TRUST BOARD
IN PUBLIC

12:30pm – 2:30pm
Wednesday
26 February 2020

Whittington Education
Centre
Room 7

Meeting	Trust Board – Public meeting
Date & time	**26 February 2020: 12.30pm – 2.30pm**
Venue	**Whittington Education Centre, Room 7**

Non-Executive Director members:	**Executive Director members:**
Anu Singh (Interim Chair)	Siobhan Harrington, Chief Executive
Deborah Harris-Ugbomah	Kevin Curnow, Acting Chief Finance Officer
Professor Naomi Fulop	Dr Clare Dollery, Medical Director
Tony Rice	Carol Gillen, Chief Operating Officer
Yua Haw Yoe	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals

Attendees:
Councillor Janet Burgess MBE, Islington Council
Norma French, Director of Workforce
Jonathan Gardner, Director of Strategy, Development & Corporate Affairs
Dr Sarah Humphery, Medical Director, Integrated Care
Swarnjit Singh, Trust Corporate Secretary

Contact for this meeting: jonathan.gardner@nhs.net

AGENDA

Item	Timing	Title and lead	Action
Standing items			
1	12.30	**Patient story** *Michelle Johnson, Chief Nurse and Director of Allied Health Professionals*	Presentation
2	12.45	**Welcome & apologies** *Anu Singh, Interim Chair*	Verbal
3	12.46	**Declaration of interests** *Anu Singh, Interim Chair*	Verbal
4	12.47	**29 January 2020 public Board meeting draft minutes, action log, matters arising** *Anu Singh, Interim Chair*	Approve
5	12.50	**Chair's report** *Anu Singh, Interim Chair*	Note
6	1.00	**Chief Executive's report** *Siobhan Harrington, Chief Executive*	Note

		Quality & patient safety		
7	1.10	**Serious incidents** *Dr Clare Dollery, Medical Director*	Review
8	1.20	**Quality assurance and compliance report** *Michelle Johnson, Chief Nurse and Director of Allied Health Professionals*	Review
9	1.30	**Integrated safeguarding report** *Michelle Johnson, Chief Nurse and Director of Allied Health Professionals*	Note
		Performance		
10	1.40	**Financial performance and capital update** *Kevin Curnow, Acting Chief Finance Officer*	Review
11	1.50	**Integrated performance report** *Carol Gillen, Chief Operating Officer*	Review
12	2.00	**Gender pay gap** *Norma French, Director of Workforce*	Approve
13	2.05	**NHS staff survey** *Norma French, Director of Workforce*	Review
		Strategy		
14	2.15	**Update on borough partnerships** *Jonathan Gardner, Director of Strategy, Development & Corporate Affairs*	Note
		Governance		
15	2.25	**Questions to the Board on agenda items** *Anu Singh, Interim Chair*	Verbal
16	2.30	**Any other business** *Anu Singh, Interim Chair*	Verbal

Minutes of the meeting of the Trust Board of Whittington Health NHS Trust held in public on 29 January 2020 in the Whittington Education Centre

Present:

Anu Singh	Interim Chair
Kevin Curnow	Acting Chief Finance Officer
Clare Dollery	Medical Director
Norma French	Director of Workforce*
Naomi Fulop	Non-Executive Director
Jonathan Gardner	Director of Strategy*
Carol Gillen	Chief Operating Officer
Siobhan Harrington	Chief Executive
Deborah Harris-Ugbomah	Non-Executive Director
Sarah Humphery	Medical Director, Integrated Care*
Michelle Johnson	Chief Nurse & Director of Allied Health Professionals
Yua Haw Yoe	Non-Executive Director

*non-voting member

In attendance:

James Connell	Patient Experience Manager (item 1)
Leon Douglas	Chief Information Officer (from item 3)
Juliette Marshall	Director of Communications, Engagement & Fundraising
Eddie Mitchell	Fundraising Officer (item 18)
Swarnjit Singh	Trust Corporate Secretary
Holly Townes	Specialist Respiratory Physiotherapist (item 1)

1.		**Patient story**
1.1		Anu Singh and Michelle Johnson thanked the patient, Charles, for coming to the board meeting to share his patient experience and receive his suggestions for areas for improvement. Charles explained the following:
	•	He had a history of respiratory issues and despite giving up smoking at the age of 50, had continued to use an inhaler, due to the breathing difficulties he experienced
	•	Following retirement two years ago, he noticed that his breathing had deteriorated as he had become less active. In addition, he was experiencing more discomfort due to breathing difficulties
	•	He attended his General Practitioner who referred him to the Whittington Health pulmonary rehabilitation group, the 'Breathe Better, Do More' group, led by Anthony Rafferty, Lead Specialist Respiratory Physiotherapist
	•	Charles attended each of the 16 sessions to complete the rehabilitation group's programme and experienced vastly improved outcomes: he increased his incremental shuttle walk test from 530 metres to 690 over the three month course; his hospital anxiety and depression score drastically decreased

	• Charles was so pleased with this programme, and the access it offered to other respiratory related groups, such as the service's Sing for Your Lungs choir, that he has enrolled as a volunteer at the Trust and now supported the Community Respiratory Team • An area for improvement, was to ensure that the Whittington Health-run respiratory groups were well publicised, particularly within the local community and in primary care services
1.2	During discussion, the following points were made: • Holly Townes explained that the rolling programme lasted eight weeks with two sessions per week, held in Islington and Haringey venues, and aimed to reduce day-to-day breathlessness. It had produced positive outcomes for patients, especially in terms of psychological benefits. Following completion of the programme, patients were supported to participate in initiatives such as weekly exercise programmes or GP exercise schemes • In reply to a question from Michelle Johnson on how the effectiveness of the programme was measured, Holly Townes highlighted the shuttle walk test which was completed at the start and end of the programme by each participant. Furthermore, the respiratory team also asked patients to complete a quality of life questionnaire and also looked at an individual's hospital anxiety and depression scores • Jonathan Gardner reported that he had visited this excellent service and drew Board members' attention to the increasing number of referrals to this service and the impact on waiting times
1.3	**The Board thanked Charles for his feedback, especially on promoting the service locally and thanked him for his volunteering activities for the Community Respiratory Team.**
2. 2.1	**Welcome and apologies** Anu Singh welcomed everyone to the first Board meeting of the year and wished them a happy new year.
2.2	Apologies were noted from Tony Rice, Non-Executive Director, and Councillor Janet Burgess of the London Borough of Islington.
3. 3.1	**Declaration of conflicts of interest** There were none in addition to those already recorded.
4. 4.1	**Minutes, matters arising & action log** The minutes of the Trust Board meeting held 18 December 2019 were approved as a correct record.
4.2	Board members noted the updated action log. There were no matters arising.
5. 5.1	**Chair's report** Anu Singh reflected on what had been an extremely busy time for staff and thanked them for going above and beyond in delivering high quality and safe services. She highlighted the following: • She was very proud of staff who had positively responded to the Care

	Quality Commission's core services inspection in December 2019 and the well led review in January 2020 • Together with Siobhan Harrington, she walked around wards on Christmas Day and was struck by the dedication of staff • On 27 December, the Jewish festival of Hanukkah was celebrated in the hospital atrium
5.2	Deborah Harris-Ugbomah reported that as regional lead for Lean in UK, she worked to help women achieve their workplace ambitions and had organised a breakfast meeting recently which two Whittington Health staff members had attended. She aimed to meet Norma French to discuss next steps, including resources which might be made available to support this work.
5.3	**The Board noted the verbal update from the Chair.**
6. 6.1	**Chief Executive's report** In addition to the report, Siobhan Harrington drew attention to two issues: first, the United Kingdom would exit the European Union (EU) on 31 January; and secondly the coronavirus (2019-nCOV). She provided assurance that, during the transition period until the end of 2020, the NHS would continue to act on any guidance it received on preparing for the end of the transition period. Furthermore, Whittington Health would continue to offer support to, and communicate with staff from an EU member country to assure them that they remained valued.
6.2	Michelle Johnson provided assurance that Whittington Health was following guidance from Public Health England and that clinical pathways were in place for all service areas to manage patients with coronavirus. As part of emergency planning procedures, daily reporting was in place on patients tested for the coronavirus.
6.3	Siobhan Harrington emphasised that it remained a busy time for both community and hospital-based services. She drew attention to the fact that, while A&E performance against the four hour standard was challenged in December 2019 (in common with providers across London and England); Whittington Health had seen its highest number of patient attendances. Board members were informed that the focus of the emergency department delivery team was to improve performance in urgent treatment and in paediatric services as both areas were key to delivering against the overall four hour standard target. Assurance was provided that the focus was on keeping patients safe and maintaining staff health and wellbeing. Siobhan Harrington also reported that, on 21 January, Camden & Islington NHSFT opened a mental health place of safety in Highgate which provided three safety rooms for s136 patients.
6.4	During discussion, the following points arose: • Siobhan Harrington gave assurance that, while average waiting times had reduced, performance on the non-emergency patient transport continued to be monitored on a daily and weekly basis. In reply to a question from Norma French on action being taken against DHL, the transport service provider, Siobhan Harrington said possible sanctions for not meeting contractual obligations would be reviewed with other NHS trust providers

		involved in this contract
		• Michelle Johnson reported that 75% of staff had been vaccinated against the flu virus and that flu champions were working hard to vaccinate the additional staff needed to achieve the 80% target for this year. In reply to a question from Deborah Harris-Ugbomah on arrangements for staff who refused the vaccination on religious grounds, she clarified that, from a professional nursing perspective, this was currently a matter for professional codes of practice and personal views, however, national guidance on restricting work in certain areas by staff who refused the flu vaccination would be available later this and implemented as part of 2020 flu vaccination plans
		• The positive feedback contained in the letter from the Care Quality Commission following the well led review in mid-January was welcomed by Board members and it was noted that the full draft report would be available in February
		• Jonathan Gardner explained that the new executive committees' governance structure had been agreed by the Trust's Management Group and would be implemented with effect from 1 April 2020. He confirmed to Naomi Fulop there would be no impact on Board Committees who would continue to receive similar reports from new executive committees which directly reported to them. Deborah Harris-Ugbomah supported the aims of the new structure
		The Board: i. **noted the report, in particular the updates on the coronavirus; and** ii. **endorsed the revised executive committees' governance structure for 2020/21.**
7. 7.1		**Serious Incidents (SIs)** The report was taken as read. Clare Dollery reported the following: • three serious incidents took place in December 2019 and covered attempted self-harm; the deterioration of a patient with acute kidney injury following a change in medication as an outpatient; and, a delayed assessment for swallowing • learning from completed serious incident investigations and shared with staff included training to ensure all emergency department staff were aware of guidelines and procedures relating to chest drain insertions and also that any patient who demonstrated pathology in imaging should be admitted until a diagnosis of ovarian torsion could be ruled out
7.2		During discussion, the following points arose: • In response to a query from Anu Singh on the mechanisms for getting staff feedback on the Spotlight on Safety publication, Clare Dollery said the publication was discussed by each Integrated Clinical Service Unit (ICSU) Board and consideration could be given to surveying staff • Norma French reported that the charitable funds were being sought for a staff application and the app could be used to survey staff on a range of issues, including the Spotlight on Safety publication
7.3		**The Board noted the report and recognised the assurances within the paper**

