NHS
Whittington Health
NHS Trust

Meeting	**Trust Board – Public**
Date & time	**01 November 2017 at 1400hrs – 1700hrs**
Venue	**Whittington Education Centre, Room 7**

AGENDA

Members – Non-Executive Directors	**Members – 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 Yua Haw Yoe, Non-Executive Director	Siobhan Harrington, Chief Executive Stephen Bloomer, Chief Finance Officer Dr Richard Jennings, Medical Director Philippa Davies, Chief Nurse & Director of 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:lynne.spencer1@nhs.net or 07733 393178

Agenda Item		Paper	Action & Timing
Patient Story			
	Patient Story *Philippa Davies, Chief Nurse & Director of Patient Experience*	*Verbal*	*Note* 1400hrs
17/139	**Declaration of Conflicts of Interests** *Steve Hitchins, Chair*	*Verbal*	*Declare* 1420hrs
17/140	**Apologies & Welcome** *Steve Hitchins, Chair*	*Verbal*	*Note* 1425hrs
17/141	**Draft Minutes, Action Log & Matters Arising 4 October 2017** *Steve Hitchins, Chair*	1	*Approve* 1430hrs
17/142	**Chairman's Report** *Steve Hitchins, Chair*	*Verbal*	*Note* 1435hrs
17/143	**Chief Executive's Report** *Siobhan Harrington, Chief Executive*	2	*Approve* 1445hrs
Patient Safety & Quality			
17/144	**Serious Incident Report Month 06** *Richard Jennings, Medical Director*	3	*Approve* 1455hrs
17/145	**Safer Staffing Report Month 06** *Philippa Davies, Chief Nurse & Director of Patient Experience*	4	*Approve* 1505hrs
17/146	**Quality and Patient Safety Report Q2 (July to September)** *Richard Jennings, Medical Director*	5	***Deferred to next Trust Board***
Performance			
17/147	**Financial Performance Month 06** *Stephen Bloomer, Chief Finance Officer*	6	*Approve* 1525hrs

17/148	**Performance Dashboard Month 06** *Carol Gillen, Chief Operating Officer*	7	*Approve* 1535hrs
17/149	**Winter Plan 2017** *Carol Gillen, Chief Operating Officer*	8	*Approve* 1545hrs
Strategy			
17/150	**Healthy London Partnership Peer Review of Acute Care Services for Children and Young People (CYP)** *Siobhan Harrington, Chief Executive*	9	*Note* *1555hrs*
17/151	**Estate Strategy** a. Update b. Communications and Engagement *Fiona Smith, Communications Lead & Sophie Harrison, Deputy Director of Estates*	10	*Approve* 1605hrs
Governance			
17/152	**Corporate Objectives RAG Q2 (July to Sept)** *Helen Taylor, Acting Director of Strategy*	11	*Approve* 1625hrs
17/153	**Trust Board Committee Assurance Reports:** a. **Quality,** *Anu Singh, Non-Executive Director* b. **Finance & Business Development,** *Tony Rice, Non-Executive Director* c. **Audit & Risk,** *David Holt, Non-Executive Director*	12	*Note* 1635hrs
AOB			
	None notified to the Trust in advance		
Questions from the public			
	None notified to the Trust in advance		
Date of next Trust Board Public Meeting			
06 December 2017 -1400hrs-17000hrs -Whittington Education Centre, Magdala Avenue, N19			

Register of Conflicts of Interests:

The Register of Members' Conflicts of Declarations of Interests is available for viewing during working hours from Lynne Spencer, Director of Communications & Corporate Affairs, at Trust Headquarters, Jenner Building, Whittington Health, Magdala Avenue, London N19 5NF or lynne.spencer1@nhs.net or www.whittingtonhealth@nhs.net

Whittington Health NHS

ITEM:
Doc: 17/141

The draft minutes of the meeting of the Trust Board of Whittington Health held in public at 1400hrs on Wednesday 4th October 2017 in the Whittington Education Centre

Present:	Greg Battle	Medical Director, Integrated Care
	Stephen Bloomer	Chief Finance Officer
	Philippa Davies	Director of Nursing and Patient Experience
	Carol Gillen	Chief Operating Officer
	Deborah Harris-Ugbomah	Non-Executive Director
	Siobhan Harrington	Chief Executive
	Graham Hart	Non-Executive Director
	Steve Hitchins	Chairman
	David Holt	Non-Executive Director
	Richard Jennings	Medical Director
	Tony Rice	Non-Executive Director
	Anu Singh	Non-Executive Director
	Yua Haw Yoe	Non-Executive Director
In attendance:	Norma French	Director of Workforce
	Kate Green	Minute Taker
	Lynne Spencer	Director of Corporate Affairs
	Fiona Smith	Communications Lead

Patient Story

Richard Jennings introduced that afternoon's patient story, reminding the Board that such stories were presented at the Board in order to bring alive the real work that the Trust carried out. He also mentioned that for the first time the Board had received a report on learning from deaths, which included national benchmarking, and estimated that around 3% of deaths occurring in hospital were preventable. This story today was of Bernhard, who died whilst under the care of the Trust. Present to relay Bernhard's story were his closest friend Ikky Maas, Specialist Registrar Laura Gould, Senior Nurse Karen Johnston, and Consultants Chetan Bhan, Julie Andrews and Chetan Parmar.

Ikky had been friends with Bernhard for almost twenty years, and described him as 'a very special person and an angel on earth', also stressing that his friend had been extremely fit and healthy. His death had had a profound impact on those who knew him, and there was a strong sense that his spirit lived on in those with whom he was close.

Laura Gould recounted the story of Bernhard's admission, at the age of 43, for an elective operation. His unexpected death had been declared a Serious Incident, and as such an immediate detailed investigation had been carried out into the circumstances which surrounded it. The following shortcomings had been identified:

- problems with the initial handover
- no nurse had been available for the weekend ward rounds
- there had been some inaccurate recordings
- the response to abnormalities was slow
- delays in the escalation to the critical care outreach team

- a delay in taking bloods
- the resuscitation team had not been called to theatre (understandably given the staff group there but it was considered good practice for them to be called regardless).

Julie Andrews said that in response, the following improvements had been implemented:

- more formal weekend handovers, with
- all surgical patients being seen by a consultant
- funding for additional nursing hours at weekends
- an improvement project
- considerable amounts of teaching including assimilation
- raising awareness that nursing staff can refer direct to critical care.

Steve Hitchins thanked everyone who had contributed to the presentation, stressing how much store was set by such stories and how much they taught staff. Greg Battle echoed this, saying that he had been present at the Grand Round when Bernhard's story had featured and describing the extent to which all those present had been moved by it.

David Holt enquired why the shortage of nursing staff at weekends had not been immediately evident in the safe staffing report. Philippa Davies replied that the reduction in staffing had been a decision made by the ICSU (a decision which had now been reversed), but that a review of the report was due.

Richard Jennings commented that this story had been very hard to hear. The Trust had a very low mortality score, with fewer avoidable deaths than the national average, and Richard was clear that the main issue here was the failure to recognise deterioration. Chetan Bhan talked about the impact Bernhard's death had on the team, ranging from the way juniors were educated to working patterns and self-refection on local governance processes. Karen Johnston added that an important piece of learning had been a renewed recognition of the value of teamwork; ward rounds now did not begin until the nurse was present.

Concluding, Richard Jennings extended his thanks to Ikky for allowing Bernhard's story to be told, and to all the staff who carry out such hard jobs each day. He wanted everyone to know how important this story was and how much had been learned from it.

17/128 Declaration of Conflicts of Interest

128.01 No member of the Board declared any interest in any of the business to be transacted that afternoon.

17.129 Welcome and apologies

111.01 Steve Hitchins welcomed everyone to the meeting, and in particular welcomed Siobhan Harrington to her first Trust Board meeting as Chief Executive. No apologies for absence had been received.

17/130 Minutes, Matters Arising & Action Log

130.01 Philippa Davies asked for the second paragraph of the account of the patient story to be amended so that it reflected the fact that it was the child, rather than her mother, who was the patient at the focus of the story. Other than this, the minutes of the Trust Board meeting held on 6th September were approved. There were no matters arising other than those already scheduled for discussion.

Action notes

130.02 Indicators from the corporate objectives were to be included in the performance dashboard from next February. All other items on the action log had been completed.

17.131 Chairman's Report

131.01 Steve Hitchins began his report by speaking about the successful open day held on 16th September; he paid tribute to all the staff who had worked so hard, and in particular to Delia Mills who had now been given a well-deserved staff merit award.

131.02 The Equalities Showcase event had taken place the previous week, heralding an important start to renewed work in this area. Steve thanked Greg Battle for his role in chairing the panel, also Siobhan, Deborah and Tola Badejo who had formed the discussion panel. The previous Friday, Steve and Norma had judged cakes at a fund-raising event in aid of MacMillan cancer care organised by community staff. An event to celebrate Black History month would take place on 27th October, organised by security officer Eddie Kent.

131.03 Steve formally announced the appointment of Tony Rice as NED lead for cyber security, a post mandated by NHSE. He also congratulated Philippa Davies on her future appointment to NHSI, but was extremely sorry to learn of her departure later in the year.

17/132 Chief Executive's Report

132.01 This was Siobhan's first report to the Board as Chief Executive, and she informed the Board that she would be reviewing the format of the CEO Report. She went on to say that she would be keeping her immediate structure unchanged bar some minor adjustments. She echoed Steve's congratulations to Philippa on her new appointment, saying that the Trust would need to recruit someone excellent to replace her.

132.02 This year's 'flu campaign had now started, and Siobhan was especially pleased to report that for every vaccination administered to staff ten vaccinations would be given to babies through a UNICEF campaign aimed at eliminating neonatal tetanus worldwide; she had received very positive communication about this.

132.03 Turning to performance, Siobhan emphasised that quality and safety would remain at the forefront of all services, and she was pleased to report that the Trust continued to meet the majority of its targets. She had attended a meeting in Manchester for Chief Executives of 'segment two' Trusts; these were organisations which were not only felt to be performing fairly well but might also be in a position to support others who were experiencing difficulties. Addresses had been given by Jeremy Hunt, Simon Stevens and Jim Mackie.

132.04 The Trust had failed to meet its ED target, although performance had been at 90.5% for this reporting period. Siobhan explained that this was mainly due to mental health patients, and an escalation meeting was to take place about this the following Monday. Trusts were now required to formally report cases of e-coli – the target was to not exceed twelve cases and so far Whittington Health had had three.

132.05 Siobhan reported that the Trust had been through a formal process to seek a company to work with the organisation on its strategic estates partnership. This item had been taken in the private Board meeting due to the commercial sensitivity of the matters under discussion; a formal public announcement would be made on 19th October following the

mandatory Alcatel 'stand still' period. Janet Burgess enquired whether this would then be an item for discussion at the public board meeting in November, and Siobhan replied that it would, and regularly thereafter.

132.06 Siobhan had begun a round of staff fora in the community; these were proving to be a great success and well attended. Together with Sarah Hayes she had arranged one early on a Saturday morning in order to engage with night staff. Whilst on the subject of staff engagement, she reminded the Board that the staff survey was due to begin the following day, and urged all executive directors to encourage their staff to complete it and raise the Trust's response rate.

17/133 Serious Incident (SI) Report

133.01 Richard Jennings informed the Board that the SI report contained details of incidents declared during August, the pattern of incidents declared so far this year, and the learning acquired and disseminated from investigations. There were two things he wished to highlight, as follows:

- the never event concerning a retained tampon, which had been reported to the Board last month, and
- Information Governance incidents caused in part by the continued use of paper lists.

133.02 On the latter point, Richard said that there was a clear plan to move to hand held encrypted devices, but in the meantime the Trust remained vulnerable and Dr Maria Barnard as Caldecott Guardian would be writing to all staff reminding them of the need for vigilance.

133.03 In answer to a question from David Holt about when the never event took place, Richard replied that it happened in March, and such incidents are reported to the Board once investigations have been completed and relevant recommendations have been made. Investigations should be concluded within 60 days unless an extension has been agreed. Siobhan added that the learning from such incidents is also included in the annual Quality Account, along with themes and trends.

17/134 Safe Staffing Report

134.01 Philippa Davies said that August had been a particularly challenging month for the Trust. Extra beds had remained open and an attempt had been made to run two wards together in order to increase staffing, but this had made it necessary to make manual corrections to the e-roster. The team was also looking at how 'red' shifts were triggered. Care hours per patient day had increased in month.

134.02 In September the NHSI workforce and nursing leads had visited the Trust in order to discuss the challenges of recruitment and retention, and one of the recommendations made had been for the Quality Committee to receive a detailed report on e-rostering. Siobhan suggested that the Non-Executive Directors might find it interesting to look in detail at how the e-rostering system worked. David Holt suggested that it would be interesting to take the report directly to ward staff to gage their opinion.

17/135 Learning from deaths Quarter 1 Report

135.01 Introducing this item, Richard Jennings extended his thanks to Julie Andrews for both producing the report and for carrying out a considerable amount of the work described therein. The important message he wished to convey to the Board was that learning from deaths was not a new concept for the Trust – what was new was the discipline

underlying the process. The trend shown in the report was that the Trust was becoming more disciplined and structured in the way it reviewed deaths. Richard also felt it positive that the Trust had reviewed 70% of deaths, and 90.5% of Category A deaths, 60% of others.

135.02 David Holt enquired why to achieve 100% was not possible, and Julie replied that generally in her experience a target of 100% impossible to achieve; additionally not all patient notes were available. Richard was confident that performance would improve. Asked about the categorisation of patients, Julie explained that these were not national categories but local ones she had devised, and she would provide further narrative on this in her next report.

135.03 Graham Holt reminded Board colleagues that he had been appointed Non-Executive lead for learning from deaths, and in this context he had spent an afternoon at the Trust observing processes. He had been struck by the way F1s and F2s were introduced to the review process, and had attended an exemplary mortality review run by the ITU. He named some areas where improvements could be made, and said that if Richard and Julie would like the Board's support with specifics, consideration would be given as to how this could best be achieved.

135.04 Greg Battle asked what proportion of GPs were contacted within 24 hours of a patient's death, and was pleased to learn that it was 100%. Deborah Harris asked whether the proportion of deaths of elderly patients was reflective of the population served by the Trust, and Julie agreed to include some benchmarking in the next report, but it was early days as this was the first time Trusts had produced public board reports of this nature. Steve Hitchins said that he had been struck by the amount of paperwork involved.

135.06 The after death proforma had been noted, and Julie explained that this was a quality improvement tool which had been developed locally by the respiratory team then rolled out to other areas. Steve thanked Julie for all her work on this review, and asked that the Board's thanks be extended also to the junior doctors involved, adding that he hoped to meet with them soon.

17/136 <u>Financial Report</u>

136.01 Stephen Bloomer said that the Trust had reported a £0.3m deficit at Month 5, leading to a year to date deficit of £2.2m against a planned year to date surplus of £1.3m. There were two main drivers, the first being income; the Trust had planned for August to be a 'normal' month, but there had still been issues with annual leave which had drawn activity down. The second was the CIP target, where the Trust was £3.5m behind its plan to date. A stepping up of plans was taking place, and the PMO was working with the ICSU teams to see what could be done to bring them closer to their targets. Other in-year measures were also being considered to support this, but the critical factor remained whether it would be possible to make the efficiency gains planned through the PMO.

136.02 Moving on to Month 6, Stephen felt the position would improve, this was largely due to an expected increase in income, discussed in detail at the Finance & Business Development Committee the previous week. He added that there had been some very good work by the teams on addressing the shortfall in income but there was as yet little assurance around CIPs. Carol Gillen enlarged on areas where there were capacity issues, stressing that the ICSUs concerned had very clear plans on how they would be addressing these. Siobhan added that the quarterly performance review meetings would be taking place later in the month and all these issues would be addressed at these. She added that she, Carol and Stephen were reviewing the effectiveness of the PMO at present in order to judge whether or not it required additional resourcing.

136.03 Tony Rice was in agreement with the need to review the PMO, and expressed his disappointment with performance in August, saying that it was fundamental to the business of the Trust not to have cancelled clinics. Richard replied that the Trust was introducing new job planning guidance and software to back it up; this would also support annual leave – he hoped this would provide a platform for substantial improvement. David Holt asked for a progress report on the outcome of the Boston Consulting Group (BCG) work, and Stephen replied that there were more good schemes in process; the issue was one of delivery. There remained a gap, however, in terms of unidentified CIPs. Carol added that BCG had been a good resource, but some of the schemes had always had an element of risk to them. Month 5 had been a disappointment, but the focus was now on trying to recover the position and close the remaining gap.

17/137 Performance Dashboard

137.01 Carol began her report by informing the Board that ED had dropped to 90.5% despite there having been no reduction in attendance and an increase in ambulances; there also remained challenges around mental health patients. Agency fill rates for both nurses and ED doctors had also presented challenges, and Carol acknowledged the help of Norma's team in addressing this especially prior to weekends. She was pleased to report, however, that the Trust had successfully bid for funding to develop a mental health recovery room in ED, where patients could be managed in a far better environment.

137.02 Moving on to RTT, Carol reported there had been 3X 52 week waits; no patients had suffered harm and just one was still to be treated due to personal choice. DNAs were on target for community but slightly below in acute. There had been a rise in delayed transfers of care in August, rising to 20, and work was in hand to create some resilience moving towards winter. Carol was pleased to report that there were plans to bring social workers back on site which would help address this.

137.03 Turning to page 17 of the report, Carol said there was an error whereby the chart should have shown 15% less elective caesarean sections rather than more, and she would see that this was corrected for the next report. The Board went on to discuss preparation for winter, including worked carried out with the ECIP team; the winter plan would be presented at the November Board meeting.

17/138 Whittington Pharmacy Community Interest Company (CIC)

138.01 The Board noted Siobhan Harrington's resignation from the CIC Board following her appointment as Whittington Health's Chief Executive. The Board formally approved Carol Gillen's appointment to the CIC Board.

17/139 Board Assurance Framework (BAF) and Corporate Risk Register

139.01 Siobhan Harrington informed the Board that the BAF would sit within the Corporate Governance function in future. Introducing the paper, she explained that the table illustrated what the executive team believed to be the current risk rating, and the covering paper provided a summary of the movement of those risks as well as a summary of the corporate risk register. A number of risks had been downgraded; the highest remained delivery of CIPs and liquidity of working capital.

139.02 Siobhan felt there was some additional work to do on how the Trust managed its corporate risk register. The BAF would be brought to the Board on a quarterly basis, and the corporate risk register would follow each ensuing month. Following the Board discussion of the BAF, it would then be taken to the Audit & Risk Committee. She emphasised the fundamental importance of this work as the Trust moved towards the CQC well-led process. Anu Singh commented that the Trust spent considerable time discussing process, and she would like to see the drivers for improvement.

Siobhan replied that David had plans to carry out a deep dive into an ICSU at the Audit & Risk Committee; Anu said that the Quality Committee was undertaking a similar exercise. The BAF had been reviewed at the previous day's TMG to test whether there were any obvious omissions. Deborah was in favour of looking at specific issues in more detail and tracking them in order to get a better feel of how the organisation was handling any particular risk.

17/140 Report from Freedom to Speak Up Guardian

140.01 Introducing this item, Freedom to Speak Up Guardian Dorian Cole explained that the report gave a brief outline of work undertaken since November 2016, largely based on the information he produced for the Board Seminar in August. It contained anonymised casework information, plus more recent information from the office of the National Guardian.

140.02 In answer to a question from Steve Hitchins about how independent Dorian considered himself to be, Dorian replied that this was a question he himself had posed. He was employed by the Trust in a senior position, and in looking at what might prevent people coming to him, had felt that a particular problem might well be where issues concerned services that he directly managed. Norma spoke about the other avenues available to staff including anti-bullying and harassment advisors, HR and Occupational Health.

140.03 Asked to what degree staff recognised his role, Dorian replied that he could not give a firm figure, but he continued to work on publicising the role, including the development of an app. Siobhan asked how concerned the Board should be about bullying, and Dorian replied that the number reported was relatively small but it did raise some issues. He felt that in some areas there was confusion over what constituted performance management and the perception of some staff that they were being bullied; in other areas there might be issues about the culture of a team. The national office was reviewing what proportion of issues were raised anonymously; the lower these numbers were in an organisation the more confident staff felt about speaking out.

140.04 Stephen Bloomer commented that he had found the process very useful in terms of moving things on. Asked about reporting via Datix, Dorian replied that this had been introduced as a test; he was not yet sure how useful it was.

17/141 Research & Development (R&D) Annual Report

141.01 Richard began by thanking Rob Sherwin for producing this report setting out the Trust's achievements in R&D. The table on page 3 showed a rising trend of improvement, and the infrastructure supporting R&D had also been made more robust. Despite this, Richard said that if one compared the Trust's R&D status with its status as an educator there was a mismatch, and he felt there were further opportunities, particularly as an ICO to develop the portfolio.

141.02 Graham Hart introduced Kathryn Simpson, Research Portfolio Manager, saying that it was acknowledged further though needed to be given to the portfolio, also to looking at forms of funding and seeing whether there were other ways through which research could be developed. There might also be opportunities for staff through the NIHR Collaboration for Leadership in Applied Health Research & Care (CLAHRC).

141.03 The Board discussed the Trust's current stance on R&D; there was a clear decision to be made about its future direction and Siobhan suggesting that it should be included within the business planning process. Richard was clear that no Trust could be outstanding if it did not value research, and if clinicians felt there were constraints on their time then it needed to be built into the job planning process. He paid tribute to the achievements of

recently retired consultant Jane Silk in R&D. As well as building R&D into the Business Planning Process there was also a section in the Clinical Strategy that could perhaps be expanded upon. Graham added that there were also technical advances being made which would support the R&D agenda, for example around patient consent.

17/142 Evacuation Plan 2017/18

142.01 Emergency Planning Officer Lee Smith informed the Board that the evacuation plan had first been developed in 2013 and was renewed on an annual basis. As well as putting together the plan, he was working on training exercises for staff, and would be planning a test evacuation scenario. The Trust might also join in with a sector-wide exercise.

142.02 In answer to a question from Steve Hitchins about community centres, Lee replied that he did go out on community visits and had in fact just returned from speaking to Haringey district nurses about chemical attacks; evacuation procedures were a key part of such talks. Communication with and training of GPs was likely to require a different approach, and Greg Battle offered to advise Lee on this.

17/143 Finance & Business Development Committee Minutes

143.01 The Board formally received the minutes of the Finance & Business Development Committee meeting held on 18th July 2017. Key issues discussed had been:

- CIPs and the need to recover the programme
- Business development, including a review of the dental contract
- What assistance the committee might lend to support the PMO and clinical leads
- The need for addition resources for the business planning team.

17/144 Any other business

144.01 There being no other business, the meeting concluded with questions from members of the public and staff.

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Action Notes Summary

Minute	**Action**	**Date**	**Lead**
137.03	The winter plan to be presented to November Board	Closed - On Agenda	CG

NHS
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Title:	Chief Executive Officer, Siobhan Harrington Trust Board Report for September 2017, highlights from October and look forward for November		
Agenda item:	**17/143**	**Paper**	**02**
Action requested:	For discussion and information		
Executive Summary:	The purpose of this report is to update the Board on national, regional and local 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:	21October 2017		

Author name and title:		**Lynne Spencer, Director of Corporate Affairs**		**Director name and title:**		**Siobhan Harrington, 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'S REPORT

Whittington Health NHS Trust

We have been notified by Philip Dunne MP, Minister of State for Health, that Ministers have approved the change of our name to 'Whittington Health NHS Trust'.

QUALITY AND SAFETY

Flu Campaign Winter 2017

We have received positive feedback on our work with UNICEF for our 'get a jab, give a jab' campaign. We are matching every flu vaccination given to a member of staff with a donation of ten tetanus vaccinations to a UNICEF project focused on eliminating neonatal tetanus worldwide. We achieved the best flu NHS staff uptake in London last year and we aim to be top again this year. To date we have achieved 41% uptake which is a great start. The vaccination is the most effective way to protect everyone and reduce transmission of the virus, especially in healthcare settings.

MRSA Bacteraemia

One incident of MRSA bacteraemia has been reported since 1 April for this reporting year. We will continue to manage our high profile infectious control campaign across the community and hospital to aim for no more reported cases in 2017/18 as part of our zero tolerance approach.

Clostridium Difficile

We have reported 7 cases of Clostridium Difficile up to the end of September. We have a target for no more than 17 cases this year.

Cancer Waiting Time Targets

We exceeded all of our cancer targets for August; reported in arrears in line with 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 98%
- 31 days to subsequent treatment (drugs)100% against a target of 93%
- 62 days from referral to treatment 88.9% against a target of 85%
- 14 days cancer to be first seen 94.7% against a target of 93%
- 14 days to be first seen for breast symptomatic 95.09% against a target of 93%

Community Access Targets

We are pleased that our Improving Access to Psychological Therapies (IAPT) targets continue to improve and for the month of September we recorded:

- 851 referrals received (18% higher than average)
- 546 patients entered treatment (109 above target, 267 above for YTD)
- 55.07% recovered
- 69.88% significant improvement

- Patients waited on average 12 days for a first appointment
- 98% satisfied with overall experience

STRATEGIC

Healthy London Partnership Peer review of Acute Care Services for Children and Young people

The final summary report is included in the Board papers. The Trust report has been received and will be presented to Quality Committee. It is good to be mentioned as examples of good practice and there are important messages regarding the commitment of organisations to this agenda. The care of children and young people is a clear priority for the work of the Haringey and Islington Wellbeing Partnership.

Estate Transformation

Further to the update at the October Trust Board, the Trust has now completed the procurement process to secure the additional resources needed to enable the Trust to move forward with the transformation of the Trust's estate. Ryhurst has been named as the preferred bidder for the Trust's Strategic Estates Partnership and a contract will be awarded subject to NHS Improvement approval.

The Trust is committed to involving local people, staff and stakeholder groups to deliver a vision for the transformation of the Whittington estate. We will continue to work with people who may have concerns by ensuring access to factual information and engaging with staff, our community and stakeholders.

OPERATIONAL

Emergency Department (ED)

Achieving the ED target of 95% people being seen within 4 hours has remained a challenge. The Trust achieved 89.9% for September with a year to date achievement of 91.7% from April to September 2017. Key factors remain of higher numbers of mental health patients and workforce issues.

To improve our performance we held our fourth 'perfect week' in September. The initiative supports changes to the way patients are seen, treated and discharged to improve safety, patient experience, and performance. This has supported our winter planning preparations. Our Winter Plan is on the Board Agenda for discussion.

Allied Health Professions

Rauri Hadlington has been appointed as our new AHP Strategic Lead and will take up the role in November. Rauri is a Musculoskeletal Advanced Practice Physiotherapist currently running Community MSK clinics.

WORKFORCE

Chief Executive Staff Forum

As part of my commitment to making sure I listen and learn from staff and find out ideas on what we could do differently, I am continuing to engage with staff through a regular

series of Friday lunchtime forums and this includes visiting sites across the community. I am also starting a Chief Executive forum with senior teams and these will commence in November.

Annual Staff Survey 2017

The staff survey was launched in October and is open until the end of November. All staff are being encouraged to complete the survey and as an incentive we will enter staff into a draw to win an iPad mini. To date we have had 15.1%. Results from the survey are used to improve care for patients and working conditions for staff. These are some of the things we changed in response to feedback from last year's survey:

You said	We did
Reduce the number of staff experience work related stress	Resilience training
	Courses in mindfulness and drop-in sessions
	Massages and reiki sessions at the workplace
	Lunch time walks in the park
Reduce the number of staff experiencing discrimination at work, bullying and harassment	Launched anti-bullying and harassment advisors
	First equalities showcase in September

Nursing Recruitment and Retention

We have set up a dedicated nurse recruitment team to work alongside our permanent team to help us with new initiatives to recruit nurses and provide a tailored approach to specialist areas including district nursing. Our May campaign in the Philippines means we have started to welcome 40 nurses since October. We will be going to India later this month for our second overseas campaign. To support our permanent nursing staff we have started in-work career support including a careers clinic, more internal rotations and nurse transfer schemes; with plans to expand initiatives for professional development.

Bank Bonus Scheme

We will be re-running our successful bank bonus scheme this winter that rewards staff through a bonus payment, in addition to regular earnings. We have extended the scheme to all nurses, midwives, allied health professionals, junior and trust grade doctors.

FINANCE MONTH 6 (April to September 2017)

We are reporting a surplus of £1.1m for September leading to a year to date deficit of £1.1m. This is against a planned year to date deficit of £1.2m. Income was £0.8m favourable against plan in month, with pay expenditure also favourable to plan.

We continue to face significant risks to achieve our control total by year end. Key risks are the delivery of activity and associated income, together with the achievement of cost improvement plans (CIP). We are £4.3m behind plan with our CIP.

We are putting plans in place to address both the income position and CIP delivery, and we will be using enhanced financial controls and non-recurrent measures to mitigate

some of the impact. We are continuing to forecast delivery of our end of year control total.

AWARDS

Staff Excellence Awards

Congratulations to Yvonne Smith, Healthcare Assistant, Islington District Nursing Team. Yvonne has been nominated for providing repeated commendation by patients or clients. Yvonne is highly respected among her colleagues and always goes beyond and above her duties to support and deliver high quality services.

Siobhan Harrington
Chief Executive

Whittington Health NHS

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Whittington Health

November 2017

Title:	Serious Incidents - Monthly Update Report		
Agenda item:	**17/144**	**Paper**	**03**
Action requested:	For Information		
Executive Summary:	This report provides an overview of serious incidents (SI) submitted externally via StEIS (Strategic Executive Information System) during September 2017. This includes SI reports completed during this timescale in addition to recommendations made, lessons learnt and learning shared following root cause analysis.		
Summary of recommendations:	None		
Fit with WH strategy:	1. Integrated care 2. Efficient and Effective care 3. Culture of Innovation and Improvement		
Reference to related / other documents:	• Supporting evidence towards CQC fundamental standards (12) (13) (17) (20). • Ensuring that health service bodies are open and transparent with the relevant person/s. • NHS England 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:	06/10/2017		

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

Serious Incident Monthly Report

1. Introduction

This report provides an overview of serious incidents submitted externally via StEIS (Strategic Executive Information System) during September 2017. This includes serious incident reports completed during this timescale in addition to recommendations made, lessons learnt and learning shared following root cause analysis.

2. Background

The Serious Incident Executive Approval Group (SIEAG), comprising the Executive Medical Director/Associate Medical Director, Chief Nurse and Director of Patient Experience, Chief Operating Officer, Head of Governance and Risk and SI Coordinator meet weekly to review Serious Incident investigation reports. In addition, high risk incidents are reviewed by the panel to determine whether these meet the reporting threshold of a serious incident (as described within the NHSE Serious Incident Framework, March 2015).

3. Serious Incidents

3.1 The Trust declared two serious incidents during September 2017, bringing the total of reportable serious incidents to 21 since 1st April 2017.

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:16865	July 17	Following an elective procedure a patient had to be returned to theatre for revisional surgery to address an anastomatic leak (a recognised complication of colorectal surgery).
Medication Incident Ref:18101	July 17	A patient's prophylactic medication was suspended in error. Patient subsequently collapsed on the ward and found to have developed a large pulmonary embolism.
Delayed Diagnosis/Maternity Ref:19650	Aug 17	A delay in diagnosing a bladder dysfunction led to a bladder injury resulting in a patient having to return to theatre.
Patient Fall Ref:19572	Aug 17	A patient had an unwitnessed fall resulting in a fractured neck of Femur.
Never Event Retained foreign object (tampon) Ref: 20098	Aug 17	During a postnatal follow up examination it was identified that a tampon had been left in situ following a perineal suturing /repair procedure.

Category	Month Declared	Summary
Patient Fall Ref: 20794	Aug 17	A patient had an unwitnessed fall resulting in a fractured skull and intracerebral bleed. The patient subsequently died.
Infection Control Incident Ref: 20792	Aug 17	Staff member diagnosed with definite open pulmonary TB.
Delayed Diagnosis Ref: 21667	Aug 17	A delay in correctly diagnosing an abnormal CT scan resulted in a subsequent delay in treatment for a spinal cord compression.
Delayed Treatment Ref: 2017.22420	Sept 17	A patient with a critically ischaemic foot had a forefoot amputation following deterioration of a diabetic foot ulcer.
Information Governance Incident Ref: 2017.23561	Sept 17	A ward handover sheet with patient details was found by hospital staff in a public area in the Hospital.

3.3 The table below detail serious incidents by category reported to the NEL CSU between April 2016 – March 2017.

STEIS 2016-17 Category	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Safeguarding	0	1	1	0	1	0	1	0	0	0	1	0	5
Attempted self-harm	0	0	0	0	0	0	0	1	0	0	0	0	1
Confidential information leak/loss/Information governance breach	1	2	1	0	1	1	0	0	0	0	0	0	6
Diagnostic Incident including delay	2	1	0	0	0	1	1	1	0	1	1	0	8
Failure to source a tier 4 bed for a child	0	0	0	1	0	0	0	0	0	0	0	0	1
Failure to meet expected target (12 hr trolley breach)	0	0	0	0	0	0	1	0	0	0	0	0	1
Maternity/Obstetric incident mother and baby (includes foetus neonate/infant)	1	1	1	0	0	2	1	0	0	0	0	1	7
Maternity/Obstetric incident mother only	0	0	0	0	1	0	1	0	0	0	0	0	2
Medical disposables incident meeting SI criteria	0	0	0	0	0	0	1	0	0	0	0	0	1
Nasogastric tube	0	0	0	0	0	0	1	0	0	0	0	0	1
Slip/Trips/Falls	0	0	0	1	0	0	0	0	2	3	0	1	7
Sub optimal Care	0	0	0	0	0	0	1	1	0	0	1	1	4
Treatment Delay	0	0	0	0	0	0	1	0	0	0	1	1	3
Unexpected death	0	1	0	1	0	1	0	5	1	0	1	0	10
Retained foreign object	0	0	0	0	0	1	0	0	0	0	0	0	1
Total	4	6	3	3	3	6	9	**8**	**3**	**4**	**5**	**4**	**58**

3.4 The table below details serious incidents by category reported to the NEL CSU between April 2016 – September 2017

STEIS 2017-18 Category	2016/17 Total		April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Total 17/18ytd
Safeguarding	5		0	0	0	0	0	0	0
Attempted self-harm	1		0	0	0	0	0	0	0
Confidential information leak/loss/Information governance breach	6		0	0	1	1	0	1	3
Diagnostic Incident including delay	8		0	1	1	1	1	0	4
Failure to source a tier 4 bed for a child	1		0	0	0	0	0	0	0
Failure to meet expected target (12 hr trolley breach)	1		0	0	0	0	0	0	0
Maternity/Obstetric incident mother and baby (includes foetus neonate/infant)	7		0	1	0	0	0	0	1
Maternity/Obstetric incident mother only	2		0	0	0	0	1	0	1
Medical disposables incident meeting SI criteria	1		0	0	0	0	0	0	0
Medication Incident	0		0	0	0	1	0	0	1
Nasogastric tube	1		0	0	0	0	0	0	0
Slip/Trips/Falls	7		0	1	0	0	2	0	3
Sub optimal Care	4		0	0	1	0	0	0	1
Treatment Delay	3		1	1	0	0	0	1	3
Unexpected death	10		1	0	1	0	0	0	2
Retained foreign object	1		0	0	0	0	1	0	1
HCAI\Infection Control Incident	0		0	0	0	0	1	0	1
Total	**58**		**2**	**4**	**4**	**3**	**6**	**2**	**21**

4. Submission of SI reports

All final investigation reports are reviewed at the weekly SIEAG meeting chaired by an Executive Director (Trust Medical Director or Chief Nurse and Director of Patient Experience). 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. The panel discuss lessons learnt and the appropriate action to take 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, lessons learnt and the actions taken and planned to improve services. A 'being open' meeting is offered in line with duty of candour recommendations.

