ytd Actuals (£000s)	Variance (£000s)	Full Year (£000s)
Nhs Clinical Income	20,214	20,124	-90	163,379	162,002	-1,377	243,894
Non-Nhs Clinical Income	1,982	1,965	-16	12,357	12,563	205	20,284
Other Non-Patient Income	2,068	2,449	381	16,711	17,970	1,260	25,997
Total Income	**24,263**	**24,538**	**275**	**192,447**	**192,535**	**88**	**-290,176**
Non-Pay	6,740	6,798	-59	48,189	49,259	-1,070	77,308
Pay	17,738	17,863	-125	141,749	141,850	-101	211,839
Total Operating Expenditure	**24,478**	**24,662**	**-184**	**189,938**	**191,109**	**-1,171**	**289,148**
EBITDA	**-215**	**-124**	**91**	**2,509**	**1,426**	**-1,083**	**1,028**
Depreciation	671	673	-2	5,367	5,374	-7	9,663
Dividends Payable	375	410	-35	3,250	3,281	-31	4,750
Interest Payable	256	257	0	1,954	2,039	-86	3,231
Interest Receivable	1	3	2	7	20	14	10
Total	**1,302**	**1,337**	**-35**	**10,564**	**10,674**	**-110**	**17,634**
Net Surplus / (Deficit) - before IFRIC 12 adjustment	**-1,517**	**-1,461**	**56**	**-8,055**	**-9,248**	**-1,193**	**-16,606**
Add back impairments and adjust for IFRS & Donate	5	5	0	48	39	-10	1,569
Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments	**-1,512**	**-1,456**	**56**	**-8,007**	**-9,211**	**-1,204**	**-15,037**

Finance overview | Statement of Financial Position

The statement of financial position shows the assets, liabilities and equity held by the Trust and is used to assess the financial soundness of an entity in terms of liquidity risk, financial risk, credit risk and business risk.

Property, Plant & Equipment: The Trust continues to slow down its capital spend in order to mitigate cash shortfalls as a result of a deficit financial position. The organisation's capital programme is £5.1m behind plan up to month 8. The largest element of this cumulative underspend relates to the Maternity and Neonatal scheme (£3 million plan slippage), this scheme is subject to NHS TDA and Department of Health approval and discussions are ongoing to progress the development. The scheme is an externally funded programme and the aggregate NHS provider financial position in England has resulted in a severely constrained cash environment during 2015/16.

Slippage across the remainder of the Trust's capital programme is £2.1m up to month 8; schemes are subject to ongoing review and will be progressed depending on a scheme priority and affordability basis during 2015/16.

Trade Receivables and Payables: Both trade payables and receivables are subject to close management as a result of the organisations deficit position, and the priority need to robustly manage the working capital position of the organisation. Focus is provided to ensuring timely recovery of monies owed and to ensure the organisation provides responsible settlement to key creditors.

Cash: The cash position was slightly better than planned due to the collection of outstanding debts and robust cash management. Up to month 8 the Trust has received £15m of external cash support to maintain liquidity. Linked to the working capital position described above, the organisation is in the process of agreeing a total 2015/16 cash support settlement with the NHS TDA and Department of Health. The organisation plan assumed £23.9m of financial support during 2015/16.

Following the Department of Health and NHS TDA requirement for NHS providers to improve financial performance during 2015/16, the financial support facility available to the Trust was subject to additional scrutiny. The working assumption of both the NHS TDA and the Department of Health was that cash support for organisations during 2015/16 was reduced in-line with the financial improvement requirement sought from NHS providers. This equated to a total £15m cash support facility for the Trust. The organisation is in the process of agreeing the precise level of revenue cash support required by the organisation during 2015/16.

Borrowings: Borrowings are £5.7m greater than planned due to a combination of factors; predominantly the working capital support accessed to date of £15m compensated by £8.3m relating to the maternity project not yet accessed. The working capital support is expected to be paid off using the final cash support facility as referred above and once agreed with the NHS TDA and Department of Health.

The Trust ended the month with a cash balance of £6.5m which is £1.3m more than planned. It underspent against its YTD capital plan by £3.1m, and capital expenditure continues to be actively managed to support the Trust's deficit reduction and cash management plan.

The table below is the statement of financial position for the period up to month 8.

	As at 1 April 2015 £000	Plan 31 March 2015 £000	Year to Date Plan YTD 30 Nov 2015 £000	Year to Date As at 30 Nov 2015 £000	Variance YTD 30 Nov 2015 £000
Property, plant and equipment	194,918	211,762	203,575	191,862	(11,713)
Intangible assets	4,481	2,891	3,440	4,521	1,081
Trade and other receivables	757	533	755	875	120
Total Non Current Assets	**200,156**	**215,186**	**207,770**	**197,258**	**(10,512)**
Inventories	1,427	1,356	1,456	1,720	264
Trade and other receivables	19,223	22,224	17,631	19,998	2,367
Cash and cash equivalents	1,347	1,619	5,227	6,554	1,327
Total Current Assets	**21,997**	**25,199**	**24,314**	**28,272**	**3,958**
Total Assets	**222,153**	**240,385**	**232,084**	**225,530**	**(6,554)**
Trade and other payables	38,847	39,551	32,501	38,702	(6,201)
Borrowings	1,809	255	629	343	286
Provisions	1,380	723	975	629	346
Total Current Liabilities	**42,036**	**40,529**	**34,105**	**39,674**	**(5,569)**
					0
Net Current Assets (Liabilities)	**(20,039)**	**(15,330)**	**(9,791)**	**(11,402)**	**1,611**
Total Assets less Current Liabilities	**180,117**	**199,856**	**197,979**	**185,856**	**12,123**
Borrowings	34,950	43,993	44,247	49,944	(5,697)
Provisions	1,952	1,697	1,952	1,946	6
Total Non Current Liabilities	**36,902**	**45,690**	**46,199**	**51,890**	**(5,691)**
Total Assets Employed	**143,215**	**154,166**	**151,780**	**133,966**	**17,814**
Public dividend capital	62,377	86,277	78,997	62,377	(16,620)
Retained earnings	6,187	(10,120)	(1,669)	(2,859)	(1,190)
Revaluation reserve	74,651	78,009	74,452	74,448	(4)
Total Taxpayers' Equity	**143,215**	**154,166**	**151,780**	**133,966**	**(17,814)**
Capital cost absorption rate	**3.5%**	**3.5%**	**3.5%**	**3.5%**	

Finance overview | Cost improvement programmes

In month 8 savings amounting to £1.38 (77%) were delivered against the TDA operating plan of £1.8m. Year to date, £7.9m (83%) has been achieved.

Against savings schemes allocated to ICSUs and divisions (PMO schemes), November's performance was 89% and YTD it is 113%. £595k under performance in ICSUs is offset by £1.4m over performance derived by a one off Estates benefit in Month 6 which resulted in reduced expenditure.

The Women's Services ICSU achieved just 31% of it planned November saving due to excessive temporary staffing expenditure within midwifery. The Clinical Support Services ICSU has yet to develop plans to address its accumulated slippage of £185k.

The Trust delivered £272k of its planned £656k central savings which are aimed at reducing temporary staffing expenditure across the organisation, and recovering from accumulated over-spends.

As such, most ICSUs overspent against their allocated budgets in November and the Trust again failed to achieve its 6% nursing agency target.

Medical, Emergency and Women's ICSUs must recover from their overspent positions and are being supported through additional controls and monitoring.

Procurement related savings of £219k were recognised in Month 8 and this value is expected to grow in the coming weeks as the validation process progresses.

Savings of £6.8m are scheduled for the remaining, and most challenging, four months of this year. Their delivery is essential to ensuring that the Trust meets its planned deficit, and the savings include:

- ICSU mitigations against accumulated slippage;
- budgetary overspend recovery and containment;
- procurement efficiencies;
- reductions in temporary staffing; and
- postponing expenditure on a non-recurrent basis.

Integrated Clinical Service Units	Annual Plan £'000	November Plan £'000	Act £'000	% achieved	Var £'000	YTD Plan £'000	Act £'000	% achieved	Var £'000
Medicine Frailty and Network Services	1,413	181	167	92%	(14)	881	674	77%	(206)
Surgical Services	1,557	159	159	100%	(0)	982	913	93%	(69)
Emergency and Urgent Care	490	43	27	62%	(16)	318	237	75%	(81)
Women's Services	995	107	34	31%	(74)	566	487	86%	(79)
Children's Services	1,362	129	125	96%	(5)	849	841	99%	(8)
Clinical Support Services	635	52	29	55%	(24)	426	241	57%	(185)
OP and Long Term Conditions Services	673	40	64	158%	24	319	351	110%	32
Corporate Services	2,891	287	286	100%	(0)	1,683	3,081	183%	1,398
Peformance against PMO schemes	**10,016**	**999**	**890**	**89%**	**(109)**	**6,023**	**6,826**	**113%**	**803**
Trust-wide Schemes									
Procurement	935	134	219	164%	85	401	219	55%	(182)
Trust-wide Schemes	5,550	656	272	41%	(384)	3,199	896	28%	(2,303)
Performance against Operating Plan	**16,500**	**1,789**	**1,381**	**77%**	**(408)**	**9,622**	**7,941**	**83%**	**(1,681)**

CIP Performance 2015-16

Whittington Health **NHS**

Whittington Health Trust Board
6th January 2016

Title:	Trust Board Report January 2016 (November 15 data)			
Agenda item:	**16/009**	**Paper**		**06**
Action requested:	For discussion and decision making			
Executive Summary:	The following is the Performance and Quality report for January 2016 a number of highlights and areas for focus are identified.			

The following is the Performance and Quality report for January 2016 a number of highlights and areas for focus are identified.

Summary of report:

QUALITY
- **Inpatient deaths** remain at expected level for the trust.
- **Completion of valid NHS number**: Below the standard of 95% for SUS submission.
- **SHMI:** Whittington Hospital mortality rate remains better than expected for the Trust.
- **HSMR:** Whittington Hospital mortality rate remains better than expected for the national standard.

PATIENT SAFETY
- **Harm Free Care:** Below target due to pressure ulcers, action plan in place with community teams.
- **Falls (audit):** 0.56%, the number of falls is rising, but in the first ever falls audit recently published The Whittington compared favourably against the national average in terms of number of falls and number of falls with harm.
- **VTE assessment:** Achieved
- **Medication errors causing severe/moderate/low harm:** Two moderate harm medication errors were reported in November 2015. Both involved high risk drug. The patients were monitored in the hospital and had a full recovery. Learning from the incidents has been shared and training identified put in place.
- **Never events:** No never events reported in November 2015
- **CAS alerts:** None outstanding.
- **Serious incidents**: Six SIs were reported in November. Three falls, one unexpected still birth, one incorrectly inserted central line and one young adult absconding from the ward.

PATIENT EXPERIENCE
- **Family and Friend Test:** Achieves standard.
- **Mixed sex Accommodation:** No breaches.
- **Patient admission to adult facilities for under 16 years of**

age: No breaches.
- **Complaints:** Below target for 3 of 7 ICSU's reported.
- **Patient admission to adult ward for under 16 years of age:** None.

INFECTION PREVENTION
- **MRSA:** No new bacteraemia
- **E.coli:** No new bacteraemia
- **MSSA:** No new bacteraemia
- **C Difficile:** No new C Difficile
- **Ward Cleanliness:** Overall cleanliness rate at 97.8%.

ACCESS

Acute
- **First to follow-up:** Whittington Health performance better than the National Standard.
- **Theatre Utilisation:** Action plan in place including extending the flexibility of consultant's lists, reducing/ consolidating lists in ENT, Gynaecology, breast and pain. Extra capacity is created by opening a further room in Urology.
- **Hospital cancellations:** Achieved for first appointment and for follow up appointment.
- **Patient DNA:** Remain underachieving around 12% for first appointment and 14% for follow up appointment. Netcall being implemented and reviewed in services.
- **Hospital cancelled operations:** One cancelled operation due to over running of the list.
- **Cancelled ops not rebooked within 28 days:** none
- **RTT 52 week wait:** No patients waited over 52 weeks for first appointment.
- **RTT 18 weeks Admitted Target 90%:** Under achieving, services identified and capacity and demand issues established. Action plans in place.
- **RTT 18 weeks non-Admitted Target 95%:** Under achieving, services identified and capacity and demand issues established. Action plans in place.
- **RTT 18 weeks incomplete Target 92%:** Overall Achieved.
- **Diagnostic waits Target 99%:** Achieved
- **Cancer:** Not achieved for 3 of the 7 standards.

Community
- **Service cancellations:** Achieved standard
- **Patient DNA:** Achieved standard.
- **Face to Face contacts:** Monitoring in place and reviewed for contract performance.
- **Appointments with no outcome:** Above target, but improved significantly since last month. Monitored within services with a monthly reminder.
- **MSK wait 6 week (non-consultant led):** Below target due to

reduced capacity, action plan in place.
- **MSK 18 weeks:** Achieved.
- **IAPT:** Achieved
- **GUM:** below target due to reduced capacity, action plan in place.

EMERGENCY AND URGENT CARE
- **Emergency Department standard:** Under achieving due to increased length of stay and patient flow within the hospital.

