

T R U S T B O A R D
P U B L I C

14.00 – 17:00
Wednesday 28th February 2018

Whittington Education Centre
Room 7



Meeting	Trust Board – Public		
Date & time	28 th February 2018 at 1400hrs – 1700hrs		
Venue	Whittington Education Centre, Room 7		
AGENDA			
Members – Non-Executive Directors Steve Hitchins, Chair Anu Singh, Non-Executive Director David Holt, Non-Executive Director Deborah Harris-Ugbomah, Non-Executive Director Prof Graham Hart, Non-Executive Director Tony Rice, Non-Executive Director Yua Haw Yoe, Non-Executive Director		Members – Executive Directors Siobhan Harrington, Chief Executive Stephen Bloomer, Chief Finance Officer Dr Richard Jennings, Medical Director Carol Gillen, Chief Operating Officer Michelle Johnson, Chief Nurse & Director of Patient Experience	
Attendees Dr Greg Battle, Medical Director (Integrated Care) Norma French, Director of Workforce Secretariat Susan Sorensen, Corporate Secretary Kate Green, Minute Taker			
Contact for this meeting: susan.sorensen@nhs.net			
Agenda Item		Paper	Action & Timing
Patient Story			
18/015	Patient Story Michelle Johnson, Chief Nurse & Director of Patient Experience	Verbal	Note 1400hrs
18/016	Declaration of Conflicts of Interests Steve Hitchins, Chair	Verbal	Declare 1420hrs
18/017	Apologies & Welcome Steve Hitchins, Chair	Verbal	Note 1425hrs
18/018	Draft Minutes, Action Log & Matters Arising 31 January 2017 Steve Hitchins, Chair	1	Approve 1430hrs
18/019	Chairman’s Report Steve Hitchins, Chair	Verbal	Note 1440hrs
18/020	Chief Executive’s Report Siobhan Harrington, Chief Executive	2	Discuss 1450hrs
Patient Safety & Quality			
18/021	Serious Incident Report Month 10 Richard Jennings, Medical Director	3	Approve 1520hrs
18/022	Safer Staffing Report Month 10 Michelle Johnson, Chief Nurse & Director of Patient Experience	4	Approve 1530hrs
18/023	CQC Inspection Michelle Johnson, Chief Nurse & Director of Patient Experience	5 presentation	Note 1540hrs
Performance			
18/024	Financial Performance Month 10 Stephen Bloomer, Chief Finance Officer	6	Approve 1550hrs

18/025	Performance Dashboard Month 10 <i>Carol Gillen, Chief Operating Officer</i>	7	Approve 1600hrs
Strategy and Governance			
18/026	Whittington Health as Digital Fast Follower <i>Stephen Bloomer, Chief Finance Officer</i> <i>Leon Douglas, Chief Information Officer</i>	8 presentation	Note 1610hrs
Trust Board Committee Draft Minutes			
18/027	Finance & Business Development : 15 December 2017 <i>Tony Rice, Non-executive Director</i>	9	Note 1620hrs
18/028	Workforce Assurance Committee: 14 February 2018 Norma French, Director of Workforce	10	Note 1630hrs
AOB			
	None notified to the Trust in advance		1650hrs
Questions from the public on matters covered on the agenda			
	None notified to the Trust in advance		1655hrs
Date of next Trust Board Public Meeting			
28 March 2018 -1400hrs-1700hrs -Whittington Education Centre, Magdala Avenue, N19 5NF			
Register of Conflicts of Interests: The Register of Members' Conflicts of Declarations of Interests is available for viewing during working hours from Susan Sorensen, Interim Corporate Secretary, at Trust Headquarters, Jenner Building, Whittington Health, Magdala Avenue, London N19 5NF or susan.sorensen@nhs.net or www.whittingtonhealth@nhs.net			



The minutes of the meeting of the Trust Board of Whittington Health held in public at 1400hrs on Wednesday 31st January 2018 in the Whittington Education Centre

Present:	Greg Battle	Medical Director, Integrated Care
	Stephen Bloomer	Chief Finance Officer
	Carol Gillen	Chief Operating Officer
	Deborah Harris-Ugbomah	Non-Executive Director
	Siobhan Harrington	Chief Executive
	Graham Hart	Non-Executive Director
	Sarah Hayes	Acting Chief Nurse
	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:	Janet Burgess	London Borough of Islington
	Norma French	Director of Workforce
	Kate Green	Minute Taker
	Susan Sorensen	Interim Corporate Secretary

Patient Story

Agnes Leger, a patient of our maternity services, was accompanied by Rose Hensman and Nicole from maternity services.

Agnes had had her baby at Whittington Health in February 2017. She described the antenatal care she had received as good, other than having to see different midwives at each appointment who did not appear to have read her notes or familiarised themselves with her circumstances. She had been given the impression that the midwives were overworked and stressed, but described them as 'lovely'.

Her labour had gone well, and the consultant (Clive Spence-Jones) had been particularly considerate, ensuring that her choices were respected and no pressure was put on her to alter her chosen method of delivery. Agnes had wanted a natural birth and had therefore begun her labour on 6th February in the birth centre. Unfortunately the drains had become blocked and the room subsequently flooded, which meant that she had been forced to change rooms, and move, naked and wet, to another room which had been very hot. The staff, though, had been considerate and indeed 'fantastic' throughout.

The labour had been long and Agnes was in pain, so she had transferred to the labour ward. Here, she had encountered students, who she singled out as very respectful and contributing to her very positive experience. Both the midwives caring for her had been fantastic so her experience of giving birth had remained good despite having had to undergo a forceps delivery. She had subsequently been moved to a recovery room, where the environment had been less than ideal; and Agnes described it as noisy and chaotic. Midwives had been lovely in their initial approach, but had constantly been called away to deal with urgent situations which had meant that her questions remained unanswered. She had felt that the midwives were overworked and

too stressed to be able to provide the best and safest care, although they had without exception been lovely and as helpful as possible.

Discharge arrangements had taken some time; this had been because Agnes was a Camden resident and had therefore had to be transferred to the care of the Royal Free. Once home, the expected midwife had not arrived, so she and her husband had had to contact the Royal Free themselves and request a visit. She had noted that the member of staff handling her discharge had been on her first day at the Trust and therefore possibly unfamiliar with procedures.

A few weeks after the birth of her daughter Agnes had been invited to return to the hospital to give feedback on her experience there; she had been impressed by staff's obvious wish to learn from the experience she had undergone, and to use that learning to improve maternity services. She had subsequently agreed to become a user representative, which she described as empowering, and she described the extent to which services had changed and improved as a result of patient feedback.

Rose spoke about the relaunch, two years ago, of the 'Maternity Voices' group, formerly the Maternity Services Liaison Committee, and the tireless work and commitment of that group's Chair Ros Webb. The group met quarterly, with each meeting having a theme – noise, she said, was a frequent issue. Rose also highlighted changes made to the discharge procedure for those mothers living outside Islington & Haringey; each mother now receives a telephone call the day following their discharge to check that community midwives had been in contact. An audit of case notes was also conducted, and NHS Improvement also carried out biannual surveys.

Siobhan Harrington expressed her hope that Maternity Voices would be actively engaged in the refurbishment of the maternal and neonatal environment over the coming months. Steve Hitchins thanked Agnes for attending and recounting her experiences.

18/01 Declaration of Conflicts of Interest

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

18.02 Welcome and apologies

02.01 Steve Hitchins welcomed everyone to the meeting, and in particular, Susan Sorensen, interim Corporate Secretary. No apologies were received.

18/03 Minutes, Matters Arising & Action Log

03.01 The minutes of the Trust Board meeting held on 8th December were approved.

03.02 Action log

159.01: The Board Assurance Framework and Corporate Risk register would be brought back to the Board in March. In the meantime, there would be a discussion on risk at either the February or March Board Seminar.

167.05: The patient safety report was on the agenda for discussion that afternoon and could therefore be removed from the action log.

168.03: CIP underperformance had been discussed at the Finance & Business Development Committee and would also be raised as part of the financial report to the Board that afternoon; this item could therefore be removed from the action log.

169.05: Some changes had already been made to the dashboard; community metrics would be added following consideration at the Community Improvement Group.

18/04 Chairman's Report

04.01 Introducing his report, which covered two months due to the change in Board dates, Steve Hitchins said that this month's meeting marked the fourth anniversary of his tenure as Trust Chairman. He thanked Board members for their joint contribution and hard work towards moving the Trust forward.. He then reported on the following events and activities he had participated in since the last meeting, as follows:

- with Siobhan, visiting hospital wards on Christmas day
- attending the sickle cell users' Christmas night out
- recent visits to community sites in Hackney, Islington, Camden and Haringey
- a conference on sepsis addressed by Celia Ingham Clark, now National Director for Patient Safety, who had singled out Whittington Health as an exemplar Trust
- public meetings attended included the meeting on the Strategic Estates Partnership organised by the Defend the Whittington Coalition, and the Joint Overview & Scrutiny Committee, and Steve thanked all those colleagues who had attended in support.

18/05 Chief Executive's Report

05.01 Siobhan Harrington stated that January had been an extremely busy month, and teams had worked remarkably hard to ensure safe high quality services were delivered. There had been much national media coverage of A&E services under pressure, with patients queuing and distressed staff, and Siobhan had been pleased to observe Whittington Health staff running the service with a calm professionalism and patients being so well cared for.

05.02 On 17th January there had been a fire at the hospital; staff had coped amazingly well, nevertheless there would be a great deal of learning to be taken from this incident, and this would be reported back to the board as part of the serious incident report.

05.03 Reporting on the Trust's ED performance, Siobhan said that the Trust had not achieved the 95% target; reaching 91.3% in November and 86.5% in December. This was however an improvement on the previous year, and she was pleased to report that performance was currently at 91.4%, although it would still be a struggle to reach 95%, which the Trust would try very hard to do by the end of March. STF funding had been awarded partly on the basis that the 91% position was maintained. Attendance during this period had reached record levels.

05.04 A number of in-patients were suffering from 'flu, and there had been some deaths. Richard Jennings reiterated that the Trust was committed to being clear and transparent in all its reports, and would be providing the Board with a comprehensive report on 'flu cases at the end of the period. All in-patient deaths from 'flu were treated as Serious Incidents and subject to a Root Cause Analysis investigation. The take-up rate for vaccination amongst staff had now reached 78.3%. Richard commented that this was one of the most challenging years he had experienced, with types A and B both circulating widely.

05.05 Siobhan gave a brief update on the Lower Urinary Tract Service (LUTS). The service was still not open to new patients, and she had been invited to attend the Joint Overview & Scrutiny Committee (JOSC) the previous week. There had also been further correspondence from MPs.

- 05.06 Moving on to the Estates Strategy, Siobhan informed the Board that she had had a positive conversation with NHS Improvement (NHSI), who had indicated that a letter of support would be forthcoming.
- 05.07 The Trust is about to start a piece of work with Professor Duncan Lewis on bullying and harassment in the organisation; this would be an in-depth study, and the resulting report would be in the public domain. Also on workforce, Siobhan informed the Board that five nurses from the Philippines had arrived the previous week, and in the next few weeks more nurses were expected from the EU, Philippines, and (slightly later) India. Much work had been undertaken on supporting them with accommodation, GP appointments, bank accounts etc. In answer to a question from David Holt about whether such support was also available to local recruits, Norma replied that assistance was certainly available with accommodation, but additional help was being offered to guide overseas recruits through bureaucracy.
- 05.08 Janet Burgess enquired about the Capital Nurse initiative; Norma confirmed the Trust was participating in this.
- 05.09 Siobhan spoke briefly about the Trust's financial position; this was on the whole positive but there was still a difficult message to convey around CIPs, which Stephen Bloomer would enlarge upon when presenting the financial report.
- 05.10 Concluding, Siobhan made brief mention of the contract with the UCLH at Home service, the signing of the NHS Smoke Freed Pledge, and the recently published Kings' Fund report on community services, which she said contained a strong message and recommended Board members to read.

18/06 Quarterly Safety & Quality Report

- 06.01 Richard Jennings introduced the Safety & Quality report covering the period 1st October 2017 to 31st December 2017. The key points, he said, were infection control; where the Trust was performing reasonably well although there had been one small outbreak of C. Difficile, and a number of 'flu cases. On the latter, Richard explained there would be a full retrospective analysis in the next report. He added that Bruce Keogh had written a letter of guidance to all Trusts, a marker of how seriously this was being taken.
- 06.02 During this quarter a Serious Incident had been declared concerning a member of staff with potentially transmittable TB, and the report detailed the steps taken to deal with this. There was no suggestion that this had caused any harm, but it had triggered a major infection control response, which was resource intensive in terms of both time and cost. A key lesson was for new starters, especially, to act on any symptoms.
- 06.03 The Trust had performed well on sepsis, but was in no way complacent, and consistent and concerted efforts continued to be put in to maintain the high standards achieved. The Trust's record on falls demonstrated the need to continue to implement initiatives designed to prevent them; there also needed to be a continuous focus on services for people with learning difficulties.
- 06.04 The Board discussed the Trust's approach to 'flu vaccinations for vulnerable patients. Sarah Hayes pointed out that District Nurses vaccinated the housebound, and Richard Jennings reported that conversations took place throughout the year in services such as respiratory and care of older people. It was agreed that liaison with primary care colleagues was a key factor in addressing this. Tony Rice enquired whether the Trust was required to use the 'central' vaccine, and Richard replied that it was generally agreed

that best practice was to follow the guidance issued by Public Health England. He added that 'flu was different every year, was hard to predict, and could cause pandemics.

- 06.05 Janet Burgess highlighted some work the local authority had carried out concerning services for adults with learning difficulties, and would circulate a paper to the Board setting out the details of this.

18/07 Quarterly learning from mortality report

- 07.01 Richard began his report by thanking Julie Andrews, the lead for work in this area. This was the second such report the Board had received, and although the Trust had been conducting mortality reviews for several years, it was only recently that it had taken a nationally recommended approach and provided figures to the Board.

- 07.02 Setting out the highlights from the report, Richard said that out of all cases reviewed, there had only been one potentially avoidable death, this was the case of a patient who had suffered a fall which had resulted in serious head injuries.

- 07.03 He apologised for there being no definition of categories A and B in the report (they had been included in the previous report) and explained that 'A' meant deaths where there was an obvious need to review, such as a death following elective surgery or a maternal death; Category B referred to all other deaths. The Trust had set itself a target of reviewing 90% of Category A and had achieved 80.2%, and 25% of Category B, achieving 57.5%. Richard thanked Julie and her colleagues for all the work they had put into both the reviews and the production of the report.

- 07.04 Richard informed Board colleagues that he was aware there was a significant variation in the quality of morbidity and mortality meetings between departments. There needed to be a better and more resilient system, and this could be achieved, but would take time.

- 07.05 Graham Hart spoke about the need for administrative support, both for Julie herself but also for the ICSUs on the learning from deaths audit and reviews. The Trust was doing really well, but could (if better resourced) become a sector leader.

- 07.06 Richard spoke about the appointment of Anna Gorringer as Consultant palliative care lead, saying that he hoped her appointment would lead to better integration between palliative care and the learning from deaths group. There was also a need to address the inappropriate relocation of patients who were close to death into the ITU; better systems and resources were required to enable such patients to be cared for on the wards.

- 07.07 Greg Battle suggested that as an ICO it would be useful to include a column on any modifiable risk factor, i.e. obesity, smoking, alcohol etc. plus what services had been offered. Richard Jennings supported this, adding that the respiratory consultants had long been pressing for smoking to be recorded. Stephen Bloomer said, however, that for non-clinicians it was sometimes difficult to see what 'good' was, but hoped that the situation would improve once more Trusts submitted data and benchmarking became possible. There was however no national standardised structure for format or judgement, so benchmarking was difficult. Richard suggested that it was best to look at areas where there were known problems.

18/08 Serious Incident Report

- 08.01 Richard explained that due to the change of Board meeting dates the report submitted covered the period 1st November 2017 to 31st December 2017 whereas it would normally have covered just the one calendar month. He would take the report as having been read, singling out just the one incident where a member of staff had failed to

diagnose a case of lung cancer. He also drew attention to the never event contained within the learning section which had previously been reported to the Board.

A new list of never events had recently been published, containing two additions. The team would be conducting a gap analysis into these areas, the results of which would be contained within the next report to the Board.

18/09 Safe Staffing Report

- 09.01 Sarah Hayes introduced the safe staffing report, a mandatory requirement which included the results of Unify returns. She said that the following month's report would include a summary of the most recent establishment review. Highlights from this month's safe staffing report included the section showing stability of care hours per patient, the fact that the agency fill rate had remained stable, red shifts had appeared high in December but this might be attributable to improved monitoring. A new 'professional judgement' tool had also been introduced.

18/10 Financial Report

- 10.01 Introducing the financial report for Month 9, Stephen Bloomer informed the Board that the Trust was reporting a year to date position of 0.5m deficit, slightly ahead of plan at the end of the third quarter and thus eligible for its third quarter STF funding. The control total had been increased to a surplus of £1.3m following the allocation of winter pressures funding, and Stephen remained confident that the Trust would meet this; saying that there was a robust plan in place which would enable it to do so. Further work had also been carried out on income recognition. The ICSUs were improving run rates and doing more on their CIP schemes. Overall, however, CIP schemes remained significantly behind plan.
- 10.02 Stephen said that the Trust now needed to look at the requirements for the next financial year. Considerable work on CIP schemes had been carried out with the Performance Management Office (PMO) and they had also been raised at the quarterly performance review meetings. Next year's CIP target would rise in order to pick up the slack from the failure to deliver this year's schemes. It was noted that of these schemes, some had not yet started but remained valid. David Holt pointed out that if plans were to be realised next year work would need to start almost immediately, so by its March meeting the Board would know whether the organisation was on track to meet its refreshed CIP target by the end of the 2018/19 financial year.
- 10.03 Siobhan informed Board colleagues that some of the CIP schemes would be examined at the Executive Team awayday the following week. Progress would also be scrutinised fortnightly at TMG meetings. There was also a need to re-examine how the PMO functioned, and to strengthen the delivery part of the ICSUs.