The Trust has executed its duties under the Duty of Candour for the investigations completed and submitted during September 2017.

Lessons learnt following the investigation are shared with all staff and departments involved in the patient's care through various means including the 'Big 4' in theatres, and 'message of the week' in Maternity, and '10@10' in Emergency Department. The 'Big 4' is a weekly bulletin containing four key safety messages for clinical staff in theatres; this is emailed to all clinical staff in theatres, as well as being placed on notice boards around theatres. Learning from identified incidents is also published on the Trust Intranet making them available to all staff.

4.1 The Trust submitted 4 reports to NELCSU during September 2017.

The table below provides a brief summary of lessons learnt and actions put in place relating to a selection of the serious incident investigation report submitted in September 2017.

Summary	Actions taken as result of lessons learnt include;
Delayed Diagnosis Ref: 2017.12022	A delay in diagnosing an adenocarcinoma. • The Trust is re-enforcing the Cancer Access Policy in all services who are in contact with potential cancer patients to ensure that all staff are aware of and understand the Cancer Access Policy and pathway. • Following this incident a weekly Cancer PTL (Patient Tracker List) meeting was introduced for monitoring the patients on the pathway.
Delayed Diagnosis Ref: 14674	Delayed follow-up to abnormal chest x-ray, resulting in delayed cancer diagnosis. • A new process is being reviewed by both the Emergency and radiology departments in regards to the review of x-ray reports following ED attendance that is more robust and sustainable. This will be audited and monitored against the London Commissioning standards. • A clear and robust standard operating policy with specific guidance on repeat x-ray timelines, training and escalation procedures is being produced in line with the guidelines, which will be reviewed annually. • Teaching materials have been updated and outlines the importance for a repeat chest x-ray in patients who meet certain criteria as per the British Thoracic Society (BTS) guideline.
Suboptimal care - delayed referral Ref:14676	Delay in referral to the Speech and Language Therapy (SLT) service and suboptimal care in relation to nutritional management during inpatient admission. • A standardised operating procedure has been developed to ensure that a comprehensive handover is given when transferring the patient from one ward/clinical area to another. • A review of the referral processes for SLT, Dietitians and Nutritional Consultant Nurse Specialists (CNS) is being undertaken and consideration on using an ICE electronic referral system. • Consideration is being given to having an alert added to the patient's medical record to notify staff of those patients known to have complex feeding plans. • The lessons learned from this investigation are being shared widely through the patient safety forum, a presentation at the Nutrition Steering Group meeting and will be used as a case study as part of the new nurses orientation programme.
Information Governance Incident Ref:16783	A ward handover sheet with patient details was found by hospital staff in a public area in the Hospital. • There is an inherent information governance risk with having paper handover sheets and we are obtaining an encrypted mobile electronic solution, where the functions of a handover sheet can be transferred to a smartphone or tablet. If the electronic device was lost, the patient data would be encrypted and so inaccessible to anyone other than an appropriate staff member. This will initially be piloted within the

Summary	Actions taken as result of lessons learnt include;
	paediatric department. • Reviewing the induction and IG training programme. Introducing a new programme to ensure IG training is undertaken within 1 month of staff joining the trust. • Best practice messages around handover sheet safety will continue to be shared at paediatric induction, morning hand-over and monthly paediatric clinical governance meetings. • Frequent reminders of all IG issues will be circulated via the Trust communications bulletin monthly.

5. Sharing Learning

In order to ensure learning is shared widely across the organisation, a dedicated site has been created on the Trust intranet detailing a range of patient safety case studies. The Trust also runs a series of multi-disciplinary learning workshops throughout the year to share the learning from serious incidents and complaints, and learning is disseminated through 'Spotlight on Safety', the trust wide patient safety newsletter. Themes from serious incidents are captured in an annual review, outlining areas of good practice and areas for improvement and trust wide learning.

6. Summary

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

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November 2017

Title:	Inpatient Safe Staffing - Nursing and Midwifery – September data		
Agenda item:	17/145	**Paper**	4
Action requested:	For information		
Executive Summary:	This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in September 2017. The key issues to note are: 1. The improved utilisation of Allocate 'Safe Care' and associated staffing levels to match the acuity and dependency needs of our patients 2. An increased fill rate in Registered Nurse shifts from 89.3% to 91.2% as detailed in the UNIFY report, due partly to patient acuity assessment and monitoring and the allocation of staff as described above. A decrease in shift requests to provide enhanced care to support vulnerable patients September (n=55) compared to August (n=169). 3. No Registered Mental Health (RMN) nurses were booked for shifts to provide enhanced care for patients with a mental health condition in September. Any care required was provided by HCAs and RNs following assessment. 4. There were 40 shifts in September which initially triggered 'Red' prompting a review of available staff. These shifts are regularly reviewed to mitigate any risks to patient safety. 5. The Care Hours Per Patient Day (CHPPD) measure during the month decreased marginally in September (8.28) compared to August (9.07). 6. There is continued use of agency and bank staff to support safe staffing. Many are Whittington Health staff undertaking additional shifts via the nurse 'Bank' or regular agency staff, who are familiar with the organisation and ward/department area. 7. There were no Datix reports submitted in September where 'staffing' was highlighted as an issue which resulted in 'Patient Harm'.		
Summary of recommendations:	To note the September UNIFY return position and processes in place to ensure safe staffing levels in the organisation.		
Fit with WH strategy:	Efficient and effective care; Francis Report recommendations. Cummings recommendations; NICE recommendations.		
Reference to related / other documents:			
Reference to areas of risk and corporate risks on the	3.4 Staffing ratios versus good practice standards.		

Board Assurance Framework:							
Date paper completed:		October 2017					
Author name and title:		**Sandra Harding-Brown - Clinical Workforce Systems Lead (Healthroster and HealthMedic)**		**Director name and title:**		**Philippa Davies – Chief Nurse and Director of Patient Experience**	
Date paper seen by EC		**Equality Impact Assessment complete?**		**Risk assessment undertaken?**		**Legal advice received?**	

Ward Staffing Levels – Nursing and Midwifery

1.0 Purpose

1.1 To provide the Trust Board with assurance in regard to the management of safe nursing and midwifery staffing levels for the month of September 2017.

1.2 To provide context for the Trust Board on the UNIFY safe staffing submission for the months of September 2017.

1.3 To provide assurance of the constant review of nursing/midwifery resource using Healthroster 'Safe Care'.

2.0 Background

2.1 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.

2.2 Staffing levels are viewed alongside reported outcome measures, patient acuity, 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.

2.3 The electronic HealthRoster (Allocate®) with its 'SafeCare' module is utilised across all inpatient wards and ITU. The data extracted provides information relating to the dependency and acuity requirements of patients. This, in addition to professional judgement is used to manage ward staffing levels on a number of occasions on a daily basis.

2.4 Care Hours per Patient Day (CHPPD) is an additional parameter to manage the safe level of care provided to all inpatients. This measure uses patient count on each ward at midnight (23.59hrs). CHPPD is calculated using the actual hours worked (split by registered nurses/midwives and healthcare support workers) divided by the number of patients at midnight (for September data by ward please see section 4.2).

2.5 Staff fill rate information appears on the NHS Choices website www.nhschoices.net. Fill rate data from 1st to 30th September for 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 able to see how hospitals are performing on this indicator on the NHS Choices website.

Summary of Staffing Parameters

Standard	Measure	Summary
Patient safety is delivered though consistent, appropriate staffing levels for the service.	Unify RN fill rate	Day – 79.6% Night – 102.8%
	Care hours per Patient Day - CHPPD	Overall the CHPPD for September was 8.28 which is marginally lower than last month.
Staff are supported in their decision making by effective reporting.	Red triggered shifts	40 shifts triggered 'Red' in September 2017

3.0 Safe staffing

At a number of points each day, the senior nurses review the nursing capacity on the wards to ensure that there are sufficient nursing hours to deliver safe care to patients. An assessment is made which takes into consideration the patient acuity and nurse hours available.

3.1 Patient Acuity

3.1.1 Each morning the care requirements of patients are assessed using the Safer Nursing Care Tool (SNCT) definitions. Those patients requiring a low level of care hours are assigned level 0 and those requiring intensive care (defined in hours) are assigned level 3.

3.1.2 As would be anticipated, there were a low number of level 3 patients and a high number of level 0 patients during September. The number of level 1b patients remains static. Dependant patients require a greater level of nursing support.

3.2 Staffing Requirement

3.2.1 In order to deliver safe staffing levels it is essential that sufficient nursing care is planned for the wards. The SaferCare module of the Healthroster system provides an estimate of the total 'actual' nursing hours required to provide the necessary care, taking the acuity and dependency of patients into consideration.

The Trust reports each month its ability to align the planned nursing requirement with the 'actual' number of staffing hours. The 'actual' is taken

directly from the nurse roster system (Healthroster). On occasions when there is a deficit in 'planned' hours versus 'actual' hours, staff are redeployed between wards and other areas to ensure safe staffing levels across the organisation. Over the past two months there has been flexing up and down of the number of beds on Victoria, Coyle, Cloudesley and Thorogood wards to manage acuity and flow. This is reflected in this month's submission and the Heads of Nursing for integrated medicine and surgery will be working with the Clinical Workforce Systems Lead to set planned hours for September and October as we increase bed numbers in line with winter pressure allocation.

3.2.2 Appendix 1 details a summary of 'actual' versus 'planned' fill rates in September. The average fill rate was **79.6%** for registered staff and **122.8%** for care staff during the day and **102.8%** for registered staff and **136.7%** for care staff during the night.

3.2.3 The Trust fill rate for September is outlined below:

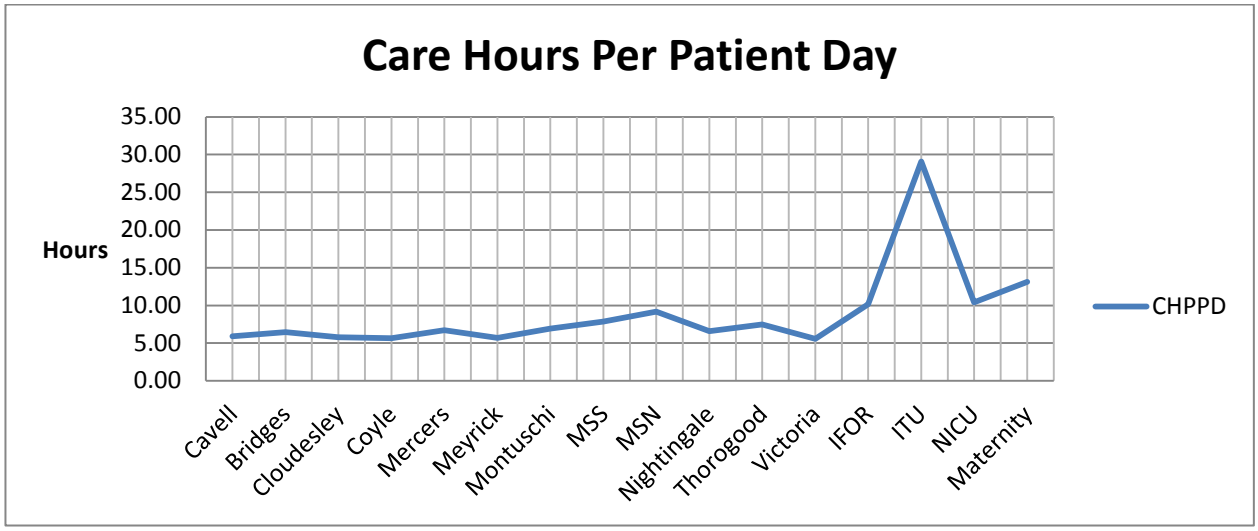
Day		**Night**	
Average fill rate registered Nurses /Midwives	Average fill rate Care Staff	Average fill rate registered Nurses/Midwives	Average fill rate Care Staff
79.6%	**122.8%**	**102.8%**	**136.7%**

3.2.4 The UNIFY report shows some wards with unusually high percentage fill rates; for example, Mary Seacole North and South at above 200% for HCAs. In these areas a skill mix review has been completed and Band 4 Assistant Practitioners have been appointed to take on some tasks traditionally allocated to registered nurses. Where the percentages are low for Registered Nurses they are correspondingly high for Healthcare Assistants and vice versa. This is a professional decision which is taken by the Matron and Head of Nursing depending on the needs of the specific patient group. The night time registered nurse figure is higher than last month because the intention was to reduce the number of beds on Coyle ward but this did not happen due to bed pressure.

4. Care Hours per Patient Day (CHPPD)

Care hours per patient day is calculated using the actual hours worked (split by registered nurses/midwives and healthcare support workers) divided by the number of patients at midnight (23.59). This indicator is not dependant on patient acuity.

The graph below shows the average individual CHPPD for each clinical area, in September. ITU have the most care hours (29.10) and Victoria ward have the least (5.57).



4.1 Across the Trust the average number of hours of Registered Nurse time spent with patients in September was calculated at 5.15 hours and 2.45 hours for care staff. This provides an overall average of 8.28 hours of care per patient day.

	CHPPD (September)
Registered Nurse	**5.62**
Care Staff	**2.67**
Overall hours	**8.28**

4.2 The table below shows the CHPPD hours for each in patient ward over the last four months and indicates the level of need remained stable overall. There is a significant decrease from August to September.

Ward Name	September	August	July	June	May
Cavell	**5.90**		7.18	6.53	7.03
Bridges rehab ward	**6.44**	7.12	6.67	7.73	6.55
Cloudesley	**5.78**	6.43	6.11	5.89	5.77
Coyle	**5.65**	6.25	6.23	6.08	6.38
Mercers	**6.72**	7.48	7.41	6.99	7.07
Meyrick	**5.71**	6.40	6.43	6.08	5.63
Montuschi	**6.92**	6.52	5.78	5.74	5.94
Mary Seacole South	**7.88**	7.69	8.32	8.22	7.79
Mary Seacole North	**9.16**	9.49	10.08	10.26	9.90
Nightingale	**6.58**	7.31	7.04	6.00	6.91

Thorogood	**7.47**	8.32	8.89	8.77	8.14
Victoria	**5.57**	6.01	6.61	6.09	6.26
IFOR	**10.16**	11.43	6.22	12.00	11.65
ITU	**29.10**	28.54	26.96	26.67	26.32
NICU	**10.42**	10.97	11.10	11.72	13.25
Maternity	**13.14**	16.14	13.27	15.21	15.56
Total	**8.28**	**9.07**	**8.63**	**8.92**	**9.05**

Cavell and Cloudesley wards operated as a merged ward during August and therefore their combined data are listed under Cloudesley for that month.

In most cases the CHPPD is marginally lower in September compared to August and this is due to an increased number of unfilled shifts during the month. The unfilled shifts have been mitigated against as described in the next section of the report. Human resources and the nursing directorate are ensuring that proactive work is taking place to reduce unfilled shifts and increase recruitment into vacant posts.

However, when reviewed alongside Model Hospital "National Median" and Peers in "my NHSI region" data, this Trust has historically compared favourably (Appendices 2 and 3).

Furthermore, refining of the process to update the Safecare system when staff are moved from one ward to another for clinical safety, will take place during October.

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

5.1 Safe staffing levels are reviewed and managed three times daily. At the daily 08.30 bed meeting, the Deputy Chief Nurse and Heads of Nursing in conjunction with matrons, site managers and other senior staff review CHPPD and 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 as well as professional judgement of patient dependency and staffing levels by a senior nurse familiar with each clinical area. Actions are agreed to ensure all areas are made safe and a ward where 'red' staffing has triggered for more than half an hour it is constantly monitored by the Head of Nursing and matron while a plan is put in place to increase staffing, no ward is allowed to continue with red staffing levels throughout a shift. Matrons and Heads of Nursing review staffing levels again at 13.00 and 17.00 to ensure levels remain safe. At the last informal visit by NHSi the Trust was commended for having good processes in place to capture the flexing of nursing care across the wards

5.2 Ward shifts are rated 'red (hours short > 22 hours)', 'amber (hours short > 11.5 hours)' or 'green (< 11 hours short)' according to figures generated by Safecare. This figure is a combination of nursing hours and takes into account patient numbers, acuity and dependency. These KPI values continue to be under review.

5.3 A decision as to whether a ward staffing triggers red is taken once the review of staffing and dependency has taken place in addition. A red trigger is

classified as more than half an hour at red level. It will usually be when the hours short is greater than 22 hours for more than 30 mins after the review made at the bed meeting. This flag is added to Healthroster by Matron after an assessment and possible redeployments are made.

5.4 There were 40 red flags triggered in September. The Deputy Chief Nurse and Heads of Nursing have reviewed the approach to recording red flags to make this process more robust and therefore there are a higher number reported than in previous months. This approach is still in its infancy and however it is anticipated that the number will reduce in October when the system is more robust. Heads of Nursing and matrons are working with ward staff to ensure that the system is accurately used. Frequency and trends will be regularly reviewed by the Deputy Chief Nurse throughout the winter and will be reported in the board reports.

The table below indicates which wards triggered the 40 red flags during September.

Ward	Count
CAVELL	14
CLOUDESLEY	6
COYLE	2
MARY SEACOLE SOUTH	3
MERCERS Ward	2
MEYRICK	5
MONTUSCHI	3
VICTORIA	5

6.0 Reported Incidents of Reduced Staffing (Datix Reports)

6.1 Staff are encouraged to report, using the Datix system, any incident they believe may affect safe patient care. During September there were 30 Datix reports submitted relating to staffing, none of these incidences related to injury, harm or adverse outcome. The corporate risk team have been asked to review for any other identified trends.

7.0 Additional Staff required to provide 1:1 enhanced care

7.1 When comparing September total requirement for one to one staffing staff to provide enhanced care with the previous month, there is an increase in the number of shifts required (Appendix 2). In September there were 55 requests for 1:1 enhanced care provision compared to 169 requests in August. The requests made for this level of care were to ensure the safe management of particularly vulnerable groups of patients. There were 51 HCA shifts and 4 RN shifts requested in September.

7.2 No Registered Mental Health (RMN) nurses were booked for shifts to provide enhanced care for patients with a mental health condition in September. Any care required was provided by HCAs and RNs.

7.3 There continues to be a high level of need for provision of enhanced care for patients with mental health conditions and for caring for patients who require constant supervision to prevent falls. The lead nurse for quality and safety is currently reviewing the process for the provision of one to one nursing care. This review will ensure that there is consistency in quality and care offered, and requests are made and authorised in line with best practice and an appropriate decision support tool. This will be implemented before the next board report is submitted as well as a pilot of an HCA pool of regular staff for this purpose led by the Deputy Chief Nurse.

8.0 Temporary Staff Utilisation

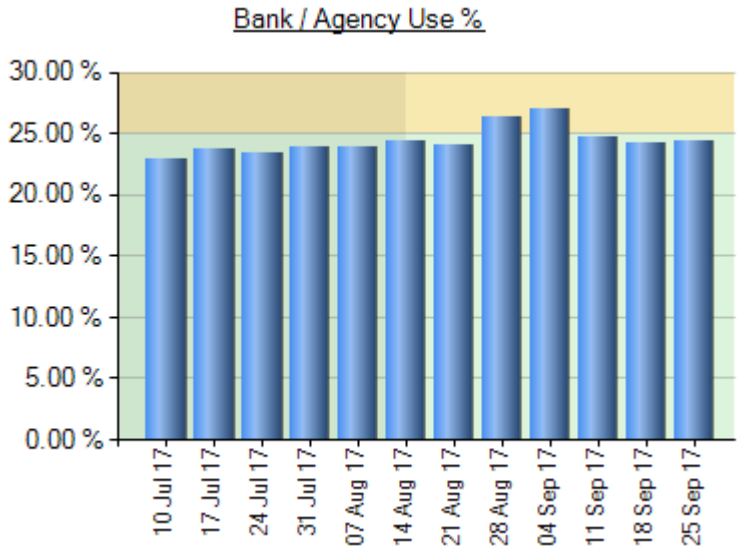
8.1 Temporary staff utilisation (nursing and midwifery) across the hospital is now monitored regularly by the Deputy Chief Nurse and Heads of Nursing, a member of the temporary staffing team also reports unfilled shifts to the site meeting. All requests for temporary staff (agency) on the wards are reviewed by the Head of Nursing/Midwifery. A further review and final authorisation is then made by the Deputy Chief Nurse.

8.2 Monitoring the requests for temporary staff in this way serves two purposes:

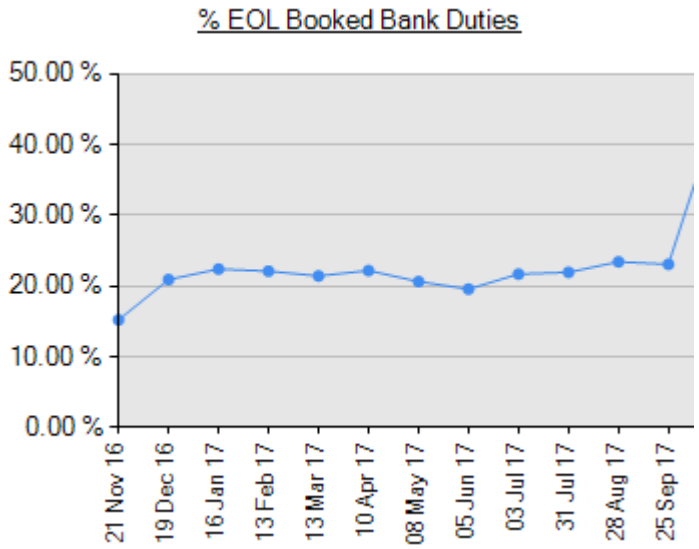
8.2.1 The system in place allows for the most appropriate use of high cost temporary agency staff across the organisation and provides a positive challenge mechanism for all requests.

8.2.3 The process allows for an overview of the total number of temporary staff (agency) used in different clinical ward areas and provides a monitoring mechanism for the delivery of safe quality care.

8.2.4 Temporary staffing usage (Bank and Agency) across inpatients wards remains high and fluctuates between 20 – 24% depending on nurse vacancies and the need to provide additional support for 1:1 care or additional beds. Recruitment to reduce the current vacant posts is ongoing.



8.3 Bank staff continue to book themselves directly into shifts and this is improving over time. This is however reliant on the wards making these shifts available with sufficient notice.

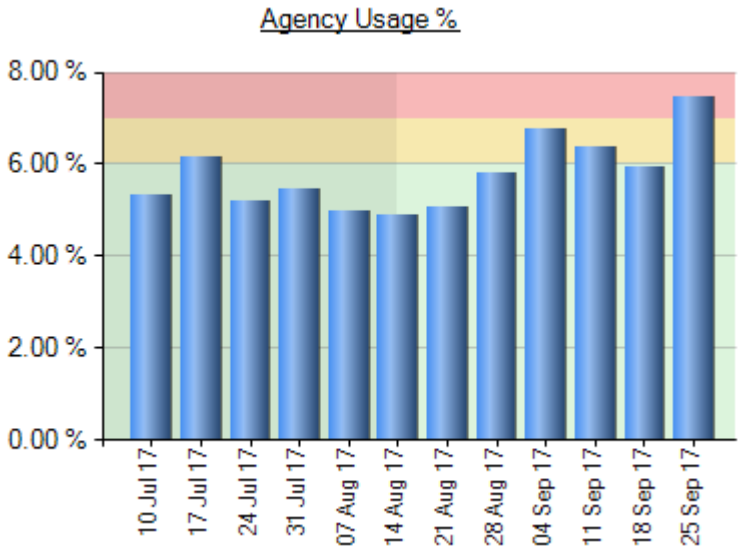


Whilst there is an upward trend in the direct booking process, less than 50% of bank shifts are booked by the staff themselves. This remains an area of service improvement.

9.0 Agency Usage Inpatient Wards (month ending September)

9.1 The utilisation of agency staff across all inpatient wards is monitored using the Healthroster system. The bar chart below graphically represents total usage of agency staff on inpatient wards month ending September (this is cumulative data captured from roster performance reports).

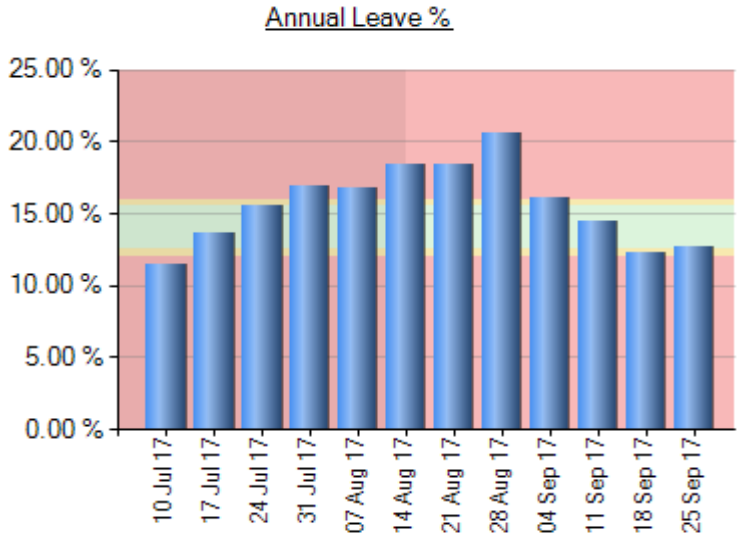
9.2 A key performance indicator (KPI) of less than 6% agency usage (agency shifts compared to total shifts assigned) was set to coincide with the NHS England agency cap. The percentage continues to fluctuate close to the agreed 5% target, less that the agreed KPI.



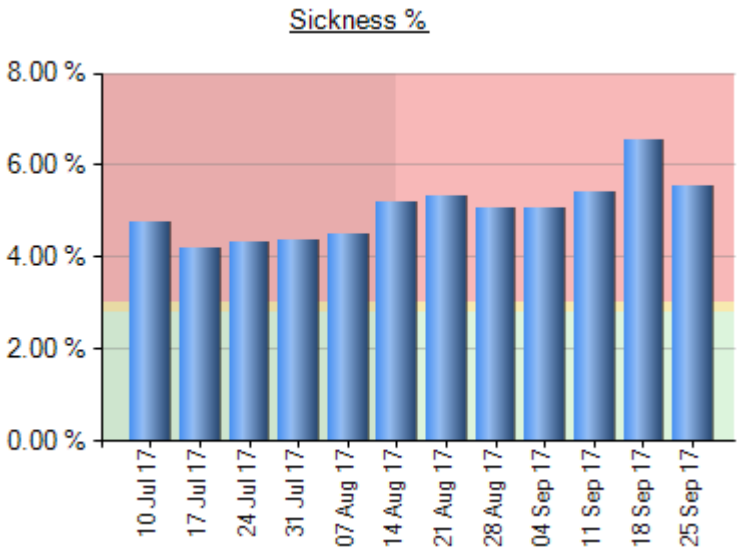
10.0 Absence Management

10.1 The management of absence is crucial to effective resource management. The key absences to track are annual leave and sickness. Annual leave taken from April to date varied over the month spanning the set tolerances of 14 -16%. These tolerance levels ensure all staff are allocated leave appropriately and an even distribution of staff are available throughout the year.

10.2 Heads of Nursing are aware of the need to remind staff to request and take holiday. This was monitored closely over the last couple of months to ensure sufficient staff take annual leave in a more consistent way by year end. As a result the annual leave percentage has been over-delivered to compensate for being under in the previous months. All areas have been appraised of the level of leave still to be taken by staff and this will be actioned to ensure that minimal leave is carried forward into 2018/19



10.3 Sick leave percentage continues to be above the 3% threshold month on month. Heads of Nursing ensure all individuals reporting back from sick leave undergo a sickness review which is being actively managed with the HR Business Partners for each ICSU.



11.0 Conclusion

11.1 Trust Board members are asked to note the work currently being undertaken to proactively manage the nursing/midwifery resource across the ICSUs.

Appendix 1

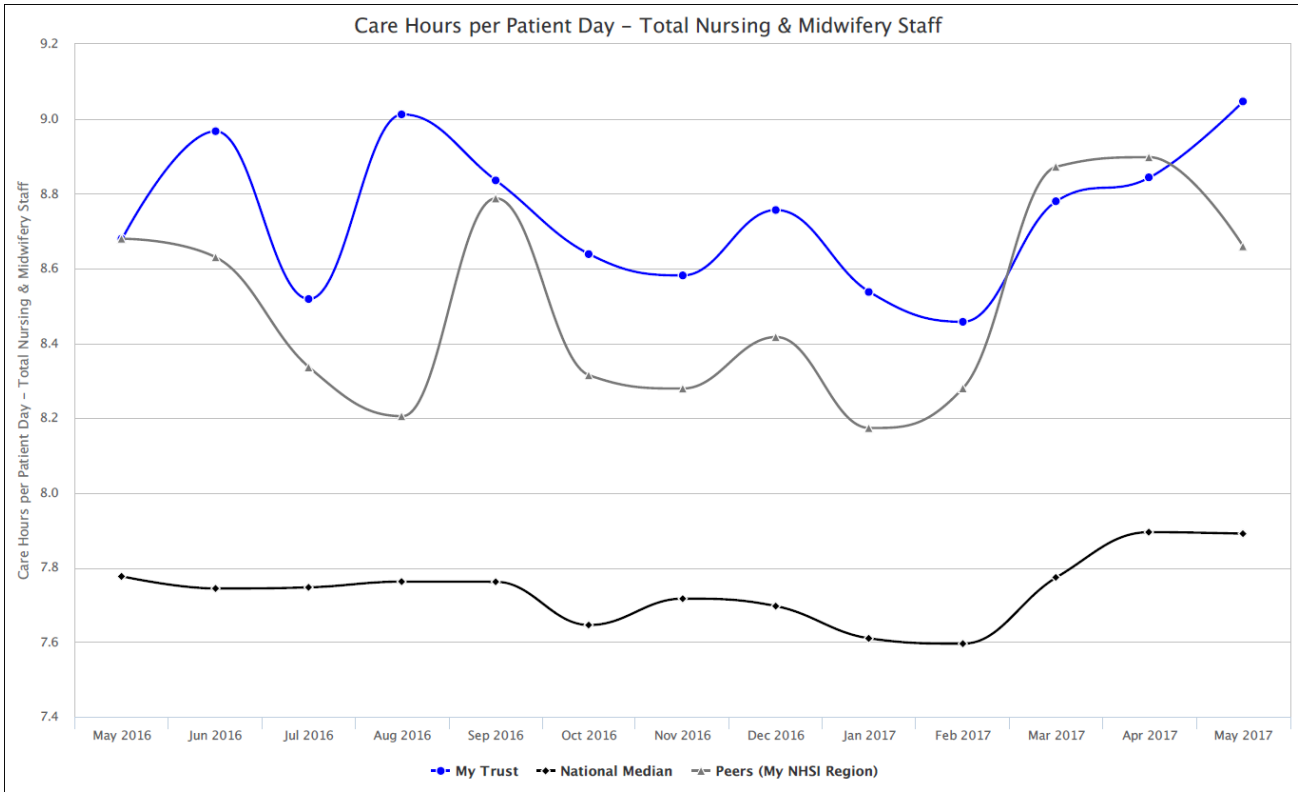
Fill rate data - summary
September 2017

Day				**Night**				**Average fill rate data- Day**		**Average fill rate data- Night**	
Registered nurses/ midwives		Care staff		Registered nurses/ midwives		Care staff		Registered nurses/ midwives	Care staff	Registered nurses/ midwives	Care staff
Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)				
32799	**26114**	**10878**	**13358**	**24126**	**24795**	**7910**	**10810**	**79.6%**	**122.8%**	**102.8%**	**136.7%**

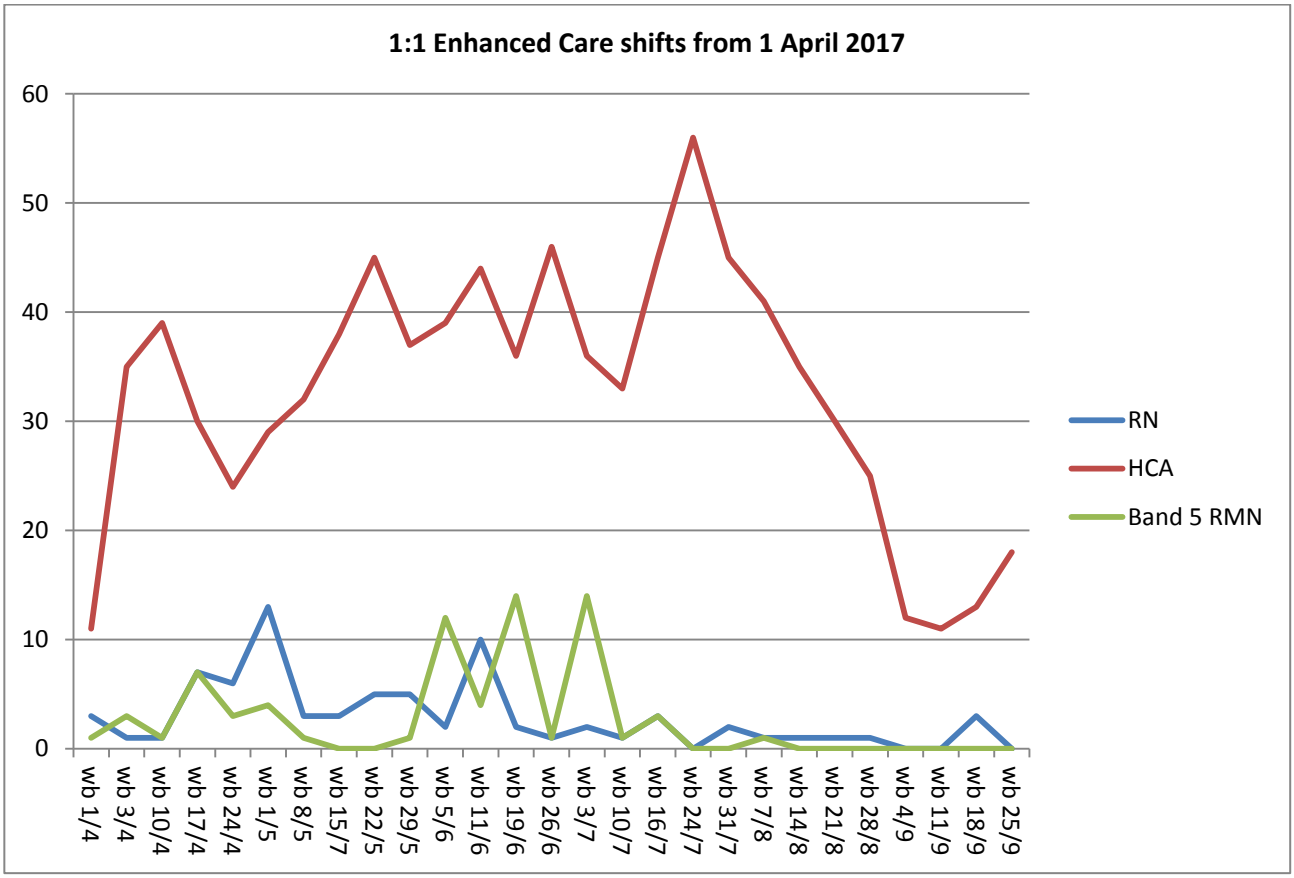
Care Hours per Patient Day
September 2017

Total Patients at Midnight/Month	CHPPD Registered staff	CHPPD Unregistered staff	Average CHPPD (all staff)
9062	**5.62**	**2.67**	**8.28**

Appendix 2: Model Hospital comparative data



Appendix 3: Enhanced Care requirement to date



Appendix 4: Average fill rate for Registered and Unregistered staff day and night,

Sep-17	Day		Night	
	Nurses	Care Staff	Nurses	Care Staff
Ward Name	%	%	%	%
Cavell	63.7%	104.2%	74.5%	135.5%
Bridges	62.8%	97.2%	99.5%	99.6%
Cloudesley	71.9%	112.2%	109.8%	153.3%
Coyle	67.5%	120.5%	115.0%	118.8%
Mercers	66.0%	138.0%	100.1%	107.0%
Meyrick	73.9%	119.7%	105.8%	146.5%
Montuschi	66.9%	289.4%	108.4%	0%
MSS	54.1%	254.9%	71.4%	251.5%
MSN	67.3%	131.6%	99.6%	221.0%
Nightingale	90.4%	111.5%	76.1%	127.2%
Thorogood	83.3%	63.8%	109.2%	0%
Victoria	80.0%	104.3%	85.4%	114.0%
IFOR	81.9%	100.0%	69.9%	100.0%
ITU	100.0%	0%	0%	0%
NICU	78.9%	0%	79.5%	0%
Maternity	95.6%	122.3%	89.6%	115.0%
Total	79.6%	122.8%	102.8%	136.7%

Whittington Health NHS

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Trust Board

1st November 2017

Title:	September (Month 6) 2017/18 – Financial Performance		
Agenda item:	**17/147**	**Paper**	**06**
Action requested:	To agree corrective actions to ensure financial targets are achieved and monitor the on-going improvements and trends.		
Executive Summary:	The Trust is reporting a surplus of £1.1m for September (month 6) leading to a year to date deficit of £1.1m. This is against a planned year to date deficit of £1.2m (and planned in month surplus of £0.1m). Income was £0.8m favourable against plan in month, with pay expenditure also favourable to plan. Whilst reporting a favourable position at Month 6, it should be noted that the Trust still faces significant risks in order to achieve its control total at year end. Most notable are the delivery of activity and associated income, together with the achievement of CIPs. As at Month 6, delivery of CIPs is now £4.3m behind plan.		
Summary of recommendations:	To note the financial results relating to performance during September 2017		
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 Finance & Business Committee and Trust Board. Operational Plan papers. Board Assurance Framework (Section 3).		
Date paper completed:	16 October 2017		

Author name and title:		**Anis Choudhury, Head of Financial Planning and Analysis**		**Director name and title:**		**Stephen Bloomer, Chief Financial Officer**	
Date paper seen by EC	**n/a**	**Equality Impact Assessment complete?**	**n/a**	**Quality Impact Assessment complete?**	**n/a**	**Financial Impact Assessment complete?**	**n/a**

Financial Overview

The Trust is reporting an overall surplus of £1.1m in month, leading to a year to date deficit of £1.1m which is slightly ahead of the planned position, this being a deficit of £1.2m.

