

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

14.00 – 17:00  
Wednesday 28<sup>th</sup> March 2018

Whittington Education Centre  
Room 7



Meeting	Trust Board – Public		
Date & time	28 <sup>th</sup> March 2018 at 1400hrs – 1700hrs		
Venue	Whittington Education Centre, Room 7		
AGENDA			
Members – Non-Executive Directors Steve Hitchins, Chair Deborah Harris-Ugbomah, Non-Executive Director Tony Rice, Non-Executive Director Anu Singh, Non-Executive Director Prof Graham Hart, Non-Executive Director David Holt, Non-Executive Director 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	
Attendees Michelle Johnson, Chief Nurse & Director of Patient Experience Dr Greg Battle, Medical Director (Integrated Care) Juliette Marshall, Communications Norma French, Director of Workforce			
Secretariat Kate Green, Minute Taker			
Contact for this meeting: <a href="mailto:susan.sorensen@nhs.net">susan.sorensen@nhs.net</a>			
Agenda Item		Paper	Action & Timing
Patient Story			
18/029	Apologies & Welcome Steve Hitchins, Chair	Verbal	Note 1400hrs
18/030	Patient Story Michelle Johnson, Chief Nurse & Director of Patient Experience	Verbal	Note 1405hrs
18/031	Declaration of Conflicts of interests Steve Hitchins, Chair	Verbal	Declare 1425hrs
18/032	Draft Minutes, Action Log & Matters Arising 28 Feb 2018 Steve Hitchins, Chair	1	Approve 1430hrs
18/033	Chairman’s Report Steve Hitchins, Chair	Verbal	Note 1440hrs
18/034	Chief Executive’s Report Siobhan Harrington, Chief Executive	2	Discuss 1450hrs
Patient Safety & Quality			
18/035	Serious Incident Report Month 11 Richard Jennings, Medical Director	3	Approve 1500hrs
18/036	Hospital Nursing Establishment Review Michelle Johnson, Chief Nurse & Director of Patient Experience	4	Approve 1510hrs
18/037	Nursing Safer staffing report Michelle Johnson, Chief Nurse & Director of Patient Experience	5	Note 1520hrs

Performance			
18/038	<b>Financial Performance Month 11</b> <i>Stephen Bloomer, Chief Finance Officer</i>	6	Approve 1540hrs
18/039	<b>Performance Dashboard Month 11</b> <i>Carol Gillen, Chief Operating Officer</i>	7	Approve 1550hrs
18/040	<b>Annual Staff Survey Report</b> <i>Norma French, Director of Workforce</i>	8	Approve 1600hrs
Strategy and Governance			
18/041	<b>LUTS : proposed next steps</b> <i>Dr Richard Jennings, Medical Director</i>	9	Approve 1610hrs
18/042	<b>Clinical Strategy Review</b> <i>Dr Greg Battle, Medical Director for Integrated Care</i>	10	Note 1620hrs
18/043	<b>Whittington Pharmacy CIC: Appointment of Director</b> <i>Carol Gillen, Chief Operating Officer</i>	11	Approve 1625hrs
18/044	<b>Fast Follower – System C Contract Change Approval</b> <i>Leon Douglas, Chief Information Officer</i>	12	Approval 1630hrs
18/045	<b>Draft Trust Board meeting plan 2018-19</b> <i>Susan Sorensen, Interim Corporate Secretary</i>	13	Note 1635hrs
18/046	<b>Sub-Committee Minutes: Quality Committee (14<sup>th</sup> March 2018)</b> <i>Anu Singh, Non Executive Director</i>	14	Note 1640hrs
18/047	<b>Sub-Committee Minutes: Finance &amp; Business Development (26 February 2018)</b> <i>Tony Rice, Non Executive Director</i>	15	Note 1645hrs
18/048	<b>Register of Conflicts of Interests for board and senior staff</b> <i>Steve Hitchins, Chair</i>	16	Declare 1650hrs
AOB			
	None notified to the Trust in advance		1655hrs
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			
25 April 2018 -1400hrs-1700hrs -Whittington Education Centre, Magdala Avenue, N19 5NF			
<b>Register of Conflicts of Interests:</b> The Register of Members' Conflicts of Declarations of Interests is available for viewing during working hours from Fiona Smith, Communications Lead, at Trust Headquarters, Jenner Building, Whittington Health, Magdala Avenue, London N19 5NF or <a href="mailto:Fiona.smith19@nhs.net">Fiona.smith19@nhs.net</a> or <a href="http://www.whittingtonhealth@nhs.net">www.whittingtonhealth@nhs.net</a>			



**The minutes of the meeting of the Trust Board of Whittington Health held in public at 1400hrs on Wednesday 28<sup>th</sup> February 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
	Steve Hitchins	Chairman
	David Holt	Non-Executive Director
	Richard Jennings	Medical Director
	Michelle Johnson	Chief Nurse
	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**

Eileen Coles and Sue McGuire were present to recount their experience of their father's stay in hospital and their subsequent complaint about his treatment.

Mr Gilding had been admitted to hospital almost two years ago. On admission he had been told that he would be in hospital for 24-48 hours, but in the end he had been in for almost two weeks and had died on the ward. Both daughters felt that there had been a lack of care and very poor communications leading up to their father's death, and after a complaints process lasting for almost two years they still had not received many of the answers they required. Mr Gilding had wanted to die at home, but Ms Coles and Ms McGuire had both felt the hospital had strongly opposed this and they had felt unable to press their case.

Moving to specific examples of inadequate care, on March 26th they had visited to find their father's breakfast, dinner and tea still on the table beside him apparently untouched. He had suffered from right sided weakness following his stroke, yet this had not been taken into account. He had also been found cold and hypothermic, wearing just a hospital gown despite the family having provided clothes for him. The red tray system had not been put in place, and there had been a failure to act on either the history provided by his previous hospital or the comprehensive history provided by the family.

Both Ms Coles and Ms McGuire felt that their father would have been better cared for at home, where they had all the necessary equipment in place having previously cared for her mother during her illness. They were aware that the Whittington was able to provide a good palliative care service, having experienced this when the decision was made to transfer their mother to a hospice prior to her death just a few months earlier.

Consultant Maria Barnard had been asked to look into this case; she explained that Mr Gilding had been on a winter pressures ward, and felt that things had changed considerably since the time of his admission, particularly having more consistent staffing. She acknowledged that communication had been extremely poor on the part of both doctors and nursing staff. Nowadays each day starts with a board round assessment of all patients; a new palliative care consultant has also recently been appointed.

Kevin Gilbride (Matron) agreed that things had changed considerably and he felt the winter pressures ward was now in a far better place. Following the Board meeting he intended to take Ms Coles and Ms McGuire to visit the ward and observe for themselves the improvements which had been made.

In answer to a question from Steve Hitchins about the length of time taken to resolve the complaint, Lisa Sadler explained that there had been difficulties in arranging meetings, also the handling of the complaint had moved between different staff in the PALS office. Kevin added that in future whenever concerns were raised with PALS he would be responding immediately in person by going to the office to see how best to resolve the situation.

Steve Hitchins apologised to Ms Coles and Ms McGuire on behalf of the Board for the unacceptable standard of care given to their father. Michelle Johnson said that she had been pleased to learn that the family had agreed to participate in making a video of their experiences for training purposes; all staff needed to hear their story. In answer to a question from David Holt about what 'panic buttons' were available to families or carers in the event of such a situation, Richard Jennings replied that he would expect the responsible consultant's name to be displayed above the patient's bed and for them to be telephoned. The Matron should also be contacted, and Michelle undertook to help to ensure their increased visibility. PALS was also a point of contact although only accessible during working hours.

The Board thanked Ms Cole and Ms McGuire for attending and indeed for taking time off work to do so. Richard Jennings added that the family was more than welcome to contact him after the meeting if there were additional measures they felt should be put in place to improve care.

#### 18/16 Declaration of Conflicts of Interest

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

#### 18.17 Welcome and apologies

17.01 Steve Hitchins welcomed everyone to the meeting, and in particular, Michelle Johnson, newly-appointed Chief Nurse for the Trust. Everyone introduced themselves. No apologies for absence had been received.

#### 18/18 Minutes, Matters Arising & Action Log

18.01 The minutes of the Trust Board meeting held on 31<sup>st</sup> January were approved.

#### 18.02 Action log

The action log was reviewed and noted. Actions for future implementation were carried forward.

## 18/19 Chairman's Report

- 19.01 Having welcomed Michelle Johnson to the Board, Steve Hitchins invited her to say a few words about herself by way of introduction. Michelle gave a brief resume of her career as a dual trained children and adults nurse, her most recent post being as Director of Children's nursing services at Bart's. In conclusion, she said she had always wanted to return to Whittington Health as Chief Nurse. Steve also extended a welcome to Juliette Marshall, Interim Director of Communications, on secondment from NHS Improvement.
- 19.02 More would be said later about the recently issued CQC Report, but in the meantime Steve wished to extend his thanks at this point to the executive team who had put in so much hard work on this; the Board, he said, owed them a serious vote of thanks.
- 19.03 Visits and attendances made by Steve during the month included:
- City University
  - Victoria and Bridges wards and the ITU
  - District Nursing Services at several of the Trust's community sites
  - The annual remembrance event for families of babies who had died
  - An open day at Finsbury Park Mosque
  - The very successful cancer care conference
  - A meeting with Healthwatch on quality reports
  - Fire Marshal Training, which he commended to all Board members.

## 18/20 Chief Executive's Report

- 20.01 Siobhan began her report by talking about the CQC Report (now available on the website). Whilst the Trust's overall rating had not changed since the previous report, some areas had moved from 'requires improvement' to 'good', 'caring' remained categorised as 'outstanding', and the 'well led' aspect of the inspection was rated good. Siobhan was very pleased for all the staff who had contributed to this achievement.
- 20.02 The ED pathway continued to present a challenge, and the last ten days in particular had been harder than most of January. The team currently had a major focus on pressure ulcers. An MRSA bacterium had been declared in January bringing the total to three for the year; a disappointment when the target was zero.
- 20.03 Continuing the subject of infection control, Siobhan informed the Board that Julie Andrews was to step down as Director of Infection Prevention & Control (DIPC) after 11 years in post. This afforded a real opportunity to review that role, and Julie and Michelle Johnson would be working together on the handover of the role. Siobhan thanked Julie for all that she had achieved during her time as DIPC.
- 20.04 The memorandum of understanding with the Haringey and Islington GP Federations was not yet complete but positive progress had been made and Siobhan felt that this was moving in the right direction.
- 20.05 The cultural survey led by Professor Duncan Lewis had begun, and Siobhan urged all Board members to complete it; the survey would remain open for another two weeks. Staff had also been given the opportunity to contact Professor Lewis direct if they had any issues they felt were important to bring to his attention.
- 20.06 A major recruitment drive for Band 5 nurses was under way.

- 20.07 The Trust's financial position had improved, with the emphasis now on maintaining a grip as year end approached.
- 20.08 The 'flu vaccination campaign for 2017/18 had now concluded, and Siobhan was pleased to report that Whittington Health had achieved the second highest take-up rate in London at 78.6% (St George's having achieved 90%!). Siobhan thanked Cathy Ferguson, Norma French and the team for their efforts, with Norma adding that a nomination had been submitted for the team to receive a staff award.
- 20.09 Richard Jennings stated that none of the current Board had been appointed when Julie Andrews had become DIPC, and at that time the Trust had experienced cases of people suffering and dying from infection-related problems. Julie had, he said, worked ceaselessly to enable the Trust to reach the point where it could be rated by the CQC as outstanding for caring.

18/21 Serious Incident Report (Month 10)

- 21.01 Richard Jennings reminded the Board that the report detailed incidents reported in January. There was, he said, a typing error in point 3.4 of the report, where the correct figure in the header should read April 2017 rather than 2016.
- 21.02 Richard drew attention to the SIs reported in surgery, informing the Board that there were plans to create a medical liaison post within surgery (designed for physicians to support surgeons) and this had the full support of both ICSUs.
- 21.03 Two cases had been declared of patients who had died after having contracted 'flu whilst in hospital, and Richard reminded Board colleagues that any such cases would be declared SIs and be subject to a full Root Cause Analysis investigation. He added that during the 'flu season hospitals were not the best place to be for vulnerable patients. The subject had been raised at the recent NHSI Oversight meeting, as Whittington Health appeared to be one of the few Trusts who reported such incidents at their public Board meetings. Asked how Whittington Health compared to neighbouring Trusts, no reply had been possible since the data was not available and there had been no benchmarking. Richard added, however, that Whittington Health had always followed the principle that transparency and openness was a major contributor to patient safety,
- 21.04 Greg Battle added that as an ICO, the Trust was committed to supporting increasingly complex issues arising in community services. Janet Burgess, relating a personal incident, expressed her concern about the apparent NHS 111 service default position to refer people to ED; Richard said this had long been recognised as a problem and changes had been made as a result but the situation was not yet fully resolved. It was noted that one neighbouring Trust's switchboard contained a message advised patients suffering from 'flu-like symptoms to telephone for advice before accessing services.

18/22 Safe Staffing Report

- 22.01 Introducing this item, Michelle Johnson began by saying that she had been pleased to see an increased use of the safe care tool on the Allocate system, since the more it was used, the more reliable its data became. The use of HCAs and a small number of RMNs to support mental health patients was noted.
- 22.02 Michelle informed the Board that there had been 31 'red' shifts in January, and a Datix report had been made from ED, where it had been felt that paediatric staff had felt unable to manage the volume of children admitted in an appropriately safe way; this had been rated as potentially 'low to minimal harm'.

- 22.03 It was noted that this data was published on the NHS Choices website, but numbers only were published without the explanatory narrative.
- 22.04 Yua Haw Yoe asked a question relating to a patient nearing the end of her life, asking how the Care Hours Per Patient Day might be applied to take such cases into account. Michelle replied that she would expect guidance from senior nurses working in the areas concerned. She added that there was considerable interest from volunteers interested in working in this area.
- 22.05 Graham Hart now chaired the End of Life Group, and would accordingly be reviewing that day's patient story. He added that there appeared to be a theme of poor communications cited in examples which had been brought to the attention of that group. It was noted that MacMillan had offered some support for work in this area, and Michelle would follow this up. In answer to a point made by Richard about the positive stories heard by the Trust in this area, Graham agreed that it would be helpful to be able to review worked examples of good practice.
- 22.06 David Holt enquired whether, as well as this report, other indicators were available to help the Board gain assurance that staffing levels were safe and appropriate, and invited Michelle to reflect on this over the next two months. Michelle welcomed this, emphasising that she would be spending time visiting services in both the hospital and the community to test this out.
- 22.07 The Board reviewed the work carried out by the distinct nurse recruitment team, noting there were 54 shortlisted candidates in the pipeline. Deborah Tymms was commended for her work in this area.

#### 18/23 CQC Inspection

- 23.01 Michelle Johnson introduced the presentation which had been circulated to Board members, initially taking them through the criteria for the CQC's rating of services, and then explaining how it was possible to move from 'good' to 'outstanding'. She noted that comparison between the 2016 results and those recently received showed many more areas as green, but also demonstrated the work still to be done, for example in critical care. The improvement in outpatient services was particularly encouraging, as were the improvements within cancer services.
- 23.02 The report had highlighted room for improvement within children's community services, and Michelle assured the Board that positive progress was being made, however the pace of change needed raising. In particular rates for appraisal and mandatory training needed to be addressed, and generally, there was a need to encourage the shift from 'good' to 'outstanding'.
- 23.03 Across the Trust medicines management had been commended, as had excellent multi-disciplinary work within children's community services. The Trust had also scored well on the 'well led' aspect of the inspection. Michelle also commented that she had been especially encouraged by the CQC recognition of staff's ability to articulate and share the common vision for the Trust.
- 23.05 The last slide showed the 'must do' actions, to which the Trust needed to demonstrate its response by 23<sup>rd</sup> March. These included:
- Critical care (noted that this was a responsibility for the whole hospital so should not be seen as attributable to this one service)

- Simmons House – ligature risks – but it needed to be remembered that this was not a locked facility.

- 23.06 Michelle urged Board colleagues to study the details of the report, there were some messages which were particularly relevant to the Board, for example the need for increased Board visibility and responding and following up to staff on issues such as bullying and harassment.
- 23.07 Overall the report was good, and it was noted that a positive press release had been sent to all the Trust's partners. The report would also be sent to former Chief Nurse and Chief Executive Philippa Davies and Simon Pleydell. It was noted the well led inspection would be conducted annually.
- 23.08 Richard Jennings spoke of the importance of ensuring WH Trust staff saw this as their achievement, and he also emphasised it needed to be understood that the Trust had an exceptionally good critical care unit; the flow problem mentioned in the report was a whole systems one and needed to be addressed by all services involved. He added that the performance of the unit was undoubtedly a significant contributor to the Trust's having the lowest standard mortality rate in the country.

#### 18/24 Financial Report

- 24.01 Stephen Bloomer began his report by informing Board colleagues that the Trust remained on track to meet its control total by the year end. The month had been a positive one, largely due to trading, a tranche of A&E monies and increased in-patient income. More had been spent, however, on pay, with an upward trend which was being looked into.
- 24.02 There had been an improvement in the overall CIP run rate (around 20%) and from this it was expected the Trust would reach its £9.3m CIP target. David Holt queried whether the team remained confident the 2018/19 CIP plan would be met, stressing the agreed need for targets to be met during the first two months of the financial year. Siobhan referred the Board to the discussion held at the most recent meeting of the Finance & Business Development Committee, and especially to the new ways of working by the PMO and designated finance staff. She highlighted the need to identify:
- whether schemes were perfectly aligned, and
  - when they were due to begin.
- 24.03 David also enquired whether his question from last month's Board had been answered, i.e. whether key CIP schemes would be in place by day 1 of the new financial year. Siobhan was confident all was in place to assure this, schemes had been through the QIA assessment process, and she just awaited notification of which schemes might be appropriate to be brought forward. Tony Rice agreed the discussion at the most recent Finance & Business Development Committee had been positive and the committee had expressed confidence that the Trust would meet its control target at the year end. It was important, however, that whilst the PMO would in future be taking on a more supportive role, the ICSUs (supported by Finance) would remain responsible for delivery.
- 24.04 Stephen paid tribute to Norma for her contribution to the staffing aspects of this work.

#### 18/25 Performance Dashboard month 10

- 25.01 Introducing this item, Carol Gillen reported that ED performance had reached 86.5% in January, although there had been a 4% increase in attendance throughout the year. This was an improvement on the 85.5% reached during the previous year. The second week

in February had presented a particular challenge; though the Trust had achieved 90.3% this week, and only 4 Trusts in London had achieved 90% or over, making the Trust the fourth highest achiever in London at present.

25.02 On other targets, Carol reported that:

- good progress had been made on LAS handovers and MTT
- cancer, RTT and diagnostic targets had been achieved
- complaints response times had not been met in January
- there was a drive to review instances of pressure ulcers in more detail, especially within some district nursing localities
- a detailed plan had been prepared for improvement to endoscopy services and an additional endoscopy nurse would be taking up post in April
- the community improvement group was up and running and had engaged someone to do a piece of work on diagnostics.

25.03 There had been no significant improvement to either appraisal or mandatory training rates, which require a great deal of work to secure improvement, especially within the ICSUs. The Board agreed to review performance in another month alongside the new ICSU alignment and in line with corporate objectives.

#### 18/26 Whittington Health as Digital Fast Follower

26.01 The Board had approved the Trust's digital strategy in early 2017, part of which had been the aim of becoming a digital fast follower, and Leon Douglas was pleased to inform colleagues that the Trust had been successful in its bid and would accordingly gain capital funding to support this initiative. Leon listed some of the advantages this would bring, including:

- increased digital observations
- refined monitoring of patients
- improved maintenance of records
- bringing all imaging data together
- compliance with new barcoding standards
- giving patients access to their own data
- generally improving performance targets.

26.02 Stephen Bloomer added that the centre had been so confident of Whittington Health's plans that the schedule had been brought forward, which reflected the confidence NHS Digital had in the team. It was also noted that the Trust was the first to gain approval at its initial application. On behalf of the Board, Steve Hitchins thanked Leon, Sam Barclay and colleagues, not forgetting former IM&T Director Glenn Winteringham.

26.03 A paper would be brought to TMG imminently to take forward the next phase of this work, probably within the next fortnight.

26.04 In answer to a question from Yua Haw Yoe about whether this would help with the delayed diagnoses sometimes seen in the SI report, Leon replied that the team had been using examples from SI reports in planning the detail of the programme, so he hoped that such opportunities would indeed be captured. Deborah Harris enquired about on-line technology for meetings and video conferencing, making the point that the Trust had developed some excellent training programmes but staff did not always have the time to travel to attend such courses. Leon replied that this was not a feature of the package, however he was aware that some Trust sites (e.g. the Michael Palin Centre and Crouch End) utilised such technology.

- 26.05 Richard Jennings paid tribute to the contribution such developments made to patient safety. Agreeing, Leon said that he would be seeking clinical involvement and contributions during the next stage of this work which could best be seen as an organisational transformation programme.

18/27 Trust Board Committee Draft Minutes

Finance & Business Development Committee

- 27.01 The minutes of the Finance & Business Development Committee held on 15th December were received by the Board, and it was noted that the February meeting had been held earlier that week. Most of the business conducted had been covered in item 18/24 (Financial Report) above.

Workforce Assurance Committee

- 27.02 Introducing this item, Graham Hart shared with Board colleagues the welcome news that some of the overseas nurses from the Philippines had now started work at the Trust and some from India would follow soon. He paid tribute to the immense amount of work carried out by Norma and the recruitment team, and he and Norma expanded on the package of support offered to the overseas recruits, which included assistance with housing, visas, bank accounts and GP registration.
- 27.03 Another item discussed had been the GMC junior doctors' survey, and Graham informed the Board that results had not been as good as they had been the previous year but he was confident Graeme Muir was taking appropriate action to address this. This had also been discussed at TMG; the next survey would be taking place in March, and Norma would ensure that this year results would be seen and actioned by both ICSUs and the TMG far sooner.

18/28 Any other Business

- 28.01 In answer to a question from Deborah about whether there were any plans to celebrate International Women's Day, Siobhan replied that Catherine West MP planned to visit but details had yet to be finalised. Norma added that the Trust had also registered to have float at this year's Pride event.

**Action Log**

Minute	Action	Date	Lead
05.04	Report to Board on hospital-acquired 'flu and 'flu deaths in hospital as part of the quarterly monitoring	April 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
20.03	Review role of Director of Infection Prevention & Control (DIPC) following Julie Andrews' stepping down	April 2018	MJ
23.5	Must-do actions arising from CQC report: (i) critical care (ii) Simmons House ligature risks. Respond to CQC	23 March 2018	MJ
25.03	Board to review performance on appraisal and mandatory training rates especially within ICSUs.	April 2018	NF/CG
26.03	Next phase of "Digital Fast Follower" to be taken forward	March 2018	SB/LD



**Trust Board**  
**28 March 2018**

<b>Title:</b>		Chief Executive Officer’s Report for the Trust Board					
<b>Agenda item:</b>		<b>18/034</b>		<b>Paper</b>		<b>02</b>	
<b>Action requested:</b>		For discussion and information					
<b>Executive Summary:</b>		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					
<b>Summary of recommendations:</b>		To note the report					
<b>Fit with WH strategy:</b>		This report provides an update on key issues for Whittington Health’s strategic intent					
<b>Reference to related / other documents:</b>		Whittington Health’s regulatory framework, strategies and policies					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		Risks captured in risk registers and/or Board Assurance Framework					
<b>Date paper completed:</b>		21 March 2018					
<b>Author name and title:</b>		<b>Fiona Smith Communications &amp; engagement lead</b>		<b>Director name and title:</b>		<b>Siobhan Harrington, Chief Executive</b>	
<b>Date paper seen by EC</b>	<b>n/a</b>	<b>Equality Impact Assessment complete?</b>	<b>n/a</b>	<b>Quality Impact Assessment complete?</b>	<b>n/a</b>	<b>Financial Impact Assessment complete?</b>	<b>n/a</b>



## CHIEF EXECUTIVE OFFICER REPORT

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

### THANK YOU

#### Dr Greg Battle

Dr Greg Battle, Medical Director of Integrated Care, and local GP, is retiring at the end of this month.

Greg has been a Board member at Whittington Health for 7 years. I would like to thank him for his significant contribution to Whittington Health, to the people of Islington and to the NHS. I wish him every happiness in his retirement.

#### Dr Julie Andrews

Michelle Johnson, Chief Nurse, has taken on the role of Director for Infection Prevention and Control (DIPC).

I would like to thank Dr Julie Andrews, Associate Medical Director for Patient Safety, for her time as DIPC. She has overseen significant improvements in our infection prevention and control practice, contributing to making Whittington Health a safer organisation. In addition to her Associate Medical Director Role, Julie has recently taken on the role of Assistant Director for Quality Improvement.

### QUALITY AND SAFETY

The Trust has remained busy throughout February, 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 Board received a presentation of the CQC report at its last meeting. The Hospital Site rating has improved from Requires Improvement to Good, and the Trust is rated Good overall with Outstanding for the Caring Domain. The CQC gave the Trust four 'must do' actions to which the Trust needed to demonstrate its response by 23<sup>rd</sup> March. The Trust submitted its response to these actions on 22 March.

### Emergency Pathway

Performance against the 95% target for February is 86.1%. This was similar to February 2017 performance at 86.6%, however the Trust saw more patients when compared to the same period: 8083 (Feb 18) against 7430 (Feb 17). Ambulance activity was up on the same time last year. 1638 (Feb 18) compared to 1556 (Feb 17).

Performance this February has been impacted by an increase in flu, an increase in complex Delayed Transfers of Care and high acuity on the wards, leading to a longer length of stay and higher bed occupancy.

### Cancer

The cancer standard for 62 days has not been met by the Trust for January 2018. Breaches occurred in Colorectal, Lung and Upper GI service. The Trust is increasing Endoscopy capacity to meet the current demand and improve the 62 day pathway performance.

## **Community Average Waits**

Community Rehab: There has been an improvement in overall waits however the capacity in Speech and Language Therapy (SLT) and Physio Therapy has an impact on community rehab. A vacancy in SLT has been recruited to and this is expected to bring waiting times down from April 2018.

## New Birth Visit

Target = 95%. Performance is as follows:

Islington: 96.9 % Very strong performance - Islington HV service have achieved target for 3 consecutive months.

Haringey: 91.3 % - Improved performance. An improvement plan is being actioned to achieve the 95% target.

## **STRATEGIC**

### **Haringey and Islington Wellbeing Partnership Sponsor Board**

Dr Jo Sauvage has assumed the Chairmanship of the Haringey and Islington Wellbeing Partnership Sponsor Board

## **FINANCIAL**

### **February Financial Position**

The Trust had planned for a lower income month in February given the reduced number of working days. However, actual performance was better than planned leading to a £1.2m favourable variance. Pay and Non Pay costs reduced compared to Month 10, but combined had an adverse variance, against plan, of £0.8m.

In-month the Trust is reporting a £0.1m deficit, while the year to date position is a £0.3m surplus. This compares favourably against the Trust's original planning submission, which was for a year to date deficit of £40k. However, as reported previously the Trust has received additional funding to support the costs of winter, which led to a revised control total for the year. To date £0.3m has been received which revises the year to date plan to a £0.3m surplus, against which actual performance is in line.

For Month 11 the Trust's assessment is that it will achieve the revised control total surplus of £1.3m at year end. The biggest risk to achieving the control total remains the delivery of CIP.

### **Good news this month:**

#### Buckingham Palace Visit

Congratulations to Sue Gibbs, nurse manager of our Virtual Ward and Rapid Response team and Julie Brown, ward manager of Coyle, who were chosen to attend a reception at Buckingham Palace hosted by the Prince for frontline nurses in the NHS.

Julie Brown was chosen for her dedication and hard work in managing and ensuring patient safety on Coyle ward. Coyle is a surgical trauma ward and receives patients from the Emergency Department.

Sue Gibbs was chosen to go to the Palace for her work in the Virtual Ward at Whittington Health and UCLH. Staff of the Virtual Ward provide high-level medical and nursing care in their own homes. Sue also runs the Rapid Response service.

### HSJ Value Awards

Congratulations also to two of our Whittington Health teams that have been shortlisted for awards in the HSJ 2018 Value Awards. The winners will be announced on 7 June 2018. The awards are as follows:

In the Clinical Support Services category - Whittington Health Trust, Improving the pharmacy outpatient service through design

In the Community Health Service Redesign category - Whittington Health Trust, eCommunity

We wish them all good luck!

**Siobhan Harrington**  
**Chief Executive**

## Trust Board

28 March 2018

<b>Title:</b>		Serious Incidents - Monthly Update Report					
<b>Agenda item:</b>		<b>18/035</b>		<b>Paper</b>		<b>3</b>	
<b>Action requested:</b>		For Information					
<b>Executive Summary:</b>		This report provides an overview of serious incidents (SI) submitted externally via StEIS (Strategic Executive Information System) during February 2018. This includes SI reports completed during this timescale in addition to recommendations made, lessons learnt and learning shared following root cause analysis.					
<b>Summary of recommendations:</b>		None					
<b>Fit with WH strategy:</b>		1. Integrated care 2. Efficient and Effective care 3. Culture of Innovation and Improvement					
<b>Reference to related / other documents:</b>		<ul style="list-style-type: none"><li>• Supporting evidence towards CQC fundamental standards (12) (13) (17) (20).</li><li>• Ensuring that health service bodies are open and transparent with the relevant person/s.</li><li>• NHS England National Framework for Reporting and Learning from Serious Incidents Requiring Investigation,</li><li>• Whittington Health Serious Incident Policy.</li><li>• Health and Safety Executive RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).</li></ul>					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		<b>Corporate Risk 636.</b> 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.					
<b>Date paper completed:</b>		13/03/2018					
<b>Author name and title:</b>		<b>Jayne Osborne, Quality Assurance Officer and SI Co-ordinator</b>		<b>Director name and title:</b>		<b>Richard Jennings, Medical Director</b>	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>	n/a	<b>Risk assessment undertaken?</b>	n/a	<b>Legal advice received?</b>	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 February 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 one serious incident during February 2018, bringing the total of reportable serious incidents to 36 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
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. 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.
Unexpected Death - influenza Ref:1980	Jan 18	Patient acquired influenza in hospital and subsequently died.

Category	Month Declared	Summary
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.
Sub-optimal Care of deteriorating patient (Unexpected death) Ref:4863	Feb 18	On reinserting a feeding tube that the patient had pulled out, the patient had a cardiac arrest. The patient subsequently died.

**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
<b>Total</b>	<b>4</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>9</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>58</b>

**3.4 The table below details serious incidents by category reported to the NEL CSU between April 2016 – February 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	Feb 18	Total 17/18 ytd
Safeguarding	5	0	0	0	0	0	0	0	1	0	0	0	1
Attempted self-harm	1	0	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	0	3
Diagnostic Incident including delay	8	0	1	1	1	1	0	1	1	0	1	0	7
Disruptive/ aggressive/ violent behaviour	0	0	0	0	0	0	0	1	0	0	0	0	1
Environment Incident meeting SI criteria	0	0	0	0	0	0	0	0	0	0	1	0	1
Failure to source a tier 4 bed for a child	1	0	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	0
HCAI/Infection control incident meeting SI criteria	0	0	0	0	0	0	0	0	0	0	2	0	2

Maternity/Obstetric incident mother and baby (includes foetus neonate/infant)	7	0	1	0	0	0	0	1	0	0	0	0	2
Maternity/Obstetric incident mother only	2	0	0	0	0	1	0	0	0	0	0	0	1
Medical disposables incident meeting SI criteria	1	0	0	0	0	0	0	0	0	0	0	0	0
Medication Incident	0	0	0	1	0	0	0	0	0	0	0	0	1
Nasogastric tube	1	0	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	0	5
Sub Optimal Care	4	0	0	1	0	0	0	0	0	0	0	1	2
Treatment Delay	3	1	1	0	0	0	1	0	0	0	1	0	4
Unexpected death	10	1	0	1	0	0	0	1	0	0	1	0	4
Retained foreign object	1	0	0	0	0	1	0	0	0	0	0	0	1
HCAI/Infection Control Incident	0	0	0	0	1	0	0	0	0	0	0	0	1
<b>Total</b>	<b>58</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>7</b>	<b>1</b>	<b>36</b>

#### 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 February 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 one report to NELCSU during February 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 February 2018.

Summary	Actions taken as result of lessons learnt include;
<p>Safeguarding incident Ref:29054</p>	<p>Unexpected death of 23 week old baby. The London Ambulance Service was called to the baby's home, and when they arrived they initiated cardio-pulmonary resuscitation. The baby was taken initially to the Whittington Health (WH) emergency department and then transferred to the paediatric Intensive Care Unit of another Trust, where the baby sadly died four days later.</p> <p>Because the baby had been seen by WH Health Visiting Service, a WH serious incident root cause analysis (RCA) was undertaken. This RCA did not identify any WH care and service delivery problems that were thought to have contributed to the baby's death. The investigation did, however, identify learning regarding the way in which the Trust could improve communication between its health visiting service and other organisations when families move across sectors and care is transferred. In order to improve this communication, a workshop is being arranged with key members of the health visiting and midwifery teams. This workshop will identify the specific actions needed to improve communication and to make planned shared care more robust. The relevant practice guidance is being updated to clarify the appropriate level of supervision for the team members. The relevant guidance on "<i>Failure to Bring Children for a Health Appointment</i>" is also being updated.</p>

## 5. Sharing Learning

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

## 6. Summary

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

## Trust Board

28<sup>th</sup> March 2018

<b>Title:</b>		Six monthly (2017-18) review of hospital nursing establishments relating to wards, Emergency Department and Maternity					
<b>Agenda item:</b>		<b>18/036</b>		<b>Paper</b>		<b>4</b>	
<b>Action requested:</b>		For Information and Approval					
<b>Executive Summary:</b>		<div>1. In line with National Quality Board guidance this report provides an update to the Trust Board on the current and recommended adjusted nursing and midwifery staffing establishment for the hospital inpatient wards, maternity and Emergency Department (ED). It is a requirement to provide an establishment review report for the board every six months.</div> <div>2. The review is underpinned by monthly safer staffing report which detail staffing on a shift-by-shift 'planned' versus 'actual' basis.</div> <div>3. This review includes a nurse/midwife establishment review of Emergency Department, Maternity Unit and Inpatient Wards using appropriate methodology alongside professional clinical validation and judgement. Recommendations for 2018/19 are to refresh the establishment review approach. This will include the existing clinical areas as well as a review mechanism for community nursing service.</div>					
<b>Summary of recommendations:</b>		<div>1. Review and be satisfied that the appropriate level of detail and assessment has been undertaken to assure wards, the Emergency Department and maternity services are safely staffed.</div> <div>2. To note future workforce challenges.</div> <div>3. Cavell and Victoria wards were identified as wards where the establishment does not reflect the level of patient demand and acuity and recommendations are made to increase their establishment by one nurse per shift. The establishment in the ED department was initially identified as warranting further establishment scrutiny as the data suggested a change in establishment. This was discussed at TMG and with the Head of Nursing for the clinical area and no establishment change is recommended.</div> <div>4. The establishment and skill mix on Thorogood requires further review as flagged as exceeding current activity and acuity.</div>					
<b>Fit with WH strategy:</b>		Efficient and effective care.					
<b>Reference to related / other documents:</b>		Francis Report recommendations Cummings recommendations					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		CO2 Develop and support our people and teams					
<b>Date paper completed:</b>		16 March 2018					
<b>Author name and title:</b>		Lisa Smith Assistant Chief Nurse		<b>Director name and title:</b>		Michelle Johnson Chief Nurse	
<b>Date paper seen by EC</b>	Feb 18	<b>Equality Impact Assessment complete?</b>	Y	<b>Quality Impact Assessment complete?</b>	Y	<b>Financial Impact Assessment ?</b>	Y

## Six monthly establishment review update (October 2017) Hospital Nursing and Midwifery workforce

### 1.0 INTRODUCTION

- 1.1 This paper provides an update on current ward nursing and midwifery staffing levels following a review of nurse establishments on adult inpatient wards as well as the Emergency Department and Maternity Unit undertaken in October 2017. This paper should be considered alongside the information shared each month in the Inpatient ward and Midwifery Safer Staffing Reports.
- 1.2 The National Quality Board (NQB) publication [“Supporting NHS providers to deliver the right staff, with the right skills at the right time” \(2016\)](#), requires hospitals to review nurse staffing levels every six months using validated methods.
- 1.3 While performance on the monthly safe staffing reports is comparatively good, it is important to be aware that actual staffing that is reported publicly also includes temporary staff. For healthcare assistants, the trust average performance over the past year was over 100% actual vs planned care hours and for registered nurses, it was close to the target of 90% during the day and over the target during the night. There is evidence that a high reliance on agency staff could be a risk to the [quality](#) of care and could be more expensive.
- 1.4 There are plans to formally present a review on community nurse staffing to the Trust board at a later date.

### 2.0 CURRENT CHALLENGES

- 2.1 Nationally, there was a small increase in vacancy levels for registered nurses and midwives between September 2016 (18.22%) and September 2017 (18.8%). The most recent study reported by the RCN highlighted the overall vacancy rate across organisations within the UK was calculated at 11.1 per cent, which is an increase from previous years. The vacancy rate of nurses working in clinical ICSUs here was 10.02 – 31.65% as of October 2017.
- 2.2 A recent Royal College of Nursing report ([Royal College of Nursing 2017](#)) identified the vacancy rate for nurses in London is now at 17%. It is estimated that there are more than 12,000 nurse vacancies in the capital with the highest rates being in North Central and East London at 18% (6,886 vacancies).
- 2.3 Over the last six months it has become evident that the lack of available nurses within the UK poses a recruitment risk. This is not just an issue for Whittington Health; nationally there is a shortage of experienced nurses in many specialty areas.
- 2.4 Brexit has had a significant impact on the availability of EU nurses to work in the UK, with a [96% drop](#) in those joining the NMC register.
- 2.5 The challenge and risk for Whittington Health is to ensure that our nursing and midwifery vacancy levels do not rise significantly above current levels.
- 2.6 There is a **recruitment and retention plan** in place at Whittington Health. In addition, to mitigate this risk, Heads of Nursing/Midwifery have reviewed skill mix. Most wards have now introduced band 4 assistant practitioner posts and also have a trainee nurse associate, for which Whittington Health is a national pilot site. Assistant practitioner roles are designed to maximise registered nurses' time to undertake nursing assessment and planning of care and delivery of more complex nursing care.

The role provides an important pathway for career development for staff working in health care assistant roles. Trainee nurse associates will be registerable on the NMC register and standards of competences will enable future ward establishments to consider a skill mix of unregistered and registered skill mix, incorporating this new role. The route to this is through apprenticeships and the need to release trainees for study at university and to meet work based clinical competencies, needs to be factored into future establishment reviews and budget setting.

- 2.7 **Retention:** Turnover of nurses and midwives leaving the organisation is currently reducing at 14.1% from 15.17% at the last review, which is an improvement but still above the trust target of 13% the thirty [poorest performing trusts](#) for nurse retention are being assisted by NHSI. Whittington Health is not on the list. Benchmarking graphs from Model Hospital Data are in **Appendix 1**. For Registered nurses Whittington is within the lowest quartile. This means that our retention rates are in the lowest 25% of trusts that take part in the Model Hospital project. The Trust would aim to be in the third quartile and so this performance is below target. For healthcare support workers, the retention rate is in the second quartile and above the national average. While being above the national average is good, there is still considerable work to do in this group to get us closer to 90% retention.
- 2.8 Retention and developing our own staff is key area of focus over the next year. A lead nurse for recruitment and retention has been appointed and there is a dedicated team of staff within HR whose focus is the recruitment and retention of nursing staff. This will assist with stabilising and retaining existing workforce.
- 2.9 A key performance indicator (KPI) of less than 6% agency usage (agency shifts compared to total shifts assigned) was set to meet the NHS England agency cap. The percentage continues to fluctuate close to the agreed 5% target. There is a trust plan in place to reduce reliance on agency staff.
- 2.10 Nurse and midwifery staffing costs make up a significant proportion of the overall spend within the NHS. [25.6%](#) of the entire workforce is made up of nurses and midwives. Whittington Health [Annual Report \(16/17\)](#) reported that nurses, midwives and health care assistants make up 44% of staff with 40% of the total cost of staffing in the organisation. This includes permanent and temporary staff.
- 2.11 Key benchmark data from Model Hospital is displayed in charts in Appendix 1. The latest data available is from August 2017. Data from other participating trusts are collected across a range of measures with comparative data.
- 2.12 **Note:** Care and treatment provided by trusts differ substantially, which makes it difficult to make robust comparisons between trusts. This issue is tackled nationally by using a measure of cost weighted output (This is where cost weighting is used to adjust for differences in case mix between trusts). [Lord Carter](#) recommended the use of the weighted activity unit. Trusts with lower costs for nursing and midwifery are generally the large teaching trusts which deliver hospital services such as the Royal Free and UCLH; whereas the higher cost trusts are generally the smaller Integrated Care Organisations (ICO) that delivers a high proportion of community services such as Buckinghamshire Healthcare NHS Trust and East Sussex Healthcare NHS Trust.
- 2.13 The cost per weighted activity unit (WAU) for nursing and midwifery staff in Whittington Health is in the upper quartile compared to other trusts nationally (2016/17). This means that the nursing and midwifery staff costs per weighted unit are in top 25% of trusts that participate in the benchmarking scheme. This is the same case for medical and AHP staff. Nursing and midwifery staff costs are taken from ESR, therefore care needs to be taken when using this measure to draw

conclusions about the productiveness in integrated care organisations where costs for community nursing care are included which constitutes a large proportion of the workforce.

- 2.14 **Care hours per patient day** (CHPPPD) is defined as the average number of actual nursing care hours spent with each patient per day. The Trust is in the fourth quartile nationally, and higher than peers. Low rates may indicate a potential patient safety risk. High rates indicate a higher than usual proportion of nurses to patients. This measure does not take into account small wards or ward layout, which would require higher levels of nursing staff.
- 2.15 **Cost per care hour** is defined as average cost spent on nursing and midwifery per hour of care. The Trust has a lower cost than its peers and is in the second quartile in the national dataset. This would suggest good value for money. This measure however does not take into account the acuity and dependency of patients.
- 2.16 The proportion of harm free care is taken from the Safety Thermometer data, which is reported on a monthly basis. This demonstrates that the Trust is close to the median, but less than peers and less than the target of 95%. It is important to note that this data includes some old harms, and the figure for new harm free care in October was 97.73% and in November 97.92%. These figures include data collected across the ICO and with inclusion of community data.

### 3.0 SAFE STAFFING ESTABLISHMENT REVIEW METHODOLOGY

- 3.1 For the purpose of this review, three national patient acuity based tools, were used to measure patient acuity and nurse staffing levels on wards. Professional judgment was used to support analysis. The tools were: -
- Safer Nursing Care Tool (Shelford 2012)
  - Nursing Care Hours Per Patient Per Day (Shelford 2012)
  - Nursing Hours Per Patient Per Day (Twigg 2011)
- 3.2 The [Safer Nursing Care Tool](#) (SNCT) was used to review staff numbers on acute adult wards taking into account patient acuity published by National Institute for Clinical Excellence (NICE). The tool uses 'level of care' descriptors alongside 'associated multiplier' to determine the total number of nurses and healthcare assistants required on a ward. It includes an uplift of 22% to cover annual leave, sickness and development. The Care Hours per Patient Day (CHPPPD) uses the same multipliers as the SNCT, but it also includes an allowance for 1:1 care.
- 3.3 In addition, the 'Nursing Hours per Patient' Day model [NHPPD](#) was applied to the review. It consists of seven categories of complexity of nursing tasks within a ward based on specialty case mix to determine the average value of nursing hours required. This, together with the number of beds is formulated with a resultant staff required recommendation. A 22% uplift was applied to this result for each ward.
- 3.4 For the establishment reviews, data was collected via Allocate Healthroster for the month of October 2017. Acuity is assessed and recorded into the Safer Care module of Healthroster three times a day, and the patient census is recorded at midnight. In order to assure the process was accurate spot checks on acuity were conducted throughout the year by the Assistant Chief Nurse and acuity guides were provided to ward staff. In addition to this, acuity and dependency information was collected from adult inpatient wards using one of the national Safer Nursing Care Tool paper sheets.

- 3.5 Professional judgment of senior nurses for each clinical area is essential part staffing review. This ensures not only accurate data interpretation, but also a sense check of the staffing requirements based on professional knowledge of the specialty.

## 4.0 FINDINGS

Findings of the review indicate variations to current ward establishments (**Appendix 2**).

### 4.1 Adult Wards

The results across the range of measures varied from a potential reduction of WTE indicated by NHPPD of 15.49, to an increase in WTE as indicated by the CHPPD of 106.63. Senior nursing professional judgement adjusted results if necessary and then supported findings. Results of review shown in Table 1.

**Table 1 Establishment Review Findings – Adult inpatient wards**

Directorate/Ward	Beds	Bed Occupancy	Current Nursing Levels (WTE)	SNCT Variance (WTE)	CHPPD Variance (WTE)	NHPPD Variance (WTE)
<b>Integrated Medicine</b>						
Cloudesley	25	94.7%	30.41	2.75	13.03	0.59
Meyrick	25	97.7%	30.41	1.13	9.88	1.55
Cavell	24	100.0%	30.41	7.55	19.11	1.02
Bridges Rehab	14	89.6%	17.23	2.02	5.37	-2.95
Nightingale	21	92.6%	28.51	2.31	6.05	0.04
Montuschi	16	97.4%	18.78	7.79	13.8	6.63
Victoria	33	113.0%	38.98	2.96	12.72	-1.51
<b>Surgery</b>						
Coyle	27	91.0%	36.83	0.98	0.39	-4.66
Thorogood	10	57.1%	13.8	-6.24	-0.41	-7.3
Mercers	16	87.2%	25	-4.17	0.43	-4.67
<b>Emergency and Urgent Care</b>						
Mary Seacole North	16	87.2%	26.8	1.82	14.77	-7.82
Mary Seacole South	18	87.4%	26.8	3.85	11.49	3.59
<b>Total</b>	<b>245</b>	<b>91.20%</b>	<b>323.96</b>	<b>22.75</b>	<b>106.63</b>	<b>-15.49</b>

### 4.2 Children and Young People

- 4.2.1 Staffing was reviewed according to Royal College of Nursing guidelines (RCN 2013).
- 4.2.2 The guidance sets out standards, which are the minimum essential requirements for all providers of services for babies, children and young people. It recommends that staffing should be reviewed at least annually or more frequently in response to any known service pressures such as increased clinical acuity.
- 4.2.3 An [improvement resource](#) for neonatal care and children and young people's services was published for consultation by National Quality Board (NQB) in November 2017 (not yet published). It builds upon RCN guidance and is further informed by a comprehensive evidence review of the research relating to staffing systems within paediatrics.

4.2.4 Recommendations include that:

- Children and young people should have access to a registered children's nurse 24 hours a day
- Two registered children's nurses should be on duty at all times in an inpatient ward
- Organisations should have a dashboard that includes quality indicators
- Uplift applied for nurse staffing (21.6-25.3%)
- Complaints should act as an early warning to identify quality concerns

4.2.5 Ifor Ward and Neonatal Unit (NNU) are piloting the use of an adapted SCAMPS tool, which is recommended by NHSI to review safe staffing on a daily basis. SCAMPS (Scottish Children's Acuity Measurement in Paediatric Settings) was developed by NHS Scotland in line with standards for paediatric intensive care units and the Paediatric Intensive Care Society in 2010. There are different levels of care identified from ward level to intensive care.

4.2.6 Ifor

4.2.7 The RCN guidance and NQB Guidance states that for under 2s the ratio should be 1:3 RN to child, for the over 2s, the ratio should be 1:4 and for high dependency (HDU - critical care level 2), the ratio should be 1:2. A calculation for the recommended staffing was made based on staffing the HDU area separately and then adding on proportion of nurses required for the rest of the ward according to the occupancy split. The staffing findings is in Table 2 below.

**Table 2: Establishment Review Findings – Ifor Children's Ward**

Funded wte		RCN Recommended wte	Variance	NHPPD Recommended wte	Variance
RN	31.66	RN 41.90	10.24	16.57	19.63
HCA	4.54				
<b>Total</b>	<b>36.2</b>				

4.2.8 This would suggest that the establishment is not sufficient if the ward was fully occupied. However, in October 2017, bed occupancy was down to 51.6% from 79.3% in the previous year. The required wte adjusted for occupancy is 21.62wte. There is therefore sufficient establishment for this level of occupancy.

4.2.9 The NHPPD for the reference period was calculated and recommended an establishment of 16.57wte. This also suggests that there is sufficient in the establishment.

4.2.10 Neonatal Unit (NNU)

4.2.11 The RCN and British Association of Perinatal Medicine ([BAPM guidance](#)) states that for ventilated babies, the ratio should be 1:1 RN for high dependency babies, the ratio should be 1:2 and for special care 1:4. The staffing findings are in Table 3 below

**Table 3: Establishment Review Findings – Neonatal Unit**

Funded wte	RCN/ BAPM Recommended	Variance	NHPPD Recommended	Variance
------------	-----------------------	----------	-------------------	----------

		wte		wte	
RN	54.14	RN 61.54	7.4	53.18	9.5
Nursery Nurse	3.01				
HCA	5.53				
<b>Total</b>	<b>62.68</b>				

4.2.12 This would suggest that the establishment is not sufficient if the unit was fully occupied. However, in October 2017, the occupancy level was 71.3% which was similar to the previous years' occupancy at 72.8%. The National Quality Board recommends that NICU's should be staffed to 80% occupancy and so in this case the establishment is sufficient.

4.2.13 The NHPPD was calculated for the reference period, and it recommended an establishment of 53.18wte, this again suggests that staffing is sufficient.

### 4.3 Maternity

4.3.1 Maternity Department staffing is calculated using the Royal College of Midwives / Department of Health staffing tool Birthrate Plus (Ball 2007). This tool has been endorsed by NHSI in its [improvement resource](#) published in January 2018. Since 2006, detailed results from 120 studies involving Birthrate Plus® (BR+) in England have been compiled in a database. The results are based on a total (over four years) of 385,490 hospital and 8500 home births, and cover 87 DGH's and 9 tertiary services.

4.3.2 The ratio for national planning produced by Birthrate Plus in 2003/2007 is quoted as 28 births per whole time equivalent (wte) midwife for hospital births and all related community care. The ratio for home births is 35 births per wte Midwife.

4.3.3 The current actual ratio is 1:28 midwife to births based on 3,800 births a year, which the Head of Midwifery confirms is a safe ratio for the current client group. This is in line with other trusts in North Central London. A skill mix review of the unit will be reported at the next establishment review in six months.

**Table 4: Midwife to birth Ratios across London**

North Central London	1:28
North West London	1.30-1.31
North East London	1:28-1:34
South West London	1:27-1:31
South East London	1.28-1.34

4.3.4 The total recommended staff is 202.1wte and there is currently 205.97wte in the establishment. There is a 75:25 split of RM:Support worker. The maternity support workers are trained via an apprenticeship, and there is additional assistance from band 3 support workers. There is sufficient in the establishment to cover the staffing model - all women in labour have 1:1 care and there is a supervisory coordinator of the labour ward.

