Whittington Health NHS

TRUST BOARD

14.00 – 16.30
Wednesday 3 February 2016

Whittington Education Centre Room 7

Whittington Health NHS

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Meeting	**Trust Board – Public**
Date & time	**3 February 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
16/012	**Declaration of Conflicts of Interests** *Steve Hitchins, Chair*		*Declare* *1420hrs*
16/013	**Apologies & Welcome** *Steve Hitchins, Chair*		*Note* 1425hrs
16/014	**Minutes, Action Log and Matters Arising 6 January** *Steve Hitchins, Chair*	**1**	*Approve* 1430hrs
16/015	**Chairman's Report** *Steve Hitchins, Chair*	*Verbal*	*Note* 1435hrs
16/016	**Chief Executive's Report** *Simon Pleydell, Chief Executive*	**2**	*Note* 1440hrs
Patient Safety & Quality			
16/017	**Serious Incident Report** *Philippa Davies, Director of Nursing & Patient Experience*	**3**	*Note* 1450hrs
16/018	**Safe Staffing Report** *Philippa Davies, Director of Nursing & Patient Experience*	**4**	*Note* 1500hrs

16/019	**Preparation of Quality Account 2016/17** *Dr Richard Jennings, Medical Director*	**5**	*Note* 1510hrs
16/020	**Quarterly Patient Safety Report** *Dr Richard Jennings, Medical Director*	**6**	*Approve* 1520hrs
16/021	**Mortality Review Process** *Dr Richard Jennings, Medical Director*	**7**	*Approve* 1530hrs
Performance and Delivery			
16/022	**Financial Performance Month 9** *Stephen Bloomer, Chief Finance Officer*	**8**	*Note* 1540hrs
16/023	**Performance Dashboard Month 9** *Carol Gillen, Acting Chief Operating Officer*	**9**	*Note* 1550hrs
Strategy			
16/024	**Draft Estate Strategy** *Siobhan Harrington, Director Strategy & Deputy Chief Executive*	**10**	*Approve* 1600hrs
Governance and Regulatory			
16/025	**TDA Oversight Statements** *Siobhan Harrington, Director Strategy & Deputy Chief Executive*	**11**	*Note* 1630hrs
16/026	**Workforce Assurance Committee Terms of Reference** *Norma French, Director of Workforce*	**12**	*Approve* 1640hrs
16/027	**Quality Committee Minutes November 2015** *Anu Singh, NED Chair*	**13**	*Note* 1650hrs
16/028	**Patient and Public Involvement Policy** *Philippa Davies, Director of Nursing & Patient Experience*	**14**	*Approve* *1655hrs*
Any other urgent business and questions from the public			
	No items notified to the Chair		
Date of next Trust Board Meeting			
	02 March 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

ITEM: 01
Doc: 16/014

The draft minutes of the meeting of the Trust Board of Whittington Health held in public at 1400hrs on Wednesday 6th January 2016 in the Whittington Education Centre

Present:	Stephen Bloomer	Chief Finance Officer
	Philippa Davies	Director of Nursing and Patient Experience
	Norma French	Director of Workforce
	Carol Gillen	Acting Chief Operating Officer
	Siobhan Harrington	Director of Strategy
	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
	Nicola Nagler	Head of Communications
	Lynne Spencer	Director of Communications & Corporate Affairs
	Terry Whittle	Deputy Director of Finance
Visiting:	Naledi Kline	Head of Nursing, NHS England (Cambridge)

Patient Story

Philippa Davies introduced Ruth Rogers and her baby Bertie. Ruth had first attended Whittington Health's maternity services on 2011 following a normal pregnancy but her daughter Scarlett had tragically been stillborn. Ruth had then suffered from miscarriages until the birth of her son Charlie, and more recently, Bertie. The most important aspect of her treatment had been the good continuity of care she had received, the most difficult (following her miscarriages) was having had to wait ten days for the necessary surgery and waiting for a scan because one was not available over the weekend.

Ruth took the Board through the care she had received during each episode, mentioning in particular the sensitivity and kindness shown to her following the birth of Scarlett, the care she had received during her labour, the 'amazing' birth centre and good postnatal support. Less good had been the level (and associated noise) of building work being undertaken near to the unit, difficulties in obtaining physiotherapy for stress incontinence and having to wait six weeks for Bertie to have a procedure at the Royal Free to correct a tongue-tie.

Bereavement support midwife Jane Laking told the Board about the 'Whose Shoes' initiative, a DH sponsored project aimed at getting feedback from service users and using that feedback to shape the development of future services. Whittington Health was a pilot site for Whose Shoes, and newly-appointed head of midwifery Manjit Roseghini paid tribute to her predecessor Jenny Cleary for leading on this, and invited Board members to view the poster and information on the fourth floor of the Kenwood Wing. She added that the Maternity Services Liaison Committee had been relaunched in early November.

On behalf of the Trust Board Philippa Davies thanked Ruth for sharing her experiences at that day's Board meeting and for speaking at the Trust's Compassion Conference the previous year.

16/001 Declaration of Conflicts of Interest

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

16/002 Apologies and welcome

02.01 Apologies for absence had been received from Greg Battle and Anita Charlesworth. Steve Hitchins welcomed to the meeting Nicola Nagler, Head of Communications, Terry Whittle, Deputy Director of Finance, and Naledi Kline, Head of Nursing NHS England (Cambridge), shadowing Philippa Davies.

16/003 Minutes, Action Log and Matters Arising

03.01 The minutes of the Trust Board meeting held on 2nd December were approved.

Actions

03.02 154.05: Presentation of the Estates Strategy had been postponed until the February Board meeting.

158.01 (performance measures for district nursing) and 105.08 (external review of IT) were both scheduled for discussion at that day's meeting. On the latter, Stephen Bloomer reported that three bids had now been received and it was therefore hoped to award the tender the following week.

159.04 It had been agreed that the workforce report and KPIs would be presented to the Board quarterly; this item could therefore be removed from the schedule.

159.06: The item on Bank staff had been built in to the Trust Management Group agenda.

160.01: It was confirmed that representatives of the Trust Development Authority (TDA) would be attending a future Board meeting, date to be confirmed.

161.01: The Quality Committee was scheduled to meet the following week.

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

16/004 Chairman's Report

04.01 Steve Hitchins began his report by expressing his congratulations on behalf of the Board to Philippa Davies for having been awarded an MBE in the New Year's honours list. He went on to thank all those who had contributed to Christmas celebrations, including Sodexo for donating mince pies for staff and donating funds towards the cost of the Christmas Tree, the Arsenal players who had visited Ifor Ward and other children's services, all the local schools who had put on performances, and Richard, Philippa and Nikki who had toured the entire hospital site with him on Christmas Day.

04.02 In December Steve had attended Haringey's planning committee in support of Tottenham Hotspurs' plans for the redevelopment and expansion of their grounds including a new health centre. Plans had been approved on the understanding that the rent for the health

centre would be set at a rate that was 'NHS affordable'. On 18th January Catherine West MP would be formally opening new facilities at Simmons House.

04.03 This month marked the anniversary of Simon Pleydell's first year in post as substantive Trust Chief Executive, and his own two years as Trust Chairman. Steve was also pleased to report that he had recently received notification of his re-appointment as Chairman for a further three years.

04.04 Steve thanked all staff for their hard work and performance during the recent CQC inspection, saying that standards had been achieved which he believed should be maintained.

04.05 Steve ended his report with the announcement that he would be leading on a review of the Trust's governance arrangements, which would involve looking at the roles of shadow governors and members and how the organisation best engaged with them. He noted the current shadow governors had given much service to the Trust for far longer than their 'official' periods of office. There would be a brief meeting after the Board with Ron Jacob and other shadow governors present.

16/005 Chief Executive's Report

05.01 Simon Pleydell informed the Board that the Trust was under considerable pressure in respect of its ED performance, the last couple of days had been particularly challenging although this was not unexpected for that time of year. Performance over the Christmas period had been extremely good. The CQC inspection had been seen by staff as an overall beneficial experience, although there had been some disappointments amongst community services that not all had been given opportunity to showcase the services about which they were justifiably proud. There would be some positive learning for the Trust when CQC delivered its report, which was expected in March, but overall the experience had been one of coming together as an organisation. The challenge now was to main the standards achieved.

05.02 The Trust had recently declared its first case of MRSA bacteraemia that financial year; this would be investigated as a serious untoward incident and learning identified. The Trust remained under target for cases of C. difficile. There had been some slippage in achievement of cancer targets, in particular the 62 day target. Good progress was being made on the rolling out of the new health roster. Take-up of the 'flu vaccination had not been as good as in previous years, but Whittington Health's remained positive when viewed against that of other Trusts within the sector.

05.03 Stephen Bloomer would be reporting in detail on the Trust's financial position, but in summary delivery of the agreed outturn position for the end of the financial year would inevitably present challenges. Concentration was also now on building plans for next year, and to this end discussions were already taking place at ICSU level and there would be a conversation with staff side, given that even one month's delay could mean significant loss of finance. All ICSUs had targets to meet, the positive aspect, Simon said, was that there were some very real opportunities to increase efficiency.

He recommended all members read the national planning guidance and in particular the section dedicated to Sustainability and Transformation Plans (STPs) where the key issue was how best to work with the Trust's commissioners and other local providers to take plans forward. Plans would be developed on a sector-wide basis, which for Whittington Health would mean North Central London.

05.04 The Estates Strategy would be brought to the Board in February. Simon explained that the strategy would be making no stipulations about action to be taken in respect of individual

buildings, but concentrating instead on the general approach and principles to be taken and the challenges to be faced in a world with little available capital. There would also be a focus on releasing the resource necessary to fund vital capital developments such as the maternity and neonatal services redevelopment.

05.05 Simon confirmed that the first day of the Junior Doctors' industrial action had been set for 12th January. Considerable work was being undertaken behind the scenes to reach a settlement, and David Dalton had been brought in to assist with negotiations. Some concessions had been made, but the position on the overall pay envelope was not yet reconciled and the junior doctors had a legitimate right to take action.

05.06 Anu Singh informed the Board that considerable financial resource would be locked in to the STP's and there was a need to place considerable and early focus on work in this area. Siobhan Harrington informed the Board that she had a conference call scheduled later that afternoon to discuss preliminary action to be taken in respect of starting work on the North Central London plan.

16/006 Serious Incident Report

06.01 Philippa Davies informed the Board that six serious incidents had been declared during November, bringing the total to 37 declared since 1st April. Details of November's incidents were as follows:

- a misplaced central venous line
- three falls
- an absconsion from Ifor Ward
- an unexpected stillbirth at 29 weeks' gestation.

06.02 The report provided details of actions taken and lessons learned from concluded investigations, and reflected ongoing work undertaken by the team to develop the report. Richard Jennings reminded the Board that it was Whittington Health practice to declare as a serious incident any fall resulting in a significant fracture, which differed slightly from the Department of Health guidance which thus categorised falls resulting in severe or lasting injury. Of the three falls declared during November it was not yet clear there was any common theme to them and all remained under investigation.

06.03 The February Board meeting would receive the second quarterly patient safety report, and there would be a specific focus on falls. Richard informed Board colleagues that he was intending to strengthen the falls team by introducing some specialist nursing input.

16/007 Safe Staffing Report

07.01 Philippa Davies introduced the safe staffing report for nursing and midwifery covering November 2015. She informed the Board that challenges remained around the use of agency staff to cover vacancies and one-to-one specials. Future reports will cover some outcomes and quality indicators.

07.02 Philippa informed the Board that the new rostering system incorporated safe staffing and 'red flag' incidents and could be used for benchmarking as it had been purchased by so many Trusts. The system had already enabled the Trust to refine its rostering practice. It was anticipated the roll-out would be complete by late March / April.

16/008 Financial Report

08.01 Stephen Bloomer informed the Board that the position at the end of November had been broadly consistent with the planned end of year position, however the cumulative position

was £1.2m adverse to plan. The key, he said, was to ensure that the Trust delivered a better position than had been forecast for year end. Contributory factors to underperformance included long-stay patients, readmissions for whom the Trust received no income, escalation beds and failure to deliver on CIPs. The ICSUs were therefore being asked to focus on their CIPs and to ensure they delivered on their individual outturn positions.

08.02 There was a strong focus on cash, and the Trust had used the £15m cash support received and was in the process of negotiating further revenue cash support needed for the remainder of the financial year. It was noted however that this was likely to be the most difficult quarter to manage any operational improvements.

08.03 In answer to a question about whether there was any learning to be taken from areas where CIP plans might have been unrealistic, Stephen replied that he thought there was, and that for this financial year one of the problems had been that full plans had not been in place at the start of the year and therefore valuable time had been lost. He added that performance had significantly improved within the ICSUs but was less good in Trust-wide areas. There was also far better clinical engagement earlier on in the process.

16/009 Performance Report

09.01 Carol Gillen introduced the performance report covering the month of November 2015. She began by informing the Board that ED performance continued to under-achieve due to increased length of stay and patient flow difficulties within the hospital. Turning to complaints, three ICSUs remained below target, and she was looking at obtaining some additional support to assist them in improving this position. DNAs were under-achieving at a rate of around 12% for the first appointment and 14% for follow-ups, however the community DNA standard had been achieved. There were plans to introduce a new electronic reminder system which it was hoped would bring improvements.

09.02 Cancer targets had not been achieved for three of the seven standards, and considerable work had been undertaken to improve systems. Full compliance would be shown in the January data.

09.03 Significant effort was being put into reducing the number of district nursing visits recorded as having 'no outcome', including an increase in the use of i-pads and improved administrative support. MSK services remained challenged, and additional clinics were being established to reduce the backlog. GUM services were also below target due to reduced capacity; an action plan had been put in place to address this and services were expected to be on target from next month.

09.04 There were daily telephone updates on emergency care with NHSE and the CSU, but it was noted that Whittington Health's position was by no means unique. There was considerable work to do in managing the very tight bed base. The situation was particularly challenging this week, with an unprecedented number of patients attending within the last day or so.

09.05 Carol took the Board through the new measures that were now included within the report, reminding Board members they had requested more detail on district nursing targets (these now showed figures for reviews of patients deemed to be 'of concern') and death in place of choice.

09.06 In answer to a question from Tony Rice about improving the position on readmissions, Carol replied that work had already stated on this and a deep dive had been carried out to look at cause. Richard Jennings suggested more detail be brought to a future Board

meeting, and Simon Pleydell added that Boston Consulting had thought Trust readmission rates reasonable in their initial appraisal.

09.07 It was agreed that this was an appropriate time to review the overall content of the dashboard, and it was suggested a review should be built into the timetable for Trust Board seminars. It would be of benefit to be able to look at trends, in a similar manner to that planned for the quarterly patient safety report. It was also agreed that for some areas (e.g. Friends & Family Test) the sample size was too low to be of value, and it was noted that work was in hand to increase the number of respondents, monitored through the patient experience committee. Philippa Davies added that there had been specific focus on this in ED, out-patients and maternity, and an increase in sample size had already been seen though figures were not yet at the level the Trust would wish them to be.

09.08 On urgent 2 hour district nursing referrals, Carol explained that the apparent low response rate was not a true reflection of the service but down to recording issues with the current message taking service. Plans were in hand to bring this service in house later this month.

16/010 TDA Oversight Statements

16.01 The TDA oversight statements prepared for December 2015 showed compliance with all board governance statements bar the Information Governance toolkit (level 2) and work was in hand to achieve compliance early in the new year. The statements were formally approved by the Board.

16/011 NHS Constitution

11.01 Lynne Spencer introduced the draft NHS Constitution assurance and action plan. She reminded the Board that the Constitution had been updated in 2015 and described the new areas which had been incorporated, which took into account recommendations made following the Francis Report into Mid-Staffordshire NHS Foundation Trust. The document was, she said, an assurance document for the Board and remained a work in progress, and she would welcome comments accordingly.

11.02 Steve Hitchins said that the section on work with local authorities should make reference to the Trust's membership of their Health & Wellbeing Boards; he also reminded the Board that they had yet to appoint a 'right to speak up' champion. In answer to a question from David Holt about cross-reference with issues identified in the staff survey, e.g. bullying and harassment, Norma French replied that there were four staff pledges identified within the Constitution, and when the latest staff survey results were analysed they would be measured against these pledges.

11.03 The Board agreed that this was a good and useful document to have, noting that the Constitution is familiar to and often referenced by Trust patients.

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Action Notes Summary

154.05	Presentation of the Estates Strategy to the Board	February	On Agenda
105.08	Report recommendations of external IT review to future Board	tbc	
160.06/03	Second quarterly patient safety report to Board	February	On Agenda
160.09	Review the overall content of the dashboard at a Trust Board seminar.	tbc	
160.11/02	NHS constitution to include reference to the Trust's membership of their Health & Wellbeing Boards Appoint a 'right to speak up' champion	Complete tbc	Added

Whittington Health Trust Board

3 February 2015

Title:	Chief Executive Officer's Report to the Board		
Agenda item:	**16/015**	**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:	25 January 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**

CHIEF EXECUTIVE OFFICER REPORT

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

1. QUALITY AND PATIENT SAFETY

MRSA Bacteremia

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. During this reporting year the Trust has had one MRSA breach.

Clostridium Difficile

The Trust reported no new cases of Clostridium Difficile and our total is six cases for the year to date. 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 met four of the six national cancer targets demonstrating a slight improvement to last month which achieved three of the targets. The targets achieved are:

- 31 days to first treatment 96.8% against target of 96%
- 31 days to subsequent treatment (surgery)100% against target of 96%
- 31 days to subsequent treatment (drugs)100% against a target of 98%
- 62 days from referral to treatment 88.9% against a target of 85%

The Trust has robust plans in place to meet the following two targets which reported:

- 14 days cancer to be first seen 89.8% against a target of 93%
- 14 days to be first seen for breast symptomatic 87.4% against a target of 93%

Community Access Targets

MSK appointments are under target and the Trust has plans to improve by year end. The targets this month reported:

- MSK waiting time – non consultant led patients seen in month - 61.4% against a target of 95%
- MSK waits – consultant led patients seen in month - met the target 95%
- IAPT – patients moving to recovery – reported 49.5% against the target of 50%

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 58.65% of staff vaccinated; less than last year at this time which was 80%. We remain amongst the top quartile in London for staff take up of the vaccination.

EXECUTIVE DIRECTORS

Two Associate Medical Directors have been appointed to support Dr Richard Jennings our Medical Director. Dr Rob Sherwin, Consultant in Obstetrics and Gynaecology, has been appointed as Associate Medical Director for Revalidation and Dr Julie Andrews, Consultant in Microbiology and Virology, has been appointed as Associate Medical Director for Patient Safety. Rob and Julie will be working to help the Trust continue to

innovate and improve the ways that we deliver, measure and evidence safe and high quality care for our patients.

Siobhan Harrington, Director of Strategy/ Deputy Chief Executive will be taking extended leave this month and during her absence key responsibilities will be allocated to the executive team.

The chief operating officer post will be advertised this month and we aim to interview and select a candidate by the end of March. Meanwhile Carol Gillen continues to act into the post.

2. OPERATIONAL

Emergency Department (ED)

Pressures within the emergency care pathway continue. The main cause for our continuing drop in performance against the ED standard relates to bed capacity issues. The North Central London sector is experiencing the same severe pressures. December performance reported 91.5% against a target of 95% and year to date performance is 92.98%. During December over half of the hospital breaches were directly attributed to the lack of available in patient beds compared to 26% in Q1 which highlights some of the challenges we are facing to bring our performance back on track.

The Integrated Clinical Service Units and operational teams are developing a revised action plan to improve our patient flow in the Emergency Department. We are focussing on key areas that include increasing the number of pre 1100hrs discharges, reducing our patients' length of stay, improving discharge planning with a rigorous back to basics approach and making sure we fully utilise our ambulatory care and community services.

Information Technology Improvements

We have successfully merged our two separate Islington and Haringey community IT systems 'OpenRIO' to create a single community IT service. Further improvements will continue throughout the year and the benefits will support more efficient and effective working to benefit both patients and staff.

Mandatory Training and Appraisal

It is a key focus for the executive team to continue our improved performance for these important training areas. To date our appraisal performance is 76% against a target of 90% and our mandatory training performance is 83% against a target of 90%.

Junior Doctors

I would like to thank everyone who supported the contingency plans for managing our services effectively during the Junior Doctor Strike last month. All future industrial action is being monitored regarding the negotiations with BMA and NHS Employers.

4. ESTATE STRATEGY

The Trust Board will be reviewing our draft estate strategy today which includes feedback from our key stakeholders, local politicians and staff. This document sets out our direction of travel for the next five years and will support the delivery of our clinical strategy. We will be making some exciting yet challenging decisions later this year regarding our sites for both hospital and community estate and this will impact on how we work and where we work from in the future years. A summary leaflet entitled *'Whittington*

Health: Building our Future Together' has been published on our website to support our ongoing engagement with members of the public, stakeholders and our staff.

5. FINANCE MONTH 9

6.

At the end of December, the Trust reported a year to date deficit of £11.9m which is £1.6m off our planned position. The Trust's total income was £23.5m during December and takes the cumulative income to £216m in line with our plan. The Trust will continue to address the under-performance against our activity plans. Outpatient services activity, income and non-patient activity reported above plan. The Trust overspent against its December expenditure plan by £341k. Non-pay was underspent by £116k and the pay bill was exceeded by £457k. December's operating expenditure was £128k more than November.

Temporary staffing increased by £112k with agency nursing rising by £123k in month and breached its 6% ceiling for agency registered nursing, having spent £669k; the highest all year. The rising levels of temporary staffing poses a risk to achievement of the full year operating plan. Strict measures have been introduced to control future expenditure and the Trust continues to forecast achieving the £15m full year deficit plan.

The cost improvement programme (CIP) delivered savings of £1.1m (62%) against the NHS TDA operating plan of £1.8m and year to date £9m (79%) has been achieved. Against savings schemes allocated to Integrated Clinical Service Units, performance was 92% and YTD 110%. The Integrated Clinical Service Units' £655k under performance 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 Integrated Clinical Service Unit achieved 51% of its planned December saving due to excessive temporary staffing within midwifery. The Clinical Support Service accumulated slippage grew to £208k.

All Integrated Clinical Service Units and corporate executive director portfolios have agreed a forecast trajectory from Month 9 to ensure agreed improvement actions are completed to achieve the Trust's financial plan for 2015/16.

7. STAFF ENGAGEMENT MEETINGS

High profile staff engagement meetings have been scheduled for both the community and the hospital settings during this month. These will build on the key messages regarding our quality, safety and financial plans over the past year at the Chief Executive monthly team briefing meetings.

The staff engagement meetings will encourage staff to bring forward their ideas to help the Trust meet the significant challenges we face with our financial position for next year whilst maintaining our solid track record for high quality and safety. The Trust's future cost improvement schemes will be discussed so that everyone is aware of the changes we all need to make in order to achieve financial sustainability in the future years.

8. WORKFORCE STRATEGY

A draft workforce strategy was agreed by the Trust Management Group in January. This will be circulated to staff for wider consultation and the Board will review and sign off the final strategy in March.

Simon Pleydell, Chief Executive Office

Nursing and Patient Experience
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The Whittington Hospital NHS Trust
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Whittington Health Trust Board

February 2016

Title:	Serious Incidents - Monthly Update Report		
Agenda item:	**16/016**	**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 December 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:	21/01/2016		

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 Incidents 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 December 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 recurrences.

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 has declared 7 serious incidents during December 2015 bringing the total to 44 since 1st April 2015. This includes 2 incidents that were later downgraded (de-escalated).

The Trust have 3 investigations that are currently overdue with extension agreed;

a). Medication Incident (Nitrofurantoin) –an extension has been requested and approved for further 60 days due to the complexities surrounding this incident..

b). Delayed Diagnosis and treatment of Colorectal cancer –an extension has been requested and approved for further 60 days due to the requirement for an independent investigator and external expert being appointed.

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 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
Medication Incident (Ref;Oct MI)	Oct 15	Patient sustained long term harm from prolonged treatment with oral antimicrobials
Medication Incident (ref 236)	Nov 15	Misplaced central venous line into the carotid artery

Slip/Trips Falls Ref 740	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 Ref 400	Nov 15	Paediatric patient absconded from ward whilst receiving Mental Health care.
Slip/Trips Falls Ref 401	Nov 15	Patient had an unwitnessed fall and sustained a peri prosthetic fracture to left femur.
Maternity/Obstetric incident Ref 818	Nov 15	Unexpected stillbirth at 29 weeks gestation.
Slip/Trips Falls Ref 024	Nov 15	Patient fell whilst walking with carer and sustained a hip fracture
Unexpected death Ref 590	Dec 15	Unexpected death of a patient re-admitted to hospital with sepsis and bleeding following ERCP (Endoscopic Retrograde Cholangio Pancreatogram).
Medication Incident Ref 614	Dec 15	Discrepancy and possible theft of controlled drugs from a ward.
Maternity/Obstetric incident Ref 438	Dec 15	Delayed Diagnosis (Appendix removed and Gall Blader Trauma)
Sub optimal care of deteriorating patient Ref 657	Dec 15	Sub optimal care of debridement of pressure ulcer procedure carried out.
Sub optimal care of deteriorating patient Ref 650	Dec 15	Unexpected death in the community following issues around nutrition and safeguarding.
Delayed diagnosis Ref 620	Dec 15	Delayed Diagnosis, sepsis pathway was not followed.
Slip/Trips Falls Ref 604	Dec 15	Patient suffered a subdural haematoma following a fall on an escalator.

3.3. The table below details serious incidents by category reported to the NEL CSU. The Trust reported 7 serious incidents in December 2015

STEIS 2015-16Category	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	total
Child protection	0	0	0	1	0	0	0	0	0	1
Communication issue	1	0	0	0	0	0	0	0	0	1
Confidential information leak/loss/Information governance breach	1	2	0	0	1	2	1	0	0	7
Diagnostic Incident including delay	0	2	0	1	0	0	1	0	1	5
Drug incident	0	0	0	0	1	0	1	1	1	4
Failure to obtain appropriate bed for child who needed it	0	0	0	0	0	0	0	1	0	1
Maternity/Obstetric incident mother and baby (includes foetus, neonate and infant)	0	1	0	1	0	1	0	1	1	5
Pressure ulcer grade 3	5	1	0	0	0	0	0	0	0	6
Screening Issues	0	0	0	1	0	0	0	0	0	1
Slips/Trips/Falls	1	0	0	0	0	0	0	3	1	5
Suboptimal care of deteriorating patient	0	1	0	2	0	0	1	0	2	6
Medical equipment/ devices/disposables incident	0	0	0	0	0	1	0	0	0	1
Unexpected death	0	0	0	0	0	0	0	0	1	1
Total	8	7	0	6	2	4	4	6	7	44

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 executed its duties under the Duty of Candour for the investigations completed with the exception of 2 investigations where the Duty of Candour did not apply as no patient harm was identified.

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 3 reports to NELCSU in December 2015.

4.2. The table below provides a brief summary of the 3 individual completed serious incident investigations submitted in December and a selection of actions taken as a result of the lessons learnt.

Summary	**Actions taken as result of lessons learnt**
• Information Governance Beach- Faxes sent to wrong address (Ref 720)	• The Trust IT department are currently reviewing an electronic referral solution so that referrals directly to community services be made on the Trust patient information system (Anglia Ice). • The Trust referral forms have been updated, fax numbers removed and all Health Centres have been notified and sent a copy of the updated referral forms. • All emails received via generic email accounts receive an acknowledgment which includes the following rceipt: "*Please continue to email all referrals to arti.centralbooking@nhs.net. This will ensure that your patient is dealt with efficiently and effectively without any delay." "Please continue to email all referrals to haringey.adult-referrals@nhs.net. This will ensure that your patient is dealt with efficiently and effectively without any delay."*

Summary	Actions taken as result of lessons learnt
• Major Incident/Emergency preparedness (Ref 462)	• The Trust has commissioned an external review of its IT infrastructure to assess the fitness for purpose of its data centres and disaster recovery capability. • The medicine management policy has been updated to reflect procedures for e prescribing down times and a Pharmacy E-prescribing contingency plan has been developed. • The desktop exercise/training for the Emergency Team now includes an IT element. • A dedicated telephone line has been allocated for IT updates throughout major incidents.
• Misplaced naso or oro-gastric tubes (Ref 546)	• The Nasogastric Tube (NG) Feeding in Adults Guideline has been updated to clearly state that "NG feeding should only commence between 9-5pm unless 'clinically urgent' and clarifies instructions of when to check and recheck NG tube position. • NG training is included as part of the Induction Programme for all newly appointed nursing staff • Each medical ward to compile a list of local guidelines based around expected core competencies that all new members of staff would be expected to read and become familiar with. • The Care of Older People Multidisciplinary Team (COOP MDT) proforma will be modified to include nutrition assessment

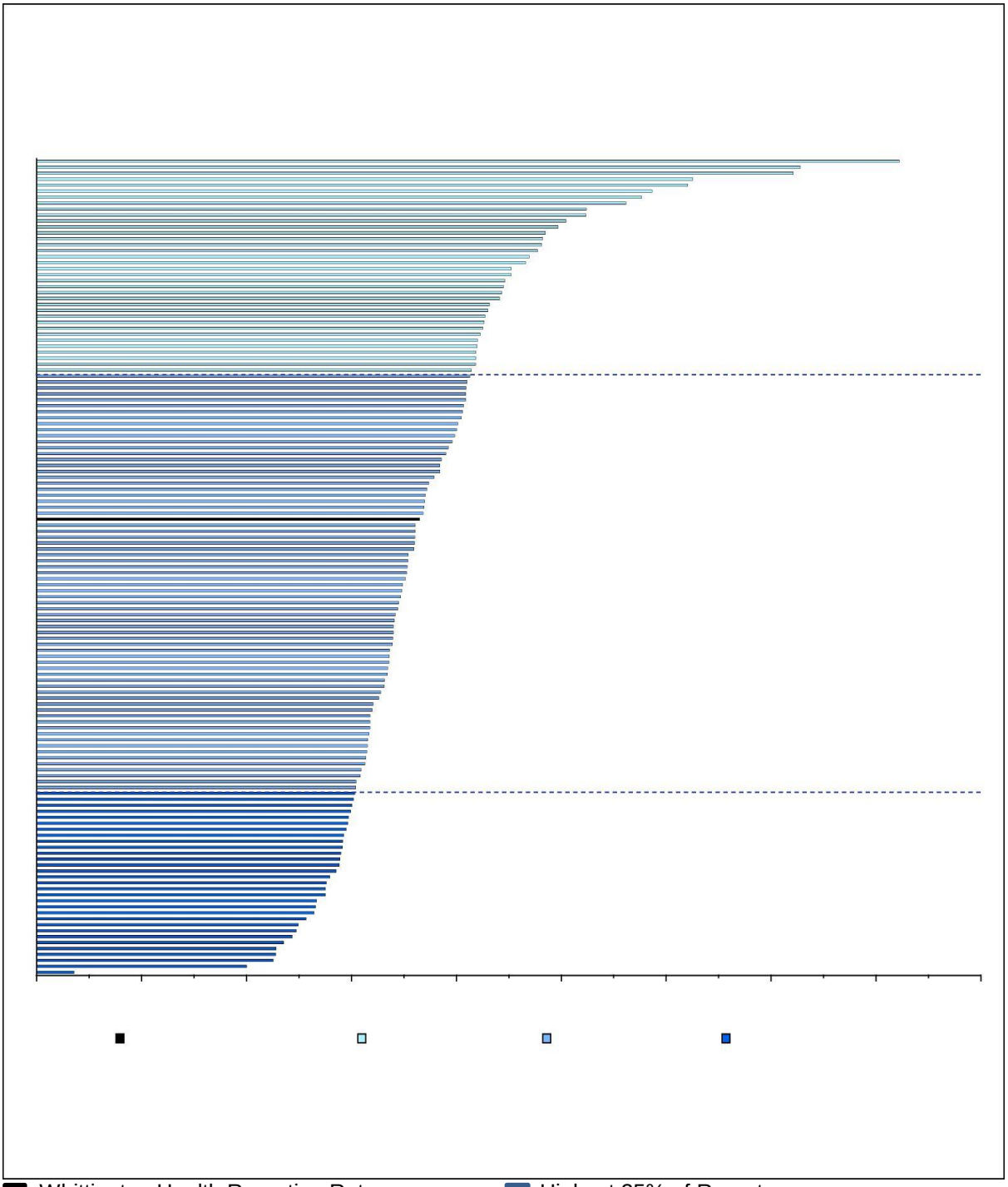
5.0 Sharing Learning

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

6.0 Whittington Health Incident Reporting Culture

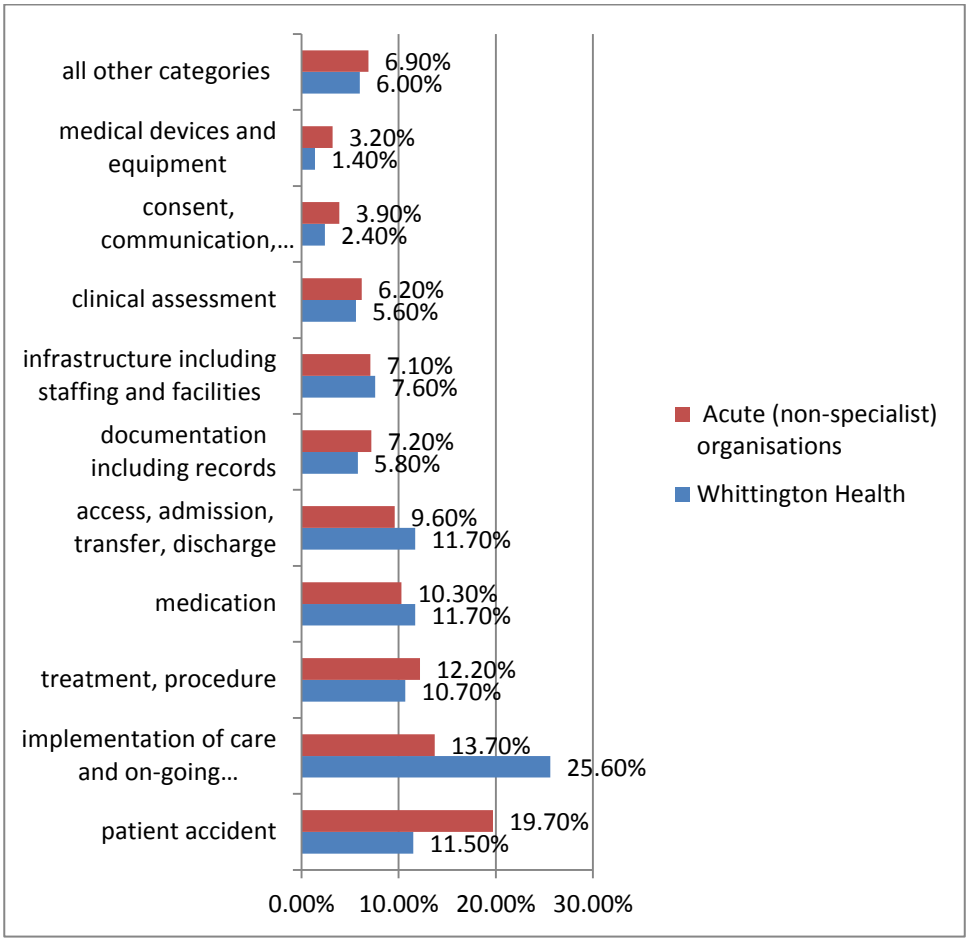
The comparative reporting rate summary shown below provides an overview of incidents reported by NHS organisations to the National Reporting and Learning System (NRLS) occurring between 1st October 2014 to 31st March 2015.

Whittington Health reported 1,867 incidents (rate of 36.51) during this period.
Figure 1: Comparative reporting rate, per 1,000 bed days, for 137 Acute (non-specialist) organisations



6.1 Types of incidents reported by Whittington Health

The top 10 incidents by category can be seen in the table overleaf;



Incidents Reported by the Degree of Harm

Degree of Harm	Whittington Health	Acute (non-specialist) organisations
none	66.70%	74.30%
low	23.10%	21.90%
moderate	8.30%	3.30%
severe	1.50%	0.40%
death	0.10%	0.40%

Nationally 71 % of incidents reported fall in to the 'no harm' category with just below 1% in the 'severe harm' or 'death' catagory.It is important to note that not all organisations apply the national coding in relation to degree of harm in a consistent way, which can make comparison of harm profiles of organisations difficult to compare.

According to NRLS guidance which is not currently aligned to Care Quality Commission requirements or NHSE Serious Incident National Framework, organisations should record 'actual' harm to patients rather than 'potential' harm. Whittington Health Datix captures 'actual' harm in addition to 'potential' harm and as a result, reporting is higher than the national average.

Similarly, Whittington Health captures patient death both that attributed to Whittington Health in addition to a patient death attributed to other partner organisations in circumstances when patients are under joint care. As a result, Whittington Health is showing a higher percentage than national average.

7.0 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.

Executive Offices

Direct Line: 020 7288 3939/5959

www.whittington.nhs.uk

Whittington Health Trust Board

January 2016

Title:	Safe Staffing (Nursing and Midwifery)		
Agenda item:	**16/018**	**Paper**	**04**
Action requested:	For information		
Executive Summary:	This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in December 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 special care on a 1:1 basis. • The number of specials shifts increased in December compared to November. • The total number of Red shifts reported in December was very low.		
Summary of recommendations:	Trust Board members are asked to note the December 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:		**Dr Doug Charlton Deputy Director of Nursing & Patient Experience**		**Director name and title:**		**Philippa Davies – Director of Nursing and Patient Experience**	
Date paper seen by EC	**2/2/16**	**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 December 2015 and an assurance that these levels are monitored and managed daily.

2.0 Background

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

Staff fill rate information appears on the NHS Choices website www.nhschoices.net. Fill rate data from 1st – 31st December 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 December 2015. The average fill rate was 102.4% for registered staff and 110.2% or care staff during the day and 101.3 % for registered staff and 101.3 % 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 twelve 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.

3.1 Additional Staff (Specials 1:1)

When comparing December's requirement for 1:1 'specials' with previous month, the figures demonstrate an increased level of need. December saw 151 requests for 1:1 specials compared to 89 requests in November. 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 to care for patients with a mental health condition increased in December (84) compared to November (34).

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 December a total of 2/1488 (0.13%) shifts triggered 'red' which was lower than previous months. Of these, 1/372 (0.3%) occurred in the Surgical Integrated Care Service Unit, 0/93 (0%) in the Women's ICSU and 1/651 (0.15%) shifts were reported to have triggered 'red' in the Medicine and Frailty & Networked Service ICSU). In addition 0/279 (0.0%) triggered red in the Emergency and Urgent Care ISCU and 0/93 (0.0%) in Children's ICSU.

5.0 Conclusion

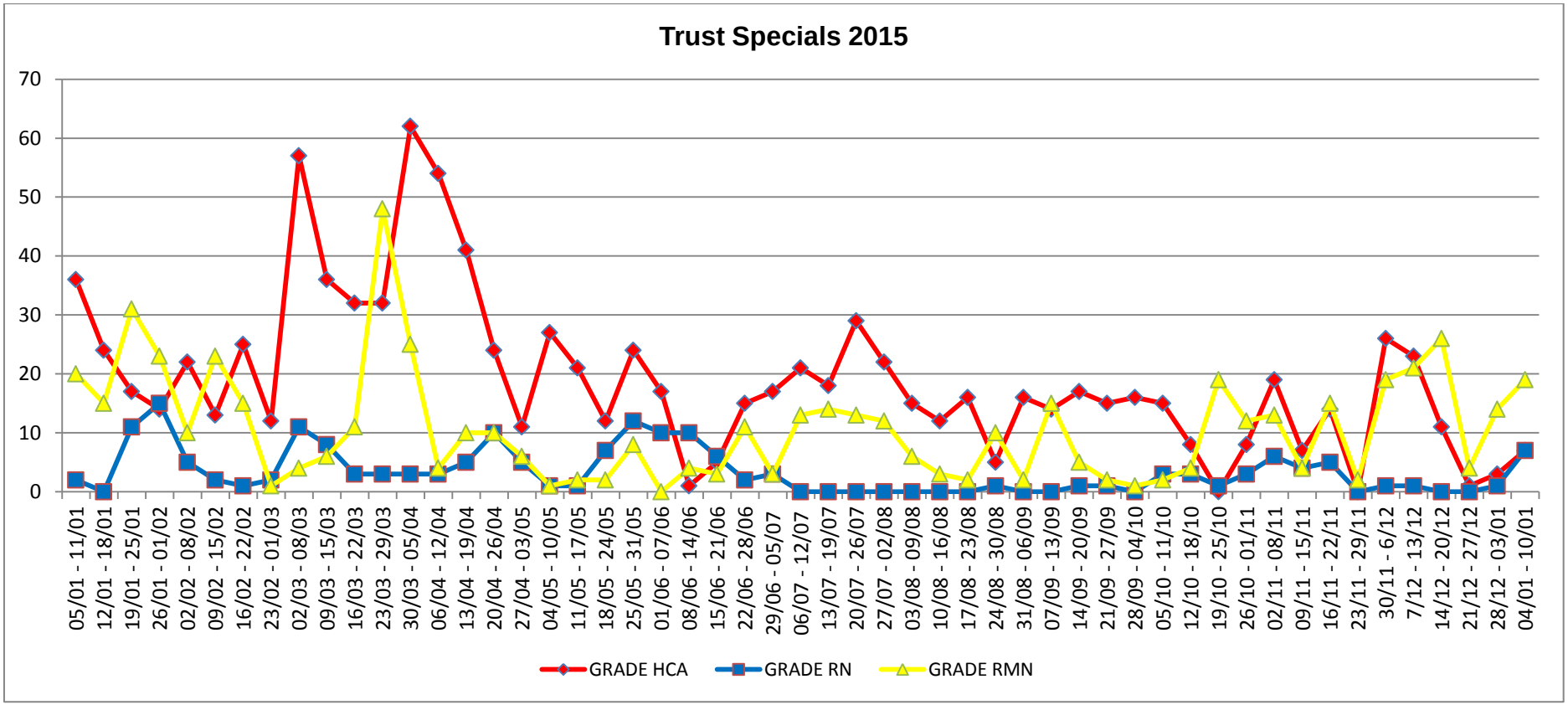
Trust Board members are asked to note the December UNIFY return position and processes in place to ensure safe staffing levels in the organisation.

Fill rate data - summary
December 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				
Hours 33787	Hours 34591	Hours 11764	Hours 12965	Hours 26744	Hours 27097	Hours 8613	Hours 8728	102.4%	110.2%	101.3%	101.3%

Appendix 2

December 2015



Richard Jennings
Executive Medical Director
Direct Line: 020 7288 5906
The Whittington Hospital NHS Trust
Magdala Avenue

Whittington Health Trust Board

3rd February 2016

Title:	Plan to develop and publish the Trust's Quality Account 2015- 2016		
Agenda item:	**16/019**	**Paper**	**05**
Action requested:	For discussion and agreement		
Executive Summary:	Quality Accounts are annual reports written by healthcare providers about the quality of the services they deliver. The quality of services is measured by looking at information around patient safety, the feedback received from patients, relatives and carers and the effectiveness of the treatments provided to patients. This paper outlines the steps that the trust now needs to take in order to produce the Quality Account 2015-2016.		
Summary of recommendations:	The Trust Board are asked to: • Agree the timeline and process for the production of the Quality Account 2015-2016 • Reflect on last year's quality priorities and discuss the progress made in these areas • Discuss potential quality priorities for 2015-2016 • Agree an engagement strategy for the production of the Quality Account 2015-2016		
Fit with WH strategy:	The production of a yearly Quality Account is a statutory requirement on the Trust. This requirement is set out in the Health Act (2009). The requirement to include quality indicators is set out in the Health and Social Care Act 2012.		
Reference to related / other documents:	Quality Account 2014-2015 Clinical Strategy 2015-2020 Health Act (2009) Health and Social Care Act (2012)		
Date paper completed:	11th January 2016		

Author name and title:		**Ashleigh Soan Medical Director Portfolio Manager**		**Director name and title:**		**Richard Jennings Executive Medical Director**	
Date paper seen by EC		**Equality Impact Assessment complete?**		**Quality Impact Assessment complete?**		**Financial Impact Assessment complete?**	

1. Introduction

Quality Accounts are annual reports written by healthcare providers about the quality of the services they deliver. The quality of services is measured by looking at information around patient safety, the feedback received from patients, relatives and carers and the effectiveness of the treatments provided to patients.

This paper outlines the steps that the trust now needs to take in order to produce the Quality Account for 2015 – 2016. The deadline for publishing the Quality Account is expected to be 30th June 2016. It details the required contents of a Quality Account, the suggested timeline for the trust to produce the Quality Account, and the nature of the trust's Quality priorities.

2. Guidance on producing Quality Account 2015-16

There is extensive and detailed guidance for previous years 2013-14 and 2014-15 for healthcare providers on producing a Quality Account issued by both Monitor and the Department of Health. We do not anticipate that any guidance issued for 2015-16 will vary the requirements greatly.

