

T R U S T B O A R D

14.00 – 16.30
Wednesday 4 May 2016

Whittington Education Centre Room 7



Meeting	Trust Board – Public		
Date & time	4 May 2016 1400hrs – 1700hrs		
Venue	WEC 7		
AGENDA			
Members – Non-Executive Directors Steve Hitchins, Chair Deborah Harris-Ugbomah, Non-Executive Director Tony Rice, Non-Executive Director Anu Singh, Non-Executive Director Prof Graham Hart, Non-Executive Director David Holt, Non-Executive Director Yuahaw Yoe, Non-Executive Director		Members – Executive Directors Simon Pleydell, Chief Executive Siobhan Harrington, Director of Strategy & Deputy Chief Executive (extended leave) Stephen Bloomer, Chief Finance Officer Dr Richard Jennings, Medical Director Philippa Davies, Director of Nursing and Patient Experience Carol Gillen, Chief Operating Officer	
Attendees – Associate Directors Dr Greg Battle, Medical Director (Integrated Care) Norma French, Director of Workforce Lynne Spencer, Director of Communications & Corporate Affairs			
Secretariat 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
16/059	Declaration of Conflicts of Interests Steve Hitchins, Chair		Declare 1420hrs
16/060	Apologies & Welcome Steve Hitchins, Chair		Note 1425hrs
16/061	Minutes, Action Log and Matters Arising 6 April Steve Hitchins, Chair	1	Approve 1430hrs
16/062	Chairman’s Report Steve Hitchins, Chair	Verbal	Note 1435hrs
16/063	Chief Executive’s Report Simon Pleydell, Chief Executive	2	Note 1440hrs
Patient Safety & Quality			
16/064	Serious Incident Report Philippa Davies, Director of Nursing & Patient Experience	3	Approve 1450hrs
16/065	Safer Staffing Report Philippa Davies, Director of Nursing & Patient Experience	4	Approve 1500hrs

16/066	Quarterly Safety & Quality Report & Sign up to Safety Plan 2015/16 Review <i>Richard Jennings, Medical Director</i>	5	Approve 1510hrs
16/067	Quality Account 2015/16 Review and draft Quality Account 2016/17 <i>Richard Jennings, Medical Director</i>	6	Approve 1520hrs
Performance			
16/068	Financial Performance Month 12 <i>Stephen Bloomer, Chief Finance Officer</i>	7	Approve 1530hrs
16/069	Performance Dashboard Month 12 <i>Carol Gillen, Chief Operating Officer</i>	8	Note 1540hrs
Strategy			
16/070	North Central London Sustainability & Transformation Plan <i>Simon Pleydell, Chief Executive</i>	09	Approve 1550hrs
16/071	Wellbeing Programme Islington & Haringey <i>Simon Pleydell, Chief Executive</i>	10	Approve 1600hrs
16/072	Annual Operating Plan 2016/17 <i>Helen Taylor, Clinical Director & Strategic Planning</i>	11	Approve 1610hrs
16/073	Workforce Strategy 2016/21 <i>Norma French, Director of Workforce</i>	12	Approve 1620hrs
Governance			
16/074	Workforce Assurance Committee Draft Minutes <i>Steve Hitchins, Chair</i>	13	Approve 1630hrs
16/075	Revalidation Nursing & Midwifery <i>Philippa Davies, Director of Nursing & Patient Experience</i>	14	Approve 1640hrs
16/076	Register of Deed of Execution <i>Lynne Spencer, Director of Communications & Corporate Affairs</i>	15	Approve 1645hrs
16/077	Register of Declaration of Conflicts of Interests <i>Steve Hitchins, Chair</i>	16	Approve 1650hrs
Any other urgent business and questions from the public			
	No items notified to the Chair		
Date of next Trust Board Meeting			
	1 June 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 .			



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

Present:

Stephen Bloomer	Chief Finance Officer
Philippa Davies	Director of Nursing and Patient Experience
Carol Gillen	Chief Operating Officer
Graham Hart	Non-Executive Director
Steve Hitchins	Chairman
Richard Jennings	Medical Director
Paul Lowenberg	Non-Executive Director
Simon Pleydell	Chief Executive
Tony Rice	Non-Executive Director
Yua Haw Yoe	Non-Executive Director

In attendance: Cllr. Janet Burgess	London Borough of Islington
Greg Battle	Medical Director, Integrated Care
Norma French	Director of Workforce
Kate Green	Minute Taker
Lynne Spencer	Director of Communications & Corporate Affairs

Patient Story

Pat, a retired local government officer described a series of appointments and procedures within the hospital that she had undergone over a six month period the previous year. Pat highlighted that not all her experiences had been negative ones, and she singled out some staff who she said had been particularly caring and supportive.

Pat's patient experience included three main issues: communication (in particular difficulties in getting through on the telephone), insufficient time allowed to properly prepare for her colonoscopy, and adequacy of care following her procedure. Although some of her experience had been negative, Pat had written to the hospital not to formally complain but to share her feedback so that staff could learn from them and for other patients to benefit from that learning.

Service Manager Janet Edwards shared with the Board some of the changes made within the endoscopy service. An improvement plan had been drawn up; this had included a review of all letters sent to patients (there had been patient input to this review and Pat had kindly agreed to participate), the recording of all telephone calls to the department through NetCall, and an increase in the staff allocated to Imaging.

It was agreed that Janet would bring a report back to the Board in due course, and Pat was thanked by Board members for sharing her story. Board members also thanked Phillipa Marszall for her part in arranging patient stories for the Board, and wished her well for her forthcoming maternity leave.

16/044 Declaration of Conflicts of Interest

44.01 No Board members declared any interest in any of the items scheduled for discussion at that afternoon's meeting.

16/045 Apologies and welcome

45.01 Steve Hitchins welcomed everyone to the meeting and introduced new Non-Executive Director Yua Haw Yoe and Cllr. Janet Burgess, observer for the London Borough of

Islington. He also welcomed Greg back following his recent sabbatical, and Carol as substantive Chief Operating Officer. Apologies for absence were received from Siobhan Harrington, David Holt and Anu Singh.

- 45.02 A second new Non-Executive Director Deborah Harris-Ugbomah would be joining the Board from 1st May. It was noted that Jo Sauvage had been appointed as the new Chair of Islington Clinical Commissioning Group (CCG).

16/046 Minutes, Action Log and Matters Arising

- 46.01 The minutes of the Trust Board meeting held on Wednesday 2nd March were approved, and there were no matters arising other than those already scheduled for discussion.

Actions

- 46.02 105.08 IT Review: Stephen Bloomer confirmed this would be an item for discussion at the Board seminar the following week.

160.09 Dashboard: Carol Gillen confirmed that the new dashboard was to be launched at a meeting on 14th April, and would come to a Board seminar after that.

160.11 Speak up Champion: Norma French informed the Board that the national role description had now been published and by September Trusts were expected to be able to demonstrate their processes for appointment and Philippa Davies will be leading for the Trust. The revised national whistleblowing policy had been published within the last forty-eight hours.

37.04: Recruitment & Retention Strategy: this had been discussed at Trust Management Team (TMG) and was to be considered at the inaugural meeting of the Workforce Assurance Committee (WAC). It would then come to the May Trust Board meeting for approval.

37.06: CIP year-end figures would be brought to the May Board meeting as planned.

16.43: Lynne Spencer was updating the Register of Interests to include all ICSU Directors and this would be completed by the May Board meeting.

16/047 Chairman's Report

- 47.01 Steve Hitchins began his report by informing the Board that the Trust had recently received its annual gift of daffodils from the Royal Parks, these had been distributed to both wards and community sites. There had also been donations of Easter Eggs including one from Tottenham for the children's ward and children's services in the community and this project had received positive national media interest.

- 47.02 The Chairman was pleased to report that Whittington Health had been ranked as 'good' in NHS England's 'Learning from Mistakes League', meaning that it had been reported to have good levels of openness and transparency in its reporting culture.

- 47.03 Steve congratulated the respiratory team for having won an award for its smoking cessation work. He also congratulated and thanked the Rotary Club for having raised around £1,700 for charitable funds following their very successful quiz night.

It was noted that some staff were running the London Marathon in order to raise money for the same cause. In addition, staff from the Communications Team planned to accompany all the London Mayors on their traditional annual charity walk from the Whittington Stone to Mansion House.

- 47.04 Steve drew attention to the Trust's first Education Conference which had been a success and he reported on his attendance at the recent 'Sustainability Day', at which he had been pleased to sample some of the food served to patients on the wards.
- 47.05 He paid tribute to and thanked all staff for their hard work and dedication as the financial reporting year had just closed. The year had been challenging, with the planned CQC inspection and junior doctors' industrial action. Steve reported on the excellent care he received from staff of the Trust as he had been seriously ill in 2015 and hospitalised. Steve congratulated all staff on maintaining high standards for patients in both community and hospital services.
- 47.06 The Trust had said farewell to Father Mark, who had left the Chaplaincy after five years of service and to ward manager Judy Fynaut, who had worked at the Trust for 41 years. Steve highlighted that it was Paul Lowenberg's last Board meeting with Whittington Health, describing his tireless work for the Trust. Paul replied that as a local resident he looked forward to seeing Whittington Health grow from strength to strength.
- 16/48 Chief Executive's Report
- 48.01 Simon Pleydell began his report by pointing out that this was a critical stage in the year; the Trust was in the process of agreeing its contracts for the forthcoming year with the commissioners, and discussions held reflected the pressures felt throughout the healthcare system. In addition, final outturn for the previous year had yet to be agreed. Another key area was the development of the Sustainability and Transformation Plan, where Whittington Health was part of the North Central London 'footprint' and David Sloman was the Senior Responsible Officer (SRO) responsible for delivery of that plan. The first cut of the plan was expected to be delivered by mid-April, so Simon aimed to bring a paper to the May Trust Board. The key question, he said, was what improvement plans would look like over the next five years. Richard Jennings was involved as one of the senior clinicians in the process.
- 48.02 Simon confirmed that the Trust had declared one case of MRSA during the year, which, although disappointing, should still be seen as a significant achievement. There had been seven cases of C. Difficile against a target to not exceed seventeen, something of which staff could feel proud. Earlier in the year there had been slippage with cancer targets, but Simon was pleased to report the service was back on track with performance compliance. Community MSK was off plan with targets and the Trust was liaising with commissioners regarding challenges and improvements for the future.
- 48.03 The Care Quality Commission (CQC) had yet to contact the Trust on the expected inspection report and it was acknowledged that the CQC had a current backlog for issuing of reports.
- 48.04 Carol Gillen had been appointed as substantive Chief Operating Officer and the recruitment process her former position as Director of Operations for the Medicine, Frailty and Networked Service ICSU will now commence. Simon informed Board members that for the May meeting he would provide a report on the potential for working with a strategic partner to support the implementation of the estate strategy. Simon had been attending the Health Overview and Scrutiny Committees to explain the Trust's approach and future proposals which will support the delivery of the clinical strategy.
- 48.05 The junior doctors' industrial action was currently taking place, with cover provided for emergency and urgent care services. All staff had been working extremely hard to maintain a safe and high quality service and Simon confirmed that he had sent out an internal communication to thank all staff for their commitment and support. The next planned strike will take place on 26 and 27 April and will result in the withdrawal of junior doctors' services from 0800hrs to 1700hrs on both days for emergency and urgent care.

Simon gave assurance to the Board that the emergency planning arrangements being led by the operations and clinical teams were robust.

- 48.06 Simon reported that ED attendance continued to grow, and he confirmed that this was a national phenomenon and there was a need to understand the underlying causes so the Board could understand the impact of the pressure on the whole care pathway system.
- 48.07 Simon highlighted the numerous awards listed in his report and praised staff for their significant recognition and achievements. He noted the success of the educational awards which promoted the Trust's strengths for education and expanding research function.
- 48.08 In answer to a question from Paul Lowenberg about relations with the CCGs, Simon replied that a planning vehicle called the Sponsorship Board had been created, and this would look at improvement plans over the next three to five years. There were some real efforts being made to have some positive discussions around organisations' financial positions, and a project manager had been appointed who would be working with the Trust and its commissioners. Steve Hitchins added that changes at the CCGs may afford positive opportunities for strengthening future co-operative working.
- 48.09 Simon informed Board colleagues that he had been appointed to the advisory board convened by CEO of NHS Improvement Jim Mackey, and discussed some of the thinking going on at a national level about what success looked like for whole communities and the whole systems approach. He confirmed that it would sometimes be necessary for organisations to take decisions that might not be seen as in their own favour but provided positive rewards for the wider system.
- 48.10 Simon reminded the Board that April 1st had been the anniversary of the launch of Whittington Health as an ICO, and the communications team had plans in hand to mark this event and promote the achievements of staff and supporters of the Trust.

16/49 Serious Incident Report

- 49.01 Philippa Davies informed the Board that eight serious incidents (SIs) had been declared in February, bringing the total for the year to 56 since 1st April 2015. The new SIs declared were as follows:

- Three falls resulting in serious injury
- Two unexpected admissions to NICU
- A failure to act on diagnostic test results
- A case of sub-optimal care related to sepsis
- The closure of the Birth Centre due to capacity and demand issues.

- 49.02 This month's report included NHS England's league table 'Learning from Mistakes'. 78 out of 230 Trusts had been ranked 'good' in terms of openness and transparency, and she was pleased to report that Whittington Health ranked in this category.

16/50 Safer Staffing Report

- 50.01 The safer staffing report covered the position for nursing and midwifery on the wards during February, and Philippa highlighted that the majority of areas had reported greater than 95% actual rather than planned staffing levels. There had been a higher number than usual of shifts that had triggered red, but these had been immediately acted on to ensure safety in all areas.
- 50.02 By the end of May the e-rostering tool would have been rolled out, and there would be opportunity to apply the safe staffing tool, a new way of working for staff. Philippa explained how this would bring benefits such as being able to look at the acuity of patients, standardising shifts, assisting with handover time and enabling greater ease of planning.

50.03 Norma French updated the Board on the work currently being undertaken on recruitment and in particular Band 5 nurses. She was in the process of convening a task and finish group on temporary staffing and was overseeing a piece of work looking at bank rates. In answer to a question from Stephen Bloomer about the use of specials, Philippa explained that it was not always easy to plan precisely how many additional staff would be required for some shifts but every effort was made to use bank staff rather than agency. Paul Lowenberg enquired about the use of agency staff within maternity services, and Philippa replied there had been a high rate of sickness within the service as well as a significant vacancy factor. She added that much of the sickness had been sudden, making it difficult to find staff given the short notice.

16/51 Financial Report

51.01 Introducing the financial report for Month 11, Stephen Bloomer informed the Board that at the end of February the Trust had declared a deficit of £13.8m, £460k better than planned. Trends were similar to those seen in Months 9 and 10, with significant pressure on pay, especially on agency staffing, and this month, an overspend on non-pay which was currently being scrutinised. The Trust continued to plan for a £15m deficit. The cash balance continued to be carefully managed, and there were some outstanding issues from the commissioners which were being followed up.

51.02 Stephen informed the Board that the CIP performance for Month 11 had been 63%, and the Trust was on target to make savings of between £12m and £13m by year-end, although c. £3m of this was non-recurrent, which presented the Trust with challenges going forward. Steve Hitchins expressed his congratulations to all the teams for their collective achievement.

16/52 Performance Dashboard

52.01 Carol Gillen began her report by informing the Board that under Access, the Trust had now achieved its target for incomplete Referral to Treatment (RTT) and within the hospital DNA figures were improving – the use of NetCall was having a positive effect. On theatres, plans were now in place to increase utilisation via a specific piece of work led by general surgeon Chetan Bhan. Within the community both service cancellations and DNAs continued to achieve their target.

52.02 It had been disappointing to receive an improvement notice in respect of the MSK service, but Carol reported that the newly-constituted GP Federation was keen to work with the Trust support improvements. The intermediate care service in Islington had been experiencing some difficulties with waiting times but was now on track to demonstrate improvement towards the end of April.

52.03 There had been successful recruitment to vacant posts within podiatry so the service was expected to be back on track by May. ED continued to be extremely challenging, with the department seeing between 12% and 15% more patients than in the same quarter the previous year. The team is looking at workforce profiling, and increasing early diversions to ambulatory care. Other areas being addressed are discharge of patients from the wards before 1100hrs and expanding the use of the discharge lounge.

52.04 Paul Lowenberg raised the issue of the decline in satisfaction with maternity services, and Philippa Davies confirmed that there had been an increase in responses and there was a high number of 'don't know' responses. Philippa Marszall was working with maternity staff to analyse the data and report to Quality Committee in May.

16/53 Staff Survey 2015 and Action Plan

53.01 Norma French explained that the results were taken from the staff survey conducted between October and December 2015, the fifth such survey since Whittington Health had

become an Integrated Care Organisation (ICO). On this occasion the survey had been distributed electronically, and Norma intended to review that practice for the coming year.

53.02 Of the 32 key findings from the results, the Trust scored significantly better than average in five areas and significantly worse than average in eight areas. Since 2014 the Trust has significantly improved in the following areas:

- Staff Satisfaction with level of responsibility and involvement
- Staff motivation at work
- Percentage of staff appraised in last 12 months

and deteriorated in one area:

- Staff confidence and security in reporting unsafe clinical practice.

The key indicator was the staff engagement score, where there had been significant improvement made since the previous year.

53.03 TMG had agreed the action plan, and a communications exercise was planned to take place over the summer in readiness for next year's survey. It was noted that there was still some work to be done on appraisals although a significant improvement could be seen. Norma informed the Board of a new bullying and harassment advisors programme to be launched in May.

53.04 The staff survey results and action plan would be discussed at the Workforce Assurance Committee and a report would be brought back to the Board in six months' time.

16/54 Budget Setting 2016/17

54.01 Stephen Bloomer said that its primary purpose was to invite the Board to approve the budget for 2016/17. The Trust was required to submit its finance plan to NHS Improvement (NHSI) by 11th April 2016, and the paper circulated shows its key elements, including the income and expenditure position, financial efficiency programme and proposed capital expenditure plan.

54.02 The forecast end of year position was a deficit of £13m, and the challenge was to move from that position to a deficit of £6m. Stephen acknowledged that this would require considerable work within the ICSUs. There would need to be a revised and improved CIP plan, with an increasing focus on the reduction of agency staff. In summary, Stephen highlighted the importance of building on its improved year-end performance in order to work towards achieving sustainability and long-term financial recovery. The budget was formally approved by the Board.

16/55 Quality Committee Draft Minutes

55.01 Lynne Spencer presented the draft minutes of the Quality Committee held on 9th March. These were noted by the Board.

16/56 Register of Deed of Execution and Seal

56.01 This item was deferred until the following meeting.

16/57 Trust Board Forward Planner April 2016-March 2017

57.01 The forward planner covering the period April 2016 to the end of March 2017 was formally approved by the Board.

16/58 Standing Orders, Scheme of Delegation and Committee Terms of Reference

58.01 The Standing Orders, Scheme of Delegation and Committee Terms of Reference were adopted by the Board with two exceptions:

- i) An amendment to the terms of Reference of Committees needed to be made to reflect the fact that all Non-Executive Directors could substitute for one another at meetings of Board sub-committees and in so doing count towards the quorum for those meetings
- ii) Approval of the terms of reference for the Charitable Funds Committee was delegated to The Chairman, Chief Executive and Chief Finance Officer.
- iii) Amendments to the Board's membership details to reflect the correct voting rights.

16/59 Any other business

59.01 No matters were raised.

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Action Notes Summary

Ref	Action	By	Lead
105.08	IT Reviews: Stephen Bloomer confirmed this would be an item for discussion at the Board seminar the following week.	April Seminar	SB
160.09	Dashboard: To be launched at a meeting on 14th April and would come to a Board seminar after that.	Seminar	CG
160.11	Speak up Champion: Trusts expected to be able to demonstrate processes for appointment by September.	September	PD
37.04	Recruitment & Retention Strategy: to go to inaugural meeting of Workforce Assurance Committee on 07/04 (then to May Board	May Board	NF
37.06	CIP year-end figures would be brought to the May Trust Board meeting	May Board	SB
43.01	Register of Interests to be updated to include ICSU Directors and others in 'a position of influence'	May Board	LS
48.01	First draft of Sustainability & Transformation Plan to be brought to the May Board meeting	May Board	SP
48.04	Proposals for next stage of work on the Estates Strategy to come to the May Board meeting	May Board	PI
53.04	A report on progress achieved on the staff survey action plan to come back to the Board in six months' time	October Board	NF
58.01	Amendment to be made to committee terms of reference to reflect the fact that all NEDs may stand in for one another at meetings and amend Board voting membership	By May	LS

Whittington Health Trust Board

4 May 2016

Title:		Chief Executive Officer’s Report to the Board					
Agenda item:		16/063		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:		27 April 2016					
Author name and title:		Lynne Spencer, Director of Communications & Corporate Affairs		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 and key priorities 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. The Trust reported zero MRSA breaches throughout April.

Clostridium Difficile

The Trust reported one new case of Clostridium Difficile for the beginning reporting period of 2016/17 in April. The target is for no more than 17 cases in each year. The Trust will promote regular awareness raising initiatives on the importance of adhering to infection control procedures to sustain our focus on patient safety as our top priority.

Cancer Waiting Time Targets

The Trust met five of the six national cancer targets for the reporting month of February. *The Trust reports in arrears in line with the national cancer data validation process.*

- 31 days to first treatment 100% 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 81.3% against a target of 85%
- 14 days cancer to be first seen 93.2% against a target of 93%
- 14 days to be first seen for breast symptomatic 93.4% against a target of 93%

The Trust met four of the six national cancer targets for the reporting year 2015/16; *initial year end data yet to be validated in line with the national reporting process.*

- 31 days to first treatment 99.7% 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% against a target of 85%
- 14 days cancer to be first seen 92.6% against a target of 93%
- 14 days to be first seen for breast symptomatic 92.5% against a target of 93%

Community Access Targets

MSK appointments remain under target which has triggered a performance notice of six months. The Trust is liaising with commissioners to consider the capacity and demand issues and to agree an improvement options paper. This will include areas such as recruitment, retention and training for junior staff. The key targets reported:

- MSK waiting time – non consultant led patients seen in month – 49.2% against the target 95%
- MSK waits – consultant led patients seen in month – 98.7% against the target 95%
- IAPT – patients moving to recovery – reported 47.1% against the target 50%

Care Quality Commission (CQC)

Following the Trust's formal visit by the CQC in December 2015, publication of the initial draft report with recommendations is expected to be received during this month which will trigger a process to enable the Board to potentially receive a final report by July.

2. ESTATE

A report will be discussed at the June Board that will outline our next steps to ensure progress with the Estate Strategy to support the delivery of the Clinical Strategy. This will be an important step forward for the Trust to ensure our patients continue to receive high quality services and our staff have access to modern working environments.

3. OPERATIONAL

Junior Doctors

There has been further industrial action on 26 and 27 April which resulted in withdrawal of urgent and emergency care by junior doctors. The Trust successfully managed services in line with its contingency arrangements and no significant issues were reported.

Thank you to all staff for their hard work and dedication in helping keep our services safe while minimising disruption to patients.

Emergency Department (ED)

Pressures within the emergency care pathway peaked in the last quarter of the year and this affected our year end performance which is reported at 91.1% against a target of 95%. The North Central London sector experienced the same severe pressures during the year and especially throughout the busy winter period. The Trust remains in the top quartile for ED performance across London and staff worked extremely hard throughout the entire year to ensure patient safety remained our top priority.

The Integrated Clinical Service Units and operational teams are developing a revised 2016/17 action plan to improve our patient flow in the Emergency Department throughout this forthcoming year. The Trust will focus on key areas that include increasing the number of pre 1100hrs discharges, reducing patient length of stay, improving discharge planning via a rigorous back to basics approach and fully utilising the ambulatory care centre and community services.

New Advisors

The Trust is recruiting fifteen new bullying and harassment advisors as part of the ongoing work to address this issue. The senior executive and clinical teams are keen to support staff and respond to concerns raised in our staff survey and this initiative is known to be of great value in other Trusts.

Mandatory Training and Appraisal

There has been a slight decrease for appraisal performance at 72% against a target of 90% and mandatory training performance remains at 82% against a target of 90%.

4. FINANCE

Month 12

At the end of March the Trust reported a deficit of £14.8m which is £256k better than the planned position. The underlying deficit was £12m which was higher than the forecast £10m. The income position of £3.9m was better than plan due to the additional income collected for non-patient care services (education funding). Pay costs exceeded the budgeted level by £812k during March (5%) and £2m on a cumulative basis (1%) and this remains a serious cost pressure. The Trust incurred £16m agency costs in 2015/16. For the forthcoming year the agency cap is £9.8m and to reduce this expenditure the Trust will introduce robust financial controls and a strong focus on the run rate.

Early Highlights 2015/16

The Trust is in the auditing process of finalising the year end accounts and these will be reported in the Annual Report 2015/16 to be presented at the Annual General Meeting on 7 September.

The early highlights include underspend of the capital programme with the maternity and neonatal plans accounting for c£8.3m. Excluding this planned future development the Trust underspent the capital plan by £4.3m. The variance of £13.3m for property, plant and equipment is due to the under-spend against the annual capital plan (c£13.6m).

Trade receivables are higher than planned and showing a material increase. This is mainly due to slow payments by debtors and other smaller debts for non-contracted activity.

The annual cash plan assumed £23.9m cash support from the Department of Health. Due to the constrained national finance position the final application for cash agreed was £18.3m and the Trust accessed this funding during March to repay the temporary loan facility (£15m).

Borrowings (non-current) are £8.9m greater than planned due to the £18.3m working capital loan offset by £9.3m of the capital investment loan that was not accessed with the maternity and neonatal forming the largest component.

5. MARATHON

Congratulations and thank you to our fantastic 'Whittington Wonders Team' who completed the London Marathon in April raising nearly £8k so far. **Ken Conroy**, pathway co-ordinator, in aid of Mary Seacole ward, **Luke Sullivan**, Lead Respiratory Physiologist, in aid of Respiratory Medicine, **Sandra Harding-Brown**, Health roster Lead, in aid of general funds, **Vicky Tegg**, neonatal data co-ordinator, in aid of NICU and **Andy Levis** (non-staff) from Oxfordshire in aid of maternity services.

The Trust's facebook social media site attracted nearly 5000 visitors to send messages of goodwill on the day of the event.

6. Community Practitioners and Health Visitors Awards

Congratulations to **Aleksandra Dackiewicz** and **Audrey Martin** who were recognised at the annual Community Practitioners and Health Visitors Awards, which celebrates the work of individuals and teams across the UK.

Aleksandra Dackiewicz, a community nursery nurse working at The Laurels Healthy Living Centre, was named **Community Nursery Nurse of the Year** for her outstanding work in supporting families across Haringey. The judges were particularly impressed with Alex's work to set up local groups in children's centres across the borough.

Audrey Martin, who has been working as a Health Visitor for the past 16 years – most recently in Haringey – was shortlisted in the category of **Universal Health Visitor of the Year**. As well as supporting families in Haringey Audrey has also trained as a community practice teacher and is helping to train and support the next generation of health visitors.

Simon Pleydell
Chief Executive Office

Whittington Health Trust Board

4 May 2016

Title:		Serious Incidents - Monthly Update Report					
Agenda item:		16/064		Paper		03	
Action requested:		For Approval					
Executive Summary:		This report provides an overview of serious incidents submitted externally via StEIS (Strategic Executive Information System) as of March 2016. 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:		<ul style="list-style-type: none">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.					
Date paper completed:		22/04/2016					
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	3/5	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 March 2016.

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 2 serious incidents during March 2016 bringing the total to 58 since 1st April 2015. This includes 2 incidents that were later downgraded (de-escalated), 1 pending in April

The Trust has no overdue SI investigations. 4 investigations have extended deadlines 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.

c). Catastrophic subdural haematoma after a patient fell on an escalator (Deceased) –an extension has been requested and approved for further 20 days due to the requirement for an independent external Trauma Centre Neurosurgical Consultant being appointed.

d). Unexpected maternal death following delivery of probably cardio myopathy related to sickle cell disease.

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
Delayed Diagnosis (Ref Oct DD) (Ref:33113)	Oct 15	Delayed diagnosis and treatment of colo-rectal cancer.
Medication Incident (Ref; Oct MI) (Ref:33733)	Oct 15	Patient sustained long term harm from prolonged treatment with oral antimicrobials
Slip/Trips Falls Ref 604	Dec 15	Patient suffered a subdural haematoma following a fall on an escalator.
Pressure Ulcer meeting SI Criteria- Ref: 2612	Jan 16	Pressure Ulcer Cluster. 5 separate patients acquired Grade 3 pressure on the same ward between 20/01/2016-26/01/2016.
Maternity/Obstetric incident Ref:835	Jan 16	Unexpected maternal death following delivery of probably cardio myopathy related to sickle cell disease.
Slip/Trips Falls Ref: 3456	Feb16	Patient sustained a fractured neck of femur following an unwitnessed fall.
Sub-optimal care of the deteriorating patient Ref: 4117	Feb16	Sub optimal care relating to sepsis pathway and the implementation of care plans.
Slip/Trips Falls Ref:4100	Feb16	Patient sustained a fractured neck of femur following an unwitnessed fall.
Diagnostic incident (including failure to act on test results) Ref:4127	Feb16	Musculoskeletal Imaging waiting time breach: appointment / referrals not followed.
Maternity Birth Centre Closure Ref:5557	Feb16	Maternity Birth Centre closure due to capacity and demand issues.
Unexpected Admission to NICU- Baby Ref:5552	Feb16	Baby born in poor condition, requiring resuscitation.
Slips/trips/falls meeting SI criteria Ref:5535	Feb16	Patient sustained a fractured neck of femur following an unwitnessed fall.
Delayed Diagnosis Ref 5989	Mar 16	Sub optimal care relating to sepsis pathway and the implementation of care plans.
Unexpected Admission to NICU– Baby Ref 7570	Mar 16	Baby born in poor condition transferred to NICU and then UCLH for total body cooling

3.3. The table below details serious incidents by category reported to the NEL CSU. The Trust reported 2 serious incidents in March 2016

STEIS 2015-16 Category	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2016	Feb	Mar	total
Child protection	0	0	0	1	0	0	0	0	0	0	0	0	1
Communication issue	1	0	0	0	0	0	0	0	0	0	0	0	1
Confidential information leak/loss/Information governance	1	2	0	0	1	2	1	0	0	0	0	0	7
Diagnostic Incident including delay	0	2	0	1	0	0	1	0	1	1	1	1	8
Drug incident	0	0	0	0	1	0	1	1	1	0	0	0	4
Failure to obtain appropriate bed for child who needed it	0	0	0	0	0	0	0	1	0	0	0	0	1
Maternity/Obstetric incident mother and baby (includes foetus/neonate/infant)	0	1	0	1	0	1	0	1	1	2	3	1	11
Pressure ulcer grade 3 (including cluster)	5	1	0	0	0	0	0	0	0	1	0	0	7
Screening Issues	0	0	0	1	0	0	0	0	0	0	0	0	1
Slips/Trips/Falls	1	0	0	0	0	0	0	3	1	0	3	0	8
Suboptimal care of deteriorating patient	0	1	0	2	0	0	1	0	2	0	1	0	7
Medical equipment/ devices/disposables incident	0	0	0	0	0	1	0	0	0	0	0	0	1
Unexpected death	0	0	0	0	0	0	0	0	1	0	0	0	1
Total	8	7	0	6	2	4	4	6	7	4	8	2	58

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 investigations completed and submitted in March 2016.

Lessons learnt following each investigation are shared with all staff and departments involved in the patient's care through various means including the 'Big 4' in theatres and 'message of the week' in Maternity, Obstetrics and other departments. In addition, learning from identified incidents is published on the Trust Intranet ensuring it is available to all staff.

4.1 The Trust submitted 3 reports to NELCSU in March 2016.

4.2. The table below provides a brief summary of a selection of actions taken as a result of the lessons learnt.

Summary	Actions taken as result of lessons learnt
<ul style="list-style-type: none">• Ref 614	<p>Discrepancy and possible theft of controlled drugs from a ward</p> <ul style="list-style-type: none">• A review of the Whittington Health Controlled Drugs Policy has been completed and in particular, a review of the regularity of balance checks. The trust has reintroduced twice daily balance checks and a weekly pharmacy stock audit on the wards.• The controlled drugs key is to be held only by the 'nurse in charge' when controlled drugs are not being administered/checked.• The Trust has reviewed its controlled drugs storage procedures, as a result, the amount of controlled drugs kept on wards are now reduced to a minimum. All infrequently used controlled drugs are returned to pharmacy.• In line with practice in a number of organisations, and on the advice of our police liaison colleague, the Trust is currently procuring camera surveillance equipment which will be installed in the ward CD cupboard.
<ul style="list-style-type: none">• Ref:620	<p>Delayed Diagnosis - Sepsis pathway not followed.</p> <ul style="list-style-type: none">• A business case for replacement of an ultra sound machine in the Emergency Department has been developed. This should address the issue of potential delay in diagnosis.• A new moodle site has been developed with key induction material (important educational material e.g. on sepsis). This is shared with new or locum clinical staff.• The Adult sepsis pathway is to be used for all patients presenting with symptoms of sepsis. This has been shown to improve compliance with the 'Sepsis 6' care bundle and thus improve survival from sepsis. The Sepsis Clinical Nurse Specialist will undertake a daily review of clinical records in the ED as part of her role to ensure this process is being followed.
<ul style="list-style-type: none">• Ref: 438	<p>Delayed Diagnosis (Appendix removed and Gall Bladder Trauma)</p> <ul style="list-style-type: none">• Guidelines on the use of MRI 'out of hours' have been written and published on the Imaging page of the Trust Intranet Site.• The protocol for patients with acute abdominal pain is currently under review by the surgical and imaging teams.