		demonstrated that the serious incident process was managed effectively and that lessons learnt as result of serious incident investigations were shared widely.
8. 8.1		**Quarterly learning from deaths report** Clare Dollery presented the report and highlighted that 34 structured judgement reviews took place during the quarter reported on (1 April to 30 June 2019) for category A deaths. She also gave assurance that, of the 83 reviews of deaths completed during the quarter, none were identified as potentially avoidable.
8.2		Naomi Fulop commented that the Care Quality Commission had commended Whittington Health for its work on learning from deaths. She noted the report covered quarter one in the financial year and also suggested that structured judgement reviews might be quality assured in order to provide additional assurance. Clare Dollery explained that trustwide mortality lead saw information on all deaths each month and that a second layer of assurance was already provided by in-depth reviews carried out by the Mortality Review Group which met quarterly and reported to the Quality Committee.
8.3		**The Board:** **i. recognised the assurance highlighted for the robust process implemented to strengthen governance and improve are around inpatient deaths;** **ii. noted performance in reviewing inpatient deaths which made a significant positive contribution to an improved patient safety culture at Whittington Health; and** **iii. noted the secondary layer of assurance on structured judgement reviews provided by the Mortality Review Group each quarter.**
9. 9.1		**Quality Improvement 2019 annual report** The report was taken as read. Clare Dollery highlighted the examples of quality improvement projects implemented during the year included the use of 'Hello my name is' badges for all staff, patient-centred enhanced care for older patients, and Venous thromboembolism assessment in general surgery.
9.2		Naomi Fulop welcomed the report and supported next steps to review the trust's Quality Improvement strategy to improve further in this area. Michelle Johnson explained that the Quality Governance Committee would, from 1 April 2020, have a standing item on quality improvement for staff to present projects. Anu Singh welcomed the quality improvement activity taking place and asked whether its methodology could be harnessed for transformation work and the 2020/21 cost improvement programme. In response, Clare Dollery said that the establishment of the Quality Improvement Steering Group would help enable that conversation and alignment. Carol Gillen highlighted a quality improvement project in radiology services which was presented to Quality Committee members and noted that each ICSU would need to identify people trained in quality improvement to help embed this work across Whittington Health.
9.3		**The Board noted the quality improvement 2019 annual report.**
10.		**Guardian of Safer Working Hours**

10.1	Clare Dollery presented the quarter three report and highlighted the following:
	• the number of exception reports had fallen from the level in quarter two and, overall the number of exception reports in 2019 was lower than in 2018
	• Whittington Health continued to have a higher level of exception reporting compared with some providers which reflected its emphasis on promoting exception reporting as neutral exercise
	• £60k had been received from the British Medical Association to improve the health and wellbeing of junior doctors across Whittington Health and a number of suggestions had been received for how this sum would be spent by 31 March 2020
	• The Care Quality Commission had fed back positively on the fact that there was good attendance at the junior doctors' forum with an average of 40-50 people at meetings
10.2	In reply to a question from Michelle Johnson on the support available to junior doctors at the start of their careers, Clare Dollery explained that there was a significant amount of support available to the foundation training programme, including shadowing clinicians.
10.3	**The Board noted the quarter three report from the Guardian of Safer Working Hours.**
11.	**Financial performance and capital update**
11.1	Kevin Curnow highlighted the following to Board members on financial performance at the end of month nine:
	• The trust was £3.2m behind plan, excluding provider sustainability funding and financial recovery funds
	• Although £1m was delivered this month for the cost improvement programme, the year-to-date delivery was £5.7m with an end-year forecast of £7.7m against a £12.3m target
	• An agreed year-end income position with commissioners was now not anticipated and Whittington Health also faced a coding and counting challenge from commissioners which presented a £4m risk
	• Capital expenditure was currently behind plan, however, assurance was provided that the full year's allocation of £18m, would be spent
	• Assurance was provided that the control total target would be achieved at year-end
	• Recurrently since month four, Whittington Health had consistently been under its agency staffing expenditure cap and the challenge was to maintain this in the final quarter; so far, expenditure on bank staff had remained consistent throughout the year
11.2	Board members reviewed the report and, in discussion, raised the following:
	• Siobhan Harrington reported that external support had been commissioned for a four week period to deliver a granular plan for the 2020/21 cost improvement programme
	• Kevin Curnow clarified to Jonathan Gardner that the coding challenge impact would fall in this financial year and potentially next year, depending on the outcome of negotiations

11.3	• In response to a question from Clare Dollery on the modest fall in forecast pay expenditure in quarter four, Kevin Curnow clarified that the data showed the aggregated forecasts agreed between ICSUs and Finance Managers • Siobhan Harrington and Kevin Curnow emphasised the need to maximise activity in quarter four • Yua Haw Yoe noted performance on patients not attending appointments (DNAs). Carol Gillen provided assurance that the Outpatients Programme Board was focussed on reducing DNA rates and, while it had seen a large fall in the DNA rate, further improvements were expected • In reply to a query from Deborah Harris-Ugbomah on the support provided to ICSUs to help with delivery of their financial recovery plans, Siobhan Harrington confirmed that targeted support was provided to the Emergency & Integrated Medicine ICSU and had helped to deliver £1.6m of savings. She added that, the assessment of the current position, was a need to support organisational areas to think differently to redesign services and pathways, as well as ways of working **The Board noted the month nine finance report.**
12. 12.1 12.2	**Integrated performance report** Carol Gillen presented the report, drawing attention to these key areas: • In December 2019, there had been a 5.8% increase in emergency department attendances compared with 2019 with performance against the four hour standard challenged across London. There were challenges with London Ambulance Service handovers and in paediatric services • There were six mental health patients who waited in excess of 12 hours following a decision to admit. In February 2020, Whittington Health would take part in a registered mental health nurse pilot with the London Ambulance Service • In November 2019, the two week cancer target was met (96.6% against a 93% target). Data for performance against the 62 day cancer target was not available at the time of issue of Board papers and would be circulated after the meeting • Quarter three data showed continued improvement with average waiting times for child and adolescent mental health services below eight weeks • The revised trajectory for autistic spectrum disorder diagnosis waiting times in Haringey would be available at the March Board meeting; in Islington, a joint review by commissioners and providers was looking at demand for this service In discussion, Board members highlighted the following: • Anu Singh thanked Carol Gillen for the clear report • Michelle Johnson reported that the target to reply to complaints within 28 days was not met due to a backlog at DHL and the need to review the quality of responses. She provided assurance that this target would be met in January • Clare Dollery drew attention to the e-referral service indicator and asked if there was an emerging issue. In response, Carol Gillen explained that the 4% target was a low threshold set across all implementation sites and was

12.3		reviewed by specialities at weekly performance meetings and said an exception report would be brought to the next meeting to provide assurance in this area **The Board noted:** i. **the integrated performance report;** ii. **that data for performance against the 62 day cancer target would be circulated to Board members; and** iii. **that an exception report on performance against the indicator for % e-referral service slot issues would be brought to the next meeting.**
13.		**Standing orders, standing financial instructions and scheme of reservation and delegation of powers**
	13.1	Kevin Curnow reported that these governance documents had been reviewed by the Audit & Risk Committee and the paper highlighted the substantive changes being made to the standing orders; no changes were proposed to the standing financial instructions. Michelle Johnson suggested summarising the delegated financial limits for ICSU Directors. Jonathan Gardner supported the proposal.
	13.2	**The Board approved the updated standing orders, standing financial instructions and scheme of reservation and delegation of powers.**
14.		**Draft estate strategy**
	14.1	Jonathan Gardner referenced the significant work which took place in 2018/19 and said the draft strategy was the culmination of that work and indicated the direction of travel, the challenges faced and a need for the prioritisation of capital works, aligned to Whittington Health's strategic objectives and mission. He explained that the strategy set out some of the drivers and principles for how the trust wanted to take forward preventative locality working, better integration with primary care services and also aimed to deliver some of the aims of the North Central London sector in the area of step down beds and staff accommodation. There were three distinct phases envisaged in the strategy and engagement with staff and stakeholders in developing the strategy had already been extensive.
	14.2	In discussion, Board members provided the following feedback: • Deborah Harris-Ugbomah stressed the need for the strategy to include digital technology enabling new ways of working such as increased telehealth interventions. Siobhan Harrington concurred and said the strategic outline case would need to include digital transformation work as this was the direction of travel for Whittington Health • Michelle Johnson suggested that section five of the strategy should include mention of staff wellbeing as an enabler • Clare Dollery raised the importance of ensuring how the design of children's services was fit for purpose
	14.3	**The Board approved the draft strategy, subject to the feedback made at the meeting for external public engagement.**
15.		**Quarter three delivery of 2019/20 strategic objectives**
	15.1	Jonathan Gardner explained to Board members that the Trust Management Group had reviewed the report and agreed to recommend the rating for strategic objective three (integrate care with partners and promote health and wellbeing)

	should be amber.
15.2	**The Board noted delivery against the performance metrics for delivery of the 2019/20 strategic objectives and that the rating for strategic objective three was amber.**

16.	**Trust risk register**
16.1	The report was taken as read. Michelle Johnson explained that, following previous feedback, further information had been included on actions being taken as mitigations to close the gaps identified in controls. She highlighted the closure of risk 91 (labour ward obstetric theatre) now that the second labour ward theatre was in operation. Board members discussed whether risk 683 which related to overcrowding the emergency department should be included on the Board Assurance Framework.
16.2	**The Board:** i. **reviewed the risk register and approved the removal of closed risk entries;** ii. **agreed there were adequate mitigating actions and assurances in place to manage risk register entries; and** iii. **agreed that risk 683 be reviewed to see if it aligned to any of the current residual risk entries on the Board Assurance Framework.**

17.	**Committee Chair's assurance report**
17.1	Jonathan Gardner explained that the aim was to strengthen governance arrangements by introducing a template for Committee Chairs to inform Board members of items covered at meetings and to escalate any areas of concern, where there was limited assurance. He sought agreement that Committee Chairs used the template to report on meetings from February 2020 onwards instead of receiving the draft minutes. Naomi Fulop asked whether the template could be amended to include a section for 'other key issues'. Anu Singh welcomed the introduction of the chair's assurance report template and also supported Naomi Fulop's proposal.
17.2	**The Board:** i. **supported proposals to strengthen corporate governance arrangements at Whittington Health through the introduction of a Committee Chair's assurance report template;** ii. **reviewed and approved the draft Committee Chairs' assurance report template at appendix 1, subject to the inclusion of a section for** *other key issues***;** iii. **noted the guidance on assurance definitions;** iv. **noted that the template would be used for reports Board Committees for the February 2020 Board meeting onwards; and** v. **noted that the template would be implemented from 1 April 2020 for the new executive committees' structure.**