18/11 Performance Dashboard month 9

- 11.01 Carol Gillen opened her report by talking about the ED target, and was pleased to report that there had been no 12 hour mental health patient breaches since October; though there continued to be several mental health patients with delayed discharges. Handovers with the London Ambulance Service had also improved. Complaints response times had not been achieved in November but had improved in December.
- 11.02 Moving onto cancer targets, Carol informed the Board that there had been significant focus on the 62 day target, which had proved challenging within the Upper GI and colorectal services. There were also new metrics for cancer.

- 11.03 For the first time community average waits had been added to the dashboard, and Carol said that there was now a community improvement group which was taking a whole systems approach and looking at community metrics. Further information would therefore be added to the dashboard over the next few months.
- 11.04 In answer to a question from Steve Hitchins about those areas showing as red on page 17, Carol replied that there had been a separation from what was routine and what was urgent. Within the podiatry service there were vacant posts which accounted for some of the waits. There were also plans to reduce the number of sites from thirteen to ten, which would both free up capacity and prevent having lone providers working. Janet Burgess added that her husband had waited such a long time she had been forced to book him private treatment; Carol agreed there was a need to issue some communications about the service.

18/12 Quarterly Corporate Objectives Update

- 12.01 On behalf of Helen Taylor, Siobhan Harrington introduced the quarterly report of the Trust's Corporate Objectives. In future, she would like to see this incorporated into the performance report. She explained that areas showing as red meant that the SMART objectives described had not yet been achieved. David Holt requested a distinction be made between those reds which would not be achieved and those where there was potential for achievement. Considering medical productivity, Steve Hitchins enquired how close the Trust was to achieving 100% job plans. Richard replied that currently between 70% and 80% had been completed, and he hoped that this figure would rise to between 95% and 100% by the year end, although 100% was unlikely.
- 12.02 In answer to a question about the development of new funding models, Stephen Bloomer said that not much progress had been made in this area although discussions were taking place with the Islington & Haringey Wellbeing Partnership. It was not yet fully clear what the most beneficial model would be, however, and there would need to be much discussion with the commissioners before this could be taken forward. NHSI would also need to be assured that whatever model was chosen would enable the Trust to meet its control total.

18/13 Fire Safety Update

- 13.01 Introducing this item, Adrien Cooper said that the paper circulated set out the environment and its requirements in the context of fire safety. Adrien himself held the ultimate responsibility for this area, aided by a Fire Safety Advisor and a qualified Authorising Engineer. He personally chairs the Fire Safety Group to provide rigour and pace; and has increased the frequency of that group's meetings from quarterly to monthly. Meetings are divided into two distinct parts, the first concentrating on the requirements of each of the ICSUs, and the second on technical engineering issues. A representative of the London Fire Brigade was also now in attendance, and a memorandum of understanding had been agreed with that organisation.
- 13.02 Live fire drills would be taking place in future, and Adrien emphasised the need to increase the number of fire marshals across the Trust. There needed to be at least one for every ward and more in areas such as ED. Part of their responsibility was to act as champions for fire safety. There were currently 110 fire marshals and Adrien estimated around 300 were required. Training packages for fire marshals had now been divided into two parts; responsive and preventive. All existing marshals would have completed stage one of the training within the next few weeks, and the second stage by the end of June. The paper recommended Adrien provide an assurance report to the Board within six months and annually thereafter, and this recommendation was agreed by the Board.

- 13.04 In answer to a question from Greg Battle about community sites, Adrien confirmed that work was progressing well. There was good engagement by the ICSUs, although the situation was complex as the status of the sites varied (some owned, some shared, some let etc).
- 13.05 Richard Jennings stated that there was a need to recognise what 'good' looked like, and to him, this meant that wherever there was a fire there was someone present who not only knew exactly what to do but could do it. Marshals needed not only to be trained but regularly inspecting and keeping meticulous records. He cited as an example the improvements the Trust had made to sepsis care, where huge efforts had been put in to effecting cultural change.
- 13.06 It was noted that the fire safety lead for every ICSU could and should put fire safety on their ICSU Board agendas. It was also suggested that fire marshal training figures be included in the performance report to the Board. David agreed that it was good to aim for the right number of marshals, but it was equally important to have the right cover all across the organisation.

18/14 Emergency Preparedness Resilience and Response

- 14.01 Carol Gillen introduced the annual report for Emergency Preparedness, saying that the Trust had recently undergone its annual inspection. This had comprised a self-assessment and a three day challenge session held last October. All relevant documentation had also been reviewed. The inspectors had found just one formatting error in the algorithm which had been corrected inside five minutes.
- 14.02 In summary the inspection had gone very well, and the Trust had been commended particularly for the standard of its business continuity plans. Carol expressed her thanks and congratulations, echoed by the Board, to Lee Smith, who had contributed so much to improvements made in this area and had really impressed the inspectors.

18/15 Any other business

- 15.01 Anyone wishing to join the focus groups for the Director of Strategy on 7th February should please let Norma know.
- 15.02 The CQC report for factual accuracy checking had now been received; the final version was due on 18th February. The report, under embargo, could not be circulated to Board members however themes could be discussed at the forthcoming Board Seminar.

Minute	Action	Date	Lead
2017 159.01	Board Assurance Framework and Corporate Risk Register are being reviewed. They will be discussed at a future Board seminar and return to the Board in March 2018 following this work.	March 2018	SMH
05.03	ED 95% target to be achieved by end March 2018	April 2018	CG
05.04	Report to Board on hospital-acquired 'flu and 'flu deaths in hospital	March 2018	RJ
08.01	Report on gap analysis relating to two additions to the list of "never events" in next quarterly quality and safety report.	March 2018	RJ
10.02	Schemes for 2018/19 CIP to be signed off by ICSU by 6 th	February	SB

	February. Draft CIP to go to Finance Committee in February prior to Board	2018	
11.04	Need for communication with patients re waiting times for community services	March 2018	CG
12.01	Performance against corporate objectives to be included in next quarterly performance report.	March 2018	HT
12.01	Improvement towards 100% medical appraisals by year end	March 2018	RJ
13.02	Training need to increase number of fire marshals and appropriate location across the Trust. Assurance report to Board within six months and annually thereafter.	July 2018	SB
AOB	Minutes of Sub-Committees to be circulated with next Board papers unless requested meanwhile.	February 2018	SMS

Trust Board
28 February 2018

Title:		Chief Executive Officer’s Report for the Trust Board					
Agenda item:		18/020		Paper		02	
Action requested:		For discussion and information					
Executive Summary:		The purpose of this report is to highlight specific issues to the Trust Board and to update the Board on local, regional and national key issues facing the Trust					
Summary of recommendations:		To note the report					
Fit with WH strategy:		This report provides an update on key issues for Whittington Health’s strategic intent					
Reference to related / other documents:		Whittington Health’s regulatory framework, strategies and policies					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		Risks captured in risk registers and/or Board Assurance Framework					
Date paper completed:		22 February 2018					
Author name and title:		Fiona Smith Communications & engagement lead		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 REPORT

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

WELCOME AND THANK YOU

I would like to welcome Michelle Johnson as the new Chief Nurse at Whittington Health. Michelle joins us from Barts Health.

I would also like to thank Sarah Hayes who has acted into the Chief Nurse role, whilst we awaited Michelle joining the Trust. Sarah has ensured that we maintain our focus on quality and safety of service provision. She has provided invaluable support to the Nursing team across Whittington Health during what has been a very busy winter period at the Trust.

QUALITY AND SAFETY

The Trust has remained busy throughout January, as we continue to deliver our Winter Plan. Staff across the community and hospital have continued to work incredibly hard and are focused on quality and safety at this time.

CQC

The CQC report is expected to be published on 28 February.

Emergency Pathway

Performance against the 95% target remained challenged at 86.5%. Although the Trust continues to see an increase in attendance, the median time to treatment from arrival improved from 81 minutes in December 2017 to 72 minutes in January 2018

LAS handover times deteriorated in January and is in part due to the higher levels of ambulance arrivals with clusters of arrivals.

Delayed transfers of care have increased, putting pressure on beds available for admission

Pressure Ulcers

There were nine reported Pressure Ulcers (PUs) in January 2018. An extensive action plan has been implemented, including reviewing all category 2PUs, asking staff to complete reflections on non-completion of datix and escalation of pressure ulcers, and an audit by Tissue Viability Service to identify themes. The action plan will be monitored through quality committee.

MRSA Bacteraemia

There was 1 new MRSA bacteraemia reported in January 2018. A review (Post Infection Review) was conducted and all actions implemented.

Cancer

The overall target for cancer has been achieved. Underperforming areas are Upper and Lower Gastrointestinal for 2WW Performance and Upper Gastrointestinal and Urological (excluding testicular) for 62D Performance.

Community Average Waits

Last month saw data was added to the Trust Board dashboard for the first time. Having reviewed performance, a community improvement work plan has commenced in January

2018 and has prioritised the following services: Nutrition & Dietetics, Podiatry, Bladder & Bowel and Speech and Language Therapy.

STRATEGIC

GP Federation

In recognition of the need for closer working relations with primary care, to fully optimise the delivery of our clinical strategy, the Trust has been developing a Memorandum of Understanding with the Haringey and Islington GP Federations.

WORKFORCE

Staff Survey

The embargo on the staff survey results will be lifted on 6 March. Picker and the CQC have devised the reports for Trust analysis including locality reports and the main Trust Management report which will be shared once the embargo is lifted.

As well as the survey questions, we will be looking at the engagement score, its trend over the last years, and make comparisons with other similar trusts.

Culture and Behaviours Research

Professor Duncan Lewis has started the research by launching the survey to all staff. For most employees, the survey was sent by email with a link to the online questionnaire, and some paper copies were provided to those who do not have access to email.

The responses are sent directly to Professor Lewis' research team. So far 639 responses have been received.

The questionnaire invited respondents to provide a name and contact details if they wanted a researcher to contact them for a more in-depth discussion.

The report is expected in July 2018. In the interest of openness and transparency, the report will not be edited or editable by the Trust. The report will be shared with all staff.

MaRS

The Mediation and Resolution Service has launched, and requests are coming in for mediation through a variety of routes including Employee Relations, managers and self-referrals.

The Head of Organisational Development (OD), the mediation service lead, will bring mediators together twice per year, to maintain skills and provide opportunities for further development.

The Board will be provided with reports on its usage, themes, and impact at future meetings.

Coaching

Coaching is an important tool in changing culture, and therefore some of the HENCEL funding has been earmarked to begin to grow a coaching style of management, and thereby supporting staff to become more autonomous, which is a key component of high engagement.

Coaching is offered to participants on all leadership and junior doctor programmes, and to individuals who request coaching. The Head of OD maintains a database of internal coaches to distribute work throughout the network.

There are a variety of reasons cited by participants for accessing coaching, including managing stress, conflict management, leadership and management development, managing difficult behaviours, with the main reasons being career development and improving confidence.

Inclusion

The inaugural meeting of the staff network took place on 25 January and was well attended with 30 participants. The second meeting was held on 21 February.

Masterclasses in Recruitment, Selection and Appointment, and Disciplinary and Grievance are booked for March. The work from these will inform the membership and content of the Task and Finish Groups who will undertake the work determined by the participants.

The Inclusion Labs project starts in April and we are in consultation with the programme leads to prepare for our participation.

Recruitment and Retention

Overseas recruitment

On 24 January the Trust welcomed the first 5 nurses from the Philippines who have had an intensive induction and are commencing in their wards and departments on 13 February.

We also are welcoming an additional 9 nurses through EC recruitment in February, some of whom will initially work as Health Care Assistants until they pass their NMC skills test to register as qualified nurses in the UK. We are offering targeted support to ensure that they pass their NMC registration as soon as possible.

Looking forward we have an additional 27 Filipino nurses timetabled to join us between March and September and 18 Indian recruits scheduled due to join between May and July. We expect the numbers of starters will vary as prospective staff pass their ILETs and receive clearance to travel.

UK recruitment and retention

The Trust is running a rolling UK recruitment programme focussed on UK recruits, and 11 band 5 nurses will be interviewed this week alone. Further interviews are planned in early March for newly qualifying nurses from Middlesex University.

We are strengthening our input within North Central London on a range of initiatives to support retention including developing rotational programmes and transfer schemes to enable better support to nurses in transferring between NCL employers and retaining them within the sector.

STP Joint Project for Core Skills (Statutory and Mandatory) Training

The aim of the Joint Project for Core Skills project is to streamline training requirements across the STP and to ensure consistency of course content and delivery. This will ensure STP organisations trust the standards to which reportedly compliant staff have been trained and enable easier mobility between organisations.

The Learning and Development team has provided the STP project lead with information on the Trust's provision of Core Skills training to support the project which is now ready to commence.

Pan London Agency and Bank Medical project

Since last year London Trusts have been working together to reduce pay spiral effects caused by competition between Trusts seeking to secure medical locums that has resulted in higher pay rates.

This work has focused on setting and maintaining capped rates, initially for agency medical staff and from April 2018, incorporating bank medical staff, to reduce NHS-wide exposure to excessive costs. Whittington Health is working in partnership with North Central London partners to deliver this outcome.

FINANCIAL

January Financial Position

Overall the Trust is reporting a £0.9m surplus in month, leading to a year to date surplus of £0.4m. January was a high-income month with a favourable variance of £1.5m against plan. Pay costs increased compared to Month 9, while non-pay costs were reduced.

Within the Trust's income position for Month 10 is the first half of the A&E Tranche 1 funding, £0.3m, allocated by NHSI & NHSE to support costs currently being incurred in relation to winter.

For Month 10 the Trust's assessment is that it will achieve the increased control total position of a £1.3m surplus but will continue to need mitigations to offset the shortfall in CIP delivery. At Month 10 actual CIP delivery is £7.1m behind plan. Further details will be presented in today's finance report to the Board.

Good news this month:

Maternity, Midwifery and Baby, maternity management award

Sinead Farrell, Labour Ward Co-ordinator & Professional Midwife Advocate, has won the Maternity, Midwifery and Baby Midwifery (MMB) Festival Award.

Sinead's award was presented to her by Claire Matthews, Deputy Head of Maternity Services, NHS England and was for innovation, determination and vision in her deployment of the new model of Midwifery Supervision.

Royal College of Anaesthetists Regional Adviser for North Central London

Dr Catherine Shaw, Consultant Anaesthetists at Whittington Health, has been appointed as the Royal College of Anaesthetists' Regional Adviser Anaesthesia (RAA) for North Central London. Dr Shaw's appointment is for three years and follows recommendation to, and approval by, College Council.

The post of RAA is the most senior College training appointment. It is an acknowledgement of the high regard in which Dr Shaw is held by the College, and her colleagues.

Whittington Health Flu Vaccination Campaign

Whittington Health currently stands 2nd in London for the success of our flu fighter campaign.

78.6% of staff have been vaccinated. I would like to thank, on behalf of the Board, our flu champions who volunteered to take on the role of vaccinating staff.

Siobhan Harrington
Chief Executive

Trust Board

28th February 2018

Title:		Serious Incidents - Monthly Update Report					
Agenda item:		18/021		Paper		3	
Action requested:		For Information					
Executive Summary:		This report provides an overview of serious incidents (SI) submitted externally via StEIS (Strategic Executive Information System) during January 2018. This includes SI reports completed during this timescale in addition to recommendations made, lessons learnt and learning shared following root cause analysis.					
Summary of recommendations:		None					
Fit with WH strategy:		1. Integrated care 2. Efficient and Effective care 3. Culture of Innovation and Improvement					
Reference to related / other documents:		<ul style="list-style-type: none">• Supporting evidence towards CQC fundamental standards (12) (13) (17) (20).• Ensuring that health service bodies are open and transparent with the relevant person/s.• 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:		14/02/2018					
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 January 2018. 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 seven serious incidents during January 2018, bringing the total of reportable serious incidents to 35 since 1st April 2017. In 2016/17 the Trust declared 58 serious incidents.

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
Safeguarding incident Ref:29054	Nov 17	Unexpected death of 23 month old baby. Baby was admitted in cardiac arrest, suffered extensive brain damage due to lack of oxygen. Baby died in ITU 4 days after admission.
Delayed Diagnosis Ref:870	Jan 18	There was a delay in diagnosing pancreatic cancer.
Surgical Invasive procedure incident (Unexpected Death) Ref: 905	Jan 18	A patient died following elective surgery for a laparoscopic sub-total colectomy. The patient developed sepsis and deteriorated. On return to theatre the patient arrested, CPR was unsuccessful.
Surgical invasive procedure incident (Treatment Delay) Ref: 910	Jan 18	A patient deteriorated following an emergency surgery for peritonitis caused by a perforated bowel. There was a delayed return to theatre.
Patient Fall Ref:1269	Jan 18	Patient had a witnessed fall on the ward, resulting in a fractured neck of femur.
Unexpected Death - influenza Ref:1986	Jan 18	Patient acquired influenza in hospital and subsequently died.

Category	Month Declared	Summary
Unexpected Death - influenza Ref:1980	Jan 18	Patient acquired influenza in hospital and subsequently died.
Environment Incident meeting SI criteria Ref: 2655	Jan 18	A fire broke out in the Whittington hospital which was contained in the basement area of the PFI Building storage room. The smoke was distributed into the ventilation system resulting in the evacuation of the affected areas. No staff or members of the public were harmed.

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 – January 2018

STEIS 2017-18 Category	2016/17 Total	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Total 17/18 ytd
Safeguarding	5	0	0	0	0	0	0	0	1	0	0	1
Attempted self-harm	1	0	0	0	0	0	0	0	0	0	0	0
Confidential information leak/loss/IG Breach	6	0	0	1	1	0	1	0	0	0	0	3
Diagnostic Incident including delay	8	0	1	1	1	1	0	1	1	0	1	7
Disruptive/ aggressive/ violent behaviour	0	0	0	0	0	0	0	1	0	0	0	1
Environment Incident meeting SI criteria	0	0	0	0	0	0	0	0	0	0	1	1
Failure to source a tier 4 bed for a child	1	0	0	0	0	0	0	0	0	0	0	0
Failure to meet expected target (12 hr trolley breach)	1	0	0	0	0	0	0	0	0	0	0	0
HCAI/Infection control incident meeting SI criteria	0	0	0	0	0	0	0	0	0	0	2	2
Maternity/Obstetric incident mother and baby (includes foetus neonate/infant)	7	0	1	0	0	0	0	1	0	0	0	2
Maternity/Obstetric incident mother only	2	0	0	0	0	1	0	0	0	0	0	1

Medical disposables incident meeting SI criteria	1		0	0	0	0	0	0	0	0	0	0	0
Medication Incident	0		0	0	0	1	0	0	0	0	0	0	1
Nasogastric tube	1		0	0	0	0	0	0	0	0	0	0	0
Slip/Trips/Falls	7		0	1	0	0	2	0	1	0	0	1	5
Sub Optimal Care	4		0	0	1	0	0	0	0	0	0	0	1
Treatment Delay	3		1	1	0	0	0	1	0	0	0	1	4
Unexpected death	10		1	0	1	0	0	0	1	0	0	1	4
Retained foreign object	1		0	0	0	0	1	0	0	0	0	0	1
HCAI/Infection Control Incident	0		0	0	0	0	1	0	0	0	0	0	1
Total	58		2	4	4	3	6	2	5	2	0	7	35

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 in January 2018.