5.0 Summary

The Trust Board is asked to note the content of this report which aims to provide assurance that the serious incident process is managed effectively, that there are good levels of openness and transparency within the organisation and that lessons learnt as a result of serious incident investigations are widely shared.

Trust Board – 4 May 2016

Title:		Safe Staffing (Nursing and Midwifery – March data)					
Agenda item:		16/065		Paper		4	
Action requested:		For approval					
Executive Summary:		<p>This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in March 2016. Key issues to note include:</p> <ul style="list-style-type: none">• All areas reported greater than 90 per cent ‘actual’ versus ‘planned’ staffing levels except for which reported a 83.3% in month fill rate for Health Care Assistants on days and 73.9% on night duty. Mary Seacole North reported a 70.1% in month fill rate for health care assistants.• 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 shifts required for ‘specialing’ purposes increased in March compared to February due mainly to the high number of vulnerable patients requiring specialist care• 18 shifts initially triggered ‘Red’ following which remedial action was immediately taken					
Summary of recommendations:		Trust Board members are asked to approve the March UNIFY return position and processes in place to ensure safe staffing levels in the organisation. Unify is the online collection system used for collating, sharing and reporting NHS and social care data.					
Fit with WH strategy:		Efficient and effective care, Francis Report recommendations, Cummings recommendations and NICE recommendations.					
Reference to related / other documents:		Aligns with clinical strategy					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		3.4 Staffing ratios versus good practice standards					
Date paper completed:		April 2016					
Author name and title:		Lisa Smith Assistant Director of Nurse Education and Workforce		Director name and title:		Philippa Davies – Director of Nursing and Patient Experience	
Date paper seen by EC	3 MAY	Equality Impact Assessment complete?	n/a	Risk assessment undertaken?	n/a	Legal advice received?	n/a



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 March 2016 and an assurance that these levels are monitored and managed daily.

2.0 Background

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

Staff fill rate information appears on the NHS Choices website www.nhschoices.net. Fill rate data from 1st – 31st March 2016 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 are moved from other clinical areas to ensure safe staffing levels across our hospital. Staff are also moved to ensure wards/areas were staffed to a safe ratio of permanent versus temporary staff.

Appendix 1 details a summary of fill rates 'actual' versus 'planned' in March 2016. The average fill rate was 98.2 % for registered staff and 101.7% for care staff during the day and 101.0% for registered staff and 103.4% for care staff during the night.

Five 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. Where clinical areas have one Healthcare Assistant on duty and there is reported sickness this significantly alters the percentage calculation this can be seen in both areas reporting low HCA numbers on days. Above 100% fill rates occurred in eleven 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.

3.1 Additional Staff (Specials 1:1)

When comparing March's requirement for 1:1 'specials' with previous month, the figures demonstrate an increased level of need (Appendix 2). March saw 99 requests for 1:1 HCA specials compared to 65 requests in February. 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 also increased in March (63) compared to February (49) (Figures adjusted from previous report due to revised data).

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 March a total of 18/1488 (1.3%) shifts triggered 'red' which was lower than the 29 shifts in the previous month. Of these, 4/372 (1.1%) occurred in the Surgical Integrated Care Service Unit, 2/93 (2.1%) in the Women's ICSU and 12/651 (1.8%) 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 New Reporting Requirements

As of 01.05.16, New reporting requirements in relation to Care Hours per Patient Day (CHPPD) have been requested from NHS Improvement. As set out in Lord Carter's final report *'Operational productivity and performance in English acute hospitals: Unwarranted variations'*, the report recommended that Care Hours per Patient Day be collected monthly. This will become the principle measure of nursing and healthcare support worker deployment. This new measure requires the organisation to collect the total number of patients in a bed on inpatient wards at midnight and to upload this on a daily basis to the UNIFY system

The new field – Patient count at midnight – is the total number of patients on the ward at 23.59hrs. CHPPD will automatically be calculated by taking the actual hours worked (split into registered nurses/midwives and healthcare support workers) divided by the number of patients at midnight. This new field will be included from the May collection.

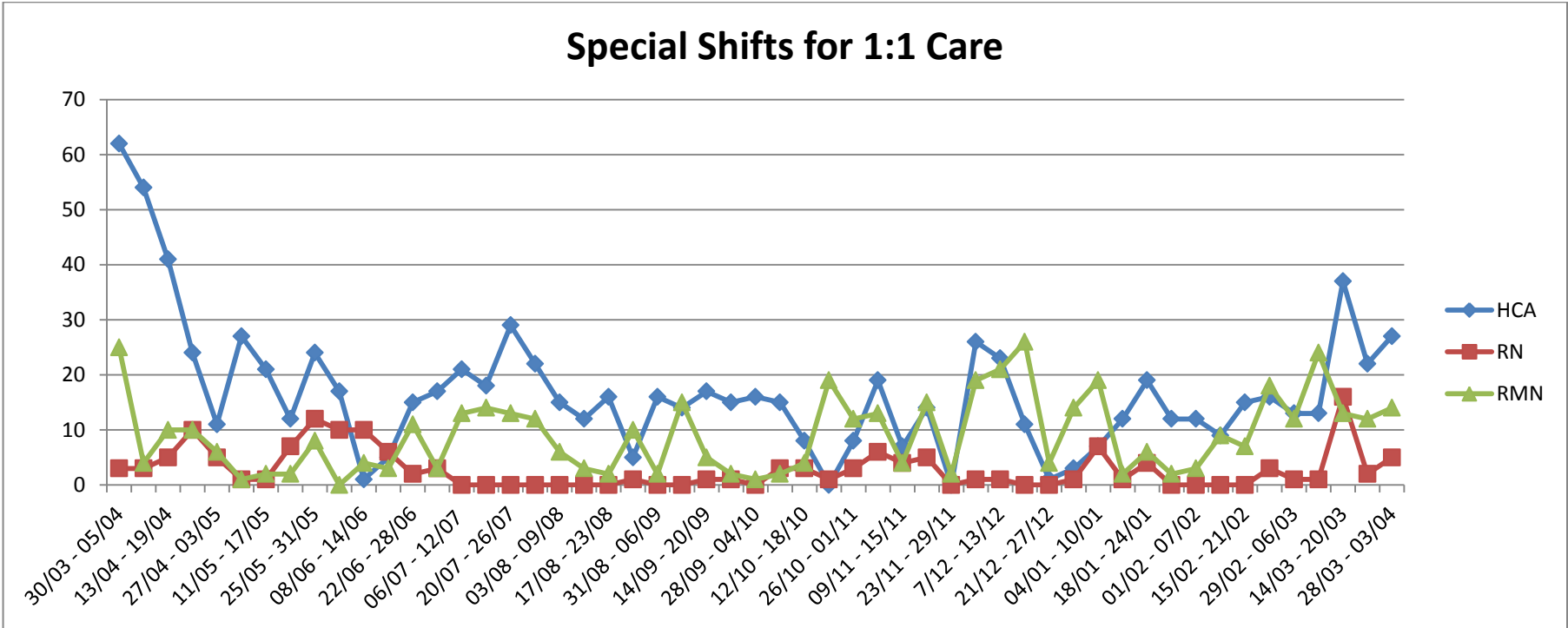
5.0 Conclusion

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

**Fill rate data - summary
March 2016**

Day				Night				<u>Average</u> fill rate data- Day		<u>Average</u> fill rate data- Night	
Registered nurses/ midwives		Care staff		Registered nurses/ midwives		Care staff		Registered nurses/ midwives	Care staff	Registered nurses/ midwives	Care staff
Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	98.2 %	101.7%	101.0%	103.4%
Hours 34031	Hours 33403	Hours 11155	Hours 11348	Hours 27427	Hours 27709	Hours 8057	Hours 8330				

March 2016



Trust Board – Finance Report

04 May 2016

Title:		Month 12 2015/16 - Financial Performance					
Agenda item:		16/068		Paper		07	
Action requested:		Consider the reported year end position, recognise delivery of the planned position and areas for ongoing management focus during 2016/17					
Executive Summary:		The paper analyses the financial performance of the Trust covering income and expenditure, cash, CIPs and capital					
Summary of recommendations:		To note the financial results relating to performance up to March 2016					
Fit with WH strategy:		Delivering efficient, affordable and effective services. Meet statutory financial duties.					
Reference to related / other documents:		Previous monthly finance reports to the Trust Board. Operational Plan papers. Board Assurance Framework (Section 3).					
Date paper completed:		25 April 2016					
Author name and title:		Stephen Bloomer, Chief Financial Officer		Director name and title:		Stephen Bloomer, Chief Financial Officer	
Date paper seen by EC	3 May	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a



Finance overview | Financial performance summary

As at month 12 the organisation reported a £14.8m year to date (YTD) deficit (c.5%) as a proportion of turnover), this is £256k better than the planned position. This reported position is at the draft account stage and will be subject to audit appraisal during May, prior to submission of the final accounts for 2015/16.

The table below provides a summary of the key finance metrics (£k) and actual performance against plan both for the March monthly position (in-month) and cumulative YTD

Indicator	Measure	In-Month Plan	In-Month Actual	YTD Plan	YTD Actual
Monitor COSR	score	-	-	1	1
EBITDA margin	%	3.04%	1.60%	0.35%	0.30%
EBITDA achieved	£000s	783	441	1,028	894
Adjusted net deficit margin	%	-3.04%	-3.58%	-5.18%	-5.03%
Adjusted net deficit achieved	£000s	-784	-986	-15,037	-14,781
Liquidity ratio	days	-	-	-245.99	-19.81
Capital Servicing Capacity	times	-	-	0.09	0.11
CIPs	£000s	1,548	1,254	16,500	12,590

Finance overview | Statement of comprehensive income

At the end of March, the Trust posted a cumulative deficit of £14.8m, which is £256k better than the planned position. In delivering the annual plan the Trust relied heavily on one-off items (e.g. CIP and finance cost benefits); without these the position would not have been achieved through the operational run-rate performance of the Trust.

Whilst achieving the target was pleasing, the unplanned manner in which it was achieved, and the volume of unplanned expenditure and non-recurrent CIP in the last quarter is a concern. It is vital moving forward that we achieve targets in a planned way and that operational financial forecasting improves.

The underlying deficit at the year-end was higher than planned at £12m and this was expected to be £10m. The key drivers for this were the higher than expected non-recurrent CIP and the recurrent funding required for one-off cost pressures during the budget round. Given this poor performance the Trust must focus on the recurrent position in 2016/17 and end the year with a lower recurrent run-rate for expenditure than in Q1. This will ensure that the financial recovery will remain on track moving in to 2017/18, without this improvement the Trust will not achieve financial balance within a reasonable timescale.

At an aggregate level the Trust reported income position is £3.9m better than plan; however this is predominantly due to the additional income collected for non-patient care services (e.g. education funding which offsets pay expenditure). Income for clinical service provision (NHS and non-NHS services) was £1.8m better than the planned position. The largest movement between the month 11 and month 12 reporting period was due to income realised for NHS care provision; the Trust successfully negotiated an annual income settlement with commissioners' in-line with plan and the agreed cap.

Within expenditure, pay costs exceeded the budgeted level by £812k during March (5%) and £2m on a cumulative basis (1%); the premium costs of temporary staffing reliance is a material contributor towards this cost pressure. There continues to be close scrutiny applied to temporary staffing expenditure across the Trust, detailed reviews of usage and cost are ongoing with ICSU and corporate areas. In 2016/17 the Trust has an agency cap of £9.8m but has spent £16m in 2015/16 and therefore the run rate must improve by 33% from April. If material improvement is not made it will not be possible to achieve the target as the Q1 spend will not leave enough headroom ahead of the more challenging winter period.

Aside from temporary staffing costs there is clear scope for improved financial control across the substantive Trust establishment. As an example during March there was a material increase the value of staff back-pay. Within the Children's ICSU alone over £55k was paid in March for historical salary adjustments (back-pay), notified by service managers significantly after the worked period. It is important that management take a more pro-active role in confirming workforce costs and amending remuneration arrangements in a timely fashion; particularly when the Trust is having to closely manage operating cash-flows.

The non-pay position was materially overspent in month due to a range of issues, some of which require greater management prioritisation and control as reported in month 11. Specific examples include c.£45k of unbudgeted expenditure for ambulance transport contract expenditure during March (>£280k overspent cumulatively); investment in property maintenance above the level afforded by the operating budget and premium costs for storage of archive information records. The Trust also received property rental charges in excess of £200k which are subject to a dispute process. Other areas of non-pay expenditure, such as bulk IT purchases for Health Visiting teams (Haringey), were offset by corresponding income funding streams from commissioners.

A more comprehensive analysis of the non-pay position and other areas requiring greater management control of resources will be shared with teams responsible for resource management in the organisation. However improvement will not be achieved without a change to current practice.

The table below is a statement of comprehensive income for the period up to month 12 for the Trust.

in £000	In Month Budget (£000s)	In Month Actual (£000s)	Variance (£000s)	YTD Budget (£000s)	Ytd Actuals (£000s)	Variance (£000s)	Full Year (£000s)
Nhs Clinical Income	20,848	21,847	999	243,894	244,684	790	243,894
Non-Nhs Clinical Income	1,982	2,153	171	20,284	21,265	981	20,284
Other Non-Patient Income	2,925	3,529	604	25,997	28,136	2,138	25,997
Total Income	25,755	27,528	1,773	290,176	294,085	3,909	290,176
Non-Pay	(7,598)	(8,901)	(1,303)	(77,258)	(79,273)	(2,015)	(77,258)
Pay	(17,374)	(18,186)	(812)	(211,890)	(213,918)	(2,028)	(211,890)
Total Operating Expenditure	(24,972)	(27,087)	(2,115)	(289,148)	(293,191)	(4,043)	(289,148)
EBITDA	783	441	(342)	1,028	894	(134)	1,028
Depreciation	(2,199)	(534)	1,665	(9,663)	(7,844)	1,819	(9,663)
Dividends Payable	(375)	(384)	(9)	(4,750)	(4,503)	247	(4,750)
Interest Payable	(499)	(268)	231	(3,231)	(3,139)	92	(3,231)
Interest Receivable	1	2	1	10	29	19	10
Other Finance Costs	0	0	0	0	(28)	(28)	0
P/L On Disposal Of Assets	0	(25)	(25)	0	(25)	(25)	0
Total	(3,072)	(1,209)	1,863	(17,634)	(15,510)	2,124	(17,634)
Net Surplus / (Deficit) - before IFRIC 12 adjustment	(2,289)	(768)	1,521	(16,606)	(14,616)	1,990	(16,606)
Add back impairments and adjust for IFRS & Donate	1,505	(218)	(1,723)	1,569	(165)	(1,734)	1,569
Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments	(784)	(986)	(202)	(15,037)	(14,781)	256	(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 variance of £13.3m for property, plant and equipment is predominantly explained by the underspend against the annual capital plan (c.£13.6m). The overall 2015/16 plan outlined £17.4m of investment, of which £8.1m was funded through internal resources. The largest scheme in the Trust capital programme (Maternity and Neonatal proposal) accounts for c.£8.3m of the underspend, this was an externally funded scheme. Excluding the Maternity and Neonatal development, the Trust underspent the capital plan by £4.3m. The Trust constrained the level of capital outlay across the programme to ensure sufficient cash balances were available to meet payroll obligations and operational creditor liabilities.

Trade Receivables: Trade receivables as at month 12 are higher than planned and are also showing a material increase from 2014/15. This is mainly due to slow payment by Local Authorities for services provided, aged disputes with Islington CCG and Royal Free Hospitals NHS Foundation Trust and various other smaller debts for non-contracted activity. The Trust is working hard to recover income due to alleviate pressure on the working capital position.

Cash: The annual cash plan assumed the Trust would have received £23.9m cash support from the Department of Health. Due to the constrained national finance position the final application for cash support agreed with the Department of Health was for £18.3m, the Trust has accessed this funding during March and repaid the temporary loan facility (£15m) using the permanent loan product.

The cash management plan includes robust collection of outstanding debt, targeted management and prioritisation of creditor settlements (to minimise disruption to care delivery) and controlled slippage of the capital programme. The Trust has an agreed minimum cash balance with NHSI and the Department of Health, and must ensure we manage our cash flow in accordance with this position. The Trust retained a higher than planned level of cash at the year end to ensure minimal disruption to operations and to manage any risk during the commissioner contract agreement process.

Payables: A prudent approach to cash management combined with an increase in debtors (see above note) have impacted adversely on creditors. The Trust is closely managing creditor payments to ensure we appropriately meet our supplier obligations in the context of the overall working capital position.

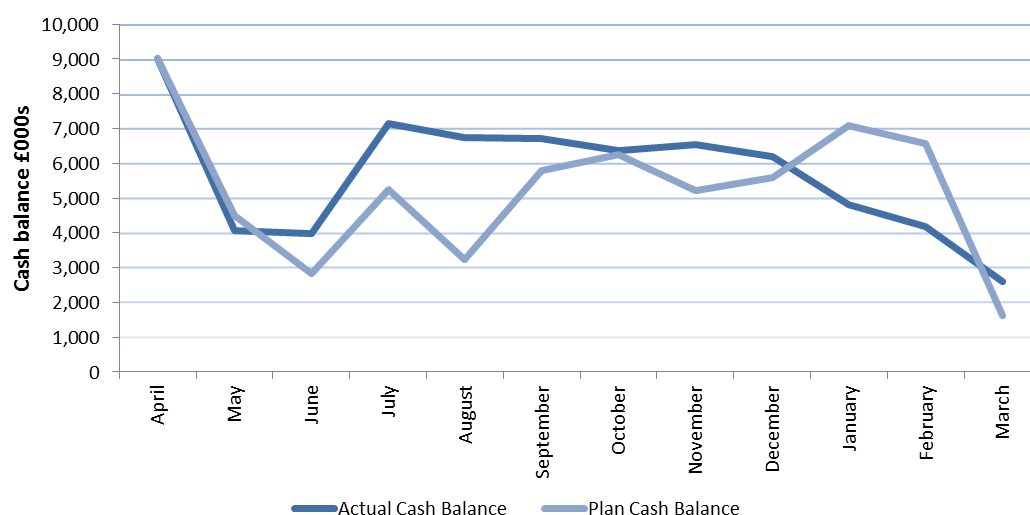
Borrowings: Borrowings (non-current) are £8.9m greater than planned due to a combination of factors; principally £18.3m working capital loan funding received up to month 12 offset by £9.3m of capital investment loan funding included in the plan but not accessed (Maternity and Neonatal is the largest component). The 2015/16 Trust plan assumed deficit support funding would be provided via PDC funding (in-line with historical precedent), during 2015/16 Department of Health funding policy was revised with deficit funding issued as loan financing generating a variance for loan funding and a consequential shortfall against plan for PDC.

The table below is the statement of financial position for the period up to month 12.

	As at 1 April 2015 £000	Plan 31 March 2015 £000	Plan YTD 31 Mar 2016 £000	As at 31 Mar 2016 £000	Variance YTD 31 Mar 2016 £000
Property, plant and equipment	194,918	211,762	207,825	194,510	13,315
Intangible assets	4,481	2,891	3,030	4,591	(1,561)
Trade and other receivables	757	533	755	693	62
Total Non Current Assets	200,156	215,186	211,610	199,794	11,816
Inventories	1,427	1,356	1,456	1,404	52
Trade and other receivables	19,223	22,224	22,224	23,543	(1,319)
Cash and cash equivalents	1,347	1,619	1,619	2,597	(978)
Total Current Assets	21,997	25,199	25,299	27,544	(2,245)
Total Assets	222,153	240,385	236,909	227,338	9,571
Trade and other payables	38,847	39,551	39,551	39,120	431
Borrowings	1,809	255	255	377	(122)
Provisions	1,380	723	723	795	(72)
Total Current Liabilities	42,036	40,529	40,529	40,292	237
Net Current Assets (Liabilities)	(20,039)	(15,330)	41,252	41,087	165
Total Assets less Current Liabilities	180,117	199,856	196,380	187,046	9,334
Borrowings	34,950	43,993	43,993	52,933	(8,940)
Provisions	1,952	1,697	1,697	1,772	(75)
Total Non Current Liabilities	36,902	45,690	45,690	54,705	(9,015)
Total Assets Employed	143,215	154,166	150,690	132,341	18,349
Public dividend capital	62,377	86,277	86,277	62,404	23,873
Retained earnings	6,187	(10,120)	(10,120)	(7,872)	(2,248)
Revaluation reserve	74,651	78,009	78,009	77,809	200
Total Taxpayers' Equity	143,215	154,166	154,166	132,341	21,825
Capital cost absorption rate	3.5%	3.5%	3.5%	3.5%	3.5%

The graph below illustrates the cash trajectory reported for 2015/16 and accounts for the receipt of deficit loan support and repayment of the interim financing (overdraft) arrangement.

Monthly cash balance



Finance overview | Cost improvement programmes

In month 12 savings amounting to £1.3m (81%) were delivered against the plan of £1.5m. Year to date £12.6m (76%) has been achieved. However of these schemes 35% were non-recurrent which means that the underlying position moving in to 2016/17 is materially worse than planned.

March's CIP performance was 81%, £1.3m delivered against a plan of £1.5m. YTD, the Trust has delivered 76% of its planned savings (£12.6m).

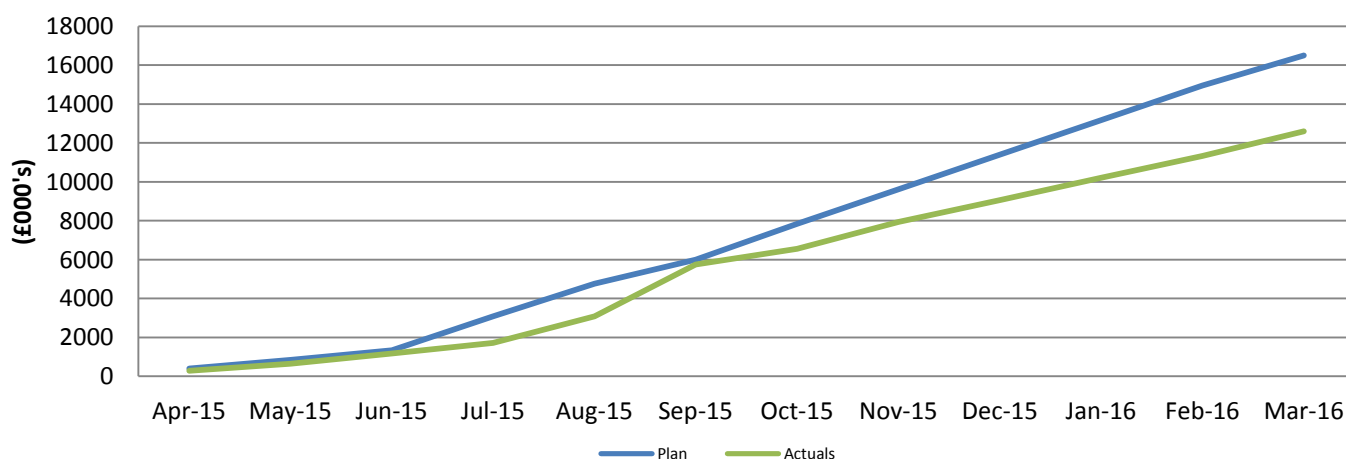
Against savings schemes allocated to ICSUs and divisions (PMO schemes), March's performance was 91% and YTD it is 105%. However the overall YTD CIP delivery includes £3.9m of non-recurrent (one-off benefit) schemes. Non-recurrent schemes effectively subsidise in-year CIP slippage and only provide a short-term benefit that does not improve the underlying run-rate performance of the organisation. Improving the proportion of recurrent cost base savings during 2016/17 is a priority for the Trust. This would in-turn allow non-recurrent saving benefits to serve as mitigation for unplanned income and expenditure risk

A summary CIP performance table by ICSU and Trust-wide schemes is shown below.

Integrated Clinical Service Units	Annual	March				YTD			
	Plan £'000	Plan £'000	Act £'000	% achieved	Var £'000	Plan £'000	Act £'000	% achieved	Var £'000
Medicine Frailty and Network Services	1,413	132	168	127%	36	1,412	1,392	99%	(20)
Surgical Services	1,557	143	168	117%	24	1,556	1,461	94%	(95)
Emergency and Urgent Care	490	43	34	80%	(9)	489	391	80%	(99)
Women's Services	995	107	62	58%	(45)	995	740	74%	(255)
Children's Services	1,362	128	180	140%	51	1,362	1,395	102%	33
Clinical Support Services	635	52	29	55%	(24)	635	356	56%	(279)
OP and Long Term Conditions Services	673	88	71	81%	(17)	672	673	100%	1
Corporate Services	2,891	377	263	70%	(113)	2,891	4,115	142%	1,224
Performance against PMO schemes	10,016	1,071	975	91%	(96)	10,012	10,522	105%	509
Trust-wide Schemes									
Procurement	935	134	83	62%	(51)	935	499	53%	(436)
Trust-wide Schemes	5,550	573	196	34%	(377)	2,227	1,569	70%	(658)
Performance against Operating Plan	16,500	1,548	1,254	81%	(524)	16,500	12,590	76%	(3,910)

A priority for the Trust during 2016/17 is to focus on CIP initiatives that achieve a permanent improvement to the run-rate of the Trust. Schemes will be closely tracked to validate the impact they have on the organisations actual income and expenditure position. One-off (non-recurrent) items will be treated as mitigations against the financial performance of the Trust.

The graphic below illustrates the CIP performance up to March 2016;



Whittington Health Trust Board

4th May 2016

Title:	Performance Dashboard Report April 2016 (March 16 data)		
Agenda item:	16/069	Paper	8
Action requested:	For discussion and decision making		
Executive Summary:	<p>The following is the Performance and Quality report for April 2016 with a number of highlights and areas for focus identified.</p> <p><u>Summary of report:</u></p> <p>PATIENT SAFETY AND EXPERIENCE The Trust reported 2 Serious Incidents including an unexpected admission to NICU and one unexpected death.</p> <p>The response to complaints within 25 days remains above the threshold at 90% for this month. Only one out of 7 ICSUs (EUC, at 50% for 3 complaints) scored below the threshold of 80%.</p> <p>There were no new bacteraemia identified within Whittington Health this month.</p> <p>Friend and Family Test now include the Community and Out Patient Services data. This data is for Adult Services primarily and Children's Services are going to be included from May 2016.</p> <p>ACCESS Whittington Health has achieved the target for Incomplete Referral to Treatment.</p> <p>Theatre Utilisation decreased during March 16 to 76%. The Junior doctor's strike and bed pressure contributed to the fall in utilisation. Extensive plans are in place to improve planned utilisation as part of Surgery & Cancer ICSU improvement plan.</p> <p>Hospital Cancellation for first appointments remained low at 5.3%, despite the doctor's strikes, but the strike did have an adverse effect on follow up appointments (8.1%) and the DNA rate for first (12.2%) and follow up (12.8%) appointments which are above the 10% threshold.</p> <p>The cancer targets were all, but one achieved for February 2016. The 62 days from referral to treatment achieved 81.3% (threshold 85%). The breaches occurred in the Urology Services and a plan is in place to be fully compliant by May 2016.</p>		

	<p>Community Cancellations and DNAs continue to achieve their target.</p> <p>Appointments with no outcomes in the community have improved further and are for the first time within target at 0.4% (0.5% threshold)</p> <p>In MSK service the number of patients being seen within 6 weeks has decreased again for March 2016 due to continuing capacity and demand issues. The Service has been given a Performance Notice of 6 months. Capacity and demand remains a challenge. Little resilience in the service, due to staff turnover, resulting in increasing waiting list. A meeting with the commissioners is to be scheduled and an option paper will be written in the next week. A recruitment and retention plan is in place and ongoing, with more junior staff being successfully developed in-house for senior posts.</p> <p>Islington Intermediate Care Services have again improved their percentage of patients seen within 6 weeks, now scoring 72.5% and are on track to achieve targets in quarter 1</p> <p>The Podiatry Plans are still on track in recruiting new staff, and expected improvement from May.</p> <p>EMERGENCY AND URGENT CARE The 4 hour target in the Emergency Department remains a significant challenge. Weekly improvement meeting chaired by COO in place. Interim staffing model is in place to provide additional nursing support for patients awaiting allocation of a bed and additional GP senior ED doctor are in place. Working with system resilience group to address external pressures on the emergency pathway.</p> <p>MATERNITY 12+6 remains under target and an extensive plan, including changes in admin processes and booking of pregnant woman has been developed and should start seeing improvement in the target in June 2016.</p> <p>Breast feeding initiated target is achieved and the Service is applying for the Baby Friendly status in June 2016.</p> <p>HUMAN RESOURCES An extra tab has been added at the end of the dashboard containing high level workforce data. It is the intention that this will be further developed over the coming months.</p>
<p>Summary of recommendations:</p>	<p>That the board notes the performance.</p>

Fit with WH strategy:		All five strategic aims					
Reference to related / other documents:		Aligns with clinical strategy and performance requirements					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		Captured on BAF and/or Risk Register					
Date paper completed:		21 st April 2016					
Author name and title:		Hester de Graag, Performance Lead		Director name and title:		Carol Gillen, Chief Operating Officer	
Date paper seen by EC	3 May	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a

April 2016 Trust Board Report (March data)

Quality	Threshold	Jan-16	Feb-16	Mar-16
Number of Inpatient Deaths	-	39	31	36
NHS number completion in SUS (OP & IP)	99%	99.0%	98.6%	arrears
NHS number completion in A&E data set	95%	93.5%	91.7%	arrears

Quality (Mortality index)	Threshold	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15
SHMI	-	0.67	0.66	0.65

Quality (Mortality index)	Threshold	Oct-15	Nov-15	Dec-15
Hospital Standardised Mortality Ratio (HSMR)	<100	77	94	70
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	55.9	119.3	85.9
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	84.0	80.1	65.0

Patient Safety	Threshold	Jan-16	Feb-16	Mar-16
Harm Free Care	95%	93.7%	93.7%	93.6%
VTE Risk assessment	95%	95.3%	95.3%	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	-	46.7%	42.6%	38.8%
Serious Incident reports	-	4	8	2

Access Standards

Referral to Treatment (in arrears)	Threshold	Dec-15	Jan-16	Feb-16
Diagnostic Waits	99%	98.4%	99.1%	98.8%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0

Efficiency and productivity - Community	Threshold	Jan-16	Feb-16	Mar-16
Service Cancellations - Community	8%	7.0%	6.5%	6.5%
DNA Rates - Community	10%	6.3%	5.9%	5.6%
Community Face to Face Contacts	-	58,882	58,307	58,490
Community Appts with no outcome	0.5%	1.9%	0.9%	0.4%

Community Access Standards	Threshold	Jan-16	Feb-16	Mar-16
MSK Waiting Times - Non-Consultant led patients seen in month (% < 6 weeks)	95%	51.0%	67.2%	49.2%
MSK Waits - Consultant led patients seen in month (% < 18 weeks)	95%	100.0%	98.7%	arrears
IAPT - patients moving to recovery	50%	50.0%	47.1%	arrears
IAPT Waiting Times - patients waiting for treatment (% < 6 weeks)	75%	96.8%	94.8%	arrears
GUM - Appointment within 2 days	98%	99.4%	99.4%	98.9%

Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Jan-16	Feb-16	Mar-16
First:Follow-up ratio - acute	2.31	1.56	1.44	1.51
Theatre Utilisation	92%	79.8%	78.9%	76.0%
Hospital Cancellations - acute - First Appointments	8%	5.8%	5.7%	5.3%
Hospital Cancellations - acute - Follow-up Appointments	8%	7.9%	7.0%	8.1%
DNA rates - acute - First appointments	10%	11.9%	9.8%	12.2%
DNA rates - acute - Follow-up appts	10%	12.0%	11.1%	12.8%
Hospital Cancelled Operations	0	16	3	3
Cancelled ops not rebooked < 28 days	0	0	0	0
Urgent procedures cancelled	0	0	0	0

April 2016 Trust Board Report (March data)

Patient Experience	Threshold	Jan-16	Feb-16	Mar-16
Patient Satisfaction - Inpatient FFT (% recommendation)	-	96%	94%	96%
Patient Satisfaction - ED FFT (% recommendation)	-	94%	92%	85%
Patient Satisfaction - Maternity FFT (% recommendation)	-	95%	88%	88%
Mixed Sex Accommodation breaches	0	0	0	0
Complaints	-	23	32	48
Complaints responded to within 25 working day	80%	100%	90%	arrears
Patient admission to adult facilities for under 16 years of age	-	0	0	0

Infection Prevention	Threshold	Jan-16	Feb-16	Mar-16
Hospital acquired MRSA infection	0	1	0	0
Hospital acquired <i>C difficile</i> Infections	17 (15/16)	0	0	0
Hospital acquired <i>E. coli</i> Infections	-	0	0	0
Hospital acquired MSSA Infections	-	0	0	0
Ward Cleanliness	-	99%	-	-

Access Standards (RTT)

Referral to Treatment (in arrears)	Threshold	Jan-16	Feb-16	Mar-16
Referral to Treatment 18 weeks - Admitted	90%	73.5%	77.4%	arrears
Referral to Treatment 18 weeks - Non-admitted	95%	90.1%	91.4%	arrears
Referral to Treatment 18 weeks - Incomplete	92%	92.3%	92.1%	arrears

	Meeting threshold
	Failed threshold

Emergency and Urgent Care	Threshold	Jan-16	Feb-16	Mar-16
Emergency Department waits (4 hrs wait)	95%	84.6%	84.0%	81.8%
ED Indicator - median wait for treatment (minutes)	<60	85	94	103
30 day Emergency readmissions	-	165	183	arrears
12 hour trolley waits in A&E	0	0	1	0
Ambulatory Care (% diverted)	>5%	2.8%	3.5%	3.4%
Ambulance Handover (within 30 minutes)	0	5	3	arrears
Ambulance Handover (within 60 minutes)	0	0	0	arrears

Cancer Access Standards (in arrears)	Threshold	Dec-15	Jan-16	Feb-16
Cancer - 14 days to first seen	93%	88.0%	93.2%	99.5%
Cancer - 14 days to first seen - breast symptomatic	93%	90.8%	93.4%	98.3%
Cancer - 31 days to first treatment	96%	100.0%	100.0%	100.0%
Cancer - 31 days to subsequent treatment - surgery	94%	100.0%	100.0%	100.0%
Cancer - 31 days to subsequent treatment - drugs	98%	100.0%	-	100.0%
Cancer - 62 days from referral to treatment	85%	91.7%	93.2%	81.3%

Maternity	Threshold	Jan-16	Feb-16	Mar-16
Women seen by HCP or midwife within 12 weeks and 6 days	90%	77.2%	82.1%	81.3%
New Birth Visits - Haringey	95%	87.7%	83.8%	arrears
New Birth Visits - Islington	95%	94.5%	92.8%	arrears
Elective Caesarean Section rate	14.8%	9.8%	13.1%	12.0%
Breastfeeding initiated	90%	92.9%	91.5%	93.0%
Smoking at Delivery	<6%	3.0%	7.4%	4.1%

	Threshold	Trust Actual		
		Jan-16	Feb-16	Mar-16
Number of Inpatient Deaths	-	39	31	36
Completion of a valid NHS number in SUS (OP & IP)	99%	99.0%	98.6%	arrears
Completion of a valid NHS number in A&E data sets	95%	93.5%	91.7%	arrears

SHMI		Lower Limit	Upper Limit	RKE SHMI Indicator
	Oct 2014 - Sep 2015	0.89	1.12	0.65
	Jul 2014 - Jun 2015	0.89	1.12	0.66
	Apr 2015 - 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

Commentary

Completion of NHS number in SUS

Issue: Below target for Feb 16, but achieved target for Jan 16 retrospectively.