18.	**2018/19 Charitable Funds annual report and accounts**
18.1	Kevin Curnow explained that the Charitable Funds Committee had reviewed the annual report and accounts and recommended their approval for submission by the deadline of 31 January 2020. Siobhan Harrington thanked Eddie Mitchell for

	his fundraising in 2019. Naomi Fulop welcomed the report which she had enjoyed reading, in particular the activities being funded.
18.2	**The Board approved the 2018/19 charitable fund's annual report and accounts for submission to the Charity Commission.**
19. 19.1	**Audit & Risk Committee meeting** The Board noted the Committee Chair's report for the meeting held on 15 January 2020.
20. 20.1	**Workforce Assurance Committee** The Board noted the draft minutes of the meeting held on 11 December 2019.
21. 21.1	**Quality Committee** Naomi Fulop reported that the committee meeting had included updates on pressure ulcers, the duty of candour process, a good example of using clinical audit of the district nursing service on continuity of care and a quality improvement project in MSK imaging which reduced inappropriate referrals.
21.2	**The Board noted the draft minutes for the meeting held on 8 January 2020.**
22. 22.1	**Charitable Funds Committee** The Board noted the draft minutes of the meeting held on 8 January 2020.
23. 23.1	**Questions to the Board on agenda items** Mr Richards reported that Islington Healthwatch had reported on incidences of patients in a wheelchair who had been refused transport to get to appointments. Siobhan Harrington thanked Mr Richards for raising this issue and assured him that performance by DHL was kept under review and would be reported on at the next meeting. Michelle Johnson explained that letters of apology had been sent to the patients concerned and that the weekly meeting of the four provider trusts involved in this non-emergency patient transport services contract met weekly review cases and whether any harm was caused.
23.2	Mr Richards also raised the publicity around concerns identified in maternity services at East Kent NHS Trust and referred to the risks to quality and safety and the use of locum staff. He sought assurance that a similar situation could not happen at Whittington Health. Clare Dollery explained that systems were in place to fill shifts and included the consultant on call discussing the competencies required of a locum should they be needed for a shift. She referred to the Guardian of Safer Working Hours report and provided assurance that 63% of shifts in obstetrics and gynaecological services were filled by trust doctors and that locums were normally engaged for a 6-12 months' contract and received induction training.
23.3	Mr Richards asked why the trust's standing orders did not allow for public deputations. Jonathan Gardner said that the standing orders were based on a standard template in guidance issued to NHS trusts. Deborah Harris-Ugbomah added that it was not standard practice to include the ability to make deputations within standing orders. Jonathan Gardner confirmed that the trust would write to Mr Richards confirming this position.

23.4	Mr Richards asked whether amendments to the four hour access standard would benefit the NHS. Siobhan Harrington responded and explained that 12 NHS providers were piloting new access standards and further national guidance was awaited following an evaluation of the pilots.
24. 24.1	**Any other business** There were no items reported.

Action log, 29 January 2020 Public Board meeting

Item	Action	Lead(s)	Progress
Chief Executive's report	Review with other North Central London providers the potential sanctions available against DHL for non-contractual fulfilment of the non-emergency patient transport service	Adrien Cooper	Completed – this has been reviewed and a response prepared updating Mr Richards on the positon
Integrated performance scorecard	Refresh the report with cancer targets' data and circulate to Board members	Carol Gillen	Completed
	Bring an exception report to the next meeting for the % of e-referral slot issue indicator	Carol Gillen	Completed – on agenda
Standing orders and standing financial instructions	Summarise the delegated financial limits within the document for Directors of Integrated Clinical Service Units	Swarnjit Singh	Completed
Estate strategy	Amend Estate Strategy based on comments and bring new version in due course.	Jonathan Gardner	In hand for April Board
Trust Risk Register	Review risk 683 as described and see if this aligns to residual risk entries Quality 2 or Sustainability 2 on the Board Assurance Framework (BAF) or whether it should be a new BAF entry	Swarnjit Singh	Completed - this risk register aligns with, and is an in-year operational risk linked to the BAF entry Quality 2 (Failure to hit national and local performance targets results in low quality care, financial penalties and decommissioning of services (e.g. Emergency Department). It will not therefore be included as a

Item	Action	Lead(s)	Progress
			separate BAF entry.
Questions from the public	Write to Mr Richards confirming the position on deputations to the Board	Swarnjit Singh	Completed

Meeting title	**Trust Board – public meeting**	Date: 26.2.2020
Report title	**Chief Executive's report**	**Agenda Item: 6**
Executive director lead	Siobhan Harrington, Chief Executive	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	This report provides Board members with an update on recent national and local developments as well as highlighting and celebrating achievements by Trust staff.	
Purpose:	Review	
Recommendation(s)	Trust Board members are invited to review the report and its discuss its contents.	
Risk Register or Board Assurance Framework	All Board Assurance Framework entries	
Report history	Report to each Board meeting	
Appendices	None	

Chief Executive's report
February 2020 has continued on from January by also being very busy with everyone working extremely hard to deliver high quality and safe care for our patients.

This report provides Board directors with highlights of key developments within the health and social care sector at a national and local level.

1. **National news**

   Minister of State
   On 13 February 2020, Helen Whatley was appointed Minister of State (Minister for Care) at the Department of Health and Social Care.

   Novel Coronavirus (covid-19)
   This month, the Secretary of State for Health & Social Care issued new regulations to delay or prevent further transmission of the novel (new strain) coronavirus found in patients in a region in China. Based on the World Health Organisation's declaration that the virus is a public health emergency of international concern, the United Kingdom's (UK) four Chief Medical Officers raised the overall UK risk level from low to moderate[1], allowing the government to plan for all eventualities; however, the risk to individuals remains low.

   At Whittington Health, staff are working hard to prepare for an appropriate response to any outbreak of this virus within the UK and to manage any patients who present with suspected virus symptoms in a caring and safe way. In line with national guidance, a temporary coronavirus assessment pod is now on the hospital site allowing the trust to screen any suspected cases safely and quickly. The trust will continue to follow national advice as developments occur.

   Primary care Networks
   Primary Care Networks (PCNs) have had a new contract published which although agreed by the British Medical Association is still to be agreed by individual PCNs. Key differences are that anticipatory care and personalised care specifications (the major ones that impact on the trust) have been pushed back a year. Secondly, the funding for First Contact Practitioner MSK physiotherapists has been increased to 100% of the salary. Whittington Health is now working to ensure it can offer a good service to PCNs for the employment of such people.

2. **North Central London Health and Care Partners**
   Dr Jo Sauvage has been elected as the Chair of the new North Central London Clinical Commissioning Group (NCL CCG). She has been a GP in north London for over 21 years and has been Chair of Islington CCG since

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[1] https://www.gov.uk/government/news/statement-from-the-four-uk-chief-medical-officers-on-novel-coronavirus

2016. She is also clinical lead for the emerging Integrated Care System in North Central London, provides clinical leadership for London on the Fuel Poverty Partnership and is a London region representative on the board of NHS Clinical Commissioning. Frances O'Callaghan has now started as Accountable Officer for NCL's CCGs and the system leader role has just also been recruited to.

3.   **Local news**

Quality and safety operational performance
In January 2020, performance against the A&E four hour target saw an improvement compared to the two previous months, however, it was another challenging month achieving 80.5%, below the 90% trajectory.

It is worth noting that performance was challenged across the country; the national average in January was 81.68%, the London average was 82.76% and the NCL average was 82.88%. There were ten mental health patients who waited in excess of 12 hours following a decision to admit. The local improvement plan which operational leads are working closely on seeks ways to protect capacity to improve performance in the urgent treatment centre and also in paediatrics, and improvements in these two areas are already being seen.

The trust continues to achieve a 92% outcome for patients waiting 18 weeks for treatment against a target of 92%, however, there was one 52 week breach patient in gynaecological services. This occurred as a result of an administrative error; a clinical review was carried out and confirmed that no harm was caused to the patient. Waiting times for diagnostic services continued to be sustained at 99.3% against a 99% target. As part of the 2019/20 outpatient transformation programme, Whittington Health set an ambitious target of reducing acute did not attend (DNA) rates to 10%; in January 2020, this target was achieved for both new and follow-up appointments.

During December 2019, the trust recovered its cancer performance in all key indicators, except in patients transferring to other trusts, however, which saw an improvement from 33.3% in November to 71.4% in December. Work continues to progress in gynaecological services to increase outpatient capacity in the rapid access clinic and the hysteroscopy clinic and also in the urology service where additional biopsy clinics are now in place to meet service demands.

Performance on staff appraisals in January 2020 was 76% against a target of 90%. The mandatory training rate stayed at 83% in January, also against a 90% target. Action is being taken to improve performance against both of those indicators during the remainder of quarter four. The rate of staff sickness absence in November 2019 was 3.86% against a target of 3.5%.

Flu vaccination campaign
Whittington Health is pleased to report that it achieved the 80% target for frontline staff to be vaccinated against winter flu. Many thanks go to the team led by Cathy Ferguson, Head of Occupational Health and Wellbeing, and all of the flu champions across community and hospital services.

Financial performance
As we move towards the end of the financial year, delivering our financial plan continues to be a challenge. Whittington Health is reporting an actual deficit of £7.7m at end of January. This is £3.9m worse than planned. Key drivers for the year to date adverse variance are slippage in delivery of cost improvement programmes and pay overspends relating to temporary staff usage and unfunded beds. Action is being taken by the executive team to support financial recovery and the trust is continuing to forecast that it will achieve its control total at year end. With less than eight weeks for the start of the new financial year, staff are immersed in developing robust plans to deliver our financial challenge for 2020/21. The national planning guidance was published two weeks ago and the teams are currently engaged in conversations with our commissioners to agree next year's income and activity plan.

Care Quality Commission (CQC) inspection
On 18 February, Whittington Health received its draft CQC inspection report. The report is being checked for factual accuracy and an action plan is being developed in response to the findings and as part of the trust's Better Never Stops campaign. The final report will be published in March and will be brought to the next meeting.

Fire safety update
Fire safety readiness is vitally important to all staff at Whittington Health. Our proactive approach is ensured by providing appropriate training to our staff teams. Over the last couple of months the estates team has been working with colleagues in learning & development and in the senior nursing leadership to further improve upon our existing fire safety training packages. Whittington Health's intent is to provide a Better Never Stops approach to mandatory and statutory training. The review will lead to improved learning outcomes that will be implemented from April 2020 onwards.

PFI
Work continues with our PFI provider, WFL, to resolve a number of issues; NHS Improvement is involved.

2019 NHS staff survey
Whittington Health had its best ever response rate of 56% to the annual staff survey. The insight that the survey results provide to us as a Board and to the senior leadership team is invaluable. The survey outcomes are included as a separate agenda item at this meeting. One key highlight from the survey results was that 81% of respondents felt that care of patients and service users was the top organisational priority. This outcome was above average when compared with other combined community and acute service providers

and demonstrates the dedication witnessed on a daily basis by staff, evidencing the Whittington Health vision of *helping local people live longer, healthier lives.*

#CaringForThoseWhoCare - inclusive culture activities

Steering group
The Employee Health and Wellbeing Steering Group will merge with the Culture Steering Group. The first meeting of the new forum will take place on 3 March 2020.