### 4.4 Emergency Department

- 4.4.1 A nurse staffing guideline for Emergency Departments published by NQB for consultation in November 2017. Follows publication of guidance by NICE in 2015.
- 4.4.2 The draft recommendations to ensure there are enough registered nurses and non-registered nursing staff to provide safe care at all times to patients attending ED. This includes making sure that the department has the capacity to provide all necessary emergency care, as well as specialist input for children, older people or those with mental health needs.
- 4.4.3 The draft guideline includes recommendations for minimum ratios which can be considered by organisations when planning the establishment or they can also be used on a shift-by-shift basis to help work out what services can be made available at that time. These are based on the acuity of a patient's condition and the level of care needed.
- 4.4.4 The Emergency Department data reported a potential over establishment in nurse staffing numbers when compared to the draft NQB guideline (Table 5)

**Table 5: Establishment Review Findings – Emergency Department**

	<b>Funded Establishment (wte)</b>	<b>NICE Recommendations (wte)</b>	<b>Variance</b>
RN	95.85	73.33	22.52
HCA	15.70		
RN/HCA	111.55		

- 4.4.5 This was reviewed and discussed at Trust Management Group. A further review also took place between the Assistant Chief Nurse, the Head of Nursing and a Matron representative. Staffing needs for each area within ED were explored and discussed in detail and referenced with the NICE and NQB guidance as well as the recommendations for staffing paediatric ED by the [RCN](#).
- 4.4.6 It was concluded that the current model of 15 RNs plus 3 HCAs during the day and 12 RNs plus 2 EDAs was required (70.71 RN + 13.09 HCA). This excludes the emergency nurse practitioners as recommended in the NICE and NQB guidance.
- 4.4.7 The establishment is 73.72 RNs plus 15.7HCAs, which includes provision for a supervisory shift leader.
- 4.4.8 In addition to this establishment, there is:
- Matron/Lead Nurse (4.56RN)
  - ENPs to staff Urgent Care (10.33RNs who should not be counted in the numbers according to NQB guidance)
  - Trainee ENPs (1.74)
  - Advanced Clinical Practitioners ( 4RNs)
  - Practice Development Nurses (1.5RN)
- 4.4.9 An emergency care benchmarking dashboard report was completed in 2017 and key data is shown in **Appendix 3**. This compared our performance with 57 other service providers nationally. The full report is available on request.
- 4.4.10 The number of ED attendances is close to average, but we had the highest number of attendances within ambulatory care of any organisation in the dataset as well as

the highest number of attendances per overall wte staff in ED as a whole. ED was lower than average for waits over four hours.

- 4.4.11 There was above average spending on bank and agency staff (included all staff not exclusive to nurses).
- 4.4.12 ED had the fourth lowest number of complaints out of the dataset of 57 hospitals that participated in the benchmarking exercise.
- 4.4.13 ED achieved 90.1% performance for October against the target of 95%. A new full capacity protocol for winter was developed over the summer months, with an additional nine beds that could be activated under exceptional circumstances. Flow has been a particular area of work with flow coordinators on wards and also social workers being present on site during the winter months.

## 5.0 ANALYSIS OF FINDINGS AND RECOMMENDATIONS

The CHPPD figure is in most cases higher than the SNCT. This is because it includes patients who require 1:1 nursing (termed as specials to provide close supervision for patients with mental health conditions and other patients who may have been confused and/or at high risk of falling). There was high demand for specials over the reference period. There is ongoing work to reduce the number of specials required and initiatives such as cohorting of patients and the use of skill mix. A new standard operating procedure for the use of specials has been draft and approved. This includes the use of a robust risk assessment which has been endorsed by NHSI.

The recommendation for 2018/19 is a refresh to establishment review approach. This will include the existing clinical areas as well as a review mechanism of community nursing services. The proposal is that the next safe staffing establishment review will commence in April 18 (data collection point) this will introduce the review of hospital and community nursing establishments. This will be a lighter touch review with the Safer Care Tool methodology validated with professional judgement. This will be followed in October 18 by a robust review in preparation for meeting 2019/20 budget setting.

### 5.1 Integrated Medicine ICSU

The Safer Nursing Care Tool suggests that the majority of the wards have the correct establishment with the exception of Cavell and Montuschi.

- 5.1.2 **Cavell Ward** - It is recommended with the Head of Nursing for Integrated Medicine on increasing the establishment by one HCA on each shift (5.24wte) on Cavell ward as a reasonable adjustment. This is because acuity in October 2017, reported in the SNCT, which supports an increase in the establishment of 7.55wte.
- 5.1.3 **Montuschi Ward** - In discussion with the Head of Nursing it was agreed that increase in establishment was not warranted when considering good performance against nurse quality indicators.
- 5.1.4 **Victoria Ward** - All measures for Victoria ward suggest that the ward establishment is satisfactory with the exception of the CHPPD which suggests that it should be increased.

There were a high number of patients being nursed as specials during the reference period and this could account for this difference. This fits with the professional

judgement of the senior nurses that patient dependency is high. It was noted that there had been an improvement in the quality indicators overall. The application of the SNCT does not adequately reflect the care of patients with sickle cell disease who have a high requirement for pain relief where opioid analgesia may need to be administered at least every two hours and assessment of the effectiveness of that analgesia every 30 minutes. Reviewing the outcome of the tools and applying professional judgement it is recommended that there is an increase in the establishment of one HCA on each shift in view of current pressures.

## **5.2 Surgery and Cancer ICSU**

5.2.0 The Safer Nursing Care Tool suggests that the establishment for the wards is correct, with the exception of Thorogood ward.

5.2.1 **Thorogood Ward** - SCNT suggests that the ward is over resourced by 6.24wte. This is just over the wte required for one registered nurse over 24-hour period (5.24). The bed base is small and there was a previous minimum requirement to have at least two RNs on duty at all times to ensure safe care. However, in recent recommendations on nurse staffing from [NHSI](#) and [NICE](#), they do not include a minimum recommendation. In view of this it is recommended to review the skill mix of staff over the next six months and progress the introduction of Nurse Associates/Assistant Practitioners.

## **5.3 Children and Young People**

5.3.0 The RCN guidance and NHPPD suggests that the establishment for Lfor and NNU is sufficient for the current occupancy levels. It is therefore recommended that establishments remain unchanged. Further review of skill mix to be reported at the next review update.

5.3.1 Performance against quality indicators was very good with consistently high ratings on the paediatric safety thermometer – 98% average for the year and 100% rating in the reference month. There were minimal complaints for both areas – one complaint about Lfor and none for NNU in the reference period.

## **5.4 Maternity**

There is sufficient in the establishment to cover the current staffing model. The funded establishment is close to the recommendations from Birthrate plus 1:28. Performance against quality measure is good and so it is recommended that the total establishment should remain the same. Further review of skill mix to be reported at the next review update.

## **5.5 Emergency and Urgent Care ICSU**

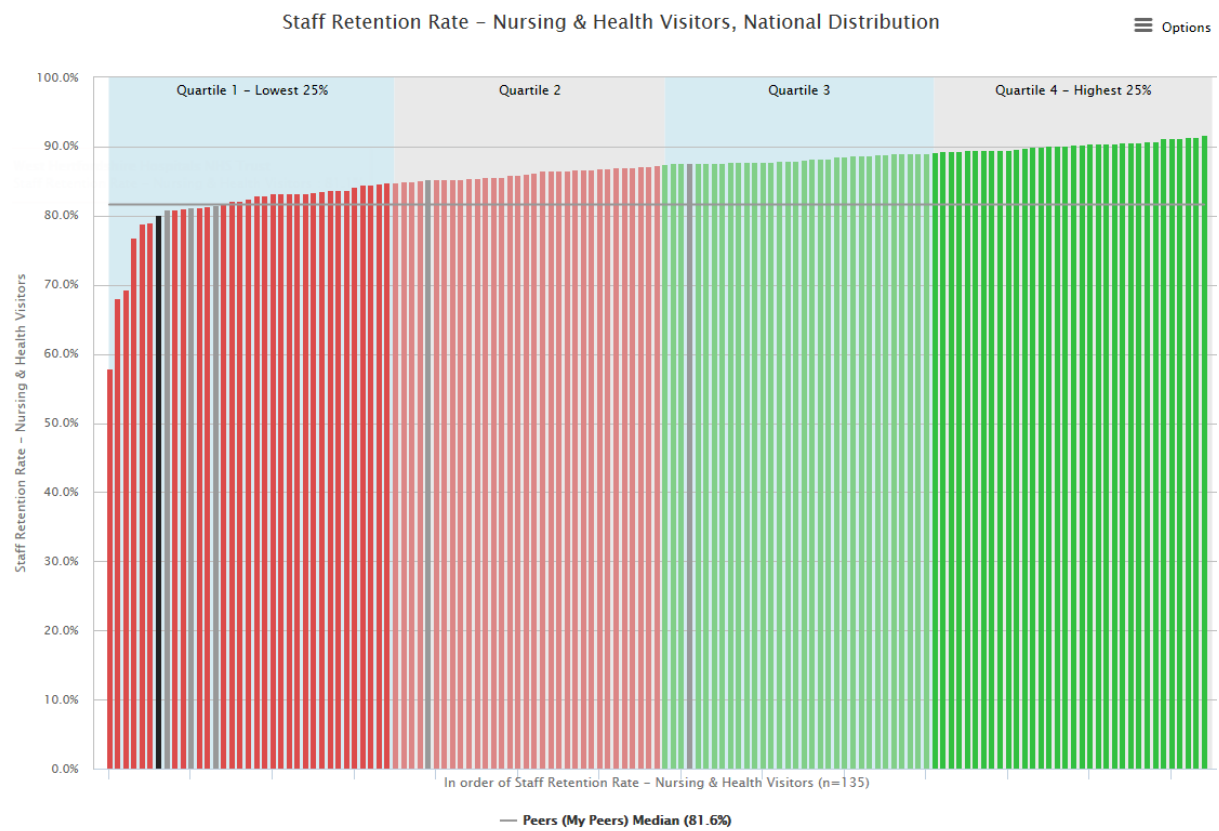
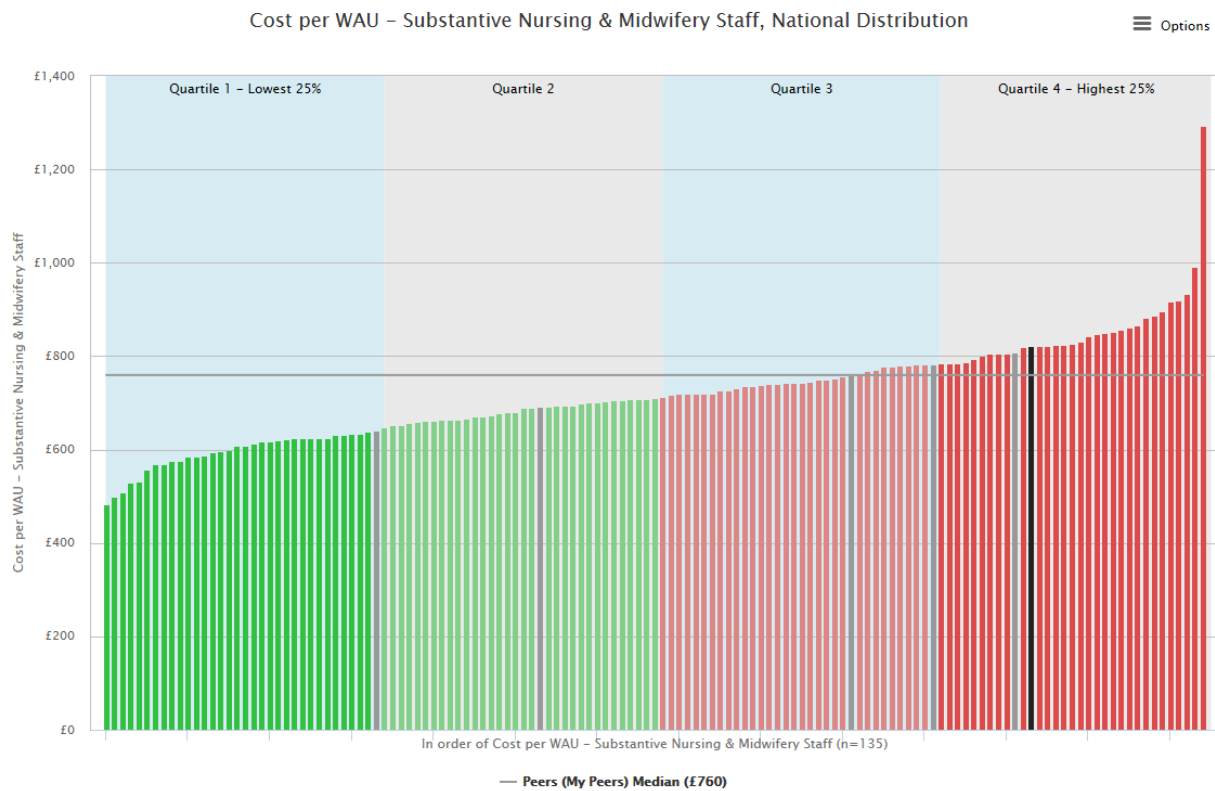
The Safer Nursing Care Tool suggests that the Mary Seacole wards have the correct establishment. However, the NICE guidance suggests that the Emergency Department is over established. On further examination of needs and guidance including recommendation that ENP/ANP roles should not be included on the data calculation, the current establishment should be maintained.

The newly validated Safer Nursing Care Tool for ED, which has been endorsed by NHSI, is due to be launched June 2018. It is proposed that it is used to further review the establishment in the summer once published.

## **6.0 CONCLUSION**

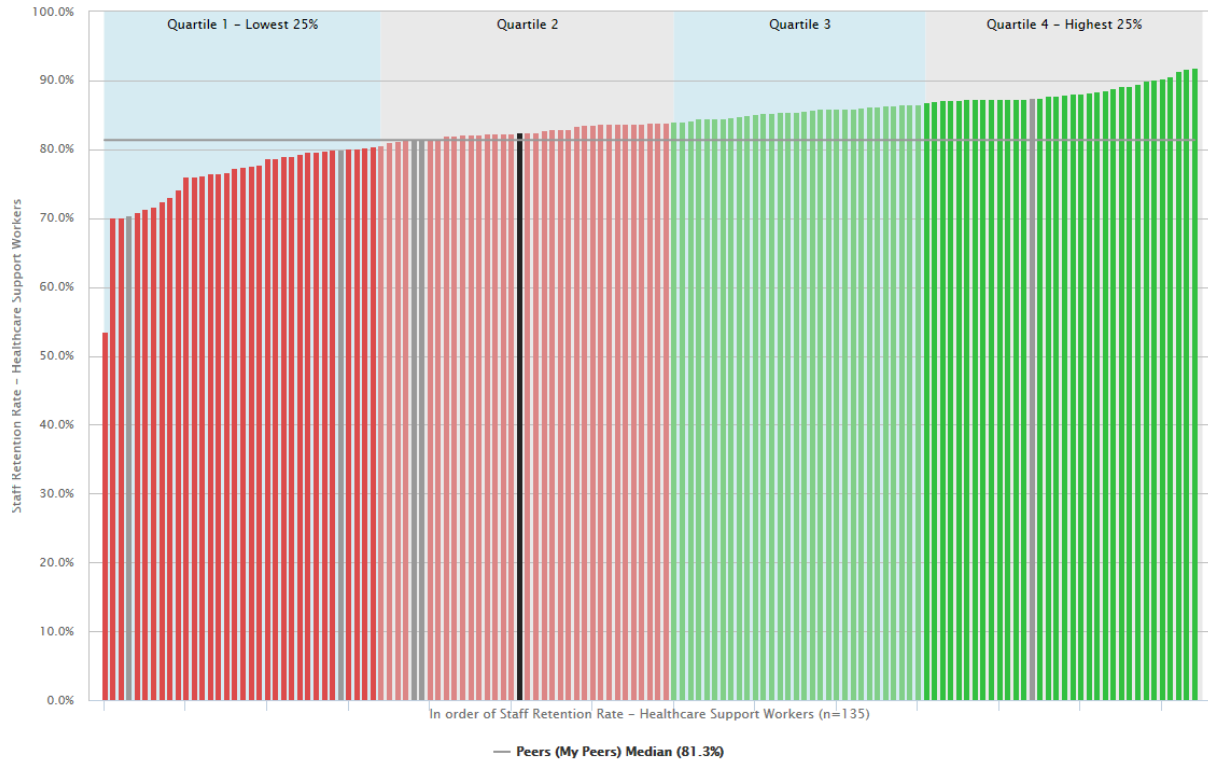
- 6.1 There is no indication of a risk to patient safety noted; however because of the vacancies, permanent staff are experiencing a high workload, which could lead to burnout and perpetuate turnover rates. High use of temporary staff impacts on decisions around patient dependency.
- 6.2 There is evidence that it is necessary to increase some nurse establishments in the Integrated Medicine ICSU and also evidence that staffing should be reduced in ED and skill mix changed on Thorogood.
- 6.3 It is noted that the number of vacant band 5 posts remains a challenge and any increases proposed for establishment of band 5 nurses will add to this pressure. This may increase reliance on temporary staff and the associated costs.
- 6.4 There needs to be a sustained emphasis on retention and measures that have already been put in place through the recruitment and retention group will take time to embed and have an effect.
- 6.5 The recommendation for 2018/19 is a refresh to establishment review approach. This will include the existing clinical areas as well as a review mechanism of community nursing services.
- 6.6 Midwifery Services will undertake a BirthRate Plus© review of staffing in 2018/19.

## Appendix 1 - Benchmarked Model Hospital Graphs



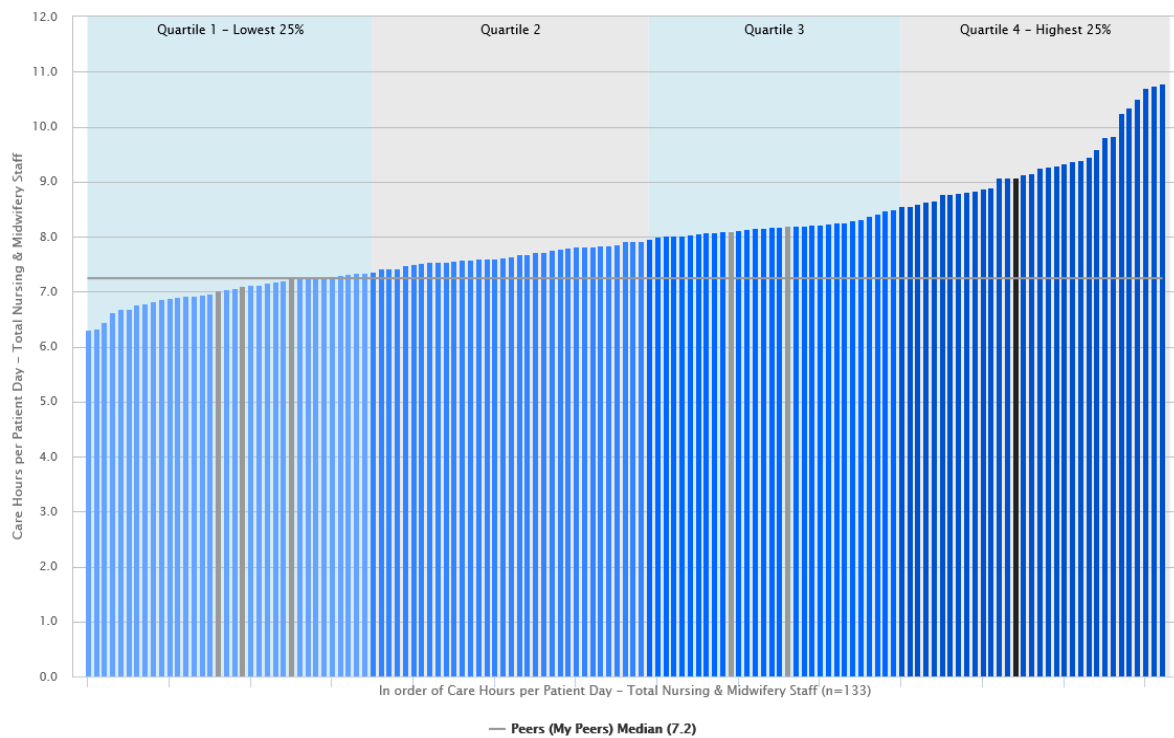
### Staff Retention Rate – Healthcare Support Workers, National Distribution

Options



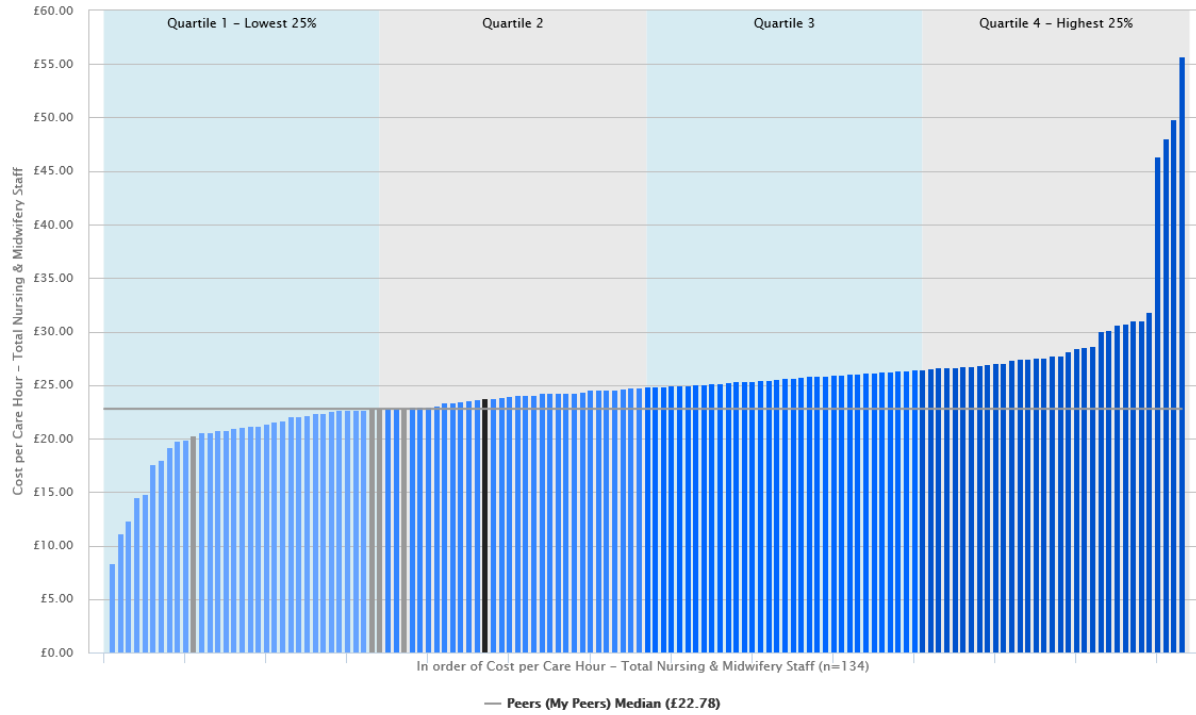
### Care Hours per Patient Day – Total Nursing & Midwifery Staff, National Distribution

Options



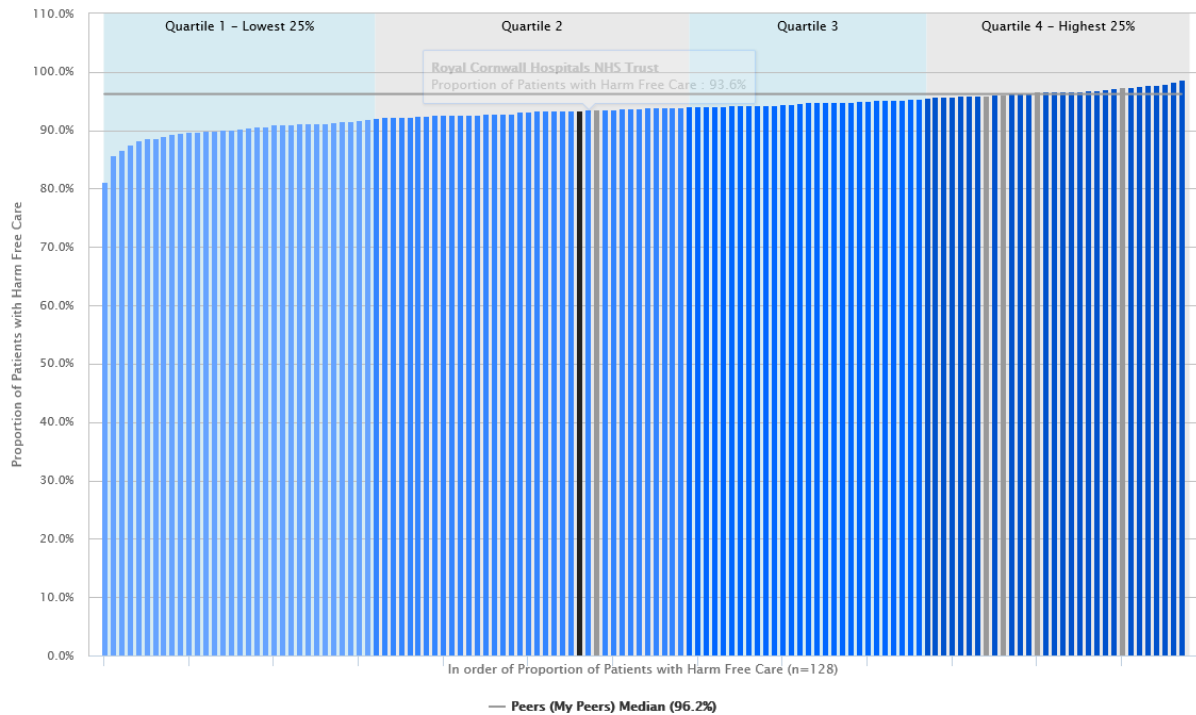
### Cost per Care Hour – Total Nursing & Midwifery Staff, National Distribution

Options



### Proportion of Patients with Harm Free Care, National Distribution

Options



## Appendix 2

### Care Giving Establishment Annual Variation

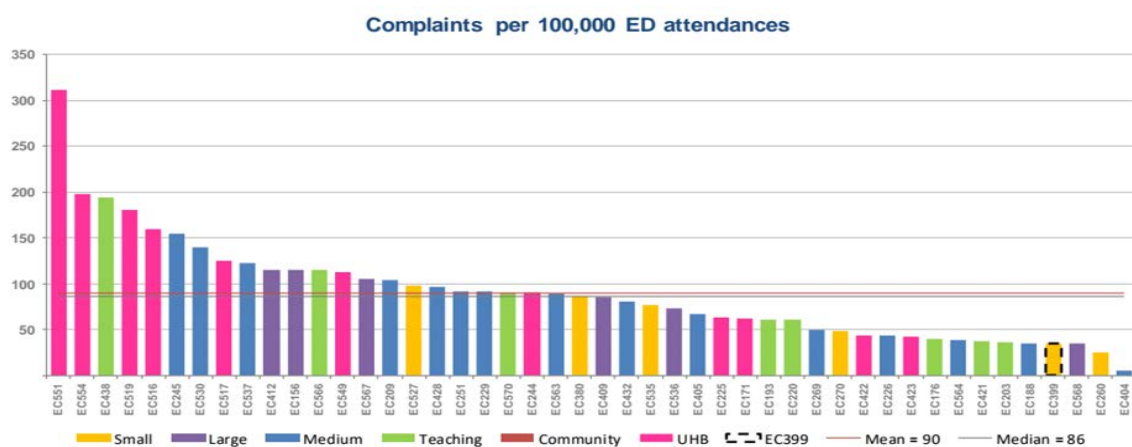
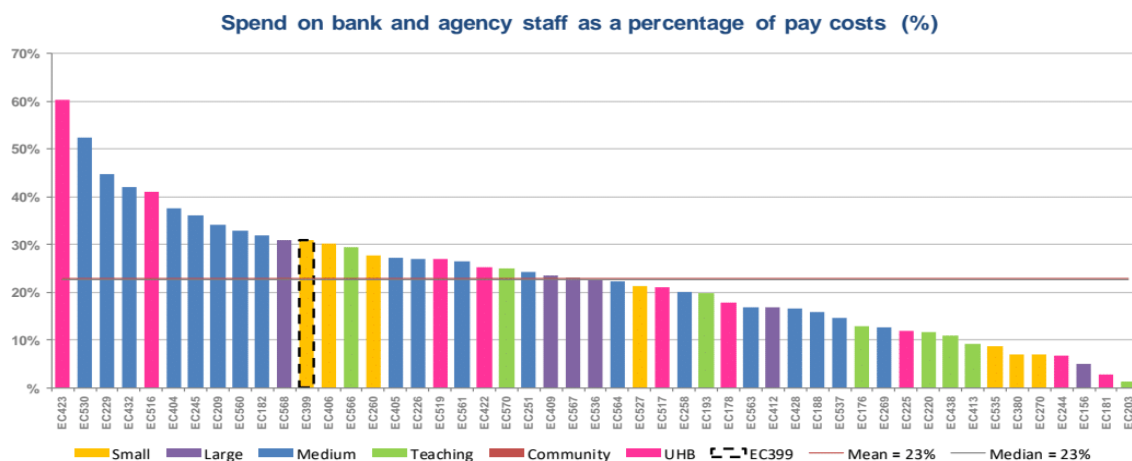
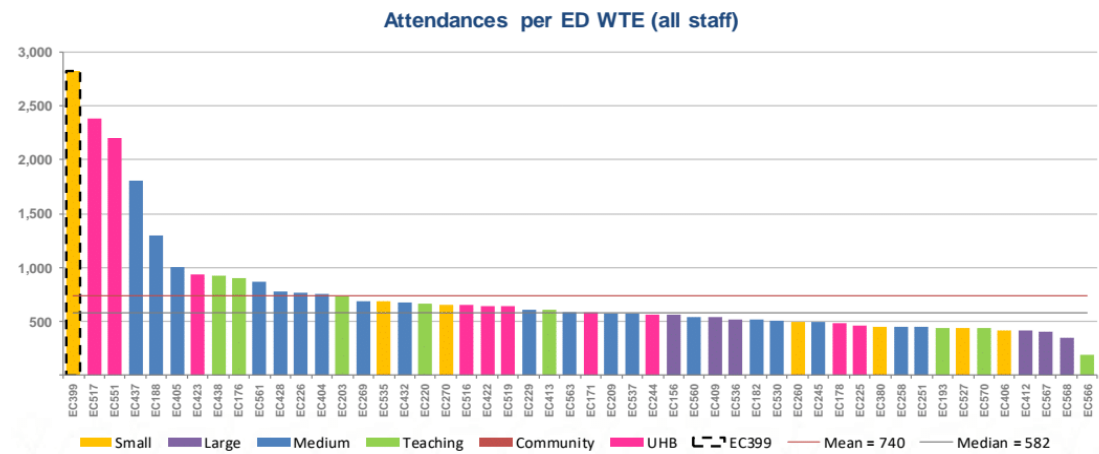
Specialty	Ward	Care Giving Establishment Oct 15	Care Giving Establishment Oct 16
Care of Older People	Cloudesley	30.41	30.43
	Meyrick	30.01	30.43
	Bridges	17.23	17.23
Respiratory	Nightingale	27.86	27.86
Cardiology	Montuschi	21.62	18.78
Gastro-Oncology	Victoria	33.44	39.43
Acute	MSN	26.90	27.63
	MSS	27.32	27.63
Orthopaedics	Coyle	36.83	36.98
	Thorogood	13.8	13.8
General Surgery	Mercers	24.24	25.00
Paediatrics	Ifor	25.22	31.10
	NICU	53.28	58.73

NB. The care giving establishment is the total number of staff involved in delivering care directly. For example, deductions have been made where the ward manager and/or the shift leader is supervisory and also for management days taken by the ward manager where they are not counted in the numbers.

## Appendix 3 – Emergency Care

Tables shows

- ED staff are seeing more patients per wte than all other reported organisations (NHS Benchmarking Exercise)
- Spend on temporary staffing benchmarked
- Low level of complaints in ED compared to other organisations in the benchmarking



Trust Board  
28<sup>th</sup> March 2018

<b>Title:</b>	Inpatient Safe Staffing - Nursing and Midwifery – February 2018 Report		
<b>Agenda item:</b>	<b>18/037</b>	<b>Paper</b>	<b>5</b>
<b>Action requested:</b>	For information		
<b>Executive Summary:</b>	<p>This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in February 2018. The key issues to note are:</p> <ol style="list-style-type: none"> <li>1. The improved utilisation of Allocate ‘Safe Care’ and associated staffing levels to match the acuity and dependency needs of our patients. <ol style="list-style-type: none"> <li>1.1 A decrease in shift requests to provide enhanced care to support vulnerable patients in February (287) compared to January (318). In over 95% of cases this relates to providing 1:1 enhanced care, supported by Health Care Assistants.</li> </ol> </li> <li>2. Twenty eight Registered Mental Health (RMN) nurses were booked to provide enhanced care for a patient with a mental health condition on Mary Seacole South and Lfor (children’s) ward in February.</li> <li>3. There were 12 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 February 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.</li> <li>4. The Care Hours per Patient Day (CHPPD) measure during the month increase in February (8.40) compared to January (8.19).</li> <li>5. 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.</li> <li>6. There were no Datix reports submitted in February where ‘staffing’ was highlighted as an issue which resulted in harm’.</li> </ol>		
<b>Summary of recommendations:</b>	To note the February UNIFY return position and processes in place to ensure safe staffing levels in the organisation.		
<b>Fit with WH strategy:</b>	Efficient and effective care; Francis Report recommendations. Cummings recommendations; NICE recommendations.		
<b>Reference to related / other documents:</b>			
<b>Reference to areas of risk and corporate risks on the</b>	3.4 Staffing ratios versus good practice standards.		

<b>Board Assurance Framework:</b>							
<b>Date paper completed:</b>		March 2018					
<b>Author name and title:</b>		Sandra Harding-Brown - Clinical Workforce Systems Lead (Health roster and HealthMedic)		<b>Director name and title:</b>		Michelle Johnson – Chief Nurse and Director of Patient Experience	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>		<b>Risk assessment undertaken?</b>		<b>Legal advice received?</b>	



## Ward Staffing Levels – Nursing and Midwifery

### 1.0 Purpose

- 1.1 Staff fill rate information appears on the NHS Choices website [www.nhschoices.net](http://www.nhschoices.net). Fill rate data from 1<sup>st</sup> to 28<sup>th</sup> February 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.

### 1.2

### 2.0 Summary of Staffing Parameters in February 2018

Standard	Measure	Summary
Patient safety is delivered though consistent, appropriate staffing levels for the service	Unify RN fill rate	Day – 78.8% Night – 89.3%
	Care hours per Patient Day - CHPPD	Overall the CHPPD for February (8.40) compared with January (8.19)
Staff are supported in their decision making by effective reporting	Red triggered shifts	12 shifts triggered 'Red' in February

### 3.0 Patient Acuity

- 3.1 As would be anticipated, there were a low number of level 3 patients (low acuity) and a high number of level 0 patients during January. The number of level 1b patients' remains static (some additional nursing care needs). Dependant patients require a greater level of nursing support.

### 3.2 Staffing Requirement

- 3.2.1 Appendix 1 details a summary of 'actual' versus 'planned' fill rates in February 2018.

- 3.2.2 The Trust fill rate for February 2018 are 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
78.8%	137.9%	89.3%	143.8%

- 3.2.3 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 shift.
- 3.2.4 As the temporary staffing requirement is being reviewed in detail, it is clear that when shifts cannot be filled by RNs these are converted to HCA in order to maintain safe staffing levels. This will therefore also over deliver on the percentage fill rate for care staff

## 4.0 Care Hours per Patient Day (CHPPD)

- 4.1** ITU has the most care hours (24.24) as the nurses on this ward deliver more 1:1 care than any other areas, and Coyle ward have the least (5.30).
- 4.2** Across the Trust the average number of hours of Registered Nurse time spent with patients in February was calculated at 5.52 and 2.89 hours for nurses and care staff respectively. This provides an overall average of 8.40 hours of care per patient day. This increase in CHPPD, in February matches those in the period prior to the Christmas holiday period.
- 4.3** 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	November	December	January	February
Cavell	7.01	6.25	6.15	6.33
Bridges rehab ward	6.26	6.20	6.00	6.18
Cloudesley	6.01	6.20	6.00	6.69
Coyle	5.55	6.02	5.82	5.30
Mercers	6.93	6.60	6.63	7.00
Meyrick	6.58	6.19	5.64	5.42
Montuschi	6.81	6.93	6.79	7.19
Mary Seacole South	9.01	7.26	7.30	7.70
Mary Seacole North	9.81	8.21	8.19	7.92
Nightingale	6.75	6.48	5.46	5.31
Thorogood	7.94	6.15	5.79	6.08
Victoria	6.86	6.49	5.87	6.10
IFOR	9.68	10.81	9.66	9.88
ITU	28.99	23.14	22.86	24.24
NICU	11.60	10.70	11.67	10.58
Maternity	12.94	14.42	15.21	20.07
Total	8.64	8.40	8.19	8.40

- 4.4** The overall CHPPD is higher in February, much of this relates to the CHPPD in ITU and maternity as both of these have increase.
- 4.5** Over the last few months there was 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 help to mitigate risks by enabling shifts to be filled based on greatest requirement.

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

- 5.1** There were 12 red flags triggered in February compared to 31 in January 18. 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.
- 5.2** The table below indicates which wards triggered flags.

Ward	Feb
COYLE	3
MEYRICK	2
NIGHTINGALE	1
MONTUSCHI	2
VICTORIA	4
<b>Grand Total</b>	<b>12</b>

## 6.0 Reported Incidents of Reduced Staffing (Datix Reports)

**6.1** Staff are encouraged to report, using the Datix system; any incident that they believe may affect safe patient care. During January there were 39 Datix reports submitted relating to staffing. None of these were classified as causing harm to patients.

## 7.0 Additional Staff required to provide 1:1 enhanced care

**7.1** In February there were 287 requests for 1:1 enhanced care provision and, compared to 318 in January. The requests made for this level of care were to ensure the safe management of particularly vulnerable groups of patients. There were 219 HCA shifts, 40 RN required for extra dependency on Mercers and Coyle and 28 RMN shifts to provide enhanced care.

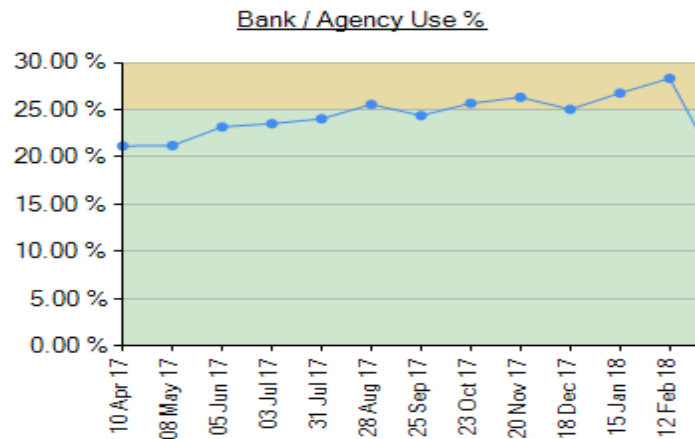
**7.2** Thirteen Registered Mental Health (RMN) nurses were booked for a shift in Mary Seacole South and Ifor ward, in January, to provide enhanced care for a patient with a mental health condition.

**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. The policy for Enhanced Care was signed off by the Policy Approval Group in March and implementation will also start this month.

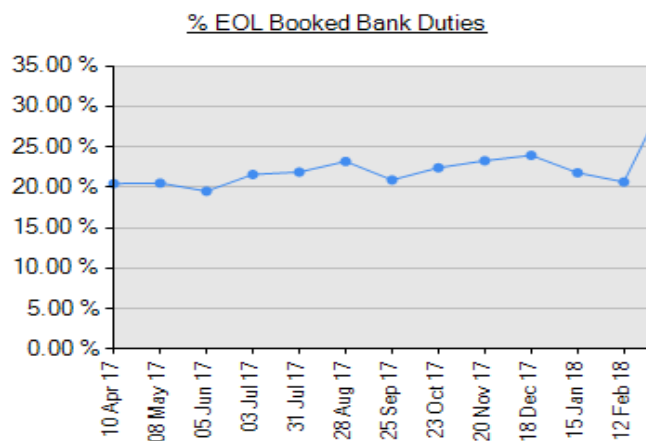
## 8.0 Temporary Staff Utilisation

**8.1** Temporary staff utilisation (nursing and midwifery) 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. During March an electronic automated process was put in place which sends specific unfilled shifts to designated agencies to fill. In April the aim will be to give these agencies access to directly book into the vacant shifts on a "first come, first fill" basis. Both of these initiatives will be monitored on a biweekly basis against agency KPIs

**8.2** 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.

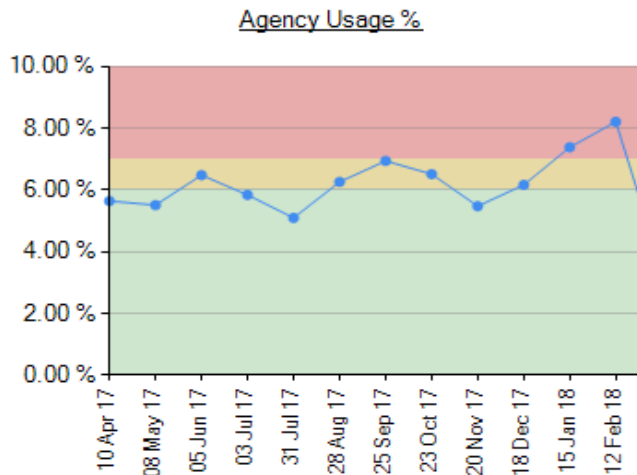


- 8.3** Bank staff continue to book themselves directly into shifts and this is improving over time. This is however reliant on the wards making these shifts available with sufficient notice. Whilst there is an upward trend in the direct booking process, less than 50% of bank shifts are booked by the staff themselves. This remains an area of service improvement. Employees will be invited to attend training “roadshows” during April 2018 to learn more about the EOL functionalities



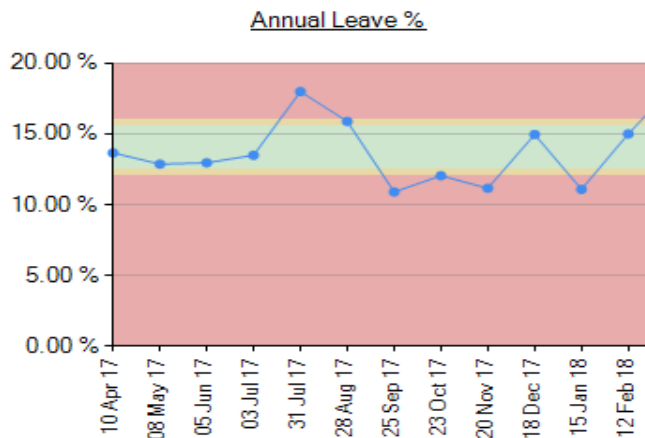
## 9.0 Agency Usage Inpatient Wards (month ending February)

- 9.1** The graph below represents total usage of agency staff on inpatient wards ending with February (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** 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.

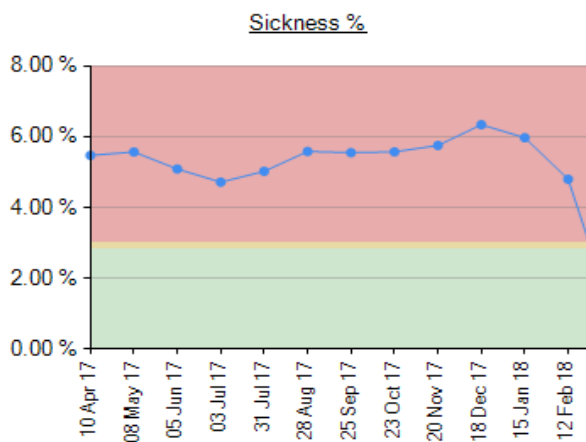


## 10.0 Absence Management

10.1 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.



10.1 Sick leave percentage continues to be above the 3% threshold month on month. 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 February 2018

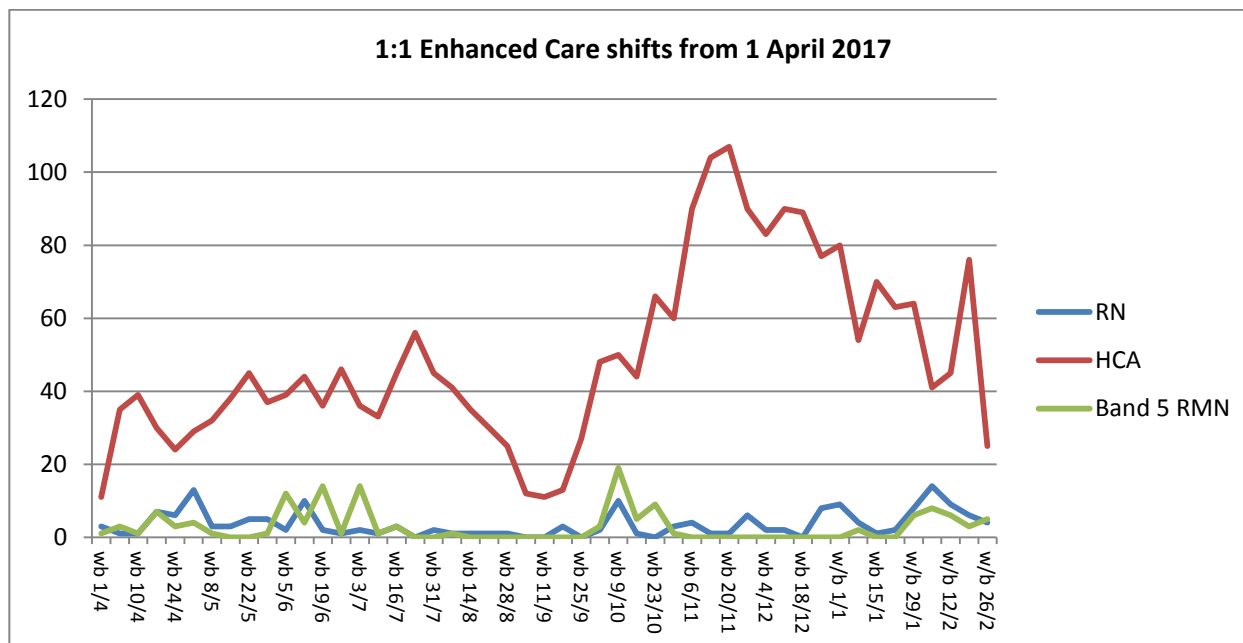
Day				Night				<u>Average fill rate data- Day</u>		<u>Average fill rate data- Night</u>	
Registered nurses/ midwives		Care staff		Registered nurses/ midwives		Care staff		Registered nurses/ midwives	Care staff	Registered nurses/ midwives	Care staff
Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)				
32081	25269	10477	14447	26598	23752	7799	11218	78.8%	137.9%	89.3%	143.8%

The Assistant Practitioners are classified as registered nurses and therefore this will increase the HCA fill rate

### Care Hours per Patient Day February 2018

Total Patients at Midnight/Month	CHPPD Registered staff	CHPPD Unregistered staff	Average CHPPD (all staff)
8886	5.52	2.89	8.40

## Appendix 2: Enhanced Care requirement to date



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

Nov - 17	Day		Night	
Ward Name	Nurses	Care Staff	Nurses	Care Staff
Cavell	57.8%	172.4%	92.3%	173.3%
Bridges	66.0%	128.1%	98.5%	139.6%
Cloudesley	74.2%	154.0%	109.5%	180.2%
Coyle	60.3%	144.9%	87.0%	141.4%
Mercers	74.3%	192.1%	110.7%	105.9%
Meyrick	65.5%	130.7%	104.3%	137.2%
Montuschi	92.1%	206.1%	106.3%	NA
MSS	62.7%	189.8%	82.7%	232.0%
MSN	74.7%	111.6%	101.1%	217.7%
Nightingale	74.4%	128.6%	72.8%	104.6%
Thorogood	74.8%	86.3%	98.9%	100.0%
Victoria	73.0%	148.8%	91.3%	136.6%
IFOR	81.5%	100.0%	83.6%	100.0%
ITU	100.0%		100.0%	
NICU	73.0%	100.0%	76.0%	100.0%
Maternity	91.6%	110.9%	81.0%	104.4%
<b>Total</b>	<b>78.8%</b>	<b>137.9%</b>	<b>89.3%</b>	<b>143.8%</b>

## Trust Board

28 March 2018

<b>Title:</b>		February (Month 11) 2017/18 – Financial Performance					
<b>Agenda item:</b>		<b>18/037</b>		<b>Paper</b>		<b>6</b>	
<b>Action requested:</b>		To agree corrective actions to ensure financial targets are achieved and monitor the on-going improvements and trends.					
<b>Executive Summary:</b>		<p>The Trust had planned for a lower income month in February given the reduced number of working days. However, actual performance was better than planned leading to a £1.2m favourable variance. Pay and Non Pay costs reduced compared to Month 10, but combined had an adverse variance, against plan, of £0.8m.</p> <p>In-month the Trust is reporting a £0.1m deficit, while the year to date position is a £0.3m surplus. This compares favourably against the Trust’s original planning submission, which was for a year to date deficit of £40k. However, as reported previously the Trust has received additional funding to support the costs of winter, which led to a revised control total for the year. To date £0.3m has been received which revises the year to date plan to a £0.3m surplus, against which actual performance is in line.</p> <p>For Month 11 the Trust’s assessment is that it will achieve the revised control total surplus of £1.3m at year end. The biggest risk to achieving the control total remains the delivery of CIP.</p>					
<b>Summary of recommendations:</b>		<p>Trust Board is asked to note:</p> <ul style="list-style-type: none"><li>the financial results for the month of February 2018</li><li>the forecast year end position is achievement of the control total</li><li>CIP delivery remains the key risk to achieving the control total</li></ul>					
<b>Fit with WH strategy:</b>		Delivering efficient, affordable and effective services. Meet statutory financial duties.					
<b>Reference to related / other documents:</b>		Previous monthly finance reports to the Finance & Business Committee and Trust Board. Operational Plan papers. Board Assurance Framework (Section 3).					
<b>Date paper completed:</b>		15 March 2018					
<b>Author name and title:</b>		<b>Anis Choudhury, Head of Financial Planning and Analysis</b>		<b>Director name and title:</b>		<b>Stephen Bloomer, Chief Financial Officer</b>	
<b>Date paper seen by EC</b>	<b>n/a</b>	<b>Equality Impact Assessment complete?</b>	<b>n/a</b>	<b>Quality Impact Assessment complete?</b>	<b>n/a</b>	<b>Financial Impact Assessment complete?</b>	<b>n/a</b>

## Financial Overview

### In-month

The Trust is reporting a £0.1m deficit in Month 11 (February) against an original planning deficit of £0.3m.

### Statement of comprehensive income

2017/18, Month 11 (February 2018)			
Statement of Comprehensive Income	Original Control Total		Variance (£000s)
	In Month Budget (£000s)	In Month Actual (£000s)	
NHS Clinical Income	20,994	22,135	1,141
<i>Sustainability &amp; Transformation Funding (STF)</i>	<i>778</i>	<i>778</i>	<i>0</i>
	21,772	22,913	1,141
Non-NHS Clinical Income	1,816	1,587	(230)
Other Non-Patient Income	1,950	2,211	261
<b>Total Income</b>	<b>25,539</b>	<b>26,711</b>	<b>1,172</b>
Pay	(18,064)	(18,777)	(714)
Non-Pay	(6,458)	(6,522)	(63)
<b>Total Operating Expenditure</b>	<b>(24,522)</b>	<b>(25,299)</b>	<b>(777)</b>
<b>EBITDA</b>	<b>1,017</b>	<b>1,412</b>	<b>395</b>
Depreciation	(722)	(733)	(11)
Dividends Payable	(346)	(396)	(51)
Interest Payable	(255)	(346)	(91)
Interest Receivable	3	4	1
P/L on Disposal of Assets	0	0	0
<b>Total</b>	<b>(1,320)</b>	<b>(1,472)</b>	<b>(152)</b>
<b>Net Surplus / (Deficit) - before IFRIC 12 adjustment</b>	<b>(303)</b>	<b>(60)</b>	<b>243</b>
Add back impairments and adjust for IFRS & Donate	(14)	9	(23)
<b>Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments</b>	<b>(289)</b>	<b>(69)</b>	<b>220</b>

The Trust had planned for a lower income month in February given the reduced number of working days. However, actual performance was better than planned leading to a £1.2m favourable variance.