Action: Netcall now also targeted to ensure NHS number is collated. Flex and freeze date reporting used in the data above which means that target is achieved by the freeze date.

Timeframe: Current validation on track and should be achieving target for February 16 data by freeze date next month.

Completion of NHS number in A&E data set

Issue: Missing patient demographics (i.e. NHS numbers and GP unknowns) validated, overseas visitors and un-registered GP patients are not filtered from above data.

Action: Reports are, manually, forwarded to all staff with a 2 week deadline. All un-registered patients are sent information on 'How to register with a GP' and asked to confirm this information once they are registered and EPR is updated accordingly.

Timescale: ongoing

SHMI and HMSR

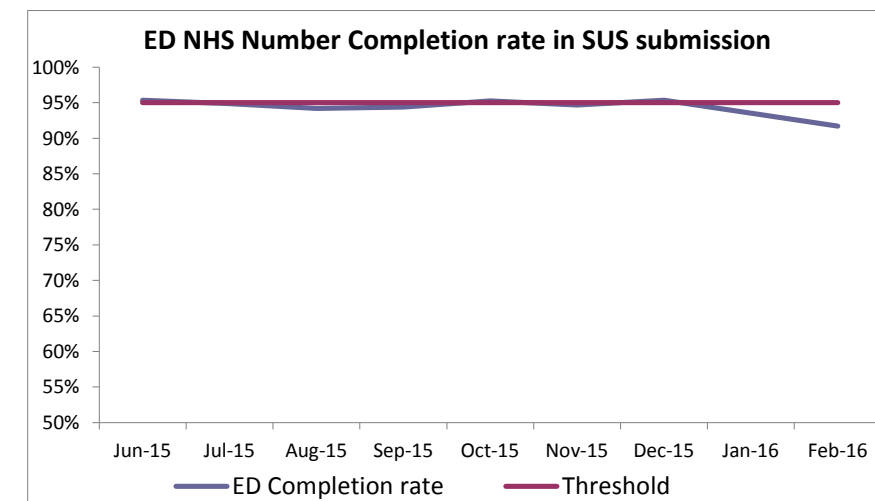
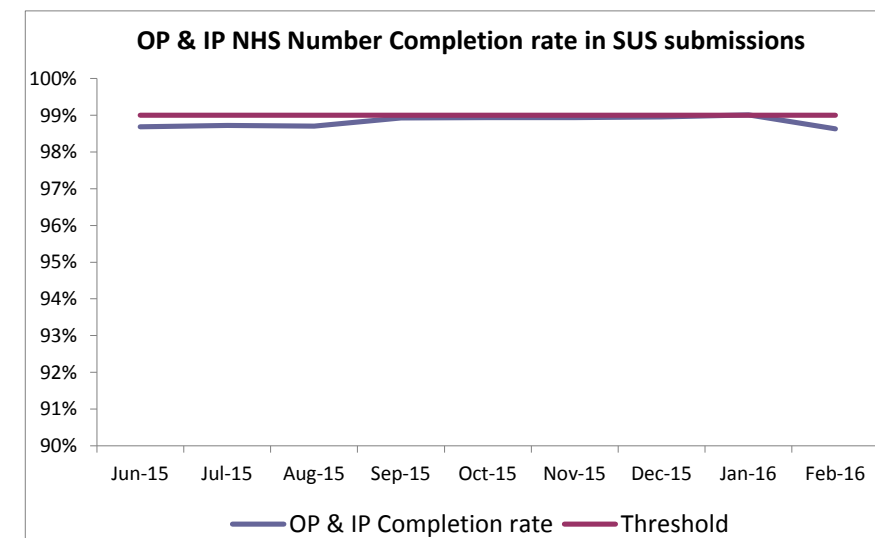
The above metrics are a ratio of observed to expected death

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

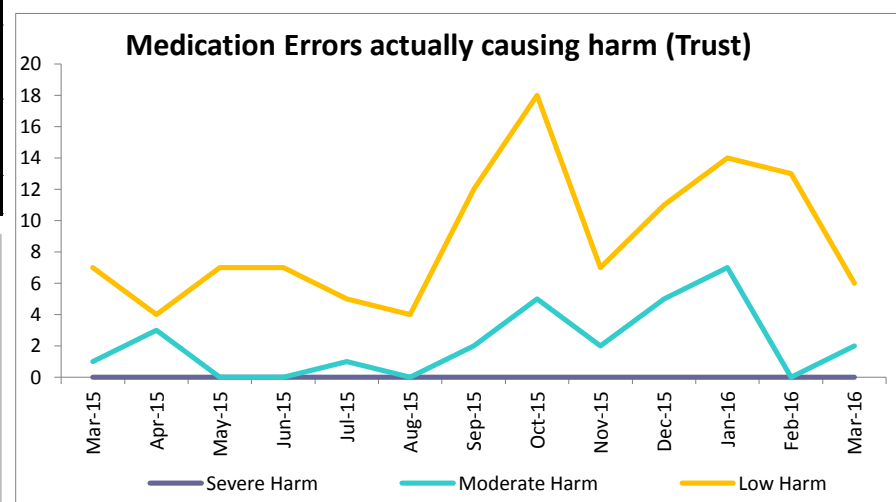
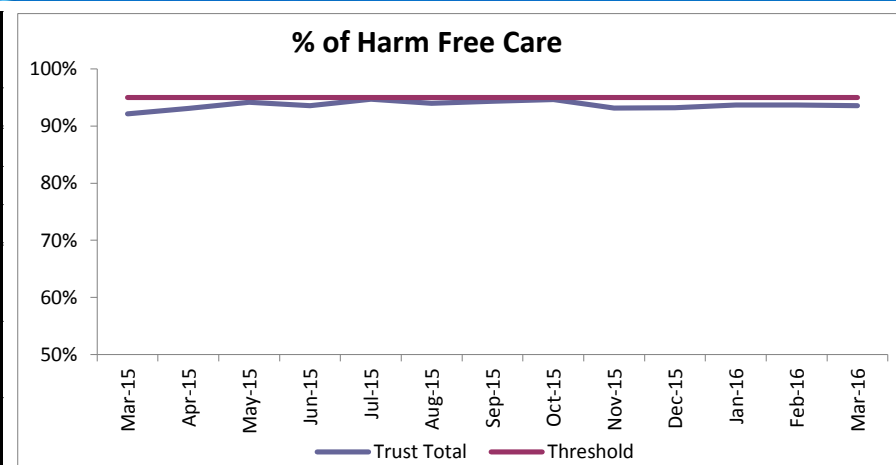
The two different metric employ slightly different methodologies, so result in different values.

Weekend vs weekend mortality rate show extreme variability, because on a monthly basis the numbers are

	Standardised National Average	Trust		
		Oct-15	Nov-15	Dec-15
Hospital Standardised Mortality Ratio	<100	77.4	94.1	70.2
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	55.9	119.3	85.9
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	84.0	80.1	65.0



	Threshold	Trust Actual				Trend
		Dec-15	Jan-16	Feb-16	Mar-16	
Harm Free Care	95%	93.2%	93.7%	93.7%	93.6%	
Pressure Ulcers (prevalence)	-	5.65%	5.64%	5.33%	5.59%	
Falls (audit)	-	0.88%	0.18%	0.49%	0.46%	
VTE Risk assessment	95%	95.4%	95.3%	95.3%	arrears	
Medication Errors actually causing Serious or Severe Harm	0	0	0	0	0	
Medication Errors actually causing Moderate Harm	-	5	7	0	2	
Medication Errors actually causing Low Harm	-	11	14	13	6	
Never Events	0	0	0	0	0	
Open CAS Alerts (Central Alerting System)	-	0	0	0	0	
Proportion of reported patient safety incidents that are harmful	-	38.1%	46.7%	42.6%	38.8%	
Serious Incidents (Trust Total)	-	7	4	8	2	



Commentary

Harm Free Care and Pressure Ulcer prevalence

Harm Free Care and the figure for prevalence of pressure ulcers include non-avoidable pressure ulcers. It remains around 93%.

Falls (audit)

Issue: Falls are increasing within the hospital. A number of falls with harm on the wards, in the last 6 months, have been identified and are investigated using the Serious Incidence framework.

Action: Falls awareness and prevention training session now included on new ward training programme (2pm daily).

Sign up to Safety- Pledge to reduce falls resulting in SI by 50% on-going work on Falls bundle, including development of new multifactorial risk assessment in line with NICE (to be in place by September 16). Business case still being prepared for care of older persons nurse specialist and increased awareness and recognition of Delirium through screening project.

Timescale: Feedback in May 16.

VTE

Target achieved

Medication errors causing harm in February 16

There were 55 medication incidents reported on Datix in March 2016. The two incidents causing moderate harm in March were due to misinterpretation of specialist advice and a penicillin allergy, requiring extended hospital stay. Of the six incidents causing low harm: four were reported by community staff (1 dose delayed, 1 incorrect dose prescribed and two additional doses administered); one by surgery (incorrect dose of co-amoxiclav prescribed) and one by CSS (pharmacist self-injected Epipen).

Reporters of incidents for the first quarter of 2016:

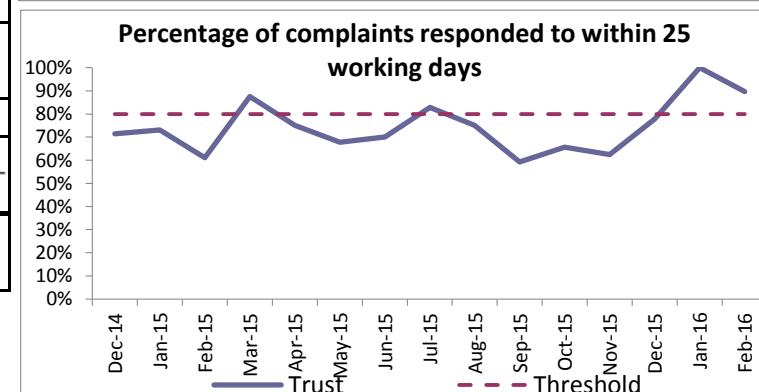
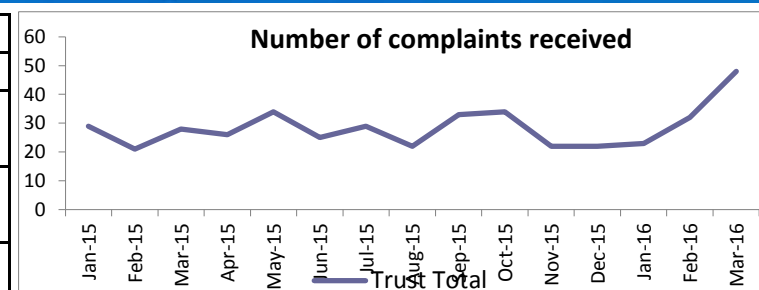
Medical staff 11%	District nurses 34%
Hospital nursing staff 30%	Midwives 5%
Pharmacists 16%	Other 4%

Serious Incidents

Whittington Health declared 2 SIs in March 2016. One unexpected admissions to NICU and one unexpected death.

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

	Threshold	Trust Actual				Trend
		Dec-15	Jan-16	Feb-16	Mar-16	
Patient Satisfaction - Inpatient FFT (% recommendation) **	-	96%	96%	94%	96%	
Patient Satisfaction - Emergency Department FFT (% recommendation) **	-	93%	94%	92%	85%	
Patient Satisfaction - Maternity FFT (% recommendation) **	-	94%	95%	88%	88%	
Mixed Sex Accommodation (not Clinically justified)	0	0	0	0	0	
Complaints (incl Corporate)	-	22	23	32	48	
Complaints responded to within 25 working day	80%	78%	100%	90%	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 (Local standard 90%)

Community and Out Patient FFT included for the first time within this dashboard. Community includes Adults service primarily and Children's Service will be transferring to using the Meridian system from May 2016. Out patients are struggling with response rate, but extensive plans in place, including new boxes for feedback cards in addition to kiosks. Maternity response rate remained at 19% (just under the 20% target) and there were less 'Not recommended' responses this month. ED response rate improved, although the overall score went down.

Action: Out Patients working with nursing and medical staff to increase response rate. Further engagement with staff in ED to improve response rate is planned.

Timescale: On-going

Mixed Sex Accommodation

Achieved

Complaints

Target achieved for February 2016

ICSU	Number of complaints	Percentage responded to within 25 days
Surgery	7	100%
OPTLC	4	100%
MFNS	11	89%
EUC	3	50%
CS	1	100%
WHS	3	100%

Outpatient Friends and Family Test

Summary

2015/16	Responses				
Month	Positive	% Positive	Negative	% Negative	Total
January 2016	133	94%	4	3%	141
February 2016	60	82%	6	8%	73
March 2016	122	85%	8	6%	144

Community Services Friends and Family Test

Summary

2015/16	Responses				
Month	Positive	% Positive	Negative	% Negative	Total
January 2016	796	98%	8	1%	812
February 2016	947	96%	10	1%	983
March 2016	742	99%	4	1%	753

	Threshold	Trust Actual				Trend
		Dec-15	Jan-16	Feb-16	Mar-16	
MRSA	0	0	1	0	0	
E. coli Infections*	-	0	0	0	0	
MSSA Infections	-	3	0	0	0	

	Threshold	Dec 15	Jan 16	Feb 16	Mar 16	2015/16 Trust YTD
C difficile Infections	17 (Year)	1	0	0	0	7

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

Ward Cleanliness

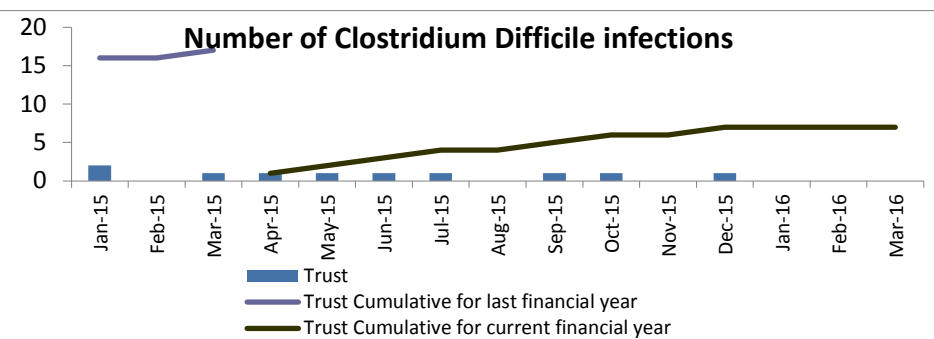
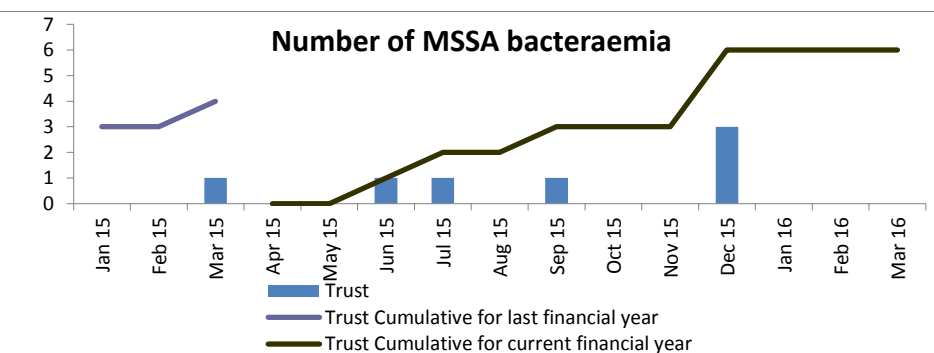
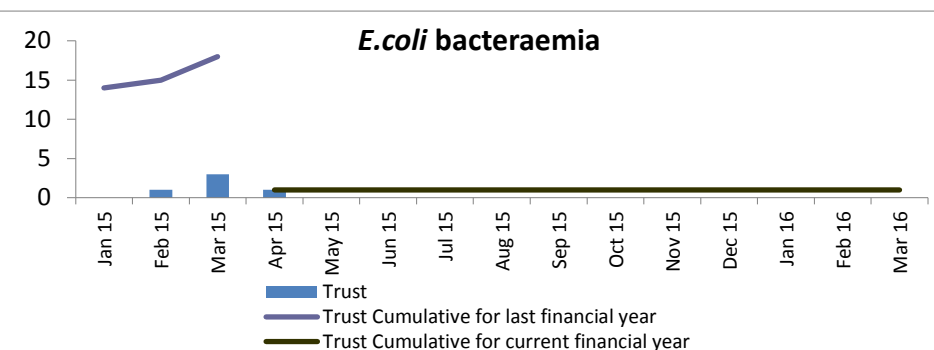
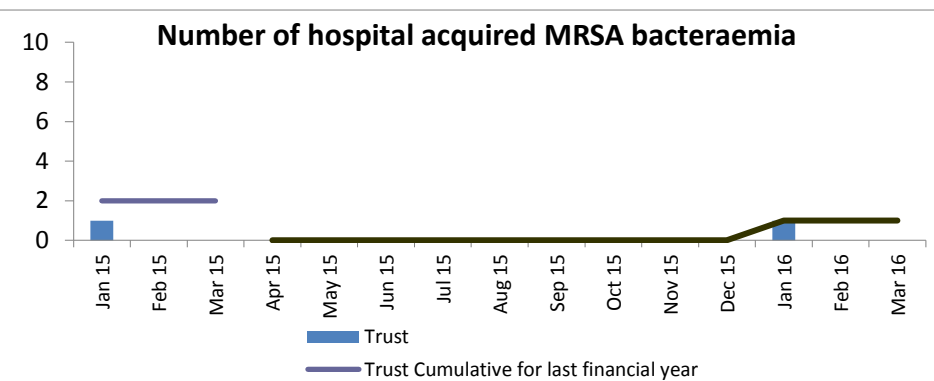
Audit period	Trust					Trend
	14/04/15 to 01/05/15	15/06/15 to 10/07/15	01/09/15 to 30/09/15	05/10/15 to 03/11/15	22/12/15 to 31/01/15	
Trust %	98.4%	97.9%	97.7%	97.8%	98.6%	

Commentary

No new bacteraemia

MRSA

No MRSA infection in March 2016



	Trust						Trend
	Threshold	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	
First:Follow-up ratio - acute	2.31	1.45	1.44	1.56	1.44	1.51	
Theatre Utilisation	92%	80.0%	77.3%	79.8%	78.9%	76.0%	
Hospital Cancellations - acute - First Appointments	<8%	5.3%	5.9%	5.8%	5.7%	5.3%	
Hospital Cancellations - acute - Follow-up Appointments	<8%	7.7%	8.3%	7.9%	7.0%	8.1%	
DNA rates - acute - First appointments	10%	12.7%	11.5%	11.9%	9.8%	12.2%	
DNA rates - acute - Follow-up appointments	10%	14.1%	13.3%	12.0%	11.1%	12.8%	
Hospital Cancelled Operations	0	1	1	16	3	3	
Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	
Urgent Procedures cancelled	0	0	1	0	0	0	
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 continues to be under the national benchmark of 2.31.

Theatre Utilisation

Issue : stretch threshold of 95% has not been achieved. Decreased theatre utilisation due to junior doctors strike and less productive as predicted due to challenged bed capacity.

Action: further work is ongoing matching capacity and demand in General surgery, who have been 2 surgeons down for several months. Urology sessions still under review. This is part of the 16/17 improvement programme led by SCD ICSU

Timescale: Paper to be taken to ICSU Board in April 2016 with proposal for future use of theatres, linked to cost improvement plan.

Hospital Cancellations and Did not attend

Hospital cancellations achieved for first appointments. Just under target for follow up appointments. DNA rate just under target for both.

Issue: The junior doctors' strike has impacted on the cancellation and DNA rate.

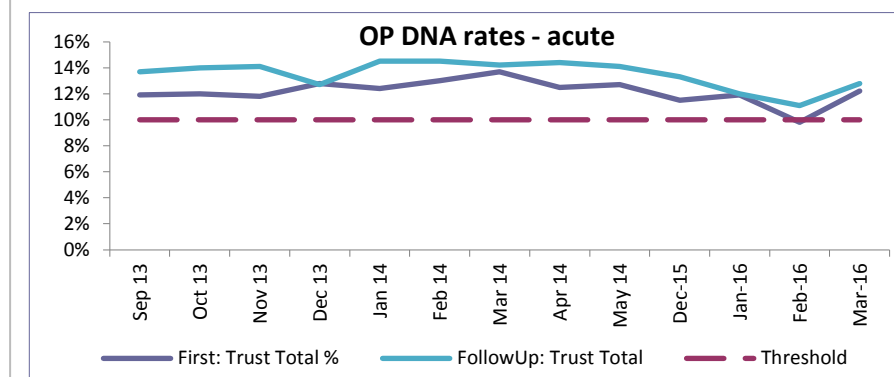
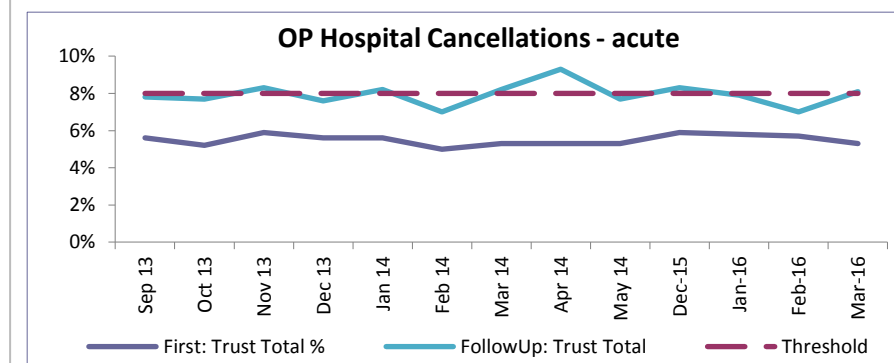
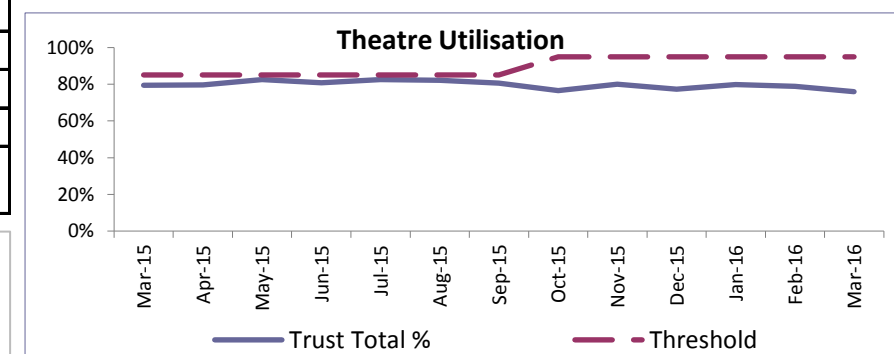
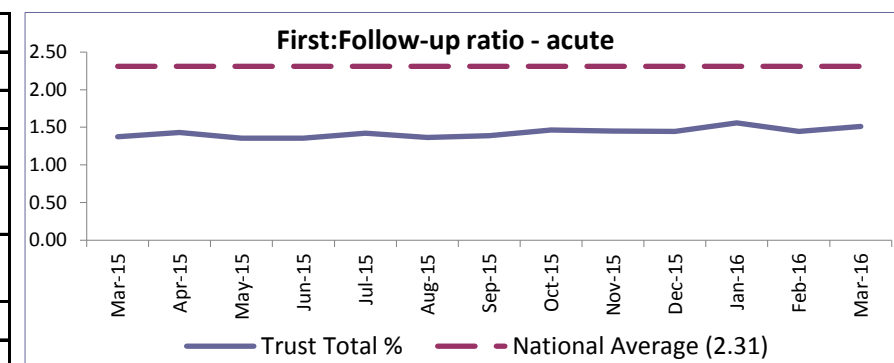
Action: Continued improvement to be expected, although possible further strikes will impact on the figures.





Timescale expected compliance with standard in 16/17

Hospital Cancelled Operations

Issue: There were 3 reportable cancelled operation. All 3 were routine operations. Two were in Orthopaedics and one in Gynaecology. The operation were cancelled as there were no bed available on the wards after surgery. All operation were rescheduled within 28 days.

Action: The Surgical board continues to monitor cancellations.



	Trust					Trend
	Threshold	Dec-15	Jan-16	Feb-16	Mar-16	
Service Cancellations - Community	8%	6.6%	7.0%	6.5%	6.5%	
DNA Rates - Community	10%	6.4%	6.3%	5.9%	5.6%	
Community Face to Face Contacts	-	54,482	58,882	58,307	58,490	
Community Appointment with no outcome	0.5%	0.7%	1.9%	0.9%	0.4%	

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

Commentary

Service Cancellations - Community

Achieved

DNA Rates - Community

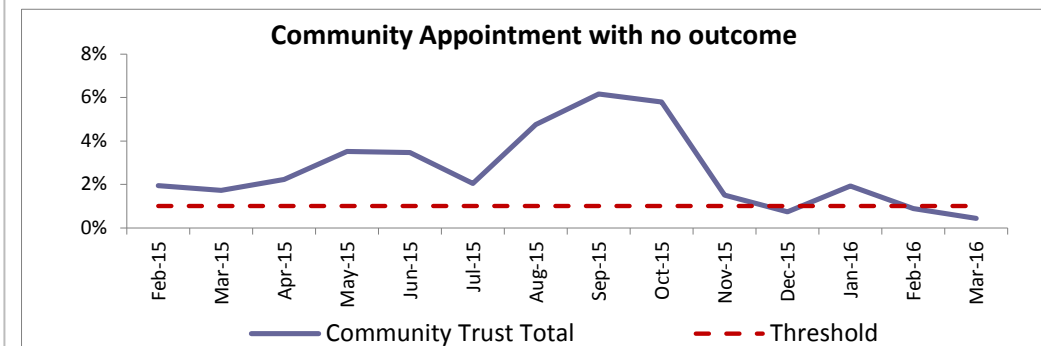
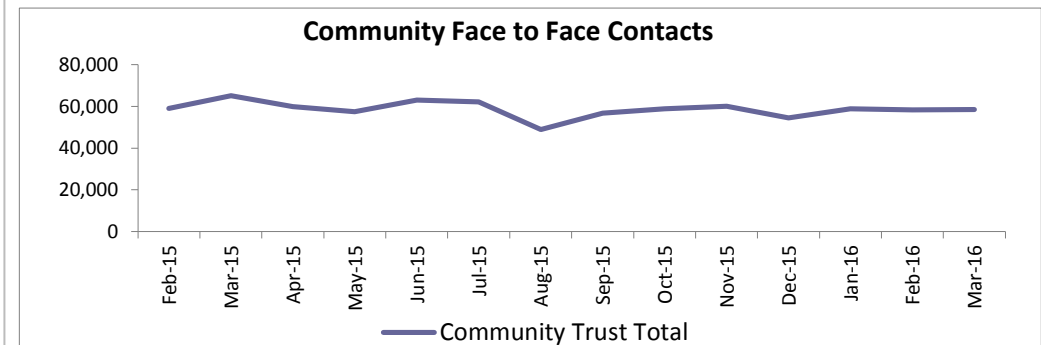
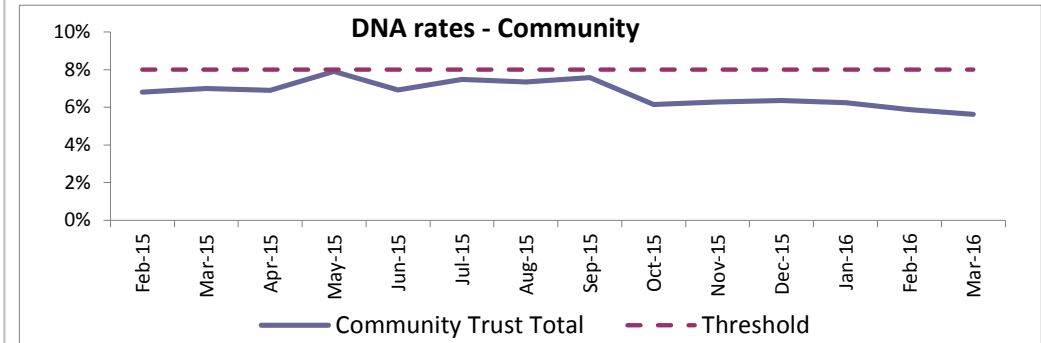
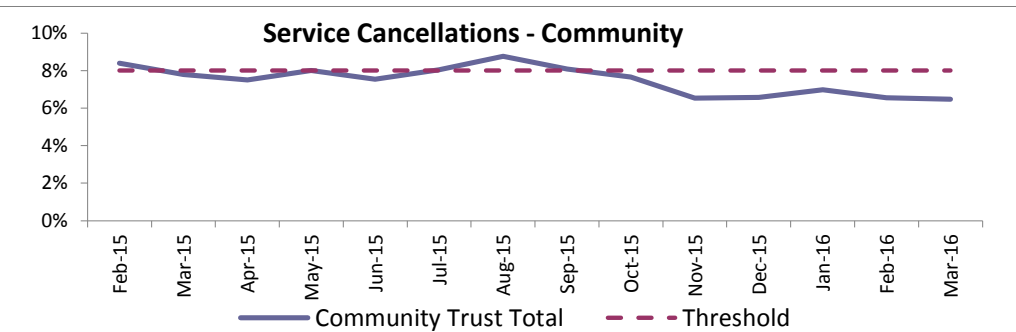
Achieved.

Community Face to Face Contacts

All services are monitored against activity targets.

Community Appointment with no outcome

Overall achieved.



	Threshold	Trust Actual			Trust YTD
		Jan-16	Feb-16	Mar-16	
District Nursing Wait Time - 2hrs assess (Islington)	-	80.0%	100.0%	83.3%	69.3%
District Nursing Wait Time - 2hrs assess (Haringey)	-	93.3%	88.2%	90.9%	87.1%
District Nursing Wait Time - 48hrs for visit (Islington)	-	96.4%	88.4%	100.0%	95.0%
District Nursing Wait Time - 48hrs for visit (Haringey)	-	97.7%	97.8%	97.7%	96.4%
MSK Waiting Times - Routine MSK (<6 weeks)	95%	51.0%	67.2%	49.2%	66.6%
MSK Waiting Times - Consultant led (<18 weeks)	95%	100.0%	98.7%	arrears	99.7%
IAPT - patients moving to recovery	50%	50.0%	47.1%	arrears	49.7%
GUM - Appointment within 2 days	98%	98.1%	99.4%	98.9%	97.5%
Haringey Adults Community Rehabilitation (<6weeks)	85%	84.2%	89.3%	88.2%	82.5%
Haringey Adults Podiatry (Foot Health) (<6 weeks)	-	51.6%	60.4%	52.4%	66.9%
Islington Community Rehabilitation (<12 weeks)	-	78.2%	80.4%	93.2%	82.9%
Islington Intermediate Care (<6 weeks)	85%	50.2%	66.5%	72.5%	58.9%
Islington Podiatry (Foot Health) (<6 weeks)	-	66.6%	62.4%	54.6%	70.6%
IAPT Waiting Times - patients waiting for treatment (% < 6 weeks)	75%	96.8%	94.8%	arrears	94.3%
Death in place of choice	90%	66%	76%	75%	
Number of DN teams completing a monthly review of Patients of Concern (POC) (eight teams)	8	8	8	8	
Number of DN teams completing a monthly caseload review of timely discharge (eight teams)	8	8	8	8	

District Nursing

Improvement seen in both 2 and 48 hours targets with a slight reduction in 2 hours assessment in Islington.

Issue: Continued manual triaging 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. SSKIN:: The service is currently auditing and updating how they collect and record data. The morning teleconferences suggest that the number of outstanding units for pressure area care is continually reducing but not reflected in the SSKIN bundle data. Professional development are currently auditing random sets of notes to establish the source of the disparity.

Timescale: Improvements seen and expected to continue.

Death in place of choice

Issue: The teams are actively asking and recording preferred place of care consistently now. The small total number of deaths means that individual cases can skew the results markedly.