MATERNITY
- **Woman seen by HCP or midwife within 12 weeks and 6 days:** below target, but not an outlier across NCL Maternity Network.
- **New birth visits within 14 days:** Underperforming, action plan in place.
- **Elective C-section rate:** Achieved standard
- **Breastfeeding initiated:** Achieved standard
- **Smoking at delivery:** Achieved standard

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:	Risks are captured on the ICSU Risk Registers, Corporate Risk Register or BAF and recorded on the Trust Datix risk management system
Date paper completed:	22nd December 2015

Author name and title:		Hester de Graag, Performance Lead		**Director name and title:**		Carol Gillen, Acting Chief Operating Officer	
Date paper seen by EC	5 Jan 2016	**Equality Impact Assessment complete?**		**Quality Impact Assessment complete?**		**Financial Impact Assessment complete?**	

Quality	Threshold	Sep-15	Oct-15	Nov-15
Number of Inpatient Deaths	-	35	31	34
NHS number completion in SUS (OP & IP)	99%	98.9%	98.8%	arrears
NHS number completion in A&E data set	95%	94.4%	93.2%	arrears

Quality (Mortality index)	Threshold	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15
SHMI	-	0.60	0.66	0.67

Quality (Mortality index)	Threshold	Jun-15	Jul-15	Aug-15
Hospital Standardised Mortality Ratio (HSMR)	<100	69.5	63.2	80.4
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	81.3	76.0	146.9
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	67.6	60.5	58.7

Patient Safety	Threshold	Sep-15	Oct-15	Nov-15
Harm Free Care	95%	94.3%	94.7%	93.2%
VTE Risk assessment	95%	95.0%	95.7%	arrears
Medication Errors actually causing Serious/Severe Harm	0	0	0	0
Never Events	0	1	0	0
CAS Alerts (Central Alerting System)	-	0	0	0
Proportion of reported patient safety incidents that are harmful	-	38.1%	40.6%	35.0%
Serious Incident reports	-	3	4	6

Access Standards

Referral to Treatment (in arrears)	Threshold	Aug-15	Sep-15	Oct-15
Diagnostic Waits	99%	97.2%	99.8%	99.6%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0

Efficiency and productivity - Community	Threshold	Sep-15	Oct-15	Nov-15
Service Cancellations - Community	8%	8.1%	7.7%	6.5%
DNA Rates - Community	10%	7.6%	6.1%	6.3%
Community Face to Face Contacts	-	56,834	58,863	60,139
Community Appts with no outcome	1.0%	6.2%	5.8%	1.5%

Community Access Standards	Threshold	Sep-15	Oct-15	Nov-15
MSK Waiting Times - Non-Consultant led patients seen in month (% < 6 weeks)	95%	59.4%	72.6%	59.5%
MSK Waits - Consultant led patients seen in month (% < 18 weeks)	95%	100.0%	99.6%	arrears
IAPT - patients moving to recovery	50%	48.4%	50.0%	arrears
IAPT Waiting Times - patients waiting for treatment (% < 6 weeks)	75%	92.6%	94.9%	arrears
GUM - Appointment within 2 days	100%	98.0%	98.0%	96.8%

Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Sep-15	Oct-15	Nov-15
First:Follow-up ratio - acute	2.31	1.39	1.47	1.45
Theatre Utilisation	92%	81.1%	79.6%	79.8%
Hospital Cancellations - acute - First Appointments	8%	5.3%	5.3%	5.3%
Hospital Cancellations - acute - Follow-up Appointments	8%	8.2%	9.3%	7.7%
DNA rates - acute - First appointments	10%	13.7%	12.5%	12.7%
DNA rates - acute - Follow-up appts	10%	14.2%	14.1%	14.1%
Hospital Cancelled Operations	0	16	6	1
Cancelled ops not rebooked < 28 days	0	0	0	0
Urgent procedures cancelled	0	4	3	0

Patient Experience	Threshold	Sep-15	Oct-15	Nov-15
Patient Satisfaction - Inpatient FFT (% recommendation)	-	97%	96%	96%
Patient Satisfaction - ED FFT (% recommendation)	-	96%	93%	95%
Patient Satisfaction - Maternity FFT (% recommendation)	-	91%	96%	95%
Mixed Sex Accommodation breaches	0	0	0	0
Complaints	-	33	34	25
Complaints responded to within 25 working day	80%	59%	66%	arrears
Patient admission to adult facilities for under 16 years of age	-	0	0	0

Emergency and Urgent Care	Threshold	Sep-15	Oct-15	Nov-15
Emergency Department waits (4 hrs wait)	95%	95.0%	92.3%	92.5%
ED Indicator - median wait for treatment (minutes)	<60	72	73	73
30 day Emergency readmissions	-	201	201	arrears
12 hour trolley waits in A&E	0	0	0	0
Ambulatory Care (% diverted)	>5%	2.8%	2.3%	2.3%
Ambulance Handover (within 30 minutes)	0	1	3	0
Ambulance Handover (within 60 minutes)	0	0	0	arrears

Infection Prevention	Threshold	Sep-15	Oct-15	Nov-15
Hospital acquired MRSA infection	0	0	0	0
Hospital acquired *C difficile* Infections	17 (15/16)	1	1	0
Hospital acquired *E. coli* Infections	-	0	0	0
Hospital acquired MSSA Infections	-	1	0	0
Ward Cleanliness	-	98%	98%	98%

Cancer Access Standards (in arrears)	Threshold	Aug-15	Sep-15	Oct-15
Cancer - 14 days to first seen	93%	93.2%	90.9%	91.4%
Cancer - 14 days to first seen - breast symptomatic	93%	92.1%	89.7%	90.0%
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%	90.5%	73.7%	77.4%

Access Standards (RTT)

Referral to Treatment (in arrears)	Threshold	Sep-15	Oct-15	Nov-15
Referral to Treatment 18 weeks - Admitted	90%	90.4%	76.6%	77.6%
Referral to Treatment 18 weeks - Non-admitted	95%	94.7%	92.8%	91.6%
Referral to Treatment 18 weeks - Incomplete	92%	92.2%	92.4%	92.3%

Maternity	Threshold	Sep-15	Oct-15	Nov-15
Women seen by HCP or midwife within 12 weeks and 6 days	90%	74.7%	84.2%	85.5%
New Birth Visits - Haringey	95%	92.3%	89.9%	arrears
New Birth Visits - Islington	95%	93.9%	92.0%	arrears
Elective Caesarean Section rate	14.8%	15.2%	14.9%	10.2%
Breastfeeding initiated	90%	90.3%	88.3%	90.1%
Smoking at Delivery	<6%	5.6%	4.9%	4.0%

(green)	Meeting threshold
(red)	Failed threshold

	Threshold	Trust Actual		
		Sep-15	**Oct-15**	**Nov-15**
Number of Inpatient Deaths	-	35	31	34
Completion of a valid NHS number in SUS (OP & IP)	99%	98.9%	98.8%	arrears
Completion of a valid NHS number in A&E data sets	95%	94.4%	93.2%	arrears

	Standardised National Average	Trust		
		Jun-15	**Jul-15**	**Aug-15**
Hospital Standardised Mortality Ratio	<100	69.5	63.2	80.4
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	81.3	76.0	146.9
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	67.6	60.5	58.7

		Lower Limit	Upper Limit	RKE SHMI Indicator
SHMI	Apr 2014 - Mar 2015	0.89	1.12	0.67
	Jan 2014 - Dec 2014	0.89	1.12	0.66
	Oct 2013 - Sep 2014	0.88	1.13	0.60
	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
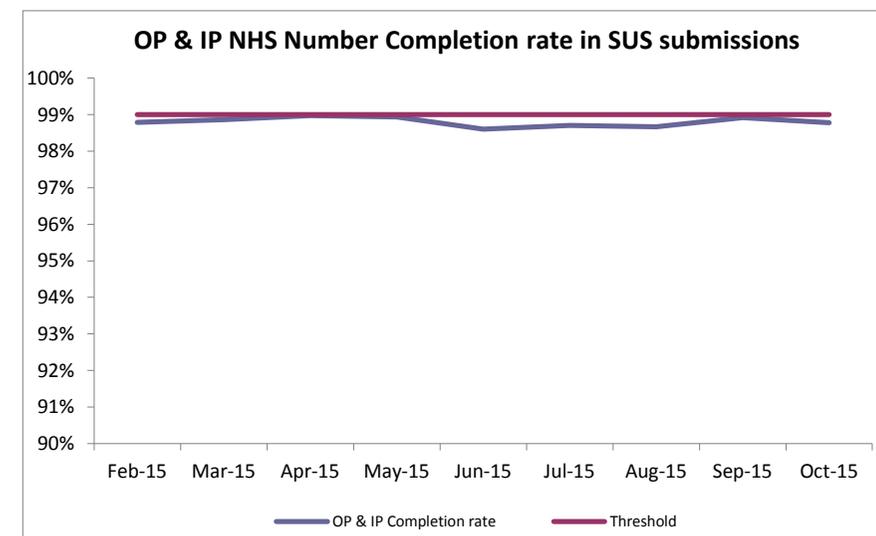
Commentary

Inpatient Deaths

Issue: The number of in-patient death remain at expected level. The inpatient deaths graph shows the number of death recorded in the last 2 years. In the last 12 months there were 389 deaths, with 34 recorded in November 2015. A high proportions of in-patient deaths are related to respiratory diseases.

Action: Audits are discussed in the ICSU Quality Committee meetings monthly and feedback is provided to the Trust quality committee from the Audit Committee.

Timescale: completed

Completion of valid NHS number

Issue: NHS number completion in SUS dataset remains just under target.

Action: Reports to support the process are in place. Reminder emails are send out to all clinic areas.

Timescale: ongoing

SHMI

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

HSMR

The standardised mortality rate is consistently below expected level of 100. The overall standardised mortality rate has remained expected level for Whittington Hospital, which means the balance between elective admissions and non-elective admissions are back at expected levels. The HSMR relative risk of 146.9, for patients discharged on the weekend during August implies a higher number of deaths than expected by the Dr Foster algorithm. However, as the upper and lower limits of statistical confidence straddle the national standardised average of 100 for both Saturday and Sunday, we are not able to say that this figure is significantly different from the national rate. We are also not able to confirm that the difference between the observed number of deaths (12) and the 'expected' (8.2) is significant.

OP & IP NHS Number Completion rate in SUS submissions

WH inpatient deaths
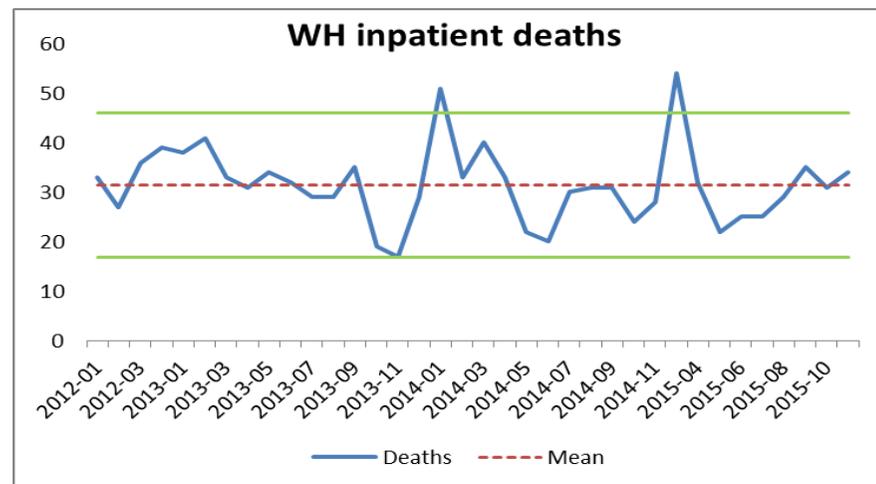
Data extracted on 11/12/2015

	Threshold	Trust Actual				Trend
		Aug-15	Sep-15	Oct-15	Nov-15	
Harm Free Care	95%	94.0%	94.3%	94.7%	93.2%	
Pressure Ulcers (prevalence)	-	5.68%	4.79%	4.65%	5.78%	
Falls (audit)	-	0.00%	0.00%	0.19%	0.56%	
VTE Risk assessment	95%	96.2%	95.0%	95.7%	arrears	
Medication Errors actually causing **Serious** or **Severe** Harm	0	0	0	0	0	
Medication Errors actually causing **Moderate** Harm	-	0	2	5	2	
Medication Errors actually causing **Low** Harm	-	4	12	18	7	
Never Events	0	0	1	0	0	
Open CAS Alerts (Central Alerting System)	-	0	0	0	0	
Proportion of reported patient safety incidents that are harmful	-	37.0%	38.1%	40.6%	35.0%	
Serious Incidents (Trust Total)	-	0	3	4	6	

% of Harm Free Care

Medication Errors actually causing harm (Trust)
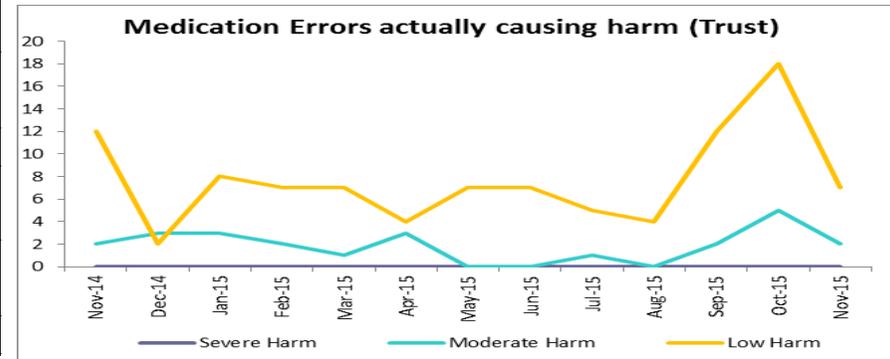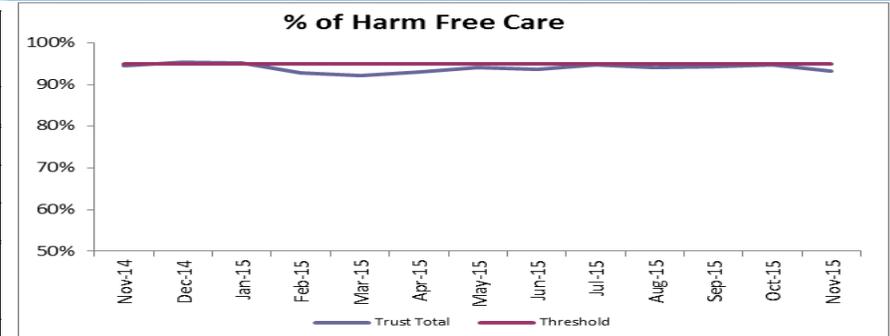
Commentary

Harm Free Care

Issue: Scoring just 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 remains around 5%.