Pay expenditure at £18.8m, though less than last month, is £0.5m more than the 2017/18 monthly average. Non-pay expenditure also fell compared to Month 10, being £6.5m in month. Whilst this is £0.1m adverse against plan, it is £0.3m less than the 12-month rolling average.

CIP performance at £1.1m of schemes delivered in-month was the highest individual month of the financial year to date, although overall performance still remains some way off plan.

## Year to Date

As a result of the Month 11 performance, the Trust's year to date position is a surplus of £0.3m, which is favourable against the Trust's original planning submission.

### Statement of comprehensive income

2017/18, Month 11 (February 2018)						
Statement of Comprehensive Income	Original Control Total			Revised Control Total		
	YTD Budget (£000s)	YTD Actuals (£000s)	Variance (£000s)	YTD Budget (£000s)	YTD Actuals (£000s)	Variance (£000s)
NHS Clinical Income	238,772	241,752	2,980	239,115	241,752	2,637
<i>Sustainability &amp; Transformation Funding (STF)</i>	<i>5,892</i>	<i>5,892</i>	<i>0</i>	<i>5,892</i>	<i>5,892</i>	<i>0</i>
	244,664	247,644	2,980	245,007	247,644	2,637
Non-NHS Clinical Income	20,164	18,369	(1,794)	20,164	18,369	(1,794)
Other Non-Patient Income	21,450	24,391	2,941	21,450	24,391	2,941
<b>Total Income</b>	<b>286,277</b>	<b>290,404</b>	<b>4,127</b>	<b>286,621</b>	<b>290,404</b>	<b>3,783</b>
Pay	(199,217)	(200,858)	(1,641)	(199,217)	(200,858)	(1,641)
Non-Pay	(72,740)	(74,708)	(1,969)	(72,740)	(74,708)	(1,969)
<b>Total Operating Expenditure</b>	<b>(271,957)</b>	<b>(275,567)</b>	<b>(3,609)</b>	<b>(271,957)</b>	<b>(275,567)</b>	<b>(3,609)</b>
<b>EBITDA</b>	<b>14,320</b>	<b>14,837</b>	<b>517</b>	<b>14,664</b>	<b>14,837</b>	<b>174</b>
Depreciation	(7,935)	(7,413)	523	(7,935)	(7,413)	523
Dividends Payable	(3,802)	(4,290)	(489)	(3,802)	(4,290)	(489)
Interest Payable	(2,803)	(2,895)	(92)	(2,803)	(2,895)	(92)
Interest Receivable	33	24	(9)	33	24	(9)
P/L on Disposal of Assets	0	0	0	0	0	0
<b>Total</b>	<b>(14,507)</b>	<b>(14,574)</b>	<b>(67)</b>	<b>(14,507)</b>	<b>(14,574)</b>	<b>(67)</b>
<b>Net Surplus / (Deficit) - before IFRIC 12 adjustment</b>	<b>(187)</b>	<b>264</b>	<b>450</b>	<b>157</b>	<b>264</b>	<b>106</b>
Add back impairments and adjust for IFRS & Donate	(147)	(69)	(78)	(147)	(69)	(78)
<b>Adjusted Net Surplus / (Deficit) - including IFRIC 12 adjustments</b>	<b>(40)</b>	<b>332</b>	<b>372</b>	<b>304</b>	<b>332</b>	<b>28</b>

Whilst the Trust's year to date position is favourable against its original plan it should be noted that, as previously reported, as a result of the additional funding awarded to support the costs associated with winter, the Trust's control total was increased to a £1.3m surplus. To date £0.3m of the funding has been received, which revises the year to date plan to a £0.3m surplus, against which actual performance is in line.

Whilst the value of CIP delivered in February was the highest (individual month) for the financial year, as highlighted above overall performance remains some way behind plan. At Month 11 a total of £8.2m savings has been recorded against a planning target of £15.8m. Therefore delivery of savings continues to be the key risk to the Trust delivering its control total at year end.

## End of Year Forecast

As highlighted above the Trust's control total has been increased to a £1.3m surplus following the allocation of additional funding to support the costs associated with winter, the first half of which is included within the Month 11 position.

Taking into account the higher than planned income received in February, the improved CIP delivery in Month 11, which is expected to continue into Month 12, the non-recurrent actions taken to date and non-recurrent actions agreed with ICSUs the Trust continues to forecast the achievement of its 2017/18 control total.

## Income & Activity

Month 11 was a high-income month for the Trust compared to plan, with a favourable variance of £1.2m. Cumulatively the Trust has a favourable income variance of £4.1m.

Points to note:

- Outpatient attendances (controllable income) continued to improve in month for first attendances, resulting in a small in-month favourable variance, and an improved year to date adverse variance of £0.7m. Follow ups continue to be below plan (£0.1m adverse in month and £0.9m adverse YTD). The largest under-performances continue to be in General Surgery, T&O and Dermatology.
- Elective and Outpatient Procedures were on plan in month and continue to over perform YTD.
- Non electives were slightly below plan making the overall year to date adverse variance to £1.0m.
- Due to the improving performance, there is a marginal rate reduction of £0.4m this month.
- Other Income, overall, is £1.9m favourable year to date.

Month11												
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	807	871	64	9,624	10,052	427	4,498	5,468	970	55,448	62,947	7,499
Adult Critical Care	635	908	273	7,564	6,798	(765)	580	382	(198)	5,221	4,758	(463)
Community Block	5,858	5,859	0	64,470	64,470	(0)	0	0	0	0	0	0
Day Cases	1,128	1,003	(125)	12,848	12,182	(666)	1,674	1,448	(226)	19,012	17,334	(1,678)
Diagnostics	218	267	49	2,486	2,646	160	2,163	2,675	512	24,657	26,843	2,186
Direct Access	950	1,036	86	10,825	10,179	(646)	86,861	91,129	4,268	990,214	976,681	(13,533)
Elective	691	590	(101)	7,809	7,777	(33)	116	163	47	1,790	2,031	241
Maternity - Deliveries	1,007	848	(160)	11,967	11,621	(345)	303	250	(53)	3,597	3,425	(172)
Maternity - Pathways	729	691	(38)	8,304	7,924	(380)	682	625	(57)	7,776	7,501	(275)
Non-Elective	3,842	3,824	(18)	45,158	44,206	(953)	1,287	1,446	159	16,474	16,996	522
OP Attendances - 1st	910	930	21	10,362	9,670	(692)	4,337	4,921	584	54,755	53,678	(1,077)
OP Attendances - follow up	802	732	(70)	9,136	8,262	(873)	10,599	10,650	51	130,338	134,412	4,074
Other Acute Income	2,505	3,462	957	25,246	31,856	6,610	10,485	9,624	(862)	120,635	121,090	455
Outpatient Procedures	303	401	99	3,449	4,189	741	1,686	2,251	565	19,259	23,440	4,181
<b>Total SLA</b>	<b>20,385</b>	<b>21,421</b>	<b>1,036</b>	<b>229,248</b>	<b>231,833</b>	<b>2,584</b>	<b>125,270</b>	<b>131,031</b>	<b>5,761</b>	<b>1,449,177</b>	<b>1,451,136</b>	<b>1,959</b>
<b>Marginal Rate</b>	<b>0</b>	<b>(116)</b>	<b>(116)</b>	<b>0</b>	<b>(374)</b>	<b>(374)</b>						
	<b>20,385</b>	<b>21,305</b>	<b>920</b>	<b>229,248</b>	<b>231,459</b>	<b>2,210</b>						
Other Clinical Income	3,079	3,196	117	34,013	34,549	535						
Other Non Clinical Income	2,076	2,210	135	23,015	24,397	1,382						
<b>Total Other</b>	<b>5,155</b>	<b>5,406</b>	<b>251</b>	<b>57,028</b>	<b>58,945</b>	<b>1,917</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>	<b>25,539</b>	<b>26,711</b>	<b>1,171</b>	<b>286,277</b>	<b>290,404</b>	<b>4,127</b>	<b>125,270</b>	<b>131,031</b>	<b>5,761</b>	<b>1,449,177</b>	<b>1,451,136</b>	<b>1,959</b>

In addition to the key points noted above, it should also be noted that the Month 11 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

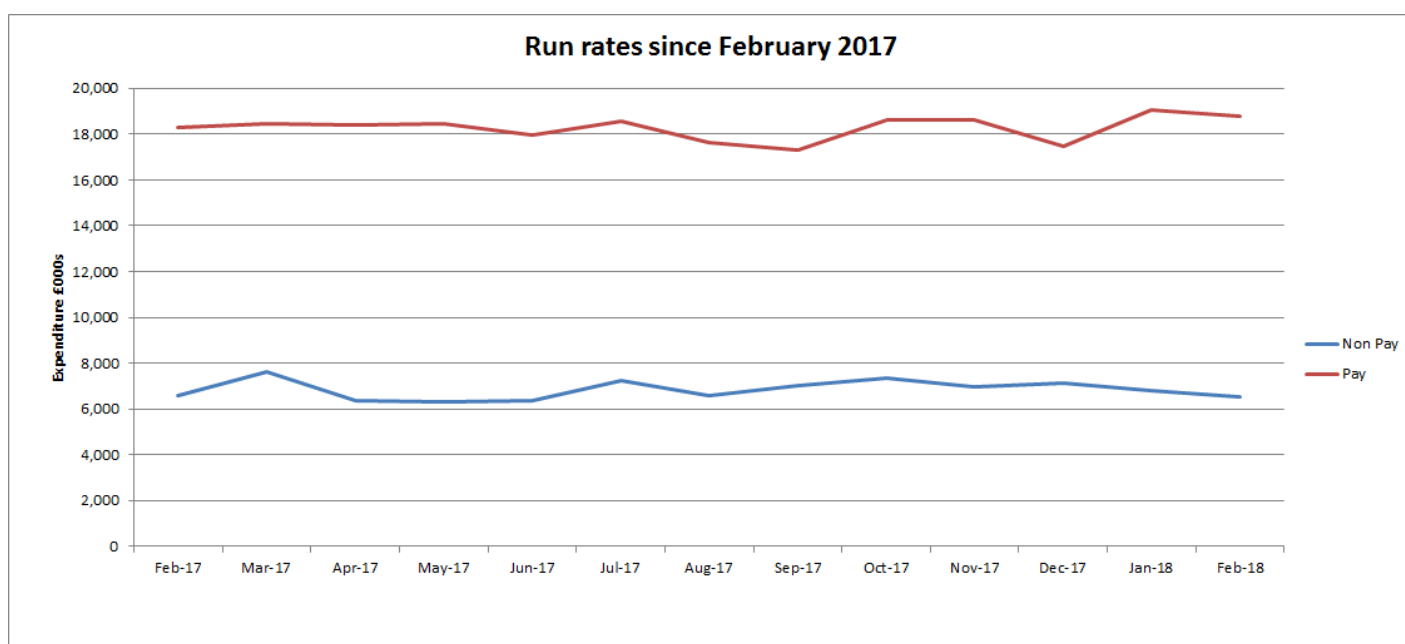
The Trust is reporting an adverse expenditure variance both in month (£0.8m) and year to date (£3.6m). As previously reported the position includes the application of flexibilities as well as the benefit from the removal of booked agency shifts that were unfilled/not utilised.

In run rate the key highlights for pay are:

- Total pay expenditure for February was £18.8m, £0.2m lower than the previous month but £0.5m higher than the 12 months rolling average.
- Bank and agency costs in month totalled £2.9m, £0.6 more than average with EUC and Surgery services continuing to be higher than average.
- Agency costs this financial year have been averaging at £0.7m per month representing 4.0% of the average monthly pay bill. However for the past two months (months 10 and 11) they were £1.1m and £1.0m respectively representing 5.6% and 5.2% of the pay bill. The Trust is currently exceeding the NHSI agency ceiling.

Non pay expenditure for February was £6.5m, which is £0.1m adverse against plan in month, but was £0.3m less than 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 in Month 11 were higher than the average for the year for all ICSUs with the exception of Children's & Young People and Women's Health.
- The largest increase in pay costs from Month 10 to Month 11 was in Integrated Medicine, £165k.
- Non pay costs in Month 11 reduced compared to Month 10, with the biggest decrease seen in Surgery and Cancer, £269k.

### Pay

	Run Rate - Actual							Average for M1-10	M11 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	2017/18 Month 11 £'000		
Children's & Young People	3,932	3,914	3,804	3,975	3,971	4,032	3,891	3,932	42
Clinical Support Services	1,387	1,353	1,338	1,312	1,336	1,395	1,391	1,360	(31)
Emergency & Urgent Care	1,999	2,115	2,085	2,127	1,697	2,335	2,240	2,058	(182)
Integrated Medicine	2,900	2,840	2,999	2,873	3,127	2,977	3,142	2,920	(222)
Patient Access, Prevention & Planned Care	1,003	962	969	986	988	1,007	1,009	984	(24)
Surgery & Cancer	3,068	3,121	3,227	3,083	3,061	3,174	3,303	3,111	(191)
Women's Health	1,580	1,449	1,481	1,518	1,425	1,471	1,464	1,498	34
Total Pay - ICSUs	15,868	15,755	15,903	15,874	15,605	16,390	16,440	15,864	(576)

### Non Pay

	Run Rate - Actual							Average for M1-10	M11 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	2017/18 Month 11 £'000		
Children's & Young People	193	216	240	234	233	221	161	216	54
Clinical Support Services	1,537	1,493	1,632	1,450	1,357	1,637	1,527	1,517	(10)
Emergency & Urgent Care	261	278	252	323	175	329	236	270	33
Integrated Medicine	260	270	320	289	251	142	145	259	115
Patient Access, Prevention & Planned Care	158	205	280	309	270	203	176	215	39
Surgery & Cancer	889	937	832	930	665	916	646	882	236
Women's Health	184	119	94	132	110	104	99	135	36
Total Non Pay - ICSUs	3,484	3,519	3,650	3,667	3,061	3,552	2,991	3,494	503

### Combined Pay & Non Pay

	Run Rate - Actual							Average for M1-10	M11 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	2017/18 Month 11 £'000		
Children's & Young People	4,125	4,131	4,044	4,209	4,204	4,253	4,052	4,148	96
Clinical Support Services	2,924	2,846	2,970	2,761	2,693	3,032	2,918	2,877	(42)
Emergency & Urgent Care	2,260	2,392	2,337	2,450	1,872	2,664	2,477	2,328	(149)
Integrated Medicine	3,160	3,110	3,319	3,162	3,378	3,119	3,286	3,179	(107)
Patient Access, Prevention & Planned Care	1,161	1,167	1,249	1,295	1,258	1,210	1,185	1,200	15
Surgery & Cancer	3,957	4,058	4,058	4,013	3,726	4,090	3,949	3,993	44
Women's Health	1,764	1,569	1,575	1,650	1,535	1,575	1,564	1,633	69
Total Spend - ICSUs	19,352	19,274	19,553	19,540	18,666	19,942	19,431	19,358	(73)

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 11 - YTD				Year End Forecast £'000
	Identified £'000	Gap £'000	Target £'000	Actual £'000	Variance £'000	% achieved	
Children's services	2,787	278	2,722	943	(1,779)	34.6%	1,133
Clinical Support Services	1,333	1,001	2,073	1,124	(949)	54.2%	1,292
Emergency & Urgent Care	705	1,452	1,916	581	(1,335)	30.3%	661
Integrated Medicine	1,918	214	1,894	845	(1,049)	44.6%	1,066
PPP	674	200	776	799	23	103.0%	1,024
Surgery	2,161	998	2,806	1,847	(960)	65.8%	2,398
Women's services	990	508	1,330	501	(829)	37.7%	677
Estates & Facilities	836	486	1,174	625	(549)	53.2%	1,013
Corporate	1,114	122	1,098	950	(148)	86.6%	1,282
<b>Total</b>	<b>12,518</b>	<b>5,259</b>	<b>15,789</b>	<b>8,215</b>	<b>(7,574)</b>	<b>52.0%</b>	<b>10,547</b>

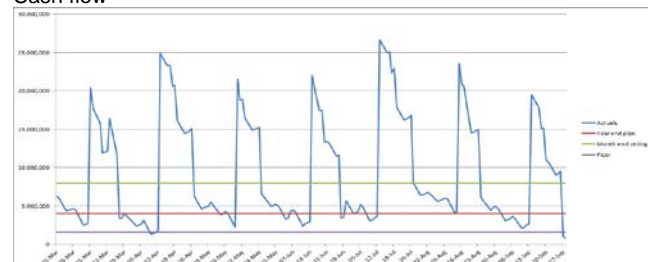
At Month 11, £8.2m has been recognised as delivered against the CIP programme, which is £7.6m adverse when compared to the Trust's planning submission. It was expected that there would be a step change in delivery of savings from Quarter 3, but this proved not to be the case. However, there has been a step increase from Month 10, with in-month savings of £1.1m delivered in February.

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.

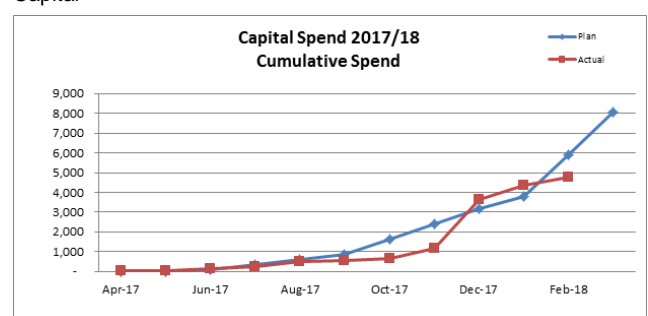
# Statement of Financial Position

	As at 28 February 2018 £000	Plan 28 February 2018 £000	Plan variance 28 February 2018 £000
Property, plant and equipment	208,469	203,004	5,465
Intangible assets	3,246	1,443	1,803
Trade and other receivables	1,332	851	481
<b>Total Non Current Assets</b>	<b>213,047</b>	<b>205,298</b>	<b>7,749</b>
Inventories	1,413	150	1,263
Trade and other receivables	27,472	27,469	3
Cash and cash equivalents	6,347	3,830	2,517
<b>Total Current Assets</b>	<b>35,232</b>	<b>31,449</b>	<b>3,783</b>
<b>Total Assets</b>	<b>248,279</b>	<b>236,747</b>	<b>11,532</b>
Trade and other payables	41,880	40,233	1,647
Borrowings	249	3,520	(3,271)
Provisions	655	756	(101)
<b>Total Current Liabilities</b>	<b>42,784</b>	<b>44,509</b>	<b>(1,725)</b>
<b>Net Current Assets (Liabilities)</b>	<b>(7,552)</b>	<b>(13,060)</b>	<b>5,508</b>
<b>Total Assets less Current Liabilities</b>	<b>205,495</b>	<b>192,238</b>	<b>13,257</b>
Borrowings	58,659	63,771	(5,112)
Provisions	1,216	1,513	(297)
<b>Total Non Current Liabilities</b>	<b>59,875</b>	<b>65,284</b>	<b>(5,409)</b>
<b>Total Assets Employed</b>	<b>145,620</b>	<b>126,954</b>	<b>18,666</b>
Public dividend capital	62,404	62,404	0
Retained earnings	(10,829)	(13,526)	2,697
Revaluation reserve	94,045	78,076	15,969
<b>Total Taxpayers' Equity</b>	<b>145,620</b>	<b>126,954</b>	<b>18,666</b>
<b>Capital cost absorption rate</b>	<b>3.5%</b>	<b>3.5%</b>	<b>3.5%</b>

Cash flow



Capital



The key highlights for month 11 are:

**Property, Plant & Equipment (PPE):** The value held at the end of February 2018 is £7.3m 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 over the last 3 months and will continue to do so in Month 12.

**Receivables (Debtors)** are currently £0.5m above plan mostly due to increased debtors from the accrual of quarter 4 Sustainability and Transformation Funding.

**Payables (Creditors)** are currently £1.6m 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 remained relatively flat during the month, with the increase largely related to increases in tax and Public Dividend Capital liabilities, being offset by decreases in deferred income.

**Capital:** £4.8m of capital expenditure has been incurred year to date against a plan of £5.9m (excluding commitments on PFI and finance lease arrangements). However, approximately £2.0m is currently being processed through the eProcurement ordering system, so the Trust has committed spend ahead of plan. The Trust is currently forecasting that we will underspend our capital programme by £0.5m.

**Cash Flow:** As at the 28 February 2018 the Trust is holding £6.3m in cash, which is £2.5m 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 in the final month as the capital programme accelerates further.

## Appendix 1 – ICSU I&E Position

	Month 11			Year to date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
<b>Children's &amp; Young People</b>						
Income	1,956	2,284	329	22,207	23,422	1,215
Pay	3,734	3,891	(157)	41,155	43,213	(2,059)
Non Pay	178	161	17	1,959	2,319	(360)
	<b>1,956</b>	<b>1,768</b>	<b>188</b>	<b>20,906</b>	<b>22,110</b>	<b>(1,204)</b>
<b>Clinical Support Services</b>						
Income	1,841	1,975	134	20,674	20,411	(263)
Pay	1,222	1,391	(169)	13,570	14,992	(1,422)
Non Pay	1,273	1,527	(254)	14,082	16,694	(2,612)
	<b>654</b>	<b>943</b>	<b>(289)</b>	<b>6,978</b>	<b>11,275</b>	<b>(4,297)</b>
<b>Emergency &amp; Urgent Care</b>						
Income	1,269	1,331	62	14,492	15,471	979
Pay	1,855	2,240	(385)	20,227	22,825	(2,598)
Non Pay	223	236	(13)	2,537	2,933	(396)
	<b>809</b>	<b>1,145</b>	<b>(336)</b>	<b>8,272</b>	<b>10,288</b>	<b>(2,016)</b>
<b>Integrated Medicine</b>						
Income	3,669	3,810	141	42,522	41,155	(1,367)
Pay	2,660	3,142	(482)	30,346	32,337	(1,992)
Non Pay	182	145	38	2,044	2,739	(695)
	<b>(827)</b>	<b>(523)</b>	<b>(303)</b>	<b>(10,132)</b>	<b>(6,078)</b>	<b>(4,054)</b>
<b>PPP</b>						
Income	209	247	38	2,219	2,103	(116)
Pay	1,048	1,009	39	11,406	10,853	553
Non Pay	190	176	14	2,065	2,329	(263)
	<b>1,029</b>	<b>938</b>	<b>91</b>	<b>11,252</b>	<b>11,079</b>	<b>173</b>
<b>Surgery</b>						
Income	4,341	4,304	(37)	49,551	47,858	(1,693)
Pay	3,017	3,303	(285)	33,464	34,415	(951)
Non Pay	755	646	109	8,380	9,466	(1,087)
	<b>(569)</b>	<b>(355)</b>	<b>(213)</b>	<b>(7,707)</b>	<b>(3,977)</b>	<b>(3,730)</b>
<b>Women's</b>						
Income	2,222	2,092	(130)	26,692	25,841	(851)
Pay	1,298	1,464	(166)	15,155	16,447	(1,291)
Non Pay	99	99	(1)	1,309	1,452	(143)
	<b>(825)</b>	<b>(528)</b>	<b>(297)</b>	<b>(10,228)</b>	<b>(7,943)</b>	<b>(2,285)</b>
<b>Facilities</b>						
Income	152	154	2	1,672	1,651	(21)
Pay	635	576	59	6,990	7,550	(560)
Non Pay	1,457	1,639	(182)	16,403	16,691	(288)
	<b>1,941</b>	<b>2,062</b>	<b>(121)</b>	<b>21,722</b>	<b>22,590</b>	<b>(868)</b>
<b>Corporate (Excl Facilities)</b>						
Income	568	440	(128)	6,499	7,596	1,097
Pay	1,869	1,775	94	20,683	19,112	1,571
Non Pay	1,575	1,531	43	17,425	16,983	441
	<b>2,876</b>	<b>2,866</b>	<b>9</b>	<b>31,608</b>	<b>28,499</b>	<b>3,109</b>

Trust Board  
28<sup>th</sup> March 2018

<b>Title:</b>		Trust Performance report February 2018 (January 2018)					
<b>Agenda item:</b>		<b>18/039</b>		<b>Paper</b>		<b>7</b>	
<b>Action requested:</b>		To receive assurance of Trust performance compliance					
<b>Executive Summary:</b>		<b>Emergency Department (ED) four hours' wait:</b> Performance against the 95% target for February is 86.1%. This was similar to February 2017 at 86.6%. The activity was up on last year. 8083 (Feb 18) against 7430 (Feb 17). The situation this year was exacerbated by flu, an increase in complex DTOCS and high acuity on the wards. Ambulance activity was up on the same time last year. 1638 (Feb 18) compared to 1556 (Feb 17). <b>Complaints:</b> Target achieved. <b>Cancer:</b> The cancer standard for 62 days has not been met by the Trust for January 2018. <b>Sickness:</b> Sickness absence is now reported two months in arrears; this is due to the reporting cycle and change of Trust Board dates. <b>E Referral Service:</b> Monday 16 <sup>th</sup> April 2018 is the agreed date for paper switch off for Whittington Health and North Middlesex Hospital					
<b>Summary of recommendations:</b>		That the board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan					
<b>Fit with WH strategy:</b>		Clinical Strategy					
<b>Reference to related / other documents:</b>		N/A					
<b>Reference to risk and corporate risks on the BAF:</b>		N/A					
<b>Date paper completed:</b>		20 <sup>th</sup> March 2018					
<b>Author name and title:</b>		<b>Hester de Graag, Risk and Quality Manager</b>		<b>Director name and title:</b>		<b>Carol Gillen, Chief Operating Officer</b>	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>	n/a	<b>Risk assessment undertaken?</b>	n/a	<b>Legal advice received?</b>	n/a





Whittington Health **NHS**

**Integrated Performance Report**

**March 2018**

**Month 11 (2017 – 2018)**

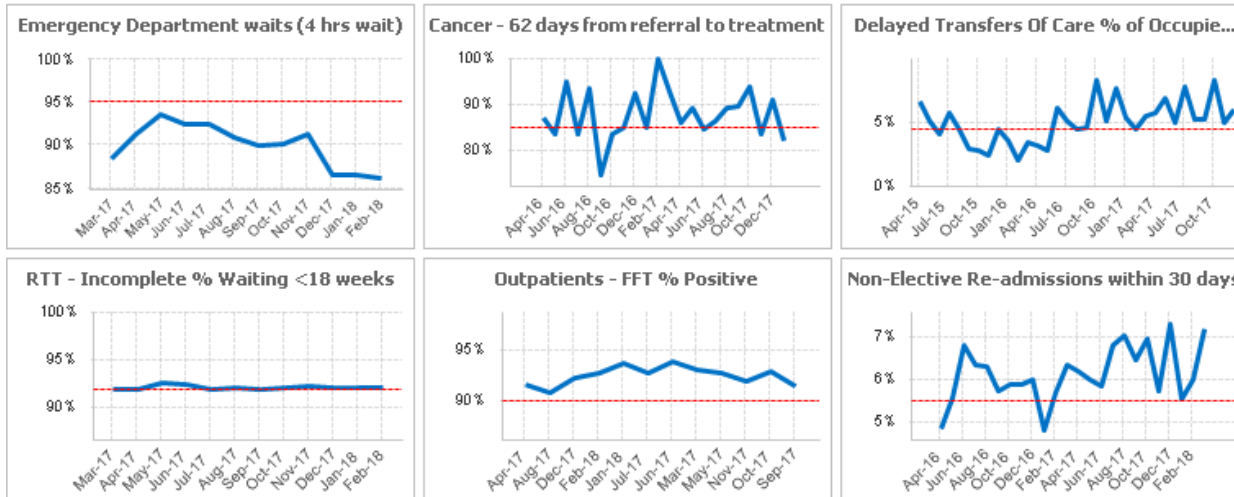


Section	Page
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## Summary Page - Indicators

			Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	
Category	Indicator	17_18 Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	2017-2018
ED	Emergency Department waits (4 hrs wait)	>95%	88.4%	91.1%	93.5%	92.4%	92.3%	90.9%	89.9%	90.1%	91.3%	86.5%	86.5%	86.1%	90.1%
ED	ED Indicator - median wait for treatment (minutes)	<60 mins	72	72	68	63	59	64	72	82	82	81	75	77	72
Cancer	Cancer - 14 days to first seen	>93%	94.6%	93.2%	93.2%	95.3%	95.7%	94.7%	94.3%	93.7%	96.1%	96.0%	94.9%		94.7%
Cancer	Cancer - 62 days from referral to treatment	>85%	92.9%	86.0%	89.1%	84.4%	86.4%	89.4%	89.5%	93.8%	83.6%	91.2%	82.2%		87.5%
Admitted	Non Elective Re-admissions within 30 days	<5.5%	6.3%	6.2%	6.0%	5.8%	6.8%	7.1%	6.5%	7.0%	5.7%	7.3%	5.5%	6.0%	6.3%
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<4.5%	5.5%	5.8%	6.9%	5.0%	7.8%	5.2%	5.2%	8.3%	5.0%	6.0%	7.3%		6.3%
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.0%	92.0%	92.6%	92.4%	92.0%	92.1%	92.0%	92.1%	92.2%	92.1%	92.1%	92.1%	92.2%
Outpatients	Outpatients - FFT % Positive	>90%	93.1%	91.6%	92.8%	93.9%	92.8%	90.8%	91.5%	93.0%	91.9%	92.3%	93.8%	92.8%	92.5%
Community	Community - FFT % Positive	>90%	96.0%	98.5%	94.9%	93.9%	94.8%	96.7%	96.5%	95.3%	94.8%	96.0%	95.4%	94.6%	95.5%
Staff	Staff - FFT % Recommend Care	>70%	74.6%			69.0%			69.4%						69.2%





## Safe Services - Indicators and Performance

Category	Indicator	17_18 Target	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	2017-2018	Performance
			Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18		
Admitted	Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
Admitted	HCAI C Difficile	<17	1	2	3	0	1	0	1	3	0	0	0	1	11	
All Areas	CAS Alerts Outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
All Areas	Actual Falls	400	31	31	44	45	34	31	27	34	28	35	38	27	374	
All Areas	Avoidable Grade 3 or 4 Pressure Ulcers	0	2	2	2	3	2	2	3	3	3	2	9		31	
All Areas	Harm Free Care %	>95%	92.5%	93.2%	93.9%	96.6%	93.5%	93.8%	95.1%	94.1%	93.5%	94.1%	93.4%	92.2%	93.9%	
Maternity	Non Elective C-Section % Rate	<15%	21.5%	19.2%	18.9%	19.7%	22.5%	18.8%	19.8%	20.8%	23.4%	21.7%	18.8%	22.0%	20.5%	
All Areas	Medication Errors causing serious harm	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
Admitted	MRSA Bacteraemia Incidences	0	0	0	0	1	0	0	0	0	1	0	1	0	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	22.4%	18.1%	16.6%	18.3%	17.3%	21.7%	17.1%	16.5%	20.1%	17.2%	19.4%	99.3%	26.3%	
All Areas	Serious Incidents	0	4	2	4	4	3	6	2	5	2	0	7	1	36	
Admitted	VTE Risk Assessment %	>95%	96.5%	95.2%	95.4%	95.6%	95.3%	96.7%	96.0%	95.3%	96.0%	95.2%	95.1%		95.6%	



## Safe Services - Commentary

### Falls

There were 27 falls reported in February 2018. Four low harm incidents, 1 moderate and 22 no harm falls reported in January 2018. The one moderate reported fall was declared a Serious Incident and a Root Cause Analysis has commenced.

### Pressure Ulcers

In February we have had 3 avoidable Grade 3 pressure ulcers.

One attributed to Cavell ward, following investigation the key service delivery issue was that the patient had had prolonged periods sitting in the chair. Contributing factor was that the nutritional input was very variable due to underlying medical condition. All nutritional support was in place as appropriate for the patient.

One Grade 3 attributed to Central Islington and one to North Islington district nursing teams, in both incidents the key service delivery issue was lack of assessments and identification of the changes in patients well-being.

Cavell ward and Central Islington team have had an increase in pressure ulcers in the last two months, all the incidents have been reviewed and discussed within a meeting with the deputy chief nurse and an action plan has been developed with both areas, which is being monitored by the Head of Nursing and within the ISCU's quality and risk board meetings.



## Safe Services - Commentary

### **HCAI C Difficile**

There was 1 new HCAI C Difficile reported in February 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**

The non- elective CS rate increased for February 2018. The rates are comparable with other NCL trusts. The service has seen an increase in induction of labour rates and a proportion of these patients would then go on to have an emergency section. Working group has been developed to review the induction pathway.

### **Serious Incidents**

There was 1 SIs declared in February 2018.

1.2018.4863 - Unexpected Death- Cardiac Arrest post self-extubating [SCD]



## Caring Services - Indicators and Performance

			Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	2017-2018	Performance
Category	Indicator	17_18 Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18		
ED	ED - FFT % Positive	>90%	83.0%	84.0%	87.4%	84.0%	85.5%	83.0%	80.4%	81.6%	83.3%	83.1%	81.9%	82.6%	83.5%	
ED	ED - FFT Response Rate	>15%	14.6%	16.9%	15.6%	13.8%	13.1%	13.7%	12.6%	13.2%	12.3%	11.5%	12.8%	15.3%	13.7%	
Admitted	Inpatients - FFT % Positive	>90%	94.1%	98.0%	94.2%	97.0%	95.8%	95.2%	97.7%	98.3%	98.3%	97.2%	96.5%	96.4%	96.8%	
Admitted	Inpatients - FFT Response Rate	>25%	26.8%	21.6%	22.7%	19.8%	20.9%	14.9%	16.0%	18.0%	18.2%	16.1%	17.4%	17.9%	18.5%	
Maternity	Maternity - FFT % Positive	>90%	92.4%	93.6%	90.2%	88.1%	92.7%	89.4%	92.4%	94.9%	96.0%	95.9%	95.9%	99.3%	94.4%	
Maternity	Maternity - FFT Response Rate	>15%	27.8%	24.7%	22.2%	20.1%	23.5%	30.1%	18.5%	37.4%	36.2%	49.8%	56.3%	61.0%	34.0%	
Outpatients	Outpatients - FFT % Positive	>90%	93.1%	91.6%	92.8%	93.9%	92.8%	90.8%	91.5%	93.0%	91.9%	92.3%	93.8%	92.8%	92.5%	
Outpatients	Outpatients - FFT Responses	400	551	357	623	537	485	338	433	569	593	336	420	461	5152	
Community	Community - FFT % Positive	>90%	96.0%	98.5%	94.9%	93.9%	94.8%	96.7%	96.5%	95.3%	94.8%	96.0%	95.4%	94.6%	95.5%	
Community	Community - FFT Responses	1500	1169	725	1192	970	1224	858	940	731	638	605	875	1157	9915	
Staff	Staff - FFT % Recommend Care	>70%	74.6%			69.0%			69.4%						69.2%	
All Areas	Complaints responded to within 25 working day	>80%	100.0%	100.0%	83.3%	93.9%	76.0%	81.0%	72.2%	72.7%	68.8%	88.2%	76.9%	87.5%	81.6%	
All Areas	Complaints (including complaints against Corporate division)	N/A	38	22	24	38	32	24	25	26	24	18	30	21	284	



## Caring Services - Commentary

### **FFT**

The Emergency Department has reached the Trust's target for FFT response rates in the area for the first time since May 2017, capturing 15.3% of patients in February 2018. One contributing reasons towards this was the renewed efforts of staff in ED paediatrics to collect FFT. In ED adults, the Trust has provision for SMS alerts to be sent to patients – this service is not utilised in ED paediatrics. Efforts have been made to encourage ED paediatric staff to collect FFT by the paper postcards, and they have been supported by volunteers in this. In addition to this, a Trust iPad was allocated to the area to collect patient FFT responses also. The paper and iPad responses have improved to 99 in February, and this played a role in the service reaching its response rate target.

The outpatient areas continue to exceed the monthly target of 400 responses, with 461 in February and a 93% recommend rate.

The inpatient areas maintain their high recommend rate (96%) for February for the overall trust and 100% for Paediatrics. However the 25% response rate is still below target (18% for February).

The community sites saw a large increase in responses, with 282 more responses for February (1,157) than was collected for January. Though still below the Trust target for responses in the area (1,500), the area is trending towards this target. The patient experience team has worked closely with the district nursing, podiatry and MSK physiotherapy services to create actions towards improving responses in the area. Services are sending texts to try and increase patient response rate.

In February, the Maternity services captured their best results yet, with 61% of patients responding to the FFT question, and 99.3% of patients recommending the service.



## Caring Services - Commentary

### Complaints

During February 2018 the Trust closed 21 complaints; 16 complaints required a response with 25 working days and 5 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 87.5%, exceeding its 80% target. Two complaints allocated 25 working days remain outstanding and overdue e.g. IM (2). One 40 working day complaint also remain outstanding i.e. S&C (1). 80% of complaints (4) allocated 40 working days hit their target.

The majority of complaints were allocated to S&C 38% (8), IM 19% (4) and WH 14% (3). 43% (9) were designated 'low' risk, 48% (10) were designated 'moderate' and 9% (2) were designated 'high'.

A review of the complaints for February shows that 'medical care' 33% (7) continues to be the main issue for patients. In February 2018 this was followed by 'Admission, Discharge & Transfer arrangements' 19% (4) and 'attitude' 20% (3).

- In regard to 'medical care,' 57% of patients (4) felt that 'inadequate treatment' had been provided, whilst the remaining 3 complaints related equally to 'missed diagnosis', 'no treatment being provided' and 'poor practice'.
- In regard to 'Admission, Discharge & Transfer arrangements', 50% of patients (2) stated that 'insufficient support' had been provided upon discharge, whilst the remaining two complaints related to an admission being 'cancelled' (25%) and 'refused' (25%).
- In regard to 'attitude' 67% (2) of patients felt that 'inappropriate behaviour' had been displayed whilst the remaining 33% (1) indicated that staff had been 'rude/disrespectful'.

Of the 18 complaints that have closed, (including those allocated 40 working days), 39% (7) were 'upheld', and 17% (3) were 'partially upheld', meaning that, currently, 56% have been upheld in one form or another.



## Effective Services - Indicators and Performance

			Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	2017-2018	Performance
Category	Indicator	17_18 Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18		
Maternity	Breastfeeding Initiated	>90%	91.6%	90.2%	91.6%	93.3%	94.5%	92.3%	93.2%	91.7%	92.5%	90.7%	92.7%	92.0%	92.3%	
Maternity	Smoking at Delivery	<6%	3.0%	5.4%	3.4%	5.7%	7.5%	4.8%	7.1%	6.2%	6.3%	4.3%	3.8%	5.2%	5.5%	
Admitted	Non Elective Re-admissions within 30 days	<5.5%	6.3%	6.2%	6.0%	5.8%	6.8%	7.1%	6.5%	7.0%	5.7%	7.3%	5.5%	6.0%	6.3%	
Trust	Hospital Standardised Mortality Ratio rolling 12 months	100	62.0	69.9	83.7	75.4	69.4	73.2	39.6	83.6	90.1				74.1	
Trust	Hospital Standardised Mortality Ratio rolling 12 months - weekend	100	64.9	75.3	76.7	104.4	71.5	80.9	24.3	98.9	96.6				81.7	
Trust	Summary Hospital Level Mortality Indicator (SHMI) - rolling 12 months	1.14	0.71			0.73			0.73						0.73	
Admitted	Mortality rate per 1000 admissions in-months	14.4	7.9	7.2	7.6	6.5	6.4	7.2	2.6	8.6	8.5	12.0	9.4	10.0	7.8	
Community	IAPT Moving to Recovery	>50%	48.4%	50.3%	53.0%	56.4%	52.3%	56.5%	55.1%	50.8%	53.0%	50.9%	47.5%		52.6%	
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%							85.0%	94.1%	84.4%	72.9%	93.0%	85.7%	85.8%	



## Effective Services - Commentary

### **Non Elective re-admission within 30 days**

February's performance has seen a marginal increase however still below the average for the year.

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

The 30 day readmission rate in this cohort of patients requiring additional support on discharge compares acceptably with the 30 day readmission rate for all Islington adult (> 55yrs) admissions Nov 2017 – Feb 2018 (emergency admission with discharge 30 days prior) of 22%. This audit will be continued on a monthly basis.

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

### **IAPT**

Recovery rate just below target: 47.51%. 766 referrals were received with 515 people (25 above month target, 29 above YTD) entering treatment. The 'Reliable improvement' score is 65.59%.

Waiting Times (1st treat): 95% seen within 6 weeks; 100% seen within 18 weeks

Average wait time: 20 days to first treatment, 72 days (10.3 weeks) to second treatment (likely to increase for Q4 and beyond due to increase in access target).

PEQ: 98% satisfied with overall experience.



## Responsive Services - Indicators and Performance

			Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	2017-2018	Performance
Category	Indicator	17_18 Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18		
ED	Emergency Department waits (4 hrs wait)	>95%	88.4%	91.1%	93.5%	92.4%	92.3%	90.9%	89.9%	90.1%	91.3%	86.5%	86.5%	86.1%	90.1%	
ED	ED Indicator - median wait for treatment (minutes)	<60 mins	72	72	68	63	59	64	72	82	82	81	75	77	72	
ED	Ambulance handovers waiting more than 30 mins	0	60	28	14	40	27	23	35	38	15	34			254	
ED	Ambulance handovers waiting more than 60 mins	0	3	1	0	7	4	2	1	0	3	11	12		41	
ED	12 hour trolley waits in A&E	0	2	5	4	3	2	4	3	0	0	0	0	0	21	
Cancer	Cancer - 14 days to first seen	>93%	94.6%	93.2%	93.2%	95.3%	95.7%	94.7%	94.3%	93.7%	96.1%	96.0%	94.9%		94.7%	
Cancer	Cancer - 14 days to first seen - breast symptomatic	>93%	92.9%	96.0%	94.1%	100.0%	100.0%	95.9%	98.1%	98.9%	100.0%	100.0%	97.9%		98.0%	
Cancer	Cancer - 62 days from referral to treatment	>85%	92.9%	86.0%	89.1%	84.4%	86.4%	89.4%	89.5%	93.8%	83.6%	91.2%	82.2%		87.5%	
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%		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%	
Cancer	Cancer - 62 Day Upgrade															
Access	DM01 - Diagnostic Waits (<6 weeks)	>99%	99.2%	99.0%	99.1%	99.1%	99.0%	99.0%	99.1%	99.1%	99.2%	99.1%	99.1%	99.1%	99.1%	
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.0%	92.0%	92.6%	92.4%	92.0%	92.1%	92.0%	92.1%	92.2%	92.1%	92.1%	92.1%	92.2%	
Access	Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0	3	1	1	0	0	0	0	0	5	



## Cancer Performance - 62D and 2WW by Tumour Group

### Cancer - 62D Performance by Tumour Group

Indicator	17_18 Target	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	2017-2018	Performance
		Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18		
Breast	>85%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%		97.4%	
Gynaecological	>85%	100.0%	100.0%	100.0%	0.0%	50.0%	66.7%	100.0%	100.0%	0.0%	100.0%	100.0%		73.1%	
Haematological (Excluding Acute Leukaemia)	>85%	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%	75.0%		84.7%	
Lung	>85%	66.7%	83.3%		100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	0.0%		89.7%	
Other	>85%														
Skin	>85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%		100.0%		99.1%	
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%	0.0%		63.6%	
Urological (Excluding Testicular)	>85%	100.0%	54.5%	80.0%	61.5%	57.1%	50.0%	57.1%	94.1%	100.0%	83.3%	100.0%		77.4%	



## Cancer Performance - 62D and 2WW by Tumour Group

### Cancer – 2WW Performance by Tumour Group

Indicator	17_18 Target	Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	2017-2018	Performance
		Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18		
Breast	>93%	95.0%	98.1%	94.8%	98.6%	99.2%	93.9%	98.3%	98.7%	97.3%	99.0%	98.8%		97.6%	
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%	97.6%	92.6%	97.8%	96.5%	96.2%	100.0%	100.0%	96.5%	100.0%	100.0%	96.3%		97.5%	
Haematological	>93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	88.9%	100.0%	100.0%		97.6%	
Lower Gastrointestinal	>93%	93.3%	89.2%	87.3%	93.9%	89.3%	88.0%	89.7%	79.7%	93.9%	90.6%	87.2%		89.0%	
Lung	>93%	100.0%	94.4%	100.0%	92.9%	100.0%	100.0%	90.5%	100.0%	84.2%	100.0%	96.2%		95.4%	
Other	>93%	25.0%	80.0%	100.0%										83.3%	
Skin	>93%	97.3%	100.0%	99.4%	98.6%	99.4%	99.4%	98.7%	97.1%	100.0%	100.0%	98.0%		99.0%	
Upper Gastrointestinal	>93%	78.8%	39.1%	43.3%	77.6%	83.8%	79.5%	57.7%	77.8%	78.8%	60.0%	73.5%		69.5%	
Urological	>93%	98.5%	96.8%	100.0%	95.7%	98.2%	100.0%	95.9%	100.0%	98.5%	100.0%	98.9%		98.4%	



## Community Average Waits

### Community Average Waits from Referral Received Date to Date First Seen – February 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	9.0	12	1			0
Adults Speech and Language The...	3.2	12	138	2.00	2	1
Bladder And Bowel Management	17.0	12	147			0
CAMHS	6.4	8	137			0
Cardiology Service	3.8	6	24			0
Care Co-ordination Service		-	0	34.00	-	1
Child Development Services	3.8	18	122	1.86	6	2
Community Children's Nursing	2.2	18	59	0.00	6	1
Community Paediatrics Services	22.3	16	5	2.27	6	62
Community Rehabilitation (CRT)	3.6	12	116	2.34	2	16
Community Rehabilitation (ICTT)	4.6	12	258	6.57	2	125
Diabetes Service	4.8	6	104			0
Family Nurse Partnership	2.8	12	11			0
Haematology Service	0.8	-	12			0
Health Visiting	1.8	8	909	0.14	2	1
Intermediate Care (REACH)	5.6	6	125	0.81	2	88
Looked After Children	5.2	52	15	2.00	4	1
Lymphodema Care	2.9	6	12			0
Musculoskeletal Service - CATS	2.6	18	315	2.61	6	7
Musculoskeletal Service - Routine	4.0	8	1239	2.41	2	43
Nutrition and Dietetics	5.3	8	221	10.14	2	2
Occupational Therapy	15.8	18	25			0
Physiotherapy	8.8	18	96			0
PIPS	5.2	12	7			0
Podiatry (Foot Health)	6.7	8	612	4.20	2	17
Respiratory Service	5.1	6	47	5.60	2	53
School Nursing	4.9	12	58			0
Speech and Language Therapy	8.2	18	159	17.77	6	30
Tissue Viability Service		-	0	0.94	2	72



## Responsive Services - Commentary

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

Performance against the 95% target for February is 86.1%. This was similar to February 2017 at 86.6%. The activity was up on last year. 8083 (Feb 18) against 7430 (Feb 17). The situation this year was exacerbated by flu, an increase in complex DTOCS and high acuity on the wards.

Ambulance activity was up on the same time last year. 1638 (Feb 18) compared to 1556 (Feb 17).

Actions: The trust has implemented weekly MADE (Multiple Discharge Events), attended by senior representatives from both Haringey and Islington.

There is also continued focus on medically optimised < 2 %, over 21 day 'stranded patients' < 18% and over 7 days 'stranded patients' <40%.

There are 3 areas of focus specific to ED:

- RAT (Rapid Assessment and Treatment) refocus and achieve target time to treat.
- Fit to Sit: In place from end of February 2018 and overseen by Lead Matron. To create cubicle/assessment capacity to optimise flow within ED department.
- Percentage of ED Activity Diverted to AEC: Achieved target of 5% in February 2018



## Responsive Services - Commentary

### Cancer

**Issue 2WW** : The cancer standard for 2 week waits has been achieved by the Trust overall. The areas which are under the standard as individual tumour groups are:

Lower GI : 87.2% 16 breaches out of a total seen of 125

Upper GI : 73.5% 9 breaches out of a total seen of 34

Action : this underperformance is due to capacity available in endoscopy. The service has now identified 9 additional slots to accommodate the volume of 2 ww referrals and expects to see an impact in March performance. Initial figures for March show an improvement.

**Issue 62 days:** The cancer standard for 62 days has not been met by the Trust for January 2018. The areas which are under the standard are:

Colorectal : 75% 1.5 breaches out of a total seen of 6, both breaches waited a long time for endoscopy procedure

Lung : 0% 1 breach out of a total seen of 1, patient delayed treatment for a holiday

Upper GI : 0% 1.5 breaches out of a total of 1.5 treats, both clinically complex, one was referred on another pathway and then UGI tumour identified, other patient needed a biopsy but this was clinically risky so there was a significant delay organising this.

Action : Endoscopy capacity has been increased which will also help 62 day pathway.

### Community waits

Community Rehab (CRT and ICTT): There has been an improvement in overall waits however the capacity in SLT and PT has an impact on ICTT and CRT. Vacancy in SLT has been recruited to. This will bring waiting times down from April 2018.

Bladder and Bowel service are setting up education first programmes and utilising skill mixing and band 5 nurse rotations to help improve access times.

Care Co-ordination Services: this is an anomaly, only one patient recorded, and this will be removed from this report ongoing.

Nutrition and Dietetics now have increased community clinic space which will start to impact on access times. We have investigated the urgent average waits data and all of these patients were incorrectly entered as urgent, this issue has now been resolved but will not appear corrected until the patients have been discharged from the system.

Community Paediatrics: Community Paediatrics Quality Improvement Project –UCLP Review Completed, Project Resource Identified, Project will be initiated in April 2018.



## Responsive Services - Indicators and Performance

			Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4		
Category	Indicator	17_18 Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	2017-2018	Performance
Theatres	Hospital Cancelled Operations	0	5	6	9	9	2	6	8	15	9	10	8		82	
Theatres	Cancelled ops not rebooked < 28 days	0	0	2	0	0	0	0	0	0	5	1	1		9	
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	255	245	300	210	334	250	247	398	211	282	334		2811	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<4.5%	5.5%	5.8%	6.9%	5.0%	7.8%	5.2%	5.2%	8.3%	5.0%	6.0%	7.3%		6.3%	
Maternity	Women seen by HCP / midwife within 10 weeks	>50%	50.9%	45.8%	52.8%	48.7%	58.0%	61.4%	59.0%	56.8%	65.2%	64.0%	52.6%	47.5%	55.5%	
Community	IAPT Waiting Times for Treatment (% < 6 wks)	>75%	93.3%	97.5%	96.5%	94.7%	94.7%	97.3%	98.8%	95.0%	97.5%	94.5%	95.0%		96.2%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	87.5%	88.6%	93.8%	91.9%	88.7%	89.3%	89.4%	91.6%	88.6%	86.6%	91.3%		89.8%	
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	90.7%	90.3%	94.1%	96.1%	91.7%	94.6%	94.8%	92.1%	96.4%	95.1%	96.9%		94.2%	
Community	Haringey - HR1 % carried out before child aged 15 months			43.5%	37.5%	46.5%	44.8%	41.1%	32.9%	68.6%	67.8%	60.8%	68.0%		50.8%	
Community	Haringey - HR2 % carried out before child aged 30 months			38.0%	34.9%	34.4%	50.5%	31.0%	42.3%	45.2%	50.5%	39.2%	57.2%		42.1%	
Community	Islington - HR1 % carried out before child aged 15 mths			69.8%	67.2%	71.1%	61.2%	68.1%	73.3%	66.7%	68.3%	68.2%	73.7%		68.7%	
Community	Islington - HR2 % carried out before child aged 30 mths			77.9%	75.9%	72.9%	80.4%	72.5%	72.3%	65.0%	75.0%	71.0%	70.5%		73.4%	
Community	Haringey - 8wk Review % carried out before child aged 8 weeks				31.6%	32.9%	42.1%	30.7%	35.0%	31.4%	33.0%	32.8%	19.5%		32.1%	
Community	Islington - 8wk Review % carried out before child aged 8 weeks				44.4%	43.9%	47.4%	48.9%	42.1%	55.6%	60.2%	59.8%	55.3%		51.6%	



## Responsive Services - Commentary

### Hospital cancelled operations

For information: we are no longer recording flexible cystoscopies as cancelled operations as they do not meet the criteria as they are minor operations carried out in an outpatient setting.