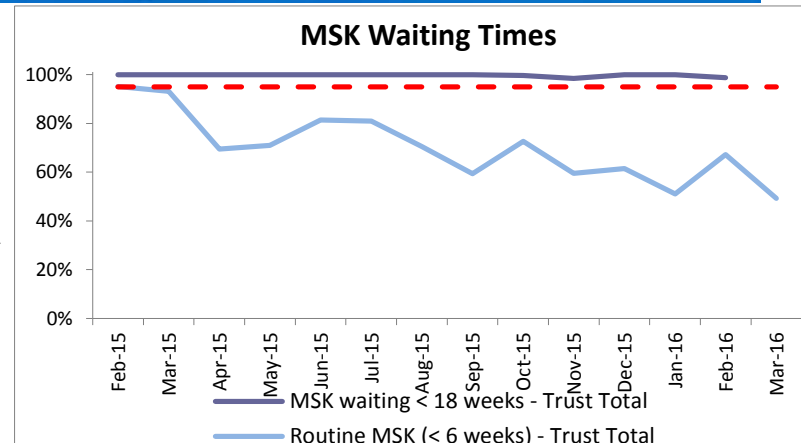
Action: Working with the palliative care rotation nurses particularly to continuously review and re document preferred place of death.

Timescale: ongoing

IAPT

Issue: Just under target and the recovery rate for March has dropped further to 46.6%. The reliable Improvement rate for March is 68%. These two figures seen together suggest that the drop in recovery rate in March is due to a slight increase in the severity of cases at beginning of treatment. There is no indication to suggest this will be a continuous change. Haringey IAPT recovery rate continues to compare favourably with other London IAPT sites, and with other areas of high deprivation - national data would suggest that such areas have an average recovery rate across England of around 38%. It is of note that the recovery rate for the whole year 2015-16 for Haringey IAPT is 49.2%.

EOL deaths in patient's place of choice (%)		
Num	Denom	%
18	24	75%

**Cont. commentary**

Action IAPT: The dropped March recovery rate has been reported to CCG and HSCIC in line with IAPT reporting system. The Trusts IAPT recovery rate action plan has been updated, with additional actions now including all staff to receive their own recovery rates each quarter, and to have in place individual action plans when these are below 50%.

GUM

Achieved target.

MSK

Issue: The Service has been given a Performance Notice of 6 months. Capacity and demand remains a challenge. Little resilience in the service, due to staff turn over, resulting in increasing waiting list.

Action: Meeting with the commissioners to be scheduled. Option paper to be writing in the next week. Recruitment and retention plan in place and ongoing, with more junior staff being successfully developed in-house for senior posts.

Timescale: Paper and meeting to be completed by mid May 2016

Podiatry

Issue: Vacancies

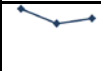




Action: Interviews have taken place and were successful.

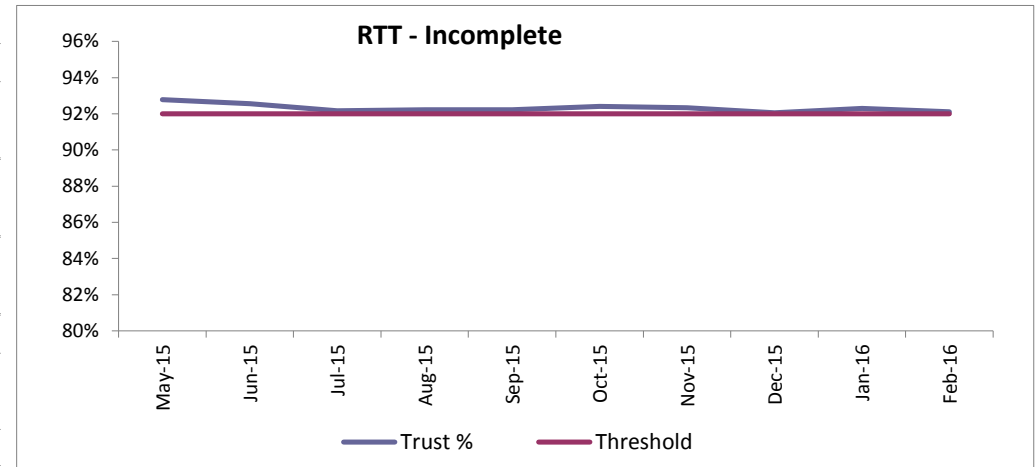
Timescale: New staff to be in place in May 2016 and targets expected to improve from then.

Reach service Islington

Issue: Continued improvement in the overall performance in the Reach service but again slower than expected.

Action: additional capacity to manage backlog and expected improvement in quarter 1

	Trust				Trend
	Threshold	Dec-15	Jan-16	Feb-16	
Referral to Treatment 18 weeks - Admitted	90%	84.2%	73.5%	77.4%	
Referral to Treatment 18 weeks - Non-admitted	95%	92.4%	90.1%	91.4%	
Referral to Treatment 18 weeks - Incomplete	92%	92.1%	92.3%	92.1%	
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	
Diagnostic Waits	99%	98.4%	99.1%	98.8%	



Commentary

RTT

National KPI for 18 weeks incomplete achieved.

Issues: 18 weeks admitted and non-admitted data reported above is un-validated.

Action: Focus on Incomplete RTT data will improve the Admitted and non-Admitted targets.

Timescale: Stepped improvement to be seen in the next months.

Diagnostic Waits

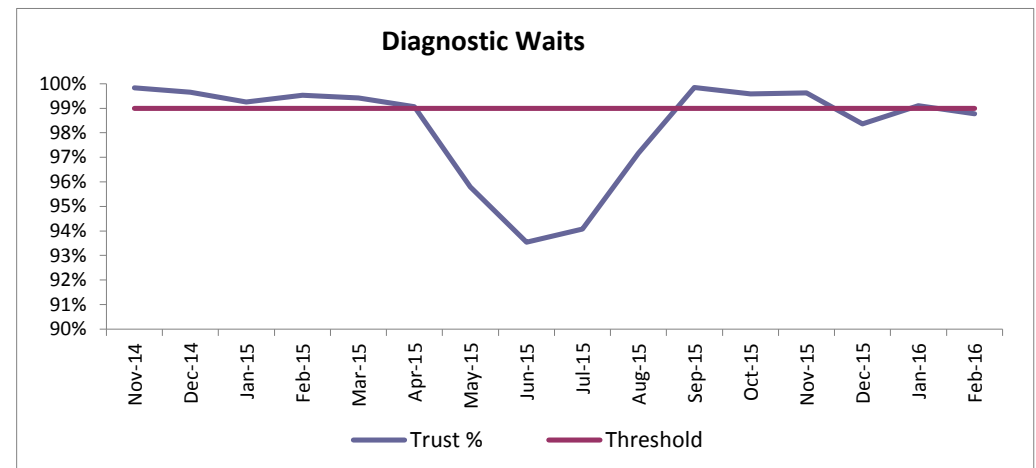
Issue: Just under target due to underachieving in Audiology (92%). Part of the Audiology Services (Northern) were not included in the data previously. All other services achieved 100%.

Action: All audiology services included in report and action plan in place to improve data quality

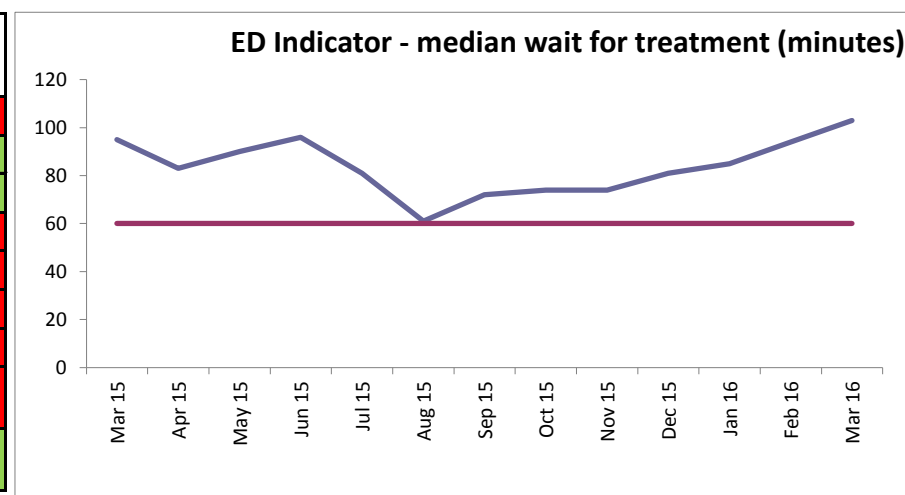
Timescale: Expected to be within targets in March 16 data return.

Waiting times - OPD appointment

Cardiology 8 Weeks, Dermatology 14 Weeks, Endocrine 10 Weeks, ENT 10 Weeks, Gastroenterology 7 Weeks, General Surgery 11 Weeks, Gynaecology 12 Weeks, Neurology 15 Weeks, Pain 34 Weeks, Rheumatology 9 Weeks, Thoracic Medicine 10 Weeks, T&O 7 weeks, Vascular 14 Weeks, Ophthalmology 8 weeks.



	Threshold	Trust Actual		2015/16 Trust YTD
		Feb-16	Mar-16	
Emergency Department waits (4 hrs wait)	95%	84.0%	81.8%	91.1%
Emergency Department waits (4 hrs wait) Paeds only	95%	94.0%	92.4%	96.0%
Wait for assessment (minutes - 95th percentile)	<=15	17	19	15
ED Indicator - median wait for treatment (minutes)	60	94	103	83
Total Time in ED (minutes - 95th percentile)	<=240	542	537	392
ED Indicator - % Left Without Being seen	<=5%	7.3%	7.6%	5.6%
12 hour trolley waits in A&E	0	1	0	1
Ambulance handovers 30 minutes	0	3	arrears	33
Ambulance handovers exceeding 60 minutes	0	0	arrears	0
Ambulatory Care (% diverted)	>5%	3.5%	3.4%	



Commentary

ED four hour wait continues to remain a significant challenge across the sector. Main issues relate to bed pressures and sustained increase in activity.

Actions:

COO chairing weekly meetings overseeing recovery plan:

- Increasing pre 11am discharges
- Criteria led discharge
- Review of all patients with LoS >9 days
- Benchmarking LoS

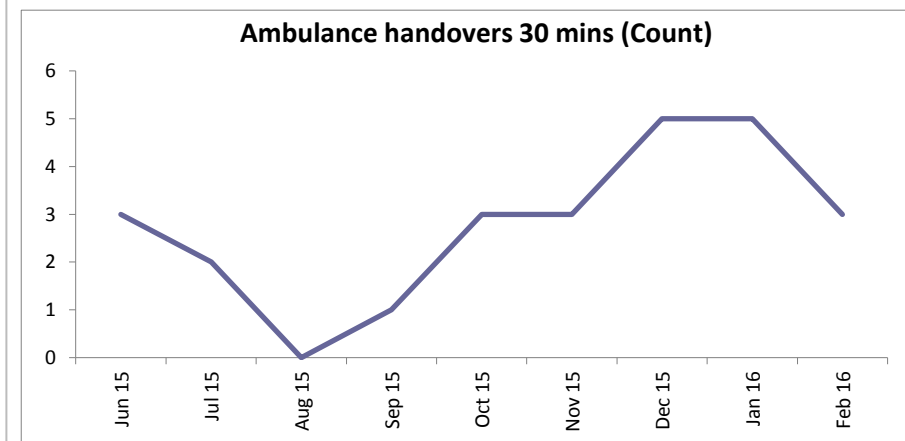
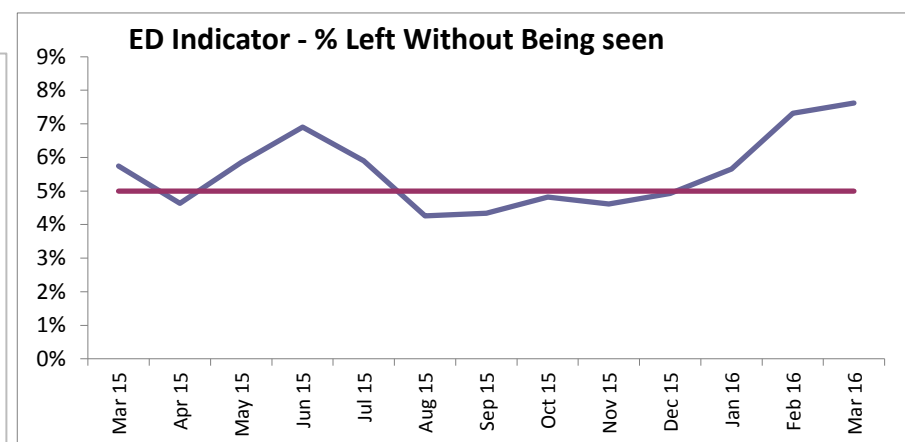
Time to assessment and treatment have deteriorated due to pressures associated with increased activity and exit block from ED.








Additional medical staff have been

Actions:

- Interim staffing model in place to provide additional nursing support for patients awaiting allocation of a bed
- Additional GP senior ED doctor in place

The number of patients who leave without being seen has increased and is linked to longer



	Threshold	Trust			Trend
		Dec-15	Jan-16	Feb-16	
Cancer - 14 days to first seen	93%	88.0%	93.2%	99.5%	
Cancer - 14 days to first seen - breast symptomatic	93%	90.8%	93.4%	98.3%	
Cancer - 31 days to first treatment	96%	100.0%	100.0%	100.0%	
Cancer - 31 days to subsequent treatment - surgery	94%	100.0%	100.0%	100.0%	
Cancer - 31 days to subsequent treatment - drugs	98%	100.0%	-	100.0%	
Cancer - 62 days from referral to treatment	85%	91.7%	93.2%	81.3%	
Cancer - 62 days from consultant upgrade	-	100%	50%	50%	

2016/17 Trust				
Q1	Q2	Q3	Q4	YTD
93.2%	92.5%	89.7%	93.2%	92.6%
93.6%	91.7%	89.4%	93.4%	92.5%
100.0%	100.0%	99.0%	100.0%	99.7%
100.0%	100.0%	100.0%	100.0%	100.0%
100.0%	100.0%	100.0%	-	100.0%
93.2%	85.5%	87.8%	93.2%	88.8%
92.9%	83.3%	60.0%	50.0%	83.7%

Commentary

All but one target achieved as expected for February 2016.

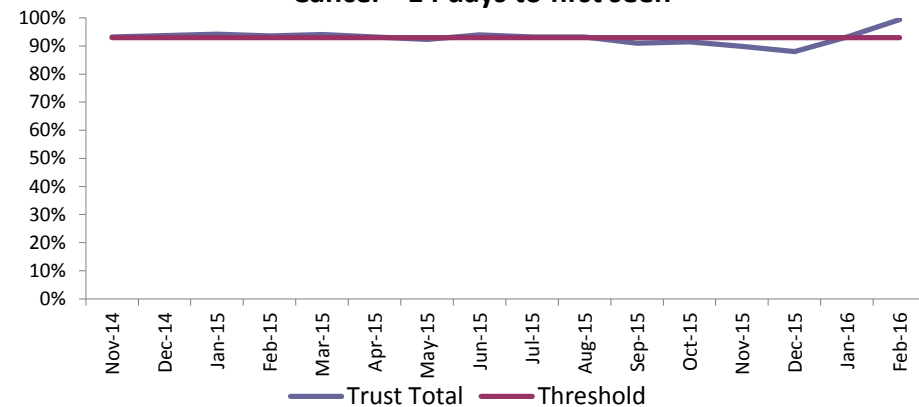
Cancer - 62 days from consultant to treatment

Issue: Urology and review 62 day breast screening breach referred on day 141. this last target is not usually reported on this dashboard.

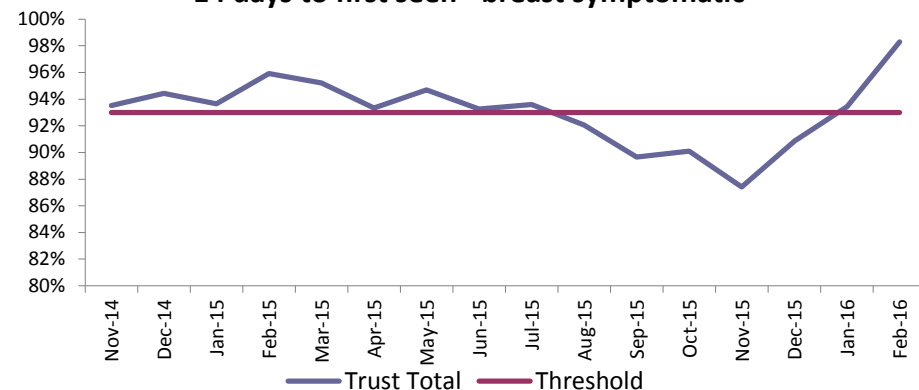
Action: A plan is in place for Urology Cancer, including adherence to cancer pathway administrative and clinical processes.

Timescale: fully compliant in May 2016

Cancer - 14 days to first seen



14 days to first seen - breast symptomatic



	Threshold	Trust Actual			2015/16 Trust YTD
		Jan-16	Feb-16	Mar-16	
Women seen by HCP or midwife within 12 weeks and 6 days	90%	77.2%	82.1%	81.3%	82.3%
New Birth Visits - Haringey	95%	87.7%	83.8%	Arrears	86%
New Birth Visits - Islington	95%	94.5%	92.8%	Arrears	92%
Elective Caesarean Section rate	14.8%	9.8%	13.1%	8.8%	12.2%
Emergency Caesarean Section rate	-	18.4%	17.5%	18.4%	18.9%
Breastfeeding initiated	90%	92.9%	91.5%	93.0%	89.5%
Smoking at Delivery	<6%	3.0%	7.4%	4.1%	4.7%

Commentary

12+6

Issue: Remaining just below target.

Action: Service practises reviewed and planned changes to be put in place over the next months, including changes to triage, personalised letters and administrative processes, calling woman to offer appointment dates and asking for the reason when DNA. **Timescale:** 3 to 4 months to implementation, expected to see improvement in June 2016

New birth visits

Issue: Below target, in February there were 16 late new birth visits; including , 7 in hospital, 3 late birth notifications, 1 wrong address, 5 parental choice to change date of visit. Only accepted exception is number in hospital and if these are excluded would have hit target. For assurance, HVs do contact families where baby is in hospital but do not count NBV as completed until Babies are at home.

Action: Continued workforce plan in place to mitigate. New staff in the process of starting.

Timescale: Ongoing

Elective Caesarean Section rate

Target achieved

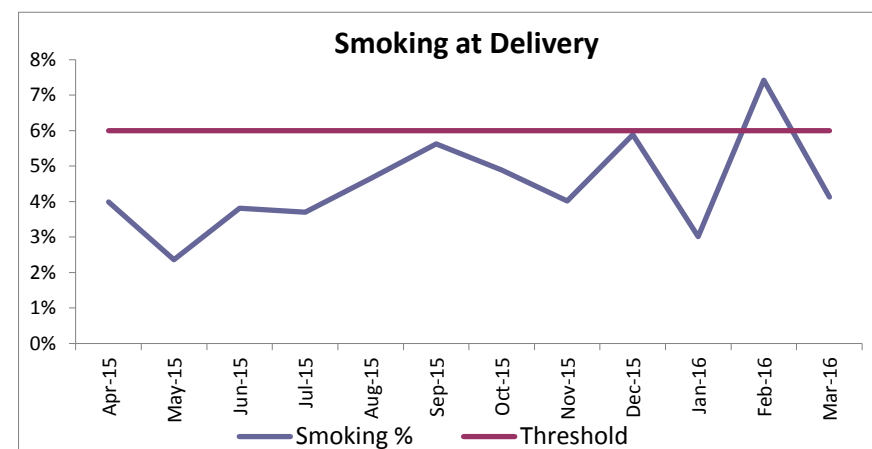
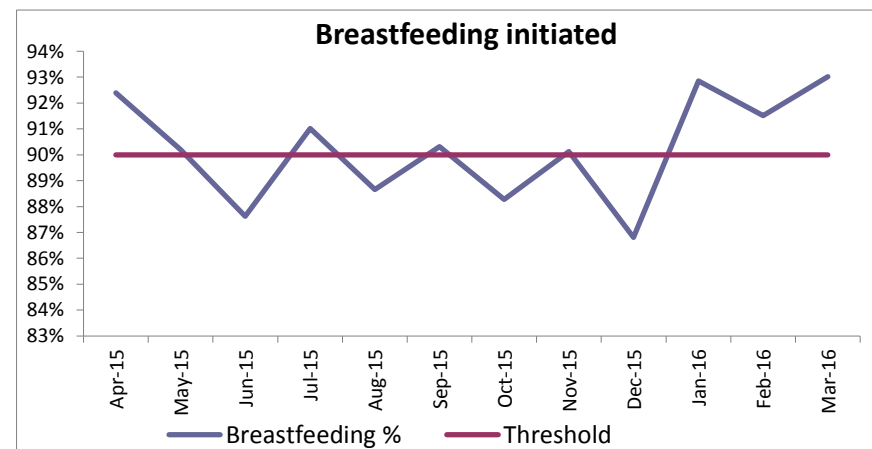
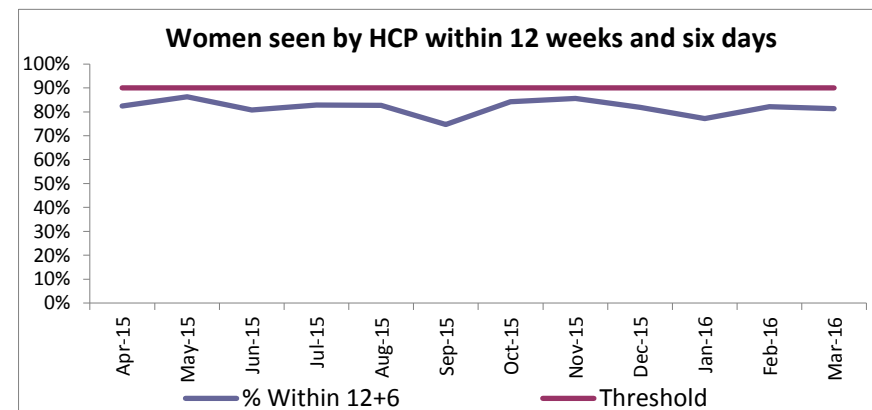
Breast feeding initiated

Target achieved

The Service is applying for the Baby Friendly status in June 2016.

Smoking at Delivery

Target achieved



High Level Workforce Data

Q4 2015-2016

Metric	Target or Benchmark	Source	Q3 15-16	Q4 15-16	Notes and Definitions	Trend Q3-Q4
Staff Headcount	Trust Annual Plan	ESR	4,184	4,210	No. of staff employed at the end of the quarter	/
Staff in Post (FTE)	Trust Annual Plan	ESR	3,815.39	3,833.79	No. of staff employed at the end of the quarter	/
Establishment (FTE)	Trust Annual Plan	Finance Ledger	4,217.11	4,226.88	Budgeted Full Time Equivalent of established posts at the end of the quarter. Excludes temporary fte and pay reserves	/
Bank and Agency Use(FTE)		Bank Staff System	8252.47	8386.59	Bank and Agency use in quarter	/
Vacancy Rate %	10%	Calculation	9.5%	9.30%	Unfilled FTE as a proportion of the total establishment at the end of the quarter	\
Annual Turnover %	>13% - red 10-12% - amber <10% - green	ESR	14.4%	14.7%	Leavers FTE over the last 12 months as a proportion of the average Staff in post FTE for the period. Excludes fixed term contracts, junior doctors and students.	/
Sickness %	> 3.5% - red 2.5-3.5% - amber <2.5% - green	ESR	3.4%	3.4%	FTE lost to sickness <u>in quarter</u> as a proportion of FTE available	/
Appraisal Completion %	90%	ESR/OLM	76%	72%	PDF completions as a proportion of PDRs due to be completed. Data excludes staff who joined the organisation within the past 12 months; maternity & adoption leave; career break; external secondment and bank staff.	\
Mandatory Training %	90%	ESR/OLM	83%	82%	Percentage of staff compliant for mandatory training. Requirements vary by staff group and roles.	\

Whittington Health Trust Board

4 May 2016

Title:	The Wellbeing Partnership - Working side by side in Haringey and Islington		
Agenda item:	16/071	Paper	10
Executive Summary:	<p>The 'Wellbeing Partnership' is the coming together of NHS organisations and local authorities in Haringey and Islington. It is driven by a shared recognition that major changes are needed to ensure that health and care services are of the right quality and capable of meeting the future needs of our local communities.</p> <p>We know that our health and care system cannot be sustained in its current form. For Islington and Haringey that means helping our populations to live healthier lives and retain their independence for longer. It means using technology to make sure that people have the information that they need, in the way that they want it, so that they are more in control. It means taking a shared responsibility across health, housing, education, welfare and social care rather than passing people between agencies. It means recognising the links between mental and physical health. It means never passing up an opportunity to grow and learn from great practice within and outside our Boroughs.</p> <p>We do not want to create a system we cannot sustain and neither do we want to cut care down to the core. That means changes for people: across public services, voluntary organisations and, most importantly, for the people living in Haringey and Islington.</p> <p>This reports sets out the latest partnership working and is being provided to Haringey & Islington Trust Boards in May.</p>		
Summary of recommendations:	<p>The Board are asked to support the development and delivery of the Haringey & Islington health & care 'Wellbeing Partnership'. And to agree the recommendation for the next phase of work as described in section 7 of the report summarised below:</p> <p>7.1 Population based and health & care pathways:</p> <ul style="list-style-type: none"> • A model of care that supports independence in older people with health and social care needs. • A re-designed musculoskeletal care pathway • An integrated model of care for people with learning disabilities • A model of care that improves the prevention, identification and management of diabetes and cardiovascular disease. <p>The cross cutting themes across all these four areas will include: sustaining good mental health, prevention, action on the wider determinants of health including housing and environment, early identification and diagnosis of illness, maintaining independence.</p> <p>7.2 Forms of Health & Care</p> <p>In addition, an important area of work will focus on future care models; identifying the range of options which might be most appropriate for</p>		

	providing health & care and commissioning health & care. We propose to undertake detailed financial modelling of savings and investments required across the whole system and look at additional key enablers: workforce, IT, estates.						
Fit with WH strategy:	This report aligns with partnership working across NCL						
Reference to related / other documents:	National policy and WH strategy						
Reference to areas of risk and corporate risks on BAF	Risks captured in risk registers and/or Board Assurance Framework.						
Date paper completed:	27 April 2016						
Author name and title:		Anni Hartley-Walder Programme Director		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

1 Purpose of the report

The Board are asked to support the development and delivery of the Haringey & Islington health & care 'Wellbeing Partnership'. And to agree the recommendation for the next phase of work as described in section 7.

2 Background

The 'Wellbeing Partnership' is the coming together of NHS organisations and local authorities in Haringey and Islington. It is driven by a shared recognition that major changes are needed to ensure that health and care services are of the right quality and capable of meeting the future needs of our local communities.

We know that our health & care system cannot be sustained in its current form. For Islington and Haringey that means helping our populations to live healthier lives and retain their independence for longer. It means using technology to make sure that people have the information that they need, in the way that they want it, so that they are more in control. It means taking a shared responsibility across health, housing, education, welfare and social care rather than passing people between agencies. It means recognising the links between mental and physical health. It means never passing up an opportunity to grow and learn from great practice within and outside our Boroughs.

We do not want to create a system we cannot sustain and neither do we want to cut care down to the core. That means changes for people: across public services, voluntary organisations and, most importantly, for the people living in Haringey and Islington.

3 Why have Haringey and Islington organisations chosen to work together?

3.1 Haringey and Islington have a similar population:

- Combined population c. 500,000 with expected growth of 14% in the next 15 years.
- Ageing population – highest growth in those aged 65+ (48%) although this age group remains the smallest in absolute numbers.
- Deprived and affluent neighbourhoods side by side
- High population churn

3.2 Our populations have similar health and care needs:

- Overall life expectancy is increasing in both boroughs however people live (on average) the last 20 years of their life in poor health.
- Similar prevalence of lifestyle risk factors
- Similar prevalence of long term conditions (LTC) (20% of overall population living with LTC). This means more long term, complex illness and disability - increasing demand for health and social care. There is also inequality, with deprived communities experiencing more illness and shorter lives than those in more affluent areas.
- High prevalence of severe mental ill health and high rates of co-morbidities in people with mental ill health

3.3 We have shared ambitions

- We are committed to change: to fitting our organisations and care around people's needs. We need to focus now on people whose needs are complex and who need coordination, quick help and support to remain as independent as possible. Too often people experience form filling and multiple referrals. Currently we make people fit in and around our own organisations.
- We want to provide world class care when people need it.

To do this we need enable those who are well to stay healthy and to support those whose lifestyle puts them at risk to make healthier choices. Our local plans for housing, for schools, for employment, for business as well as for health services all need to support this. But agencies alone do not drive change. People, technology, communities will drive innovation and we will respond.

- Within and across different public sector organisations we are willing to work together. To listen carefully to our diverse populations; to challenge ourselves, to innovate and to learn from our staff and our residents who hold the answers to how health and care could be improved.

3.4 We have a shared ‘vision’

Our commitment is to support our population to live healthier, happier and longer lives. We will improve health and care so people get more joined up, better quality services. There will be a focus on preventing poor health, as well as better outcomes when people need care and treatment.

At the same time given the financial pressures on us all, we need to make sure services are of value, affordable and fit for the future.

We will work together linking our residents and patients, hospitals, voluntary and community organisations, mental health services, social care and primary care services, in a system with one shared commitment to achieve our vision.

4. How will the Wellbeing Partnership work together?

The current Wellbeing partner organisations are:

Haringey Council, Islington Council, Whittington Health, Camden & Islington NHS Foundation Trust, Islington Clinical Commissioning Group, Haringey Clinical Commissioning Group. Other health providers have been involved during the preparation work and will further join in with the partnership as the work plan is developed. We are building an extensive stakeholder group to be engaged in the workplan, including the voluntary and third sector, our workforce, Healthwatch and other community, public, patient and service user representative groups.

We have established some agreed principles which are summarised here:

- Partner organisations will work together for the benefit of local people
- We will involve local people in our design, planning and decision-making
- Partner organisations will find innovative ways to cede current powers and controls to explore new ways of working together
- We will be open, transparent and enabling in sharing data, information and intelligence in all areas including finance, workforce and estates
- Partner organisations have agreed to find ways to ‘risk share’ during transformational change.
- We will find ways to share joint incentives and rewards.
- Partner organisations will make improvements by striving to be the best, together.
- We will be rigorous in ensuring value for money and financial sustainability.

5. How does the Wellbeing Partnership fit with the North Central London Sustainability & Transformation Plans (STPs)?

NHS England has mandated all areas of the country to be part of a predetermined local footprint that will prepare health and social care sustainability and transformation plans for 2016-2021. Haringey & Islington are part of the North Central London (NCL) footprint.

The Chief Officers of the Wellbeing Programme are all actively engaged and in some instances, leading, key areas of work in the NCL STP. We are well represented on the NCL Transformation Board and other key workstreams. There will be some areas of transformation and change

where there will be clear benefits from working collaboratively across the wider NCL footprint. In time it will provide access to central funding for transformation activity.

The critical question posed by the Wellbeing Partnership will always be: how will the proposed NCL plans benefit the residents of Haringey & Islington. There may well be local Wellbeing Partnership initiatives that may be more appropriate to local needs. And where the Wellbeing Partnership makes proposals for change, we will not suggest unnecessary delay because of the NCL STP, where there is no perceived material benefit to local people either in terms of financial sustainability or in terms of quality of service delivery.

6. Wellbeing Partnership preparation work

We started working together to establish the Wellbeing Partnership late in 2015. We held a major stakeholder event in the autumn and a clinical & care practitioners' event early in 2016.

We took all the information and learning found in each organisation from what our workforce and local people told us in the past about their experience of health and care.

Using all available information to inform future plans, we grew our understanding of the health needs of the local population and the evidence of what is working well locally. We have identified some priority area in population segments and clinical & care pathways.

We have looked at local 'good practice and innovation': to see where we might scale up across the partnership as a 'quick win' for positive change.

We have undertaken an outline financial analysis, identifying the precise scale of the financial challenge and are working out what the potential is for efficiencies and what requires bigger changes across the whole system.

We have set up a programme structure to take forward an agreed workplan which recognises current governance and decision making within the health and care systems.

7. The Wellbeing Partnership: what next – recommended priority work programme.

Using all the information and data described above, the Wellbeing Partnership has identified the following key priorities areas for the next phase of work. It is proposed to engage in co-production with key stakeholders, develop detailed scoping work and business cases for each of the pathways to identify the opportunities for working together in a different way.

7.1 Population based and health & care pathways:

- A model of care that supports independence in older people with health and social care needs.
- A re-designed musculoskeletal care pathway
- An integrated model of care for people with learning disabilities
- A model of care that improves the prevention, identification and management of diabetes and cardiovascular disease.