2017/18, Month 06 (September 2017)

Statement of Comprehensive Income	In Month Budget (£000s)	In Month Actual (£000s)	Variance (£000s)	YTD Budget (£000s)	Ytd Actuals (£000s)	Variance (£000s)
NHS Clinical Income	22,060	20,833	(1,227)	132,398	129,335	(3,063)
Non-NHS Clinical Income	1,908	3,695	1,787	11,562	12,508	946
Other Non-Patient Income	1,950	2,187	237	11,700	12,905	1,205
Total Income	**25,918**	**26,715**	**797**	**155,660**	**154,748**	**(912)**
Pay	(17,936)	(17,315)	621	(109,043)	(108,328)	715
Non-Pay	(6,567)	(6,978)	(411)	(39,964)	(39,868)	96
Total Operating Expenditure	**(24,503)**	**(24,293)**	**210**	**(149,007)**	**(148,196)**	**811**
EBITDA	**1,415**	**2,422**	**1,007**	**6,653**	**6,552**	**(101)**
Depreciation	(721)	(668)	53	(4,326)	(4,008)	318
Dividends Payable	(346)	(346)	0	(2,075)	(2,076)	(1)
Interest Payable	(255)	(273)	(18)	(1,528)	(1,587)	(59)
Interest Receivable	3	2	(1)	18	9	(9)
Total	**(1,319)**	**(1,285)**	**34**	**(7,911)**	**(7,662)**	**249**
Net Surplus / (Deficit) - before IFRIC 12 adjustment	**96**	**1,137**	**1,041**	**(1,258)**	**(1,110)**	**148**
Add back impairments and adjust for IFRS & Donate	(13)	(8)	5	(78)	(47)	31
Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments	**109**	**1,145**	**1,036**	**(1,180)**	**(1,063)**	**117**

When forecasting the Month 6 position (at Month 5) it was anticipated that activity & income would return to previous levels having experienced a particularly low income month in August. However, whilst income has improved it was not to the extent anticipated, approximately £0.6m below. Within income it should also be noted that the Trust will receive a reduced STF payment for Quarter 2 based on A&E performance. The Trust achieved the GP streaming element of the A&E target, but did not achieve the remaining elements of the 4-hour target, leading to a £0.4m reduction to the STF that can be claimed for Quarter 2.

In overall terms the expenditure position for the month was favourable, but it should be noted that the pay position has benefitted from the cumulative removal of booked agency shifts that were unfilled/not utilised.

In light of the Month 6 position the Trust is still forecasting achievement of its control total excluding STF but this has been amended at the bottom line to reflect the reduced value of STF which can now be achieved. The Trust is forecasting that it will achieve all of the available STF in quarters 3 and 4.

As previously reported the key risks to achieving the control total remain the delivery of activity and associated income, together with the delivery of CIPs. CIP delivery at Month 6 improved slightly to 45% of plan, compared to 44% at Month 5. The Trust's PMO continues to work on cross cutting initiatives and helping ICSUs to complete the final detail and quality impact assessments for schemes which are still in the planning stage. In addition Finance is continuing to work with ICSUs to look at both non-recurrent and recurrent actions that can be taken to ensure that agreed budgets, as far as possible, are achieved.

Income & Activity

Though overall income was £0.8m favourable in month against plan, the Trust continues to be significantly under plan for NHS clinical income. Year to date income is £0.9m adverse against plan, with NHS clinical income £3.1m adverse. This is offset by Non NHS clinical income being £1.0m favourable, and other income £1.2m favourable.

Points to note:

- Outpatient attendances continue to be below plan with an in month adverse variance of £0.3m and YTD adverse variance of £1.3m with the largest under-performances being in General Surgery, Dermatology and Paediatrics. Though the ICSUs have plans in place to improve this under-performance they failed to meet their recovery plans last month.
- Elective and Outpatient Procedures did improve in September though this was offset by under performance in Day cases.
- Non electives continue to be significantly down against plan in Gastroenterology and General Medicine
- Due to the nature of the contract signed, which has a 50% marginal rate applied to over or under-plan activity, the under-performance was offset by a favourable marginal rate adjustment of £0.5m
- Other clinical income is £351k below plan offset by other non-clinical income (£372K favourable).

Month 06

Category	In Month Income Plan	In Month Income Actual	In Month Variance	YTD Income Plan	YTD Income Actual	YTD Variance	In Month Activity Plan	In Month Activity Actual	In Month Variance	YTD Activity Plan	YTD Activity Actual	YTD Variance
Accident and Emergency	865	869	5	5,273	5,382	109	4,986	5,462	476	30,775	33,742	2,967
Adult Critical Care	680	680	0	4,144	3,945	(198)	641	751	110	3,163	2,738	(425)
Community Block	5,858	5,875	17	35,178	35,179	0	0	0	0	0	0	0
Day Cases	1,183	1,042	(141)	7,043	6,566	(478)	1,747	1,436	(311)	10,439	9,264	(1,175)
Diagnostics	229	238	9	1,363	1,349	(14)	2,271	2,222	(49)	13,518	13,399	(119)
Direct Access	997	912	(85)	5,935	5,467	(468)	91,204	88,878	(2,326)	542,880	534,841	(8,039)
Elective	717	736	20	4,276	4,542	266	180	188	8	1,073	1,176	103
Maternity - Deliveries	1,076	1,144	68	6,555	6,401	(154)	323	340	17	1,970	1,884	(86)
Maternity - Pathways	765	621	(144)	4,553	4,315	(238)	716	565	(151)	4,263	4,031	(232)
Non-Elective	4,079	3,864	(215)	24,737	23,442	(1,295)	1,494	1,513	19	9,344	9,033	(311)
OP Attendances - 1st	954	829	(125)	5,680	4,959	(721)	5,237	4,489	(748)	31,373	27,815	(3,558)
OP Attendances - follow up	841	690	(152)	5,008	4,452	(556)	12,315	10,967	(1,348)	73,806	72,749	(1,057)
Other Acute Income	2,193	3,358	1,164	12,897	14,852	1,955	11,131	10,289	(842)	66,299	64,031	(2,268)
Outpatient Procedures	318	358	40	1,891	2,222	331	1,774	2,020	246	10,576	12,348	1,772
Total SLA	**20,754**	**21,216**	**462**	**124,532**	**123,072**	**(1,460)**	**134,019**	**129,120**	**(4,899)**	**799,480**	**787,052**	**(12,428)**
Marignal Rate	0	95	95	0	527	527						
	20,754	**21,311**	**557**	**124,532**	**123,599**	**(933)**						
Other Clinical Income	3,093	3,215	123	18,584	18,233	(351)						
Other Non Clinical Income	2,072	2,188	116	12,544	12,916	372						
Total Other	**5,164**	**5,404**	**239**	**31,128**	**31,149**	**21**	**0**	**0**	**0**	**0**	**0**	**0**
Grand Total	**25,918**	**26,714**	**796**	**155,660**	**154,747**	**(912)**	**134,019**	**129,120**	**(4,899)**	**799,480**	**787,052**	**(12,428)**

Monthly Run Rates – Expenditure

The Trust is reporting a favourable expenditure variance against plan, both in month and year to date. As highlighted above the Month 6 position includes the application of the flexibilities discussed at the September F&BD Committee meeting, together with the benefit from the removal of booked agency shifts that were unfilled/not utilised.

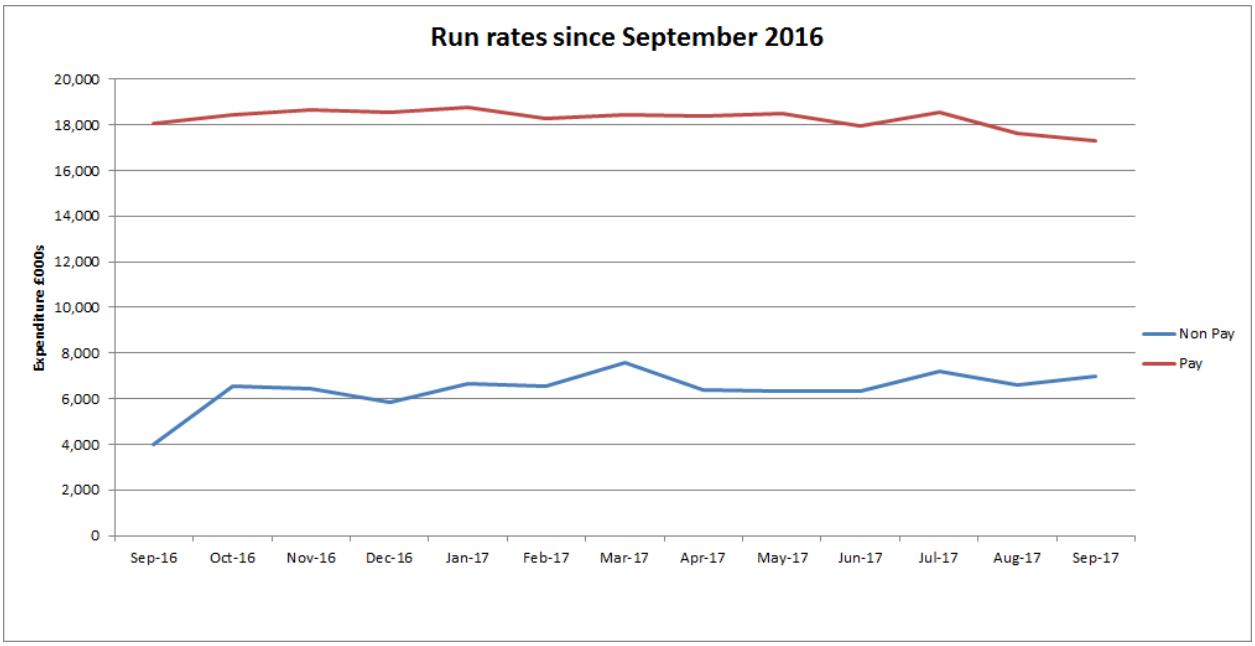
In run rate the key highlights for pay are:

- Total pay expenditure for September was £17.3m, which is £0.3m less than the previous month and £1.0m less than the 12 months rolling average.

- The in-month agency charge is in credit. However, removing the one off benefit from the unfilled/non utilised shifts, agency costs were £0.8m representing 4.4% of the September pay bill. The Trust has established a staffing taskforce led by the Director of HR to reduce temporary staffing costs, which will include a focus on agency spend. The Trust is currently exceeding the NHSI agency ceiling.

Non pay expenditure for September was £7.0m, higher than both August's £6.6m and the average for the first five months (£6.6m).

The graph below provides the pay and non-pay expenditure run rates over a 13-month period from September 2016 to September 2017.



ICSU position

Table 1 below provides an analysis of the expenditure run rates by ICSU for 2017/18. When looking at ICSU trends it shows that cost is not falling at the rate required to achieve the CIP target.

Table 1 – ICSU Expenditure Run Rates

Pay

	Run Rate - Actual									
	2016/17 Month 11 £'000	2016/17 Month 12 £'000	2017/18 Month 1 £'000	2017/18 Month 2 £'000	2017/18 Month 3 £'000	2017/18 Month 4 £'000	2017/18 Month 5 £'000	2017/18 Month 6 £'000	Average for M1-5	M6 variance from Avg
Children's & Young People	3,975	3,934	3,896	3,955	3,945	3,941	3,862	3,941	3,920	-21
Clinical Support Services	1,334	1,352	1,423	1,314	1,423	1,334	1,343	1,382	1,367	-14
Emergency & Urgent Care	2,036	2,042	1,992	1,969	2,036	2,133	2,120	2,091	2,050	-41
Integrated Medicine	3,239	2,936	2,953	2,926	2,820	2,779	2,780	2,963	2,851	-111
Patient Access, Prevention & Planned Care	1,025	1,038	1,018	1,014	977	943	979	963	986	23
Surgery & Cancer	2,796	3,124	3,138	3,006	3,059	3,007	3,197	3,160	3,082	-79
Women's Health	1,619	1,565	1,553	1,571	1,614	1,444	1,456	1,448	1,528	80
Total Pay - ICSUs	16,024	15,991	15,973	15,757	15,873	15,581	15,737	15,948	15,784	-163

Non Pay

	Run Rate - Actual									
	2016/17 Month 11 £'000	2016/17 Month 12 £'000	2017/18 Month 1 £'000	2017/18 Month 2 £'000	2017/18 Month 3 £'000	2017/18 Month 4 £'000	2017/18 Month 5 £'000	2017/18 Month 6 £'000	Average for M1-5	M6 variance from Avg
Children's & Young People	142	215	180	219	180	203	227	219	202	-17
Clinical Support Services	1,214	1,580	1,506	1,563	1,543	1,522	1,602	1,356	1,547	191
Emergency & Urgent Care	203	265	223	234	327	277	281	276	268	-7
Integrated Medicine	199	393	273	277	231	276	282	252	268	16
Patient Access, Prevention & Planned Care	172	287	154	134	187	220	201	194	179	-15
Surgery & Cancer	555	797	973	836	858	874	874	1,063	883	-180
Women's Health	131	223	163	197	193	119	112	128	157	29
Total Non Pay - ICSUs	2,616	3,760	3,472	3,461	3,519	3,490	3,579	3,488	3,504	16

Combined Pay & Non Pay

	Run Rate - Actual									
	2016/17 Month 11 £'000	2016/17 Month 12 £'000	2017/18 Month 1 £'000	2017/18 Month 2 £'000	2017/18 Month 3 £'000	2017/18 Month 4 £'000	2017/18 Month 5 £'000	2017/18 Month 6 £'000	Average for M1-5	M6 variance from Avg
Children's & Young People	4,117	4,149	4,076	4,174	4,125	4,145	4,088	4,160	4,122	-38
Clinical Support Services	2,548	2,932	2,929	2,877	2,965	2,856	2,945	2,738	2,915	176
Emergency & Urgent Care	2,239	2,307	2,215	2,203	2,363	2,410	2,402	2,366	2,318	-48
Integrated Medicine	3,438	3,329	3,226	3,203	3,051	3,055	3,062	3,215	3,119	-95
Patient Access, Prevention & Planned Care	1,197	1,325	1,172	1,148	1,164	1,163	1,180	1,158	1,165	8
Surgery & Cancer	3,351	3,921	4,111	3,843	3,917	3,882	4,071	4,223	3,965	-259
Women's Health	1,750	1,788	1,716	1,768	1,808	1,563	1,568	1,576	1,685	109
Total Spend - ICSUs	18,640	19,751	19,445	19,217	19,392	19,072	19,316	19,436	19,288	-147

Cost Improvement Programme

Against the Trust's full year CIP target of £17.8m, to date £9.1m of plans have been agreed and recognised. As part of an ongoing process this value is being reconciled against the value of road-mapped schemes held by the Programme Management Office (PMO) to ensure that recognised schemes are still planned to deliver the values previously identified, with new schemes and opportunities being proposed and validated to address the gap compared to the target.

At Month 6, £3.6m has been recognised as delivered against the CIP programme, which is £4.3m adverse when compared to the Trust's planning submission. As previously reported, originally it was expected that there would be a step change in delivery of savings from Month 5, which did not prove to be the case with accelerated delivery now expected later in the year.

Current performance by ICSU is:

Integrated Clinical Service Unit	Annual Plan £'000	Identified £'000	Gap £'000	YTD Target £'000	YTD Actual £'000	YTD Variance £'000
Children's services	3,065	1,559	1,506	1,364	450	(914)
Clinical Support Services	2,334	1,086	1,248	1,039	333	(707)
Emergency & Urgent Care	2,157	525	1,632	960	251	(709)
Medicine, Frailty & Network Services	2,132	1,160	972	949	443	(506)
PPP	874	368	506	389	425	36
Surgery	3,159	1,894	1,265	1,406	757	(649)
Women's services	1,498	882	616	667	272	(395)
Estates & Facilities	1,322	993	329	589	150	(438)
Corporate	1,236	637	599	550	513	(38)
Total	**17,777**	**9,104**	**8,673**	**7,914**	**3,594**	**(4,320)**

Failure to achieve the required level of in-year cost reduction remains one of the key financial risks in delivering the Trust's control total. In order to address the current shortfall in plans, the PMO is leading work to close the gap by:

a) Working with ICSUs to complete the planning on schemes so that they have rigorous and detailed delivery plans, are quality impact assessed and be committed as road mapped status schemes

b) Working with ICSU leadership teams to convert opportunity and draft plans in to full schemes

c) Taking forward cross cutting initiatives e.g. community productivity, procurement and staffing taskforce to create savings that will count towards the targets; and

d) Working on non-recurrent schemes to plug the gap created in-year through slippage

Additionally, Finance is also working with ICSUs to look at both non-recurrent and recurrent opportunities that would contribute to the level of CIP identified.

Statement of Financial Position

			Year to Date
	As at 30 September 2017 £000	Plan 30 September 2017 £000	Plan variance 30 September 2017 £000
Property, plant and equipment	207,232	201,450	5,782
Intangible assets	3,226	1,967	1,259
Trade and other receivables	1,198	851	347
Total Non Current Assets	**211,656**	**204,268**	**7,388**
Inventories	1,667	150	1,517
Trade and other receivables	27,732	28,259	(527)
Cash and cash equivalents	7,843	3,830	4,013
Total Current Assets	**37,242**	**32,239**	**5,003**
Total Assets	**248,898**	**236,507**	**12,391**
Trade and other payables	42,549	39,902	2,647
Borrowings	1,018	4,300	(3,282)
Provisions	616	756	(140)
Total Current Liabilities	**44,183**	**44,958**	**(775)**
Net Current Assets (Liabilities)	**(6,941)**	**(12,719)**	**5,778**
Total Assets less Current Liabilities	**204,715**	**191,549**	**13,166**
Borrowings	59,509	63,839	(4,330)
Provisions	1,354	1,513	(159)
Total Non Current Liabilities	**60,863**	**65,352**	**(4,489)**
Total Assets Employed	**143,852**	**126,197**	**17,655**
Public dividend capital	62,404	62,404	0
Retained earnings	(13,721)	(14,283)	562
Revaluation reserve	95,169	78,076	17,093
Total Taxpayers' Equity	**143,852**	**126,197**	**17,655**
Capital cost absorption rate	**3.5%**	**3.5%**	**3.5%**

The key highlights for month 6 are:

Cash: The Trust is holding £7.8m in cash as at 30 September 2017. This is £4.0m higher than planned. We are currently holding £2.6m of STF monies that have been earmarked to spend on capital projects later in 2017-18. We are managing the Trust's cash position proactively and expect it to return to plan later in the year as the capital programme accelerates.

Receivables (Debtors) are currently £0.5m below plan. This is an adverse variance on the previous month, reflecting lower levels of income seen in both August and September. Active management of older debts is keeping the overall debt figure below plan.

Current Liabilities (Creditors and Borrowing) are currently £0.6m below plan. During the year to date we have averaged 85% payment of creditors within 30 days, which is a significant improvement on 2016-17. As part of the annual planning process, modelling suggested there would be a requirement for cash support from DH within the year. However, due to the strong cash position during the year this has not yet been required, and will be revisited in line with progress against the Trust's capital programme

Capital: £1.2m of capital expenditure has been incurred in year to date against a plan of £1.9m. The Trust still expects that capital expenditure will accelerate in the following months.

Property, Plant & Equipment: As previously reported the value held for assets is and will remain higher than plan (£7.3m) as a full valuation exercise undertaken as at 31 March 2017 created a higher value than the planning expectation.

Executive Offices
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Whittington Health

The Whittington Hospital NHS Trust
Magdala Avenue
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Whittington Health Trust Board

1st November 2017

Title:	Trust Performance report October 2017 (September data)		
Agenda item:	**17/148**	**Paper**	**07**
Action requested:	To receive assurance of Trust performance compliance		
Executive Summary:	**Emergency Department (ED) four hours' wait** Performance against the 95% target dropped a further 1% to 89.9%. The drop in performance can be attributed to challenges around staffing in terms of ED locum doctors, with a high number of unfilled shifts and inpatient nurses - the latter impacting on flow from speciality wards. **Complaints:** Underachieving at 72.2% **Cancer:** Overall achieved. **RTT:** Overall achieved. **DToC and Re-admission:** Improved.		
Summary of recommendations:	That the board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan		
Fit with WH strategy:	Clinical Strategy		
Reference to related / other documents:	N/A		
Reference to risk and corporate risks on the BAF:	N/A		
Date paper completed:	24th October 2017		

Author name and title:		**Hester de Graag, Risk and Quality Manager**		**Director name and title:**		**Carol Gillen, Chief Operating Officer**	
Date paper seen by EC		**Equality Impact Assessment complete?**	**n/a**	**Risk assessment undertaken?**	**n/a**	**Legal advice received?**	**n/a**

Whittington Health NHS

Integrated Performance Report

October 2017

Month 6 (2017 – 2018)

Date & time of data set production: 26/10/2017 09:42
Narrative confirmed: 25.10.2017

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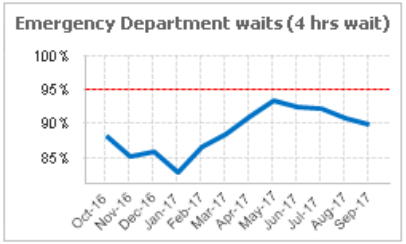
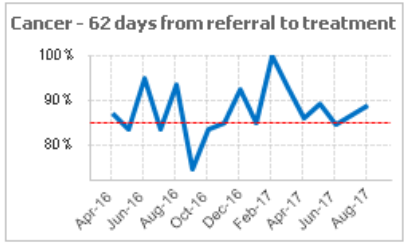
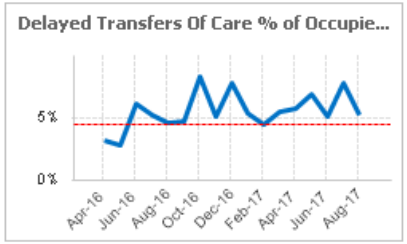
Narrative confirmed: 25.10.2017

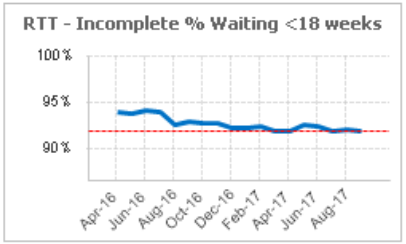
Summary Page - Indicators

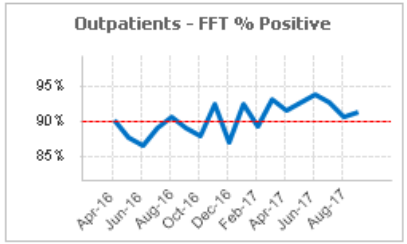
Category	Indicator	17_18 Target	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Q2 Sep-17	2017-2018
ED	Emergency Department waits (4 hrs wait)	>95%	88.1%	85.1%	85.8%	82.9%	86.6%	88.4%	91.1%	93.5%	92.4%	92.3%	90.9%	89.9%	91.7%
ED	ED Indicator - median wait for treatment (minutes)	<60 mins	75	88	76	77	69	72	72	68	63	59	64	72	66
Cancer	Cancer - 14 days to first seen	>93%	97.8%	95.5%	93.4%	94.8%	96.8%	94.6%	93.2%	93.2%	95.3%	95.7%	94.7%		94.4%
Cancer	Cancer - 62 days from referral to treatment	>85%	83.3%	85.0%	92.3%	84.9%	100.0%	92.9%	86.0%	89.1%	84.4%	86.7%	88.9%		87.0%
Admitted	Non Elective Re-admissions within 30 days	<5.5%	5.9%	5.9%	6.0%	4.8%	5.7%	6.3%	6.1%	6.0%	5.8%	6.7%	7.0%	6.4%	6.4%
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<4.5%	8.2%	5.1%	7.7%	5.3%	4.5%	5.5%	5.8%	6.9%	5.0%	7.8%	5.2%		6.1%
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.9%	92.8%	92.2%	92.2%	92.4%	92.0%	92.0%	92.6%	92.4%	92.0%	92.1%	92.0%	92.2%
Outpatients	Outpatients - FFT % Positive	>90%	88.0%	92.6%	87.0%	92.5%	89.4%	93.1%	91.6%	92.8%	93.9%	92.8%	90.8%	91.5%	92.4%
Community	Community - FFT % Positive	>90%	98.1%	98.2%	98.7%	98.0%	96.8%	96.0%	98.5%	94.9%	93.9%	94.8%	96.7%	96.5%	95.7%
Staff	Staff - FFT % Recommend Care	>70%						74.6%			69.0%			69.4%	69.2%

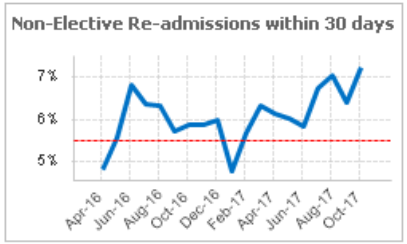












Date & time of data set production: 26/10/2017 09:42
Narrative confirmed: 25.10.2017

Safe Services - Indicators and Performance

Category	Indicator	17_18 Target	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Q2 Sep-17	2017-2018	Performance
Admitted	Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admitted	HCAI C Difficile	<17	0	0	0	0	1	1	2	3	0	1	0	1	7	
All Areas	CAS Alerts Outstanding	0	0	0	0	0	3	0	0	0	0	0	0	0	0	
All Areas	Actual Falls	400	45	30	45	56	45	31	31	44	45	34	31	27	212	
All Areas	Avoidable Grade 3 or 4 Pressure Ulcers	0	5	1	3	2	1	2	2	2	3	2	2		11	
All Areas	Harm Free Care %	>95%	93.3%	92.6%	93.2%	94.3%	92.9%	92.5%	93.2%	93.9%	96.6%	93.5%	93.8%	95.1%	94.3%	
Maternity	Non Elective C-Section % Rate	>15%	17.7%	21.6%	17.4%	20.5%	18.0%	21.4%	19.2%	18.9%	19.7%	22.5%	18.8%	19.8%	19.8%	
All Areas	Medication Errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admitted	MRSA Bacteraemia Incidences	0	1	0	0	0	1	0	0	0	1	0	0	0	1	
Admitted	Never Events	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
All Areas	Proportion of reported Patient Safety Incidents Causing Harm	N/A	19.9%	20.1%	21.1%	21.3%	19.5%	22.4%	18.1%	16.6%	18.3%	17.3%	21.7%	17.1%	18.1%	
All Areas	Serious Incidents	0	9	8	3	4	5	4	2	4	4	3	6	2	21	
Admitted	VTE Risk Assessment %	>95%	97.3%	96.4%	95.9%	96.1%	96.0%	96.5%	95.2%	95.4%	95.6%	95.3%	96.7%		95.6%	

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Safe Services - Commentary

HCAI C Difficile
One C Difficile reported on Cloudesley Ward. This was the first C Difficile on Cloudesley Ward this year and involved a recurring unavoidable infection. During the PIR for the patient it was determined that the infection had been treated appropriately.

Avoidable pressure ulcers
Whittington Hospital did not report any grade 3 or 4 pressure ulcers during September 2017. Community pressure ulcers to be confirmed.

Non Elective C-section rate
The total caesarean section rate has decreased to 26% - this is the lowest it has been in the last 5 months.
The non-elective section rate has decreased to 19.8% - 1% up from last month.
Upon reviewing the NCL Trust, the Trust is in line with the 4 neighbouring Trusts. There is an increase in Induction of Labour, in line with the GAP Grow and Reduced Fetal Movements which is similar to other NCL trusts. The Trust dashboard (unlike NCL) also includes premature and multiple pregnancies.
The following is under review to reduce our C-Section rate:

- Review our high Induction of Labour (IOL) rate and putting plans in place to the 'normalise' labour when induced, for example the Gentle Birth Method (Yoga) workshop.
- Increase number of outpatient IOLs.
- Whittington Health will participate in a project to reduce IOL rate to be launched nationally called Big Baby Trail.
- Teaching about foetal hard monitoring may improve our emergency C-Section rate and reduce instrumental delivery rate.
- Team to contact St Georges as they have the lowest C-Section rate in London.

Serious incidents
The Trust reported 2 SI in September 2017.
One SI reported in Integrated Medicine and one SI in Emergency and Urgent Care.
All serious incidents are being investigated using the Root Cause Analysis tool.

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Caring Services - Indicators and Performance

Category	Indicator	17_18 Target	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Q2 Sep-17	2017-2018	Performance
ED	ED - FFT % Positive	>90%	89.9%	82.1%	83.8%	83.4%	83.9%	83.0%	84.0%	87.4%	84.0%	85.5%	83.0%	80.4%	84.2%	
ED	ED - FFT Response Rate	>15%	4.1%	16.6%	16.6%	14.6%	16.0%	14.6%	16.9%	15.6%	13.8%	13.1%	13.7%	12.6%	14.3%	
Admitted	Inpatients - FFT % Positive	>90%	95.8%	92.7%	95.8%	92.1%	96.1%	94.1%	98.0%	94.2%	97.0%	95.8%	95.2%	97.7%	96.3%	
Admitted	Inpatients - FFT Response Rate	>25%	18.3%	18.0%	12.6%	7.2%	17.1%	26.8%	21.6%	22.7%	19.8%	20.9%	14.9%	16.0%	19.3%	
Maternity	Maternity - FFT % Positive	>90%	91.6%	93.8%	94.8%	88.0%	89.4%	92.4%	93.6%	90.2%	88.1%	92.7%	89.4%	92.4%	91.0%	
Maternity	Maternity - FFT Response Rate	>15%	23.1%	12.8%	24.6%	30.4%	24.0%	27.8%	24.7%	22.2%	20.1%	23.5%	30.1%	18.5%	23.1%	
Outpatients	Outpatients - FFT % Positive	>90%	88.0%	92.6%	87.0%	92.5%	89.4%	93.1%	91.6%	92.8%	93.9%	92.8%	90.8%	91.5%	92.4%	
Outpatients	Outpatients - FFT Responses	400	408	516	193	481	407	551	357	623	537	485	338	433	2773	
Community	Community - FFT % Positive	>90%	98.1%	98.2%	98.7%	98.0%	96.8%	96.0%	98.5%	94.9%	93.9%	94.8%	96.7%	96.5%	95.7%	
Community	Community - FFT Responses	1500	645	880	549	697	1095	1169	725	1192	970	1224	858	940	5909	
Staff	Staff - FFT % Recommend Care	>70%						74.6%			69.0%			69.4%	69.2%	
All Areas	Complaints responded to within 25 working day	>80%	100.0%	100.0%	89.3%	66.7%	90.0%	100.0%	100.0%	83.3%	93.9%	76.0%	81.0%	72.2%	84.1%	
All Areas	Complaints (including complaints against Corporate division)	N/A	25	19	32	22	34	38	22	24	38	32	24	25	165	

Date & time of data set production: 26/10/2017 09:42
Narrative confirmed: 25.10.2017

Caring Services - Commentary

FFT

ED patient feedback action plan in place with focus on improving quality of care, waiting times, staff attitude, cleanliness and managing threatening behaviour by patients and relatives.

Inpatients and community services continue to be below target for feedback collection.

- Ward targets in the process. Once agreed weekly updated will be available for each ward.
- Community services gaps to be identified in November to ensure adequate support is in place to enter feedback collected via postcards in a timely manner.

Maternity have recently received the results of their national survey (these have not yet been published by the CQC) and are currently reviewing this alongside FFT feedback. An update regarding actions agreed in response to this will be included in the next board update.

You said we did - there have been some inconsistencies in the frequency of reporting and publication of actions taken following patient feedback across the trust. The patient experience committee have agreed that quarterly updates will be displayed to allow time for more analysis and for actions to be completed. The process for managing this is currently being agreed and it is anticipated this will be in place next month.

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Caring Services - Commentary

Complaints

During September 2017 the Trust closed 25 complaints; 17 required a response with 25 working days and 8 complaints were allocated 40 working days for investigation.

In regard to the 25 working day target, the Trust achieved a performance of 76%, falling short of its 80% target. One complaint allocated 25 working days remains outstanding i.e. CYPS. Of the 8 complaints allocated 40 working days, five hit their target (62%); the remaining 3 complaints are still outstanding and overdue i.e. CYPS (1), EUC (1) and S&C (1).

The majority of the complaints were allocated to CYPS 32% (8), EUC 20% (5) and S&C 16% (4). 52% (13) were designated 'low' risk and 48% (12) were designated 'moderate'. No complaints were deemed 'high' risk.

A review of the complaints for September shows that 'medical care' 28% (7) continues to be the main issue in the majority of patient complaints, followed by 'attitude' 20% (5) and 'communication' 16% (4).

In regard to 'medical care' 58% of patients (4) felt that 'poor treatment' or 'inadequate treatment' had been provided; in regard to 'attitude' 60% of patients (3) found staff to be 'inconsiderate/uncaring or dismissive'; and in regard to 'communication' the issues raised in the four complaints related to 'poor communication'; 'a lack of communication between patients and professionals'; 'not responding to original condition/complaint' and 'untimely or delayed'.

Of the complaints that have closed, (including those allocated 40 working days), 38% (8) were 'upheld', and 24% (5) were 'partially upheld', meaning that at present 62% have been upheld in one form or another.