Issue : Total number of hospital cancelled operations is 8

Urology	2	1	theatre list overran
		1	no bed available – this patient was not rebooked in 28 days

General Surgery	3	1	Fire in building
		2	theatre list over ran with complex patient

T&O	1	1	theatre list over ran with complex patient
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Gynae	2	1	surgeon had family emergency abroad
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		1	patient was booked under the incorrect surgeon who could not do the case
--	--	---	--------------------------------------------------------------------------

Action Theatres and booking team continue improvement work to ensure that patients are booked to correct list and use appropriate time

No bed available this was in January with bed pressures and was anticipated this patient could be accommodated

Working towards no patient put on surgical waiting list unless fit for surgery

Theatre lists should be signed off by consultant surgeon which would alleviate any problems with list

### Cancelled operations not booked within 28 days

Issue 1 patient was not rebooked for surgery within 28 days. This was a urology patient

Action Service managers must check PTL to ensure that all patients have had surgery

Cancelled operations list is available to all which lists all cancelled operations so this should be checked by SM and admissions team so that patient can be rebooked in time. Patient has now been seen.

### 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. A further MADE week event will take place during the 5 working days prior to Easter.



## Responsive Services - Commentary

### **Woman seen within 10 weeks**

The KPI for this target is to complete a booking by 10+0 days for referrals received by 10+0 weeks. However, there are challenges including referrals received at 10+0 weeks received on a Friday evening, and will be 10+3 on the following Monday. We are not able to turn these around in a timely manner.

Action: Weekend and evening appointments are offered to women who are able to attend at short notice and bank staff for additional shifts to accommodate this is booked. Information encouraging early referrals information on maternity website, and work closely with our public health midwife and encourage self-referrals who tend to refer much earlier.

### **New Birth Visit**

Islington: 96.9 % Very strong performance - Islington HV service have achieved target for 3x consecutive months.

Haringey: 91.3 % Improved performance

Improvement plan to achieve 95% target in place.

Haringey had 12 late visits due to: 6x in hospital (only acceptable exception), 3x not on RiO, 3x mother not available (1x moving between 2x addresses)

### **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 2017 to 68% in January 2018; Islington has maintained an upward trajectory from October to current 73.7%. Both boroughs need to establish targets with commissioners for 2018/19

2 - 2 1/2 review at 30 months: very slight fall for Islington although maintaining over 70%. Haringey service has made a significant improvement above the 42% average for the year - 57.2%. This has been achieved by addressing backlog and initiation of appointment system via SPOC in July.

6-8 week review: both Boroughs have introduced the 6-8 week assessment and both have seen a fall in performance in January; however, Islington remain above average performance at 55.3%. Haringey had a significant fall and is reviewing the data.

Haringey is working to improve all aspects of the mandated HCP with a robust action plan.



## Well Led Services - Indicators and Performance

			Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	2017-2018	Performance
Category	Indicator	17_18 Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18		
HR	Appraisals % Rate	>90%	80%	80%	79%	79%	78%	78%	75%	71%	69%	71%	71%	72%		
HR	Mandatory Training % Rate	>90%	82%	82%	82%	82%	82%	82%	79%	80%	80%	81%	81%	81%		
HR	Permanent Staffing WTEs Utilised	>90%	87.8%	88.7%	88.9%	87.4%	86.1%	87.4%	87.3%	87.9%	87.6%	86.3%	87.3%	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%	3.2%	3.4%	3.3%	3.6%	3.3%	3.5%	3.4%	3.7%	3.6%				3.3%	
HR	Staff turnover %	<10%	14.3%	14.8%	14.4%	14.0%	14.7%	15.0%	14.4%	14.1%	14.3%	14.5%	14.4%	14.7%	14.5%	
HR	Vacancy % Rate against Establishment	<10%	12.2%	11.3%	11.1%	12.6%	13.9%	12.6%	12.7%	12.1%	12.4%	13.7%	12.7%	12.7%	12.5%	

			Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Trend
Category	Staff Type	17_18 Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	
Medical	Average staff cost per patient		125	107	91	95	96	97	97	95	94	93	98	
Nursing	Average staff cost per patient		237	190	169	169	171	171	164	165	167	198	167	
Other	Average staff cost per patient		256	217	198	194	209	205	209	196	193	214	191	



## Well Led Services - Commentary

### Human Resources

Sickness absence is now reported two months in arrears; this is due to the reporting cycle and change of Trust Board dates. Unfortunately the template above could not be updated to include the December 2017 and January 2018 figures, however both months were 'red' December 3.48% and January 3.97%. We saw a spike in sickness in January 2018 which is above the Trust target. January saw an increase in flu and respiratory illness in particular over what was a challenging and busy time across the organisation.

Appraisals and statutory and mandatory training – there is to date no improvement in statutory and mandatory training rates, as identified in the CQC report achieving better coverage is a significant organisational priority. There has been a small improvement in appraisal coverage but still much work to do on this.

Vacancy factor and turnover - the vacancy factor has not yet started to improve, although considerable recruitment activity is in place. Focused attention on retention is clearly required as turnover has increased again and appears to be on an upward trajectory.



## Activity - Indicators and Performance

			Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Activity
Category	Indicator	17_18 Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	
ED	ED Attendances	8285	8527	8285	8699	8239	8537	7853	8051	8816	8549	8579	8897	8083	
ED	ED Admission Rate %		16.9%	17.2%	17.3%	17.3%	16.4%	17.4%	17.5%	18.0%	18.1%	16.6%	16.3%	15.8%	
Community	Community DNA Rate %	<10%	6.9%	7.1%	7.0%	7.6%	7.3%	7.8%	7.7%	8.1%	8.0%	6.8%	7.6%	7.6%	
Community	Community Face to Face Contacts		66486	52682	62932	61543	59815	51865	57468	57570	60571	50404	59779	53256	
Admissions	Elective and Daycase		1850	1618	1790	1931	1904	1830	1828	1907	2004	1587	1943	1731	
Admissions	Emergency Inpatients		2200	2117	2211	2131	2163	2136	2242	2456	2368	2180	2215	1907	
Referrals	GP Referrals to an Acute Service		8308	6297	7600	7046	6829	7147	6766	7439	7455	5754	7615	7112	
Referrals	% of GP Referrals that were completed via ERS		18.9%	20.5%	19.7%	21.5%	23.3%	29.1%	31.3%	33.8%	35.9%	39.0%	48.5%	46.6%	
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%	16.8%	
Maternity	Maternity Births	333	306	301	329	322	314	319	344	347	337	332	321	253	
Maternity	Maternity Bookings	377	438	345	483	364	380	378	338	420	385	302	405	375	
Outpatients	Outpatient DNA Rate % - New	<10%	12.1%	12.3%	11.9%	11.2%	11.8%	12.6%	11.4%	11.0%	10.2%	11.0%	10.9%	10.9%	
Outpatients	Outpatient DNA Rate % - FUP	<10%	11.9%	11.6%	11.7%	10.2%	11.6%	12.0%	11.1%	10.2%	10.1%	10.7%	12.1%	10.0%	
Outpatients	Outpatient New Attendances		9208	7568	9405	9113	8633	8748	8877	9774	10076	7974	10440	9072	
Outpatients	Outpatient FUP Attendances		18970	15644	18621	18991	17822	17403	17435	19477	19262	15848	18710	16021	
Outpatients	Outpatient Procedures		5793	4980	6098	6354	5748	5787	6471	7096	7452	5836	7387	6737	
Theatres	Theatre Utilisation	>85%	82.7%	84.9%	85.9%	82.7%	83.4%	80.8%	81.2%	86.1%	85.6%	85.7%	85.6%	87.2%	



## Average Tariff by Point of Delivery (POD)

			Q4	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4
Category	Point of Delivery (POD)	17_18 Target	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Average Tariff	Daycases		657	739	727	709	699	704	693	687	717	710	697
Average Tariff	Elective		4214	3772	2701	3726	4014	3535	4042	3959	3525	3526	3403
Average Tariff	Non-Elective		2165	1790	1883	2356	2199	2335	1693	2188	2180	2561	2670





## Activity - Commentary

### **E Referral Service**

The number of appointment slot issues has increased from 10.3% to 13.3% and this month 16.8%. The main issues are in WH, CYP, CSS and IM who are all above the 4% target and as a result impact on the Trust's overall position. There is an agreed date of 16th April 2018 when all paper referrals will be returned to the referrer by Whittington Health's central booking team.

### **DNA**

Endoscopy's transition on to DrDoctor went ahead as scheduled on the 28/02/2018. The trust will need at least one month before we see any trends in DNA rates for this service. Podiatry has also gone live as scheduled on the 12/03/2018. The next three services are Haematology, COOP and Respiratory. Progress has been made with the Access Centre team and a plan will be put in place to start integration with other services.

# Trust Board

28<sup>th</sup> March 2018

<b>Title:</b>		<b>NHS National Staff Survey Results 2017</b>					
<b>Agenda item:</b>		<b>18/040</b>		<b>Paper</b>		<b>8</b>	
<b>Action requested:</b>							
<b>Executive Summary:</b>							
<b>Summary of recommendations:</b>		<p>Trust Board is asked to note the content of this report and agree to the recommended priority areas assigning a member of the executive team / clinical directors for each of the themes. An update on the Action Plan will be taken to the Workforce Assurance Committee.</p> <p>Each of the ICSU Clinical Directors is asked to disseminate their ICSU results to their management teams and agree their local areas for improvement and action plan against the identified themes.</p> <p>Trust Board are asked to discuss and agree the proposed action plan detailed in section 6 of this report</p>					
<b>Fit with WH strategy:</b>							
<b>Reference to related / other documents:</b>							
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>							
<b>Date paper completed:</b>		March 2018					
<b>Author name and title:</b>				<b>Director name and title:</b>		<b>Norma French, Director of Workforce</b>	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>		<b>Quality Impact Assessment complete?</b>		<b>Financial Impact Assessment complete?</b>	



## 1.0 Introduction

- 1.1 This is the seventh year in which Whittington Health as an Integrated Care Organisation (ICO) has conducted the national staff survey. This year the Trust opted to invite all eligible staff to complete the staff survey. This paper summarises the results of the survey, draws out key comparative data and provides details of a proposed action and communications plan.
- 1.2 The NHS England-commissioned survey gathered responses across 309 NHS organisations from 485,000 staff, the biggest response in the survey's history. Nationally, the results of the 2017 survey show that 15.2 percent of staff reported having experienced physical violence at a rise of 15% and discrimination experienced by staff at work fomed from 11.8% to 12.6%, with more staff experiencing discrimination from colleagues and managers rather than patients.
- 1.3 The findings from this NHS survey will be considered in conjunction with the progress made on last year's staff survey action plan, and the analysis of these results will be discussed with the Trust Management Group (TMG) to agree priorities and the overall approach to the development of a staff survey action plan, to be presented to the Trust Board in March 2018.
- 1.4 The Trust commissions the Picker Institute to run its survey, as do a further 20 other combined Acute and Community Trusts. This means that in addition to the national comparisons, we have access to reports at ICSU and individual service levels for a more detailed and local analysis.
- 1.5 The 2017 NHS staff survey presents data on 32 key areas known as 'Key Findings' and include the top and bottom ranking Key Findings, benchmarked analysis of Key Findings against other organisations of a similar type (43 nationally), and breakdowns of the scores by directorate, occupational groups and demographic groups. The feedback reports also contain data required for the Workforce Race Equality Standard (WRES). All of the 2017 Key Findings are directly comparable to those from the 2016 iteration of the survey.

**The Key Findings are presented in the feedback reports under the following nine themes:**

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health & wellbeing
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying
- Working patterns

## 2.0 Response and Respondent Details

Of Whittington Health's (WH) 4102 eligible staff, 1704 staff took part in this survey. This is a response rate of **42%** which is **average** for combined acute and community trusts in England (43%), and compares with a response rate of 36% (441 eligible staff) out of a randomised sample of 1250 in the 2016 survey.

Staff responses by work and demographic characteristics:

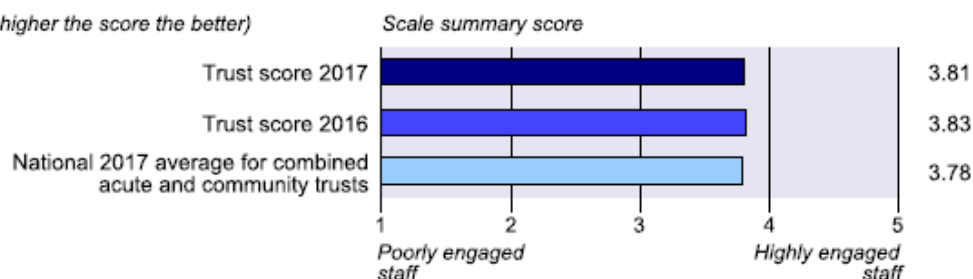
- 84% responding staff work full-time and 16% part-time
- 41% responding staff were under 40 and 58% were over 50
- 21% responding staff were male, 75% female and 4% preferred not to say
- 40% of responding staff reported as BME and 60% as white
- 16% of responding staff reported as disabled and 84% as not disabled

### 3.0 The CQC Staff Survey Results Overview

#### 3.1 Staff Engagement Indicator

##### OVERALL STAFF ENGAGEMENT

(the higher the score the better)



The CQC report provides an overall indicator of staff engagement for Whittington Health and how it compares with other combined acute and community Trusts. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of **3.81** was **average** when compared with trusts of a similar type and marginally lower than its 2016 score of 3.83 and above its 2015 score of 3.79. The diagram below illustrates how this score is arrived at using Key Findings 1, 4, and 7.

	Change since 2016 survey	Ranking, compared with all combined acute and community trusts
<b>OVERALL STAFF ENGAGEMENT</b>	• No change	• Average
<b>KF1. Staff recommendation of the trust as a place to work or receive treatment</b> <i>(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)</i>	• No change	• Average
<b>KF4. Staff motivation at work</b> <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	• No change	✓ Above (better than) average
<b>KF7. Staff ability to contribute towards improvements at work</b> <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	• No change	✓ Above (better than) average

#### 3.2 Top Ranking Scores

For each of the 32 Key Findings, the combined acute and community trusts in England were placed in order from 1 (the top ranking score) to 43 (the bottom ranking score). Whittington Health NHS Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1:

KF	Key Findings	Score Type	Trust	National
12	Quality of appraisals	1-5 scale summary – the higher score the better	3.27	3.11
22	Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	% score – the lower score the better	11%	14%
28	Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	% score – the lower score the better	27%	29%
4	Staff motivation at work	1-5 scale summary – the higher score the better	3.94	3.91
27	Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	% score – the higher score the better	49%	47%

It is particularly encouraging to see 'staff motivation at work' appearing in the top five and 'the quality of appraisals' remain as per 2016 results. Of particular note is the positive decrease of staff suffering physical violence from patients, relatives or the public which scored as one of the bottom ranking findings last year with a Whittington score of 31%.

### 3.3 Bottom Ranking Scores

Whittington Health's five Key Findings which compare least favourably with the other 43 combined acute and community Trusts is set out below.

KF	Key Findings	Score Type	Trust	National
17	Percentage of staff feeling unwell due to work related stress in the last 12 months	% score – the lower score the better	45%	38%
26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	% score – the lower score the better	31%	24%
21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	% score – the higher score the better	73%	85%
29	Percentage of staff reporting errors, near misses or incidents witnessed in the last month	% score – the higher score the better	87%	91%
20	Percentage of staff experiencing discrimination at work in the last 12 months	% score – the lower score the better	19%	10%

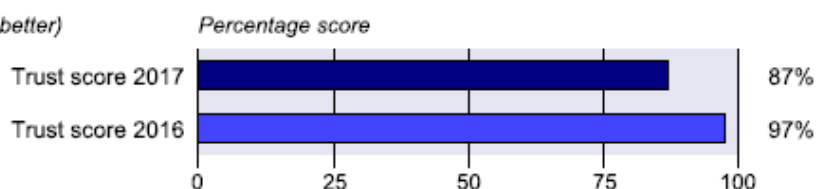
Disappointingly and for the second year running the percentage of staff experiencing discrimination or harassment, bullying or abuse from other staff is highlighted as concerns as is work related stress. Of particular note is the low percentage of staff who believe that the organisation provides equal opportunities for career progression or promotion. This is further discussed in section 4 of this paper

### 3.4 Largest Local Changes since the 2016 survey

The report highlights the two Key Findings where staff experiences have deteriorated since the 2016 survey. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

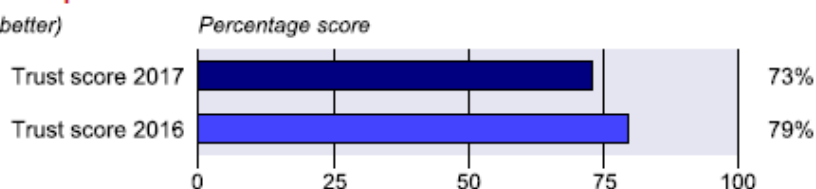
#### ! KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



#### ! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



### 3.5 Comparisons with other Trusts

Across the 32 key findings, Whittington Health is compared with other combined acute and community trusts in England and to the trust's own performance in the 2016 survey. Nationally of the 32 key finding themes, 21 saw results worsened compared to 2016, while only 11 improved

A positive rating is when the trust is better than average, or where the score has improved since 2016. Scores are provided either in percentages or point scores, with a range of one to five, where one is low and five is high.

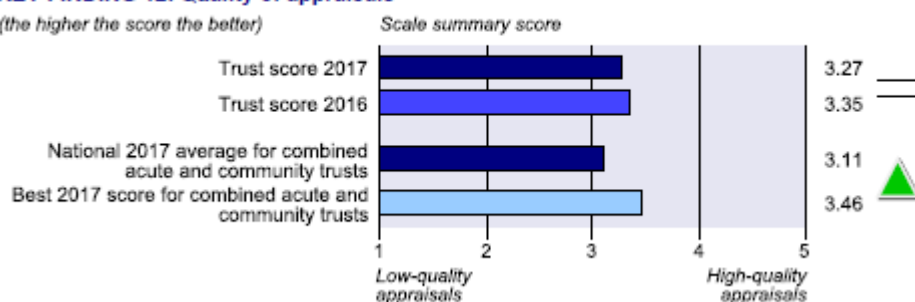
**The Trust is positively rated six times:**

#### Appraisals & support for development

The chart below demonstrates that staff perception of the quality of appraisals has decreased by 0.08 points (statistically not significant) since last year, from 3.35 to 3.27. However, remains above the national average of similar types of trust at 3.11 and behind the best scoring trust by 0.19.

#### KEY FINDING 12. Quality of appraisals

(the higher the score the better)

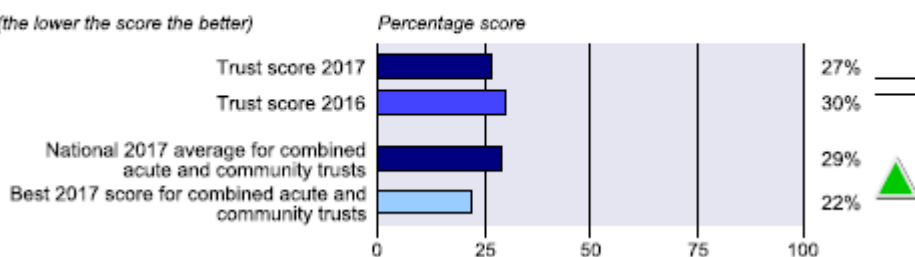


#### Errors & incidents

Whilst not statistically significant, the 3% drop in staff witnessing potentially harmful errors, near misses and incidents is a move in the right direction, and at 27% is below the average of similar trusts 29%. Whittington Health is 5% behind the best scoring trusts of our type.

#### KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



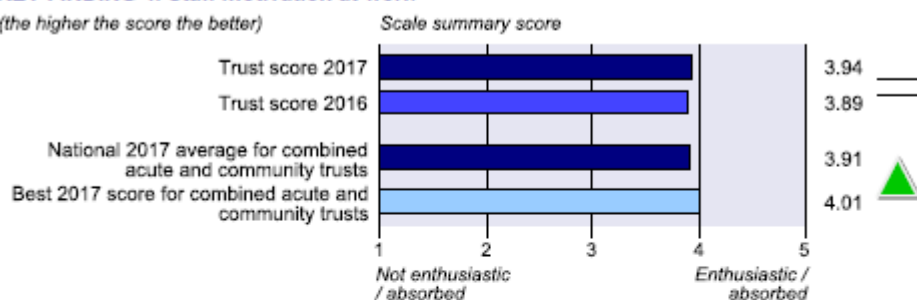
#### Job satisfaction

Job satisfaction is measured by motivation and the extent to which individuals are able to contribute towards making improvements at work. The Trust score at 3.94 is a 0.5 point increase on last year's score and 0.3 points ahead of the average for similar trusts.

There is a statistically insignificant drop of 2% in staff reporting that they are able to contribute towards improvements at work to 72%, however, this remains above the average for similar trusts at 70%. The Trust is 5% behind the best performing trusts in this area.

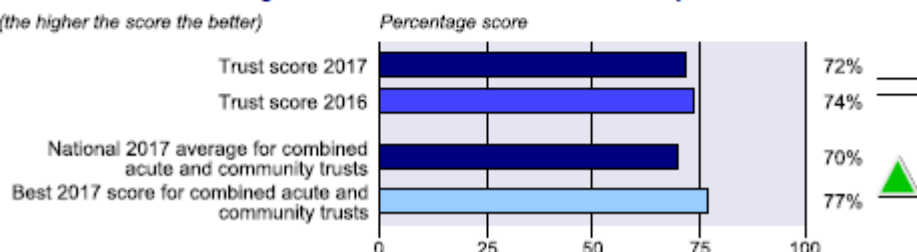
#### KEY FINDING 4. Staff motivation at work

(the higher the score the better)



#### KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



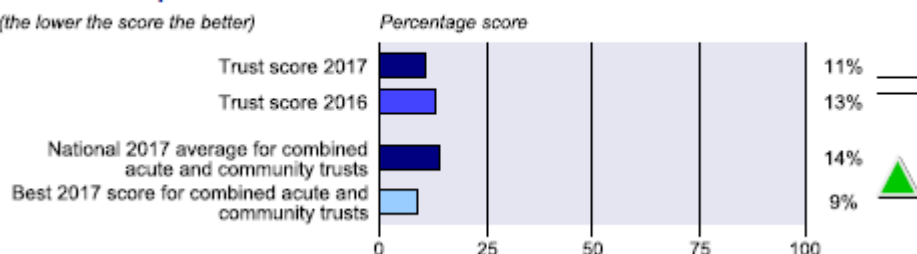
### Violence, harassment and bullying

The level of episodes of violence, harassment and bullying is measured alongside the rate of reporting of those events. Staff at the Trust experience a 3% lower rate of violence at 11% than nationally at 14%. Whilst not statistically significant, the level of incidences has reduced from 2% from 13%. The Trust rate of occurrence is 2% above the best performing trusts of similar type.

It is encouraging that the rate of reporting cases of harassment, bullying and abuse has increased from 46% to 49% which is 2% above the average. Although this increase is not statistically significant, it is movement in the right direction. The best performing trusts have a 5% better reporting rate than Whittington Health.

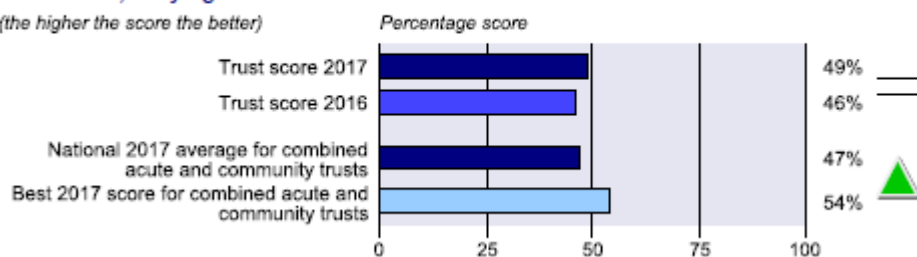
#### KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



#### KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



A negative rating is where the trust's score is worse than average or where the score is not as good as 2016. Again, scores are provided either in percentages or point scores, with a range of one to five, where one is low and five is high.

**The trust is negatively rated 14 times:**

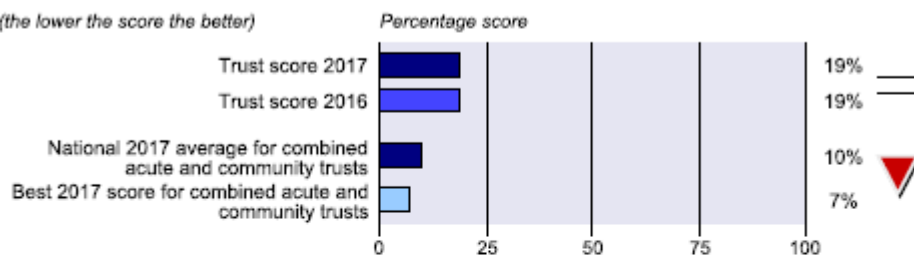
## Equality & diversity

The percentage of staff who have experienced discrimination at work in the last year has not changed since last year and stands at 19%. This is 9% above the average for similar trusts and 12% above the best performing trusts in this area. This is clearly of concern and must remain a focus for attention.

The chart of key finding 21 shows a 6% drop in the percentage of staff who believe that the Trust provides equal opportunities for career progression and promotion at 73%. This is 12% below the national average of similar trusts and 20% below the best performing trusts. This significant score signals a focus for action.

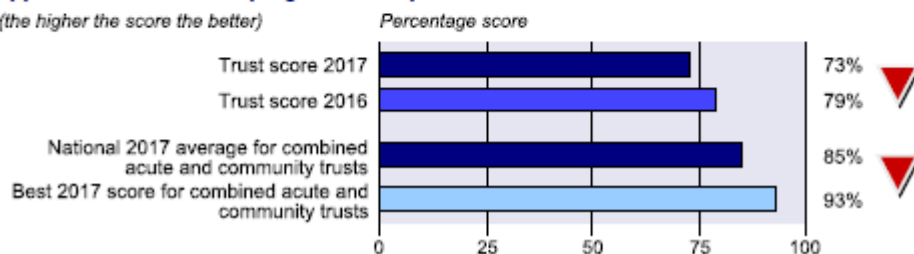
### KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



### KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)

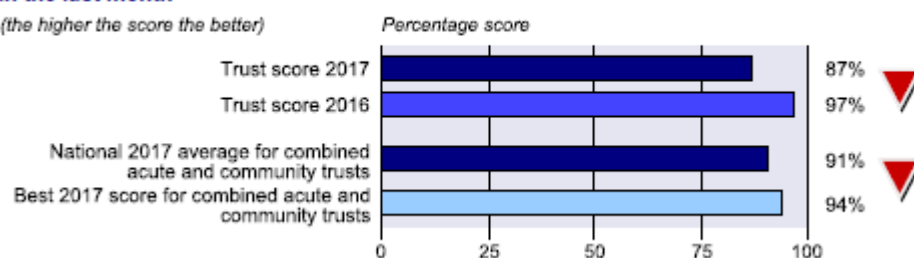


## Errors & incidents

Whilst there is a reduction in the number of incidents witnessed (key finding 28, in the “positively rated” section, above) since last year, there is also a disappointing 10% reduction in the rate of reporting them at 87%. This is 4% below the average for similar trusts, and 7% below the best performing trusts.

### KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)

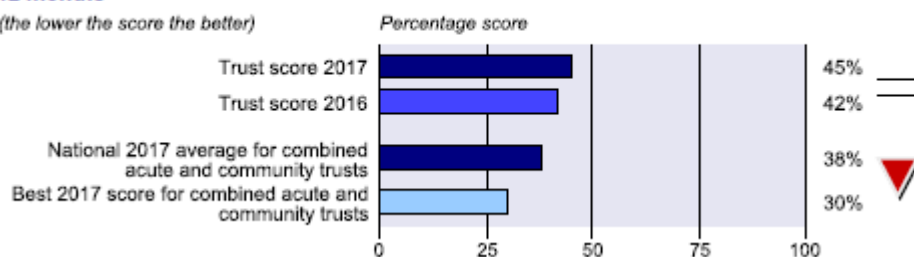


## Health & wellbeing

There is a 3% increase to 45% of staff reporting that they feel unwell due to work related stress since last year. This is 7% above similar trusts and 15% above the best performing trusts.

### KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

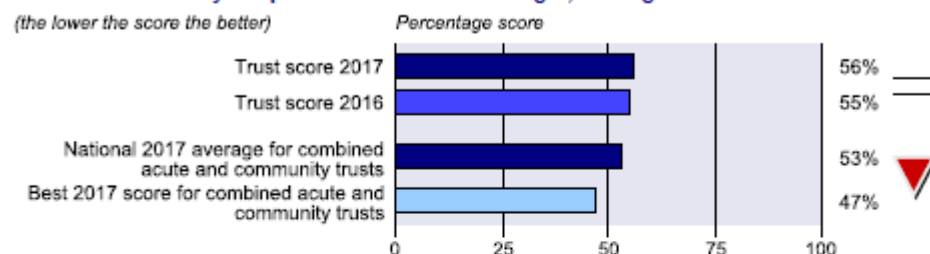
(the lower the score the better)



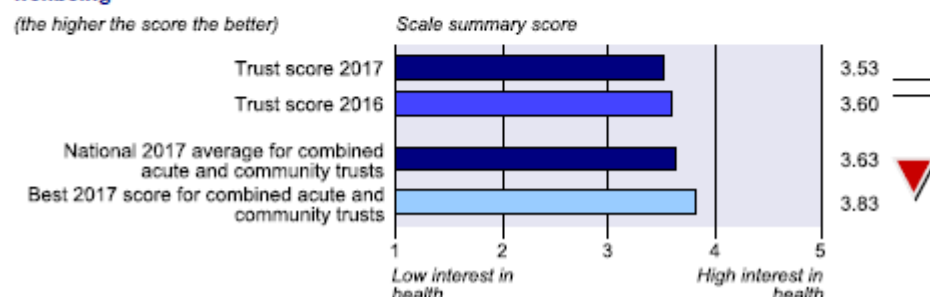
There is a smaller gap between Whittington Health and similar trusts in the percentage of staff attending work despite feeling unwell due to managerial or other pressure. At 56% the Trust score is a 1% increase from last year, is 3% above the average, and is 9% above the best performing trusts of similar type.

Staff perception of the Trust interest and action on health and wellbeing has fallen 0.7 points since last year's score of 3.60 to 3.53. Whilst this drop is not statistically significant, it is 0.1 points below the average for similar trusts and 0.3 below the best performing trusts of similar type.

#### KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves



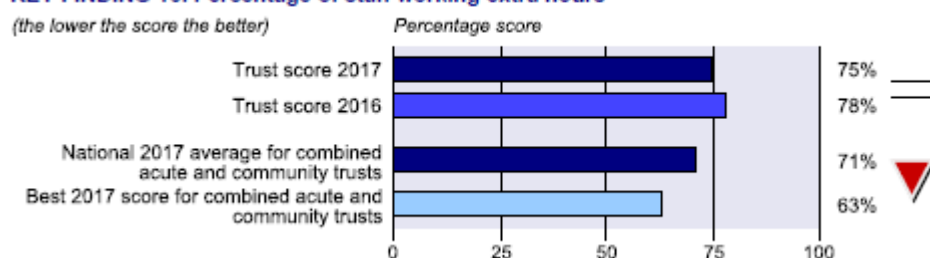
#### KEY FINDING 19. Organisation and management interest in and action on health and wellbeing



### Working patterns

There is movement downwards since last year, from 78% to 75%, of staff working additional hours. Although not statistically significant, it is in the right direction. However, this is 4% above the average for similar trusts, and 12% higher than the best performing trusts of similar type.

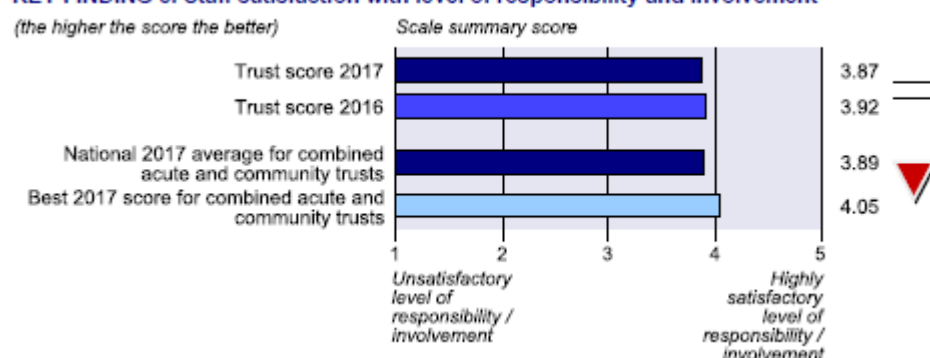
#### KEY FINDING 16. Percentage of staff working extra hours



### Job satisfaction

Staff satisfaction with the level of responsibility and involvement has dropped 0.05 points since last year from 3.92 to 3.87. This is 0.02 points below average, and 0.18 below best performing similar trusts.

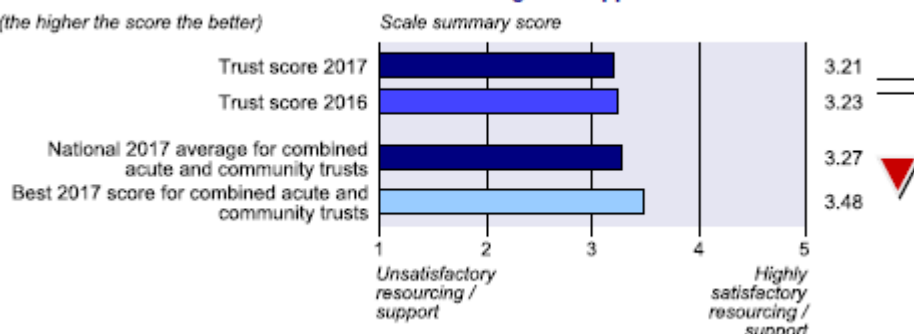
#### KEY FINDING 8. Staff satisfaction with level of responsibility and involvement



Staff satisfaction with resourcing and support has dropped by 0.02 points from 3.23 to 3.21, and is 0.06 points below the average, and 0.27 below the best performing trusts in this area. The free text commentary shows a number of comments relating to the valuable support received from managers and colleagues, whilst there were no positive comments offered in relation to resources and equipment.

#### KEY FINDING 14. Staff satisfaction with resourcing and support

(the higher the score the better)

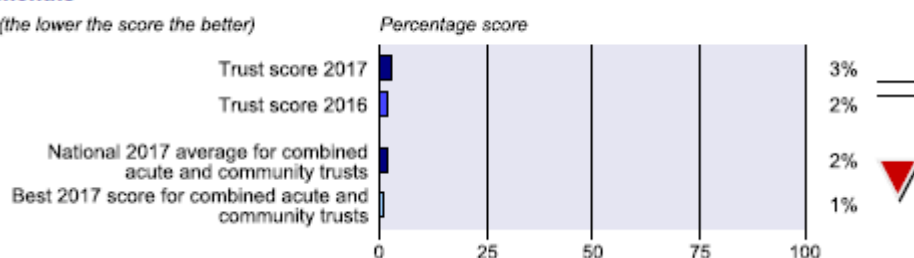


### Violence, harassment & bullying

It is of great concern that there is an increase from 2% to 3% of staff reporting physical violence from other staff in the last year. This is one per cent above the average and two per cent above best performing trusts in this measure and is a call to action to address.

#### KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

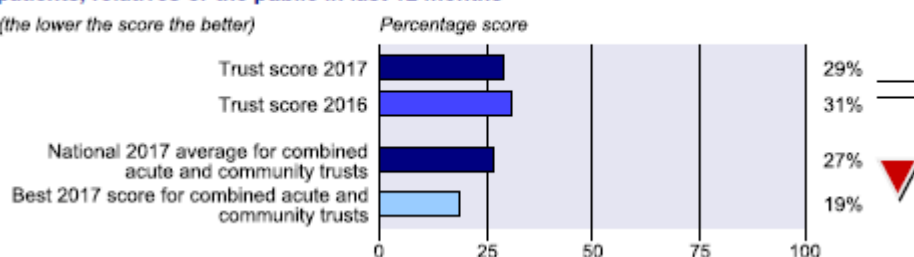
(the lower the score the better)



The percentage of staff experiencing harassment, bullying or abuse (HBA) from patients and the public, has reduced slightly from 31% to 29%. However, this is two per cent above the average and ten per cent above the best performing trusts in this key finding.

#### KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

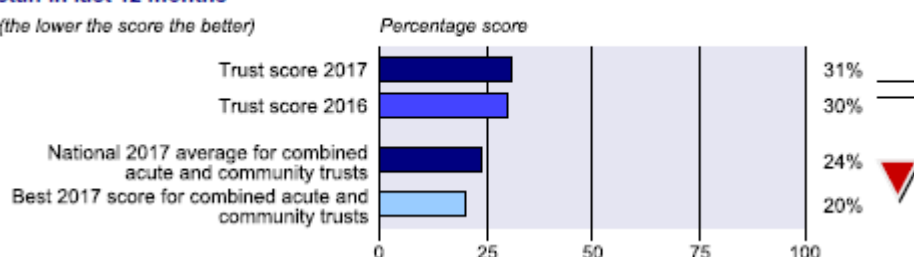
(the lower the score the better)



The percentage of staff experiencing HBA from staff has increased very slightly to 31%. However, This is 7% above the average for similar trusts, and 11% higher than the best performing trusts in this key finding.

#### KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



## 4.0 Equalities Indicators

- 4.1 The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White, and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

			Your Trust in 2017	Average (median) for combined acute and community trusts	Your Trust in 2016
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	28%	26%	30%
		BME	29%	27%	29%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	27%	23%	25%
		BME	33%	29%	32%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	85%	88%	87%
		BME	61%	73%	70%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	8%	6%	7%
		BME	17%	15%	17%

- 4.3 The disparity between white and BME colleagues in terms of believing that the organisation provides equal opportunities for career progression or promotion is alarming, particularly since there has been a drop from 70% in 2016 to 61% in 2017 of BME staff believing it is equal. The level of staff experiences of harassment, bullying or abuse from other staff is increasing in both white and BME staff and the greatest % difference between white and BME staff reported in the experience of discrimination from manager/team leader or other colleagues.

## 5.0 Progress on 2016 Staff Survey Action Plan

- 5.1 The Trust Board agreed to focus on areas where there was either deterioration in local performance or where the Trust compared less favourably with other Trusts. The focus areas are listed below with examples of corporate actions given to each corporate lead and the impact in terms of this year's score.

### 1. Staff motivation at work

- Local staff recognition arrangements such as employee of the month
- Annual Staff Awards ceremony commenced



Staff motivation has improved since last year and received a positive rating as we scored 3.94 against a national average of 3.91 for combined and acute and community trusts

### 2. Staff satisfaction with resourcing and support

- Promotion of Stop/Start scheme



There has been a fall of 0.2 in the rating since last year and we are below the national average of 3.27 for combined and acute community trusts at a score of 3.21

### 3. Percentage appraised in the last 12 months

- Ensure all staff have up to date Personal Development Plans
- Appraisal training for appraisees and appraisers to become mandatory for those yet to attend



There has been a percentage increase of staff appraised in the last 12 months of 4% since 2016 and the current score of 85% is 1% less than the average for all combined acute and community trusts.

### 4. Providing support and opportunities for staff to maintain health, wellbeing and safety

- Focus health and wellbeing events on mental health, work life balance and stress management
- Tackle specific identified bullying hotspots in ICSUs
- Evaluate findings from anti bullying advisors to date
- Unconscious bias masterclass training

- ▲ The percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves increased 1% from 2016 up to 56% and is above the national average of 53% for combined acute and community trusts
- ▲ Staff rated organisation and management interest in and action on health and wellbeing down from 3.60 in 2016 to 3.53 which is below the national average for combined acute and community trusts of 3.63
- ▲ Although the percentage of staff working extra hours has decreased from 78% in 2016 to 75% it remains below the national average of 71% for combined acute and community trusts
- ▲ Although the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months has decreased from 31% in 2016 to 29% in 2017 it remains above the national average of 27% for combined acute and community trusts
- ▲ The percentage of staff experiencing harassment, bullying or abuse from staff/colleagues in the last 12 months has increased from 30% in 2016 to 31% in 2017 and remains significantly above the national average of 24% for combined acute and community trusts
- ▲ The percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse has increased from 46% in 2016 to 49% and is above the national average of 47% for combined acute and community trusts

#### 5. Reducing discrimination at work and believing the organisation provides equal opportunity for career progression

- Unconscious bias Masterclass training (3 hours) to become mandatory or 'good practice' for all managers and leaders
- Focus groups to understand the reasons for this reported experience
- Focus career management on improving diversity opportunities and spotlighting positive role models.
- Robust integration of exit interviews to identify themes and 'learning from' opportunities.

- ▲ The percentage of staff experiencing discrimination at work in the last 12 months remains at 2016 levels of 19% and is significantly above the national average of 10% for combined acute and community trusts

- ▲ The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion has decreased from 79% to 73% in 2017 and is significantly below the national average of 85% for combined acute and community trusts

#### 6.0 Suggested Response and Action Plan

The focus of the action plan for the 2017 survey will be as follows:

- 1) 2016 focus areas where there has been no significant improvement
- 2) where there has been deterioration in local performance
- 3) where the Trust compares less favourably with other combined acute and community trusts
- 4) additional themes picked up from analysis of staff free text. The analysis of the free text is appended to this paper.

The areas for action are themed under the nine staff survey themes rather than NHS Constitution pledges. This is to ensure actions are clearly linked back to staff survey findings for improved staff communications

Staff Survey Theme	Key Finding *in bold if a key action from 2016 *in green if identified as a theme from staff comments
Appraisals & Support for development	Improving career progression opportunities for staff
Equality & Diversity	<b>KF 20. Percentage of staff experiencing discrimination at work in the last 12 months</b> <b>KF 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion</b>

Errors & Incidents	KF 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month
Health and Wellbeing	KF 17. Percentage of staff feeling unwell due to work related stress in the last 12 months <b>KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves</b> <b>KF 19. Organisation and management interest in and action on health and wellbeing</b>
Working Patterns	<b>KF16. Percentage of staff working extra hours</b>
Job Satisfaction	KF 8. Staff satisfaction with level of responsibility and involvement <b>KF 14. Staff satisfaction with resourcing and support</b> Improved working relationships and links between acute and community staff
Violence, Harassment and Bullying	KF 23. Percentage of staff experiencing physical violence from staff in last 12 months <b>KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</b> <b>KF. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</b> Linking ICARE values to staff competencies and training
Patient Care & Experience	QI focus on improving corporate processes in HR, finance, IT and procurement for the benefit of staff working

As agreed at a recent TMG, ICSU and Directorate leads are asked to ensure managers in each area have received a 'You Said We Did' template and are tasked with their team to agree three local improvements that link back to the agreed focus areas. HR and OD will create ways of reporting back and celebrating success on a monthly basis.

## 7.0 Communication Plan

The results and action plan from the National Staff Survey 2016 will be communicated as follows:

- Trust wide communications 6<sup>th</sup> March 2018 onwards
- CEO message to all staff 6<sup>th</sup> March 2018
- Chief Executive Briefing 9<sup>th</sup> March 2018
- Trust Management Group 13<sup>th</sup> March 2018
- ICSUs and Directorates through March and April 2018
- All Staff – listening exercise End March – April 2018
- All staff – feedback & next steps May 2018
- Trust Board March 2018
- Partnership Group April 2018

To ensure that staff are included in the process it is proposed that a series of 'listening exercises' in the community and hospital setting are offered to staff during March - April 2018. Staff will be invited to consider the themes and be asked to make suggestions on how improvements can be implemented across the Trust. OD,HR and communications will support the delivery of the sessions but staff will be asked to run them. The suggestions in the staff survey free text will also be captured and included in the feedback. It will also be an opportunity to highlight current support opportunities that staff may not be aware of such as the staff network, internal mediation service, bespoke training opportunities from internal faculty and coaching.

## **2017 National NHS staff survey**

### **Brief summary of results from Whittington Health NHS Trust**

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3: Summary of 2017 Key Findings for Whittington Health NHS Trust	6
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## 1. Introduction to this report

This report presents the findings of the 2017 national NHS staff survey conducted in Whittington Health NHS Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com).

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

These sections of the report have been structured thematically so that Key Findings are grouped appropriately. There are nine themes within this report:

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

Please note, two Key Findings have had their calculation changed and there have been minor changes to the benchmarking groups for social enterprises since last year. For more detail on these changes, please see the ***Making sense of your staff survey data*** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2017 survey results for Whittington Health NHS Trust can be downloaded from: [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com). This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

## Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

Q21a, Q21c and Q21d feed into Key Finding 1 “Staff recommendation of the organisation as a place to work or receive treatment”.

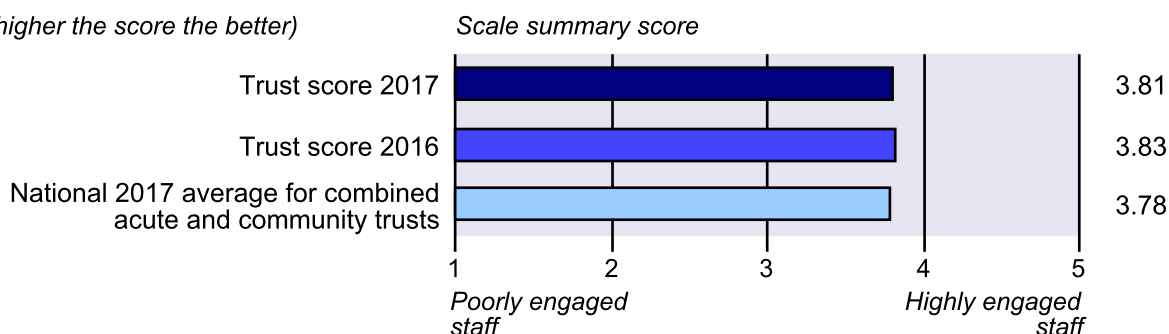
		<b>Your Trust in 2017</b>	<b>Average (median) for combined acute and community trusts</b>	<b>Your Trust in 2016</b>
Q21a	"Care of patients / service users is my organisation's top priority"	77%	75%	77%
Q21b	"My organisation acts on concerns raised by patients / service users"	73%	73%	78%
Q21c	"I would recommend my organisation as a place to work"	59%	59%	58%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	71%	69%	71%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.75	3.75	3.78

## 2. Overall indicator of staff engagement for Whittington Health NHS Trust

The figure below shows how Whittington Health NHS Trust compares with other combined acute and community trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.81 was average when compared with trusts of a similar type.

### OVERALL STAFF ENGAGEMENT

(the higher the score the better)



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how Whittington Health NHS Trust compares with other combined acute and community trusts on each of the sub-dimensions of staff engagement, and whether there has been a significant change since the 2016 survey.

	Change since 2016 survey	Ranking, compared with all combined acute and community trusts
<b>OVERALL STAFF ENGAGEMENT</b>	• No change	• Average
<b>KF1. Staff recommendation of the trust as a place to work or receive treatment</b> <i>(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)</i>	• No change	• Average
<b>KF4. Staff motivation at work</b> <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	• No change	✓ Above (better than) average
<b>KF7. Staff ability to contribute towards improvements at work</b> <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	• No change	✓ Above (better than) average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data.***

### 3. Summary of 2017 Key Findings for Whittington Health NHS Trust

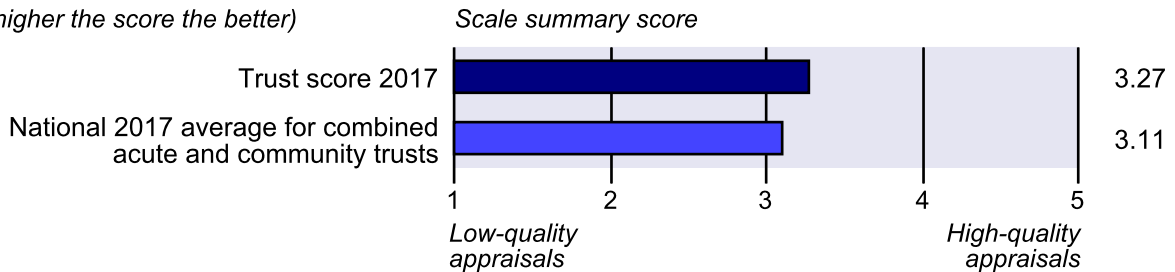
#### 3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which Whittington Health NHS Trust compares most favourably with other combined acute and community trusts in England.

##### TOP FIVE RANKING SCORES

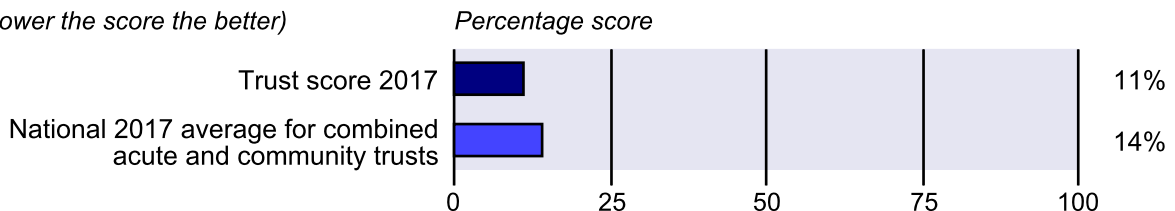
##### ✓ KF12. Quality of appraisals

(the higher the score the better)



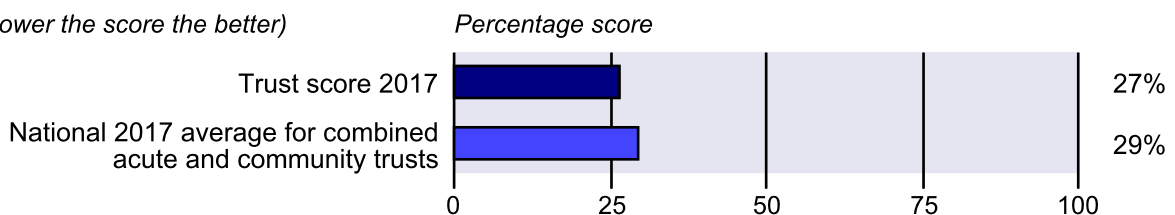
##### ✓ KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



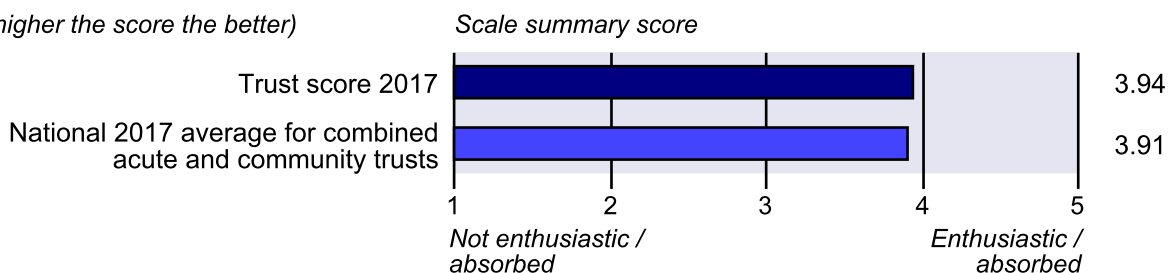
##### ✓ KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



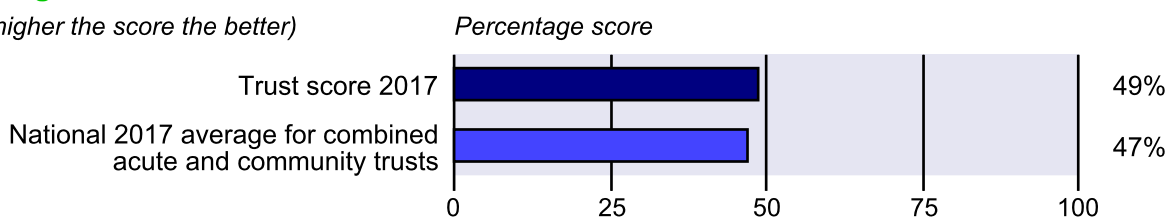
##### ✓ KF4. Staff motivation at work

(the higher the score the better)



##### ✓ KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



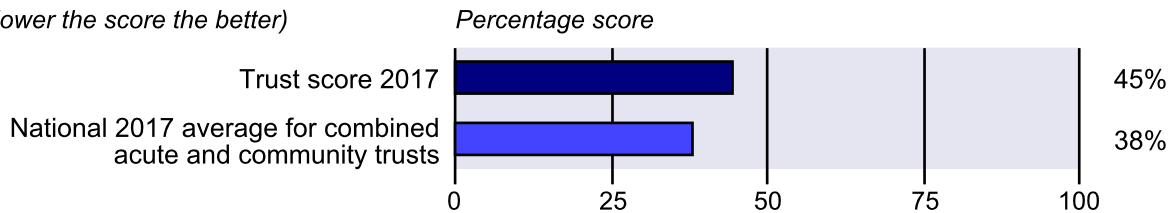
For each of the 32 Key Findings, the combined acute and community trusts in England were placed in order from 1 (the top ranking score) to 43 (the bottom ranking score). Whittington Health NHS Trust's five highest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 1. Further details about this can be found in the document ***Making sense of your staff survey data***.