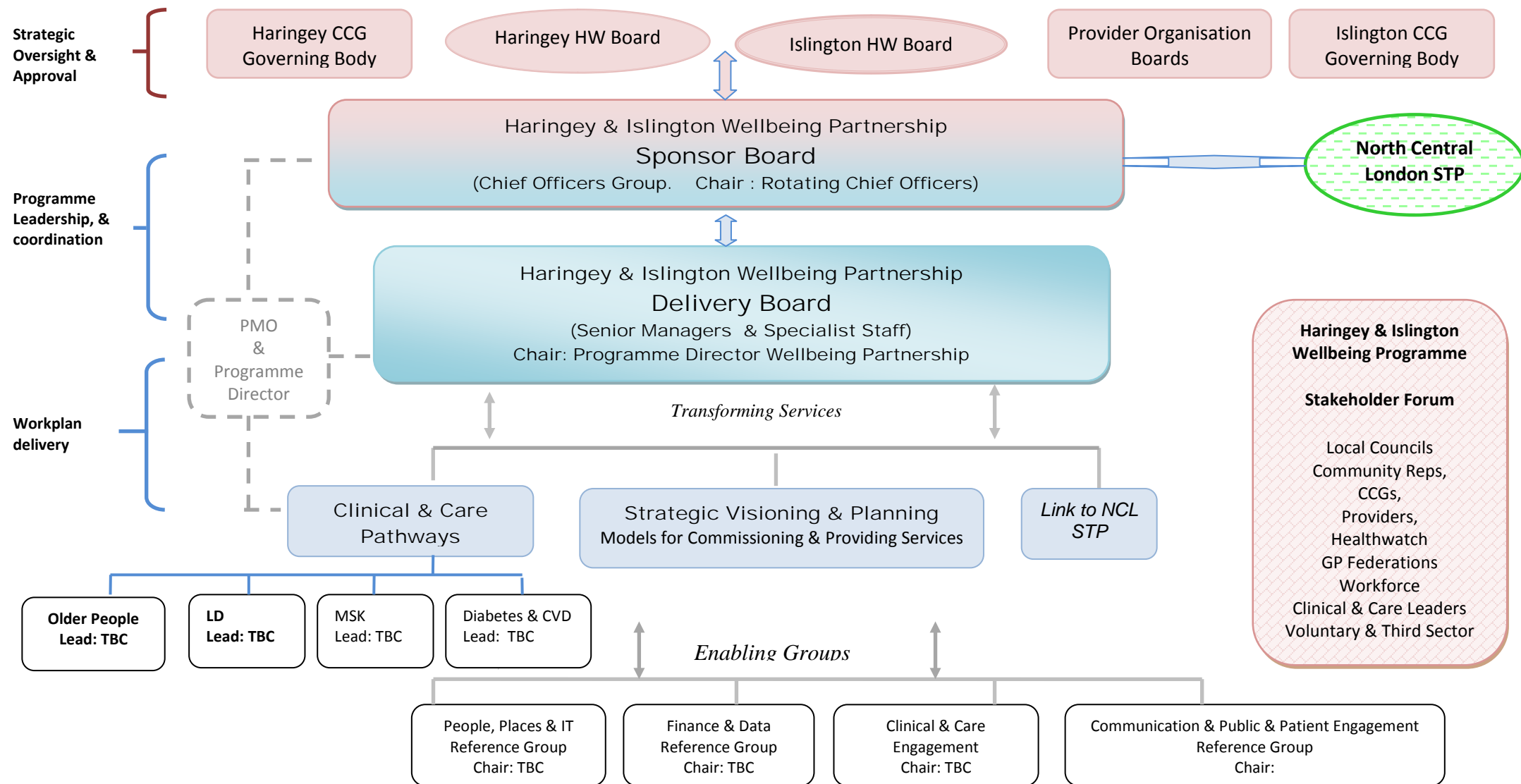
The cross cutting themes across all these four areas will include: sustaining good mental health, prevention, action on the wider determinants of health including housing and environment, early identification and diagnosis of illness, maintaining independence.

7.2 Forms of Health & Care

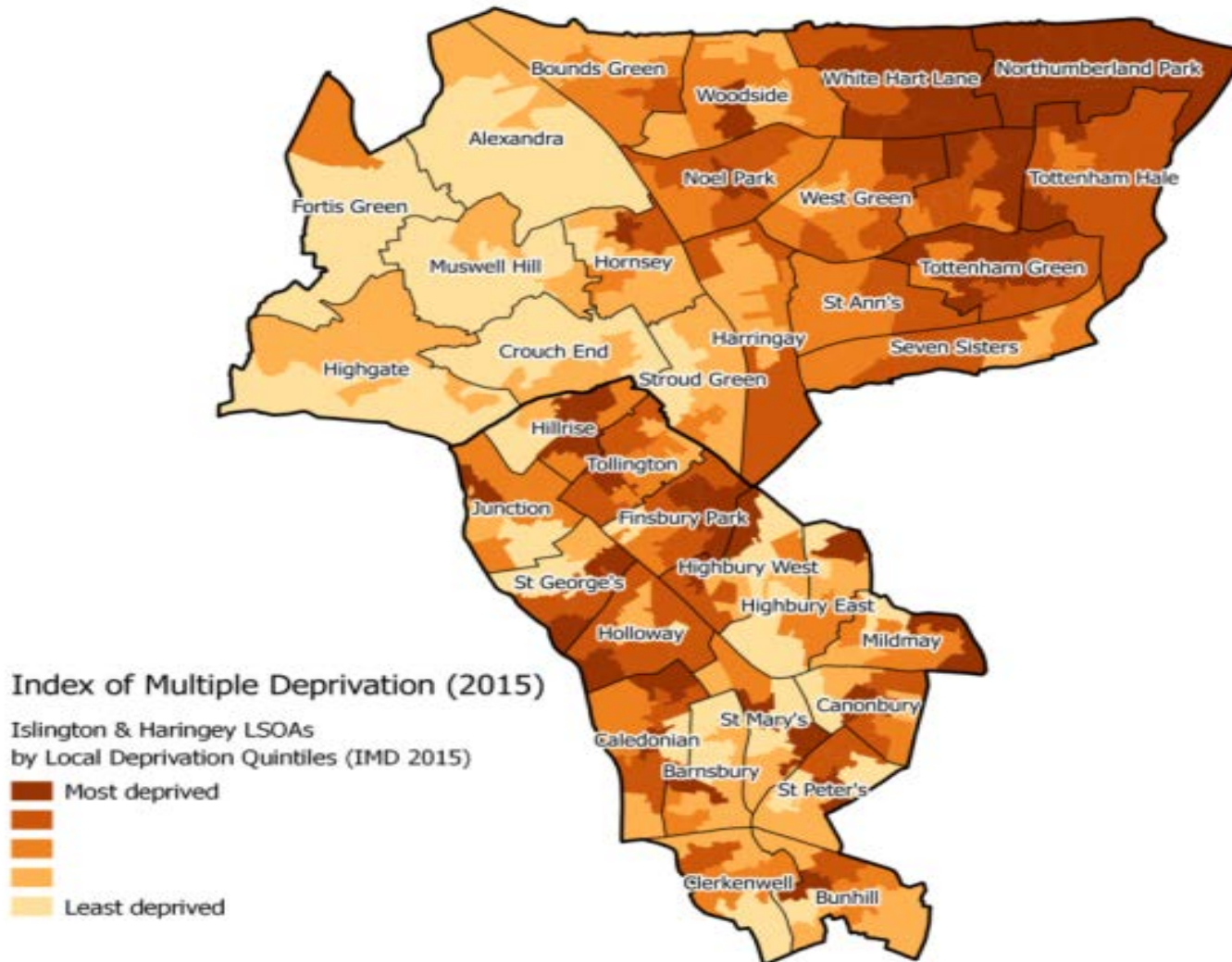
In addition, an important area of work will focus on future care models; identifying the range of options which might be most appropriate for providing health & care and commissioning health & care.

We propose to undertake detailed financial modelling of savings and investments required across the whole system and look at additional key enablers: workforce, IT, estates.

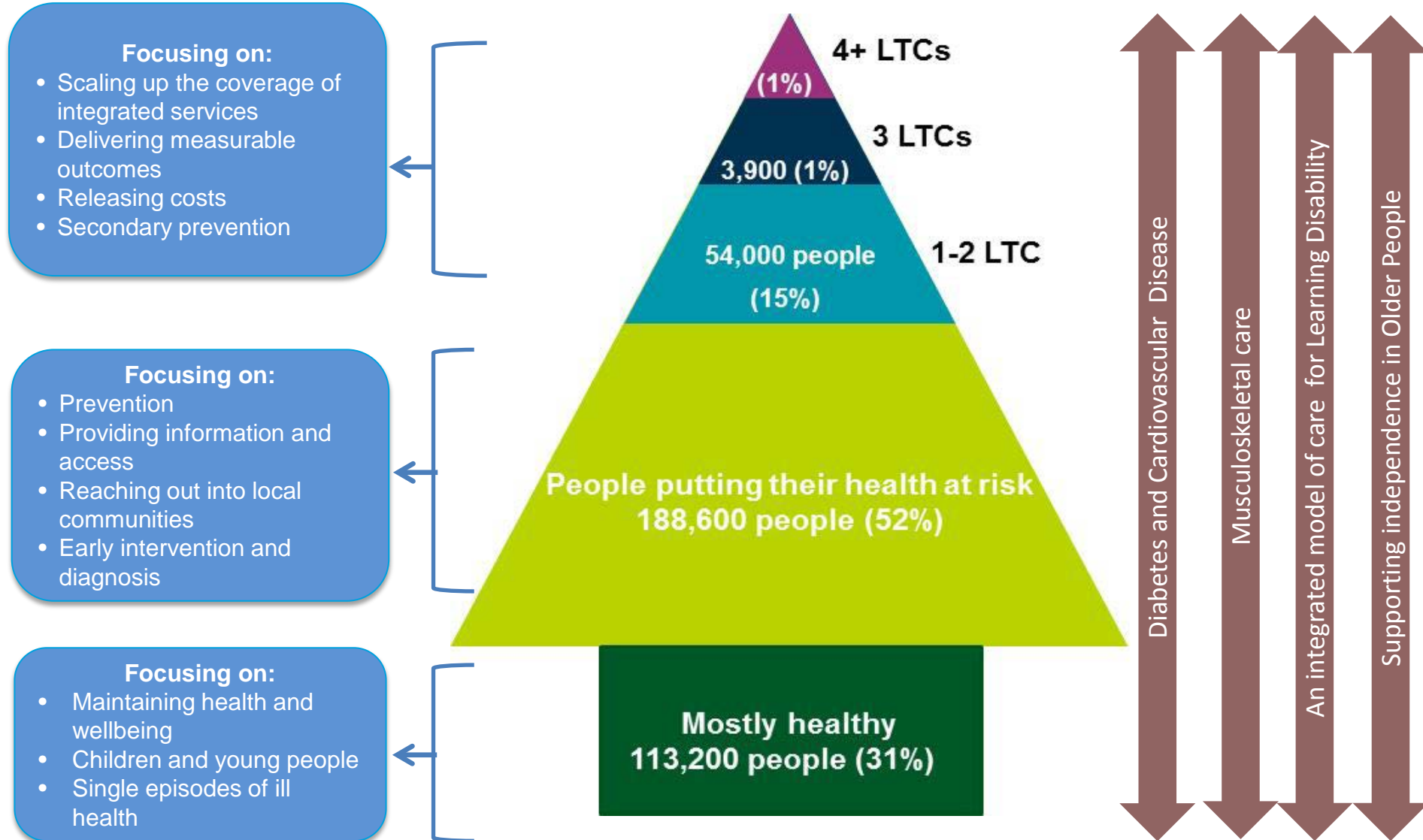
The Wellbeing Partnership
Working side by side in Haringey and Islington



Haringey & Islington



Haringey & Islington Population Health & Care Profile



* LTC: Long Term Conditions

Whittington Health Trust Board

4 May 2016

Title:		Whittington Health Operational Plan 2016/17					
Agenda item:		16/072		Paper		11	
Action requested:		For approval					
Executive Summary:		This paper is the Trust’s Operational Plan for 2016/17 submitted to NHS Improvement					
Summary of recommendations:		<p>This plan outlines the organisations approach to:</p> <ul style="list-style-type: none">• Activity planning• Quality Planning• Workforce planning• Financial Planning <p>It also outlines opportunities identified within the North Central London Sustainability and Transformation Plan (STP) and the work Whittington Health is undertaking that links into the wider plan.</p>					
Fit with WH strategy:		This paper reflects Whittington Health’s strategic view and developments, alongside extensive planning. It is a mandatory requirement by our regulator to submit an annual plan.					
Reference to related / other documents:		Trust Clinical Strategy					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		Captured on the BAF and/or CRR					
Date paper completed:		27 April 2016					
Author name and title:		Helen Taylor, Clinical Director		Director name and title:		Helen Taylor, Clinical Director	
Date paper seen by EC	3 May	Equality Impact Assessment complete?	n/a	Risk assessment undertaken?	n/a	Legal advice received?	N/A



Whittington Health NHS Trust - Operational Plan 2016/17



Contents

1	Strategic Context and Development.....	4
1.1	Strategic Context.....	4
1.2	Business Planning Development 2016/17	5
2	Approach to Activity Planning.....	7
2.1	Cancer	7
2.2	Referral to Treatment	7
2.3	Emergency Department.....	8
2.4	Endoscopy Services	9
2.5	Imaging.....	9
2.6	Outpatients	9
3	Approach to Quality Planning	9
3.1.1	Table 2 ‘Sign up to Safety’ Pledges	10
3.2	Mortality review process	10
3.3	Patient Experience	11
3.4	CQC Visit.....	12
4	Approach to Quality Improvement.....	12
4.1	Quality Governance	12
4.2	Quality Improvement and Learning.....	13
4.3	Quality Improvement plans for the Emergency Department.....	14
4.4	Risks to Quality.....	14
4.5	Embedding Learning	Error! Bookmark not defined.
4.6	Maternity Business Case:.....	14
4.7	Seven Day Services.....	15
4.8	Quality Impact Assessment Process	16
4.9	Triangulation of Indicators.....	16
5	Approach to Workforce Planning	17
5.1	Workforce Planning with Clinical Engagement.....	17
5.2	Workforce Transformation Programmes.....	18
5.3	e-Rostering and Reducing Agency Staffing	18
5.4	Balancing of Agency Rules	18

5.5	Summary	19
5.6	Alignment to Local Education and Training Board.....	19
5.7	Triangulation of Metrics.....	20
5.8	Workforce Risk.....	20
6	Approach to Financial Planning	20
6.1	Financial forecasts and modelling.....	21
6.2	Efficiency savings 2016/17	22
6.3	Capital Planning	23
7	Link to emerging 'Sustainability and Transformation Plan' (STP).....	24

1 Strategic Context and Development

1.1 Strategic Context

Whittington Health Trust has made significant progress in 2015/16 delivering innovated models of care across acute and communities sites. Since becoming an Integrated Care Organisation (ICO) four years ago, there has been good progress on greater integration and maintenance of high quality care however; the Trust has not yet reached financial sustainability.

The Trust vision is to be a national leader in delivering safe, personal, coordinated care to the local community. It is geographically placed in the centre of North Central London (NCL) with a portfolio of services covering the populations of Haringey and Islington but also with some community services in Camden, Enfield, Barnet and Hackney. The Trust delivers some of the most innovative models of ambulatory and integrated care in the region e.g. Integrated Respiratory Services, Integrated Care of the Ageing, Integrated Care Hubs and working closely with social care. The organisation has been working closely with GPs, the Clinical Commissioning Groups and local authorities in Islington and Haringey to develop population place based integrated care.

2015/16 saw the first year of the implementation of the Trust's Clinical Strategy 2015-2020. The Clinical Strategy provides the direction of travel for the Trust and will be delivered through achieving the six key strategic goals:

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

1.1.1 Achievements in 2015/16

Whittington Health has continued to deliver high quality services while alongside creating new models of care. 2015/16 has seen innovative care being delivered both at the acute hospital and at our many community sites. Along with preparing for the CQC inspection in December 2015, Whittington Health has had many achievements, some of which are highlighted below:

- successful reconfiguration of medical bed base which has improved quality of care
- opening of the refurbished antenatal ward, and the installation of new lifts in the maternity wing
- establishment of the Hospital at Home service for children in Islington, enables early intervention and decision making

- launched the community paediatric asthma service
- greatly expanded Integrated Community Aging Team (ICAT) service, with the team being featured by NHS England as a new model of care at the launch of Five Year Forward View
- ensuring all specialities are contactable by email from primary care
- development of the Trust Estates Strategy
- new locality roles to support the integrated care networks in both Islington and Haringey
- realigning and strengthening clinical leadership through the development of the seven integrated clinical service units

The above achievements have been made possible by numerous structural improvements made throughout the Trust. This includes the formation of the seven Integrated Care Service Units (ICSU's) each with their own Clinical Director and Director of Operations devolving ownership over each of the clinical areas. To supplement the ICSU structure, Trust Management Group (TMG) was formed, comprising clinical and executive directors and meeting every other week to provide senior leadership and clinical decision making at the highest level across the Trust.

The past year has seen greater stability in the senior leadership within the Trust, with permanent positions being filled such as the Chief Financial Officer and the Director of Workforce.

In 2015/16 the Trust has been working with an external consulting firm Boston Consulting Group (BCG), to identify transformative ways to reduce costs (£30m over the next 2 years) whilst continuing to deliver high quality care. Working with BCG each ICSU has plans in place to deliver the required efficiencies over the next two years.

1.2 Business Planning Development 2016/17

The business planning process for 2016/17 was the first attempt to include the seven newly formed ICSU's. Throughout October and November 2015 each ICSU drafted a business plan, detailing the approach for each service moving forward. The cost saving work identified with BCG was incorporated to enable the development of a set of comprehensive plans, which balanced innovative business developments with well scoped cost saving initiatives.

The key objectives of the ICSUs are:

Medicine, Frailty and Networked Services

- Develop and progress a 24/7 specialist palliative care model
- Work with commissioners in developing direct access colonoscopy services in the JAG accredited endoscopy service.
- Fully realise the benefits of Integrated Care of the Ageing Service (ICAT) in Islington and work with our partners in Haringey in developing Value Based Commissioning for Frailty services.
- Build on existing Diabetes integrated service to improve pathways with primary care and exploring moving to value based commissioning.

Urgent and Emergency Care ICSU

- Deliver the ED four hour standard
- Meet the NHS London Quality and Safety Programme Standards for emergency Department Medical Staffing
- Further improve productivity in District Nursing.

Women's and Family

- Modernisation of the maternity service
- Working to achieve 'preferred provider' status

Children and Young People's services

- Expansion of the High Dependency Unit
- Redesign pathways across Occupational Therapy and Speech and Language Therapies to improve patient experience, increase productivity and lower waiting times
- Hospital avoidance and care closer to home through the trial of new models of care for Health Visiting

Surgery and cancer

- Continue to work with other providers in cancer to ensure patient pathways best in class
- Improve theatre utilisation
- To be a preferred provider for Bariatric services in North Central and East London

Outpatients, Prevention and Long Term Conditions

- Improve the environment, productivity e.g. clinical space in outpatients.
- Explore pathway redesign and use of estates e.g. chronic pain
- Review skill mix and structure for outpatient and access services.

Clinical Support Services

- Review and identify options for locality of pathology services
- Explore options for pharmacy outpatients
- Review skill mix and workforce in imaging to support meeting seven day standards and turn around times

2 Approach to Activity Planning

The Whittington's method for activity planning for 2016/17 has been to use demographic growth assumption (2.2%¹) on all activity lines based on the projected demographic growth rate taken from the Carnell-Farrar work carried out in North Central London. As a starting point for demographic changes this is in line with the assumptions in the trust Long Term Financial Model.

The trust FOT methodology used M1-8 SUS on a straight line basis. The only exception to this was for ED activity, which was also adjusted to take account of the number of days per month to distribute the activity. For the non-SUS elements, this was based on the latest available submitted and data forecast on a straight line basis.

Key assumptions, aside from general demographic growth, include growth in endoscopy, and ensuring sufficient activity is commissioned to deliver constitutional standards based on available capacity in elective areas. Where applicable, patient pathways are reviewed to ensure integration and progressing the ICO model, for example in relation to ambulatory care.

2.1 Cancer

The Trust Cancer Strategy is in development for 2016/17; this will be linked to the national cancer strategy and aligned to the Trust's Clinical Strategy. We will participate in the Cancer Peer Review process and work with commissioners to deliver the challenging commissioning standards for 2016/17.

The Trust was not compliant for the standard -14 days to first seen from August – December 2015. An action plan was put in place and the Trust has now achieved compliance from January 2016. The Trust is now in a better to consistently deliver for 16/17.

Although there has been concern in the past regards the breast service at Whittington Health plans are now in place to deliver both the symptomatic and the 14 days to first seen standard for breast sustainably.

2.2 Referral to Treatment

From October 2015 the only national standard is the Incomplete Standard and as a Trust we are compliant and sustainably delivering this standard.

There are a number of individual specialities that are not compliant and the Trust is working to achieve sustainable compliance in each of these areas. Please see below for the four specialities and the actions being taken to deliver the standard.

¹ Demographic growth before impact of QIPP or other demand management initiatives

2.2.1 Table 1: Specialities that are non-compliant for incomplete standard and plans for 16/17

Speciality	Incomplete %	No. patients + 18 weeks	No. patients over tolerance	Plan to achieve compliance
Anaesthetics /Chronic pain	59.27%	167	135	Change in pathway to non-consultant delivery of service which will enable shorter pathway
General Surgery	86.06%	297	127	Service has been two consultants down for a number of months. Systematic booking of patients is reducing backlog, and await capacity and demand model to ensure compliance in Q1 2016/17. Consultants will be up to full capacity by 1 st May 2016
Dermatology	85.8%	195	86	Continue with additional capacity due to significant increase in demand in referrals over last year. Manage consultant vacancy from 1 st April 2016.
T&O	88.85%	189	54	Backlog is reducing due to chronological management of waiting list and quicker turnaround of actions after diagnostics. Expect to be compliant in Q1 2016/17, await results of capacity and demand work.

2.3 Emergency Department

Performance has been a particular challenge for the Trust during 2015/16 especially during the latter part of the year with an increase in activity predominantly in urgent care. Revised staffing models for nursing and administration teams are now well embedded with minimal vacancies. One of the key plans for 16/17 is to develop and implement a new model for the medical workforce employing consultants and nurse practitioners rather than middle grade posts and piloting an urgent care practitioner. This will place the Trust in a strong position to meet the required commissioning standards, retain Emergency Department status and support improving its performance.

The main challenge has been outflow from the Emergency Department to in-patient wards; the main cause of emergency department breaches. The Trust has in place a comprehensive plan which includes optimising flow to create sufficient capacity in the admitted pathway and is reviewing discharge planning processes and readmissions to ensure we realise the benefit of being an integrated care organisation.

As part of the System Resilience Group the Trust is working closely with commissioners and the other providers in the health economy to explore quality improvement and further resilience measures. The Trust will bid for winter escalation monies as part of the NCL process, there isn't presently an agreed resource plan for winter 2016/17 between the Trust and our commissioning partners.

2.4 Endoscopy Services

The endoscopy service saw an increase in activity of 12% in 15/16 as opposed to the planned increase of 10%. Due to improved working processes to improve productivity the Trust was able to deliver this increased activity.

The Trust used the NHS IAMS IST Endoscopy and Imaging Modelling Tool. This work has identified there will be a further increase of 15% in activity. The Trust has plans to increase the capacity of the endoscopy service to deliver this increased demand.

2.5 Imaging

Imaging activity has increased (diagnostic imaging by 5%). The demand and capacity modelling has identified that the imaging service will need to run an additional two CT, two MRI and three Musculoskeletal ultrasound lists. In order to release the capacity to run these lists in 16/17 we will be modernising the rota to enable us to absorb this work within business as usual and outsourcing some reporting.

2.6 Outpatients

In outpatients we are currently undertaking a review of current capacity, activity and productivity. The outcomes of this review will be used to re-model the outpatient service over the next two years to make better use of clinical and non-clinical floor space.

3 Approach to Quality Planning

Quality of care and patient safety are at the forefront of Whittington Health. The Trust's quality priorities are framed within the context of the 'Sign-up to Safety' initiative, supplemented by a desire to improve patient experience and enhance clinical leadership and engagement. The specific quality priorities are to further improve patient and carer experience including those with learning disabilities; reduce 'new' harms as captured in the safety thermometer audits and to be in the top 20% for reporting patient safety incidents through the National Reporting and Learning System together with a reduction in the number of incidents with harm by 25% i.e., reduce from 45% to 34%.

3.1 'Sign-up to Safety'

Whittington Health's safety priorities focus on pressure ulcers, falls, sepsis & acute kidney injury and learning disabilities. The Trust chose these priorities because of their potential to reduce avoidable harm, particularly for the most vulnerable patients in our community. The measurable improvement targets that we have set ourselves in our 'Sign up to Safety' pledges are detailed in the table below

3.1.1.1 Table 2 'Sign up to Safety' Pledges

Pledge	Baseline	Target
Pressure Ulcers		
No avoidable grade 4 pressure ulcers	0 in Acute 3 in Community	0
Reduce the number of avoidable grade 3 pressure ulcers in the acute setting by 50%	10	5
Reduce the number of avoidable grade 3 pressure ulcers in the community by 30%.	21	14
Falls		
Reduce the number of inpatient falls that result in serious harm by 50%.	7	<4
Sepsis and Acute Kidney Injury		
Achieve the national CQUIN for administering antibiotics within the first hour to patients with severe sepsis	60%	90%
Record our performance in delivering the Sepsis Six care bundle for our patients	65%	90%
Learning Disabilities		
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	TBC	90% by Q4
Emergency Department all staff will have had specific training in the care of people with Learning Disabilities	TBC	75%

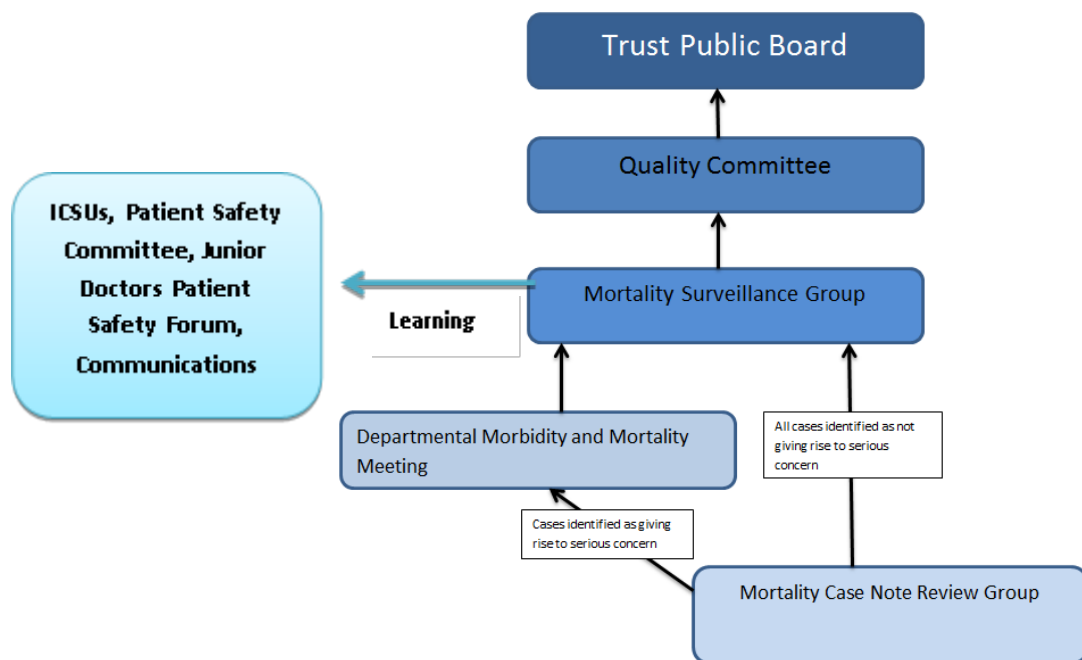
For each of these pledges there is an individual work plan. Progress against these work plans and outcomes will be reported at the Patient Safety Committee quarterly. This committee report to the Trust Quality Committee.

3.2 Mortality review process

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. In 2016/17 the Trust will establish a trust-wide process for the review of all inpatient deaths, to augment and complement the many existing examples of departmental good practice in morbidity and mortality audit.

A paper outlining the proposed mortality review process was received by the Trust Board in February 2016. The proposed process reflects the trust's ICO 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.

3.2.1 Diagram 2: Proposed governance arrangements for mortality review process



3.3 Patient Experience

One of the Trust's Quality Account priorities for 15/16, and will continue to be for 16/17, was to focus on patient experience through:

1. Improving the response rate of the Friends and Family Test (FFT).
2. Reducing the number of people who would not recommend the Trust, and increasing the number who would.
3. Improving the capture of data that demonstrates the impact of service delivery on outcomes in our diabetic and frail elderly services.

The Trust has made positive improvements to the FFT response rate in maternity and the community and actions are underway to improve this further (including increasing the availability of devices to capture feedback). Outpatients has been a particular challenge and is currently only capturing a small amount of feedback in comparison to the

activity. However, action plans are underway to address this and ensure the Trust meets the required targets. Plans for 16/17 include volunteer support, weekly alerts to relevant managers showing progress for the month against the services target, staff FFT champions and embedding the Meridian feedback solution at a service level.

3.4 CQC Inspection

During December 2015 the Care Quality Commission (CQC) undertook an announced inspection of the Trust's acute and community sites. There were no improvement notices served during the visit. Whittington Health awaits the full report to be published.

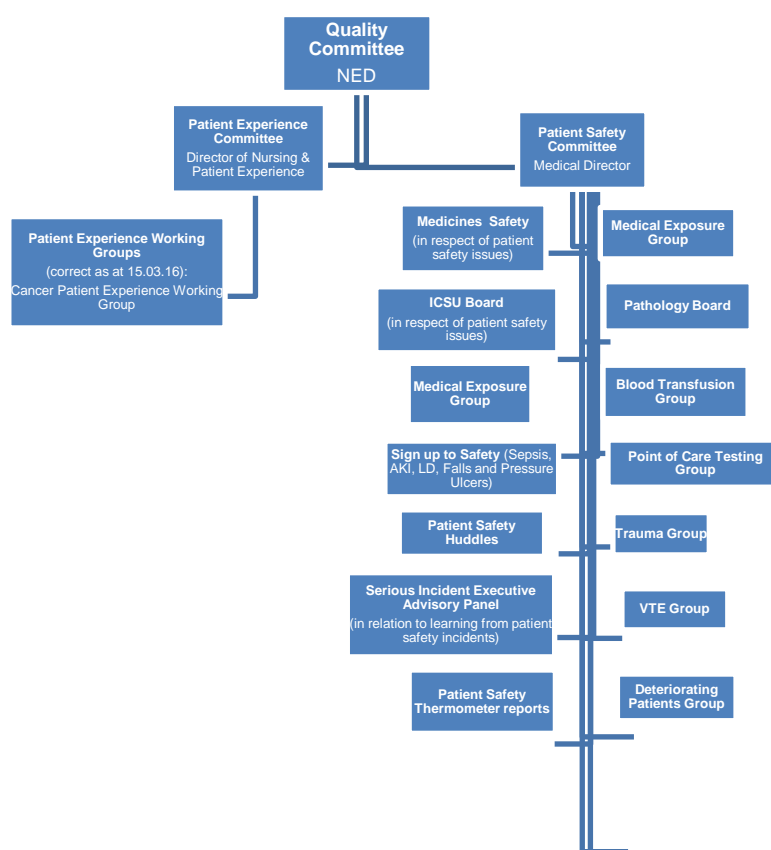
4 Approach to Quality Improvement

4.1 Quality Governance

The Medical Director and Director of Nursing are the named joint-executive leads for quality in the Trust.

Whittington Health has a strong governance structure in place to promote and monitor quality at all levels through-out the Trust.

4.1.1 Diagram 3: Governance Structure



ICSU Board's meet monthly and have quality as a fixed item on the agenda. This covers all of the quality monitoring systems which include; patient safety and safety huddles, patient experience walkabouts, NICE guidelines, auditing and SI reporting.

The robust structure allows for effective management of quality, whilst also enabling a clear escalation route of issues if necessary.

4.2 Quality Improvement and Learning

A key feature of a strong organisational safety culture is the ability to collect and disseminate learning from patient safety incidents, near misses, inquests, claims and complaints, and to share and embed this learning in such a way that quality improvements are made and sustained.

4.2.1 Sharing Learning

4.2.1.1 Serious Incident process

The Trust has strengthened its Serious Incident process to ensure that every action plan includes a clear description of the way in which the learning from the incident will be shared and disseminated, both with the individuals involved and with the wider departments and services.

4.2.1.2 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.

4.2.1.3 Junior doctor safety forum

Trainee doctors are recognised as a key staff group in the identification and dissemination of safety improvements and learning. An extremely successful monthly junior doctor safety forum is in place and will continue in 16/17.

4.2.1.4 Medicines safety

The Trust has a process, greatly strengthened by the introduction of electronic prescribing, to identify learning from drugs errors and to support a formative reflection and discussion between clinicians and their educational supervisors.

4.2.1.5 Lesson of the week

As a local example of best practice, the maternity department disseminates a patient safety lesson of the week, every week, and this is highly valued by all the staff in the department and is a practice that is now spreading to other parts of the trust.

4.2.1.6 Schwartz Rounds

The Trust is resuming the holding of Schwartz rounds, at which all Trust staff are invited to a multi-disciplinary discussion of complex or difficult clinical experiences from which valuable learning can be obtained, according to a well-defined internationally recognised approach.