#CaringForThoseWhoCare (#CFTWC) branding and communications
The organisational development team has commissioned a new visual identity for the #CFTWC programme to better communicate our culture improvement and related work. The design brief seeks to develop a new logo concept that helps convey the breadth of our culture, well-being and staff benefits activity, and the role of the I.CARE values as the foundation of the programme. Once finalised, the new brand will be rolled out across the trust through all programme activities and supporting communications.

Intranet
Work has started to develop a new #CFTWC intranet hub, which brings together all of the trust's online information on culture, health & well-being and staff benefits in one location to improve accessibility for staff. The new hub will be launched late February/early March, supported by a campaign promoting the hub to staff and reinforcing the trust's commitment to seeking and addressing staff feedback.

Culture and leadership collaborative
The current focus of this work is on preparations to roll-out two leadership behaviour surveys – one for staff and one for partners in external organisations. They are different to the annual staff survey and Pulse checks in that they seek to provide an understanding of the leadership strengths of individuals at all levels of the trust and of its leadership. The employee leadership behaviours' survey will run for three weeks from Monday, 9 March to Friday, 27 March. The dates for the partners' survey are still to be confirmed.

Challenging bullying training
Funding has been allocated to enable a roll-out to all staff of the challenging bullying training recently attended by 502 managers. This training was very well received and highlighted the different situations in which bullying might occur.

Building inclusive teams
The first I.CARE 'building inclusive teams' training will be delivered bi-monthly starting from February. This training will aim to further embed the importance of exercising compassion, and understanding how our behaviour impacts others through lived experience case studies and engagement.

Workforce Race Equality Standard (WRES) pilot

Whittington Health is one of five NHS organisations nationally that have been identified as a WRES development pilot site alongside Norfolk and Suffolk NHS Foundation Trust, Leicester Partnership NHS Trust, University Hospitals Bristol NHS Foundation Trust and Leeds Community Healthcare NHS Trust. A launch event was held last month and a meeting at Whittington Health is also planned towards the end of March 2020 to help kick-start this work.

Estate strategy

Following agreement at last month's Board meeting, Whittington Health published its draft estate strategy for comment. Generally, it has been well received. There is a detailed programme of engagement with our local community over the next few months, with three events in Haringey, about six events in Islington, as well as meetings with staff, commissioners, GPs, stakeholders and local politicians. Work is now progressing on the strategic outline case and meetings are being held with colleagues in the NCL Sustainability & Transformation Partnership and at NHS England and Improvement to inform that.

Borough partnerships

Borough Partnership Boards in Islington and Haringey are now beginning to meet. Whittington Health's Chief Executive is a member of the Partnership Boards, and the Board's attention is drawn to a paper providing an update on this later on the agenda. The draft 2020/24 Haringey Health & Wellbeing strategy is appended to the report on borough partnerships.

Improving planned orthopaedic surgery

On 13 January, North Central London Partners, on behalf of its five clinical commissioning groups, launched a consultation[1] about the future of planned orthopaedic surgery for adults in north central London. The aim is to improve outcomes for patients by tackling long waiting lists, cancelled operations and an increase in demand across the NCL region. The proposals were developed over 18 months with involvement and input from clinicians, patients and managers and involve the creation of two partnerships for orthopaedic surgery services (University College London Hospitals NHSFT and Whittington Health; and the Royal Free London NHSFT and North Middlesex University Hospital NHST). Under the proposals, Whittington Health would continue to provide day surgery and outpatient appointments.

New Rainbow Garden on Ifor ward

Thanks to a determined effort by paediatric staff and our Fundraising Team, along with support from patients and the local community, the new Rainbow Garden on Ifor Ward opened on Thursday 30 January. This new, improved and larger space replaces the old play terrace and provides an excellent play and therapeutic space for our young patients.

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[1] https://conversation.northlondonpartners.org.uk/orthopaedic-consultation-information/

Helping to improve the lives of young carers
Following feedback from children and young people in 2017, Whittington Health started a project to improve the visibility of young carers who highlighted their difficulties in accessing key services, because they were not aware of what they are entitled to. The trust worked with Family Action's Islington and Camden Young Carers' Services to begin to understand the barriers and needs of young carers, starting with an interactive workshop and in-depth interviews. The successful collaborative process has led to the creation of a Young Carers' Card, launched to a pilot group of young carers in Islington on Thursday, 30 January, on national Young Carers' Awareness Day. On the launch day, one young carer commented that the card made him feel "important and valued" and another young carer said that "it removes any confusion or doubt around the nature of my role and enables me to be treated the same as any other carer." An estimated 1 in 12 secondary school pupils are young carers and these young people not only provide vital support to the person they care for, but also save the NHS significant resources each year through unpaid and voluntary care.

LGBT+ History month
February marks Lesbian, Gay, Bisexual and Trans Plus (LGBTQ+) history month dedicated to celebrating the journey members of the LGBTQ+ community have taken over the years and some of the adversities they have encountered and overcome along the journey. As part of activities, Whittington Health's LGBTQ+ staff network was launched, with the Director of Workforce as sponsor, to help advance staff inclusion.

Staff excellence award winner - Kathy (Kathleen) Riddell
Kathy Riddell, Flow Liaison Officer, in the Discharge Planning Team was nominated for displaying the trust's *excellence* value. She co-ordinated seven complex safe discharges from one ward on 11 December 2019 and a further three the following day. Her work on these two days is an example of the huge number of patient discharges she manages every day. During a flow update one morning, Kathy advised she had an end of life care patient on her ward who really wanted to go home for her last day. The following day, at discharge time, it seemed that, despite all the planning, the discharge was about to fail. However, Kathy managed to successfully resolve the issues that arose and the patient went home with her daughter. Following this, Kathy noted that the patient's daughter was so happy that a way was found to get her mother home and she hugged Kathy and thanked her. She is courteous in everything she does and all the staff and patients including their relatives are so grateful for the work she does.

Meeting title	Trust Board – public meeting	Date: 26.2.2020
Report title	Serious Incidents update – February 2020	Agenda item: 7
Executive director lead	Dr Clare Dollery, Medical Director	
Report author	Jayne Osborne, Quality Assurance Officer and Serious Incident (SI) Co-ordinator	
Executive summary	This report provides an overview of serious incidents (SI) declared externally via the Strategic Executive Information System (StEIS) during January 2020. The report also includes a summary of key recommendations and learning shared as a result of the Serious Incident investigations completed in January 2020. • No serious incidents were declared in January 2020. • Three serious incident investigations have been completed.	
Purpose:	Review	
Recommendation(s)	The Board is asked to recognise and discuss the assurances contained within this report demonstrating that the serious incident process is managed effectively, and that lessons learnt as a result of serious incident investigations are shared widely.	
Risk Register or Board Assurance Framework	Corporate Risk 636. Create a robust SI learning process across the Trust. The Trust Intranet page has been updated with key learning points following recent SIs and root cause analysis investigations.	
Report history	Report presented at each Public Board meeting	
Appendices	None	

Serious Incidents: February 2020 Board report

1. Introduction

1.1 This report provides an overview of serious incidents declared externally via the Strategic Executive Information System (StEIS) and a summary of the key learning from serious incident reports completed in January 2020.

2. Background

2.1 The Serious Incident Executive Approval Group (SIEAG), comprising the Executive Medical Director, Chief Nurse and Director of Allied Health Professionals, Chief Operating Officer, Head of Quality Governance 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 for a serious incident (as described within the NHS England Serious Incident Framework, March 2015).

3. Serious Incidents

3.1 The Trust did not declare any serious incidents in January 2020. The total number of reportable incidents declared by the Trust between 1st April 2019 and 31st January 2020 was 26.

4 Serious incidents declared and investigations completed in this financial year to date.

Chart 1 below indicates the number of serious incidents declared by the Trust between 1st April 2019 and 31st January 2020 as well as the number of investigation reports which were submitted to the North East London Commissioning Support Unit (NELCSU).

Chart 1: Serious incidents declared and investigations completed
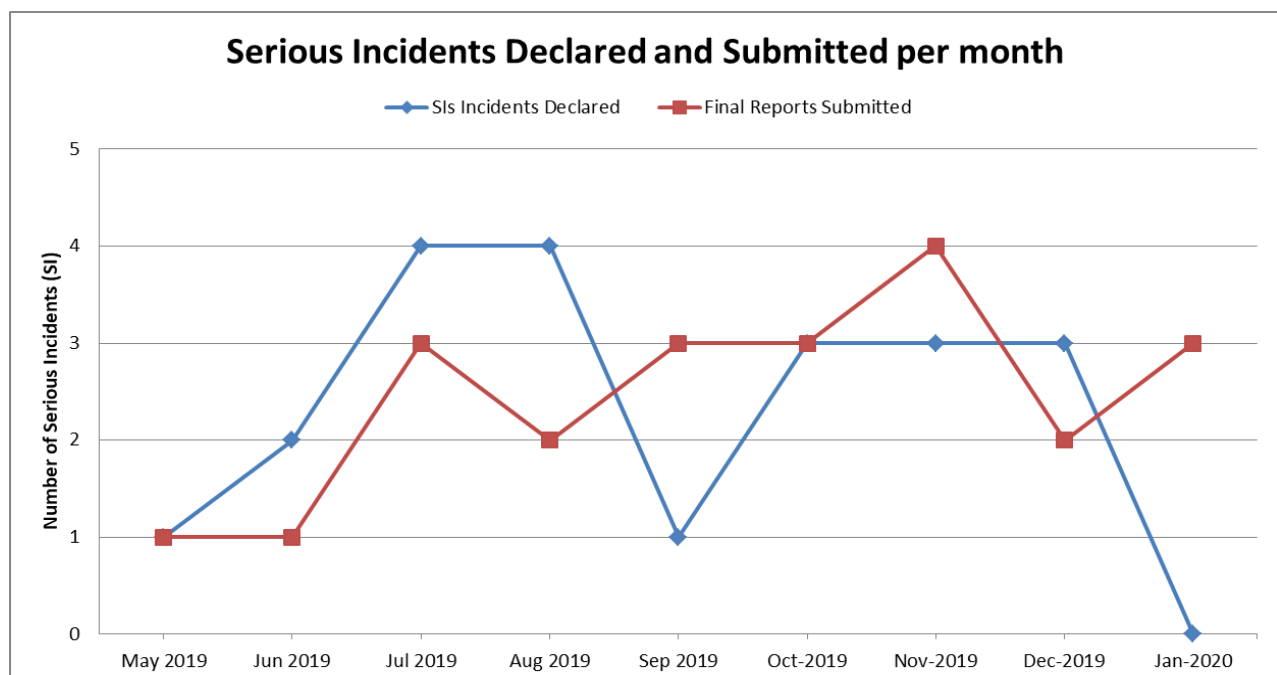
4.1 The chart below shows the number of serious incidents declared by ICSU each month between 1ˢᵗ April 2019 and 31ˢᵗ January 2020.
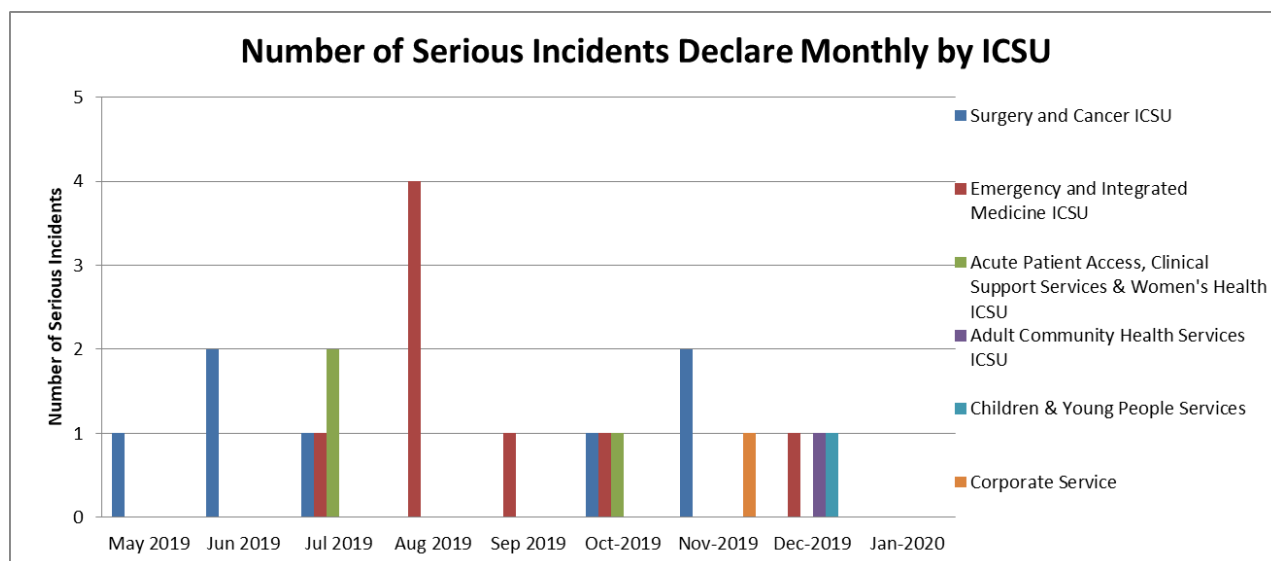