Lessons learnt following the investigation are shared with all staff and departments involved in the patient's care through various means including the Trust wide Spotlight on Safety Newsletter, '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 nine reports to NELCSU during January 2018.

The table below provides a brief summary of lessons learnt and actions put in place relating to a selection of the serious incident investigation reports submitted in January 2018.

Summary	Actions taken as result of lessons learnt include;
Patient Fall Ref:25566	<p>A patient stood up from chair to get her medication and fell to the floor, resulting in a fractured femur.</p> <ul style="list-style-type: none"> A STOP Falls poster has been developed specifically for agency and temporary staff, to increase awareness. This poster runs alongside existing training programmes and improvements to the nursing staff handover process.

Summary	Actions taken as result of lessons learnt include;
	<ul style="list-style-type: none"> • A review of training needs for Band 5 Nurses has been undertaken and additional training is being arranged including leadership training which will include conflict resolution and tackling challenging behaviour. • The handover checklist is currently being reviewed and updated to include falls risk, pressure ulcer risk and other clinical information using an SBAR (Situation/Background/Assessment/Recommendations) approach. • A business case has been presented to the Trust Management Group to provide more staffing resource to support falls management across the trust which has been agreed in principal.
<p>Delayed Diagnosis Ref:26665</p>	<p>There was a delay in identifying a fractured femur following a patient fall on the ward.</p> <ul style="list-style-type: none"> • To ensure that investigations are not missed when patients are transferred between wards observations triggers will be escalated to the Nurse in Charge (NIC) and documented on observations charts. The patient admission booklet transfer page will be completed for all transfers and include all outstanding investigations, reviews, and results. • A review is being undertaken of the current prioritisation process in x-ray to include treatment of all falls as trauma. • An introduction of an escalation policy for x-rays, so that all delays will be escalated to the Radiologist Bleep Holder. • Consideration is currently be made to introduce a process to ensure that frail elderly urology patients with complex medical co-morbidities receive input from a medical consultant (in line with the current model used in the Trusts orthopaedic department). • Junior doctor falls training revised to highlight the significance of lying/standing BP and falls prevention as per national guidelines to improve assessment and treatment of hypotension.
<p>Delayed Diagnosis Ref:27362</p>	<p>There was a delay in following up a chest x-ray which showed an abnormality which proved to be lung cancer.</p> <ul style="list-style-type: none"> • The system for following-up outstanding results from cardiology outpatient clinics are being revised to ensure there is an effective process for monitoring and escalating delays. • A resource capacity review is being undertaken of the process for managing results in all outpatient clinics and the findings will be presented for discussion at the Integrated Medicine ICSU Board. • The backlog of outstanding results is being monitored at the PPC monthly meetings for assurance that no other abnormal results have been missed. • The radiology and oncology departments are reviewing current guidelines used for escalating x-ray results to oncology to agree the criteria/ threshold and language used to indicate potential cancers i.e. 'cancer,' 'malignancy' or 'neoplasm'.
<p>Disruptive/ aggressive/ violent behaviour Ref:24289</p>	<p>Staff member was assaulted by a patient on the ward.</p> <ul style="list-style-type: none"> • The guidelines for Alcohol withdrawal and intoxication is being reviewed to include explicit information about mental health liaison team involvement and will be shared with all relevant staff.

Summary	Actions taken as result of lessons learnt include;
	<ul style="list-style-type: none"> • Training is being provided for medical staff from the Alcohol Liaison Team with a focus on alcohol withdrawal medication and patient behaviour.

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.

7. Summary

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

Whittington Health Trust Board

28 Feb 2018

Title:	Inpatient Safe Staffing - Nursing and Midwifery – January data		
Agenda item:	18/022	Paper	04
Action requested:	For information		
Executive Summary:	<p>This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in January 2018. The key issues to note are:</p> <ol style="list-style-type: none"> 1. The improved utilisation of Allocate 'Safe Care' and associated staffing levels to match the acuity and dependency needs of our patients. 2. A decrease in shift requests to provide enhanced care to support vulnerable patients in January (318) compared to December (n=388). In over 95% of cases this relates to providing 1:1 specialising, supported by Health Care Assistants. 3. Two Registered Mental Health (RMN) nurses were booked to provide enhanced care for patients with a mental health condition on Mary Seacole North ward and on Lfor (childrens) ward in January. 4. There were 31 red shifts in January which initially triggered 'Red' prompting a review of available staff. These shifts are regularly reviewed to mitigate any risks to patient safety. The level of red shifts reported in January is consistent with previous months partly due to the improvement in the reporting processes and how non-rostered clinical staff are assigned to cover shifts. 5. The Care Hours Per Patient Day (CHPPD) measure during the month decreased in January (8.19) compared to December (8.40). 6. There is continued use of agency and bank staff to support safe staffing. More work has been undertaken to ensure that these 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 was one Datix report submitted in January in the Emergency Department where 'staffing' was highlighted as an issue which resulted in 'low/minor (minimal harm)'. 		
Summary of recommendations:	To note the January 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	3.4 Staffing ratios versus good practice standards.		

and corporate risks on the Board Assurance Framework:							
Date paper completed:		February 2018					
Author name and title:		Sandra Harding-Brown - Clinical Workforce Systems Lead (Healthroster and HealthMedic)		Director name and title:		Michelle Johnson – 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 inpatient nursing and midwifery staffing levels for the month of January 2018.
- 1.2** To provide context for the Trust Board on the UNIFY safe staffing submission for 2018.
- 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), Assistant Practitioners (APs) 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. A recent establishment review has been completed, using October 2017 data and will be presented to the Trust Board in February 2018. Future safe staffing reports will be updated accordingly.
- 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 assistants) divided by the number of patients at midnight (for January 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 31st January 2018 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	Nov Day – 81.0% Night – 91.3%
	Care hours per Patient Day - CHPPD	Overall the CHPPD for January was 8.19 compared with December (8.40)
Staff are supported in their decision making by effective reporting.	Red triggered shifts	31 shifts triggered 'Red' in January

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 January. 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. The staffing levels on all wards are reviewed each morning to ensure staffing levels are safe. Prior to the meeting the Matrons are asked to apply “professional judgement” as a subjective indicator to the objectivity of an “hours short / excess” matrix.

3.2.2 Appendix 1 details a summary of ‘actual’ versus ‘planned’ fill rates in January. The average fill rate in January were **78.9%** for registered staff and **89.1%** for care staff during the day and **131.5%** for registered staff and **148.2%** for care staff during the night.

3.2.3 The Trust fill rate for January 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
78.9%	131.5%	89.1%	148.2%

3.2.4 As areas are reviewing their skill mix, Band 4 Assistant Practitioners have been appointed to take on a number of tasks traditionally allocated to registered nurses. As Assistant Practitioners and Nursing Associates are being appointed into these roles a national steer will be required to decide how their contribution to care is submitted via the Unify report. At present the Assistant Practitioners are being assigned Registered Nurse shifts.

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 health care assistants) divided by the number of patients at midnight (23.59). This indicator does not take into account acuity.

ITU has the most care hours (22.86) as the nurses on this ward deliver more 1:1 care than any other areas, and Meyrick ward have the least (5.51).

4.1 Across the Trust the average number of hours of Registered Nurse time spent with patients in January was calculated at 5.40 and 2.79 hours for nurses and care staff respectively. This provides an overall average of 8.19 hours of care per patient day. This reduction in CHPPD, in January, is mainly due to seasonal trends as temporary staff are less available to cover shifts.

	CHPPD
Registered Nurse	5.40
Care Staff	2.79
Overall hours	8.19

4.2 The table below shows the CHPPD hours for each in patient ward over the last four months. The biggest shift is the CHPPD in ITU which has reduced month on month because the Matron has worked with the staff to provide a more flexible workforce responsive to requirements.

Ward Name	October	November	December	January
Cavell	5.58	7.01	6.25	6.15
Bridges rehab ward	5.82	6.26	6.20	6.00
Cloudesley	5.90	6.01	6.20	6.00
Coyle	5.67	5.55	6.02	5.82
Mercers	6.79	6.93	6.60	6.63
Meyrick	5.65	6.58	6.19	5.64
Montuschi	6.77	6.81	6.93	6.79
Mary Seacole South	7.86	9.01	7.26	7.30
Mary Seacole North	8.59	9.81	8.21	8.19
Nightingale	6.52	6.75	6.48	5.46
Thorogood	8.02	7.94	6.15	5.79
Victoria	4.61	6.86	6.49	5.87
IFOR	9.50	9.68	10.81	9.66
ITU	30.95	28.99	23.14	22.86
NICU	11.85	11.60	10.70	11.67
Maternity	13.37	12.94	14.42	15.21
Total	8.13	8.64	8.40	8.19

- 4.3 The overall CHPPD is lower in January, compared to the last two previous months, much of this relates to the CHPPD in ITU.

Over the last few months there has been work undertaken to make the decision making process relating to staffing more robust. The introduction of the Safecare module gives greater visibility of the staffing challenges across the Trust, and the Health Care Assistant pool managed by the Site Team has helped to mitigate risks by enabling shifts to be filled based on greatest requirement.

Furthermore, refining of the process to update the Safecare system when staff are moved from one ward to another for clinical safety has improved.

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

- 5.1 Safe staffing levels are reviewed and managed three times daily and each Friday there is a planning meeting to ensure safe at the weekend staffing. 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 that 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.
- 5.2 Ward shifts are rated 'red (hours short > 23 hours)', 'amber (hours short > 11.5 hours)' or 'green (<11.5 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.

- 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 23 hours for more than 30 mins after the review made at the bed meeting. Professional judgement is added to Healthroster by the Matron after an assessment and possible redeployments are made.
- 5.4 There were 31 red flags triggered in January compared to 33 in December. The Deputy Chief Nurse and Heads of Nursing have reviewed the approach to recording red flags and have confidence that this process is now more robust. The “professional judgement” tool is in use every day and this allows the matrons to add quality subjectivities to a quantitative numerical system. As the paediatric units start to use the same approach to assess their patients, this may have an impact on the numbers reported. Frequency and trends will be regularly reviewed by the Deputy Chief Nurse and will be reported to the board.

The table below indicates which wards triggered the 31 red flags during January.

Ward	Jan
CAVELL	2
CLOUDESLEY	3
COYLE	10
MARY SEACOLE NORTH	1
MARY SEACOLE SOUTH	3
MERCERS Ward	3
MEYRICK	2
NIGHTINGALE	3
THOROUGHGOOD	2
VICTORIA	2
Grand Total	31

6.0 Reported Incidents of Reduced Staffing (Datix Reports)

Staff are encouraged to report, using the Datix system, any incident that they believe may affect safe patient care. During January there were 34 Datix reports submitted relating to staffing, one of which relates to a “low/minor (minimal harm)” in Accident and Emergency on 26 Jan 2018.

7.0 Additional Staff required to provide 1:1 enhanced care

- 7.1 In January there were 318 requests for 1:1 enhanced care provision and, compared to 388 in December. The requests made for this level of care were to ensure the safe management of particularly vulnerable groups of patients. There were 299 HCA shifts, 17 RN required for extra dependency on ITU and Montuschi and 2 RMN shifts to provide enhanced care.
- 7.2 Two Registered Mental Health (RMN) nurses were booked for a shift in Mary Seacole North and Ifor ward, in January, to provide enhanced care for a patient with a mental health condition.
- 7.3 There continues to be a high level of need for provision of enhanced care for patients requiring constant supervision. The Assistant Chief Nurse has reviewed

this process to 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 process will be fully rolled out next month.

8.0 Temporary Staff Utilisation

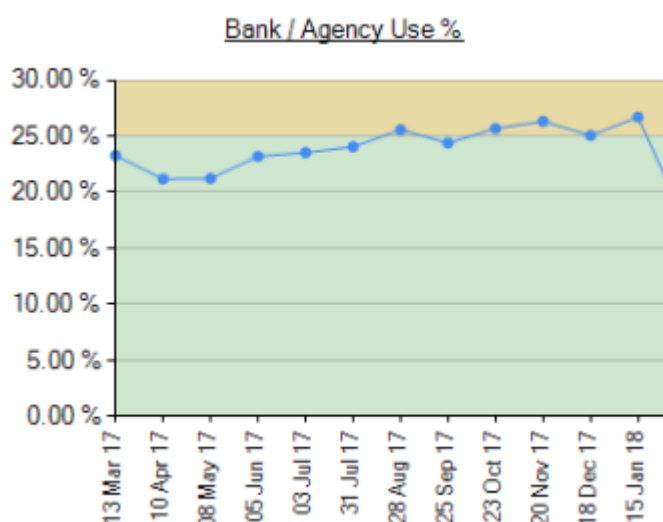
8.1 Temporary staff utilisation (nursing and midwifery) across the hospital is monitored regularly as all requests for temporary staff (agency) on the wards are reviewed by the Head of Nursing/Midwifery followed by a further review and final authorisation by the Deputy Chief Nurse. The authorisation process is currently being reviewed by the Deputy Chief Nurse, Deputy Director of Workforce and Project Management Office to ensure greater rigor and timeliness. During these winter months there has been a drive to release the shifts to Agency earlier in an attempt to improve the fill rates.

8.2 Monitoring the requests for temporary staff in the current format serves two purposes:

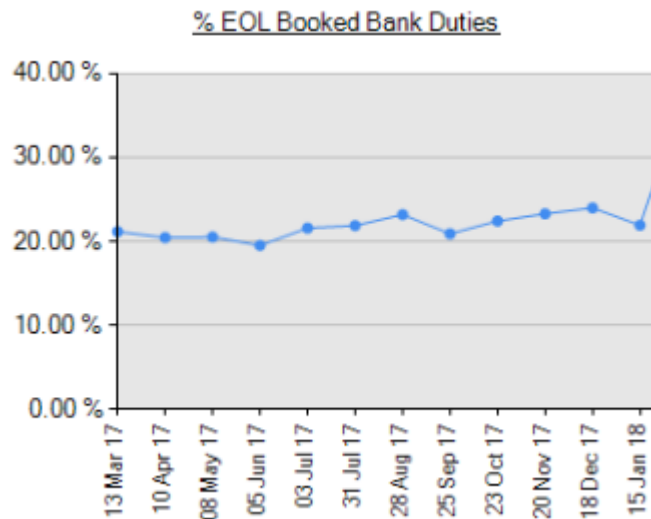
8.2.1 The system in place allows for the most appropriate use of high cost temporary agency staff across the organisation and provides a positive challenge mechanism for all requests.

8.2.2 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.

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.



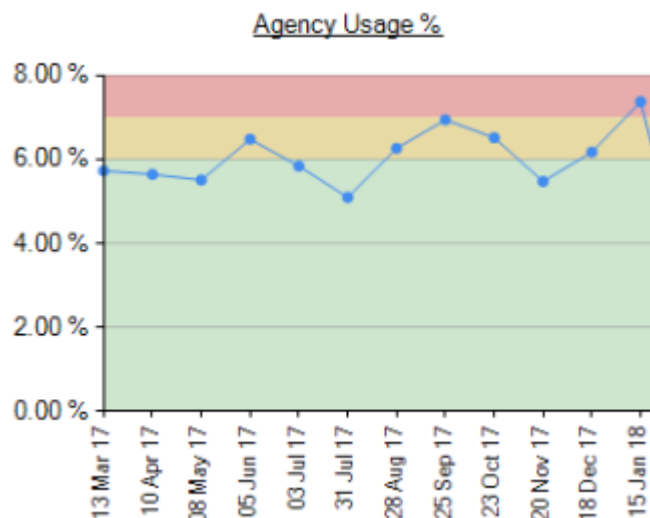
8.3 Bank staff continue to book themselves directly into shifts and this is improving over time. This is however reliant on the wards making these shifts available with sufficient notice.



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.

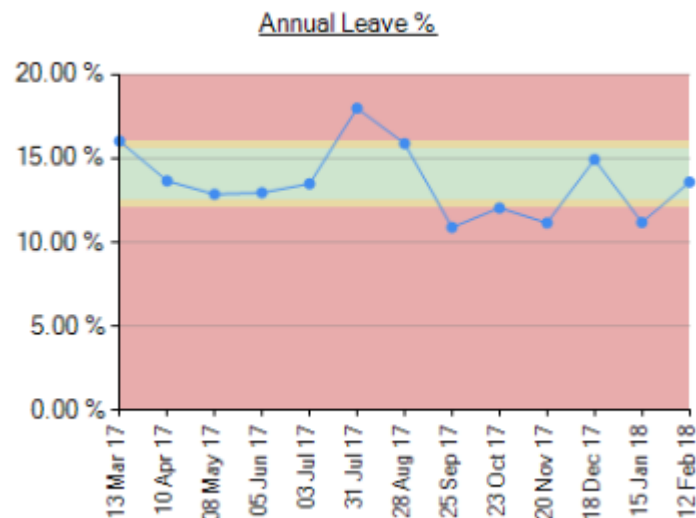
9.0 Agency Usage Inpatient Wards (month ending January)

- 9.1 The utilisation of agency staff across all inpatient wards is monitored using the Healthroster system. The graph below represents total usage of agency staff on inpatient wards ending with January (this is cumulative data captured from roster performance reports). During the winter months there is a greater reliance on Agency staff to backfill those shifts that would ordinarily be filled by Bank workers, who are on holiday. To reverse this trend an incentive scheme was introduced in order to encourage Bank Staff to book into vacant shifts.
- 9.2 In the coming months there will be a review of the booking processes by Agencies. In some Trusts the Agencies have direct access to book their staff into vacant shifts. We are exploring this system further to see if this delivers a better fill rate of Agency approved shifts.
- 9.3 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.