4.3 Quality Improvement plans for the Emergency Department

As a key area for quality improvement in 16/17 is ED. There is a plan in place to improve the performance of ED over the next 12 months. The recovery plan focuses on:

- **Pre 11 am discharges:** This will be through promotion of pre-11:00 am discharges. Each ward is to identify 2 patients for pre 11:00 am discharge the night before.
- **Criteria Led Discharges:** Identify the priority areas where criteria led discharges can be used effectively and monitoring this by ward. This will also be used to improve the numbers of discharges at weekends and will be led by the Heads of Nursing.
- **Clinical review:** Clinical review of all inpatients with a Length of Stay more than 9 days. This will focus on establishing clinical review of three key specialities, Delirium, Chronic Obstructive Pulmonary Disease and Heart Failure in order to reduce the length of stay in line with the upper quartile performing trusts.
- **Flow:** Key decision making points in the flow: the number, seniority, experience and skills of the staff required at each point to make early effective decisions.
- **Optimising the use of alternatives:** avoiding inpatient admission or treatment within ED by utilising the Ambulatory Care Unit, the Virtual Ward and Intermediate Care
- **Medical Staffing:** A business plan has been developed to meet NHS London's Quality and Safety Programme's Standards for Emergency Department Medical staffing

4.4 Risk

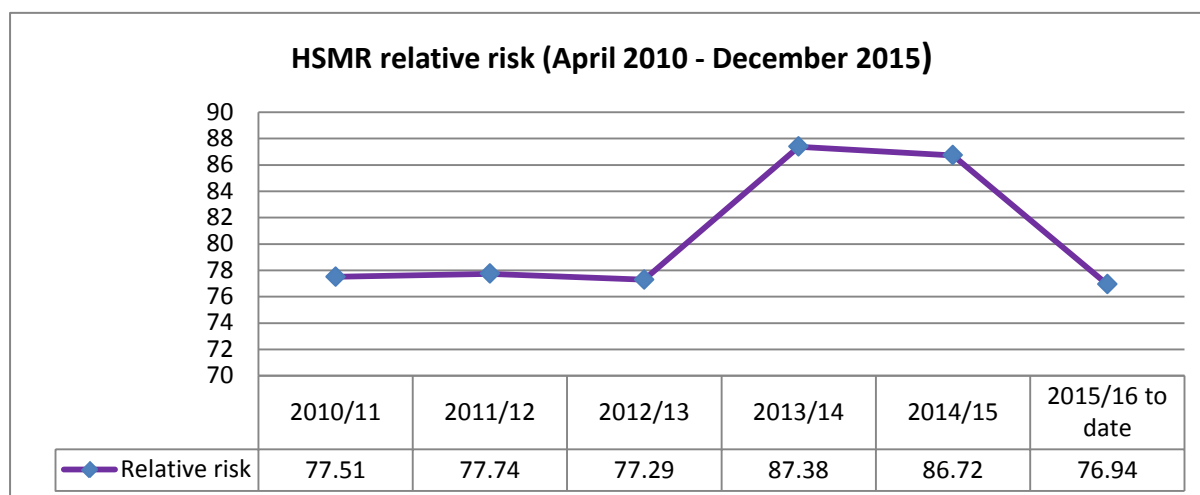
4.5 Maternity Business Case:

Failure to access capital funding for maternity and neonatal redevelopment will delay the modernisation of the unit. **Controls in place:** regular strategic meetings with NHSI, Finance and Business Development Committee, Maternity Steering Group and Transformation Board.

4.6 Seven Day Services

This Trust's Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicator (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.

4.6.1 Chart 1: Whittington Hospital NHS Trust Hospital Standardised Mortality Ratio (HSMR) by financial year April 2010 – December 2015



In the past 18 months Whittington Health has undertaken a fundamental reconfiguration of its out-of-hours services across all acute services. Consultant involvement in emergency patient care is much stronger as a result. Involvement of physiotherapy, occupational therapy and pharmacy has been greatly improved, enabling a full multidisciplinary approach to patient care to be applied seven days a week. Over the period during which these improvements came into force, mortality and non-elective length of stay have both improved. While it is not possible to demonstrate direct causation, it seems probable that these improvements have had a positive impact.

The most significant departments in which further action is needed if the required standards are to be fully met are:

- **The Emergency Department** – the standard is that an emergency medicine consultant should be present for 16 hours a day seven days a week. Currently a consultant is present for 12 hours a day Monday to Friday, and 8 – 12 hours a day at weekends
- **Maternity** – the Pan London Standard is that a consultant should be present on Labour Ward 24 hours a day. Currently a consultant is present on Labour Ward from 08:00 to 22:00 Monday to Friday and for five (variable) hours on a Saturday and five (variable) hours on a Sunday. The Royal College of Obstetricians and Gynaecologists (RCOG) standard for labour ward cover in relation to the number of births is met by the Trust.

- **Imaging** – the standard is that all imaging services should be promptly available and all routine imaging should be reported within 24 hours. Currently ultrasound is the one imaging service that is not always promptly available, and routine imaging is not consistently reported within 24 hours. The cost effectiveness of outsourcing reporting is being explored to support us achieving this standard.

The standards for consultant on-site presence in the Emergency Department and in Maternity could only be met by the Trust through investment in new consultant posts. An increasing number of acute trusts in London are meeting the Emergency Department standard for 16 hour consultant presence daily. No trust in our sector currently meets the maternity standard of consultant presence on Labour Ward 24 hours a day.

It should be noted however the progress WH has made in seven day working. In the initial assessment WH achieved only 12 out of the 26 standards in the adult medical and surgical assessment. This improved to 18 standards achieved in the subsequent assessment last year. We also achieved:

- 13 out of the 14 standards for the emergency department assessment.
- 21 out of the 26 standards for paediatric emergency services
- 23 of the critical care assessment
- 8 of the 13 for fracture neck of femur assessment
- 24 of the 27 standards for maternity care.

Plans to meeting the outstanding Standards in each key area where capacity is currently insufficient are being developed. These will quantify the resources that would be required and then reviewed by the Trust for prioritisation and affordability.

4.7 Quality Impact Assessment Process

Each individual ICSU use the QIA tool to assess the impact of any work or transformation projects. These quality and risk assessments of each approved Cost Improvement Plans (CIPs) are presented to the Medical Director and Director of Nursing by the respective ICSU clinical and operational directors. At these meetings specific indicators of quality are agreed as part of the assessment process. These are then reviewed by the Medical and Nursing Directors with the respective teams every quarter or more frequently if felt necessary to identify any changes to risk and quality throughout the year. On the completion of each CIP programme there will be a formal to evaluation the risks and quality implications.

4.8 Triangulation of Indicators

Quarterly performance reviews for each ICSU are chaired by the Chief Executive and attended by the whole executive team. These performance reviews examine:

4.8.1 Indicators

Safety, Quality Patient Experience and Risk	Performance	People Issues	Finance
Infection Prevention and Control numbers Safety thermometer indicators Serious Untoward Incidents Complaints (numbers trends and response rates) Risk register/service issues Friends and Family test CQC action plan	Activity Performance national standards and community waiting times	Staff survey Temporary staffing levels/spend Recruitment issues Sickness rates Appraisal Rates Mandatory training	Divisional position cost pressures and hot spots Financial plans and milestones for next year Year-end projections PbR and Coding issues CIP progress

5 Approach to Workforce Planning

“Our workforce is at the heart of our vision to provide excellent care delivered by expert and caring staff. We are dependent on the creativity and expertise of our staff” - Whittington Health Workforce Strategy, 2016 – 2021.

5.1 Workforce Planning with Clinical Engagement

The workforce planning approach across the Trust for 2016/17 was developed in tandem with the business planning process (as discussed on page 3), and is being driven by each individual ICSU. Throughout the process, clinical and operational directors met with their respective HR Business Partner (HRBP) to discuss the workforce impacts of any business developments. The HRBP provided feedback and support to their clinical colleagues to ensure all workforce changes were thoroughly planned and aligned with the Clinical Strategy. This culminated in the Business Planning Challenge Day on January 12th which was attended by the Deputy Director of Workforce. The challenge session enabled all the workforce plans within the respective business plans to be discussed together, rather than in isolation, providing greater clarity for the Board over the direction of travel of workforce for 2016/17 and beyond.

Each potential workforce change, whether it be; skill-mixing, recruitment or redundancies will be reviewed and approved for quality and safety prior to final submission.

5.2 Workforce Transformation Programmes

The Trust has been working hard in developing robust workforce transformation programmes and productivity schemes, two examples of which are: theatre utilisation and outpatient productivity. Within theatres data has identified opportunities to realign session lists, consolidating the use of theatres across the week and re-working the theatre rota to ensure a high level of utilisation. This has the potential to make significant efficiencies over the next two years.

The outpatient plan in development will include exploring opportunities to consolidate the clinical space, increase utilisation, remodel the workforce and extended hours clinics.

5.3 e-Rostering and Reducing Agency Staffing

Whittington Health is committed to reducing temporary staff spend in both bank and agency through a set of measures such as senior level authorisation and e-rostering.

Allocate Health-Roster, an electronic staff rostering tool, will be fully implemented across all the in-patient wards by the end of April 2016. Other potential uses of the tool are being explored, for example the possibility of use in managing medical staff leave.

The Trust has developed a Recruitment and Retention Strategy which sets out the ambition over the next three years to drive down the number of vacancies and reduce the reliance on temporary staffing.

5.4 Balancing of Agency Rules

The balancing of agency rules with appropriate staffing levels is being given very close attention across the Trust, with the implementation of a new framework which incorporates an agency cap. An internal target and trajectory is being plotted for the proportion of temporary staff use across the whole workforce cost envelope, with the aim of reducing spend by £5.5 million. This figure has been developed in conjunction with the ICSU's and corporate areas identifying opportunities in their respective teams.

The governance arrangements proposed to support this reduction in agency spend are:

- Determine the arrangements for authorisation before caps are exceeded where there may be a patient safety issue.
- Review agency suppliers. For all instances of non-framework use pursue the possibility of using a framework supplier.
- Chief Operating Officer challenge against slippage of agency plans weekly to the ICSU at the Cost Improvement Programme Steering Group.

- Executive challenge on agency spend at the Quarterly ICSU Reviews
- Weekly reports to the regulators provided by the Deputy Director of Workforce and the Chief Finance Officer.

5.5 Summary

This is a multi-faceted plan to reduce agency spend and improve recruitment and retention and is summarised below:

- Comprehensive review of all staff bank rates and terms and conditions. Following which a recruitment programme of attracting staff to the bank will commence.
- A trip to Portugal is arranged for late May which has been organised without the assistance (or cost) of an agency.
- An increased presence in as many job fairs as possible;
- A programme of bespoke Open days is being launched the first of which is Theatres on 23 April
- A project has been agreed to invest in the development of more innovative methods of recruitment with a view to increasing substantive employment.
- A Temporary Staff Task and Finish Group for all staff groups has been established – Chaired by Director of Workforce
- Director of Workforce Chairs the monthly Nurse Recruitment Committee
- Work with the Urgent and Emergency Care ICSU to review ascertain at speed a new medical staffing model in the Emergency Department
- Focussed scrutiny in management of sickness absence through the quarterly Performance Review Meetings

5.6 Alignment to Local Education and Training Board

As one of the largest employers in NCL, Whittington Health is a key partner in the Community Education Provider Network (CEPN), particularly for the boroughs of Islington and Haringey and as such is aligned with the local priorities set out for 2016/17. The key local priorities are; workforce planning and development, community nursing development and customer care which align with the Trust's priorities and workforce strategy.

Over the past twelve months strong working relationships have been developed to facilitate a more integrated approach to education and training opportunities across health and social care. Focussed local initiatives and development programmes have been designed and implemented to encourage better access to training and development opportunities for the local residents, communities and existing employees.

The success of WH in rolling out some of these initiatives especially in undergraduate nurse training and the care certificate has led to WH being designated the Training Super Hub

Topics such as anticipatory care, behaviour change skills, medical ethics, and population determined needs are included in the current joint education and training provision; and are available to all including the voluntary sector.

A key tool to support our education initiatives is the roll out and use of an e platform for learning 'Moodle'. We have developed a functional Moodle platform running on the Trust server, with pilot courses available for emergency department staff and launched the platform for the wider organisation on 23rd March at our Education Conference. The aim is to deliver a larger number of short courses and learning support courses developed for targeted sectors of the workforce.

The Whittington Education Centre and Library Services will jointly monitor and evaluate use of the Moodle platform and conduct communications and support for users. We will report on uptake and usage in 3, 6 and 12 months.

5.7 Triangulation of Metrics

Each ICSU has HR Business Partner representation at their board, where sickness, staff turnover, appraisals, as well as mandatory training metrics are scrutinised. In addition these data are further scrutinised and reviewed by the Executive Team at the Quarterly Performance Meetings. A Safe Staffing Report is presented to the Trust Board quarterly by the Director of Nursing which is triangulated with the Quarterly Safety Report. There is also senior HR representation at the Quality Committee chaired by a Non-Executive Director.

A key piece of work of the Programme Management Office is the Workforce Interdependencies Work Stream. This monitors the impact of the transformation and cost improvement programmes within each ICSU on the workforce as a whole providing a Trust wide perspective and organisational intelligence and assurance. This work is led by the Director of Workforce.

5.8 Workforce Risk

The Senior Workforce Team reviews the workforce risk register at their regular meetings. In April 2016 a Workforce Assurance committee is to be established. This is a non-executive led committee that seeks assurance on all workforce matters and reviews the relevant board assurance framework at each quarterly meeting.

6 Approach to Financial Planning

The overall approach to financial planning for 2016/17 has been based on close working between the operational, clinical and finance teams within the Trust. The organisation started from a forecast out-turn position for 2015/16 (month 10 and 11 updates), and from

this reviewed ten key planning steps to reinforce the understanding of the underlying recurrent deficit position as an exit run-rate for 2015/16, and also to iteratively inform the 2016/17 financial plan position, after taking account of national and local planning assumptions.

The following key areas were considered in moving from a 2015/16 forecast outturn to the 2016/17 plan position:

- Application of standard national planning assumptions;
- Identification of material non-recurrent income and expenditure;
- Cost pressure identification (Δ price and volume related);
- Specific pay planning assumptions (e.g. application of national minimum wage to local pay arrangements);
- Non-pay assumptions;
- Locally managed income assumptions, including summary schedule describing the contract status for each agreement and the confirmed/implied recurrent or on-recurrent nature;
- Financial efficiency (CIP plans for 2016/17 and 2017/18);
- Income and activity plans (inc. initial commissioner QIPP expectations);
- Contingency and reserve requirements; and
- Capital and cash plans, reflecting key linkages between operational finance plan, strategic capital developments and high priority capital expenditure to support clinical service strategy

Internal plan review and challenge sessions were held by the core planning team with membership of the CFO and COO for final review and sign-off sessions by operational and clinical leadership teams.

6.1 Financial forecasts and modelling

Using the 2015/16 financial forecast out-turn position as a starting point, the Trust reviewed the position, making iterative adjustments taking account of the planning steps outlined above. The completion of these planning steps informed the initial 2016/17 plan position, before subsequent adjustments were made to account for local and specific national planning factors.

A key local factor was the setting of the income and activity plan, as the organisation will be moving from a cap and collar contract arrangement (between the Trust and lead local CCGs - with associated PbR shadow monitoring), to a pure PbR cost and volume contract for 2016/17. This was one area where the Trust had in place during 2015/16 a local contract arrangement which deviated from the national planning assumptions. A priority for the

organisation was therefore settlement of the 2015/16 contract and the establishment of a shared 2016/17 activity baseline with commissioners. This was important to inform the income and activity platform and planning bridge for the removal of the contractual cap, after the application of revised 2016/17 tariff assumptions.

At the point of submitting the finance plan on 18 April 2016 to NHSI, the Trust did not have in place an agreed 2016/17 contract for clinical service provision with local lead CCGs; therefore planning assumptions have been applied making an assessment of the likely contractual position achieved, namely success of QIPP initiatives and likely funding for CQUIN schemes.

Another material change from the 2015/16 forecast out-turn position is the planned receipt of £6.5 million of Sustainability and Transformation funding. On February 8 2016 the Trust confirmed to NHSI its intention to meet or better the conditions and financial control total stipulated in letters to providers from NHSI. The £6.5 million funding is included within the Trust 2016/17 financial plan, and is assumed to deliver a commensurate benefit to planned financial performance.

Following receipt of the agency expenditure ceiling letter from NHSI on 17 March; the Trust has assessed the likely agency expenditure to be incurred during 2016/17, after taking into account the benefit assumed from targeted savings initiatives during 2016/17. During 2015/16 the organisation incurred total agency costs for all staff groups in the region of £15 million. The £9.5 million agency ceiling for 2016/17 therefore reflects a c.40% reduction for the Trust, before taking into account any agency price changes. The financial plan for 2016/17 includes assumed agency expenditure of c. £11 million. While in breach of the 2016/17 ceiling this position is reflective of the current agency savings initiatives agreed within the Trust to ensure safe care provision. Notwithstanding this it is absolutely the intention of the Trust to maximise the reduction of agency expenditure comparing 2016/17 to 2015/16. Known challenges and barriers to this include supply shortages for clinical staff across London and agency dependency during lead times for recruitment initiatives for overseas staff.

6.2 Efficiency savings 2016/17

A central goal for Whittington Health is to reduce costs whilst continuing to deliver high quality care. Over the next 2 years the Trust needs to achieve a £25m impact through cost reduction and income generation to achieve a sustainable position. This will require significant transformation as the Trust needs to deliver major savings while also improving engagement and management of staff.

The Trust has established a comprehensive programme to deliver this goal, taking into account issues to date. The objectives of the programme are to:

- **Reduce costs whilst protecting quality:** Work with management and frontline staff to identify safe, sustainable savings
- **Establish integrated programme capabilities:** Put strong programme governance in place, supported by activist programme management to drive delivery
- **Build a sustainable approach to continuous improvement:** Empower the clinical and operational leads to develop and execute continuous improvement, and hold them accountable for it

This programme is complemented by a strategic review of our estates that is running concurrently.

Over the last 4 months clinical leads in each ICSU has been developing plans for the next 2 years – with a clear view of what will be delivered next year, and in 2017/18. This has been complemented by identification of cross-cutting initiatives. These form an essential part of the transformation programme and facilitate ensuring alignment of priorities and establishment of linkages across the organisation.

The initiatives identified in Trust plans have a clear linkage to the key themes as outlined in the Lord Carter provider productivity programme. As part of agreeing to the receipt of Sustainability and Transformation funding it is the Trust's intention to update and report on the progress towards greater efficiency and productivity during 2016/17.

A robust governance process has been established to ensure effective oversight:

- A Programme Leadership Team (PLT) has been established that meets fortnightly to review progress and address up-coming issues. This is now being stepped down as a Programme Management Office and structure is being put in place. This is chaired by the Chief Operating Officer.
- The Trust Management Group (TMG), receives monthly reports and has overall accountability for delivery of the programme
- There are weekly updates to the CEO

As the plans move to implementation phase, there will be weekly reviews with the owners of each plan to review progress, identify potential upcoming issues, and identify any support required to ensure the plan stays on track with the CFO and COO.

6.3 Capital Planning

The Trust capital plan will be focused around the key strategic priority to improve and develop the current maternity care facilities. The NHS TDA is aware of the specific business case proposal and has been working with the Trust to conduct assurance of the case. More recently the Trust has been engaged with the NHS TDA to explore potential funding structures for the proposed development in 2016/17, including proposed sharing of cash benefits from delivering financial performance better than the £12.4 million Sustainability and Transformation control total.

The planned capital programme for 2016/17 is set at an affordable level of c.£8 million investment from internally generated sources of capital funding. The programme also contains externally requested funding sources in relation to the maternity and neonatal investment. This total takes account of meeting debt repayment liabilities to the Department of Health for existing capital loan facilities. Schemes contained within the capital programme reflect the high priority investments required by the Trust during 2016/17 to sustain safe and productive services. Schemes can be broadly assigned to estates, IT and medical equipment areas.

Proposed capital schemes are anchored to the Trust risk register to ensure that prior to investment commitments being finalised, there is a collaborative assessment and agreement for schemes to proceed based on a consistent, shared understanding across the organisation linked to clinical and corporate risk priorities. This risk based approach means there is very limited investment set-aside within the capital programme for strategic initiatives, with the exception of the development of maternity and neonatal care services which is a clinical safety priority with intrinsic strategic importance to an integrated care provider such as Whittington Health.

Finally, the phasing of the capital programme is mindful of cash required to support income and expenditure performance during 2016/17. The organisation has a historically weakened cash position and therefore has diminished resilience to off-plan deficit performance. Cognizant to the likely limited deficit cash availability during 2016/17, the Trust has planned to phase capital cash investments accordingly, with release of capital cash for investments in the latter stages of the year subject to satisfactory income and expenditure performance.

7 Link to emerging 'Sustainability and Transformation Plan' (STP)

The Sustainability and Transformation Plan is in development for North Central London. Table 3 outlines the potential opportunities that have been identified across NCL to address the health and wellbeing gap, close the care and quality gap and close the finance and efficiency gap. It also identifies the work that WH is undertaking that will support the delivery of this plan. The STP plan is still in a formative stage.

7.1 Table 3 North Central London Sustainability and Transformation Opportunity Areas

Opportunity area	Key Elements	Whittington Health Work That Supports the STP
Prevention and radical upgrade to health	Promoting healthier living through health and wellbeing initiatives to prevent LTCs.	<ul style="list-style-type: none"> Established nationally recognised supported self-management programmes for patients with long-term conditions. Working closely with Camden and Islington Public health as part of the Islington and Haringey Wellbeing Programme
Integrated care	Better coordination between primary, secondary and tertiary care sectors particularly for those with LTCs and the frail elderly in order to reduce care fragmentation and eliminate duplication.	<ul style="list-style-type: none"> Fully realising the benefits of Integrated Care of the Ageing Service (ICAT) in Islington and working with our partners in Haringey in developing Value Based Commissioning for Frailty services. Build on existing Diabetes integrated service to improve pathways with primary care and exploring moving to value based commissioning Build on the work with the locality team hubs in Islington and Haringey Working closely with Age UK care navigators in the locality team hubs
Mental health	Increasing the integration of physical and mental health services in order to provide holistic care and simplify patient journeys, reducing inpatient stays.	<ul style="list-style-type: none"> Build on current joint physical and mental health clinics for older people with Camden and Islington Mental Health Trust.
Cancer and Early Diagnosis	<p>Earlier detection and intervention in certain forms of cancer, e.g. bowel cancer, to improve outcomes and reduce costs.</p> <ul style="list-style-type: none"> Deliver in full on cancer performance targets 	<ul style="list-style-type: none"> Developed plans for increased capacity for endoscopy and colonoscopy to address this need Modernisation of the imaging rotas to improve capacity to meet demand. Delivering the bowel screening programme
Primary Care	Building capacity and capability in primary care to provide new models of care out of hospital, including a focus on the estates, workforce and financial requirements.	<ul style="list-style-type: none"> Have submitted a joint bid with the Islington GP federation to provide all outpatient anti-coagulation services in the community as a joint service.
Managing urgent and emergency care demand	<p>Restructuring the provision of urgent and emergency care across NCL to ensure patients have access to sustainable services of high quality.</p> <ul style="list-style-type: none"> This will include bringing together existing 	<ul style="list-style-type: none"> Continue to build on the ambulatory care services Further strengthen the Virtual Ward and the Children's Hospital and Home Service Develop the new medical model for our emergency department Trial Urgent Care Practitioner Roles

	initiatives across NCL and improving out of hospital services.	<ul style="list-style-type: none"> Working closely with the new Out of Hours '111' provider to improve pathways Work with the locality hubs in identifying high risk patients and delivering care plans with our community teams to support prevention of use of urgent and emergency care.
Meeting acute standards/ pathways and configuration of services	<p>Understanding how best services could be reconfigured across NCL to provide optimum care for the population and implementing this.</p> <ul style="list-style-type: none"> Identifying best practice and implementing consistent care pathways across the system to reduce variation in patient experience and support controlled costs. Meeting acute standards for UEC, maternity, paediatrics and specialised services 	<ul style="list-style-type: none"> Work with the Islington and Haringey Wellbeing Programme Delivering 7 day services Meet the NHS London Quality and Safety Programme Standards for emergency Department Medical Staffing
Cross-provider clinical support services optimisation	Opportunities exist for providers to release savings through collaboration on support services such as pathology	<ul style="list-style-type: none"> Review the way that Histopathology is configured and delivered in WH to provide a clinically robust service Market test wider opportunities for pathology to explore whether savings will be released.
Cross-provider estates opportunities	<ul style="list-style-type: none"> Leveraging unused capacity Site-specific transformation Reduced running costs 	<ul style="list-style-type: none"> Whittington Health has a comprehensive estates plan
Cross-provider workforce opportunities	In addition to "business as usual" plans to reduce individual organisations' reliance on agency staff ,opportunities exist in providers working collaboratively	<ul style="list-style-type: none"> In collaboration with HENCL, GP providers in Islington and Whittington Health the organisations have developed Emergency Fellows Trainee-merged roles across ambulatory care, ED and GP practices. WH designated as the NCL Nurse Training Superhub. Developing nurse training across acute, community, primary care and the third sector. Whittington Health is delivering for Haringey and Islington Local Authorities, Care Homes, Camden and Islington Mental Health Trust Care Certificate Training
New provider vehicles (ACO development	Developing new ways for providers to come together and provide care including exploration of new organisational forms,	<ul style="list-style-type: none"> WH is an active partner of the Islington and Haringey Wellbeing Programme
Information flow	Investing in new ways to share information across organisational boundaries	<ul style="list-style-type: none"> Whittington Health Portal close to completion. This provides a mechanism for community, primary care, acute care, local authority staff and patients to view their

	<ul style="list-style-type: none"> •Harnessing technological innovation e.g. .developing integrated electronic patient records 	<p>records across the organisations.</p> <ul style="list-style-type: none"> • WH is also working closely with Islington and their portal to support information flow and sharing. • All discharge summaries sent electronically • 90% of GPs can view diagnostics results in real time • All section 2,3 and 5 social care assessments sent electronically • >250 clinicians across the ICO can view GP records in Islington and Haringey in real time via the MIG
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Whittington Health Trust Board

4th May 2016

Title:		Trust Workforce Strategy 2016-2021					
Agenda item:		16/073		Paper		12	
Action requested:		For ratification					
Executive Summary:		Whittington Health has been without a workforce strategy for some years. Following changes to the senior workforce team in the summer of 2015 and a wide-reaching engagement process, the Workforce Assurance Committee at its inaugural meeting in April 2016 approved the final version of a workforce strategy: 2016-2021.					
Summary of recommendations:		The Trust Board is asked to ratify the strategy and delegate monitoring of an action plan to the Workforce Assurance Committee.					
Fit with WH strategy:		The strategy takes account of the priorities contained within the clinical strategy					
Reference to related / other documents:		Clinical and all other corporate strategies, strategic goals					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		SG3 Innovate and continuously improve quality of our services CO2: Develop and support our people and teams					
Date paper completed:		18 th April 2016					
Author name and title:		Norma French Director of Workforce		Director name and title:		Norma French Director of Workforce	
Date paper seen by EC		Equality Impact Assessment complete?		Risk assessment undertaken?		Legal advice received?	



Whittington Health NHS Trust
TRUST WORKFORCE STRATEGY
2016 – 2021

EXECUTIVE SUMMARY

The Trust's Workforce Strategy takes account of the priorities contained within our Clinical Strategy and provides the strategic overview of the Trust's aspirations and challenges over the next five years.

The NHS faces financial challenges in the future, and our strategy sets out how we will proactively deploy and develop our staff at the same time as continuing to ensure staff are developed to achieve the highest standards of patient care and that the leadership by our managers focuses on organisational change and leadership, open and honest communication, planning and leading teams.

There will be a detailed action plan supporting this strategy that will be monitored by the Workforce Assurance Committee.

The strategy is structured in three parts:

- aspirations of our Workforce Strategy and strategic context;
- six strategic objectives;
- an organisational development plan that sets out a programme of organisational development interventions that will support the delivery of our aspirations for the future of the Trust.

The six strategic objectives are core to its delivery, and the aspirations of the workforce strategy will all be achieved through the delivery of the objectives. These are:

- 1) Performance management, maximising productivity and ensuring quality
- 2) Workforce planning and design
- 3) Education, training and learning
- 4) Employee engagement and wellbeing
- 5) Becoming an employer of choice
- 6) Rewarding and recognising staff.

The Workforce Strategy was developed and refined following a wide-reaching consultation with managers, staff and staff side representatives and will be reviewed on a quarterly basis by the Workforce Assurance Committee.

Whittington Health NHS Trust

TRUST WORKFORCE STRATEGY

2016 – 2021

1. Introduction

Whittington Health was one of the first Integrated Care Organisations (ICOs) in the country and embarked on a journey to continue to improve patient safety and experience, by joining up community and hospital care. This journey continues, with many excellent models of service integration successfully embedded across Islington, Haringey, parts of Enfield, Hackney and Camden. These services are designing innovative pathways that are providing modern, safe and high-quality care to patients and carers.

In this setting the next five years will be challenging and exciting for our workforce. To deliver on the Trust's complex agenda and Clinical Strategy an integrated approach to service, finance, estates, IT and workforce management and planning is essential. Changes in workforce will be driven by a range of factors; not least the emerging Estates Strategy.

Our Workforce Strategy sets out the strategic framework for supporting the achievement of the Trust's wider strategic plan across the range of workforce issues and priorities.

2. Background

Whittington Health provides hospital and community services to around 500,000 people living in Islington and Haringey, as well as other London boroughs including Barnet, Enfield, Hackney and Camden. In 2011, we combined with community health services in Islington and Haringey. We now have over 4,500 staff delivering care from more than 30 locations across Islington and Haringey.

We have a highly regarded educational role, teaching undergraduate medical students, nurses and therapists each year, and providing a range of educational packages for postgraduate doctors and other healthcare professionals. We will continue to have excellent opportunities to promote vocational learning via apprenticeships.

To continue to progress our agenda by 2021 Whittington Health aspires to have a workforce that is representative of our population demographics and is responsive to innovative and changing patient pathways.

Our Clinical Strategy demonstrates our ambition for the future and provides a framework for how the Trust will retain its exceptionally strong reputation by continuing to be patient focussed, clinically led and high achieving. Our mission is *"to help local people live longer, healthier lives"*. Our aim is to treat patients as close to home as possible and in the most appropriate setting for their needs. Examples include our pioneering Ambulatory Care service and our Hospital at Home service that is providing care at home for children and young people.

We are also at the forefront of delivering high quality specialised care. For example, WH is the lead provider of the newly coordinated TB service for North Central London, in partnership with UCLH.

Our vision for the next five years will build on the work we are already doing. We recognise that the core workforce issues facing the Trust, which have been highlighted through national surveys and inspections as well as local intelligence, include: improving staff engagement; responding to the equalities agenda; recruiting and retaining a substantive, flexible workforce in an increasingly competitive London labour market; and creating a positive organisational climate where staff are motivated to do their best and where we have eliminated any legacy negative cultural issues (e.g. bullying).

3. Strategic Context

We are proud of, and determined to maintain, our focus and high standards in the quality of care we provide to our patients. The current economic and complex NHS commissioning environments make this a challenging time for the Trust. Changes in ways of working will be required as the Trust implements our Clinical Strategy over the next five years. The profile of our workforce will be focussed around the needs of our patients in terms of skills, values and behaviours.

We continue to strive to achieve excellent care provided by expert, caring staff. To do so, it is important that we continue to achieve an increased drive for efficiency, alongside quality. We will continue to be innovative leaders in current as well as new areas of excellence, for example coordinated TB services.

Our Workforce Strategy supports achievement of the Trust's Clinical Strategy and will help drive the development of other strategies, in particular: Education and Development, Internal Communications and Equality, Diversity and Inclusion.

Our Workforce Strategy describes our vision for the type of workforce we will need to deliver our services within a viable financial model. The aim of our strategy is to develop a flexible, skilled and motivated workforce that has the competencies, capacity and capability, alongside demonstrable behaviours in line with the Trust values, to meet the Trust's objectives and future challenges.

Aspirations for the Workforce Strategy

Our workforce is at the heart of our vision - to provide excellent care delivered by expert and caring staff. We are dependent on the creativity and expertise of our staff. Our strategy is built on the principle that supporting excellent people is central to delivering the highest quality of care and that innovation will be derived from our clinical staff. In summary, it is our highly skilled and committed workforce which enables us to deliver high quality care and leading edge treatment supported through education and research.

We have a highly trained and skilled workforce, investing in both their academic qualifications and ongoing skills development. The Workforce Strategy will ensure that this position is both sustained and further developed.

We aim to recruit, develop and retain a workforce that demonstrates our Trust ICARE values (Innovative, Compassionate, Accountable, Respectful and Excellent).

These values have been drawn from our previous Trust values, and shaped by staff engagement via feedback through the intranet, and staff focus groups who have developed behaviour statements that sit under each of our values.

Our values not only enable the Trust to shape what we do, but also how we do it and why. They are fundamental to the way we do business and care for our patients. Value is not only created through people, it is co-created through people inspired by a common purpose, working to shared values, inspired and engaged, giving more of themselves to a common and shared endeavour.

To support our strategic goals and corporate objectives the following are proposed as the aspirations of our Workforce Strategy. We will:

- Create a high performance environment where our people are clear about what is expected, receive regular constructive feedback on performance, are rewarded and developed appropriately and poor performance is addressed;
- Enable staff to make the best use of their time to do the best job that they can;
- Align our leadership and management structures, capacity and capability to deliver the Trust's objectives in an open and safe culture;
- Define and achieve a sustainable vision for the medical workforce;
- Engage our staff with our work, so that they can actively contribute to its objectives and success;
- Improve results in staff surveys, aspiring where possible to be in the top quartile nationally, and learn from and act on the information they provide;
- Develop modern, competitive and flexible total reward packages, that recognise high performance, innovation and productivity;
- Develop the appropriate skills for all of our workforce for now and the future for WH;
- Recruit the right people for the right roles and achieve a flexible and responsive workforce.
- Work collaboratively with local partners to share and retain a responsive workforce.

The Workforce Strategy, the work of the Workforce Directorate and the wider workforce, will all contribute to the achievement of the Trust's objectives for 2016 – 2021.

The Workforce Strategy is necessarily a whole organisation strategy and must be owned by the Trust as a whole. In this, the workforce directorate will deliver expert management support across a wide range of human resources functional areas and provide high quality, low cost transactional services, most notably recruitment and temporary staffing. Through learning and development and organisation development the Directorate also aims to provide the Trust and its staff support for the values, behaviours, skills and capabilities necessary to perform at their best. We support line management to provide excellent leadership and support to their staff, coaching and enabling them to deliver top quality care to our patients.