Mandatory statements are required in the following areas, the form that these mandatory statements must take are outlined in the provided guidance:

- CQUINs
- Quality priorities
- NHS data completeness
- Information Governance toolkit
- Clinical Coding audit
- Performance figures
- Palliative care deaths
- PROMs
- C. Difficile
- Venous Thromboembolism
- Patient harm incidents
- Readmissions
- ED performance
- RTT performance
- Average length of stay
- Friends and family test

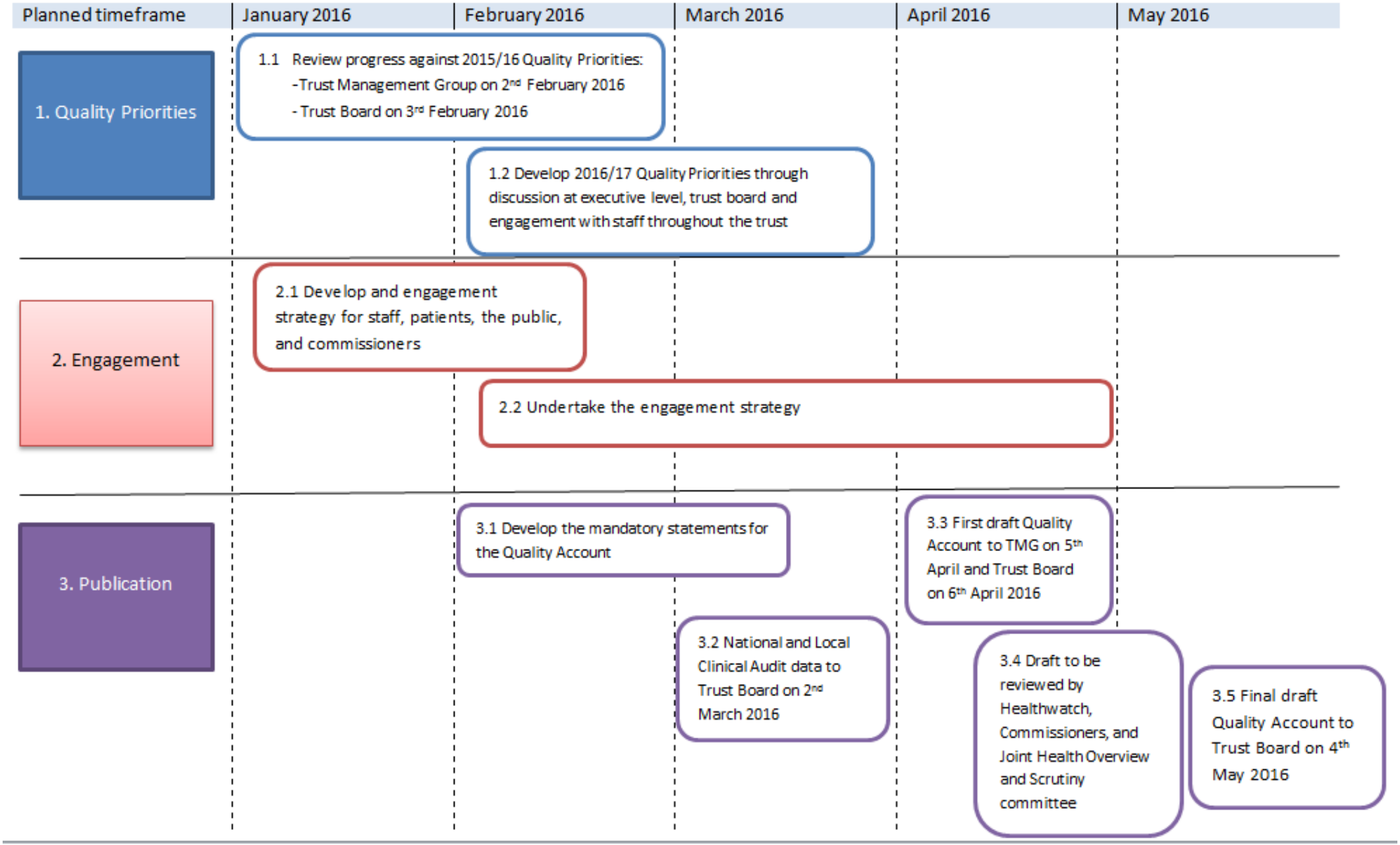
3. Timeline for producing the Quality Account 2015-16

The national deadline for the publication of our Quality Account is expected to be 30th June 2016; the trust Quality Account will need to be available on both the trust internet page and the 'NHS Choices' website by the publication date.

The final Quality Account 2015-16 will be presented to the May Trust Board (4th May 2016).

Please see below a draft timeline of the production of the Quality Account 2015-16.

Diagram 1: Planned Quality Account timeframe January – May 2016



The process for the production of the Quality Account can be split into three areas:

1) Development of Quality Priorities for 2016/17
2) Engagement strategy
3) Publication process

3.1. Development of Quality Objectives for 2016/17

There are three necessary actions:

1) Review the progress made against the trust's 2015/16 Quality Priorities, which were set out in the Quality Account 2014-15
2) Agree Quality Priorities for 2016/17, some of which may be continued from 2015/16
3) Ensure that staff across the organisation are engaged in the development and implementation of the Quality Priorities (see section 3.2 for further information on the proposed Engagement Strategy).

Table 1: Quality priorities as set out in the Quality Account 2014-15

Trust Strategic Goals	Quality Priorities
To secure the best possible health and wellbeing for all our community	<u>Learning Disabilities</u> 1) In Q4 90%of inpatients with learning disabilities (LD) will meet the LD specialist nurse during their admission, be clearly identified on the electronic patient record, and have a personalised care plan (Purple Folder). 2) In the Emergency Department (ED) 75% of all staff will have had specific training in the care of people with LD
To integrate/co-ordinate care in person-centred teams	<u>Falls</u> 1) We will reduce the number of inpatient falls that result in serious harm by 50%.
To deliver consistent high quality, safe services	<u>Sepsis and Acute Kidney Injury (AKI)</u> 1) We will achieve the national CQUIN around giving antibiotics within the first hr to patients with severe sepsis. 2) In addition we will effectively record our performance in delivering the sepsis 6 care bundle for all patients. We will improve our performance by 50% in the course of the year. 3) We will achieve all our outcome measures associated with our AKI CQUIN in 2015/16.

To support our patients/users in being active partners in their care	<u>Pressure Ulcers</u> 1) We will have no avoidable grade 4 pressure ulcers. 2) We will reduce the number of avoidable grade 3 pressure ulcers in the acute setting by 50%. 3) We will reduce the number of avoidable grade 3 pressure ulcers in the community by 30%.
To be recognised as a leader in the fields of medical and multi-professional education, and population-based clinical research.	<u>Research and Education</u> 1) We will increase by at least 20% the number of National Institute of Health Research (NIHR) programmes in which we participate. 2) We will increase participation in inter- professional learning events within Whittington Health by 30%.
To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population	<u>Patient Experience</u> 1) We will improve the response rate of Family and Friends Test (FFT) responses. 2) We will reduce the number of people who would not recommend the Trust, & increase the number who would. 3) We will improve the capture of data that demonstrates the impact of service delivery on outcomes in our diabetic service and frail elderly service.

The Trust needs to assess its progress against the Quality Priorities outlined above. A full progress report for each of the priorities agreed for 2015/16 will be included in the trust's Quality Account 2015-16.

The Trust will also need to agree on its Quality Priorities for 2015/16 for inclusion in the Quality Account 15/16.

It is suggested that the Quality Priorities for 2016/17 are developed through:

- Discussion at the Trust Management Group, which includes representation from Executive Team and ICSU senior management.
- Discussion at Trust Board
- ICSUs identifying their priorities for delivering quality
- Feedback from the trust's Patient Safety Week 2015/16
- Alignment with the trust's Clinical Strategy 2015-2020

- Alignment with the 5 CQC indicators. The indicators are: safe, caring, responsive, effective, and well-led
- Alignment with the Sign up to Safety pledges, taking into account the fact that the Sign up to Safety initiative has been conceived with a three year timescale to achieve the goal of reducing the avoidable harm in the NHS by half. The measurable improvement targets that we set in the trust's Sign up to Safety priorities for 2015/16 were:

  Pressure Ulcers
  1. We will have no avoidable grade 4 pressure ulcers.
  2. We will reduce the number of avoidable grade 3 pressure ulcers in the acute setting by 50%.
  3. We will reduce the number of avoidable grade 3 pressure ulcers in the community by 30%.

  Falls
  1. We will reduce the number of inpatient falls that result in serious harm by 50%.

  Sepsis and Acute Kidney Injury (AKI)
  1. We will achieve the national CQUIN around giving antibiotics within the first hour to patients with severe sepsis.
  2. In addition we will effectively record our performance in delivering the sepsis 6 care bundle for all patients.
  3. We will improve our performance by 50% in the course of the year.
  4. We will achieve all our outcome measures associated with our AKI CQUIN in 2015/16.

  Learning Disabilities

  1. In Q4 90%of inpatients with learning disabilities (LD) will meet the LD specialist nurse during their admission, be clearly identified on the electronic patient record, and have a personalised care plan (Purple Folder).
  2. In the Emergency Department (ED) 75% of all staff will have had specific training in the care of people with learning disabilities.

3.2. Engagement strategy

There are three necessary actions:

1) Develop an effective engagement strategy

2) Undertake engagement process with patients, staff, the public and commissioners

3) Identify feedback on progress against the Quality Priorities 2015/16 and new quality objectives across the organisation and use this feedback to influence the development of the Quality Priorities for 2016/17

3.2.1 Suggestions for inclusion in the Quality Account engagement strategy

It is proposed that the development of the Quality Account includes:

- Review of draft versions for discussion at the Trust Management Group, which includes representation from Executive Team and ICSU senior management.
- Review of draft versions for discussion at Trust Board
- Engagement with clinical and operational leads
- Engagement from the strategy and planning team, Information team, and Clinical Governance team
- Review of a final draft version of the Quality Account by our governors, local Clinical Commissioning Groups, local Healthwatch organisations, and our designated external auditors

3.3. Publication process

There is a structured publication process for the Quality Account 2015-16 due to Board meetings and the external deadline. Please see as follows:

1) Develop statements for the mandatory sections of the Quality Account in February and March 2016
2) Board to review national and local clinical audits at Trust Board on 2nd March 2016
3) First draft of the Quality Account to Trust Board on 6th April 2016
4) Feedback on the draft of the Quality Account to be received in April from our local CCGs, local Healthwatch organisations, Joint Health Overview and Scrutiny Committee, and external auditors
5) Final Quality Account to Trust Board on 6th May 2016

4. Action required

The Board is asked to:

1) Agree the timeframe and process for the production of the Quality Account 2015/16

2) Reflect on last year's Quality Priorities and discuss the progress made against these priorities

3) Discuss potential Quality Priorities for 2016/17

4) Agree an engagement strategy for the production of the Quality Account 2015-16

Appendix 1 : Suggested contents list for the Quality Account 2015-16

Item

Part 1: Statement on quality from the Chief Executive
Chief Executive's statement
About the Trust
Listening to the workforce

Part 2: Priorities for improvement and statements of assurance from the Board
Our quality priorities for 2016/17
Quality goals agreed with our commissioners for the year ahead (CQUINs)
Progress report on our 2015/16 priorities and CQUINs
Statements of assurance from the Trust Board
Participation in Clinical Audits 2016/17
Participation in clinical research
The Care Quality Commission and Whittington Health 2016/17
Quality of Data and Information Governance

Part 3: Review of quality performance
National performance indicators
Patient Reported Outcome Measures (PROMs)
Clostridium difficile associated diarrhoea
Venous thromboembolism
Patient safety incidents resulting in severe harm
Safety Alerts
Medicines Management
Never events
Key performance information
Patient experience
Partnership working
Quality standards
Revalidation
Dealing with inequalities: Learning disabilities, safeguarding, equality
Divisional Quality Highlights

Who has been involved in developing the Quality Account

Statements from external stakeholders

Part 4: How to provide feedback

Appendix 1: Statement of directors' responsibilities in respect of the Quality Account

Appendix 2: Independent auditors' Limited Assurance report

Glossary

Whittington Health

Trust Board

3rd February 2016

Title:	**Quarterly Safety and Quality Board Report (February 2016)**		
Agenda item:	16/020	Paper	6
Action requested:	For the Board to note, discuss and make any additional recommendations		
Executive Summary:	This is the second quarterly paper for the Trust Board giving an overview of safety and quality in the organisation. As noted in the first quarterly report, it is intended that this quarterly report and other reports and dashboards within the Trust will develop a degree of consistency in the representation of quality and safety data, with an emphasis on run charts that clearly highlight trends over appropriately significant periods of time. This report provides an update on mortality, and the Trust's HSMR and SHMI figures remain assuring. This report also contains a detailed assessment of our performance on patient falls, which is the second of our Sign up to Safety initiatives to be presented to the Board in this way. While there is a concerning trend of increasing inpatient falls, the Royal College of Physicians external audit provides assurance that in comparison with other acute Trusts in London the Whittington continues to perform very well, being ranked second out of seventeen acute Trusts in London that submitted data to the audit. This paper describes the measures that are being taken to improve our performance and to reverse the current negative trend. This report also notes the appointment of an Associate Medical Director for Patient Safety. This new role will be central to the Trust's on-going determination to strengthen the patient safety culture in Whittington Health.		
Summary of recommendations:	It is recommended that the contents are noted and discussed		
Fit with WH strategy:	To deliver consistent high quality, safe services.		
Reference to related /	Quality Account 2014-15		

other documents:		Sign up to Safety Pledges Clinical Strategy 2015-20 CQC standards					
Date paper completed:		29th January 2016					
Author name and title:		**Richard Jennings, Executive Medical Director**		**Director name and title:**		**Richard Jennings, Executive Medical Director**	
Date paper seen by EC		**Equality Impact Assessment complete?**	**NA**	**Risk assessment undertaken?**	**NA**	**Legal advice received?**	**NA**

1) Executive Summary

This is the second quarterly paper for the Trust Board giving an overview of safety and quality in the organisation. As noted in the first quarterly report, it is intended that this quarterly report and other reports and dashboards within the Trust will develop a degree of consistency in the representation of quality and safety data, with an emphasis on run charts that clearly highlight trends over appropriately significant periods of time.

This report provides an update on mortality, and the Trust's HSMR and SHMI figures remain assuring. This report also contains a detailed assessment of our performance on patient falls, which is the second of our Sign up to Safety initiatives to be presented to the Board in this way. While there is a concerning trend of increasing inpatient falls, the Royal College of Physicians external audit provides assurance that in comparison with other acute Trusts in London the Whittington continues to perform very well, being ranked second out of seventeen acute Trusts in London that submitted data to the audit. This paper describes the measures that are being taken to improve our performance and to reverse the current negative trend.

This report also notes the appointment of an Associate Medical Director for Patient Safety. This new role will be central to the Trust's on-going determination to strengthen the patient safety culture in Whittington Health.

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3. Mortality

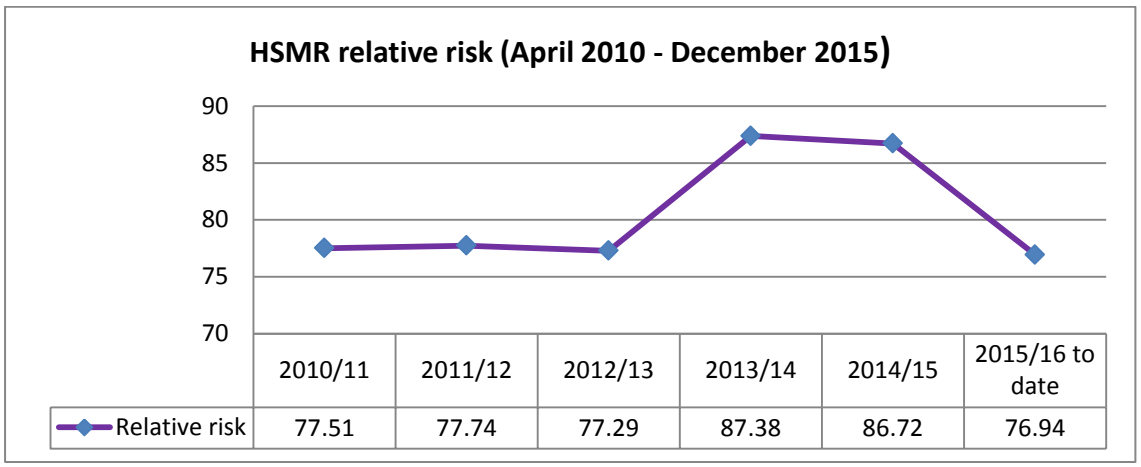
This Trust's HSMR and SHMI have both been 'lower than expected' since 2005/06. With regard to weekend mortality, the HSMR for patients who are admitted on Saturdays and Sundays is 'lower than expected' when compared to HSMR nationally.

In a separate paper to the February 2016 Trust Board, I*dentifying and learning from avoidable mortality - mortality review process for the Whittington* a proposal is outlined for the commencement of standardised and on-going review of all inpatient deaths (and in due course probably deaths occurring in the community within 30 days of discharge), with a focus on looking for evidence that a death may have been avoidable, and learning accordingly. This process, which will be in line with national expectations from NHS England, will provide the Board with further assurance on the issue of mortality. With regard to weekend mortality, the forthcoming mortality review process will systematically record the day of the week on which the patient was admitted and on which the patient died. This should help the Trust to gain further insights into the relative safety of patients at weekends versus weekdays, and provide a deeper level of assurance and understanding than that provided by the currently available (and assuring) HSMR data.

3.1 HSMR

The Hospital Standardised Mortality Ration (HSMR) compares the number of deaths in a hospital with the national average of 100. HSMR is an overall quality indicator that compares a hospital's mortality rate with the average national experience, accounting for the types of patients cared for. It has been used by many hospitals worldwide to assess and analyse mortality rates and to identify areas for improvement. HSMR is calculated as the ratio of the actual number of deaths to the expected number of deaths, multiplied by 100. A ratio less than 100 indicates that a hospital's mortality rate is lower than the average national rate of the baseline year.

Chart 1: Whittington Health Hospital Standardised Mortality Ration (HSMR) by financial year April 2010 – December 2015



3.2 Summary Hospital-level Mortality Indicator (SHMI)

SHMI was developed in response to the public inquiry into the Mid Staffordshire NHS Foundation Trust. It is used along with other information to inform the decision making of Trusts, regulators and commissioning organisations.

National guidance emphases that SHMI is not a measure of quality of care, but is meant as an indicator for further investigation.

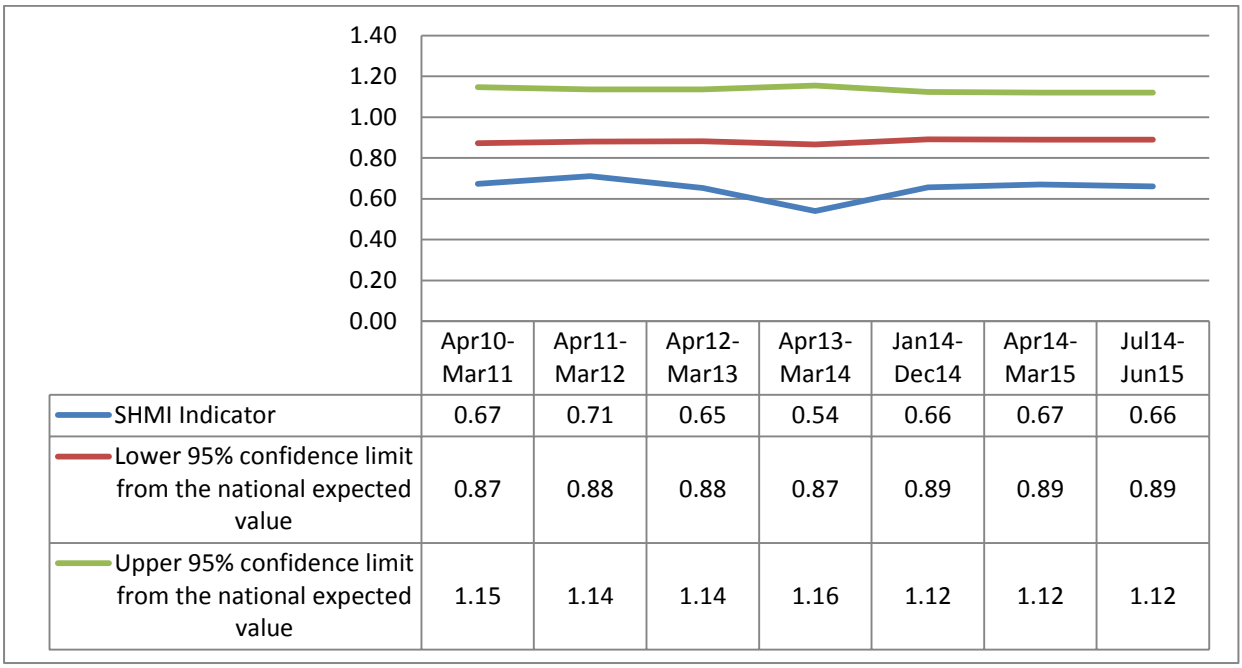
SHMI is calculated in a way that is similar to the HSMR calculation, but unlike HSMR, the SHMI calculation takes into account deaths within 30 days of discharge of hospital as well as inpatient deaths.

Table 1 and Chart 2 show the Whittington's SHMI by financial year from April 2010 – June 2015. Trusts are expected to have a SHMI that falls between the lower and upper confidence limits, but the Whittington consistently performs higher than expected and has had a SHMI below the lower confidence limit or 'lower than expected' since 2010.

Table 1: Whittington Health Summary Hospital-level Mortality Indicator (SHMI) by financial year April 2010 – June 2015

	SHMI Indicator	Lower value	Upper Value	National ranking
Apr10-Mar11	0.67	0.87	1.15	1
Apr11-Mar12	0.71	0.88	1.14	1
Apr12-Mar13	0.65	0.88	1.14	1
Apr13-Mar14	0.54	0.87	1.16	1
Jan14-Dec14	0.66	0.89	1.12	1
Apr14-Mar15	0.67	0.89	1.12	-
Jul14-Jun15	0.66	0.89	1.12	-

Chart 2: Whittington Health Summary Hospital-level Mortality Indicator (SHMI) by financial year April 2010 – June 2015



	Apr10-Mar11	Apr11-Mar12	Apr12-Mar13	Apr13-Mar14	Jan14-Dec14	Apr14-Mar15	Jul14-Jun15
SHMI Indicator	0.67	0.71	0.65	0.54	0.66	0.67	0.66
Lower 95% confidence limit from the national expected value	0.87	0.88	0.88	0.87	0.89	0.89	0.89
Upper 95% confidence limit from the national expected value	1.15	1.14	1.14	1.16	1.12	1.12	1.12

4. Infection control report

4.1 MRSA Bacteraemia

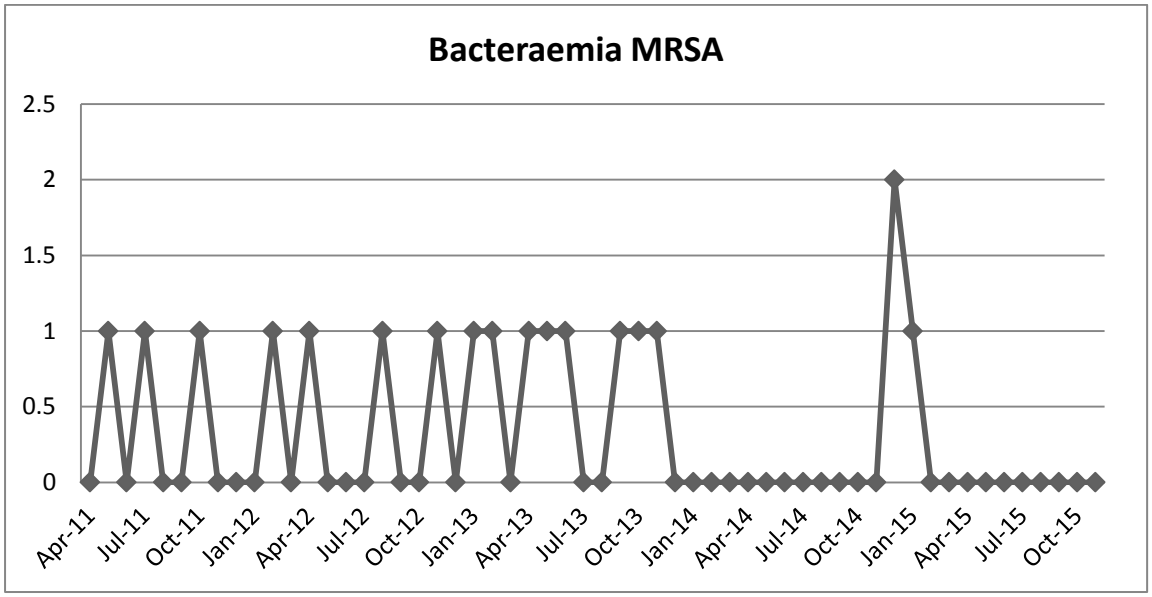
Up until the 25th December 2015 there had been no Trust-attributable cases of MRSA bacteraemia in this financial year. There was a case of MRSA bacteraemia in January 2016, the learning from which will be presented to the Board separately.

The Infection Prevention and Control Team (IPCT) continue to monitor, investigate and feedback on MRSA colonisation transmission events on our COOP wards, Orthopaedic ward and Augmented Care Areas (Critical Care and Neonatal Unit).

Table 2: Whittington Health MRSA acquisition April 2015- November 2015 (no Trust-attributable cases)

Number of patients with MRSA acquisition April 2015 to March 2016													
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Running Total
ITU	0	0	0	0	0	0	1	1					2
NICU	0	0	2	0	0	0	0	0					2
SCBU	0	0	0	0	0	0	0	0					0
Meyrick	0	0	5	1	0	0	0	1					7
Cloudesley	3	0	0	0	0	0	0	4					7
Cavell	0	0	0	0	1	0	0	0					1
Coyle #NOF	0	0	0	0	0	0	0	0					0

Chart 3: Whittington Health attributable cases of MRSA bacteraemia by month (April 2011 – November 2015)



4.2 *Clostridium difficile*–associated diarrhoea

To date we have had 7 Trust attributable C.*difficile-associated diarrhoea* cases. Consultant led post infection reviews (PIR) have been held for all cases. Our agreed threshold for 2015/2016 has been set at 17 cases.

Table 3: Trust attributable Clostridium difficle-associated diarrohoea

Month	No. of cases	Ward
April 2015	1	Mercers
May 2015	1	Mercers (not same type as case in April 2015)
June 2015	1	Bridges
July 2015	1	Nightingale
September 2015	1	Cavell
October 2015	1	Meyrick
December 2015	1	Victoria

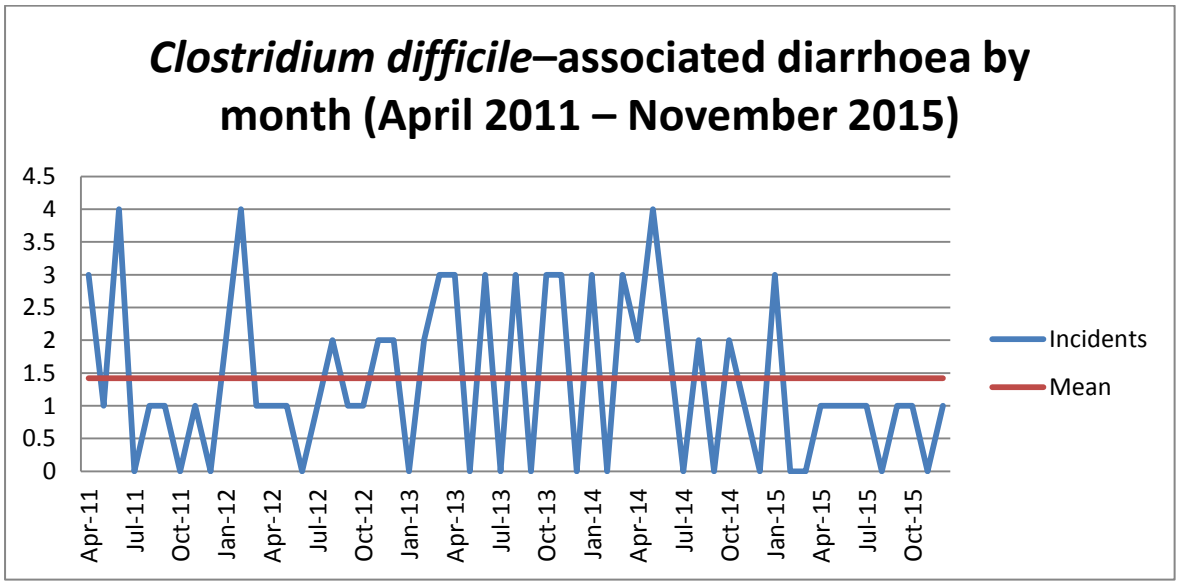
Infection Prevention Control (IPC) alerts are already placed on the Medway system for patients diagnosed with healthcare associated infections (HCAIs). It is apparent, however, that these are not always reviewed prior to bed placement. A further alert has been introduced to the JAC electronic prescribing system to improve staff awareness and aid the correct bed placement of the patient in order to reduce the risk of cross contamination. A meeting between the IPC Team and Bed Management has been held to discuss recurrent placement issues and the new Bed Management Policy has been updated and issued accordingly.

Single use/easy to decontaminate monitoring equipment has now been introduced to side rooms on Meyrick ward to reduce the risk of cross contamination. The Trust Operational Board has approved the business case to introduce single patient use equipment to the majority of medical and surgical wards in order to comply with current recommendations. Additional single patient use equipment is in the process of being ordered.
A standard operating procedure (SOP) detailing the specific requirements of a terminal clean of a side room following a patient leaving the room with a HCAI is now in use and requires sign off by nursing staff before the room is used by another patient.

Education sessions, specifically on *Clostridium difficile,* continue on all wards.

An enhanced C.difficile investigation request form has been finalised on Sunquest ICE to reduce chances of staff incorrectly requesting tests.

Chart 4: Whittington Health attributable cases of *Clostridium difficile*–associated diarrhoea by month (April 2011 – November 2015)



4.3 MSSA/ *E.coli* Bacteraemia Episodes

From 1 April 2015 to 25 December 2015 there have been 4 Trust-attributable methicillin sensitive staphylococcus aureus (MSSA) bacteraemia episodes and 14 Trust-attributable *E.coli* bacteraemia episodes. There are no set thresholds for bacteraemia. Each episode is investigated to see if any interventions (such as urinary catheterisation or peripheral line cannulation) have occurred and whether all correct procedures were followed.

4.4 Other Relevant Healthcare Associated Infection (HCAI) Issues

Public Health England (PHE) issued guidance on the identification and control of Carbapenamase producing Enterobacteriaceae CPE's (highly resistant Gram negative bacteria). An action plan was formulated and is monitored through the IPCC; all actions to date have been completed. We have updated our talks to include information on this area. We have processes in place to deal with a single case and a completed policy which is available on the Trust's intranet. CPE inpatient screening was further enhanced on 1 October 2014 to include screening of patients who have received in-patient treatment in another London hospital. CPE training is ongoing.

Since the introduction of screening we have had a total of six confirmed CPE cases found within the labs at Whittington; one in 2014/15 and five since 1 April 2015:

- Three were Klebsiella with NDM type
- One was E. coli with NDM type
- One was E. coli with OXA type
- Ribotyping is awaited on the last case

There is no evidence of cross infection of the Klebsiella NDM within Whittington Health.

A patient who was initially looked after on the clinical decision unit (CDU) without being isolated (in December 2015) was subsequently recognised to have smear positive (IE potentially infectious) pulmonary tuberculosis. Three patient contacts (i.e. patients who were exposed for over 8 hours) have been identified and will be contacted via their GP. Significant staff contacts will be identified and dealt with through Occupational Health. This infection control incident was recorded on Datix and reported to Public Health England and a full incident investigation was conducted.

4.5 Influenza and Para-Influenza

Up until the end of December 2015 there were no further outbreaks of Influenza A and B have been identified in the hospital following the outbreaks in winter 2014 and spring 2015. Each outbreak was reviewed and results fed through the Infection Prevention and Control Committee and Divisional Board meetings.

This year's annual influenza vaccination campaign has commenced and has been associated with a lower uptake than the uptake last year (when over 80% of staff were vaccinated). By 20th January 2016, 57.7% of staff had been vaccinated as compared to 80% at this point in 2015. Staff are being very actively encouraged to be vaccinated and the Director of Nursing and the Medical Director have written to all staff reminding them of their professional responsibilities in this regard.

5. Sign up to Safety

'Sign up to Safety' is a national patient safety initiative led by Sir David Dalton, partly in response to the Francis and Berwick Reports. Its aim is to reduce avoidable harm across the country by half in three years**.** Our own local Trust Sign Up to Safety priorities have been chosen to provide a strong foundation for the Trust to continually promote quality across the organisation.

Every quarter, the quarterly Trust Board paper on safety and quality discusses one of these areas in detail. This paper explores falls in detail.

5.1 Quarterly Sign up to Safety focussed report; falls

5.1.1 Introduction

Inpatient falls are common. Every year 240,000 falls are reported in acute hospitals and mental health Trusts in England and Wales. All falls can cause patients and their families to feel anxious and distressed. For frail patients even minor injuries caused by a fall can cause serious injury, permanent disability, or death.

Aside from the obvious impact on patient safety and patient experience, falls also have an impact on the Trust's finances as they increase the length of stay, may lead to the need for surgical or other major interventions, and may create the need for increased care costs upon discharge.

The Royal College of Physicians notes that 'tackling the problem of inpatient falls is challenging. There are no single or easily defined interventions which, when done on their own, are shown to reduce falls.'[1]

The assurance that can be provided with regard to the Whittington's performance on preventing harm from falls comes from both internal monitoring and external audit. The information from internal monitoring is summarised in chart 6 below and the information from external audit (from the Royal College of Physicians) is summarised in table 7 below, and these two sets of data provide different perspectives on the issue. The Trust data for the past three years actually shows that our performance on falls has become progressively less good since the end of 2013. Notwithstanding this the Audit of Inpatients Falls undertaken by the Royal College of Physicians (RCP) actually shows that this Trust ranks as second best out of 17 acute Trusts in London that chose to submit data to the RCP. What this tells us is that while our overall performance remains good and safe when benchmarked against other hospitals, we never the less have a concerning trend (which we should regard as statistically significant) of somewhat worsening performance as compared to where we were three years ago.

Furthermore, our Sign up to Safety pledge with regards to falls, reiterated in our Quality Account 2014-15 was that we would reduce the number of inpatient falls that result in severe harm by 50%. We have not yet achieved this.

[1] Royal College of Physicians, National audit of inpatient falls (London, 2015) available from http://www.hqip.org.uk/public/cms/253/625/24/82/2015-10-14-Falls%20and%20fragility%20fractures-Inpatient%20falls%202015.pdf?realName=ccKUAd.pdf

A number of improvements to our falls care have already been made, and these are listed in section 5.1.6 below. In addition to this, however, it seems likely that further measures are needed if we are to reverse the current negative trend. It is not possible to make a definite evidence based assessment of the reason for the worsening trend. There is a separate on-going trend, which is clinically and financially appropriate of reduced dependence on bank and agency nursing shifts, some of which were being requested to provide one to one observation of patients. In this context, it may be particularly important to put in new and carefully focussed measures to ensure that our patients receive care that is appropriate for their needs when they are at higher risk of falls. With this in mind the Falls Group is preparing a business case for a specialist nurse to focus on quality improvement for patients with delirium, dementia and other conditions that put them at greater risk of falls. The business case will describe the investments that comparable Trusts have made in this area, will highlight the expected benefits in quality and safety, and will quantify the anticipated savings in bed days and expenditure arising from a reduction in avoidable harm.

Other measures that are now going to be put in place in response to the performance data described above are:

1) The creation of the new 'Falls bundle' that will provide more sophisticated and appropriate risk assessments and care plans for our patients, in line with the new recommendations of the Royal College of Physicians (see section X below).
2) A clearer role for doctors, alongside nurses, in the process of risk assessment and care planning (to move from a traditionally nursing focussed approach to a more multi-disciplinary ownership of the issue).
3) A programme of education to raise awareness around the needs of patients with delirium and dementia.
4) The addition of a delirium screening tool to the generic inpatient clerking pro-forma.
5) More systematic oversight of the numbers of clinical staff who have been trained with regard to falls, including professions allied to medicine as well as nurses and doctors.
6) The introduction of refresher training to augment the training currently given to all staff at induction.
7) A retrospective audit, and a prospective recording of the day of the week on which falls, including those causing harm, occurred, to determine whether additional measures are needed at weekends (as an example of such measures, work is currently being done to ensure that phlebotomists are available as needed at weekends as they would be during the week, so that nursing time is not taken up at weekends with tasks that they would not normally have to perform during the week).

5.1.2 Trust falls data

Chart 5: Absolute number of falls in adult medical and surgical wards (January 2013 – December 2015)

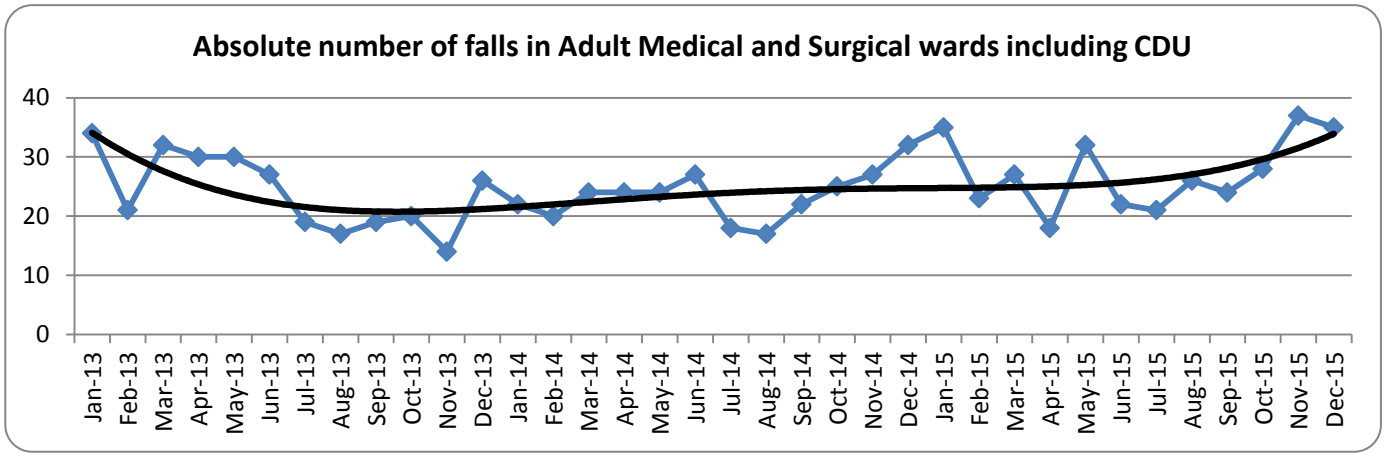


Chart 6 is a run chart of all falls per 1000 occupied bed days. This run chart is produced by calculating a ratio of number of falls per 1000 occupied bed days in the clinical areas where the falls have occurred.

Chart 6: Falls per 1000 occupied bed days (January 2013 – December 2015)

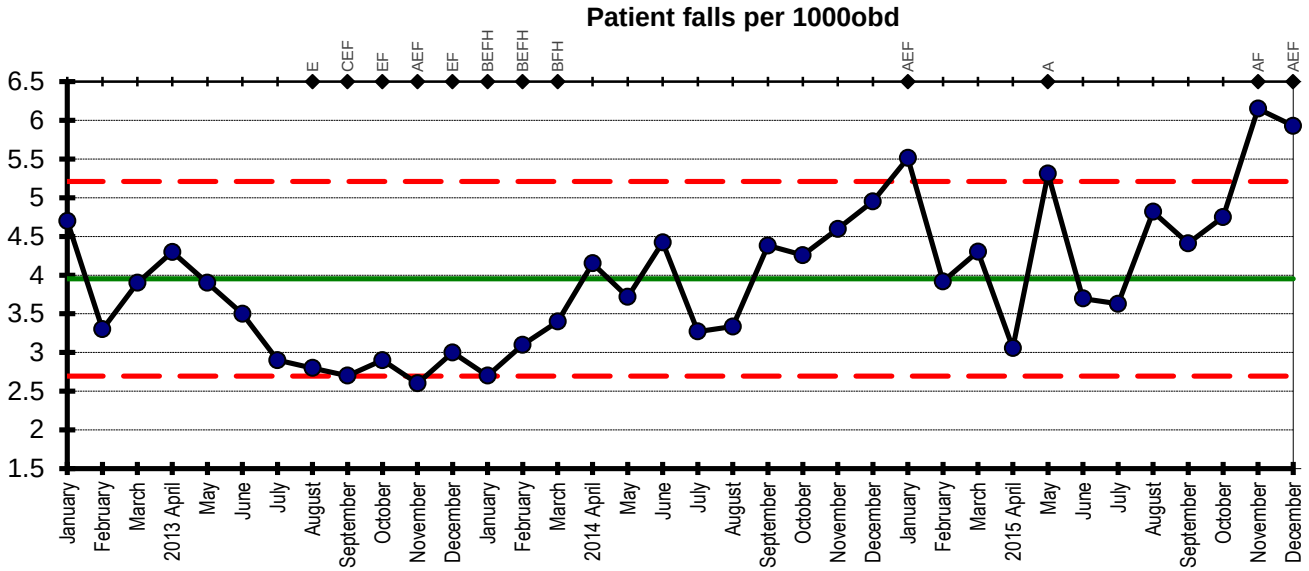


Table 4: Aggregated figures from April 2011

Year	Total number of falls	Mean Falls per month (rounded to whole integer)	Occupied Bed Days	Falls per 1000obd
2011/12 (Excludes CDU)	349	29	81,575	4.28
2012/13 (Excludes CDU)	289	24	78,923	3.66
2013/14 (Excludes CDU)	227	19	79,129	2.87
2014/15 (with CDU)	301	25	70,658	4.26
2015/16 (with CDU) (Apr-Dec15)	245	27	52,315	4.68

5.1.3 Falls reported as Serious Incidents

Between 1st January 2013 and 31st December 2015 Whittington Health declared 271 Serious Incidents, eighteen of these involved falls by patients as a primary factor. In thirteen cases the patient suffered known fractures, typically neck of femur (eight cases), but there were also cases of fractured ankle or lower limb bones, and there was one case of facial bone fracture.

It should be noted that the Trust has chosen to declare as serious incidents all falls that cause clinically significant fractures or injury. The majority of these patients go on to make a full recovery, and so the majority of the falls that we have reported as serious incidents have in fact by NRLS definitions (see table 5 below) caused moderate rather than severe harm.

Table 5: National Reporting and Learning System (NRLS) definitions of severity of harm for falls

NRLS – definitions of severity of harm for patient safety incidents applied to falls	
No harm	Where no harm came to the patient.
Low harm	Where the fall resulted in harm that required first aid, minor treatment, extra observation or medication.
Moderate harm	Where the fall resulted in harm that required hospital treatment or prolonged length of stay but from which a full recovery is expected.
Severe harm	Where the fall resulted in harm causing permanent disability or the person is unlikely to regain their former level of independence.
Death	Where death is directly attributable to the fall.

Table 6: Site of falls reported as serious incidents (1st January 2013 – 31st December 2015)

Ward	Number of falls reported as serious incidents
ED Adults	4
Coyle	2
Mercers	1

Meyrick	2
Victoria	2
Cellier	1
Cloudesley	1
Hospital atrium escalator	1
Mary Seacole South	1
Meyrick	1
Thorogood	1
	18

5.1.4 Local audit

Trust falls documentation is audited quarterly as part of the ward manager audit programme. Previously this data was not compiled or reviewed as a whole. This data is now being compiled and reviewed by the falls group, which reports to the Trust Patient Safety Committee.

The most recent audit, completed in August 2015, showed that in general our patients are being risk assessed for potential falls in a timely way, but that improvements are needed in the consistency with which care plans are put in place in response to the risk assessment.

5.1.5 Royal College of Physicians (RCP) National inpatient falls audit

The first national inpatient falls audit was conducted by the Royal College of Physicians (RCP) in May 2015. Participation by Trusts was voluntary, and this Trust participated fully. The audit consisted of two parts. The first was an organisational audit of occupied bed days, number of falls, policies and leadership and service provision. The second part was a snap shot of care provided to a sample of 30 patients over 65 years, who were in hospital for over 48 hours, admitted for a non-elective reason. The audit looked at documentation and observations of the environment.

Table 7 is extracted from the RCP inpatient falls audit 2015. The figures included in the table are created using the total number of occupied bed days (OBDs) in the Trust; this differs from the methodology used to create the Trust run charts (Charts 5 and 6), which only use the number of occupied bed days in the clinical areas where the falls have occurred.