ICSUs scoring below 80% are EUC (2/3), Surgery (2/3), and CYPS (3/6). Individual ICSU plans in place with support from PALS to recover compliance.

Effective Services - Indicators and Performance

Category	Indicator	17_18 Target	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Q2 Sep-17	2017-2018	Performance
Maternity	Breastfeeding Initiated	>90%	93.5%	90.2%	91.5%	93.1%	90.3%	91.6%	90.2%	91.6%	93.3%	94.5%	92.3%	92.6%	92.4%	
Maternity	Smoking at Delivery	<6%	3.2%	5.1%	4.8%	3.6%	5.6%	3.0%	5.4%	3.4%	5.7%	7.5%	4.8%	7.1%	5.7%	
Admitted	Non Elective Re-admissions within 30 days	<5.5%	5.9%	5.9%	6.0%	4.8%	5.7%	6.3%	6.1%	6.0%	5.8%	6.7%	7.0%	6.4%	6.4%	
Trust	Hospital Standardised Mortality Ratio rolling 12 months	100	83.0	93.4	62.3	81.8	85.5	59.7	69.2	75.7	63.5				69.7	
Trust	Hospital Standardised Mortality Ratio rolling 12 months - weekend	100	81.5	91.6	23.2	109.3	31.0	62.4	63.1	64.1	83.3				70.3	
Trust	Summary Hospital Level Mortality Indicator (SHMI) - rolling 12 mont...	1.14			0.69			0.71								
Admitted	Mortality rate per 1000 admissions in-months	14.4	6.5	7.9	7.2	11.7	9.1	7.9	7.2	7.6	6.5	6.4	7.2	2.6	6.2	
Community	IAPT Moving to Recovery	>50%	45.7%	47.1%	52.4%	50.4%	49.1%	48.4%	50.3%	53.0%	56.4%	52.3%	56.5%		53.8%	

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Effective Services - Commentary

Smoking at delivery

The percentage of women smoking at delivery has increased for September. Two training sessions were cancelled due to staff sickness. Community midwifes continue to screen for smoking and give Stop Smoking advice, plan in place to train all midwifes on Stop Smoking as part of their mandatory training.

Non Elective re-admission

The Trust has seen a reduction in re-admission in line with the average for the year. The quality improvement audit, to review discharge and ongoing management plans for frequent attending patients, will be completed by mid-November ready for feedback to the Trust in December 2017.

Responsive Services - Indicators and Performance

Category	Indicator	17_18 Target	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Q2 Sep-17	2017-2018	Performance
ED	Emergency Department waits (4 hrs wait)	>95%	88.1%	85.1%	85.8%	82.9%	86.6%	88.4%	91.1%	93.5%	92.4%	92.3%	90.9%	89.9%	91.7%	
ED	ED Indicator - median wait for treatment (minutes)	<60 mins	75	88	76	77	69	72	72	68	63	59	64	72	66	
ED	Ambulance handovers waiting more than 30 mins	0	26	45	68	113	68	60	28	14	40	27	23		132	
ED	Ambulance handovers waiting more than 60 mins	0	1	4	22	37	13	3	2	0	14	8	2		26	
ED	12 hour trolley waits in A&E	0	1	1	0	2	3	2	5	4	3	2	4	3	21	
Cancer	Cancer - 14 days to first seen	>93%	97.8%	95.5%	93.4%	94.8%	96.8%	94.6%	93.2%	93.2%	95.3%	95.7%	94.7%		94.4%	
Cancer	Cancer - 14 days to first seen - breast symptomatic	>93%	97.2%	98.2%	100.0%	93.4%	98.7%	92.9%	96.0%	94.1%	100.0%	100.0%	95.9%		97.1%	
Cancer	Cancer - 62 days from referral to treatment	>85%	83.3%	85.0%	92.3%	84.9%	100.0%	92.9%	86.0%	89.1%	84.4%	86.7%	88.9%		87.0%	
Cancer	Cancer - 31 days to first treatment	>96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Cancer	Cancer - 31 days to subsequent treatment - surgery	>98%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Cancer	Cancer - 31 days to subsequent treatment - drugs	>93%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Cancer	Cancer - 62 Day Screening	>90%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%		100.0%				100.0%	
Cancer	Cancer - 62 Day Upgrade															
Access	DM01 - Diagnostic Waits (<6 weeks)	>99%	99.5%	99.8%	99.1%	99.1%	99.6%	99.2%	99.0%	99.1%	99.1%	99.0%	99.0%	99.1%	99.1%	
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.9%	92.8%	92.2%	92.2%	92.4%	92.0%	92.0%	92.6%	92.4%	92.0%	92.1%	92.0%	92.2%	
Access	Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0	0	0	0	0	0	3	1	1	5	

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Cancer compliance 62 days from referral to treatment

Tumour Type	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Breast	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Gynaecological	100.0%	-	-	100.0%	40.0%	100.0%	100.0%	100.0%	100.0%	-	50.0%	66.7%
Haematological (Excluding Acute Leukaemia)	100.0%	100.0%	100.0%	-	-	100.0%	100.0%	100.0%	50.0%	100.0%	-	-
Lower Gastrointestinal	-	100.0%	100.0%	100.0%	85.7%	-	100.0%	100.0%	100.0%	-	87.5%	50.0%
Lung	-	80.0%	-	50.0%	66.7%	-	66.7%	83.3%	-	100.0%	100.0%	100.0%
Other	-	-	100.0%	-	50.0%	-	-	-	-	-	-	-
Skin	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Testicular	100.0%	100.0%	100.0%	100.0%	-	-	-	100.0%	100.0%	100.0%	-	100.0%
Upper Gastrointestinal	100.0%	-	66.7%	100.0%	-	-	-	-	100.0%	100.0%	100.0%	100.0%
Urological (Excluding Testicular)	43.8%	61.5%	60.0%	75.0%	85.7%	100.0%	100.0%	54.5%	80.0%	61.5%	57.1%	50.0%
Total	**74.5%**	**83.3%**	**85.0%**	**92.3%**	**84.9%**	**100.0%**	**92.9%**	**86.0%**	**89.1%**	**84.4%**	**86.7%**	**88.9%**

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Narrative confirmed: 25.10.2017

Responsive Services - Commentary

Emergency Department (ED) four hours' wait and Ambulance handover time
Performance against the 95% target remained challenged 89.0% during September, whilst the median time to treat rose to 74 minutes against a target of 60. The drop in performance can be attributed to challenges around staffing in terms of ED doctors and ward nurses which were also reflected across NCL, high numbers of Mental Health patients and pressures around sustained flow driven by higher acuity and DTOC's . In order to improve performance going into October there is a heavy focus on embedding the improvement plan actions across the Trust and the sector. Discharge to access commenced in September which will have an impact on flow and Length of Stay

12 hour trolley waits in A&E
There were 3 12 hour trolley waits in September. All 3 were informal mental health patients requiring mental health bed transfers. To address this WH are working with C&I to implement the recommendation of the ECIP review. The key recommendations include – mental health CNS triage, consideration of recovery room to reduce long waits and improvement in flow at mental health trust. Whittington Health will work closely with Camden and Islington Mental Health Trust to implement these changes. The organisation also continues to work closely with the trust to ensure that timely and robust escalation processes are embedded in practice both in an out of hours. Furthermore, WH has secured capital funding to create a Mental Health recovery room to elevate the current pressures and improve the experience for the patients on the MH pathway. The expectation is that this will be in place by the end of the year.

Cancer
The indicator is overall compliant. There are 3 areas for tumour site 62 days from referral to treatment under achieving: Gynaecology, Upper and Lower Gastrointestinal. The forecast to be compliant for all standards for September 2017

52 week patients
The year to date column states that there were 5 breaches, however this relates to 3 patients only.
The same patient in August and September was treated on the 2nd October 2017, which was due to patient choice.

Responsive Services - Indicators and Performance

Category	Indicator	17_18 Target	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Q2 Sep-17	2017-2018	Performance
Theatres	Hospital Cancelled Operations	0	4	6	2	15	7	5	6	9	9	2	6		32	
Theatres	Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	0	2	0	0	0	0		2	
Theatres	Urgent Procedures Cancelled > once	0	0	0	0	0	0	0	0	0	0	0	0		0	
Admitted	Delayed Transfers Of Care - Days Lost	N/A	364	267	348	236	192	255	245	300	210	334	250		1339	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<4.5%	8.2%	5.1%	7.7%	5.3%	4.5%	5.5%	5.8%	6.9%	5.0%	7.8%	5.2%		6.1%	
Maternity	Women seen by HCP / midwife within 10 weeks	>50%	69.4%	67.2%	67.8%	54.1%	57.5%	50.9%	45.8%	52.8%	48.7%	58.0%	61.4%	59.0%	54.4%	
Community	IAPT Waiting Times for Treatment (% < 6 wks)	>75%	94.4%	94.3%	97.2%	97.2%	93.6%	93.3%	97.5%	96.5%	94.7%	94.7%	97.3%		96.2%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	91.8%	92.2%	91.6%	91.3%	93.3%	87.5%	88.6%	93.8%	91.9%	88.7%	89.3%		99.0%	
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	93.3%	94.1%	94.6%	94.8%	93.3%	90.7%	90.3%	94.1%	96.1%	91.7%	94.6%		93.3%	
Community	Haringey - HR1 % carried out before child aged 15 months								44.0%	38.2%	45.1%	44.1%	42.4%		42.7%	
Community	Haringey - HR2 % carried out before child aged 30 months								37.2%	32.9%	33.9%	47.2%	31.2%		36.3%	
Community	Islington - HR1 % carried out before child aged 15 mths								70.8%	68.6%	69.7%	61.2%	69.8%		67.8%	
Community	Islington - HR2 % carried out before child aged 30 mths								78.1%	74.7%	72.4%	82.2%	71.8%		76.0%	
Community	Haringey - 8wk Review % carried out before child aged 8 weeks									34.8%	33.2%	42.1%	29.6%		34.9%	
Community	Islington - 8wk Review % carried out before child aged 8 weeks									41.0%	43.8%	46.0%	49.1%		46.0%	

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Responsive Services - Commentary

Hospital cancellations for September 2017 (Data not entered in table above)
Nine patient's operations were cancelled last minute in September 2017
4 urgent patients

- 1 flexi urology were the notes were not available
- 3 urology operations for which no theatre staff were available, bank staff cancelled at short notice

5 routine patients

- 4 flexi urology operations, there was no surgeon available, locum shift cancelled at short notice
- 1 T&O theatre list overran

All operations were rebooked within 28 days.
New bank rates have started for theatre staff nurses staff which should increase uptake of bank staff and reduce reliance on agency staff.

Delayed Transfer of Care
This indicator is improving and shows an overall reduction in comparison to the year average. Bed capacity at St Pancras Hospital continues to be challenging, this has been escalated to Islington CCG. There is now onsite social work representation for Haringey, Islington and Barnet which will offer support to the clinical team.

New Birth Visit
Islington: 9 (4.1% late)
Islington performance improved from 91.7% in July to 94.6 in August (achieving 95% target).
Haringey: 25 (7.7% late)
Haringey's performance increased slightly from 88.7% in July to 89.3% in August.
Reasons given for late visits across both boroughs include:
- in hospital (only acceptable exception)
- late notification/incorrect address
- parental preference
- interpreter unavailable
- HV error/cause

Responsive Services - Commentary

Health Visiting, 8 weeks review and Health Review 1 and 2

Local authorities are mandated to ensure that all pre-school age children are offered five key health assessments as part of the Healthy Child Programme (HCP). The 5 mandated reviews are undertaken at:

- Antenatal from 28 weeks
- New birth visit (NBV) at 10 - 14 days
- 6-8 weeks
- 1 year
- 2 - 2 1/2 years

The Islington HV service has had a well-established universal HCP for the NBV, 1 & 2 year review for some years and has made significant improvements to the delivery of the 1 & 2 year reviews since the reviews have been recorded in the Early Years dataset sent by local authorities to NHSE on a monthly basis. There was a significant fall in the 2 year review performance due to summer holidays and closure of children's centres. Until 2016, Haringey provided a highly targeted service and only delivered the NBV universally. In April 2016, the service was delivering less than 10% of 1 & 2 year reviews universally and although performance has plateaued around the low 40s for the 1 year review and low 30s for the 2 year review the service expects to see a significant improvement in Q3. The lack of progress has been due to an increased backlog and children then seen outside the timeframe, as well as issues within our appointing processes. We have since:

- increased the number of available appointments
- established an appointing system for the 1&2 year reviews within our newly implemented single point of contact (SPOC) hub
- addressed the backlog
- seen coverage increase to approx. 85% & 70% delivered in July 2017 (will be reported in October for 1 year review and January 18 for 2 year review).

Both Boroughs have now introduced the 6-8 week assessment and both are making steady and sustained progress

The universal antenatal assessment is yet to be introduced as there have been pan-London difficulties in receiving booking information from maternity units since CHIServices were transferred to sector hubs

Date & time of data set production: 26/10/2017 09:42
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Well Led Services - Indicators and Performance

Category	Indicator	17_18 Target	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Q2 Sep-17	2017-2018	Performance
HR	Appraisals % Rate	>90%	66%	66%	67%	72%	75%	80%	80%	79%	79%	78%	78%	75%		
HR	Mandatory Training % Rate	>90%	81%	81%	82%	81%	82%	82%	82%	82%	82%	82%	82%	79%		
HR	Permanent Staffing WTEs Utilised	>90%	88.1%	88.1%	87.7%	87.7%	87.8%	87.8%	88.7%	88.9%	87.4%	86.1%	87.4%	87.3%	87.6%	
HR	Staff FFT % recommended work	>50%						60.5%			54.5%			53.3%	53.8%	
HR	Staff FFT response rate	>20%						24.4%			18.2%			21.6%	19.9%	
HR	Staff sickness absence %	<3.5%	3.8%	3.8%	3.7%	3.7%	3.6%	3.2%	3.3%	3.3%	3.5%	3.2%	3.4%	3.3%	3.3%	
HR	Staff turnover %	<10%	15.4%	14.9%	15.4%	15.3%	15.1%	14.3%	14.8%	14.4%	14.0%	14.7%	15.0%	14.4%	14.5%	
HR	Vacancy % Rate against Establishment	<10%	11.9%	11.9%	12.3%	12.3%	12.2%	12.2%	11.3%	11.1%	12.6%	13.9%	12.6%	12.7%	12.4%	

Category	Staff Type	17_18 Target	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Trend
Medical	Average staff cost per patient		98	88	101	94	89	125	107	91	95	96	97	
Nursing	Average staff cost per patient		173	160	186	182	174	237	190	169	169	171	171	
Other	Average staff cost per patient		191	178	200	188	194	256	217	198	194	209	205	

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Well Led Services - Commentary

Human Resources

Both appraisal and mandatory training compliance have dropped in month (to 75% and 79% respectively). This will be explored in detail at the quarter 3 Quality Performance Reviews.

The FFT response rate for the quarter increased to 21%, however the percentage of staff recommending the Trust as a place to work has deteriorated. The executive team is considering proposals to have a far-reaching piece of research carried out across the Trust to understand concerns better and address matters.

Sickness has improved slightly to 3.3%. Turnover remains static and the vacancy rate has improved slightly to 12.4%. However nursing recruitment remains a challenge and the executive team now review the recruitment pipeline on a weekly basis.

Average cost per patient

The numbers of patients attending Whittington Hospital has been similar month on month. The Trust has a target to reduce staffing spend and this has not yet been achieved due to Agency CIPs not delivering.

Work programmes include increasing productivity to reduce the cost per 1,000 patients.

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Activity - Indicators and Performance

Category	Indicator	17_18 Target	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Q2 Sep-17	Activity
ED	ED Attendances	**8285**	8253	8271	8238	8254	7430	8527	8285	8699	8239	8537	7853	8052	
ED	ED Admission Rate %		16.2%	16.6%	17.5%	17.2%	17.1%	16.9%	17.2%	17.3%	17.3%	16.4%	17.4%	17.5%	
Community	Community DNA Rate %	**<10%**	5.3%	5.5%	5.6%	5.5%	5.5%	5.2%	4.9%	5.3%	5.6%	5.2%	5.3%	5.3%	
Community	Community Face to Face Contacts		59130	63803	53867	60451	56361	66455	52653	62763	61182	59622	51605	55402	
Admissions	Elective and Daycase		1948	1876	1714	1879	1686	1850	1618	1790	1931	1903	1829	1827	
Admissions	Emergency Inpatients		2036	2124	2110	2067	1926	2200	2117	2212	2131	2162	2136	2235	
Referrals	GP Referrals to an Acute Service		5947	6284	5145	5795	5381	6694	5136	6243	5746	5565	5778	5775	
Referrals	% of GP Referrals that were completed via ERS		20.4%	18.9%	20.4%	21.5%	20.5%	18.9%	20.5%	19.7%	21.6%	23.1%	29.0%	30.5%	
Referrals	% ERS Slot Issues	**<4%**						36.1%	35.1%	32.7%	39.1%	35.7%	25.0%	22.4%	
Maternity	Maternity Births	**333**	315	324	300	312	274	309	301	331	321	313	320	344	
Maternity	Maternity Bookings	**377**	353	365	319	323	308	382	309	414	304	337	335	293	
Outpatients	Outpatient DNA Rate % - New	**<10%**	11.1%	11.3%	12.6%	12.4%	11.8%	12.0%	12.4%	11.9%	11.2%	11.9%	12.5%	11.3%	
Outpatients	Outpatient DNA Rate % - FUp	**<10%**	10.0%	10.0%	11.6%	12.4%	12.1%	11.9%	11.6%	11.7%	10.2%	11.6%	12.0%	11.4%	
Outpatients	Outpatient New Attendances		8747	9638	7965	8839	8457	9224	7580	9411	9130	8647	8696	8753	
Outpatients	Outpatient FUp Attendances		18728	19877	17244	18669	17066	18952	15608	18598	18972	17783	17266	16581	
Outpatients	Outpatient Procedures		6269	6186	5628	5957	5244	5793	4979	6097	6355	5749	5786	6462	
Theatres	Theatre Utilisation	**>85%**	81.5%	83.7%	83.5%	72.8%	81.1%	82.7%	84.9%	85.9%	82.7%	83.4%	80.8%	81.2%	

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Average Tariff by Point of Delivery (POD)

Category	Point of Delivery (POD)	17_18 Target	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	Q1 Apr-17	Q1 May-17	Q1 Jun-17	Q2 Jul-17	Q2 Aug-17	Trend
Average Tariff	Daycases		663	694	664	682	664	657	739	727	709	699	704	
Average Tariff	Elective		3831	4099	4402	2522	3785	4214	3772	2701	3726	4014	3535	
Average Tariff	Non-Elective		2153	2196	2132	2383	2180	2165	1790	1883	2356	2199	2335	

Average tariff fluctuates depending on the POD case mix, variance as shown below:

	August Tariff £	**Average Apr-Jul Tariff £**	**Variance %**
Day Cases	704	719	-2.02%
Elective	3,535	3,553	-0.51%
Non-Elective	2,335	2,057	13.51%

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Activity - Commentary

Maternity births

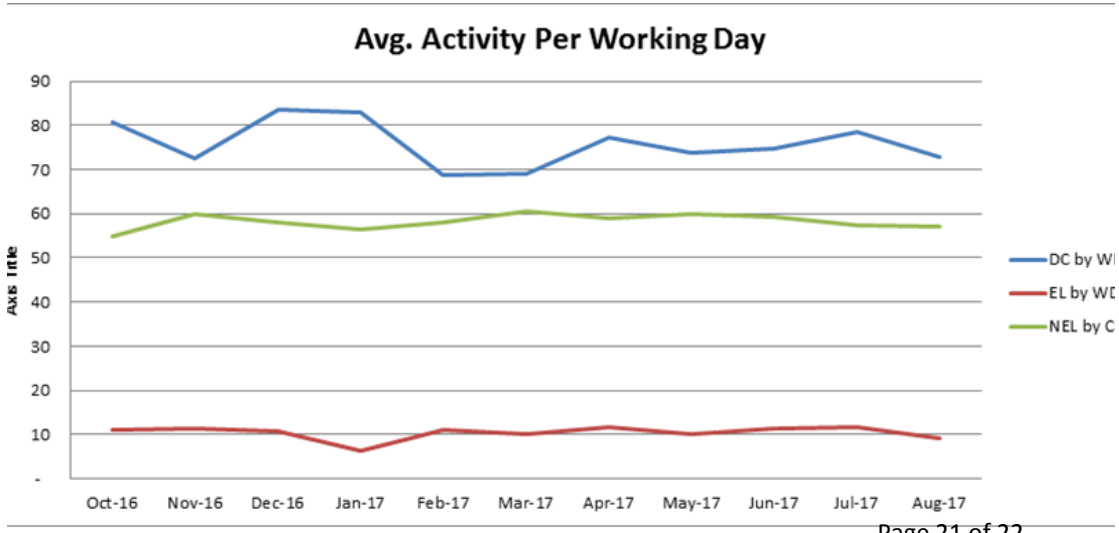
The number of births is above the average per month as expected last month. The number of bookings has gone down for September 2017; however this is as expected and similar for neighbouring trusts.

DNA

The pilot of DrDoctor within Imaging went live on the 16th October. A review meeting will take place on the 18th October to agree next steps. The Outpatients Transformation Programme Board has agreed full implementation across all ICSUs. It is not expect to see an impact on DNA rates until one month of using the DrDoctor service but the baselined our current performance has been set and an agreed dashboard to monitor a number of performance indicators has been confirmed.

Average tariff by POD

The table provided above shows the average income the Trust receives (tariff) for 3 different points of delivery i.e. day cases, elective and non-elective. The tariff changes each financial year based on national guidance and is affected by the type of treatment and complexity of patients treated. The activity has remained broadly flat as demonstrated by the graph below:



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Activity - Commentary

Theatre Utilisation

Theatre utilisation has improved slightly this month. There has been in increase in performance to 81.2% from last month's performance of 80%. The lists to be removed have been identified and some will be stopped in November, action is to replace the theatre lists with OP clinics so rooms are being sourced for this.
Please note a number of cancelled ops was high this month due to unavailability of bank and agency staff. The nursing staff issue now has a solution in that the rate has been approved by HR which makes it more attractive for our own staff. The gaps in medical staff, in particular urology, are still proving to be a challenge.

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Whittington Health NHS

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Whittington Health Trust Board

Wednesday 1st November 2017

Title:	**Winter Plan 2017/18**		
Agenda item:	**17/149**	**Paper**	**08**
Action requested:	**Whittington Health Winter Plan 2017/18**		
Executive Summary:	**Purpose** The paper details the plans that will be put in place for the challenged months the trust faces throughout the winter period and the steps that will be taken to ensure patient safety and quality are at the forefront of delivery of care to our service users. **Headlines** • Comparison undertaken from previous years in order to develop a robust plan for 17/18 • Improvement schemes • Additional capacity and resilience • Escalation and working with external partners • Risks		
Summary of recommendations:	To approve the winter plan		
Fit with WH strategy:			
Reference to related / other documents:	Full Capacity Protocol EUC Escalation and Flow Policy		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	Risk Assessment – Refer to Appendix 1 Emergency Department Situation Report – Refer to Appendix 2		
Date paper completed:	Paper presented and approved at TMG on the 17th October 2017		

Author name and title:				**Director name and title:**			
Date paper seen by EC		**Equality Impact Assessment complete?**		**Risk assessment undertaken ?**		**Legal advice received?**	

Whittington Health NHS

Winter Plan 2017/2018

For the Trust Board: Wednesday 1st November 2017

Review of Winter 2016/2017
Additional Capacity
Impacts from last Winter
Operational Resilience

Version Control	
Version 1	Presented to Executive Team on 3rd October
Version 2	Presented to TMG on 17th October
Version 3 – Final	Presented to Trust Board 1st November

1 Introduction

This Winter Plan describes Whittington Health's arrangements for the winter season. Winter presents a variety of challenges that require additional consideration and planning to maintain flow and keep patients safe. This plan has been developed by engaging with the Heads of Nursing, Clinical Directors, Operational Directors and the Emergency Planning Officer. The Winter Plan is a system wide approach and is focused on ensuring that internal operational functions are coordinated with support from external partners. The Winter Plan's elements include monitoring and managing patient surge; protocols for opening emergency capacity; operational initiatives; service improvement innovation; digital technology and monitoring; command and control mechanisms; integrated communication groups and work force planning.

1.0 Aim

Keep patients safe and provide high quality care during the winter months within Whittington Health. Patient cared for by the right team in the right place.
Minimise any disruption to operational delivery

1.1 Scope

The scope of this plan is focused on Winter Planning within Whittington Health and partner agencies. The Winter Plan will include aspects such as leadership and surge management, the improvement plan, winter review 2015/2016, winter capacity, key system enablers, and risks.

1.2 Objectives

- Avoid unnecessary admissions during the winter months by providing care pathways that deliver safe and efficient care

- Ensure appropriate capacity is available during the winter months

- Monitor and regularly engage with the CCGs and NHS to provide information, identify risks, communicate plans, monitor sector wide pressures, escalate issues, and challenges to performance and operational delivery.

- To support and focus performance management of the system to sustain, quality, delivery against plan and good patient experience. To clearly identify and direct resources to respond to surges and peaks in demand for services 24/7. Coordinate operations efficiently and effectively within and between ICSU teams.

- To maintain flow and optimise safe discharge within the ICO.

2.0 Review of winter 2015/2016

- Comparing September to December 2015 with September to December 2016 total A&E attendances rose by 3%.

- During the same period the number of breaches of the 4 Hour A&E standard rose by 70%

- The number of patients triaged for ED (Majors) rose by 16% with corresponding reductions in the numbers triaged for the Urgent Care Centre or Primary Care streams

- The number of patients triaged as Urgent, Very Urgent or Immediate Resus rose by 13% with a reduction of 6% in the number of patients triaged as standard.

- There was a 20% rise in the number of patients requiring Resus

- There was a 5% rise in ambulance conveyances – with peaks in attendances at 5pm and 8pm

- There was a 10% rise in the number of ambulance conveyances triaged as Urgent, Very Urgent or Immediate Resus

- The average number of patients in the department by hour rose by 12%

- HRG Coding:
    - 105% increase in Band 1 (highest acuity/complexity) coding
    - 48% increase in Band 2 coding (2nd highest acuity/complexity) coding

- A&E data shows a 1% increase in the total number of patients admitted but an 8% increase in the numbers admitted categorised as Urgent, Very Urgent or Immediate Resus

- Bed days lost to Delayed Transfers of Care rose by 60% with the main causes being waits for nursing, residential or further NHS placements.

- Patients aged over 75 Emergency Department activity rose 8% but patients aged over 75 admissions dropped by 1%.

- Cardiology and Thoracic Medicine saw an increase in average length of stay while T&O, Gynae and Elderly care saw a decrease. Overall average length of stay did not vary significantly.

- Year-end performance for 4-hour wait was **87.3%**

3.0 Improvement and preparedness

The Trust has worked with ECIP over the past 9 months and has embedded a number of improvements into practice.

3.1 SAFER patient flow bundle

> *Systematically implement a local version of the SAFER patient flow bundle, supported by the Red2Green approach, across all adult inpatient wards. (ECIP whole system review 2016)*

For the past six months work has been in place to progress implementation of the SAFER patient flow bundle within Whittington Health. SAFER is a practical tool that aims to reduce delays for adult inpatients including maternity patients.

This is now business as usual with:

- Senior clinicians reviewing patients before midday to determine decisions required to safely discharge patients.
- Patients will also be required to have and Expected Discharge Date (EDD) and Clinical Criteria for Discharge (CCD).
- The flow of patients by using the SAFER bundle will aim to have patients efficiently mobilised to the ward so to reduce congestion in pressured hospital areas such as ED.
- Early discharge will be monitored regularly with the aim of discharging 33% of patients from inpatient wards before midday.
- Patients with lengths of stay over seven days will be reviewed by clinical team on a DAILY basis
- Daily RED and GREEN reporting methodology in operation across all of the wards

3.2 Flow Co-ordinators

The concept of flow co-ordinators was tested out over the Perfect Week in April 17 and is now fully embedded in practice reporting to the Discharge Co-ordinators. All flow co-ordinators are now assigned to wards working very closely with ward multidisciplinary team's

The role of the Flow Co-ordinator is to:-

- Escalate delays with Delayed Transfer of Care and Medically Optimised to key stakeholders.
- Escalate delay issues and actions to partners internal and external to Whittington Health.
- Participate and support discharge planning processes.
- Establish daily and next day lists of patients to be discharged.
- Communicate with Site Practitioners when beds become available in wards.
- Highlight patients whom have a length of stay over 7 days

- Highlight patients whom have a length of stay over 2 days on the Seacole wards.
- Prepare the whiteboard and attend the board rounds.
- Establish situation reports and continually update Medway
- Complete any urgent actions from the access sitreps meeting.

3.3 Discharge to Assess (Home first)

Discharge to assess (D2A) is one of the **8 high impact changes** supported by NHSI. Discharge to assess was implemented in Haringey and Islington from the beginning of September 2017. D2A means that patients are discharged from the wards as soon as they are medically stable rather than remaining on the ward waiting for functional assessments. The assessment then happens at home or in another location other than on the acute ward. Discharge to assess involves working with external partners in particular the local authority with progress monitored locally (ED delivery board) and at sector STP level.

There are three pathways included in D2A which are:-

- **Pathway 0** – patient has no additional needs and need restart of care package

- **Pathway 1** – patient has additional needs so will transfer home with help including an assessment at home for set up of care package and reabelement.

- **Pathway 2** – patient unable to return home immediately as cannot be left alone between visits – so referred to bed based intermediate care for rehab and discharge planning

- **Pathway 3 –** the patient is unable to return home with a standard package of care, may require long term placement or be eligible for Continuing Health Care (CHC).
  These patients will transfer to ring fenced beds in Priscilla Wakefield Nursing Home in Haringey and to St Anne's Nursing Home in Islington)

3.4 Escalation and Full Capacity Protocol

Consider the development of a full capacity protocol to support ambulance handover processes and reduce the risk in ED at times of peak escalation.
(ECIP full system review 2016)

The Escalation and Full Capacity Protocol is designed to facilitate command and control functions within the Emergency Department and Urgent Care Centre (EUC) to ensure delivery of high quality care in a safe environment for all patients. It stipulates the process for monitoring operational performance within the EUC. The monitoring of operations by key personnel within a command structure will trigger actions to be considered and applied when there is increased service demand that is over and above that expected (i.e. crowding in the department).This may be driven

by patient number or acuity or a mixture of both. The demand for service will be quantified within specific escalation ranges. The escalation ranges are Green, Amber, Red and Black. Please refer to Appendix 2. In the event of overcrowding in ED there are **9 Plus One Beds** that can be opened under exceptional circumstances, to maintain patient safety. The process for using the 9 Plus One Beds is outlined within the Full Capacity Protocol.

3.4.1 Plus One Beds

In the event that the "Full Capacity Protocol" triggers OPEL Level 4, Heads of Nursing will be able to open 9 Plus One Beds to reduce overcrowding in the ED.

The Plus One beds are located in the following areas:

Location	**Number of Beds**
MSS-Side Room 16	1 Bed
Mercers + Nightingale **	(1 Bed each bay =4 Beds) HDU excluded opening
Meryick staff room	1 Bed
Cavell day room	1 Bed
Coyle staff room	1 Bed
Monthuschi day room	1 Bed

3.4.2 Escalation with External Partners

The NHS Improvement Team and NHS England have provided clear guidance in relation to the daily Winter Rhythm, Data Information & Intelligence, Bank Holiday/Weekend Assurance and Escalations.

Winter Rhythm	1) Day to day management of local U & EC systems 2) Daily system surge calls that inform the national command and control centre.
Data, Information and Intelligence	1) Daily Sitrep collected and distributed by NHS Improvement 2) Weekend Plans 3) LASD/111 data sources 4) Winter Intelligence bulletin
Bank Holiday/Weekend Assurance	1) Assurance of Acute, Primary Care, LAS, 111, CAMHS in advance of Christmas/New Year period 2) Intermittent assurance of acute systems
Escalations	1) 12 hour breaches 2) ED redirects in exceptional cases only 3) Beds lost to infection control 4) Workforce update and early recognition of rising tide 5) Performance against ED trajectory 6) Beds occupied by DTOC's /MO/Stranded patients 7) Ambulance handover delays

	8) LAS Resource Escalation Action Plan (REAP) levels 9) Bespoke plans for weekends +BH 10) Primary care and out of hospital capacity 11) Availability and responsiveness of community services.

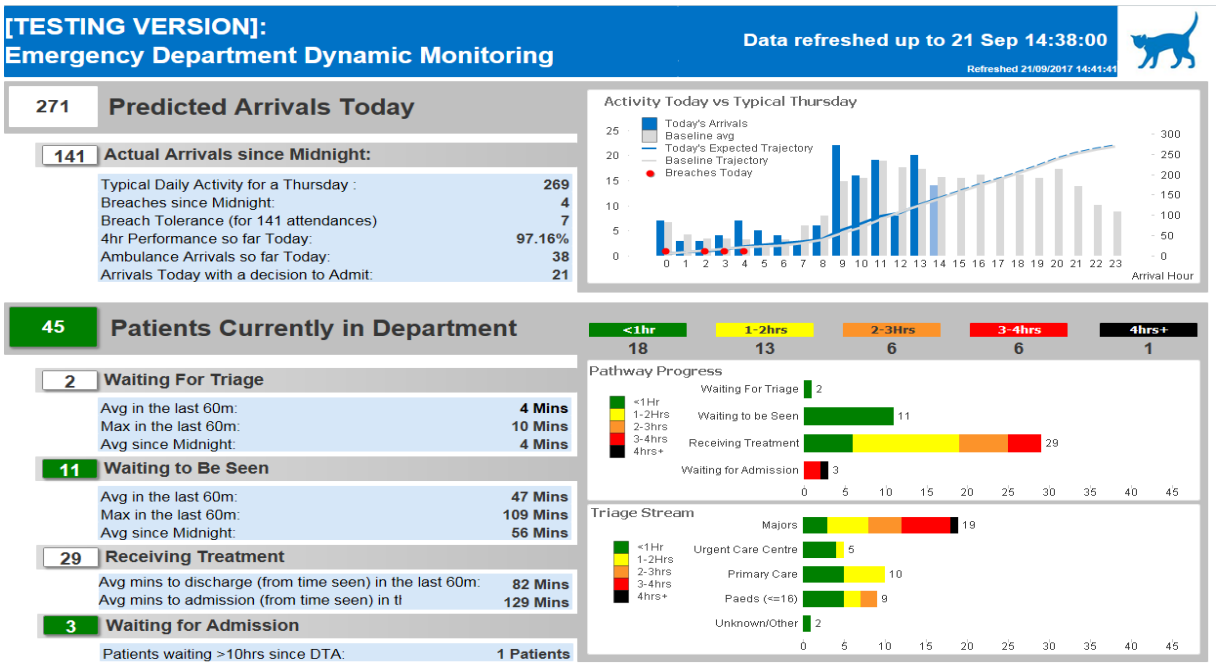
External monitoring is part of a pan North East North Central London resilience system known as the **Single Health & Resilience Early Warning Database (SHREWD)**. The internal monitoring triggers; escalation ranges and actions configured for Whittington Health are Green, Amber, Red and Black. Each indicator has an escalation range which will trigger specific, timely communications and actions to be executed by staff within a specified time frame.