Chart 2: Serious incidents declared by ICSU

4.2 All final investigation reports are reviewed at the weekly SIEAG meeting chaired by an Executive Director (Executive Medical Director or Chief Nurse and Director of Allied Health Professionals). The Integrated Clinical Support Unit's (ICSU) Associate Directors of Nursing or representatives 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.

5. Duty of candour
5.1 The Trust has executed its duties under the duty of candour for the investigations completed and submitted in January 2020.

6. Shared learning from reports submitted to NELCSU during January 2020.
6.1 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 *(see appendix 1),* 'Big 4' in theatres, 'message of the week' in Maternity and EIM, and '10@10' in the 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.

6.2 Themes from serious incidents are captured in quarterly aggregated learning reports and an annual review, outlining areas of good practice and areas for improvement and Trust wide learning.

6.3 We are continuing to review and improve how we share our learning from all incidents, near misses and SIs to ensure we mitigate risks and fully embed actions and learning.

6.4 Open actions from serious incident investigations are monitored monthly at SIEAG and ICSUs have been asked to include a report on open actions as part of the Quarterly ICSU performance reviews. This is to help ensure the timely completion of actions which is necessary for improvement.

6.5 Learning from SI 2019.22499 – unexpected admission to ITU
6.5.1 The following recommendations and actions were made by the investigation panel:
- Facilitated learning sessions are being arranged to share the learning from the holistic management of the pregnant woman and the management of chronic anaemia in pregnancy, with multi-disciplinary teaching sessions, discussions during safety huddles and the relaunch of the revised Did Not Attend (DNA) policy and pathway
- The maternity Did Not Attend Policy has been updated; it now provides a clear flow chart with a standardised process for women who do not attend. This process will utilise the function on Medway Maternity (electronic patient record system) where an alert can be generated if a women fails to attend a certain number of appointments/schedules
- The Adult Community and Women's (ACW) Integrated Care Service unit (ICSU) antenatal care team are reviewing their process for phlebotomy including options to move to a single trust-wide phlebotomy service

6.6 Learning from SI 2019.25500 - witnessed fall resulting in fractured neck of femur
6.6.1 The following recommendations and actions were made by the investigation panel:
- The ward transfer checklist has been updated to include specific reference to risk of falls, to improve communication at handover
- Encourage staff to consistently document falls risk, including postural hypotension on CareFlow (the electronic handover system) and to use e-VITALS (electronic observations) to identify patterns/fluctuations in blood pressure variation
- A mobility assessment should now be carried out within 12 hours of admission to the ward, and be clearly documented on the above bed mobility chart. A sticker is being developed that will replicate the mobility chart to ensure that the mobility status is clearly documented in the patient notes. This will be embedded in practice via falls teaching and induction
- Funding to purchase a flat lifting kit has been agreed, which will ensure there is a safe and comfortable way (for the patient and staff) to move people from the floor post fall
- It has been identified that staff require access to a compatible trolley for timely x-ray across a 24 hour period, to prevent delays in diagnosis of patients who fall in hospital and require x-rays but are immobile. Trolleys are currently available in the emergency department but a dedicated trolley for ward areas is on order

6.7 Learning from Never Event 2019.22948 - unintentional connection of oxygen to air flowmeter

6.7.1 The recommendations from this report are the same as those from the Never Event in the Emergency Department (ED) (SI 2019.18525), which happened after this incident. This incident was identified through a lookback process.

6.7.2 Medical air ports need to be restricted further across the trust to areas where nebulised medications are frequently used (ED majors and Resus, AAU, critical care, theatres and Nightingale ward). This requires an assessment of the need in each area of compressor machines and education about their safe use including maintenance.

6.7.3 Areas with agreed access to wall air ports (ED majors and resus, AAU critical care, theatres and Nightingale ward) need to audit ongoing safe practice against national recommendations with agreed frequency (default should be daily but alternative frequency can be agreed with the designated lead). Regular local and Trust wide audits need to continue to ensure that air ports remain capped and that Air Flowmeter practice accords to national standards.

7. The Patient Safety learning page.

7.1 The Patient Safety learning page is available on the Trust intranet and is linked to other available resources, such as: root cause analysis (RCA) tools page, spotlight on safety and patient safety case studies, as well as linking to the newly-created Local Safety Standards for Invasive Procedures (LocSSIPs) page. The quarterly aggregated learning reports are now available to all staff on this page, as well as SI reports, the annual never event gap analysis reports and learning from grand round sessions. Case studies on a number of areas are now available to staff also, linking through to the learning from clinical claims section.

8. Recommendation

8.1 The Board is asked to recognise and discuss the assurances contained within this report demonstrating that the serious incident process is managed effectively, and that lessons learnt as a result of serious incident investigations are shared widely.

Meeting title	Trust Board – public meeting	Date:	26.2.2020
Report title	**Quality assurance and compliance summary report**	**Agenda item:**	**8**
Executive director lead	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals		
Report author	Kat Nolan-Cullen, Compliance and Quality Improvement Manager		
Executive summary	The Trust board is presented with an update covering: • The 2019/20 CQC inspection • Good to Outstanding/Better Never Stops – CQC action plans and peer review programmes • Other assurance/external peer reviews		
Purpose:	This paper is to provide the Trust board with assurance that there is a robust system in place to monitor and maintain quality standards across the trust.		
Recommendation(s)	The Trust board is asked to: i. review the report and scrutinise the Trust's management of quality assurance and external regulatory bodies; and ii. seek assurance that the Trust's response to regulators is satisfactory.		
Risk Register or Board Assurance Framework	BAF Quality Entry 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.		
Report history	Quality Committee, 8.1.2020; Trust Management Group, 11.2.2020		
Appendices	None		

Quality Assurance Report: Care Quality Commission (CQC) compliance update

1   Introduction

1.1   This report provides a summary of regulatory assurance the Trust provides to Care Quality Commission (CQC) and other regulatory bodies. The report gives a summary of initial feedback provided following our December 2019 inspection and the Trust's ongoing journey to become an 'Outstanding' organisation.

1.2   The Trust is registered with the CQC without any conditions. The current overall rating for the organisation is 'Good' with outstanding rating for caring, based on the inspection in 2017. The CQC is currently in the progress of conducting an inspection at the Trust.

1.3   This report is divided into three sections that provide updates in relation to the following areas:
- The 2019/20 CQC inspection
- Good to Outstanding/Better Never Stops – CQC action plans and peer review programmes
- Other assurance/external peer reviews

2   CQC Inspection 2019-20

2.1   The CQC have now carried out their announced core services inspection on the 3-5 December 2019. They undertook targeted visits to children and young people's community health services, Islington community child and adolescent mental health services (CAMHS), surgery (including surgical wards, operating theatres and the Day Treatment Centre), the hospital urgent and emergency care services and critical care unit.

2.2   Overall the initial verbal feedback, received on the last day of the inspection, from the inspectors was positive; commending the openness of staff and the warm welcome they received. The Trust Management Team received positive comments about all of the services, as well as identifying some areas for improvement. The Inspectors raised a concern on one of the days of the visit around medicine management at one of the health centres. The issues raised related to a low level risk to patient harm and were immediately rectified to the satisfaction of the CQC.

2.3   The Trust has now had initial written feedback from the CQC following the core inspection. The draft report is expected February. This initial letter identified a number of areas of improvement to provide the Trust with an early basis to start considering what action is necessary to take. A provisional action plan has been developed to address these areas. This was discussed at the Trust Management Group (TMG) and then presented in the Chief Executive Officer report to the Trust Board in December 2019.

2.4   The CQC returned for the well led element of the inspection on the 7 January 2020 with open stakeholder engagement sessions with our staff, Trade Union

partnerships and staff networks, and the well led interviews with various members of the Trust Board and senior management team were conducted on 14 – 15 January 2020. Initial feedback from the inspection team was very positive. An overview of this preliminary written feedback is provided below.