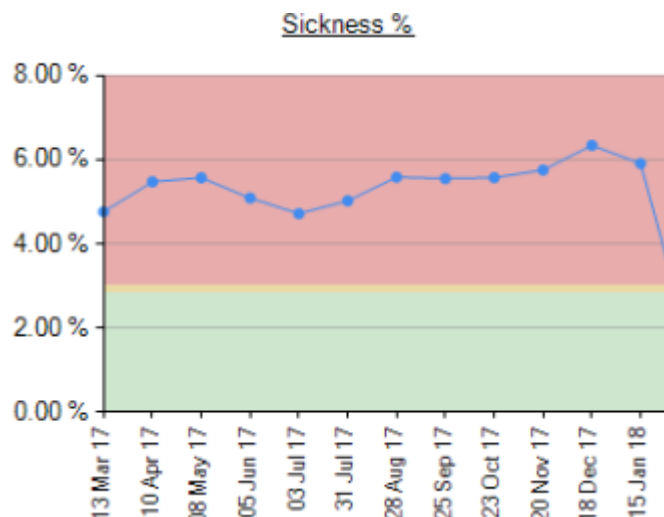


10.0 Absence Management

- 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 has been managed closely over the year and is demonstrated by only a slight drift outside of the KPI range.
- 10.3 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.



- 10.4 Sick leave percentage continues to be above the 3% threshold month on month. Heads of Nursing are asked to ensure all individuals reporting back from sick leave undertake a return to work conversation and a sickness review if needed which is being actively managed with the HR Business Partners for each ICSU. As there is an uplift to cover sickness, analysis is required to understand how much of this sickness is classified as “long-term”, and which sickness classification is being back-filled with bank / agency.



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, January 2018

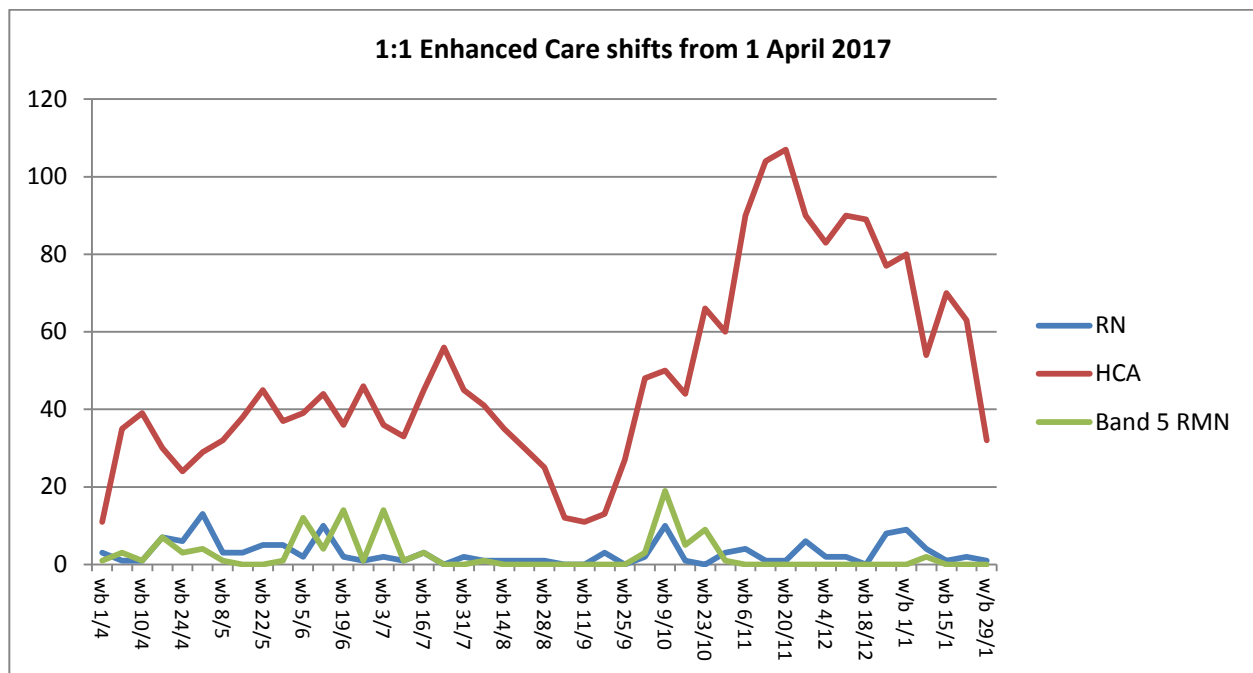
Day				Night				<u>Average fill rate data- Day</u>		<u>Average fill rate data- Night</u>	
Registered nurses/ midwives		Care staff		Registered nurses/ midwives		Care staff		Registered nurses/ midwives	Care staff	Registered nurses/ midwives	Care staff
Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)				
35733	28187	11446	15052	29288	26105	8753	12970	78.9%	131.5%	89.1%	148.2%

The Assistant Practitioners are classified as unregistered (HCAs) and therefore this will increase the HCA fill rate

Care Hours per Patient Day January 2018

Total Patients at Midnight/Month	CHPPD Registered staff	CHPPD Unregistered staff	Average CHPPD (all staff)
9065	5.40	2.79	8.19

Appendix 2: Enhanced Care requirement to date



Appendix 3: Average fill rate for Registered and Unregistered staff day and night, (January)

Nov - 17	Day		Night	
Ward Name	Nurses	Care Staff	Nurses	Care Staff
Cavell	60.2%	153.9%	93.8%	158.7%
Bridges	71.4%	104.8%	98.5%	188.1%
Cloudesley	68.7%	133.0%	101.2%	158.1%
Coyle	64.9%	137.6%	88.6%	171.9%
Mercers	67.1%	161.4%	98.3%	133.2%
Meyrick	64.1%	141.4%	103.6%	150.0%
Montuschi	90.8%	195.0%	107.2%	NA
MSS	58.9%	166.4%	73.2%	247.8%
MSN	69.4%	123.6%	100.1%	218.5%
Nightingale	76.7%	118.4%	71.6%	119.1%
Thorogood	66.9%	104.9%	95.6%	100.0%
Victoria	73.6%	129.0%	83.0%	142.3%
IFOR	83.9%	100.0%	79.4%	100.0%
ITU	100.0%		100.0%	
NICU	72.5%	100.0%	75.1%	100.0%
Maternity	94.7%	121.2%	88.7%	105.8%
Total	78.9%	131.5%	89.1%	148.2%

Trust Board

28 February 2018

Title:		January (Month 10) 2017/18 – Financial Performance					
Agenda item:		18/024		Paper		6	
Action requested:		To agree corrective actions to ensure financial targets are achieved and monitor the on-going improvements and trends.					
Executive Summary:		<p>January was a high-income month with a favourable variance of £1.5m against plan. Pay costs increased compared to Month 9, while non-pay costs were reduced. Overall the Trust is reporting a £0.9m surplus in month, leading to a year to date surplus of £0.4m.</p> <p>Within the Trust’s income position for Month 10 is the first half of the A&E Tranche 1 funding, £0.3m, allocated by NHSI & NHSE to support costs currently being incurred in relation to winter.</p> <p>For Month 10 the Trust’s assessment is that it will achieve the increased control total position of a £1.3m surplus, but will continue to need mitigations to offset the shortfall in CIP delivery. At Month 10 actual CIP delivery is £7.1m behind plan.</p>					
Summary of recommendations:		<p>The Board is asked to note:</p> <ul style="list-style-type: none">the financial results for the month of January 2018the forecast year end position is achievement of the control totalthe risk to delivering the control total position requiring non-recurrent mitigations as a result of performance against the Trust’s annual CIP programme					
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 February 2018					
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

In-month & Year to Date

The Trust is reporting a £0.9m surplus in month 10 (January) against an original planning surplus of £0.8m. As a result the year to date position is now a surplus of £0.4m. Whilst this is favourable against the Trust's original planning submission it should be noted that the Trust's control total has been increased to a £1.3m surplus (as reported last month) due to the additional A&E Tranche 1 funding allocated by NHSI & NHSE.

Against the increased control total target the Trust is currently £0.2m off-plan, and will need to improve financial performance in the final two months to achieve the control total.

Statement of comprehensive income

2017/18, Month 10 (January 2018)									
Statement of Comprehensive Income	Original Control Total			Original Control Total			Revised Control Total		
	In Month Budget (£000s)	In Month Actual (£000s)	Variance (£000s)	YTD Budget (£000s)	YTD Actuals (£000s)	Variance (£000s)	YTD Budget (£000s)	YTD Actuals (£000s)	Variance (£000s)
NHS Clinical Income	22,248	22,998	749	217,774	219,612	1,838	218,117	219,612	1,495
Sustainability & Transformation Funding (STF)	778	778	0	5,114	5,114	0	5,114	5,114	0
	23,026	23,776	749	222,888	224,726	1,838	223,231	224,726	1,495
Non-NHS Clinical Income	1,816	1,554	(263)	18,348	16,783	(1,566)	18,348	16,783	(1,566)
Other Non-Patient Income	1,950	2,952	1,002	19,500	22,180	2,680	19,500	22,180	2,680
Income CIPs	0	0	(0)	0	0	(0)	0	0	(0)
Total Income	26,793	28,282	1,489	260,737	263,689	2,952	261,080	263,689	2,609
Pay	(18,067)	(19,044)	(976)	(181,202)	(182,081)	(879)	(181,202)	(182,081)	(879)
Non-Pay	(6,600)	(6,816)	(216)	(66,232)	(68,182)	(1,951)	(66,232)	(68,182)	(1,951)
Total Operating Expenditure	(24,667)	(25,860)	(1,193)	(247,434)	(250,263)	(2,829)	(247,434)	(250,263)	(2,829)
EBITDA	2,126	2,422	296	13,303	13,426	123	13,646	13,426	(220)
Depreciation	(723)	(668)	55	(7,213)	(6,679)	533	(7,213)	(6,679)	533
Dividends Payable	(345)	(630)	(285)	(3,456)	(3,894)	(438)	(3,456)	(3,894)	(438)
Interest Payable	(255)	(254)	1	(2,548)	(2,549)	(1)	(2,548)	(2,549)	(1)
Interest Receivable	3	3	0	30	20	(10)	30	20	(10)
P/L on Disposal of Assets	0	0	0	0	0	0	0	0	0
Total	(1,320)	(1,549)	(229)	(13,187)	(13,102)	85	(13,187)	(13,102)	85
Net Surplus / (Deficit) - before IFRIC 12 adjustment	806	873	67	116	324	207	459	324	(136)
Add back impairments and adjust for IFRS & Donate	(15)	(8)	(8)	(133)	(78)	(55)	(133)	(78)	(55)
Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments	821	881	60	249	402	152	592	402	(191)

January was a high-income month for the Trust, registering a favourable variance of £1.5m against plan. The Month 10 income position includes the first half of the A&E Tranche 1 monies (£0.3m), which have now been received, and recognises additional education monies together with audiology new-born screening income. As previously reported the latter is now being recognised in full following clarity over the contractual position and correct billing procedure.

Pay expenditure at £19.0m, in-month, is the highest it has been this financial year and £0.9m more than the 2017/18 monthly average. Non-pay expenditure reduced compared to Month 9, being £6.8m in month. Whilst this is £0.2m adverse against plan, it is on par with the monthly average for the financial year.

End of Year Forecast

As highlighted above the Trust's control total has been increased to a £1.3m surplus following the allocation of A&E Tranche 1 funding by NHSI & NHSE. Taking into account the increased income recorded in Month 10, the predicted increase in CIP delivery for Months 11 & 12, the non-recurrent actions taken to date and non-recurrent actions agreed with ICSUs the Trust is forecasting the achievement of the 2017/18 control total.

CIP performance remains significantly behind plan at Month 10, with delivery of savings recorded as £7.1m against an original planning target of £14.2m. Delivery against the Trust's CIP programme therefore, remains the key risk for the Trust to mitigate in order to achieve its control total.

Income & Activity

Month 10 was a high-income month for the Trust, with a favourable variance against plan of £1.5m. Cumulatively the Trust has a favourable income variance of £3.0m.

Points to note:

- Outpatient attendances (controllable income) improved in month for first attendances, resulting in an in-month favourable variance of £0.1m, and an improved year to date adverse variance of £1.5m. The largest under-performances continue to be in General Surgery, T&O and Dermatology.
- Elective and Outpatient Procedures under performed in month, mainly in Surgery. Day cases continue to perform below plan, but there have been improvements in Endoscopy.
- Non elective performance continues to improve with a £0.1m favourable variance in month, reducing the overall year to date adverse variance to £0.9m.
- Due to the improving performance, there is a marginal rate reduction of £0.3m this month.
- Other Income, overall, is £1.7m favourable year to date.

Month10												
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	893	995	102	8,817	9,181	363	5,055	6,008	953	50,950	57,462	6,512
Adult Critical Care	702	428	(274)	6,929	5,891	(1,038)	580	382	(198)	5,221	4,758	(463)
Community Block	5,858	5,858	(0)	58,612	58,612	(0)	0	0	0	0	0	0
Day Cases	1,230	1,225	(5)	11,640	11,019	(621)	1,807	1,708	(99)	17,339	15,867	(1,472)
Diagnostics	240	265	25	2,268	2,379	111	2,379	2,868	489	22,494	24,169	1,675
Direct Access	1,044	979	(65)	9,875	9,144	(732)	95,547	88,209	(7,338)	903,353	877,193	(26,160)
Elective	743	515	(228)	7,118	7,175	57	133	145	12	1,674	1,869	195
Maternity - Deliveries	1,110	1,071	(38)	10,959	10,776	(183)	334	308	(26)	3,294	3,175	(119)
Maternity - Pathways	801	764	(37)	7,576	7,218	(358)	750	720	(30)	7,094	6,850	(244)
Non-Elective	4,212	4,213	1	41,286	40,380	(907)	1,444	1,550	106	15,187	15,546	359
OP Attendances - 1st	999	1,100	101	9,452	8,739	(713)	4,916	5,540	624	50,418	48,523	(1,895)
OP Attendances - follow up	880	836	(44)	8,333	7,530	(803)	11,952	11,968	16	119,740	122,851	3,111
Other Acute Income	2,531	3,871	1,341	22,742	28,410	5,668	11,401	11,165	(236)	110,150	110,485	335
Outpatient Procedures	333	304	(28)	3,146	3,788	642	1,856	2,658	802	17,574	21,543	3,969
Total SLA	21,575	22,424	849	208,754	210,240	1,486	138,155	133,228	(4,926)	1,324,486	1,310,290	(14,196)
Marginal Rate	0	(258)	(258)	0	(258)	(258)						
	21,575	22,166	591	208,754	209,982	1,228						
Other Clinical Income	3,143	3,169	26	31,044	31,521	477						
Other Non Clinical Income	2,076	2,947	871	20,939	22,186	1,247						
Total Other	5,219	6,116	897	51,983	53,707	1,724	0	0	0	0	0	0
Grand Total	26,793	28,282	1,489	260,737	263,689	2,952	138,155	133,228	(4,926)	1,324,486	1,310,290	(14,196)

In addition to the key points noted above, it should also be noted that the Month 10 position (and year to date) includes:

- the first half of the A&E Tranche 1 funding allocated by NHSI & NHSE, to support costs currently being incurred in relation to winter (£343k).
- recognition of additional education monies.
- audiology new-born screening income. As previously reported a review of the contractual position indicated that the Trust is following the correct billing procedure and therefore the income has been fully recognised.

Monthly Run Rates – Expenditure

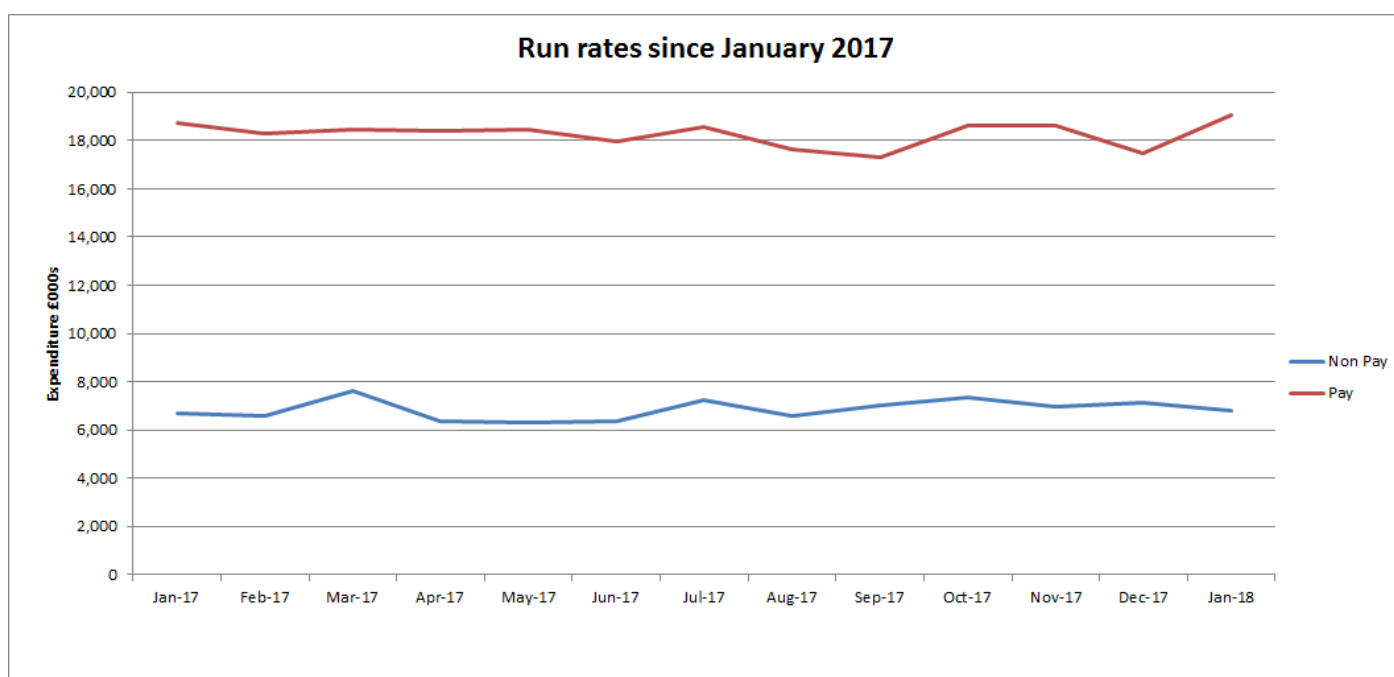
The Trust is reporting an adverse expenditure variance both in month (£1.2m) and year to date (£2.8m). As previously reported the position includes the application of flexibilities as well as the benefit from the removal of booked agency shifts that were unfilled/not utilised.