3.5 Emergency Department Dynamic Monitoring

In early 2017 the EUC and IM&T teams developed a live monitoring tool with predictive capability. The dynamic monitoring tool enables the ED leadership team to identify increased pressure in the system and take action to optimise flow within the department. The ED leadership team complete regular situation reports at 0900, 1200, 1500, 1900, 2300 with the aim of having a complete information picture of pressures within the department. Increasing pressure areas identified have specific actions that are implemented by the ED team to improve safety and patient flow. The ED Dynamic Tool is available on QlikView,

Fig.1

Emergency Department and Urgent Care Centre Dynamic Tool



3.6 Perfect Week /Breaking the cycle

Whittington Health has had two perfect weeks since the winter of 2016/17. The aim of the perfect week is to maximise patient flow and mobilise senior managers to the operational area to support efficient discharge of patients and flag up any operational issues that require review. The perfect week is conducted at critical times of the year to reset operations and provide additional support to optimise flow.

In April we tested the role of Flow Liaison Officers working with specific wards. The flow co-ordinators are now in place supported by ward clerks.

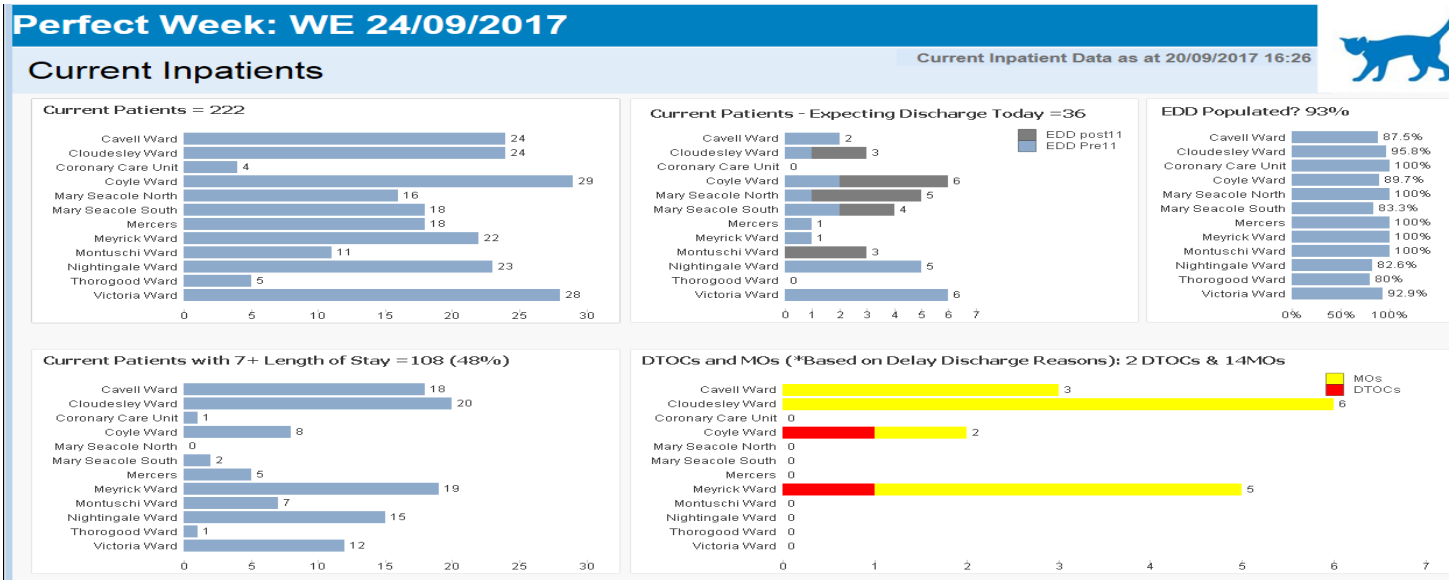
In September we focused efforts to embed "*Red to Green"*. SAFER was established across acute and general wards and to test out agreed metrics
These are now in place to monitor flow throughout the winter period.

The next Perfect Week will be on the week commencing **8th January 2018**.
This is timed to happen after the Bank Holiday weekend where there will be expected pressure across the health and social care system.

The expectation is that ALL senior operational teams will on the 'shop floor' for the week with all meetings cancelled.

Fig.2

Monitoring Inpatient Flow



4 Winter Resilience Funding

Whittington Health has £2m winter resilience funding for 17/18 committed to a number of schemes.

4.1 Winter Schemes

Initiative	Issues	Intended Outcomes
Flu campaign - Islington	Increase in ED attendances & admissions	Avoidable attendances and admissions for vulnerable adults
Flu campaign - Haringey	Increase in ED attendances /admissions	Avoidable attendances and admissions for vulnerable adults
Mental Health front door triage	Long waits for MH continue which will create challenges for dept. over winter	redirect MH patients to appropriate services & avoid long waits in ED
Primary Care redirection	Increase in attendances in patients who can be managed within primary care	Reduction in attendance for primary care needs
D2A Haringey	Benefits of D2A now realised due to insufficient therapy	Supports implementation of D2A
Discharge Medical Registrar	Reduced discharges over weekend which will adversely impact on admitted pathway	Increase in discharges over weekend
AAU Registrar & Consultant	Insufficient capacity in acute medicine to manage increased acuity	Extra capacity to manage admitted pathway & 'pull' from ED
Escalation beds - additional resources	Adverse impact on ED performance with increase in breaches for admitted pathway. Risk of overcrowding in ED which will compromise patient safety.	Additional capacity to support admission of patients with season high acuity/support flow from ED/ reduction of breaches in admitted pathway/ maintain safety of patients in ED by ensuring timely transfer to appropriate bed.

4.2 Bed allocation

Date	Location of Additional Beds	Total Number of Beds
30th September 17	Whittington Hospital	216
November 2017 to March 2018 *(winter capacity fully open)*	Victoria	7
	Cavell	24
	Coyle	7
November 2017 to March 2018	Whittington Hospital	235

4.3 Medical workforce plan

Victoria
(Haematology, Gastroenterology, Diabetes and General Medicine patients) will be split between gastro/haem and diabetes in dedicated consultant led teams with daily consultant ward presence.

Extra medical juniors will be attached to help these teams work well together and they will need to work flexibly. All medical staff are in post.

JKU wards
These will be covered by three ward based consultant led teams. Two additional SHOs currently being recruited to.

Nightingale
(respiratory) stable staffing

Montuschi
(cardiology) stable staffing

Coyle
(Orthopaedic/General surgery/Urology/Gynae and medical (7)
The medical outliers are likely to take the largest impact from increased admissions/LOS.

The plan is to expand orthogeriatric cover to include frail fallers who will benefit from specialist care with therapy input. This will be led by orthogeriatric consultant supported by extra cardiology registrar until January and then to recruit to a 6 month fixed term post. The junior doctor support will come from the F1 orthopaedic team.

These team members will all be ward based and in addition to providing medical care for these frail fallers they will also coordinate calling on Victoria medical team to look after any other GIM outliers.

AAU team will need to identify appropriate patients for Coyle- frail fallers or short stay medical patients (*such as recovering simple pneumonia/asthma/colitis etc)*

Mercers
(General Surgery) existing plan for any medical outliers to be covered by respiratory and cardiology teams work well. No other change anticipated

Thorogood
(Elective Surgery) In order to avoid the ward becoming medical over the Christmas and new year period, senior nursing surgical team to move orthopaedic and other appropriate 'clean' surgical patients across in planned manner when elective activity drops to ensure that medical patients are limited to Coyle. Patients will move back as elective activity resumes. *see below under Elective plan phasing*

5.0 NHSI Emergency 4 hour trajectory and sustainability transformation (STF) requirements

NHSI STF monthly trajectories

In March 2017 we agreed monthly trajectories for ED with NHSI in line with the national communications from Jim Mackey & Simon Stevens.

We met these trajectories in M01; M02 however did not meet the trajectory in M03 & M04.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	90%	92%	93%	95%	95%	95%	92%	91%	90%	90%	92%	95%
Actual	91.10%	93.50%	92.40%									

The STF guidance for 17/18 was issues to Trust in July. Based on this guidance, in order to meet the 15% performance element tied to the ED 4hour wait target, the Trust needs to achieve:

Qtr	4hr requirement	4hr target	Achieved	£'s	A&E Milestones requirement	Achievement	£'s
Q1	Higher of 90% or Q4 16/17	90.0%	92.4%	150,188	Key milestones return	Front Door streaming	150,188
Q2	Higher of 90% or Q2 16/17	91.3%		200,250	Key milestones return		200,250
Q3	Higher of 90% or Q3	90.0%		300,375	Key milestones		300,375

	16/17				return		
Q4	95% in March 18	95.0%		350,458	Key milestones return		350,458
				1,001,250			1,001,250

6.0 Flu Campaign

Frontline Health and Social Care Workers

Protecting our patients, staff members, family and friends from flu is top of the agenda at the Department of Health (DoH), Public Health England and NHS England. The DoH provides guidance and support on what we can do to protect our patients and this is an important way to prevent patient infections. There is always pressure on NHS and social care services during the winter. Vaccinating staff against flu is an important infection control measure and is a critical part of the annual winter planning process, to ensure the NHS and Social Care Staff are as resilient as possible.

An uptake target rate of 75% (by **December** 2017) has been set. If 75% of frontline HCWs are vaccinated by Dec 2017

Last year (2016/2017) Whittington Health had a successful 80% uptake rate. This was the highest rate in London.

This year we are confident that we will reach the required 75% although it is acknowledged that the low effectiveness of the vaccine in previous years may make it difficult to persuade staff.

The Occupational Health team 'Get a jab, Give a Jab' initiative with Unicef has however already got off to a very promising start.

Date	Initiative	Who
Winter Flu Programme Starts 25th of September	Winter Flu Program Starts	Occupational Health Team Multidisciplinary Flu Team: Director of Nursing, Communication, Pharmacy, Infection Control, Finance
Date and time for N19 will be out soon. Lunch Time October.	Vaccinations in Clinical Area, Community Centre's	Flu Campions, Ward Nurses (PGD), Nee Lim Managers ICSU League Tables of success OH to provide training in clinics
	Give a Jab get a Jab. Donation of 10 Jabs	Occupational Health Team, UNICEF
	Rewards and Freebies for Staff that are vaccinated	The flu vaccination will be rewarded with a prize
	Myth Busting	Flu Champions

	Consent Forms	Each ICSU
Monday to Friday 08.30 – 16.30	Occupational Health Clinics	OHT
	FAQ Posters, Local Posters	NHSE, Clinics
	Communications: Vaccination Information Sheet, Statements and footage from Whittington Health Leaders, Flu information staff newsletter, screen savers, Jab-O-Meter Emails Flu Charts	Virology, OH, Infection Control NHS Employers Medical Director Senior Nurses OH Nurses to circulate in wards

7.0 Elective Plan Phasing

Over winter elective activity will continue as normal. The only deviation to this will be over Christmas and New Year when the following arrangements will be in place

Monday 18th December to Thursday 21st December 2017 all lists both IP and Day case will operate as normal.
Friday 22nd December 2017 all elective activity will be cancelled and instead two emergency theatres will be staffed one for surgical emergencies and one for Trauma. The rationale for this is to ensure that any urgent patients can be operated on before the Christmas holidays.

Wednesday 27th & Thursday 28th December 2017 only Day case elective surgery will be undertaken. On Friday 29th December 2017 there will be two emergency theatres in place as per the arrangement for Friday 22nd December 2017 above.

Normal elective work will resume on Tuesday 2nd January 2018.

It is planned to close Thorogood ward from Friday 22nd December 2017 and this will re-open on Tuesday 2nd January 2018, as there will be no elective T&O IP work over this time.

8.0 Community services – winter resilience

8.1 Rapid response & Virtual ward

Rapid Response (RR) Haringey Service will visit patients within 2 hours of referral. Referrals are accepted from any hospitals (majority from Whittington and NMH) with RR team Matrons actively in reach to AAU wards and ED, working closely with other MDT members to facilitate admission avoidance.

RR supports patients who are medically stable but require a Matron to support their medical and nursing needs and activate all necessary services to enable the patient to remain at home safely. This service is offered between 8am -10pm for up to five days.

The service has access to home carer 4 times / day for 5 days and a carer overnight for 2 nights.

The RR service also accepts patients from LAS and GPs who have triaged the patient by telephone and now extended to care homes in Haringey.

The Virtual Ward Matrons case find across all WH wards and departments including ED to prevent unnecessary admission and reduce LOS for in-patients by working with the MDT to identify and support sub-acute patients who are medically stable, but not ready to return to mainstream community services.

The Matrons provide intense care in the patients' homes, including management of drains, cannulation and delivery of intravenous medication. They work closely with the AEC Consultant with twice daily review of patients' conditions to maintain safe and efficient management of patients on the caseload.
Care is delivered between 8am - 8pm and patients can be cared for on the Virtual Ward for up to 2 weeks.

8.2 District Nursing Service

The District Nursing Service is involved in the flu vaccine campaign which is part of a national public health campaign. It aims to reduce the risks of 'high risk' groups (housebound patients on the DN caseload) contracting flu/pneumonia. The success of the campaign is reliant on maximum vaccination coverage to vulnerable groups and people they interact with. Vaccination of patients prevents them becoming ill and potential hospital admissions and increased acuity.

This campaign assists in the ability for the community teams to continue to manage housebound patients on the caseload at home.

The service is now using eCommunity which is an allocation tool which will provide resilience going into the winter.

The tool was designed to manage the Capacity and Demand in District nursing. Introduced in April 2017 it has allowed the service to allocate the right care professional, with the right skill, at the right time, in the most ergonomic way. It also allows the DN Leads to view demand for the next day and take action to optimise available resources safely.

The system has replaced DN out-dated paper based office processes and provided a more robust appointment management tool which allows the service to anticipate demand v capacity in real time as it evaluates clinician’s time management. The office based coordinators are able to monitor this whilst clinicians outcome their visits in real-time. This provides the transparency to reallocate resources as needed.

Fig. 1

Rag rated patients according to priority of visits

Patient Treatments — Twilight:

		Patient Name	CM	Postcode	Description	Band	Mins		U	C
P1		[redacted]		N10 1EH	Low molecular weight heparin injections (LMWH, T	4	15		0	0
P1		[redacted]		N10 1HT	Blood pressure measurement (manual) . Fungating '	5	55		0	0
P2		[redacted]		N10 1JA	Male Urethral Recatheterisation. Reassessment.	5	90		0	0
P2		[redacted]		N10 1JA	Changing urinary catheter bags. Male Urethral Reca	4	45		0	0
P1		[redacted]		N10 1JB	Low molecular weight heparin injections (LMWH, T	4	15		0	0
P1		[redacted]	✔	N10 1JE	Administration of Boxed oral medication (non-opioi	3	15		0	0
P1		[redacted]		N10 1NG	Blood pressure measurement (manual) . Blood Suga	3	50		0	0
P2		[redacted]		N10 1PL	SSKIN bundle (PAC).	3	30		0	0
P1		[redacted]		N10 1PL	Administration of insulin via pen device. Blood Suga	3	20		0	0
P1		[redacted]		N10 1PL	Administration of insulin via pen device.	3	10		0	0
P1		[redacted]		N10 2BL	Low molecular weight heparin injections (LMWH, T	4	15		0	0
P1		[redacted]		N10 2BL	Low molecular weight heparin injections (LMWH, T	4	15		0	0

Available Clinicians

Clinician Name	Team	Band	Hours Wor	Visits Booke	Mins Booke	Mins Free	Last Nur
Davinia Diaz Thornton	Haringey West	6	10.00	0	0	540	
Olu Olayiwola	Haringey West	5	8.50	0	0	450	
Susana Alberto Ramos dc	Haringey West	5	8.50	0	0	450	
Nana Asantewaa	Haringey West	5	8.50	0	0	450	
Alabi Falilat	Haringey West	5	8.50	0	0	450	
Rachel Bourne	Haringey West	5	8.50	0	0	450	
Miriam Archer	Haringey West	5	8.50	0	0	450	
Laura Chambers	Haringey West	5	8.50	0	0	450	
Amanda Pereira de Sousa	Haringey West	5	8.50	0	0	450	
Rachel Kaggwa	Haringey West	5	8.50	0	0	450	

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Staff on Duty: **10** | Currently Allocated: **0** | Available Minutes: **4590**

Fig. 2

Capacity Vs workload

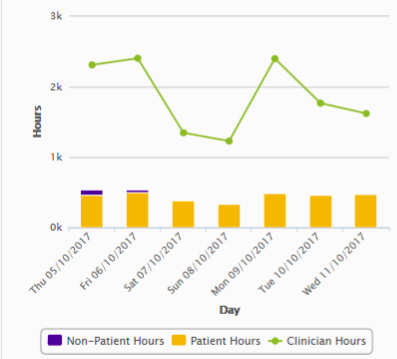
Dashboard

Visits Unallocated: 198/1015 05/10/2017 | 438/1036 06/10/2017

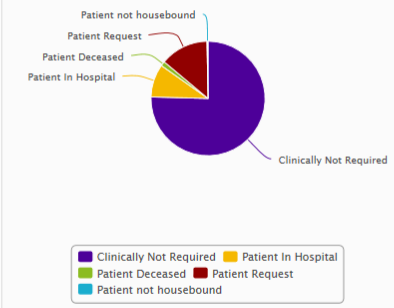
Capacity: 51.52% 05/10/2017 | 54.19% 06/10/2017

Percentage of Referrals Caseload Reviewed: 0.79% Last 31 Day(s)

Capacity vs Workload



Cancelled Visits (15/09/2017 - 05/10/2017)



Capacity By Band

	Yesterday		Today		Tomorrow	
Band 0	0h 0m	0h 0m	0h 0m	0h 0m	0h 0m	0h 0m
Band 1	0h 0m	0h 0m	0h 0m	0h 0m	0h 0m	0h 0m
Band 2	63h 49m	132h 56m	62h 0m	103h 56m	72h 5m	123h 26m
Band 3	193h 45m	164h 0m	226h 25m	155h 48m	228h 15m	148h 0m
Band 4	29h 0m	69h 39m	29h 9m	60h 0m	30h 15m	50h 30m
Band 5	102h 24m	416h 0m	139h 0m	429h 0m	165h 15m	434h 30m
Band 6	0h 0m	81h 30m	0h 0m	44h 25m	0h 0m	58h 30m
Band 7	0h 0m	110h 30m	0h 0m	93h 0m	0h 0m	100h 0m
Band 8	0h 0m	0h 0m	0h 0m	0h 0m	0h 0m	0h 0m
Total	389h 0m	974h 36m	456h 35m	886h 10m	495h 50m	914h 57m

9.0: Operational Capacity

9.1 Social Care

There will be on site social work support through the winter months to support MDTs in reducing delays in discharging complex patients from hospital

Social work capacity**:** from October social workers will be based on site in the old Nurses Home

- Haringey (Monday to Friday)
- Islington (Monday to Friday)
- Barnet (Weekly on site presence)

From October there will be a weekly (Wednesday) escalation teleconference with social service assistant directors from Haringey and Islington and Operational Director for Integrated Medicine or deputy.

9.2 Access Meetings

Access meeting will held at 08:30, 10:00, 15:00 and 17:00. Silver on call will attend the 17.00 meeting in person or by t//c for update on the operational status including workforce going into the evening /night. Heads of Nursing will have agreed the plan to flex up beds in the event of increased demand of hospital beds. Key issues will be addressed by Bronze and Silver on call. The highlights of the plan and daily performance will be sent electronically to Gold on call.

9.3 Operational Communications Groups: WhatsApp

During the winter months there will a WhatsApp Operational group established that will communicate information related to:

- Delayed discharges
- Clinical reviews
- Completion of Access Meeting Actions
- Escalation of Clinical Issues
- Key operational requests from the COO, Heads of Nursing, Directors of Operations, and Clinical Directors will be shared within the group. The group will establish in October with terms of reference to guide communications.

NHS England will conduct monthly communication exercises using the Page One system with the aim of testing the paging response of NHS organisations.

Appendix 1
Winter Risk Assessment 2017/2018

Number	Risk	Initial Risk Rating	Actions	Post Intervention Risk Rating
1	If system wide interventions do not have the anticipated impact on hospital flow	3 X 4 = **12**	• Regular updates and robust monitoring of the outcomes • System wide interventions at daily ED delivery board • Weekly "Get a Grip" meetings	3 x 2=**6**
2	Insufficient resources available to maintain resilient services during peaks in demand	4 x 4=**16**	Key enablers. • Full Capacity Protocol • Discharge to Assess Flow • Escalation Externally	3 x 2=**6**
3	Workforce. Insufficient workforce on wards and relocation of locum staff	4 x 4=**16**	• Agreed plan sign off by Heads of Nursing for Escalation Beds • Scrutinising of staff for unfilled shifts • Retaining effective and regular locum staff (ED & AAU) • Bank Bonus starts Nov 2017	3 x 2=**6**
4	Not achieving ED 4 hr performance target	4 x 4=**16**	• Actions as per ED Improvement Plan •	3 x 4 = **12**
5	Delayed Transfers of Care (high numbers of patients in hospital due to extended delays)	4 x 4=**16**	• Daily teleconference • Weekly teleconference involving (Seniors/directors and assistant directors) • Discharge to assess – pathways 1,2,3	3 x 4 = **12**
6	Mental Health patients experiencing long waits. Impact on ED performance and poor patient experience	4 x 4=**16**	• Specific improvement work with Camden and Islington (as per ED whole system improvement plan) • Recovery room – completion Dec 17	3 x 4 = **12**

Appendix 2: Emergency Department Situation Report

EMERGECNY DEPARTMENT SITREP: ASSESSOR : Date : Circle Time 0900, 1200, 1500, 1900, 2300

	INDICATORS	GREEN OPEL 1	AMBER OPEL 2	RED OPEL 3	BLACK OPEL 4
CAPACITY	Capacity	<50 Patients	50-70 Patients	71-90 Patients	>90 Patients
	Resus/Majors Capacity	<20 Patients	20-25 Patients	26-30 Patients	>30 Patients
ARRIVALS	LAS handover	<20 Minutes	20-30 Minutes	31-45 Minutes	>45 Minutes
	Time to Triage	<15 Minutes	15-20 Minutes	21-40 Minutes	>40 Minutes
	Number of Arrivals in last hour	<15 Day <6 Night	15-18 Day 6-7 Night	19-25 Day 8-10 Night	>25 Day >10 Night
ASSESSMENT	Number of Patients to be seen	<20 Patients	20-30 Patients	31-40 Patients	>40 Patients
	ED waiting Times	<60 Minutes	60-100 Minutes	101-180 Minutes	>180 Minutes
REFERRALS	Specialty Referral	<30 Minutes	30-60 Minutes	61-90 Minutes	>90 Minutes
	Imaging Time: from order to completion	<30 Minutes	30-60 Minutes	61-90 Minutes	>90 Minutes
	General Blood Results	<45 Minutes	45-60 Minutes	61-90 Minutes	>90 Minutes
	Mental Health Patients in ED	<60 Minutes	60-120 Minutes	121-180 Minutes or 2 high risk / sectioned patients	>180 Minutes or > 2 high risk / sectioned patients
ADMISSION	DTAs	<4 Patients	4-8 Patients	9-14 Patients	>14 Patients
	CDU	<5 Patients	5-7 Patients	8 Patients	8 Patients under other teams
95%	4 hr standard breaches since midnight	<6 Patients	6-15 Patients	16-25 Patients	>25 Patients
TOTALS					
ED STATUS IS		GREEN Business as usual	AMBER if ≥4 TRIGGERS	RED if ≥4 or ≥2 FULL CAPACITY TRIGGERS	BLACK if ≥3 or ≥2 FULL CAPACITY TRIGGERS

ISSUES:	LISTED ACTIONS COMPLETE : CIRCLE YES/NO ADDITIONAL ACTIONS:

Whittington Health NHS

Winter Plan 2017/18

Carol Gillen, Chief Operating Officer – October 2017

Aims

Whittington Health NHS

- **Keep patients safe and provide high quality care during the winter months within Whittington Health**

- **Patients looked after by the right team in the right place**

Objectives

Whittington Health NHS

- Ensure appropriate capacity is available during winter period
- Ensure patient flow is maximised
- Ensure command and control is consistent 24/7
- Coordinate operations efficiently and effectively within and between ICSU teams
- Provide timely communications to all stakeholders
- Use digital technology to monitor and quantify flow
- Escalate and prioritise actions in relation to demands of service

Key themes

Whittington Health NHS

- Higher Acuity
- Higher Attendances
- Bed days lost to Delayed Transfer of Care up by 60%
- 5% increase in ambulance attendances
- Over 75's attendances up by 8%

Additional Capacity

Whittington Health NHS

Date	Location of Additional Beds	Total Number of Beds	Medical Team
30th September	Whittington Hospital	216	N/A
November 2017 to March 2018 *(winter capacity fully open)*	Victoria	7	Endocrine Team
	Cavell	24	COOP Team
	Coyle	7	Frail Elderly fallers Other medical conditions covered by Endocrine Team (maximum 7) Over and above will be covered by gastro team Additional registrar and x2 FY2 for escalation beds
November 2017 to March 2018	Whittington Hospital Total	235	N/A

Winter Community Beds

Whittington Health NHS

Adult Community Beds	Bed Numbers
Current - Islington	
St Pancras	
General Rehab	21
Mildmay	10
St Ann's	12
Current Haringey	
Bridges Rehab	14
Step Down - Haringey	
Step down Protheroe House	10
Total	**57**

Improvement and Preparedness

Whittington Health NHS

- ✓ Safer
- ✓ Full Capacity Protocol
- ✓ Discharge to Assess
- ✓ Perfect Week/ Breaking the Cycle
- ✓ Flow Coordinators
- ✓ Winter Schemes
- ✓ Plus One Beds
- ✓ EUC Dynamic Tool

Winter Schemes

Whittington Health NHS

Initiative	Issues	Intended Outcomes
Flu campaign - Islington	Increase in ED attendances & admissions	Avoidable attendances and admissions for vulnerable adults
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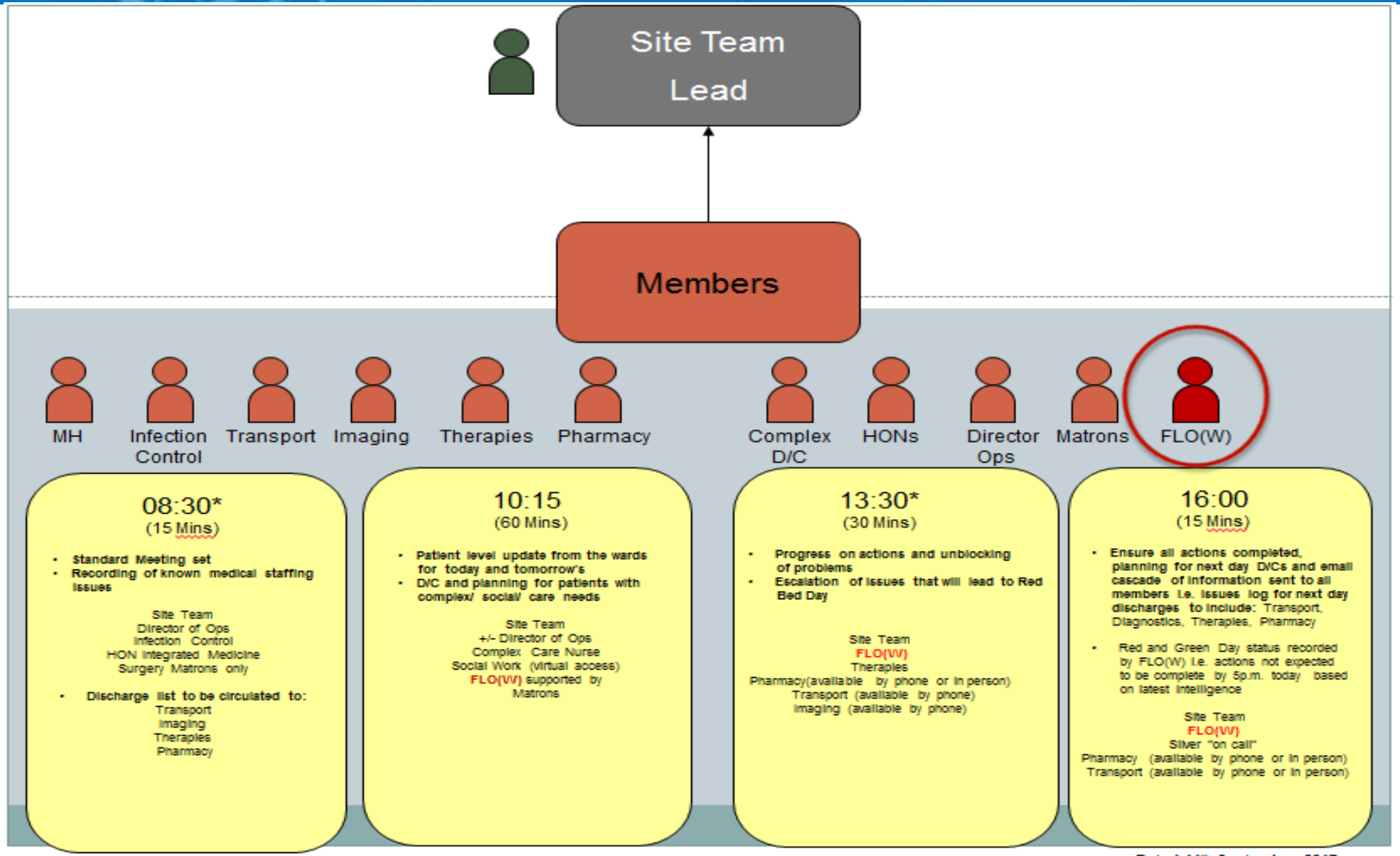
D2A Haringey	Benefits of D2A now realised due to insufficient therapy	Supports implementation of D2A
Discharge Medical Registrar	Reduced discharges over weekend which will adversely impact on admitted pathway	Increase in discharges over weekend
AAU Registrar & Consultant	Insufficient capacity in acute medicine to manage increased acuity	Extra capacity to manage admitted pathway & 'pull' from ED
Escalation beds - additional resources	Adverse impact on ED performance with increase in breaches for admitted pathway. Risk of overcrowding in ED which will compromise patient safety.	Additional capacity to support admission of patients with season high acuity/support flow from ED/ reduction of breaches in admitted pathway/ maintain safety of patients in ED by ensuring timely transfer to appropriate bed.

Operational Stakeholders

Whittington Health NHS



Dated 11th September 2017

Emergency Department Flow and Escalation

Whittington Health NHS

Escalate Early
Clear Team Coordination
Standardised Communication
System Wide Response

BLACK OPEL 4

- The Emergency Department is under critical pressure - there is increased potential for patient care and safety to be compromised
- The ED is BLACK if ≥ 2 triggers are BLACK or any FULL CAPACITY trigger is BLACK
- ED Senior Team to complete actions against indicator that has triggered BLACK
- Additional Trustwide coordination to improve patient flow
- Consider activation of the FULL CAPACITY PROTOCOL

RED OPEL 3

- The Emergency Department is experiencing major pressures compromising patient flow
- The ED is RED if ≥ 3 triggers are RED or any FULL CAPACITY trigger is RED
- ED Senior Team to complete actions against indicator that has triggered RED
- Trustwide response to complete actions to support Emergency Department

AMBER OPEL 2

- The Emergency Department is starting to show signs of pressure
- The ED is AMBER if ≥ 3 triggers are AMBER
- ED Senior Team to complete actions against indicators that have triggered AMBER
- When actions are complete review the situation and update the ED Manager / Site Manager

GREEN OPEL 1

- Business as usual - the Emergency Department is able to maintain flow and meet demand
- Emergency Department Status is monitored continuously by SHREWD and a regular SITREP at board rounds at 0900, 1200, 1500 (ED Manager), and 1900, 2300 (Site Team supported by ED Cons / Reg)
- Concerns about flow, capacity or demand should prompt an earlier check
- If individual indicators are at AMBER or RED, complete actions against those triggers
- If individual patients are experiencing delays in assessment or treatment this should be escalated immediately to the ED Cons / Reg

EUC Dynamic Tool

Whittington Health NHS

[TESTING VERSION]: Emergency Department Dynamic Monitoring

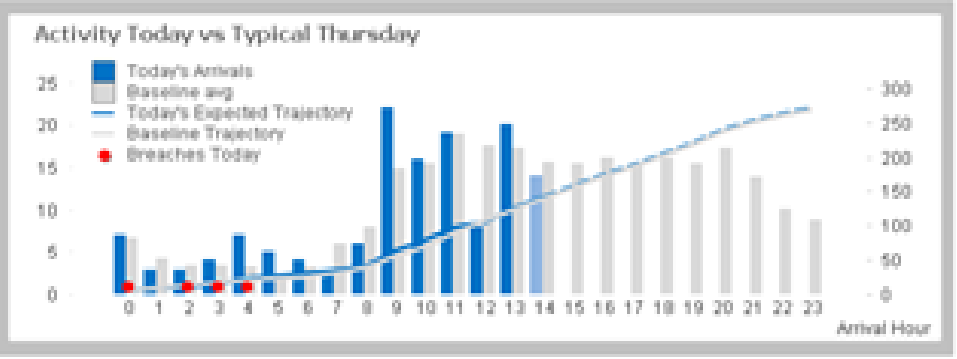
Data refreshed up to 21 Sep 14:38:00

Refreshed 21/09/2017 14:41:41

271 Predicted Arrivals Today

141 Actual Arrivals since Midnight:

Typical Daily Activity for a Thursday :	269
Breaches since Midnight:	4
Breach Tolerance (for 141 attendances)	7
4hr Performance so far Today:	97.16%
Ambulance Arrivals so far Today:	38
Arrivals Today with a decision to Admit:	21



45 Patients Currently in Department

2 Waiting For Triage

Avg in the last 60m:	4 Mins
Max in the last 60m:	10 Mins
Avg since Midnight:	4 Mins

11 Waiting to Be Seen

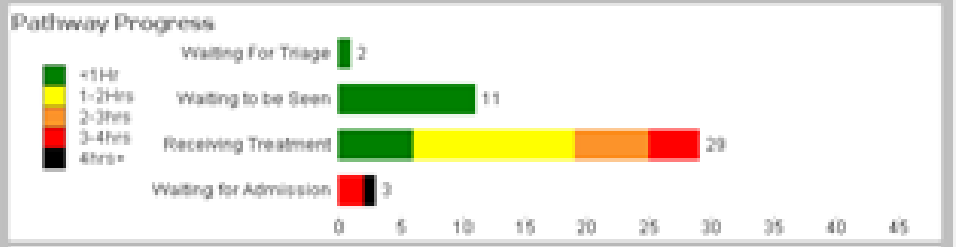
Avg in the last 60m:	47 Mins
Max in the last 60m:	109 Mins
Avg since Midnight:	56 Mins

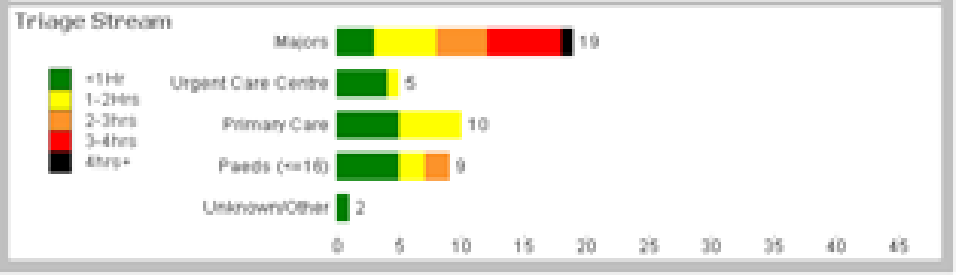
29 Receiving Treatment

Avg mins to discharge (from time seen) in the last 60m:	82 Mins
Avg mins to admission (from time seen) in tl	129 Mins

3 Waiting for Admission

Patients waiting >10hrs since DTA:	1 Patients





Risks

Whittington Health NHS

Winter Risk Assessment 2017/2018

Number	Risk	Initial Risk Rating	Actions	Post Intervention Risk Rating
1	If system wide interventions do not have the anticipated impact on hospital flow	3 X 4 = **12**	• Regular updates and robust monitoring of the outcomes • System wide interventions at daily ED delivery board • Weekly "Get a Grip" meetings	3 x 2=**6**
2	Insufficient resources available to maintain resilient services during peaks in demand	4 x 4=**16**	Key enablers. • Full Capacity Protocol • Discharge to Assess Flow • Escalation Externally	3 x 2=**6**
3	Workforce. Insufficient workforce on wards and relocation of locum staff	4 x 4=**16**	• Agreed plan sign off by Heads of Nursing for Escalation Beds • Scrutinising of staff for unfilled shifts • Retaining effective and regular locum staff (ED & AAU) • Bank Bonus starts Nov 2017	3 x 2=**6**
4	Not achieving ED 4 hr performance target	4 x 4=**16**	• Actions as per ED Improvement Plan •	3 x 4 = **12**
5	Delayed Transfers of Care (high numbers of patients in hospital due to extended delays)	4 x 4=**16**	• Daily teleconference • Weekly teleconference involving (Seniors/directors and assistant directors) • Discharge to assess – pathways 1,2,3	3 x 4 = **12**
6	Mental Health patients experiencing long waits. Impact on ED performance and poor patient experience	4 x 4=**16**	• Specific improvement work with Camden and Islington (as per ED whole system improvement plan) • Recovery room – completion Dec 17	3 x 4 = **12**

Summary

Whittington Health NHS

- **Bed capacity to respond to increased demand in winter**
- **Integrated flow, escalation and discharge planning within and between ICSU's**
- **Standardised communication, command, control and coordination to provide safe quality care**
- **Additional human resource to provide quality care**

Whittington Health NHS

END

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The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Whittington Health Trust Board

1 November 2017

Title:	**Healthy London Partnership Peer Review of Acute Care Services for Children and Young People (CYP)**		
Agenda item:	**17/150**	**Paper**	**09**
Action requested:	For noting		
Executive Summary:	Between July 2016 and March 2017 Healthy London Partnership Children and Young People's (CYP) programme undertook peer reviews of all acute paediatric services in London. The final report from this process is attached which summarises the findings from reviews carried out at all 26 acute hospitals which provide services for CYP. The report highlights areas of good practice and areas where additional work is required. Whittington Health's Life Force service is highlighted as best practice and this model consists of a team of specialists who provide care and support to families who have a child with a life limiting or life threatening condition living in the boroughs of Camden, Haringey and Islington. The service provides enhanced support to families and ensures choice in place of care, especially at end of life.		
Fit with WH strategy:	Aligns to clinical strategy		
Reference to related / other documents:	Complies with our regulatory framework		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	Captured on relevant risk registers		
Date paper completed:	25 October 2017		

Author name and title:		**Healthy London Partnership**		**Director name and title:**		**Siobhan Harrington, Chief Executive**	
Date paper seen by EC		**Equality Impact Assessment complete?**		**Risk assessment undertaken?**		**Legal advice received?**	

To:
Chairs, NHS Clinical Commissioning Groups
Chief Officers, NHS Clinical Commissioning Groups **11 October 2017**
Acute Trust Chief Executives
Acute Trust Medical and Nursing Directors

Dear Colleagues

Healthy London Partnership Peer Review of Acute Care Services for Children and Young People

Between July 2016 and March 2017 Healthy London Partnership Children and Young People's (CYP) programme undertook peer reviews of all acute paediatric services in London. The final report from this process is attached which summarises the findings from reviews carried out at all 26 acute hospitals which provide services for CYP.