This page highlights the five Key Findings for which Whittington Health NHS Trust compares least favourably with other combined acute and community trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

### BOTTOM FIVE RANKING SCORES

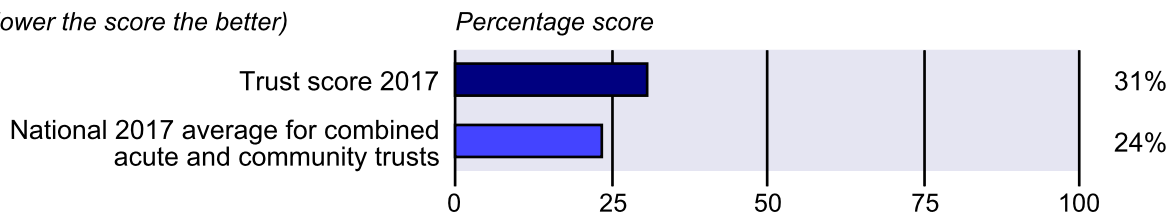
#### ! KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



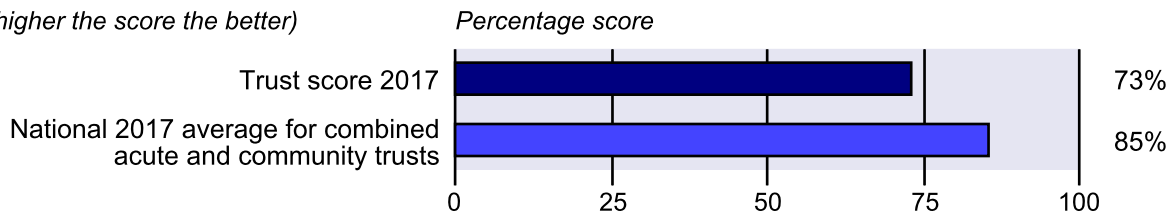
#### ! KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



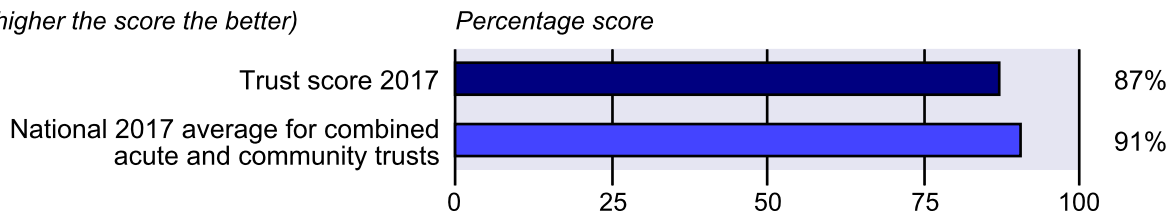
#### ! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



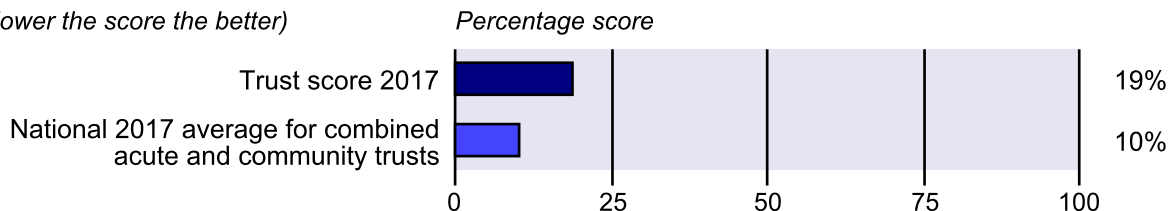
#### ! KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



#### ! KF20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



For each of the 32 Key Findings, the combined acute and community trusts in England were placed in order from 1 (the top ranking score) to 43 (the bottom ranking score). Whittington Health NHS Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 43. Further details about this can be found in the document ***Making sense of your staff survey data***.

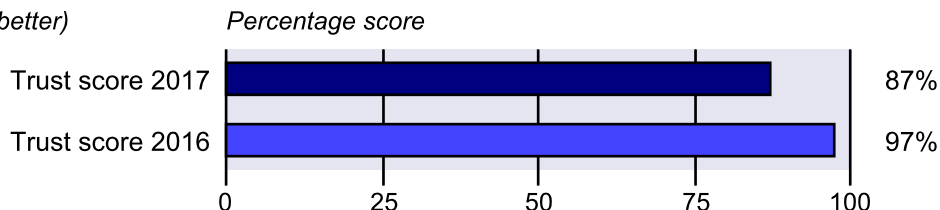
### 3.2 Largest Local Changes since the 2016 Survey

This page highlights the two Key Findings where staff experiences have deteriorated since the 2016 survey. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

#### WHERE STAFF EXPERIENCE HAS DETERIORATED

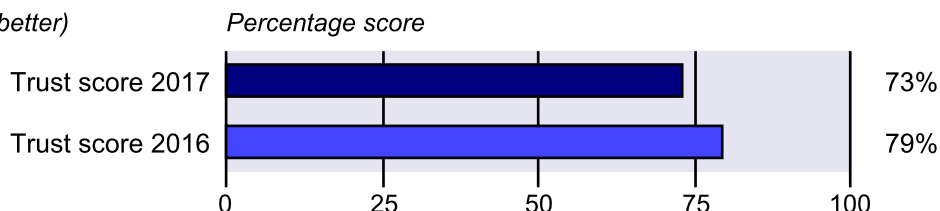
##### ! KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



##### ! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



Because the Key Findings vary considerably in terms of subject matter and format (e.g. some are percentage scores, others are scale scores), a straightforward comparison of score changes is not the appropriate way to establish which Key Findings have deteriorated the most. Rather, the extent of 2016-2017 change for each Key Finding has been measured in relation to the national variation for that Key Finding. Further details about this can be found in the document ***Making sense of your staff survey data.***

### 3.3. Summary of all Key Findings for Whittington Health NHS Trust

#### KEY

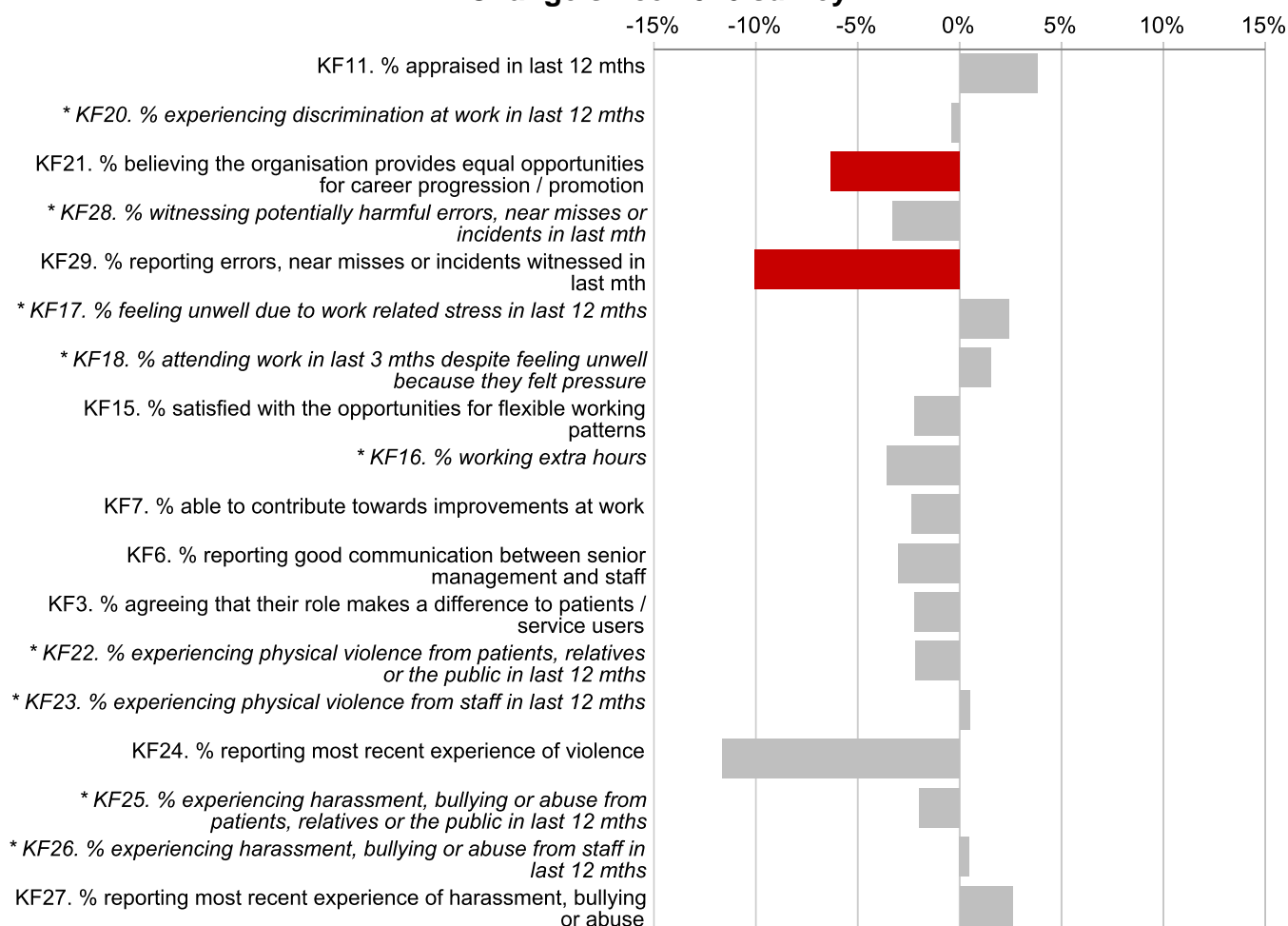
Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2016 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2016 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2016 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Change since 2016 survey



### 3.3. Summary of all Key Findings for Whittington Health NHS Trust

#### KEY

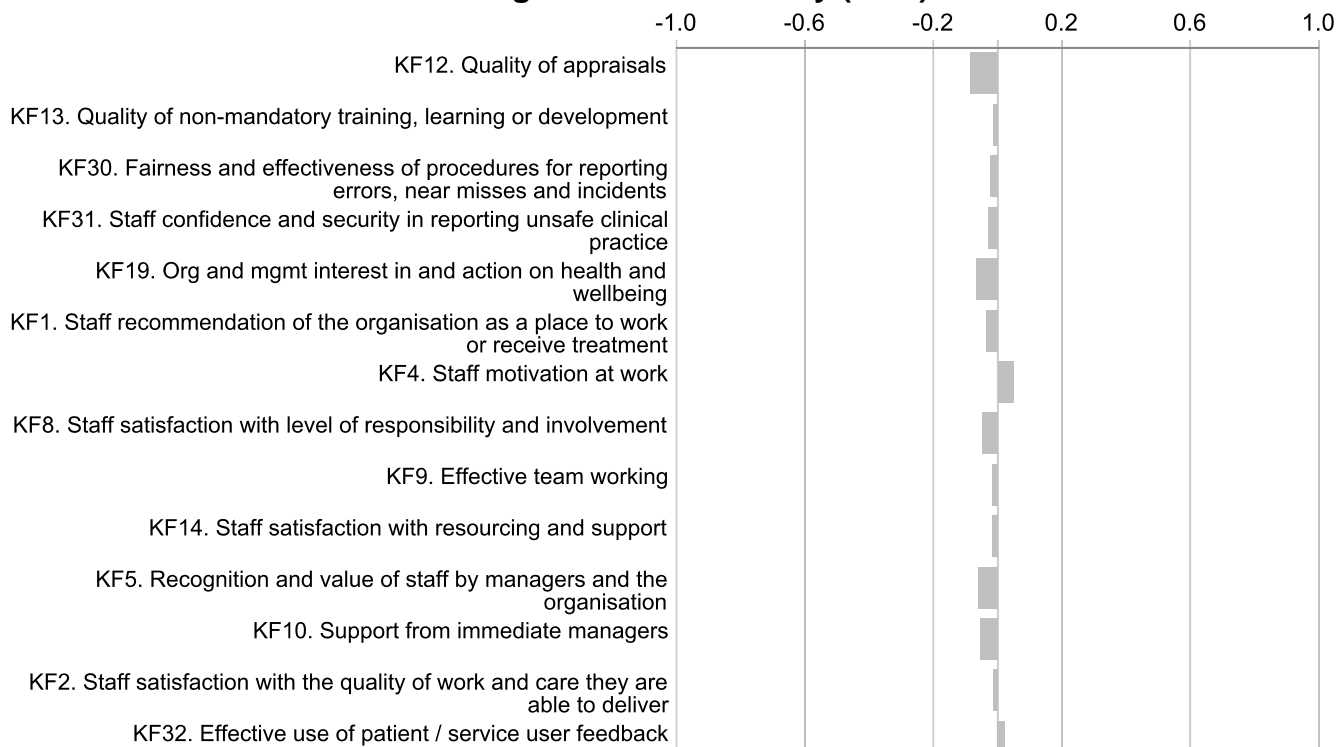
Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2016 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2016 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2016 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Change since 2016 survey (cont)



### 3.3. Summary of all Key Findings for Whittington Health NHS Trust

#### KEY

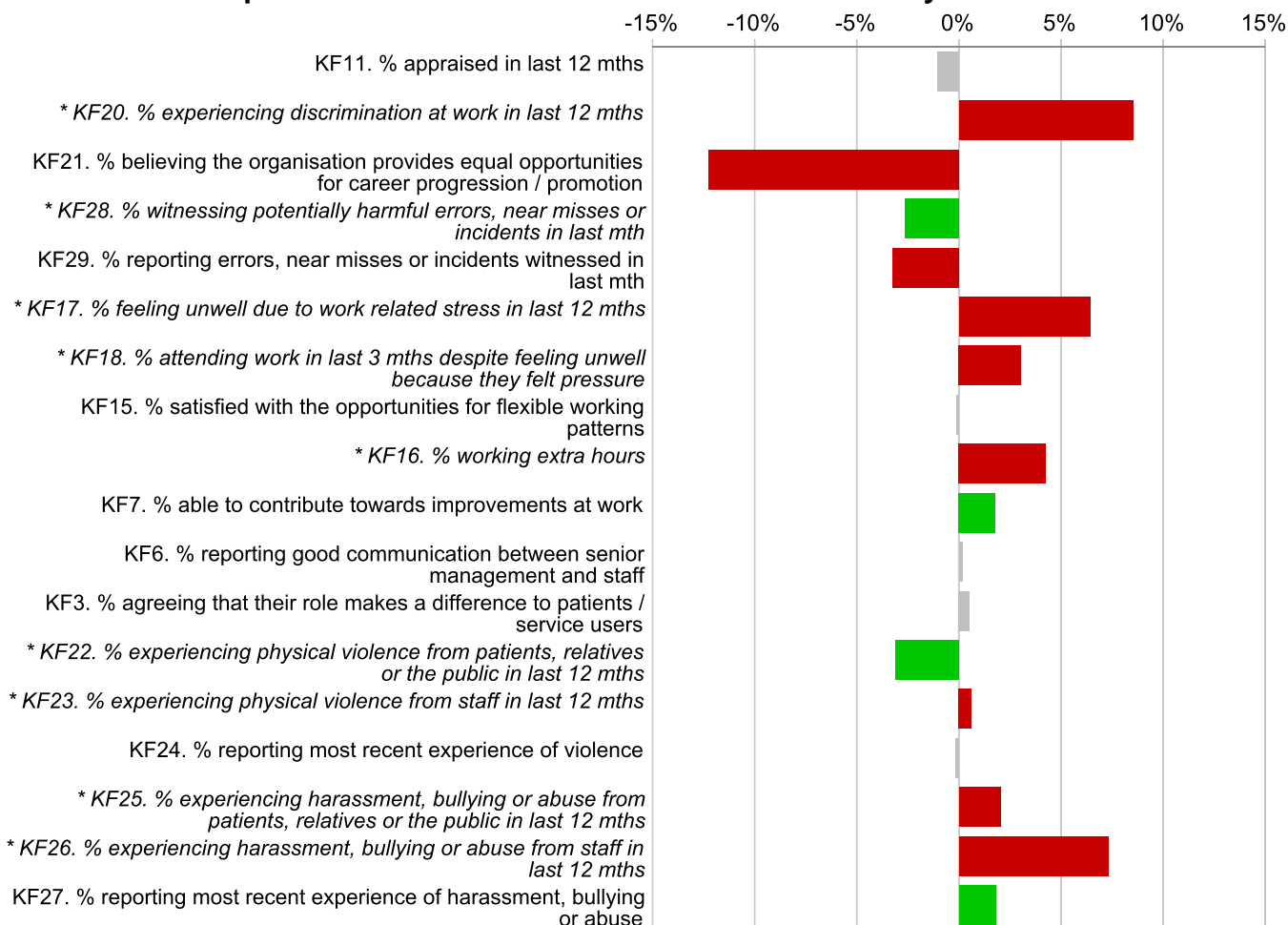
Green = Positive finding, e.g. better than average.

Red = Negative finding, i.e. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Comparison with all combined acute and community trusts in 2017



### 3.3. Summary of all Key Findings for Whittington Health NHS Trust

#### KEY

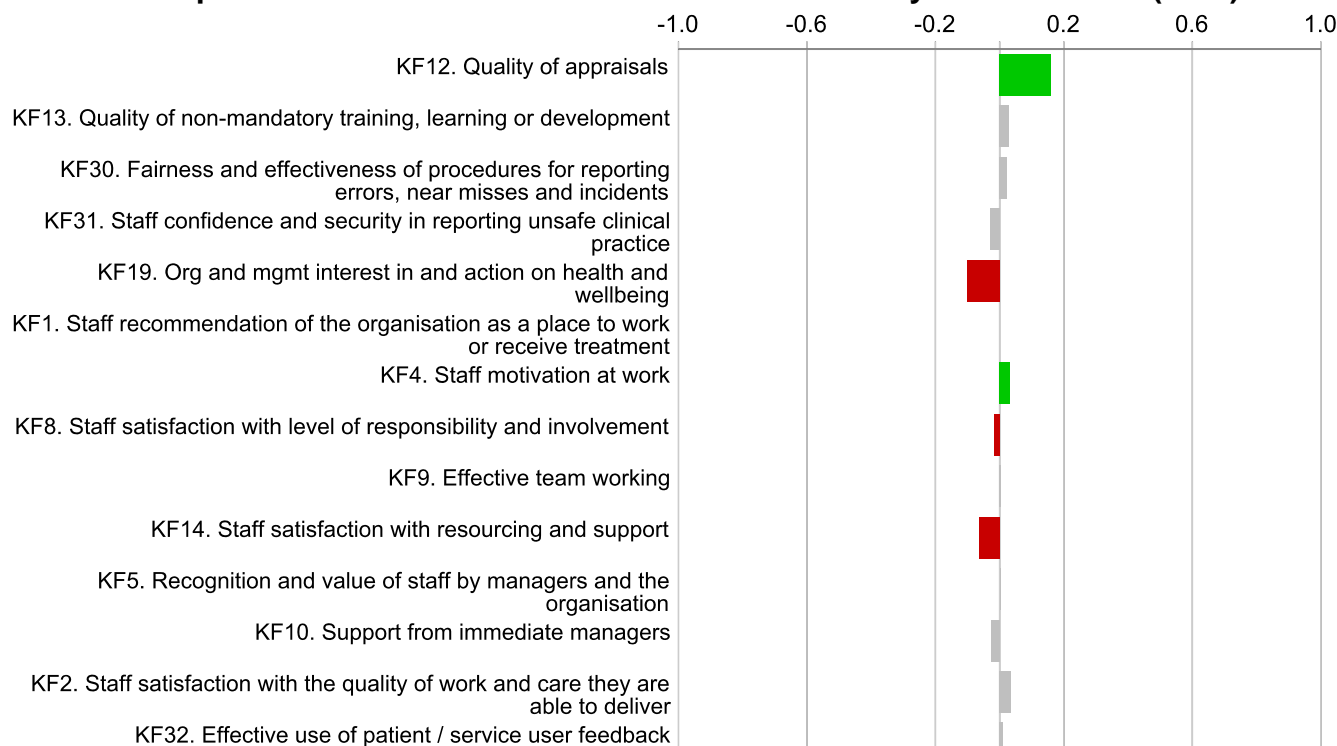
Green = Positive finding, e.g. better than average.

Red = Negative finding, i.e. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

#### Comparison with all combined acute and community trusts in 2017 (cont)



### 3.4. Summary of all Key Findings for Whittington Health NHS Trust

#### KEY

✓ Green = Positive finding, e.g. better than average, better than 2016.

! Red = Negative finding, e.g. worse than average, worse than 2016.

'Change since 2016 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2016 survey.

-- No comparison to the 2016 data is possible.

\* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2016 survey	Ranking, compared with all combined acute and community trusts in 2017
<b>Appraisals &amp; support for development</b>		
KF11. % appraised in last 12 mths	• No change	• Average
KF12. Quality of appraisals	• No change	✓ Above (better than) average
KF13. Quality of non-mandatory training, learning or development	• No change	• Average
<b>Equality &amp; diversity</b>		
* <i>KF20. % experiencing discrimination at work in last 12 mths</i>	• No change	! Above (worse than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	! Decrease (worse than 16)	! Below (worse than) average
<b>Errors &amp; incidents</b>		
* <i>KF28. % witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	✓ Below (better than) average
KF29. % reporting errors, near misses or incidents witnessed in last mth	! Decrease (worse than 16)	! Below (worse than) average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	• Average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	• Average
<b>Health and wellbeing</b>		
* <i>KF17. % feeling unwell due to work related stress in last 12 mths</i>	• No change	! Above (worse than) average
* <i>KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure</i>	• No change	! Above (worse than) average
KF19. Org and mgmt interest in and action on health and wellbeing	• No change	! Below (worse than) average
<b>Working patterns</b>		
KF15. % satisfied with the opportunities for flexible working patterns	• No change	• Average
* <i>KF16. % working extra hours</i>	• No change	! Above (worse than) average

### 3.4. Summary of all Key Findings for Whittington Health NHS Trust (cont)

	Change since 2016 survey	Ranking, compared with all combined acute and community trusts in 2017
<b>Job satisfaction</b>		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	• Average
KF4. Staff motivation at work	• No change	✓ Above (better than) average
KF7. % able to contribute towards improvements at work	• No change	✓ Above (better than) average
KF8. Staff satisfaction with level of responsibility and involvement	• No change	! Below (worse than) average
KF9. Effective team working	• No change	• Average
KF14. Staff satisfaction with resourcing and support	• No change	! Below (worse than) average
<b>Managers</b>		
KF5. Recognition and value of staff by managers and the organisation	• No change	• Average
KF6. % reporting good communication between senior management and staff	• No change	• Average
KF10. Support from immediate managers	• No change	• Average
<b>Patient care &amp; experience</b>		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	• Average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	• Average
KF32. Effective use of patient / service user feedback	• No change	• Average
<b>Violence, harassment &amp; bullying</b>		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	✓ Below (better than) average
* KF23. % experiencing physical violence from staff in last 12 mths	• No change	! Above (worse than) average
KF24. % reporting most recent experience of violence	• No change	• Average
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	! Above (worse than) average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	! Above (worse than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	✓ Above (better than) average

## 4. Key Findings for Whittington Health NHS Trust

Whittington Health NHS Trust had 1704 staff take part in this survey. This is a response rate of 42%<sup>1</sup> which is average for combined acute and community trusts in England (43%), and compares with a response rate of 36% in this trust in the 2016 survey.

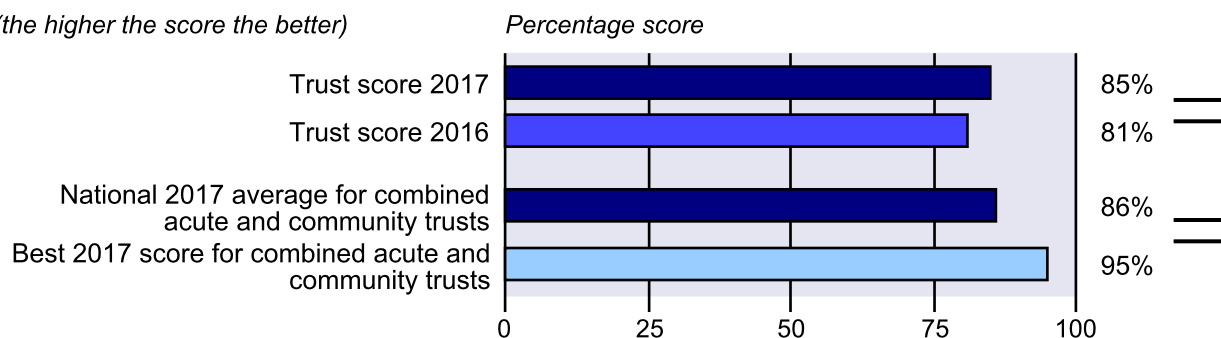
This section presents each of the 32 Key Findings, using data from the trust's 2017 survey, and compares these to other combined acute and community trusts in England and to the trust's performance in the 2016 survey. The findings are arranged under nine themes: appraisals and support for development, equality and diversity, errors and incidents, health and wellbeing, working patterns, job satisfaction, managers, patient care and experience, and violence, harassment and bullying.

**Positive findings** are indicated with a **green arrow** (e.g. where the trust is better than average, or where the score has improved since 2016). **Negative findings** are highlighted with a **red arrow** (e.g. where the trust's score is worse than average, or where the score is not as good as 2016). An equals sign indicates that there has been no change.

### Appraisals & support for development

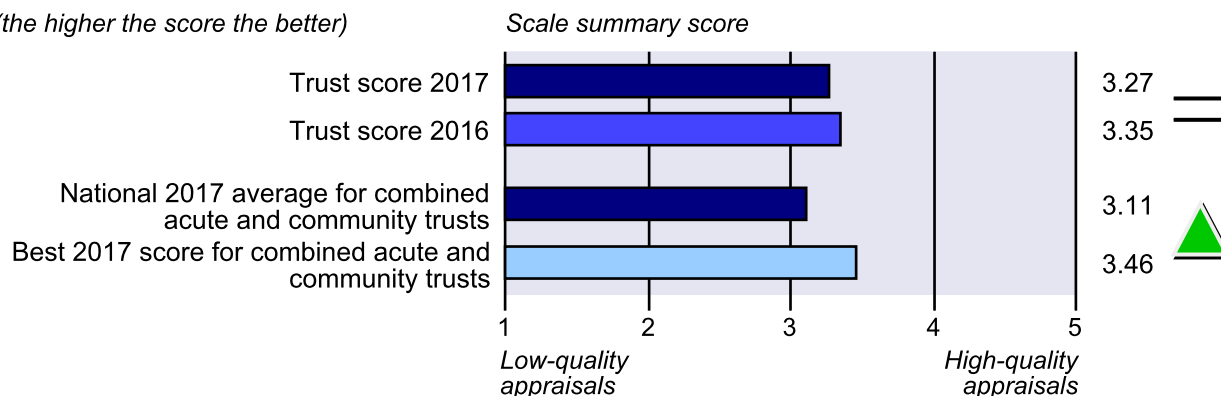
#### KEY FINDING 11. Percentage of staff appraised in last 12 months

(the higher the score the better)



#### KEY FINDING 12. Quality of appraisals

(the higher the score the better)

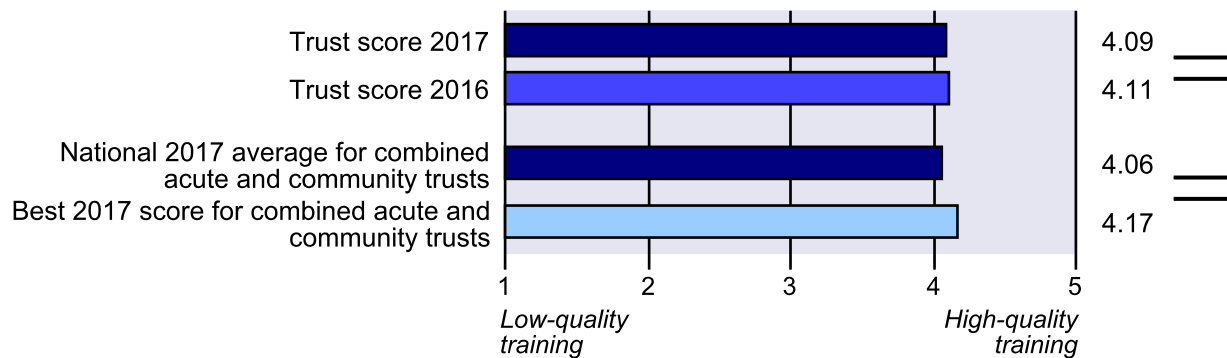


<sup>1</sup>Questionnaires were sent to all 4020 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

### KEY FINDING 13. Quality of non-mandatory training, learning or development

(the higher the score the better)

Scale summary score

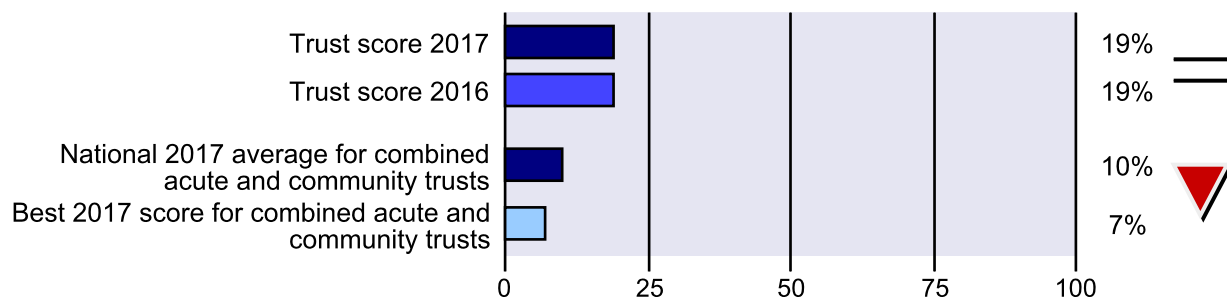


## Equality & diversity

### KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)

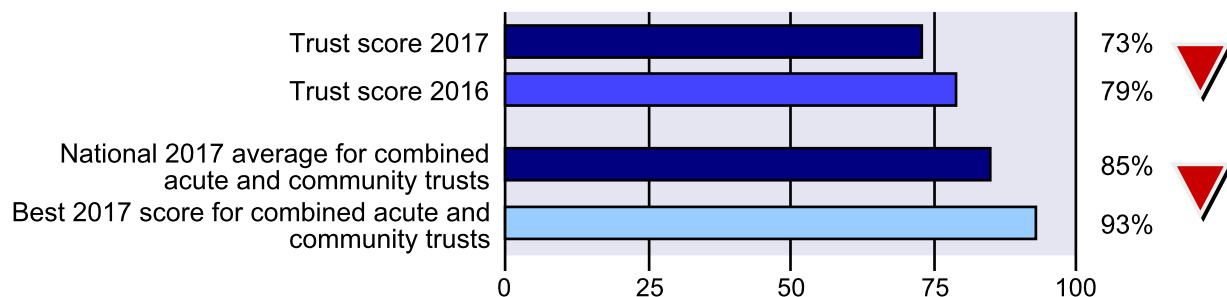
Percentage score



### KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)

Percentage score

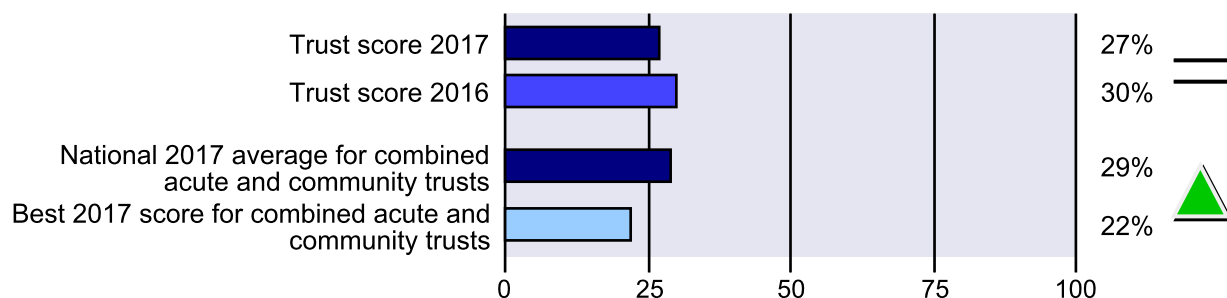


## Errors & incidents

### KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

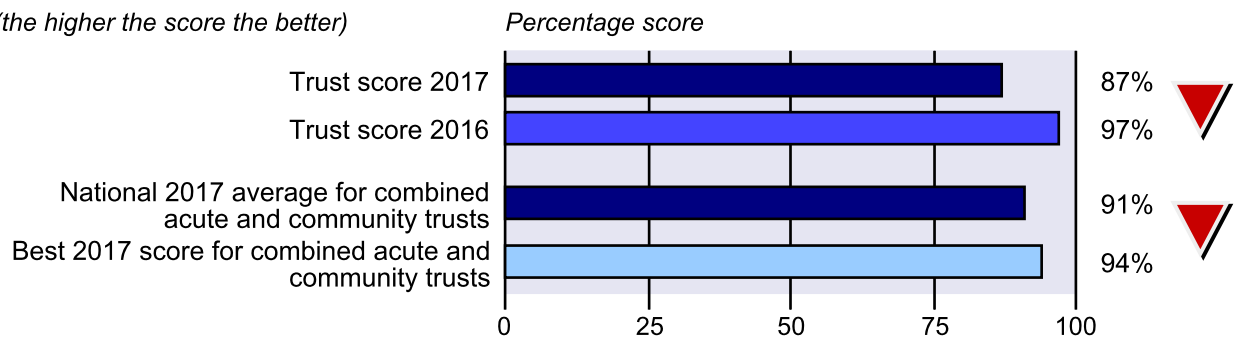
(the lower the score the better)

Percentage score



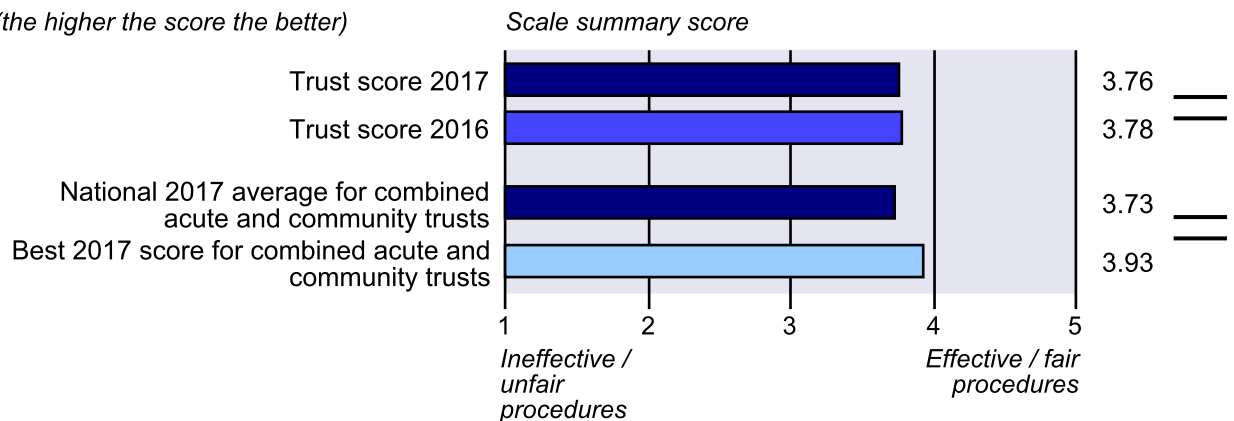
## KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



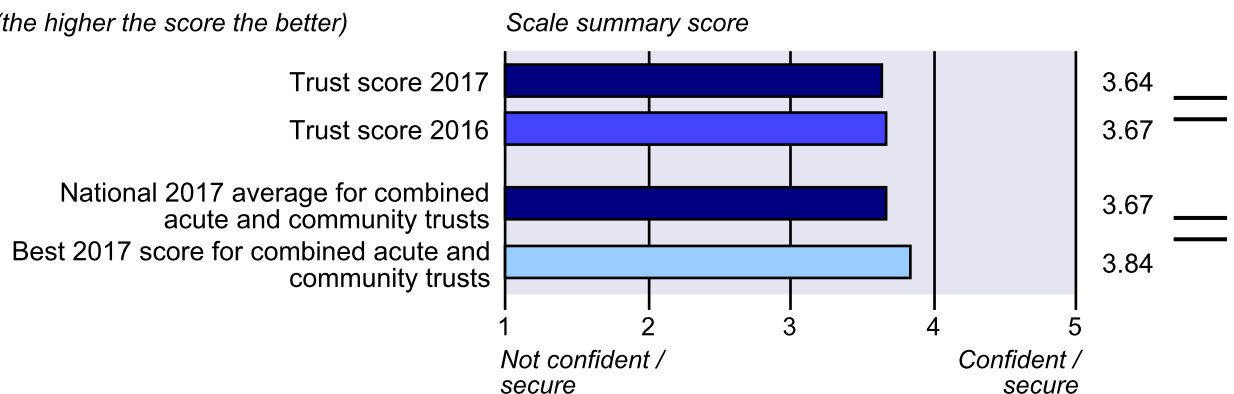
## KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)



## KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice

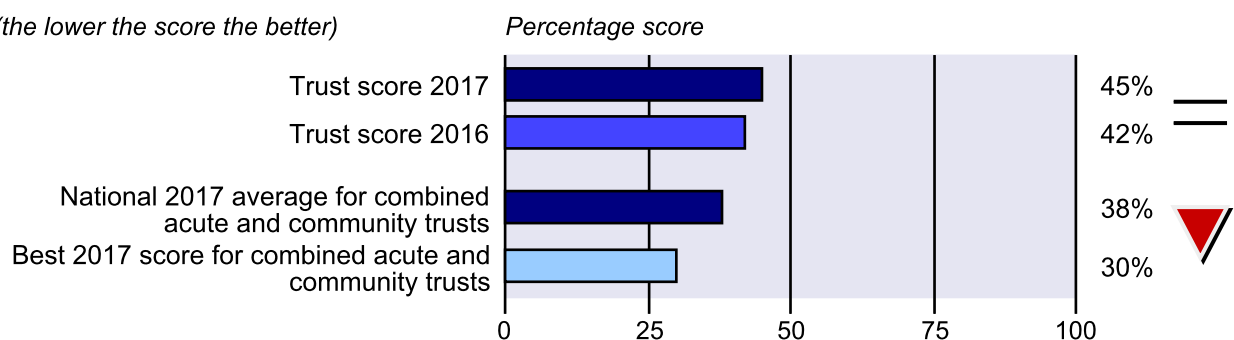
(the higher the score the better)



## Health and wellbeing

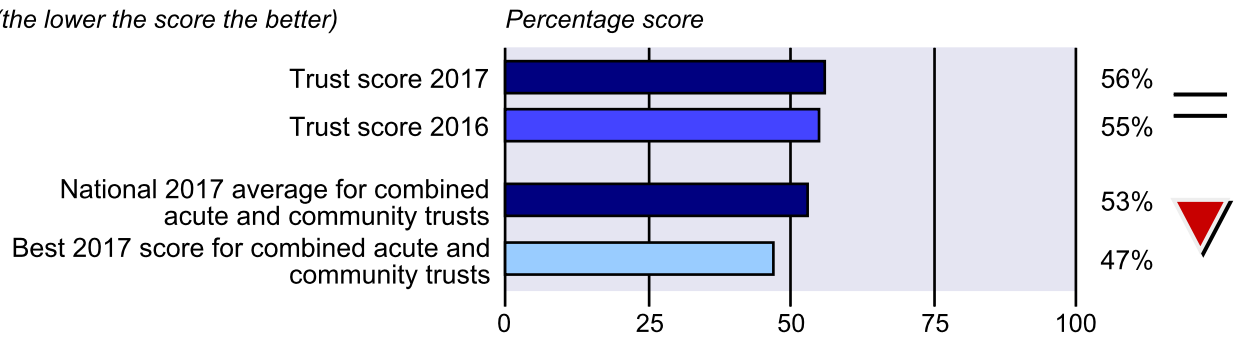
## KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)



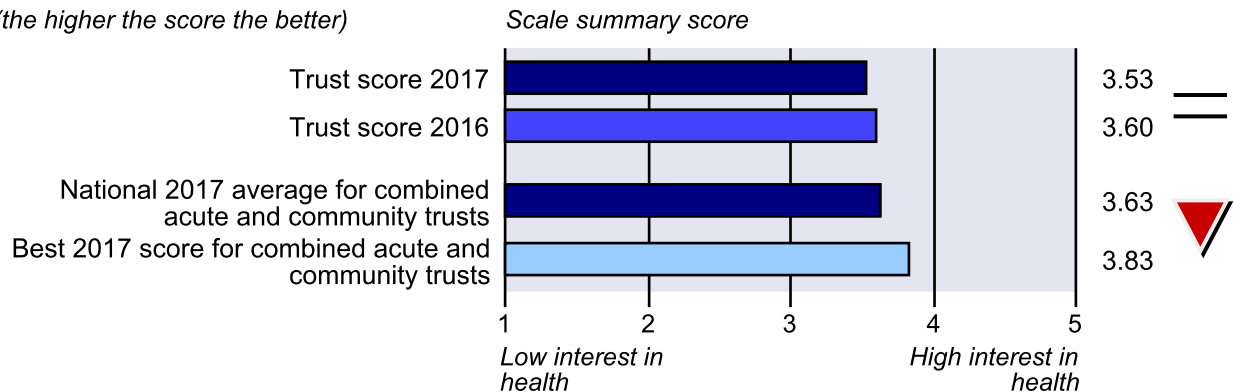
### KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better)



### KEY FINDING 19. Organisation and management interest in and action on health and wellbeing

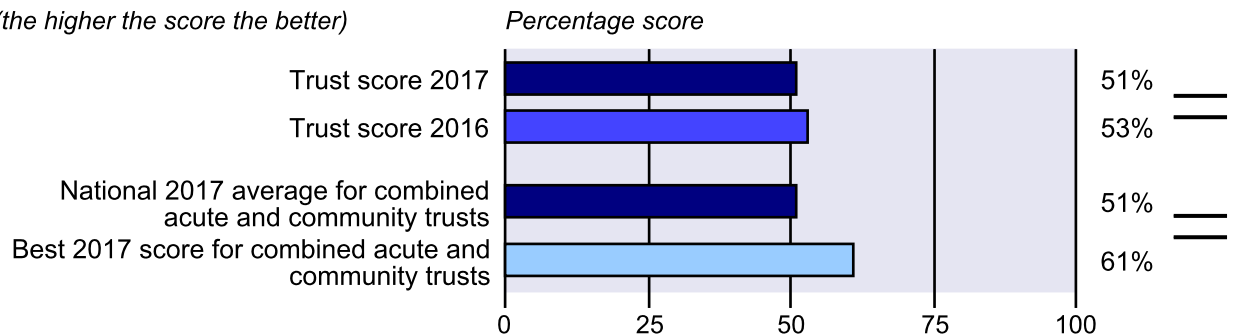
(the higher the score the better)



## Working patterns

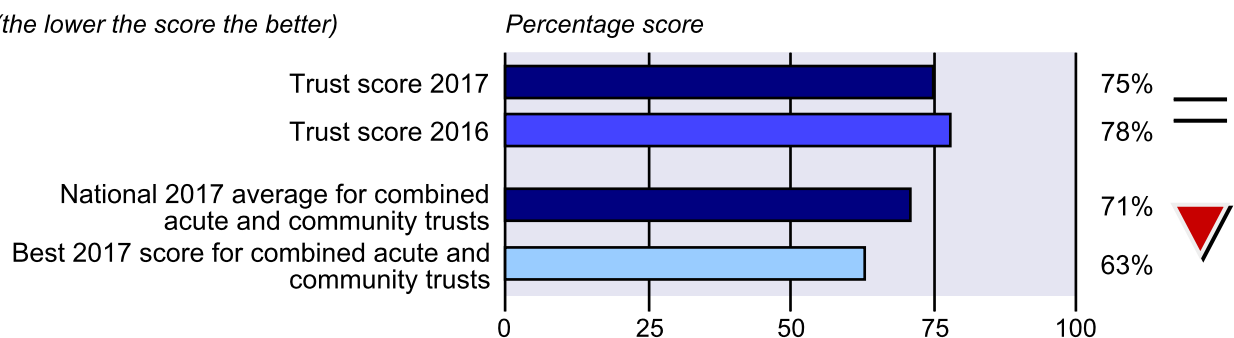
### KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)



### KEY FINDING 16. Percentage of staff working extra hours

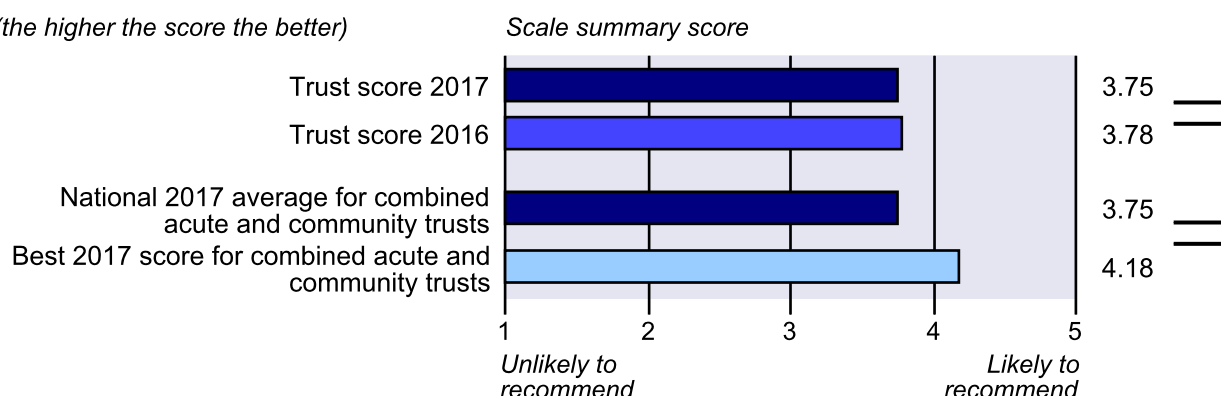
(the lower the score the better)



## Job satisfaction

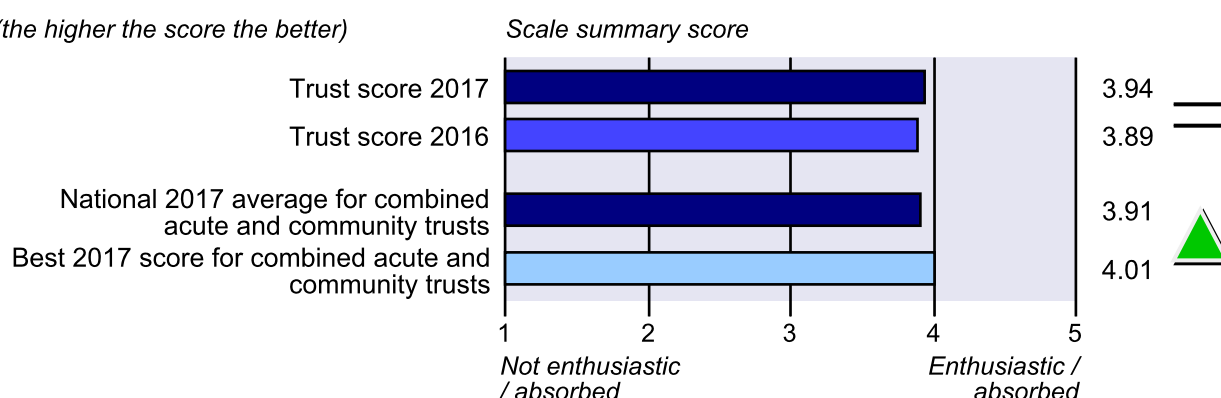
### KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)



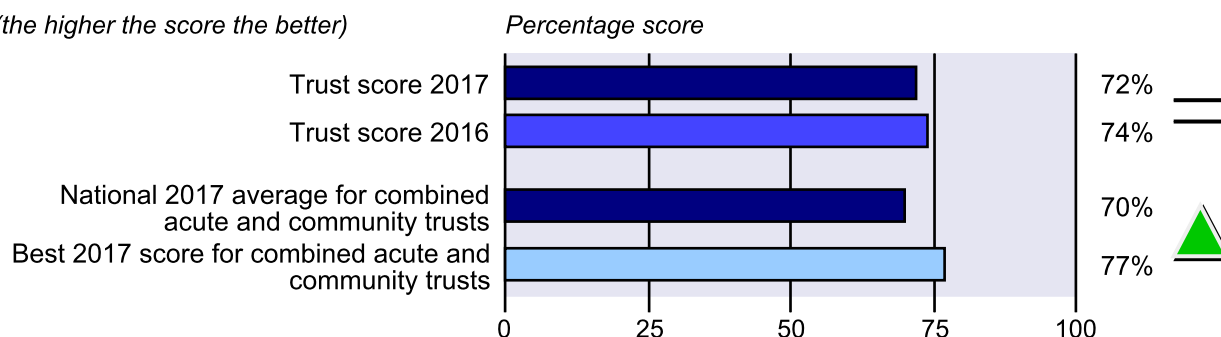
### KEY FINDING 4. Staff motivation at work

(the higher the score the better)



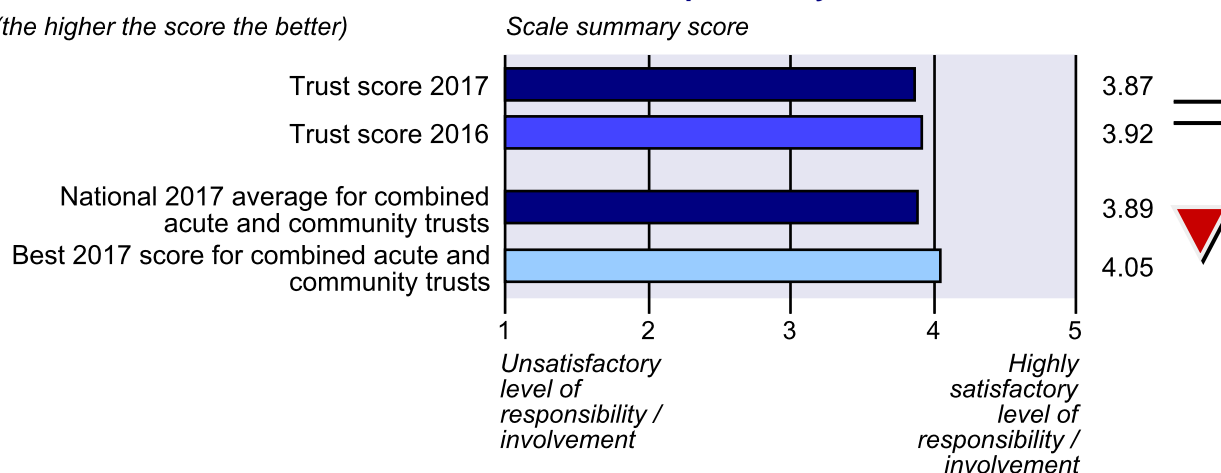
### KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