In run rate the key highlights for pay are:

- Total pay expenditure for January was £19.0m, £1.5m higher than the previous month and £0.8m higher than the 12 months rolling average.
- Bank and agency costs in month totalled £3.0m, £0.7m more than average with EUC, Children's and Surgery services much higher than previous months. This is particularly disappointing in Children's and Surgery where there is not the same seasonal pressures as EUC.
- Agency costs this financial year have been averaging at £0.7m per month representing 3.8% of the average monthly pay bill. However for month 10 they were £1.1m representing 5.6% of the pay bill. The Trust is currently exceeding the NHSI agency ceiling.

Non pay expenditure for January was £6.8m, which is £0.2m adverse against plan in month, but compares to the monthly average for this financial year. Cumulatively non-pay is £2m adverse to plan, with one of the key drivers being the underperformance against CIP schemes. In addition expenditure categories such as supplies and services (clinical and general) and consultancy are overspent against plan.

The graph below provides the pay and non-pay expenditure trend over a 13-month period from January 2017 to January 2018.



ICSU position

The table below provides an analysis of the expenditure run rates by clinical ICSU for 2017/18. When looking at trend it can be seen that costs are not reducing at the rate required to achieve the Trust's CIP target.

Other notable points in relation to the ICSU's expenditure trends include:

- pay costs increased in Month 10 for all ICSUs with the exception of Integrated Medicine. This increases the challenge on year-end delivery as all ICSU's committed to improving expenditure in the final quarter. Additionally the increase in PPP above the established previous run rate was of concern.
- the largest pay increase was in EUC (£638k)
- pay in Month 10 was higher than the average for the year for all ICSUs with the exception of Women's Health.

Pay

	Run Rate - Actual							M10 variance from Avg
	2017/18 Qtr 1 Avg £'000	2017/18 Qtr 2 Avg £'000	2017/18 Month 7 £'000	2017/18 Month 8 £'000	2017/18 Month 9 £'000	2017/18 Month 10 £'000	Average for M1-9	
Children's & Young People	3,932	3,914	3,804	3,975	3,971	4,032	3,921	(111)
Clinical Support Services	1,387	1,353	1,338	1,312	1,336	1,395	1,356	(39)
Emergency & Urgent Care	1,999	2,115	2,085	2,127	1,697	2,335	2,028	(307)
Integrated Medicine	2,900	2,840	2,999	2,873	3,127	2,977	2,913	(64)
Patient Access, Prevention & Planned Care	1,003	962	969	986	988	1,007	982	(25)
Surgery & Cancer	3,068	3,121	3,227	3,083	3,061	3,174	3,104	(70)
Women's Health	1,580	1,449	1,481	1,518	1,425	1,471	1,501	30
Total Pay - ICSUs	15,868	15,755	15,903	15,874	15,605	16,390	15,806	(584)

Non Pay

	Run Rate - Actual							M10 variance from Avg
	2017/18 Qtr 1 Avg £'000	2017/18 Qtr 2 Avg £'000	2017/18 Month 7 £'000	2017/18 Month 8 £'000	2017/18 Month 9 £'000	2017/18 Month 10 £'000	Average for M1-9	
Children's & Young People	193	216	240	234	233	221	215	(6)
Clinical Support Services	1,537	1,493	1,632	1,450	1,357	1,637	1,503	(133)
Emergency & Urgent Care	261	278	252	323	175	329	263	(66)
Integrated Medicine	260	270	320	289	251	142	272	131
Patient Access, Prevention & Planned Care	158	205	280	309	270	203	217	13
Surgery & Cancer	889	937	832	930	665	916	878	(38)
Women's Health	184	119	94	132	110	104	139	34
Total Non Pay - ICSUs	3,484	3,519	3,650	3,667	3,061	3,552	3,487	(65)

Combined Pay & Non Pay

	Run Rate - Actual							M10 variance from Avg
	2017/18 Qtr 1 Avg £'000	2017/18 Qtr 2 Avg £'000	2017/18 Month 7 £'000	2017/18 Month 8 £'000	2017/18 Month 9 £'000	2017/18 Month 10 £'000	Average for M1-9	
Children's & Young People	4,125	4,131	4,044	4,209	4,204	4,253	4,136	(116)
Clinical Support Services	2,924	2,846	2,970	2,761	2,693	3,032	2,859	(172)
Emergency & Urgent Care	2,260	2,392	2,337	2,450	1,872	2,664	2,291	(373)
Integrated Medicine	3,160	3,110	3,319	3,162	3,378	3,119	3,186	67
Patient Access, Prevention & Planned Care	1,161	1,167	1,249	1,295	1,258	1,210	1,198	(12)
Surgery & Cancer	3,957	4,058	4,058	4,013	3,726	4,090	3,983	(107)
Women's Health	1,764	1,569	1,575	1,650	1,535	1,575	1,640	65
Total Spend - ICSUs	19,352	19,274	19,553	19,540	18,666	19,942	19,293	(649)

Further details of the I&E position for each ICSU, together with Corporate areas and Estates & Facilities can be seen at Appendix 1.

Cost Improvement Programme

Against the Trust's full year target of £17.8m, to date £12.5m 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.

Current performance by ICSU:

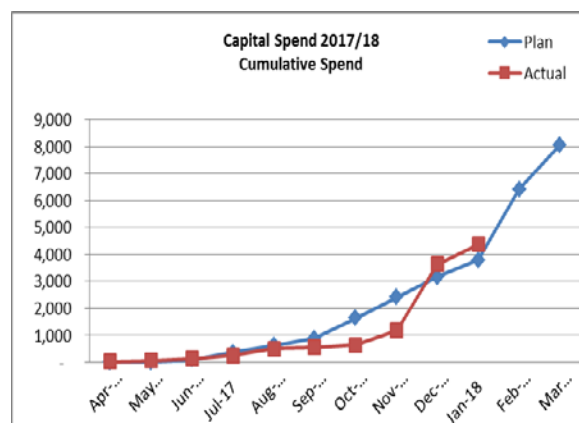
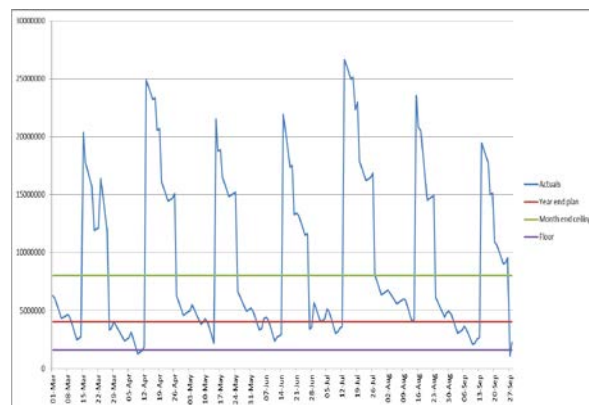
Integrated Clinical Service Unit	Against Target		Month 10 - YTD				Year End Forecast £'000
	Identified £'000	Gap £'000	Target £'000	Actual £'000	Variance £'000	% achieved	
Children's services	2,787	278	2,453	794	(1,659)	32.4%	975
Clinical Support Services	1,333	1,001	1,868	901	(967)	48.2%	1,188
Emergency & Urgent Care	705	1,452	1,726	532	(1,194)	30.8%	730
Integrated Medicine	1,918	214	1,706	748	(958)	43.8%	943
PPP	674	200	699	706	6	100.9%	873
Surgery	2,161	998	2,528	1,607	(921)	63.6%	2,081
Women's services	990	508	1,199	451	(748)	37.6%	582
Estates & Facilities	836	486	1,058	503	(555)	47.5%	813
Corporate	1,114	122	989	867	(122)	87.7%	1,064
Total	12,518	5,259	14,225	7,109	(7,116)	50.0%	9,250

At Month 10, £7.1m has been recognised as delivered against the CIP programme, which is £7.1m adverse when compared to the Trust's planning submission. It was expected that there would be a step change in delivery of savings from Quarter 3, but this has not proved to be the case with accelerated delivery now required the remaining months. In month £1.0m of schemes was delivered which was the highest month in the year to date giving some confidence that the forecast £9.3m is possible however it does not close the gap to full year target.

There is a continuing need to offset the shortfall by additional CIPs, other mitigations (both recurrent and non-recurrent) and improved cost control in order to achieve the Trust's forecast year-end position.

Statement of Financial Position

	As at 31 January 2018 £000	Plan 31 January 2018 £000	Plan variance 31 January 2018 £000
Property, plant and equipment	209,116	202,704	6,412
Intangible assets	2,937	1,541	1,396
Trade and other receivables	1,506	851	655
Total Non Current Assets	213,559	205,096	8,463
Inventories	1,505	150	1,355
Trade and other receivables	26,803	29,248	(2,445)
Cash and cash equivalents	7,016	3,930	3,086
Total Current Assets	35,324	33,328	1,996
Total Assets	248,883	238,424	10,459
Trade and other payables	41,848	41,388	460
Borrowings	835	3,676	(2,841)
Provisions	652	756	(104)
Total Current Liabilities	43,335	45,820	(2,485)
Net Current Assets (Liabilities)	(8,011)	(12,492)	4,481
Total Assets less Current Liabilities	205,548	192,604	12,944
Borrowings	58,651	63,784	(5,133)
Provisions	1,216	1,513	(297)
Total Non Current Liabilities	59,867	65,297	(5,430)
Total Assets Employed	145,681	127,307	18,374
Public dividend capital	62,404	62,404	0
Retained earnings	(10,768)	(13,173)	2,405
Revaluation reserve	94,045	78,076	15,969
Total Taxpayers' Equity	145,681	127,307	18,374
Capital cost absorption rate	3.5%	3.5%	3.5%



The key highlights for month 10 are:

Property, Plant & Equipment (PPE): The value held at the end of January 2018 is £7.8m above plan, and will remain above plan due to the full valuation exercise undertaken as at 31 March 2017. Additionally, as explained below, the capital programme has accelerated significantly during December and January.

Receivables (Debtors) are currently £1.8m lower than plan. Notable factors within the variance are receipt of Quarter 2 Sustainability and Transformation Funding, together with reaching settlement arrangements with Camden and Islington NHS Foundation Trust and London Borough of Haringey. There is a concern over slow moving debt as the majority of improvements have been in the over 60 and over 90 days but there are a number of longstanding debts (£1.8m) in excess of one year and this has remained static for a period. The majority of the debt (£1.2m) is within the NHS and £1m being within NCL (UCLH £0.4m, RFH £0.4m, NMUH £0.1m and ICCG £0.1m).

Payables (Creditors) are currently £0.5m above plan. During the year to date, we have averaged 86% payment of creditors within 30 days, which is a significant improvement on 2016-17. Creditors have increased by approximately £2m during the month, with the increase largely related to increases in tax and Public Dividend Capital liabilities.

Capital: £4.4m of capital expenditure has been incurred in year to date against a plan of £3.8m (note this excludes spend on PFI and finance lease arrangements). The profiling of the plan is such that further rapid acceleration needs to continue to spend our full capital allocation. The Trust is currently forecasting that we will underspend our capital plan by £0.5m.

Cash Flow: As at the 31 January 2018 the Trust is holding £7.0m in cash, which is £3.1m higher than planned. Currently £2.6m of (previous) STF monies is being held to support capital projects that continue to progress during 2017-18; in addition to which £1.7m of STF and £0.3m of A&E Tranche 1 funding were received in late December. The Trust's cash position is being managed proactively with an expectation that it will return closer to plan later in the year as the capital programme accelerates further.

Appendix 1 – ICSU I&E Position

	Month 10			Year to date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Children's & Young People						
Income	2,061	2,300	239	20,251	21,137	886
Pay	3,734	4,032	(298)	37,421	39,323	(1,902)
Non Pay	178	221	(43)	1,781	2,157	(377)
	1,851	1,952	(102)	18,950	20,343	(1,392)
Clinical Support Services						
Income	1,949	1,979	30	18,830	18,436	(394)
Pay	1,222	1,395	(172)	12,348	13,600	(1,253)
Non Pay	1,273	1,637	(363)	12,808	15,167	(2,359)
	547	1,052	(505)	6,326	10,331	(4,005)
Emergency & Urgent Care						
Income	1,342	1,572	230	13,172	14,139	968
Pay	1,820	2,335	(515)	18,368	20,585	(2,217)
Non Pay	273	329	(56)	2,314	2,697	(383)
	751	1,091	(340)	7,511	9,143	(1,632)
Integrated Medicine						
Income	3,980	3,929	(51)	38,853	37,344	(1,509)
Pay	2,673	2,977	(304)	27,686	29,196	(1,510)
Non Pay	182	142	40	1,862	2,595	(733)
	(1,125)	(810)	(315)	(9,305)	(5,554)	(3,752)
PPP						
Income	222	336	113	2,010	1,856	(154)
Pay	1,048	1,007	41	10,358	9,844	514
Non Pay	190	203	(13)	1,875	2,153	(277)
	1,016	875	141	10,223	10,140	82
Surgery						
Income	4,651	4,270	(381)	45,210	43,553	(1,656)
Pay	3,017	3,174	(157)	30,447	31,113	(666)
Non Pay	755	916	(161)	7,625	8,820	(1,195)
	(879)	(180)	(699)	(7,138)	(3,621)	(3,517)
Women's						
Income	2,440	2,376	(64)	24,470	23,749	(721)
Pay	1,298	1,471	(172)	13,857	14,982	(1,125)
Non Pay	99	104	(6)	1,211	1,352	(142)
	(1,043)	(801)	(242)	(9,402)	(7,415)	(1,988)
Facilities						
Income	152	147	(5)	1,520	1,497	(23)
Pay	635	656	(21)	6,355	6,974	(619)
Non Pay	1,466	1,470	(5)	14,946	15,051	(105)
	1,949	1,980	(31)	19,781	20,528	(747)
Corporate (Excl Facilities)						
Income	568	1,253	685	5,931	7,156	1,224
Pay	1,869	1,718	151	18,814	17,337	1,478
Non Pay	1,575	1,540	35	15,850	15,452	398
	2,876	2,005	871	28,733	25,633	3,100

Trust Board
28 February 2018

Title:		Performance Dashboard report February 2018 (January 2018)					
Agenda item:		18/025		Paper		07	
Action requested:		To receive assurance of Trust performance compliance					
Executive Summary:		Emergency Department (ED) four hours' wait: Performance against the 95% target remained at 86.5%. Despite a further rise in attendances (317 more compared to December 2017). LAS handover times deteriorated in January. The median time to treat improved from 81 minutes in December 2017 to 72 minutes in January 2018 Non Elective re-admission: Target achieved Complaints: The Trust missed the target of 80% in January 2018. Cancer: Overall achieved Pressure Ulcers: 9 PUs were reported in January 2018, an extensive piece of work has been put in place, including reviewing all PUs category 2, asking staff to complete reflections on non-completion of datix and escalation of pressure ulcers and an audit by Tissue Viability Service to identify themes.					
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:		20 th February 2018					
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

February 2018

Month 10 (2017 – 2018)



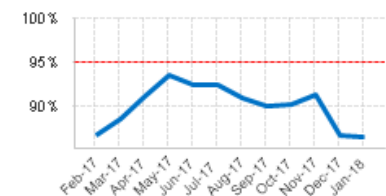
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Caring Services	7
Effective Services	10
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Well Led Services	21
Activity	23



Summary Page - Indicators

			Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	
Category	Indicator	17_18 Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	2017-2018
ED	Emergency Department waits (4 hrs wait)	>95%	86.6%	88.4%	91.1%	93.5%	92.4%	92.3%	90.9%	89.9%	90.1%	91.3%	86.5%	86.5%	90.4%
ED	ED Indicator - median wait for treatment (minutes)	<60 mins	69	72	72	68	63	59	64	72	82	82	81	75	72
Cancer	Cancer - 14 days to first seen	>93%	96.8%	94.6%	93.2%	93.2%	95.3%	95.7%	94.7%	94.3%	93.7%	96.1%	96.0%		94.7%
Cancer	Cancer - 62 days from referral to treatment	>85%	100.0%	92.9%	86.0%	89.1%	84.4%	86.4%	89.4%	89.5%	93.8%	83.6%	91.2%		88.0%
Admitted	Non Elective Re-admissions within 30 days	<5.5%	5.7%	6.3%	6.2%	6.0%	5.8%	6.8%	7.1%	6.5%	7.0%	5.7%	7.3%	5.5%	6.4%
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<4.5%	4.5%	5.5%	5.8%	6.9%	5.0%	7.8%	5.2%	5.3%	8.3%	5.6%	6.8%		6.3%
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.4%	92.0%	92.0%	92.6%	92.4%	92.0%	92.1%	92.0%	92.1%	92.2%	92.1%	92.1%	92.2%
Outpatients	Outpatients - FFT % Positive	>90%	89.4%	93.1%	91.6%	92.8%	93.9%	92.8%	90.8%	91.5%	93.0%	91.9%	92.3%	93.8%	92.5%
Community	Community - FFT % Positive	>90%	96.8%	96.0%	98.5%	94.9%	93.9%	94.8%	96.7%	96.5%	95.3%	94.8%	96.0%	95.4%	95.6%
Staff	Staff - FFT % Recommend Care	>70%		74.6%			69.0%			69.4%					69.2%

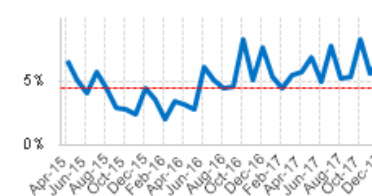
Emergency Department waits (4 hrs wait)



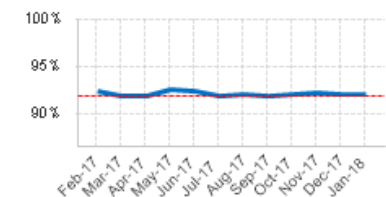
Cancer - 62 days from referral to treatment



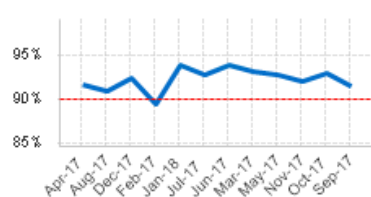
Delayed Transfers Of Care % of Occupie...