The report highlights areas of good practice and also areas where additional work is required. Some of this will be addressed through work at pan-London level by HLP, for example emergency general surgery for CYP. It was evident that full achievement of the London Acute Care Standards for CYP could be a significant challenge on some sites.

The peer review was designed as a formative process to help to identify where services were meeting the London Acute Care Standards for Children and Young People and provide supportive feedback to enable standards to be met. It was intended that findings specific to each site would be shared with CCG and Trust boards for ongoing monitoring. In addition, the intent was that the outcomes would inform the ongoing design of local sustainability and transformation plans.

Some trusts have indicated that the findings are informing work plans. We are interested in how the findings have influenced local planning and if there are any specific examples of real change. If you have any you would like to share please email hlp.cyp-programme@nhs.net

We would like to reiterate our gratitude to all those who participated in the review process and enabled this rich source of information and learning to be obtained,

Yours faithfully

Martin Wilkinson
Joint Senior Responsible Officer,
HLP CYP Programme.
Chief Officer,
Lewisham CCG

pp Ceri Jacob
Joint Senior Responsible Officer,
HLP CYP Programme.
Director of Transformation,
North Central and East London
NHS England

CC: CYP Clinical Directors and CYP commissioning leads

Healthy London Partnership

Peer Review of Acute Care Services for Children and Young People

Summary report

September 2017

Supported by and delivering for London's NHS, Public Health England and the Mayor of London

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Purpose

This paper summarises the findings from the peer reviews of London's 26 acute hospitals which provide services for children and young people (CYP). The reviews were conducted between July 2016 and March 2017 and were based on Healthy London Partnership's (HLP) London Acute Care Standards for Children and Young People[1]

A great many people were involved in the process, both at the trusts and as a peer reviewer. HLP is hugely grateful to all of them; without their support, the process would not have achieved the depth of insight it did and much valuable learning would not have been gained.

Executive Summary

A quarter of the population in London is made up of CYP ≤ age 20 years. Throughout the course of the peer review process we heard that in many areas this population, particularly in terms of children under five years of age, is anticipated to increase significantly in the next five years. Our hospitals are often the first port of call for these CYP; emergency department (ED) presentations by children have increased by 20% in the last decade[2].

HLP's CYP programme undertook a supportive peer-led review in 2016 -17 of the 26 sites in London that deliver acute medical care to CYP. The process began with each Trust assessing itself against the London Acute Care Standards for CYP (Appendix A: the process). Information provided by trusts was reviewed by a team of clinicians from across London, together with local commissioners, who then spent a day at each site walking key clinical pathways - from the ED to the paediatric wards - and meeting clinical and managerial teams. Each review concluded with a report identifying areas of good practice and suggested areas for improvement, with the findings jointly owned by the trusts and local Clinical Commissioning Groups (CCGs).

> *The review was conducted by people who understand the services and therefore were able to really see areas of good practice but more importantly areas that we could improve upon.*
> **Consultant Paediatrician and Children's Clinical Business Unit Lead, Croydon University Hospital**

Much to celebrate was observed over the course of the year. Reviewers were of the opinion that CYP, and their families, were largely well served by the 26 hospital sites visited: their voices were heard and appropriate and often highly innovative care was provided. It was clear that every child and young person mattered.

Achievement of the London Acute Care Standards for CYP was quite variable; in every category. However, trusts reported that they saw them as being important and were striving to meet them. Reviewers felt that full achievement of the may be a significant challenge on some sites.

Much good practice was seen in the district general hospitals (DGHs); innovation and excellence was not limited to the specialist and academic centres.

Paediatric staff across disciplines were clearly passionate about the services they provide. On numerous occasions, reviewers commented that staff were often working under a great deal of pressure, whether due to demand or lack of resource, but were seen to be highly committed to their work - and to the children and young people for whom they care.

The process raised the profile of paediatric services in many trusts, as reported by children's and young people's divisions reported that. Many senior leaders and Board

[1] London Acute Care Standards for Children and Young People. First published February 2015; revised August 2016
[2] Nuffield Quality Watch: Emergency hospital care for children and young people April 2017

members gave a high degree of support to the process; this was both important from the point of view of service quality and staff satisfaction.

The relationships between commissioners and providers varied hugely across London. Many trusts work with a number of CCGs, constantly juggling different local priorities. At times, it was observed that this resulted in inequity of care being delivered by trusts to CYP depending on their CCG of origin. Reviewers saw this as being hard for staff and unfair to the CYP the trusts looked after. The delivery of Sustainability and Transformation Plans (STPs) should help to deliver a more joined up approach.

Where commissioner/provider collaboration was strong, a whole-system approach was taken to the provision of services for CYP; silos were broken down and CYP were seen to be at the centre of service design. Reviewers also remarked upon those areas where there was joint commissioning, which enabled consideration of the needs of the child or young person both in terms of health and wellbeing.

Learning has been used to help identify STP Priorities.

Children's Commissioning Lead, NHS Haringey CCG

The process facilitated a constructive dialogue in relation to specific acute care issues between commissioners and providers - and amongst providers - despite the variability in relationships. The development of CYP networks in line with STP footprints to help maintain this dialogue post review was urged by reviewers.

Reviewers were of the view that there are a number of key areas upon which providers and commissioners need to focus, despite the many examples of good practice highlighted in this report.

More could be done to facilitate dialogue amongst all providers - and commissioners - to explore and develop new models of care. Some good examples were observed but not enough.

Reviewers observed that CAMHS[3] provision for CYP in crisis presenting to local trusts is inadequate and represents a system failure. A mental health emergency can be as devastating and as life-threatening as a physical health emergency, and the long-term effects of failing to provide effective mental health care in childhood are well recognised.

Unfortunately the care provided to CYP in London presenting in mental health crisis is often fragmented and delayed. It does not address their needs and adds to their feeling of stigma; which can lead to a worse outcome. Their care can also be challenging for staff, many of whom have little training in how to deal with such young people. It is imperative that collaborative commissioning and local transformation planning should look at how the additional funding for delivering Future in Mind can be directed to these frontline services.

In terms of acute care service provision for CYP, there were times when reviewers questioned if it was acceptable that the level of provision available to adults was not available to CYP. By way of example, standard 40 of the London Acute Care Standards for CYP states that *a consultant paediatrician being present and readily available in the hospital to cover extended day working, up until 10pm, seven days a week*; not all trusts meet this requirement.

[3] Child and Adolescent Mental Health Services (CAMHS)

Reviewers also noted that ***staff in some hospitals were often under a great deal of pressure to maintain the quality of care required***. ***In others, the demand for service did not always warrant the level of provision.*** Consequently, this raised questions to the viability of all 26 sites as emergency sites, especially as the achievement of the London Acute Care Standards for CYP is variable.

A final, overarching observation is that resources for children's services are spread thinly across London; at times in ways that appear unequal.

Background

HLP brings together the NHS in London and partners to deliver better health and care for all Londoners. Partners include the Mayor of London, Greater London Authority, Public Health England, London Councils and Health Education England. HLP believes that collectively it can make London the healthiest global city in the world by uniting all of London to deliver the ambitions set out in *Better Health for London: Next Steps* and the national *Five Year Forward View.*

HLP works to deliver the changes best done once for London. It is also in the unique position to support the delivery of the STPs in the five areas across London with strategic advice, resources and staff embedded in the areas.

One of the key aims of HLP's CYP programme is to reduce the variation in quality of acute care services that CYP experience. The London Acute Care Standards for CYP seek to achieve this by setting out the minimum requirements which should be delivered in acute care services for CYP across London.

The London Acute Care Standards for CYP are based on the numerous standards already in existence from bodies including the Royal Colleges and NICE. Aimed at commissioners and providers of acute care services for CYP, they can be used to validate, challenge and quality assure service provision.

In 2016, HLP's CYP board agreed that a measurement of the baseline of delivery of the London Acute Care Standards for CYP across London should be established and that this should be undertaken through a clinical peer review process, in conjunction with trusts' local commissioners for CYP; including NHS England specialised commissioning - where relevant. The process was designed to be formative; helping to identify where services were meeting the London Acute Care Standards for CYP and providing supportive feedback to enable them to be met.

Consequently, 26 sites in London, where there is an in-patient facility for CYP were peer reviewed between July 2016 and the end of March 2017. The 26 sites are managed by 18 trusts; a list of the sites visited is included at Appendix B. Panels were made up of clinicians and local commissioners - and chaired by a senior paediatrician.

> *Preparation for the inspection was a good housekeeping exercise which prompted us to finish some things which we had been meaning to complete for some time and to develop clarity on some key issues where we had become 'stuck'*
>
> **Divisional Head of Nursing, Children's Services, Outpatients and Diagnostics, Homerton University Hospital NHS Foundation Trust**

After each review, a summary of the feedback was provided to the trust's Chief Executive, as well as the Chief Officers of local CCGs. It was requested that this should be shared with their boards.

Both providers and commissioners have been asked to state how the findings have been addressed at executive level within their own organisations and how they are helping to inform delivery of local STPs.

The process also identified areas where the HLP CYP programme could work to support the delivery of the London Acute Care Standards for Children and Young People across London.

In addition to thanking the each and every one of the trusts who participated in the review process - all of whom were most supportive – the HLP CYP programme would like to thank all those who acted as a peer reviewer. In particular, thanks must go to clinical staff who gave of their time so willingly.

Credit must also go to Royal Free London NHS Foundation Trust and to Lewisham and Greenwich NHS Trust for having acted as pilot sites at short notice. These visits helped to refine the process going forward.

Key findings

- **Close collaboration between commissioners and providers - and amongst providers – helps achievement of the London Acute Care Standards for CYP**

The peer review process identified that achievement of the London Acute Care Standards for CYP is variable but that it is recognised that they are important. CYP divisions are striving to meet them but in many instances the standards require a whole system response; not all of the solutions lie within the gift of the trusts. For instance, many trusts struggle to meet the huge demand for emergency care services they face; a demand that can be driven by lack of provision in the community.

> *Lots of positive effects from peer review process: helped highlight our own strengths to department, trust and CCG - and helped reinforce to trust and CCG areas we knew needed improvement. Scored the process as 9/10 as the self-assessment paperwork was a bit laborious. However, it did help to highlight areas we hadn't considered looking at.*
>
> **Consultant in Paediatric Emergency Medicine, Whittington Health NHS Trust**

Noticeable differences were apparent in the strength of collaboration between providers and their commissioners. In the best cases, provider and commissioner have developed a close working relationship; both formal and informal. In these instances, it was clear that a 'them and us' culture had been broken down. Good examples noted were the relationships observed between North Middlesex University Hospital NHS Trusts and NHS Haringey CCG and between Lewisham and Greenwich NHS Trusts, the local authority and NHS Lewisham CCG.

It was noted that the consistency of acute care provision across multiple sites can be reduced in cases where the trusts is working with different CCGs at each site; each of whom has different funding arrangements, local priorities and desired outcomes.

This can lead to apparent inequalities in care provided. At some sites it was noted that trusts were only able to provide certain types of care and support for CYP from certain CCGs due to varying commissioning arrangements; this was largely related to integration of acute care with primary and community care. In certain trusts which have more than one acute site, inequality of actual provision of care to inpatients was observed due to variable commissioning arrangements; for example, in the availability of after-hours CAMHS support from site to site. In each of these cases, the inequality of care was distressing to the paediatric team and to the review team.

Commissioners commented on the work that the HLP CYP programme has been undertaking to strengthen CYP commissioners' capabilities - and consequently the relationship between provider and commissioner. It was noted that the HLP CYP Commissioning Development Programme had actually carried out a simulation of an acute care peer review in order to prepare commissioners for actual site visits.

It is hoped that local STPs will help to deliver greater consistency but there is a concern that services for CYP are not a high priority in such plans.

A similar variance was noted in the relationships between local general practice providers and the hospital; at its best, there was open and clear communication; including an accessible directory of services and advice lines open seven days a week.

Reviewers noted that there is a move to establish regional CYP networks/alliances in line with the STP footprint. It is believed that these will provide an opportunity for wider dialogue and collaborative planning that puts CYP at the centre of service design and service delivery.

- **Acute care services for CYP benefit from strong institutional commitment**

It was clear that the board of a number of trusts give significant attention to the acute care services for CYP they provide. Many peer reviews were attended by members of the Executive Teams, including the Chief Executive, and by the Non-executive Director (NED) who has responsibility for CYP services; if such an appointment had been made. HLP and peer reviewers would like to applaud this demonstration of commitment.

Where the "golden thread" running from children's ward to board was evident, there appeared to be a greater opportunity for innovation - and for closer collaboration with commissioning partners. For instance, business cases appeared to be viewed more favourably where the relationship between board and division was strongest. Paediatric staff felt motivated to explore new ideas and ways of working because their views would be considered.

However, it was evident that some boards view services for CYP as having a lower priority, as they are less contentious than some other areas. Annual reports and quality accounts (and hence quality plans) typically make little specific reference to CYP. Consequently, reviewers were of the view that more should be done to ensure that all boards have oversight for the quality of the service being delivered.

Reviewers felt that such oversight should extend to those urgent care centres on site that were managed directly by the trust. Urgent care centres were not part of the peer review process but they often shared the same front door and reviewers felt that it would be beneficial to patients and their families if processes could be aligned.

No matter how engaged their boards, the leadership at divisional level was viewed to be strong - for the most part. Paediatric teams were seen to be close knit and supportive; performing well despite the wider challenges being faced by their trusts. Personal relationships were seen to be hugely important in terms of service delivery. Whilst this is admirable, trusts are encouraged to consider succession planning; identifying the leaders of tomorrow.

In terms of the audit arrangements, reviewers proposed that these should be extended more widely within a trust - and be consistent in delivery. Safeguarding was consistently strong; for instance, it was noted that many trusts held daily 'huddles' and 'druggles', ensuring both the safe handover of CYP from shift to shift but also the safe dispensing of medication.

This said, it was noted that CYP cared for outside core paediatric service areas could be less visible and the impact of governance was less tangible. For instance, standard 3 of the London Acute Care Standards for CYP states that there should be *a programme of audit across all elements of the service;* we did not observe that this was common practice. This was particularly true of older children and adolescents cared for in surgical divisions within trusts.

HLP's CYP programme has produced a number of standards[4] - in addition to those collated into the London Acute Care Standards for CYP - by which trusts could measure their own performance. The acute care self-assessment process provided a methodology for doing this. It was noted that multi-disciplinary CYP boards have been established at a number of trusts to ensure all CYP within the trust (i.e. within or outside the paediatric divisions) receive the same quality of care; for instance, at University College London Hospitals NHS Foundation Trust, King's College Hospital NHS Foundation Trust and Hillingdon Hospitals NHS Foundation Trust. A number of other trusts indicated that they planned to set up a CYP board; a move commended by reviewers.

As many CYP divisions do not have the authority to influence wider service design for CYP, all CYP boards are encouraged to make sure that membership is drawn from all specialities that deal with CYP – and that local GPs are represented. Some CYP boards include young people or have an advisory panel made up of users; a move reviewers applauded.

> *The review prompted and supported us to revisit the standards that had been released, have access to them in one place and get a really good oversight of how our services were performing*
>
> **Divisional Director of Nursing, Chelsea and Westminster NHS Foundation Trust**

- **Service provision for CYP designed around them is to be encouraged**

It was noted that organisational structures within trusts tend to be vertical and quite siloed in relation to children. A disconnect - both physical and cultural - between different departments was perceived; for instance, between those who manage the emergency department and the paediatric staff working there. Examples of close collaboration were noted that help to minimise the risk; for instance at Newham University Hospital. Reviewers commented on the fact that more collaborative working resulted in paediatric decision making being moved close to the front door. An example of collaborative working was observed at Northwick Park Hospital, where the triaging of CYP in the urgent care centre is done by paediatric nurses employed by the trust.

It was clear that efforts are being made to create cross-divisional working groups but more evidence as to the effectiveness of these is required. The emerging CYP boards need to drive cross-departmental involvement; focussing on key issues and monitoring quality and effectiveness of services for all CYP on behalf of the main board.

These boards are a key forum for putting CYP at the heart of service design and delivery, complementing the work of CYP fora or networks established at STP level.

- **Progress has been made to strengthen acute paediatric consultant out-of-hours cover**

Standards 37 - 46 of the London Acute Care Standards for CYP stress the importance of senior clinical input to the acute care of a child or young person; such care to be provided in a timely fashion. All trusts had increased the level of paediatric consultant cover available and many met standard 40 which states that *a consultant paediatrician is to be present and readily available in the hospital to cover extended day working (up until 10pm), seven days a week*. Some have even exceeded the standard; for instance The Hillingdon Hospitals NHS Foundation Trust, where a paediatric consultant is on duty overnight. In delivering this level of cover, the

[4] London asthma standards for children and young people; Paediatric critical care standards for London: Level 1 and 2; Out-of-hospital care standards; Paediatric assessment unit standards

Trust has taken great care to ensure that those registrars on duty overnight do not feel disempowered; they manage the service, the consultant is there to advise.

Reviewers saw the achievement of standard 40 as a genuine commitment from Executive Teams – and local commissioners - to the care of CYP, as all trusts face competing demands for investment.

Where standard 40 was not met, management teams indicated that there was either a lack of resource or that cover until 10.00 pm would make the scheduling of rotas difficult under a number of the current contractual arrangements. In many places, instituting seven-day service provision will require a cultural shift.

Reviewers were of the view that where a trust does not meet standard 40, the board needs to consider the rationale and assure itself that the quality of care has not been compromised.

Of more concern to the peer review panels was the relatively light medical cover that many sites had overnight and at weekends. Relatively junior staff – ST4s (Speciality Trainees) and Senior House Officers - were reported to be on duty and covering a wide agenda; for instance, the emergency department, paediatric wards and neonates. Reviewers felt that there was an inherent risk in this; albeit that paediatric consultants were on-call. Again, boards need to assure themselves that the quality of care is not compromised due to a lack of senior decision makers on site.

- **Emergency Departments are the first port of call for many CYP**

Many trusts operate in challenging urban environments: high levels of deprivation and differing cultural expectations of populations as to how a health service operates. This, together with a view that GP appointments can be difficult to get, mean that many families turn to a hospital and its ED as a first port of call. As noted earlier, ED attendances have increased across England by 30% in the past decade. In London they are very high - with a total of about 573,000 attendances for those under the age of 16 across London in 2015/16[5].

It was noted that ED attendance is extremely variable for those under the age of 16. In 2015/16 this ranged from 11,374 ED attendances at the Princess Royal University Hospital to over 42,000 at the North Middlesex University Hospital.

Reviewers applauded the fact that many trusts had established a paediatric emergency department (PED) and a short stay paediatric assessment unit (PAU); often called a paediatric assessment and short stay unit (PASSU). Together with triaging by a paediatric nurse at the front door, this meant that CYP are seen by the right person quickly - and that admissions are reduced.

Reviewers were of the view that the links between paediatrics and broader ED services were a very good example of how collaboration between departments should work. For instance, on the University Hospital Lewisham site the panel noted the positive interaction between the staff in the adult ED and those in the PED. In particular, collaborative decisions were seen to be made as to how and where to treat young people aged 16 years plus. Similar collaboration was noted at Kingston Hospital, where the paediatric lead for emergency medicine was employed by the ED; the panel felt that this strengthened the relationship.

Where paediatric staff are employed by the ED, it was felt that it was vital that it should be clear who the senior responsible paediatric clinician was. Some confusion was noted with advice being sought by junior staff from ED clinicians and then referred to a paediatric consultant; an unnecessary delay.

[5] Source: Sum of trust attendance data provided as part of the peer review self-assessment process.

It was noted that urgent care centres (UCC) have been collocated with an ED/PED in many trusts. Reviewers were particularly impressed by the arrangements at the Homerton, where the ED runs the centre. Where UCCs are run by external providers, relationships were largely positive. For instance, at Northwick Park Hospital (London North West Healthcare NHS Trust) it was noted that the Trust provided the paediatric nurses who worked in the UCC.

Where difficulties were noted - for instance, when the emergency clock starts again when a child is referred from a UCC to ED – it was felt that commissioners could play a larger role in defining the responsibilities from the outset. This would ensure a much more effective clinical pathway. A GP presence on site was seen to be beneficial but concerns were raised about the level of paediatric skills GPs have – both in the UCC and in Primary Care. Reviewers wondered what more Trusts could do to train GPs on site. For instance, it was noted that GPs from 13 local practices were working in the ED at Epsom Hospital over the weekends (10.00 am to 10.00 pm). No data is yet available as to the impact of this but HLP's CYP programme will follow this up.

Many of the CYP who attend an ED are frequent attendees; it is important to understand why this is the case – how genuine is the need? Consequently, reviewers were impressed by the work being done by a number of trusts to monitor such attendees more closely; for instance, at both St George's Hospital and Barts Health NHS Trust.

- **The safety of local children's surgery needs to be assured**

The peer review process demonstrated that there is a clear need to ensure that local children's surgery functions in a safe and supported way. Formally constituted networks in each STP area could facilitate this. However, it is recognised that skills might deteriorate quickly if patient numbers are low.

There was some evidence that surgical networks are beginning to emerge but the arrangements tend to be informal. Examples of good governance were observed but reviewers were of the opinion that the journey to effective system design is only just beginning. The collective view was that all parties need to agree the approach that suits their STP region and put in place formal governance arrangements. Whichever arrangements are put in place, it will be vital to make sure that all staff, not just those involved in surgery, understand them.

Few trusts meet all of the Standards relating to surgery and anaesthesia (S71 – 86). For some, the number of procedures carried out does not warrant dedicated theatres or recovery bays. Where CYP are to be operated on, they tend to be scheduled before the adult lists.

Larger trusts tended to have dedicated spaces and staff, at all levels. For instance, Chelsea and Westminster Hospital has four state of the art theatres dedicated to paediatric surgery, as well as a large recovery area; this has nurse-led cubicles where CYP requiring special care can be looked after. Reviewers also noted an exemplary testicular torsion pathway at King's College Hospital, Denmark Hill which enables delivery of surgery effectively for this time-critical pathway.

S78 states that *all hospitals admitting emergency surgery patients have access to a fully paediatric- competent staffed emergency theatre, and a consultant surgeon and a consultant anaesthetist with appropriate paediatric competencies are on site within 30 minutes at any time of the day or night*. In light of this, questions were raised about the deskilling of surgeons in DGHs, as increasing numbers of CYP requiring surgery are transferred to specialist centres.

However, as noted by the Royal College of Surgeons, all clinicians caring for children and young people in a surgical or anaesthetic context should undertake an appropriate level of paediatric clinical activity that is sufficient to maintain minimum competencies (as defined by their respective medical royal colleges) and consistent with their job plans.[6]

[6] Standards for Children's Surgery: Children's Surgical Forum, The Royal College of Surgeons of England 2013

It is acknowledge that it is for each trust to decide what service it is going to deliver, in consultation with its commissioners, and ensure that necessary competencies are maintained in all staff groups. An excellent example of this in practice was seen at Barnet Hospital, Royal Free London NHS Foundation Trust. However, reviewers were of the view that clinicians who operate primarily on adults need to have the confidence and capability to operate on CYP as well if surgical networks are to be effective.

Larger, multi-site trusts were seen to be balancing the demands of emergency and elective work – and their specialist work. Reviewers felt that they needed to prioritise their work; identifying a single site where paediatric surgery can be done safely at some volume.

It was noted that trusts often failed to meet standard 73 of the London Acute Care Standards for CYP: w*here children are admitted with surgical problems they are jointly managed by teams with competencies in both surgical and paediatric care, which includes having a named consultant paediatrician and a named consultant surgeon.* This did not always happen, especially in relation to day-case surgery. Joint responsibility would help to ensure that CYP are discharged in a timely fashion following surgery. Delays were noted due to a lack of surgical review.

In terms of anaesthesia, the peer review process questioned the adequacy of provision was; particularly in regards to the management of acutely ill CYP requiring intubation. Most trusts were confident that the appropriate skills were available, and cited the support they get from the retrieval services - CATS (the children's acute transport service) and STRS (South Thames retrieval service)); both in terms of actual provision and training. However, reviewers were of the opinion that boards need to assure themselves that the quality of care is not compromised.

The process provided focus within the service, helps to engage colleagues from elsewhere in the organisation and adds credibility to requests for support from the senior management of the organisation

Divisional Manager, Women's & Child Health, Barking, Havering and Redbridge University Hospitals NHS Trust

- **The management of acutely ill CYP needs a London-wide response**

Reviewers were of the view that the management of severely ill CYP was variable; trusts need to do more work in order to achieve both the London Acute Care Standards for CYP and Level 1 and 2 Critical Care Standards (April 2016). In particular, the level of staffing - and the skills mix - available, particularly in DGHs.

Recognising this, the HLP CYP programme has been granted funding by Health Education England to develop an online hub for L1 and L2 paediatric critical care education. This development is being supported by a clinical lead working within the HLP CYP programme and a local STP lead for each area. Once they have completed the online educational element, staff in DGHs will receive scenario-based training to enable them to reach the level of competency required.

The peer review process identified that a number of trusts had opened high dependency units to cope with demand. Standard 60 of the London Acute Care Standards for CYP states that *all hospitals admitting children should be able to deliver Basic Critical Care (CC) in a defined critical care area, classified as a Level 1 Paediatric Critical Care Unit.* Level 1 Critical Care provision must be recognised as a part of the core acute care provision; it is not an additional service. It is acknowledged that a commissioning framework for delivery of this standard is not yet in place. HLP has undertaken initial work to develop this and work is now going on at national level to try to develop this framework.

In terms of critical care transfers, children deemed by the local trusts to need transfer to a Level 2 or 3 facility were not always judged to be so by the retrieval services; for instance, CYP who

do not require intubation but are deemed to require a higher level of care. The transport review being undertaken by specialised commissioning should help to ensure a more consistent response to this issue.

Staff also noted the difficulty in finding high dependency beds; a lot of time is spent phoning around, taking staff away from direct patient care, sometimes for hours. It was noted that paediatric critical care networks had been proposed as part of the Level 1 and L2 Critical Care Standards. The configuration of these networks is currently under discussion in the London Paediatric Critical Care Forum and it is anticipated it will be determined later this year.

- **Coordination of care for CYP with long-term conditions and those with complex needs could be better**

The London Acute Care Standards for CYP state that local pathways are in place for all children with chronic disease and long-term conditions and that such CYP have access to psychological support and CAMHS. Some excellent examples of services for these CYP were observed.

For CYP with asthma, consultants at the Hillingdon Hospitals NHS Foundation Trust provide community clinics, run out of GP hubs; they also go into schools. Reviewers also noted the award-winning diabetes work that the Trust does, which includes multi-disciplinary school clinics and a 24/7 diabetes hotline for GPs, as well as for families.

In the day surgery unit at the Royal Free Hospital, Royal Free London NHS Foundation Trust, reviewers remarked upon the specific provision made for CYP with learning difficulties and autistic spectrum disorder to ensure that the experience was as non-threatening as possible.

Life Force - a service run by Whittington Health NHS Trust – consists of a team of specialists who provide care and support to families who have a child with a life limiting or life threatening condition living in the boroughs of Camden, Haringey and Islington. The aim is to provide enhanced support to families and ensure choice in place of care, especially at end of life. Reviewers were particularly impressed by this model.

Pockets of good work were also seen in other trusts but the overall conclusion was that more needed to be done to ensure that written care plans were in place for CYP with long-term conditions or complex needs and that the appropriate community/primary care professionals were involved in its development - and delivery.

- **Care for CYP experiencing a mental health crisis needs to be more accessible, consistent and effective**

Despite some areas of excellent practice in parts of the acute mental health pathway, in no hospital was the entire pathway functioning adequately, particularly timely access to Tier 4 inpatient beds. The mental health compact currently being drafted by NHS England should help with this issue but ii currently remains a key matter for senior managers in terms of quality and safety.

Some excellent models of in-house psychiatric liaison were noted. For instance, Whittington Health NHS Trusts employs two consultant psychiatrists, one family therapist and a child psychotherapist; all of whom have therapeutics training. A specialist nurse also works in the team. The team is a key element of the CYP's Services Division and is distinct from community CAMHS.

Reviewers also remarked upon the provision at University College Hospital (UCH), where a similar level of psychiatric and other mental health professional support is provided and a CAMHS registrar is on call 24/7 in the ED.

In addition to in-house provision, it was noted the support that trusts in North East London receive from the North East London Foundation Trust (NELFT). Cover is provided at weekends to young people aged 12 -18 through the adolescent outreach team - Interact. CYP who self-harm also receive dedicated support from psychiatric social workers and nurses.

At Evelina London Children's Hospital, Guy's and St Thomas' NHS Foundation Trust, Reviewers remarked upon what was judged to be very high quality mental health provision; from South London and Maudsley NHS Trust (SLaM) and the Trust itself. On-site provision is led by a consultant child psychiatrist - and a CAMHS clinical nurse specialist who is available on site Monday to Friday. Psychologists, employed by the Trust, are to be found throughout the hospital; both in general and specialist services.
SLaM was also seen to provide good crisis care support to Croydon Hospital, where a psychiatrist is available 9.00 am to 10.00 pm Monday to Friday and from 9.00 am until 5.00 pm over the weekend.

Despite the number of good examples seen, CAHMS provision continues to be a challenge, particularly out of hours for CYP in crisis; ED staff are left to cope with such young people, often with no training in how to do so. The overarching observation is that CAMHS provision for acutely unwell CYP presenting to local trusts is inadequate and represents a system failure. It is imperative that collaborative commissioning and local transformation planning should look at how the additional funding for delivering Future in Mind can be directed to these frontline services.

To support the development of accessible, consistent and effective care for CYP experiencing a mental health crisis in London, the HLP CYP programme has published Improving care for children and young people with mental health crisis in London.

This guide contains seven recommendations, alongside indicative timelines, for commissioners and providers to implement to improve care for children and young people with mental health crisis in London. Providers and commissioners are strongly recommended to integrate its key points into their planning.

There is a particular issue with access to specialist services - typically a Tier 4 bed - in a crisis. Though small in number, inability to access an appropriate service is very distressing for all involved. There is an opportunity for collaborative commissioning to address this issue in particular.

- **Engagement with CYP and their families could be more innovative**

Generally, reviewers felt that the patient and family experience was adequate: CYP and their families receive sufficient information, education and support to encourage and enable them to participate actively in all aspects of their care and decision making.

However, examples were noted of greater innovation. For instance, patient partners are involved in service design at Barking, Havering and Redbridge University Hospitals NHS Trust. Reviewers also commented upon the Youth Forum set up by Chelsea and Westminster; chaired by a young person with hands-on experience of the care provided by the trusts.

At Evelina London, reviewers noted that a series of applications for CYP were being developed to explain various pathways, using the Evelina Gang, cartoon characters who welcome young patients and their families and help them find their way around the hospital; an early example of how new media was being used. Reviewers also commented on the short films on the St Mary's Hospital's website which explain what happens when you come into hospital.

Younger children having surgery at Epsom & St Helier University Hospitals NHS Trust on the St Helier site were able to follow the Elmer the Elephant trail; this was viewed as a charming and effective distraction.

- **Estate reconfiguration needs to consider the needs of CYP**

By and large, sites were child-friendly and good use had been made of charitable support to enliven tired estates. However, many areas were viewed as being more suited to younger children; adolescents were not catered for as well. Given this, reviewers made particular note of the demarcation at University College Hospital, which provided teenagers with their own age-appropriate ward.

Reviewers also expressed concerns that line of sight had been sacrificed in some trusts as estates were reconfigured to allow for critical care and short stay units. Reviewers wondered how safe this was. Leadership teams need to assure themselves that there are no issues in terms of safeguarding.

An example of innovation in updating the estate was noted at Queen's Hospital, Romford, Barking Havering and Redbridge University Hospitals NHS Trust. Fingerprint controlled stock cupboards had been installed on the children's ward; totally secure and usage could be measured electronically.

- **Transition to adult services is difficult for all**

There is wide variation in the quality of provision, from some exemplar services - often with specific well-recognised single long-term conditions, such as diabetes - to those with more long-term, complex multidimensional problems where the adult care cannot be mapped to a single specialty.