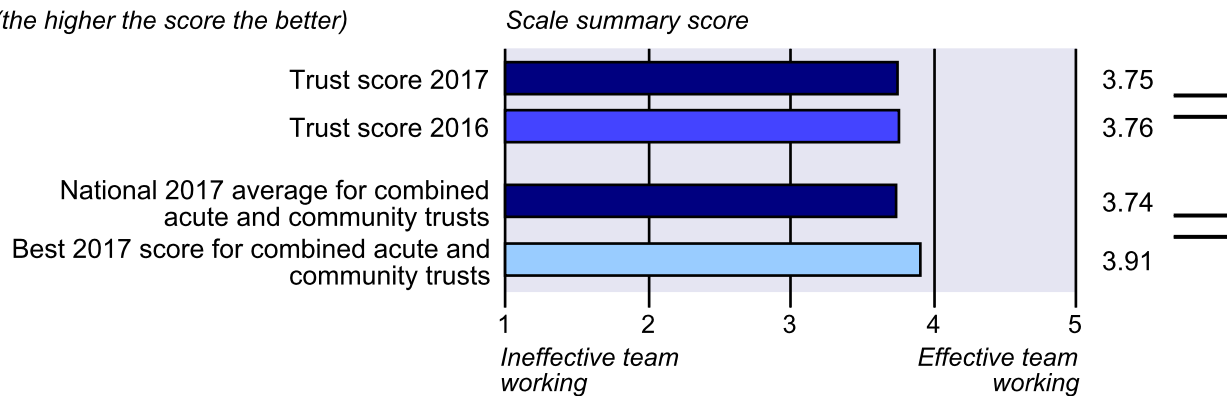
### KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)



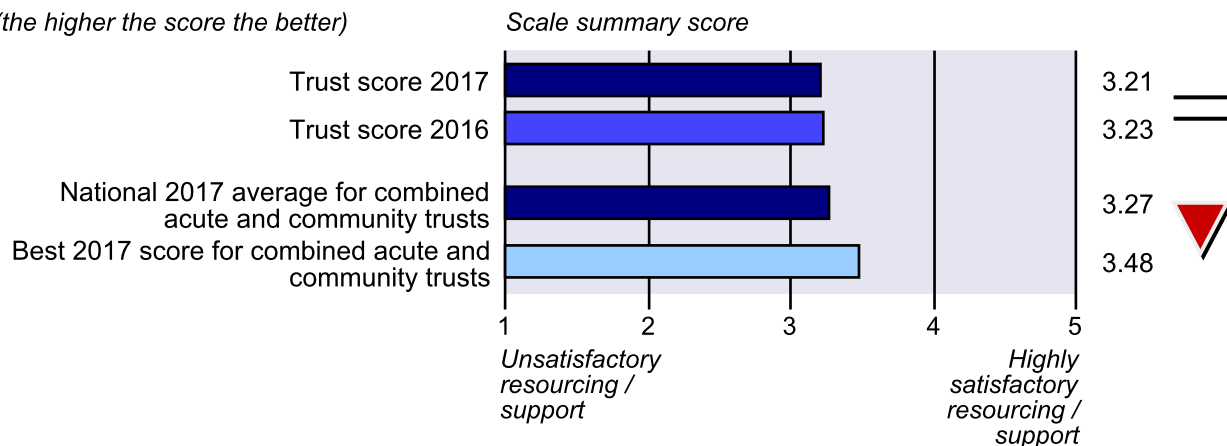
## KEY FINDING 9. Effective team working

(the higher the score the better)



## KEY FINDING 14. Staff satisfaction with resourcing and support

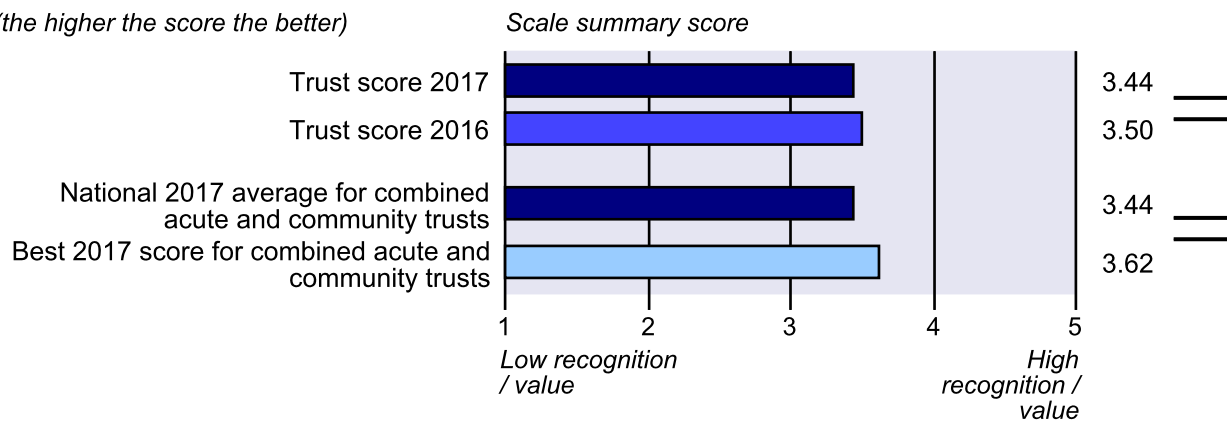
(the higher the score the better)



## Managers

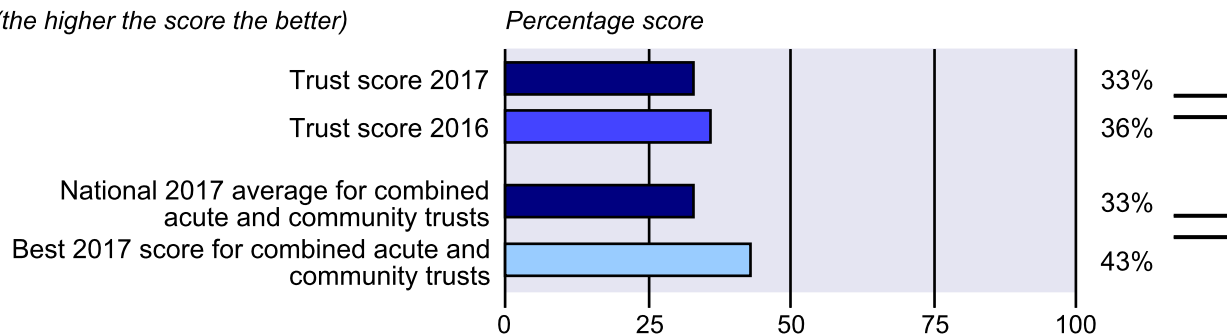
## KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)



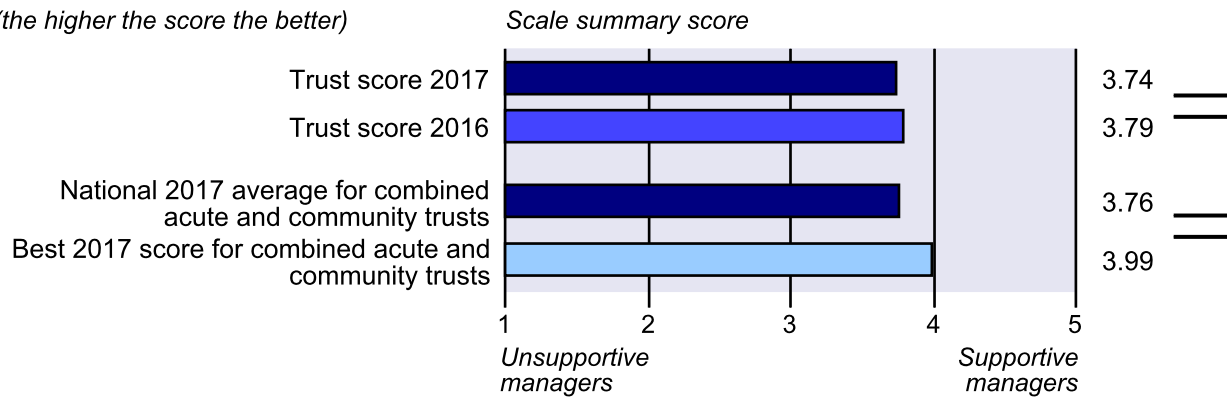
## KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



## KEY FINDING 10. Support from immediate managers

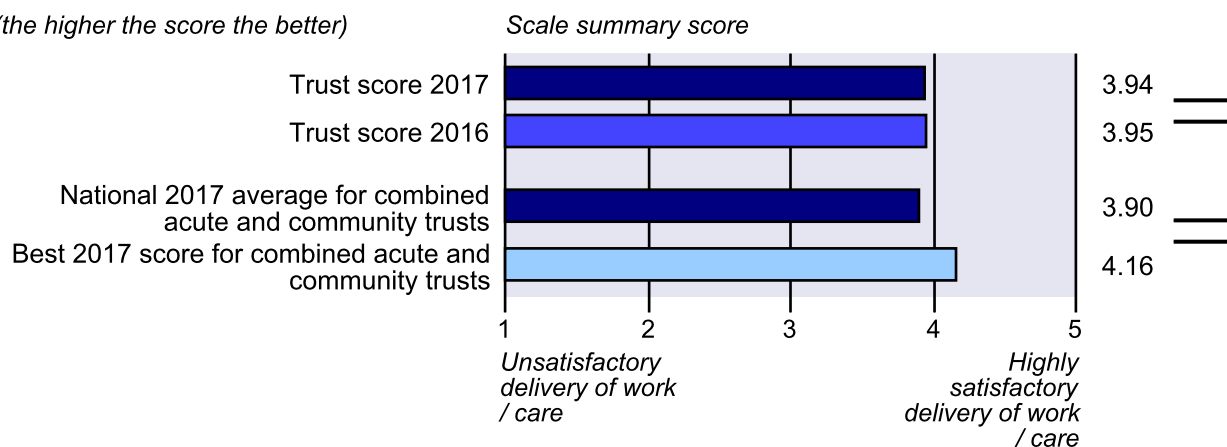
(the higher the score the better)



## Patient care & experience

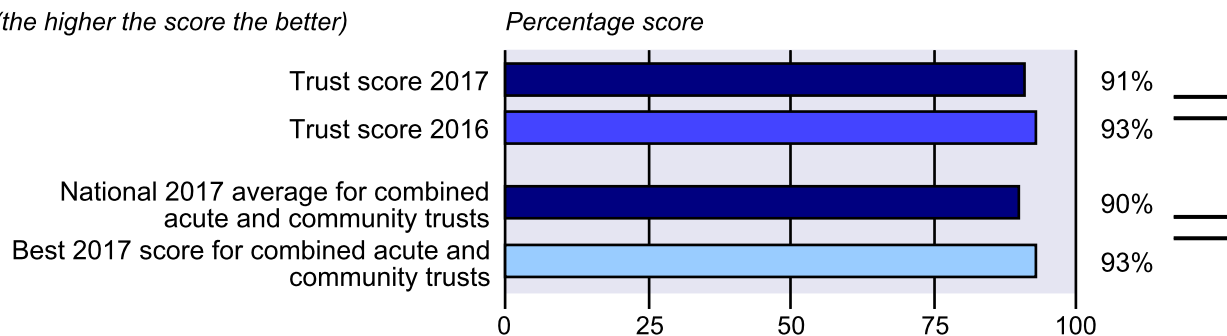
### KEY FINDING 2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



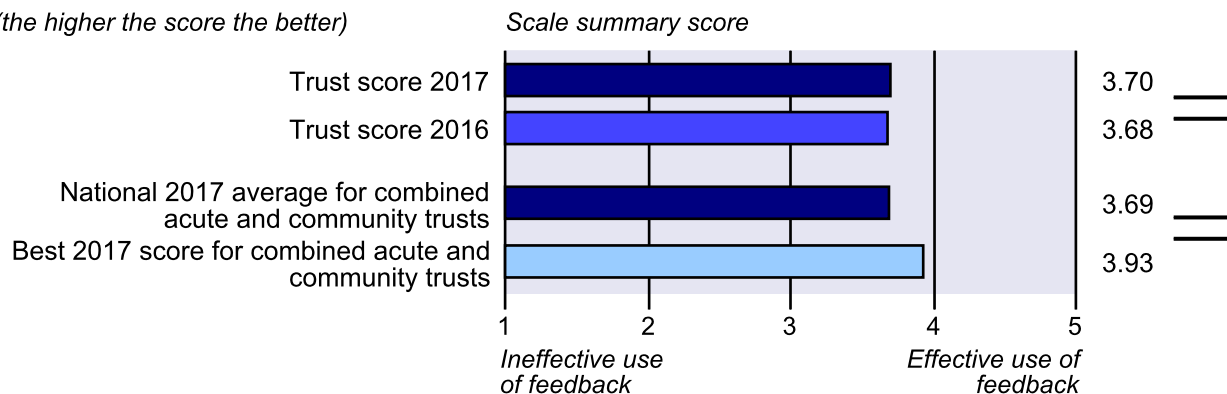
### KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)



### KEY FINDING 32. Effective use of patient / service user feedback

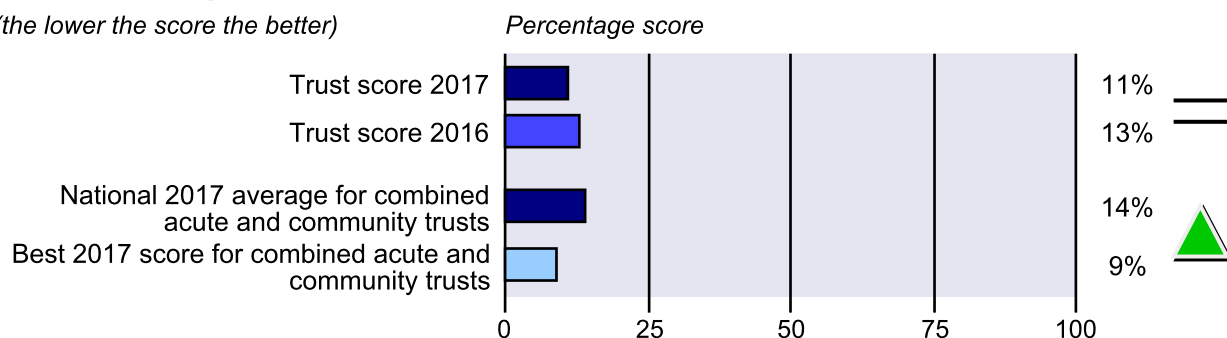
(the higher the score the better)



## Violence, harassment & bullying

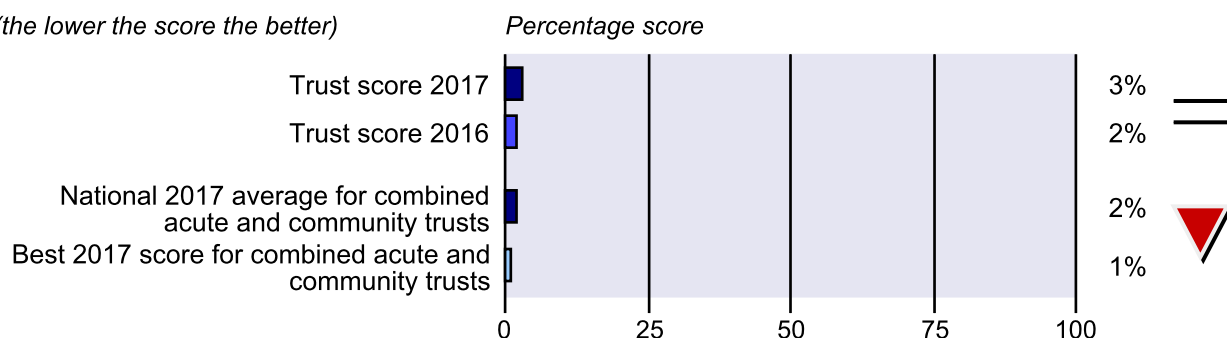
### KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



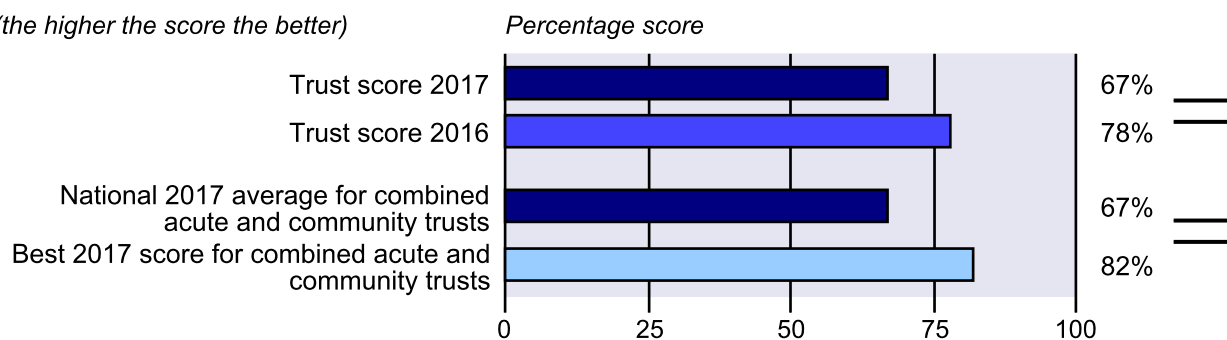
### KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



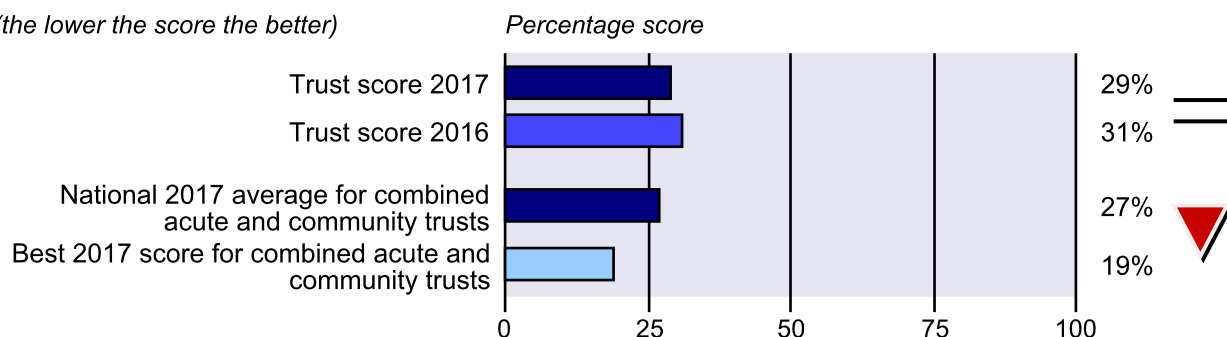
### KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)



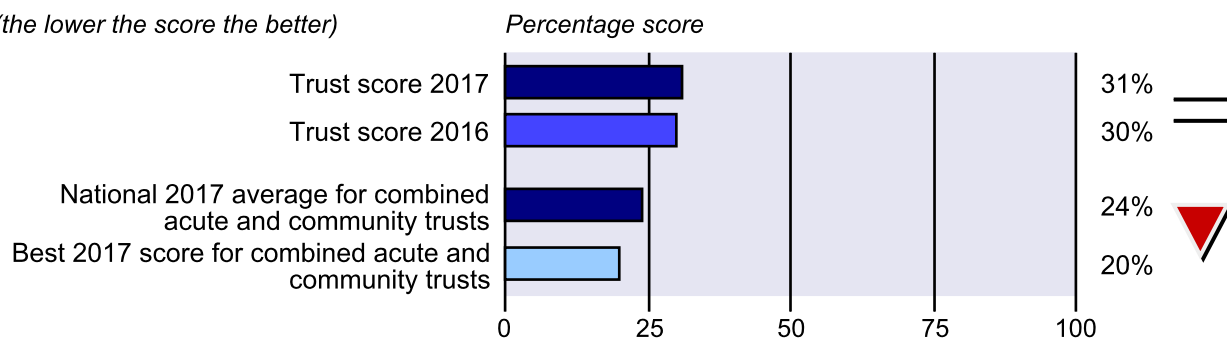
### KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



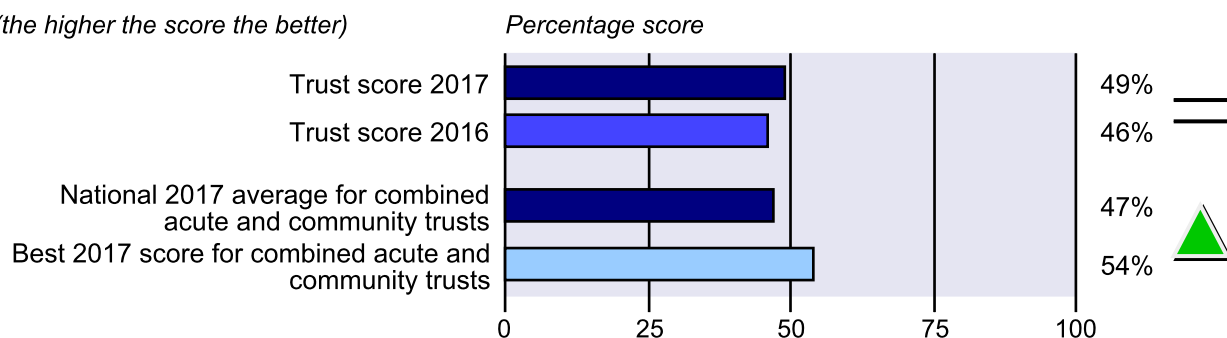
## KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



## KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)



## WH Staff Feedback

### TEAM WORK AND TEAMS

In my 10 years at the Whittington I have worked with some amazing colleagues (both clinical and non-clinical)

My team and the wider service I work within is excellent. Every single person is dedicated, goes the extra mile and has patients' best interests at the heart of what they do.

My 1st year at Whittington has been very good, everyone was and is very welcoming and as a team we look after each other as one big family.

The improvements in the HR directorate over the last few years has been phenomenal

Very happy with the . . . new Chief Executive which I think will bring about change . . . I'm looking forward to seeing the Trust move forward under her leadership.

There has been a refreshing change in CEO who is attempting to bring about a culture change

I enjoy being a member of this organisation; over time being here, I've experienced growth and independence.

It's clear staff are valued and performance is improved . . . in a supportive and effective way. I am not afraid to flag up areas where things have not been done . . . knowing that issues are addressed in a non-judgmental manner, to improve the service we provide.

I believe this is a good organisation with good values.

I feel together we are breaking new barriers.

### IMPROVEMENTS

Really delighted with the change in culture in the organisation in the last 12 months or so. More learning focused, patient safety truly at heart of what we do.

### CULTURE, SHARED VISION AND VALUES

The individuals in my immediate team, management included, offer support which is invaluable

I am completely proud of Trust I work for at the moment. We value our patients . . . I feel confident that in the near future it can only get better as a whole.

We are working together to improve the lives of our patients

I very much enjoy working at the Whittington and my line management are some of the best I have been managed by.

I am completely proud of Trust I work for at the moment. We value our patients and staff as a collective and I feel confident that in the near future it can only get better as a whole. I am looking forward to the new challenges ahead.

### PATIENT CARE

The managers themselves are decent and honest

I enjoy my work, and have a good supportive manager.

Feel very supported and engaged with ICSU clinical director

I feel that I have a supportive team and manager and the ability to work flexibly . . . is a huge incentive for me to stay.

### LINE MANAGERS

I trained to be a Registered Nurse in the Whittington . . . and returned . . . it remains a warm, friendly place to work

Patient care is prioritised

Patient safety truly at heart of what we do . . . working together to improve the lives of our patients

This is an organisation with an excellent ethos for patient care and for listening



## Trust Board 28<sup>th</sup> March 2018

<b>Title:</b>		<b>Lower Urinary Tract Symptoms (LUTS) Service Proposed Next Steps</b>					
<b>Agenda item:</b>		<b>18/041</b>		<b>Paper</b>		<b>9</b>	
<b>Action requested:</b>		For the Board to discuss and make any additional recommendations.					
<b>Executive Summary:</b>		This paper provides an update to the Board regarding the measures taken so far, and the on-going measures being taken to get to the point at which the LUTS clinic can re-open to new patients.					
<b>Summary of recommendations:</b>		<b>Recommendations</b>  The Board is asked to note and discuss the progress made to date as follows:  <div><div>1.</div><div>The majority of the recommendations of the RCP have now been addressed</div></div> <div><div>2.</div><div>The commissioners have agreed a service specification that is in line with the RCP recommendations</div></div> <div><div>3.</div><div>The Trust is in negotiations with commissioners to establish the re-opening of the clinic in the 2018/19 contract</div></div>					
<b>Fit with WH strategy:</b>		To deliver consistent high quality, safe services.					
<b>Reference to related / other documents:</b>		Clinical Strategy 2015-20 NICE guidelines					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		Captured on Trust Board Assurance Framework (BAF)					
<b>Date paper completed:</b>		20 <sup>th</sup> March 2018					
<b>Author name and title:</b>		<b>Richard Jennings, Executive Medical Director</b>		<b>Director name and title:</b>		<b>Richard Jennings, Executive Medical Director</b>	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>	<b>NA</b>	<b>Risk assessment undertaken?</b>	<b>NA</b>	<b>Legal advice received?</b>	<b>NA</b>

## **Update Report of the Whittington Health Lower Urinary Tract Symptoms (LUTS) Service**

This paper provides an update to the Board regarding the measures taken so far and the on-going measures being taken to get to the point at which the LUTS clinic can re-open to new patients.

As previously discussed by the Trust Board, the Royal College of Physicians (RCP) provided an Invited Service Review Report in October 2016, which set out a series of recommendations to ensure appropriate patient safety and governance within the service.

The RCP made some key recommendations around the continuity plan for the future LUTS service. These focussed on the need for the service to be provided from a tertiary setting, supported by a properly constituted and well-managed multi-disciplinary team (MDT) meeting. Additionally, the RCP recommended that any treatment for children should be overseen by paediatricians. The RCP recommended that the succession plan for the lead consultant, Professor James Malone-Lee, should be developed with the tertiary centre.

On 2 November 2016 the Trust Board confirmed that the clinic would re-open to new patients when certain conditions are met, namely that it should not re-open to new patients until the safety and governance concerns, raised by the RCP Invited Service Review, have been satisfactorily addressed from Whittington Health and local commissioners' perspectives, and a viable succession plan has been agreed by Whittington Health, University College London Hospitals NHS Foundation Trust, University College London and Commissioners.

The majority of the recommendations of the RCP have now been addressed.

A multi-disciplinary team has been established at Whittington Health, and Whittington Health is working with UCLH and the Commissioners to ensure that the future MDT is strongly supported from the tertiary centre. Whittington Health and UCLH have agreed to appoint to a joint consultant post that will provide clinical leadership for the LUTS service in the future. A separate tertiary service for children is in place at a separate tertiary centre for children (GOSH).

The Commissioners have written the Service Specification for the future LUTS service, that supports delivery of the RCP recommendations including the following,

- The referral into the service will be from secondary care consultants
- There will be a joint Whittington Health/UCLH MDT, and every new patient will have their treatment discussed and agreed at the MDT
- That any treatment outside of nationally agreed guidelines or local MDT agreed guidelines will be provided within the context of an ethically approved clinical trial.
- That a shared care scheme will be developed and once in place the patient's GP and secondary care provider will provide shared care.

The Service Specification was discussed by commissioners at their North Central London CCG Joint Commissioning Committee (JCC) on 1 March 2018. The JCC approval for the LUTs service to re-open to new referrals was subject to the development of the Joint Whittington/UCLH MDT and the joint Whittington/UCLH Consultant post. The JCC

reaffirmed that separate provision for children must be maintained, and delivered through GOSH. The JCC will discuss the adult LUTs Service again at their next meeting on 5 April 2018.

The Service Specification was discussed at the Whittington Health Trust Management Group (TMG) on 13 March 2018 and the TMG agreed that this was an appropriate specification for the future service.

### **Next Steps**

A job description for the joint consultant post is currently being written, and when it has been approved by the relevant college (Royal College of Obstetricians and Gynaecologists), the post will be advertised in June 2018 in order to meet the deadline of making the consultant appointment by September 2018.

The Trust is working with commissioners to ensure the 2018/19 contract reflects the commissioners' intention to commission the re-opening of the service in the next financial year.

### **Recommendations**

The Board is asked to note and discuss the progress made to date as follows:

1. The majority of the recommendations of the RCP have now been addressed
2. The commissioners have agreed a service specification that is in line with the RCP recommendations
3. The Trust is in negotiations with commissioners to establish the re-opening of the clinic in the 2018/19 contract

**Trust Board**  
**28<sup>th</sup> March 2018**

<b>Title:</b>		Our Clinical Strategy 2015-2020					
<b>Agenda item:</b>		<b>18/042</b>		<b>Paper</b>		<b>10</b>	
<b>Action requested:</b>		For information					
<b>Executive Summary:</b>		<p>This is a mid-point review of our clinical strategy 2015 - 2020. A survey was completed across the ICSUs and corporate services in December 2017 to take stock where we as an organisation are against the strategy and whether or not the strategy remained fit for purpose.</p> <p>The results showed we as a trust need to do more on the following:</p> <ol style="list-style-type: none"><li>1. Working with CHINS/federations and Primary Care</li><li>2. Population health focus</li><li>3. Working with Voluntary Sector</li><li>4. Supported self-management/patient/population empowerment</li><li>5. Celebrating and sharing our successes</li></ol>					
<b>Summary of recommendations:</b>		To comment on review of clinical strategy and advise on any amendments and agree next steps.					
<b>Fit with WH strategy:</b>		Yes					
<b>Reference to related / other documents:</b>		Our Clinical Strategy 2015 - 2020					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		N/A					
<b>Date paper completed:</b>		Presented to the Executive Team January 2018					
<b>Author name and title:</b>				<b>Director name and title:</b>		<b>Dr Greg Battle, Integrated Care Medical Director</b>	
<b>Date paper seen by EC</b>	<b>Jan 18</b>	<b>Equality Impact Assessment complete?</b>		<b>Risk assessment undertaken?</b>		<b>Legal advice received?</b>	



# **Our Clinical Strategy 2015-2020 (mid-point review)**

## ***“Helping local people live longer, healthier lives”***

### **Summary Report to Trust Board**

#### **0. Background**

The Clinical Strategy was developed from a series of engagement events in early 2015. This was led by the Director of Strategy at that time Siobhan Harrington, now Chief Executive supported by Greg Battle, Medical Director for Integrated Care.

We are now 2.5 years into the period covered by the strategy. This review is to take stock of progress and identify where further work is required in order to achieve and maintain what is set out within the strategy. It should be read with reference to our Clinical Strategy which can be accessed

here. <http://whittnet.whittington.nhs.uk/document.ashx?id=9856> . As part of the review we are able to see if adjustments are required as newer organisational forms emerge and partners evolve. This includes CHINs, GP Federations and our local STP. In particular how this strategy aligns with our work as part of the Haringey and Islington Wellbeing partnership.

#### **1. Review**

**1.1** A session was held with the Executive Team and Non-Executive Directors ‘Board Challenge Day’ at the end of October 2017 on the clinical strategy. As a result a survey was sent to each Integrated Clinical Service Unit (ICSU) and Corporate services to complete. The comments made at the Challenge Day and the survey responses form the basis of this report to the Trust Board.

**1.2** All respondents agreed that the Mission and Vision remain fit for purpose to 2020.

The survey was filled by at least one service from all but one ICSU and also Corporate services.

The intention was to get a snap shot across the Integrated Care Organisation (ICO) rather than every team.

There has been a great deal of good work done and planned in line with the strategy (as detailed within the survey responses).

## **2. Achievement highlights**

- 2.1** Respondents were asked to comment on achievements across the 6 strategic goals. While there is much to do there were many examples of real change and delivery. The full list is available as an appendix on request. Just some of the achievements include;
- 2.2** Much more integrated working with an MDT across both boroughs supported by Whittington health staff. This includes health and social care and the voluntary sector e.g. Integrated networks (INCs) in Islington and MDT teleconferencing in Haringey. There are also separate Adult MDTs and Children MDTs involving a wide range of health care workers across sectors. The ICAT team assesses often frail patients in the community, visits homes, and also involves extended role pharmacists as well and primary and secondary care clinicians.
- 2.3** A multidisciplinary approach underpins the extended virtual ward and the emerging CHIN led frailty pathway. Our MSK service now has embedded an approach to pain and complexity which is multidisciplinary. It also has a strong supported self-management element with a patient facing website and twitter presence.
- 2.4** Working with the population and our patients as partners is key to the strategy. The Children and Young Peoples Forum was, and is, a great success getting real time input from young people. This also involved local schools and the Arsenal Football Club but was led by Whittington Health.
- 2.5** We have had "Kissing It Better" working with the Trust to bring volunteers to new patients in innovative ways. We are working closely with Age UK in the community as navigators for the Integrated Networks. Voluntary sector and patient and local people representatives attend our refreshed Patient Experience Committee to influence policy and assess our offering.
- 2.6** The Patients forum, an electronic community, are an increasing resource, making it easier for our population to be involved beyond traditional meetings. We have established a Maternity Voices Partnership to ensure we are responsive to women and their partners.
- 2.7** There has been national recognition for the involvement of service users in our Pharmacy redevelopment. Supported self -management programs and training continue to grow and our expertise is recognised as we win more contracts for these services.
- 2.8** These examples show how much there is to gain from voluntary sector engagement, patient empowerment, multidisciplinary and inter-sectoral working. We have much to gain by embedding this further.
- 2.9** Improvement methodologies are increasingly driving better performance across the trust in Surgery/Children's Community Services/ Health Visiting/

Education and training/ IAPT/ Emergency Care/ Patient Flow and Discharge Planning and many more.

- 2.10 Since 2015 integrated thinking has become 'how we do business' when it comes to finding solutions at Whittington Health. When we leverage the support of different staff across teams, working with partners in primary and social care we are more effective. Add to that patient empowerment then the future laid out in the NHS 5 YFV is achievable for our population.
- 2.11 We continue to build on a culture of safety well established before the current strategy period.
- 2.12 We maintain the lowest Standard Hospital-Level Mortality indicator for our acute hospital in England. This is a considerable achievement over several years and reflects outstanding safety performance and culture. Our work on Sepsis treatment and prevention has been nationally recognised and a key focus recently.
- 2.13 We have had 2 CQC inspections since 2015 and remain overall '**Good**'. In Both assessments we were rated '**outstanding**' for caring. The only large provider in the sector to achieve this.
- 2.14 What the CQC observed was care towards patients and between staff that they felt was outstanding and they observed that repeatedly.
- 2.15 Despite the financial constraints we have delivered substantially on our clinical strategy while continuing to build on the unique strengths brought together when the Integrated Care Organisation was born in 2011.

### 3. Gaps in achievements and suggestions

#### 3.1 Mission

Helping Local People Live longer Healthier Lives

- *All agreed that this remains fit for purpose.*

#### 3.2 Vision

Provide safe personal, co-ordinated care for the community we serve

- *One comment referred to the need to win business with the Whittington Health approach beyond our local community.*

#### 3.3 Strategic Goals

A number of points were made in reviewing the 6 strategic Goals reflecting both internal and external changes since 2015.

- *A greater emphasis on Quality Improvement across the trust.*
- *More investment in research using a Population Approach (suggestion of EXEC and NED sponsor).*
- *Spread what works across the trust with regard to integration .Present work to other local trusts and nationally. Celebrate successes.*



- *Improve working with, and understand of, emerging CHINs and Federations.*
- *Improve link to primary care.*
- *Move model more towards patient empowerment from simple participation. Develop a more embedded Supported Self-Management/Empowerment /Enhanced Decision making culture and processes*
- *Specifically refer to resource allocation in strategy and how we ensure distributive justice.*
- *Increase emphasis on delivery of the Digital IMT strategy. To include as a tool to improve patient empowerment/care management/ web based support*
- *Embed robust evaluation of new service developments.*
- *More work on new non-medical roles across the trust.*
- *Improve working with Public Health*
- *Consider if the ICSU structure is leading to some 'silo working' preventing efficient sharing of innovation.*

### 3.4 Principles

There are currently 8 principles in the Clinical Strategy that underpin the Mission, Vision and Strategic Goals.

- *All were felt fit for purpose*

### 3.5 Suggestions

***A principle which encapsulates the need to make appropriate resource allocation based on evidence from our own research and service evaluation, as well as published research.***

- 'We are committed to using public funds effectively. We will use published peer reviewed evidence wherever possible to support resource allocation'

***A principle that reflects our duty to staff empowerment and our duties to the community as an employer***

- 'We are committed to empowering and developing our staff recognising the centrality of our staff to delivery of our mission and vision'
- 'We recognise we are a major local employer and will ensure we maximise our leverage in our community to improve wellbeing'

## 4. Service areas of focus

The next section of the strategy refers to 5 population/service areas of focus.

1. Older people
2. People with long term conditions



3. Planned care
4. Unplanned care
5. Women, children and families.

The comments made in these sections are captured in the discussion of strategic goals detailed above.

## 5. Conclusion

The conclusion of the strategy quotes from the NHS Five Year Forward View 2014 *'there is now quite a broad consensus of what a better future should be'*

We are now 4 years in to that future and 2.5 years into our Clinical Strategy. The broad 'consensus continues' to hold despite the emergence of new entities such as the STP and CHINs and GP federations.

## 6. Discussion and Action

The Trust Board are asked to reflect on this mid-point review of the strategy.

1. Decide where a change of emphasis is required or a renewed focus.
2. Consider adding the suggested principles
3. Consider a Mid Term communication to staff/partners.
4. With partners in the H+I wellbeing partnership, identify existing outcome measures to monitor progress to 2020.

This review confirms that our Clinical Strategy 2015-2020 remains fit for purpose and as the an integrated approach becomes more embedded in culture Whittington Health is in a good position to both drive and facilitate change.

**Dr Greg Battle**  
**Medical Director for Integrated Care**  
**March 2018**



**Trust Board**  
**28 March 2018**

<b>Title:</b>		Whittington Pharmacy CIC – Appointment of Director					
<b>Agenda item:</b>		<b>18/043</b>		<b>Paper</b>		<b>11</b>	
<b>Action requested:</b>		To approve the appointment of a new Director					
<b>Executive Summary:</b>		<p>Whittington Pharmacy CIC, registered company 10593765 is wholly owned by Whittington Health NHS Trust.</p> <p>The Whittington Pharmacy CIC board has noted the resignation of James Wood as Managing Director and Superintendent Pharmacist of the company.</p> <p>The Articles of Association of Whittington Pharmacy CIC require the Trust to appoint Directors by written notice to the Company. The board is asked to approve the appointment of Chirag Patel, Superintendent Pharmacist to the Whittington Pharmacy CIC Board.</p>					
<b>Summary of recommendations:</b>		To discuss the appointment of Chirag Patel to the Whittington Pharmacy CIC Board as a Director.					
<b>Fit with WH strategy:</b>		Statutory Responsibility					
<b>Reference to related / other documents:</b>		Whittington Pharmacy CIC Articles of Association					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>							
<b>Date paper completed:</b>		Friday 19 <sup>th</sup> January 2018					
<b>Author name and title:</b>		<b>Stuart Richardson Chief Pharmacist Director, Whittington Pharmacy CIC</b>		<b>Director name and title:</b>		<b>Carol Gillen, Chief Operating Officer</b>	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>		<b>Risk assessment undertaken?</b>		<b>Legal advice received?</b>	

The Companies Act 2006

Community Interest Company Limited by Shares

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**Articles of Association**  
**of**  
**Whittington Pharmacy CIC**

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**The Companies Act 2006**  
**Community Interest Company Limited by Shares**

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**The Companies Act 2006**  
**Articles of Association**  
**of**  
**Whittington Pharmacy CIC**

**INTERPRETATION**

**1. Defined terms**

The interpretation of these Articles is governed by the provisions set out in the Schedule to the Articles.

**COMMUNITY INTEREST COMPANY AND ASSET LOCK**

**2. Community Interest Company**

The Company shall be a community interest company.

**3. Asset Lock**

3.1 The Company shall not transfer any of its assets other than for full consideration.

3.2 Provided the conditions in Article 3.3 are satisfied, Article 3.1 shall not apply to:

- (a) the transfer of assets to any specified asset-locked body, or (with the consent of the Regulator) to any other asset-locked body;
- (b) the transfer of assets made for the benefit of the community other than by way of a transfer of assets into an asset-locked body;
- (c) the payment of dividends in respect of shares in the Company;
- (d) the distribution of assets on a winding up;
- (e) payments on the redemption or purchase of the Company's own shares;
- (f) payments on the reduction of share capital; and
- (g) the extinguishing or reduction of the liability of shareholders in respect of share capital not paid up on the reduction of share capital.

3.3 The conditions are that the transfer of:

- (a) assets must comply with any restrictions on the transfer of assets for less than full consideration which may be set out elsewhere in the Memorandum and Articles of the Company; and

- (b) must not exceed any limits imposed by, or by virtue of, Part 2 of the Companies (Audit, Investigations and Community Enterprise) Act 2004.

#### **4. Not for profit**

The Company is not established or conducted for private gain: any surplus or assets are used principally for the benefit of the community.

### **OBJECTS, POWERS AND LIMITATION OF LIABILITY**

#### **5. Objects**

- 5.1 The objects of the Company are to carry on activities which benefit the community and in particular (without limitation) to operate pharmacy and health advice services; and provide healthcare related services in England.

#### **6. Powers**

To further its objects the Company may do all such lawful things as may further the Company's objects and, in particular, but, without limitation, may borrow or raise and secure the payment of money for any purpose including for the purposes of investment or of raising funds.

#### **7. Liability of shareholders**

The liability of the shareholders is limited to the amount, if any, unpaid on the shares held by them.

### **DIRECTORS**

#### **DIRECTORS' POWERS AND RESPONSIBILITIES**

#### **8. Directors' general authority**

Subject to the Articles, the Directors are responsible for the management of the Company's business, for which purpose they may exercise all the powers of the Company.

#### **9. Shareholders' reserve power**

- 9.1 The shareholders may, by special resolution, direct the Directors to take, or refrain from taking, specific action.
- 9.2 No such special resolution invalidates anything which the Directors have done before the passing of the resolution.

#### **10. Chair**

The Directors may appoint one of their number to be the chair of the Directors for such term of office as they may determine and may at any time remove him or her from office.

## **11. Directors may delegate**

11.1 Subject to the Articles, the Directors may delegate any of the powers which are conferred on them under the Articles or the implementation of their decision or day to day management of the affairs of the Company:

- (a) to such person or committee;
- (b) by such means (including by power of attorney);
- (c) to such an extent;
- (d) in relation to such matters or territories; and
- (e) on such terms and conditions;

as they think fit.

11.2 If the Directors so specify, any such delegation may authorise further delegation of the Directors' powers by any person to whom they are delegated.

11.3 The Directors may revoke any delegation in whole or part, or alter its terms and conditions.

## **DECISION-MAKING BY DIRECTORS**

### **12. Directors to take decisions collectively**

Any decision of the Directors must be either a majority decision at a meeting or a decision taken in accordance with Article 18.

### **13. Calling a Directors' meeting**

13.1 Two Directors may (and the Secretary, if any, must at the request of two Directors) call a Directors' meeting.

13.2 A Directors' meeting must be called by at least seven Clear Days' notice unless either:

13.2.1 all the Directors agree; or

13.2.2 urgent circumstances require shorter notice.

13.3 Notice of Directors' meetings must be given to each Director.

13.4 Every notice calling a Directors' meeting must specify:

13.4.1 the place, day and time of the meeting; and

13.4.2 if it is anticipated that Directors participating in the meeting will not be in the same place, how it is proposed that they should communicate with each other during the meeting.

13.5 Notice of Directors' meetings need not be in writing.

13.6 Notice of Directors' meetings may be sent by electronic means to an Address provided by the Director for the purpose.

#### **14. Participation in Directors' meetings**

14.1 Subject to the Articles, Directors participate in a Directors' meeting, or part of a Directors' meeting, when:

14.1.1 the meeting has been called and takes place in accordance with the Articles; and

14.1.2 they can each communicate to the others any information or opinions they have on any particular item of the business of the meeting.

14.2 In determining whether Directors are participating in a Directors' meeting, it is irrelevant where any Director is or how they communicate with each other.

14.3 If all the Directors participating in a meeting are not in the same place, they may decide that the meeting is to be treated as taking place wherever any of them is.

#### **15. Quorum for Directors' meetings**

15.1 At a Directors' meeting, unless a quorum is participating, no proposal is to be voted on, except a proposal to call another meeting.

15.2 The quorum for Directors' meetings may be fixed from time to time by a decision of the Directors, but it must never be less than two, and unless otherwise fixed it is two.

15.3 If the total number of Directors for the time being is less than the quorum required, the Directors must not take any decision other than a decision:

15.3.1 to call a general meeting so as to enable the shareholders to appoint further Directors.

#### **16. Chairing of Directors' meetings**

The Chair, if any, or in his or her absence another Director nominated by the Directors present shall preside as chair of each Directors' meeting.

#### **17. Voting**

17.1 Questions arising at a Directors' meeting shall be decided by a majority of votes.

17.2 In all proceedings of directors each director must not have more than one vote.

17.3 In case of an equality of votes, the Chair shall have a second or casting vote.

## **18. Decisions without a meeting**

- 18.1 The Directors may take a unanimous decision without a Directors' meeting by indicating to each other by any means, including without limitation by electronic means, that they share a common view on a matter. Such a decision may, but need not, take the form of a resolution in writing, copies of which have been signed by each Director or to which each Director has otherwise indicated agreement in writing.
- 18.2 A decision which is made in accordance with Article 18.1 shall be as valid and effectual as if it had been passed at a meeting duly convened and held, provided the following conditions are complied with:
- 18.2.1 approval from each Director must be received by one person being either such person as all the Directors have nominated in advance for that purpose or such other person as volunteers if necessary ("the Recipient"), which person may, for the avoidance of doubt, be one of the Directors;
  - 18.2.2 following receipt of responses from all of the Directors, the Recipient must communicate to all of the Directors by any means whether the resolution has been formally approved by the Directors in accordance with this Article 18.2;
  - 18.2.3 the date of the decision shall be the date of the communication from the Recipient confirming formal approval;
  - 18.2.4 the Recipient must prepare a minute of the decision in accordance with Article 47.

## **19. Conflicts of interest**

- 19.1 Whenever a Director finds himself or herself in a situation that is reasonably likely to give rise to a Conflict of Interest, he or she must declare his or her interest to the Directors unless, or except to the extent that, the other Directors are or ought reasonably to be aware of it already.
- 19.2 Whenever a matter is to be discussed at a meeting or decided in accordance with Article 18 and a Director has a Conflict of Interest in respect of that matter then, subject to Article 20, he or she must:
- 19.2.1 remain only for such part of the meeting as in the view of the other Directors is necessary to inform the debate;
  - 19.2.2 not be counted in the quorum for that part of the meeting; and
  - 19.2.3 withdraw during the vote and have no vote on the matter.
- 19.3 If any question arises as to whether a Director has a Conflict of Interest, the question shall be decided by a majority decision of the other Directors.
- 19.4 When a Director has a Conflict of Interest which he or she has declared to the Directors, he or she shall not be in breach of his or her duties to the Company by withholding confidential information from the Company if to disclose it would result in a breach of any other duty or obligation of confidence owed by him or her.

## **20. Directors' power to authorise a conflict of interest**

20.1 The Directors have power to authorise a Director to be in a position of Conflict of Interest provided:

20.1.1 in relation to the decision to authorise a Conflict of Interest, the conflicted Director must comply with Article 19.3;

20.1.2 in authorising a Conflict of Interest, the Directors can decide the manner in which the Conflict of Interest may be dealt with and, for the avoidance of doubt, they can decide that the Director with a Conflict of Interest can participate in a vote on the matter and can be counted in the quorum;

20.1.3 the decision to authorise a Conflict of Interest can impose such terms as the Trustees think fit and is subject always to their right to vary or terminate the authorisation; and

20.2 If a matter, or office, employment or position, has been authorised by the Directors in accordance with Article 20.1 then, even if he or she has been authorised to remain at the meeting by the other Directors, the Director may absent himself or herself from meetings of the Directors at which anything relating to that matter, or that office, employment or position, will or may be discussed.

20.3 A Director shall not be accountable to the Company for any benefit which he or she derives from any matter, or from any office, employment or position, which has been authorised by the Directors in accordance with Article 20.1 (subject to any limits or conditions to which such approval was subject).

## **21. Register of Directors' interests**

The Directors shall cause a register of Directors' interests to be kept. A Director must declare the nature and extent of any interest, direct or indirect, which he or she has in a proposed transaction or arrangement with the Company or in any transaction or arrangement entered into by the Company which has not previously been declared.

## **APPOINTMENT AND RETIREMENT OF DIRECTORS**

### **22. Methods of appointing Directors**

22.1 Those persons notified to the Registrar of Companies as the first Directors of the Company shall be the first Directors.

22.2 The Trust shall be entitled to appoint, re-appoint and/or remove Directors. The Trust may make these appointments at general meetings or by written notice to the Company, the written notice to take effect on the date stated in the notice, or if none, the date of receipt of the notice.

22.3 The Trust shall review the Directors appointments annually

### **23. Termination of Director's appointment**

A person ceases to be a Director as soon as:

- (a) that person ceases to be a Director by virtue of any provision of the Companies Act 2006 or is prohibited from being a Director by law;
- (b) a bankruptcy order is made against that person, or an order is made against that person in individual insolvency proceedings in a jurisdiction other than England and Wales or Northern Ireland which have an effect similar to that of bankruptcy;
- (c) a composition is made with that person's creditors generally in satisfaction of that person's debts;
- (d) the Directors reasonably believe he or she is suffering from mental disorder and incapable of acting and they resolve that he or she be removed from office;
- (e) notification is received by the Company from the Director that the Director is resigning from office, and such resignation has taken effect in accordance with its terms (but only if at least two Directors will remain in office when such resignation has taken effect); or
- (f) the Director fails to attend three consecutive meetings of the Directors and the Directors resolve that the Director be removed for this reason.

## **24. Directors' remuneration**

- 24.1 Directors may undertake any services for the Company that the Directors decide.
- 24.2 Subject to the Articles, and in particular Article 3, Directors are entitled to such remuneration as the Directors determine:
- (a) for their services to the Company as Directors; and
  - (b) for any other service which they undertake for the Company.
- 24.3 Subject to the Articles, and in particular Article 3, a Director's remuneration may:
- (a) take any form; and
  - (b) include any arrangements in connection with the payment of a pension, allowance or gratuity, or any death, sickness or disability benefits, to or in respect of that Director.
- 24.4 Unless the Directors decide otherwise, Directors' remuneration accrues from day to day.
- 24.5 Unless the Directors decide otherwise, Directors are not accountable to the Company for any remuneration which they receive as Directors or other officers or employees of the Company's subsidiaries or of any other body corporate in which the Company is interested.

## **25. Directors' expenses**

25.1 The Company may pay any reasonable expenses which the Directors properly incur in connection with their attendance at:

- (a) meetings of Directors or committees of Directors;
- (b) general meetings; or
- (c) separate meetings of the holders of any class of shares or of debentures of the Company,

or otherwise in connection with the exercise of their powers and the discharge of their responsibilities in relation to the Company.

## **SHARES**

### **26. All shares to be fully paid up and issued at nominal value to a Director**

26.1 No share is to be issued for less than the aggregate of its nominal value and any premium to be paid to the Company in consideration for its issue.