RTT - Incomplete % Waiting <18 weeks



Outpatients - FFT % Positive



Non-Elective Re-admissions within 30 days





Safe Services - Indicators and Performance

Category	Indicator	17_18 Target	Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	2017-2018	Performance
			Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18		
Admitted	Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
Admitted	HCAI C Difficile	<17	1	1	2	3	0	1	0	1	3	0	0	0	10	
All Areas	CAS Alerts Outstanding	0	3	0	0	0	0	0	0	0	0	0	0	0	0	
All Areas	Actual Falls	400	45	31	31	44	45	34	31	27	34	28	35	38	347	
All Areas	Avoidable Grade 3 or 4 Pressure Ulcers	0	1	2	2	2	3	2	2	3	3	3	2	9	31	
All Areas	Harm Free Care %	>95%	92.9%	92.5%	93.2%	93.9%	96.6%	93.5%	93.8%	95.1%	94.1%	93.5%	94.1%	93.4%	94.1%	
Maternity	Non Elective C-Section % Rate	<15%	18.0%	21.5%	19.2%	18.9%	19.7%	22.5%	18.8%	19.8%	20.8%	23.4%	21.7%	18.8%	20.4%	
All Areas	Medication Errors causing serious harm	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
Admitted	MRSA Bacteraemia Incidences	0	1	0	0	0	1	0	0	0	0	1	0	1	3	
Admitted	Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
All Areas	Proportion of reported Patient Safety Incidents Causing Harm	N/A	19.5%	22.4%	18.1%	16.6%	18.3%	17.3%	21.7%	17.1%	16.5%	20.1%	17.2%	19.4%	18.2%	
All Areas	Serious Incidents	0	5	4	2	4	4	3	6	2	5	2	0	7	35	
Admitted	VTE Risk Assessment %	>95%	96.0%	96.5%	95.2%	95.4%	95.6%	95.3%	96.7%	96.0%	95.3%	96.0%	95.2%		95.7%	



Safe Services - Commentary

Falls

There were 9 low, 3 moderate and 26 no harm falls reported in January 2018. One moderate reported fall was downgraded to low.

Pressure Ulcers

There has been an increase in the number of avoidable pressure ulcers across Whittington Health during January 2018.

At Whittington Hospital Cavell ward reported 3 x category (Grade) 3 avoidable pressure ulcers.

Assessments were found to be inadequate and no preventative plan including equipment was initiated.

Action has been taken by the Tissue Viability Service to work closely with Cavell ward, by attending the MDT board round once a week to identify issue of care delivery, providing advice and informal education to reduce further occurrences. Heel 'free- floating' has been promoted and implemented successfully.

Within District Nursing Services there has been 4 category 3's and 2 category 4's during January.

These have occurred within Central Islington, West Haringey and NE Haringey

The main themes are incomplete risk assessment and reassessment, therefore no documented prevention care plan within the home. As the reassessments were incomplete no changes or checking of appropriate equipment and patient needs was done.

Three of the incidents had not been reported by District Nursing Services or escalated to Senior DN staff and were identified, through Datix reporting, on admission to acute care.

Action: In central Islington staff were asked to complete reflections on non-completion of datix and escalation of pressure ulcers. Review of all category 2 pressure ulcer by the Lead DN took place and an audit by Tissue Viability Service to identify themes and ensure appropriate care to reduce the risk of deterioration of the pressure ulcers was undertaken and an action plan developed.



Safe Services - Commentary

MRSA Bacteraemia

There was 1 new MRSA bacteraemia reported in January 2018. A review (Post Infection Review) was conducted and all actions implemented.

Harm Free Care

This figure included new and old harm and scores consistently under the target due to the number of Pressure Ulcers in the community.

Non Elective C-section rate

Improved from 21.7% to 18.8%

Serious Incidents

There were 7 SIs declared in January 2018.

1. 2018.870 - Delayed Diagnosis - Cancer [IM]
2. 2018.905 - Delay in return to theatres following Surgical Invasive Procedure [SCD]
3. 2018.910 - Unexpected Death, following Surgical Invasive Procedure [SCD]
4. 2018.1269 - Patient Fall [IM]
5. 2018.1980 - Potential Influenza Death, Montouchi Ward (IM)
6. 2018.1986 - Potential Influenza Death, Nightingale Ward (IM)
7. 2018.2655 - Fire Incident PFI Building (BSU)



Caring Services - Indicators and Performance

			Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	2017-2018	Performance
Category	Indicator	17_18 Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18		
ED	ED - FFT % Positive	>90%	83.9%	83.0%	84.0%	87.4%	84.0%	85.5%	83.0%	80.4%	81.6%	83.3%	83.1%	81.9%	83.5%	
ED	ED - FFT Response Rate	>15%	16.0%	14.6%	16.9%	15.6%	13.8%	13.1%	13.7%	12.6%	13.2%	12.3%	11.5%	12.8%	13.6%	
Admitted	Inpatients - FFT % Positive	>90%	96.1%	94.1%	98.0%	94.2%	97.0%	95.8%	95.2%	97.7%	98.3%	98.3%	97.2%	96.5%	96.8%	
Admitted	Inpatients - FFT Response Rate	>25%	17.1%	26.8%	21.6%	22.7%	19.8%	20.9%	14.9%	16.0%	18.0%	18.2%	16.1%	17.4%	18.6%	
Maternity	Maternity - FFT % Positive	>90%	89.4%	92.4%	93.6%	90.2%	88.1%	92.7%	89.4%	92.4%	94.9%	96.0%	95.9%	95.9%	93.7%	
Maternity	Maternity - FFT Response Rate	>15%	24.0%	27.8%	24.7%	22.2%	20.1%	23.5%	30.1%	18.5%	37.4%	36.2%	49.8%	56.3%	31.9%	
Outpatients	Outpatients - FFT % Positive	>90%	89.4%	93.1%	91.6%	92.8%	93.9%	92.8%	90.8%	91.5%	93.0%	91.9%	92.3%	93.8%	92.5%	
Outpatients	Outpatients - FFT Responses	400	407	551	357	623	537	485	338	433	569	593	336	420	4691	
Community	Community - FFT % Positive	>90%	96.8%	96.0%	98.5%	94.9%	93.9%	94.8%	96.7%	96.5%	95.3%	94.8%	96.0%	95.4%	95.6%	
Community	Community - FFT Responses	1500	1095	1169	725	1192	970	1224	858	940	731	638	605	875	8758	
Staff	Staff - FFT % Recommend Care	>70%		74.6%			69.0%			69.4%					69.2%	
All Areas	Complaints responded to within 25 working day	>80%	90.0%	100.0%	100.0%	83.3%	93.9%	76.0%	81.0%	72.2%	72.7%	68.8%	88.2%	76.9%	81.2%	
All Areas	Complaints (including complaints against Corporate division)	N/A	34	38	22	24	38	32	24	25	26	24	18	30	263	



Caring Services - Commentary

FFT

FFT performance for maternity continues to be very strong. For January Maternity had a 56.3% response rate to FFT – their highest rate yet. In addition to this, 95.9% of responses were of a positive sentiment. One contributing reason to this sustained strong performance in Maternity is that staff have been making follow-up calls with patients.

ED's response rate has risen from 11.5% in December to 12.8% in January. The recommend rate has fallen by a percentage point to 82% in January. Work is ongoing in the area to improve the pickup of paper postcard and electronic tablet responses – in January responses through these methods numbered at 29. At the start of February, 2 volunteers have begun supporting in ED over three days. They are primarily supporting with the collection of paper postcard and electronic tablet FFT responses.

The response rate for Inpatients has risen to 17% for January (1% up from December), with the recommend rate remaining at 97%. More volunteer ward befrienders have started on the inpatient wards through late-January and early-February. One of their key tasks will be supporting the ward staff with collecting and inputting FFT to increase the response rates.

Outpatients have exceeded their response target of 400, collecting 420 in January with an improved recommend rate of 94%. The patient experience manager is working with the Senior Sister for the outpatient clinics to ensure that the FFT collected in the outpatient clinics are being accurately mapped to the services they have been collected for.

Community responses have risen to 875, which is a marked rise from December (605), but still not close to the 1,500 KPI for monthly responses. The increases in January have largely been collected through podiatry and the community dental services. The patient experience manager is working with podiatry, MSK physiotherapy and the district nursing teams to improve FFT collection in the community. An update on this work will be presented at the March Patient Experience Committee.



Caring Services - Commentary

Complaints

During January 2018 the Trust closed 30 complaints; 26 complaints required a response with 25 working days and 4 were allocated 40 working days for investigation due to their complexity.

In regard to the 25 working day target, the Trust achieved a performance of 77%, missing its 80% target. 4 complaints allocated 25 working days remain outstanding and overdue i.e. S&C (2), IM (1) and CYPS (1). The majority of complaints were allocated to IM 23% (7), EUC 20% (6) and WH 20% (6). 50% (15) were designated 'low' risk and 50% (15) were designated 'moderate'.

A review of the complaints for January shows that 'medical care' 33% (10) continues to be the main issue for patients, followed by 'communication' 23% (7) and 'nursing care' 20% (6).

- In regard to 'medical care,' 40% of patients (4) felt that 'inadequate treatment' had been provided and 20% (2) felt that 'incorrect treatment' had been provided.
- In regard to 'communication' 28% of patients (2) stated that communication 'lacked clarity/was confusing', with the remaining patients raising concerns about 'lack of information to patients & relatives'; 'poor/lack of information between professionals/patients' and 'inaccurate written communication'.
- In regard to 'nursing care', issues related to 'poor standard of care' 50% (3); 'inadequate monitoring' 33% (2) and 'poor continence care/toileting' 17% (1).

Of the 24 complaints that have closed, (including those allocated 40 working days), 50% (12) were 'upheld', and 25% (6) were 'partially upheld', meaning that, currently, 75% have been upheld in one form or another.



Effective Services - Indicators and Performance

			Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	2017-2018	Performance
Category	Indicator	17_18 Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18		
Maternity	Breastfeeding Initiated	>90%	90.3%	91.6%	90.2%	91.6%	93.3%	94.5%	92.3%	93.2%	91.7%	92.5%	90.7%	92.3%	92.2%	
Maternity	Smoking at Delivery	<6%	5.6%	3.0%	5.4%	3.4%	5.7%	7.5%	4.8%	7.1%	6.2%	6.3%	4.3%	3.8%	5.5%	
Admitted	Non Elective Re-admissions within 30 days	<5.5%	5.7%	6.3%	6.2%	6.0%	5.8%	6.8%	7.1%	6.5%	7.0%	5.7%	7.3%	5.5%	6.4%	
Trust	Hospital Standardised Mortality Ratio rolling 12 months	100	86.6	61.7	75.4	82.9	72.3	68.9	70.9	38.7	83.6				71.0	
Trust	Hospital Standardised Mortality Ratio rolling 12 months - weekend	100	31.5	64.4	70.3	71.5	100.2	68.1	76.7	23.6	100.7				75.7	
Trust	Summary Hospital Level Mortality Indicator (SHMI) - rolling 12 months	1.14		0.71			0.73								0.73	
Admitted	Mortality rate per 1000 admissions in-months	14.4	9.1	7.9	7.2	7.6	6.5	6.4	7.2	2.6	8.6	8.5	11.9	9.4	7.6	
Community	IAPT Moving to Recovery	>50%	49.1%	48.4%	50.3%	53.0%	56.4%	52.3%	56.5%	55.1%	50.8%	53.0%	50.9%		53.3%	
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%								85.0%	90.2%	84.4%	69.5%	93.0%	84.0%	



Effective Services - Commentary

Non Elective re-admission within 30 days

Target achieved.

Update report for Whittington Health piloting of discharge to assess pathway 1, Haringey and Islington, September 2017 to January 2018; and preliminary readmission data (Islington):

Given the small sample size to date, no firm conclusions can be drawn however the 20% readmission rate in this cohort of patients requiring additional support on discharge compares acceptably with the 30 day readmission rate for all Islington adult admissions Nov 2017 – Jan 2018 (emergency admission with discharge 30 days prior) at 17.6%. Ongoing monitoring of readmission rates will continue.

No updates yet on the audit in ED and frailty discharges and the use of virtual ward/ambulatory care.

Referral to District Nursing within 2 hours

Target achieved.



Responsive Services - Indicators and Performance

			Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	2017-2018	Performance
Category	Indicator	17_18 Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18		
ED	Emergency Department waits (4 hrs wait)	>95%	86.6%	88.4%	91.1%	93.5%	92.4%	92.3%	90.9%	89.9%	90.1%	91.3%	86.5%	86.5%	90.4%	
ED	ED Indicator - median wait for treatment (minutes)	<60 mins	69	72	72	68	63	59	64	72	82	82	81	75	72	
ED	Ambulance handovers waiting more than 30 mins	0	68	60	28	14	40	27	23	35	38	15	34		254	
ED	Ambulance handovers waiting more than 60 mins	0	13	3	1	0	7	4	2	1	0	3	11		29	
ED	12 hour trolley waits in A&E	0	3	2	5	4	3	2	4	3	0	0	0	0	21	
Cancer	Cancer - 14 days to first seen	>93%	96.8%	94.6%	93.2%	93.2%	95.3%	95.7%	94.7%	94.3%	93.7%	96.1%	96.0%		94.7%	
Cancer	Cancer - 14 days to first seen - breast symptomatic	>93%	98.7%	92.9%	96.0%	94.1%	100.0%	100.0%	95.9%	98.1%	98.9%	100.0%	100.0%		98.0%	
Cancer	Cancer - 62 days from referral to treatment	>85%	100.0%	92.9%	86.0%	89.1%	84.4%	86.4%	89.4%	89.5%	93.8%	83.6%	91.2%		88.0%	
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%		100.0%	
Cancer	Cancer - 62 Day Screening	>90%	100.0%	100.0%	100.0%		100.0%		100.0%						100.0%	
Cancer	Cancer - 62 Day Upgrade															
Access	DM01 - Diagnostic Waits (<6 weeks)	>99%	99.6%	99.2%	99.0%	99.1%	99.1%	99.0%	99.0%	99.1%	99.1%	99.2%	99.1%	99.1%	99.1%	
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.4%	92.0%	92.0%	92.6%	92.4%	92.0%	92.1%	92.0%	92.1%	92.2%	92.1%	92.1%	92.2%	
Access	Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0	0	3	1	1	0	0	0	0	5	



Cancer Performance - 62D and 2WW by Tumour Group

Cancer - 62D Performance by Tumour Group

		Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4		
Indicator	17_18 Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	2017-2018	Performance
Breast	>85%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%		97.1%	
Gynaecological	>85%	100.0%	100.0%	100.0%	100.0%	0.0%	50.0%	66.7%	100.0%	100.0%	0.0%	100.0%		72.0%	
Haematological (Excluding Acute Leukaemia)	>85%	100.0%	100.0%	100.0%	50.0%	100.0%				100.0%				90.0%	
Lower Gastrointestinal	>85%		100.0%	100.0%	100.0%		87.5%	50.0%	100.0%	71.4%	76.9%	85.7%		86.3%	
Lung	>85%		66.7%	83.3%		100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%		94.6%	
Other	>85%														
Skin	>85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%			99.0%	
Testicular	>85%			100.0%	100.0%	100.0%		100.0%						100.0%	
Upper Gastrointestinal	>85%		0.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	66.7%		73.7%	
Urological (Excluding Testicular)	>85%	100.0%	100.0%	54.5%	80.0%	61.5%	57.1%	50.0%	57.1%	94.1%	100.0%	83.3%		76.7%	



Cancer Performance - 62D and 2WW by Tumour Group

Cancer – 2WW Performance by Tumour Group

Indicator	17_18 Target	Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	2017-2018	Performance
		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18		
Breast	>93%	100.0%	95.0%	98.1%	94.8%	98.6%	99.2%	93.9%	98.3%	98.7%	97.3%	99.0%		97.5%	
Childrens	>93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Gynaecological	>93%	95.9%	97.6%	92.6%	97.8%	96.5%	96.2%	100.0%	100.0%	96.5%	100.0%	100.0%		97.6%	
Haematological	>93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	88.9%	100.0%		97.3%	
Lower Gastrointestinal	>93%	94.0%	93.3%	89.2%	87.3%	93.9%	89.3%	88.0%	89.7%	79.7%	93.9%	90.6%		89.2%	
Lung	>93%	88.2%	100.0%	94.4%	100.0%	92.9%	100.0%	100.0%	90.5%	100.0%	84.2%	100.0%		95.3%	
Other	>93%	75.0%	25.0%	80.0%	100.0%									83.3%	
Skin	>93%	98.6%	97.3%	100.0%	99.4%	98.6%	99.4%	99.4%	98.7%	97.1%	100.0%	100.0%		99.1%	
Upper Gastrointestinal	>93%	94.4%	78.8%	39.1%	43.3%	77.6%	83.8%	79.5%	57.7%	77.8%	78.8%	60.0%		69.0%	
Urological	>93%	96.8%	98.5%	96.8%	100.0%	95.7%	98.2%	100.0%	95.9%	100.0%	98.5%	100.0%		98.3%	



Community Average Waits

Community Average Waits from Referral Received Date to Date First Seen – January 2018

Local Specialty Code		Routine Avg Adjusted Wait (in weeks)	Routine Target	Total Routine Patients 1st Seen	Urgent Avg Adjusted Wait (in weeks)	Urgent Target	Total Urgent Patients 1st Seen
Adult Wheelchair Service	⊕	8.8	12	3			0
Adults Speech and Language The...	⊕	0.4	12	130	0.38	2	3
Bladder And Bowel Management	⊕	16.6	12	117	14.96	2	4
CAMHS	⊕	5.3	8	151	1 Days	5 Days	1
Cardiology Service	⊕	2.5	6	42	13.54	2	4
Child Development Services	⊕	15.2	18	38			0
Community Children's Nursing	⊕	0.9	18	62	0.18	6	4
Community Paediatrics Services	⊕	15.4	16	10	5.05	6	27
Community Rehabilitation (CRT)	⊕	5.1	12	113	2.89	-	30
Community Rehabilitation (ICTT)	⊕	3.4	-	197	8.23	2	140
Diabetes Service	⊕	5.8	6	68	2.43	2	1
Family Nurse Partnership	⊕	1.7	12	17			0
Haematology Service	⊕	0.7	-	20			0
Health Visiting	⊕	2.2	8	1227	0.63	2	7
Intermediate Care (REACH)	⊕	4.4	6	191	1.71	2	41
Looked After Children	⊕	5.3	52	24	2.86	4	1
Lymphodema Care	⊕	4.0	6	15			0
Musculoskeletal Service - CATS	⊕	3.7	18	320	2.09	6	5
Musculoskeletal Service - Routine	⊕	5.0	8	1314	3.29	2	54
Nutrition and Dietetics	⊕	9.7	8	257	7.60	2	13
Occupational Therapy	⊕	14.3	18	32			0
Physiotherapy	⊕	9.1	18	103	8.00	6	1
PIPS	⊕	3.7	12	11			0
Podiatry (Foot Health)	⊕	8.2	8	589	3.32	2	27
Respiratory Service	⊕	5.4	6	44	5.86	2	47
School Nursing	⊕	5.9	12	71			0
Speech and Language Therapy	⊕	8.4	18	238	19.02	6	52
Tissue Viability Service	⊕		-	0	1.25	2	71



Responsive Services - Commentary

Emergency Department (ED) four hours' wait and Ambulance handover time

Performance against the 95% target remained at 86.5%. Despite a further rise in attendances (317 more compared to December 2017). The Trust continues to see an increase in the number of attendances. The Trust reached 100,000 ED attendances over the previous 12 months for the first time in early January 2018.