It is known that this is a challenge across London; effective transition requires integration across primary, secondary and community care. It was noted that St George's University Hospitals NHS Trust had appointed a paediatric consultant as the lead for transition, as well as a nurse coordinator. Working with a youth work charity and local social workers, this team has been tasked with developing a strategy for CYP across the Trust.

Reviewers also remarked upon the fact that King's College Hospital NHS Foundation Trust had received an excellent Care Quality Commission judgement in terms of the transition of young people with liver function problems and that the aim was to replicate the model across all complex conditions.

North Middlesex University Hospital NHS Trust also involves youth and social workers in transition planning and that the Homerton University Hospital NHS Foundation Trust runs transition clinics from the age of 14 years of age.

However, more needs to be done. There are good processes that can be implemented; processes that often exist in the same organisation. The CYP boards could help to ensure a consistent approach. HLP's CYP programme has brought together many resources that providers and commissioners could use; these can be found at Transitioning to adult services

- **Care for adolescents must not be overlooked**

The London Acute Care Standards for CYP define the term children or child as meaning children and young people under the age of eighteen years. They also take into account young people aged 16 – 25 who are undertaking transition to adult services, including those with more complex needs. These young people need to understand who is looking after them.

Care for 16-18 year olds is hugely variable; many are given the option to be treated in adult settings but have little oversight from paediatricians, especially if they are not known to services. Reviewers felt that 16 – 18 year olds are at risk of slipping through cracks in service provision.

Reviewers noted this as a potential safeguarding risk and asked that trusts ensure that departments work closely together to ensure appropriate care is provided. This should be a matter for CYP Boards to address.

However, reviewers were very impressed by the ward configuration at University College Hospital, which provided teenagers their own age-appropriate ward, and by the fact that Whipps Cross University Hospital had appointed an adolescent champion.

- **Clinical support services may need to align more with wider healthcare**

Whilst good examples were seen of some clinical support services, such as 24/7 radiography provision, many paediatric clinical support services are only available 9.00 am to 5.00 pm, Monday to Friday. This does not align with healthcare provision that is 24/7. In some instances, this requires a significant cultural shift if CYP are to be discharged as quickly as appropriate or cared for in the community.

- **Play and education were seen to be vitally important elements of paediatric provision**

The significant input that play therapists/specialists were seen to be making to the care of CYP needs to be acknowledged. Many good examples were noted; for instance, at the Princess Royal University Hospital. Reviewers were also impressed by the fact that medical students at St Mary's Hospital were offering their time out of hours having been trained by the play specialists. St Mary's advised the panel that they had first seen medical students being trained in this way at King's College Hospital.

Although, business cases have to be made for play therapy support, reviewers were of the opinion that such support would be an investment well made.

- **IT systems are a limiting factor**

Few examples of an integrated system were seen; whether within a trust or across Primary, Secondary and Community care borders.

Staff time is wasted transferring data from one system to another - and from paper to a digital platform. In addition, information is not transferred in a timely fashion; between departments or to/from community and primary care providers. One example of good practice reviewers noted was the use of the Local Care Record in Lambeth and Southwark. This allows secondary care clinicians to review the primary care record and vice versa.

Trusts working with a number of CCGs cannot always access the same information from each; for instance, the Child Protection - Information Sharing (CPIS) platform.

Reviewers applauded the bespoke internal solutions seen at Homerton University Hospital. Clinical teams had worked with Cerner, a technology support company, on the development of electronic patient documentation for their inpatient units. This development was driven by a steering committee made up of clinical employees; one that took account of the current and future requirements. Some of the developers had a clinical background and still support the system today.

Integration of clinical systems can be very complex, especially since clinical system suppliers were not facilitated to collaborate at scale until recently in London. Reviewers advised trusts

and commissioners that work is ongoing within HLP to develop patient-focussed, digital interoperable solutions. For instance, across London 23 separate child health departments have been consolidated into four hubs, fitting the strategic maternity footprint, as part of the delivery of NHS England Children's Health Digital Strategy.

The four hubs have drafted new Data Sharing Agreements which allow them to jointly operate a single integration platform that contains 130 data points on every child in London, including demographic, GP registration, responsible health visitor, new born screening results and all immunisation data. This digital record can also flag if a child has a child protection order. These summary records, linked to the Healthy Child Programme outcomes, can be accessed by community clinicians, health visitors and school nurses. The records can also be shared – securely - with parents who choose to launch their child's Sitekit eRedbook project. More information on the project can be found at https://www.sitekit.net/#products

- **Workforce is an ongoing challenge**

Reviewers were of the view that a number of the London Acute Care Standards for CYP cannot be met without sufficient staff numbers being in place. For instance, not all trusts met standard 40 which requires that a consultant paediatrician to be present and readily available in the hospital to cover extended day working (up until 10pm), seven days a week. Many trusts also found it difficult to ensure that the nurse in charge overnight was supernumerary.

In terms of nursing, many of the trusts reviewed were doing well in terms of recruitment. However, there are difficulties in recruiting to peripheral DGHs due to the differential pay for outer London hospitals. In addition, there has been a request for training funding to be available for nursing and allied health professionals; similar to that available to medical staff. The Capital Nurse Programme seeks to secure a sustainable nursing workforce for London. Findings will be shared with the Capital Nurse team.

As so many trusts have to rely on 'adult' nurses to fill paediatric rotas, it was noted that some had looked at how the paediatric skills of these nurses could be increased. For example, Barts Health NHS Trust has been running a *Managing the Sick Child* course for adult nurses since February 2017.

Reviewers also noted that trusts have been looking at how best to deploy other professional such as paediatric advanced nurse practitioners (PANPs) and clinicians' assistants. PANPs could bring a wealth of knowledge and experience to paediatric services; it was noted how effective they had been in neonatal services.

Work is being done to break down barriers between secondary and community care but the funding flows often hamper this. Integrated care organisations are well placed to lead the way; for instance, we noted that that some staff employed by Whittington Health NHS Trust already work across secondary and community care.

Throughout the peer review process it was noted that the effectiveness of acute care services for CYP came down to the strength of leadership, at all levels. Staff were seen to go above and beyond what was required of them because of a commitment to each other – and because of the support they received from senior paediatric clinical leaders.

The HLP CYP programme is undertaking work on how to support workforce mapping and development at STP level. The findings from the peer review process will inform this work.

- **The implementation of new models of care for CYP were viewed as a priority**

All involved in the peer review process recognised that a whole system approach is needed to move health care for many CYP out of hospitals. Services need to be redesigned to allow caring for CYP within community settings.

For instance, large numbers of CYP attend emergency departments who could be treated elsewhere; in some cases this reflects a lack of capacity and capability in primary care, as well as cultural norms for the local population.

Good examples of new ways of working were observed in Lambeth and Southwark. The focus of the children and young people's health partnership (CYPHP) is the better management of long-term conditions, with the aim of keeping CYP in the community and reducing hospital attendance. A four-year programme, CYPHP is responsible for 120,000 CYP across the two boroughs.

Reviewers also felt that the community nursing service in the same area, running from 8.00 am - 10.00 pm seven days a week, was one of the most comprehensive seen during the course of the review process. Evelina London is a major partner in the CYPHP programme; a testament to the strong collaboration and cooperation between provider and commissioner.

> *The peer review was really worthwhile from a commissioner's perspective. It enabled a more in depth view of our local secondary care provision and the services that are being provided. It was also really useful to read through the audit to understand the areas that both hospitals are doing well and the areas that need improvement. It is important however that what was learnt from the peer review is implemented.* **Children's Health Commissioning Manager (joint), for Islington Local Authority and NHS Islington CCG**

Reviewers also made particular note of Kingston Hospital's Paediatric Outreach Nursing Team (PONT) which provides nursing care and advice for children under the care of a Kingston GP who are at home, school and nursery. Hours of operation were noted as being 8.00 am to 6.00 pm Monday to Friday, 8.00 am to 4.00 pm weekends.

Another service noted was the Connecting Care for Children (CC4C) programme run by paediatricians at Imperial College Healthcare NHS Trust. Working with local GPs, commissioning leads and social care partner, the Trust is developing pathways of integrated care with primary care services to address the high rates of paediatric ED and paediatric outpatient attendance across the region.

Other new models of care are being explored across London; for example, ambulatory care and consultant-led community clinics. However, provision is variable and often were seen to differ across boroughs served by the same trust; for instance, community nursing provided to one side of a street and not to another due to commissioning arrangements. This was seen to be confusing for staff who were trying to discharge children as quickly and safely as possible – and for patients themselves. An interesting example of how discharge can be supported was seen at University College Hospital: families are provided with a consultant hotline which not only supports discharge but also has helped to reduce readmissions.

Community nursing was viewed as being a particular gap in service provision. Examples of good practice were seen; for instance, Haringey and Enfield benefit from community nursing services provided by North Middlesex University Hospital NHS Trust.

By and large there are too few staff to cope with demand; both in terms of the number of CYP needing support and hours of service delivery. Community nursing is generally a Monday to Friday, 9.00 am to 5.00 pm service. Consequently, CYP with long-term conditions can be hospitalised because there is no specialist nursing care in the community and discharge can be delayed.

HLP's CYP programme has worked with a range of London health professionals, young people and their families to produce materials that support commissioners and providers of out of hospital healthcare services. Recent publications include:

- **London's out of hospital standards for children and young people**
- **Compendium: New models of care for acutely unwell children and young people**

Providers and commissioners are encouraged to look at these.

Next Steps

This first round of peer reviews has concluded. Each trust - and its associated CCGs - has received a summary of the feedback that was provided to them at the end of the peer review process. Each has been asked how the findings have been addressed at executive level within their own organisations and how they have helped to inform the delivery of local STPs.

The feedback from this request will be made available to HLP's CYP Transformation Board when available. In the meantime, and with the permission of the trusts, the peer review reports are being made available to STP leads to aid local planning.

Some initial feedback received from both commissioners and providers is of concern. It indicates that progress has been slow; in particular, the findings have not been shared with CCG boards. This needs to be verified, as the concept of peer review - which has been so well supported - will be undermined if people see that findings are not shared or acted upon.

Appendix A: Peer review process

Each trust completed a self-assessment against the Standard. The self-assessment used a RAG rating:

- Red: The standard is not met and - to date - no plans are in place that will help to meet it
- Amber: Plans in place to meet and working towards achievement of the standard
- Green: Standard is met

CYP acute care self-assessment

In addition, trusts were asked to provide evidence to support their rating.

Before each site visit, each trust was provided with key lines of enquiry; these reflected their self-assessment.

During the peer review itself, each trust gave a short presentation that covered:

- a brief overview of the trust and of its catchment area;
- what works well;
- key challenges; and
- future plans for achievement of the London Acute Care Standards for CYP.

The quality of these presentations was very good and we would like to thank each and every trust for the time and effort that went into preparing them.

Following a period of discussion, the peer review panel then visited the site; visiting all areas where CYP were seen. Particular pathways were not followed but members of the panel did ask about:

- 4 year old presenting repeatedly with mild exacerbation of asthma
- 8 year old presenting with testicular torsion
- 14 year old presenting with signs of self-harm
- 16 year old presenting with abdominal pain

Other than a young person presenting with self-harm, few concerns were raised.

Initial feedback was presented to the trust at the end of the peer review; such feedback confirmed by way of a report sent to the Chief Executive – copying local commissioners and STP leads.

Appendix B: Site visits

Peer review of acute care services – visits			
Site	**Chair of peer review panel**	**Date**	**STP region**
Royal Free London NHS Foundation Trust: Royal Free Hospital	Steve Ryan Strategic lead for CAMHS Transformation, HLP's CYP programme[7]	13 June 2016	North Central London
Royal Free London NHS Foundation Trust: Barnet Hospital		13 June 2016	North Central London
Lewisham and Greenwich NHS Trust: University Hospital Lewisham	Russell Viner Clinical Lead, HLP's CYP programme	28 July 2016	South East London
Lewisham and Greenwich NHS Trust: Queen Elizabeth Woolwich		28 July 2016	South East London
North Middlesex University Hospital NHS Trust	Steve Ryan Strategic lead for CAMHS Transformation, HLP's CYP programme	31 August 2016	North Central London
Kings College Hospital NHS Foundation Trust: Denmark Hill	Steve Ryan Strategic lead for CAMHS Transformation, HLP's CYP programme	12 September 2016	South East London
Kings College Hospital Kings College Hospital NHS Foundation Trust: Princess Royal University Hospital		13 September 2016	South East London
University College London Hospitals NHS Foundation Trust: University College Hospital	Steve Ryan Strategic lead for CAMHS Transformation, HLP's CYP programme	29 September 2016	North Central London
St George's Healthcare NHS Trust: St George's Hospital	Russell Viner Clinical Lead, HLP's CYP programme	5 October 2016	South West London
Chelsea and Westminster Hospital NHS Foundation Trust: Chelsea and Westminster Hospital	Steve Ryan Strategic lead for CAMHS Transformation, HLP's CYP programme	13 October 2016	North West London
Chelsea and Westminster Hospital NHS Foundation Trust: West Middlesex University Hospital		13 October 2016	North West London
Croydon Health Services NHS Trust - Croydon University Hospital	Tina Sajjanhar Consultant in Paediatric Emergency Medicine and Divisional Director for Children and Young People services Lewisham and Greenwich NHS Trust	11 October 2016	South West London
Barking Havering and Redbridge University Hospitals NHS Trust: Queen's Romford	Karen Daly Consultant Paediatric Orthopaedic Surgeon, St George's University Hospitals NHS Foundation	20 October 2016	North East London
Barking Havering and Redbridge University Hospitals NHS Trust: King George Hospital		20 October 2016	North East London

[7] Former and now current Medical Director of Alder Hey Children's NHS foundation Trust

	Trust		
Whittington Health NHS Trust: Whittington Hospital	Tina Sajjanhar Consultant in Paediatric Emergency Medicine and Divisional Director for Children and Young People services Lewisham and Greenwich NHS Trust	16 November 2016	North Central London
Barts Health NHS Trust: Royal London Hospital	Sara Hanna Medical Director and consultant in children's intensive care, Evelina London Child's Healthcare, Guy's and St Thomas' NHS Foundation Trust	28 November 2016	North East London
Barts Health NHS Trust: Whipps Cross University Hospital		8 December 2016	North East London
Barts Health NHS Trust: Newham University Hospital		12 December 2016	North East London
Kingston Hospital NHS Foundation Trust: Kingston Hospital	Steve Ryan Strategic lead for CAMHS Transformation, HLP's CYP programme	11 January 2017	South West London
The Hillingdon Hospitals NHS Foundation Trust: Hillingdon Hospital	Simon Broughton Paediatrician and Deputy Clinical Director, King's College Hospital NHS Foundation Trust	24 January 2017	North West London
London North West Healthcare NHS Trust: Northwick Park Hospital	Russell Viner Clinical Lead, HLP's CYP programme	9 February 2017	North West London
Imperial College Healthcare NHS Trust: St Mary's Hospital	Steve Ryan Strategic lead for CAMHS Transformation, HLP's CYP programme	21 February 2017	North West London
Homerton University Hospital NHS Foundation Trust: Homerton University Hospital	Steve Ryan Strategic lead for CAMHS Transformation, HLP's CYP programme	22 February 2017	North East London
Guy's and St Thomas' NHS Foundation Trust: Evelina London Children's Hospital	Steve Ryan Strategic lead for CAMHS Transformation, HLP's CYP programme	1 March 2017	South East London
Epsom & St Helier University Hospitals NHS Trust: St Helier Hospital and Queen Mary's Hospital for Children	Steve Ryan Strategic lead for CAMHS Transformation, HLP's CYP programme	21 March 2017	South West London
Epsom & St Helier University Hospitals NHS Trust: Epsom General Hospital		21 March 2017	South West London

Appendix C: Glossary

CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CYP	Children AND Young People
DGH	District General Hospital
ED	Emergency Department
HLP	Healthy London Partnership
NED	Non-Executive Director
PANP	Paediatric Advanced Nurse Practitioners
PASSU	Paediatric Short Stay Assessment Unit
PAU	Paediatric Assessment Unit
STPs	Sustainability and Transformation Plans
UCC	Urgent Care Centre
UCH	University College Hospital, University College London Hospitals NHS Foundation Trust

Communications
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The Whittington Hospital NHS Trust
Magdala Avenue
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Whittington Health Trust Board

1st November 2017

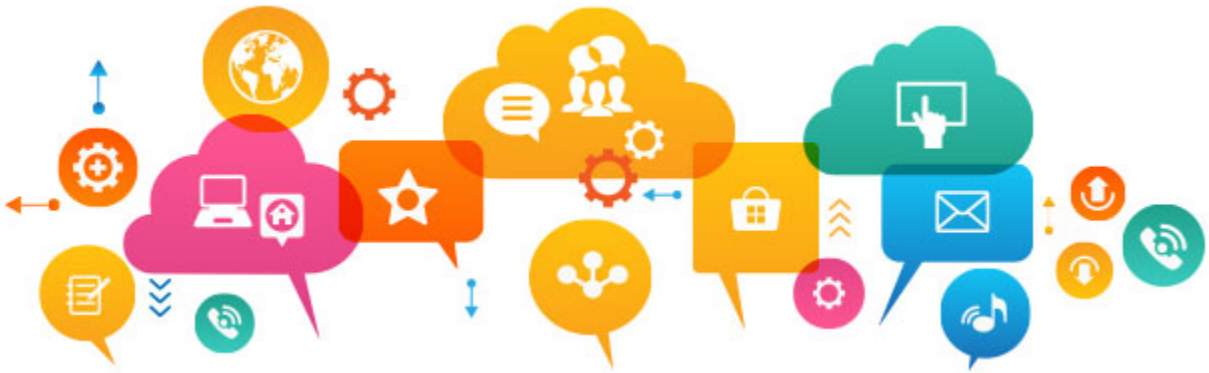
Title:	Supporting the Delivery of Excellent Clinical Services through the Transformation of Our Estate - Communications and Engagement		
Agenda item:	**17/151**	**Paper**	**10**
Action requested:	To approve		
Executive Summary:	Whittington Health NHS Trust recognised in its Estates Strategy, approved by the Trust Board in February 2016, the need to support the delivery of excellent clinical services through improving and transforming its estate. The Trust is now moving to the next stage in the delivery of its ambitious estate transformation strategy for the main hospital site in Islington and community locations. The Trust is committed to involving local people, staff and stakeholder groups to deliver a vision for the transformation of the Whittington estate. This will ensure improved quality and better utilisation of its assets to support outstanding clinical and housing services, as well as improve staff and patient experience. A strong and well organised Trust led communications and engagement strategy and programme will be key to maximise support for and understanding of the Estate Strategy Transformation Programme among local staff, stakeholders, patients and public. This document presents a suggested approach to communications and engagement and offers a variety of ideas against. It is here to describe the “art of the possible”. The paper sets out the key principles that are suggested in developing a Communications and Engagement Strategy. Key stakeholders are identified. The suggested communications and engagement approach is set out in three distinct phases, securing the resources to deliver estate transformation, estates masterplan development, and project delivery phase. The approach in engaging different stakeholders and the channels of engagement are detailed, including a digital media campaign, including objectives and approach. This document should be considered a ‘live’ working approach to communications and engagement, which we expect to adapt as necessary through the development of the estate masterplan and the eventual agreements of priority project phasing. Further iterations will be provided to the Board prior to each phase.		

Summary of recommendations:	The Trust Board is asked to: i. Approve the approach to communications and engagement ii. Endorse the development of a Estate Transformation Communication and Engagement Strategy						
Fit with WH strategy:	Delivery of Trust's Estate Strategy						
Reference to related / other documents:	Estates Strategy						
Reference to areas of risk and corporate risks on the Board assurance Framework							
Date paper completed:	25th October 2017						
Author name and title:	**Fiona Smith Strategic Lead Communications and Engagement**		**Director name and title:**		**Siobhan Harrington Chief Executive**		
Date paper seen by EC		**Equality Impact Assessment complete?**		**Risk assessment undertaken?**		**Financial Impact Assessment complete?**	

Whittington Health
NHS Trust

Supporting the Delivery of Excellent Clinical Services through the Transformation of Our Estate

Communications and Engagement



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1. Introduction

Whittington Health NHS Trust recognised in its Estates Strategy, approved by the Trust Board in February 2016, the need to support the delivery of excellent clinical services through improving and transforming its estate. The Trust is now moving to the next stage in the delivery of its ambitious estate transformation strategy for the main hospital site in Islington and community locations.

The Trust is committed to involving local people, staff and stakeholder groups to deliver a vision for the transformation of the Whittington estate. This will ensure improved quality and better utilisation of its assets to support outstanding clinical and housing services, as well as improve staff and patient experience.

The Trust will now progress an Estate Strategy Transformation Programme to deliver a number of priority projects, to ensure the sustainability and long-term success of the Trust. The projects will include the development of new maternity and neonatal services, specialist community children's services, as well as delivering improvements to primary and community facility resources.

There is an opportunity to consider affordable housing, contributing towards the local housing supply and helping Whittington attract and retain high quality staff for healthcare and other local public services.

The Trust will also look to identify a range of other opportunities that might include IT, estates efficiencies, and retail opportunities.

A strong and well organised Trust led communications and engagement strategy and programme will be key to maximise support for and understanding of the Estate Strategy Transformation Programme among local staff, stakeholders, patients and public.

This document presents a suggested approach to communications and engagement and offers a variety of ideas against. It is here to describe the "art of the possible".

This document is to be considered a 'live' working approach to communications and engagement, which we expect to adapt as necessary through the development of the estate masterplan and the eventual agreements of priority project phasing.

Estate Transformation Communications and Engagement Team

The Trust is developing a Communications and Engagement Strategy as we move to the next stage in the delivery of our ambitious estate transformation improvement strategy. It is suggested that the individuals that will be responsible for delivering the communications and engagement strategy are listed in the table below.

Name	Organisation	Title	Contact
Fiona Smith	Whittington Health NHS Trust	Strategic Lead, Communications and Engagement	Fiona.smith19@nhs.net
Sophie Harrison	Whittington Health NHS Trust	Assistant Director of Estates	sophieharrison@nhs.net
Nomination	Whittington Health NHS Trust	Trust Communications Department	TBC

2. Estate Transformation Communications and Engagement Principles

Principles

Communications and engagement should:

1. Be honest, open and transparent in all of our communications
2. Commit to full engagement and consultation with Trust staff, patients, stakeholders and local community groups
3. Be clear, accurate, consistent and timely
4. Enable the voice of staff and local people to inform the estates masterplan and on-going projects
5. Confirm actions and next steps
6. Deliver regular updates on actions
7. Be accessible to all through the use of a variety of communications channels to ensure the inclusion of 'hard to reach' audiences, and provide materials in alternative formats and languages upon request
8. Actively promote and encourage feedback from stakeholders, and act on information received when appropriate
9. Facilitate involvement of Trust stakeholders, staff, patients and local community groups
10. Build and maintain positive relationships and confidence in quality of services and projects with internal and external stakeholders

Estate Transformation Key Messages

In developing the Communications and Engagement Strategy, the team will develop a list of key messages and Frequently Asked Questions (FAQ) that will form the basis of all Estate Transformation related communications, simplifying the process and ensuring that all communications are:

- Clear
- Concise
- Concrete
- Correct
- Coherent
- Complete
- Courteous

3. Trust Stakeholders

A number of distinct stakeholder groups have been identified. Each of the groups will have interest, influence and input into the development of the Whittington estate.

As the estate master plan is developed and tested, we will at each stage, consider the methods and mediums of communications and engagement with members from each of the stakeholder groups.

The stakeholder groups identified are:

1. Trust Board, Senior Leaders and Key Decision Makers
2. Trust Staff
3. Local MPs, Councillors
4. Community and Public Stakeholders
5. Local Health and Care Economy
6. Local Healthwatch
7. Media

For every potential redevelopment in each location, a more detailed stakeholder map will be produced, particularly with respect to local councillors, very local community groups and neighbouring public facilities such as schools.

4. Establishing the Estate Transformation Communication Approach

A suggested phased communications and engagement approach is provided in the tables below, identifying individual activities within each phase of the development of the Estate Transformation programme and their aims, approach, output, audience and the measures of success.

Many of the activities may run concurrently to ensure that the right messaging and activities are established with the right audience, at the right time.

Three phases have been identified and a different communications and engagement approach suggested for each of the phases as follows:

Phase 1: Securing the Resources to Deliver Estate Transformation

The Trust is currently in the final stages of putting in place the necessary resources to deliver an ambitious Estate Transformation Programme. This includes finalising internal Trust resources and procuring a Strategic Estates Partner (SEP) to secure the additional capacity and capability required.

The Trust has been briefing stakeholder groups about the Estates Strategy and the SEP and responding to concerns and queries raised by members of the public and the media.

Communications and Engagement Approach

ACTIVITY	AIMS	APPROACH	DELIVERABLE / OUTPUT	SUCCESS CRITERIA
Pre-briefing for stakeholders	Raise awareness of the need for Estate Transformation, the additional capability and capacity required and decision to procure a SEP	• Raise awareness of Trust's Estate Strategy and estate priorities • SEP Key Messages • SEP FAQs • Success stories from previous SEPs demonstrate and reinforce key messages	• Feedback and comments	• Attendance from Key Health Economy and Community and Public groups • Supportive comments from advocates
Social Media campaign	Reach wide stakeholder audience through social media channels to encourage involvement	• Social media campaign #OurWhittingtonHealth	• Auto-schedule regular posts and images	• Attract the 'Followers' • Appropriate use of #OurWhittingtonHealth • Traffic redirection to Trust microsite • Engagement through 'likes', 'retweets' and positive comments

Phase 2 Master Plan Development

The Trust will actively engage all stakeholders in developing the Estates Masterplan.

Communications and Engagement Approach

ACTIVITY	AIMS	APPROACH	DELIVERABLE / OUTPUT	SUCCESS CRITERIA
Estates Transformation launch event	Involve stakeholders in decision making with shaping the Whittington estate master plan	• Interactive exhibition • Presentation from CEO • 'Your opinion matters' – invite participants to volunteer to 'Our Whittington Estate Forum' • Promote #OurWhittingtonHealth • Supermarket charity box type approach for attendees to vote on priority project • Feedback forms • Pop-up stalls around the community and hospital sites	• Feedback and comments • Participant sign-up for 'Our Whittington Estate' forum	• Attendance and engagement by key stakeholder groups, public, staff and media • Social media engagement via #OurWhittingtonHealth • Good selection of participants for 'Our Whittington Estate' forum
Establish 'Our Whittington Estate' at Community Forum	Canvass opinion from broad stakeholder base and encourage on-going local support and input	• Identify and invite key influencers, stakeholders and volunteer participants from launch event to form group • Develop group's governance and working principles	• Develop group Terms of Reference • Protocol for feeding information back to Trust • 'You said, we did' item on microsite	• Uptake of target stakeholders as volunteers to run/manage the group • Opinions and suggestions fed in to Trust Informed Client Group • Regular meeting dates arranged and participants informed
Estate Transformation microsite	Provide information about the Estate Transformation Programme, and the establishment and role of the SEP, including Board members, priority projects and timeline, images etc	• Estate Transformation microsite accessible from Trust website	• Estate Transformation microsite	• Provide information about the Estate Transformation programme, and the SEP, including Board members, priority projects and timeline, images etc
Capital Project participation	Encourage participation and interest in the Estate Transformation through the use of a social media poll		• Feedback and comments	• Increased traffic to Estate Transformation microsite • Good uptake on poll, would expect around 2,000+

ACTIVITY	AIMS	APPROACH	DELIVERABLE / OUTPUT	SUCCESS CRITERIA
				participants
Estate Transformation Newsletter	First edition of a regular newsletter	• HTML and printed newsletter focussed on Estate Transformation launch event and suggestions/comments received • Promote Estate Transformation microsite and #Our Whittington social media campaign	• Stakeholders informed of 'You said, we did'	• Increased traffic directed to Estate Transformation microsite • Increased social media engagement
Media coverage of public engagement	Generate interest in public engagement event	• Briefing notes	• Press release	• Press coverage of the development
Whittington Hospital Mezzanine event	Provide hospital staff and patients an opportunity to view plans and proposals	• Promote Estate Transformation Programme and projects • Exhibition Boards • Feedback forms • Whittington Future pack • Promote Estate Transformation microsite and #OurWhittingtonHealth	• Feedback and comments • Capture details of patients/staff interested for future event invites and distribution list	•
Trust Corridor Board	Provide hospital staff and patients an opportunity to view plans and proposals	• Exhibition Boards • Promote Estate Transformation and projects • Feedback forms • Promote Estate Transformation microsite and #OurWhittingtonHealth	• Feedback and comments	• Increased traffic directed to Estate Transformation microsite • Increased social media engagement • Opinions and suggestions fed in to Estate Transformation team

Phase 3 Project Delivery - Estate Capital Projects

Communications and Engagement Approach

ACTIVITY	AIMS	APPROACH	DELIVERABLE / OUTPUT	SUCCESS CRITERIA
Pre-brief for local opinion formers	Ensure stakeholders recognise they are important to the project's success	• Project briefing notes providing detail on scheme, timescales, procurement, contractor, governance, the impact and benefits to the community • Potential 1-2-1 sessions	• Presentations, tours and briefing packs	• Support from MPs, councillors and 'Save the NHS'
Media announcement	Generate interest in public engagement event	• Briefing notes	• Press release	• Press coverage of the development
Public Engagement Event	Provide information on proposed development	• #OurWhittingtonHealth	• Presentations, tours and briefing packs	Support from local people and staff
Estate Transformation microsite updates	Provide information on priority projects and timeline, images etc	• Include option for visitors to submit comments/suggestions • Live Twitter feed	• Feedback and comments	• Increase in interest, measurable through Google Analytics
Estate Transformation Pre-brief for local opinion formers	Ensure stakeholders recognise they are important to the project's success	• Project briefing notes providing detail on scheme, timescales, procurement, contractor, governance, the impact and benefits to the community • Potential 1-2-1 session with clinicians involved in the development	• Presentations, tours and briefing packs • Feedback and comments	• Support from MPs, councillors and 'Save the NHS'
Staff Design Event	Communicating the project launch to staff Receive buy-in and input from staff on the design and requirements of the new accommodation	• Project briefing notes providing detail on scheme, timescales, procurement, contractor, governance, the impact and benefits to the community • 1-2-1 session with designers, architects etc involved in the development	• Presentations, tours and briefing packs • Intranet poll • Feedback and comments	• Support and involvement by staff
Media announcement	Generate interest in public engagement event	• Briefing notes	• Press release	• Support from local people and staff
Public Engagement Event	Provide information on proposed development to Members of the public	• #OurWhittingtonHealth • Project briefing notes providing detail on scheme, timescales, procurement, contractor, governance, the impact and benefits to the community	• Presentations, tours and briefing packs • Intranet poll • Feedback and comments	Support from local people

ACTIVITY	AIMS	APPROACH	DELIVERABLE / OUTPUT	SUCCESS CRITERIA
		• Session with designers, architects etc involved in the development		
Estate Transformation microsite updates			• Press release	

5. Digital and Social Strategy

Digital and social media is already seen as a preferred method of communication and engagement for many people, and the Trust can utilise a variety of digital marketing and social media channels in order send out the vital messages of the Estates Transformation programme, to reach the right people at the right time in the right way.

According to the Office for National Statistics, London and the South East of England have the highest internet access in Great Britain at 94% of households. Increasingly, people are accessing the internet 'on the go' via smartphones and other portable devices, and of these uses around 38 million

Social media can also be a way to engage with hard to reach audiences, such as young people, non-English speaking communities, Black, Asian and Minority Ethnic (BAME) and socially excluded groups.

The suggested communications and engagement phases outlined above have already identified the use of websites and social media campaigns, and this section provides more detail on the approach, input, deliverables and measures of success.

Estate Transformation Microsite

Microsite:
A small auxiliary website designed to function as a supplement to a primary website. The main landing page of a microsite can have its own domain name or sub-domain.

The Whittington Health NHS Trust's existing website will host a dedicated web page or series of web pages about the Estate Transformation and its activities.

It is suggested Estate Transformation Microsite should include:

- The Estates Transformation Programme Delivery aims and benefits and structure
- Key internal and external resources
- Why the SEP to support delivery of the Whittington estate vision
- How the SEP was procured and the SEP Board structure
- Short video interviews with Key Trust Estate Transformation staff and the SEP Board members and cross-section of people involved in the partnership
- Information on the priority projects
- Dates for stakeholder events and opportunities for community feedback into the project
- Web form for individuals to ask questions about the Estate Transformation programme
- Estate Transformation 'live' twitter feed
- Regularly updated with imagery and feedback from stakeholder events, project progress, 'You said, we did'

Website content can also be aggregated into a PDF newsletter designed for use in print and digitally.

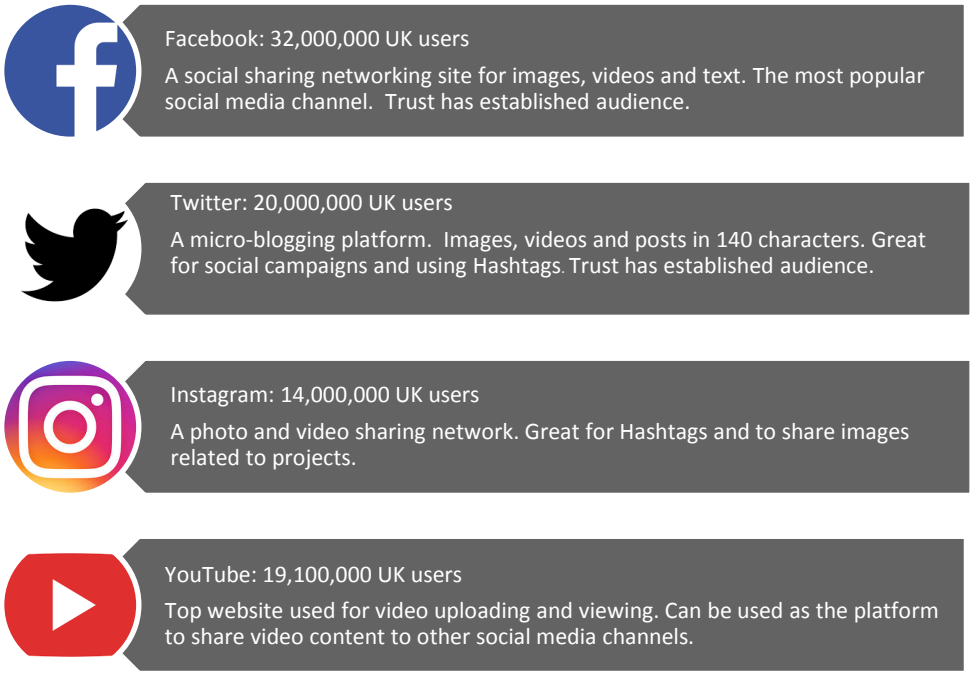
In order to promote the first communications and engagement key principle of being ‘open, honest and transparent’, it may be suitable for the Estate Transformation microsite to be highly visible from the main navigation on the Trust’s homepage.

Social Media Channels

The latest social media statistics for 2017 state over 50% of the UK’s population actively uses social media. The population of Islington is over 200,000 people, it can therefore be assumed that over 100,000 people within the borough are active social media users.

The Whittington NHS Trust currently uses Twitter (4034 followers) and Facebook (2323 followers), and through the establishment of regular Estate Transformation update posts, social media polls and campaigns, the number of quality followers and social interaction will increase.

There are a great variety of social media channels available that appeal to audiences for different things. Listed below are the channels that would be most beneficial to the Estate transformation communications and engagement strategy.