26.2 This does not apply to shares taken on the formation of the Company by the subscribers to the Company's Memorandum.

26.3 No share shall be issued to a person except a Director.

### **27. Powers to issue different classes of share**

27.1 Subject to the Articles, but without prejudice to the rights attached to any existing share, the Company may issue shares with such rights or restrictions as may be determined by ordinary resolution.

27.2 The Company may issue shares which are to be redeemed, or are liable to be redeemed at the option of the Company or the holder, and the Directors may determine the terms, conditions and manner of redemption of any such shares.

### **28. Company not bound by less than absolute interests**

Except as required by law, no person is to be recognised by the Company as holding any share upon any trust, and except as otherwise required by law or the Articles, the Company is not in any way to be bound by or recognise any interest in a share other than the holder's absolute ownership of it and all the rights attaching to it.

### **29. Share certificates**

29.1 The Company must issue each shareholder, free of charge, with one or more certificates in respect of the shares which that shareholder holds.

29.2 Every certificate must specify:

- (a) in respect of how many shares, of what class, it is issued;

- (b) the nominal value of those shares;
- (c) that the shares are fully paid; and
- (d) any distinguishing numbers assigned to them.

29.3 No certificate may be issued in respect of shares of more than one class.

29.4 If more than one person holds a share, only one certificate may be issued in respect of it.

29.5 Certificates must:

- (a) have affixed to them the Company's common seal; or
- (b) be otherwise executed in accordance with the Companies Acts.

### **30. Replacement share certificates**

30.1 If a certificate issued in respect of a shareholder's shares is:

- (a) damaged or defaced; or
- (b) said to be lost, stolen or destroyed,

that shareholder is entitled to be issued with a replacement certificate in respect of the same shares.

30.2 A shareholder exercising the right to be issued with such a replacement certificate:

- (a) may at the same time exercise the right to be issued with a single certificate or separate certificates;
- (b) must return the certificate which is to be replaced to the Company if it is damaged or defaced; and
- (c) must comply with such conditions as to evidence, indemnity and the payment of a reasonable fee as the Directors decide.

### **31. Share transfers**

31.1 Shares may be transferred by means of an instrument of transfer in any usual form or any other form approved by the Directors, which is executed by or on behalf of the transferor.

31.2 No fee may be charged for registering any instrument of transfer or other Document relating to or affecting the title to any share.

31.3 The Company may retain any instrument of transfer which is registered.

31.4 The transferor remains the holder of a share until the transferee's name is entered in the register of shareholders as holder of it.

- 31.5 The Directors may refuse to register the transfer of a share to a person of whom they do not approve.
- 31.6 They may also refuse to register the transfer unless it is lodged at the registered office of the Company or at such other place as the Directors may appoint and is accompanied by such evidence as the Directors may reasonably require to show the right of the transferor to make the transfer, and by such other information, as they may reasonably require.
- 31.7 If the Directors refuse to register such a transfer, they shall, within two months after the date on which the transfer was lodged with the Company send to the transferee notice of the refusal.
- 31.8 The provisions of this Article apply in addition to any restrictions on the transfer of a share which maybe set out elsewhere in the Memorandum or Articles of the Company.

## **32. Purchase of own shares**

Subject to the articles, the company may purchase its own shares (including any redeemable shares) and may make a payment in respect of the redemption or purchase of its own shares otherwise than out of the distributable profits of the Company or the proceeds of a fresh issue of shares. Any share so purchased shall be purchased at its nominal value.

## **33. Transmission of shares**

- 33.1 If title to a share passes to a transmittee, the Company may only recognise the transmittee as having any title to that share.
- 33.2 A transmittee who produces such evidence of entitlement to shares as the Directors may properly require:
- (a) may, subject to the Articles, choose either to become the holder of those shares or to have them transferred to another person; and
  - (b) subject to the Articles, and pending any transfer of the shares to another person, has the same rights as the holder had.
- 33.3 But transmittees do not have the right to attend or vote at a general meeting, or agree to a proposed written resolution, in respect of shares to which they are entitled, by reason of the holder's death or bankruptcy or otherwise, unless they become the holders of those shares.

## **34. Exercise of transmittees' rights**

- 34.1 Transmittees who wish to become the holders of shares to which they have become entitled must notify the Company in Writing of that wish.
- 34.2 If the transmittee wishes to have a share transferred to another person, the transmittee must execute an instrument of transfer in respect of it.

- 34.3 Any transfer made or executed under this Article is to be treated as if it were made or executed by the person from whom the transmittee has derived rights in respect of the share, and as if the event which gave rise to the transmission had not occurred.

**35. Transmittees bound by prior notices**

- 35.1 If a notice is given to a shareholder in respect of shares and a transmittee is entitled to those shares, the transmittee is bound by the notice if it was given to the shareholder before the transmittee's name has been entered in the register of shareholders.

**DIVIDENDS AND OTHER DISTRIBUTIONS**

**36. Procedure for declaring dividends**

- 36.1 Subject to the Companies Acts, the Regulations and the Articles, the company may by ordinary resolution declare dividends, and the directors may, provided that such decision is authorised by an ordinary resolution of the shareholders, decide to pay interim dividends.
- 36.2 For the avoidance of doubt the payment of dividends shall be considered to be a transfer of assets other than for full consideration and shall not be permitted other than in the circumstances prescribed in Article 3.
- 36.3 The Company may by ordinary resolution declare dividends, and the Directors may decide to pay interim dividends.
- 36.4 A dividend must not be declared unless the Directors have made a recommendation as to its amount. Such a dividend must not exceed the amount recommended by the Directors.
- 36.5 No dividend may be declared or paid unless it is in accordance with shareholders' respective rights.
- 36.6 Unless the shareholders' resolution to declare or Directors' decision to pay a dividend, or the terms on which shares are issued, specify otherwise, it must be paid by reference to each shareholder's holding of shares on the date of the resolution or decision to declare or pay it.
- 36.7 If the Company's share capital is divided into different classes, no interim dividend may be paid on shares carrying deferred or non-preferred rights if, at the time of payment, any preferential dividend is in arrear.
- 36.8 The Directors may pay at intervals any dividend payable at a fixed rate if it appears to them that the profits available for distribution justify the payment.
- 36.9 If the Directors act in good faith, they do not incur any liability to the holders of shares conferring preferred rights for any loss they may suffer by the lawful payment of an interim dividend on shares with deferred or non-preferred rights.

**37. Payment of dividends and other distributions**

37.1 Where a dividend or other sum which is a distribution is payable in respect of a share, it must be paid by one or more of the following means:

- (a) transfer to a bank or building society account indicated by the distribution recipient either in Writing or as the Directors may otherwise decide;
- (b) sending a cheque made payable to the distribution recipient by post to the distribution recipient at the distribution recipient's registered Address (if the distribution recipient is a holder of the share), or (in any other case) to an Address indicated by the distribution recipient either in Writing or as the Directors may otherwise decide;
- (c) sending a cheque made payable to such person by post to such person at such Address as the distribution recipient has indicated either in Writing or as the Directors may otherwise decide; or
- (d) any other means of payment as the Directors agree with the distribution recipient either in Writing or by such other means as the Directors decide.

37.2 In the Articles, "the distribution recipient" means, in respect of a share in respect of which a dividend or other sum is payable:

- (a) the holder of the share; or
- (b) if the share has two or more joint holders, whichever of them is named first in the register of members; or
- (c) if the holder is no longer entitled to the share by reason of death or bankruptcy, or otherwise by operation of law, the transmittee.

### **38. No interest on distributions**

The Company may not pay interest on any dividend or other sum payable in respect of a share unless otherwise provided by:

- (a) the terms on which the share was issued; or
- (b) the provisions of another agreement between the holder of that share and the Company.

### **39. Unclaimed distributions**

39.1 All dividends or other sums which are:

- (a) payable in respect of shares; and
- (b) unclaimed after having been declared or become payable,

may be invested or otherwise made use of by the Directors for the benefit of the Company until claimed.

39.2 The payment of any such dividend or other sum into a separate account does not make the Company a trustee in respect of it.

39.3 If:

(a) twelve years have passed from the date on which a dividend or other sum became due for payment; and

(b) the distribution recipient has not claimed it,

the distribution recipient is no longer entitled to that dividend or other sum and it ceases to remain owing by the Company.

#### **40. Non-cash distributions**

40.1 Subject to the terms of issue of the share in question, the Company may, by ordinary resolution on the recommendation of the Directors, decide to pay all or part of a dividend or other distribution payable in respect of a share by transferring non-cash assets of equivalent value (including, without limitation, shares or other securities in any company).

40.2 For the purposes of paying a non-cash distribution, the Directors may make whatever arrangements they think fit, including, where any difficulty arises regarding the distribution:

(a) fixing the value of any assets;

(b) paying cash to any distribution recipient on the basis of that value in order to adjust the rights of recipients; and

(c) vesting any assets in trustees.

#### **41. Waiver of distributions**

Distribution recipients may waive their entitlement to a dividend or other distribution payable in respect of a share by giving the Company notice in Writing to that effect, but if:

(a) the share has more than one holder; or

(b) more than one person is entitled to the share, whether by reason of the death or bankruptcy of one or more joint holders, or otherwise,

the notice is not effective unless it is expressed to be given, and signed, by all the holders or persons otherwise entitled to the share.

### **CAPITALISATION OF PROFITS**

#### **42. Authority to capitalise and appropriation of capitalised sums**

42.1 Subject to the Articles, the Directors may, if they are so authorised by an ordinary resolution:

- (a) decide to capitalise any profits of the Company (whether or not they are available for distribution) which are not required for paying a preferential dividend, or any sum standing to the credit of the Company's share premium account or capital redemption reserve; and
  - (b) appropriate any sum which they so decide to capitalise (a "capitalised sum") to the persons who would have been entitled to it if it were distributed by way of dividend (the "persons entitled") and in the same proportions.
- 42.2 Capitalised sums must be applied:
  - (a) on behalf of the persons entitled; and
  - (b) in the same proportions as a dividend would have been distributed to them.
- 42.3 Any capitalised sum may be applied in paying up new shares of a nominal amount equal to the capitalised sum which are then allotted credited as fully paid to the persons entitled or as they may direct.
- 42.4 A capitalised sum which was appropriated from profits available for distribution may be applied in paying up new debentures of the Company which are then allotted credited as fully paid to the persons entitled or as they may direct.
- 42.5 Subject to the Articles the Directors may:
  - (a) apply capitalised sums in accordance with Articles 42.3 and 42.4 partly in one way and partly in another;
  - (b) make such arrangements as they think fit to deal with shares or debentures becoming distributable in fractions under this Article (including the issuing of fractional certificates or the making of cash payments); and
  - (c) authorise any person to enter into an agreement with the Company on behalf of all the persons entitled which is binding on them in respect of the allotment of shares and debentures to them under this Article.

## **DECISION-MAKING BY SHAREHOLDERS**

### **43. Shareholders Meetings**

- 43.1 The Directors may call a general meeting at any time.
- 43.2 General meeting must be held in accordance with the provisions regarding such meetings in the Companies Act.
- 43.3 A person who is not a shareholder of the Company shall not have any right to vote at a general meeting of the Company; but this is without prejudice to any right to vote on a resolution affecting the rights attached to a class of the Company's debentures.
- 43.4 Article 43.3 shall not prevent a person who is a proxy for a shareholder or a duly authorised representative of a shareholder from voting at a general meeting of the Company.

## **WRITTEN RESOLUTIONS**

### **44. Written resolutions**

- 44.1 Subject to Article 44.3, a written resolution of the Company passed in accordance with this Article 44 shall have effect as if passed by the Company in general meeting:
- 44.1.1 A written resolution is passed as an ordinary resolution if it is passed by a simple majority of the total voting rights of eligible shareholders.
- 44.1.2 A written resolution is passed as a special resolution if it is passed by shareholders representing not less than 75% of the total voting rights of eligible shareholders. A written resolution is not a special resolution unless it states that it was proposed as a special resolution.
- 44.2 In relation to a resolution proposed as a written resolution of the Company the eligible shareholders are the shareholders who would have been entitled to vote on the resolution on the Circulation Date of the resolution.
- 44.3 A shareholders' resolution under the Companies Acts removing a Director or an auditor before the expiration of his or her term of office may not be passed as a written resolution.
- 44.4 A copy of the written resolution must be sent to every shareholder together with a statement informing the shareholder how to signify their agreement to the resolution and the date by which the resolution must be passed if it is not to lapse. Communications in relation to written notices shall be sent to the Company's auditors in accordance with the Companies Acts.
- 44.5 A shareholder signifies their agreement to a proposed written resolution when the Company receives from him or her an authenticated Document identifying the resolution to which it relates and indicating his or her agreement to the resolution.
- 44.5.1 If the Document is sent to the Company in hard copy form, it is authenticated if it bears the shareholder's signature.
- 44.5.2 If the Document is sent to the Company by electronic means, it is authenticated [if it bears the shareholder's signature] or [if the identity of the shareholder is confirmed in a manner agreed by the Directors] or [if it is accompanied by a statement of the identity of the shareholder and the Company has no reason to doubt the truth of that statement] or [if it is from an email Address notified by the shareholder to the Company for the purposes of receiving Documents or information by electronic means].
- 44.6 A written resolution is passed when the required majority of eligible shareholders have signified their agreement to it.
- 44.7 A proposed written resolution lapses if it is not passed within 28 days beginning with the Circulation Date.

## **ADMINISTRATIVE ARRANGEMENTS AND MISCELLANEOUS**

### **45. Means of communication to be used**

- 45.1 Subject to the Articles, anything sent or supplied by or to the Company under the Articles may be sent or supplied in any way in which the Companies Act 2006 provides for Documents or information which are authorised or required by any provision of that Act to be sent or supplied by or to the Company.
- 45.2 Subject to the Articles, any notice or Document to be sent or supplied to a Director in connection with the taking of decisions by Directors may also be sent or supplied by the means by which that Director has asked to be sent or supplied with such notices or Documents for the time being.
- 45.3 A Director may agree with the Company that notices or Documents sent to that Director in a particular way are to be deemed to have been received within an agreed time of their being sent, and for the agreed time to be less than 48 hours.

### **46. Irregularities**

The proceedings at any meeting or on the taking of any poll or the passing of a written resolution or the making of any decision shall not be invalidated by reason of any accidental informality or irregularity (including any accidental omission to give or any non-receipt of notice) or any want of qualification in any of the persons present or voting or by reason of any business being considered which is not referred to in the notice unless a provision of the Companies Acts specifies that such informality, irregularity or want of qualification shall invalidate it.

### **47. Minutes**

- 47.1 The Directors must cause minutes to be made in books kept for the purpose:
  - 47.1.1 of all appointments of officers made by the Directors;
  - 47.1.2 of all resolutions of the Company and of the Directors (including, without limitation, decisions of the Directors made without a meeting); and
  - 47.1.3 of all proceedings at meetings of the Company and of the Directors, and of committees of Directors, including the names of the Directors present at each such meeting;
- and any such minute, if purported to be signed (or in the case of minutes of Directors' meetings signed or authenticated) by the chair of the meeting at which the proceedings were had, or by the chair of the next succeeding meeting, shall, as against any shareholder or Director of the Company, be sufficient evidence of the proceedings.
- 47.2 The minutes must be kept for at least ten years from the date of the meeting, resolution or decision.

### **48. Records and accounts**

The Directors shall comply with the requirements of the Companies Acts as to maintaining a shareholders' register, keeping financial records, the audit or examination of accounts and the preparation and transmission to the Registrar of Companies and the Regulator of:

- 48.1 annual reports;
- 48.2 annual returns; and
- 48.3 annual statements of account.
- 48.4 Except as provided by law or authorised by the Directors or an ordinary resolution of the Company, no person is entitled to inspect any of the Company's accounting or other records or Documents merely by virtue of being a member.

#### **49. Indemnity**

- 49.1 Subject to Article 49.2, a relevant Director of the Company or an associated company may be indemnified out of the Company's assets against:
  - (a) any liability incurred by that Director in connection with any negligence, default, breach of duty or breach of trust in relation to the Company or an associated company;
  - (b) any liability incurred by that Director in connection with the activities of the Company or an associated company in its capacity as a trustee of an occupational pension scheme (as defined in section 235(6) of the Companies Act 2006);
  - (c) any other liability incurred by that Director as an officer of the Company or an associated company.
- 49.2 This Article does not authorise any indemnity which would be prohibited or rendered void by any provision of the Companies Acts or by any other provision of law.
- 49.3 In this Article:
  - (a) companies are associated if one is a subsidiary of the other or both are subsidiaries of the same body corporate; and
  - (b) a "relevant Director" means any Director or former Director of the Company or an associated company.

#### **50. Insurance**

- 50.1 The Directors may decide to purchase and maintain insurance, at the expense of the Company, for the benefit of any relevant Director in respect of any relevant loss.
- 50.2 In this Article:
  - (a) a "relevant Director" means any Director or former Director of the Company or an associated company,

- (b) a “relevant loss” means any loss or liability which has been or may be incurred by a relevant Director in connection with that Director’s duties or powers in relation to the Company, any associated company or any pension fund or employees’ share scheme of the Company or associated company; and
- (c) companies are associated if one is a subsidiary of the other or both are subsidiaries of the same body corporate.

**51. Exclusion of model articles**

The relevant model articles for a company limited by shares are hereby expressly excluded.

**SCHEDULE**  
**INTERPRETATION**

1. In the Articles, unless the context requires otherwise, the following terms shall have the following meanings:

<b>Term</b>	<b>Meaning</b>
<b>“Address”</b>	includes a number or address used for the purposes of sending or receiving Documents by Electronic Means;
<b>“Articles”</b>	means the Company’s articles of association;
<b>“asset-locked body”</b>	means (i) a community interest Company or a charity or a Permitted Industrial and Provident Society; or (ii) a body established outside the United Kingdom that is equivalent to any of those;
<b>“bankruptcy”</b>	includes individual insolvency proceedings in a jurisdiction other than England and Wales or Northern Ireland which have an effect similar to that of bankruptcy;
<b>“Chair”</b>	has the meaning given in Article 10;
<b>“Circulation Date”</b>	in relation to a written resolution, has the meaning given to it in the Companies Acts;
<b>“Clear Days”</b>	in relation to the period of a notice, that period excluding the day when the notice is given or deemed to be given and the day for which it is given or on which it is to take effect;
<b>“community”</b>	is to be construed in accordance with the section 35(5) of the Companies (Audit, Investigations and Community Enterprise) Act 2004;
<b>“Companies Acts”</b>	means the Companies Acts (as defined in section 2 of the Companies Act 2006), in so far as they apply to the Company;
<b>“Company”</b>	Whittington Pharmacy C.I.C.;
<b>“Conflict of Interest”</b>	any direct or indirect interest of a Director (whether personal, by virtue of a duty of loyalty to another organisation or otherwise) that

	conflicts or might conflict with the interests of the Company;
<b>“Director”</b>	means a director of the Company, and includes any person occupying the position of director, by whatever name called;
<b>“distribution recipient”</b>	has the meaning given in Article 37;
<b>“Document”</b>	includes, unless otherwise indicated, any document sent or supplied in Electronic Form;
<b>“Electronic Form and Electronic Means”</b>	have the meanings respectively given to them in section 1168 of the Companies Act 2006;
<b>“fully paid”</b>	in relation to a share, means that the nominal value and any premium to be paid to the Company in respect of that share have been paid to the Company;
<b>“Hard Copy Form”</b>	has the meaning given in section 1168 of the Companies Act 2006;
<b>“holder”</b>	in relation to shares means the person whose name is entered in the register of shareholders as the holder of the shares;
<b>“instrument”</b>	means a document in Hard Copy Form
<b>“Memorandum”</b>	the Company’s memorandum of association;
<b>“paid”</b>	means paid or credited as paid;
<b>“participate”</b>	in relation to a Directors’ meeting, has the meaning given in Article 14;
<b>“Permitted Industrial and Provident Society”</b>	means an industrial and provident society which has a restriction on the use of its assets in accordance with regulation 4 of the Community Benefit Societies (Restriction on Use of Assets) Regulations 2006 or regulation 4 of the Community Benefit Societies (Restriction on Use of Assets) Regulations (Northern Ireland) 2006;
<b>“the Regulations”</b>	means the Community Interest Company Regulations 2005 (as amended);
<b>“the Regulator”</b>	means the Regulator of Community Interest Companies;
<b>“Secretary”</b>	the secretary of the Company (if any);

<b>“shareholder”</b>	means a person who is the holder of a share;
<b>“shares”</b>	means shares in the Company;
<b>“specified”</b>	means specified in the memorandum or articles of association of the Company for the purposes of this paragraph;
<b>“subsidiary”</b>	has the meaning given in section 1159 of the Companies Act 2006;
<b>“transfer”</b>	includes every description of disposition, payment, release or distribution, and the creation or extinction of an estate or interest in, or right over, any property;
<b>“transmittee”</b>	means a person entitled to a share by reason of the death or bankruptcy of a shareholder or otherwise by operation of law; and
<b>"Trust"</b>	means Whittington Hospital NHS Trust;
<b>“Writing”</b>	means the representation or reproduction of words, symbols or other information in a visible form by any method or combination of methods, whether sent or supplied in Electronic Form or otherwise.

2. Subject to clause 3 of this Schedule, any reference in the Articles to an enactment includes a reference to that enactment as re-enacted or amended from time to time and to any subordinate legislation made under it.
3. Unless the context otherwise requires, other words or expressions contained in these Articles bear the same meaning as in the Companies Acts as in force on the date when these Articles become binding on the Company.

# Whittington Health Trust Board

March 2018

<b>Title:</b>		<b>Fast Follower – System C Contract Change Approval</b>					
<b>Agenda item:</b>		<b>18/044</b>				<b>Doc</b>	<b>12</b>
<b>Action requested:</b>		To approve an increase in the contract value for System C by £4.8M and authorise a contract change notice					
<b>Executive Summary:</b>		System C supply the Trust with the core acute clinical and administrative systems that support the Trust’s operations.  This paper makes the board aware of the required change to the System C contract as a result of the Fast Follower Funding Agreement (£5m) and match funding commitment and asks it to support the approval of the required spend from the business case.					
<b>Summary of recommendations:</b>		1. Acknowledge that progress is dependent on adequate contracting with the supplier 2. Recommend the spend is approved in line with the business case					
<b>Fit with WH strategy:</b>		SG1 – High quality, safe services SG3 – Innovate and continuously improve quality of our services SG4 - Integrate care in patient centred teams SG5 – Support patients to be partners in their care					
<b>Reference to related / other documents:</b>		Delivery of Digital Strategy Delivery of Fast Follower Business Case (F&BC Dec 17) Delivery of Clinical Strategy Fast Follower Funding Agreement					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		BAF 5 Failure to deliver CIPs and Transformation Savings BAF 16 Failure to establish Cyber Security across the Trust					
<b>Date paper completed:</b>		19/03/2018					
<b>Author name and title:</b>		<b>Dr Leon Douglas, Chief Information Officer</b>		<b>Director name and title:</b>		<b>Dr Leon Douglas, Chief Information Officer</b>	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>		<b>Quality Impact Assessment complete?</b>		<b>Financial Impact Assessment complete?</b>	



## Introduction

Whittington Health was successful in its application to become a Fast Follower to University Hospitals Bristol (UHBristol) Global Digital Exemplar (GDE) in late February 2018. Consequently we have been awarded the £5M in matched funding which was detailed in the Finance and Business Committee Paper from December 2017 and have built a capital plan as per the subsequent funding agreement.

Our most significant supplier, System C, provide the Trust with the administrative and clinical functionality for the Integrated Care Organisation. In particular the systems manage our appointments, shared care record, ED management as well as the business intelligence that powers our national returns.

To deliver the programme a major element will be extending the contract with System C to enhance the functionality using the learning from our GDE partner.

The original contract value was £11.55M with a current contract value of £11.8M. There have been additions of £250k to date through Contract Change Notices (CCNs) which make up the difference. The contract expires in 2022.

## Purpose of Contract Extension

The GDE Fast Follower programme links the Trust to a partner NHS organisation and a supplier System C. The contract extension allows the programme to deliver enhanced functionality:

- electronic observations;
- communication tools linked to the patient record;
- Improved single sign on to clinical applications;
- an enhanced single view of the record for both clinician and patient; and
- Significantly enhanced clinical noting functionality.

These changes are a key enabler in future clinical transformation and in increasing the productivity. The areas were defined through the work to produce the digital strategy, the expertise from the clinical advisory group and the gap analysis work undertaken against current functionality combined with the Trust's strategic goals and Clinical Strategy. These were further cross referenced against the requirements in the Fast Follower funding agreement and the local NCL context.

After implementing the full programme WH expects to see:

- **Increased clinical productivity** – reduced time spent by clinicians using paper based processes and use of 20<sup>th</sup> Century communication systems (telephone and bleep based system). Clinicians from different teams based in primary, community and secondary care will be able to communicate with each other (via desktop and mobile) in patient context in the electronic patient record (providing an electronic documentation trail of a patient's care). This time can then be redeployed for patient facing care (with a knock on effect of for example reducing ED waiting times and increasing the number of outpatient clinic appointments available reducing the waiting lists).
- **Enhanced patient safety** – deploying hospital wide surveillance system for monitoring unwell patients will enable automated identification and rapid escalation of

unwell patients to the right team (with a knock on effect of for example reducing the number of cardiac arrests and ITU admissions).

- **Reduced paper footprint** – digitising the last three main contributors to paper based medical records to be inbuilt into our electronic patient record available in patient context (namely observation charts, nursing documentation and inpatient clinical notes). Observation charts and handover sheets alone contribute to over 0.75 million pieces of paper per year in the Trust.
- **Improved patient flow** – deploying a mobile bed management system to enable accurate instant updating of patient location & current problems at the bedside therefore improving accuracy of information on patient flow which supports admission and discharge decisions by the Site Management team (with a knock on effect of for example greater percentage discharges before 11am).

The FF programme will deliver through partnership across the whole organisation. While the proposals are being led by the IM&T Team much of the content has been developed by the wider organisation, through building the digital strategy and Fast Follower Funding Agreement, including clinicians, the PMO and our QI leads. The approach is detailed in the Fast Follower Funding Agreement as it was a pre-requisite for the investment from NHS Digital.

The Board are asked to authorise a maximum increase in contract value of £4.8M increasing the contract value to £16.52M in total. The contract expiry will remain 2022. This is allowable as an extension as it remains under the 50% threshold for contract extension when all the amendments are added together.

The extension will be managed according to recognised principles.

- Contract Change Notices (CCN) – to detail the scope, delivery, implementation and quality control
- Payment Milestone – payment based on delivering to the requirements of the CCN
- Functional Specifications – the CCNs are supported by a functional specification which is validated against the outcomes within the Funding Agreement
- Delivery against the Benefits model in the Funding Agreement

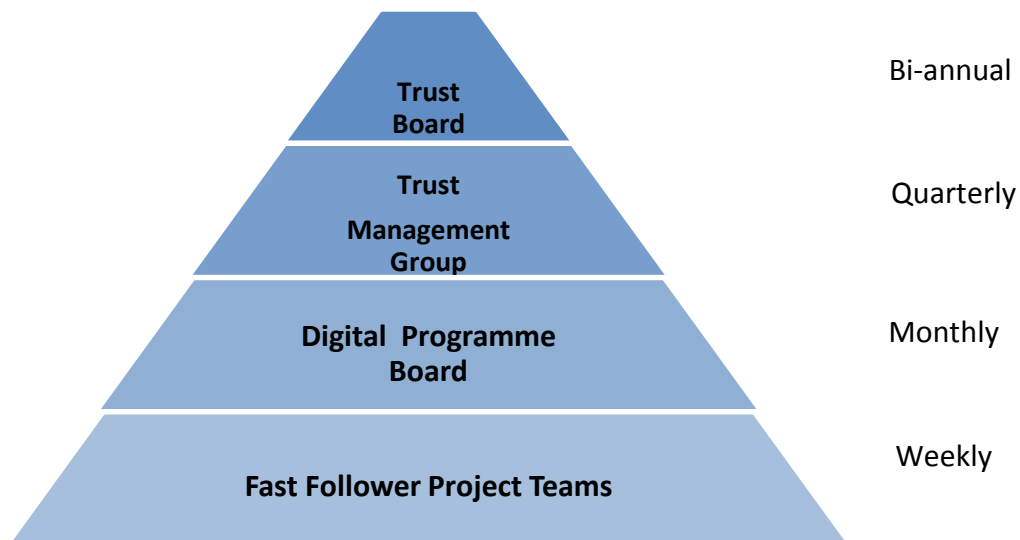
Following the agreement of the areas of functionality the Trust worked with System C to value the changes, cross referencing with other Trusts and market pricing.

The costs remain as proposed in the originally agreed Funding Agreement which has now been signed off by NHS Digital and Finance and Business Committee Papers.

Standing Financial Instructions require procurement contracts over the value of £1m to be signed off by the Trust Board. This is also an opportunity for the Trust Board to note the investment in delivery of the Digital Strategy supporting the Strategic Goals of the Trust.

## **Governance**

Whittington Health has recently agreed through its Trust Management Group (TMG) an operational governance arrangement in the form of a Digital Programme Board. The Digital Programme Board will report through TMG quarterly and to the Board on a bi-annual basis.



### **Approval to Proceed**

1. The board are asked to acknowledge that progress is dependent on acquiring the right software enhancements in line with the Fast Follower Funding Agreement
2. The board are asked to agree to authorise the contract extension up to the value of £4.8M

# Trust Board

28<sup>th</sup> March

Title:		Draft Trust Board Meeting Plan 2018-19						
Agenda item:		18/045			Paper		13	
Action requested:		Note content and advise on appropriateness of format						
Executive Summary:		The attached plan sets out a proposed programme of meetings for 2018-19, classifying items by broad subject headings and frequencies. The topics are colour coded to indicate standing items, regular reports, annual reports and ad hoc reports. This is work in progress and will be updated to reflect any new areas or work requiring Board consideration.						
Summary of recommendations:		It is recommended that the programme should be updated quarterly, so that it becomes a rolling programme with a look-back of 3-6 months and a forward projection of 3-6 months.						
Fit with WH strategy:		Forward planning and regular updating of the Board programme facilitates balanced and timely coverage of the Board’s progress against its strategic and operational objectives and compliance with statutory requirements						
Reference to related / other documents:								
Reference to areas of risk and corporate risks on the Board Assurance Framework:								
Date paper completed:		21 <sup>st</sup> March 2018						
Author name and title:		Susan Sorensen Interim Corporate Secretary		Director name and title:		Siobhan		
Date paper seen by EC	20th Mar 2018	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a	



# DRAFT Trust Board Annual Meeting Plan 2018-19

AGENDA ITEM	Lead	Action	April 25th	May 30th	June 27th	July 25th	Sept 26th	Oct 31	Nov 28th	Dec 19th	Jan 30th	Feb 27th	Mar 27th
<b>Meeting in public</b>													
<b>Standing Agenda Items - opening</b>													
♦ Introductions, apologies, declarations	Corp Sec	Receive											
♦ Minutes, matters arising, actions log	Corp Sec	Approve											
♦ Patient Story	CN	Receive											
♦ Chairman's Monthly Report	Chairman	Receive											
♦ Chief Executive's Monthly Report	CEO	Receive											
<b>Quality and Patient Safety Reports</b>													
♦ Serious Incident Monthly	MD	Review											
♦ Safer Staffing Monthly	CN	Review											
♦ Quality and patient safety quarterly	MD	Review											
♦ Learning from mortality quarterly	MD	Review											
♦ Integrated Safeguarding bi-annual	CN	Review											
♦ Single Sex Accommodation Declaration	COO	Approve											
♦ 2017-18 Quality Account	MD/CN												
♦ Staff Survey - annual	DW	Discuss											
♦ Quality and Patient Safety Annual	CN	Approve											
♦ Infection Prevention and Control annual	DIPC/ CN	Review											
♦ Safeguarding Children Declaration	CN	Approve											
♦ Patient Survey Results - Picker	CN	Discuss											
♦ Freedom to speak up Guardian report	DW	Discuss											
♦ End of Life Care annual report	RJ	Receive											
<b>Strategy</b>													
♦ Service Development Strategy	DS	Approve											
♦ Service Improvement Strategy	COO												
♦ Estates Development Plan	CFO	Approve											
♦ Nursing, Midwifery & AHP Strategy	CN	Approve											
♦ Capital Investment Strategy	CFO	Approve											

AGENDA ITEM	Lead	Action	April 25th	May 30th	June 27th	July 25th	Sept 26th	Oct 31	Nov 28th	Dec 19th	Jan 30th	Feb 27th	Mar 27th
♦ Workforce Strategy	DW	Approve											
♦ Risk Management Strategy	CN	Approve											
♦ Update Health & Wellbeing Partnership	CEO	Review											
♦ Strategic Business Continuity Plan	COO	Approve											
♦ Section 75 LBI Annual Report	JB (LBI)	Review											
♦ LUTs Business Case	MD	Approve											
<b>Operational Performance and Planning</b>													
♦ Monthly Dashboard Report	COO	Review											
♦ Monthly Finance Report	CFO	Review											
♦ Annual Operational Plan & Budget	CFO	Approve											
♦ Capital update – bi-annual	CFO												
♦ Risks ≥ Register	CEO	Review											
♦ “Fast Follower” Digital update	SB/LD	Review											
♦ Emergency Preparedness and Business Continuity Annual Report	COO	Review											
♦ Evacuation Plan annual	COO												
♦ Heatwave Plan	COO												
♦ Winter Plan	COO												
<b>Governance</b>													
♦ Board dates and plan bi-annual	Corp Sec	Approve											
♦ Corporate Objectives quarterly report	CEO	Approve											
♦ CQC Report	CN/MD												
♦ Audit Committee Annual Report	NED/CFO	Review											
♦ Board Assurance Framework Bi-annual	DS	Approve											
♦ Equality and Inclusion Annual Report	DW	Approve											
♦ R&D Annual Report	MD	Approve											
♦ Education Annual Update	RJ	Review											
♦ Register of Directors Interests	Corp Sec	Review											
♦ Register of Deed of Execution	Corp Sec	Review											
♦ District Audit Annual Report	DoF	Review											
♦ Annual Accounts	DoF	Approve											
♦ Standing Orders Annual Statement	DoF	Approve											
♦ Statement of Internal Control annual	DoF	Approve											
♦ Nursing & Midwifery Revalidation	CN	Approve											

AGENDA ITEM	Lead	Action	April 25th	May 30th	June 27th	July 25th	Sept 26th	Oct 31	Nov 28th	Dec 19th	Jan 30th	Feb 27th	Mar 27th
♦ Charitable Funds Committee Report	CEO/CFO	Review											
♦ Committee ToRs annual review	Corp Sec												
♦ Remuneration Committee	DW												
<b>Standing Agenda Items - closing</b>													
♦ Subcommittee minutes: Quality, Workforce, Finance and Business Development	Corp Sec	Receive											
♦ Any other business	Chairman	Receive											
♦ Questions from the public on matters on the agenda	Chairman	Receive Respond											

<b><u>Exclusion of press and public</u></b>													
<b>Meeting in private</b>													
♦ Standing Agenda Items - opening													
♦ Welcome and Apologies	Chairman	Receive											
♦ Declaration of Conflicts of Interest	Corp Sec	Receive											
♦ Draft Minutes, actions, matters arising	Chair	Approve											
<b>Safety and Quality</b>													
♦ <b>Serious Case Reviews</b>	CN	Receive											
♦ <b>Reputational Issues</b>	MD	Receive											
♦ <b>Medical/Dental exclusions/restrict</b>	MD	Receive											
<b>Performance</b>													
♦ Contract and Business Development	CFO	Discuss											
♦ Finance specific issues	CFO	Discuss											
<b>Strategy</b>													
♦ Verbal Update – as required	CEO	Discuss											
♦ GP Federations MOI	CEO	Discuss											
<b>Standing items - closing</b>													
Audit & Risk Committee minutes		Review											
<b>Any Other Business</b>													

Key:

	Standing Items		Regular reports		Annual Reports		Ad hoc reports
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## Minutes Quality Committee, Whittington Health

<b>Date &amp; time:</b>	10 <sup>th</sup> January 2018 at 14:00 – 16:00
<b>Venue:</b>	Room 6 Whittington Education Centre, Whittington Hospital
<b>Chair:</b>	Anu Singh (AS), Non-Executive Director
<b>Members Present:</b>	Sarah Hayes (SHa), Deputy Chief Nurse Carol Gillen (CG), Chief Operating Officer Deborah Harris-Ugbomah (DHU), Non-Executive Director Richard Jennings (RJ), Medical Director Yua Haw Yoe (YHY), Non-Executive Director
<b>In attendance</b>	Steve Hitchins (SH), Chairman Dorian Cole (DCo), Head of Nursing, PPP Helen Taylor (HT), Clinical Director, CSS James Connell (JC), Patient Experience Manager Gillian Lewis (GL), Head of Risk and Governance Deborah Clatworthy (DC), Head of Nursing, Surgery and Cancer Leanne Rivers (LR) Patient Representative Clarissa Murdoch (CM), Clinical Director IM Majella Travers, (MT) Head of Nursing, CYP Gurjit Mahil (GM), Director of Operations, Women's Health Alison Kett (AK), Head of Nursing (IM) Wayne Blowers (WB), Quality Improvement and Compliance Manager Steve Packer (SP), Assistant Director of Facilities Lisa Smith (LS), Assistant Chief Nurse
<b>Apologies:</b>	Phillipa Alston, (PA) Head of Patient Experience

## Agenda items

1.1	Welcome & Apologies	Chair
	AS welcomed the committee and introduced the visitors from the Trust's UCL Partners, who attended the meeting in an observational capacity.	
Actions		Owner
		Deadline



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1.2	Declarations of Conflicts of Interests	Chair
	No conflicts of interest were noted.	
Actions		Deadline
/		

1.3	Minutes of the previous meeting	Chair
	<p>AS referred the committee to the minutes from the previous meeting in November.</p> <p>AS queried whether the Trust has investigated other trust's mental health capacity policies and guidelines. SHa will escalate this with Theresa Renwick (Adult safeguarding lead).</p> <p>The committee also discussed charitable fund applications and auditing around charitable bid applications. The committee noted that they would be keen to support.</p>	
Actions		Deadline
SHa to escalate w/Theresa Renwick investigating other trust's mental health capacity policies		

1.4	Matters Arising	Chair
	No matters were raised.	
Actions		Deadline
None		

2.1	Nursing and Midwifery Strategy – year one review	
	<p>The paper was taken as read. The strategy was developed in 2016. GL and WB have spent time looking at and evaluating the paper.</p> <p>LR asked about the staff appraisal rates. CM suggested that staff turnover contributes to lower appraisal rates and that staffing vacancies also contribute to this.</p> <p>AS noted that the appraisal rates remain a theme and are also a quality indicator. SH said that this has also been discussed in detail at the workforce assurance committee.</p>	
Actions		Deadline

3.1	Integrated Medicine ICSU		
3.1	<p>CM took the paper as read.</p> <p>CM noted the increase in serious incidents and that this rise was within the parameters of expectation. The following-up of serious incidents has improved in the ICSU.</p> <p>CM reported that staff still had difficulties with the administrative element of reporting and closing incidents. GL said that work on improving Datix to be more user friendly is ongoing.</p> <p>Falls remain an issue in the ICSU. Over the past year, good work has been done with the falls team and NHS improvement to improve in this area. The Baywatch initiative on the inpatient wards has been a successful addition.</p> <p>AK discussed the risk register and Victoria ward. Victoria ward has been put on the risk register for hematology and the treatment of a sickle cell patient.</p> <p>CM reported that nursing staffing levels are an issue, as are staffing levels for hematology and the medical team. SH noted that as CM reported, it was not just nursing levels that were low on Victoria, but also medical.</p>		
Actions		Deadline	Owner

3.2	Women and Family ICSU	
3.2	<p>GM presented the paper, which was taken as read.</p> <p>GM reported that the ICSU has had 4 serious incidents this year, down from 10 the previous year. High risks are a result of location and staffing on Cellier ward. GM reported that FFT performance in the area has been excellent, with the response rate rising to almost 50% and the recommendation rate of the service consistently above 90%. The ICSU is 100% compliant with complaints.</p> <p>AS noted the well led indicators and asked about staff turnover and appraisals. GM said that an amount of staff turnover was due to staff in the sexual health teams being TUPE transferred. Certain challenges had also arisen due to issues logging appraisals on ESR and mandatory training not carrying over for staff that have joined the Trust.</p>	
Actions		Deadline
		Owner

4.1	PLACE Annual Report	
4.1	<p>SP reported that the Trust has had notification of the PLACE audit. The Trust performance was down in cleanliness, privacy and dignity scores.</p> <p>The committee discussed the food service. SHa chairs the steering group towards</p>	

	<p>improving the Trust's food service. SP team conducts fortnightly audits.</p> <p>SP reported that the next audit is for February through to June. LR emphasized that the food service should be directed towards being medically beneficial for patients healing; SHa noted that the steering group is led by the lead clinical dietitian.</p>		
Actions		Deadline	Owner
/			

4.2	Quality and Safety Risk Register		
4.2	<p>GL presented the risk register update which focuses on risks scored greater than 15. AS noted that risks not included in the update can be found in the specific ICSU presentations.</p> <p>GL noted that there has been a backlog with radiology reporting – an action plan has been created for this. AS noted that certain estates risks have been on the risk register for some time – GL is meeting with Adrian Cooper every six weeks to keep oversight over these risks.</p>		
Actions		Deadline	Owner
/			

4.3	Quality Assurance Report (CQC)		
4.3	<p>WB presented the report. The report was taken as read.</p> <p>WB referred the committee to page six of the report, which details the new CQC inspection criteria. The CQC report is expected on the 28th February 2018.</p> <p>SH enquired after the patient safety huddles – WB reported that these have been rebranded as Freedom to Speak Up Huddles and have good support from the non-executive directors. GL expressed that one of the positives of the rebranded huddles is that staff have an opportunity to meet the non-executive directors.</p> <p>The committee discussed staff knowledge of the executive and non-executive team. It was discussed also that often patients were unaware of their named nurse or doctor.</p> <p>RJ suggested three things to note from these issues: how do people engage with the Trust board; how does the board introduce themselves to patients and the public; the importance of patients knowing who is in charge of their treatment and care. RJ emphasised the final point as this is also an important safety issue.</p>		
Actions		Deadline	Owner
/			

4.4	Aggregated incidents, complaints and claims (Q2)		
4.4	GL presented the report which was taken as read.		

	<p>GL introduced this by noting that on a quarterly basis the wider governance team meets and discusses data for themes.</p> <p>GL discussed 'Greatix' which is being trialed on Lfor ward and two other areas. This is part of work to learn from excellence in certain areas. DCla emphasised the importance of this, and that it was helpful for nurse revalidation.</p> <p>GL reported on incidents and complaints including: security, medication (GL has been attending pharmacy meetings to raise awareness) and falls (there are falls champions for each area).</p> <p>RJ updated on data quality. He reported that data quality has improved, in part due to the robust mortality review that is in place and led by Julie Andrews.</p>		
Actions		Deadline	Owner
/			

4.5	CAS Annual Report		
4.5	The report was taken as read. There were no requests for clarifications or queries.		
Actions		Deadline	Owner
/			

4.6	Nursing Quality Indicators		
4.6	<p>LS attended to report on the nursing quality indicators.</p> <p>LS reported that the Trust is doing very well in certain areas, including the recommendation rate for the Friends and Family Tests in inpatient areas. JC said that this was positive, despite the response rate being lower than the Trust target of 25%. LR suggested the Trust would gain greater data validity by collecting Friends and Family Tests through iPads.</p> <p>DCla suggested having added volunteer support.</p> <p>DH said that it was important to consider the questions asked of patients within the Friends and Family Tests and also when patients are being asked to complete the questions. She also noted that the high recommendation rate is something to be celebrated.</p>		
Actions		Deadline	Owner

4.7	Trust Policies		
4.7	<p>WB reported that 20 policies and SOPs have been reviewed and approved since the last meeting. Two new policies have been ratified and 32 policies overseen by the quality committee remain outstanding. 22% of all trust policies are overdue, a higher percentage than in November and December.</p>		
Actions		Deadline	Owner
/			

<b>5 and 6</b>	<b>Minutes from Reporting Groups and For Information Only</b>	
	Items 5.1 through 6.2 were for information only.	
<b>Actions</b>		<b>Deadline</b>
/		

<b>7</b>	<b>Any Other Business</b>	
7.1	No other business was raised. AS thanked the observers on behalf of the committee, and the meeting closed.	

#### 7. Any other business

The next Quality Committee is scheduled for Wednesday 14<sup>th</sup> March 2018, from 2pm-4pm in WEC Room 6.

Future dates:

- 9<sup>th</sup> May 2018
- 11<sup>th</sup> July 2018
- 12<sup>th</sup> September 2018
- 14<sup>th</sup> November 2018

**Finance & Business Development Committee****Draft Minutes of the meeting held on 26<sup>th</sup> February 2018**

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 15<sup>th</sup> December 2017 were agreed as an accurate record.

1.2 Apologies were received from Stephen Sutherland.

**2. Month 10 Finance Report**

2.1 JB informed the Committee that 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, against an original surplus of £0.8m, leading to a year to date surplus of £0.4m which compares favourably against the original plan.

2.2 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.

2.3 For Month 10 the Trust's assessment is that it will achieve the increased control total position of a £1.3m surplus, (currently £0.2m off plan) but the Trust will continue to need non-recurrent items and mitigations to offset the shortfall in CIP delivery. At Month 10 actual CIP delivery is £7.1m behind plan against an original planning target of £14.2m with a forecast year end delivery of £9.3m against the target of £17.8m.

2.4 JB highlighted that NHSI have set the Trust a minimum level of cash holding which it should not drop below, being £1.6m. There are a number of adjustments that can be made such as reducing the capital programme and delaying payment to creditors should it be needed. With regard to the Trust's current loans discussions are on-going with NHSI as to whether these can be extended beyond their current term and the most material repayment being due in February 2019.

2.5 The Committee noted:

- the financial results for the month of January 2018
- the forecast year end position is achievement of the control total
- the risk to delivering the control total position as a result of performance against the Trust's annual CIP programme

**3. Month 10 CIP Update**

3.1 CG highlighted the year-end forecast is £9.3m, which has been a steady forecast but SB stated there is also a little work to do on the budget scrapes. This month there was the highest monthly CIP delivery of over £1m –20% higher than previous month which provides strong confidence that year end forecast will be met. All ICSUs have delivered

in month at forecast or better with the exception of CYP. CSS is up £21k in month, driven by increased savings from VAT on High Cost Drugs. WH is up £31k in month, driven by increased savings from Midwifery Ratio.

- 3.2 There is a potential £500k+ upside to the CIP position (not included in this month's position) if Audiology Contractual arrangements can be resolved. CG highlighted ICSU detail and TR felt the step change in month was good. Changes to the PMO with greater support from ICSUs have led to a more robust process and delivery. **Action: The committee agreed to continue the deep dives of key CIPs over the forthcoming year.**
- 3.3 SH confirmed focus has been on delivery plans and where CIPs can start earlier than next year they have. Forecast flow-through improved by approximately £140k which reflects the start of delivery for some 18-19 CIPs, especially in CSS.
- 3.4 The Committee noted the financial performance of the CIP update and were very supportive of the Executives.

#### **4. Planning Overview**

- 4.1 SB set out the context for the 18/19 financial plan outlining the key risks and opportunities. The Trust agreed the 17/18 control total, used the flexibility offered to set the 18/19 control total and signed the two year commissioning contract which set out the terms and conditions but required activity and financial schedules. The contract set out the community funding expectation of an increase of 0.1%. The expected date for final submission is 30<sup>th</sup> April with an update due on March 8<sup>th</sup>.
- 4.2 A revised control total of £4.7m has been set by NHSI creating an unplanned cost pressure of £0.6m. The Trust has achieved the revised control total but the forecast outturn underlying deficit is £11.8m against the planned underlying deficit of £6.5m. The difference to the position is the net impact of the failed CIP (£9m) offset by recurrent increases in income (0.7m) and reduction in agency prices (£2m). (There is a revised Agency ceiling at £8.7m in 18/19 from the original £9.6m). This requires the Trust to increase its planned CIP from 2.7% to 5.6% which is a challenge as the Trust has not achieved in year savings of this level before. To note there is £3.4m CIP flow through which is mostly recurrent.
- 4.3 SB highlighted the key planning assumptions and stated it was important to ensure the contract signed has the expected activity levels and the correct baseline to ensure any risk share marginal rate begins at the correct level.
- 4.4 The Capital Programme will fund the red rated risks including the maternity scheme and the contractually committed schemes e.g. the fast follower project. The programme is split into two tranches and tranche 2 is dependent on achieving STF in Q1 and Q2.
- 4.5 Initial cash flow forecasting assumes a pressure in Q3 driven by two large payments, the later delivery of CIP, lower STF in Q1 and slower payment of Q4 invoices. Cash flow risk mitigation would be the Capital programme rephrased and repayment of invoices from 30 days 86% to 70%. The Trust is due to repay £18.3m of loans in Feb 19 and SB stated

he is keen to extend the loans.

- 4.6 The Committee discussed the fact that the majority of acute work is funded by national tariff which makes up 54% of the income base and block income which is primarily community funded by local CCGs and local authorities and is 29% of the income base with other being training. It was emphasised that the Trust has to focus productivity around the PbR and with regard to contracting has to focus on keeping the community block as this will affect the bottom line.
- 4.7 The areas creating the majority of the loss are those funded by national tariff and the acute area is generating a loss and will require significant CIP focus whilst the community overall is profitable. It was felt that QIPP delivery proposals from CCGs at 5% of acute turnover, is higher than the Trusts expectations. The supporting documentation is weak and therefore contract agreement difficult. The Committee discussed potential arbitration and was supportive of the Trust securing the correct activity levels.
- 4.8 ICSUs are being asked to deliver 2% with larger cross cutting schemes being managed centrally. CIP is the key risk to achieving the control total. Income risks are achieving the planned care levels not achieved in 17/18 and the final contract for the block funding and community. In response to a query from the Chair NF stated each ICSU has a target to reduce temporary staffing in line with the pan London framework. GH emphasised that while the Workforce Assurance Committee has oversight of this issue it does need to connect with F&BD. NF stated that agency spend has reduced year on year and the Trust has more grip on the issue and because of the pan London rates medical staffing spend will reduce. The area to tackle going forward will be AHP but the Trust does have better tools and plans.
- 4.9 GH asked about the potential to increase training income as the Trust is well known for education and was informed that new Chief Nurse is keen to refresh the current education strategy. GH felt Education should perhaps have an ICSU type status with a dedicated target.
- 4.9 The Trust is forecasting achievement of the control total and the committee is asked to recommend the acceptance of the £4.7m surplus control total. The Committee review the detail, approve and recommend to the Trust Board for adoption prior to final submission.

## **5. Contracting and Income Plan**

- 5.1 MI stated the paper highlights some of the key contracting issues the Trust is facing (focussed on NCL CCGS) for 2018/19 and likely impact on income planning. Q1 has been settled and therefore any likely challenges and disputes for the year.
- 5.2 MI highlighted the winter resilience has now been agreed and invoiced and STP investments have been largely resolved. The Trust remains behind on activity plans but performance against NCL and NHSE contracted levels is broadly on plan with no major disputes for 17/18.

5.3 It has been difficult for anything more than high level principles to be agreed at the Finance and Modelling sub-committee (FAM) for 18/19 and the Trust has to signal by the 2<sup>nd</sup> March if it does not think it will agree activity with the Commissioners. SB stated the need to discuss the detail but Commissioners are not keen. Tariff inflation is higher at 1% than planned and MI felt that until forecast outturn is agreed the Trust cannot agree growth and QIPP. He emphasised the planning guidance which states 2.3% growth in emergency admissions and 1.1% growth in A&E attendances which does not equate to the Trust. SB/MI made it clear that the Trust does not want to plan for unrealistic growth. It is also crucial to ensure Community areas for ILAT, Patient Transport are agreed.

5.4 The Committee discussed the NCL top QIPP 15 schemes and HT stated the Trust has already set up schemes for Diagnostics-Pathology and she did not believe the figure quoted was achievable. The Committee noted the report.