Table 7: Total number of falls per 1,000 occupied bed days (OBDs) and the total number of falls resulting in moderate harm, severe harm or death from 1 January to 31 December 2014 per 1,000 OBDs for participating Trusts in London[2]

London	Falls resulting in moderate/severe harm or death per 1,000 OBDs	Falls per 1,000 OBDs
Barking Havering and Redbridge University Hospitals NHS Trust	0.11	5.93
Barts Health NHS Trust	0.06	4.38
Croydon Health Services NHS Trust	0.08	5.81
Epsom and St Helier University Hospitals NHS Trust	0.14	6.08
Guy's and St Thomas' NHS Foundation Trust	0.06	3.82
Homerton University Hospital NHS Foundation Trust	0.12	8.10
Imperial College Healthcare NHS Trust	0.05	5.18
King's College Hospital NHS Foundation Trust	0.05	3.11
Kingston Hospital NHS Foundation Trust	0.12	5.60
Lewisham and Greenwich NHS Trust	0.20	6.31
North Middlesex University Hospital NHS Trust	0.10	7.02
Royal Free London NHS Foundation Trust	0.17	4.34
St George's Healthcare NHS Foundation Trust	0.03	6.12
The Hillingdon Hospitals NHS Foundation Trust	0.11	5.37
The Whittington Hospital NHS Trust	0.04	3.23
University College London Hospitals NHS Foundation Trust	0.16	3.95
West Middlesex University Hospital NHS Trust	0.21	4.01

The RCP audit included the collection of data on whether patients had been assessed for all the risk factors of falls identified by NICE guidance and whether there had been appropriate interventions to prevent falls. These seven key indicators are:

- Delirium
- Blood pressure
- Medication
- Vision
- Mobility aid (i.e. walking aid)
- Continence care plan
- Call bells within reach of the patient

The Trust performance against each indicator is shown in table 8 below. For all these indicators, the Trust should aim for 100% of responses showing assessment and interventions of the relevant falls risks. The RCP also RAG rated the Trust scores, the values used to RAG rate performance were 0–49% (red), 50–79% (amber) and 80–100% (green).

[2] Royal College of Physicians, National audit of inpatient falls (London, 2015) available from http://www.hqip.org.uk/public/cms/253/625/24/82/2015-10-14-Falls%20and%20fragility%20fractures-Inpatient%20falls%202015.pdf?realName=ccKUAd.pdf

Table 8: Percentage of patients who received a risk assessment/ intervention for the risk factors of falls [3]

Site name	Percentage score						
Whittington Hospital	Delirium	Blood Pressure	Medication	Vision	Mobility aid	Continence CP	Call bell
	67.9	26.3	53.3	60.7	76.0	16.7	73.3

5.1.6 Improvements already made by the Trust:

- Alongside our numerical falls data the falls team now also run a serious harm falls report.
- All new clinical staff members now receive falls awareness training on induction.
- The falls group have started a Train the Trainer programme. Practice development nurses are training members of the group to deliver more in-depth falls training so that the members of the falls group can then deliver it to the wider clinical teams. The training programme has been updated to include the assessment and care of patients with delirium and dementia. The falls team have also re-started a monthly drop in teaching session which compliments the existing training available on the monthly nursing induction programme.
- The RCP has made new recommendations, in association with its audit that the Trust is not currently following. These recommendations relate to broadening the risk assessment of patients to include additional risk factors that have not routinely been considered before. The Whittington's audit results shown in table 8 above demonstrate the gap between our current practice and the best practice suggested by these new RCP recommendations. The Trust falls team is currently responding to these new recommendations by creating a falls bundle that will be more user-friendly and help us to plan care better for patients at risk.

6. Dissemination of learning from Serious Incidents, near misses, inquests, complaints and claims

6.1 Intranet page on learning from incidents

The intranet site appears on the homepage of the Trust's intranet with the heading 'Patient Safety Case Studies'. This site aims to highlight and disseminate the learning from serious incidents and episodes of avoidable patient harm or near misses. This resource is intended to strengthen the Trust's identity as a learning organisation and it is hoped that this resource will help to reduce avoidable harm in the Trust.

Currently there are nine case studies provided on the intranet, which relate to:

[3] Royal College of Physicians, National audit of inpatient falls (London, 2015) available from http://www.hqip.org.uk/public/cms/253/625/24/82/2015-10-14-Falls%20and%20fragility%20fractures-Inpatient%20falls%202015.pdf?realName=ccKUAd.pdf

- Possible omission of exogenous corticosteroids in a patient with known hypopituitarism
- Misplaced naso-gastric tube
- Delayed diagnosis of development dysplasia of the hips
- Delayed referral to antenatal specialist services
- Inappropriate access to staff medical records
- Deterioration of a respiratory patient
- Incorrect insulin prescribing
- Unexpected death of patient under the care of the district nursing service
- Wrong route administration of medicine

6.1.1 Example of summary for shared learning:

Summary for shared learning	**Ref: LL7**
Case (title):	**Never Event – Misplaced Naso-gastric Tube**
Never Event:	Never Events are a particular type of serious incident that meet the following criteria: • They are wholly preventable; • Guidance and safety recommendations that provide strong systemic protective barriers are available at a national level; • These guidance and safety barriers should have been implemented by all healthcare providers. For a full list of Never Event 2015/16 please access the following link. https://www.england.nhs.uk/wp-content/uploads/2015/03/never-evnts-list-15-16.pdf
What happened?	A Nasogastric tube (NGT) was inserted for an inpatient and a pH of 4.5 was obtained. Tube length was documented as 56cm. Feed however was not commenced for 5.5 hours after tube insertion. Following the deterioration of patient, an X Ray was ordered and it was identified it was not in the correct place.
Lessons Learned:	The Medical Director and the Director of Nursing highlighted to colleagues the Trust guidelines around nasogastric tubes. For hospital staff guidance can be located it can also be found on the intranet under Clinical Guidelines and then on Clinical Nutrition and then on Nasogastric Tube Feeding for Adults - NG2 Guideline. Staff in the Critical Care Unit must refer to the guideline "Critical Care Enteral Nutrition Care Bundle" also on the intranet in the same location. The Nasogastric Tube Feeding Nursing Core Care Plan must also be adhered to and placed in the nursing folder for reference. Again, it can be found on the intranet in the same location, by clicking on Nasogastric tube feeding for the adult patient core care plan. It is attached here also. In addition, we would like to remind you that it is almost never

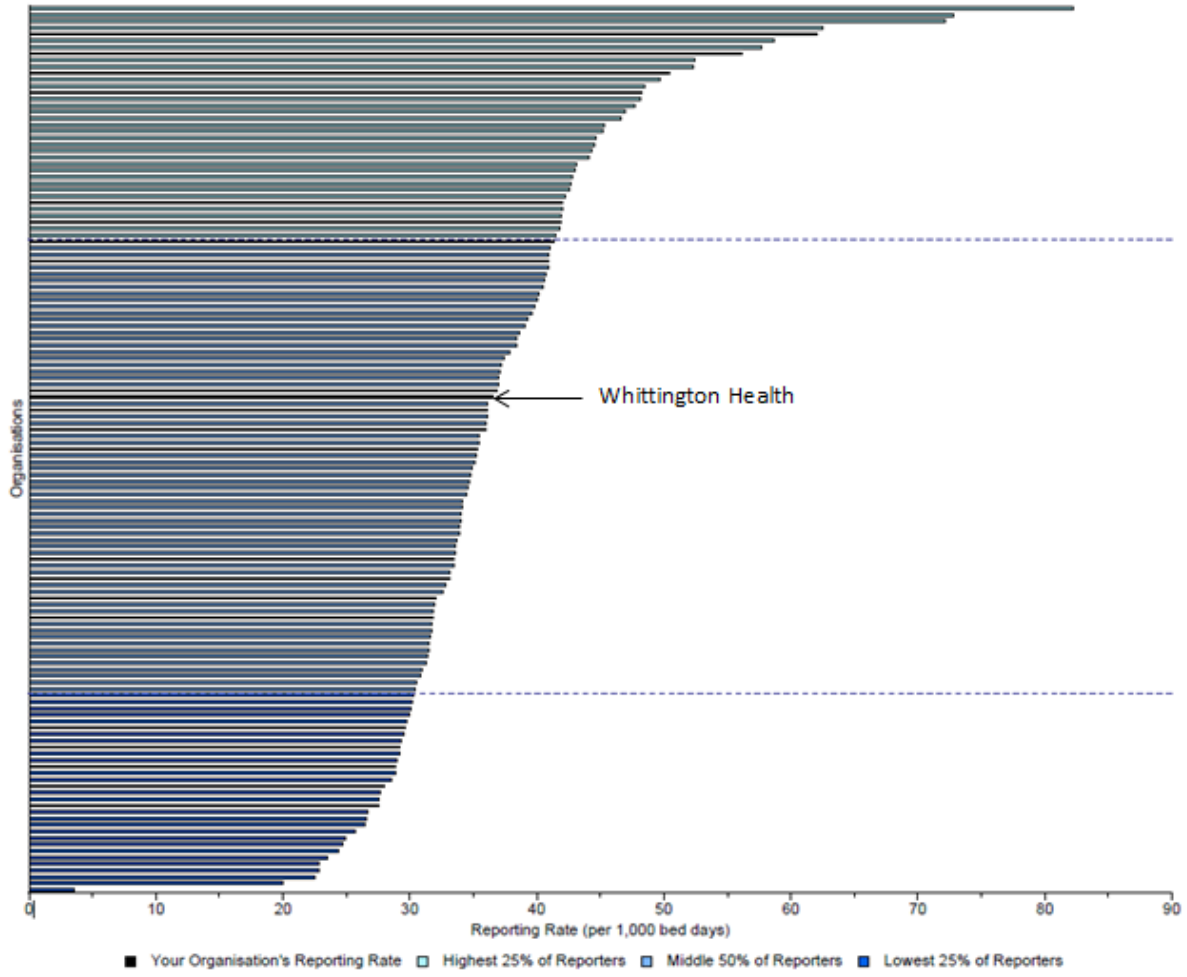
	advisable to insert a nasogastric tube for feeding, or to commence the initial feed, in the late evening or night, as the commencement of nasogastric feeding is very rarely such an emergency that it cannot wait until daytime. Whittington Health last had a Never Event on 13 September 2013. **The last time we had a Never Event due to feeding via a misplaced nasogastric tube was on 17 February 2012.** **Community staff** should also be aware that the following guideline is available on the intranet by clicking under Clinical Guidelines and then Clinical Nutrition entitled 'Nasogastric Tube Feeding for Adults - NG2 Guideline'. This guideline is the gold standard with regards to NG tubes.

6.2 National Reporting and Learning System

The total number of reported incidents is generally recognised to rise as a good reporting culture develops, and so the total number of reported incidents should not be considered as a quality or safety indicator in itself. It is generally accepted that a better marker of improving safety is a fall in the number of reported incidents associated with severe harm as a proportion/percentage of the number of the total number of incidents reported. NHS staff report patient safety incidents via their local risk management systems to the National Reporting and Learning System (NRLS). When comparing Whittington's reporting rate per 1,000 bed days against 136 other acute organisations, the Trust's reporting rate is around the median.

Our goal should be increase our reporting rate to be in the highest 25% of reporters. The relatively new measures already described to promote learning in the Trust should have a positive impact on our reporting rate by showing our staff that incident reporting does indeed lead to actions and improvements. In addition to this, however, the Trust has procured an updated version of Datix (risk management system) in which the reporting process is going to be significantly simplified and in which incidents will be accurately attributed to the seven new Integrated Clinical Service Units (ICSUs).

Chart 7: Comparative reporting rate per 1,000 bed days for 137 acute organisations between between 1st October 2014 and 31st March 2015.



7. Department of Health funded severe harm study

7.1 Introduction

The Trust has agreed to participate in the Department of Health funded severe harm study being conducted by Dr Helen Hogan (London School of Hygiene and Tropical Medicine). The study is entitled 'developing methods for assessing avoidable severe harm attributable to problems in hospital care'. A total of five UCLP acute Trusts will pilot an approach that allows the identification of patients who are at high risk for severe healthcare-related harm using linked healthcare data and then to undertake retrospective case note review on a proportion of these cases to identify if such harm has occurred and whether it was preventable.

The study will explore a variety of sources of data to construct indicators of severe harm and we will conduct a Retrospective Case Record Review (RCRR) to determine if avoidable harm actually occurred amongst patients identified as of potentially high risk of harm.

This study will complement the forthcoming mortality review process that is described in a separate paper to this Trust Board *Identifying and learning from avoidable mortality - mortality review process for the Whittington* (February 2016) in that this study examines case notes of living patients after an inpatient admission.

The Department of Health describes this study as follows:

> *The NHS Outcomes Framework Domain on safety is currently limited in scope by the lack of availability of rigorous measures. While the recent development of an indicator of avoidable deaths represents a significant advance and developments in the use of the National Reporting and Learning System data may provide another improvement, there is a pressing need for other options. A measure of avoidable severe harm would help complete the picture of the safety of in-patient hospital care. It would provide a means by which hospitals could be assessed and compared in the future and would stimulate local quality improvement. It will also address the concern of the public, politicians, clinicians and managers that there is too great a focus on death and insufficient attention to those patients, who may be more numerous, who suffer severe harm that does not result in death.*
>
> *The research will inform NHS England about possible approaches to monitoring severe harm in NHS hospitals and complement the existing measures of avoidable hospital mortality.*

7.2 Aims and objectives of the study

The aim of this study is to develop a method for assessing avoidable severe harm attributable to problems in hospital in-patient care.

The objectives are:

- To define severe harm and identify potential indicators based on the literature and expert and patient opinions
- To explore routine health care databases to identify indicators of severe harm in hospital patients
- To use retrospective case record review to determine the extent of avoidable severe harm is present in a pool of potentially high risk patients, the timing of such harm and the contributory factors involved
- To make recommendations regarding assessment of avoidable severe harm in hospital care in the NHS

8) References

- Royal College of Physicians, *National audit of inpatient falls* (London, 2015) available from http://www.hqip.org.uk/public/cms/253/625/24/82/2015-10-14-Falls%20and%20fragility%20fractures-Inpatient%20falls%202015.pdf?realName=ccKUAd.pdf
- Whittington Health Board paper, *Identifying and learning from avoidable mortality - mortality review process for the Whittington* (February 2016)
- London School of Hygiene and Tropical Medicine, *Developing methods for assessing avoidable severe harm attributable to problems in hospital care* (2015)

Whittington Health NHS

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Magdala Avenue

Whittington Health Trust Board

3rd February 2016

Title:	Identifying and learning from avoidable mortality - mortality review process for the Whittington		
Agenda item:	**16/020**	**Paper**	**7**
Action requested:	To discuss the draft new mortality review process for Whittington Health and agree the process in principle.		
Executive Summary:	In order to achieve the goal of continually improving the safety of our care, it is necessary for us to identify and learn from all patient deaths that may have been avoidable. Many existing processes already support this goal, such as the trust's serious incident process and the various departmental morbidity and mortality meetings. The trust does not yet, however, have a comprehensive process in place to ensure that all inpatient deaths are systematically reviewed, and that any failings in care that suggest a death may have been avoidable are identified, systematically shared, learned from, and addressed. There is a national shift towards a focus on learning from avoidable deaths rather than scrutinising deaths in general, and the *NHS Mandate* (Department of Health, 2013) includes an intention to publish avoidable mortality by trust. Following on from the Health Secretary's statement on avoidable deaths in February 2015, where he stated that the government wants "all hospital boards to have a laser-like focus on eradicating avoidable deaths", Dr Mike Durkin and Professor Sir Bruce Keogh National Director of Patient Safety at NHS England and NHS Medical Director respectively sent a letter on the 17th December 2015 to all Medical Directors in England. This letter noted the requirement for trusts to complete a first mortality self-assessment and also shared the *Mortality Governance Guide* developed by Monitor and the Trust Development Authority this guide is decided to help support trusts and their Board to take a common and systematic approach to the issue of potentially avoidable mortality. Utilising this guidance a draft mortality review process for the Whittington has been created, which is presented in summary in this paper. The national expectation is that *all* inpatient deaths should be reviewed, and avoidable deaths should be identified and learned from. This is different from the process of conducting high quality departmental morbidity and mortality meetings, but the process		

	proposed here will make use of such already existing meetings, rather than replacing them. The proposed process reflects the trust's integrated care organisation status by ensuring that the pool of case note reviewers is multi-disciplinary, and although it may be in large part comprised of doctors, will also include nurses and members of professions allied to medicine. It may also be appropriate, at an ICO, to extend the mortality review process outlined here to include all deaths that occur within 30 days of discharge from the Whittington Hospital, since a significant proportion of these patients will have received care from community services that are part of our trust. This draft process has been shared with the trust's Clinical Directors and other key colleagues, and (subject to agreement from the Board) will be refined to specify how the process will be operationalised.
Summary of recommendations:	The Trust Board are asked to: • Discuss the draft mortality review process • Agree the governance structure • Note the suggested role of the Non-Executive Directors
Fit with WH strategy:	Clinical Strategy 2015-2020
Reference to related / other documents:	Trust Development Authority and Monitor, *Mortality Governance Guide* (2015) Clinical Strategy 2015-2020 Department of Health, *The Mandate* (November 2013) available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256497/13-15_mandate.pdf Whittington Health Quarterly Safety and Quality Board Report (November 2015)
Date paper completed:	26th January 2016

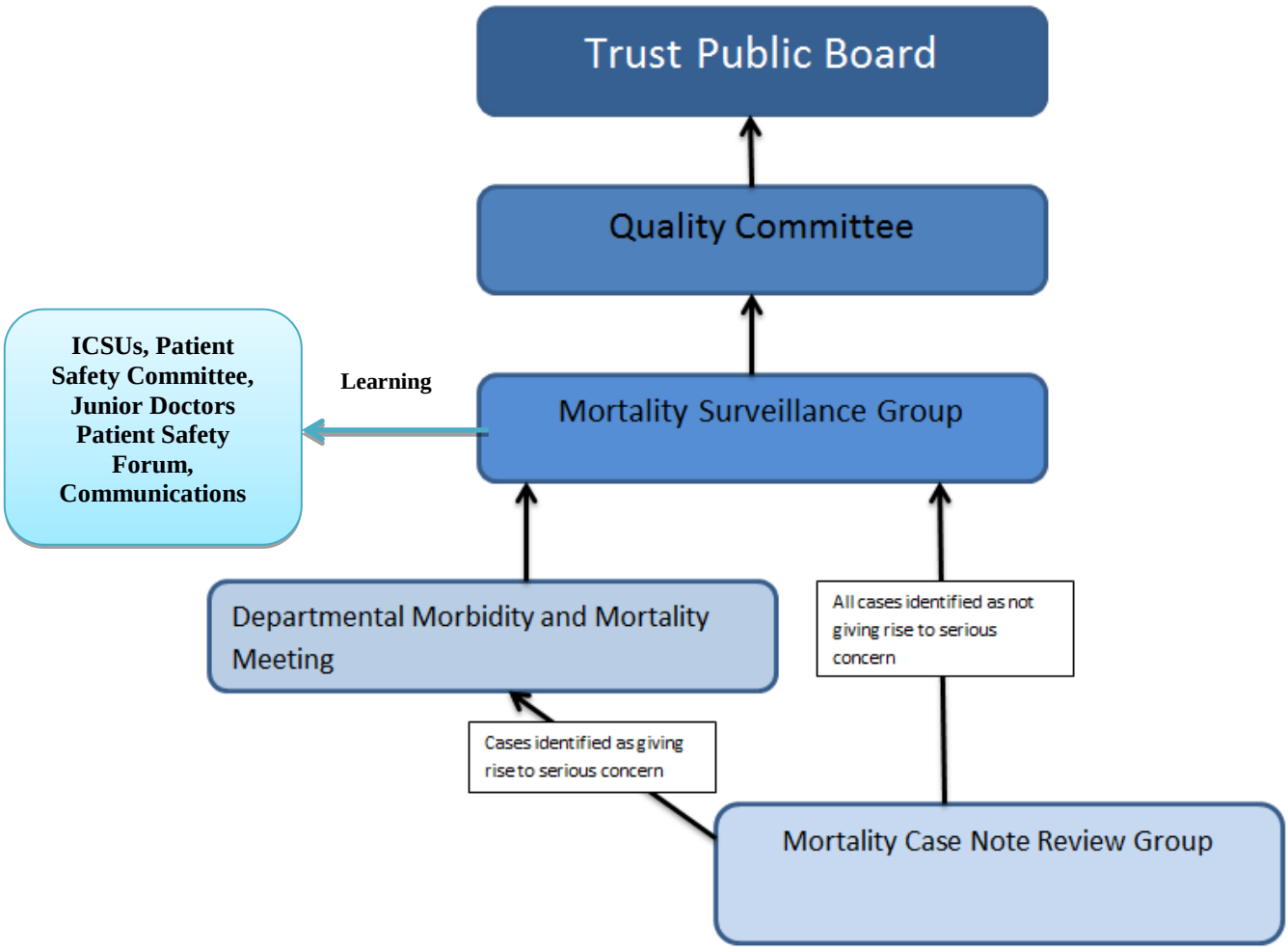
Author name and title:		**Richard Jennings Executive Medical Director**		**Director name and title:**		**Richard Jennings Executive Medical Director**	
Date paper seen by EC		**Equality Impact Assessment complete?**		**Quality Impact Assessment complete?**		**Financial Impact Assessment complete?**	

Mortality review process
Draft version 2, 26/01/2016

This document outlines a structure for establishing a trust process of reviewing care through the analysis of patient records (case note review). Case note reviews should help us to improve the quality of care provided to our patients by enabling learning from problems that contribute to potentially avoidable patient death and harm.

Case note reviews
The structure:

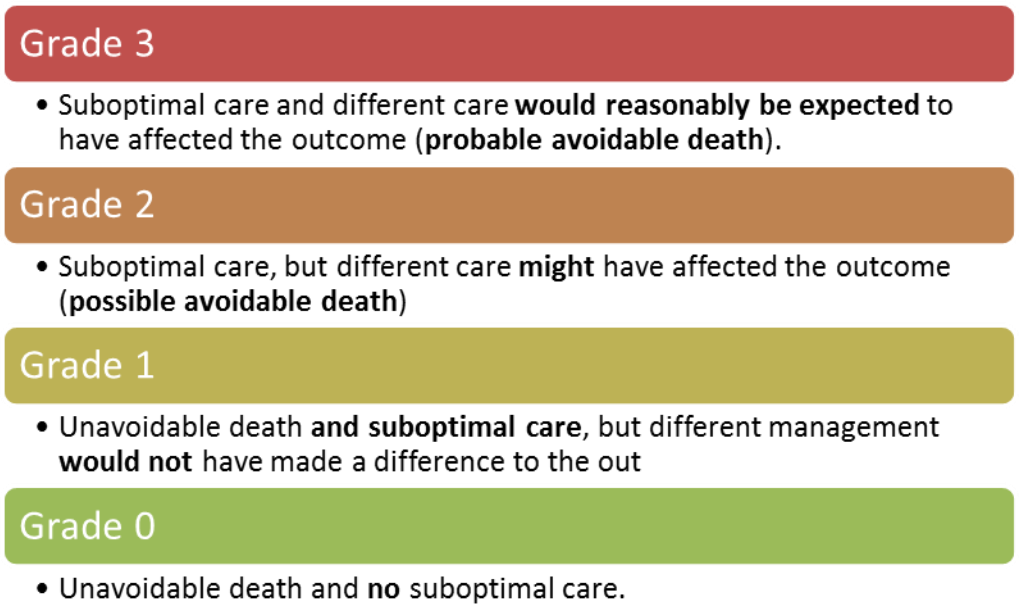
Diagram 1: Governance arrangements for mortality review process



1) **Mortality Case Note Review Group**
   This is the group that will undertake the first level review of every inpatient death. At least two senior clinicians (from an agreed pool of trained volunteers) will complete case note based mortality reviews,

using an electronic template. It is generally recognised as best practice that reviewers spend no longer than fifteen to twenty minutes per set of notes, and so it is anticipated that at each meeting between six and ten case notes will be reviewed.

Reviewers will categorise the death using the Confidential Enquiry into Stillbirths in Infancy (CESDI) bandings;



There are about 400 inpatient deaths at the Whittington every year (there were 389 inpatient deaths in the 12 months leading up to December 2015). Assuming an average Mortality Review Group reviews eight case notes per meeting, we would need about fifty meetings per year. The current proposal is that each meeting should be conducted by two reviewers and that all reviewers are asked to dedicate one morning or afternoon every quarter to this role. This would necessitate forming a pool of about thirty trained reviewers, and involving this number of people would have the incidental advantage of engaging a substantial number of clinicians with the avoidable deaths agenda.

The Clinical Directors will be advising on the specialty background of the reviewers. The pool should reflect in its membership medical, surgical, obstetrics/gynaecology, and paediatric.

Reviewers will not at this stage spend extensive periods of time scrutinising cases that are giving rise to serious concerns; any such case should be flagged by the reviewers with a clear expression of what those concerns are, and then set aside to be reconsidered in more detail at an appropriate departmental Morbidity and Mortality Meeting.

2) **Departmental Morbidity and Mortality Meetings (M&M meetings)**
These already exist in many departments. There is variation in their frequency and approach. It is proposed that the ICSUs will review these M&M meetings with regard to their governance, administrative support, contemporaneous electronic recording of outputs without being unnecessarily prescriptive or discouraging local good practice and innovation. In this regard the NHS England *Mortality Governance Guidance* (2015) is helpful;

> "*If there are found to be concerns about the standard of care then the case must be reviewed in-depth by a multidisciplinary team. This should be at a regular departmental morbidity and mortality meeting with representation from senior and junior doctors and nurses, and other AHPs as appropriate for that specialty. These meetings should have equivalent priority, administrative support and governance as other MDT meetings that exist to decide care in for example all cancer disciplines. The outputs from these meetings need to be recorded, especially conclusions about outstanding care and suboptimal care, both of which should be captured and sent on to provide data for the MSG*."

3) **Mortality Surveillance Group (MSG)**
The NHS England *Mortality Governance Guidance* recommends that all trusts create such a group to oversee the outputs of the case note review process described above. NHS England has set example terms of reference for such a group (appendix 1). It is proposed that the MSG will be chaired either by the Medical Director or the Associate Medical Director for Patient Safety and it is proposed that the MSG will meet monthly as suggested by NHS England.

It is proposed that the MSG will not report to the Patient Safety Committee, since both are likely to be chaired by the same person and since each will be doing comparable but separate safety work. It is suggested therefore that the MSG will report quarterly to the quality sub-committee of the trust board and that a summary of this in-depth report, with any additions from the Quality Committee, will appear in the quarterly safety and quality Board reports.

High-risk diagnostic groups annual case note review

The NHS England *Mortality Governance Guidance* (2015) suggests that some particular groups of diagnoses might be scrutinised at intervals in more depth;

> "*Furthermore it might also be prudent to undertake a case note review as described in a selection of high risk diagnostic groups (typically for most acute trusts pneumonia, heart failure, sepsis, stroke, AKI, #neck of femur) at least annually in order to provide ongoing assurance. Redesign of the pathway of care for the group of patients concerned*

should be considered making use of care bundles and including advice from NICE, Royal Colleges and other professional groups on current best practice."

The trust already has robust governance processes with regard to national audits, as evidenced in Quality Account 2014-2015. It is proposed that the Mortality Surveillance Group will review the performance data and assurances already available for relevant high risk diagnostic groups, and if appropriate adapt the case note review process according.

Learning from avoidable mortality

The most important part of this new initiative will be a process by which learning is collated and disseminated in order to improve care in the future. It will be part of the role of the Mortality Surveillance Group to collate this learning and identify themes and areas for focussed quality improvement. The learning will be disseminated through the various routes that were listed in the trust board Quarterly Safety and Quality Board Report (November 2015) and specific improvement initiatives, if needed, will be initiated through the relevant ICSUs.

Appendix 1 - Example Terms of Reference for an Acute Hospital Mortality Surveillance Group (NHS England, *Mortality Governance Guidance* (2015))

MEMBERSHIP

Chairman – Medical Director
Information Department Representation
Director of Nursing or Deputy
Senior Nurse
Doctor-Anaesthetist
Doctor-Acute Physician
Doctor – Care of the Elderly
Doctor – Respiratory /Cardiology
Doctor – Accident & Emergency
Doctor – General Surgery
Governance Representation
Junior Doctor Representation

QUORUM

Four members plus the Chairman (one nurse, two doctors and a governance representative).

FREQUENCY OF MEETINGS

The Committee will meet monthly.

Operational functions:

To work towards the elimination of all avoidable in-hospital mortality.

1. To review on a monthly basis, the benchmarked mortality rates of the Trust.

2. To consider the mortality data in conjunction with other qualitative clinical data and identify areas for future investigation. To facilitate the increased use of Clinical databases, run by various bodies including professional societies in the fuller assessment of in-hospital mortality.
3. To investigate any alerts received from the Care Quality Commission (CQC) or identified by the Mortality monitoring information systems e.g. Dr Foster, HED, etc.

4. To develop data collection systems to ensure the Trust's mortality data is timely robust and in line with national and international best practice.

5. To ensure mortality information linked to consultant appraisals is accurate, contextual and engenders a culture of clinical excellence.

6. To develop an annual mortality clinical coding improvement plan and receive regular reports on its implementation.
7. To assign clinical leads to address raised mortality in particular clinical areas by the deployment of strong evidence based interventions such as care bundles. The MC will receive regular reports on implementation and the measurable impact of these interventions on hospital mortality.

8. To work with established groups to ensure each junior doctor intake receives the latest guidelines on care protocol implementation and clinical coding best practice.
9. To review and monitor compliance with other Hospital policies including DNAR and Death Certification Policy.
10. To monitor and consider the information from the electronic review of all in hospital deaths.

Strategic functions:

1. To act as the strategic hospital mortality overview group with senior leadership and support to ensure the alignment of the hospital departments for the purpose of reducing all avoidable deaths.

2. Strategic oversight of extant mortality review committee(s).

3. To produce a Mortality Reduction Strategy that aligns hospital systems such as audit, information services, training and clinical directorates. This strategy will be reviewed on an annual basis by the Medical Director

4. Sign off of action plans and methodologies that are designed to reduce morbidity and mortality across the trust.

5. Sign off of all regulatory mortality responses.

6. To report on Mortality performance to the Board.

ACCOUNTABILITY

The MSG would be formally accountable the Trust Board

Appendix 2: Mortality reporting to the trust Board (NHS England *Mortality Governance Guidance* (2015))

Mortality reporting must be provided regularly in order that Executives remain aware and Non Executives can provide appropriate challenge. This should be at the public section of the meeting with the data suitably anonymised. We would expect the Non Executives to satisfy themselves that appropriate governance processes are in place, that the Trust is providing safe care and that systems exist to detect and reduce the level of avoidable deaths.

The types of questions we expect to be asked of the Executives are:

- *What process exists for review of all deaths?*
- *How many people died in the Trust last month?*
- *What are the 3 biggest causes of death in the Trust and the current mortality rates for these?*
- *What is the Trust's current overall crude mortality rate, HSMR and SHMI?*
- *How does the Mortality Surveillance Group (MSG) function, what information does it consider, who are its members and chair?*
- *How will the MSG maintain oversight of avoidable mortality and identify outliers?*
- *Are there any specialities, sub-specialties, diagnostic codes or times of the week for which the data suggest elevated mortality levels? What further analysis and actions are you taking?*
- *How will the MSG keep the Board informed about the work it does?*
- *What steps is the Trust taking to implement the advice from the Academy of Medical Royal Colleges regarding daily senior review and 7 day working in the Hospital?*
- *Is support from Critical Care outreach available 24/7?*

Whittington Health NHS

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Trust Board

3rd February 2016

Title:	Month 9 2015/16 - Financial Performance		
Agenda item:	16/022	**Paper**	08
Action requested:	Consider the report and endorse actions taken to date to mitigate financial risk, and support the ICSUs to deliver the required actions to secure the year end position		
Executive Summary:	The paper analyses the financial performance of the Trust covering overall, clinical division and corporate performance, cash and capital.		
Summary of recommendations:	To note the financial results relating to December 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:	25th January 2016		

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 both for the December monthly position (in-month) and cumulative year to date (YTD). The Trust financial position was £421k (19%) worse than the planned performance for December trading; the cumulative position of £11.9 million is £1.6 million (16%) worse than plan and leaves little headroom to for further risk to achievement of the year end plan. At month 9 the organisation continues to forecast achievement of the full-year deficit plan, however there needs to be improved management of the key financial risks during the remainder of the year to achieve this.

Indicator	Measure	In-Month Plan	In-Month Actual	YTD Plan	YTD Actual
EBITDA margin	%	-3.92%	-5.39%	0.73%	0.07%
EBITDA achieved	£000s	-922	-1,268	1,587	158
Adjusted net deficit margin	%	-9.56%	-11.36%	-4.75%	-5.50%
Adjusted net deficit achieved	£000s	-2,250	-2,671	-10,256	-11,881
Liquidity ratio	days	-	-	-20	-20
Capital Servicing Capacity	times	-	-	-0.34	0.03
Income	£000s	23,527	23,522	215,974	216,057
Pay	£000s	17,554	18,011	159,303	159,861
Non-Pay	£000s	6,895	6,779	55,084	56,038
CIPs	£000s	1,774	1,099	11,396	9,040

Finance overview | Statement of comprehensive income

At the end of December, the Trust posted a cumulative deficit of £11.9m, which is £1.6m worse than the planned position.

The Trust recognised total income of £23.5m during December; this value was consistent with the planned position and takes the cumulative income reported to £216m, which is also in-line with the cumulative plan. As reported at month 8, there continues to be material underperformance against activity plans for non-elective and elective care provision, plus direct access activity. Outpatient services are reporting activity and income above plan and non-patient activity income (e.g. education funding) is above planned levels.

At month 9 the Trust is triggering the 2015/16 contractual cap for north central London commissioner activity for all CCGs except Islington. As a result of breaching the contract cap, the Trust will effectively be providing healthcare without payment. At this point commissioners are not recognising the business case element of the contract schedule for increased maternity and orthopaedic income. We will continue to work with commissioning partners to reach agreement on income and activity as the year-end approaches. Negotiations will need to appropriately reimburse the Trust for care delivered during 2015/16 after taking into account risk associated with the contract cap and resolve activity recognition issues with respect to maternity and spinal surgery care provision.

The Trust overspent against its December expenditure plan by £341k. Non-pay was underspent by £116k and the pay bill exceeded the December plan by £457k. December's operating expenditure was £128k more than November's, although this included one-off redundancy and retirement expenditure of £173k.

Temporary staffing increased by £112k during December, with agency nursing rising by £123k in-month. As a result, the Trust again breached its 6% ceiling for agency registered nursing, having spent £669k (11.5%) – the highest all year. The current rising levels of temporary staffing expenditure pose a material risk to achievement of the full year operating plan. The organisation needs to only engage clinically essential temporary support, and cease spending in areas that do not meet this definition.

The Trust continues to forecast achieving the £15m full year deficit plan; however the organisation requires a sustained focus on the specific management actions needed to curtail the current run-rate, particularly reducing costs of temporary staffing as a priority measure. All ICSUs and corporate portfolios have each agreed a forecast trajectory from month 9 to the year end. Oversight will be given to ensure the agreed improvement actions are completed to achieve the year-end position.

The table below is a statement of comprehensive income for the period up to month 9 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	19,307	19,222	-85	182,686	181,224	-1,462	243,894
Non-Nhs Clinical Income	1,982	2,205	223	14,339	14,767	429	20,284
Other Non-Patient Income	2,239	2,096	-143	18,949	20,066	1,116	25,997
Total Income	**23,527**	**23,522**	**-5**	**215,974**	**216,057**	**83**	**-290,176**
Non-Pay	6,895	6,779	116	55,084	56,038	-954	77,258
Pay	17,554	18,011	-457	159,303	159,861	-558	211,890
Total Operating Expenditure	**24,449**	**24,790**	**-341**	**214,387**	**215,899**	**-1,512**	**289,148**
EBITDA	**-922**	**-1,268**	**-346**	**1,587**	**158**	**-1,429**	**1,028**
Depreciation	699	673	26	6,066	6,046	20	9,663
Dividends Payable	375	410	-35	3,625	3,691	-66	4,750
Interest Payable	260	300	-40	2,213	2,339	-126	3,231
Interest Receivable	1	3	2	8	23	15	10
Other Finance Costs	0	28	-28	0	28	-28	0
Total	**1,333**	**1,408**	**-75**	**11,897**	**12,082**	**-185**	**17,634**
Net Surplus / (Deficit) - before IFRIC 12 adjustment	**-2,255**	**-2,676**	**-421**	**-10,310**	**-11,924**	**-1,614**	**-16,606**
Add back impairments and adjust for IFRS & Donate	5	5	0	54	44	-10	1,569
Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments	**-2,250**	**-2,671**	**-421**	**-10,256**	**-11,881**	**-1,625**	**-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 capital expenditure in order to mitigate cash shortfalls as a result of a deficit operating financial position. The organisation's capital programme is £6.9m behind plan up to month 9. The largest element of this cumulative underspend relates to the Maternity and Neonatal scheme (£4.3 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 £2.6m up to month 9; 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 consequential need to robustly manage the working capital position. Focus is provided towards timely recovery of monies owed to the Trust and to ensure responsible settlement for key creditors.

Cash: At the end of December the Trust reported a cash balance of £6.2m which is £1m more than plan. The year to date cash position was better than plan due to the collection of outstanding debts and robust cash management. Trade receivables (£18.9m) reduced by £1m since month 8, whilst trade payables increased by £1.1m over the same period in order to support the working capital position. In addition to robust working capital controls, the organisation is restricting capital cash expenditure as referred to under Property, Plant and Equipment above.

Up to month 9 the Trust has received £15m of Department of Health cash support to maintain liquidity. Linked to the working capital position described above, the organisation is in the process of agreeing a final cash support settlement with the NHS TDA and Department of Health for 2015/16. The Trust has requested £18.3m of cash support for 2015/16 from the Department of Health (£15m utilised to date). An £18.3m cash settlement would enable to Trust to finish the financial year with a closing cash balance of c.£1m, provided the organisation successfully delivers the £15m deficit operating plan.

Borrowings: Borrowings are £5.7m greater than planned due to a combination of factors; principally the working capital (cash) support accessed to date of £15m, offset by £8.3m of capital investment loan financing (relating to the maternity project) not yet accessed. The working capital support is expected to be repaid using the final cash settlement (£18.3m) requested from the Department of Health, as referred above, but only once agreed with the NHS TDA and Department of Health.

The table below is the statement of financial position for the period up to month 9.

			Year to Date	Year to Date	
	As at 1 April 2015 £000	Plan 31 March 2015 £000	Plan YTD 31 Dec 2016 £000	As at 31 Dec 2016 £000	Variance YTD 31 Dec 2016 £000
Property, plant and equipment	194,918	211,762	203,576	191,798	(11,778)
Intangible assets	4,481	2,891	3,440	4,379	939
Trade and other receivables	757	533	755	928	173
Total Non Current Assets	**200,156**	**215,186**	**207,771**	**197,105**	**(10,666)**
					0
Inventories	1,427	1,356	1,456	1,784	328
Trade and other receivables	19,223	22,224	17,631	18,984	1,353
Cash and cash equivalents	1,347	1,619	5,227	6,196	969
Total Current Assets	**21,997**	**25,199**	**24,314**	**26,964**	**2,650**
					0
Total Assets	**222,153**	**240,385**	**232,085**	**224,069**	**(8,016)**
					0
Trade and other payables	38,847	39,551	32,502	39,889	7,387
Borrowings	1,809	255	629	165	(464)
Provisions	1,380	723	975	872	(103)
Total Current Liabilities	**42,036**	**40,529**	**34,106**	**40,926**	**6,820**
					0
Net Current Assets (Liabilities)	**(20,039)**	**(15,330)**	**35,081**	**41,798**	**6,717**
					0
Total Assets less Current Liabilities	**180,117**	**199,856**	**197,979**	**183,143**	**(14,836)**
					0
Borrowings	34,950	43,993	44,247	49,944	5,697
Provisions	1,952	1,697	1,952	1,908	(44)
Total Non Current Liabilities	**36,902**	**45,690**	**46,199**	**51,852**	**5,653**
					0
Total Assets Employed	**143,215**	**154,166**	**151,780**	**131,291**	**(20,489)**
Public dividend capital	62,377	86,277	78,997	62,377	(13,898)
Retained earnings	6,187	(10,120)	(1,669)	(5,509)	(1,234)
Revaluation reserve	74,651	78,009	74,452	74,423	(3)
Total Taxpayers' Equity	**143,215**	**154,166**	**151,780**	**131,291**	**(15,135)**
Capital cost absorption rate	**3.5%**	**3.5%**	**3.5%**	**3.5%**	

Finance overview | Cost improvement programmes

In month 9 savings amounting to £1.1m (62%) were delivered against the NHS TDA operating plan of £1.8m. Year to date, £9m (79%) has been achieved.

December's CIP performance was 62%, £1.1m delivered against a plan of £1.78m. YTD, the Trust has delivered 79% of its planned savings (£9m).

Against savings schemes allocated to ICSUs and divisions (PMO schemes), December's performance was 92% and YTD it is 110%. £655k 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 51% of it planned December saving due to excessive temporary staffing expenditure within midwifery. The Clinical Support Services ICSU's accumulated slippage has grown to £208k.

The Trust delivered £137k of its planned £665k central savings which are aimed at reducing temporary staffing expenditure across the organisation, and recovering from accumulated over-spends.

Three ICSUs overspent against their allocated budgets in December and the Trust again failed to achieve its 6% nursing agency target.

Collectively, Medical, Emergency and Women's ICSUs are £2m overspent at the end of December and must recover from their overspent positions. They are being supported through additional controls and monitoring.

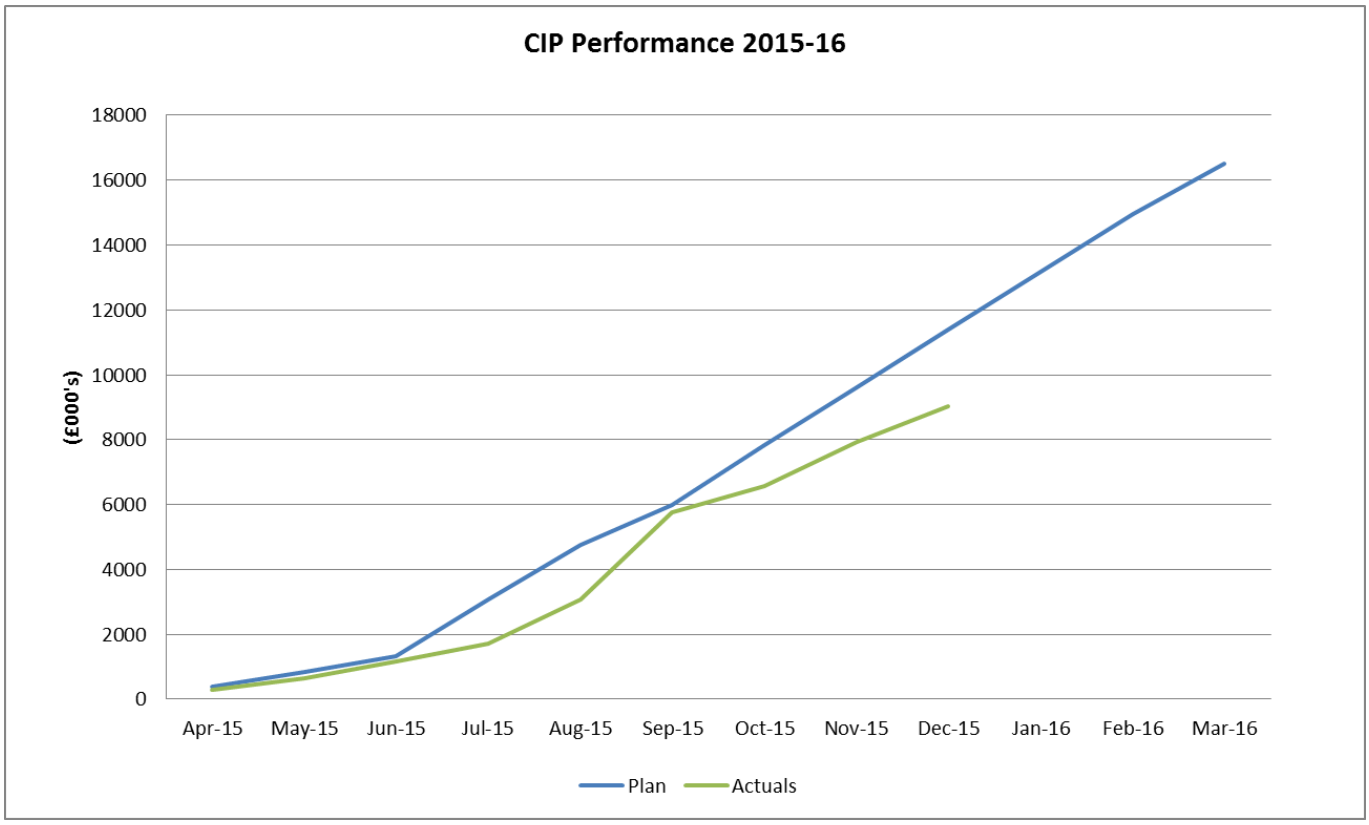
Procurement related savings of £67k were recognised in Month 9 and it is more than likely that the annual target will not be achieved.

Savings of £5m are scheduled for quarter 4 and their delivery is essential to ensuring that the Trust meets its planned deficit. 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.

Below is the summary CIP performance table and graphic up to month 9.