Action: The improvements put in place in the community have identified the need for education to families around pressure ulcers. This is ongoing work.

Timescale: On-going

Falls (audit)

Issue: Falls are increasing with most falls within the Care of the Elderly Services.

Action: The first ever inpatient falls audit results were recently published and The Whittington compared favourably against the national average in terms of number of falls and number of falls with harm. It did however highlight some areas for improvement including identification of delirium and continence assessment.

The falls group is currently devising a falls bundle which will replace all current falls documentation and help us improve in the areas identified by the audit.

Timescale: This work is underway but is in the early stages and would expect that realistically this will be ready to roll out sometime in the first half of 2016.

VTE

Issue: VTE achieved, underachieving areas identified by ICSU and ward.

Action: VTE assessment completion is monitored for all areas.

Medication errors causing harm in November 2015

 The number of medication incidents reported in November 2015 (51) was similar to October (59) and is higher compared with the previous quarter (mean 36).

This is a positive trend as research shows increased reporting of incidents supports patient safety. Nineteen (37%) incidents were reported by community staff.

The ICSU with the highest number of reports was Emergency and Urgent Care (E&UC) - who reported 25 (49%) medication incidents.

Two moderate harm medication errors were reported in November 2015. Both involved high risk drug. There were no incidents causing serious harm reported.

Serious Incidents

ICSU	Number of SI's reported
WFS	1
MFNS	2
Surgery	2
CS	1
OP	0
CSS	0
EUC	0

Patient Experience

	Threshold	Trust Actual				Trend
		Aug-15	Sep-15	Oct-15	Nov-15	
Patient Satisfaction - Inpatient FFT (% recommendation) **	-	95%	97%	96%	96%	
Patient Satisfaction - Emergency Department FFT (% recommendation) **	-	94%	96%	93%	95%	
Patient Satisfaction - Maternity FFT (% recommendation) **	-	93%	91%	96%	95%	
Mixed Sex Accommodation (not Clinically justified)	0	0	0	0	0	
Complaints (incl Corporate)	-	22	33	34	25	
Complaints responded to within 25 working day	80%	75%	59%	66%	Arrears	
Patient admission to adult facilities for under 16 years of age	-	0	0	0	0	

Number of complaints received

— Trust Total
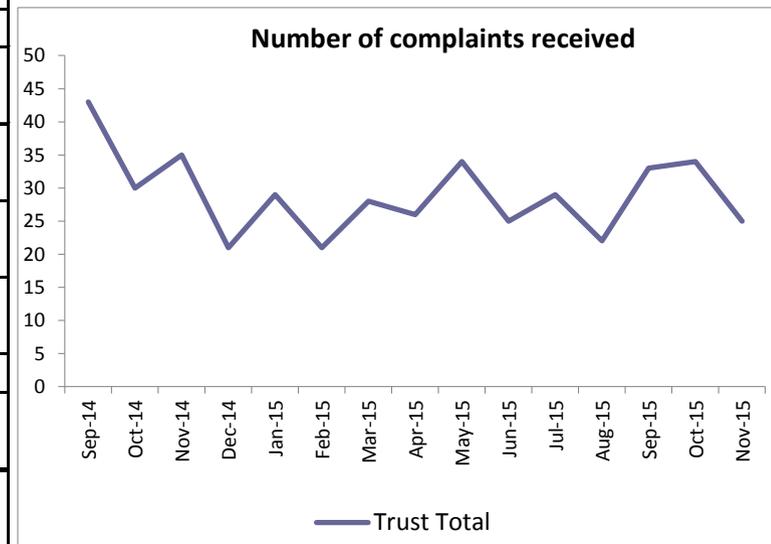
* Complaints responded to within 25 working days are previous months figures (reported in arrears)
** FFT calculation has now changed nationally from Nov 2014

Commentary

Patient Satisfaction - a local standard of 90% has been agreed, overall standard achieved.
Action: continue to raise awareness and role out into community and OPD . Under achieving areas now identified through the Meridian system. Number of FFT returns in ED and Gynaecology increasing.
Timescale: On-going

Mixed Sex Accommodation
Achieved

Complaints
The complaints compliance figure includes all services within the Trust. The operational services score as shown in the table within the commentary section.
Action: All complaints are monitored weekly within the ICSU's.
Timescale: Stepped improvement expected over the next months

ICSU	Number of complaints	Percentage completed in 25 days
WHS	5	80%
OPTLC	5	100%
Surgery	9	33%
EUC	6	80%
CS	0	100%
MFNS	5	75%
CSS	2	50%

Percentage of complaints responded to within 25 working days

— Trust   - - - Threshold

Whittington Health NHS
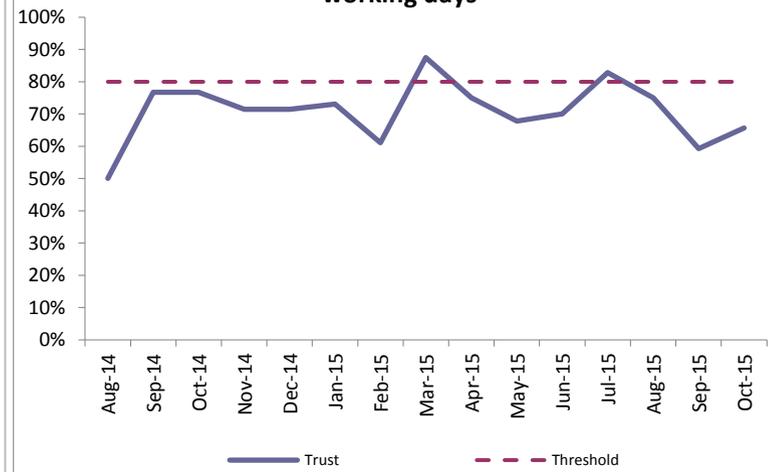
		Trust Actual					
	Threshold	Aug-15	Sep-15	Oct-15	Nov-15	Trend	
MRSA	0	0	0	0	0		
E. coli Infections*	-	0	0	0	0		
MSSA Infections	-	0	1	0	0		

	Threshold	Aug 15	Sep 15	Oct 15	Nov 15	2015/16 Trust YTD
C difficile Infections	17 (Year)	0	1	1	0	6

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

Ward Cleanliness

Audit period	Trust					
	19/01/15 to 17/02/15	14/04/15 to 01/05/15	15/06/15 to 10/07/15	01/09/15 to 30/09/15	05/10/15 to 03/11/15	Trend
Trust %	98.3%	98.4%	97.9%	97.7%	97.8%	

Commentary

MSRA and E.coli
No new bacteraemia

MSSA
No new bacteraemia

C difficile
No new bacteraemia

Ward Cleanliness
Issue: Ward Cleanliness figures for October remained between 97 and 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.

Number of hospital acquired MRSA bacteraemia

E.coli bacteraemia

Number of MSSA bacteraemia

Number of Clostridium Difficile infections

Efficiency and productivity - Acute

Whittington Health NHS
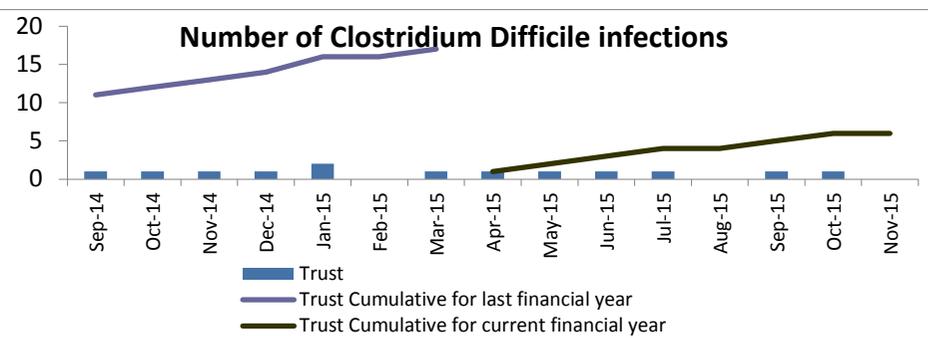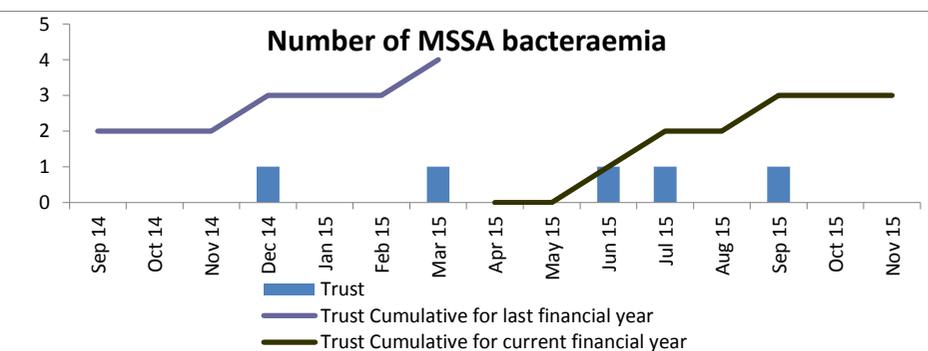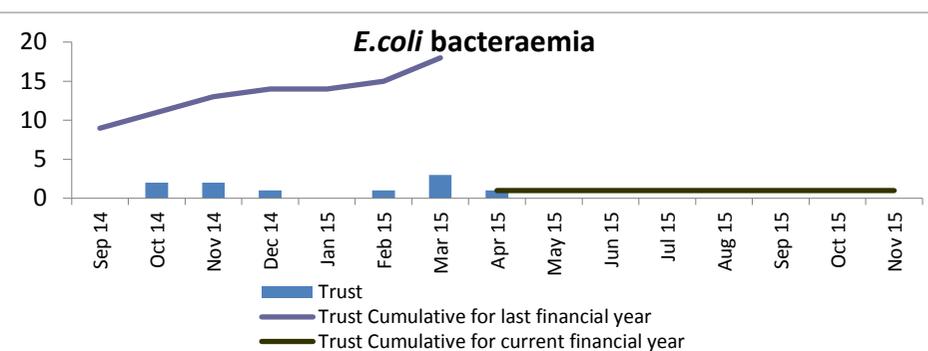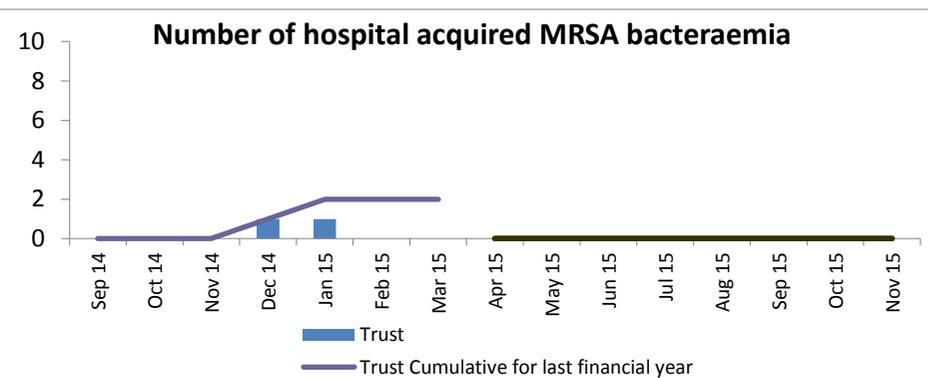
	Trust						Trend
	Threshold	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	
First:Follow-up ratio - acute	2.31	1.42	1.37	1.39	1.47	1.45	
Theatre Utilisation	92%	82.1%	82.0%	81.1%	79.6%	79.8%	
Hospital Cancellations - acute - First Appointments	<8%	5.6%	5.0%	5.3%	5.3%	5.3%	
Hospital Cancellations - acute - Follow-up Appointments	<8%	8.2%	7.0%	8.2%	9.3%	7.7%	
DNA rates - acute - First appointments	10%	12.4%	13.0%	13.7%	12.5%	12.7%	
DNA rates - acute - Follow-up appointments	10%	14.5%	14.5%	14.2%	14.1%	14.1%	
Hospital Cancelled Operations	0	3	5	16	6	1	
Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	
Urgent Procedures cancelled	0	0	0	4	3	0	
Urgent Procedures cancelled (of these how many cancelled 2nd time)	0	0	0	0	0	0	