## **6. Detailed 2018/19 CIP Plans**

6.1 CG stated that to date, the Trust has identified around 240 CIP schemes, with a potential in-year value of approximately £16.2m, risk adjusted to £12.2m, 75% cost schemes (vs income generation), 95% to date identified as being recurrent. £5.7m rated 'Green' which is anticipated to rise over the next 2 weeks. The Trust is on track to see 70% of schemes through to sign off with confidence on the QIA.

6.2 CG highlighted the Transformational schemes and stated the Trust is reducing beds in line with a more productive unit and looking at income generation from surplus beds. A jointly chaired community group has just been set up with CCGs/GPs/ICSU representation to look at Community Productivity and Income. An Exec lead has been attached to all the transformation schemes to ensure they keep on track.

6.3 CG confirmed challenges in 17-18 and changes for 18/19 which have already been introduced with Executive ownership defined in detail. TR queried if it was possible to increase CIPs in the front of the year and DC confirmed 43% of CIPS are amber as partly need the QIA and finance sign off into Q1 and are likely to see 70% of schemes through to sign off with confidence on the QIA.

6.4 The Committee noted the 2018/19 CIP paper and forecast accepting that the required delivery is daunting.

## **7. 2018/19 Budget Setting**

7.1 JB stated the Trust financial plan will be submitted on 8<sup>th</sup> March, with a final submission on 30<sup>th</sup> April. The planning process started in December, will be on-going until mid-April with formal sign off on the 16<sup>th</sup> April. The agreed control for 18/19 is a £4.7m surplus which includes £9.4m STF. This will be received if the Trust achieves its financial and A&E targets.

7.2 Income for 2018/19 is planned to be £8m higher than the 17/18 budget and £4m higher than the forecast outturn. The challenge to deliver in 18/19 will be even greater with an

agreed control total of £4.7m surplus (inclusive of STF funding) and a CIP target of £16.5m. The setting of the Income and Expenditure plan involved a number of assumptions; achieving all the targets to receive the full STF funding, activity and growth being achieved as per the plan and CIPS being delivered in full.

7.3 JB confirmed negative budgets (unidentified CIPs from previous years) are being removed to ensure ICSU budgets are more achievable and clearer accountability. Pay budgets are based on the establishment agreed between ICSUs, Finance and HR at Q1.

7.4 JB highlighted the Income and Expenditure high level summary. SH said a lot of work had gone into this and she was happy with it but there is a lot of work to do with ICSUs for sign off. SB felt that budgets have to be set that ICSUs feel they can deliver and so have tried to ensure the initial basepoint is correct. He believed it will be quite tight to achieve and Income is a fairly conservative plan but Finance are keen to work with the Operations teams to ensure their engagement is maintained.

7.5 The Committee noted progress made.

8. **Conclusion of the Financial Plan**

The Committee agreed to support the financial planning documentation and approved to the Trust Board support for achieving the control total.

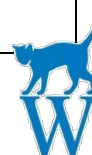
9. **AOB**

The Committee commended the increasingly robust processes in financial planning, detail, negotiation and involvement with the ICSUs which are informing and supporting the budget management priorities of the Trust.

**Trust Board**  
**28 March 2018**

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

<b>Title:</b>		Trust Board and senior staff Register of Conflicts of Interests 2018/19					
<b>Agenda item:</b>		<b>18/048</b>		<b>Paper</b>		<b>16</b>	
<b>Executive Summary:</b>		<p>The Department of Health’s Code of Conduct and Code of Accountability describes public service values which underpin the work of the NHS. It aligns with the highest standards of corporate behaviours which all individuals within Whittington Health NHS Trust must have regard in their work.</p> <p>The new NHS England guidance for Managing Declarations of Conflicts of Interest is attached to this report and is effective from 1 June 2017.</p> <p>The Trust Board and senior staff Register of Declarations of Conflicts Interests 2018/19 is attached to this report and includes Trust Management Group members’ and other senior staff for completeness and transparency.</p>					
<b>Summary of recommendations:</b>		<p>To receive and agree to comply with the:</p> <ul style="list-style-type: none"><li>• Department of Health Code of Conduct and Code of Accountability for Trust Boards</li><li>• NHS England guidance for Managing Declarations of Conflicts of Interest</li></ul> <p>To note the revised annual Trust Board and senior staff Register of Declarations of Conflicts Interests 2018/19.</p>					
<b>Fit with WH strategy:</b>		Compliant with the NHS England Declaration of Conflicts of Interest, the Nolan Principles, the NHS Trust Board Code of Conduct and Code of Accountability in the NHS, the NHS Constitution and the Trust NHS Counter Fraud policy.					
<b>Reference to related / other documents:</b>		Trust Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Delegation (SD)					
<b>Ref to areas of risk and corporate risks on the BAF:</b>		All risks are captured on the Trust Board Risk Registers and/or Board Assurance Framework (BAF) where relevant					
<b>Date paper completed</b>		March 2018					
<b>Author name and title:</b>		<b>Interim Corporate Secretary</b>		<b>Director name and title:</b>		<b>Interim Corporate Secretary</b>	
	<b>Date paper seen by TMG</b>	<b>Equality Impact Assessment complete?</b>	<b>Supports equality duties</b>	<b>Risk assess-ment?</b>	<b>Part of the governance review</b>	<b>Legal advice received ?</b>	<b>Complies with statutory requirements</b>
	28/02/17	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N



## Whittington Health NHS Trust Board and senior managers : Register of Conflict of Interests 2018/19

### Non-Executive Directors – voting Board members

Steve Hitchins	Chairman 01.01.2014 – 30.12.2015 01.01.2016 – 31.12.2018	<ul style="list-style-type: none"> <li>▶ Member: Liberal Democrats</li> <li><u>Conflicts of interests that may arise out of any known immediate family involvement</u></li> <li>▶ Wife : voting member of House of Lords who sits on Liberal Democrat benches</li> </ul>
Anu Singh	Non-Executive Director 14.04.2014 – 13.04.2016 14.04.2016 – 13.04.2020	<ul style="list-style-type: none"> <li>▶ Nil</li> <li><u>Conflicts of interests that may arise out of any known immediate family involvement</u></li> <li>▶ Nil</li> </ul>
David Holt	Non-Executive Director 13.07.2015-12.07.2017 13.07.2017–12.07.2021	<ul style="list-style-type: none"> <li>▶ NED/SID, Chair of Audit Committee at Tavistock and Portman NHSFT</li> <li>▶ NED, Chair of Audit Committee, Hanover Housing Association</li> <li>▶ Deputy Chair, Chair of Audit Committee Ebbsfleet Development Corporation (MCLG)</li> <li>▶ NED and Chair of Audit Committee, Planning Inspectorate (MCLG)</li> <li><u>Conflicts of interests that may arise out of any known immediate family involvement</u></li> <li>▶ Wife Dr Kim Holt employed by Whittington Health – Children's Safeguarding Lead Haringey</li> </ul>
Deborah Harris-Ugbomah	Non Executive Director 01.55.2016 – 30.04.2020	<ul style="list-style-type: none"> <li>▶ Governor / Audit Committee Chair, Trinity Laban Conservatoire</li> <li>▶ Director/ Audit Committee Chair, The Shared Learning Trust</li> <li>▶ Independent Member -Audit Committee and Independent Member - Treasury Committee, Notting Hill Housing</li> <li>▶ Director, Harris Manor Properties Ltd</li> <li>▶ Director, HJM Property Solutions Ltd</li> <li>▶ Co-founder &amp; Consultant, Inspiring Insights</li> <li>▶ Founder and UK Regional Lead, Lean In (UK Chapter)</li> <li><u>Conflicts of interests that may arise out of any known immediate family involvement</u></li> <li>▶ Nil</li> </ul>
Prof Graham Hart	Non-Executive Director 01.09.2014-31.08.2016 01.09.2016-31.08.2020	<ul style="list-style-type: none"> <li>▶ Nil</li> <li><u>Conflicts of interests that may arise out of any known immediate family involvement</u></li> <li>▶ Nil</li> </ul>
Tony Rice	Non-Executive Director 21.02.2014-20.02.2016 21.02.2016-20.02.2018 21.02.2018-20.02.2022	<ul style="list-style-type: none"> <li>▶ Chair, Dechra Pharmaceuticals PLC</li> <li>▶ Chair Xerxes (Investment company)</li> <li><u>Conflicts of interests that may arise out of any known immediate family involvement</u></li> <li>▶ Nil</li> </ul>

Yua Haw Yoe	Non-Executive Director 01.04.2016- 31.03.2020	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
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### Executive Directors – voting Board members

Siobhan Harrington	Chief Executive Wef 16.09.2017  <i>Deputy Chief Executive Director of Strategy 01.04.2014-15.09.17</i>	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Stephen Bloomer	Chief Finance Officer 03.06.2015	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Richard Jennings	Executive Medical Director 01.06.2014	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Michelle Johnson	Chief Nurse and Director of Patient Experience 12.02.2018	<ul style="list-style-type: none"> <li>▸ Trustee on Board of Roald Dahl Marvellous Children's Charity</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Carol Gillen	Chief Operating Officer 16.03.2016	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>

## Associate Directors – non-voting Board members

Greg Battle	Executive Medical Director Integrated Care (wef 06/06/11- 31/3/18)	<ul style="list-style-type: none"> <li>GP Partner Goodinge Group Practice : General Medical Services</li> <li>GP Wish. GP service provision to Whittington Health UCC</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Jonathan Gardner	Director of Strategy, Development and Corporate Affairs (wef 14/05/2018)	<ul style="list-style-type: none"> <li>tbc</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>tbc</li> </ul>
Norma French	Director of Workforce (wef 23/06/15)	<ul style="list-style-type: none"> <li>Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Husband is consultant physician at CNWL (at UCLH)</li> </ul>
Adrien Cooper	Director of Environment (wef 03/10/16)	<ul style="list-style-type: none"> <li>Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Nil</li> </ul>

## Heads of Nursing

Sita Chitambo	Head of Nursing Emergency & Urgent Care	<ul style="list-style-type: none"> <li>Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Deborah Clatworthy	Head of Nursing Surgery & Cancer	<ul style="list-style-type: none"> <li>Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Dorian Cole	Head of Nursing Children & Young People	<ul style="list-style-type: none"> <li>Executive Board member of the UK Sri Lanka Trauma Group (UKSLTG) UK registered charity 1074746</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Nil</li> </ul>
Alison Kett	Head of Nursing Integrated Medicine	<ul style="list-style-type: none"> <li>Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>Nil</li> </ul>

Manjit Roseghini	Head of Midwifery & Women's Health	<ul style="list-style-type: none"> <li>▸ tbc</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ tbc</li> </ul>
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## Clinical Directors

Chandrima Biswas (wef 1/7/2015)	Clinical Director Women's Health	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Clarissa Murdoch	Clinical Director Integrated Medicine	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Helen Taylor (wef 1/7/16)	Clinical Director Clinical Support Services and Deputy Director of Strategy	<ul style="list-style-type: none"> <li>▸ Non-executive director of the Whittington Pharmacy Community Interests Company</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Neeta Patel (wef July 2015)	Clinical Director Children & Young People	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Nick Harper Wef July 2015)	Clinical Director Surgery & Cancer	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Partner Cassie Williams Assistant Director of Primary Care Quality and Development Haringey Clinical Commissioning Group</li> </ul>
Rachel Landau (wef July 2015)	Clinical Director Emergency & Urgent Care	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Nadine Jeal (wef 1.09.2017)	Clinical Director Patient Access, Prevention & Planned Care	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>

## Director of Operations

Paul Attwal (wef 19/11/15)	Director of Operations Integrated Medicine	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Gordon Houliston	Director of Operations Children & Young People (wef 26/02/18)	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Fiona Isacson (wef Feb 2014)	Director of Operations Surgery & Cancer	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Beverleigh Senior (wef 30/11/15)	Director of Operations Patient Access, Prevention & Planned Care	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Gurjit Mahil (wef 11/4/16)	Director of Operations Women's Health Interim Director of Operations Children & Young People	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Danielle Morrell	Director of Operations Emergency & Urgent Care	<ul style="list-style-type: none"> <li>▸ Employed by UCLH and seconded to Whittington Health. Undertaking piece of work looking at Whittington providing services for UCLH (virtual ward)</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>
Stuart Richardson (wef 11/01/17)	Director of Operations Clinical Support Services	<ul style="list-style-type: none"> <li>▸ Nil</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▸ Nil</li> </ul>

## Senior Staff (appendix B of Gifts, Hospitality and Conflicts of Interest Policy ~ WH intranet)

Helen Gordon Wef 10/7/2015	Deputy Director of Workforce	<ul style="list-style-type: none"> <li>▶ Nil</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▶ Nil</li> </ul>
Paul Abdey	Lead Resus Officer	<ul style="list-style-type: none"> <li>▶ Nil</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▶ Nil</li> </ul>
Fiona Smith	Strategic Communications and Engagement Lead	<ul style="list-style-type: none"> <li>▶ Director of Honesta Partners Ltd.</li> <li>▶ Registered Nurse</li> <li>▶ Independent Member Newham CCG Governing Body</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▶ Nil</li> </ul>
Susan Sorensen (wef 22/1/18)	Interim Corporate Secretary	<ul style="list-style-type: none"> <li>▶ Trustee and Vice-Chairman of Cloudesley, a charitable grant-giving trust in Islington.</li> <li>▶ Director of Richard Cloudesley Trustee Ltd.</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▶ Husband is Non-Executive Director of Barking, Havering &amp; Redbridge NHS Trust</li> </ul>
Sam Barclay	Chief Clinical Information Officer	<ul style="list-style-type: none"> <li>▶ Nil</li> </ul> Conflicts of interests that may arise out of any known immediate family involvement <ul style="list-style-type: none"> <li>▶ Fiancee, Anna Vroobel is a solicitor at Irwin Mitchell</li> </ul>
Leon Douglas	Chief Information Officer (CIO) wef 25/9/2017	<ul style="list-style-type: none"> <li>▶ CPPEG Member – Camden CCG. Elected patient representative on Camden CCG Group.</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▶ Nil</li> </ul>
Mick Corti	Director of Procurement (wef 10/10/16)	<ul style="list-style-type: none"> <li>▶ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▶ Nil</li> </ul>
Sarah Hayes	Deputy Chief Nurse	<ul style="list-style-type: none"> <li>▶ Nil</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▶ Partner is CCG governing board member – Tower Hamlets CCG</li> </ul>

Dr Bahman Nedjat-Shokouhi	Locum Gastroenterologist	<ul style="list-style-type: none"> <li>▶ Managing Director and Shareholder, Medefer (privately held healthcare company working with NHS organisations)</li> </ul> <u>Conflicts of interest that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▶ Nil</li> </ul>
Dr Elena Nikiphorou	Consultant Rheumatologist	<ul style="list-style-type: none"> <li>▶ Lilly Global Educational Event (for speaking, Advisory Board and Consulting Services)</li> </ul> <u>Conflicts of interests that may arise out of any known immediate family involvement</u> <ul style="list-style-type: none"> <li>▶ Nil</li> </ul>

# **CODE OF CONDUCT**

## **CODE OF ACCOUNTABILITY**

### **for NHS BOARDS**

#### **CODE OF CONDUCT**

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## CODE OF CONDUCT

**Public service values** must be at the heart of the National Health Service. High standards of corporate and personal conduct based on a recognition that patients come first, have been a requirement throughout the NHS since its inception. Moreover, since the NHS is funded from public money, it must be accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money.

There are three, crucial public service values that must underpin the work of the NHS.

**Accountability** – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

**Probity** – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.

**Openness** – there should be sufficient transparency about NHS activities to promote confidence between the NHS organisation and its staff, patients and the public.

### General Principles

Public service values matter in the NHS and those who work in it have a duty to conduct NHS business with probity. They have a responsibility to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The success of this Code depends on a vigorous and visible example from boards and the consequential influence on the behaviour of all those who work within the organisation. Boards have a clear responsibility for corporate standards of conduct and acceptance of the Code should inform and govern the decisions and conduct of all board directors.

### Openness and Public Responsibilities

Health needs and patterns of provision of health care do not stand still. There should be a willingness to be open with the public, patients and with staff as the need for change emerges. It is a requirement that there is consultation on major changes before decisions are reached. Information supporting those decisions should be made available to the public in a way that is understandable, and positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000.

NHS business should be conducted in a way that is socially responsible. As large employers in the local community, NHS organisations should forge open and positive relationships with the local community and should work with staff and partners to set out a vision for the organisation in line with the expectations of patients and the public. NHS organisations should demonstrate to the public that they are concerned with the wider health of the population including the impact of the organisation's activities on the environment.

The confidentiality of personal and individual patient information must be respected at all times.

### Public Service Values in Management

It is unacceptable for the board of any NHS organisation, or any individual within the organisation for which the board is responsible, to ignore public service values in achieving results. Chairs and board directors have a duty to ensure that public funds are properly safeguarded and that at all

times the board conducts its business as efficiently and effectively as possible. Proper stewardship of public monies requires value for money to be high on the agenda of all NHS boards.

Accounting, tendering and employment practices within the NHS must reflect the highest professional standards. Public statements and reports issued by the board should be clear, comprehensive and balanced, and should fully represent the facts. Annual and other key reports published in good time and made publically available, to allow full consideration by those wishing to attend public meetings on local health issues.

### **Public Business and Private Gain**

Chairs and board directors should act impartially and not be influenced by social or business relationships. No one should use their public position to further their private interests. Where there is a potential for private interests to be material and relevant to NHS business, the relevant interests should be declared and recorded in the board minutes, and entered into a register which is available to the public. When a conflict of interest is established, the board director should withdraw and play no part in the relevant discussion or decision.

### **Hospitality and Other Expenditure**

Board directors should set an example to their organisation in the use of public funds and the need for good value in incurring public expenditure. The use of NHS monies for hospitality and entertainment, including hospitality at conferences or seminars, should be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. NHS boards should be aware that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage respect for the NHS in the eyes of the community.

### **Relations with Suppliers**

NHS boards should have an explicit procedure for the declaration of hospitality and sponsorship offered by, for example, suppliers. Their authorisation should be carefully considered and the decision should be recorded. NHS boards should be aware of the risks in incurring obligations to suppliers at any stage of a contracting relationship.

### **Staff**

NHS boards should ensure that staff have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature. The board must establish a climate:

- that enables staff who have concerns to raise these reasonably and responsibly with the right parties;
- that gives a clear commitment that staff concerns will be taken seriously and investigated; and
- where there is an unequivocal guarantee that staff who raise concerns responsibly and reasonably will be protected against victimisation.

### **Compliance**

Board directors should satisfy themselves that the actions of the board and its directors in conducting board business fully reflect the values in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All

board directors of NHS organisations are required, on appointment, to subscribe to the Code of Conduct.

## **CODE OF ACCOUNTABILITY**

This Code is the basis on which NHS organisations should seek to fulfil the duties and responsibilities conferred upon them by the Secretary of State for Health.

### **Status**

NHS trusts are established under statute as corporate bodies to ensure that they have separate legal personalities. Statutes and regulations prescribe the structure, functions and responsibilities of their boards and prescribe the way their chairs and directors are to be appointed.

### **Code of Conduct**

All chairs and non-executive directors of NHS trusts are required, on appointment, to subscribe to the Code of Conduct. Breaches of this Code of Conduct should be drawn to the attention of the NHS Trust Development Authority, (NHS TDA).

NHS managers are required to take all reasonable steps to comply with the requirements set out in the Code of Conduct for NHS Managers. Chairs and non-executive directors of NHS boards are responsible for taking firm, prompt and fair disciplinary action against any executive director in breach of the Code of Conduct for NHS Managers.

### **Statutory Accountability**

The Secretary of State for Health has statutory responsibility for the health of the population of England and uses statutory powers to delegate functions to NHS organisations who are thus accountable to him and to Parliament.

NHS trusts provide services to patients (these may be acute services, ambulance services, mental health or other special services, e.g. for children) and must ensure that they are of high quality and accessible.

### **National standards of quality and safety**

NHS trusts providing care in hospitals are required to register with the Care Quality Commission (CQC). It is a condition of registration that hospitals meet five national standards of quality and safety. They mean that patients can expect:

- to be respected, involved and told what's happening at every stage
- care, treatment and support that meet their needs
- to be safe
- to be cared for by staff with the right skills to do their job properly
- hospitals to routinely check the quality of its services

Boards are required to ensure that hospitals continue to meet these minimum standards.

### **Financial accountability**

NHS trusts are subject to external audit by the Audit Commission. NHS boards must co-operate fully with the NHS TDA and the Audit Commission when required to account for the use they have made of public funds, the delivery of patient care and other services, and compliance with statutes, directions, guidance and policies of the Secretary of State. The Chief Executive/ Permanent

Secretary of the Department of Health, as Accounting Officer for the NHS, is accountable to Parliament.

The work of the Department of Health and its associated bodies is examined by the House of Commons Health Committee. Its remit is to examine the expenditure, administration and policy of the Department of Health. Two other Parliamentary Committees, the Public Accounts Committee and the Public Administration Select Committee, scrutinise the work of the Department of Health and the health service.

## **The Board of Directors**

NHS boards comprise executive directors together with non-executive directors and a chair appointed by the NHS TDA on behalf of the Secretary of State for Health. Together they share corporate responsibility for all decisions of the board. The chief executive is directly accountable to the board for meeting their objectives, and as Accountable Officer, to the Chief Executive of the NHS TDA for the performance of the organisation.

Boards are required to meet regularly and to retain full and effective control over the organisation; the chair and non-executive directors are responsible for monitoring the executive management of the organisation and are responsible to the Secretary of State for Health, through the NHS TDA, for the discharge of these responsibilities.

The NHS TDA provides the line of accountability from local NHS trusts to the Secretary of State for the performance of the organisation.

The duty of an NHS trust board is to add value to the organisation, enabling it to deliver healthcare and health improvement within the law and without causing harm. It does this by providing a framework of good governance within which the organisation can thrive and grow. Good governance is not restrictive but an enabling ingredient to underpin change and modernisation.

The role of an NHS board is to:

- be collectively responsible for adding value to the organisation, for promoting the success of the organisation by directing and supervising the organisation's affairs
- provide active leadership of the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed
- set the organisation's strategic aims, ensure that the necessary financial and human resources are in place for the organisation to meet its objectives, and review management performance
- set the organisation's values and standards and ensure that its obligations to patients, the local community and the Secretary of State are understood and met.

Further information is available in *The Healthy NHS Board: Principles for Good Governance*.

## **The Role of the Chair**

The overarching role of the chair is one of enabling and leading, so that the attributes and specific roles of the executive team and the non-executives are brought together in a constructive partnership to take forward the business of the organisation.

The key responsibilities of the chair are:

- leadership of the board, ensuring its effectiveness on all aspects of its role and setting its agenda
- ensuring the provision of accurate, timely and clear information to directors

- ensuring effective communication with staff, patients and the public
- arranging the regular evaluation of the performance of the board, its committees and individual directors and
- facilitating the effective contribution of non-executive directors and ensuring constructive relations between executive and non-executive directors.

A complementary relationship between the chair and chief executive is important. The chief executive is accountable to the chair and non-executive directors of the board for ensuring that the board is empowered to govern the organisation and that the objectives it sets are accomplished through effective and properly controlled executive action. The chief executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the board.

Further information is available in *The Healthy NHS Board: Principles for Good Governance*

### **Non-Executive Directors**

Non-executive directors are appointed by the NHS TDA on behalf of the Secretary of State for Health to bring an independent judgement to bear on issues of strategy, performance, key appointments and accountability, through the NHS TDA to Ministers and to the local community.

The duties of non-executive directors are to:

- constructively challenge and contribute to the development of strategy
- scrutinise the performance of management in meeting agreed goals and objectives and monitor the reporting of performance
- satisfy themselves that quality and financial information is accurate and that controls and systems of risk management are robust and defensible
- determine appropriate levels of remuneration of executive directors and have a prime role in appointing, and where necessary, removing senior management and in succession planning and
- ensure the board acts in the best interests of the public and is fully accountable to the public for the services provided by the organisation and the public funds it uses.

Non-executive directors also have a key role in a small number of permanent board committees such as the Audit Committee, Remuneration and Terms of Service Committee, the Clinical Governance Committee and Risk Management Committee.

Further information is available in *The Healthy NHS Board: Principles for Good Governance*.

### **Reporting and Controls**

It is the board's duty to present through the timely publication of an annual report, annual accounts and other means, a balanced and readily-understood assessment of the organisation's performance to:

- the Department of Health, on behalf of the Secretary of State
- the NHS Trust Development Authority
- the Audit Commission and its appointed auditors and
- the local community.

Detailed financial guidance, including the role of internal and external auditors, issued by the Department of Health must be observed. The Standing Orders of boards should prescribe the terms on which committees and sub-committees of the board may be delegated functions, and should include the schedule of decisions reserved for the board.

## **Declaration of Interests**

It is a requirement that chairs and all board directors should declare any conflict of interest that arises in the course of conducting NHS business. All NHS organisations maintain a register of member's interests to avoid any danger of board directors being influenced, or appearing to be influenced, by their private interests in the exercise of their public duties. All board members are therefore expected to declare any personal or business interest which may influence, or may be *perceived* to influence, their judgement. This should include, as a minimum, personal direct and indirect financial interests, and should normally also include such interests of close family members. Indirect financial interests arise from connections with bodies which have a direct financial interest, or from being a business partner of, or being employed by, a person with such an interest.

## **Employee Relations**

NHS boards must comply with legislation and guidance from the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or on their behalf, and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money. Fair and open competition should be the basis for appointment to posts in the NHS.

The terms and conditions agreed by the board for senior staff should take full account of the need to obtain maximum value for money for the funds available for patient care. The board should ensure through the appointment of a remuneration and terms of service committee, that executive board directors' remuneration can be justified as reasonable. Board directors' remuneration for the NHS organisation should be published in its annual report.

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# Managing Conflicts of Interest in the NHS

Guidance for staff and organisations



**NHS England INFORMATION READER BOX**
**Directorate**

Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	<b>Commissioning Strategy</b>
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<b>Document Name</b>	Managing Conflicts of Interest in the NHS
<b>Author</b>	NHS England
<b>Publication Date</b>	07 February 2017
<b>Target Audience</b>	CCG Clinical Leaders, CCG Accountable Officers, CSU Managing Directors, Foundation Trust CEs , Medical Directors, Directors of Nursing, NHS Trust Board Chairs, NHS England Regional Directors, NHS England Directors of Commissioning Operations, All NHS England Employees, Directors of HR, Directors of Finance, NHS Trust CEs
<b>Additional Circulation List</b>	Care Trust CEs, GPs
<b>Description</b>	This guidance provides guidance for the management of conflicts of interest in the NHS. It is applicable to Clinical Commissioning Groups, NHS Trusts and NHS Foundation Trusts and NHS England. Other bodies involved in the provision of NHS services are invited to consider implementing this guidance.
<b>Cross Reference</b>	Managing Conflicts of Interest: Revised Statutory Guidance for CCGs
<b>Superseded Docs</b> (if applicable)	
<b>Action Required</b>	Review and update existing relevant organisational policies.
<b>Timing / Deadlines</b> (if applicable)	<b>This guidance comes into force 1 June 2017</b>
<b>Contact Details for further information</b>	england.psu@nhs.net

**Document Status**

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# Scope of this guidance

This guidance is intended to protect patients, taxpayers and staff covering health services in which there is a direct state interest. It comes into force on 1 June 2017.

It is applicable to the following NHS bodies:

- Clinical Commissioning Groups ('CCGs')
- NHS Trusts (all or most of whose hospitals establishments and facilities are situated in England) and NHS Foundation Trusts - which include secondary care trusts, mental health trusts, community trusts, and ambulance trusts
- NHS England

For the purposes of this guidance these bodies are referred to as '[organisations](#)'.

The principles of this guidance will be included in a revised version of the statutory guidance for CCGs issued by NHS England pursuant to its powers under s.14O and s.14Z8 of the National Health Service Act 2006. Until this guidance comes into force existing guidance issued under these powers continues to apply, and is accessible at: <https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>"

NHS Trusts and NHS Foundation Trusts must have regard to this guidance through its incorporation into the NHS Standard Contract pursuant to General Condition 27.

Its applicability to NHS England will be delivered through amendments to our Standards of Business Conduct.

This guidance does not apply to bodies not listed above (i.e. independent and private sector organisations, general practices\*, social enterprises, community pharmacies, community dental practices, optical providers, local authorities – who are subject to different legislative and governance requirements). However, the boards/governing bodies of these organisations are invited to consider implementing the guidance as a means to effectively manage conflicts of interest and provide safeguards for their staff. The requirements of GC27.2 of the generic NHS Standard Contract (2017/18 and 2018/19 edition) should be interpreted in that light.

\* However, GP practice staff should note that the requirements in the statutory guidance for CCGs on the management of conflicts of interest (referred to above) continue to apply to GP partners (or where the practice is a company, each director) and individuals in a practice directly involved with the business or decision making of their CCG.

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# 1. Purpose

**1.1.** Every year the taxpayer entrusts NHS organisations with over £110 billion to care for millions of people. This money must be spent well, free from undue influence.

**1.2.** To deliver high quality and innovative care organisations need to work collaboratively with each other, local authorities, industry and other public, private and voluntary bodies. Partnership working brings many benefits, but also creates the risk of conflicts of interest.

**1.3.** Organisations and the people who work with, for, and on behalf of them (referred to as **‘staff’** in this guidance) want to manage these risks in the right way. Staff and organisations may already be taking steps to do this. However, how this should be done has not always been made clear and there is variation in current practice – implementation of this guidance will make things easier and enable greater consistency across the NHS.

**1.4.** By implementing this guidance staff and organisations will understand what to do to take the best action and protect themselves from allegations that they have acted inappropriately.

## This guidance:

- Introduces consistent principles and rules for managing conflicts of interest.
- Provides simple advice to staff and organisations about what to do in common situations.
- Supports good judgement about how interests should be approached and managed.

## 2. Action: What should staff and organisations do?

Action for staff	Action for organisations
<p><b>DO</b></p> <ul style="list-style-type: none"><li>• Familiarise yourself with this guidance and your organisational policies and follow them.</li><li>• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent.</li><li>• Regularly consider what interests you have and declare these as they arise. If in doubt, declare.</li></ul>	<p><b>DO</b></p> <ul style="list-style-type: none"><li>• Ensure that you have clear and well communicated processes in place to help staff understand what they need to do.</li><li>• Identify a team or individual with responsibility for:<ul style="list-style-type: none"><li>- Reviewing current policies and bringing them in line with this guidance.</li><li>- Providing advice, training and support for staff on how interests should be managed.</li><li>- Maintaining register(s) of interests.</li><li>- Auditing policy, process and procedures relating to this guidance at least every three years.</li></ul></li></ul>
<p><b>DON'T</b></p> <ul style="list-style-type: none"><li>• Misuse your position to further your own interests or those close to you.</li><li>• Be influenced, or give the impression that you have been influenced by, outside interests.</li><li>• Allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money.</li></ul>	<p><b>DON'T</b></p> <ul style="list-style-type: none"><li>• Avoid managing conflicts of interest.</li><li>• Interpret and deploy this guidance in a way which stifles the collaboration and innovation that the NHS needs.</li></ul>

Organisations should ensure their policies as a minimum meet the standards in this guidance. They can also introduce local requirements that are more stringent, on the basis of their own circumstances, should they think this is necessary. Organisations may wish to adopt or adapt the Model Policy at [Annex A](#) to assist with implementation.

# 3. Definitions: Conflict of interest

**3.1.** For the purposes of this guidance a ‘[conflict of interest](#)’ is defined as:

“A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.”

**3.2.** A conflict of interest may be:

## Actual

There is a material conflict between one or more interests

## Potential

There is the possibility of a material conflict between one or more interests in the future

**3.3.** Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of imputation of improper conduct.

## 3. Definitions: Interests

**3.4.** ‘Interests’ can arise in a number of different contexts. A material interest is one which a reasonable person would take into account when making a decision regarding the use of taxpayers’ money because the interest has relevance to that decision.

**3.5.** Interests fall into the following categories:

Financial interests	Non-financial professional interests	Non-financial personal interests	Indirect interests
Where an individual may get direct financial benefit* from the consequences of a decision they are involved in making	Where an individual may obtain a non-financial professional benefit* from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career	Where an individual may benefit* personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career	Where an individual has a close association** with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit* from a decision they are involved in making

\* A benefit may arise from the making of gain or avoiding a loss

\*\* These associations may arise through relationships with close family members and relatives, close friends and associates, and business partners. A common sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared.

Further guidance on how to interpret these categories is at [Annex B](#).

## 4. Declarations: Processes to follow

**4.1.** Organisations should support staff to understand that having interests is not in itself negative, but not declaring and managing them is.

**4.2.** All staff must be aware of how and to whom declarations should be made, declaring material interests at the earliest opportunity (and in any event within 28 days) via a positive declaration to their organisation. Therefore, declarations should be made:

- On appointment with an organisation
- When a person moves to a new role or their responsibilities change significantly
- At the beginning of a new project/piece of work
- As soon as circumstances change and new interests arise

**4.3.** Some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as **'decision making staff'**.

**4.4.** Because of their influence in the spending of taxpayers' money, organisations should ensure that, at least annually, decision making staff are prompted to update their declarations of interest, or make a nil return.

**4.5.** Organisations should define decision making staff according to their own context, but this should be justifiable and capture those groups of staff that have a material influence on how taxpayers' money is spent.

**4.6.** The following non-exhaustive list describes who these individuals are likely to be:

- Executive and non executive directors\* who have decision making roles which involve the spending of taxpayers' money
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services
- Those at Agenda for Change band 8d\*\* and above
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

**4.7.** There may be occasions where staff declare an interest but, upon closer consideration, it is clear that this is not material and so does not give rise to the risk of a conflict of interest. The team or individual responsible for managing organisational policy should decide whether it is necessary to transfer such declarations to an organisation's register(s) of interests.

\* equivalent roles in different organisations carry different titles – this should be considered on a case by case basis

\*\* reflecting guidance issued by the Information Commissioner's Office with regard to Freedom of Information legislation:

<https://ico.org.uk/media/1220/definition-document-health-bodies-in-england.pdf>

# 5. Management: Principles and situations

**5.1.** Organisations should manage interests sensibly and proportionately. If an interest presents an actual or potential conflict of interest then management action is required.

**5.2.** Some common sense management principles should be adopted by organisations which, for the purposes of this guidance, are referred to as '[general management actions](#)':

- Requiring staff to comply with this guidance
- Requiring staff to proactively declare interests at the point they become involved in decision making
- Considering a range of actions, which may include:
  - deciding that no action is warranted
  - restricting an individual's involvement in discussions and excluding them from decision making
  - removing an individual from the whole decision making process
  - removing an individual's responsibility for an entire area of work
  - removing an individual from their role altogether if the conflict is so significant that they are unable to operate effectively in the role
- Keeping an audit trail of the actions taken

**5.3.** Each case will be different. The general management actions, along with relevant industry/professional guidance, should complement the exercise of good judgement. It will always be appropriate to clarify circumstances with individuals involved to assess issues and risks.

**5.4.** However, there are a number of common situations which can give rise to risk of conflicts of interest, being:

- Gifts
- Hospitality
- Outside employment
- Shareholdings and other ownership interests
- Patents
- Loyalty interests
- Donations
- Sponsored events
- Sponsored research
- Sponsored posts
- Clinical private practice

The following pages discuss the risks and issues posed in these situations, and the principles and rules that staff and organisations should adopt to manage them.

## What are the issues?

Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. We should be proud that our services are so valued. But situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. Staff and organisations should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.

A gift means any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value.

## Principles and rules

Overarching principle applying in all circumstances:

- Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with an organisation should be declined, whatever their value.
- Subject to this, low cost branded promotional aids may be accepted where they are under the value of a common industry standard of £6\* in total, and need not be declared.

\*The £6 value has been selected with reference to existing industry guidance issued by the ABPI:

<http://www.pmcpsa.org.uk/thecode/Pages/default.aspx>

# Gifts (continued)

## Principles and rules

Gifts from others sources (e.g. patients, families, service users):

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation (i.e. to an organisation's charitable funds), not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £50 do not need to be declared.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

## What should be declared

- Staff name and their role with the organisation.
- A description of the nature and value of the gift, including its source.
- Date of receipt.
- Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).

## What are the issues?

Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted, and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.

Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events, etc.

## Principles and rules

Overarching principles applying in all circumstances:

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors – these can be accepted if modest and reasonable but individuals should always obtain senior approval and declare these.

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75\* - may be accepted and must be declared.
- Over a value of £75\* - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on an organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

\*The £75 value has been selected with reference to existing industry guidance issued by the ABPI  
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

# Hospitality (continued)

## Principles and rules

Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on an organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type.
- A non exhaustive list of examples includes:
  - offers of business class or first class travel and accommodation (including domestic travel).
  - offers of foreign travel and accommodation.

## What should be declared

- Staff name and their role with the organisation.
- A description of the nature and value of the hospitality including the circumstances.
- Date of receipt.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).

# Outside employment

## What are the issues?

The NHS relies on staff with good skills, broad knowledge and diverse experience. Many staff bring expertise from sectors outside the NHS, such as industry, business, education, government and beyond. The involvement of staff in these outside roles alongside their NHS role can therefore be of benefit, but the existence of these should be well known so that conflicts can be either managed or avoided.

Outside employment means employment and other engagements, outside of formal employment arrangements. This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation. (Clinical private practice is considered in a separate section).

## Principles and rules

- Staff should declare any existing outside employment on appointment, and any new outside employment when it arises.
- Where a risk of conflict of interest is identified, the general management actions outlined in this guidance should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from an organisation to engage in outside employment.
- Organisations may also have legitimate reasons within employment law for knowing about outside employment of staff, even this does not give rise to risk of a conflict. Nothing in this guidance prevents such enquiries being made.

## What should be declared

- Staff name and their role with the organisation.
- A description of the nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).

# Shareholding and other ownership interests

## What are the issues?

Holding shares or other ownership interests can be a common way for staff to invest their personal time and money to seek a return on investment. However, conflicts of interest can arise when staff personally benefit from this investment because of their role with an organisation. For instance, if they are involved in their organisation's procurement of products or services which are offered by a company they have shares in then this could give rise to a conflict of interest. In these cases, the existence of such interests should be well known so that they can be effectively managed.

## Principles and rules

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with their organisation.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

## What should be declared

- Staff name and their role with the organisation.
- A description of the nature of the shareholding/other ownership interest.
- Relevant dates.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).

## What are the issues?

The development and holding of patents and other intellectual property rights allows staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas. Staff are encouraged to be innovative in their practice and therefore this activity is welcomed.

However, conflicts of interest can arise when staff who hold patents and other intellectual property rights are involved in decision making and procurement. In addition, where product development involves use of time, equipment or resources from their organisation, then this too could create risks of conflicts of interest, and it is important that the organisation is aware of this and it can be managed appropriately.

## Principles and rules

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by their organisation.
- Staff should seek prior permission from their organisation before entering into any agreement with bodies regarding product development, research, work on pathways, etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

## What should be declared

- Staff name and their role with the organisation.
- A description of the patent or other intellectual property right and its ownership.
- Relevant dates.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).

# Loyalty interests

## What are the issues?

As part of their jobs staff need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall in the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means - it can be as simple as having informal access to people in senior positions. However, loyalty interests can influence decision making.

Conflicts of interest can arise when decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process. The scope of loyalty interests is potentially huge, so judgement is required for making declarations.

## Principles and rules

Loyalty interests should be declared by staff involved in decision making where they:

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how their organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation with whom close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Where holding loyalty interests gives rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

## What should be declared

- Staff name and their role with the organisation.
- A description of the nature of the loyalty interest.
- Relevant dates.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).

## What are the issues?

A donation is a charitable financial payment, which can be in the form of direct cash payment or through the application of a will or similar directive. Charitable giving and other donations are often used to support the provision of health and care services. As a major public sector employer the NHS holds formal and informal partnerships with national and local charities. Staff will, in their private lives, undertake voluntary work or fundraising activities for charity. A supportive environment across the NHS and charitable sector should be promoted. However, conflicts of interest can arise.

## Principles and rules

- Acceptance of donations made by suppliers or bodies seeking to do business with an organisation should be treated with caution and not routinely accepted. In exceptional circumstances a donation from a supplier may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for an organisation, or is being pursued on behalf of that organisation's registered charity (if it has one) or other charitable body and is not for their own personal gain.
- Staff must obtain permission from their organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign.
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Staff wishing to make a donation to a charitable fund in lieu of a professional fee they receive may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

## What should be declared

- Organisations should maintain records in line with their wider obligations under charity law, in line with the above principles and rules.

# Sponsored events

## What are the issues?

Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result there should be proper safeguards in place to prevent conflicts occurring.

## Principles and rules

- Sponsorship of events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the organisation and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At an organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency.
- Organisations should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff should declare involvement with arranging sponsored events to their organisation.

## What should be declared

- Organisations should maintain records regarding sponsored events in line with the above principles and rules.

# Sponsored research

## What are the issues?

Research is vital in helping the NHS to transform services and improve outcomes. Without sponsorship of research some beneficial projects might not happen. More broadly, partnerships between the NHS and external bodies on research are important for driving innovation and sharing best practice. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage. There needs to be transparency and any conflicts of interest should be well managed.

## Principles and rules

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to their organisation.

## What should be declared

- Organisations should retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - their name and their role with the organisation
  - a description of the nature of the nature of their involvement in the sponsored research
  - relevant dates
  - any other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance)

# Sponsored posts

## What are the issues?

Sponsored posts are positions with an organisation that are funded, in whole or in part, by organisations external to the NHS. Sponsored posts can offer benefits to the delivery of care, providing expertise, extra capacity and capability that might not otherwise exist if funding was required to be used from the NHS budget. However, safeguards are required to ensure that the deployment of sponsored posts does not cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition.

## Principles and rules

- Staff who are establishing the external sponsorship of a post should seek formal prior approval from their organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. For the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor's specific products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

## What should be declared

- Organisations should retain written records of sponsorship of posts, in line with the above principles and rules.
- Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this guidance.

# Clinical private practice

## What are the issues?

Service delivery in the NHS is done by a mix of public, private and not-for-profit organisations. The expertise of clinicians in the NHS is in high demand across all sectors and the NHS relies on the flexibility that the public, private and not-for-profit sectors can provide. It is therefore not uncommon for clinical staff to provide NHS funded care and undertake private practice work either for an external company, or through a corporate vehicle established by themselves.

Existing provisions in contractual arrangements make allowances for this to happen and professional conduct rules apply. However, these arrangements do create the possibility for conflicts of interest arising. Therefore, these provisions are designed to ensure the existence of private practice is known so that potential conflicts of interest can be managed. These provisions around declarations of activities are equivalent to what is asked of all staff in the section on Outside Employment.

## Principles and rules

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises\* including:

- where they practise (name of private facility)
- what they practise (specialty, major procedures).
- when they practise (identified sessions/time commitment)

\*Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

# Clinical private practice (continued)

## Principles and rules

Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.\*\*
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:  
[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)

Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on his or her behalf.\*\*

\*\* These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

Where clinical private practice gives rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

## What should be declared

- Staff name and their role with the organisation.
- A description of the nature of the private practice (e.g. what, where and when you practise, sessional activity, etc).
- Relevant dates.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).

# 5. Management: Strategic decision making groups

**5.5.** Many organisations use boards (or committees and sub-committees of boards), advisory groups, and procurement panels to make key strategic decisions about things such as:

- Entering into (or renewing) large scale contracts
- Awarding grants
- Making procurement decisions
- Selection of medicines, equipment, and devices

These are referred to in this guidance as ‘**strategic decision making groups**’.

**5.6.** It is important that the interests of those who are involved in these groups are well known to those involved. Organisations must therefore identify relevant strategic decision making groups and ensure they operate in a manner consistent with the following principles, which reflect wider standards of good governance:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant interests
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise
- Any new interests identified should be added to the organisation’s register

- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement

**5.7.** If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting
- Ensuring that the member does not receive meeting papers relating to the nature of their interest
- Requiring the member to not attend all or part of the discussion and decision on the related matter
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate
- Removing the member from the group or process altogether

**5.8.** The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. An example is the need for clinical involvement, when clinicians may hold and represent a diversity of interests. Good judgement is required to ensure proportionate management of risk. The composition of groups should be kept under review to ensure effective participation.

# 5. Management: Procurement decisions

**5.9.** Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients.

**5.10.** Organisations should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process. NHS Improvement and NHS England have published detailed and specific guidance on procurement processes which staff and organisations should consult.

**5.11.** For the avoidance of doubt, nothing in this section or this guidance waives or modifies any existing legal requirements relating to conflicts of interest and procurement decisions.



NHS Improvement Guidance on Procurement, Patient Choice and Competition:

<https://www.gov.uk/government/publications/procurement-patient-choice-and-competition-regulations-guidance>



NHS England Guidance on Conflicts of Interest for CCGs:

<https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>

# 6. Transparency: Maintenance and publication of register(s)

## Maintenance of Register(s)

**6.1.** Organisations must ensure that a nominated team or individual collates and maintains up to date organisational register(s) of interests. An interest should remain on the register(s) for a minimum of 6 months after the interest has expired. Organisations should retain a private record of historic interests for a minimum of 6 years after the date on which it expired.

**6.2.** Template declaration of interests and register of interests forms for organisations to use are provided at [Annex C and D](#). They should always contain:

- The returnee's name and their role with the organisation
- A description of the interest declared (reflecting the content of section 5 of this guidance for common situations)
- Relevant dates relating to the interest
- Space for comments (e.g. action taken to mitigate conflict)

**6.3.** Using the common format in the templates will help minimise burdens on staff who might need to submit returns to multiple organisations.



[Declaration of interests template](#)

## Publication

**6.4.** All staff should declare interests and, as a minimum, organisations should publish the interests of decision making staff at least annually in a prominent place on their website. Organisations without websites should maintain registers locally, available for inspection on request.

**6.5.** The format of published registers should be accessible and contain meaningful information. Adopting the templates and advice on content in this guidance will assist organisations in this task.

**6.6.** Organisations should put in place processes for staff to make representations that information on their interests should not be published. This will allow for, in exceptional circumstances, an individual's name and/or other information to be redacted from any publicly available registers where the public disclosure of information could give rise to a real risk of harm or is prohibited by law.

**6.7.** As well as taking these steps, organisations should seek to ensure that staff who are subject to wider transparency initiatives such as the ABPI Disclosure UK scheme are aware of and comply with them:

<http://www.abpi.org.uk/our-work/disclosure/Pages/disclosure.aspx>



[Register of interests template](#)

# 7. Breaches: How should these be dealt with?

**7.1.** There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or organisations. For the purposes of this guidance these situations are referred to as ‘breaches’.

**7.2.** Organisations should identify a team or individual to be notified of breaches, and be clear as to how staff or other parties can raise concerns about these. Staff should be encouraged to speak up about actual or suspected breaches, in compliance with their organisation's whistleblowing policy.

**7.3** Organisations should also identify a team or individual empowered to investigate breaches, involving organisational leads for human resources, fraud, audit etc. as appropriate. Each breach needs to be investigated and judged on its own merits and this should start with those involved having the opportunity to explain and clarify any relevant circumstances.

**7.4.** Following investigations organisations should:

- Decide if there has been or is potential for an actual breach and the severity
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum
- Consider who else inside and outside the organisation

should be made aware of the breach

- Take appropriate action, such as clarifying existing policy, taking action against the staff member(s) responsible for the breach, or escalating to external parties such as auditors, NHS Protect, the Police, statutory health bodies and/or regulatory bodies

**7.5.** When dealing with instances of breach organisations may want to take legal or other appropriate advice prior to imposing sanctions which could have serious consequences for those involved. A range of responses should be considered in terms of proportionate sanctions for breaches, including:

- Employment law action
- Reporting incidents to external bodies
- Contractual or legal consequences

Further information on the consequences of breaches and the range of potential sanctions is at [Annex E](#).

**7.6.** Organisations should consider whether reports on breaches, the impact of these, and action taken (i.e. if strong management action or sanctions are taken) should be considered by their governing body, audit committee, executive team or similar on a regular basis.

**7.7.** To aid transparency organisations should consider whether anonymised information on breaches and action taken in response should be prepared and published on websites on a regular basis.

## 8. Resource Annexes

ANNEX A – Model Conflict of Interest Policy

[due for publication in March 2017]

ANNEX B – Types of interests

ANNEX C – [Template interests declaration form](#)

ANNEX D – [Template interests register](#)

ANNEX E – Potential sanctions for breach of conflicts of interest policies

# Annex B – Types of interests

Type of interest	Description
Financial interests	<p>Where an individual may get direct financial benefits* from the consequences of a decision their organisation makes. This could include:</p> <ul style="list-style-type: none"><li>• A director (including a non-executive director) or senior employee in another organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding</li><li>• A shareholder, partner or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding</li><li>• Someone in outside employment</li><li>• Someone in receipt of secondary income.</li><li>• Someone in receipt of a grant.</li><li>• Someone in receipt of other payments (e.g. honoraria, day allowances, travel or subsistence).</li><li>• Someone in receipt of sponsored research.</li></ul>
Non-financial professional interests	<p>Where an individual may obtain a non-financial professional benefit* from the consequences of a decision their organisation makes, such as increasing their professional reputation or status or promoting their professional career. This could include situations where the individual is:</p> <ul style="list-style-type: none"><li>• An advocate for a particular group of patients.</li><li>• A clinician with a special interest.</li><li>• An active member of a particular specialist body.</li><li>• An advisor for the Care Quality Commission or National Institute of Health and Care Excellence.</li><li>• A research role.</li></ul>

\* A benefit may arise from the making of gain or avoiding a loss

# Annex B – Types of interests (continued)

Type of interest	Description
Non-financial personal interests	<p>This is where an individual may benefit* personally from a decision their organisation makes in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"><li>• A member of a voluntary sector board or has a position of authority within a voluntary sector organisation.</li><li>• A member of a lobbying or pressure group with an interest in health and care.</li></ul>
Indirect interests	<p>This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit* from a decision they are involved in making. This would include**:</p> <ul style="list-style-type: none"><li>• Close family members and relatives.</li><li>• Close friends and associates.</li><li>• Business partners.</li></ul>

\* A benefit may arise from the making of gain or avoiding a loss

\*\* A common sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared.

# Annex E – Potential sanctions

## Disciplinary sanctions

Staff who fail to disclose any relevant interests or who otherwise breach an organisation's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. This may include:

- Employment law action which might include:
  - Informal action – such as reprimand or signposting to training and/or guidance.
  - Formal action – such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion or dismissal.
- Referring incidents to regulators.
- Contractual action against organisations or staff.

## Professional regulatory sanctions

Statutorily regulated healthcare professionals who work for, or are engaged by, organisations are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. Organisations should consider reporting statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. These healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate be struck off by their professional regulator as a result.

Information and contact details for the healthcare professional regulators are accessible from the Professional Standard Authority website:

<http://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/find-a-regulator>

# Annex E – Potential sanctions (continued)

## Civil sanctions

If conflicts of interest are not effectively managed, organisations could face civil challenges to decisions they make – for instance if interests were not disclosed that were relevant to the bidding for, or performance of contracts. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

## Criminal sanctions

Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for the organisation concerned and linked organisations, and the individuals who are engaged by them.

The Fraud Act 2006 created a criminal offence of fraud and defines three ways of committing it:

- Fraud by false representation
- Fraud by failing to disclose information and
- Fraud by abuse of position.

In these cases an offender's conduct must be dishonest and their intention must be to make a gain, or a cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and/or a fine and can be committed by a body corporate.

The Bribery Act 2010 makes it easier to tackle this offence in public and private sectors. Bribery is generally defined as giving or offering someone a financial or other advantage to encourage a person to perform certain activities and can be committed by a body corporate. Commercial organisations (including NHS bodies) will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

The offences of bribing another person or being bribed carries a maximum sentence of 10 years imprisonment and/or a fine. In relation to a body corporate the penalty for these offences is a fine.