	Annual	December				YTD			
	Plan	Plan	Act	%	Var	Plan	Act	%	Var
Integrated Clinical Service Units	£'000	£'000	£'000	achieved	£'000	£'000	£'000	achieved	£'000
Medicine Frailty and Network Services	1,413	136	179	132%	43	1,016	853	84%	(163)
Surgical Services	1,557	144	131	91%	(13)	1,125	1,043	93%	(82)
Emergency and Urgent Care	490	43	34	80%	(9)	361	271	75%	(89)
Women's Services	995	107	55	51%	(52)	673	542	81%	(131)
Children's Services	1,362	128	123	96%	(5)	977	964	99%	(13)
Clinical Support Services	635	52	29	55%	(24)	478	270	56%	(208)
OP and Long Term Conditions Services	673	88	88	100%	0	408	440	108%	32
Corporate Services	2,891	277	256	92%	(21)	1,960	3,338	170%	1,378
Peformance against PMO schemes	**10,016**	**975**	**895**	**92%**	**(80)**	**6,998**	**7,721**	**110%**	**723**
Trust-wide Schemes									
Procurement	935	134	67	50%	(67)	534	286	54%	(248)
Trust-wide Schemes	5,550	665	137	21%	(528)	3,864	1,033	27%	(2,831)
Performance against Operating Plan	**16,500**	**1,774**	**1,099**	**62%**	**(675)**	**11,396**	**9,040**	**79%**	**(2,356)**


CIP Performance 2015-16
18000
16000
14000
12000
10000
8000
6000
4000
2000
0
(£000's)
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Plan
Actuals

Operations Directorate
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The Whittington Hospital NHS Trust
Magdala Avenue, London N19 5NF

Whittington Health Trust Board
3rd February 2016

Title:	Trust Board Report February 2016 (December 15 data)		
Agenda item:	**16/023**	**Paper**	**9**
Action requested:	For discussion and decision making		
Executive Summary:	The following is the Performance and Quality report for February 2016 a number of highlights and areas for focus are identified. <u>Summary of report:</u> **PATIENT SAFETY AND EXPERIENCE** Whittington Health mortality is consistently below the level that is expected for the organisation. Pressure Ulcer prevalence is slightly above the expected level, but the KPI of reducing avoidable Pressure Ulcer in the community by 30 % is on target to be achieved at the end of the financial year. The Trust reported 7 Serious Incidents including, unexpected death, possible theft of controlled drugs, a fall, suboptimal care and delayed diagnosis. The patient Satisfaction score remains above 90% for the Trust. The response to complaints within 25 days is at 63%, slightly lower than last month. Action plans are in place to improve this within each ICSU. Surgery ICSU achieved 100% response within 25 days for the 7 complaints counted in this cohort. There were no new bacteraemia identified within Whittington Health this month. **ACCESS** Whittington Health achieved the target for Incomplete Referral to Treatment. **Within the hospital**, clinic cancellations for first appointments are well below the 8% (at 5.9%), but follow up appointments are just above the target of 8%. Work is ongoing to improve the number of cancelled appointments. In December several appointments were cancelled as part of contingency planning for the proposed Junior Doctors strike. This had an effect on cancellation figures. Did Not Attend (DNA) - although in month target is not achieved, performance is continuing to improve and trend expected to continue with full rollout of netcall. Theatre Utilisation is under plan, however an extensive plan is in place to reduce underutilised list and improve productivity. The cancer targets for 14 days and breast symptomatic are under achieving. The overall 14 days target is expected to be within the standard again next month. The Breast symptomatic standard is also		

	expected to be compliant in January with capacity and demand closely monitored to ensure sustainable improvement. **In the community**, overall service cancellations and DNAs have achieved their target. Appointments with no outcomes have improved considerably and are now close to the target of 0.5% (0.7%). The MSK service is not achieving the 6 weeks waiting time target but achieving against the 18 week waiting time target. A review of the service shows increased demand for the service and this will be discussed with commissioners going forward into 16/17 Islington Intermediate Care Services are under achieving in their six week waiting times. Funding has been secured to create additional capacity as part of an overall programme to reduce long waiters. The expectation is that the service will be compliant with six week waiting time target from April 2016. GUM target is compliant with 99% of referrals seen within 2 days. **EMERGENCY AND URGENT CARE** The Emergency Department has not achieved the target for December 2015. The admitted pathway remains challenged and there is a programme of work in place to improve flow and improve waits. Whittington health Ambulance - remain the best performer in the sector for Ambulance handover times. **MATERNITY** The targets of seeing all referred pregnant women within 12 week and 6 days is still under target. An improvement is noted in the new birth visits in Islington, which has now achieved the t 95% target. Haringey remains under target and there is a strong correlation between performance and workforce with improvement expected over the next months as posts are being recruited to.
Summary of recommendations:	That the board notes the performance.
Fit with WH strategy:	All five strategic aims
Reference to related / other documents:	N/A
Reference to areas of risk and corporate risks on the Board Assurance Framework:	N/A
Date paper completed:	27th January 2016

Author name and title:		**Hester de Graag, Performance Lead**		**Director name and title:**		**Carol Gillen, Acting Chief Operating Officer**	
Date paper seen		**Equality Impact**		**Quality**		**Financial**	

by EC		**Assessment complete?**		**Impact Assessment complete?**		**Impact Assessment complete?**	

Feb 2015 Trust Board Report (Dec data)

Whittington Health NHS

Quality	Threshold	Oct-15	Nov-15	Dec-15
Number of Inpatient Deaths	-	31	34	35
NHS number completion in SUS (OP & IP)	99%	98.9%	98.7%	arrears
NHS number completion in A&E data set	95%	95.1%	92.5%	arrears

Quality (Mortality index)	Threshold	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15
SHMI	-	0.66	0.67	0.66

Quality (Mortality index)	Threshold	Jul-15	Aug-15	Sep-15
Hospital Standardised Mortality Ratio (HSMR)	<100	63.2	80.4	84.0
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	76.0	146.9	14.9
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	60.5	58.7	103.1

Patient Safety	Threshold	Oct-15	Nov-15	Dec-15
Harm Free Care	95%	94.7%	93.2%	93.2%
VTE Risk assessment	95%	95.7%	95.5%	arrears
Medication Errors actually causing Serious/Severe Harm	0	0	0	0
Never Events	0	0	0	0
CAS Alerts (Central Alerting System)	-	0	0	0
Proportion of reported patient safety incidents that are harmful	-	40.6%	35.0%	38.1%
Serious Incident reports	-	4	6	7

Access Standards

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

Efficiency and productivity - Community	Threshold	Oct-15	Nov-15	Dec-15
Service Cancellations - Community	8%	7.7%	6.5%	6.6%
DNA Rates - Community	10%	6.1%	6.3%	6.4%
Community Face to Face Contacts	-	58,863	60,139	54,791
Community Appts with no outcome	0.5%	5.8%	1.5%	0.7%

Community Access Standards	Threshold	Oct-15	Nov-15	Dec-15
MSK Waiting Times - Non-Consultant led patients seen in month (% < 6 weeks)	95%	72.6%	59.5%	61.4%
MSK Waits - Consultant led patients seen in month (% < 18 weeks)	95%	99.6%	98.4%	arrears
IAPT - patients moving to recovery	50%	50.0%	49.5%	arrears
IAPT Waiting Times - patients waiting for treatment (% < 6 weeks)	75%	92.6%	94.9%	arrears
GUM - Appointment within 2 days	100%	96.8%	96.8%	85.9%

Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Oct-15	Nov-15	Dec-15
First:Follow-up ratio - acute	2.31	1.46	1.45	1.43
Theatre Utilisation	92%	79.6%	79.8%	77.3%
Hospital Cancellations - acute - First Appointments	8%	5.3%	5.3%	5.9%
Hospital Cancellations - acute - Follow-up Appointments	8%	9.3%	7.7%	8.3%
DNA rates - acute - First appointments	10%	12.5%	12.7%	11.7%
DNA rates - acute - Follow-up appts	10%	14.4%	14.1%	13.7%
Hospital Cancelled Operations	0	6	1	1
Cancelled ops not rebooked < 28 days	0	0	0	0
Urgent procedures cancelled	0	3	0	1

Feb 2015 Trust Board Report (Dec data)

Whittington Health NHS

Meeting threshold

Patient Experience	Threshold	Oct-15	Nov-15	Dec-15
Patient Satisfaction - Inpatient FFT (% recommendation)	-	96%	96%	96%
Patient Satisfaction - ED FFT (% recommendation)	-	93%	95%	93%
Patient Satisfaction - Maternity FFT (% recommendation)	-	96%	95%	94%
Mixed Sex Accommodation breaches	0	0	0	0
Complaints	-	34	22	22
Complaints responded to within 25 working day	80%	66%	63%	arrears
Patient admission to adult facilities for under 16 years of age	-	0	0	0

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

Access Standards (RTT)

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

Meeting threshold

Failed threshold

Failed threshold

Emergency and Urgent Care	Threshold	Oct-15	Nov-15	Dec-15
Emergency Department waits (4 hrs wait)	95%	92.3%	92.5%	91.5%
ED Indicator - median wait for treatment (minutes)	<60	73	73	81
30 day Emergency readmissions	-	201	187	arrears
12 hour trolley waits in A&E	0	0	0	0
Ambulatory Care (% diverted)	>5%	2.3%	2.3%	2.7%
Ambulance Handover (within 30 minutes)	0	3	3	arrears
Ambulance Handover (within 60 minutes)	0	0	0	arrears

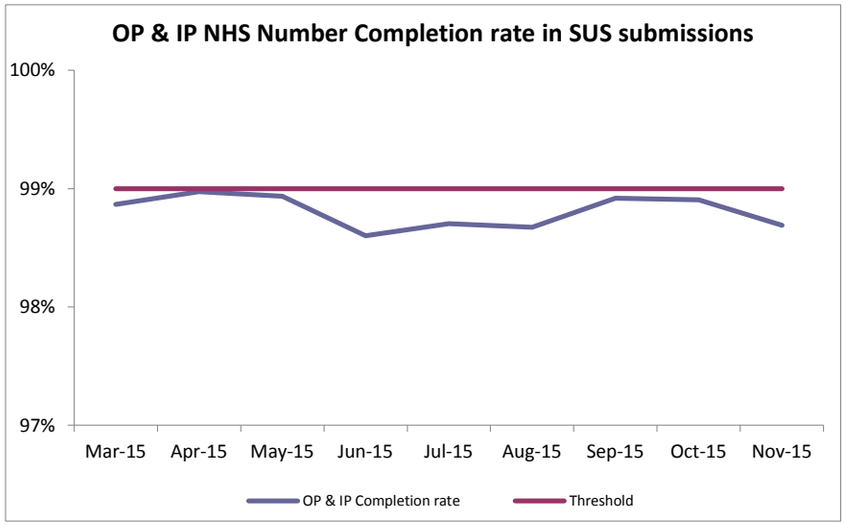
Cancer Access Standards (in arrears)	Threshold	Sep-15	Oct-15	Nov-15
Cancer - 14 days to first seen	93%	90.9%	91.4%	89.8%
Cancer - 14 days to first seen - breast symptomatic	93%	89.7%	90.0%	87.4%
Cancer - 31 days to first treatment	96%	100.0%	100.0%	96.8%
Cancer - 31 days to subsequent treatment - surgery	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%	73.7%	77.4%	88.9%

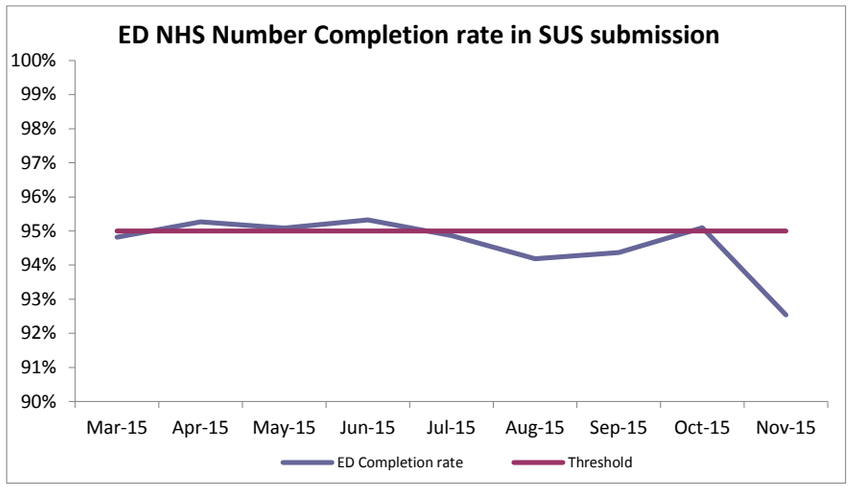
Maternity	Threshold	Oct-15	Nov-15	Dec-15
Women seen by HCP or midwife within 12 weeks and 6 days	90%	84.2%	85.5%	data not available
New Birth Visits - Haringey	95%	89.9%	84.7%	arrears
New Birth Visits - Islington	95%	92.0%	95.0%	arrears
Elective Caesarean Section rate	14.8%	14.9%	10.2%	data not available
Breastfeeding initiated	90%	88.3%	90.1%	data not available
Smoking at Delivery	<6%	4.9%	4.0%	data not available

	Threshold	Trust Actual		
		Oct-15	Nov-15	Dec-15
Number of Inpatient Deaths	-	31	34	35
Completion of a valid NHS number in SUS (OP & IP)	99%	98.9%	98.7%	arrears
Completion of a valid NHS number in A&E data sets	95%	95.1%	92.5%	arrears

	Standardised National Average	Trust		
		Jul-15	Aug-15	Sep-15
Hospital Standardised Mortality Ratio	<100	63.2	80.4	84.0
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	76.0	146.9	14.9
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	60.5	58.7	103.1

		Lower Limit	Upper Limit	RKE SHMI Indicator
SHMI	Jul 2014 - Jun 2015	0.89	1.12	0.66
	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





Commentary

Completion of NHS number A&E data set
Issue: Below target
Action: Sickness in the administration team has affected the validation of NHS number during December 15 (November data)
Timeframe: Current validation on track and should be achieving target for December data.

SHMI and HMSR
The above metrics are a ration of observed to expected death

Whittington Health mortality is consistently below the level that is expected for the hospital.

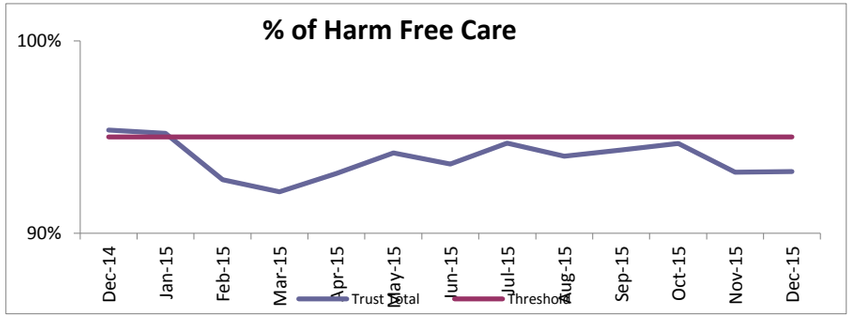
The two different metric employ slightly different methodologies, so result in different values.

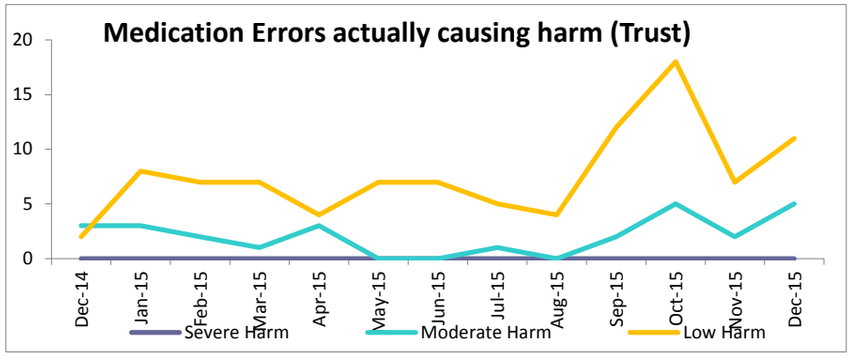
Patient Safety

Whittington Health NHS

Data extracted on 14/01/2016

	Threshold	Trust Actual Sep-15	Oct-15	Nov-15	Dec-15	Trend
Harm Free Care	95%	94.3%	94.7%	93.2%	93.2%	
Pressure Ulcers (prevalence)	-	4.79%	4.65%	5.78%	5.65%	
Falls (audit)	-	0.00%	0.19%	0.56%	0.88%	
VTE Risk assessment	95%	95.0%	95.7%	95.5%	arrears	
Medication Errors actually causing **Serious** or **Severe** Harm	0	0	0	0	0	
Medication Errors actually causing **Moderate** Harm	-	2	5	2	5	
Medication Errors actually causing **Low** Harm	-	12	18	7	11	
Never Events	0	1	0	0	0	
Open CAS Alerts (Central Alerting System)	-	0	0	0	0	
Proportion of reported patient safety incidents that are harmful	-	38.1%	40.6%	35.0%	38.1%	
Serious Incidents (Trust Total)	-	3	4	6	7	





Commentary

Harm Free Care and Pressure Ulcer prevalence
Harm Free Care and the figure for prevalence of pressure ulcers include non-avoidable pressure ulcers.
The EUC ICSU, who work with most of the patients presenting with pressure ulcers, is confident achieving the KPI of 30% reduction of avoidable PU in Community this year.

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 December 2015

There were 61 medication incidents reported on Datix in December 2015 – the highest monthly total for 2015.

The mean for the 4th quarter of 2015 is 57 – compared with 3rd quarter mean of 36. There were no incidents causing high harm,

five causing moderate harm and 11 causing low harm .The ICSU which reported the highest number of incidents was

Emergency and Urgent Care with 16 (26%) Fifteen incidents (25%) were reported by community staff.

ICSU	Number of SI's reported
WFS	0
MFNS	3
Surgery	1
CS	0
OPLTC	1
CSS	0
EUC	2

Serious Incidents

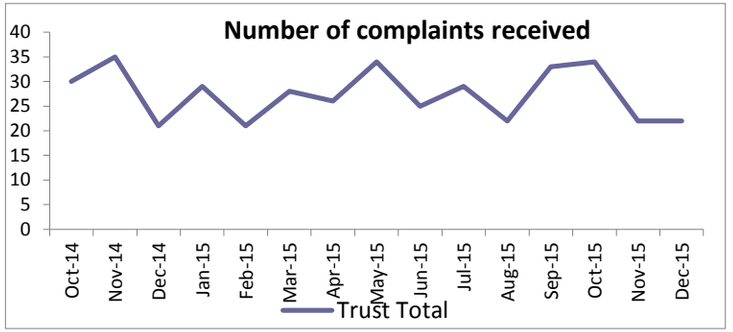
Whittington Health declared 7 SIs in December 2015. Including, unexpected death, possible theft of controlled drugs, fall, suboptimal care and delayed diagnosis.

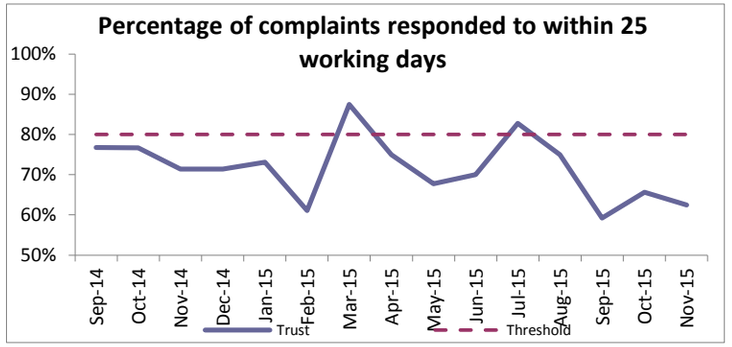
All identified learning form these incidents has been shared with the Services.

Patient Experience

Whittington Health NHS

	Threshold	Trust Actual Sep-15	Oct-15	Nov-15	Dec-15	Trend
Patient Satisfaction - Inpatient FFT (% recommendation) **	-	97%	96%	96%	96%	
Patient Satisfaction - Emergency Department FFT (% recommendation) **	-	96%	93%	95%	93%	
Patient Satisfaction - Maternity FFT (% recommendation) **	-	91%	96%	95%	94%	
Mixed Sex Accommodation (not Clinically justified)	0	0	0	0	0	
Complaints (**incl Corporate**)	-	33	34	22	22	
Complaints responded to within 25 working day	80%	59%	66%	63%	Arrears	
Patient admission to adult facilities for under 16 years of age	-	0	0	0	0	





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

****** FFT calculation has now changed nationally from Nov 2014

Commentary

Patient Satisfaction - 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.
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.

ICSU	Number of complaints	Percentage completed in 25 days
WHS	4	33%
OPTLC	3	67%
Surgery	7	100%
EUC	4	67%
CS	0	100%
MFNS	4	50%
CSS	0	100%

	Threshold	Trust Actual Sep-15	Oct-15	Nov-15	Dec-15	Trend
MRSA	0	0	0	0	0	
E. coli Infections*	-	0	0	0	0	
MSSA Infections	-	1	0	0	0	

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

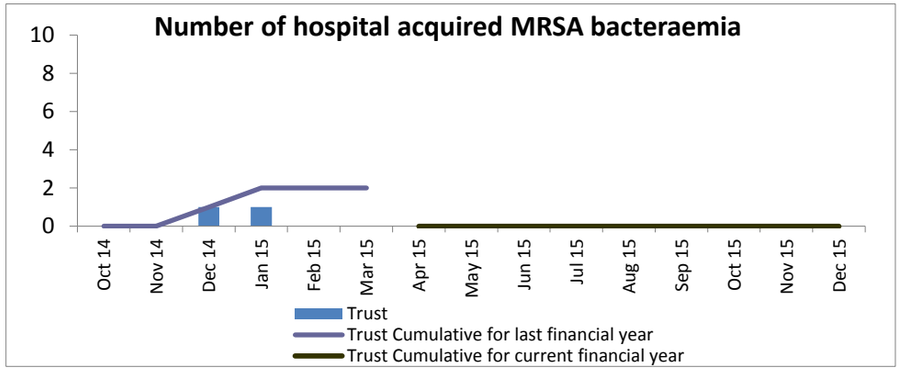
* E. coli infections are not specified by ward or division

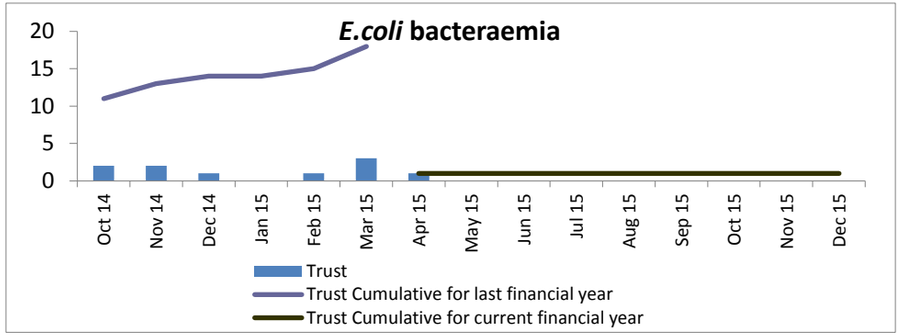
Ward Cleanliness

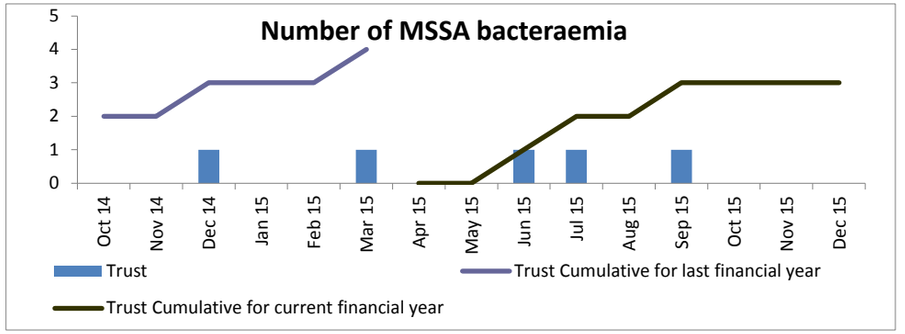
Audit period	Trust 19/01/15 to 17/02/15	14/04/15 to 01/05/15	15/06/15 to 10/07/15	01/09/15 to 30/09/15	05/10/15 to 03/11/15	Trend
Trust %	98.3%	98.4%	97.9%	97.7%	97.8%	

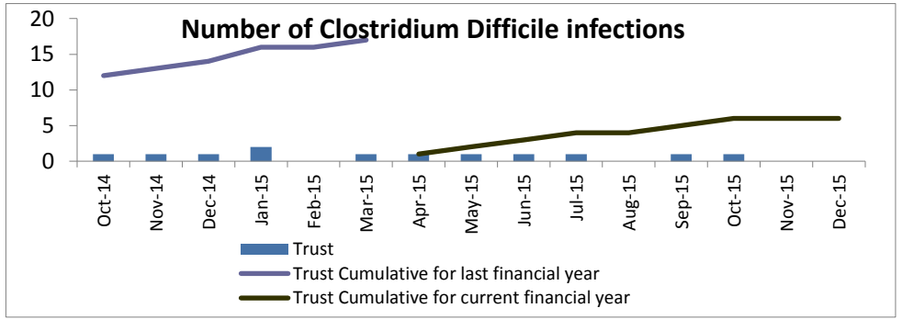
Commentary

No new bacteraemia





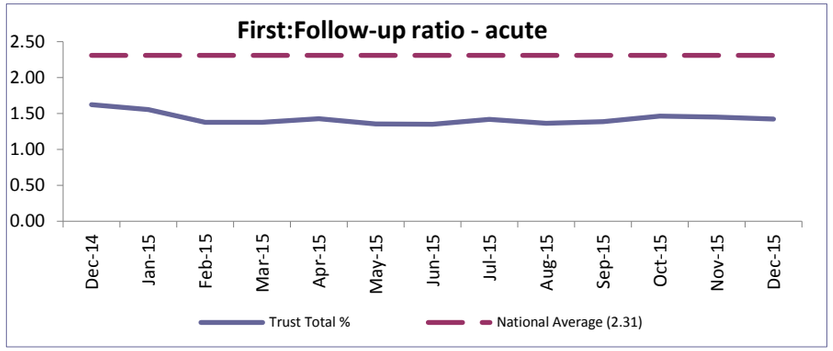


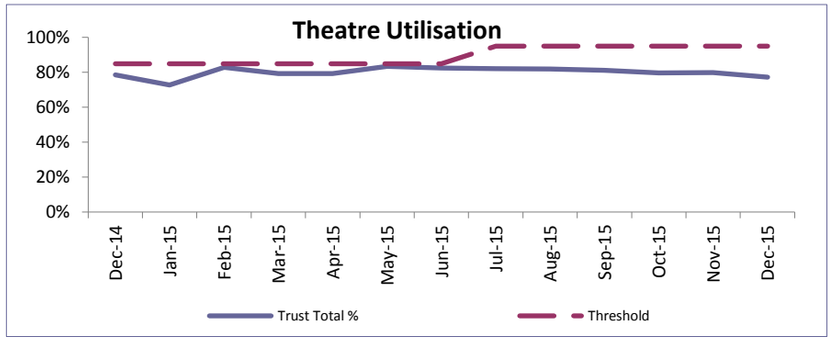


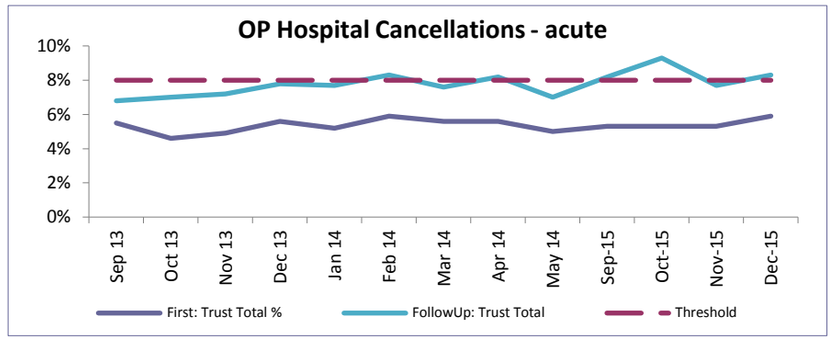
Efficiency and productivity - acute

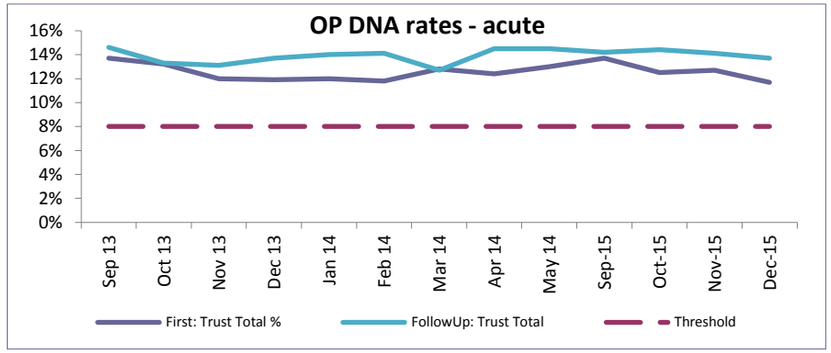
Whittington Health NHS

	Trust						
	Threshold	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Trend
First:Follow-up ratio - acute	2.31	1.37	1.39	1.46	1.45	1.43	
Theatre Utilisation	92%	82.0%	81.1%	79.6%	79.8%	77.3%	
Hospital Cancellations - acute - First Appointments	<8%	5.0%	5.3%	5.3%	5.3%	5.9%	
Hospital Cancellations - acute - Follow-up Appointments	<8%	7.0%	8.2%	9.3%	7.7%	8.3%	
DNA rates - acute - First appointments	10%	13.0%	13.7%	12.5%	12.7%	11.7%	
DNA rates - acute - Follow-up appointments	10%	14.5%	14.2%	14.4%	14.1%	13.7%	
Hospital Cancelled Operations	0	5	16	6	1	1	
Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	
Urgent Procedures cancelled	0	0	4	3	0	1	
Urgent Procedures cancelled (of these how many cancelled 2nd time)	0	0	0	0	0	0	









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 : stretch threshold of 95% has not been achieved.
Action: ENT list stopped in Jan 2016, T&O will use in meantime, review underway of urology sessions to stop & increased use for Spinal and Gynae.
Timescale : Immediate for ENT and Gynae and in next two months for urology

Hospital Cancellations - acute
Overall achieved for first appointments and just above target for follow up appointments.
Issue: Non-compliant areas are identified. the proposed junior doctor strike in December resulted in extra hospital cancellations reflected in first appointments.
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 ' shows improvement.
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

Efficiency and productivity - Community

Whittington Health NHS

	Trust					
	Threshold	Sep-15	Oct-15	Nov-15	Dec-15	Trend
Service Cancellations - Community	8%	8.1%	7.7%	6.5%	6.6%	
DNA Rates - Community	10%	7.6%	6.1%	6.3%	6.4%	
Community Face to Face Contacts	-	56,834	58,863	60,139	54,791	
Community Appointment with no outcome	0.5%	6.2%	5.8%	1.5%	0.7%	

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

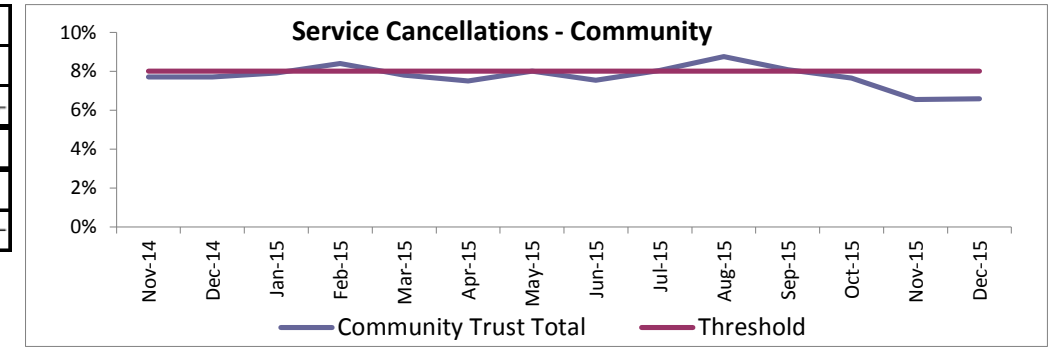
Commentary

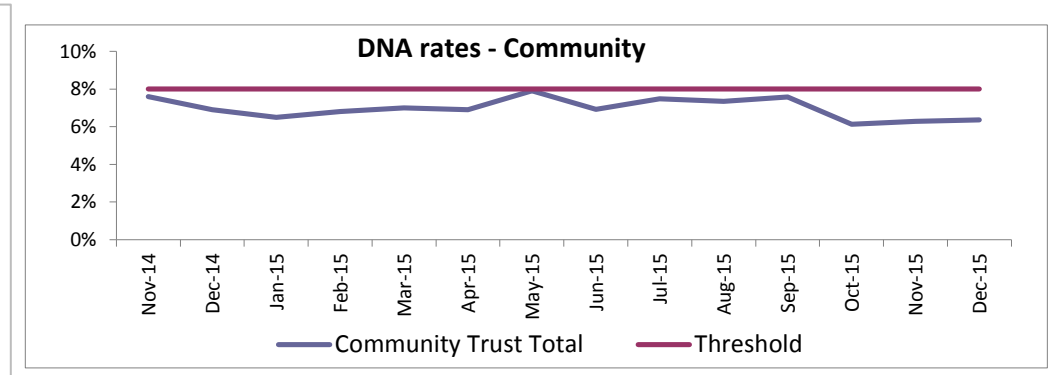
Service Cancellations - Community
Achieved

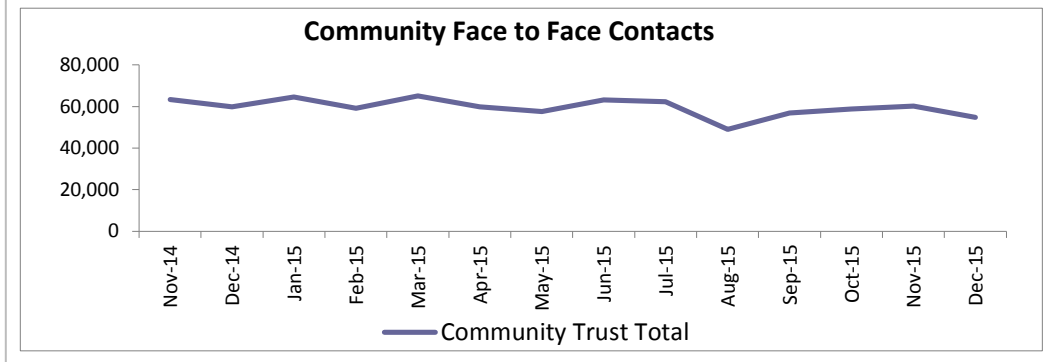
DNA Rates - Community
Achieved.

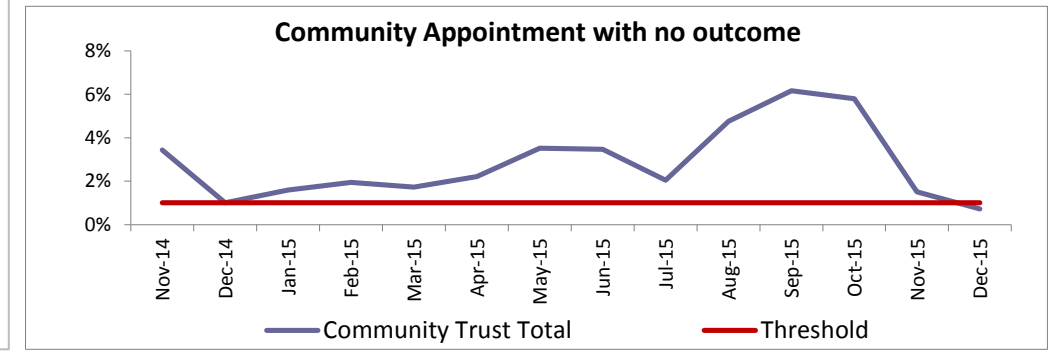
Community Face to Face Contacts
All services are monitored against activity targets.

Community Appointment with no outcome
Continued improvement
Action: Monitor to ensure the new processes are embedded.
Timescale: Immediately.

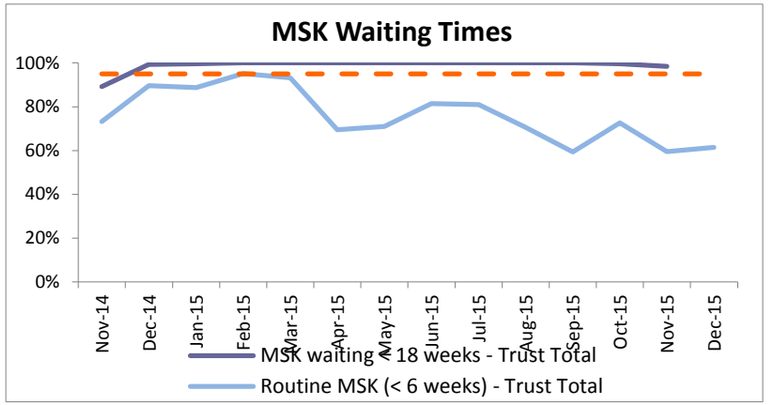




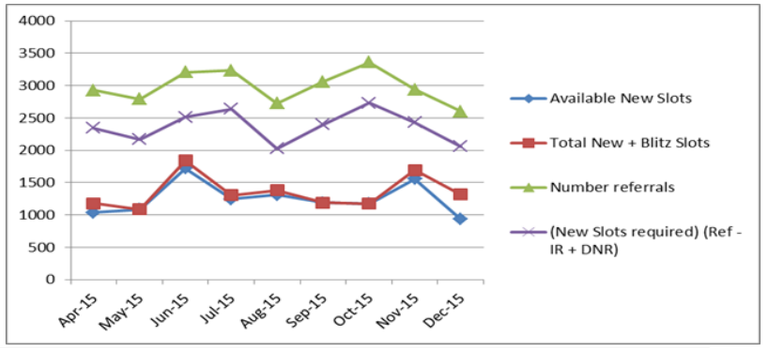




	Threshold	Trust Actual Oct-15	Trust Actual Nov-15	Trust Actual Dec-15	Trust YTD
District Nursing Wait Time - 2hrs assess (Islington)	-	88.9%	61.1%	75.0%	66.0%
District Nursing Wait Time - 2hrs assess (Haringey)	-	87.8%	85.7%	83.3%	86.3%
District Nursing Wait Time - 48hrs for visit (Islington)	-	98.3%	97.5%	96.3%	95.2%
District Nursing Wait Time - 48hrs for visit (Haringey)	-	97.2%	98.6%	95.4%	96.1%
MSK Waiting Times - Routine MSK (<6 weeks)	95%	72.6%	59.5%	61.4%	69.7%
MSK Waiting Times - Consultant led (<18 weeks)	95%	99.6%	98.4%	arrears	99.8%
IAPT - patients moving to recovery	50%	50.0%	49.5%	arrears	51.0%
GUM - Appointment within 2 days	100%	98.0%	96.8%	85.9%	96.2%
Haringey Adults Community Rehabilitation (<6weeks)	85%	87.0%	89.7%	89.1%	80.3%
Haringey Adults Podiatry (Foot Health) (<6 weeks)	-	76.8%	73.1%	70.2%	70.1%
Islington Community Rehabilitation (<12 weeks)	-	86.7%	87.3%	78.6%	82.6%
Islington Intermediate Care (<6 weeks)	85%	54.7%	57.6%	50.3%	57.6%
Islington Podiatry (Foot Health) (<6 weeks)	-	76.1%	87.7%	83.2%	72.7%
IAPT Waiting Times - patients waiting for treatment (% < 6 weeks)	75%	94.8%	92.6%	arrears	93.9%
Death in place of choice	90%	-	73%	59%	
Number of DN teams completing a monthly review of Patients of Concern (POC) (eight teams)	8	-	8	8	
Number of DN teams completing a monthly caseload review of timely discharge (eight teams)	8	-	8	8	



MSK capacity and demand



Commentary

District Nursing

Issue: Continued change of urgency for 2hr referrals and true urgent referrals are still phoned through to the Service and seen within 2 hours.
Action: The RiO report capturing this data is monitored and will be reviewed.
Timescale: Improvement expected in early 2016.

Death in place of choice

Issue: Most patients on the DN caseload die within the preferred place. Data is complicated to capture correctly as patient might change their mind towards the end of life.
Action: working with the Palliative Care service to capture data correctly from the paper notes.
Timescale: ongoing

MSK

Issue: Capacity and demand. The table and graph to the right show the discrepancy between the number of slots available for appointments and the number of referrals received by the service.
Action: Continuous filling of short notice vacant slots and Blitz clinics. Neither of these are long term sustainable. The service remains on the risk register
Timescale: Continues review to maximise efficiency and piloting new initiatives.

IAPT

Just below target, expected to be within target next month.

GUM

Issue: Local data shows this target to be 99% for December 15
Action: Plan in place to re-align the figures from the Information Team to the local figures.
Timescale: February 16

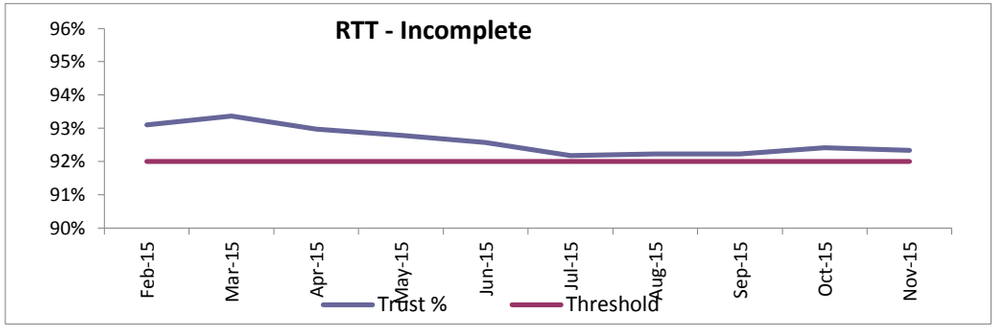
Islington Intermediate Care

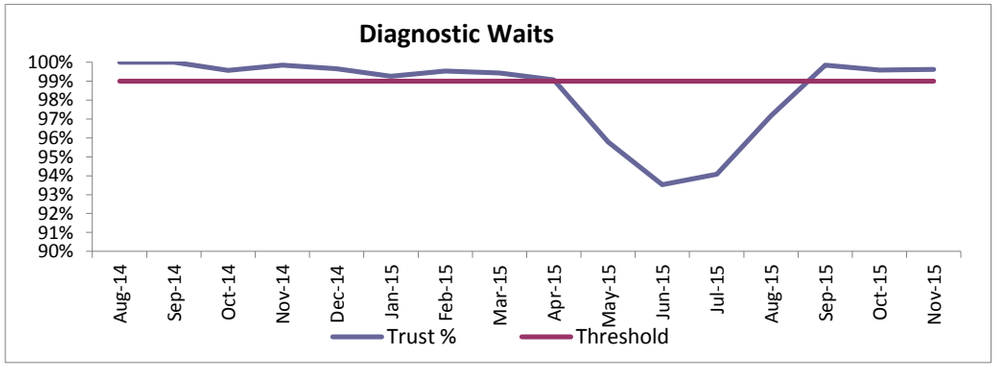
Issue: Significant capacity issues identified. A large scale clear up of long delays in preparation for winter in place and this has impacted on the 6 week target. Gaps in rotation , sickness and vacancy which has also impacted on performance.
Action: Capacity issue being resolved. Commissioners have agreed to fund extra resource to improve overall capacity with an expectation of being compliant with KPI from April 2016. Additional staff have started in January.
Timescale: Compliant from April 2016

Referral to Treatment (RTT) and Diagnostic waits

Whittington Health NHS

	Trust				
	Threshold	Sep-15	Oct-15	Nov-15	Trend
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%	99.6%	





Commentary

RTT

National KPI for 18 weeks incomplete achieved.

Issues: 18 weeks admitted and non-admitted

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 - OPD appointment

No update.

Action: A new report is being developed to show OPD waiting times.

Timescale: This new report will be available on the Trust website in February 16

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

See table to the right.