4. Organisational Development Plan

Organisation development is the key enabler to deliver the aspirations of this Strategy. As such we have set out clear organisation development priorities as an initial tenet of this strategy. Once the Workforce Strategy has been formally approved, a programme of organisational development (OD) interventions will be developed that will support the delivery of our aspirations for the future of WH, grounded in an assessment of where we are now, and an articulation of our intended direction for the future. The Organisational Development Plan will therefore:

- Set out the development priorities, intentions and direction for our organisation;
- Outline a practical plan to support our ongoing growth and the development of our supporting strategies;
- Acknowledge the emergent and changing nature of organisational reality, so building in ongoing review and amendment.

The overriding intention will be to encourage a lively and energetic debate throughout WH about how people connect with each other in order to develop an organisation that can deliver the highest quality services to patients in a caring and compassionate way. Through this we will develop a clear and sustainable strategy for our services. The Organisational Development Plan will reflect this and will need ongoing review to ensure it continues to

complement other service and corporate strategies as they are developed, to remain relevant and congruent with our strategic direction of travel.

The OD Plan can be found in Appendix 1.

5. Workforce Strategy Engagement Process

Our Workforce Strategy has been developed from engagement with key stakeholders. We set out to make the development of the Strategy a dynamic process, to model the type of staff engagement we aim to emulate Trust-wide. The content of this Strategy will remain dynamic and be periodically refreshed to ensure it remains current. To ensure that a range of stakeholder views and experiences were reasonably reflected in the content of the strategy, the following mechanisms were used.

- Feedback from both the national and local staff surveys;
- Reviewing the outcome of discussions with the Partnership Group;
- Input from patient surveys;
- Discussions with a variety of managers both formally through management meetings and informally at ad hoc meetings;
- Learning from local surveys, governance assessments and inspections.

Further engagement processes will continue as the strategy is developed to ensure that the final strategy takes into account the views of our staff. This will include wider consultation with our workforce. In this way, the strategy will be developed through stakeholder engagement, with staff, managers and staff side organisations all making contributions through a variety of existing Trust mechanisms and processes.

Appendix 2 details the consultation and communication process for the Workforce Strategy.

6. Our Workforce Strategy

Our Workforce Strategy has six strategic objectives that are core to its delivery. The aspirations of the workforce strategy will all be achieved through the delivery of these objectives. These are:

1. Performance management, maximising productivity and ensuring quality;
2. Workforce planning and design;
3. Education, training and learning;
4. Employee engagement and wellbeing;
5. Becoming an Employer of Choice;
6. Rewarding and recognising staff.

Implementation of the Workforce Strategy will contribute to achieving the Trust's Clinical Strategy and equality objectives and its success will be measured in terms of the outcomes it delivers across the Trust.

The key actions we will take are set out below under each of the six objectives listed, and will be supported by an action plan that will be monitored by the Board-level Workforce Assurance Committee.

7. Objective One: Performance Management – maximising productivity and ensuring quality

We aim to ensure optimal workforce performance against all workforce performance indicators. We will develop management and leadership capability across the Trust to

deliver high quality and professional services to staff in order to maximise staff retention and productivity.

We will establish a programme of work to optimise the organisation of the clinical workforce across the Trust 24 hours a day, seven days a week where this is driven by patient need and service demands. We will ensure staff are working as efficiently and effectively as possible in all settings – both community and hospital based, and that staff performance is positively managed, resulting in a more productive workforce, driven by staff performance management improvements to ensure quality patient care. Structures and ways of working will be reviewed to ensure that appropriate skill mix, and working processes are in place and that staff are working at an appropriate level, in whichever setting they work.

Key deliverables:

- Refresh our culture through focusing on communicating priorities, what we do and how we do it;
- Enhance our skills and workforce systems to drive through quality and efficiency;
- Develop multi professional clinical leadership throughout the clinical workforce - including medical, nursing and allied health professionals - supported by succession planning. Create a bespoke development programme for clinicians in clinical leadership positions;
- People management skills training will continue to be delivered to reflect changes in legislative and local policy developments;
- Reduce sickness absence by proactive management of absence by managers, supported by proactive HR policies;
- Embed the Trust dashboard as a way of measuring managers' people management performance;
- Better use of information to inform decision making;
- Robust workforce data including establishment, vacancies and staff utilisation;
- Promote greater accountability and responsibility amongst managers for local staff and service decisions;
- A systematic approach to performance appraisal and development review which will ensure the effective contribution of individuals and teams in which they work;
- A systematic approach to identifying and nurturing talent to enable succession planning.

8. Objective Two – Workforce Planning and Design

We will ensure that business plans include (and where appropriate and necessary are driven by) elements of workforce and education planning, including reviewing skill mix and examining opportunities for role re-design. We will work closely with HENCEL (Health Education North Central London) to align our workforce development and delivery of our strategic priorities, including achieving the Trust objectives within the wider strategic context including further integration of workforce and education planning, the development of community based services and, critically, seeking to influence the number of education commissions to meet our recruitment needs. We will support inter-professional learning and support teams to develop and implement team objectives to meet service developments and improvements. Meeting the challenges of providing seven day services will require workforce planning and development, aimed at providing the best quality care to all patients, whatever their additional needs and wherever they are, in hospital or at home, or elsewhere in the community.

Key deliverables:

- Further strengthening clinical leadership at all levels in the organisation to support service line management and ensure that clinical intelligence informs business decisions. This

will be enabled through the development and embedding of the Integrated Clinical Support Units (ICSUs).

- Development of an annual workforce training plan, to support all aspects of the Trust's Clinical Strategy;
- Multi-professional leadership development which will maintain a focus on delivering a high performance culture and deliver results through engendering greater staff accountability and engagement and developing service improvement skills and those to support transformational change.
- Define and achieve a sustainable vision to ensure that we have sufficient clinical workforce to deliver our services while providing great careers for all clinicians. Ensure robust, quality assured systems are in place to support evaluation of our doctors' fitness to practice via revalidation.
- Focus on reviewing and assuring the size and deployment of our nursing workforce to ensure it meets the needs and expectations of our patients and addresses recommendations made in the Francis report.
- Consider the full roll-out of e-rostering system across all areas and professional groups, which will enable the effective allocation of all staff to shifts;
- We plan to continue the development of seven day services and extended day working to meet our patients' needs and expectations. This will be supported by an increase in team based job planning; and the utilisation of e-rostering.
- Review and improve our current information systems to ensure a full range of accurate and timely workforce information;
- Embed job planning processes to fit demand and capacity plans;
- Achieve the appraisal target, and develop processes that pinpoint those individuals that continually exceed personal performance objectives as part of our approach to nurturing and developing talent;
- Workforce expenditure controls will be developed to appropriately control costs and drive efficiencies whilst maintaining quality. We will reduce unplanned temporary staffing spend by developing a planned approach to temporary staffing and reducing overall temporary staffing spend.
- Engender a culture of flexible working that meets the needs of the service as well as supporting staff work-life balance.

9. Objective Three – Education, Training and Learning

The quality of what we do is determined by our staff. We know from our work with Health Education North Central London (HENCEL) that both student/trainee and regulator feedback indicates that our education provision for professional programmes is currently of a high quality, and in many areas above the national average. In an increasingly financially challenged context, we will work collaboratively with key partners, including HENCEL and local education providers to build on this achievement and further enhance education locally to support staff within their current role as well as providing more structured and equitable opportunities for career development.

We will develop learning packages to support the building of effective relationships with colleagues, which is critical to the cultural attributes we wish to reinforce in line with our values and behaviours. We believe this focus is critical to efficiency and productivity as well as our ability to attract and retain talent. To assist the realisation of our values and behaviours, we will build the skills of managers and staff to foster high quality relationships, as these enable people to be satisfied and more productive. People thus create high quality outcomes and productivity and enhanced service user experiences, within our financial objectives. This leads to greater job satisfaction and greater purpose and meaning, and makes a positive difference to the whole work environment.

We will continue to work internally and with education providers to design, develop and deliver a workforce that will lead to sustainable improvement in the care we offer our patients. We will support lifelong learning, to engage staff at different stages of a longer working career, along with different forms of learning, including e-learning and other modes of accessing education, training and learning support.

Key deliverables:

- Bring together the strengths in WH education to develop an education strategy, which ensures alignment with the LETB/HENCL for future sustainability;
- Ensure responsive education, training and development provision aligned to Trust priorities;
- Encourage greater leadership responsibilities amongst senior clinicians, and increase involvement of clinicians at all levels in decision-making activities;
- Develop a clinical leadership programme, in particular ensuring the induction and support of newly appointed consultant medical staff;
- Continually review induction and mandatory training to ensure they are fit for purpose and appropriate;
- Offer a programme of relevant and appropriate organisational development and individual learning activities that meet the needs of the Trust and its stakeholders;
- Establish a robust educational and development framework for Health Care Support staff and ensure full integration into our workforce model
- Establish Ensure pathways into employment through education, training and learning.

10. Objective Four – Employee Engagement and Wellbeing

We recognise that our staff work best when they are well supported and fully engaged so that they can both manage their day to day work and be supported in their wider caring and family related responsibilities outside work. Meeting this objective will be partially tested through the achievement of HR key performance indicators by monitoring the levels of staff sickness absence in the Trust, reduced agency and flexible staffing spend, and staff satisfaction. It will also be measured by the Trust's ability to assist people to return to work or remain in work, where possible, if they suffer from a long term condition. This will become increasingly important with an increasingly ageing workforce.

We will further strengthen our approach to ensuring a healthy work-life balance, reviewing staffing levels and better recognising staff for the emotional labour of the work we do. To support mental wellbeing we will improve the quality of our supervision processes, make intelligent use of technology and further develop shared leadership.

We must ensure we support a more flexibly deployed and responsive workforce, but to enable this, we need to support staff work-life balance and recognise that different patterns of work – increasingly out of traditional working hours - will require different forms of out of work support – for example for those with caring responsibilities.

We aim to increase the ways in which the processes for staff engagement and partnership improve service delivery and decision making, as well as promoting the physical well-being of all our staff.

Key deliverables:

- Promptly tackle areas of concern identified in the staff survey through a range of initiatives;
- Fully embed and communicate our values, including inclusion in the WH performance management framework;
- Promote support to staff to encourage a healthy and high performing work environment;
- Implement our Internal Communications Strategy;
- Recognise and respond to the particular challenges of continuing engaging with community based staff
- Embed the Staff Friends and Family Test and learn from and respond to results, with regard to all sections of the workforce;
- Continue to develop services to support staff who may be experiencing harassment or bullying;
- Build on the Trust's success in being awarded the Mayor of London's Healthy Workplace Charter in 2015 by aiming to achieve Excellence status in 2016;
- Continue to meet both the Trust's own ICARE Values and the four staff pledges set out in the NHS Constitution in a way which demonstrates the NHS's core values;
- Implement the recommendations of the Boorman review, sustain positive initiatives for staff wellbeing; meet compliance targets surrounding the safety and risk of our staff
- Ensure appropriate support is available to staff in times of uncertainty and times of transitioning to new organisational models.
- Review the mix of permanent and temporary workforce that we need to deliver our services efficiently with the aim to reduce the over reliance on temporary staff through a planned contingent workforce plan.
- Integrate work-life flexibility into the day to day work environment through policy, practices, processes and leadership which recognise that staff work best when well supported at home and at work.

11. Objective Five – Becoming an Employer of Choice

We will strive to become an employer of choice, attracting and retaining motivated and talented staff. Modern, flexible and supportive employment practices have a key role in motivating staff, sustaining morale and encouraging staff retention, including in areas where we face particular challenges. We will deliver a timely programme of workforce policy review, reflecting our values and legislative changes, improve sickness absence management and put strategies in place to reduce sickness year on year.

We will develop best practice in promoting equality and diversity throughout the workforce and develop the capability of staff and managers to respond appropriately to diversity issues

related to the workforce and patient experience. We will also support a career management framework, which anticipates a longer career pattern for all sections of our workforce, so that we can ensure that career development is properly supported throughout an employee's working life.

Key deliverables:

- Develop a Recruitment and Retention Strategy ensuring that our 'employer brand' is promoted to continue to attract the highest quality staff. Hard to recruit areas will be targeted through a range of initiatives including developing new attraction strategies, recruitment pipelines and talent pools, assessment centres, and international recruitment where appropriate. Local solutions will be developed to respond to areas of high turnover. Integral to these strategies will be the implementation of values based recruitment to support our high performance culture and patient care;
- Develop and embed an excellent workforce service across all areas recognising this is fundamental to supporting managers and leaders to achieve Trust objectives;
- Devise and deliver appropriate actions to respond to the findings from the Workforce Race Equality Scheme and deliver on the Trust's Equality Objectives for staff;
- Fulfill our obligations as a local employer. This means we will work with partners on a variety of schemes, including apprenticeships, to encourage both employment and development of individuals representing those groups currently under represented in our workforce;
- We will aim to maintain our position as an employer of choice attracting and retaining motivated and talented staff. Modern, flexible and supportive employment practices will have a key role in motivating staff, sustaining morale and encouraging retention. We will identify innovative solutions to systemic challenges – for example the availability of affordable housing for NHS staff in London – to support our aspirations in this area.

12. Objective Six – Rewarding and Recognising Staff

We aim to improve staff morale and productivity through the use of reward and recognition. We aspire to adopt a clearly defined reward strategy and to be a progressive employer, one who influences nationally and locally, embodies modern employment practices, has engagement with our staff at our heart and one for whom there are foundations of successful partnerships, none more so than that with our staff side partners.

We want to be an employer of choice, whereby our culture reflects our core values and we are recognised as being a good place to work. Partnership working is integral to everything we do, be this partnership with our service users, our staff and trade union representatives, the local health economy and the population we serve.

Along with these aspirations we also recognise that the need for an increasing focus on terms and conditions and supporting reward strategies for NHS staff in the years to come, driven by both affordability and the need for flexibility within reward systems is essential to meet service needs and sustain the financial viability of the Trust.

Key deliverables:

- An increasingly innovative approach to benefits, enabling us to utilise current national pay flexibilities to support our service objectives and to support other benefit-related work including changes to pension, and the further development of reward initiatives such as salary sacrifice.
- Commitment to reduce unplanned temporary staff spend (both bank and agency). Bank pay rates will be reviewed so these are aligned to market conditions, can be flexed according to supply and demand and support the Trust's financial strategy;

- Develop specific reward packages to ensure recruitment and retention of the best staff to enable the delivery of the Clinical Strategy;
- Incorporating skills and achievements but also values and behaviours, measuring not only what has been achieved but also how it was achieved.
- Continue to promote the annual staff achievement awards and other forms of recognition for staff achievement.

14. Monitoring and Review

This strategy will be reviewed annually by the Workforce Assurance Committee, which is responsible for monitoring performance against the action plans and will receive regular updates on progress.

May 2016

APPENDIX 1 Organisational Development Plan

APPENDIX 2 Consultation Process

APPENDIX 1**Organisation Development Plan 2016 - 2021****1. Introduction**

This Plan sets out a programme of organisation development (OD) interventions that will support the delivery of our aspirations for the future of WH, grounded in an assessment of where we are now, and an articulation of our intended direction for the future. It therefore:

- Sets out the development priorities, intentions and direction for our organisation;
- Outlines a practical plan to support the development and implementation of our supporting strategies;
- Acknowledges the emergent and changing nature of organisational reality so builds in ongoing review and amendment.

The overriding intention is to encourage greater engagement across WH about how the Trust achieves its objectives and continues to develop as an organisation that delivers the highest standards of care provided by expert and caring staff. Through this we will develop a clear and sustainable strategy for our organisation. This plan will need ongoing review to ensure that it complements other service and corporate strategies as they are developed, to remain relevant and congruent with our strategic direction of travel.

2. The WH of the Future

The context within which we operate is changing rapidly. The Trust has an excellent reputation for being innovative, responsive and flexible to the changing clinical needs of the local population. Our clinicians are encouraged to continuously evaluate their services and to adopt new ways of working across established boundaries in pursuit of improved outcomes.

Our relationship with our community and local partners is important to us and WH is a community asset. Over the next five years we will continue to strengthen our partnerships with mental health, social care and primary care services, alongside our multi-agency partners to deliver our mission and improve the health and outcomes for our local community.

3. The Principles of the Organisational Development Plan

The aim of this Plan is to create an organisational environment that enables and facilitates this to take place. We need to create the capacity, capability and commitment to be able to develop and deliver the Trust strategy now and in the future, and to ensure that we can make the changes necessary to respond to future requirements whilst staying true to the vision for WH in a profound and meaningful way. The programme of interventions proposed in this Plan is designed to achieve this in a holistic way, avoiding initiative overload by identifying the critical steps that will have the greatest impact for us in preparing us for an exciting and challenging period of change.

4. Our Organisation Development Model for Diagnosis

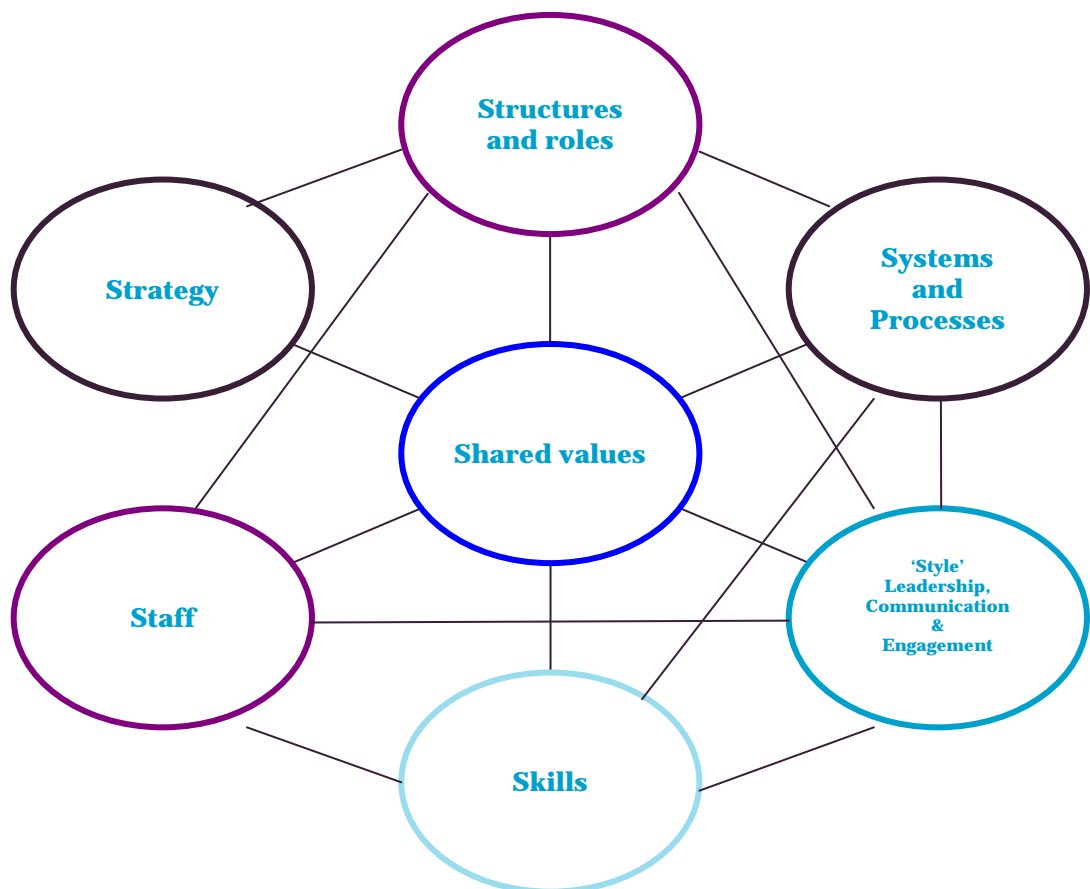
OD focuses on ensuring that the organisation's values, structure and roles, processes, leadership and management behaviours, skills and competences are aligned with its strategy to enable it to achieve its goals. It involves a range of planned interventions designed to facilitate change and create an environment and culture that will enhance success and achieve the organisation's objectives. It is concerned with ensuring that the ways in which we deliver our plans and strategies and implement change are coherent with our Trust goals and values; take account of and develop staff's skills and engagement; use appropriate and effective leadership behaviours and are most likely to achieve success.

This approach to OD takes the McKinsey 7-S model as a framework. This model specifies seven factors that define an organisation and describe how it operates. These can be summarised as follows:

- Shared values: what the organisation stands for and what it believes in;
- Strategy: plans for the allocation of resources, over time, to reach identified goals;
- Structures and roles: the way in which the organization's units relate to each other: centralised, functional divisions, decentralized, matrix, network. etc;
- Systems and processes: the procedures, processes, and routines that characterize how the work should be done;
- Style – leadership and engagement: the cultural style of the organisation and how key leaders behave in achieving the organisation's goals;
- Skills: the distinctive capabilities of the workforce and of the organisation as a whole;
- Staff: numbers and types of staff in the organisation.

The model recognises that all seven factors are interdependent and changes to any one will impact on the others. This model is used to structure the assessment of current levels of alignment between the different factors and diagnose where attention is needed to support the organisation in meeting its aims over the next five years.

Seven S OD Diagram



5. The Main Challenges for the Organisation

a) Shared values

Whittington Health is shaped by a distinct set of values that define what we are and how we behave. At this time of change and the focus on the importance of values in the NHS in the aftermath of the Freedom to Speak Up / Francis Report, it is important that we forefront these values to engage staff and they are not lost or undermined in the changes that we make.

Our challenge is to re-engage staff with these values and find ways of expressing and demonstrating them in ways which resonate with staff and add value. We will do this through engaging them in the change agenda. Crucially, we need to ensure that we embed the meaning behind these words into everything we do and then continually test whether this statement of values reflects the experiences of our people. To make this a reality, we will need to:

- Develop an overarching approach to engaging our staff in change through demonstrating our values;
- Continue to define the behaviours arising from our specified values and incorporate them into all our management processes, such as recruitment, appraisal and development;
- Communicate these values at every opportunity, not just verbally but by modelling behaviour;
- Empower staff to make better and informed decisions that are aligned with our business objectives and Trust values;
- Promote a clear, shared understanding of change processes and gain commitment for change, recognising that it is our staff which provide the energy and the means by which we can deliver this sustainable growth and change.

Fundamentally, we need to test with our staff what this means to them, engage them in a process to make this real in order to articulate our real point of difference. We need to ground our values and express these in a way that is meaningful within our organisation.

This will underpin all the organisation development interventions outlined in Section 6.

b) Strategy

Through the current work on the Clinical Strategy and the development of the supporting strategies (Workforce, IT, Internal Communications, Estates etc.) it is important to ensure they are aligned. The process to engage staff in the identification of the Trust's strategic themes will help to raise awareness and commitment to achieving the Trust's ambitions.

The OD plan will contribute to ensuring overall congruence and coherence between the strategies and work in practice, as well as with all other supporting strategies. These strategies will all need to be regularly refreshed to ensure that they support the achievement of the future rather than maintaining the status quo. The recent changes to the Executive Team are an important mechanism to achieve this alignment.

c) Structures and roles

WH has already commenced implementation of a number of changes to its structure and roles, to better achieve our strategy and we will need to consider and implement further changes in the future to be fit to meet new challenges.

The establishment and embedding of the ICSUs and the strengthening of clinical involvement in decision making is a key deliverable to achieve the challenges set out in our strategy. To ensure that these changes work in practice and really add value, further work is needed to define our expectations of how people will work and to facilitate effective

interactions. A clear decision and accountability framework needs to be developed and embedded to reflect our corporate and clinical governance requirements.

These changes in structure and roles, particularly the greater involvement of clinicians in the management of the organisation need to be achieved in a way which does not lose the benefits of current collaborative ways of working and which strikes a balance between ensuring appropriate accountability and alignment with Trust objectives and enabling our clinicians to 'do their greatness'.

Increasingly the Trust is developing innovative structures and models to enable appropriate collaboration with different services and organisations in its role as a national resource for cancer. We need to ensure that the roles and structures within this are clear and fit for purpose.

Community Services will continue to be an important part of WH where our acute patients come in large part (85%) from the boroughs of Islington and Haringey. Most of our community-based services are provided by these two boroughs, with some covering the boroughs of Camden, Enfield and Hackney.

These communities are vibrant, complex and multi-ethnic, and include considerable wealth and deprivation side by side. They provide all sorts of challenges that attract our staff.

d) Style – Leadership and engagement

A particular challenge for the leadership team, as it establishes itself with new members and drives through the changes in the organisation with increased clinical involvement in decision making and greater accountability at all levels, will be to ensure that its style and approach is congruent with the changes in behaviour that they are aiming to establish in the organisation. The leadership team will want to create an environment where it can be confident that appropriate decisions are made at the right level in the organisation. The development agenda will include interventions to build leadership skills for clinicians and to develop effective decision making processes.

The staff survey findings have demonstrated consistently that our employee engagement is in line with the national average with staff reporting errors; staff appraisal; staff feeling pressure to work extra hours all being areas that require improvement. The implementation of the Trust's internal communications strategy will support this aim.

By doing this, a wider culture of leadership and challenging thinking can emerge, as people change the conversations about what is possible, and understand wider patterns and connections. People need to be given the ability and confidence to challenge poor practice at all levels.

If leadership is about setting priorities and direction of travel, it needs to be supported by effective management (budgeting, scheduling and implementation) and administration (day to day filling in of forms, processing transactions, obtaining and providing data). The three are interdependent but it is important to be clear about the distinctions, particularly in how we state our performance expectations to people in these roles. While developing an inclusive leadership culture, we need to continue to invest in skilling up our managers to understand and perform these roles effectively, while valuing all equally.

Particularly, we need to strengthen operational line management. The senior level of management, where strategic intentions are operationalised, needs attention – focused management development together with an explicit statement of expectations, and framework of decision making; and the creation of the ICSU management teams with more autonomy and the permission and space to get on and deliver.

e) Systems and Processes

In order to improve efficiency there is more to be done to streamline our processes and ways of working. We need to examine what brings value and supports what we are trying to do, and encourage staff to challenge these positively, streamline and automate wherever possible, and remove those that are redundant and no longer serve a purpose. We need to introduce a more systematic way of improving how we work, using service improvement sciences to achieve effective change.

We need to develop our staff to devise, implement and follow efficient processes and equip them with the skills and confidence to challenge ways of working which do not meet our requirements and values, enabling the appropriate accountabilities and relationships to frame these judgements.

Areas for consideration need to include:

- Information systems and processes – integrating and using information from our clinical, finance and workforce systems as business intelligence through the roll out of performance scorecards and service line reporting. This will involve defining what information is needed for what purpose and developing the capacity of all staff to use information to inform decision-making
- People management systems and processes: we need to link sound employment practices to good business outcomes, by creating an environment where staff are valued, rewarded, appropriately trained and developed, regularly appraised and properly managed.
- Extend our investment in technology and new ways of working; use technology for scheduling, planning, rostering activity to improve our productivity. We need to align technological innovation, organisational change and people management by making sure the needs of our people are considered when introducing new technology, including the acquisition of new skills at all levels.

f) Staff

For WH to continue to perform its role in the NHS and deliver on its Clinical Strategy, it is essential that it retains and develops a workforce which is continually able to rapidly introduce and disseminate best practice and with a skill mix which is both efficient and achieves the highest quality standards.

We need to continue to develop roles and skills in advanced practice in nursing, midwifery and allied health professional fields. We also need to develop a robust framework for healthcare support workers as these essential roles increase in the organisation. This will ensure that these staff have the appropriate skills and education to fulfil their role and that the roles are fully integrated as part of the workforce model, with appropriate career development opportunities.

As changes in the medical education model continue and the number of medical trainees is set to reduce, WH needs to consider a sustainable position in relation to its role in developing the medical workforce of the future and the current structure of the medical workforce.

g) Skills

WH has a skilled workforce and it is important that this capability is sustained and developed. As changes in healthcare progress, we will need to ensure that our staff develop the requisite changes to skill sets and competences. In particular, we know that it will be important to develop skills in delivering the new models of care that reflect the advances in precision medicine and personalised care and in working across organisational boundaries.

We need to ensure that our education and development infrastructure is sufficiently robust and integrated to enable development needs to be identified and responded to appropriately and in a timely way, as well as fulfilling the Trust's role in educating others. We need to strengthen our capability in identifying the skills and competences that our staff will need to work in new ways, and how these may be packaged together to create attractive new roles that respond to service requirements and ensure efficiency and a continued high standard of care to patients.

This will enable us to ensure that the profile of the workforce both in terms of roles and numbers is fit for purpose.

6. Proposed Programme of Interventions

The Organisational Development Programme set out below aims to address the themes identified above through a programme of planned interventions. Rather than a collection of discrete actions, there is a holistic approach, with the intention of involving our staff and other stakeholders where possible in the specific design and delivery instead of these being led or implemented externally. The intention is that this engagement will contribute to increased commitment and connection with the organisation overall, involving people not only in the “what” but also in the “how” and “why”. In this way, we hope to engage our people more fully in organisational life and recognise their individual and collective contribution to our success.

6.1 Build Strong Corporate Leadership

An intensive development programme for new Board members (executive and non-executive) will be developed. To operate optimally, high levels of mutual trust and challenge need to be in place, usually it takes some time for these to develop naturally. Attention to the development of the Board and Executive Team, both collectively and individually, will continue to be a priority in order to ensure that the behaviours that we wish to promote among all staff, such as personal and collective accountability, creative challenge and feedback, are modelled and displayed at all time by leaders at all levels.

6.2 Develop our Leaders and Managers

We will continue to invest in the development of our leaders and managers and strengthen this, particularly for those in more senior positions, to further develop their capability to bring about the changes required. The following interventions will start this process: development of a Leadership Development Programme for senior staff; enabling access to external leadership programmes; supporting senior staff to take advantage of Leadership Academy initiatives (e.g. Nye Bevan Programme; Elizabeth Garrett Anderson Programme).

6.2.1. Learning through doing – clinical leadership development

We believe that the most effective way to develop our clinical and other leaders will be to focus on the implementation of key deliverables to achieve the learning and behavioural changes which are needed to achieve the strategy.

The development focus will therefore be on the establishment of the ICSUs and service line management to bring about the changes needed. To achieve this, we need to agree clear outcomes that are expected of the new teams being established and provide clear and active support to them in achieving them. The focus of this work will initially be on:

- defining the decision-making and accountability framework within which they will work;
- using new and integrated information sets through performance scorecards to plan and inform decisions and the development of the service;

- engaging all clinicians – doctors, nurses and allied health professionals, at all levels in the design and delivery of new ways of working.

The development of the business planning process and the processes for achieving cost improvements will provide the mechanisms for delivering not only on this work itself, but also to test and bed in the behavioural changes needed. Attention will be needed to the design and implementation of these processes to ensure that they achieve the ends intended. Interventions will include discussions and planning around decision making processes; leadership development for clinicians and the senior leaders and managers critical to the successful implementation of the plans and the establishment of communication and governance mechanisms to encourage and develop the constructive dialogue and relationships to achieve success.

6.2.2. Management Skills Development

We will continue to develop the skills and capability of all who manage staff and invest in supporting both existing and new managers in responding to changes in the working environment and service requirement. The development of a framework of accountability will help us to create a clear and ambiguous statement of expectations of our managers and leaders. This will enable us to develop a framework for identifying and developing our managerial talent, as well as those in existing roles. Our aim would be to be able to identify development priorities against a statement of organisational expectation for the future.

6.3 Engagement for change

To achieve the kinds of change needed we know we need increased involvement of staff in planning the changes and debating the consequences to ensure that the plans are robust, relevant and committed to by the staff that will be responsible for delivering them.

This is important not least for the encouragement of the diversity of experience and perspective that will contribute to help change the way things are done, and identify new opportunities in a safe space. To do this, staff at all levels need to be exposed to the realities of the wider environment within which we operate an open acknowledgement of the complexities of the way in which we work and have the opportunity to explore what this means for us all, both individually and collectively. It is through mutual dialogue that we can move towards a common purpose and in doing so redefine each other as us.

We will embark on a series of strategic conversations with the aim of achieving further analysis; new learning and creative responses to delivering on our strategic themes, in ways that are true to our values. We will develop and support our managers and leaders in having these conversations and ensure that our leadership team play an active part and are visible across the organisation. We will also explore ways in which we can further ensure engagement and staff's views in the development of solutions through, for example the use of a staff panel potentially to include staff governors, staff side representatives and Partnership Group as formal part of process for their views on projects and levels of engagement of colleagues as more of a partnership model.

6.2 Creating our Workforce of the Future

We need to work with our staff to create a vivid and compelling picture of what our workforce will look like in WH in the future. This needs to build on existing initiatives which are already changing the way in which people work and working with the ICSUs to co create new workforce models and roles within an overall WH model. Currently we focus on forecasting numbers of staff in professional roles providing current services to patients in existing ways. The following themes also need to be considered:

- The logistics of how staff work now and how they will organise their activities in the future as the extension of the introduction of mobile working, e-rostering and other similar innovations change the way in which we work and give staff more influence over their own working patterns. What implications will these changes have for supervision and accountability?
- Employee Resourcing - flexibility of deployment in terms of numbers and skills. How will we manage the balance between a substantively employed workforce and access to a flexible resource to give us the ability to flex our workforce in line with service demands in the new world?
- How will we interact with our healthcare partners through the development of new shared competences across organisational boundaries?

For the Trust to be able to address this effectively, we need to develop a new language of competence so that we can describe these new roles, and new career paths. Otherwise we will revert to our default thinking of describing new roles by using existing professional labels and boundaries (nurse, therapist etc). This is an important enabling piece of work that we need to start now, and in order that it is really grounded in our clinical work, this will need to be an integral part of our locality transformation projects, involving our clinical staff and professional leaders. The role of non-clinical/non-registered staff is critical to maintaining high quality patient care.