Preliminary overview of CQC Well Led feedback
Leadership
• The trust board had the appropriate range of skills, knowledge and experience to perform its role
• The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience
• The trust board and senior leadership team displayed integrity on an ongoing basis
• Our review of board files indicated that Fit and Proper Person checks were in place
• There was a programme of board visits to services and staff fed back that leaders were approachable
• Succession planning needed development throughout the trust
• The trust leadership team had a comprehensive knowledge of current priorities and challenges across all sectors and took action to address them
Vision and strategy
• The trust had a clear vision and set of values with quality and sustainability as the top priorities. We found the vision to be simple, consistent and having continuity.
• Staff, patients, carers and external partners had the opportunity to contribute to discussions about the strategy, especially where there were plans to change services. Focus was around delivering for the patient.
• Local providers and people who use services had been involved in developing the strategy
• The trust embedded its vision, values and strategy in corporate information received by staff
• The trust had planned services to take into account the needs of the local population. For example, the emergency response 'Hospital at Home' team. The trust was involved with the STP.
Culture
• Staff felt respected, supported and valued
• The trust's strategy, vision and values underpinned a culture which was patient centred. There had been significant improvements in culture
• The trust recognised staff success by staff awards and through feedback.
• The trust needed to improve its working relationships with trade unions
• Managers addressed poor staff performance where needed
• The trust had appointed a Freedom to Speak Up Guardian and provided them with sufficient resources and support to help staff to raise concerns
• Staff felt able to raise concerns without fear of retribution
• The trust took appropriate learning and action as a result of concerns raised. The trust had excellent systems for learning from deaths/SIs and other incidents
• Sickness and absence figures were excellent and had substantially

improved in the last 12 months
- Staff felt equality and diversity were promoted in their day to day work and when looking at opportunities for career progression
- Staff networks were in place promoting the diversity of staff
- During the inspection we observed humility/openness and a willingness to learn among senior staff

Governance
- The board function effectively. However, they recognise that they are still working on being a better board
- The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers
- Papers for board meetings and other committees were of a reasonable standard and contained appropriate information. The BAF was fit for purpose
- Non-executive and executive directors were clear about their areas of responsibility
- A clear framework set out the structure of ward/service team, division and senior trust meetings. Managers used meetings to share essential information such as learning from incidents and complaints and to act as needed.
- The trust was working with third party providers effectively to promote good patient care
- The governance framework addressed the need to meet people's mental health needs

Management of risk, issues and performance
- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements. The governance team regularly reviewed the systems.
- Senior management committees and the board reviewed performance reports. Leaders regularly reviewed and improved the processes to manage current and future performance.
- Staff had access to the risk register either at a team or division level and were able to effectively escalate concerns as needed
- Staff concerns matched those on the risk register
- The trust board had sight of the most significant risks and mitigating actions were clear
- Where cost improvements were taking place there were arrangements to consider the impact on patient care. Managers monitored changes for potential impact on quality and sustainability.

Information management
- The trust was aware of its performance through the use of KPIs and other metrics. This data fed into a board assurance framework
- Information was in an accessible format, timely, accurate and identified areas for improvement
- Leaders submitted notifications to external bodies as required
- Information governance systems were in place including confidentiality of patient records

Engagement
• The trust had a structured and systematic approach to engaging with people who use services, those close to them and their representatives • The trust sought to actively engage with people and staff in a range of equality groups. Ancillary support staff were not as engaged as clinical staff. • Patients, staff and carers were able to meet with members of the trust's leadership team and governors to give feedback • The trust was actively engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans • The trust had a structured and systematic approach to engaging with people who use services, those close to them and their representatives across all sectors.
Learning, continuous improvement and innovation
• The trust actively sought to participate in national improvement and innovation projects. However, there were opportunities to develop clinical research within the trust. • There were organisational systems to support improvement and innovation work. • Fine on Quality Improvement

3 'Good to Outstanding'/ Better Never Stops Improvement Work

3.1 Whittington Health staff are incredibly proud of all the work to prepare for the Trust's inspection and a number of staff have commented that they would like to continue the progress made during this preparation. The Trust CQC Steering Group have recommended the Trust continues the dedicated focus on good to outstanding but has renamed this as '**Better Never Stops'**. This ensures that there is a focus on a 'business as usual approach' to improvement with a constant focus on quality improvement and delivery of caring, effective services. This has been widely supported and endorsed by the Trust's Management Group.

3.2 The trust-wide CQC steering group has met monthly with representation from each Integrated Care Service Unit (ICSU), estates, finance, human resources, corporate and communications teams. These meetings will now continue to monitor the completion of the CQC improvement action plan and to focus the improvement work on Better Never Stops.

3.3 The intranet pages '**Better Never Stops Hub**' is being expanded by the communications team. It proved to be such a useful resource for staff in preparing for the CQC inspection, and it has been suggested it expands its resources and advice available to include the following areas (to assist services in their journey to outstanding):
- Spotlight on Safety Newsletter and key safety messages
- Whittington Health Estates Transformation Programme
- Learning from incidents
- Patient Experience Strategy (delivering the three ambitions)
- Quality Improvement Programme to be hosted on the page

3.4 **CQC improvement plan 2017/18**
Following the last report from the CQC (February 2018) there were a number of actions identified for the Trust. There are four actions which are currently monitored to ensure sustainability and the remainder are closed. It is important to note that the immediate concerns raised by the inspection team were responded to and addressed within the required timeframe.

3.5 The actions that are monitored relate to the following and will be monitored alongside the new 2019 inspection action plan:
- The trust should ensure staff meet the target for staff completing mandatory and safeguarding training
- The trust should minimise the frequency with which patient appointments are cancelled at short notice
- The trust should ensure staff meet the trust's target for staff appraisals
- The trust should ensure that the national referral to treatment times are met for children and young people's community health services

3.6 **CQC improvement plan 2019/20**
The CQC identified 17 recommendations in their initial feedback letter and an action plan has been developed by the relevant ICSU and corporate directors.

3.7 **Service self-assessment and peer review programme**
The trust undertakes a self-assessment and peer review programme, led by the Compliance and Quality Improvement manager. The self-assessment tool provides guidance for services to measure their compliance against the core standards and key lines of enquiry set by the CQC. The peer reviews are also based on the CQC's key lines of enquiry but do not include a rating, focusing instead on the steps to take to learn and improve. Peer review teams are made up of staff, as well as patient representatives, Health Watch and our commissioner colleagues.

3.8 There will be a continued focus on monthly peer reviews in 2020/2021 to ensure the momentum from this year is maintained. The Trust aims to build on the success of the 'Quality Review Day'. There is a reciprocal agreement with North Middlesex University Hospital Trust to conduct these on a yearly basis. Whittington Health will be reviewing the template currently used for peer reviews to simplify the process and make it more user-friendly.

3.9 The 'Dump the Junk' days held at regular intervals in the lead up to the CQC inspection, across the community and hospital, to clear clinical and office areas of broken furniture and equipment will continue in 2020 with the estates and facilities teams leading regular collections across the Trust.

4 **Other Assurance/External Peer Reviews**
4.1 **Haringey children's social care had an Ofsted inspection of the multiagency safeguarding hub (MASH)** starting on Monday, 16 December 2019 for two weeks. Ofsted inspectors were on site for two days. Whittington Health provides the health input into MASH and has permanent members of

staff who undertake health assessments, based at the hub. Feedback on the inspection was received by Haringey MASH on 21 January 2020. The Trust will work closely with the London Borough of Haringey MASH to address any concerns which relate to Whittington Health.

4.2 **Quality assurance peer review visit of the Children and Young People Haemoglobinopathy service** took place in July 2019. The final report was received by the Trust on the 1 November 2019. The reviewers noted significant progress and a number of improvements since their last visit in 2015.

4.3 They recognised the development of the workforce within the service with a number of new posts including additional nurse and doctor capacity as well as psychologist and genetic counsellor support. A genetic counsellor (1wte) had been appointed.

4.4 There was also recognition of the establishment of the apheresis programme for red cell exchange (which means the removal of harmful, disease-forming proteins, chemicals, or cells from patients' blood) and the recruitment of local patients to clinical trials involving innovative therapies in association with UCLH.

4.5 The quality review service also noted some concerns noted below, the Trust is in the process of formulating an action plan to address the concerns noted in the report. This included increasing the access to psychological therapies and more capacity to undertake transcranial doppler ultrasound (used to detect risk of strokes).

4.6 The **Joint Advisory Group on Gastroenterology Endoscopy (JAG) Accreditation Assessment Review** was undertaken on 29 August 2019. Formal reaccreditation was deferred for six months with feedback received on key recommendations for the Trust to complete. The Trust is confident that all will be addressed in this time and accreditation to be awarded later in 2020.

4.7 A **Trauma unit peer review** was undertaken on 27 September 2019 by the North East London & Essex Trauma Network. The main findings included areas of significant achievement, no immediate risks, and no serious concerns. The final report is expected by the end of January 2020.

5 Recommendations
5.1 The Trust board is asked to
   (i)   review the report and scrutinise the Trust's management of quality assurance and external regulatory bodies; and
   (ii)   seek assurance that the Trust's response to regulators is satisfactory.

Meeting title	Trust Board – public meeting	Date: 26.2.2020
Report title	Adult and Children's Safeguarding six monthly report (April – September 2019)	Agenda item: 9
Executive director lead	Michelle Johnson, Chief Nurse & Director of Director of Allied Health Professionals	
Report authors	Karen Miller, Head of Safeguarding (Children) and Theresa Renwick, Head of Safeguarding (Adults)	
Executive summary	**Executive summary** This report provides a summary of the work undertaken across adult and children's safeguarding and covers the period between April and September 2019. The Trust's safeguarding teams continue to provide a range of services to support key areas of safeguarding work, respond to emerging themes and strive to ensure all safeguarding processes are robust and effective and meet statutory and regulatory obligations. **Adult** • Numbers of safeguarding adult referrals made by Whittington Health staff between April and September 2019 are slightly less than the same period last year. The numbers are also less than the previous bi-annual safeguarding report period. This is not in keeping with the findings of the '*Safeguarding Adults England, 2018-19, Experimental Statistics*'.[1] It is unclear why this has happened, figures for quarter 3 (Oct-Dec 2019) show an increase of over 40% in numbers. • The '*Mental Capacity Act 2005, Deprivation of Liberty safeguards (DoLS) England, 2018-2019*'[2], published in November 2019, found there has been an average 15% increase in numbers of DoLS since 2014-2015, the first year of the '*Cheshire West and Chester Council v P [2014] UKSC 19, [2014]*'[3] ruling. For Whittington health,	

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[1] https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/annual-report-2018-19-england

[2] https://digital.nhs.uk/data-and-information/publications/statistical/mental-capacity-act-2005-deprivation-of-liberty-safeguards-assessments/england-2018-19

[3] http://mentalhealthlaw.co.uk/Cheshire_West_and_Chester_Council_v_P_(2014)_UKSC_19,_(2014)_MHLO_16

there has been a 26% increase in numbers of urgent DoLS applications in this reporting period.
- Numbers of assessments of capacity logged on Anglia Ice continue to fall.
- Whittington Health has led on simulation training around use of the Mental Capacity Act. This collaborative approach, involving facilitators from Islington and Haringey Adult Social Care, Whittington Health and Haringey CCG, was so successful that the initial two sessions commissioned in Jun 2016 became 14 by December 2019. The training is a finalist in the Health Service Journal (HSJ) Best Educational Programme for the NHS 2020.
- Training compliance for level 1stood at 91% between July and September 2019. Level 2 training is only delivered face to face (16 sessions during this reporting period including bespoke sessions to maternity and junior doctors), and continues to be well evaluated by attendees. Compliance stood at 79% in September 2019.
- 14 sessions have also been delivered for WRAP 3 (Workshop to Raise Awareness of Prevent), with compliance sitting at 81%, and 87% compliance for basic awareness of the Prevent duty.
- Whittington Health has developed a Homelessness Steering Group to support the work of staff in both meeting the legal Duty to Refer for Accident and Emergency staff for those patients who are homeless and/or at risk of homelessness, and also to support patients. This multi-agency forum has been in place since June 2019.