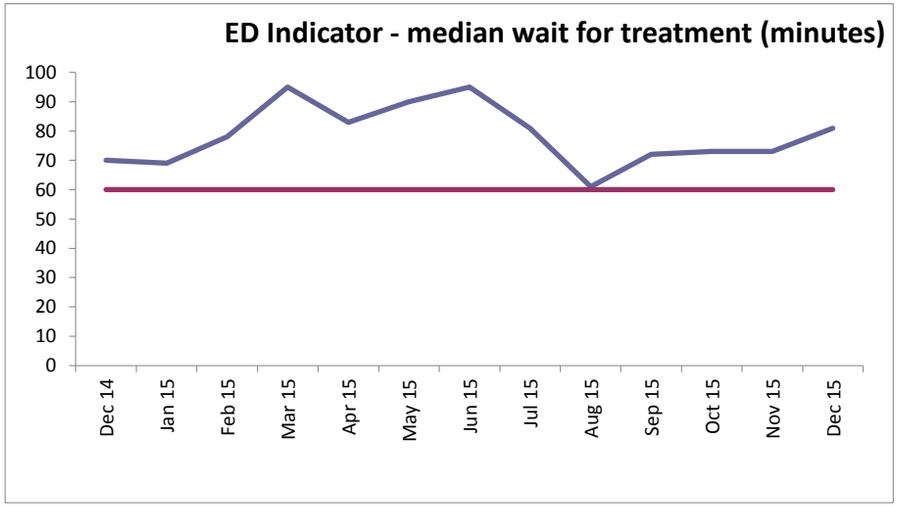
Imaging Waiting Times as of 12 January 2016

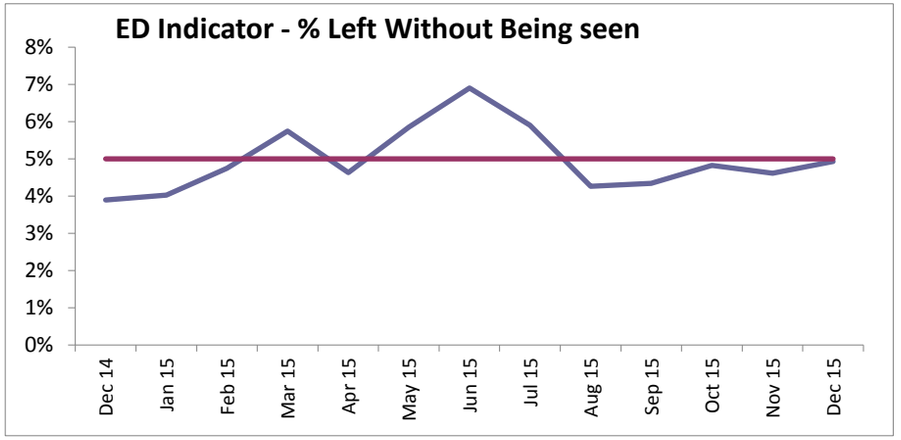
Modality	Today booking into	Waiting Time in Days
CT	26 January 2016	14
DEXA	27 January 2016	15
Fluoroscopy	09 February 2016	28
Mammography	29 January 2016	17
MRI	15 February 2016	34
Nuclear Medicine	18 January 2016	6
Ultrasound - Abdomen & Gynae at Hornsey General	20 January 2016	8
Ultrasound - Dating - ANC	30 January 2016	18
Ultrasound - General (Radiologist Lead)	28 January 2016	16
Ultrasound - Gynae	19 January 2016	7
Ultrasound - Hernias	03 February 2016	22
Ultrasound - MSKs	02 February 2016	21
Ultrasound - Obstetrics - Anomaly	23 January 2016	11
Ultrasound - Obstetrics - Growth	26 January 2016	14
Ultrasound - Paediatrics	09 February 2016	28

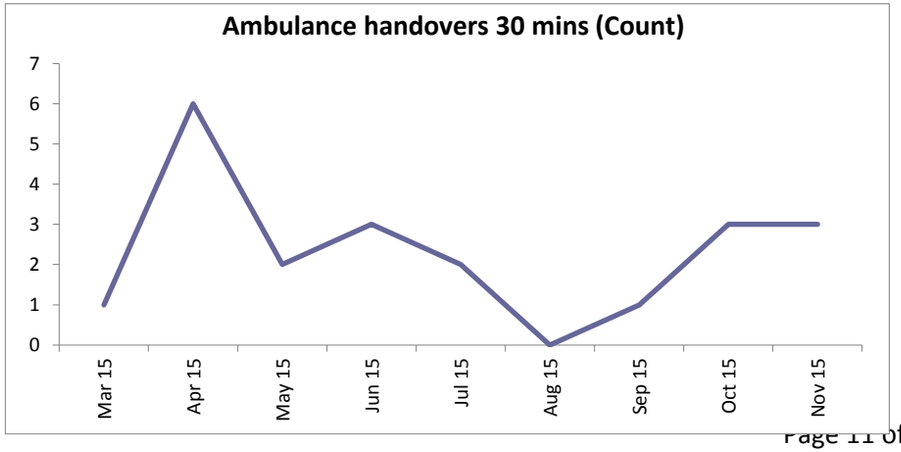
Emergency Care

Whittington Health NHS

	Threshold	Trust Actual Nov-15	Trust Actual Dec-15	2015/16 Trust YTD
Emergency Department waits (4 hrs wait)	95%	92.5%	91.5%	93.9%
Emergency Department waits (4 hrs wait) Paeds only	95%	96.1%	95.6%	96.9%
Wait for assessment (minutes - 95th percentile)	<=15	14	14	14
ED Indicator - median wait for treatment (minutes)	60	73	81	79
Total Time in ED (minutes - 95th percentile)	<=240	370	360	315
ED Indicator - % Left Without Being seen	<=5%	4.6%	4.9%	5.2%
12 hour trolley waits in A&E	0	0	0	0
Ambulance handovers 30 minutes	0	3	arrears	20
Ambulance handovers exceeding 60 minutes	0	0	arrears	0
Ambulatory Care (% diverted)	>5%	2.3%	2.7%	







Commentary

The Emergency Department four hour performance standard was not achieved in December.
During December 55% of breaches were directly attributed to lack of available in patient bed (up from 26% in Q1)

Key issues:

Lack of morning discharges – beds becoming available post 16:00
Backlog of patients – less cubicle capacity
Length of stay – increase in patients with Length of stay over 9 days
ED Consultant establishment / maternity leave - ability to consistently cover 'Pit-stop shift'

Actions:

Development of Clinical / operational group to oversee progress
Working to keep number of patients with LoS over 9 days 65-70
Daily list and review of patients with LoS over 9 days
Coding to inform our understanding of reasons with associated escalation plan
Identify patients where Consultant clinical challenge is required via CDs
Training for new staff - TICKEDD
Sharpen delivery of facilitated discharge policy
Task and finish group looking at assessment and paperwork

Ambulance handover - remain the best performer in sector.

Ambulatory Care (% diverted) - lack of medical staff in rapid assessment area impacting on this indicator. Nurse referrals currently under review
Ambulatory care team in reaching into ED

Cancer

Whittington Health NHS

	Trust				2015/16 Trust				
	Threshold	Sep-15	Oct-15	Nov-15	Trend	Q1	Q2	Q3	Q4	YTD
Cancer - 14 days to first seen	93%	90.9%	91.4%	89.8%		93.2%	92.5%	90.6%	-	92.2%
Cancer - 14 days to first seen - breast symptomatic	93%	89.7%	90.0%	87.4%		93.6%	91.7%	88.5%	-	91.7%
Cancer - 31 days to first treatment	96%	100.0%	100.0%	96.8%		100.0%	100.0%	98.3%	-	99.6%
Cancer - 31 days to subsequent treatment - surgery	94%	100.0%	-	100.0%		100.0%	100.0%	100.0%	-	100.0%
Cancer - 31 days to subsequent treatment - drugs	98%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	-	100.0%
Cancer - 62 days from referral to treatment	85%	73.7%	77.4%	88.9%		93.2%	85.5%	84.2%	-	88.6%
Cancer - 62 days from consultant upgrade	-	100%	100%	-		92.9%	83.3%	100.0%	-	91.7%

Commentary

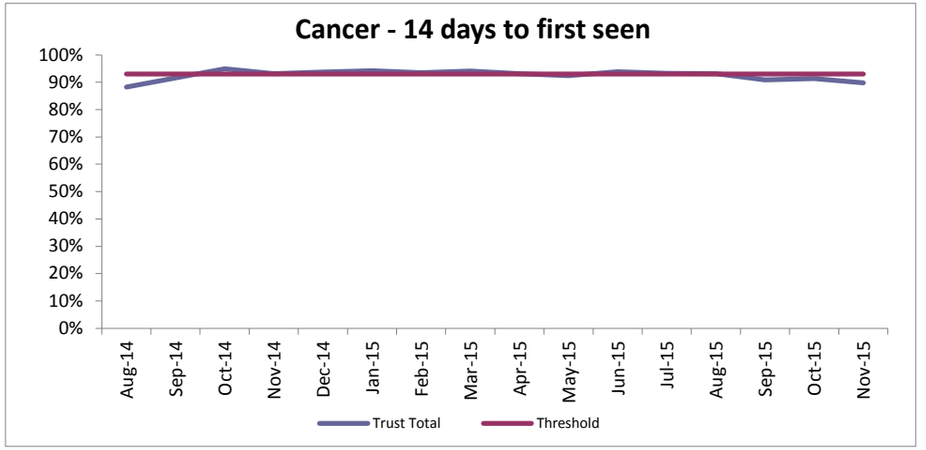
Cancer November Report

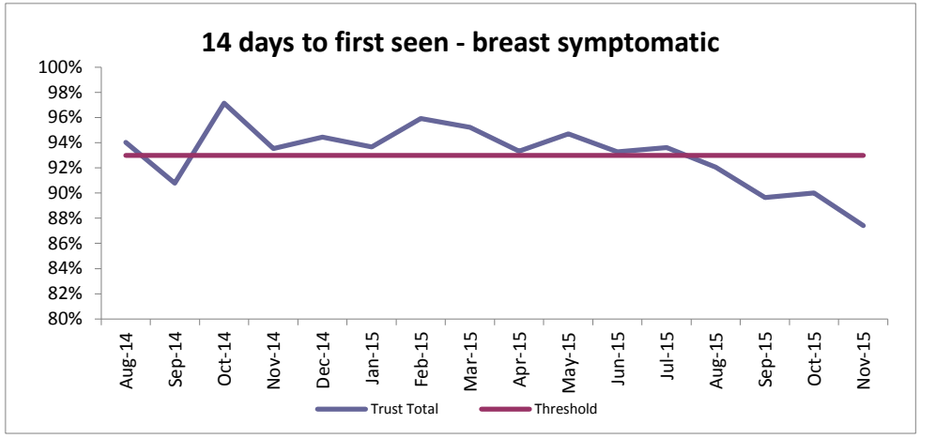
- 14 days to first seen - 89.8%
Issue: Upper GI(7 out of 41 patients were not seen in time) and Colorectal (20 out of 95) , Breast (5 out of 113) , Gynaecology (3 out f 51), Urology (8 out of 75), Skin (11 out of 146) did not meet the target of 93%.
Action: Waiting lists continue to be scrutinised daily
Retraining of OGD Admissions team on appointing patients policy - completed Review of Capacity and demand in progress
Timescale: Improvement is expected within target next month.

- 14 days to first seen - breast symptomatic - 87.4%
Issue : 19 out of 151 patients were not seen in time this month.
Action : review of capacity and demand to be actioned. Agreed a plan with Radiology to ensure capacity is monitored daily / weekly report and service s constantly flexed to meet demand.
Expect to be in target by next month
Timescale : Capacity & Demand by mid Jan 2016

- 62 days from referral to treatment 88.9%
Timescale: Improved target position to be sustained December is compliant.

**The Cancer Patients tracking list is monitored daily and discussed in the Cancer PTL meeting Tuesdays and the weekly PTL meeting Thursdays each week.

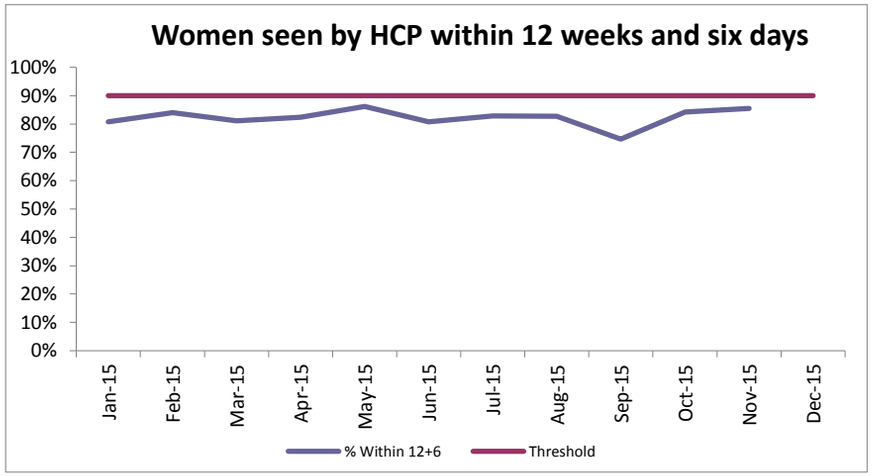


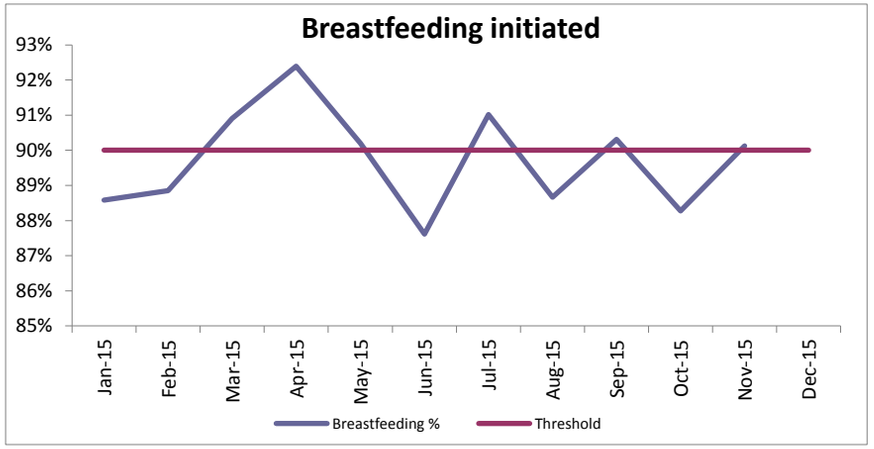


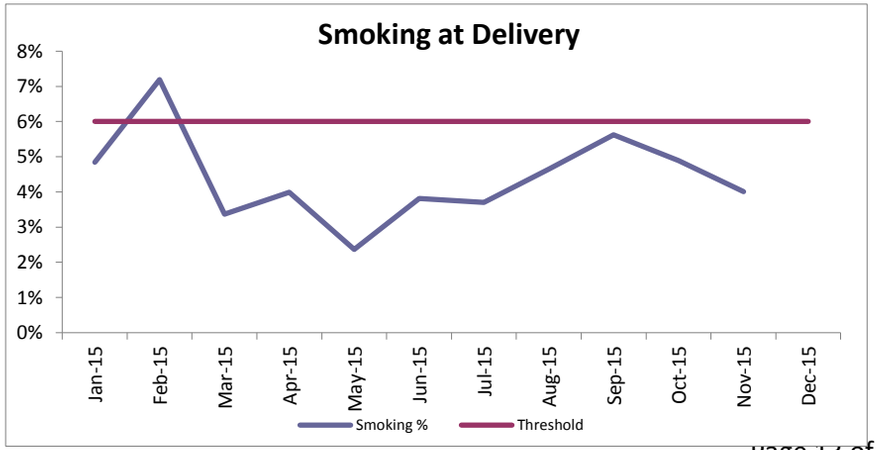
Maternity

Whittington Health NHS

	Threshold	Trust Actual			2015/16 Trust YTD
		Oct-15	Nov-15	Dec-15	
Women seen by HCP or midwife within 12 weeks and 6 days	90%	84.2%	85.5%	81.9%	82.3%
New Birth Visits - Haringey	95%	89.9%	84.7%	Arrears	87.5%
New Birth Visits - Islington	95%	92.0%	95.0%	Arrears	91.8%
Elective Caesarean Section rate	14.8%	14.9%	10.2%	12.0%	12.8%
Emergency Caesarean Section rate	-	20.6%	21.0%	20.0%	18.9%
Breastfeeding initiated	90%	88.3%	90.1%	data not available	89.8%
Smoking at Delivery	<6%	4.9%	4.0%	data not available	4.5%







Commentary

12+6
Issue: Remains just below target. December performance has been affected by Christmas and New Year clinic availability due to Bank Holiday`s.
Action: Continued phoning of women who DNA appointments.
Timescale: Ongoing

New birth visits
Issue: Fall in Haringey new births completed within 10-14 days due to vacancies and sickness; strong correlation between HV workforce and NBV performance (see Islington).
Action: Workforce plan in place to mitigate: HVs now receiving RRP - 4 HV candidates offered posts; skill mix recruitment almost completed - 12 nursery nurses and 10 staff nurses in process of starting.
Timescale: Ongoing

Elective Caesarean Section rate
Target achieved

Breast feeding initiated
Target achieved

Smoking at Delivery
Target achieved

Whittington Health Trust Board
3 February 2016

Title:	Draft Estates Strategy		
Agenda item:	16/024	**Paper**	10
Action requested:	To approve the draft Estates Strategy		
Executive Summary:	We have a clear vision for our estate – to support excellent healthcare with high quality patient focused environments. Our draft Estates Strategy sets out our plan to make sure we have the right facilities to deliver our Clinical Strategy and help local people live longer, healthier lives.		
Summary of recommendations:	Approve the Estates Strategy		
Fit with WH strategy:	Aligns with the Trust Clinical Strategy and wider NHS policy direction of travel for estates management by public organisations		
Reference to related / other documents:	Aligns to the Trust financial plans and risk management strategy		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	All risks are captured on the project logs, Corporate Risk Register and Board Assurance Framework as ranked according to the Trust Risk Management Strategy		
Date paper completed:	26 January 2016		

Author name and title:		**Siobhan Harrington, Director of Strategy/Deputy Chief Executive**		**Director name and title:**		**Siobhan Harrington, Director of Strategy/Deputy Chief Executive**	
Date paper seen by EC	**15/16**	**Equality Impact Assessment complete?**	**Ongoing**	**Quality Impact Assessment complete?**	**Ongoing**	**Financial Impact Assessment complete?**	**Ongoing**

WHITTINGTON HEALTH

Estate Strategy

2016-2021

Version	Date
Final – for approval at Trust Board 03.02.16	27.01.16

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Appendices

Appendix A – Hospital site

Appendix B – Premises map – community sites

Appendix C – Community engagement summary

Appendix D – Backlog Costs

1.0 Executive Summary

1.1 Our estate strategy

We have a clear vision for our estate – to support excellent healthcare with high quality, patient focussed environments. Our estate strategy sets out our plan to make sure we have the right facilities to deliver our services, both now, and in the future.

Our five year strategy provides a framework for future decision making on the future development and management of the Trust's estate for the period 2016 to 2021. The strategy provides a review of the Trust's current estate, analysis of how our estate needs to develop to support the delivery of our five year clinical strategy, and sets out what is required and how this could be delivered.

This document replaces our previous estate strategy, written in 2013.

1.2 Where are we now – the challenge?

We need a modern esate that is designed to deliver our clinical services and enables us to provide care, where and when people need it. We are committed to providing our patients, staff and communities, with care in buildings that are fit for the provision of modern healthcare services.

Our analysis shows that our estate provides a good foundation for meeting our patient's future needs and for developing the opportunities identified in this strategy.

Hospital site: Our hospital site, located in Archway, is the main site for delivery of our acute clinical services. The site is bisected by an access road and the majority of clinical and patient activites take place south of this road. This area will continue to be the focus for our acute clinical services.

The hospital site has a number of clear investment needs, including backlog costs to bring the estate up to national condition B standard of c. £16.4m. An additional investment of c.£40m is needed to deliver a fully sustainable and functional site and enable us to meet national guidelines regarding patient space, privacy and dignity.

The area north of the access road is primarily used for non clinical services and offers a flexible space that could be redeveloped to improve and enhance the services we offer, without impacting on our exisiting clinical activities.

Community estate: Our community estate is mainly spread throughout Haringey and Islington. As part of our remit to deliver community services in these areas, we inherited occupancy rights for a number of properties from two Primary Care Trusts (PCTs) in 2013. Our community buildings require an investment of c.£6.5m to bring them up to national condition B standard.

As local authorities and clinical commissioning groups (CCGs) begin to look at how health services are delivered locally, there is an opportunity for us to work closer with these partners to reconfigure our services to deliver better care for patients in improved environments.

It is important to note that our community estate is also part of a national review of public sector health and social care assets. The Department of Health (DH) has asked for a CCG led strategic estates plan, and we are working closely with our CCGs to ensure our vision aligns closely.

1.3 Where do we want to be and what is required - building our future together?

To ensure we have the right buildings and estate in place to support our patients, we must understand the demands that will be placed upon our services over the next five years. A number of drivers have been explored and shape the themes around which this strategy is based.

Drivers

- **Clinical strategy**: Our clinical strategy (2015-2020) focuses on our development as an integrated care organisation, with seamless delivery of care across acute and community sites in Islington and Haringey. The Clinical Strategy describes the following mission, vision and strategic goals.

  Our mission: "Helping local people live longer, healthier lives."

  Our vision: "Provide safe, personal, co-ordinated care for the community we serve."

  Our strategic goals:

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

- **Stakeholders:** We want to work with our community and stakeholders at every stage to help us shape and deliver services that are fit for the future. We been working with staff, patients and other key stakeholders to understand their views on the future direction of our estate to help inform our strategy.

  Initial conversations have uncovered a range of views, however, there is a universal acknowledgement of the need for investment and change, supported by innovative and creative thinking.

  As an active member of the Haringey and Islington Estates Group, which brings together representatives from CCGs, local authorities and local provider trusts, we are working to develop an integrated approach to the future development of the overall estate. A number of work streams are being considered including: integrated networks/hubs, shared administrative functions and premises, provider plans and Haringey Council commercial premises.

- **National, local and Trust Drivers:** national, local and Trust service drivers are summarised in the table below:

Figure 1.1 national, local and Trust service drivers

Quality Expectations from patients and regulators Competition for patients Care close to home High quality emergency and urgent care New investigations and treatments	**Financial** Reduce income and expenditure (I&E) deficit Limited access capital to support investment Population growth Need value for money in procurement
Meeting local health needs Rising activity levels Health inequalities Relatively young population Ethnic diversity Prevention of ill health	**Staff** Need to attract and retain high quality staff Need high quality facilities to train & develop staff
	Structural Improve integration in acute & community estates Working with partners in health & social care

Estate strategy principles

This estate strategy outlines our commitment to providing high quality patient focussed environments, whilst balancing service delivery, affordability and risk. The key principles underpinning our estates strategy are described in Fig 1.2 below:

Figure 1.2: Estate strategy principles

Estate Strategy Principles
Patient centred Improve the estate to be patient and client centred with ease of access to care, both physical access and transportation access; supporting the co-location of services to enable integrated care through the development of integrated networks/hubs.
Quality Improve the quality of the estate to meet patient and staff expectations**.**
Effective use of assets Maximise the effective use of the estate to support clinical service delivery.
Design Ensure that our estate has flexible and modern space in all our buildings.
Capacity Ensure that the Trust's estate has the capacity to meet demand for healthcare in the right places.
Statutory and non-statutory compliance Continue to manages estates risks and meet all necessary standards.
Future sustainability Ensure that the delivery of the estate strategy supports the future sustainability of the organisation in terms of quality, financially, effective working and environmental sustainability.
Partnerships and engagement Maximise the opportunity of partnerships and engagement with our local community and ensure Trust plans align with wider health economy plans.

1.4 What is required and how do we get there?

What is required?

From the analysis of where we are and where we want to be to deliver the best service to patients, there are five key deliverables required:

- Targeted investment in the hospital site is required to ensure the estate supports the delivery of high quality clinical services. Many of the buildings require redevelopment or refurbishment.
- Investment in, and reconfiguration of, the community estate portfolio is required to support the development of integrated networks/hubs; provision of high quality clinical and patient care environments; and more efficient service delivery.
- Investment is required to maintain and develop high quality training and education and research facilities.
- Investment is required to ensure that our staff have access to low cost, high quality staff residences.
- Investment and a change in working practices is required to enable non-clinical support and corporate services accommodation to be reconfigured and used more efficiently.

This strategy concludes that the current estate offers a number of development opportunities which could be delivered on the hospital site or within the community, which would support Whittington Health deliver its mission to 'help local people live longer, healthier lives', and support the investment requirements identified.

How do we get there?

To deliver our plan of a modern estate, we need:

- To consider entering into partnerships that will allow us to secure the funding we need to improve services within the current challenging public capital funding environment.
- To investigate the possible release or the redevelopment of under used buildings, to enable the necessary redevelopment for clinical services.
- To explore partnerships with other providers to develop under used buildings, helping to secure future income and sustainability.
- To develop a detailed prioritisation of requirements, scoping of options and preparation of business cases.
- To deliver informed estate efficiencies, as part of good practice and to support the reduction of our operating deficit.
- To invest in information technology (IT) as a key part of changing working practices and helping to reduce occupancy levels.
- To invest in change management to support planned changes in working practices.
- To continue to engage with stakeholders, the public and interest groups, and secure their support.

1.5 Conclusion

This strategy confirms that there are a number of opportunities open to the Trust that will allow us to create the high quality, patient focussed environments we need. Our strategy provides high level direction for estate development, allowing flexibility to accommodate evolving service delivery plans.

There are a number of steps we will need to agree and undertake to deliver the planned and possible developments that have been identified.

- The Board to decide whether and how to proceed with the procurement of a partnership delivery vehicle.
- To prioritise and scope Development Control Plan projects.
- To improve the extent, accuracy and currency of estate data.
- To invest in Information Technology – a key element in the success of proposed developments and changes in working practices of staff.
- To invest in change management activities aligned with estate, stakeholder engagement and technology work streams to offer the best chance of successful transformation.
- To continue to engage and communicate with stakeholders.

2.0 Where are we now?

2.1 Trust profile

Whittington Health NHS Trust is an integrated care organisation providing hospital and community care services to a population of approximately 500,000 people living in the north London Boroughs of Islington, Haringey, Barnet, Enfield, Camden and Hackney. We have an annual income of c. £295 million and employ over 4,400 staff. Acute services are provided at its St Mary's site, (Fig 2.1), the Whittington Hospital, and in more than 39 locations across the community (Fig 2.2).

Clinical performance – our clinical performance for 2014/15 against national targets demonstrated increasing improvement and compliance with targets, including in our emergency department, ambulance turnaround and 18 and six week treatment targets.

Financial performance – in common with many other NHS organisations, we are faced with financial challenges, with a £7.3million deficit in 2014/15 and a projected deficit of £15m for 2015/16.

2.2 Islington and Haringey key facts

Population is projected to increase 6% between 2011 and 2021 (total population) and 11% in the over 65 population across both boroughs[1].

Age profiles in Islington and Haringey show similarities and have higher proportions of younger people than other London boroughs. There are strong parallels in terms of age demographic. This has implications on the type and volume of services we provide and those provided by other health and social care partners.

Life expectancy has marked inequalities: the poorest in Islington will live for 6.3 (men) and 8.3 (women) fewer years than the richest.

Ethnicity is diverse across both boroughs, with more than 100 languages spoken in Haringey.

Health and wellbeing issues show poor performance in areas relating to smoking-related conditions and deaths, substance misuse and mental health issues in young people.

CCGs (Islington and Haringey) have aims to address the key health and wellbeing issues in each borough, especially by prevention.

2.3 Our services

We provide a range of acute and community integrated services through seven Integrated Clinical Service Units (ICSUs). These ICSUs provide services across the hospital, community settings and in the home to fit the needs of patients. The ICSU structure was put in place in summer 2015, partly in response to our clinical strategy.

[1] GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Population Projections (April 2015)

Figure 2.1: Integrated Clinical Service Units

2.4 Our estate

Acute site

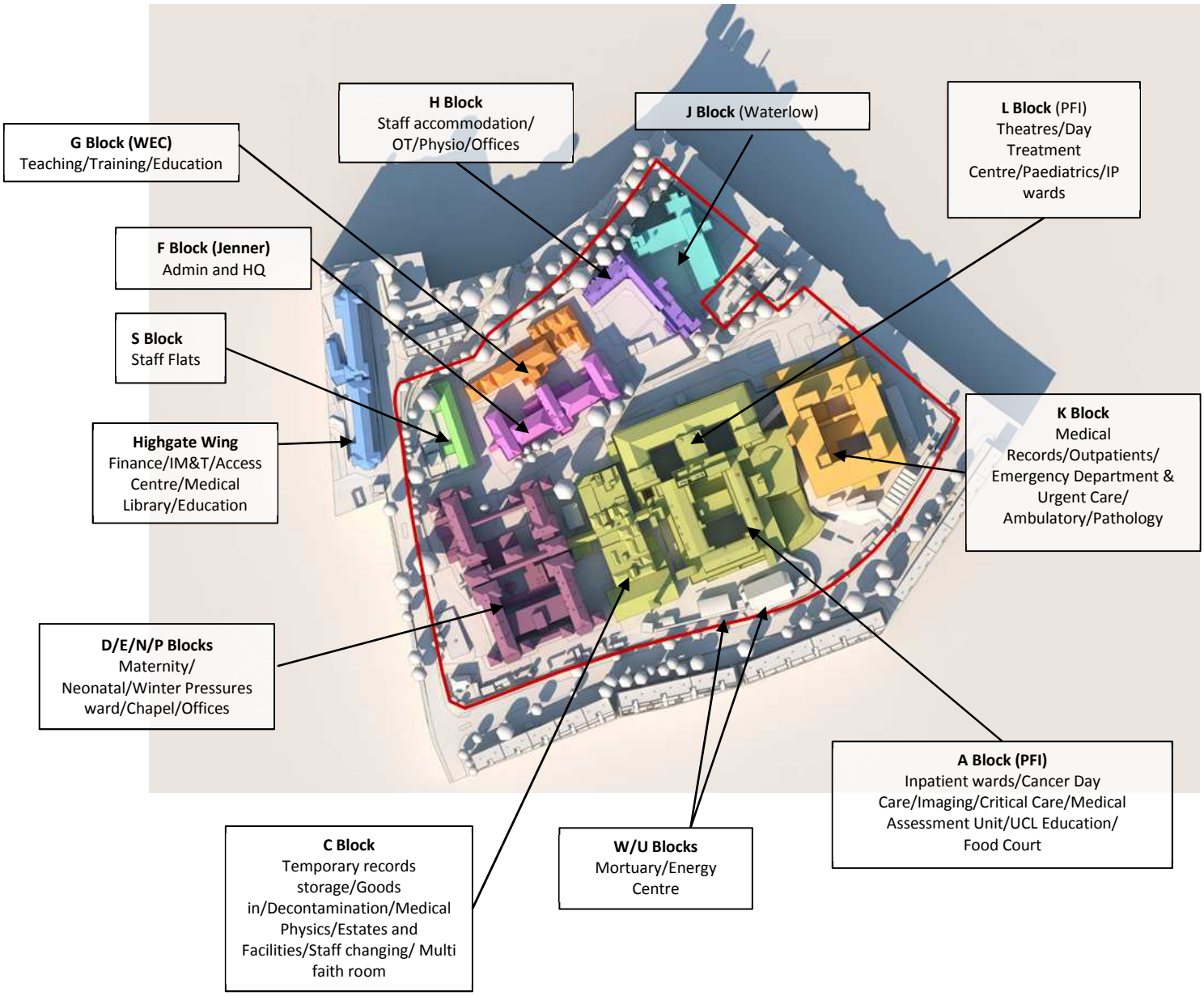
The Whittington Hospital site is located in the Archway/Highgate area of north London, within the London Borough of Islington, close to Archway Underground Station. The overall site area is approximately 4.6 hectares. The map at Fig 2.2 shows the main buildings at the hospital site, which provide floor space of over 70,000sqm. Buildings within the red line are owned by Whittington Health with the exception of Blocks A and L. Blocks A and L are operated under a 28 year arrangement with a special purpose vehicle formed to develop and maintain facilities on the site under a Private Finance Initiative (PFI) contract. This agreement ends in October 2034.

In addition to the hospital site, we offer staff accommodation under a partnership agreement with London Strategic Housing at a site nearby at Sussex Way, N19, and accommodate some corporate services in Highgate Wing, which is owned by a private landlord.

The site is bisected by a middle access road. Most clinical and patient activities take place south of this road. Buildings on the north of the site provide HQ, education, meeting or residence functions; the only clinical functions are outpatient Physiotherapy and Occupational Therapy services. The area north of the access road offers immediate opportunities for redevelopment to improve and enhance our services, without causing significant disruption to our existing activities. Specific opportunities have been identified and these are explored in detail in Section 4.

The Net Book Value of the hospital site buildings is £99.9m and £31.1m for the land.

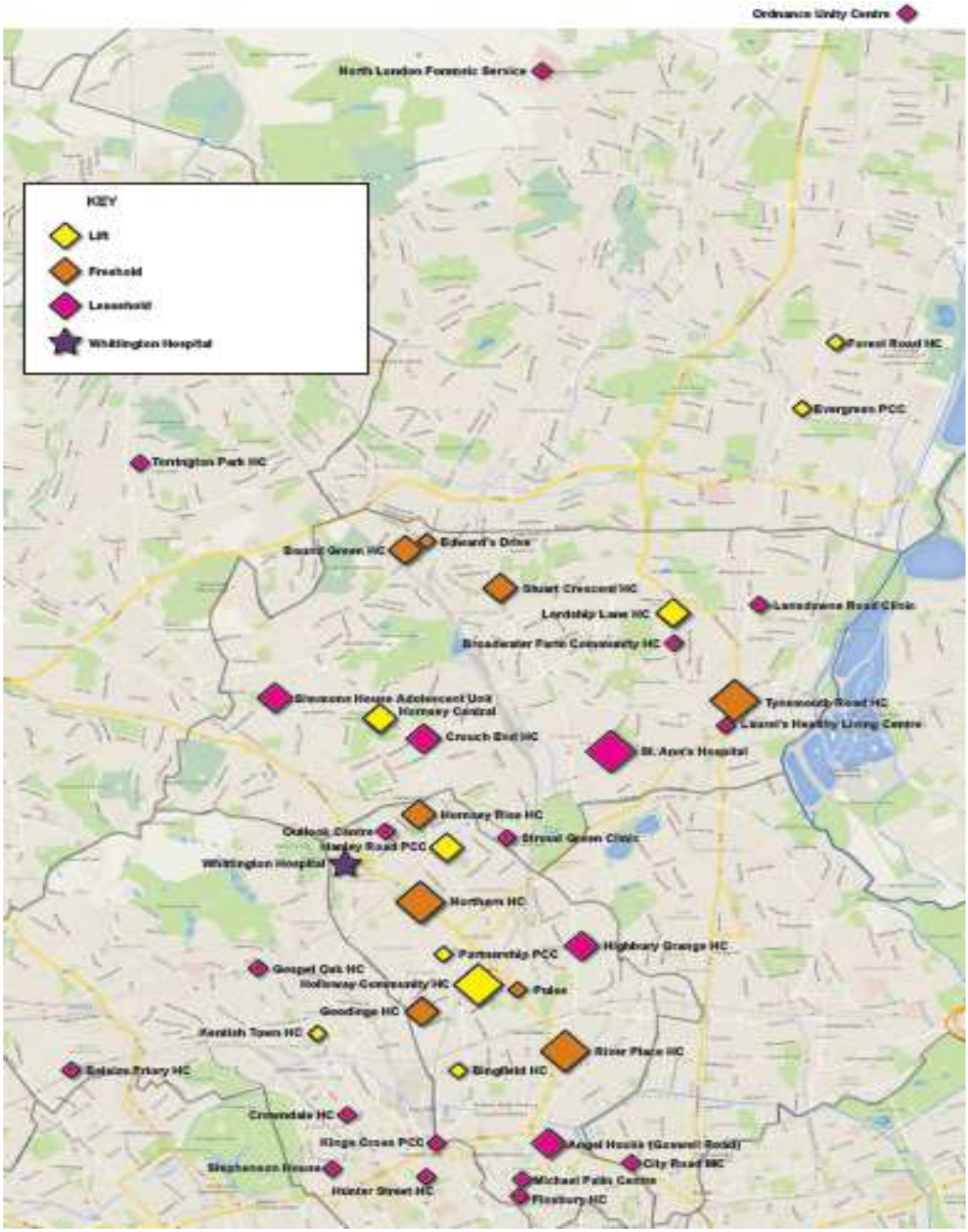
Figure 2.2: Whittington hospital site – key buildings



The community estate

Whittington Health occupies space in more than 39 properties located primarily in the London boroughs of Islington and Haringey, with smaller satellite sites for specific services located in the London boroughs of Camden, Barnet and Enfield. Figure 2.3 shows the location of the community premises by tenure and the borough boundaries of Islington and Haringey. Outside the main Whittington Hospital site we have nine freehold premises and occupy space in eight Local Improvement Finance Trust (LIFT) premises, as well as space in other rented properties. The Net Book Value of the freehold community premises is £8.5m for land and £21m for buildings.

Figure 2.3: The community estate



Our community estate is also part of a nationwide review of public sector health and care assets and development of CCG Strategic Estates Plans required by the DH. We are actively engaging with this work and linking our own estate strategy to the outcomes of the review.

We want to work collaboratively to achieve:

- More effective use of our existing estate to meet health and social care needs, including primary and community based care improvements
- Reduced running costs
- A reconfigured estate to better meet commissioning needs
- Agreements to share property (particularly between health and social care and wider public sector)
- Use of surplus estate to generate capital for reinvestment or a revenue stream
- Effective future investment.

2.5 Detailed estates information and performance

To understand how our estate can best support the delivery of the clinical strategy and service priorities, reviewing the amount, location and type of accommodation for services is part of best practice estate management.

The Trust has data on the specifics of occupation and performance of the estate. This information includes:

- Tenants and third-party occupiers
- Estates Return Information Collection (ERIC) data on age, performance and costs, with comparisons to a cohort
- Six facet information on the condition and utilisation for acute and community sites
- Backlog maintenance
- Capital developments
- Estates costs
- Estates and facilities risks
- PLACE (Patient-Led Assessments of the Care Environment) assessment
- Environmental performance
- Town planning considerations.

Key findings from the estates information are described below:

- Our current estates portfolio consists of a mixed position, with many buildings requiring significant improvement or redevelopment to address substantial functional suitability deficiencies. Our estate has developed in a reactive way as a result of historical artefact rather than as a response to delivering a clinical strategy.
- Overall total backlog costs for our estate (including uplift for works costs) are c. £23m.
- The majority of backlog maintenance costs relate to the hospital site in Blocks C, D, E, F, H and K.
- There are significant backlog maintenance and quality costs associated with the following community premises: The Northern; Hornsey Rise Health Centre; Highbury Grange Health Centre; Crouch End; and Lansdowne Road.
- There are backlog maintenance issues associated with Finsbury Health Centre.

- Around a third of the hospital site was built pre 1948, with 18% built after 2005.
- We occupy space in more than 39 community premises, 9 of which are freehold and 8 are Local Improvement Finance Trust (LIFT) premises.
- LIFT premises provide higher quality environments, but are significantly higher cost per square metre than our other estate.
- We have a number of tenants in freehold properties who often provide complementary services.
- Nationally collected estates performance and cost data suggests we generally perform well – we are close to median values across a number of measures, with the main areas of lower performance relate to space per patient and single bedrooms.
- The 2014 Patient-Led Assessments of the Care Environment (PLACE) assessment shows that the main areas for improvement, in relation to the average, are privacy and dignity, and general building maintenance.
- Sustainability has been a priority for us and there has been some effective work done to minimise waste, promote efficiency, and contribute to the local community. We are also pursuing individual projects that improve environmental performance, such as RE:FIT.

2.6 Summary

Our existing data shows that our estate provides a good platform for developing the opportunities identified. Staying the same is not an option and whilst there is investment required to deliver high quality clinical environments, there is significant potential within the existing estate to generate efficiencies and create investment opportunities.

3.0 Where do we want to be?

This section of the document outlines the factors that will drive changes to our estate in the future, as a result of enabling the delivery of our clinical strategy; listening to our stakeholders; addressing issues with the existing estate; or responding to developments in the healthcare environment and best in class healthcare estates developments.

3.1 Our corporate mission and vision

Our mission and vision are to *'provide safe, personal, coordinated care for the community we serve in order to achieve its mission of helping local people live longer, healthier lives'*.

3.2 Our clinical strategy 2015-2020

We have developed a five year clinical strategy (2015-2020) to focus on the development of an integrated care organisation that incorporates delivery of care across the acute and community sites in Islington and Haringey.

The goals of our clinical strategy are:

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

High-level consultations with the newly formed Integrated Clinical Service Unit (ICSUs) were conducted in summer 2015 to inform the development of the estate strategy. These snapshots highlighted estate implications that may arise from ICSUs achieving the clinical strategy and aligning with our strategic priorities. They were used to inform the development the service drivers outlined in this section.

Our estate development solutions will need to be aligned to an integrated care approach to allow for a coherent response to efficiency and clinical requirements. Our estate strategy provides a clear framework to support the detailed planning process of matching service requirements to estate responses.

Any changes to our community estate must also align to wider public sector estate initiatives being led by CCGs, local authorities and others.

3.3 Corporate objectives

Our mission and vision is underpinned by four corporate objectives, which also serve as themes in this Estate Strategy:

- Deliver quality, patient safety and patient experience
- Develop and support our people and teams
- Develop our business to ensure we are financially sustainable
- Further develop and expand our partnerships and engagement.

3.4 Stakeholder engagement

We understand the importance of both working with our stakeholders and keeping them informed. We have been talking to many of our stakeholders during the development of the estates strategy in order to inform the shape our future direction.

Engagement has taken many forms, from informal drop-in sessions for staff, visitors and patients in the Whittington hospital reception area, to more formal meetings with MPs, the media and the Defend the Whittington Group. We are also an active member of the Haringey and Islington Estates Group which brings together representatives from the CCGs, local authorities and local provider trusts to develop an integrated approach to the future development of the overall estate. This is described in more detail below and in section 4.

The findings from these engagement opportunities demonstrate a wide spectrum of views on the future of our estate (see Appendix C). There is recognition of the need for investment and change, supported by innovative and creative thinking.

We will continue to engage as delivery plans are developed.

- **Clinical Commissioning Groups (CCGs)**

Strategic priorities

The strategic drivers for Islington CCG and Haringey CCG are described below.

- Offer person-centred care through improved integration of services across health & social care, across physical health & mental health, across adults & children's
- Transform inpatient care for residents experience mental illness; deliver parity of esteem
- Transform urgent and emergency care across acute & community pathways
- Transform primary care through common standards and reduced variation; ensure accessible, coordinated, proactive care
- Ensure services are high quality, cost effective, clinically safe delivering a positive experience of care
- Improve use and impact of public estate supported by devolution pilot
- Connect health and care providers and patients by developing an integrated digital care record and person held record
- Improve capacity and capability of health and care workforce

CCG estates planning

- **Local Strategic Estates Plans**

In June 2015, the Department of Health and NHS England asked Clinical Commissioning Groups to develop Local Strategic Estate Plans. Subsequently, NHS Planning Guidance 16/17-20/21 outlines a NHS England priority to ensure CCG's local estates strategies support the overall goal of utilitising opportunities reinvestment.

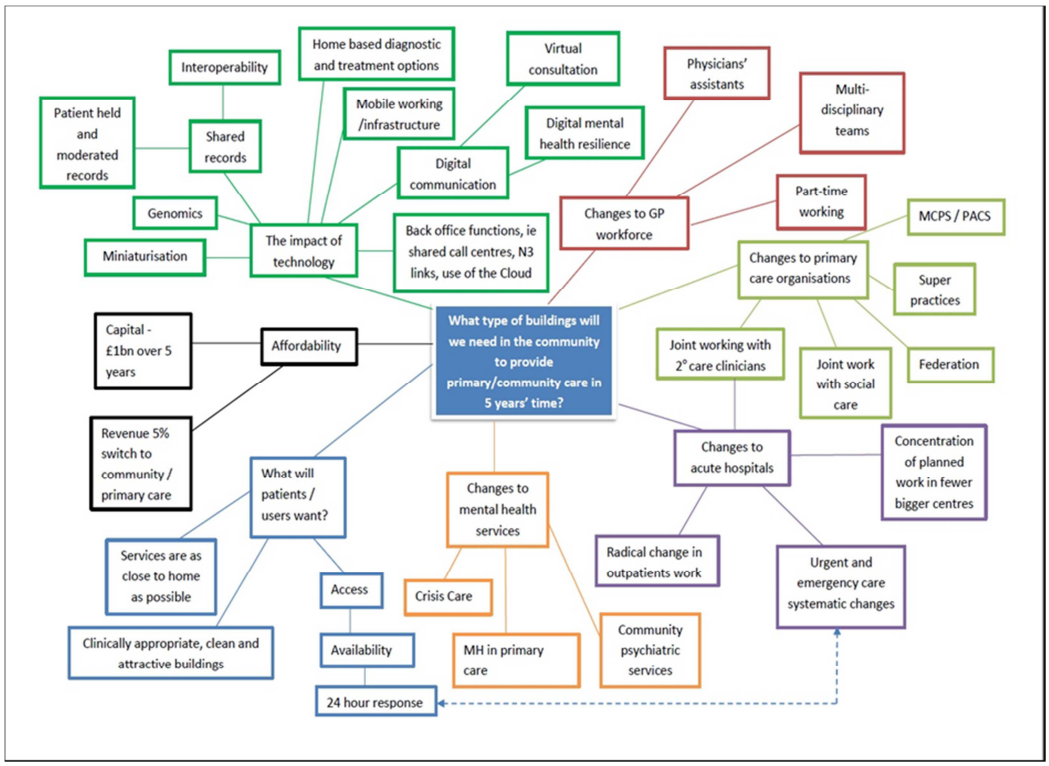
The Local Strategic Estate Plan is intended to support the health economy to create a fit for purpose estate at less cost, specifically addressing:

– changes in demography and population demand;
– changes in the way that health care services are provided – specifically reflecting plans for integrated health and social care, greater levels of care within communities and new commissioning models;
– challenges in funding and affordability.

Representatives from CCGS, local authorities and local provider trusts have been meeting as the Haringey and Islington Estates Group to develop a joint Haringey and Islington strategic estates plan.

Some of the complexities of the issues that have been identified by Community Health Partners (CHP), who are supporting CCGs with estates strategy development, are described in the following figure. These issues are not specific to Haringey and Islington, but provide an overview of some of the issues the strategy may need to address.