First:Follow-up ratio - acute

Theatre Utilisation

OP Hospital Cancellations - acute

OP DNA rates - acute
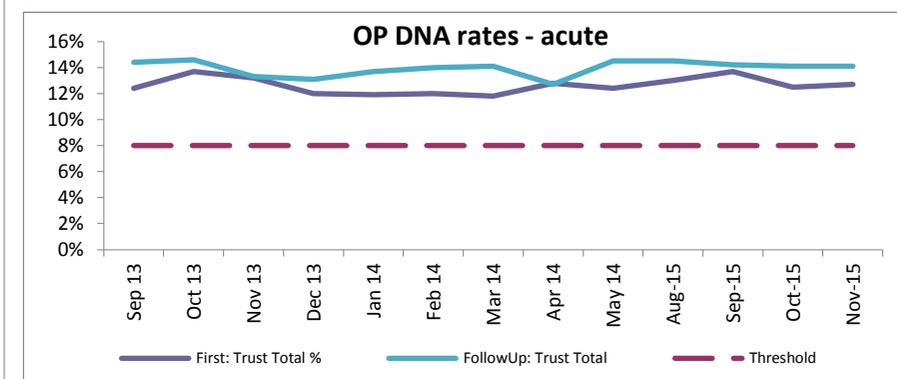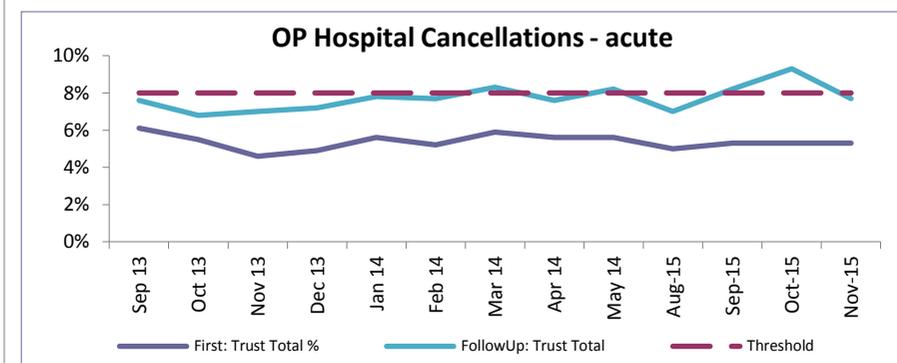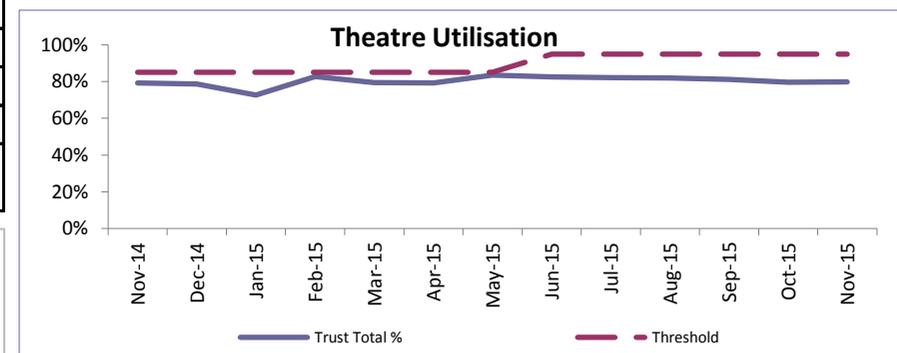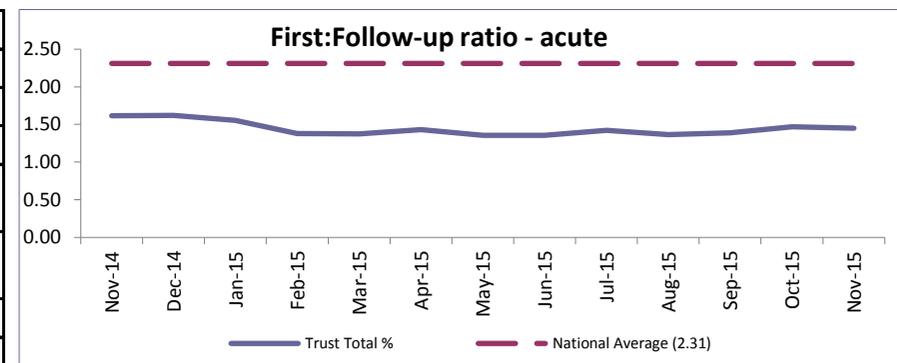
Commentary

First: Follow-up ratio - acute
The new to follow up rate is continuing to be is under the national benchmark of 2.31.

Theatre Utilisation
Issue: Under performing
Action : Action plan in place including extending the flexibility of consultants lists, reducing/ consolidating lists in ENT, Gynaecology, breast and pain. Extra capacity is created by opening a further room in Urology.
Timescale : continued monitoring

Hospital Cancellations - acute
Overall achieved for first appointments and follow up appointments.
Issue: Non-compliant areas are identified.
Action: Close monitoring of non-compliant areas. Access policies and correct booking procedures re-enforced.
Timescale: on-going

Did not attend
**Issue:** Overall 'Did not attend ' 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. EPR now aligned with the service Netcall and set up to identify underperforming areas, including missing telephone numbers.
Timescale: Stepped improvement to be seen over the next coming months.

Hospital Cancelled Operations
Issue: There was one reportable cancelled operation due to overrunning of the list and the patient was seen the next day.
Action: The Surgical board monitor cancellations.

Efficiency and productivity - Community

	Trust					
	Threshold	Aug-15	Sep-15	Oct-15	Nov-15	Trend
Service Cancellations - Community	8%	8.8%	8.1%	7.7%	6.5%	
DNA Rates - Community	10%	7.3%	7.6%	6.1%	6.3%	
Community Face to Face Contacts	-	48,937	56,834	58,863	60,139	
Community Appointment with no outcome	1.0%	4.8%	6.2%	5.8%	1.5%	

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

Commentary

Service Cancellations - Community
Achieved

DNA Rates - Community
Achieved.

**Community Face to Face Contacts**
All services are monitored against activity targets.

**Community Appointment with no outcome**
The number of unoutcomed appointments has reduced significantly compared to last month. A process is in place to complete all outcomes of appointment within the same timelines as the acute services. This process has been standardised and training provided. Unoutcomed appointments are reported to the commissioners and a monthly reminder check is in place to make sure all appointments are outcomed before final submission.
Action: Monitor to ensure the new processes are embedded.
Timescale: Immediately.

Service Cancellations - Community

DNA rates - Community

Community Face to Face Contacts

Community Appointment with no outcome
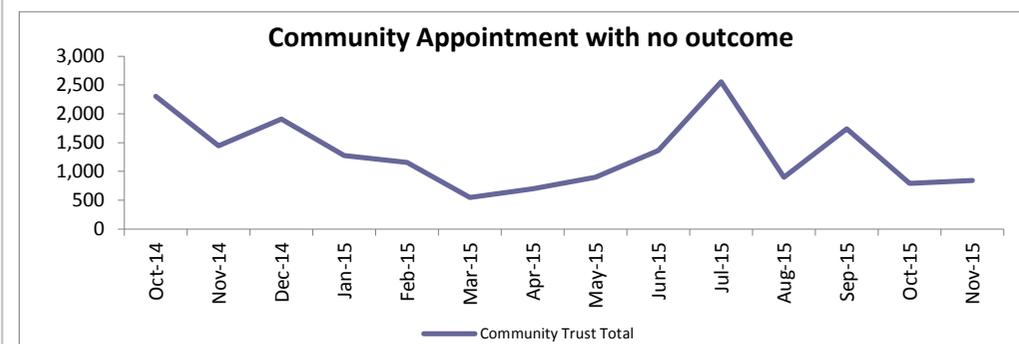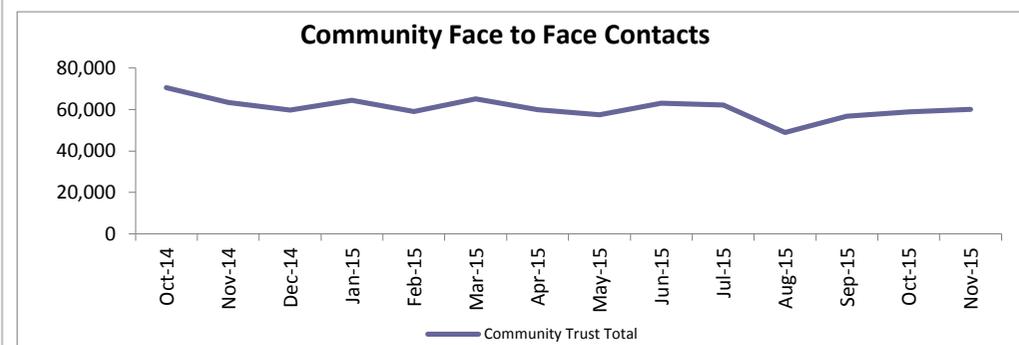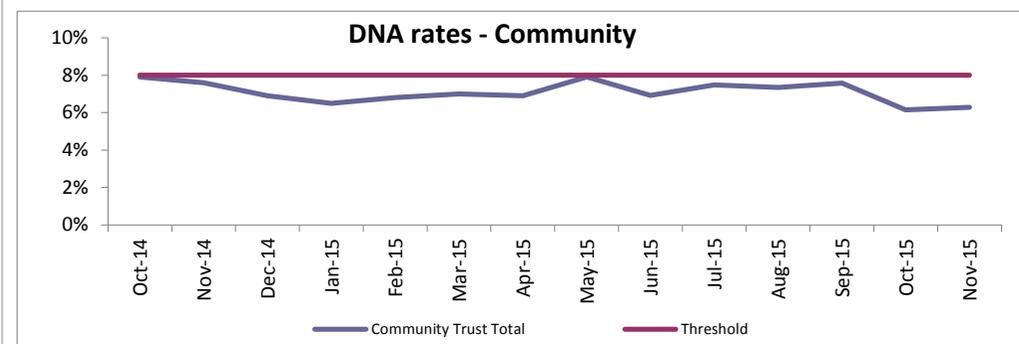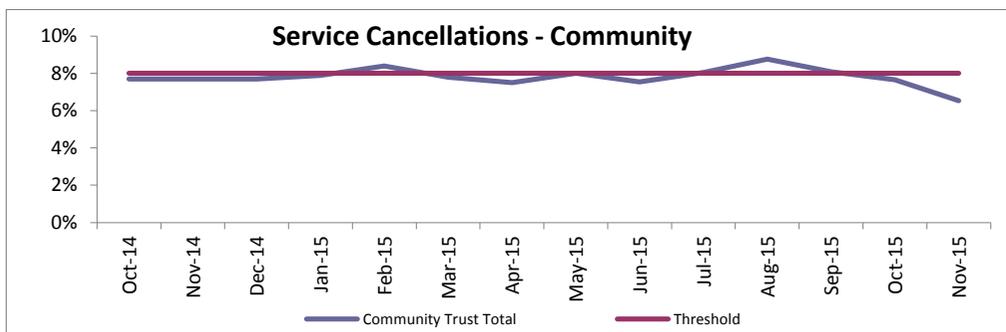
	Threshold	Trust Actual			Trust YTD
		Sep-15	Oct-15	Nov-15	
District Nursing Wait Time - 2hrs assess (Islington)	-	66.7%	88.9%	61.1%	64.7%
District Nursing Wait Time - 2hrs assess (Haringey)	-	90.0%	87.8%	85.7%	86.3%
District Nursing Wait Time - 48hrs for visit (Islington)	-	95.6%	98.3%	97.5%	95.0%
District Nursing Wait Time - 48hrs for visit (Haringey)	-	90.7%	97.2%	98.6%	96.2%
MSK Waiting Times - Routine MSK (<6 weeks)	95%	59.4%	72.6%	59.5%	70.8%
MSK Waiting Times - Consultant led (<18 weeks)	95%	100.0%	99.6%	arrears	99.8%
IAPT - patients moving to recovery	50%	48.4%	50.0%	arrears	51.0%
GUM - Appointment within 2 days	100%	92.3%	98.0%	96.8%	97.0%
Haringey Adults Community Rehabilitation (<6weeks)	85%	66.4%	87.0%	89.7%	78.9%
Haringey Adults Podiatry (Foot Health) (<6 weeks)	-	51.7%	76.8%	73.1%	70.1%
Islington Community Rehabilitation (<12 weeks)	-	74.8%	86.7%	87.3%	82.9%
Islington Intermediate Care (<6 weeks)	85%	53.5%	54.7%	57.6%	58.4%
Islington Podiatry (Foot Health) (<6 weeks)	-	57.9%	76.1%	87.7%	71.6%
IAPT Waiting Times - patients waiting for treatment (% < 6 weeks)	75%	94.9%	94.8%	arrears	93.9%
Death in place of choice	90%	-	-	73%	
Number of DN teams completing a monthly review of Patients of Concern (POC) (eight teams)	8	-	-	8	
Number of DN teams completing a monthly caseload review of timely discharge (eight teams)	8	-	-	8	

MSK Waiting Times

Legend:
- MSK waiting < 18 weeks - Trust Total
- Routine MSK (< 6 weeks) - Trust Total
- Threshold
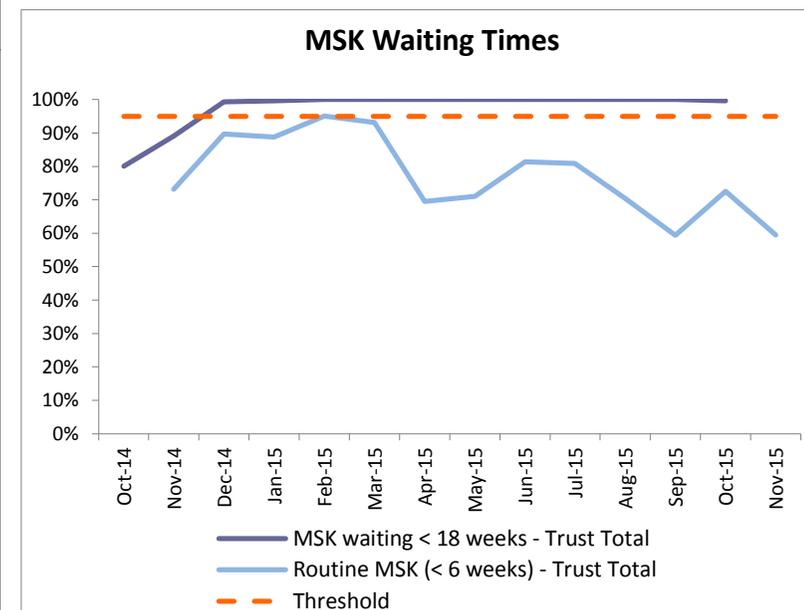
Commentary

District Nursing

Four new indicators for District Nursing have been added to the Trust Dashboard. Death in place of choice, target 90% The numbers are small. Review of Patients of Concern and Review of patients on the caseload at 28 and 56 days. This will in the first instance be measured by DN Teams demonstrating the review of the caseloads completed. A baseline will then be set after 6 month to further develop this indicator.