Children & Young People
- Safeguarding training figures as reported by the Electronic Staff Record (ESR) remain just below compliance; there has been significant work undertaken by the Trust to ensure that the reporting onto the ESR matches the training provided to staff. Monitoring of the compliance with the reporting is also recorded manually which indicates the Trust is achieving targets for the three levels of safeguarding training.
- Serious Case Review (SCR) activity is busy with six active cases in progress over this reporting period. Publication of three SCRs anticipated in Q3/4. The other three SCR's are subject to criminal proceedings and therefore cannot be published at present.
- Staff supervision compliance has remained high. Health visitors report being involved with far more complex cases of neglect and emotional abuse with domestic violence being a prevalent factor in their caseloads.

	• Formalised supervision has been extended to allied health professionals including Haringey improving Access to Psychological Therapies (IAPT) and the community children and young people therapies teams.
Purpose:	Review
Recommendation(s)	The Trust Board is asked to: i. receive assurance that there are systems in place to protect children and vulnerable adults from abuse and neglect whilst in our care; and ii. be assured that partners have confidence that Whittington Health is fulfilling its role as a statutory partner in safeguarding children and adults at risk in the wider community and health and care economy.
Risk Register or Board Assurance Framework	Board Assurance Framework risk entry 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Report history	23 January, Integrated Safeguarding Committee; 11 February, Trust Management Group
Appendices	1: Bi-annual Integrated safeguarding report to Trust Board (April 2019 – September 2019)

Appendix One: Bi-annual Integrated safeguarding report, April 2019 – September 2019

1.   Introduction

1.1   This bi-annual report for safeguarding children and adults informs the Trust Board of activity and progress in improving and strengthening the safeguarding arrangements for adults and children across Whittington Health NHS Trust. The report has been recommended by the Trust Quality Committee for approval by the Trust Board. It covers the period from April 2019 to September 2019. The report provides assurance around the following:

- adoption of national policy changes
- responding to and learning from safeguarding concerns raised from internal incidents and serious incidents; Serious Case Reviews, Safeguarding Adult and Domestic Homicide Reviews and regulatory inspections
- work plan and objectives for the coming period of review

2.   Safeguarding children

2.1   Working Together to Safeguard Children was published in July 2018. The major change to safeguarding national policy and guidance is the proposed replacement of Local Safeguarding Boards (LSCBs) with new arrangements called Safeguarding Partnership Arrangements in place by the end of September 2019. The local CCGs holds responsibility as the lead health representative in the new partnership arrangement and Whittington Health has been working closely with CCG colleagues to contribute in the working of the new arrangements. Work is well underway across the partnerships to establish the new Safeguarding Partnership Arrangements.

2.2   There are plans to review the Serious Case Review process and replace this with National Child Safeguarding Practice Review Panel. This is hoped to streamline the process and implement a system of national learning.

2.3   The child death review process changed 29 September 2019 to become sector led across a wider geographical area rather than borough based. This will allow for greater understanding of themes and patterns regarding childhood deaths. This will inform Public Health going forward on potential modifiable practices to prevent further deaths. Working groups have ensured the changes were fully implemented in September 2019. Whittington Health has been fully engaged in this process and is monitoring the Trust compliance with the new procedures.

2.4   Safeguarding supervision continues to be provided within statutory guidelines with compliance consistently maintained as indicated in below tables. Staff sickness will account for any lapses in compliance. From June 2019 a database was introduced to monitor safeguarding cases discussed in supervision to ensure that cases are afforded appropriate levels of supervision.

2.5 **Compliance data**

Haringey statistics:

Q2 September 2019	No of practitioners	Number received supervision in quarter	Compliance (%)
Health Visitors	45	39	87%
School Nurses	12	12	100%
Family Nurses	4	4	100%
LAC	4	4	100%
Skill Mix	19	11	58%
Specialist Health Visitors	2	2	100%
PIPS	3	3	100%

Islington (including hospital) statistics:

Q2 September 2019	No of practitioners	Number received supervision in quarter	Compliance (%)
Health Visitors (Islington)	36	36	100%
School Nurses (Islington)	6 (decreased since August)	6	100%
Family Nurses for both Islington and Camden	3	3	100%
Family Nurses Hackney	5	5	100%
Safeguarding Midwives (Whittington Hospital)	3	3	100%
Diabetes specialist team (Whittington Hospital)	3	3	100%
Asthma specialist team (Whittington Hospital)	3	3	100%
Allergy specialist Team (Whittington Hospital)	3	3	100%
Oncology specialist team (Whittington Hospital)	2	2	100%
Paediatric Liaison Health visitor (Whittington Hospital)	1	1	100%

Q2 September 2019	No of practitioners	Number received supervision in quarter	Compliance (%)
Growing Together	6	6	100%
Michael Palin	8	8	100%
Safeguarding Children Advisors (Islington)	3	3	100%

Hackney statistics:

Q2 September 2019	No of practitioners	Number received supervision in quarter	Compliance (%)
Family Nurses	5	5	100%

2.6   The learning lesson described below provides an opportunity to share learning across the Trust and demonstrates a multidisciplinary and culturally sensitive approach to safeguarding.
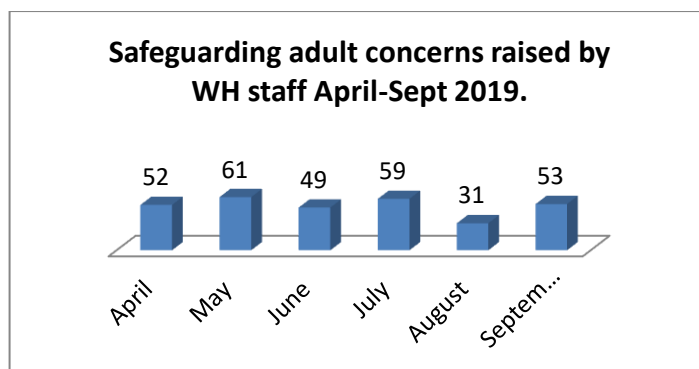
> **SAFEGUARDING CHILD LEARNING LESSON**
> **A young child was admitted to the hospital with psychosis, this is an unusual presentation in a young child. It became apparent quickly that their symptoms had been brought on by watching online videos inciting violence and extremist views. A Prevent referral was considered but it was decided it did not meet the threshold after consultation with the police. The case required sensitive management collaboratively with the family, inpatient child and adolescent mental health units, social care, the police and adult safeguarding. This was to ensure that the child received the appropriate care to meet the child's needs. The child with their family received the care needed at home with a bespoke package of day care by the inpatient unit. Good multiagency working together demonstrated.**

3.   **Safeguarding adults**

3.1   The 'Safeguarding Adults Collection (SAC), Annual Report, England 2018-2019'[4] was published in December 2019. Graphs 1-9 below represent the demographics, nature of the allegations and person alleged to have caused harm. Whittington Health data replicates the national data.

3.2   Safeguarding adult concerns have increased significantly over the past few years, although we have seen a slight decrease in numbers in this reporting period. Graph 1 below shows number by month.

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[4] https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/annual-report-2018-19-england

Safeguarding adult concerns raised by WH staff April-Sept 2019.

52   61   49   59   31   53

April   May   June   July   August   Septem...

Graph 1

3.3   Graph 2 below shows the significant numbers of safeguarding adult concerns are raised for those aged 50 and above.

Age range of patients with safeguarding adult concerns raised April-Sept. 2019

22   33   88   81   81

18-29   30-39   50-74   75-84   85+
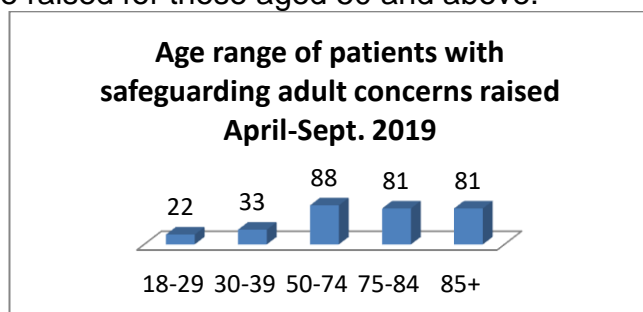
Graph 2

3.4   Graph 3 shows a distinct difference between the genders, with women more likely to have a safeguarding adult concern raised on their behalf. This replicates national data.

Gender of patients with safeguarding adult concerns raised April-Sept 2019.

■ Male   ■ Female

23 29   24 37   21 28   26 33   11 20   15 38

April   May   June   July   Aug...   Sept...

Graph 3

3.5   National data indicates neglect and acts of omission was most likely to be the identified category of abuse (31.4%) and the person's own home the most common location (44.8%)[5]

3.6   Whittington Health data has organisational abuse as the second most common category of abuse, and this would be expected given the numbers of concerns raised about care agencies and care homes.

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[5] https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/annual-report-2018-19-england

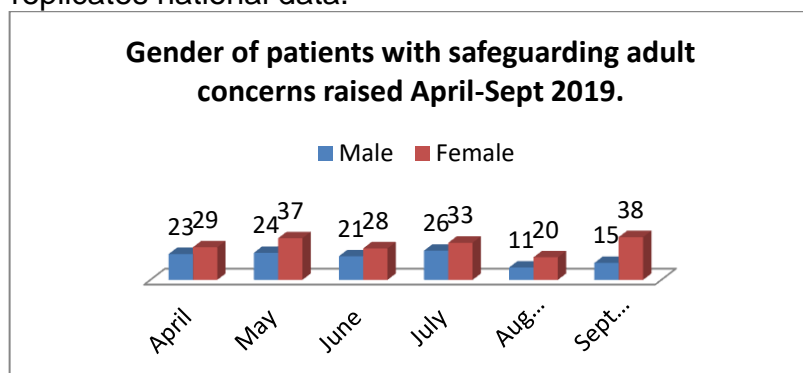**Categories of alleged abuse identifed by WH staff raising safeguarding adult concerns April-Sept. 2019**

132 — Neglect
61 — Self-neglect
40 — Domestic Violence
23 — Psychological
12 — Sexual
14 — Physical
18 — Financial
2 — Discriminatory
93 — Organisational
2 — Modern slavery
25 — Not clear

Graph 4

3.7 Whilst numbers of incidents reported to involve modern slavery are low, there have been excellent examples of joint working and robust protection plans put in place to ensure the safety of patients who have experienced human trafficking and modern slavery.

3.8 Graphs 5 and 6 reflect that the national findings that a person alleged to have caused harm are very likely to know the vulnerable adult. The overwhelming location of alleged abuse was found to be in the persons' own home.