Fig 3.2 CCG Estates Strategy Development – complexities map



The Group has to date identified a number of priority works streams, including the following:

Integrated Networks/Hubs	▪ Define primary care infrastructure investment required to accommodate population demand, GP capacity and service developments – specific to each borough. ▪ Identify future integrated networks/hubs and service reconfiguration required to enable new models of care.
Administrative	Evaluate use of public sector estate for back office functions considering if: ▪ Partners could successfully consolidate back office functions across borough and/or across organisations. ▪ IT could better support flexible working so staff can access the systems and resources they need regardless of the building they are in.
Provider Plans	▪ Reduce variability in quality of estate and increase utilisation.
Haringey Council Commercial Premises	▪ Identify if any planned release of Council owned commercial premises would meet a future health or care need.

A strategic outcome matrix has been drafted to quantify the impact an estates opportunity could have on Islington and Haringey residents. A shared outcome matrix provides a means of aligning consideration of estates opportunities across dispersed decision makers. It is proposed that the matrix is used when considering investment in property, relocation of service or other estates related decisions - each category being ranked on a scale of 1 to 3. The output of the matrix would then be incorporated into existing governance arrangements for formal consideration and approval. The Haringey and Islington Strategic Estates working group is intending to seek approval from Health and Well-being Boards in Haringey and Islington for this approach.

Fig 3.3 Proposed Haringey and Islington Estates Group strategic outcome matrix

	Category	Characteristics Considered
Health and Care Outcomes 60%	**Quality**	Meets an urgent space requirement that would improve patient care
	Individual health & well-being	Impacts life expectancy and years of ill-health
	Health inequalities	Considers areas of greatest health inequalities and meets community needs
	Access to care	Increases access (at least 6 days, 8a-8p) and transportation access
	Co-location	Supports person-centred care across health and social care, mental health and physical health, adults and children
	Training and workforce	Improves ability to train staff or improve capacity
	IT	Reduces static storage or supports IT systems for shared records
Financial Sustainability 40%	**Cost effectiveness**	Repurposes existing building to avoid investment in new premises, increases utilisation of existing suitable premises
	Capital flexibility	Results in cash flow from sale either from sale or reduces lease expenses
	Sustainability	Practice size, financial position, external support required
	Environmental impact	Decreases environmental impact of building (carbon footprint, traffic congestion, air pollution, greenhouse gas emissions, staff travel)
	Readiness	Offers reasonable timeline for planning or funding approval, premises improvements and consultations for change in services

- **North Central London devolution pilot**

  North Central London (NCL) Clinical Commissioning Groups and Councils, in discussion with local Providers, have recently been successful in bidding to establish a NCL devolution pilot for estates. The pilot aims to develop the estate needed for new models of care, by optimising assets to reinvest in health and care and support wider benefits for local communities

  The principles and objectives of the pilot are described as follows:

  - Better health and care outcomes for the residents of NCL through the transformation of health and social care delivery, based in fit for purpose estate
  - Partnership working between commissioners and providers to align incentives for estate release and support the delivery of new models of care; and
  - Optimising the use and costs of health and care estate.

  This pilot aims to:

  - Develop a shared vision for local and sub-regional development opportunities with health and care partners, Government and national bodies.
  - Develop a vision for the NCL estates collaboration that supports individual and local community wellbeing, working with local and sub-regional health and care systems.
  - Release capital and revenue by identifying opportunities for transformed health and care estate, including the potential for co-located services.
  - Contribute to the financial and service sustainability of NCL's health and care economy.
  - Work with the London Land Commission to create opportunities for new housing and better coordinate across boundaries to promote housing and development.
  - Bid for and secure funding and resources to improve the performance of local health and care economies across the sub-region.

  Whittington Health is keen to work as part of the health and social care system to support quality of care across NCL. However, we believe that any resources released from our own portfolio of estates, should be used to to support the delivery of the Trust's Estates strategy.

3.5 Estate strategy principles

This estate strategy is intended to provide the infrastructure to support delivery, providing estate solutions whilst also balancing service delivery, affordability and risk. Key principles underpinning our estates strategy are described in Fig 2.4:

Figure 3.4: Estate Strategy Principles

Estates Strategy Principles
Patient centred Improve the estate to be patient/client centred with ease of access to care both physical access and transportation access; supporting the co-location of services to enable integrated care through the development of networks/hubs.
Quality Improve the quality of the estate to meet patient and staff expectations
Effective use of assets Maximise the effective use of the estate to support clinical service delivery.
Design Ensure that our estate has flexible and modern space in all our buildings
Capacity Ensure that the Trust's estate has the capacity to meet demand for healthcare in the right places
Statutory and non-statutory compliance Continue to manages estates risks and meet all necessary standards
Future sustainability Ensure that the delivery of the Estate strategy supports the future sustainability of the organisation in terms of quality, financially (reduced expenditure and contributing to a reduction in debt), effective working and environmental sustainability
Partnerships and engagement Maximise the opportunity of partnerships and engagement with our local community and ensure Trust plans align with wider health economy plans.

3.6 National drivers for change

The NHS is undergoing one of the most radical transformations in its history. In developing a strategy, it is important to be aware of the direction of national policy and the key national drivers of change. Transformation will have an impact on the estate of the Trust in terms of location, amount and style of facilities.

Although there is increasing demand for healthcare fuelled by a rising population and long-term and complex health conditions, alongside an increasing focus on quality and standards, there is no real growth in funding. Transformation programmes are expected to change "how and where" NHS Trusts deliver their services. This is coupled with significant financial and performance challenges posed by existing needs to produce efficiency savings.

A summary of the national drivers for change is provided below.

Figure 3.5: National drivers for change in healthcare

A number of factors are driving an increasing focus on quality and efficiency	
Overall	• Rising demand for healthcare faster than population growth Increasing focus on quality and driving quality through standards • Continuation of central designation process for specialist services • Increasing competition in healthcare provision
Emergency	• Rising emergency admissions across the UK with various policies in place to mitigate this Increased focus on standards especially senior presence and co-dependencies • Keogh work likely to lead to 'designation' of major emergency centres[2]
Elective	• Separation of emergency and elective activity to get better outcomes and efficiency • Significant growth in outpatients[3] • Increased tendering of services to external providers • Consolidation and specialisation to make most effective use of staff and equipment
Women and Children	• Birth rate increases minimal across the UK (increases locally will be high) • Increased consolidation and networking of maternity services to meet standards • Increased consolidation and networking of inpatient paediatric services to meet workforce requirements
Integrated Care	• Further pooling of money between health and social care (Better Care Fund[4]) • Movement towards capitation payments for cohorts of patients and provider partnerships to provide care for these cohorts • Increased GP responsibility for co-ordination of integrated care (e.g. named GP)
Cancer	• Cancer Centres to deliver specialised cancer care to populations of over 1,000,000 • Cancer Units to treat common cancers only with surgical sub-specialisation with sufficient volumes of activity • Close integration of primary and secondary care

3.7 Best in class accommodation

The purpose of the estate strategy is to support the delivery of the clinical strategy with new and refurbished accommodation that is effective and efficient, drawing upon the latest thinking in healthcare estates development.

We will apply this thinking across all types of accommodation as follows:

The model of care – consideration will be given to how a further physical separation can be achieved between planned and unplanned and between admitted and non-admitted patients to maximise productivity of each element. This would enhance the integrated pathways provided by the Trust. For example, the North Middlesex Hospital's PFI development was designed with such a split.

[2] Transforming Emergency and Urgent Care Services in England, NHS England (2013)
[3] HES Hospital Outpatient Summary Report (2012-13)
[4] Health, wellbeing and adult social care, Local Government Association (2014)

Inpatient accommodation – the we will continue to improve inpatient accommodation ensuring the appropriate mix of single room and bay accommodation when refurbishing or developing our estate. We will also look to benefit from the evidence-based research and design work carried out under the Department of Health's cost reduction programme for Repeatable Rooms and standardised components to reduce design time and costs and provide best practice design. A 7% capital cost saving was achieved by Scarborough Hospital on such a project.

Main Theatres – we will consider development options for main theatres, including whether barn theatres such as those used at Broadgreen in Liverpool and the Robert Jones and Agnes Hunt Orthopaedic Hospitals can be implemented to support increased productivity, improved operational discipline, sharing of best practice/learning and reduced infection rates (0.3% vs national average of 1%), staff retention and satisfaction whilst enjoying comparable running costs to traditional theatres.

Outpatient Accommodation – outpatient clinic provision and space requirements across the Trust will be reduced to the minimum by the use of a range of techniques: one stop shops to support consultation, diagnosis and possible treatment all in one visit; generic shared clinic accommodation such as at North Middlesex Hospital; consideration of 3 session days and weekend opening; consideration of the need for follow up appointments in every case; text reminders to reduce DNAs as used by Nottingham University Hospitals; and the use of self-check in points.

IT-enabled services –to reduce space requirements we will continue to explore using information technology such as: mobile technology to reduce/change office accommodation requirements; and consultations over Skype and the telephone to avoid the need for patients to physically attend appropriate appointments. For example, Barts Health Trust has developed a formal cancer surveillance programme to provide specialist follow-ups at a distance. We will also work to enhance its virtual ward model of care.

Office accommodation – we recognise that under-utilised or poorly used office space represents a major opportunity. By moving towards, or exceeding Cabinet Office efficiency targets for new premises of 4 desks for every 5 WTE staff and allowing no more than 8m^2 per desk space we will reduce space requirements. New working practices such as hot desking and home-working supported by appropriate technology will be supported. For example, the Nuffield Orthopaedic Centre provided all corporate space including that for Trust Executives as open plan, and by identifying opportunities to vacate surplus space the Civil Estate vacated 28% of its properties and reduced its space use by 20%.

Space utilisation - In North Manchester a space utilisation study of six buildings led by the CCG identified wasted space costing £900,000 per annum and considerable capacity for accommodating additional services.

Minimising storage requirements - through the implementation of a materials management solution which could offer opportunities to reduce storage provision and release space

3.8 Summary of service drivers

The national, local and trust service drivers are summarised in the table below:

Figure 3.6: Service drivers

Quality
Expectations from patients and regulators of a high quality service
Competition for patients based upon patient choice
The need to provide care close to home
Continued access to high quality emergency and urgent care
The availability of new investigations and treatments
Staff
The need to attract and retain high quality staff
The need for high quality facilities to train and develop staff
Financial
The need to reduce the I&E deficit
Limited access to Public Dividend Capital to support investment
Population growth not being matched by similar increases in funding
The need to obtain value for money through smart procurement
Meeting local health needs
Rising activity levels
The prevalence of health inequalities
A relatively young population
An ethnically diverse population
The need to support prevention of ill health
Structural
The need to continue to integrate services across the acute and community estates
Working in partnership with other members of the local health and social care economy

3.9 Where do we want to be?

Our estate strategy links the service drivers, principles and corporate objectives to describe how the estate needs to evolve. These themes provide assurance that the estates plans directly support the clinical strategy by being linked to at least one of our corporate objectives. Figure 3.5 summarises and links the strategic drivers with the estate principles, to describe appropriate estate responses

Figure 3.7: Where do we want to be?

Service Drivers	Estate Principles	The Vision: Where do we want to be?	Measures of success
Quality ▪ Expectations from patients and regulators of a high quality service ▪ Competition for patients based upon patient choice ▪ The need to provide care close to home ▪ Continued access to high quality emergency and urgent care ▪ The availability of new investigations and treatments	Patient centred Quality Capacity	**Theme 1: Deliver quality, patient safety and patient experience** We will provide clinical services in high quality accommodation that supports the provision of safe, personal, coordinated care for the community we serve.	▪ Locality based integrated networks/hubs in place for service delivery across Islington & Haringey ▪ Children's services delivered from 'fit for purpose' accommodation ▪ Maternity & neonatal unit redeveloped ▪ Fit for purpose environments for: theatres; wards; outpatients and ED
Staff ▪ The need to attract and retain high quality staff ▪ The need for high quality facilities to train and develop staff	Design	**Theme 2: Develop and support our people and teams** We will have an estate that supports the recruitment, development and retention of our employees and enables them to work effectively in teams.	▪ Access to low cost, high quality staff accommodation
Financial ▪ The need to reduce the I&E deficit ▪ Limited access to Public Dividend Capital to support investment ▪ Population growth not being matched by similar increases in funding ▪ The need to obtain value for money through smart procurement	Effective use of assets Statutory and non- statutory compliance Future sustainability	**Theme 3: Develop our business to ensure we are financially sustainable** We will have generated additional (capital and revenue) income and minimised our costs through the effective and efficient use of our estate assets in order to make our healthcare services financially sustainable.	▪ Non-clinical support space utilisation - reduce footprint by 20%? ▪ Comply with all legal and regulatory requirements ▪ Capital investment programme in place and funded to enable refurbishment and redevelopment ▪ Carbon reduction target (27% reduction between 2015 and 2020)
Meeting local health needs ▪ Rising activity levels ▪ The prevalence of health inequalities ▪ A relatively young population ▪ An ethnically diverse population ▪ The need to support prevention of ill health	Partnerships and engagement	**Theme 4:** **Further develop and expand our partnerships and engagement** We will have continued to develop partnerships with other organisations in the local healthcare community in order to provide a wide range of effective services to our patients and users.	▪ Partnerships in place ▪ WH estates as local community asset
Structural ▪ The need to continue to integrate services across the acute and community estates ▪ Working in partnership with other members of the local health and social care economy			

4.0 What is required and how do we get there?

4.1 Introduction

Section 4 describes how we will work towards achieving the objectives outlined in the preceding chapter using the themes identified, looking at essential and potential developments and identifying what is required and how we can get there.

4.2 What is required – overview

Analysis of our hospital site shows that clinical services are predominately provided in accommodation south of the access road running through the campus. The clinical strategy and drive for care closer to home means there is opportunity to deliver some outpatient clinics off site, releasing space for other uses. There are other opportunities to release space in non-clinical departments such as pathology (laboratories) and medical records. Furthermore a Trust-wide analysis of non-clinical support accommodation is needed to identify ways to minimise this expensive accommodation and support appropriate modern work practices and the location of clinical and ancillary services such as education can be reviewed to improve adjacencies and utilisation.

Improved provision and use of the estate on the hospital site could release space on the site for other uses that would align with our mission, whilst supporting investment in the estate, supporting the financial sustainability of the Trust and, ultimately, safeguarding our future and services.

Any change on the hospital site is inextricably linked to the provision of community services and the associated estate. Our community estate is complex and reliant on multiple interrelating dependencies with partnering organisations such as NHS England, GPs, CCGs and local authorities across Islington, Haringey and Camden. The need to rationalise the community estate and improve the efficiency of usage is recognised.

4.3 Backlog investment

The Trust Six Facet survey informs the investment required to ensure existing accommodation is maintained at an appropriate standard (level B). The total backlog cost across the hospital and community premises sites at 2016 is circa £23m. See appendix D for further detail.

4.4 Theme One: Deliver quality, patient safety and patient experience

- **Required Investment**

Whilst the six facet survey assesses functional suitability, it does not fully identify the investment required to deliver full functional suitability, particularly where a reconfiguration of the services and expansion of overall space may be required.

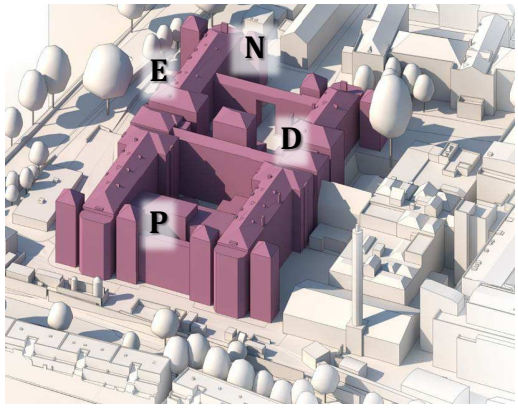
The following projects have been identified as important to a modern, fit for purpose healthcare estate that meets current health building standards and that provides appropriate facilities for the number and type of patients expected in the period 2016-2021 Some projects are in the early planning phases with funding streams yet to be identified.

Maternity and neonates business case improvements and further phased investment

Indicative capital cost estimate: £22M

Our clinical strategy recognises that the estate needs to respond to changes in models of care and consequent reconfiguration of services. We are waiting for NHS TDA approval for a Full Business Case for a staged redevelopment of its maternity and neonatal services. This redevelopment will consolidate to a single area providing improved facilities for mothers and babies. Further staged investment over the next five years will be required to complete the necessary improvements to the accommodation.

Figure 4.4: P,E,N & D Blocks including Maternity & Neonatal

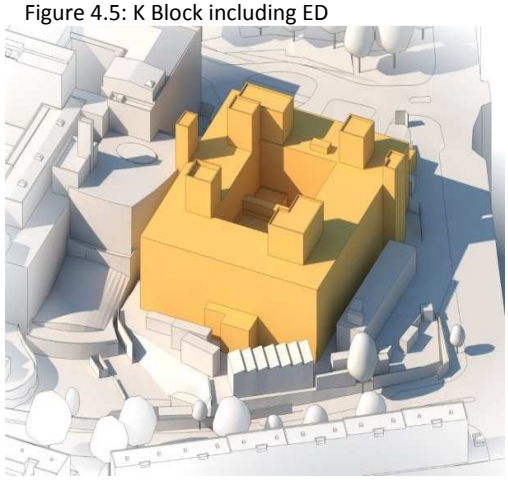


Emergency department (K Block)

Indicative capital cost estimate: £2.4M

The emergency department requires refurbishment to maintain privacy and dignity and observation compliance standards. A department refresh will contribute to delivery of safe quality care, gender segregation compliance and paediatric pathway compliance. It will also help address capacity issues caused by seeing 90,000 attendances in a unit designed for 60,000.

Figure 4.5: K Block including ED



Wards improvements (L Block)

Indicative capital cost estimate: £8M

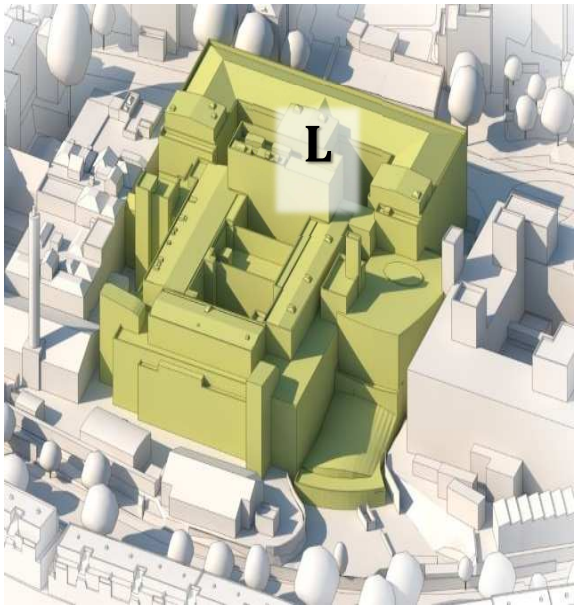
A ward refurbishment programme, within the confines of the overall strategic estate plan will reduce issues associated with the lack of privacy and dignity and provide dementia friendly environment to those patients requiring specialist care. We will be able to re-size wards for specialty split, make better use of staff and provide modern and fit for purpose patient environment.

Theatres improvements (L Block)

Indicative capital cost estimate: £7m

With an aging theatre block, there is an on-going challenge to ensure a patient environment that is: safe; suitable; supports an improved patient experience of the hospital and its services; meets mandatory and statutory requirements, including Care Quality Commission (CQC) Outcome 10. Refurbishing the current theatre department and replacing older/less appropriate accommodation with a modern environment will enable incorporation of improved infection control and other safety and energy efficient measures which will help provide safer, resilient and more suitable environments for staff and patients. Utilisation analysis has shown that the current theatres are under-utilised. This requires further analysis to establish the number of theatres required in a refurbished theatres suite.

Figure 4.6: A & L Blocks, including Wards and Theatres



Children's services (cost to be determined depending on agreed service model and locations(s))

Children's services are delivered by multi-disciplinary teams (MDTs) on the hospital site (emergency, ambulatory and inpatient care) and in the community at multiple sites in Islington, Haringey and Camden with current larger networks being Bounds Green and St Ann's in Haringey, and the Northern in Islington. There is a need to consider a more consolidated, cross-borough, multi-disciplinary service for the best support of children with long-term conditions and their families.

We are currently exploring opportunities to relocate services to fit for purpose environments in the most suitable locations for service users.

- **Service Development Opportunities**

A number of opportunities were identified in high-level consultation with the ICSUs and key stakeholders. They outline opportunities that may exist to enhance or expand existing services. Each opportunity will need further in-depth analysis and to comply with the approvals process for capital projects.

Dedicated Endoscopy unit

The Endoscopy Unit is currently based on the hospital site within the Day Treatment Centre in C Block and has achieved national quality accreditation from the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy, acknowledging Whittington Health provides quality and safety in patient care. National Bowel Screening programmes are leading to an increase in demand and the Trust has identified that within two years the current facilities may have outgrown capacity. A business case is required to develop a service to meet future capacity requirements and maintain JAG compliance. This could involve the creation of a dedicated Endoscopy unit, perhaps co-located with the endoscope washers in C Block, which are also subject to review regarding replacement.

Outpatients

The outpatient department on the hospital site is currently delivered from three floors of K Block and is quite congested during clinics and under-utilised at other times. The clinical strategy recognises the changing focus for outpatient services and the impact changing demographics will have on future needs for services. This includes delivery of non-emergency ambulatory care services, with the option to incorporate multiagency working and achieve wider health and social care improvements as part of integrated care pathways. The estate implication is that some outpatient services may move to the community. This provides an opportunity to review the schedule of hospital-based outpatient clinics and consolidate into an efficient, smaller unit. Such a unit would incorporate:

- A design that is compliant with the latest HBN guidance, improving the physical space for clinics and flexible to provide general and specialist clinics in the same location
- Improved patient wait areas to support flow and movement through the department
- A separate but co-located paediatric outpatient department
- The option to incorporate integrated therapy outpatients as part of the detailed design for both adults and paediatric outpatient facilities.

Further work is required to fully scope and model future outpatient activity to ensure the number and type of rooms and the detailed design meet longer term service needs. We are keen to deliver quality integrated services and therefore recognise the importance of achieving current strategic aims of both Whittington Health and our commissioners to deliver care closer to home and within the community so opportunities to relocate some clinics to community settings will also be explored as part of this provision.

Space released in K Block from the improvements to outpatient services would offer the opportunity to re-locate other services to improve adjacencies and utilisation. There is scope to accommodate services from the northern part of the acute site to K Block, but all potential options will need to be explored.

Step-down and rehabilitation inpatient service

Indicative capital cost estimate: £4.6M

We are the main provider of services for frail aged across the local community. There are opportunities to develop and deepen the integrated team across Islington and Haringey providing services in homes, at care homes and through current GP practices. The benefit would be reducing admissions and presentation to acute site services, keeping acute beds available for acutely ill patients. Admissions trends are increasing in frailer and sicker patients who require longer length of stay (LOS), putting pressure on acute bed availability. The issue is further compromised by access to limited step down facilities within the community. This results in the occupation of acute beds by patients with lower acuity waiting for discharge to such a facility. This ultimately results in medical patients occupying additional space on surgical wards. Our estate strategy proposes an opportunity to develop a step down/rehabilitation facility on the hospital site, possibly linked to the development of a Health/Wellbeing village described in section 4.6.

4.5 Theme two: Develop and support our people and teams

Staff residences

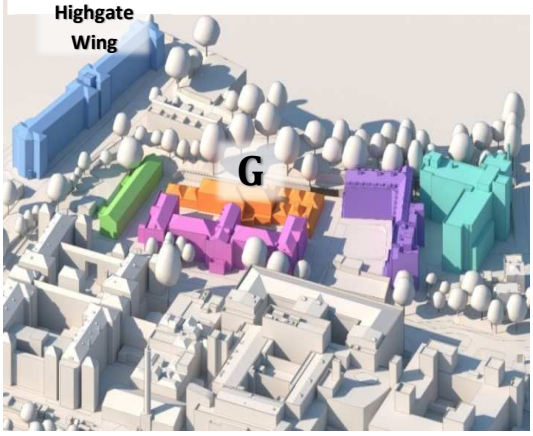
We are committed to ensuring that our staff have access to low cost, high quality accommodation which will help retention and recruitment. There are 70 rooms on site which currently which need improvement and investment and 12 family flats. We will explore opportunities with local partners to reprovide this accommodation and consider redevelopment opportunities for H block.

Education & Training - re-provide facilities

Our clinical strategy includes the ambition to be recognised as a leader in the fields of medical and multi-professional education.

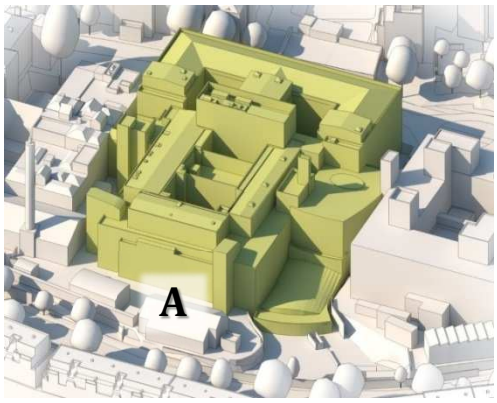
Education and Training services are currently provided in Highgate Wing and Blocks G and A. There is an opportunity to relocate education and training facilities in one place, closer to clinical services, in pursuit of excellent education provision. This would accommodate and expand the current simulation services and associated existing post graduate education centre (WEC) facilities into a modern and appropriate setting. It could allow for training a wider range of staff and income generation through external

Figure 4.7: Block G Whittington Education Centre and Highgate Wing



training. The Trust could continue to provide specialist medical, nursing and therapy training in one location, improve participant experience, provide quality research space, carry out environmental improvements, co-locate departments and improve space utilisation. Relocating the existing education and training facilities to C Block or A Block would release current facility in Highgate Wing and G block for alternative use.

Figure 4.8: A Block



Research expansion

As with the proposal above, an opportunity to be recognised as a leader in population-based clinical research exists on the Whittington Hospital site. Improving research is an explicit aim of the clinical strategy. Currently, we are participating in studies that involve fewer than 100 patients, primarily focusing on a small number of studies generated via pharmaceutical companies and from the NHS NIHR (National Institute for Health Research). The research function generates enough income to fund itself but expansion is needed to become a leader in the field. We aspire to develop research capabilities and grow incrementally to rival local trusts. The vision is to provide clinical research based on Phase 3 or 4 clinical studies (these are drugs or other treatments that are nearing roll-out, rather than experimental). The requirement is to expand current provision to a small clinical trials unit, which would include a laboratory, administrative space and access to four clinical day space beds. This unit must be on the acute site.

Expansion of research facilities will also enable the Trust to conduct research to add to the evidence base of the cost-benefit aspects of integrated care and provide leadership in this field.

4.6 Theme three: Develop business to ensure we are financially sustainable

Health / Wellbeing Village

There is scope to rationalise services on the less clinically intensive part of the hospital site and develop this part of the site to support both the Trust's workforce strategy, by including improved, replacement residential accommodation for staff, and other developments complementary to our mission and vision. This opportunity would enable us to work with partners (public or private sector) to shape a concept that supports our services, benefits the community, provides needed services and provides a potential income for the Trust while retaining ownership of the land. The investment could potentially be supported financially by other commercial developments subject to detailed investment appraisal.

Islington Council previously consulted on proposed residential-led development options for the hospital site in the Site Allocations document, adopted in June 2013. The document is part of Islington's statutory Local Plan and is used to inform decisions on planning applications.[5]

One concept known to have market interest is a Health/Wellbeing Village, which could include a wide range of facilities to form a mixed use development such as:

- Step up / step down beds
- Nursing home
- Rehabilitation
- Dementia facilities
- Palliative care
- Private patients facilities

Implementing this vision would remove accommodation that is largely non-clinical, in relatively poor condition (with an associated backlog maintenance liability) and does not provide good value for money. The current, non-clinical functions such as office accommodation could be relocated to lower cost, more efficient space (either on or off-site).

Development of the hospital site as described could enable a transformation of the clinical services estate by funding the required investment in maternity and neonatal, theatres, wards, ED, outpatients, and other service development opportunities described in section 4.2

This concept would need to be scoped in greater detail to assess the benefits, interest and investments required by the Trust and by any potential partners.

Medical records reduce and relocate to create space for new business opportunities

Medical records are located across two sites at Whittington hospital (K Block outpatients and C Block). IT developments will reduce the reliance on paper records in the next five to ten years. We would like to reduce and consolidate medical records off site, acknowledging that this would require a phased approach over a five year period. This will release high cost space in clinical blocks to be utilised for clinical service delivery or non-clinical support functions. A business case exploring cost and options will be required.

[5] Whittington Hospital, pages 25-26, http://www.islington.gov.uk/publicrecords/library/Planning-and-building-control/Publicity/Public-consultation/2013-2014/(2013-09-09)-Site-Allocations-(adopted-June-2013).pdf

4.7 Theme Four: Further develop and expand our partnerships and engagement

Pathology

Develop partnership off-site approach to pathology provision, retaining on-site Hot labs

Indicative capital cost estimate: £0.9M

Our Pathology services are provided in a poor environment with insufficient capacity. The phlebotomy area requires expansion to meet demand and provide facilities that enhance quality service provision. The anti-coagulation service has seen a 20% growth in activity with concomitant impacts on capacity and the patient experience

In the wider NHS, there is a trend of centralising pathology services for better efficiency, diagnosis and patient outcomes. These circumstances give us an opportunity to undertake a feasibility study that will explore whether pathology should undergo a refurbishment or explore partnership arrangements with other pathology service providers to provide outreach services. An offsite solution with some pathology investigations carried out in a hot-lab on site would release space to enable improvements in the patient experience and allow the space in K Block to be used for other purposes.

Community premises – developing integrated models of care and ways of working

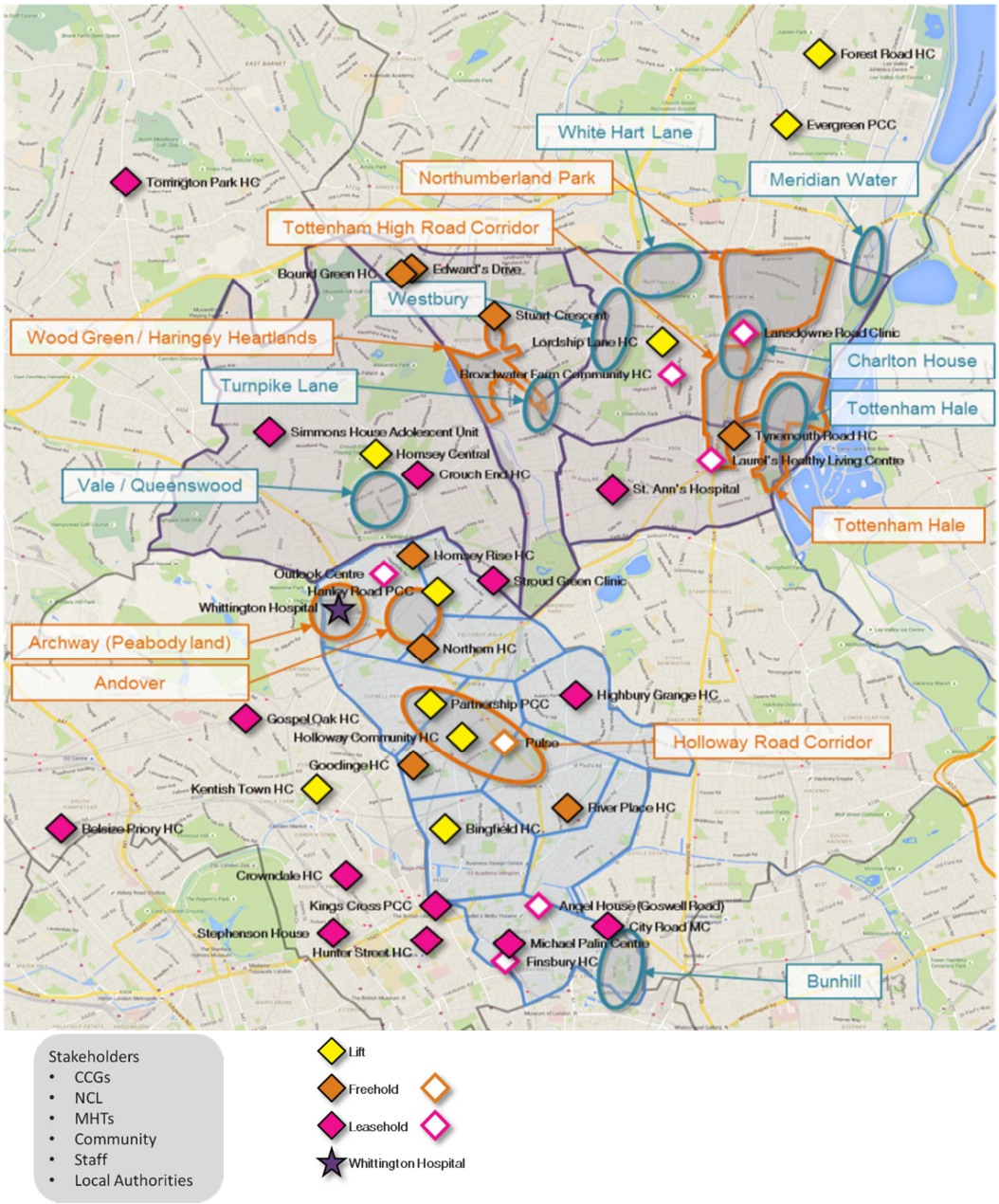
As described in section 3.4, we are an active member of the Haringey and Islington Estates Group which brings together representatives from the CCGs, local authorities and local provider trusts to develop an integrated approach to the future development of the overall estate.

Figure 4.6 below highlights the locations of strategic development areas in Islington and Haringey identified by Whittington Health and partner organisations (NHSE, local CCGs and local authorities). Given the level of complexities and overlap in delivering services, many organisations are moving toward a network model of care. This approach aligns with one of the work streams identified by Health and Care Systems Leaders Estates Review Group and described in section 3.4.

An integrated network model will benefit patients served by Whittington Health by:

- Providing an appropriate response to the clinical strategy to expand on existing peripatetic work styles of community staff thereby enhancing integrated care
- Centralise and co-locate dispersed community nursing staff to allow working as part of larger multi-disciplinary teams. This in turn will enhance the delivery of services and improve the delivery of integrated clinical pathways
- Provide scope for additional rationalisation and savings from the estate by reducing the need for office space through peripatetic working and premises sharing, and for clinical space through MDT working and in-home services.

Figure 4.9: Community: Identifying key strategic locations for WH and partner organisations



It is assumed that the development of the integrated network/hub model will enable us to significantly reconfigure the community estate. Integrated networks/hubs serving populations of 50-60,000 could generate a reduction in the number of community premises from 20 to 8-9 sites (this excludes current premises currently providing single service specialist services (e.g. dental and CAMHS level 4).

Additional specialist service sites may be required to accommodate specific needs (e.g. access). For example, relocation of Haringey sexual health services to a more cohort specific, accessible accommodation would be a priority.

Delivering a more efficient, integrated network/hub based provision of services will require:

- Investment in information technology (IT): our staff in the community use technology to enable a peripatetic working style. IT developments expected in the next financial year (2016/17) should enable staff to expand this style of working for the benefit of patients and staff.
- A change in working practices to reducing the need for office space through peripatetic working and premises sharing, and for clinical space through MDT working and in-home services.

The changing current and future work styles of community staff will enable us to occupy fewer community premises in the future.

Although some enabling investment may be needed, there is potential to reduce the running costs and current backlog maintenance costs across community properties. This in turn will provide the opportunity to increase the delivery of integrated care by providing one-stop shops, clinics and co-located multidisciplinary teams.

Our reconfiguration of the community estate will need to be linked to the Haringey and Islington Estates Group review work and the assessment criteria described in section 3.4. It is important to note that in any changes to the community estate, the Trust will undertake consultation with the local public, patients, tenants and commissioners to help develop and support the implementation of plans.

4.8 Summary of investment requirements and opportunities

Our current estates portfolio cannot remain the same:

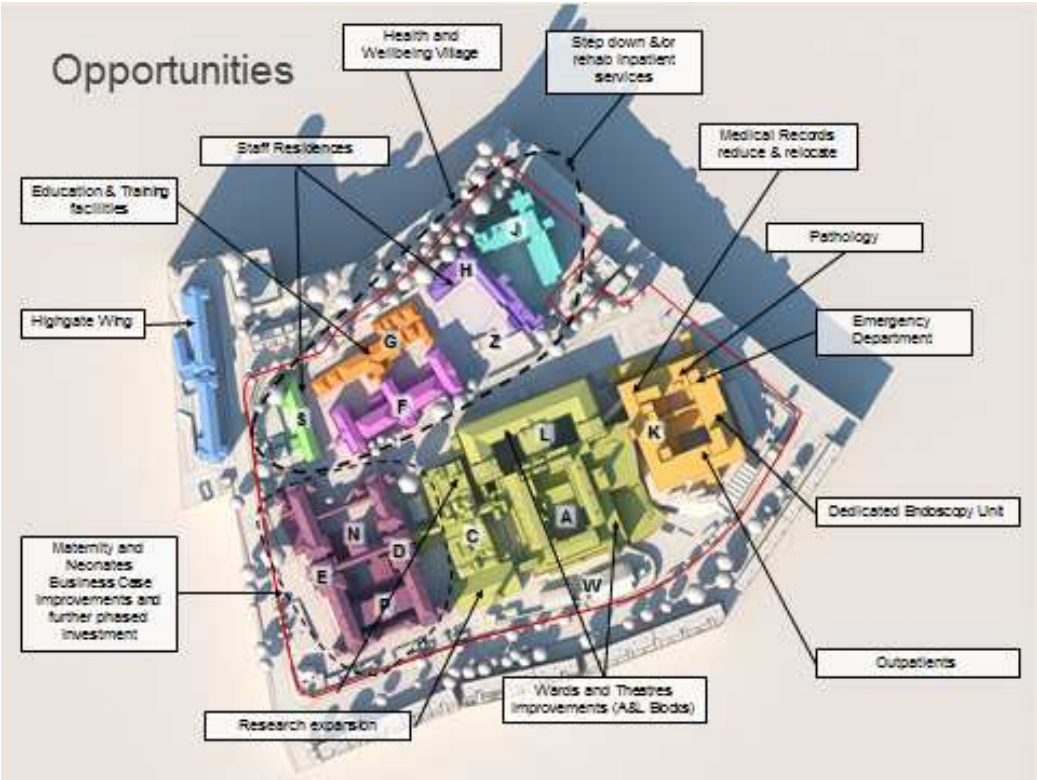
- Targeted investment in the hospital site is required to ensure the estate supports the delivery of high quality clinical services.
- Investment in, and rationalisation of, the community estate portfolio is required to support the development of integrated networks/hubs; provision of high quality clinical and patient care environments; and more efficient service delivery.
- Investment is required to maintain and develop high quality training and education facilities.
- Investment is required to deliver high quality staff residences.
- Investment and a change in working practices is required to enable non-clinical support and corporate services accommodation across the Trust estate to be rationalised and used more efficiently.

In addition, we believe that the current estate offers a number of service development opportunities which would support Whittington Health deliver on its mission to ‘help local people live longer, healthier lives’.

Hospital site opportunities

The opportunities identified are detailed in the Development Control Plan for the hospital site below.

Figure 4.10 Hospital site Development Control Plan



Community site opportunities

A number of community based opportunities have been identified, including:

- Significant property developments in Archway (Peabody site) and Tottenham (the Spurs development) could provide opportunities for purpose built accommodation.
- Proposed housing developments in: Finsbury Park, Clerkenwell, Bunhill, Wood Green/Haringey Heartland, Tottenham High Road Corridor, Northumberland Park and Seven Sisters Corridor will generate requirements for additional health services.
- The need for significant improvements in the primary care estate, (supported by central funding) provides opportunities for the development of integrated networks/hubs.
- Rationalisation of local authority estate and expertise in efficient back office working provides opportunities to integrate non-clinical support accommodation.
- Local health care provider developing estate plans provide opportunities to review synergies and relocation of services relating to the St Ann's site and the Kings Cross St Pancras site.

4.9 How do we get there – summary

Delivery of the estates strategy will require:

- Consideration of a partnership delivery vehicle, which will enable the funding of required and potential developments within the current challenging public capital funding environment.
- Possible release and/or the redevelopment of assets, to enable the necessary redevelopment on some sites.
- Exploring partnerships with other providers to develop our bulidings to enable future income and sustainability.
- Detailed prioritisation, scoping of options and preparation of business cases.
- Delivery of estate efficiencies to deliver revenue savings, as part of good practice and to support the reduction of our operating deficit, informed by high quality estates data and prioritisation of community premises.
- Investment in information technology as a key enabler to changing working practices to deliver efficiencies in estate usage.
- Investment in change management to support change in working practices.
- Stakeholder engagement and support.

5.0 Conclusion

There is a need to change the estate to support the clinical strategy, reduce the cost of occupation and release capital for re-investment in modernising the retained estate.

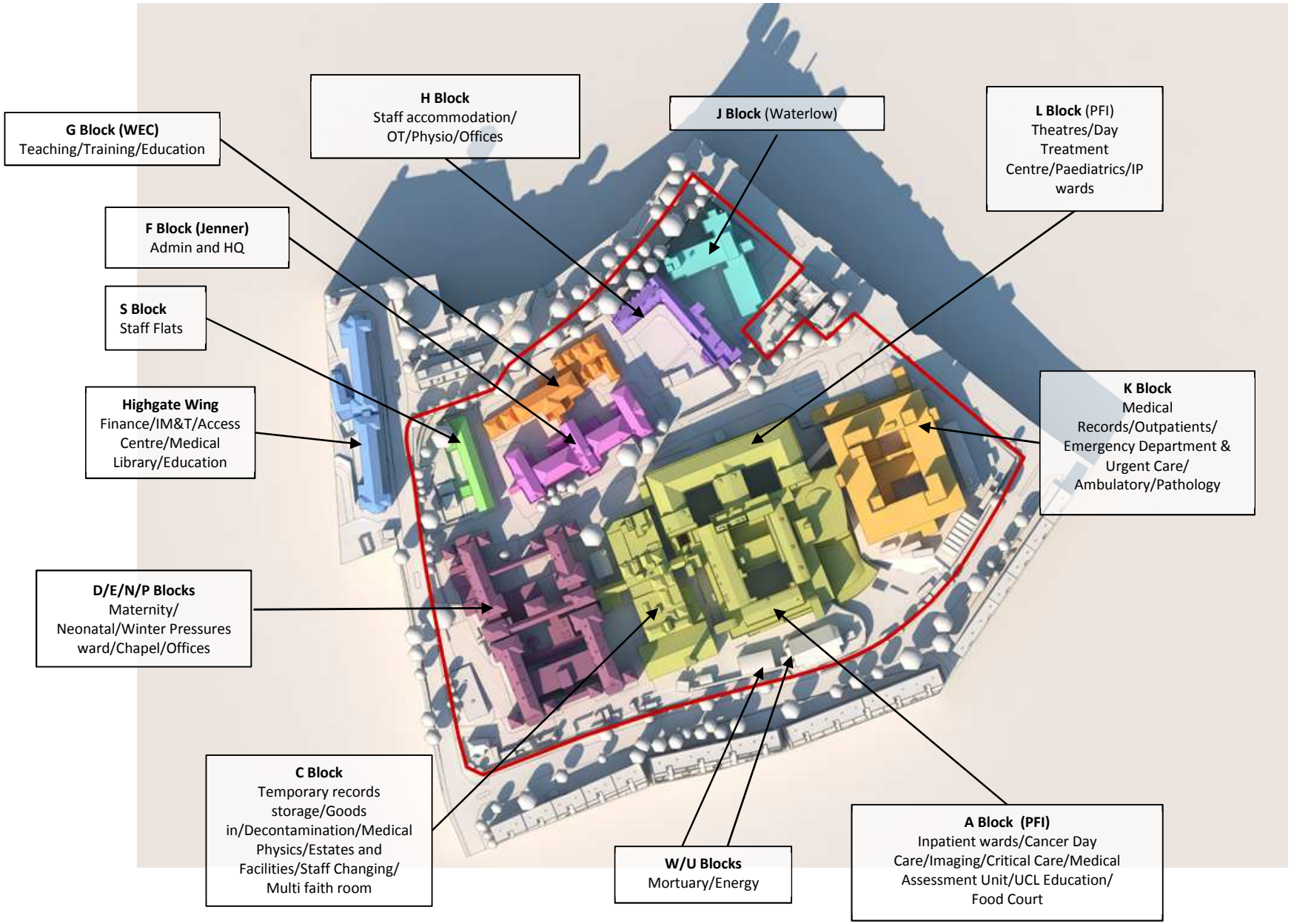
We have a clear vision for our estateand have identified a number of opportunities open for us to transform the way our estate delivers care to our patients – ensuring it is well used to deliver a consistent and and excellent environment in a way that we can afford.

This strategy provides high level direction for estate development, allowing flexibility to accommodate evolving service delivery plans.