Issue: Continued change of urgency for 2hr referrals and true urgent referrals are still phoned through to the Service and seen within 2 hours. The dip is in recording the referrals with current the message taking service – moving to in-house model on the 4th January.

Action: Further actions include meeting with the messaging service, agree plans / revised SLA for DN. Addressing incomplete and inappropriate referrals, to be visible on the system. Addressing the triage nurse training needs for 8 new nurses into roles that will be used to cover the Triage rota.

Timescale: Improvement expected in early 2016.

MSK

MSK Waiting Times - Routine MSK (<6 weeks):

Issue: Ongoing increased demand. Blitz clinics scheduled through out December and early January 2016. A risk has been raised on the Risks register regarding ongoing recruitment concerns.

Action: An extensive action plan has been completed following review of the total waiting list and realignment of capacity.

IAPT

Target achieved

GUM

Issue: Staffing reduction due to vacancies .

Action: Alignment of demand and clinic capacity has taken place .

	Trust				Trend
	Threshold	Sep-15	Oct-15	Nov-15	
Referral to Treatment 18 weeks - Admitted	90%	90.4%	76.6%	77.6%	
Referral to Treatment 18 weeks - Non-admitted	95%	94.7%	92.8%	91.6%	
Referral to Treatment 18 weeks - Incomplete	92%	92.2%	92.4%	92.3%	
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	
Diagnostic Waits	99%	99.8%	99.6%	arrears	

RTT - Incomplete

Diagnostic Waits
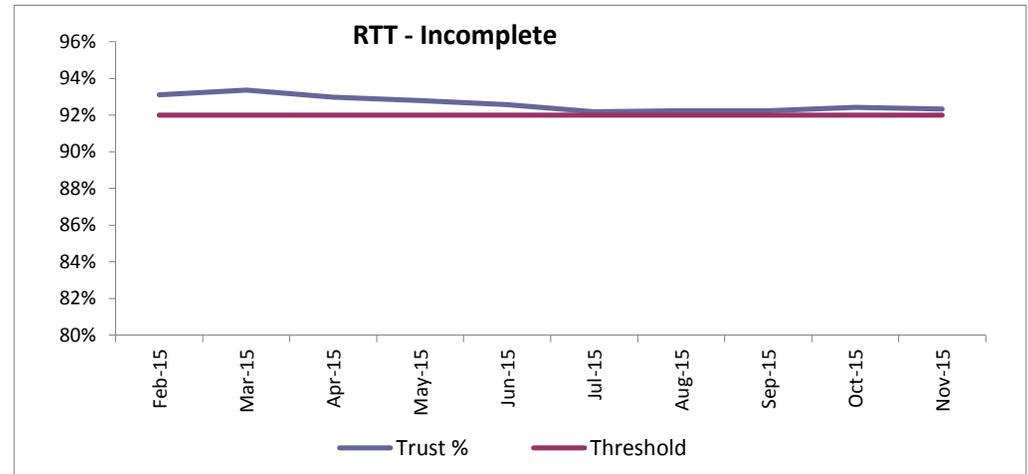
Commentary
RTT
Issues: 18 weeks admitted and non-admitted under achieving
Dermatology, ENT, T&O, Vascular, General Medicine, Neurology and Pain relief did not comply with the 95% target.
Action: Neurology and Dermatology are reviewing capacity and demand, ENT are moving more appointments to Out Patient Clinics , T&O's long waiting patients are all spinal and an extra surgery list is commencing in January every second week to reduce the waiting list. Vascular have now recruited and clinics are being booked. The other services are monitoring booking closely and further granulation of date is requested to support this.
**Timescale:** completed

Diagnostic Waits
Achieve standard

Waiting times - Out patients appointment and diagnostic appointments will be on the Whittington Hospital website in January 2016
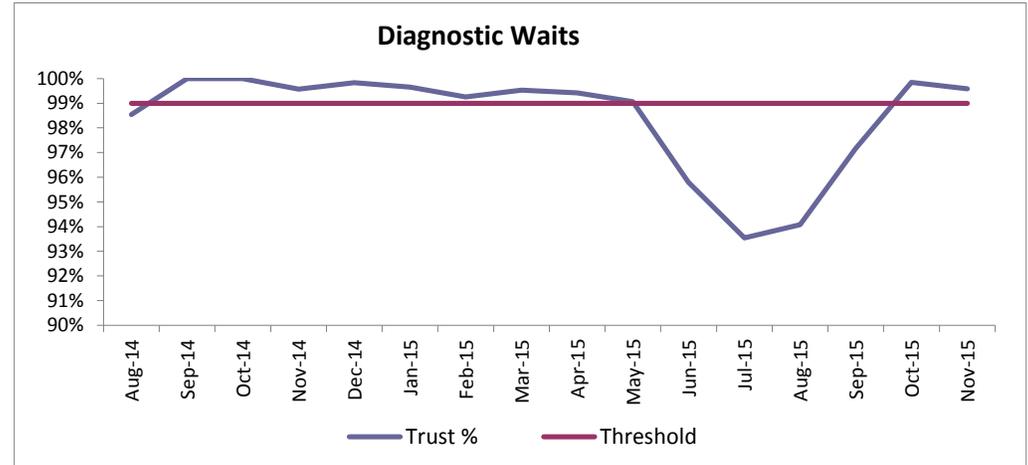
Emergency Care

	Threshold	Trust Actual		2015/16
		Oct-15	Nov-15	Trust YTD
Emergency Department waits (4 hrs wait)	95%	92.3%	92.5%	94.2%
Emergency Department waits (4 hrs wait) Paeds only	95%	97.3%	96.1%	97.1%
Wait for assessment (minutes - 95th percentile)	<=15	15	14	14
ED Indicator - median wait for treatment (minutes)	60	73	73	79
Total Time in ED (minutes - 95th percentile)	<=240	368	370	308
ED Indicator - % Left Without Being seen	<=5%	4.8%	4.6%	5.2%
12 hour trolley waits in A&E	0	0	0	0
Ambulance handovers 30 minutes	0	3	0	17
Ambulance handovers exceeding 60 minutes	0	0	arrears	0
Ambulatory Care (% diverted)	>5%	2.3%	2.3%	

ED Indicator - median wait for treatment (minutes)
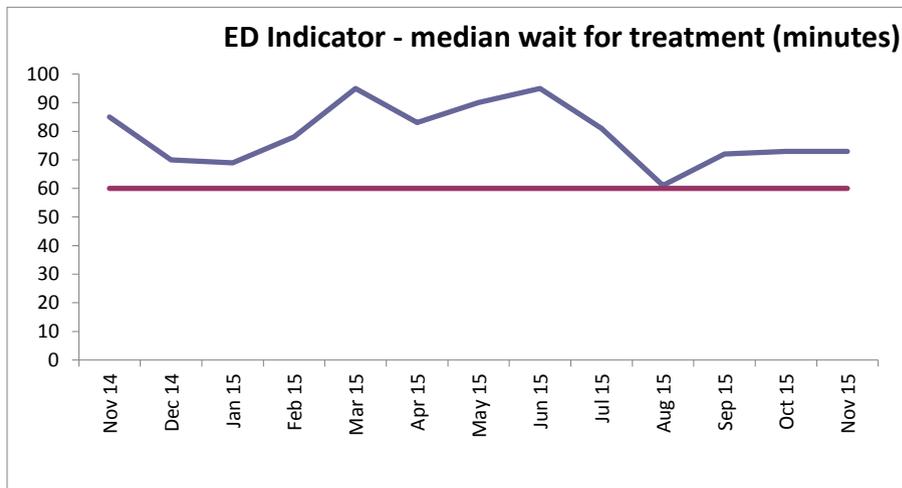
The Emergency Department performance was not achieved in November in relation to the 4 hour national standard.

Admitted pathway challenged – there is an increasing number of patients with lengths of stay over 9 days. A number of patients waiting for non-acute NHS care.
All funded winter resilience schemes are now switched on.
Improvement group in place looking at readmissions , lengths of stay , discharge processes and internal delays.

Ambulance handover - remain the best performer in sector.

Ambulatory Care (% diverted)
A plan is in place for regular attendance of the ambulatory care Doctor to be present in the assessment area in ED.
A higher number of patients have been noted to go directly to ambulatory Care instead of via ED

ED Indicator - % Left Without Being seen

Ambulance handovers 30 mins (Count)

Cancer

Whittington Health **NHS**
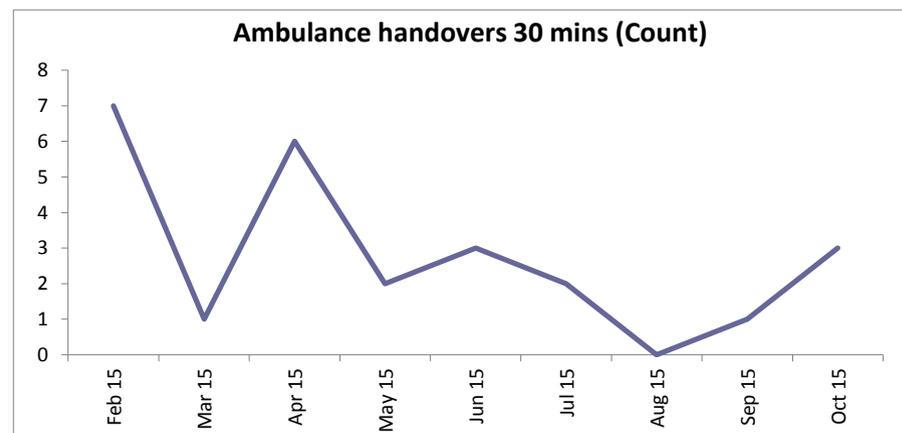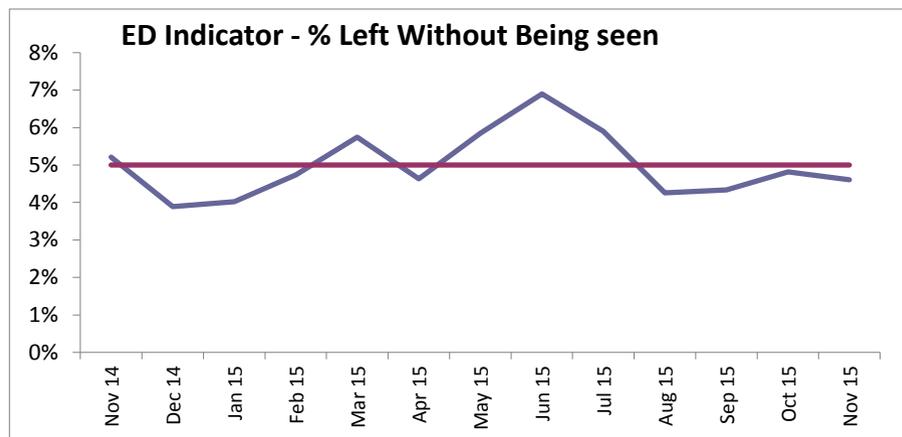
	Threshold	Trust			Trend	2015/16 Trust				
		Aug-15	Sep-15	Oct-15		Q1	Q2	Q3	Q4	YTD
Cancer - 14 days to first seen	93%	93.2%	90.9%	91.4%		93.2%	92.5%	91.4%	-	92.6%
Cancer - 14 days to first seen - breast symptomatic	93%	92.1%	89.7%	90.0%		93.6%	91.7%	90.0%	-	92.4%
Cancer - 31 days to first treatment	96%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	-	100.0%
Cancer - 31 days to subsequent treatment - surgery	94%	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%	90.5%	73.7%	77.4%		93.2%	85.5%	77.4%	-	88.5%
Cancer - 62 days from consultant upgrade	-	100%	100%	100%		92.9%	83.3%	100.0%	-	91.7%

Commentary

Cancer
Recovery & improvement plan completed
Twice weekly oversight and assurance update with the Director of Operations for Surgery & Cancer
Improve grip on processes
Timely entry on Somerset & tracking patients
Training & adherence to access policy
Capacity & demand monitoring
Forecast for November 2015 (final validation checks to be undertaken)