LAS handover times improved over November 17 however deteriorated in December and January. Data shows that all of the breaches were overnight which suggests that the Trust is maintaining good LAS handover time performance during the day however with reduced staff overnight the department struggles to meet the handover targets. There is a working group in ED looking at this KPI and how to improve it overnight.

The median time to treat improved from 81 minutes in December 2017 to 72 minutes in January 2018 against a target of 60. There has been no 12 hour trolley breaches (mental health or acute) since October 2017.

Cancer

The overall target for cancer has been achieved. Underperforming areas are Upper and Lower Gastrointestinal for 2WW Performance and Upper Gastrointestinal and Urological (excluding testicular) for 62D Performance.

2WW report:

Upper GI - 8 out of 20 patients booked outside 2ww.

Lower GI - 11 out of 117 patients booked outside 2ww.

This is a result of capacity issue.

62Day report:

Urology – shared breach with RFH, patient transferred at 42day.

Upper GI & Lower GI - delay in diagnostic tests.

Action: 9 additional lists have been provided on a weekly basis as of February 2018. The improvement will reflect in the month of March submission.



Responsive Services - Commentary

Community waits

Community Rehab (CRT and ICTT): Capacity and demand issue in Speech and Language Therapy. Work on triaging processes in progress.

Bladder & Bowel Services: Education First Class programmes in the process of being set up to increase capacity, skill mixing with physiotherapy being introduced.

Nutrition & Dietetics: Slot templates in the booking system have been updated to increase capacity and vacancies are recruited to, Education First Class introduced.

A Community Improvement work plan has commenced in January 2018 and has prioritised the following services: Nutrition & Dietetics, Podiatry, Bladder & Bowel and Speech and Language Therapy.



Responsive Services - Indicators and Performance

			Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	2017-2018	Performance
Category	Indicator	17_18 Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18		
Theatres	Hospital Cancelled Operations	0	7	5	6	9	9	2	6	8	15	9	10		74	
Theatres	Cancelled ops not rebooked < 28 days	0	0	0	2	0	0	0	0	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	192	255	245	300	210	334	250	252	398	235	321		2545	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<4.5%	4.5%	5.5%	5.8%	6.9%	5.0%	7.8%	5.2%	5.3%	8.3%	5.6%	6.8%		6.3%	
Maternity	Women seen by HCP / midwife within 10 weeks	>50%	57.5%	50.9%	45.8%	52.8%	48.7%	58.0%	61.4%	59.0%	56.8%	65.2%	64.0%	52.6%	56.3%	
Community	IAPT Waiting Times for Treatment (% < 6 wks)	>75%	93.6%	93.3%	97.5%	96.5%	94.7%	94.7%	97.3%	98.8%	95.0%	97.5%	94.5%		96.4%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	93.3%	87.5%	88.6%	93.8%	91.9%	88.7%	89.3%	89.4%	91.6%	88.5%	87.3%		89.8%	
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	93.3%	90.7%	90.3%	94.1%	96.1%	91.7%	94.6%	94.8%	92.1%	96.1%	95.3%		94.0%	
Community	Haringey - HR1 % carried out before child aged 15 months				42.9%	37.3%	45.4%	44.6%	41.2%	32.8%	68.6%	68.1%	61.1%		48.6%	
Community	Haringey - HR2 % carried out before child aged 30 months				37.8%	34.7%	32.8%	48.1%	31.1%	42.5%	44.3%	50.7%	39.5%		39.9%	
Community	Islington - HR1 % carried out before child aged 15 mths				70.2%	66.5%	71.0%	61.2%	68.2%	73.4%	66.5%	68.3%	67.9%		68.1%	
Community	Islington - HR2 % carried out before child aged 30 mths				77.9%	75.4%	72.9%	81.1%	72.6%	72.6%	63.9%	75.0%	70.6%		73.7%	
Community	Haringey - 8wk Review % carried out before child aged 8 weeks				35.6%	33.6%	42.4%	30.7%	34.7%	31.2%	33.2%	32.4%			34.1%	
Community	Islington - 8wk Review % carried out before child aged 8 weeks				43.2%	43.9%	47.4%	49.1%	41.0%	54.7%	57.9%	58.3%			50.2%	



Responsive Services - Commentary

Hospital cancelled operations

In December 2017 there were 10 cancelled operations, 3 operations were cancelled in Urology (one incorrect procedure booked, one surgeon re-directed to an emergency case and one interpreter not booked), 5 operations were cancelled in General Surgery (4 due to an emergency case needing the theatre and 1 was cancelled due to an administrative issue), T&O cancelled 1 operation due to no pre-assessment completed and Gynaecology cancelled 1 operation as the list overran.

Delayed transfers of care

This key performance indicator continues to be challenging. The main area is Islington Social Services, showing capacity and demand issues. Individual cases are escalated through to directors to reduce number of delays caused. Weekly MADE events are held, managing escalated issues. Senior staff from all stakeholders attend this meeting to facilitate timely discharges.

New Birth Visit

Islington: 95.3%, target achieved.

Haringey: 88.5%, below target however within the agreed timeframe

Haringey's fall in performance in December was largely due to increasing HV vacancies and some long term sick leave; 2 rounds of recruitment for band 6 HVs have been unsuccessful and interviews are being held this week for a 3rd time.

Reasons given for late visits across both boroughs include: in hospital (only acceptable exception), late notification/incorrect address, parental preference, festive holidays, interpreter unavailable, HV unable to arrange in time frame and HV capacity (Haringey).



Responsive Services - Commentary

Mandated HCP: Health Reviews at 8 weeks, 1 and 2-2 1/2 years

1 year review at 15 months: good progress has been made by both boroughs. Haringey has moved from a targeted to universal offer and has seen an improvement from 43% in April to 61% in December; Islington has maintained progress. Both boroughs need to establish targets for 2018/19

2 - 2 1/2 review at 30 months: good improvement in Islington maintaining overall performance at 74%. Haringey has been static due to move from targeted to universal offer; however, improvements made from July 2017 to universal offer will be evident in our data from January 2018 (Q4)

6-8 week review: both Boroughs have introduced the 6-8 week assessment and both are making steady and sustained progress. Islington has seen a great improvement from March to 58.3 % in December. Work is in progress to step up Haringey's offer from targeted to universal with 32% completed in December (NB this review is carried out by the HV so correlates directly with vacancies)



Well Led Services - Indicators and Performance

			Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	2017-2018	Performance
Category	Indicator	17_18 Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18		
HR	Appraisals % Rate	>90%	75%	80%	80%	79%	79%	78%	78%	75%	71%	69%	71%	71%		
HR	Mandatory Training % Rate	>90%	82%	82%	82%	82%	82%	82%	82%	79%	80%	80%	81%	81%		
HR	Permanent Staffing WTEs Utilised	>90%	87.8%	87.8%	88.7%	88.9%	87.4%	86.1%	87.4%	87.3%	87.9%	87.6%	86.3%	87.3%	87.5%	
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%	3.7%	3.2%	3.4%	3.3%	3.6%	3.3%	3.5%	3.4%	3.7%	3.6%	2.9%	2.8%	3.3%	
HR	Staff turnover %	<10%	15.1%	14.3%	14.8%	14.4%	14.0%	14.7%	15.0%	14.4%	14.1%	14.3%	14.5%	14.4%	14.5%	
HR	Vacancy % Rate against Establishment	<10%	12.2%	12.2%	11.3%	11.1%	12.6%	13.9%	12.6%	12.7%	12.1%	12.4%	13.7%	12.7%	12.5%	

Average Staff Cost Per Patient

			Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Trend
Category	Staff Type	17_18 Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	
Medical	Average staff cost per patient		89	125	107	91	95	96	97	97	95	94	93	
Nursing	Average staff cost per patient		174	237	190	169	169	171	171	164	165	167	198	
Other	Average staff cost per patient		194	256	217	198	194	209	205	209	196	193	214	



Well Led Services - Commentary

Human Resources

Appraisals and statutory and mandatory training - it remains of concern that, despite modest improvements in both these indicators in this month, they remain below target; it is expected that reinforcing their priority in recent quarterly reviews will provide a renewed focus to improving ICSU performance.

December sickness rate is 3.48% which is slightly above target. An issue in delayed recording of sickness has been identified which show a significant discrepancy. Data on 9th February show 2.8% sickness rate and data on 19th February show 3.48% sickness rate. A discussion will take place considering reporting this indicator in arrears between the Information Team and Human Resources.

Vacancy factor - the increase in vacancy factor is at least partially attributable to temporary increases in establishment in December to deal with winter pressures. It is also noteworthy that the first cohort of overseas recruits arrived in January 2018 so does not yet figure in these reports.



Activity - Indicators and Performance

			Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Activity
Category	Indicator	17_18 Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	
ED	ED Attendances	8285	7430	8527	8285	8699	8239	8537	7853	8051	8816	8549	8582	8899	
ED	ED Admission Rate %		17.1%	16.9%	17.2%	17.3%	17.3%	16.4%	17.4%	17.5%	18.0%	18.1%	16.6%	16.3%	
Community	Community DNA Rate %	<10%	7.5%	6.9%	7.1%	7.0%	7.6%	7.3%	7.8%	7.7%	8.1%	8.0%	6.8%	7.6%	
Community	Community Face to Face Contacts		56389	66485	52682	62930	61543	59815	51859	57451	57548	60523	50282	59247	
Admissions	Elective and Daycase		1686	1850	1618	1790	1931	1904	1830	1828	1907	2004	1587	1941	
Admissions	Emergency Inpatients		1926	2200	2117	2211	2131	2163	2136	2242	2456	2368	2183	2208	
Referrals	GP Referrals to an Acute Service		6567	8314	6304	7615	7065	6912	7239	7123	7940	7889	6149	8023	
Referrals	% of GP Referrals that were completed via ERS		20.5%	18.9%	20.5%	19.7%	21.6%	23.1%	28.9%	30.2%	32.3%	34.5%	37.1%	46.5%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%		36.1%	35.1%	32.7%	39.1%	35.7%	25.0%	22.4%	17.3%	14.7%	10.3%	13.3%	
Maternity	Maternity Births	333	274	306	301	329	322	314	319	344	347	337	332	321	
Maternity	Maternity Bookings	377	350	438	345	483	364	380	378	338	420	385	302	405	
Outpatients	Outpatient DNA Rate % - New	<10%	11.8%	12.1%	12.3%	11.9%	11.2%	11.8%	12.6%	11.4%	11.0%	10.2%	11.0%	10.9%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	12.1%	11.9%	11.6%	11.7%	10.2%	11.6%	12.0%	11.1%	10.2%	10.1%	10.7%	12.2%	
Outpatients	Outpatient New Attendances		8439	9208	7568	9405	9114	8632	8748	8875	9775	10070	7962	10333	
Outpatients	Outpatient FUp Attendances		17071	18970	15644	18621	18991	17822	17403	17432	19477	19259	15824	18405	
Outpatients	Outpatient Procedures		5244	5793	4980	6098	6355	5748	5788	6471	7097	7450	5836	7342	
Theatres	Theatre Utilisation	>85%	81.1%	82.7%	84.9%	85.9%	82.7%	83.4%	80.8%	81.2%	86.1%	85.6%	85.7%	85.6%	



Average Tariff by Point of Delivery (POD)

			Q4	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3
Category	Point of Delivery (POD)	17_18 Target	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Average Tariff	Daycases		664	657	739	727	709	699	704	693	687	717	710
Average Tariff	Elective		3785	4214	3772	2701	3726	4014	3535	4042	3959	3525	3526
Average Tariff	Non-Elective		2180	2165	1790	1883	2356	2199	2335	1693	2188	2180	2561





Activity - Commentary

E Referral Service

The number of appointment slot issues has increased from 10.3% to 13.3%. The main issues are in CSS and IM. Work is ongoing to implement the correct templates on the e-RS system, so slots are available for booking.

Maternity

Bookings have increased to 405 bookings this January compared to 365 in January 17.
Deliveries also increased compared to this time last year.

DNA

DrDoctor has been live within CYPS for over a month now and it has shown a reduction in DNA rates by 2.5% (combined). DrDoctor is currently working closely with SystemC to integrate appointment booking; timescales are yet to be provided. Initial hurdles with CYPS going live has delayed other specialties roll out, however Endoscopy will be trained on the DrDoctor platform with plans to go live week commencing 26/02/18. Podiatry and Women's Health are scheduled to follow shortly after. The new Trust DrDoctor Lead is working closely with the DrDoctor Representative to accelerate successful roll out throughout the Trust.

Average Tariff; Non-Elective

Increase in In line with seasonal variation and winter pressures, the patient severity had increased thus, we were treating sicker patients.

Finance & Business Development Committee

Draft Minutes of the meeting held on the 15th December 2017

Attendance: Tony Rice, Graham Hart, Deborah Harris-Ugbomah, Steve Hitchins, Siobhan Harrington, Steve Bloomer, Norma French, Carol Gillen, Helen Taylor, Jason Burn, Mark Inman John Watson, Leon Douglas *for Paper 2*, & Vivien Bucke (Secretary).

1. Minutes of the previous meeting and Action Notes

- 1.1 The minutes of the 23rd November were agreed as an accurate record.
- 1.2 Apologies were received from Carl Uppal who will be shadowing Tony Rice at the February Committee.

2. Fast Follower Programme

- 2.1 LD noted the paper offered to the committee detailing the funding agreement to support the fast follower programme and presented an overview with some illustrative examples that demonstrated both the practical improvements and deliverable benefits from proceeding with the programme. The examples were based on existing problems linked to electronic noting to reduce the need for paper records and electronic communication and task management which links to handover and ward based task sheets.
- 2.2 It was highlighted to the committee that it was felt that clinical noting technology had moved on and made a successful implementation much more likely.
- 2.3 The committee asked a variety of questions to validate what they heard. SH noted the funding profile and the fact that the trust will have to match the spend and confirm in advance they have committed to this. SB noted the potential risk on the capital spend in estates and offered the potential mitigation linked to land receipts. **The Committee agreed to proceed to negotiate the Funding Arrangement with NHS Digital.**

3. Month 8 Finance Report

- 3.1 JB noted the paper had been discussed at the Trust Board seminar. The Trust is reporting a £0.4m deficit position for November (Month 8), increasing the year to date deficit to £1.5m. This is against a planned in month surplus of £0.5m and planned year to date surplus of £0.1m. Income, pay and non-pay were all adverse against plan in month, £0.1m, £0.6m and £0.4m respectively. The adverse position both in month and year to date, highlights that the Trust still faces significant challenges in order to achieve its control total at year end. Most notable of these remain the delivery of CIPs, currently £5.9m behind plan, and the delivery of activity and associated income.
- 3.2 At Month 8 the Trust is still forecasting achievement of its control total at year end, but this is on the assumption that the operational financial risk can be fully mitigated during the final four months of the financial year. If it is considered that the risk cannot be fully mitigated, then the Trust will need to take a view as to whether it can still forecast achievement of its control total when reporting at Month 9. As previously reported to the Committee, the operational financial risk is in the order of £3.5m to £4.5m, largely

driven by the Trust's underperformance against its CIP programme, together with its underlying I&E run rate. In addition to the operational financial risk, there is a further risk in relation to 'work in progress' costs associated with a previous Maternity capital scheme, that requires further discussion with External Audit and NHSI to resolve. Depending upon the outcome of the discussions, some of these costs may have to be recognised within the Trust's I&E position by year end.

4. Month 8 CIP Update

- 4.1 The Year-end forecast is £9.3m CIPS. Surgery ITU bed reductions of £263k now in M8 forecast but with some risk and Women's CIP forecast reduced by £151k reducing the estimated value of the pipeline to £2.5m.
- 4.2 JW took the Committee through the key areas of variance to plan and the forecast outturn which remains materially unmoved from M7 at £9.6m.
- 4.3 TR said the key question is with the Trust at £4.1m adverse position, compared to the Control total with 3 months to go, where will the Trust realistically see where the savings will come from. CG confirmed ITU beds were included in the £9.3m and this is a risk. SH confirmed ITU beds are being used to bed A&E patients. NF stated the bank bonus scheme should reduce agency and staff cost overall and it was concluded that the CIP Programme is unlikely to fill the gap. Substantive staff nurse savings won't hit until late Spring. GH asked if the fast follower savings would help but it was concluded these would fall into the next financial year.