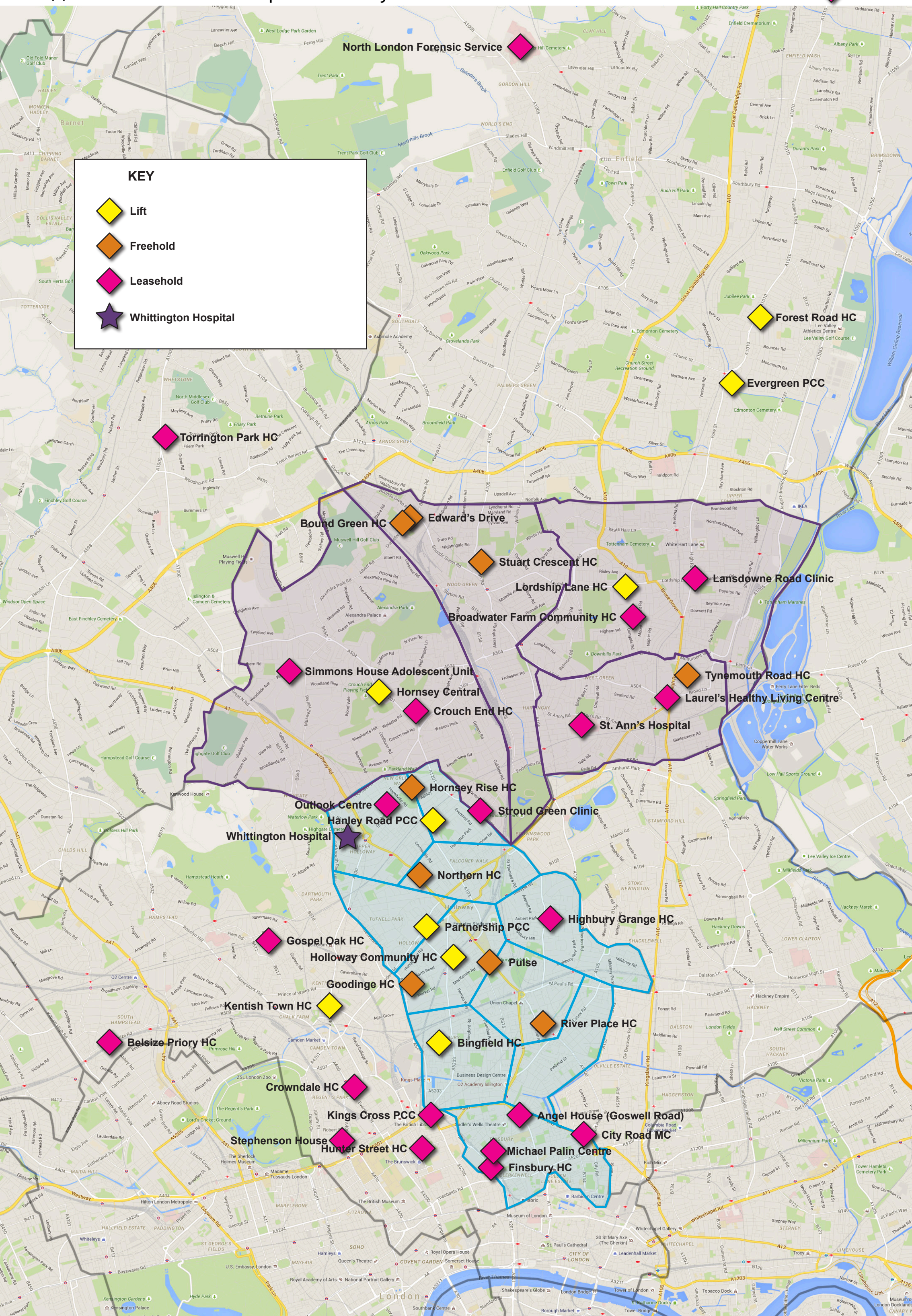
There are a number of steps the Board are asked to consider and subject to approval, undertake to deliver the planned and possible developments that have been identified in this estate strategy.

Next Step	**Timeframe**
Our Board to consider whether and how to proceed with a partnership delivery vehicle for the Estate Strategy projects, to enable preparation of an Outline Business Case which specifies the partnership arrangement.	February to April 2016
Prioritise and scope Development Control Plan projects.	February to April 2016
Delivery of immediate estate efficiencies to deliver revenue savings, as part of good practice and to support the reduction of our operating deficit ▪ informed by improved high quality estates data ▪ informed by prioritisation of community premises.	2016/17 January to April 2016 January to April 2016
Investment in information technology a pivotal enabler for the success of the proposed developments and to supports the required changes in working practices of Whittington Health staff.	April 2016: Develop plans in response to prioritised DCP projects
Investment in change management activities aligned with estate, stakeholder engagement and technology work streams to offer the best chance of successful transformation.	February 2016 - ongoing
Wider engagement and communication with stakeholders as plans and ideas evolve.	February 2016 - ongoing

Appendix A Whittington hospital site – key buildings



Appendix B Premises map - community sites



Appendix C

Whittington Health NHS

Community Engagement Summary

Estates strategy 2015
Drop-in sessions

Whittington Health atrium Friday 9 October 2015, 12.00-2.00pm	Page 3
Whittington Health atrium Friday 16 October 2015, 12.00-2.00pm	Page 5
Whittington Health atrium Friday 23 October 2015, 12.00-2.00pm	Page 7
Whittington Health atrium Friday 30 October 2015, 12.00-2.00pm	Page 9
Whittington Health atrium Friday 6 November 2015, 12.00pm-2.00pm	Page 11

Whittington Health atrium
Friday 9 October 2015

Quotes

- ‘Something needs to be done. Doing nothing is not an option.’
- ‘Do not sell any land that belongs to the nation. Invest in our properties.’
- ‘Rationalise accommodation to retain staff.’
- ‘Let’s have transparency, openness and honesty in the process please.’
- ‘Waterlow is a money pit sitting on prime real estate.’
- ‘Waterlow is an eyesore.’
- ‘We should be a one-stop shop. Good for patient experience.’
- ‘Our biggest risks are staffing [turnover?]’
- ‘Whatever you decide, keep it a positive message, and not bad news about money.’
- ‘PFI – it’s business! Doesn’t bother me.’

Comments

Set up NHS gyms

Onsite gym/spa – in commercial partnership with e.g Virgin Active. Renovate accommodation. Income renewals would provide support for WH. Bring in private medicine partnership.

Bring in private work.

Sell the Waterlow building. Cut a deal with developers and use it for nursing accommodation.

Use the Waterlow to generate income from the private sector.

Housing for staff – turn old buildings into accommodation.

Would like to see the buildings used for medical purposes, not commercial. i.e wouldn’t want to see a Waitrose.

Upgrade nursing accommodation. Improve physiotherapy building. Improve access to shops, i.e provide a M&S or Waitrose on site

Redevelop Waterlow – it’s a six floor building. Provide space for private practice, dental practice, diagnostic unit, fertility unit – which is big business, big opportunity. Provide two floors for intermediate care.

Rationalise medical buildings. Staff accommodation to retain staff.

Turn the Waterlow into a place for providing minimal or no nursing care, plus have a social housing aspect.

The Northern was the first hospital built by public donations. Selling wouldn't be popular with the public. Cheap accommodation for staff is crucial. Shouldn't have to resort to private revenue streams.

Provide a nursery for staff. Attract a private provider.

ED needs substantial environmental change to really meet future needs, plus we need a bigger Resus unit.

River Place Health Centre has been my GP for over 25 years. It has Dental which is great for children. In short, River Place WORKS.

[From patient] worried about hospital closing down. Outpatients out of hospital and community – better combined together.

[From patient] Don't let the older buildings fall down. If not needed by community, sell them off. Or keep them if community has money to keep them.

[Haringey resident] Why are consultants sent to work in a community setting? Can't Skype or teleconferencing be useful? Don't sell land, co-create staff housing. Recreate weekend SP service at the hospital or in health centre.

[Patient and local resident for 43 years] Closed GP surgery. Islington closed. Have to go to Muswell Hill and need two weeks' wait. Very hard for older people.

[Patient] Highly populated area – need a hospital. Accessibility is critical. Keep Whittington local.

Summary

Call for redevelopment and bringing in commercial partners:

- Onsite gyms
- Private practice
- Accommodation for staff
- Nursery for staff

Strong call for redevelopment of buildings to provide staff accommodation or for purely clinical and non-commercial purposes.

Or redevelop buildings to provide space for intermediate/minimal care

Whittington Health atrium
Friday 16 October 2015

Quotes

- ‘Ridiculous that the Waterlow building is empty. Can you use space for more services?’
- ‘Waterlow is wasted. In the interim, use it for meter parking for patients during the day.’
- ‘Can you do up Waterlow unit? Could make more from residences.’
- ‘Keep ownership of site. Doesn’t need to be healthcare – whatever maximises income.’
- ‘Consolidate community sites. Silly having lots of sites.’
- ‘Use space on hospital site to build flats and make money.’
- ‘Love the Jenner Building - keep it. Could make into flats.’

Comments

Shouldn’t cut down sites – cuts down access. Mental health requirements. More services in community. Better for relationships. Criteria for who you work with. Using site commercially – influence them to promote public health.

Need both – community and hospital. Depends on patients. Need hospital for intense care. Need strong bridge between all sites. Have to keep hospital site. In future, might need space for projects. Better for community team to have office at hospital for discharge, coordinate patients.

Anywhere cheaper for residences? Build flats – biggest income.

Space for education. Training will take place in clinical areas – no time to go to another location. Wards are patient friendly and education friendly. Infrastructure to support education.

Look at the Royal Free and integration of education across clinical hospital sites. Meeting rooms used for patient sessions. Work on patient info. Dedicated spaces for patient education sessions. Expand – more of a role across North London, potential income. Long-term conditions. Prefer, as Haringey resident, to keep hospital site.

Tried private patients before, didn’t work, but didn’t set it up properly. Lease land to private hospital. As a Highbury resident don’t mind as long as doesn’t have negative impact on NHS services. Nowhere in north London (trachea vented patients) nursing home? None in London. Intensive therapy nursing community care, expensive to do.

Gym.

Keep site, but have partnership to get cash in. Remote working/GP hubs.

Shouldn’t sell Jenner building, very nice. Strategy meeting, written 20 page response to clinical strategy. Use outpatient clinics when not running clinics. (Duncan Carmichael).

Put a multi-storey car park on Waterlow site. What about disabled parking? If we sell land, money will go back to government, not Trust. Better accommodation for nurses. Staff here, some paying

£1,200 a month for accommodation (£400 a room, without bills). Rent accommodation at market rate. Small express shop to serve accommodation.

Improve theatre changing rooms. Disgusting, specifically male. Not properly cleaned. One of worst seen in any hospital. Painted, but needs refurbishing. Infection risk.

Access to interpreting department. Need ID card to gain entry – difficult for patients in physio department. SH to sit with team.

Summary

Need both hospital and community sites. Would be useful for community to have space in hospital for discharging patients.

Education – should be integrating training across all clinical space/using outpatient clinics. Could gain income from providing training across north London, especially for long-term conditions.

Make the site work for us and bring money back into the Trust.

Whittington Health atrium
Friday 23 October 2015

Quotes

- ‘We should be providing health’ (i.e through onsite gym)’
- ‘Stop providing nursing/doctor accommodation.’
- ‘Keep what you have and find other ways to generate income.’
- ‘Selling off buildings restricts the Trust – never get it back.’
- ‘Old and confusing buildings but I like them!’
- ‘Put staff canteen on top floor with a view to attract public and earn money!’
- ‘Make nurses’ accommodation decent. They have demanding jobs, work hard and are likely to be underpaid.’
- ‘That site…needs to be fixed!’
- ‘Be careful who you get into bed with.’

Comments

Need a gym that will make money and provide health. We should be providing health. Expensive housing that we can charge a lot of rent for.

Gym. Don’t mind using estate to generate income.

Jenner Building totally overcrowded especially kitchen. Improve existing building. Cleaning in Jenner building – so many people using it, it needs cleaning every day.

Shop on site – good for staff. Need affordable housing for staff.

More housing for NHS staff. Not enough wards. Not sure we should be selling buildings.

Turn the Waterlow into a nurses home. Don’t mind if we sell off buildings. A Tesco Local or Sainsbury would be absolutely brilliant.

Population increase in 10-20 years’ time – impact on NHS. Need buildings inside hospital. Building of large shops etc on site would impact on patient rehab. Using Waterlow for residential purposes to attract nurses, doctors etc into area as house prices/rent are increasing. More linking of external/community services with hospital services – clinical D/C and supports planning. New MDTs in central locations and working far more closely with substance misuse services and new ideas to reduce hospital frequent attenders through above MDTs.

Storage of medical records. E.g. being sent off site and paying to get them back.

Don’t mind Trust selling off land if enough space/office and that money comes into the Trust not to national level.

Knock Waterlow down for supported accommodation or for an outpatient gym.

Turn unused area/house into property estate either for sale or staff housing estate.

Luxury flats and staff accommodation on site. Get money back into organisation. Not private or commercial use.

Knock the Waterlow down and build homes for staff.

Waterlow unit – eyesore. Sell?? Affordable housing for staff.

Knock buildings down and build housing, if it provides affordable housing for staff. Commercial business, i.e. Tesco, Waitrose etc.

Housing for staff on site. Not commercial store. No to elderly. Staff need housing close to work.

[Public] Don't mind selling land if money comes back to NHS.

Space in physio could be shared with community. At the Northern, there's a lack of clinical space. Booking needs to be flexible to use clinic space more effectively. Haringey and Islington could share mores sites. Difficult to use the space available effectively.

Can Occupational Health go into another area – the building is excess. Waterlow should be turned into nurses homes, generate income. Could sell and invest income.

Build flats in Waterlow – own the lease. Doctors' residence on ground floor – sold and income from the lease could be £1m a year. Gym does not bring money. Joint venture with BMI. Clinical trial unit, dedicated unit.

Summary

Better linking of community with hospital – more effective use of space in physio building with community services.

Turn the Waterlow into affordable housing for staff.

Lease housing on Waterlow site to generate income.

Both for and against bringing a commercial store onto site with some arguing site should be used for purely non-commercial, healthcare purposes.

Whittington Health atrium
Friday 30 October 2015

Quotes

- ‘Don’t sell any assets – use the main areas differently i.e. low cost housing.’
- ‘Sell the freehold community sites to raise money for the Trust.’
- ‘Short-termism is not good for the NHS – don’t sell off any buildings.’
- ‘Never sell the land – have a social conscience.’
- ‘If buildings are a millstone financially around the neck of the Trust, then emotions need to be put aside. The logical resolution is to develop real estate.’
- ‘Selling H block would meet significant resistance.’
- ‘It is a disgrace how the building is used currently – the upstairs space is completely wasted on the acute site.’
- ‘That’s the way things are now – you need to sell things off to make money for the Trust.’
- ‘I don’t like the idea of private housing on the site – it should all be relevant to health.’
- ‘There are enough supermarkets in the area – we definitely don’t need another on the site.’
- ‘A supermarket would be a great idea for the site, useful for patients and nearby residents and make money for the Trust – this is a 2 for 1 deal.’

Comments

Refurbish the Jenner building. Sell the land off at the Waterlow Building. Redevelop buildings S/F/G/Z/J and sell them to be developed as a rehabilitation centre or nursing home so that people can be discharged from the hospital and rehabilitated on the same site.

Have a shared development on the Waterlow footprint. Go into a commercial partnership and mix private residential with staff accommodation.

Put a bar and a gym on the site.

The Hornsey Central site is underused and needs to be bought back into the main site

Have a private annex on the Waterlow site, but also create more beds for patients. Also create a private sports facility.

Put a health promotion centre on the site along with a gym.

Medical records are currently stored offsite at Iron Mountain – this is concerning and should be bought back onsite.

Gym facilities would be good, current classes such as ballet are not taken up by staff.

Car parking needs to be extended – also don’t go down the PFI route.

Build a proper nursing home on the Waterlow site. Have a gym on the site, we are meant to be healthy. Improve the bathrooms dramatically and replace old windows to save money.

We could develop better staff accommodation and improve intermediate care as there are a lack of beds in the borough. We could do a deal with the council perhaps – there is an intermediate care review happening in Islington and some neighbouring boroughs have no beds for this use (Hackney, Haringey). We need better food stalls across the main site too.

Redevelop the H/J area to include a Children’s Hospital

Summary

Call for redevelopment and bringing in commercial partners:

- Onsite gyms
- Private practice
- Accommodation for staff
- Nursery for staff

However it would be selling the soul of the hospital to sell off areas of the acute site.

Whittington Health atrium
Friday 6 November 2015

Quotes

- ‘Keep it in the public sector!’
- ‘Don’t sell buildings! Once they’ve gone, they’ve gone.’
- ‘It’s short-termism to flog off public land.’
- ‘It’s an absolute shame the Waterlow has been left as is.’
- ‘We should make better use of what we’ve got.’

Comments

[Public] Utilise the Whittington site for the NHS. Properties down the Holloway Road worth more per square foot than the Whitt site. Sell these. Keep properties near transport links, get rid of the rest. Offering pro bono consultancy – Robert York Starkey, Amicrest Holding plc.

Demolish the Waterlow building. Should sell land to refurbish dilapidated buildings.

Have a patient focused community place, student accommodation, social working?

[Public] Have you thought to build a unit for junior doctors/consultants to use when on night duty, i.e. a proper rest issue. Have ‘pods’. Sell land – okay if sell off debt, not if it increases admin costs. Also hospital needs segways/buggies to get down corridors!

If anything is empty, we should sell it. Think about shared ownership and offer to key workers.

Waterlow - convert to flats and rent/lease out to private. Gyms – subsidised for staff.

[Patient] Would welcome a mall/some shops. There’s nothing here, either at hospital or in Archway.

[Patient. Former engineer/worked in construction – would like to see maps] Very positive about Hornsey. Parkinson Disease [specialty?] needed on site. Having to go to Edgware to see a Parkinson’s Disease nurse.

[Patient] Turn Waterlow into flats and create nursing and on call accommodation. Have a gym. Create a family drop-in centre.

Don’t flog off public assets for private development. Too short term. Own land, lease arrangements.

As a community based respiratory physio, makes use of the gym at WH, alongside running the singing group there. Pull down physio building. Redevelop it. Massive opportunity to build amazing gym, consulting rooms, clinic rooms. Could have a properly built gym, plus nurses’ accommodation. It’s important for patients to have options in community i.e. use of gyms at health

centres, otherwise patients tend not to continue their care plans if have to go to other commercial gyms.

Physio – need to overhaul the building, but appreciative of the privacy for patients with proper consulting rooms. As much as the community health centres are bright and new, often they only have curtains dividing consulting areas, which leaves very little privacy for patients. It's important that physio remains on acute site as community orthopaedic patients value the link with the hospital coming here. The acute site is just as much 'community' as far as local (i.e. Highgate) residents are concerned.

[Patient] Concern about motorcycle bay – is it staying? However innocent your proposal might be, it'll be hijacked by Defend the Whittington.

[Patient] Don't sell anything. Would like to see shops here, very useful.

Knock down Waterlow, rebuild it. Turn it into staff accommodation. We're paying rent to use offices on Highgate Hill, when we could be using the Waterlow. No sense in that. Could convert it to one central admin block. Don't want anything sold off.

[Patient] Overall the building needs modernising. A new development that could upgrade older departments such as the maternity wards is much needed.

[Carer] Okay to sell as long as the money doesn't end up in a quango, but is kept in the Trust. The Waterlow could be used for parking.

[Patient] Intermediate care home. Help people out of hospital into convalescence home. Any plans – implications of travel/distance. Investors – care about how solid their investments are.

Poor sign posting throughout the hospital, lots of patients/relatives in wrong places around the hospital. We spend a lot of time showing relatives to the correct place they should be. Poor parking facilities for staff.

Summary

Convert the Waterlow into accommodation for staff or an intermediate care home.

Don't sell off anything – keep it public.

Renovate the Physio building. Could be a great centre with a fantastic gym and other facilities.

Bring in some shops.

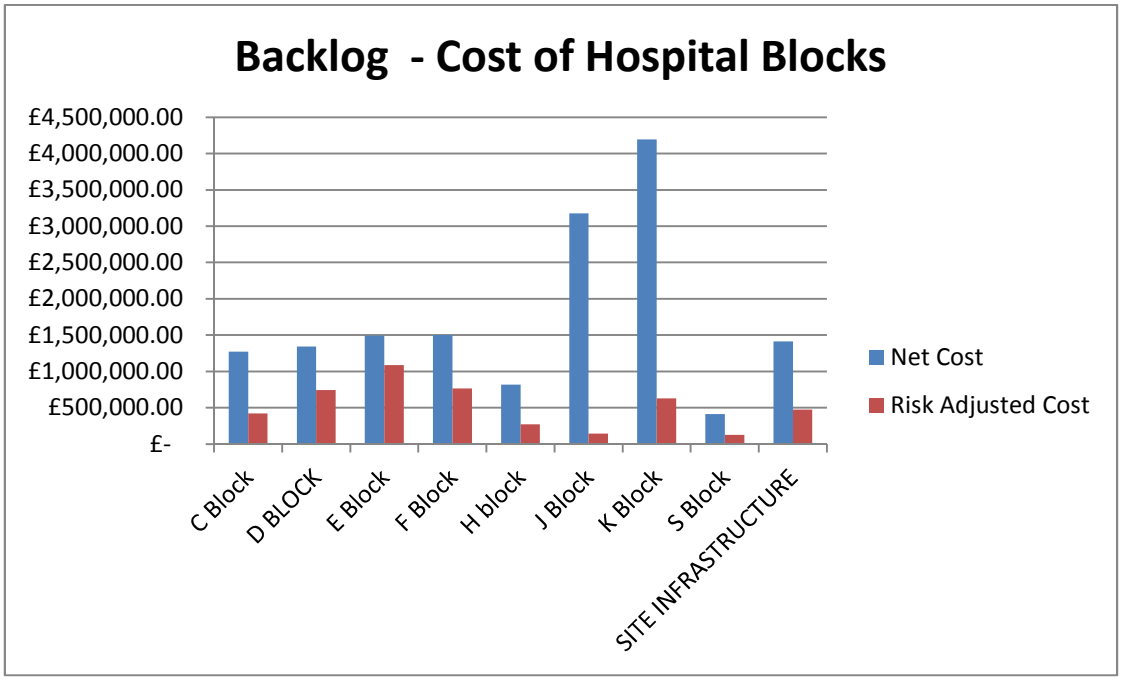
Appendix D: Whittington Health Backlog Costs

The Trust Six Facet survey informs the investment required to ensure existing accommodation is maintained at an appropriate standard (level B). The backlog costs at 2016 are described below:

- **Hospital site:**

Net cost (building works only):£16,389,810 / Risk adjusted cost: £4,956,096

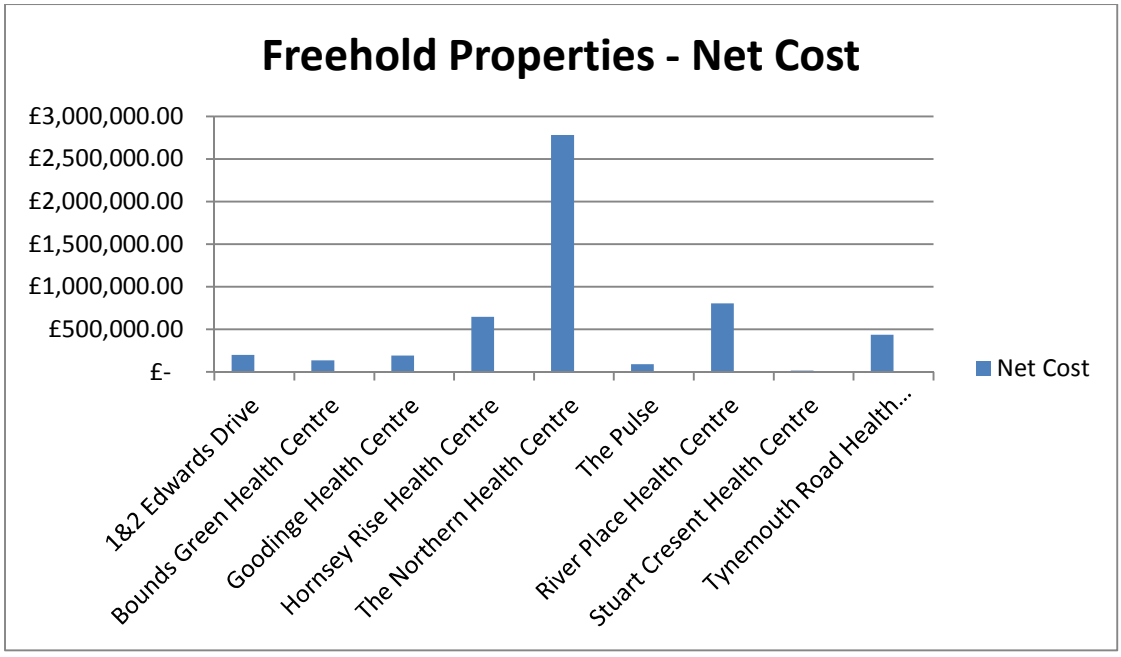
Fig E.1 Hospital site backlog costs – net and risk adjusted



- **Community Premises:**

Backlog cost (building works only): £6,519,672 / Risk adjusted cost: £32,166

Fig E.2 Community Freehold premises backlog cost



Whittington Health NHS

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Magdala Avenue
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Whittington Health Trust Board

3rd February 2016

Title:	TDA oversight and self-certification report		
Agenda item:	**16/025**	**Paper**	**11**
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 January 2016. 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:	26th January 2016		

Author name and title:		**James Neidle - Business Planning Manager**		**Director name and title:** **Helen Taylor**			
Date paper seen by EC		**Equality Impact Assessment complete?**		**Risk assessment undertaken?**		**Legal advice received?**	**N/A**

NHS Trust Development Authority oversight report for January 2016

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.	The Trust remains broadly on track with its financial projections and is working with NHSI and ITFF to ensure appropriate cash funding is available to service the planned £15m deficit. The Trust has the support of local and national commissioners and has contracts in place for 2015/16 and is discussing contracts for 2016/17. Work is on-going with Boston Consulting Group to finalise a three year clinically led cost improvement plan and a revised PMO that will have the capability to oversee and ensure financial improvement.	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 Board approved an NHS Constitution Assurance and Action Plan in January 2016 and is compliant with regard to the pledges and rights set out in the Constitution.	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
3 February 2016

Title:	Workforce Assurance Committee Terms of Reference		
Agenda item:	16/026	**Paper**	12
Action requested:	To approve the Terms of Reference for a Workforce Assurance Committee		
Executive Summary:	It has been agreed at the Trust Management Group on 19 January 2016 that a Workforce Assurance Committee will be established to provide assurance to the Board on workforce performance and risks.		
Summary of recommendations:	Approve the Terms of Reference		
Fit with WH strategy:	Aligns with the Trust Workforce Strategy and enables strong governance and oversight of workforce performance and reporting		
Reference to related / other documents:	Aligns to the Trust financial plans and risk management strategy		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	All workforce risks are captured on the Workforce Risk Register, Corporate Risk Register and Board Assurance Framework as ranked according to the Trust Risk Management Strategy		
Date paper completed:	26 January 2016		

Author name and title:		**Norma French, Director of Workforce**		**Director name and title:**		**Norma French, Director of Workforce**	
Date paper seen by EC	**19/2/16**	**Equality Impact Assessment complete?**	**n/a**	**Quality Impact Assessment complete?**	**n/a**	**Financial Impact Assessment complete?**	**n/a**

Whittington Health

Terms of Reference
Workforce Assurance Committee

1.0 Purpose

The purpose of the Committee is to provice assurance to the Trust Board:

- that there is an effective structure, process and system of control for workforce governance and risk management;
- that human resources services are provided in line with national and local standards and policy and in line with the Trust's corporate objectives;
- on the development and delivery of the Trust's Workforce Strategy;
- on the Trust's approach to ensuring compliance with relevant equality, diversity and human rights legislation.

2.0 Responsibilities

The Committee will lead on the assurance of the workforce including:

2.1 Ensuring that legal and regulatory requirements relating to the workforce are met
2.2 Ensuring there is an overarching Workforce Strategy that enables the Trust to deliver its strategy, vision and values
2.3 Ensuring that the Trust's human resource management processes are aligned with the Trust's vision, strategy and values
2.4 Ensuring the effective identification and mitigation of workforce risks within the supporting infrastructure of the Board Assurance Framework and Risk Register
2.5 Ensuring that robust workforce planning and recruitment processes are in place to ensure that the Trust has a workforce to deliver its strategy and annual plan
2.6 Ensuring mechanisms are in place and effective to communicate with and inform the workforce in relation to strategy as well as constitution, values and behaviours
2.7 Ensuring the Trust has in place the range of policies necessary to effectively manage the workforce and allow for fair and consistent treatment of staff
2.8 Ensuring that the Trust is monitoring staff engagement and experience, reviewing the staff attitude survey and delivering its plans to achieve a highly motivated and engaged workforce to enhance the quality of patient care
2.9 Ensuring there are processes in place to identify and develop leadership and management capability to ensure delivery of the Trust's strategy
2.10 Ensuring arrangements are in place for the effective training and education of the workforce
2.11 Ensuring the Trust is delivering its ambition and legal obligations in relation to the Diversity/Equal opportunity of the workforce
2.12 Ensuring the Trust is reviewing staffing levels in line with best practice guidance and effectively monitoring skill mix and changes to staffing levels
2.13 Ensuring processes are in place to facilitate the development of healthy teams and ensure that indicators of poor team health are acted upon
2.14 Ensuring resources and processes are in place to understand and improve staff health and wellbeing including health and safety

2.15 Ensuring effective policies are in place and fully utilised throughout the Trust to support individuals to perform at their best, including performance management, appraisal and supervision

2.16 Ensuring the Workforce function delivers the expected value and contribution to the organisation, is seeking, responding to and learning from feedback, and delivers its annual programme of work.

2.17 **Remit For Non-Executive Directors**

- Ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision.
- Review data on workforce, quality of care and patient safety on a regular basis and hold Executive Directors to account for ensuring that the right staff are in place to provide high quality care to patients.
- Ensure that decisions being taken at a board level, such as implementing cost improvement plans, have sufficiently considered and taken account of impacts on staffing capacity and capability and key quality and outcome measures.
- Understand the principles which should be followed in workforce planning, and seek assurance that these are being followed in the organisation.

3.0 Membership

The membership of the Committee shall comprise:

- At least two Non-Executive Directors (one of whom shall Chair this Committee)
- Director of Strategy/Deputy CEO
- Director of Workforce
- Director of Nursing
- Chief Operating Officer
- Director of Finance
- Deputy Director of Workforce

All members of the Committee are expected to attend. The first meeting will set its quorum.
Other staff will be invited to attend as required.
On occasions deputies may attend with the agrement of the Chair in advance.
Attendance will be reported to the Trust Board and in the annual accounts/ report.

4.0 Meetings and Agenda Setting

- The Committee will meet quarterly.
- The agenda setting process will be initiated two weeks prior to the meeting by the Director of Workforce.
- A formal agenda and papers will be forwarded to all members one week prior to the meeting.
- If agenda items are required to be heard in confidence, the Director of Workforce will make arrangements for a separate confidential agenda and minutes, and ensure the meeting is conducted in such a way as ensures confidentiality.

Routine agenda items will include:

- The Workforce performance dashboard

5.0 Accountability and Authority

The Committee is accountable to the Trust Board and is a standing committee of the Board. The Committee is authorised by the Board to investigate any activity within its remit. It is authorised to seek any information it requires from any employee of the Trust, and all employees are directed to co-operate with any request made by the committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice. It may secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

6.0 Reporting

The Committee reports to the Board.

The Chair of the Committee will provide a verbal report to the Trust Board after each meeting and the committee minutes will be circulated to all Board members.

7.0 Review Date

The Committee shall be reviewed after one year.

January 2016

Whittington Health NHS

Trust Board
3 February 2016

Title:	Quality Committee Meeting November 2015						
Agenda item:	**16/027**		**Paper**		**13**		
Action requested:	For the Board to note the business of the 9 September Quality Committee Meeting and its effective decision making						
Executive Summary:	This paper is the agreed November Quality Committee minutes and action log						
Summary of recommendations:	The Trust Board is asked to take assurance that the Quality Committee is compliant with its terms of reference and delegated authority						
Fit with WH strategy:	The Committee, a sub-committee of the Trust Board, considers business relating to quality and safety of services						
Reference to related / other documents:	SO's. SFI's and Scheme of Delegation						
Date paper completed:	November 2015						
Author name and title:	**Lynne Spencer, Director of Communications & Corporate Affairs**		**Director name and title:**		**Anu Singh, Non-Executive Chair**		
Date paper seen by EC	**Nov 15**	**Equality Impact Assessment complete?**	**N/A**	**Risk assessment undertaken?**		**Legal advice received?**	**N/A**

Whittington Health NHS

AGREED Quality Committee (QC) Minutes & Action Log of the Meeting held on 11 November 2015

No	Draft Minute	Action	Progress	Lead	RAG
01	**Welcome, Apologies & Declarations of Interest**	n/a			
	• Apologies – Mary Slow, Shadow Governor, Nick Harper, Clinical Director, Surgery, Fiona Isacsson, Director of Operations, Surgery • No declarations of interest by members or attendees	n/a			
02	**Minutes of last Meeting held on 09 September 2015**				
	• True record of business	**Approved**	**Completed**	**AS**	
03	**Actions / Matters Arising from Minutes of Meeting 09 September 2015**				
	• Minutes of September meeting approved • All relevant actions on Committee Risk Register so QC members can track • **Matters Arising – Appraisal** rates good progress – ICSUs' compliance increased • **Mandatory Training**- compliance 81% • **Children's services** - operational leads responsible for improving their team's appraisal performance, Simmons House 95% appraisal compliance and reports monitored at weekly operational meetings • **Emergency & Urgent Care** - shortage of face to face training places for conflict resolution and Level 3 Child Protection • **NF** confirmed additional places to be made available for conflict resolution and for Child Protection we will use external local authority premises • Learning & Education team continue cleansing data records • **NF** highlighted that there is no ESR resource within HR and this will be brought back into HR from employee services within finance to strengthen governance	**Approved** **Review appraisal process** **Circulate details of additional training**	**Improvement Plan in place**	**NF** **NF**	
04	**Emergency Preparedness Annual Report**				
	• Significant progress with the 2015/16 EPRR and CBRN over the past two years • An annual assurance review in September with NHS England against core standards which involved a self-assessment • This was followed by a challenge and review session involving NHS England (London), Clinical Commissioning Group (CCG) and a peer reviewer (Emergency	**Approved** **Circulate revised CBRN policy when**		**Lee Smith**	

No	Draft Minute	Action	Progress	Lead	RAG
	Planning Officer from another Acute Trust) • NHS England confirmed that the Trust had demonstrated areas of good practice • The Trust EPRR work is well integrated within the governance and mainstream functions of the organisation, with strong evidence of strategic leaders engaging and lessons are identified and embedded from exercises and incidents • The Trust integrated AEO and EPLO approach to EPRR was commended with recommendation to consider how the 0.5WTE EPLO role will be sustained • The Trust utilised the National Occupational Standards to develop core competencies for Gold and Silver roles • Revised training will incorporate HAZMAT/CBRNe arrangements in order to comply with the Initial Operating Response (IOR) principles • Engagement with multi-agency activities will be strengthened and review of external EPRR risks will take place • A number of areas of EPRR capability within the Trust were highlighted as good practice for sharing with NHS North East and North Central London patch Local Health Resilience partners • **Lee Smith** confirmed robust business continuity plans are in place and available on the intranet which covered issues with technology • An external review will be commissioned for I&MT services as a result of the July 'downtime' with IT when extreme temperatures were experienced • **AC** requested that penetration testing be built into the external review as this was an important area of focus for corporate organisations and resilience	**complete**			
06	**PLACE Annual Report**				
	• PLACE is a non-technical assessment of the hospital buildings and non-clinical services and this was the third year it had been assessed • Common guidelines are used nationally to assess all hospitals against a range of environmental aspects • The areas assessed scored ➢ Cleanliness – 97.67% against national average 97.57% ➢ Condition, Appearance and Maintenance – 90.47% against national average 90.11% ➢ Privacy, Dignity, Wellbeing – 88.39% against national average 86.03% ➢ Food – 87.24% against national average 88.49%	**Audit complete and action plans to be developed from areas requiring improvement**		**S Packer**	

No	Draft Minute	Action	Progress	Lead	RAG
	➢ Dementia – 76.30% against national average 74.51%				
07	**Islington Adult Safeguarding Board (IASB) Annual Report**				
	• Welcome to Marian Harrington and Elaine Oxley from IASB **Achievements -** Care Act came into force in March, new issues to address and to make frontline staff aware of human trafficking (local police will refer cases to specialist unit), self- neglect and domestic violence, particularly in older women • Significant increase in training compliance safeguarding adults level 1 & 2 • Significant increase in recorded capacity assessments on Anglia Ice • Increase in number of staff trained to deliver WRAP 3 PREVENT training (five registered with the Home Office) • Named PREVENT lead • Safeguarding adults training is Care Act compliant • DoLS policy updated to include additional responsibilities in relation to informing the coroner of a death of a patient subject to DoLS • Continued increase in numbers of safeguarding adult alerts • Increase in referrals to domestic abuse agencies • Introduction of a weekly safeguarding adults meeting in the Emergency Department, which looks at frequent attenders to the department, ensures correct procedures have been followed for vulnerable adults and also those experiencing domestic abuse and identifies areas of concern, for example, from particular providers • Bespoke Safeguarding Adults and Mental Capacity Act training has been established, and more dates added to ensure all services receive this essential training • Volunteers receive basic awareness training in safeguarding adults and PREVENT **Priorities 2015/16** • Continue to embed an awareness of safeguarding adults throughout the organisation via regular monthly safeguarding adults training, and bespoke, specialist training for particular services • Develop a bi-monthly safeguarding adults newsletter for staff which will include updates on safeguarding adults, domestic abuse and the Mental Capacity Act and Deprivation of Liberty Safeguards	**TR to work with district nurses** **Implement priorities** **Copy to HK**	**Priorities will be reported in year**	**TR** **LS** **TR** **LS**	

No	Draft Minute	Action	Progress	Lead	RAG
	• Increase awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards through teaching sessions to all ICSUs • Development of a Mental Capacity Act Standard Operational Procedure(SOP) • Update the Safeguarding Adults policy to be Care Act 2014 compliant • Develop and implement a clear PREVENT strategy across Whittington Health to meet Department of Health and Home Office requirements • Embed the new intercollegiate document when published for safeguarding adults competencies into safeguarding training • Develop easy read materials for staff around the safeguarding adults, Mental Capacity Act and Deprivation of Liberty Safeguards • Ensure the concept of preventing abuse is embedded within the organisation, by enabling staff to have an awareness of those patients who are vulnerable to abuse • Ensure staff are aware of safeguarding duties for carers • Build on existing relationships with partner agencies around safeguarding adults, the Mental Capacity Act and Deprivation of Liberty Safeguards • Ensure internal incident reporting for safeguarding adults is robust, and lessons learned from any internal investigations are shared in a timely fashion with staff • Ensure there is a robust sharing of information between adult and child safeguarding • Continue and build on the work already being undertaken within Whittington Health around Domestic Abuse • Improve data collection around numbers of DoLS applications and outcomes • Develop a robust system to ensure DoLS are lawfully administered within Whittington Health, and staff are aware of their responsibilities • Build on existing relationships with partner agencies to ensure recommendations from Serious Case Reviews are shared with staff •	**DoLs action plan in place**	**To be reported in year**	**TR**	

No	Draft Minute	Action	Progress	Lead	RAG
08	**Children's Services Quality Performance Report**				
	• Minutes and Action Tracker Children's Services Quality Committee Meeting 20 October 2015 received • **SPg** reported that the Quality Performance Report showed quality and safety processes continuing to be embedded • Each service area within the ICSU reports to Children's Services Quality Committee • This Committee will agree a range of measures for Children's Services to be developed with clinical engagement • Working with infection control to investigate a cluster of E. coli colonisations on NICU • National Paediatric toolkit to be phased out and Meridian implemented across services • Mandatory training and appraisal processes being locally managed to improve compliance	**Review quality indicators for future reporting** **Improve performance**		**MM** **All**	
09	**Emergency and Urgent Care Services Quality Performance Report**				
	• Minutes and Action Tracker of the Emergency and Urgent Care Services Quality Committee Meeting 20 October 2015 received • **PM** reported that the ED NHS number completion just below target • FFT in ED 96% despite continued pressure in the department although response rates low • Complaints achieving 100% for August 2015 • No Serious Medication Errors causing actual harm reported in August 2015, one moderate and three low harm medication errors recorded • No infections reported in September 2015 • Staff development compliance underachieving at 65%, 1% lower than last month • Mandatory training compliance under target but improved by 2% to 81% • Incidents: continued closing of incidents, continued development of Datix reports to support improved compliance • SI's currently one open, within the deadline, report completed and submitted with one day delay	**Improve performance**		**All**	

No	Draft Minute	Action	Progress	Lead	RAG
	• High risk incidents currently two open, one overdue, as feedback to panel is still outstanding • Risk register: two risks overdue for review and all other risk reviewed within the deadlines				
10	**Surgery Emergency and Urgent Care Services Quality Performance Report**				
	• **FI** highlighted that this report outlined action taken September 2015 for Ward Quality Indicators that were below trajectory or actions still required • **ITU - Appraisals** - 66.7% slight increase from August. Staff are booked in and several have been completed which will be reflected next month • **Nutrition screening -** Initiated 90%, passed 80% • Documentation and nutrition screening training is ongoing. All staff email sent from HON outlining the importance of this and actions that will be taken if standards do not improve • **F&FT** - response rate 20%, % of recommended 100% • **Medication error** - incorrect bag of infusion fluid was commenced and there was no harm to the patient. Staff undertook a reflective piece of work as part of learning from the near miss • **Falls –** two reported • **Mercers - Falls -** Victoria ward August but added September - related to issues on discharge • **Mandatory training** - **81%** a slight decrease and staff are being allocated dates to complete • **Appraisals - 58.8%** in report incorrect. 17/22 staff appraised so this should be **78%,** further appraisal dates given to staff and the indicators will be adjusted next month to reflect accuracy • **Nutrition screen initiated - 88%** Sister in charge leading on improving weekly weights and re-assessment of the patients. Further training has been given and all staff email sent as a reminder of compliance • **Nutrition screen passed- 25%** and further training in progress • **FFT response rate** 66% and 94% would recommend • **Coyle - Nutrition screen passed - 42.1%** Training in progress, all staff email sent from HON to remind of importance and compliance	**All teams to continue to improve performance** **All teams to continue to improve performance**		**All** **All**	

No	Draft Minute	Action	Progress	Lead	RAG
	• **Friends and family -** response rate **31.4%** • Staff are reminded daily to ensure the postcards are given to all patients being discharged and results show 95% would recommend the Trust • **Appraisals - 43.8%** staff are booked to be appraised by end November • **Mandatory training - 89.5%** static levels reported • Staff are allocated for face to face training and have been reminded to complete e-learning modules as priority to ensure compliance by year end • **Thorogood - Fall -** one patient and no injury sustained - the patient had been advised to seek support from nursing staff prior to mobilising • **Appraisals - 60%,** and the remaining staff have dates allocated • **Nutrition screen initiated target of 100% and 75% passed -** all staff email sent from HON to remind of importance and compliance • **Mandatory training 89.3%** slight improvement with three staff booked into conflict avoidance in November	**All teams to continue to improve performance** **All teams to continue to improve performance**		**All** **All**	
11	**Director of Nursing Patient Safety Report**				
	• **PD** highlighted the continued improvements in Adult & Child Safeguarding training compliance • There is a new professional duty to report Female Genital Mutilation in girls under 18 years and PD highlighted that the requirement to report is a professional rather than an organisational responsibility • Safeguarding & Domestic Abuse Conferences planned for November and **NF** requested occupational health input • The sustained level of Harm Free Care this month was 94.33% • A sustained trend in reduction of falls across the organisation • The results of a National Audit demonstrated a very low level of falls harm at Whittington Health who are second best in London which is very positive news and will be promoted in the weekly staff bulletin, Chief Executive Team Briefing • **PD** reported continued progress on reducing acquired pressure ulcers • **PD** highlighted that the new staff award process is in place and this is an example of a team who should be nominated for their hard work and achievements	**Approved** **Successful conference held** **Communicate excellent results** **Nominate staff for awards to highlight**	 **Completed** **Completed** **Ongoing**	**PD** **LS**	

No	Draft Minute	Action	Progress	Lead	RAG
	Safer Staffing update - from June 2014, all hospitals with in-patient beds required to publish their staff fill rates (actual versus planned) in hours, taking into consideration day and night shifts and Registered and Un-registered staff • The average fill rate (Actual vs. Planned) in September 2015 was 100.5% for registered staff and102.9% for care staff during the day and 100.2% for registered staff and 108.5% for care staff during the night • Six wards fell below 95% fill rates for qualified nurses but were managed safely by moving staff from other green RAG rated areas and with the assistance of Matrons and Practice Development Nurses • Above100% fill rate occurred in seven areas where nurses were required to care for patients who needed 1:1 care due to mental health issues • Above average fill rates in excess of 100% for HCA's continues on wards where vulnerable patients require 1:1 care and where registered nurses are still waiting to register with the Nursing & Midwifery Council	**successes**		**ALL**	
12	**Director of Nursing Patient Experience Report**				
	• The report was tabled and **PD** explained that the increased volume of work in her department during that period had resulted in a delay in production of the report and **PD** apologised • The report included national and local surveys results, a volunteering update and details of the Kissing it Better charitable work **Maternity National Survey 2015 – PM** reported that this was now completed and the Trust had received the results in September. The response rate for the survey was 42% compared with a national average of 41% and 47% for the Trust in 2013 • Early highlights included - an increase in the number of patients being given a choice regarding how and where they give birth - 3% stated they were not given a choice compared with 10% in 2013 • Decrease in the number of mothers who felt they were given enough time to ask questions - 78% in 2015 compared with 84% in 2013) • Increase in the number of patients who felt their partners, or those close to them, were involved in the care during their labour and birth	**Approved** **Detailed analysis and results of the recent survey on maternity services will be reported to a future meeting**		**PD** **PM**	