62 days – compliant

Breast symptomatic - non compliant

2WW – non compliant

Hot spots: Endoscopy is below 80% & Urology is below 89%
Sustainability

62 days – controls in place should deliver this from November 2015

Breast symptomatic – concerns re. diagnostics in future months

2WW – depends on endoscopy compliance, compliance expected from January 2016

Cancer - 14 days to first seen

14 days to first seen - breast symptomatic

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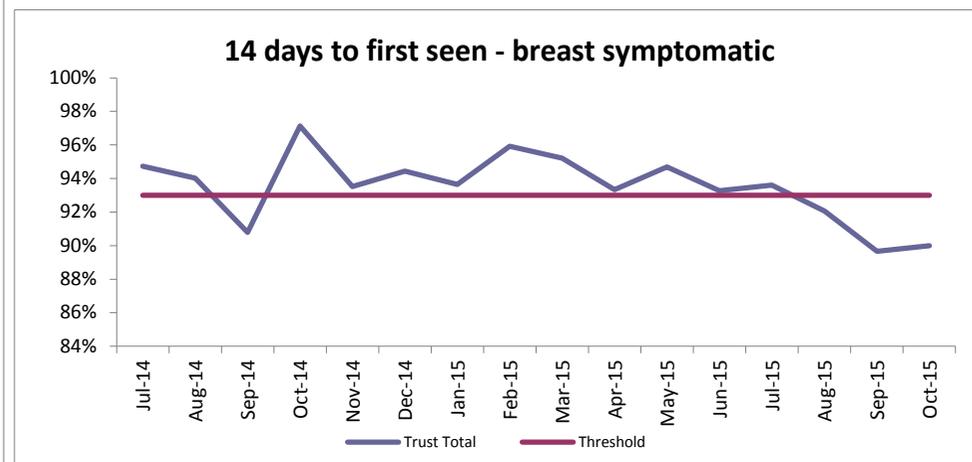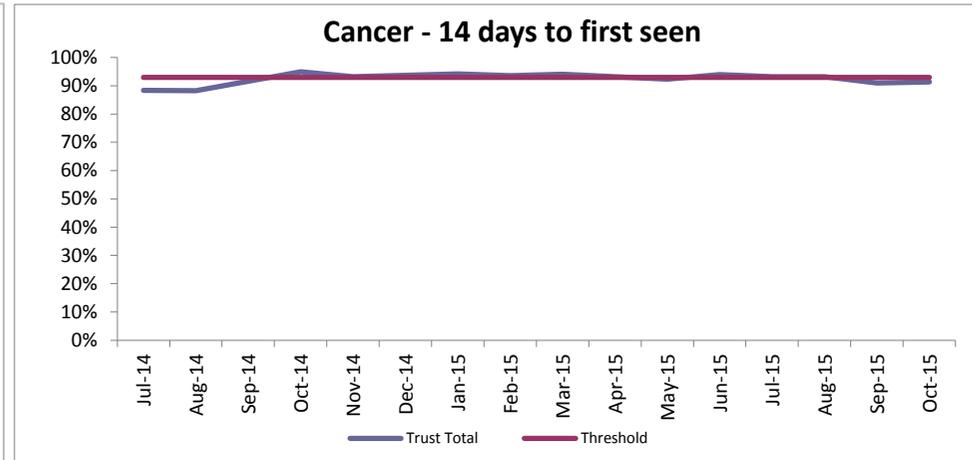
	Threshold	Trust Actual			2015/16 Trust YTD
		Sep-15	Oct-15	Nov-15	
Women seen by HCP or midwife within 12 weeks and 6 days	90%	74.7%	84.2%	85.5%	82.3%
New Birth Visits - Haringey	95%	92.3%	89.9%	Arrears	87.5%
New Birth Visits - Islington	95%	93.9%	92.0%	Arrears	91.8%
Elective Caesarean Section rate	14.8%	15.2%	14.9%	10.2%	12.8%
Emergency Caesarean Section rate	-	16.8%	20.6%	21.0%	18.9%
Breastfeeding initiated	90%	90.3%	88.3%	90.1%	89.8%
Smoking at Delivery	<6%	5.6%	4.9%	4.0%	4.5%

Commentary

12+6

Issue: Under performing, but improving compared to last month. Problematic across the NCL Maternity Network and the service is not a significant outlier.

Action: To work closely with Public health strategist in Haringey and Islington to increase knowledge about referring early in pregnancy. IT now puling report from the correct fields and taking into account the clinically necessary data changes.

Timescale: ongoing

New Birth Visits

Issue: Haringey has dipped slightly and this directly correlates with starting of new staff . Islington has also gone down slightly, but should be able to reach 95% as the team is now fully staffed.

Action: Action plan continue to be monitored. Retention scheme using incentivisation now commenced for Band 6 and 7 staff.

Timescale: Ongoing

Caesarean Section rate

Issue: WH elective C-section rate improved.

Action: Pathway in place. Practice against pathway is being audited to check compliance and impact on final decision making.

Timeframe: ongoing

Breastfeeding

Achieved

Smoking at delivery

Women seen by HCP within 12 weeks and six days

Breastfeeding initiated

Smoking at Delivery

Executive Offices
Direct Line: 020 7288 3939/5959
www.whittington.nhs.uk

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Whittington Health Trust Board

6th January 2015

Title:	TDA oversight and self-certification report			
Agenda item:	**15/146**	**Paper**		**07**
Action requested:	Approve the self-certification for board governance to report to the TDA for submission of the monthly oversight report.			
Executive Summary:	The Trust is required to produce monthly self-certification statements for board governance. The report provides the details for December 2015. The Trust will declare compliance with its board governance statements except the IG Toolkit level 2. The Trust has a plan in place to achieve IG Toolkit level 2 in 2015/16.			
Summary of recommendations:	The Board are asked to approve the compliance statements and identify any gaps or concerns.			
Fit with WH strategy:	Alignment with financial and clinical strategies. It is also a mandatory requirement placed on us by our regulator.			
Reference to related / other documents:	Complies with SFI's, SOs and NHS reporting requirements			
Reference to areas of risk and corporate risks on the Board Assurance Framework:	All risks are documented and captured on the Trust Datix risk management software system and/or the corporate risk register and BAF			
Date paper completed:	21st December 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	**5 Jan 2016**	**Equality Impact Assessment complete?**	**Risk assessment undertaken?**	**Legal advice received?**	**N/A**

NHS Trust Development Authority oversight report for December 2015

1. Monitor compliance statements

		Compliant (Yes/risk/no)	Issue	Action plan
1.	**Condition G4:** Fit and proper persons as Governors and Directors	Yes	n/a	n/a
2.	**Condition G5:** Having regard to Monitor Guidance	Yes	n/a	n/a
3.	**Condition G7:** Registration with the Care Quality Commission	Yes	n/a	n/a
4.	**Condition G8:** Patient eligibility and selection criteria	Yes	n/a	n/a
5.	**Condition P1:** Recording of information	Yes	n/a	n/a
6.	**Condition P2:** Provision of information	Yes	n/a	n/a
7.	**Condition P3:** Assurance report on submissions to Monitor	Yes	n/a	n/a
8.	**Condition P4:** Compliance with the National Tariff	Yes	n/a	n/a
9.	**Condition P5:** Constructive engagement concerning local tariff modifications	Yes	n/a	n/a
10.	**Condition C1:** The right of patients to make choices	Yes	n/a	n/a
11.	**Condition C2:** Competition oversight	Yes	n/a	n/a
12.	**Condition IC1:** Provision of integrated care	Yes	n/a	n/a

2. Board assurance statements

		Executive Lead	Compliant (Yes/risk/no)	Issue	Action plan	Timetable
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 the TDA's oversight, (supported by the 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.	Director of Nursing & Patient Experience	Yes	n/a	n/a	n/a
2.	The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Director of Nursing & Patient Experience	Yes	CQC Inspection announced December 2015	n/a	n/a
3.	The Board is satisfied that process 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.	Executive Medical Director	Yes	n/a	n/a	n/a
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. | Chief Financial Officer | Yes | For 2014/15 the Trust reported a deficit of £7.3m.

In 2015/16 the Trust has a planned deficit of £15m. | In June external auditors judged the Trust as a going concern.

The Trust has agreed cash support of £23.9m which is being reviewed by the ITFF.

The Trust has the support of local and national commissioners and has contracts in place for 2015/16.

During the year the Trust has improved its expected outturn position and has developed a more comprehensive CIP governance structure with detailed tracking including accountability and exception reporting and an income steering group. A CIP PMO has been established which reports to a Steering Group which oversee mitigations for underachieving CIP and overspending budgets. A Quality Impact Group is in place to ensure a robust process for identifying quality impact scores and validating schemes to protect patient safety and quality is chaired by the Medical Director or Director of Nursing and Patient Experience. The Trust continues to work with external support to identify further schemes and ensure there are detailed plans for 2016/17 so that the Trust achieves financial balance in the future.

Work is on-going with Boston Consulting Group to finalise a three year clinically led CIP and a revised LTFM will be discussed by the Trust Board in January. | 31/03/16 |

	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.	Director of Comms & Corporate Affairs	Yes	n/a	The Trust Board will receive a briefing paper on the NHS constitution. This national initiative has recently been amended and republished.	Jan 16
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.	Director of Nursing & Patient Experience	Yes	n/a	n/a	n/a
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.	Director of Nursing & Patient Experience	Yes	n/a	n/a	n/a
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.	Director of Strategy / Deputy Chief Executive	Yes	n/a	n/a	n/a
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.	Director of Strategy / Deputy Chief Executive	Yes	n/a		n/a

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.	Chief Operating Officer	Yes	A winter plan has been agreed and is now operational. Escalation beds have been open from 1st November 2015	The Trust is committed to achievement against targets. Work continues supported by our CCG colleagues to drive improvements and compliance with the standards which are off target. These are documented within the Board monthly performance reports and reported to the TDA each month. Plans are in place to mitigate areas which are off trajectory.	n/a
11.	The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Director of Strategy / Deputy Chief Executive	No	Non-compliant	An improvement plan to achieve Level 2 has been agreed at the IG Committee. The improvement plan will be managed by the IG department and monitored by the IG Committee. An audit by the Information Commissioner's Office (ICO) reported a 'reasonable assurance' rating in July 2015.	31/03/16
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.	Chief Executive	Yes	n/a	Following the departure of the Trust's Chief Operating Officer, Deputy COO is acting COO from the 24th October. There are backfill arrangements for the Deputy COO's current responsibilities.	n/a

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.	Chief Executive	Yes	n/a	n/a	n/a
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.	Chief Executive	Yes	n/a	n/a	n/a

Whittington Health Trust Board
6 January 2016

Title:	Draft NHS Constitution Assurance and Action Plan

Agenda item:	16/011	**Paper**	08

Action requested:	To approve the NHS Constitution Assurance and Action Plan
Executive Summary:	The NHS Constitution brings together details of what staff, patients and the public can expect from the National Health Service. The Constitution sets out the rights of NHS patients. These rights cover how patients access health services, the quality of care that can be expected, the treatments and programmes available, confidentiality, information and the right to complain when things go wrong. The aim of the Constitution is to safeguard the enduring principles and values of the NHS and it sets out clear expectations about the behaviours of both staff and patients. The Department of Health updated the Constitution in 2015 and important new areas include: • patient involvement • feedback • duty of candour • end of life care • integrated care • complaints • patient information • staff rights, responsibilities and commitments • dignity, respect and compassion The revised document takes account of the report into the failings at Mid Staffordshire NHS Foundation Trust by Robert Francis QC. The Francis report highlighted the role of the NHS Constitution in helping to create a positive and caring culture within the NHS. It reflects the NHS's most important value which is for patients to be at the heart of everything the NHS does. The draft Whittington Health NHS Constitution Assurance and Action Plan provides robust assurance that Whittington Health is compliant with the requirements of the NHS Constitution.
Summary of recommendations:	Identify gaps and/or further sources of assurance
Fit with WH strategy:	Aligns with the Trust mission, vision values and strategic intent
Reference to related / other documents:	The NHS constitution
Reference to areas of risk and corporate	Risks are captured on the Trust BAF, CRR and risk logs where appropriate and recorded on the Trust DATIX risk management

risks on the Board Assurance Framework:	system					
Date paper completed:	31 January 2015					
Author name and title:	Lynne Spencer, Director of Communications and Corporate Affairs		Director name and title:	Lynne Spencer, Director of Communications and Corporate Affairs		
Date paper seen by EC	4 & 5 Jan 2016	Equality Impact Assessment complete?	Y	Quality Impact Assessment complete?	Y	Financial Impact Assessment complete?	n/a

Draft NHS Constitution Assurance and Action Plan

PRINCIPLES THAT GUIDE THE NHS				
Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public.				
NHS Constitution	**Assurance**	**Action**	**Lead**	**RAG**
The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.	NHS Constitution Assurance and Action Plan reviewed by the Board which demonstrates the Trust services are in line with all principles	Board approval 2016	SH	
The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights.	Trust Mission, Vision, Clinical Strategy, Culture and Values approved by Board 2015	Performance reports to Board	Exec	
At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.	In 2015 the Equality Delivery System, version 2 (EDS2) and the Workforce Race Equality Standard (WRES) was mandated via the NHS Standard Contracts Services Conditions in April 2015.	December 2015 the Trust published equality date to meet the WRES requirement	NF	
	The Trust's performance has been measured against indicators within the 'well led domain' of the EDS2 as part of the Care Quality Commission (CQC) key lines of inquiry.	CQC report March 2016	NF	
		Improvement plan focusing on workforce to Trust Board March 2016	NF	