7. So What Next?

The OD Plan and programme of interventions described above aim to focus on what is achievable. There is a lot to do and we need to set ourselves goals that are stretching and realistic, while recognising that as circumstances change, as they inevitably do, we may not be able to control what happens around us, but we can choose how we respond.

We will need to review our progress regularly. There will be certain key points where temperature checking will take place i.e. annual staff survey and staff friends and family test, monthly metrics to the Trust Board, regular assurance through the Workforce Assurance Committee, informal conversations and feedback will all contribute to our sense of how our organisation is transforming itself. At its very heart, the approach that is being proposed is that of meaningful conversations about the sort of organisation that we want to be. It will be these conversations as they spread and extend across our people that will change our culture in a positive way - it is our words that make our worlds.

Workforce Strategy – Consultation Process

- The outline working draft of the Workforce Strategy was approved by the Trust Management Group (TMG) in January 2016.
- During February 2016 each HR Business Partner to the draft to the relevant Integrated Clinical Services Unit (ICSU) Boards.
- During March 2016 all staff received an electronic version of the draft along with a short questionnaire (utilising Survey Monkey) focussing on the proposed six key objectives, issues around the role of the Workforce Directorate, future of education and performance review.
- Information was included in the Trust's Chief Executive cascade briefing system.
- Following feedback, revisions were made, and the Workforce Assurance Committee approved the final draft at its inaugural meeting in April 2016.
- The Partnership Group reviewed the Strategy at its April 2016 meeting.
- The final Workforce Strategy 2016-2021 was ratified by the Trust Board in May 2016.

Norma French
DIRECTOR OF WORKFORCE

DRAFT

WORKFORCE ASSURANCE COMMITTEE

Minutes of meeting held on Thursday 7th April 2016

Present:	Ian Bates	Director, Integrated Care Education
	Stephen Bloomer	Chief Finance Officer
	Philippa Davies	Director of Nursing & Patient Experience
	Norma French	Director of Workforce
	Helen Gordon	Assistant Director of Workforce
	Kate Green	PA to Director of Workforce (notes)
	Graham Hart	Non-Executive Director
	Steve Hitchins	Trust Chairman (in the Chair)
	Jana Kristienova	AD, Integrated Care Education
	Paula Mattin	DOps, Emergency & Urgent Care

16/01 Welcome and Introductions

- 01.01 Chairman Steve Hitchins welcomed everyone to this inaugural meeting of the Workforce Assurance Committee and all introduced themselves. There were no apologies for absence.

16/02 Workforce Assurance Committee (WAC) Terms of Reference

- 02.01 Norma French introduced the draft terms of reference for the committee, explaining that Trust Board members had already had an opportunity to consider these, and Graham Hart as one of the Non-Executive Director members of the committee had submitted some helpful amendments. Norma was particularly keen to ensure the suggested membership of the committee was correct and provided an appropriately representative cross-section of the organisation.
- 02.02 Members discussed the quorum for meetings, and Steve Hitchins reminded them that it had been agreed by the Board that Non-Executive could cross-cover for one another on Board sub-committees as necessary. For this committee, it was agreed that the quorum should be one NED and two EDs (or in the case of the latter their nominated deputies).

16/03 WAC Forward Plan

- 03.01 The WAC was to meet quarterly, and future meetings would be scheduled to ensure the best fit with the production of a comprehensive workforce report. Also listed on the forward plan were improvement plans, monitoring of the workforce plans, leadership updates and external inspections such as those conducted by the Deanery, GMC, CQC etc. Steve Hitchins suggested adding awards and/or achievements, and Ian Bates said that there were a number of HEE recognition awards that might be considered and offered to compile a list. Jana would assist with the streamlining of reports of visits.

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03.02 Other possible items for discussion included the junior doctors' contract, the effects of CIP programmes from a workforce perspective, Community Education Provider Networks and Provider Fellows.

03.03 It was agreed to build in a 'staff story' with a process similar to that followed at public Board meetings, and suggested that one of the early stories might focus on pertinent staff side/partnership working issues.

16/04 Workforce Report

04.01 Helen Gordon explained to the committee that because of the timing for production of the report it could not be guaranteed that sickness and vacancy figures were 100% up to date but there were unlikely to be significant changes to the broad picture.

04.02 By way of introduction Helen drew attention to three key issues:

- there was a clear need to ensure that data collected through ESR was robust; at present not all areas were making best use of the system
- agency staff currently account for some 30% of the Trust's workforce and a far more strategic perspective needed to be taken when addressing contingency plans
- new information is now available from exit interviews – as yet there is only a small sample but it does provide some useful pointers for consideration.

The committee was asked to consider what further indicators it might wish to see presented in order to provide further assurance.

04.03 In answer to a question from Steve Hitchins about whether, for the sake of clarity, a distinction should be made between bank and agency staff in reports, Norma replied that this did happen, but the remit of this committee was to consider all temporary staff. She added that she was about to convene a 'task and finish' group on temporary staffing which would look at this in more detail, and Steve emphasised the merits of bank over agency.

04.04 Norma had also commissioned a piece of work to look at bank staff remuneration rates. Helen Gordon suggested the Trust might introduce a target for bank fill, perhaps around 80%? Steve agreed there was a need to think more about targets, and in particular about increasing the number of substantive staff. There was obviously a pressing need to review and take action on vacancy and sickness rates.

04.05 In answer to a question from Steve Hitchins about the reliability of the data presented, Norma acknowledged that there were some difficulties with information gathered from the Electronic Staff Record (ESR) but a new version was to be launched either at the end of 2016 or start of 2017 which it was hoped would be more user friendly and consequently provide more reliable data. She added that the way the ESR hierarchy was designed was presenting some difficulties in respect of the reports provided for appraisal and mandatory training and there was undoubtedly some work to be undertaken to satisfactorily resolve this.

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- 04.06 Stephen Bloomer assured the committee that some assurance could be provided through pay processes, but he agreed that other systems were not as reliable, and central returns might be misleading since the data they contained was collected directly from the central warehouse. Helen acknowledged there was considerable work to be done before systems might be said to be completely reliable, but she emphasized that Whittington Health was by no means an outlier in this respect.
- 04.07 Graham Hart spoke of the importance of aligning these priorities with the Trust strategy and focusing on the quality of the data, and suggested focusing on four or five key areas which might be brought to the forefront and closely monitored over time.
- 04.08 Stephen Bloomer praised the quality of the report, and echoing this, Steve Hitchins said that there was a need for further consideration of some of these issues at a Board seminar, with a view in particular to what information should be contained within the overall performance dashboard. It was therefore agreed that the quarterly workforce report should be received by this committee rather than the main Board.
- 04.09 Paula Mattin had noted the useful information contained within the report about reasons given by staff for leaving the Trust, noting there were two sources, one being ESR, the other a 'survey monkey' exercise. Stephen Bloomer agreed, and wondered whether there was opportunity for this information to be benchmarked. Norma agreed to raise this at the next HR Directors' meeting but suspected any such arrangement would be an informal one at present. Helen added that in some instances staff were not leaving the organisation but a specific service or area of work and there was a need to look further at reasons for this.

16/05 Workforce Strategy

- 05.01 Introducing this item, Norma French reminded committee members that the Trust had not had a detailed workforce strategy for some time. An outline version of this strategy had been presented to the Trust Management Group (TMG) in January; it had then been shared with the ICSU Boards throughout February and March, and would be presented at Partnership Group on 14th April. During March Norma had surveyed all staff to ascertain their views on the emerging strategy, and views collected via this survey had now been incorporated into this draft. The main comments raised had been:
- the need for more 'plain english'
 - the need for an executive summary
 - too great a bias in favour of acute services
 - not enough mention of AHPs
 - more focus needed on education
 - is 'deliverables' a word?
- 05.02 The workforce strategy should now be taken to the Trust Board, and Graham Hart commented that it was 'beautifully written, but long' – he suggested the six key objectives contained within the strategy be brought forward, also that there needed to be clearer alignment between the strategic and the operational.

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- 05.03 Helen Gordon suggested developing a simple set of 'pledge cards' that could be used by staff, and Philippa Davies spoke of the importance of alignment with all other Trust strategies.

16/06 Recruitment & Retention Strategy

- 06.01 It was acknowledged that the recruitment and retention strategy as it stood was lengthy, but the key aspect was the appended action plan, which enabled the Trust to take strategic responsibility for its recruitment practices and thus improving processes, becoming more innovative (especially in hard to recruit to areas) and to develop the Trust as a socially inclusive employer.
- 06.02 The strategy was also about retention, which was more difficult to define, but given this was one of the Trust's biggest risks there was an acknowledged need to perform really well in this area. Stephen Bloomer wondered whether there were any additional incentives that needed to be considered, and Helen replied that there was the 'introduce a friend' scheme, and the team was happy to explore and pilot any additional practicable suggestions. There was also scope for further consideration of the role of apprentices in this context.
- 06.03 Graham Hart reminded colleagues of the newly-introduced levy, and added that he would also like to see interns (for whom there was a new degree course) brought in to carry out clearly defined tasks. Norma French suggested there might be roles within the Performance Management Office (PMO). It was noted that Norma was currently putting together the role for the apprentice placements manager.
- 06.04 Stephen Bloomer felt the actions contained within the plan seemed mostly to sit with HR colleagues, and suggested there might be scope for targeting some elsewhere particularly having considered the information contained within the exit interviews. Helen acknowledged this, saying that whilst it was the HR role to champion most of these areas, she would also expect service managers to become actively involved.
- 06.05 The recruitment and retention strategy had been to TMG matrons, and would go to Partnership Group on 14th April. Paula Mattin suggested it be circulated to the other groups mentioned within the strategy.

16/07 Employee Relations Activity

- 07.01 Norma French informed the committee that this report contained details of non-medical cases only – medical cases were overseen through different processes. This was the first such formal report of its kind and therefore a work in process, and the next iteration would include details of suspensions and their impact.
- 07.02 Moving forward, the aim was to become far more efficient in the approach to case work, and this would necessitate greater clarity around the management structure. Norma wished to see a significant improvement in the time taken to resolve cases and also hoped managers would see their resolution as a higher priority than might hitherto have been the case.

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07.03 Philippa Davies commented that she had found this report extremely helpful, but wondered whether it might in future be broken down to show information by staff group and perhaps even by band. More information on cases resulting in disciplinary action would also be useful, as would details of cases referred to professional bodies. It was noted that 'suspension' did not necessarily mean exclusion from the Trust but could mean the temporary removal of a member of staff from patient-facing duties.

07.04 Norma expressed her concern about the number of sickness cases, saying that she would be addressing this at the quarterly ICSU performance meetings. Jana Kristienova said that she had found the updated HR policies very helpful, and Norma said that the plan was to also work on a repository of template letters etc.

16/08 Staff Survey 2015 Results

08.01 Introducing this item, Norma informed the committee that the results of the 2015 staff survey and action plan had been discussed at TMG, Partnership and the Trust Board, and the latter would receive a report on progress later in the year. The WAC would also be involved in the monitoring of the action plan.

16/09 Future HR Model

09.01 A consultation exercise over the proposed future HR structure (not including Occupational Health & Wellbeing, OD and Learning & Development) had closed that day. The aim was to better align transactional HR services and by so doing strengthen the HR business partner support to the ICSUs. It was also hoped to increase expertise in medical staffing and in workforce information management. Moreover, Norma added, there needed to be a far clearer distinction made between some of the functions of HR and those of managers. There would be no redundancies as a result of this process, and all changes would be conducted within the currently available financial envelope.

09.02 The next task, which Norma aimed to complete by the end of the calendar year, was to review the Learning & Development part of the directorate, and this would include widespread consultation with education colleagues.

16/10 External Inspections

10.01 There were no reports of external inspections to report that quarter, but this would remain a standing item on the agenda.

16/11 Board Assurance Framework (BAF)

11.01 Norma had attended the most recent meeting of the Audit & Risk Committee, and had taken that committee through all of the workforce associated risks on the BAF. The paper circulated shows the presentation she took to that committee, and she would be reviewing its content with Lynne Spencer.

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16/12 Any other business

12.01 Steve Hitchins would speak to Norma French about NED induction.

12.02 Graham Hart commented on the exceptionally high quality of the papers produced for that day's meeting.

Whittington Health**4 May 2016**

Title:		Nursing & Midwifery Revalidation					
Agenda item:		16/075		Paper		14	
Action requested:		To take assurance of the robust implementation of Nursing and Midwifery Revalidation from April 2016					
Executive Summary:		<div>1. The paper provides an overview of the changes made by the Nursing & Midwifery Council (NMC) with regard to revalidation of nurses and midwives.</div> <div>2. The paper outlines the actions taken to ensure organisational readiness and support offered to registrants to revalidate from April 2016.</div>					
Fit with WH strategy:		SG1- Deliver consistent high quality safe services. Clinicians will strive to deliver safe high quality care ‘right first time, every time’ and exceed patient expectations					
Reference to related / other documents:		Aligns with Clinical Strategy					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		Captured on BAF and/or Corporate Risk Register					
Date paper completed:		19 th April 2016					
Author name and title:		Dr Doug Charlton Deputy Director of Nursing		Director name and title:		Philippa Davies Director of Nursing & Patient Experience	
Date paper seen by EC	3 May	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a



1. Introduction and Executive Summary

This paper provides an overview of the changes the Nursing & Midwifery Council (NMC) have made to the requirements nurses and midwives must meet when renewing their professional registration every three years. The paper includes actions taken in terms of organisation preparedness and describes the robust system in place supporting revalidation from April 2016.

2. Revalidation and the key changes agreed by the NMC?

2.1 Background

Revalidation is the process by which registered nurses will demonstrate to the NMC that they continue to be fit to practice. Revalidation takes place every three years and has replaced the post registration education and practice (PREP) standards. The aim of the new revalidation process is to improve upon the PREP system by setting new requirements for registered nurses. The new revalidation process requires registered nurses to declare they have;

- Met the requirements for practice hours (practice of at least 450 hours during the previous 3 years or 900 hours if holder of two professional qualifications)
- Met the requirements for continuing professional development (undertaken at least 35 hours of continuing professional development relevant to the registrants scope of practice as a nurse with a minimum of 20 hours being participatory learning)
- Reflected on their practice based on the requirements of the NMC Code (2015), using feedback from service users, patients relatives colleagues and others.
- Provided a health and character declaration and declare any conviction for criminal offence or the issuing of a formal caution
- Professional indemnity arrangements – confirmation of having or will have when practicing, appropriate cover under an indemnity scheme
- Received confirmation from a third party (referred to as a confirmer) that their declaration is reliable in accordance with the NMC Code (2015)

Revalidation aims to protect the public, increase public confidence in nurses and help those on the NMC register to meet the standards required of them.

Revalidation for nurses and midwives by the NMC is not the same as medical revalidation undertaken by the General Medical Council (GMC). The NMC register is larger and professionals on it practice in more diverse health care settings. The NMC operates under different legislation from the GMC and as such, NMC legislation around revalidation does not allow for the introduction of responsible officers.

3. Key changes to the Revised Code (of Practice)

3.1 The Code

The Code describes the professional standards of practice for nurses and midwives. These standards are collected into four themes:

1. Prioritise People
2. Practice effectively
3. Preserve safety
4. Promote professionalism

There are new requirements on:

- Fundamentals of care – this covers the essential aspects of caring for a patient, including making sure a patient has adequate access to nutrition and hydration.
- Duty of Candour – nurses should be open and honest, with colleagues, patients and health care regulators when things go wrong
- Raising Concerns – nurses should raise concerns without delay if they are aware of a threat to patient safety or public protection
- Delegation and Accountability – nurses should make sure they delegate task and duties appropriately and those they delegate to complete task to the required standard.
- Professional Duty to take action in an emergency – nurses should take action in an emergency, when off-duty, within the limits of their competence.

The Code is clear that responsibility for those receiving care, also lies with those nurses working in policy, education and management roles.

3.2 Responsibility

Nurses and Midwives are responsible and will be held accountable for their own revalidation process. Every three years at the point of renewal of registration, nurses will need to demonstrate the requirements of revalidation and their fitness to practice in order to remain on the NMC register.

From April 2016, all nurses due to re-register commenced revalidation. By April 2019 everyone on the NMC register will be expected to have undergone revalidation.

3.3 NMC Guidance

The NMC have produced detailed guidance which was tested in a number of provider organisation and locations. They tested guidance for individuals and third party confirmers as well as evidence logs and templates.

4. Collection of Evidence

Nurses and Midwives are required to collect evidence demonstrating compliance with the NMC requirements. The NMC have strongly recommended that evidence should be collected in a portfolio; this does not need to be an e-portfolio (NMC Revalidation p.12) demonstrating compliance with the revalidation process.

5. Whittington Health Approach

5.1 Nursing Revalidation Task & Finish Group

A Nursing & Midwifery revalidation task and finish group was established and held its inaugural meeting 19th May 2015. Terms of Reference (TOR) were agreed and key stakeholders identified to attend monthly meetings. The group was chaired by the Deputy Direct of Nursing and reported to the Director of Nursing through the Nursing & Midwifery Executive Committee.

The core role of the group was to:

- Develop and oversee the delivery of a nursing revalidation implementation plan which ensured there were effective systems in place
- Identify and mitigate potential system risks and escalate as required to the Director of Nursing
- Work with the Communication Team to develop a revalidation communication strategy
- Develop internal processes required to support nursing revalidation for individuals, appraiser and confomers
- Provide guidance on collation and collection of evidence requirements to support revalidation

5.2 Trust readiness

The task & finish group supported aligning the revalidation process to annual appraisal which is an approach being adopted by most employers. The majority of nurses and midwives in the Trust are line managed by NMC registrants which makes them best placed to hold the detailed professional discussion surrounding the requirements for revalidation.

Where a registrant's line manager is not another registrant, the revalidation part of the appraisal will be undertaken by the person who is identified as having professional accountability within the posts holders' job description.

The confirmer does not need to be a registrant and therefore, could be the non-registrant line manager if meeting criteria issued by the NMC.

The task and finish group used NMC guidance to develop a framework and planned and executed the first series of communications with key stakeholders aimed at raising awareness.

The Heads of Nursing/Midwifery received the Trust Revalidation presentation which was shared with clinical staff at Ward Sisters, Ward meetings and with the wider healthcare teams in the individual ISCU's.

A policy detailing the Revalidation process has been written and ratified in March 2016.

All paperwork necessary for revalidation is accessible on the Trust intranet and can also be downloaded from the NMC Revalidation website.

Documentation supporting Revalidation have been developed which dovetail with the Trust Appraisal documentation.

5.3 Trust Support for Individual Registrants

As a supportive employer, the Trust has provided a series of support services to all its nurse/midwife registrants to assist them through the process of revalidation.

The NMC have provided further guidance on applying for revalidation and potential subsequent auditing of the registrants declaration.

5.4 Active Professional Support

The Trust has provided, and will continue to provide training for appraisers to ensure the necessary skills to assess revalidation requirements of each registrant. This is linked to the appraisal system already in operation within the organisation.

The Trust has provided and will continue to provide the necessary training to confirmers to ensure they meet and understand the requirements of this role.

Each Nurse and Midwife Registrant eligible for revalidation from April 2016 has been identified from the Electronic Records System (ESR). A personal letter has been sent from the Director of Nursing inviting them to a seminar to assist with their revalidation process.

A series of monthly seminars have been organised which will continue to support all nurses and midwives with their initial revalidation process.

Training is offered to each registrant. The learning outcome of which is to provide the necessary skill to:

- a) build a professional portfolio,
- b) develop skills to support the writing of a professional reflection
- c) gather supportive information from patients/clients and other colleagues.

The Trust currently provides training which would be compliant with continuous professional development requirements.

5.5 Trust monitoring of Revalidation

The Heads of Nursing/Midwifery receive a list each month of nurses and midwives due to revalidate in their ICSU. This list is provided three months in advance of the revalidation date to ensure sufficient time to support the individual nurse or midwife.

The Individual nurse/midwife is invited to a seminar to support their revalidation process.

The revalidation process is undertaken via the appraisal system and the nurse/midwife confirms this using the appropriate NMC Online process.

Once the nurse/midwife has revalidated, they are required to provide evidence of this to the Head of Nursing/Midwifery.

Where concerns exist about a Registrants ability to revalidate because of lack of information or failure to comply with all the NMC requirements; the confirmer (senior nurse) will provide information regarding the actual requirements not achieved to the registrant. The confirmer will then support the registrant to achieve the required missing elements.

Following support, should the Registrant not comply with NMC requirements the Head of Nursing must inform the Director of Nursing (or Deputy) and inform the Registrant that they may lose their licence to practice and as such will be unable to comply with their contract of employment.

Should a nurse/midwife not revalidate the Head of Nursing will manage the process using the Trust existing Human Resource policy – Registration of Professional Staff - POL/COR/0217 pg. 10 -13. .

The Head of Nursing/Midwifery will report monthly to the Nursing and Midwifery Executive Committee, those individuals who have confirmed their right to continue to practice.

A paper will be presented to the Workforce Assurance Committee (held quarterly) outlining the number of nurses /midwives eligible for revalidation and current position.

5. Recommendations

The Trust Management Group is asked to note implementation of the Nurse and Midwifery Revalidation system.

Whittington Health Trust Board

4 May 2016

Title:		Register of Deed of Execution and Seal					
Agenda item:		16/076		Paper		15	
Action requested:		Approval for the latest Register of Deed of Execution and Seal					
Executive Summary:		A report to the Board of the use of the Trust Deed of Execution / Seal which is recorded on the Whittington Health Trust formal Register for the period 26 March 2015 to 31 March 2016					
Summary of recommendations:		To take assurance that the use of the Trust’s Deed of Execution / Seal has been administered in accordance with Trust Standing Orders					
Fit with WH strategy:		Compliance with the Trust SOs, SFOs and governance framework					
Reference to related / other documents:		Aligns to the Trust public body statutory requirements and duties					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		Captured on risk registers and/or Board Assurance Framework.					
Date paper completed:		May 2016					
Author name and title:		Lynne Spencer, Director of Communications and Corporate Affairs		Director name and title:		Simon Pleydell, Chief Executive	
Date paper seen by EC	3 May	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a



Register of Deed of Execution 26 March 2015 to 31 March 2016

Reference	Details	Date
16/01	Lease of premises known as Part 133 of St Johns Way London N19 in the London Borough of Islington	26/3/15
16/02	Deed of Surrender – Part of Level 2 K Block	11/5/15
16/03	Lease of Kiosk Whittington Hospital and Michael Braunhofer	19/5/15
16/04	Lease of Kiosk Whittington Hospital and Simone Bakoua	22/9/15
16/05	The Mayor and Burgesses of London Borough of Islington and Whittington Hospital Planning obligation by Deed P2015/057/FUL	28/09/15
16/06	The Mayor and Burgesses of London Borough of Islington and Whittington Hospital contract for the provision of LBI Oral Health promotion service	24/11/15
16/07	Agreement to surrender Workspace 14 Limited and Whittington Hospital NHS trust	11/12/15
16/08	Land Registry from TR1 for the surrender of Goswell Road Lease	14/1/16
16/09	Lease of buildings located at St Ann's Hospital St Ann's Road Tottenham N15 9TH	23/3/16

Trust Board

4 May 2016

Title:	Register of Declarations of Conflicts of Interest 2016/17		
Agenda item:	16/077	Paper	16
Executive Summary:	<p>The Trust Board is ultimately accountable for the Whittington Health NHS Trust which is an integrated care organisation managing community and hospital services.</p> <p>The purpose of the Board is to govern effectively and in doing so build patient, public, staff and stakeholder confidence that their healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence:</p> <ul style="list-style-type: none"> • In the quality and safety of our health services • That our resources are invested in a way that delivers the best possible health outcomes • In the accessibility and responsiveness of our services • That patients, staff and the public can help to shape our services to meet their needs • That public money is spent in a way that is fair, efficient, effective and economic <p>The Board complies with good governance principles as set out in the Healthy NHS Board guidance that explains how Board leadership undertakes key roles:</p> <ul style="list-style-type: none"> • Formulating strategy • Ensuring accountability by: holding the organisation to account for the delivery of the strategy; by being accountable for ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable • Shaping a healthy culture for the Board and the organisation • Are informed by the external context within which they operate • Are informed by, and shape, the intelligence which provides an understanding of local people's needs, trend and comparative information on how the organisation is performing together with market and stakeholder analyses • Give priority to engagement with stakeholders and opinion formers within and beyond the organisation; the emphasis is on building a healthy dialogue with, and being accountable to, patients, the public, patient groups, staff, volunteers, commissioners and regulators 		

<p>Trust Management Group</p> <p>The purpose of the Trust Management Group is to bring together senior executives and clinical staff. The Group is chaired by the Chief Executive and the membership forms the most senior decision making Group of the Trust that are accountable to the Trust Board.</p> <p>Register of Declarations of Conflicts of Interests</p> <p>The Register of Declarations of Conflicts of Interests provides details of the Trust Board, Trust Management Group and other relevant senior staff who have declared conflicts of interests.</p> <p>Board and Staff Responsibilities</p> <p>It is the responsibility of staff to declare their interests by completing the Declaration of Conflicts of Interests form which must be signed and forwarded to the Director of Communications and Corporate Affairs at lynne.spencer1@nhs.net who is the document owner on behalf of the Chair of the Board.</p> <p>The Register is published on the Trust website and is formally approved at a public meeting of the Trust Board annually. The Register will be updated throughout the year as and when the Board and staff declare or change their declarations of conflict of interests.</p> <p>To support the visibility of the requirement to take personal responsibility for declarations the Trust has introduced a standing item entitled 'declarations of conflicts of interests' on all Agendas.</p>							
Summary of recommendations:		Approval for the Register of Declarations of Conflicts of Interest 2016/17					
Fit with WH strategy:		Compliance with the Nolan Principles, NHS Board and senior manager codes of conduct, Trust SOs, SFOs, Scheme of Delegation and governance framework					
Reference to related / other documents:		Aligns to the Trust public body statutory and legal requirements and duties The Bribery Act 2010					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		Captured on risk registers and/or Board Assurance Framework.					
Date paper completed:		April 2016					
Author name and title:		Lynne Spencer, Director of Communications and Corporate Affairs		Director name and title:		Steve Hitchins, Chair	
Date paper seen by EC	3 May	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a		



Trust Board, Trust Management Group and senior staff Register of Declarations of Conflict of Interests 2016/17

Non-Executive Directors – voting Board members

Steve Hitchins	Chairman (wef 01/01/14)	<ul style="list-style-type: none"> ▸ Non- Executive Director and Vice Chair, Newlon Housing Trust; (Registered social housing provider) ▸ Non -Executive Director, Euradia Registered Charity (fundraising & research for diabetes) ▸ Director: Steve Hitchins Ltd (Consultancy) ▸ Member: Liberal Democrats <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Wife : voting member of House of Lords who sits on Liberal Democrat benches
Anu Singh	Non-Executive Director (wef 14/01/14)	<ul style="list-style-type: none"> ▸ Director, Independent Futures; an all age service to help disabled people achieve an independent, active and enjoyable life for as long as possible ▸ Director of Patient Experience & Voice NHS England <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil
David Holt	Non-Executive Director (wef 13/07/2015)	<ul style="list-style-type: none"> ▸ NED/SID at Tavistock and Portman NHSFT ▸ NED, Chair of Audit Committee, Hanover Housing Association ▸ Deputy Chair, Chair of Audit Committee Ebbsfleet Development Corporation (DCLG) ▸ NED and Chair of Audit Committee, Planning Inspectorate ▸ Chair Merton Developments Limited (Part of Circle Housing Association) <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Wife Dr Kim Holt employed by Whittington Health
Deborah Harris-Ugbomah	Non -Executive Director (wef 1.5.16 – 30.4.20)	<ul style="list-style-type: none"> ▸ Non- Executive Director, Moorfields Eye Hospital NHS FT ▸ Director, MEH Ventures LLP <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil
Prof Graham Hart	Non-Executive Director (wef 01/09/15)	<ul style="list-style-type: none"> ▸ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil

Tony Rice	Non-Executive Director (wef 21/02/14)	<ul style="list-style-type: none"> ▸ Chair, Dechra Pharmaceuticals PLC <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil
Yua Haw Yoe	Non-Executive Director (wef 1.4.16)	<ul style="list-style-type: none"> ▸ Assessment Manager, United Kingdom Accreditation Service <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil

Executive Directors – voting Board members and members of Trust Management Group

Simon Pleydell	Chief Executive (wef 01/04/14 contract until 01/01/15)	<ul style="list-style-type: none"> ▸ Lay Member of Council, Newcastle University <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil
Siobhan Harrington	Deputy Chief Executive Director of Strategy (wef 01/04/14)	<ul style="list-style-type: none"> ▸ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Son, Whittington Health staff (Pharmacy Department)
Stephen Bloomer	Chief Finance Officer (wef 03/06/15)	<ul style="list-style-type: none"> ▸ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil
Richard Jennings	Executive Medical Director (wef 01/06/14)	<ul style="list-style-type: none"> ▸ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Wife Patient Experience Manager at Ealing Clinical Commissioning Group
Philippa Davies	Director of Nursing and Patient Experience (wef 01/08/14)	<ul style="list-style-type: none"> ▸ Director & Trustee Kissing it Better Charity no. 1148795 <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil
Carol Gillen	Chief Operating Officer (wef 16/03/16)	<ul style="list-style-type: none"> ▸ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil

Associate Directors – non-voting Board attendees and members of Trust Management Group

Greg Battle	Executive Medical Director Integrated Care (wef 06/06/11)	<ul style="list-style-type: none"> GP Partner Goodinge Group Practice : General Medical Services GP Wish. GP service provision to Whittington Health UCC <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> Nil
Lynne Spencer	Director Communications & Corporate Affairs (wef 02/02/15) (Company Secretariat)	<ul style="list-style-type: none"> Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> Son, Management Consultant at Brent, Harrow & Hillingdon Clinical Commissioning Group
Norma French	Director of Workforce (wef 23/06/15)	<ul style="list-style-type: none"> Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> Husband, Consultant Physician employed by CNWL and works from UCLH

Senior staff – members of Trust Management Group

Glenn Winteringham	Director of IM&T (wef 01/10/11)	<ul style="list-style-type: none"> Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> Nil
Phil lent	Director of Estates & Facilities (wef 01/03/01)	<ul style="list-style-type: none"> Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> Nil

Clinical Directors – members of Trust Management Group

Chandrima Biswas	Clinical Director Women's Health Services	<ul style="list-style-type: none"> Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> Nil
Clarissa Murdoch	Clinical Director Medicine, Frailty and Networked Services	<ul style="list-style-type: none"> Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> Nil

Helen Taylor	Clinical Director Clinical Support Services	<ul style="list-style-type: none"> ▸ Clinical Director for Integration, UCLH <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil
Neeta Patel	Clinical Director Children's Services	<ul style="list-style-type: none"> ▸ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil
Nick Harper	Clinical Director Surgery & Cancer	<ul style="list-style-type: none"> ▸ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Partner Assistant Director of Primary Care, Quality and Development Haringey Clinical Commissioning Group
Rachel Landau	Clinical Director Emergency & Urgent Care	<ul style="list-style-type: none"> ▸ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Nil
Sarah Hayes	Clinical Director Outpatients Prevention and Long Term Conditions	<ul style="list-style-type: none"> ▸ Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> ▸ Partner is a Clinical Commissioning Group Governing Board Member at Tower Hamlets

Director of Operations – Deputies for Clinical Directors who attend Trust Management Group as required

Paul Attwal	Director of Operations Medicine, Frailty and Networked Services (wef 19/11/15)	<ul style="list-style-type: none"> ▸ Nil Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil
Russell Nightingale	Director of Operations Children's Services (wef 04/04/2016)	<ul style="list-style-type: none"> ▸ tbc Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ tbc
Fiona Isacson	Director of Operations Surgery & Cancer (wef Feb 2014)	<ul style="list-style-type: none"> ▸ Nil Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil
Paula Mattin	Director of Operations Emergency & Urgent Care	<ul style="list-style-type: none"> ▸ Nil Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Brother Executive Director of Nursing CNWL

Beverleigh Senior	Director of Operations Outpatients, Prevention & Long Term Conditions (wef 30/11/15)	<ul style="list-style-type: none"> ▸ Nil Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil
Gurjit Mahil	Director of Operations Women's Health Services (wef 11/04/16)	<ul style="list-style-type: none"> ▸ Nil Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil
Danielle Morrell	Director of Operations Clinical Support services	<ul style="list-style-type: none"> ▸ UCLH employee Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ tbc

Senior Staff

John Watts	Interim Director of PPS (wef 01/03/2016)	<ul style="list-style-type: none"> ▸ Advisory Board member of a company called TBS GB Healthcare Technology Management Company Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil
Sandy Mehta	Deputy Director of PPS	<ul style="list-style-type: none"> ▸ Nil Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil
Ian Gordon	Interim Director of Contracts and Business Development (wef 10/02/2016-09/05/2016)	<ul style="list-style-type: none"> ▸ Nil Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil
Terry Whittle	Interim Deputy Director of Finance	<ul style="list-style-type: none"> ▸ Secondment, substantively employed by NHS Improvement Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil
Doug Charlton	Deputy Director of Nursing & Patient Experience	<ul style="list-style-type: none"> ▸ Nil Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil

Bridget Coleman	Independent Contractor, Pharmacy	<ul style="list-style-type: none"> ▸ Director of Patient & Clinician Education, Helicon Health Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil
John Byrne	Head of Medical Physics & Clinical Engineering	<ul style="list-style-type: none"> ▸ Director of National Association of Medical Devices Educators and Trainers (NAMDET) Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil
David Grant	Consultant Radiologist	<ul style="list-style-type: none"> ▸ Consultant Radiologist & Chair of Medical Advisory Committee at St. John and St Elizabeth NW8 ▸ Consultancy Radiology Advisor 4Ways Healthcare ▸ Consultant Radiologist The London Clinic ▸ Co Medical Director London Upright MRI Centre Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> ▸ Nil