5. Forecast outturn.

- 5.1 The paper had been discussed at the Trust Board seminar. The Trust needs to confirm to NHSI at Quarter end whether it wants to change its control total. Recent discussions have made it clear that the Trust is unlikely to achieve its CIP total. Income levels are increasing but there is a general over spend against budgets. The run rate for I&E is at £0.5m per month. In a worst case the full value of the stranded costs are c. £1.5m, which would need to be written back to I&E. This would increase the projected deficit to £5m and so £5.6m adverse to Control Total.
- 5.2 JB spoke of the recovery actions are Annual leave provision, which had already been agreed, and with valuation of estate, revenue/capital adjustments and maternity scheme provision this would make £2.5m. SH said that since Wednesdays Trust Board Seminar she been in discussion with NHSI on the level of confidence in bringing in the control total with a clear message from NHSI that the Trust needs to do everything it can to achieve the numbers. SB described the process being undertaken to close the gap and agreed to report back to the January Board Seminar.
- 5.3 SB took the Committee through the draft financial strategy and described the causes of the underlying deficit and the future plans/targets to rectify this position. **Finance & Business Development Committee supported the paper.**
- 5.4 The Execs asked the Committee agreement to start discussion with NHSI over flexibilities and potential solutions to the control total gap whilst continuing on the work

to close the gap internally. TR emphasised the Trust has a stable management team and it wants to keep this. SHI felt there is a need to trust SH/SB to have a measured conversation and SH responded that Execs will be trying to demonstrate they understand the drivers and that the risk is within the next 3 months. **Finance and Business Development Committee supported the proposal with SB to report back to the January Board Seminar.**

5.5 SB took the Committee through the CIP target for 2018-19 bridging the differences from year 2 in the 2017-18 plan. The CIP target will increase from £8.5m to £16.5m. SB explained the revised approach to CIP delivery and planning. He described:

- Business as usual CIP for ICSUs at 2%
- The cross ICU scheme e.g. outpatients and medical productivity
- The enabling work streams e.g. digital
- The plans in place from 2017-18 that will roll forward, flow through and the timetables for the gap.

The Committee supported the revised approach.

6. Contracting Update 2018/19

6.1 MI explained the assumptions that were in place in the second year of the two year contract which was signed in December 2016. He noted that the activity in 2017-18 was likely to be in line with that originally forecast. MI described the agreement for 2018-19 contracting in the NCL STP but noted that CCGs had notified the Trust this morning that they would not be honouring this. MI and SB expressed concern and described the process they expected. **MI to update at the next Finance & Business Development Committee.**

WORKFORCE ASSURANCE COMMITTEE

ITEM 18/028
Doc 10Minutes of the meeting held on Wednesday 14th February 2018

Present:

Jason Burn	Operational Director of Finance
Carol Gillen	Chief Operating Officer
Norma French	Director of Workforce
Graham Hart	Non-Executive Director (WAC Chair)
Steve Hitchins	Trust Chairman
Helen Kent	Assistant Director of Learning & OD
Michelle Johnson	Chief Nurse
Lisa Smith	Assistant Chief Nurse, Nursing Education & Workforce

In attendance:

Lawrence Anderson	Medical HR Business Partner
Kate Green	PA to Director of Workforce (minutes)
Graeme Muir	Postgraduate Medical Education Manager

18/01 Welcome and Introductions

- 01.01 Graham Hart welcomed everyone to the meeting and invited colleagues to introduce themselves.
- 01.02 Apologies for absence were received from Helen Gordon, Caroline Fertleman and Jana Kristienova.

18/02 Minutes of the meeting held on 8th November

- 02.01 The minutes of the Workforce Assurance Committee (WAC) held on 8th November were approved. There were no matters arising other than those already scheduled for discussion.

18/03 Matters arising and action log

- 03.01 Danielle Morrell was unwell and therefore unable to be present at the meeting. As it was not known when she would be returning to work it was agreed to consider carrying out a deep dive into another ICSU at the next meeting, and Carol suggested Integrated Medicine. Norma would approach Paul Attwal, Director of Operations for that ICSU.
- 03.02 Lisa Smith confirmed that benchmarking data had indeed been included in the latest nursing establishment report, using Model Hospital data. This report had been to the Executive Team Meeting and Trust Management Group and would also be received by the Trust Board.
- 03.03 The GMC Survey report was on the agenda for discussion and Graeme Muir was present to introduce it.
- 03.04 Jason Burn confirmed that he had met with Richard Jones to discuss the procurement of the electronic casework management system. Richard had subsequently put together an investment case (likely to require a £16/17k initial outlay), a preferred provider had been identified; the case been previously approved in principle by the Investment Committee.
- 03.05 Norma had circulated the details of Professor Lewis's original proposal. This piece of work, now entitled the "cultural survey", had commenced the previous week. The first stage of the work had involved a detailed questionnaire being sent to all staff; electronically to the majority and with paper copies delivered by hand to those staff with no computer or e-mail access. The second stage would involve focus groups and individual meetings (which staff could request). A read only report

of the findings would be sent to all staff in the summer and would also be submitted to the Trust Board. Norma informed the Board that Professor Lewis had conducted similar surveys at Bart's Health, Portsmouth, and SE Ambulance Trust. Michelle said she had witnessed for herself the cultural change that had come about through the Bart's survey, which had improved openness and transparency and made that organisation a very different place to work.

- 03.06 In answer to a question from Steve Hitchins about how the Trust would know whether this initiative had been successful, Norma replied that once the resulting action plan had been implemented, then the Trust would be able to look at the next round of staff surveys and Friends & Family tests to see whether or not any notable changes had occurred. Consideration might also be given to conducting some pulse surveys. Graham remarked that there might initially be an increase in the reporting of bullying and harassment as confidence increased in the organisation's ability to tackle such instances, but over time one would expect to see a decline if the initiative had been a success. Lisa added that she hoped success would result in an improvement to the Trust's retention rates.
- 03.07 Work was also ongoing with the Trust's anti-bullying and harassment advisors and the newly-identified inclusion champions. There were also plans to introduce a 'fair treatment panel', which would triage potential disciplinary cases in order to see whether any conscious, or indeed unconscious, bias had been a factor in the decisions taken.
- 03.08 Referring back to inclusion, Helen Kent informed the committee that since they had last met the team had reviewed and revised their objectives and developed a revised action plan. A networking meeting had been held which had been attended by thirty members of staff. The outcomes from the questions posed on that day had now been circulated to attendees and posted on the intranet. Norma added that it would be important now to keep up the momentum.

18/04 Quarter 3 Workforce Report

- 04.01 Introducing this item on behalf of Helen Gordon, Norma opened by explaining that the report showed the corporate information for the third quarter of the financial year 2017/18, i.e. October to December 2017.
- 04.02 There had been a slight increase in sickness absence across the Board with the exception of Integrated Medicine and PPP, and a slight reduction in turnover. Vacancy levels had remained static in October and November but increased slightly in December; this increase was thought to be attributable to the additional capacity necessary to support winter pressures. The Executive Team continued to monitor Bank and Agency usage on a weekly basis, and Norma acknowledged that some areas were making better progress on reducing usage than others, citing the corporate directorate and PPP ICSU as examples.
- 04.03 There had been a slight increase in Mandatory Training compliance, with three areas showing above the 90% target rate, but a worrying dip in appraisal compliance. The quarterly ICSU performance review meetings had taken place the previous month, and all had presented action plans demonstrating how they intended to increase appraisal rates. Asked about the reasons for the dip, Carol replied that winter pressures might well have been a contributory factor, along with staff sickness resulting in the cancellation of appointments, as well as simple pressure on time. Steve enquired whether appraisals might be phased so that more were carried out during the summer months, and it was agreed the suggestion had its merits but would not be straightforward to implement.

- 04.04 Moving on to recruitment, Norma was pleased to inform the committee that she now had a dedicated nurse recruitment team, headed up by senior nurse Deborah Tymms. The Executive Team Meeting received a status report on recruitment every week. The first cohort of nurses from the Philippines had arrived the previous week; more were due imminently, and a cohort of nurses from India was due in the late spring. The nurse recruitment team was carrying out a great deal of pastoral care involving help with housing, finding GPs, opening bank accounts etc. The Trust also continued its rolling programme of UP nurse recruitment and had open days planned. Lisa added that an open day for students was to take place in early March, and she and Deborah had personally hand delivered invitations to all of the third year students. Representatives of the Trust were also attending open days at relevant universities and colleges.
- 04.05 Steve asked about links with local authorities and whether or not the Trust was making itself sufficiently accessible. Norma replied that in the new national workforce strategy there was a great deal about promoting the NHS as a good employer (there are over 350 different careers in the health service). She was also, using HENCEL monies, working with Leon Douglas to commission six videos/podcasts which could be used across a wide range of media to attract more local interest and applicants. One university (Anglia Ruskin) has a dedicated course for apprentices, but this was apparently very difficult to get on to.
- 04.06 Lisa informed the committee that her team was also running 'classroom' events to generate interest amongst young people. They were looking at entry requirements for the different roles, and had devised a pathway which took people from the age of 15 up until fully qualified nurse level at age 22/23. Graham asked about the involvement of City & Islington College, saying that this was a good moment to have an impact especially when looking at all roles and not just nursing. Helen replied that Astrid von Volckamer had done a considerable amount of outreach work with colleges. Michelle suggested that a link needed to be made with the Trust's volunteer programme; Lisa pointed out there might be a need to look at the policy which at present stipulated applicants needed to be over sixteen. Steve suggested looking at how the 'Kissing it Better' volunteers worked as he was aware some of these were college students. Lisa was also looking at the logistics for going out to tender for nurse associate apprentices.
- 04.07 Norma was asked whether all these initiatives would help to reduce bank and agency usage, and replied that she very much hoped so. She added, however, that the costs of overseas recruitment in particular were high, and there was therefore a constant need to monitor outcomes and attrition rates in order to ensure the Trust was getting value for money. This was partly, she explained, why so much effort was being put into the pastoral care referred to in minute 04.04 above. Lisa added however that statistics showed that retention rates from those recruited outside the EU were better than those from inside, and it was worthy of note that the cohort of nurses from the Philippines several years ago had all remained with the Trust and were in fact helping to welcome the new arrivals. Norma added that she would be taking stock before next winter of what had worked and what had been less successful.
- 04.08 In answer to a question from Steve about a figure (variance from budget) on page 15 of the report, Carol replied that this was likely to be due to winter pressures, where most of the additional staffing cost pressures lay with Integrated Medicine.

18/05 Guardian of Safe Working Report

- 05.01 Medical HR Business Partner Lawrence Anderson introduced this item. He said that during the third quarter 183 exceptions reports had been received, mostly from Foundation Year 1 (FY1) doctors. Of these, 170 concerned hours worked and 11 educational concerns. Exception reports

had been submitted mainly from general medicine; also from SHO levels in medicine. It did appear that there was a need to address working hours and work-life balance in this area.

- 05.02 Lawrence hoped that diary card exercises had now ceased. The one remaining banding claim had been resolved; doctors in ED would be receiving an uplift of 25%, negotiated down from their claim for 50%. This should be the last exercise since all junior doctors were now on the new contract. No work schedule reviews had taken place during this quarter, however due to the level of exception reporting in medicine there would be a need to carry out a review of that rota to ensure it was correct. The need for this had been discussed with Clarissa Murdoch as Clinical Director and Karen Anthony who has responsibility for that rota.
- 05.03 In total then 167.4 additional hours had been worked which needed to be paid back as the doctors concerned had been unable to take them back as time off in lieu (TOIL). Lawrence explained this was due to four month rotation periods, meaning that it would neither be practicable nor fair to carry TOIL over from one service to another. Although this was a cost for the Trust, it was considerably less than banding claims.
- 05.04 There had been a 36% increase in reporting between quarters two and three, with the majority of reports for quarter three being submitted in October. This coincided with a large scale rotation of registrars, and the likely conclusion that their attendance at induction days etc. had led to more work for the juniors.
- 05.05 Asked what action was to be taken to rectify this situation, Lawrence reiterated that there was to be a review of rotas in medicine. It was also hoped to increase attendance at the junior doctors' forum, and Graham suggested that one way to do this might be to bring in a researcher, possibly look at an area such as the hugely successful TB service – i.e. introduce an element of teaching and skills. Caroline Fertleman was to lead one in February. Michelle enquired whether anyone has asked the doctors why attendance was so poor. Graham replied that the forum had been hugely successful the previous year when they had run their own conference, but it was likely that the reason for that had been the introduction of the new contract causing a high level of activity amongst the juniors. In addition, he explained that there had been a significant delay in paying claims, especially in medicine and surgery. It was stressed that such delays should be escalated to Carol and Norma, as not only are they unacceptable but there was also a danger that doctors were less likely to report, meaning valuable data would be lost.
- 05.06 Lawrence informed the committee that he would be putting measures in place to improve the governance structure in this area. Carol said that in some areas improvements had already been made (such as phlebotomy in Care of Older People) but these were not standardised across the Trust. She had asked Hasan Mukhtar and Stuart Richardson to lead on bringing in an organisational approach, supported by Eddie Herter.
- 05.07 To date there had been four Guardian of Safe Working Reports, three relating to the financial year 2017/18, and one relating to the previous year. The next produced would be the Annual Report. Graham asked whether information could be compared with other organisations across the sector, and Graeme replied that he had obtained some data from the Homerton and UCH, where exception reporting was significantly lower than at Whittington Health. He pointed out however that WH had always been very open in telling trainees that they needed to report, and it was possible that other organisations might be less so.
- 05.08 In answer to a question from Steve Hitchins about whether the committee had cause for concern, Lawrence replied that money was certainly an issue, but in general the Trust needed to listen to the doctors, make interventions where necessary, and ensure that information was fed back to the ICSU

management teams in a timely fashion. Carol Gillen added that there were also issues about the work approach, e.g. the pressure to discharge before 11.00am, the timing of ward rounds etc; might there be a need to look at smarter working? It was agreed this should be revisited in the light of the cultural survey work. There was an obvious connection, however, with the next agenda item.

18/06 Results of the GMC Junior Doctors' Survey

- 06.01 Graeme Muir began his report by reminding the committee that feedback from trainees at the year end had consistently been positive; they enjoyed coming to Whittington Health and really valued the quality of their training. The survey, he said, was an interesting tool, and useful at highlighting issues, although insufficiently detailed to be precise as to what the issues meant, resulting in his having to do a great deal of 'drilling down' to gain a meaningful interpretation of the findings.
- 06.02 Looking at the headlines from the survey results, Graeme said that the Whittington Health continued to be recognised for the quality of its reporting systems, with trainees valuing the supportive environment which enabled them to report without fear of reprisal. Moving onto specific areas, he said that the previous year the Trust had been awarded a total of nine green flags across core medicine and paediatrics; this survey had shown only one. Results had been poor in geriatrics and trauma & orthopaedics, however in one of these areas there had only been three trainees, and of these, one had decided against continuing a career in medicine, one was harboring doubts, and the third had been content. The committee held a brief discussion about the manner in which such small numbers of respondents could potentially make results appear misleading.
- 06.03 The survey had been conducted in March 2017, and so would be carried out again next month. It was noted that this meant this survey would have included the unhappiness connected with the move to the new contract. In answer to a question from Norma about when results were first received by the Trust, Graeme replied that they had been received in July. The action plan produced in response to the report was taken to the Deans and the Postgraduate Medical Board. It was agreed by the committee that in future survey results and the associated action plan should go the Trust Management Group, and, via this committee, to the Board.
- 06.04 Graham enquired whether there were any 'free text' sections in the report, and Graeme replied that there were, but Trusts were not permitted to see the content. This was in part because low numbers of respondents in some areas would make them easily identifiable. Graeme added however that any patient safety or bullying concerns were flagged immediately to Trusts, who were required to respond to them within five working days. Steve Hitchins suggested the Trust ask again to view the free text. Graham pointed out that such deductive disclosure could be avoided by grouping respondents in a way which prevented the identification of individuals.
- 06.05 Michelle asked whether any changes to the way such pieces of work were handled would arise as a result of the new General Data Protection Regulations (GDPR). For this survey the answer was no, since any such requirements would be handled by the GMC as 'owners' of the survey, in addition, trainees were not Trust employees. There were however wider implications for the Trust arising from the implementation of the GDPR, and it was noted that Carol was the lead for this, supported by Ali Kapasi, who was talking to all ICSU Boards about the changes. Graham felt that GDPR did bring with it the potential for positive cultural change.
- 06.06 Concluding, Graeme had benchmarked data with other organisations, and it did appear that (other than in obstetrics & gynaecology) workload was heavier than in other Trusts. Jason suggested that an exercise be carried out whereby this was triangulated with performance data. Carol had however had verbal feedback which indicated this might not be the case in all areas.

18/07 Employee Relations Activity

- 07.01 Norma presented this paper on behalf of Richard Jones, who was on annual leave. She reminded committee members that it gave a report of all Employee Relations (ER) activity for non-medical staff, adding that when the team had purchased the electronic case management system it would be possible to incorporate medical cases in order to present one unified report.
- 07.02 There had been a slight improvement in the time taken to resolve most cases, though some grievances were taking longer than expected; in some instances this was due to long-term sickness. Graham thanked Norma and Richard for providing the percentages, which he said made the report far clearer.
- 07.03 In answer to a question from Lisa about whether any work in this area was being done by the Trust's Equalities Lead, Norma replied that it was, and that this work concerned all protected characteristics. It would align with the action arising from Duncan Lewis's cultural survey; also the disciplinary triage proposals.
- 07.04 Given the relatively small number of cases shown, Michelle enquired whether this was due to the fact that most cases were resolved informally. Norma replied that casework had remained relatively static over the last couple of years, but added that this type of data was not routinely benchmarked so it was difficult to state with any degree of conviction. She suggested that Michelle gathered some soft information as part of her induction. What was certain was that the ER staff were phenomenally busy. Improvements had been made as a direct result of HRBPs building relationships with individual ICSUs.
- 07.05 Norma would invite Richard to attend the next meeting.

18/08 There being no other business, the meeting closed at 3.10pm.

Action log

03.01	To invite Director of Operations from Integrated Medicine to attend the next meeting	NF	April WAC