Access to NHS services is based on clinical need, not an individual's ability to pay NHS services are free of charge, except in limited circumstances sanctioned by Parliament	The Trust works with Islington and Haringey CCGs who commission community and hospital services The Trust tenders for services in line with criteria which meet the Trust's strategic intent and corporate objectives	Contracting and Business Pipeline reports to the Board and the Finance and Business Development Committee	SMH SB	
The NHS aspires to the highest standards of excellence and professionalism – in the provision of high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported	The Trust has revised and agreed a Research and Education Strategy 2015 The Trust has agreed a Quality Account 2015/16 approved by the Board The Trust has a 'Sign up to Safety' Plan 2015 approved by the Board The Trust has a staff survey action plan approved by the Board June 2015 The Trust has set out its values which align to the NHS Constitution values	Board Approved 2015 Reports to Quality Committee and Board Reports to Quality Committee and Board Reports to the Board Workshops, engagement sessions with staff continue in 2016	RJ SMH RJ SP NF	
The patient will be at the heart of everything the NHS does It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of	Trust Mission, Vision, Clinical Strategy, Culture and Values approved by Board 2015 The Trust has a Patient Experience	Board performance reports Reports to Quality	Exec	

2

patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged	department which leads numerous forums including Carers and Volunteers groups	Committee		
The NHS Constitution in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment	The Trust has a Communications and Engagement Strategy approved by the Board 2014	Implementation of communication work plans take place as required for projects	SMH LS	
The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.	The Trust has a Patient Engagement Strategy approved by the Board 2014	Reports to Quality Committee	PD	
	The Trust has a shadow Council of Governors which meet regularly with senior management and the chair	Review in 2016 to meet changing policy context (NHS Improvement launches April 2016)	SH	
The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution	The Trust is an Integrated Care Organisation	Value Based Commissioning and other strategic initiatives will continue to be discussed by the Board to decide on the future direction of travel	Brd	

The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing	The Trust has Section 75 agreements and other partnership arrangements

The Trust works with both Islington and Haringey Local Authorities which includes attending Joint Overview and Scrutiny Meetings and other planning fora which often spans wider that these two boroughs | Annual Reports to the Board

Reports to the Board as required on different issues which Local Authorities request or within partnerships | CG

Exec | |
| **The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources**
Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves | The Trust has a long term financial model approved by the Board and Trust Development Authority

The Trust has a Local Counter Fraud Policy

The Trust works with external and internal auditors in line with statutory requirements | Reports to the Board

Reports Audit and Risk Committee
Annual Accounts, Report, Governance Statement | SB

SP Brd | |
| **The NHS is accountable to the public, communities and patients that it serves**
The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians

The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff | NHS Operating Framework
NHS Planning Guidance
TDA Assurance Framework reporting
CCG CQRG performance reporting
CQC registration
Trust Annual Operational Plan
ICSU business plans
Executive Director business plans

Board Standing Orders, Standing Financial Instructions and Scheme of Delegation approved by the Board |

Review March 2016 | Exec

SH SP | |

The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose	Annual Accounts, Annual Report and Annual Governance Statement	Annual sign off by external auditors and reported to the Trust Audit and Risk Committee and AGM	SH SP	
2. NHS VALUES **Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and that should underpin everything it does. Individual organisations will develop and build upon these values, tailoring them to their local needs. The NHS values provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS**				
Working together for patients Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS We put the needs of patients and communities before organisational boundaries.	The Trust has a Patient Experience department which leads numerous forums including Carers and Volunteers groups The Trust has a Communications and Engagement Strategy approved by the Board 2014 The Trust has a Patient Engagement Strategy approved by the Board 2014 The Trust has a complaints and PALs policy	Reports to Quality Committee Implementation of communication work plans take place as required for projects Reports to Quality Committee and Board Reports to Quality Committee and Board	PD RJ SMH LS PD PD	
We speak up when things go wrong	The Trust has a whistleblowing policy and two independent champions (NED and Executive Director)	The Trust will agree a Speak Up Champion in 2016	NF	
Respect and dignity We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand	The Trust published an agreed set of equality objectives based on the Equality Act 2010 1. Better Health Outcomes 2. Improve Patient Access and Experience	Review the equality objectives and priorities to align to the Clinical Strategy, Health and Wellbeing Strategy and	NF	

their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do .	3. A representative and supported workforce 4. Inclusive leadership The Trust Workforce Health and Wellbeing Strategy for 2015/20 outlines the Trust's identified priorities 1. Improving health life expectancy 2. Improving mental health and wellbeing 3. Improving psychosocial working conditions	the more recently published EDS2 Present Equality and Diversity Improvement Plan to the Trust Board March 2016	NF	
Commitment to quality of care We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes	Care Quality Commission Registration and compliance	CQC report due March 2016 – expectation is that different areas will rank from outstanding to requires improvement with action plans in place to continuously improve	PD RJ	
Compassion We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for patients, their families and carers, as well as those we work alongside. We do not wait to be asked, because we care	Trust Values have been agreed with staff from staff participative workshops in 2014/15 Trust compassion model delivered at conference NHS and professional codes of conduct Appraisal and HR policies	Continue Workshops and engagement sessions Nolan Principles within SOs signed off annually by Board Board signs annual NHS Senior Managers Code of Conduct Appraisal compliance reported to the Board	NF NF	
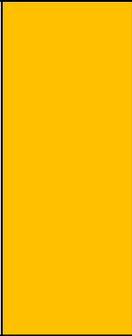
Improving lives We strive to improve health and wellbeing and people's experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier	Mission, Vision, Clinical Strategy, Values ICSU Board annual business plan challenge sessions	Reports to the Board ICSU business plans and quarterly performance reporting to the Trust Management Team	SP SMH CG	
Everyone counts We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others	The Trust has published an agreed set of equality objectives based on the Equality Act 2010 1. Better Health Outcomes 2. Improve Patient Access and Experience 3. A representative and supported workforce 4. Inclusive leadership The Trust Workforce Health and Wellbeing Strategy for 2015/20 outlines the Trust's identified priorities 1. Improving health life expectancy 2. Improving mental health and wellbeing 3. Improving psychosocial working condition	Review the equality objectives and priorities to align to the Clinical Strategy, Health and Wellbeing Strategy and the more recently published EDS2 Present Equality and Diversity Improvement Plan to the Trust Board March 2016	Exec NF	

3A. PATIENT AND PUBLIC - RIGHTS Everyone who uses the NHS should understand what legal rights they have. Important legal rights are summarised in the NHS Constitution. The Constitution contains pledges that the NHS is committed to achieve. Pledges go above and beyond legal rights. This means that pledges are not legally binding but represent a commitment by the NHS to provide comprehensive high quality services				
Access to Health Services				
Right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament	The Trust offers NHS services in the community and hospital which are free of charge and in line with exceptions	Performance and quality reports to the Board	Brd	
Right to access NHS services. You will not be refused access on unreasonable grounds	The Trust complies with equality legislation and does not refuse access to NHS services for the population is serves	The Trust has published a WRES	NF	
Right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences	The Trust published an agreed set of equality objectives based on the Equality Act 2010	To review in 2016	NF	
Right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community	The Trust works with Islington and Haringey CCGs who commission community and hospital services The Trust tenders for services in line with criteria which meet the Trust's strategic intent and corporate objectives	CCG commissioning meetings and reports LA meetings and reports Contracting and Business Pipeline reports to the Board	SMH SB SMB SB	
Right, in certain circumstances, to go to other European Economic Area countries or Switzerland for treatment which would be available to you through your NHS commissioner	The Trust provides comprehensive services and may consider treatment in certain circumstances in partnership with commissioners	Reports to the Board, joint working and performance meetings with CCGs	SMB SB	

Right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status	The Trust complies with equality legislation	Patient Experience reports to the Board

Friends and Family test reports to the Quality Committee and Board | PD NF

PD | |
| Right to access certain services commissioned by NHS bodies within maximum waiting times, or for NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible | The Trust complies with national and local targets and reports to the Board on performance | Performance reports to the Board | Exec | |
| **3A. PATIENT AND PUBLIC - PLEDGES** | | | | |
| To provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution

To make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered

To make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them | Performance, finance, quality and safety reports to the Board

Duty of Candour in contracts
Board SO's, SFI's and Scheme of Delegation
Board Committee Structure
Board meets in public and reports are uploaded to the Trust website

The Trust is an integrated care organisation and continues to develop its operating model to integrate care services | Annual General Meeting report Trust performance, financial standing, quality and safety
Reports to TDA, CRQC and CCGs
External audit reports
Internal audit reports

Integrated Care reporting being developed alongside current Board performance reports | SP

CG | |
| **QUALITY OF CARE AND ENVIRONMENT - RIGHTS** | | | | |
| Right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required | CQC Registration
NHS Codes of Conduct and Professional Codes of Conduction
Medical and Nursing Revalidation | CQC report March 2016

Annual Medical and Nursing Revalidation | PD RJ | |

levels of safety and quality	Safety Thermometer Appraisal	report to the Board		
Right to be cared for in a clean, safe, secure and suitable environment	Infection Control annual programme DIPC – Julie Andrews Environmental audits – PEAT	Reports to the Board and Quality Committee	RJ	
	Estates Review led by Estates Programme Board	Estate Strategy to the Board	SMH	
Right to receive suitable and nutritious food and hydration to sustain good health and wellbeing	Friends and Family Test Patient Surveys	Reports to the Board and Quality Committee	PD	
Right to expect NHS bodies to monitor, and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services	Risk Management Strategy Board Assurance Framework Corporate Risk Register Serious Incident Reporting Complaints and Concerns Reporting	Reports to the Board Serious Incident Panel reports to the Board	PD RJ	
QUALITY OF CARE AND ENVIRONMENT - PLEDGES				
To identify and share best practice in quality of care and treatments	Performance, quality, patient experience and safety reports to the Board Trust intranet page publishes learning and case studies	Patient Stories to Board Patient Experience and Learning Reports to Quality Committee	Brd	
NATIOINALLY APPROVED TREATMENTS, DRUGS AND PROGRAMMES - RIGHTS				
Right to drugs and treatments that have been recommended by NICE1 for use in the NHS, if your doctor says they are clinically appropriate for you	Clinical Audit Research and Education Strategy approved by Board 2015	Medical Director Safety and Quality reports quarterly to Board	RJ	

Right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you	Ethical Committee Medicines Management Committee Pharmacy and microbiologist protocols Patient Safety Committee reports Healthwatch	Nursing and Patient Experience Director Safety and Quality reporting to the Quality Committee and Board	RJ PD	
Right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme	Occupational Health which provides relevant screening and immunisation services The Trust works in partnership with the CCGs on Public health issues	Clinical and HR reports to the Quality Committee and Board	RJ PD NF	
NATIOINALLY APPROVED TREATMENTS, DRUGS AND PROGRAMMES - PLEDGE				
Provide screening programmes as recommended by the UK National Screening Committee	Clinical and performance reports Partnership working with Local Authority	Clinical reports to the Quality Committee and Board	RJ PD	
RESPECT, CONSENT AND CONFIDENTIALITY - RIGHTS				
Right to be treated with dignity and respect in accordance with your human rights Right to be protected from abuse and neglect, and care and treatment that is degrading	The Trust published an agreed set of equality objectives based on the Equality Act 2010 1. Better Health Outcomes 2. Improve Patient Access and Experience 3. A representative and supported workforce 4. Inclusive leadership	Clinical reports to the Quality Committee and Board	Brd	
Right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on	Consent Policy Mental Capacity Act and DOLLs policies Safeguarding Adults Policy Safeguarding Children Policy Dementia Policy	HR reports to TMG and the Board	NF	

your behalf, or the treatment must be in your best interests				
Right to be given information about the test and treatment options available to you, what they involve and their risks and benefits	Translation Services Patient information Website	Quality and Safety reports to Quality Committee and Board	PD	
Right of access to your own health records and to have any factual inaccuracies corrected	Access to Medical Records Policy Caldicott Guardian	IG Committee Reports to Audit and Risk Committee	SMH	
Right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure	Corporate Induction SIRO Information Governance Policies	HR reports to the Board IG Committee Reports to Audit and Risk	NF SMH	
Right to be informed about how your information is used	Information Governance Policies Freedom of Information	Committee	SMH	
Right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered, and where your wishes cannot be followed, to be told the reasons including the legal basis	Information Governance Policies Freedom of Information Publication Scheme	IG Committee Reports to Audit and Risk Committee	SMH LS	
RESPECT, CONSENT AND CONFIDENTIALITY – PLEDGES				
Ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively	I&MT programmes eg RIO, Meridian	EPR roll out	SB	
That if you are admitted to hospital, you will	Compliance and breaches reported to the	Estate Strategy February	Brd	

not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution	Board	2016	CG	
To anonymise the information collected during the course of your treatment and use it to support research and improve care for others	Information Governance Policies Information Governance Toolkit Caldicott Guardian	IG Committee Reports to Audit and Risk Committee	SMH	
Where identifiable information has to be used, to give you the chance to object wherever possible	Information Governance Policies Data Protection Policies	IG Committee Reports to Audit and Risk Committee	SMH RJ PD	
To inform you of research studies in which you may be eligible to participate	Information Governance Policies			
To share with you any correspondence sent between clinicians about your care	Information Governance Policies Records Management Policies	Internal audit reports ICO audits and reports	SMH SB	
INFORMED CHOICE – RIGHTS				
To choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons	Trust has one practice – Hanley Road - which is compliant	Reports to TMG and the Board CQC regulation	SMH PD	
To express a preference for using a particular doctor within your GP practice, and for the practice to try to comply	Trust has one practice – Hanley Road – which is compliant Trust has an Integrated Medical Director	Reports to TMG and the Board CQC regulation		
To transparent, accessible and comparable data on the quality of local healthcare	Performance, quality and safety reports to Board	Quality and Safety Reports to the Board and	PD RJ	

providers, and on outcomes, as compared to others nationally		Quality Committee		
To make choices about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs. Details are set out in the Handbook to the NHS Constitution	Mission, Vision, Clinical Strategy, Values	HR, Performance , Quality and Safety Reports to the Board and Quality Committee	Exec	
	ICSU Board annual business plan challenge sessions	RMG quarterly performance reviews	Exec	