Social Media Objectives

The aim of social media in the campaign is to raise awareness of the Estate Transformation and its activities to a broad range of stakeholders including staff, patients, local opinion formers, members of the public and hard to reach audiences. We will:

- Use a variety of content across each social channel that ensures the content preferences of different audiences is presented
- Increase the number of quality followers and social interaction (likes, comments, shares)
- Encourage audience participation through use of hashtags, polls and competitions
- Reduce ‘hearsay’ by publishing open, honest and transparent updates on projects
- Promote stakeholder engagement events and other community involvement initiatives
- Produce ‘vox pop’ videos from the Trust Executive Team, SEP Board, project delivery team and key local influencers and stakeholders
- Use sponsored content if/where appropriate to ensure social posts including images and videos are ‘promoted’ to the top of followers’ social news feeds

- Continually monitor and analyse coverage and sentiment around the Estate Transformation and its projects, identifying what types of engagement are more successful than others, which will help inform the communications and engagement strategy.

#OurWhittingtonHealth Social Media Campaign

Hashtag:
A word or phrase preceded by a hash sign (#). Used on social media websites and applications to identify messages on a specific topic.

To get messages about the Estate Transformation in the public arena, and encourage early involvement in the design of the estate masterplan and priority projects, it would be advantageous to launch a social media campaign at the same time as the general press release about the contract award to the SEP partner.

#OurWhittingtonHealth

A warm, friendly and inclusive campaign that actively encourages opinions and input from across the social media channels.

Campaign launch date: **TBC**

The hashtag will be promoted at every opportunity to encourage people to use it in the right ways. Below are some ideas of how to encourage some early social engagement through the campaign:

- Whittington website can be used to provide information about the campaign and how people can get involved. An example of a social media campaign promotion is the Waltham Forest Council 'Love Whipps Cross' campaign.
- The campaign information page from the Trust's website can be promoted via social media
- Staff intranet
- Regular scheduled posts delivered from Whittington Communications team
- Campaign posters in a variety of places displaying #OurWhittingtonHealth with a QR code
- Banner and/or 'live' Twitter feed on screen at stakeholder events

Monitoring Social Media

Social media tools such Hootsuite can be used to monitor real time posts, the main benefits of monitoring social activity are:

- Be able to quickly respond to live posts without them getting 'lost' in social media feed
- Highlight key posts that may require response from senior management
- Provide insight and information on social users and events i.e. attendance at stakeholder events, demonstrations against decisions made by the Trust etc

6. Conclusion

The Trust is committed to involving local people, staff and stakeholder groups to deliver a vision for the transformation of the Whittington estate.

A strong and well organised, Trust led communications and engagement strategy and programme will be key to maximise support for and understanding of the Estate Transformation Programme among local staff, stakeholders, patients and public.

This document presents a suggested approach to Estate Transformation communications and engagement and offers a variety of ideas against. It is here to describe the “art of the possible”

This document is to be considered a ‘live’ working approach to communications and engagement, which we expect to adapt as necessary through the development of the estate masterplan and the eventual agreements of priority project phasing.

7. Recommendation

The Trust Board is asked to:

- Approve the approach to communications and engagement
- Endorse the development of a Estate Transformation Communication and Engagement Strategy

Executive Offices
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www.whittington.nhs.uk

NHS
Whittington Health

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Whittington Health Trust Board

1 November 2017

Title:	Corporate Objectives RAG Q2 (July to September)		
Agenda item:	**17/152**	**Paper**	**11**
Executive Summary:	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. Externally the developments such as the North Central London (NCL) Sustainability Programme and the Islington and Haringey Wellbeing Programme have a number of strategic priorities which will impact on Whittington Health (WH). This condensed plan summarises the corporate objectives that will support WH achieve its clinical strategy and feed into the external developments across Islington, Haringey and NCL.		
Summary of recommendations:	For assurance and agreement		
Fit with WH strategy:	Delivers Clinical Strategy		
Reference to related / other documents:	Aligns with regulatory framework		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	Captured on risk registers or BAF		
Date paper completed:	26 October 2017		

Author name and title:		**Helen Taylor, Acting Director of Strategy**		**Director name and title:**		**Siobhan Harrington, Chief Executive**	
Date paper seen by EC		**Equality Impact Assessment complete?**		**Risk assessment undertaken?**		**Legal advice received?**	

Whittington Health Corporate Objectives 17/18-September 2017 Update

Our Mission
'Helping Local People Live Longer Healthier Lives.'

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. Externally the developments such as the North Central London (NCL) Sustainability Programme and the Islington and Haringey Wellbeing Programme have a number of strategic priorities which will impact on Whittington Health (WH). This condensed plan summarises the operational objectives that will support WH achieve its clinical strategy and feed into the external developments across Islington, Haringey and NCL.

Deliver high quality, safe care and improved patient experience

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.

	in progress and on track
	not met
	completed

Objective	Baseline	Success	Governance/monitoring	Executive lead	Progress
Safety Incidents					
Increase reporting of safety incidents as this is a good indicator of a strong safety culture	**Middle of the pack**	**Top 20% in the NRLS**	**Patient Safety Committee (PSC) Quality Committee (QC)**	**Chief Nurse Medical Director**	

Achieve the WH Quality targets set out in the quality account.	**Identified in each target plan**	**As identified in each target plan**	**PSC and QC**	**Medical Director**	
Avoidable Mortality					
Establish a trust-wide process for the review of all inpatient deaths	**N/A**	**100%**	**QC**	**Medical Director**	
Quality Improvement					
Address the quality improvement identified in the CQC report	**CQC action plan in place**	**Monitor delivery of actions. Ongoing process including mock inspections completed**	**ICSU Board, ICSU Quarterly review, TMG, QC**	**Chief Nurse**	
Reduce the number of avoidable Falls that result in severe harm	**5**	**<5**	**QC Trust Board**	**Chief Nurse**	4 Falls -1 avoidable
Improve care of people with grade 4 pressure ulcers	**4 in community 0 in hospital**	**<4 in community 0 in hospital**	**QC Trust Board**	**Chief Nurse**	1 community 0 Hospital
Ensure there are no 'never events'	**2**	**Zero**	**QC Trust Board**	**Chief Nurse**	**1 never event in Maternity services**
Improve our performance regarding infection control	**2**	**Zero MRSA**	**QC Trust Board**	**Chief Nurse**	1 MRSA in June
Achieve the 4 hour target for the Emergency Department	**87.36%**	**Implement quality improvement plan and trajectory including achievement of**	**TMG Trust Board**	**Chief Operating Officer**	

		95% by March 2018			
Achieve the cancer access targets Cancer: Urgent referral to first visit Cancer: Diagnosis to first treatment Cancer: Urgent referral to first treatment	 **96.4%** **99.7%** **86.7%**	**Trust compliant with cancer targets.** **93% within 14 days** **96% within 31 days** **85% within 62 days**	**TMG** **Trust Board**	**Chief Operating Officer**	
Achieve the national access standard for : Referral to Treatment (RTT) RTT patients waiting 52 weeks Diagnostic waits Improved Access to Psychological Therapies (IAPT) recovery target	 **Incomplete** **93.1%** **0** **99.5%** **50%**	**Trust complaint with the 18 week standard** **Incomplete** **Threshold 92%** **0** **99%** **50%**	**TMG** **Trust Board**	**Chief Operating Officer**	
Lead the Haringey and Islington Wellbeing Partnership in developing a population based	**Plan agreed**	**Service improvement and outcome**	**ICSU Board** **TMG** **Haringey and Islington**	**Chief operating Officer**	

model for Children and Young People in Islington and Haringey		**measures in place**	**Wellbeing Partnership Delivery Board**		
Work as part of the Haringey and Islington Wellbeing Partnership develop a population based model for Diabetes and CVD in Islington and Haringey	**Plan agreed**	**Service improvement and outcome measures in place**	**ICSU Board TMG Haringey and Islington Wellbeing Partnership Delivery Board**	**Chief Operating Officer**	
Lead the Haringey and Islington Wellbeing Partnership in developing a population based model for Frailty in Islington and Haringey	**Plan agreed**	**Service improvement and outcome measures in place**	**ICSU Board TMG Haringey and Islington Wellbeing Partnership Delivery Board**	**Chief Operating Officer**	
Patient Experience					
We will reduce the amount of time patients wait for booked transport from home to hospital	**Potential 2 hour wait**	**Reduce 15-20 minute wait time**	**QC**	**Chief Nurse**	tbc
We will reduce outpatient clinic appointment cancellations	**14%**	**<10%**	**QC**	**Chief Nurse**	tbc
We will reduce noise at night for patients	**In patient survey result**	**Improve in patient survey result and additional real time patient feedback**	**QC**	**Chief Nurse**	Working group set up with representatives from all areas of the trust and patient representatives. Action plan in place now at implementation stage
We will improve continuity of care when receiving visits from the district nursing team	**TBC**	**TBC**	**QC**	**Chief Nurse**	tbc

Develop and support our people and teams

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

Objective	Baseline	Success	Governance/ Monitoring	Executive Lead	Progress
Workforce development					
Recruit to, and maintain a substantive workforce to within 10% of establishment levels	**16%**	**<13.5%**	**ICSU board, ICSU Quarterly Review, WAC**	**Director of Workforce**	**12.6%**
Reduce and maintain overall turnover to 10.5% or lower	**c14%**	**10.5%**	**ICSU board, ICSU Quarterly Review, WAC**	**Director of Workforce**	**13.99%**
Staff Survey 2017 • Increase response rate • Improvement in key areas through workforce strategy and promotion at ICSU level	**35.9%**	**40%**	**ICSU board, ICSU Quarterly Review, TMG, WAC**	**Director of Workforce Chief Operating Officer**	Results in December
Improve the quality of appraisal and achieve the 90% target	**Staff survey results suggest appraisal not seen as helpful. 80% baseline**	**Improved results in staff survey.** **90% staff undergo annual appraisal**	**ICSU board, ICSU Quarterly Review, TMG, WAC**	**Director of Workforce Chief Operating Officer**	78%
Tackling bullying and harassment	**30% staff**	**Improved result in**	**TMG**	**Director of**	Launch of the Anti-Bullying and

	replying reported	**staff survey**	**Trust Board**	**Workforce**	harassment Adviser Scheme. Focused action plans via ICSUs in areas of concern
Deliver the expanding apprenticeship programs throughout the organisation	**33 Apprentices in post**	**HCA appointments are made as apprenticeships**	**WAC**	**Director of Workforce**	Apprenticeship Steering group in place and trajectory agreed
Develop and implement staff survey action plans in each ICSU	**Survey results**	**Action plans in place and implementation measured at each quarterly review**	**ICSU board, ICSU Quarterly Review, WAC**	**Chief Operating Officer**	
Maintain the Mayor of London Charter standard and roll out staff health and wellbeing initiatives	**Charter standard in place**	**Charter standard in place**	**WAC**	**Director of Workforce**	
Annual staff achievement awards in place and established	**N/A**	**Annual awards ceremony**	**Trust Board**	**Chief Nurse**	
Deliver the Quality Improvement strategy through 2017/18	**N/A**	**25% of staff trained**	**TMG**	**Director of Workforce Chief Operating Officer**	Quality improvement steering group in place and strategy agreed Clinical Lead appointed

Develop our business to ensure we are clinically and financially sustainable.

A central goal for Whittington Health is to reduce costs whilst continuing to deliver high quality care. This is the second year of the £25m cost reduction plan that is required in order for it to achieve a sustainable position.

Objective	Success	Governance/Monitoring	Executive Lead	Progress
Financial objectives				
Ensure the Trust achieves the agreed Control Total for 2017/18 and collects all the STF monies	**Each ICSU and corporate area delivers plans**	**ICSU board, ICSU Quarterly Review, TMG, F&B**	**All**	
Ensure operational excellence in our Community business	**Improved data quality Complete benchmarking Metrics developed SLR data in place and being used**	**ICSU board, ICSU Quarterly Review, TMG, F&B**	**Chief Operating Officer**	
Efficiency Savings				
Deliver the cost reduction of £17.5m	**Each ICSU deliver its CIP programme and a reduces run-rate**	**ICSU board, ICSU Quarterly Review, TOM, Project Management Office (PMO)**	**Chief Operating Officer**	£9.3m CIPs road mapped £8.4m gap in year target ICSU developing additional initiatives through regular Workshops with departmental teams Creation of Collaborative Cross divisional. schemes
Reduction in agency spend	**Reduction from £13.197m to NHSI targets**	**ICSU board, ICSU Quarterly Review, F&B**	**All**	£1.9M In year reduction in run rates through the HR Task force cross cutting initiative,

				Reduce absence factor to steady state (22%) Reduce Agency use through Substantive recruitment strategies
Carter Review				
Review Carter measures and data on model hospital	**Measures agreed for all areas**	**TMG** **Trust Board**	**All**	Model hospital data sent to all ICSU for inclusion at quarterly reviews
Deliver the Hospital Pharmacy Transformation Programme	**Plan submitted to NHSI**	**ICSU Board, ICSU quarterly review, TMG**	**Chief Operating Officer**	
To improve medical productivity	**100% job plans on Allocate** **New policy implemented on job planning**	**TMG**	**Medical Director**	
Workforce productivity	**e roster used fully on wards to ensure rosters built on acuity rather than bed numbers**	**TMG**	**Chief Nurse**	
Estates and Capital Plan				
Deliver the Strategic Estates Plan	**Select vehicle and procure for delivery** **Development plan in place and agreed** **Business case approved for development** **Endoscopy improvement project completed**	**Capital Planning Group, F&B** **TMG** **Trust Board**	**Chief Financial Officer** **Director of Strategy**	
New Contracts				**Progress**

Increase WH market share and identify tenders and contracts to support this objective.	**Business development plan in place** **Contracts awarded**	**TMG, F&B**	**Chief Financial Officer** **Director of Strategy**	**New governance process for decision making around bidding for new contracts in place.**
Develop new funding models for integration and new models through the Wellbeing Partnership	**Design and evaluate new funding models**	**F&BD** **Trust Board**	**Chief Financial Officer**	In 2017/18 WH has moved from a straight PbR Contract and community block to a moderated risk share for acute services where over or under performance on an agreed baseline is reimbursed or removed at a marginal rate of 50%. Successful partnership bid for expansion of IAPT services. Alternative contracts are being explored for 2018/19

Further develop and expand our partnerships and engagement

In order for us to achieve our mission and clinical strategy the most successful model will be local partnership working with a range of agencies. Our locality has a long and strong history of joint working, which we will continue to develop.

Objective	Success	Governance and Monitoring		Progress
Develop our partnerships and engagement				
Active membership of the Health and Wellbeing Partnership	**WH is represented at all forums of the Wellbeing Partnership and leads one of the clinical programmes**	**TMG**	**Director of Strategy**	
Actively participate in the North Central London Sustainability and Transformation Plan	**STP supports the principles of population health outlined in the WH Clinical Strategy**	**TMG**	**Director of Strategy**	
Progress work as Digital Exemplar Fast Follower programme	**Plan by end of June Relationship developed with Bristol Hospital Trust**	**TMG**	**Chief Financial Officer**	
Working with Haringey and Islington CHIN developments as part the Health and Wellbeing Partnership and the STP.	**Plans in development WH integral to CHINs developed and alignment of services**	**ICSU Board TMG Haringey and Islington Wellbeing Partnership Delivery Board**	**Medical Director (Integrated Care) Chief Operating Officer Director of Strategy**	
Develop clinical collaborations with UCLH	**Clinical pathways and collaborative working to deliver sustainable services**	**ICSU Board, ICSU Quarterly review, TMG**	**Director of Strategy**	

Further enhance our reputation for excellent multidisciplinary and integrated education and training.	**Implement the Education Strategy and develop operational plan** **Successfully lead the Nursing Training Superhub for North Central London** **Extend e training model in ED department that uses the 'Moodle' platform to deliver short courses and learning support courses for targeted sectors of the workforce**	**Education Strategy Group** **WAC**	**Medical Director**	
Increase the culture of research development within WH	**Open 20% more studies by March 2018** **Open two additional commercial trials** **Increase income from research by 20%**	**ICSU Board Research and Development Office**	**Associate Medical Director and Research Lead**	
Community Engagement				**Progress**
Ensure community of Islington and Haringey are able to engage with WH	**Revise the Communication and Engagement Strategy** **Develop a community engagement model and implement a programme of engagement e.g. social media, 'listening events' and a digital community forum**	**TMG** **Trust Board**	**Director of Communication** **Director of Strategy**	The estates communication and engagement strategy is in development and will be presented at board. this will be reviewed against the existing communications and engagement strategy to

	for local residents to engage with.			incorporate relevant aspects and allow for an update of the wider engagement strategy
Community activation and engagement including embedding co-production into clinical pathway development	**TBC**	**TMG** **Trust Board**	**Chief Operating Officer** **Director of Strategy**	Engagement event in October to support the development of the Frailty workstream

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The Whittington Hospital NHS Trust
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Whittington Health Trust Board
1st November 2017

Title:	Quality Committee Summary report (13th September 2017)		
Agenda item:	**17/151**	**Paper**	**12.a**
Action requested:	For noting		
Executive Summary:	This paper provides a copy of the agenda and a summary of the key discussion points from the Quality Committee on 13th September to provide assurance to the Trust Board on quality and safety.		
Summary of recommendations:	That the board notes the assurance provided by the Quality Committee.		
Fit with WH strategy:	All five strategic aims		
Reference to related / other documents:	N/A		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	N/A		
Date paper completed:	26/10/17		

Author name and title:		**Gillian Lewis, Head of Governance and Risk**		**Director name and title:**		**Philippa Davies, Chief Nurse and Director of Patient Experience**	
Date paper seen by EC		**Equality Impact Assessment complete?**		**Quality Impact Assessment complete?**		**Financial Impact Assessment complete?**	

NHS
Whittington Health
NHS Trust

Meeting	Trust Board Quality Committee
Date & time	13th September 2017 at 1400 - 1600
Venue	WEC 6

AGENDA

Members **Non-Executive Directors** Anu Singh, Chair Deborah Harris-Ugbomah Yua Haw Yoe	Members **Executive Directors** Richard Jennings, Medical Director Philippa Davies, Director of Nursing and Patient Experience Carol Gillen, Chief Operating Officer

Contact for this meeting: Gillian.lewis18@nhs.net

Agenda Item		Paper Y/N	Action and Timing
1. Administration			
1.1	**Welcome and Apologies** Anu Singh, *Chair*		To note
1.2	**Declaration of Conflicts of Interests** Anu Singh, *Chair*		To report
1.3	**Draft Minutes and Action Log (Meeting 12th July 2017)** Anu Singh, *Chair*	Y	To approve
1.4	**Matters Arising**		
2. Strategic			
2.1	**CQC Update** *Philippa Davies, Chief Nurse*		Verbal 1405
3. ICSU Quality Performance Dashboards			
3.1	**PPP ICSU** *Beverleigh Senior, Director of Operations*	Y	To approve 1415
3.2	**Clinical Support Services ICSU (incl Medicines Management and Drugs and Therapeutics report)** *Helen Taylor, Clinical Director*	Y	To approve 1430
4. Quality Governance			
4.1	**Patient Safety and Quality Report (incl Quality Account update) (Q1)** *Richard Jennings, Medical Director*	Y	To approve 1445
4.2	**QIA for CIPs (Q1)** *Richard Jennings, Medical Director*		Verbal 1455
4.3	**Patient Experience Report (Q1)** *Sarah Hayes, Deputy Director of Nursing*	Y	To note 1505
4.4	**Nursing, Midwifery and AHP Education (Q1)** *Lisa Smith, Assistant Chief Nurse*	Y	To approve 1515
4.5	**Safeguarding; Adults and Children (Q1)** *Theresa Renwick, Adult Safeguarding Lead* *Karen Miller, Children's Safeguarding Lead*	Y	To approve 1525

4.6	**Quality and Safety Risk Register** *Gillian Lewis, Head of Governance and Risk*	Y	To approve 1535
4.7	**Nursing Quality Indicators** *Sarah Hayes, Deputy Director of Nursing*	Y	To approve 1545
4.8	**Trust Policies** *Gillian Lewis, Head of Governance and Risk*		To approve 1555
5. Minutes from Reporting Groups – for information only			
5.1	**ICSU Quality and Safety Meetings**	**Y**	
5.2	**Patient Safety Committee**	**Y**	
5.3	**Patient Experience Committee**	**Y**	
6. For information only			
6.1	**Serious Incident Report (Board report)** *Gillian Lewis, Head of Governance and Risk*	**Y**	
6.2	**Quality Committee Annual Work Plan** *Gillian Lewis, Head of Governance and Risk*	**Y**	
7. Any Other Urgent Business			
Date of next meeting: 8th November 2017 1400hrs to 1630hrs, WEC Room 6			

Further dates:
13th September 2017 – 2pm – WEC6
8th November 2017 – 2pm – WEC6
10th January 2018 – 2pm
14th March 2018 – 2pm
Dates for 2018 TBC

Quality Committee

Summary of the Committee Meeting

Wednesday 13th September 2017

Present:

Philippa Davies (PD), Director of Nursing and Patient Experience

Carol Gillen (CG), Chief Operating Officer

Steve Hitchins (SH), Chairman Dorian Cole (DCo), Head of Nursing, PPP

Helen Taylor (HT), Clinical Director, CSS

Richard Jennings (RJ), Medical Director

Sarah Hayes (SHa), Deputy Chief Nurse

James Connell (JC), Patient Experience Manager

Daniele Morrell (DM), Director of Operations, EUC

Gillian Lewis (GL), Head of Risk and Governance

Deborah Clatworthy (DC), Head of Nursing, Surgery and Cancer

Theresa Renwick (TR), Adult Safeguarding Lead

The main issues discussed by the committee are shown below with the future actions and levels of assurance received. The committee discussed the plans to recruit a patient representative to the committee in the near future.

1. **CQC**
   The new CQC methodology for inspections was discussed. In preparation for the 2017 CQC inspection, the CQC had sent a Provider Information Request, including a self-assessment which had been completed and the CQC ran a number of patient stall and staff focus groups to get feedback on Whittington Health services.

2. **ICSU Quality Performance dashboards**
   The committee received two presentations from ICSUs, PPP and Clinical Support Services. The reports provided assurance to the Quality Committee on ICSU performance in key quality and safety areas and an overview of the key risks. Of note, PPP reported an increase in incidents of verbal abuse experienced by phonecall handlers and CSS reported a reduction in waiting times for phlebotomy.

3. **Quarter 1 reports**
   The committee approved the quarterly update reports from the reporting groups, Patient Safety, Patient Experience, and Safeguarding (adults and children), in addition to an update for Nursing, Midwifery and AHP Education. The Committee suggested looking at ways to share learning from grand rounds, patient forum and learning workshops more widely with the public, however the Committee

acknowledged that patient confidentiality would need to be considered. The Medical Director provided assurance that all Cost Improvement Plans had been quality assured. Safeguarding risks in a specific care home were discussed; these risks have been escalated to the CQC.

4. **Quality and Safety Risk Register**

   The committee reviewed the risk register >15 for all quality and safety risks to ensure that all risks had adequate action plans in place for mitigation. Recruitment and retention of staff was highlighted as a high risk to be discussed at Trust Board.

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Trust Board

1st November 2017

Title:	Finance & Business Development Committee Summary Report		
Agenda item:	**17/152**	**Paper**	**14**
Action requested:	For the Board to take assurance and note the business of the September & October Finance & Business Development Committee and its decision making.		
Executive Summary:	The summary report summarises key points of the Finance & Business Development Committee meetings on the 27th September and 18th October.		
Summary of recommendations:	The Trust Board is asked to comment on the business discussed at the September and October Finance & Business Development Committee meetings.		
Fit with WH strategy:	The Committee, a sub-committee of the Trust Board, reviews financial performance, business planning, business development and investment decisions of the Trust.		
Reference to related / other documents:	SO's. SFI's and Scheme of Delegation, Trust Board Terms of Reference, Finance & Business Development Committee Terms of Reference.		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	CO3 Develop our business to ensure we are financially sustainable BAF 12, 13 , 16 CO1 Deliver quality patient safety and patient experience		
Date paper completed:	25 October 2017		

Author name and title:		**Stephen Bloomer, CFO**		**Director name and title:**		**Stephen Bloomer, CFO**	
Date paper seen by EC		**Equality Impact Assessment complete?**		**Quality Impact Assessment complete?**		**Financial Impact Assessment complete?**	

Whittington Health NHS

Finance and Business Development Committee

Wednesday 27th September 2017
14:00 –16:00
Highgate Wing Level 5 Meeting Room

AGENDA

		Time	Lead	Document
17/020	Apologies, Minutes of the previous meeting & Action Notes	14.00	TR	1
	2017/18 Reporting			
17/021	▪ Month 5 Finance Report	14.35	JB	2
17/022	▪ Month 5 CIP Update	14.50	JB/JW	3
17/023	Month 6 Forecast	15.10	SB	4
17/024	Forecast Outturn 2017/18	15.20	JB	5
	Business Development & Review of Business Cases			
17/025	▪ BCG Closedown report	15.35	JB	6
17/026	▪ Pipeline (including decisions not to go forward)	15.50	MI	7

Date of next meeting: 18th October 2.00 – 5.00 WEC12

Attendance:
Stephen Bloomer (SB)
Jason Burn (JB)
Siobhan Harrington (SH)
Deborah Harris-Ugbomah (DHU)
Graham Hart (GH)
Mark Inman (MI)
Tony Rice (TR) (Chair)
Helen Taylor (HT)
John Watson (JW)
Vivien Bucke (VB)

Finance and Business Development Committee

Summary of the Committee Meeting

Wednesday 27th September 2017

Present: Tony Rice, Deborah Harris-Ugbomah, Graham Hart, Siobhan Harrington, Stephen Bloomer, Jason Burn, Mark Inman, Helen Taylor & Vivien Bucke (minute taker).

The main issues discussed by the committee are shown below with the future actions and levels of assurance received.

1. **Financial Performance**

   The overall month 5 financial performance was described by the finance team with specific input on CIP progress from the PMO. The year to date deficit is £2.2m being £0.9m adverse to plan which was primarily driven by the month 5 (£0.8m adverse variance). The key issue in month 5 was described as delivery against the income targets as income was materially lower than run-rate and plan.

   Areas of concern remain actual activity levels with ICSUs being behind their recovery plans and CIP which was reported as achieving only 43% of the targeted £6.2m required by month 5.

   The actions discussed included increased capacity in the PMO to drive CIP delivery and work on the pipeline of new schemes and the agreed activity recovery plans for Medicine and Surgery ICSUs where the majority of the negative activity variances sit.

   The committee drew little assurance that the control total will be achieved and recognised the significant challenge to the organisation

2. **Financial Forecasting**

   The committee received two presentations on financial forecasts. The first being for month 6 which showed the Trust meeting the month 6 position and being able to achieve the STF available at quarter 2. The second presentation showed the current forecast outturn for 2017/18 and described the forecast underachievement on CIP of £7m with circa £3m of non-recurrent benefit that has been identified to offset some of the shortfall. It was noted income was likely to be as per the budget given the agreed rectification plans in the Surgery and Integrated Medicine ICSUs. This leaves a forecast gap of £3-4m of which a number of options are being pursued by management. The current forecast assumes that the gap will be met and the Trust is forecasting that it will achieve its control total.

   The Committee was assured that month 6 would be achieved but had limited assurance over the ability to achieve the year-end control and noted the challenges in doing so.

3. **FIP2 Closedown Report**

   The committee noted the report and the current difference in the calculated benefit of the programme between the contractor and the Trust. They were assured that this would be closed quickly and the report submitted. In terms of the programme the Committee could see the improvements in signed off initiatives during the period of support from BCG.

4. **Contracting Pipeline Report**

   The committee received a report describing the current recognised opportunities and progress on each. It noted the improvements made in process particularly the assessment to bid or not bid and discussions with clinical teams.

Whittington Health NHS

Finance and Business Development Committee

Wednesday 18th October 2017
14:00 – 17:00
WEC12

AGENDA

		Time	Lead	Paper
17/027	Apologies, Minutes of the previous meeting & Action Notes	14.30	TR	1
	Financial & Performance Reporting			
17/028	▪ Month 6 Finance Report	14.35	JB	2
	▪ Month 6 CIP Update	14.55	JW	3
17/029	Forecast Outturn	15.20	JB	4
17/030	Community Disaggregation	15.50	MI	5
	2018/19 Planning			
17/031	2018/19 Contracting Update ▪ Commissioning intentions ▪ Contract form ▪ Contract value	16.15	MI	6
17/032	Budget setting / Annual Plan	16.35	JB	7

Date of next meeting: 23rd November 9.30 – 12.30 WEC6

Attendance:
Stephen Bloomer (SB)
Jason Burn (JB)
Siobhan Harrington (SH)
Deborah Harris-Ugbomah (DHU)
Graham Hart (GH)
Mark Inman (MI)
Tony Rice (TR) (Chair)
Helen Taylor (HT)
Vivien Bucke (VB)

Finance and Business Development Committee

Summary of the Committee Meeting

Wednesday 18th October 2017

Present: Tony Rice, Graham Hart, Deborah Harris-Ugbomah, Stephen Bloomer, Mark Inman, Jason Burn, Norma French, Helen Taylor, Stephen Sutherland and Vivien Bucke (minute taker).

The main issues discussed by the committee are shown below with the future actions and levels of assurance received.

1. **Financial Performance**
   The month 6 financial performance was in line with the forecast paper received at the previous meeting although it was noted that there was significantly more non-recurrent benefit than expected or desired. Areas of concern remain actual activity levels with ICSUs being behind their recovery plans and CIP which was reported as achieving only 45% of the targeted £7.9m required by month 6. If these do not improve in months 7 and 8, the current financial risk gap (£3.5-£4.5m) will crystallise and the control total will be missed. The financial position cannot accommodate further slippage as the gap will be greater than the level of non-recurrent cost savings and deferrals available.

   The actions discussed included coaching support for ICSU leadership, potential changes or increased support for ICSU leadership to achieve the CIP targets, continuous communication to colleagues on the importance of achieving the control total, standardised ICSU Board agendas, and increased capacity in the PMO to drive CIP delivery and work on the pipeline of new schemes.

   The committee was pleased with the openness of the papers received and discussion but drew little assurance that the control total will be achieved and recognised the significant challenge to the organisation

2. **Community Update**
   The committee received a paper describing the cost of the community contracts delivered to local CCGs at £71m which is broadly in line with income. The committee discussed the community disaggregation project undertaken with the host commissioner and the future programme of engagement. The committee drew assurance from the improved costing and analysis and noted the significant improvement in this area.

3. **2018/19 Financial Planning Update**
   The committee received a paper on the likely levels of income, recurrent expenditure moving in to the financial year, planning assumptions for inflation and cost improvement. In noted the link to the current underlying financial position in 2017/18 which has deteriorated and the flow through of CIP which if not improved will

increase the value of CIP required in the coming year. Other risks such as contracting risks and inflation risks were discussed. The committee drew reasonable assurance from the papers and will take this in to the Board Challenge Day in November.

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Trust Board

1st November 2017

Title:	Audit & Risk Committee Summary Report		
Agenda item:	**17/068**	**Paper**	**4**
Action requested:	For the Board to take assurance and note the business of the October Audit & Risk Committee and its decision making.		
Executive Summary:	The report summarises key points of the Audit & Risk Committee meeting for the 11th October.		
Summary of recommendations:	The Trust Board is asked to comment on the business discussed at the October Audit & Risk Committee meeting.		
Fit with WH strategy:	The Committee, a sub-committee of the Trust Board, considers business relating to comprehensiveness, reliability and integrity of assurances to meet the Board and the Accounting Officer's requirements.		
Reference to related / other documents:	SO's. SFI's and Scheme of Delegation, Trust Board Terms of Reference, Audit & Risk Committee Terms of Reference.		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	CO3 Develop our business to ensure we are financially sustainable BAF 12, 13 , 16 CO1 Deliver quality patient safety and patient experience		
Date paper completed:	25 October 2017		

Author name and title:		**Stephen Bloomer, CFO**		**Director name and title:**		**Stephen Bloomer, CFO**	
Date paper seen by EC		**Equality Impact Assessment complete?**		**Quality Impact Assessment complete?**		**Financial Impact Assessment complete?**	

Whittington Health NHS

AUDIT & RISK COMMITTEE

Wednesday 11th October 2017
13.30 – 16.30
WEC6

AGENDA

		Purpose	Lead	Paper
17/016	Welcome, Declarations of Interest & Apologies for absence		DH	
17/017	Minutes of the Audit & Risk Committee 24th May 2017	For agreement	VB	1
17/018	Action Notes & Implementation Tracker	For action	SB	2
	Corporate Governance & Risk Management			
17/019	Quality Committee minutes	For information	GL	3
17/020	GDPR Presentation & Information Governance update	For noting & approval	CG	4 4a
17/021	Receive other assurances linked to BAF	For discussion		
	▪ Staffing & Retention	Presentation	HG	5
	▪ Cyber Security	Presentation	LD	6
	Audit			
	Internal Audit			
17/022	Progress Report	For noting & approval	GR	7
	Follow-up report to include Limited Assurance Bullying & Harrassment IA report (& an update on Staff Survey Results)	For noting & approval	GR HG	7a
17/023	▪ LCFS Fraud Progress Report	For noting	JS	8
17/024	▪ LCFS Plan	For agreement	JS	9
	External Audit			
17/025	▪ Progress Report	For information	NH	10
	Finance			
17/026	Final Accounts Timetable and Plans	For information	JW	11
	Losses and Special Payments	For decision		
17/027	• Bad Debts Settlement		JW	12
17/028	• Debtors Report		JW	13
17/029	Tender Waiver Report	To note	JW	14
17/030	**Any Other Business**			

Whittington Health NHS

Date of next meeting: Wednesday 31st January 2018, 9-12

Attendance:

David Holt	Tony Rice	Deborah Harris-Ugbomah
Stephen Bloomer	Carol Gillen	Jason Burn
Jonathan Ware	Helen Gordon	Gillian Lewis
Leon Douglas	Neil Hewitson	Claire Davies
Greg Rubins	Gurpreet Dulay	James Shortall
Ali Kapasi *for item 17/020*	Vivien Bucke	

Audit and Risk Committee

Summary of the Committee Meeting

Wednesday 11th October 2017

Present: David Holt, Tony Rice, Deborah Harris-Ugbomah, Stephen Bloomer, Carol Gillen, Ali Kapasi, Jonathan Ware, Gillian Lewis, Greg Rubins, Gurpreet Dulay, James Shortall, Neil Hewitson & Vivien Bucke (minute taker).

The main issues discussed by the committee are shown below with the future actions and levels of assurance received.

1. **Corporate Governance and Risk Management**
    a. *Quality Committee Feedback*
    The Committee discussed the process and work of the Quality Committee with regards to risk to ensure that the committees are complimentary to each other and decided it would be helpful to see a timetable of the expected reports from the Quality Committee in January.
    b. *GDPR Presentation and Information Governance Update*
    The committee received a presentation from the Information Governance team on their progress and specifically on GDPR outlining the key issues and current thinking. The committee discussed information assets or databases held within the organisation and noted the risk and plan to address this. The Committee was assured by progress to date.
    c. *Other Assurances Linked to the BAF*
    The Committee received presentations on Cyber-Security and on Staffing and retention as high risks on the BAF and were assured by the mitigation plans described and current progress.

2. **Audit**
    a. *Internal Audit*
    The Committee received the progress report and was disappointed to note that the Trust had not actioned agreed red risks within the agreed timetable and the Chair of the Committee undertook to write to the CEO for assurance that this would be given high priority as being key in improving the limited assurance received in 2016/17.
    b. *External Audit*
    The Committee noted the progress report from external audit

3. **Finance**
    The Committee received three Finance reports and was assured by the final accounts timetable and plans and approved the losses and special payments made within the period.

    It received a report on Tender Waivers and Breaches and was encouraged by the reduction in tender waivers and the increase of procurement activity but received

limited assurance on the increase in breaches of process although plans to train teams and address constant offenders were noted.