No	Draft Minute	Action	Progress	Lead	RAG
	• Slight decrease in the number of mothers who said they were involved in the decisions about their care -79% in 2015 compared with 82% in 2013 • More patients responded staff introduced themselves compared with 2013 • Slight decrease in the number of patients who felt they could trust the staff caring from them during their labour -74% in 2015 compared to 80% 2013 • Increase in the number of mothers who responded that they were treated with kindness and understanding after the birth of their baby • Decrease in the number of mothers who felt they were given enough information about emotional changes that they may experience after birth • The maternity service are currently reviewing the detailed results and developing an action plan to present to the Patient Experience Committee next month • **AC** asked about the percentage of patients who felt they could not trust staff caring for them and AH explained that this needed to be seen in context of the exact wording of question • Maternity numbers on target, to reach 3900 by year end • Audit identified that WH chosen because of reputation, home confinement, birthing centre and positive experience during previous births • New Head of Midwifery recently appointed and reviewing continuous improvements to the services • Inpatient survey underway, results expected in February 2016 • Friends & Family Test – roll out complete in hospital and continues in community – significant training and presentations underway with low response in outpatients but the new kiosks will help to improve compliance • FFT identified negative comments received on food – conducting daily audits will assist with improvements • Review of volunteers underway to ensure all up to date with mandatory training and DBS checks • Kissing it Better has started a project within care homes working with a health and social care student • **PD** highlighted that this report included results of the most recent Friends & Family Test and results were largely positive but there was a need to	**Develop Action Plan** **Review this metric in the next ICSU quality report**		**AH** **AH**	

No	Draft Minute	Action	Progress	Lead	RAG
	increase the response rate in future • **FI** queried how much staff time was spent on increasing the numbers completing the Friends & Family Test and **PD** explained that volunteers helped patients by using Ipads for ease of access	**Increase responses**		**AH**	
13	**Serious Incident Report**				
	• **PD** highlighted that the report provided an overview of all Serious Incidents (SIs) reported from 28 August to 30 October 2015 - Eight serious incidents reported in total for the period • There have been five SIs completed using RCA methodology submitted to the NELCSU during this reporting period with the exception endoscopy (being rechecked to ensure no room for recurrence) • Some improvements made to internal processes including immediate action being taken not waiting for results of RCA, ditto sharing of learning • The report highlighted lessons learnt from four completed RCA's and included a detailed update that described progress regarding outstanding serious incidents from previous meeting of Quality Committee 9 September • **PD** explained that the serious incident report was in a new format, and had been presented in the public part of the Trust Board from this year as part of increasing our transparency and openness • All incident investigations were now on track, presented in a timely fashion to the SI panel, then sent to the CCGs • **PD** thanked staff for their helping to improve the process/ reporting of SIs	**Approved**		**PD**	
14	**Morecambe Bay - Kirk Up Report - Gap Analysis**				
	• The Report of the Morecambe Bay Investigation (Kirkup) and recommendations published March 2015 • Women`s Health had undertaken a gap analysis of the recommendations • Where gaps identified action points have been agreed and RAG rated • The action plan has been approved by the Women`s Health Services Board and presented to the Trust Management Group and Trust Board Meeting (7 October 2015) • Main themes to be addressed are: staffing and skill mix dissemination of themes and learning; compliance with appraisal and mandatory training	**Report to Trust Board in Quarter 4**		**AH**	

No	Draft Minute	Action	Progress	Lead	RAG
	• There is a designated lead appointed by the Women`s Health Services Board and the action plan will be monitored				
15	**Safeguarding Children Annual Declaration**				
	• **KM** reported that the declaration provided a position statement for safeguarding children priorities • It set out training statistics and current establishment of named professionals working within the organisation • **KM** explained that declarations are not mandatory but the Trust believes it is good practice and AS confirmed this was an excellent approach	**Approved**		**Karen Miller**	
16	**Infection & Prevention Control Quarterly Report**				
	• **TF** reported Zero Trust attributable MRSA bacteraemia, and six C Diff (one investigated previous day, no lapses of care identified) threshold of seventeen • Six CPE cases, all alerts on Medway system - no transmission events • Three trust attributable MSSA bacteraemia episodes and eleven trust attributable E.coli bacteraemia episodes with no set objectives for these organisms • Each episode is investigated to see if any interventions, such as urinary catheterisation or peripheral line cannulation have occurred and whether all correct procedures were followed to identify learning • Draft dashboard produced though not yet completed due to ICSU changes • **AC** highlighted Tim Briggs' 'Getting it right first time' report (part of Carter Review) in favour of centralisation of services, TF would discuss with orthopaedic colleagues. WH one of few Trusts that has 'cold' orthopaedic ward, helps infection control rates	**Approved**		**Trish Folan**	
17	**Safety Thermometer**				
	• **Lisa Smith** reported that each month all patients that are inpatients or seen on the day are surveyed to ensure patients receive 95% Harm Free Care against four harms: pressure ulcers old (present when entering the ICO) or new (acquired in our care), falls with harm, urinary tract infections with urethral catheters and developing a VTE in our care • This reporting month confirmed 94.67% Harm Free Care – target 95%	**Approved**	**Focused effort next month to meet the target**	**Lisa Smith**	

No	Draft Minute	Action	Progress	Lead	RAG
18	**Nursing Quality Indicators (NQIs)**				
	• **DC** presented the revised nursing quality indicator report which combined acute and community indicators • Indicators have been assigned to the new integrated ISCU structure • Wards are sent a copy of their NQIs to provide feedback to staff to celebrate achievements or identify actions to improve performance • NQIs monitored locally at each ISCU's Matrons' meeting and Heads of Nursing monitor the ward action plans to provide assurance that action is taken and improvements implemented • NQIs reviewed monthly at the Nursing & Midwifery Executive Committee	**Approved**	**Iteration in progress**	**DC**	
19	**Research Strategy Key Performance Indicators (KPIs)**				
	• **RS** presented new KPIs within a dashboard of metrics which have been developed to drive improvements from the research strategy • **RS** confirmed reporting/measuring progress to be monitored by Committee	**Approved**		**RS**	
20	**Nursing, Midwifery and AHP Education Quarterly Report**				
	• **Lisa Smith** presented the report and outlined key activities and achievements within nursing, midwifery and AHP education in quarter one • Positive relationship with HENCEL and other education partners continues • £36k invested to support staff on continuing professional development and learning courses • 1,148 undergraduate student placement weeks supported • 141 staff trained in dementia care • 105 staff attended leadership development courses • Provision of the updated care certificate course commenced • Training in the community simulation centre commenced	**Approved** **Income and income generation possibilities to be included in future** **A stronger link between education and research to broaden the scope of future reports**		**Lisa Smith**	
21	**Claims, Complaints & PALS Report**				
	• **DP** presented the report which summarised and analysed trends during the period July to September 2015 for patient safety incidents, complaints and compliments and serious incidents (SIs) declared externally on the Strategic Executive Information System (StEIS) • The report now reflects the new organisational structure of the 7 ICSUs	**Approved** **Include legal claims/ litigation in future reporting**	**Additional resource in place to support compliance with performance**	**DP**	

No	Draft Minute	Action	Progress	Lead	RAG
	• Legal Claims and Litigation recent data was not available at the time of writing this report				
22	**Policies Review**				
	• **DP** presented policies that had been ratified by the weekly policy approval group during the reporting period • New standard operating policies had been agreed for the creation, migration and Storage of data from theatre stacks, the loan and management of surgical Instrumentation, the decontamination of trans vaginal ultrasound probe • A corporate policy for social media had been agreed • Revised policies had been agreed for reducing the risks of surgical site infection, MRSA screening patients, infection control on critical care, equality, safeguarding children supervision, capability, change management, mandatory training, chicken pox, MMR (measles mumps and rubella), potassium, aseptic technique • All policies are promoted and published on the intranet • **PD** and **RJ** thanked the team for the significant work completed	**Approved**	**Reduced**	**DP**	
23	**Medical Devices Annual Compliance Report**				
	• **JB** confirmed that the report demonstrates how the Trust is complying with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Formulary and NICE TA decisions • **JB** reported that high risk areas are being mitigated first and relevant risks escalated to the Quality Committee Risk Register • Maintenance work plan to be revised to take account of the restructure • Stock database highlighted as area where savings will be achieved	**Training day on equipment 18 November** **More training and work to be completed in the community**	**Completed** **Ongoing 2016/17**	**JB** **JB**	
24	**End of Life Care**				
	• Action plan produced following GAP analysis - good progress especially on training • Numerous policies and national guidelines emerging • Move towards 7-day services for specialist areas • Succession planning following retirement of consultant to be considered	**Business case to TMG in the New Year**	**Part of Business Planning Day**	**CG**	

No	Draft Minute	Action	Progress	Lead	RAG
	• Service has progressed and work will now be embedded				
25	**Mock CQC Inspection**				
	• Excellent preparation and helpful insight for development of action plan • Concerns initially raised for a learning disability respite service and CG confirmed that this had been clarified and there were no outstanding issues • Environmental issues within the Trust already had an action plan in place as part of the estates review and ongoing work programme • Inspection results will be published in Q1 of 2016	**Continue implementing action plan**	**Ongoing**	**PD**	
26	**LUTS Clinic**				
	• **RJ** explained the background to the suspension of the LUTS clinic – prescribing which did not comply with local or national guidelines • Significant harm to two patients reported, one in 2009 and one 09/2015 • Almost three hundred representations from patients had been received • Public meeting to be held with patients on 12 November • This had been added to the risk register to ensure close monitoring • Long term issues being explored to manage transition for succession • In discussion with RCP on independent review of the service • Consultant has applied for approval for retrospective study of outcomes • **RS** reported this had been signed off • **RJ** confirmed that action was taken following consultation with internal colleagues, CEO and NHSE Medical Director	**Agree external review and report recommendations to the Committee**	**Ongoing**	**RJ**	
27	**Risk Management Strategy**				
	• The strategy had been approved at Trust Board November 2015 • Takes account of new structure and has been streamlined for ease of understanding • Compliant with good governance principles and provides robust assurance for the Trust	**Noted**	**Completed**	**PD**	
28	**Quality Committee Risk Register**				
	• **LS** presented the first Committee draft risk register which brings together the patient safety and quality risks >12 • The Committee Register will escalate risks to the Corporate Risk Register	**Approved**	**Ongoing triangulation of risks -projects/**	**LS DP**	

No	Draft Minute	Action	Progress	Lead	RAG
	for risks >15 • The Committee Register will escalate risks to the BAF for risks >20 • Risks are captured on the DATIX system to provide a robust audit trail		**work groups/ corporate/ICSUs**		
29	**Adult Safeguarding Annual Report**				
	• PREVENT – Initiative by DH and Home Office to raise awareness • All NHS staff to be trained by 2017 and actions arising to be monitored through local safeguarding boards	**Approved**			
	Any other business				
	• Staff survey response rate low –all encourage staff to complete • Values workshops noted • Tabled Papers agreed by Chair require relevant staff briefings before mtgs	**Noted**	**n/a**	**ALL**	

MEMBERS

Anu Singh (AS)	Non-Executive Director (Chair)
Anita Charlesworth (AC)	Non-Executive Director
Philippa Davies (PD)	Director of Nursing & Patient Experience
Graham Hart (GH)	Non-Executive Director
Richard Jennings (RJ)	Medical Director
Helena Kania (HK)	Shadow Governor

IN ATTENDANCE

John Byrne (JB)	Medical Devices Manager
Doug Charlton (DC)	Deputy Director of nursing & Patient Experience
Deborah Clatworthy (DWc)	Head of Nursing
Trish Folan	Matron, Infection Control (for item 15/92)
Norma French (NF)	Director of Workforce
Carol Gillen (KG)	Director of Operations, MF&N
Kate Green	PA to Director of Workforce (notes)
Amanda Hallums (AH)	Director of Operations, Women & Family Services
Sarah Hayes	Clinical Director, Outpatient, Prevention & LTCs
Alison Kett	Head of Nursing
Angie Killeen	Development Manager (for item 15/87)

Rachel Landau	Clinical director, Emergency & Urgent Care
Mark Madams (MM)	Head of Nursing
Phillipa Marszall (PM)	Head of Patient Experience
Nikki Nagler	Head of Internal Communication
Steve Packer	Assistant Director, Estates & Facilities
Sam Page	Director of Operations, Children's Services
Daniela Petre (DP)	Head of Risk Management
Rob Sherwin (RS)	Consultant, Women & Family Services
Lee Smith	Emergency Planning Manager
Lynne Spencer (LS)	Director of Communications & Corporate Affairs
Theresa Renwick (TR)	Adult Safeguarding Lead

Whittington Health NHS

Richard Jennings
Executive Medical Director
Direct Line: 020 7288 5906
The Whittington Hospital NHS Trust
Magdala Avenue

Whittington Health Trust Board

3rd February 2016

Title:	Patient and Public Involvement – action plan and toolkit		
Agenda item:	**16/028**	**Paper**	**14**
Action requested:	For discussion ahead of the consultation process		
Executive Summary:	In July 2014 the trust board approved the attached engagement strategy. This strategy is an essential component of our goal in our Clinical Strategy to 'support our patients /users in being active partners in their care'. The draft action plan and toolkit accompanying this paper have been created to build on the Engagement Strategy and to describe how the strategy may be translated into practical steps in practice. Patients and the public may be involved and consulted in many different ways and through different mechanisms depending on the nature of the issue or decision on which their views are being sought, and so the action plan and toolkit have been designed to reflect this need for flexibility rather than to be strictly prescriptive for every possible scenario. With the trust board's approval, it is proposed that these documents will then be made available to the public for a period of consultation from 4th February 2016 – 10th February 2016, and as part of this process the draft documents will be available to the public on the trust website. The consultation will also involve inviting comments from members of the Patient Experience Committee, Haringey Healthwatch, Islington Healthwatch, the seven Integrated Clinical Service Units (ICSUs) and the relevant corporate services. Any comments will be considered, and the draft documents will be amended as appropriate in the light of these comments before being submitted to the Patient Experience Committee on the 17th February 2016 for final approval. Once approved, these documents will be made available on the trust intranet as well as on the public website and they will be promoted appropriately through the ICSUs. These documents will act as a guide for services undertaking service development or changes.		
Summary of recommendations:	The Trust Board are asked to: • Discuss the attached action plan and toolkit • Note the agreed consultation process		

Fit with WH strategy:	Aligns to Trust strategic intent
Reference to related / other documents:	• Patient Experience Committee Terms of Reference • Trust Engagement Strategy • Clinical Strategy 2015-2020
Date paper completed:	31 January 2016

Author name and title:		**Phillipa Marszall, Head of Patient Experience**		**Director name and title:**		**Philippa Davies, Director of Nursing/Patient Experience**	
Date paper seen by EC	**2 Feb**	**Equality Impact Assessment complete?**	**Y**	**Quality Impact Assessment complete?**	**n/a**	**Financial Impact Assessment complete?**	**n/a**

Whittington Health
Draft Patient and Public Engagement Action Plan

1. PATIENT, FAMILIES AND CARERS' ENGAGEMENT		
Actions	**Success Criteria**	**Executive Lead**
Objective 1a) Build a culture that puts our patients and people who use our services at the heart of everything we do		
Devise training to ensure staff are well-equipped to involve patients, families and carers.	Training devised and delivered	Director of Nursing and Patient Experience
Review content of managers' induction to ensure PPI are included in key Trust messages.	Sections on PPI included where relevant in induction sessions.	Director of Workforce
Work towards obtaining Customer Service Excellence awards across and maintaining those already awarded.	Customer Service Excellence Awards achieved.	Chief Operating Officer
Objective 1b) Ensure patients and their carers are involved at all levels across the organisation		
Continue to improve health literacy across patient populations e.g. through health talks for the public; information stands at events; information sharing events.	Evidence of actions to improve health literacy	Chief Operating Officer
Continue to develop and implement changes to care planning to ensure patients are more actively informed and involved in decisions about their care	Care planning tools developed and rolled out	Director of Nursing and Patient Experience Medical Director
Continue to work towards supported self-management,	Document in patient notes.	Chief Operating Officer

particularly for patients with long term conditions.		
Develop a scheme for carers of patients with dementia, including ongoing implementation of a carer questionnaire to understand their needs and the patient's needs.	Results of carers questionnaire reported and evidence of actions in response	Director of Nursing and Patient Experience
ICSUs to ensure that improving patient experience is central to the agenda of the ICSU.	Evidence of ICSU activities	Director of Nursing and Patient Experience Chief Operating Officer
ICSUs will identify opportunities to extend the use of tools such as patient passports across specialities that care for patients who have long-term conditions and learning disabilities.	Evidence of ICSU activities	Director of Nursing and Patient Experience Chief Operating Officer
Identify opportunities for patient and public involvement in key forums.	Patient and public attendance evidences in meeting notes /minutes.	Director of Nursing and Patient Experience
Patient engagement will be included as part of the quarterly patient experience reports to the patient experience committee.	Evidence of patient engagement progress in quarterly patient experience reports.	Director of Nursing and Patient Experience
Annual patient experience report will be presented to the quality committee.	Evidence of patient experience progress in annual report.	Director of Nursing and Patient Experience
Trust Board will be informed of progress on patient engagement through the quality committee and an annual report to the Trust Board on stakeholder engagement.	Minutes of meetings.	Director of Nursing and Patient Experience
Objective 1c) Listen, learn and act on patient feedback to drive continuous improvement		

Continue to use patientsurveys to review and improve the quality of services for patients. Including: - Friends and family test - National surveys - Service specific surveys Develop actions in response to feedback	Surveys devised, responses collated, action plans completed, you said we did.	Director of Nursing and Patient Experience
Continue to take part of the 'Better Conversations' initiative in Children's Services.	Evidence of ICSU activities	Chief Operating Officer
Continue to publicise and hold patient participation groups to review and improve the quality of services for patients.	Minutes of patient participation groups.	Chief Operating Officer
Continue to host patient forums to obtain feedback and suggestions for improvement.	Minutes of patient forums	Director of Nursing and Patient Experience Chief Operating Officer
Continue to hold drop in sessions with senior staff.	Evidence publicising drop-in sessions	Director of Workforce
Continue to collate, analyse and publish patient feedback.	Reports of patient feedback.	Director of Nursing and Patient Experience
Continue to publicise changes made following feedback.	Evidence of publications e.g. you said we did posters, trust website	Director of Nursing and Patient Experience
Develop guidance on ways managers can involve patient feedback in the staff appraisal process	Guidance in place	Director of Nursing and Patient Experience Director of Workforce

Reporting on ICSU action plans regarding patient experience, which demonstrates how the ICSU has acted upon feedback and involved patients in identifying actions for improvement.	Evidence of ICSU activity included in monthly reports.	Chief Operating Officer
Embed quarterly patient experience reporting in the ICSU performance review process.	Patient experiences recorded and discussed in ICSU performance review.	Director of Nursing and Patient Experience
Objective 1d) Enable confidence in our services through an effective and responsive complaints process		
Continue to promote opportunities for patients to give feedback and raise concerns or make complaints, and their rights under the NHS Constitution.	Range of feedback mechanisms publicised across all services	Director of Nursing and Patient Experience
Respond to patient feedback received. Report on data and identify improvements made based on feedback.	Evidence of Trust responses and activity reported through Patient Experience and Quality reports.	Director of Nursing and Patient Experience
Publish on our website series of patient stories showing for each what we heard, learned and the action we took in response.	Patient stories published on website.	Director of Nursing and Patient Experience Director of Communications and Corporate Affairs
Continue to provide an accessible and responsive PALs and complaints service.	Quarterly pals and complaints reports Monthly performance reporting Action plans for upheld and partially upheld complaints/concerns	Director of Nursing and Patient Experience
Encourage patients to feedback on their experience of the complaints process to continue to improve the service provided.	Survey feedback	Director of Nursing and Patient Experience

2. STAFF ENGAGEMENT		
Objective 2a) Support the environment for a health culture with shared values permeating throughout the organisation		
To consult on and ratify the Trust's Workforce Strategy for 2016 - 2021 and supporting organisational development plan.		Director of Workforce
Continue to involve staff in the development of the Trust's vision and strategic goals.	Evidence of staff involvement	Director of Workforce
Awards recognition scheme for all staff	Awards scheme implemented	Director of Workforce
Objective 2b) Enable our employees' views to be heard, seeking their feedback, listening, empowering, and responding to make a difference to their working life		
Continue to implement Staff Friends and Family Test.	Survey undertaken quarterly and action plans	Director of Workforce
Continue to work improve the response rate to the annual staff survey.	Increased response rate/evidence of actions to engage staff	Director of Workforce
Continue to carry out bespoke staff engagement surveys at appropriate intervals and use the findings to shape the Trust's development agenda.	Continue to implement actions to reflect findings of previous engagement survey . Carry out a further bespoke engagement survey where appropriate.	Director of Workforce
Continue to hold drop-in sessions for staff	Drop in sessions held	Director of Workforce
Develop ways managers can facilitate staff feedback through the		

appraisal process	360 feedback	Director of Workforce
Objective 2c) Inform employees of the vision and the direction of the organisation enabling staff to understand how their roles play a part in the trust's success		
Continue to develop 'our story' – the narrative around the Trust's vision and strategy and work to ensure that all staff are aware of the Trusts aims and direction from the moment they start working for the Trust and throughout their employment.	Induction key messages, briefings	Chief Executive
Ensure key decisions communicated to staff in weekly newletters.	Newsletters/bulletins	Chief Executive and Director of Communications and Corporate Affairs
Objective 2d) Ensure managers invest, empower, recognise, value and reward staff		
Continue to support managers to become 'engaging managers' through good leadership and management training.	Training	Director of Workforce
Continue to ensure awards and exceptional achievement receive a high profile and recognition across the organisation.		Director of Workforce
3. COMMUNITY AND OTHER STAKEHOLDER ENGAGEMENT		
Objective 3a) Engage more effectively with our community through an ongoing dialogue with our local population and key stakeholders to ensure their views are listened to and reflected in improved services, their development, future plans and redesign.		
Provide the facility for patients and the public to proactively suggest improvements at any time such as suggestions boxes and feedback pages.	Provision of facilitates.	Director of Nursing and Patient Experience

Encourage patients and the public to use facilities to proactively suggest improvements.	Employees to publicise the facilities amongst patients and the public. Monitor level of responses.	Director of Nursing and Patient Experience Chief Operating Officer
Continue to publicise monthly Trust Board meetings where there are opportunities to ask questions.	Website	Director of Communications and Corporate Affairs
Ensure Board and committee papers reporting on quality and safety are routinely shared with commissioners and Healthwatch and provide opportunities to discuss.	Dissemination channels set up, feedback received and acted upon.	Director of Nursing and Patient Experience Director of Communications and Corporate Affairs
In the annual business planning cycle, ICSUs to indicate plans for service development that require patient involvement and monitor this.	Business plans highlight opportunities for patient involvement.	Chief Operating Officer
Draft a 'Patient and Public Involvement Toolkit' and circulate amongst staff to assist them in deciding who to engage, when and how.	Toolkit drafted and circulated	Director of Nursing and Patient Experience
Hold PPI workshops to help staff understand the different ways of involving patients and the public effectively. Ensure that there is patient and public input in the design and delivery of the workshop.	Workshop co-designed and rolled out.	Director of Nursing and Patient Experience
Working with Healthwatch .	Evidence of activities	Director of Nursing and Patient Experience
Objective 3b) Have an on-going relationship with our stakeholders so they feel involved, considered and can make a		

difference.		
Continue to strengthen our partnerships with mental health, social care and primary care services, alongside other multi agency partners.	Evidence of partnership working	Chief Operating Officer
Update the list of Trust-supported patient/user groups to facilitate communications and opportunities for future involvement.	List updated with responsibilities assigned for regular updating.	Director of Nursing and Patient Experience
Establish communications plans for reporting upon engagement activities through existing communication channels.	Plan developed and evidence of publication.	Director of Communications and Corporate Affairs
Seek out vulnerable groups to identify their needs, concerns and any potential barriers.		Director of Nursing and Patient Experience
Invest time in developing strong relationships with key stakeholders through a number of agreed ways including: i) One to one conversations – to build relationships with representatives of groups or individual stakeholders; ii) Regular conversations – these would be organised conversations e.g. scheduled in an annual calendar of events or at stakeholder meetings or as part of a particular project iii) Specific conversations e.g. over proposed service change, these would involve discussion at an early stage of the project and throughout;		Director of Communications and Corporate Affairs Chief Operating Officer (query???)

Whittington Health

Draft Patient and Public Engagement Toolkit

Introduction

Strengthening stakeholder engagement is at the heart of a patient-centred NHS and is critical for the Trust's future.

Effective engagement gives stakeholders a better understanding of the issues faced by the NHS and why their health service may need to change. They should have more:

- Information about the health of their community and local health services;
- Involvement in solutions
- Awareness of the complexities and constraints of healthcare planning
- Influence over how and where health services are provided;
- Health services that meet their needs and preferences.

Where involvement is undertaken as an integral part of the normal, everyday business of an NHS organisation, staff should be able to do their jobs better, and the organisation should:

- Have a better understanding of the needs and priorities of the local community;
- Make better decisions;
- Design services that reflect the needs of users;
- Provide services that are efficient, effective and more accessible; and
- Experience less conflict and adverse media attention as there is an increase in user satisfaction.

The 'Stakeholder Engagement Strategy 2014' outlines the Trust's strategy for three key areas of engagement:

- Patient engagement
- Staff engagement
- Engagement with the community and other stakeholders.

Engagement can occur at an individual level or a collective level. Engagement at an individual level encompasses processes where the individual has a say in their own care. It typically includes shared decision making, personal care planning and self-managing care. Engagement at a collective level encompasses process where the individual has a say in decisions about development or delivery of services.

This toolkit focusses on engagement at the collective level.

Aim of the Toolkit

This toolkit provides guidance on stakeholder engagement at a collective level. Whether change is on the scale of a major service reconfiguration or how a particular service operates, the NHS needs to ensure that those who use or may use local health services are actively involved in the planning of services and the development and consideration of proposals for changes that impact on the provision of services and decision making.

It is not a 'how to' guide but aims to help decision-makers make the right judgments about planning and implementing patient and public engagement including when, whom and how to engage.

It includes the following:

- The relevant legal obligations
- An explanation of the different types of involvement

- Key principles which underpin all types of involvement
- Questions to assist in determining when to engage stakeholders
- Guidance on when to use certain types of involvement
- A suggested formal consultation process

Legal Context

Section 242(1B) NHS Act 2006

Section 242(1B) of the NHS Act 2006 requires us to ensure that users of our services (or their representatives) are involved in:

- The planning and provision of services;
- The development and consideration for changes in the way those services are provided
- Decisions affecting the operating of services.

Section 242 (1G) of the NHS Act 2006 states that NHS organisations must have regard to any guidance given by the Secretary of State as to the discharge of the duty in section 242(1B). The Department of Health Publication *'Real Involvement Working with People to Improve Health Services'* October 2008 provides such guidance.

Equality Act 2010

The public sector equality duty applies when the NHS is exercising any of its functions. It particularly applies where an NHS body is proposing policy changes that will have an effect on a large number of patients who are in groups which have a 'protected characteristic'.

The nine protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

NHS bodies must have 'due regard' to the need to:

- Remove or minimise the disadvantage suffered by persons who share protected characteristics
- Take steps to meet the needs of those who share such characteristics
- Encourage participation of those who share such characteristics.

This duty – to 'have regard' to these needs – must be met before or at the time any policy is being considered.

What this means in practice is that NHS bodies need to fully understand the likely impact of any proposed changes to local NHS services on those with protected characteristics.

What is 'Involvement'

There are many ways in which the patients and the public can be involved in the development and delivery of health services at a collective level. Different levels of involvement will be appropriate in different circumstances.

The '*Ladder of Engagement and Participation'*, based on the work of Sherry Arnstein, is a widely recognised model for understanding different forms and degrees of patient and public involvement. See appendix A for further detail including the strengths and weaknesses of different approaches.

In summary the different types of engagement include:

Devolving - Placing decision making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approaches.

Collaborating - Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution. For example through user groups.

Involving - Working directly with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution. For example partnership boards and service user participation in policy groups.

Consulting - Obtaining community and individual feedback on analysis, alternatives and/or decision. For example, surveys, panels, focus groups and mystery shopping. Also consider techniques that avoid the need for participants to communicate in words for example, through digital stories, video diaries, artwork and other creative means.

Informing - Providing communities and individuals with well-balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters, public meetings and press releases.

Key Principles Underpinning all Involvement

Whatever form of engagement you are undertaking with users, you are undertaking the activity for the same reasons, to:

- Discuss with them their ideas, your plans, their experiences, why services need to change, what they want from services and how to make the best use of resources;
- Make sure that the services you are responsible for planning, commissioning or providing meet their needs and preferences.

Key principles that should underpin all types of patient and public involvement by the Trust are set out below, along with suggestions of how to achieve them in practice.

- Proportionality

  The type and scale of patient and public engagement should be proportional to the potential impact of the proposal or decision being taken.

- Sustainable

  The aim should be to develop relationships over a period of time with continuity on a personal and organisational level.

- Engage early

  Working with patients and the public from the initial stages of changes to service delivery will enable a richer level of participation and the opportunity to truly influence plans.

  It is good practice that proposals for changes to service delivery build upon engagement that has already been undertaken locally on plans and priorities. This can be achieved by:

  - Providing the facilities for patients and the public to proactively suggest improvements at any time.

- Proactive work through local voluntary and community sector organisations, including small grass roots organisations in order to collaborate and solve problems together, particularly with communities of interest.
- Ensure all plans are communicated to patients and the public as soon as they begin to be considered
- Work together with patients and the public to design options

- Publicise opportunities for participation

  Decision makers should be able to demonstrate that they have considered who needs to be consulted and ensure that relevant stakeholders know about and understand all opportunities for participation.

  Options to help achieve this could include:

  - Information on the intranet
  - Written communications with staff
  - Staff briefings
  - Contacting members
  - Regular e-bulletins
  - Information posted locally e.g. on notice boards in GP practices, pharmacies, hospitals etc
  - Information disseminated through local voluntary and community organisations
  - Public meetings
  - Use of social media
  - Local authority newsletters and circulations
  - News releases in local and regional media – print, TV and radio
  - Leaflet drops
  - Council meetings

- Provide good quality information

  Information must be provided to patients and the public in a way that is accessible and useful to them.

  It should be clear, concise and free of jargon. It should clarify the key issues, what the options are and why changes are needed. It should be transparent about what can change what is not negotiable. Enough information should be provided so that people can understand the issues.

  Where necessary documents must be adapted to suit the needs of the different user groups identified. This may involve to providing information in different formats for example in different languages, in audio, in braille or in an easy read version with pictures.

- Pro-actively reach out to diverse communities

  Good public participation reaches all the local community, not just those who are already informed and engaged.

  It is important to identify particularly interested parties at an early stage so that engagement can be designed and targeted accordingly.

  It is especially important to pro-actively reach out to those who experience the greatest health inequalities.

  Options to reach more diverse communities could include working with and through groups and their wider networks such as:

- Patient leaders and local grass roots organisations that understand and can reach communities that do not currently participate
- Local voluntary and community networks;
- Healthwatch
- Repeated approaches

- Provide a range of opportunities for participation

  Not everyone will want to participate in the same way or at the same time so it is essential that a range of opportunities for participation are offered. These could include:

  - E-mail or web-based surveys or questionnaires
  - Hard copy surveys or questionnaires
  - Dedicated events to enable discussion about proposals
  - Working groups or focus groups
  - Drop-in sessions
  - 1-1 interviews
  - Digital participation spaces such as forums or virtual workshops
  - Seeking views from the community at local events or venues, e.g. attending meetings, markets, schools, leisure centres, libraries etc
  - Formal written consultation

- Record Keeping

  Always consider how you will keep a record of the insights gathered.

  There should be a clear description and audit of how any decision-making criteria were developed and applied in the final decision making.

- Provide Feedback

  Feedback should always be provided to patients and the public about the impact of their involvement and the difference they have made

When to Engage Stakeholders

Engaging stakeholders requires careful planning. You will need to be clear about what you want to achieve. The following is a set of questions you may want to consider at the planning stage. If the answer to any of the questions is not clear, then it may be appropriate to hold off the involvement activity until there is clarity. By making sure that the work is focussed and integral to the mainstream work of the organisation, there is a greater chance of it achieving its purposes:

- How does the work fit with the Trust's overall strategy?
- What does the Trust need to know and what do stakeholders need to know?
- What is the cost and what are the benefits?
- How much controversy will it generate?
- What work has already been done with users, and what was the outcome?
- What will the Trust do with any information or feedback it receives?

Identifying When to Use Certain Types of Involvement

Once you have identified a need to involve stakeholders, it is necessary to identify at an early stage an appropriate level of involvement required for a service development or variation. There is not a simple 'route map' that can be used to pick the most appropriate technique(s). The appropriate level of involvement will depend on all the relevant circumstances. Advice can be taken from the communications team and patient experience team about the most appropriate approach or approaches to take.

As a starting point, bear in mind the strengths and weaknesses of the different types of participation and engagement in Appendix A.

Other key factors which should be considered in determining the appropriate level of involvement required include:

- What contribution are you seeking from stakeholders?

  What is the purpose of the involvement work? Sometimes the Trust will need to seek information from stakeholders to inform proposals for chance, at other times the Trust will need to provide stakeholders with information to enable them to make meaningful contributions.

- Stage of Development

  There will often be several stages to any service changes and it may be appropriate to engage in different ways at different stages.

- Scale and complexity of the proposed changes

  Typically the more extensive and significant the proposed changes are, the more extensive patient and public involvement is required.

  For example:

  - A strategic proposal which has a significant impact on what, where and how services are provided is likely to require a formal public consultation process which is widely publicised to ensure all interested groups have the opportunity to have their say and share their views.

  - Less significant changes in the way a particular service is delivered, such as redesigning a patient pathway, are likely to require consulting and involving all service users and stakeholders. This could take place through a formal consultation process or through a combination of service user focus groups, questionnaires and staff engagement etc.

  - A minor change to an aspect of a particular service, such as changes to a service timetable or booking procedure, is unlikely to require a formal consultation process. In this situation service user and stakeholder engagement could be limited to consulting with a sample group or providing information.

  If the proposal is for a substantial development of the health service or a substantial variation in the provision of the health service, this will also engage the legal duty to consult with the local authority. There is no legal definition as to what constitutes a *'substantial development of the health service or a substantial variation in the provision of the health service'*. If there is any doubt, this should be discussed with the local authority.

- Who should be involved?

  The range and number of service users affected may affect the type of involvement required. Think about who is or could be affected by any proposed changes and how.

  You may need to carry out a health impact assessment at the planning stage and/or undertake a stakeholder analysis to make sure that you focus your effort and resources in the most appropriate places.

  Consider whether there are other organisations you could work with including other public and third sector providers, private and independent organisations, voluntary and community groups.

- Sensitivity of proposed changes

  Particularly sensitive issues may require more extensive and more meaningful patient and public involvement.

- Permanence of the proposed changes

  A lower level of patient or public involvement will be needed for implementing temporary changes and pilot schemes (although feedback on the operation of pilot schemes is likely to be desirable).

- Risks to safety or welfare of patients or staff

  In circumstances where a risk to safety or welfare of patients or staff has been identified, this may require making decisions with limited or no patient or public involvement.

- Urgency of the proposed changes

  Where timing is tight, consideration should be given to the most effective way of seeking views.

- Resources

  The availability of resources may impact the choice of engagement.

It is good practice to document reasons why certain methods of engagement have been chosen over others.

Formal Consultation

Current guidance places a stronger emphasis on continuous engagement rather than formal consultation. Most issues should be addressed by seeking agreement through continuous and effective engagement. However, exceptionally a formal consultation process will be the most effective form of engagement, particularly where a substantial change affecting a wide range of stakeholders is proposed.

Below is a suggested process for carrying out a formal consultation. It is informed by the 'Consultation Principles: Guidance 17 July 2012' from the Cabinet Office.

Approval

Before commencing a formal consultation process a business case should be developed with an accompanying engagement or consultation plan and timeline alongside it.

This should be presented to the Trust Management Group for approval.

Steering Group

A steering group should be established once approval for a formal public consultation has been provided.
This should include a project lead, a lead clinician, patient representatives and other appropriate stakeholders.

Pre-Consultation

This is an initial step in the process of securing stakeholder input into the decision making or planning process during a public consultation. At this stage all options are considered and no option is disregarded. This process should be used to determine a range of fully evaluated proposals to proceed to formal consultation.

Pre-consultation can be a protracted process and needs careful planning and management. Matters that should be considered pre-consultation include:

- What is the respective responsibility of different NHS organisations?

- Consider joining forces with another organisation if appropriate.
- What is already known from previous stakeholder involvement
- Undertake any preliminary research or reviews
- Identify key stakeholders and means of targeting them
- Undertake discussions with key stakeholders to explore the issues, refine the options and agree which questions will be set out in the formal consultation
- Determine who should be consulted, on what and how.
- Is training required for staff who will front discussions with stakeholders and the media?
- Draft and approve consultation document
- Decide how to disseminate the consultation document.
- Decide how to record responses
- How will the outcome feed into the decision making process?
- Consider drafting decision-making criteria.
- How will results be fed back to stakeholders?
- When to conduct an equality impact assessment
- Devise a communication plan and media strategy
- What resources are needed and available?
- What is the timetable for the consultation process?
- Whether there is a need to appoint some from outside the organisation to evaluate feedback received.

Public Consultation

Timing

Public consultation needs to take place on proposals, not decisions. Therefore consultation should take place at a stage where there is scope to influence the outcome.

Options for Consultation

Options for consultation should be based on sound clinical evidence and should be in the best interests of patients.

The Trust is entitled to have identified a preferred option before consulting. Similarly the Trust can consult on a single option, although in these circumstances the Trust will need to justify why only one option was realistic. However the consultation must allow members of the public to suggest alternative options and give those options genuine consideration.

Public Consultation Document

A public consultation document will be produced which sets out the relevant information and the proposals. The main purpose of the document is to invite comments and allow the Trust to listen to what people have to say.

The public consultation document should meet the following requirements:

- The purpose of the consultation process should be clearly stated. It should explain why change is necessary and provide clear evidence
- It should be clear about the consultation process, i.e. what has taken place in the development of the policy prior to the consultation exercise, how the consultation exercise will be run and, as far as is possible, what can be expected after the consultation exercises has formally closed.
- It should give full contact details of who stakeholders should respond to and who to direct queries. It should explain alternative ways of contributing to the consultation process.
- Clear about the scope of the consultation exercise, is it to gather ideas or to test options? It should set out what is not within the scope of the consultation and where there is room to influence development.

- It should include a detailed explanation of any proposals including plans detailing how changes will be implemented and the consequences of different proposals on quality, safety, accessibility and proximity of services.
- Sufficient information should be provided to allow participants to make informed comments. Relevant documents should be posted online to enhance accessibility. A glossary of terms and abbreviations should be included if necessary.
- It should a clear picture of the financial implications of the different proposals.
- All questions should be as clear as possible. A mixture of open and closed questions will often be desirable.
- It should be clear about the level of information that may be made public following the consultation.
- Consider whether different forms of the consultation document are required for different stakeholders.
- It should be signed off by the Board.

Timeframes

Timeframes for consultation should be proportionate and realistic to allow stakeholders sufficient time to provide a considered response and where the consultation spans all or part of a holiday period policy makers should consider what if any impact there may be and take appropriate mitigating action. The amount of time required will depend upon the nature and the impact of the proposal for example, the diversity of interested parties or the complexity of the issue and might typically vary between 2-12 weeks, although longer than 12 weeks may be appropriate for a particularly significant or contentious proposal. The timing and length of a consultation should be decided on a case by case basis. There is no set formula for establishing the correct length. However bear in mind that many organisations will want to consult the people they represent before drafting a response and to do so takes time.

Different Forms of Participation

Consider different forms of participation alongside the formal consultation process such as:

- Public meetings;
- Public and patient user groups
- Stakeholder workshops

<u>Post Consultation</u>

This is the final stage of a public consultation.

The views gathered during the exercise must be analysed carefully and any decisions taken must take these views into account. A final report must then be widely publicised explaining these decisions. It is good practice to:

- Consider whether an independent analysis of consultation responses is necessary.
- Consider publishing or summarising responses to the consultation.
- Give clear reasons for decisions made. You can reach a final decision that was not one of the options put forward for consultation, but there will need to be a good reason for such a change of approach.
- If the final decision departs very substantially from the initial options, it may be necessary to undertake a second consultation.
- Recognise concerns raised during the consultation and explain how they have been addressed,
- Provide information on themes that came out of the consultation that were not covered by the questions.
- Have a clear strategy for feeding back findings to consultees and the media.
- Plan how you will continue to involve stakeholders in implementing the decisions.

The final report should usually be published within 12 weeks of the consultation closing. Where it is not published within 12 weeks, the Trust should publish a brief explanation for the delay.

Appendix 1 – The '*Ladder of Engagement and Participation'*, based on the work of Sherry Arnstein

Patient and public voice activities on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder. The different types of engagement have different strengths and weaknesses.

Type of Engagement and Participation	Description	Strengths	Weaknesses
Devolving	Placing decision making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approaches.	Autonomous decision-making by individuals. Empowers individuals to make autonomous decisions.	Potential for decisions which are not clinically indicated with more limited professional involvement Only realistic in very narrow situations
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution. For example through user groups, citizens juries.	Enables patients and the public to work together with professionals as equals. Taps into the insights and expertise of those who are at the receiving end of public services. Builds skills, confidence and aspiration amongst participants	Difficult to manage well when dealing with larger groups Can appear exclusive and unrepresentative to those who are not invited to take part Requires a considerable time commitment on the part of all participants
Involving	Working directly with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution. For example, through face to face or virtual discussion groups, health panels.	High level of participant interaction. Taps into the insights and expertise of those who are at the receiving end of public services. Increases transparency, understanding, trust and confidence in the decision making process.	Can be dependent on a skilled facilitator Difficult to manage well when dealing with larger groups. Participants can become less representative over time. Can appear exclusive and unrepresentative to those who are not invited to take part Can be difficult to gauge wider opinion - potential for one or two strong

			opinions to dominate.
Consulting	Obtaining community and individual feedback on analysis, alternatives and/or decision. For example, surveys, door knocking, citizens' panels, focus groups, shadowing, mystery shopping and a formal consultation process. Also consider techniques that avoid the need for participants to communicate in words for example, through digital stories, video diaries, artwork and other creative means.	Can accommodate large and diverse groups Unleashes creativity Encourages a participant driven approach. Flexible process Builds better working relationships and a sense of community	Difficult to direct participants to a specific outcome.
Informing	Providing communities and individuals with well- balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters, public meetings and press releases.	Efficient way to involve large and diverse groups. Inappropriate for significant decisions.	No input in decision making. Suitable for minor or insignificant changes.

Appendix 2 - Who Will We Engage With?

The list below sets out a target audience of stakeholders. This list is not exhaustive and stakeholders and who do not feature should still be considered.

- Staff
- Patients
- Local MPs
- GPs
- Community organisations
- Minority ethnic groups
- Voluntary groups
- Other Trusts
- Mental health organisations
- Social Services
- Local strategic partnerships
- Older people via Help and Care, Age UK and Older People's Forums
- Young people
- People with carer responsibilities via carer groups
- Hospital charities
- Trust volunteers
- Local Councils
- Disease Specific Groups
- Wider public
- Media
- Healthwatch
- Local Health and Overview Scrutiny

Appendix C

A checklist for Planning Involvement Activity

- Have a dedicated budget
- Identify a lead person and/or dedicated team of people to both plan and do the work
- Agree the principles for how the team will work together, who will do the work and who will make the decisions
- Identify a senior clinical lead who will make sure that other clinicians are involved in developing the proposals and who is prepared to work with the team, other staff and stakeholders, including users, throughout the process
- Make sure that the chair and board are informed and, if appropriate, actively involved at every stage in the development of any proposals that may be consulted on and that they are prepared to take an active role
- Make sure that the right people are involved and that your process is as inclusive as possible. To do this identify the services that will or may be affected by any of the changes you are considering and where necessary undertake a health impact assessment and stakeholder analysis. Consider involving local authority and social services officers in this work.
- Involve Healthwatch
- Draft an involvement plan and communications strategy that are integral to the service planning process and appropriate to the scale of the proposed change
- Make sure that you have effective communications processes in place to respond to and where necessary correct any misleading information that enters the public domain, and to publicise the involvement process
- Make sure that you are planning to use a range of innovative and creative ways to involve users, particularly those who are 'easy to overlook'.
- Be clear about:
  - Who you are going to involve;
  - What it is that you are going to discuss;
  - What information you need to give people at the start of the process to assist them to engage in the discussions; and
  - What points you are asking people to give their views on
- Think how to explain clearly to users what you are involving them in, in a way they are likely to understand. Try to think about what questions you would ask if you were in their place. Use plain English in documents and correspondence and take advice from community leaders about translating written material.
- Have systems in place for capturing and analysing feedback;
- Plan who is going to make the decisions and what decision-making process will be at each stage.