INFORMED CHOICE - RIGHTS

To inform you about the healthcare services available locally and nationally	Policies and procedures compliant	Reports to the Board TDA monitoring CCG monitoring	Exec	
To offer easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available	Social Media eg Twitter, Website, Facebook Board meetings and reports	CQC registration Reports to the Board JHOSC reports Healthwatch presentations	Exec	
	Translation service Website Patient Information Consent policy	Patient experience committee	RJ PD	
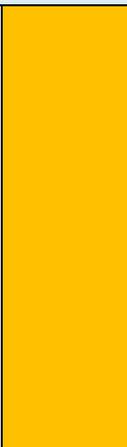
INVOLVEMENT IN YOUR HEALTHCARE AND IN THE NHS - RIGHTS

Right to be involved in planning and making decisions about your health and care with your care provider or providers, including your end of life care, and to be given information and support to enable you to do this. Where appropriate, this right includes your family	HR policies and procedures eg DNR End of Life Care Strategy Expert Patient Programme Care Plans Healthwatch reports and presentations JHOSC reports and presentations	HR, Performance , Quality and Safety Reports to the Board and Quality Committee	Exec	

and carers. This includes being given the chance to manage your own care and treatment, if appropriate				
Right to an open and transparent relationship with the organisation providing your care. You must be told about any safety incident relating to your care which, in the opinion of a healthcare professional, has caused, or could still cause, significant harm or death. You must be given the facts, an apology, and any reasonable support you need	Duty of Candour Sign up to Safety Plan SI policy SI reports to the Board in public Complaints and Concerns policy Healthwatch	CNST CCG contract monitoring HR, Performance , Quality and Safety Reports to the Board and Quality Committee	SMH SB RJ PD	
You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services	Communication and Engagement Strategy Patient Engagement Strategy Shadow Governor meetings Patient engagement projects eg maternity footprint project Social media eg website, twitter, facebook JHOSC reports	Reports to the Board and Quality Committee	SMH LS	
INVOLVEMENT IN YOUR HEALTHCARE AND IN THE NHS - PLEDGES				
To provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services	Communication and Engagement Strategy Patient Engagement Strategy	Reports to the Board and Quality Committee	SMH LS	
To work in partnership with you, your family, carers and representatives	Social media eg website, twitter, facebook JHOSC reports	Reports to the Board and Quality Committee	Exec	
To involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one	Policies compliant (consent, records management) Communication and Engagement Strategy	IG Committee reports IG toolkit return/TDA ICO audit and reports	SMH	

To encourage and welcome feedback on your health and care experiences and use this to improve services	Friends and Family Test Patient Surveys Carers Forum Patient Engagement Strategy	Reports to the Board and Quality Committee	PD NF	
COMPLAINT AND REDRESS - RIGHTS				
You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated	Complaints and Concerns Policy compliant with statutory regulations PALS DATIX logs all complaints and concerns	Quality Committee monitors performance of complaints and concerns	PD RJ SP	
You have the right to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.	The Trust aims to provide an improved service with greater opportunity for local resolution. Complaints and PALs leaflet explains process	Board reports Medical Director quarterly safety and quality reports to Board	RJ	
You have the right to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken	The Trust ensures that patients and their carers receive appropriate support throughout the handling of a complaint and that it will not adversely affect their future treatment, in accordance with our local Trust policy	Nursing & Patient Experience Director reports to Quality Committee and Board	PD	
You have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS	Complainants are given details of local advocacy and support services. All complainants are also made aware of what to do if they are not satisfied with the outcome of their complaints and the process for contacting the Ombudsman	Nursing & Patient Experience Director reports to Quality Committee and Board	PD	
	Process for judicial review and the right to compensation are discussed with complainants as and when appropriate	Annual Report of the Ombudsman Trust Annual Report	SP SH	

You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority You have the right to compensation where you have been harmed by negligent treatment	Complainants are given a full response answering their concerns, including actions taken to prevent recurrence CNST member Complaints and PALs leaflet explains how to refer to the PHSO or LGO	CNST / claims report to Quality Committee and Board	Exec	
COMPLAINT AND REDRESS - PLEDGES				
To ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment	Complaints and Concerns Policy Trust Policy contains requirement that patients, relatives or carers are not adversely affected by having made a complaint	CNST / claims report to Quality Committee and Board	PD RJ	
To ensure that when mistakes happen or if you are harmed while receiving health care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again	Complaints and Concerns Policy PALS Duty of Candour SI Policy SI Panel SI reports to Board in public Coroners reports and prevention of future death reports/action plans	TDA monitoring CCGs monitoring Coroner reports on action plans	SP	
To ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services	Patient Experience reports Patient Experience Committee	Quality Committee and Board reports	PD RJ	

3B. PATIENTS AND THE PUBLIC – RESPONSIBILITIES

THE NHS BELONGS TO US ALL. THERE ARE THINGS THAT WE CAN ALL DO FOR OURSELVES AND FOR ONE ANOTHER TO HELP IT WORK EFFECTIVELY, AND TO ENSURE RESOURCES ARE USED RESPONSIBLY

Recognise that you can make a significant contribution to your own, and your family's, good health and wellbeing, and take personal responsibility for it. Register with a GP practice – the main point of access to NHS care as commissioned by NHS bodies.

Treat NHS staff and other patients with respect and recognise that violence, or the causing of nuisance or disturbance on NHS premises, could result in prosecution. You should recognise that abusive and violent behaviour could result in you being refused access to NHS services.

Provide accurate information about your health, condition and status.

Keep appointments, or cancel within reasonable time.

Receiving treatment within the maximum waiting times may be compromised unless you do.

Follow the course of treatment which you have agreed, and talk to your clinician if you find this difficult.

Participate in important public health programmes such as vaccination.

Ensure that those closest to you are aware of your wishes about organ donation. Please give feedback – both positive and negative – about your experiences and the treatment and care you have received, including any adverse reactions you may have had.

You can often provide feedback anonymously and giving feedback will not affect adversely your care or how you are treated. If a family member or someone you are a carer for is a patient and unable to provide feedback, you are encouraged to give feedback about their experiences on their behalf.

Feedback will help to improve NHS services for all.

4A. STAFF – RIGHTS
It is the commitment, professionalism and dedication of staff working for the benefit of the people and the NHS service which really make the different. High quality care requires high quality workplaces with commissioners and providers aiming to be employers of choice

All staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients. To do this, they need to be trusted, actively listened to and provided with meaningful feedback.

They must be treated with respect at work, have the tools, training and support to deliver compassionate care, and opportunities to develop and progress.

Care professionals should be supported to maximise the time they spend directly contributing to the care of patients. The Constitution applies to all staff, doing clinical or non-clinical NHS work – including public health – and their employers. It covers staff wherever they are working, whether in public, private or voluntary sector organisations.

Staff have extensive legal rights, embodied in general employment and discrimination law. These are summarised in the Handbook to the NHS Constitution. In addition, individual contracts of employment contain terms and conditions giving staff further rights.

The rights are there to help ensure that staff	Mission, Vision and Values			
Have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives	HR policies - flexible, retirement, maternity, paternity leave, safe employment: pre/post-employment checks. Intranet hosts policies and guidance for staff	Quality and Remuneration Committee and Board monitor HR reports	Exec	
Have a fair pay and contract framework	Trust A4C and other relevant medical contract terms and conditions of service	Staff side and management meetings	NF	
Can be involved and represented in the workplace	Staff side membership and representation	Union membership promoted	NF	

Have healthy and safe working conditions and an environment free from harassment, bullying or violence	HR policies – bullying, harassment, capability, annual leave, carers' leave. Healthy Workplace Charter 2015	Health/Wellbeing Group report to Quality Committee. Staff survey action plan monitored by Board	NF	
Are treated fairly, equally and free from discrimination	HR policies - employee wellbeing and support at work, flexible working (includes employment break scheme, job share, special leave	Board and TMG reports Annual Report	NF	
Can in certain circumstances take a complaint about their employer to an Employment Tribunal	Codes of Conduct HR policies - equality and diversity, dignity at work code, bullying and harassment, appeals	Board and Remuneration Committee reports Annual Report	Exec	
Can raise any concern with their employer, whether it is about safety, malpractice or other risk in the public interest	Raising concerns at work – whistleblowing policy, NED and Executive lead as contact for all staff promoted on intranet, Ask CEO questions on intranet	Appoint Speak Up Champion Patient Safety Walkabout programme to report to Quality Committee	NF	
4A. STAFF – PLEDGES **In addition to these legal rights, there are a number of pledges, which the NHS is committed to achieve. Pledges go above and beyond your legal rights. This means that they are not legally binding but represent a commitment by the NHS to provide high-quality working environments for staff**				
Provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability	Mission, vision and values Whistleblowing policy Awards policy based on values	HR reports to Quality Committee, TMG and Trust Board	NF	
Provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to	Roles and responsibilities set out in Trust Job Descriptions Annual appraisal and Personal Development	HR policy monitoring Staff side meetings Staff survey action plan	NF	

patients, their families and carers and communities	Guidance available on the intranet	reports to Board	NF
Provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential	Leadership and Management Training in place for all levels (ICSU, Board and all levels of management) including Managing Performance and Capability, a number of Learning and Development policies in place including Statutory & Mandatory Training; E-learning	HR reports to the Board IG toolkit annual return TDA and CCG monitoring meetings	SP NF
To provide support and opportunities for staff to maintain their health, wellbeing and safety	Health & Safety Policy Risk Management Strategy Occupational Health services including access to a range of support services for staff; healthy living initiatives and events/promotions provided Employee Assistance Programme (EAP)	HSE inspections Risk and Compliance team audits/returns Internal Audit reports Occupational Health reports	PD
Engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families	Engagement and Communication Strategy CQC standards Audits and surveys Safety patient walkabouts Staff side meetings Organisational change consultation meetings as appropriate Annual NHS Staff Survey.	Staff side meetings Staff survey action plan reports to the Board Internal staff channels and promotional activities Awards based on values	NF
Have a process for staff to raise an internal grievance	Staff have an opportunity to put forward ideas Ask the chief Executive on the intranet, Chairman birthday events, staff suggestion scheme, staff surveys	HR reports to the Board, Remuneration and Quality Committee	NF
Encourage and support all staff in raising concerns at the earliest reasonable		HR reports to the Board, Remuneration and	NF

| opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996 | Grievance, Raising Concerns (Whistleblowing) Policies Union membership and representation Line management support Corporate Induction Programme | Quality Committee Audit and Risk Committee Local Counter Fraud reports | SB | |

4b. Staff – responsibilities and important legal duties in line with professional codes of conduct
All staff have responsibilities to the public, their patients and colleagues

You have a duty to accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role

You have a duty to take reasonable care of health and safety at work for you, your team and others, and to co-operate with employers to ensure compliance with health and safety requirements.

You have a duty to act in accordance with the express and implied terms of your contract of employment

You have a duty not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation

You have a duty to protect the confidentiality of personal information that you hold

You have a duty to be honest and truthful in applying for a job and in carrying out that job. The Constitution also includes **expectations** that reflect how staff should play their part in ensuring the success of the NHS and delivering high-quality care

You should aim
To provide all patients with safe care, and to do all you can to protect patients from avoidable harm

To follow all guidance, standards and codes relevant to your role, subject to any more specific requirements of your employers

To maintain the highest standards of care and service, treating every individual with compassion, dignity and respect, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole

To find alternative sources of care or assistance for patients, when you are unable to provide this (including for those patients who are not

receiving basic care to meet their needs)

To take up training and development opportunities provided over and above those legally required of your post

To play your part in sustainably improving services by working in partnership with patients, the public and communities

To raise any genuine concern you may have about a risk, malpractice or wrongdoing at work (such as a risk to patient safety, fraud or breaches of patient confidentiality), which may affect patients, the public, other staff3 or the organisation itself, at the earliest reasonable opportunity

To involve patients, their families, carers or representatives fully in decisions about prevention, diagnosis, and their individual care and treatment

To be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation

To contribute to a climate where the truth can be heard, the reporting of, and learning from, errors is encouraged and colleagues are supported where errors are made

To view the services you provide from the standpoint of a patient, and involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care

To take every appropriate opportunity to encourage and support patients and colleagues to improve their health and wellbeing

To contribute towards providing fair and equitable services for all and play your part, wherever possible, in helping to reduce inequalities in experience, access or outcomes between differing groups or sections of society requiring health care

To inform patients about the use of their confidential information and to record their objections, consent or dissent; and to provide access to a patient's information to other relevant professionals, always doing so securely, and only where there is a legal and appropriate basis to do so