Person alleged to have caused harm April-Sept. 2019

78 — Family/friend
7 — Other
16 — Care/nursing…
59 — Care agency
7 — Whittington…
67 — Not…

Graph 5

Location of alleged abuse April-Sept. 2019

224 — Own…
17 — Care/…
19 — Whitti…
7 — Other…
4 — Suppo…
30 — Not…
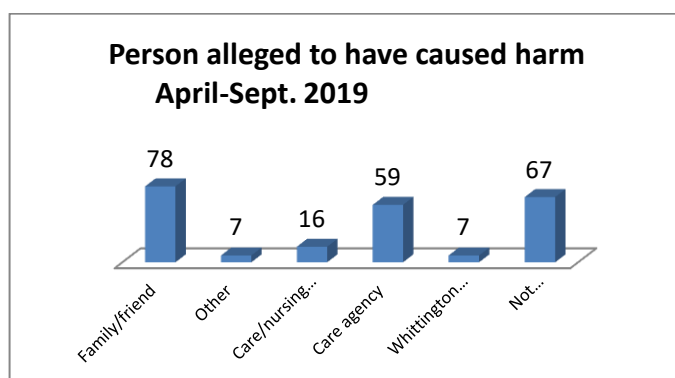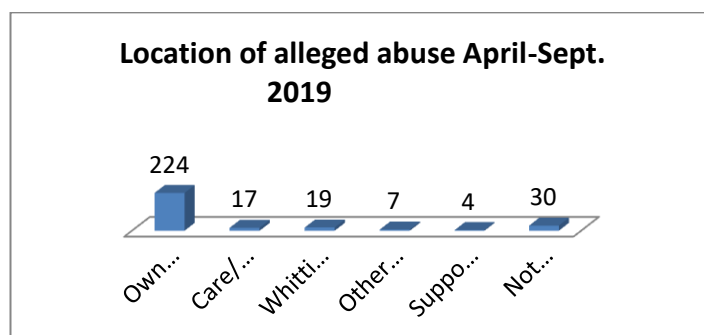
Graph 6

3.9 Graph 7 overleaf shows the distribution of safeguarding adult concerns across local authorities.

Local authority receiving safeguarding adult concerns April-Sept. 2019

	141	121	10	17	16
	LBI	LBH	LBC	LBB	Other

Graph 7

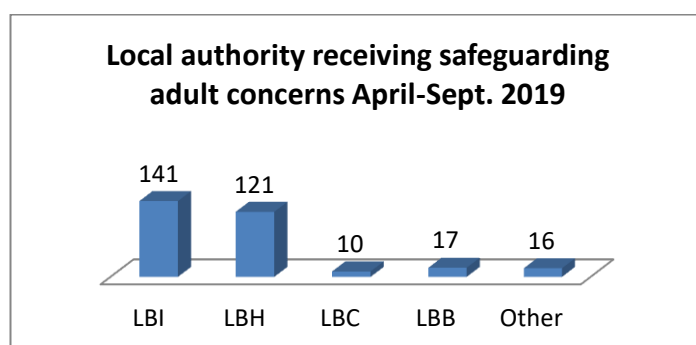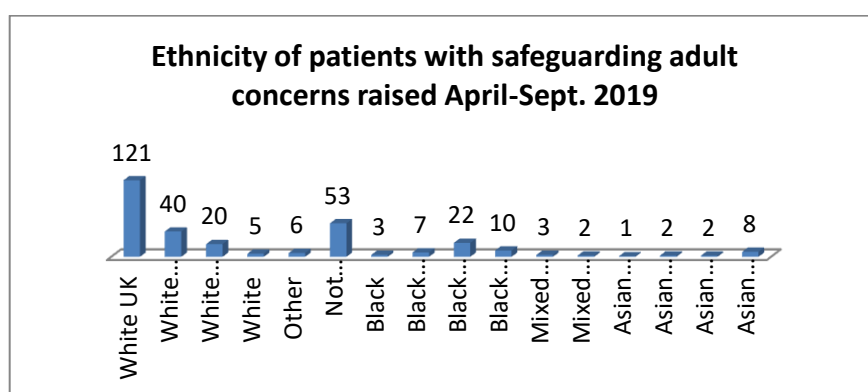3.10 Graph 8 shows the ethnic makeup of safeguarding adult referrals, with the overwhelming majority being white.

Ethnicity of patients with safeguarding adult concerns raised April-Sept. 2019

121	40	20	5	6	53	3	7	22	10	3	2	1	2	2	8
White UK	White...	White...	White	Other	Not...	Black	Black...	Black...	Black...	Mixed...	Mixed...	Asian...	Asian...	Asian...	Asian...

Graph 8

3.11 The learning lesson described below provides an opportunity to share learning across the Trust.

> **LEARNING LESSON**
> **Within the space of a week, a number of residents of a care home had been brought to Accident and Emergency due to concerns about falls and dehydration. The relevant commissioning team of the local authority, and the Clinical Commissioning Group safeguarding adults designated professional were informed in addition to the safeguarding adult team, so the provider could be offered any additional support required. The care home had recently changed management and a number of established staff had left.**

3.12 The *London Multi-Agency Adult Safeguarding Policy and Procedures,*[6] and *'Safeguarding Adults Protocol Pressure Ulcers and the interface with a*

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[6] https://www.safeguardingadultsyork.org.uk/media/1070/pan-london-safeguarding-adults-procedures.pdf

Safeguarding Enquiry,' Department of Health January 2018, both indicate that pressure ulcers are only reported as safeguarding concerns if they are felt to have been avoidable (now referred as attributable to the Trust), and the result of abuse and/or neglect. Whittington Health continues to play a key role in distributing information to the local community to raise awareness about prevention of pressure ulcers (graph 9).

Number of pressure ulcers raised as safeguarding adult concerns April-Sept 2019

Month	Number
April	13
May	19
June	5
July	14
August	10
September	5
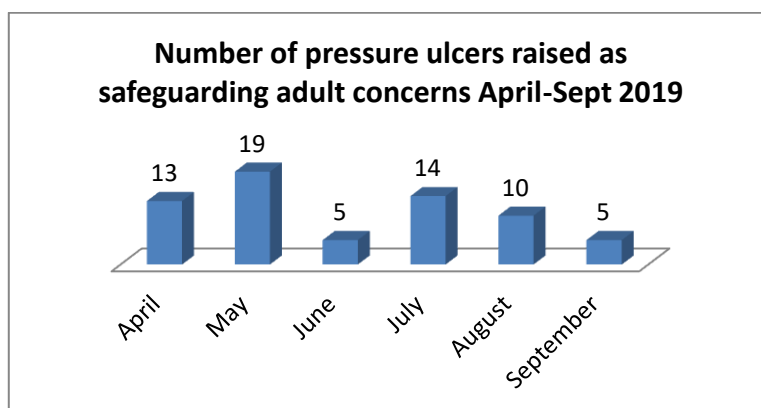
Graph 9

4. Allegations made against staff

4.1 In this reporting period there has been one case of a member staff employed by the Trust being referred to the LADO (Local Authority Designated Officer). The Allegations against Staff Policy remains in place.

4.2 The number of cases referred to the LADO from health settings is low, but this is in line with other health partners and is linked to the nature and level of contact health workers spend with children comparative to colleagues in education and social care settings.

5. Training

Children

5.1 ESR reported compliance with statutory training remains static but manual counts of staff training would indicate that we are compliant across all three levels. The Passport system for reporting junior doctor training is not accurately recording on ESR. This is a national issue with ESR which has been escalated to the ESR management team by the Human Resources Director.

5.2 Local Safeguarding Children Board (LSCB) training has recommenced in Haringey, and this will provide an additional area in which staff can access training outside of Whittington Health. Whittington Health staff faciltate sessions within this training to maintain the multi agency approach.

5.3 Islington LSCB already provides a comprehensive multi agency training package that staff access and some staff also access LSCB training in
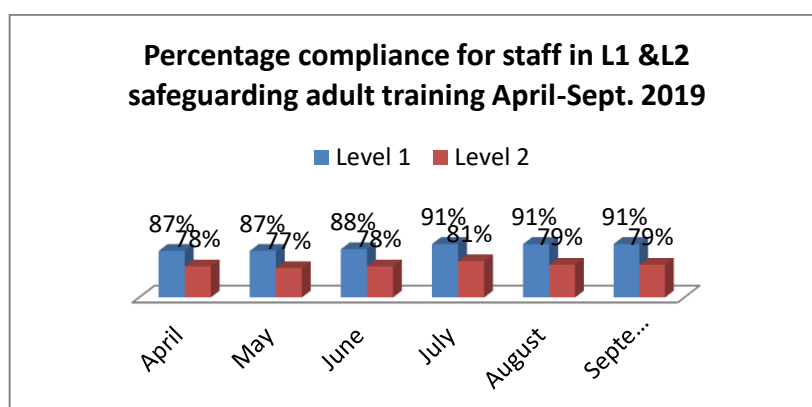
Hackney, which provides very high quality training.

5.4. **Compliance (data up to 30/9/2019)**

Level 1			
	Total number of staff requiring level 1 training	**Total number of staff up to date with training**	**Percentage of relevant staff trained**
Q4 March 2019	1041	931	89%
Q1 June 2019	1057	926	88%
Q2 Sep 2019	1096	996	91%
Level 2			
	Total number of staff requiring level 1 training	**Total number of staff up to date with training**	**Percentage of relevant staff trained**
Q4 March 2019	2023	1528	76%
Q1 June 2019	2083	1569	75%
Q2 Sep 2019	2159	1550	72%
Level 3			
	Total number of staff requiring level 3 training	**Total number of staff trained**	**Percentage of staff trained**
Q4 March 2019	1038	846	82%
Q1 June 2019	1008	841	83%
Q2 Sep 2019	959	819	85%

Adults

5.6. Between April 2019 and the end of September 2019, 16 face-to-face sessions were offered for safeguarding adult's levels 1&2.

5.7. 14 face-to-face WRAP 3 sessions were offered for the same period, and compliance stands at 81%.

Percentage compliance for staff in L1 &L2 safeguarding adult training April-Sept. 2019

■ Level 1 ■ Level 2

April 87% 78% | May 87% 77% | June 88% 78% | July 91% 81% | August 91% 79% | Septe... 91% 79%
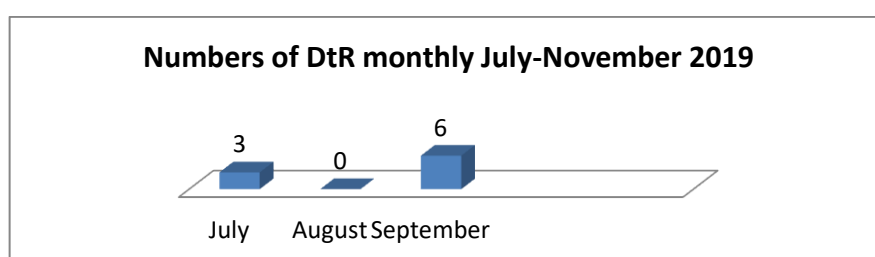
Graph 10

5.9 Compliance for safeguarding adult's level 1 stood at 91% at end of September 2019, and 79% level 2.

6. Learning from serious incidents (SI), serious case reviews (SCR child), safeguarding adult (SAR) and domestic homicide reviews (DHR)
Learning and action plans from the SCRs and relevant SIs are presented to the Integrated Safeguarding Committee and through sub groups of the relevant LSCB and Safeguarding Adult Partnership Board (SAPB).

6.1 **Safeguarding children**
Work continues in Islington to further focus the school nursing service into a 'needs led' service based on vulnerability rather than focusing finite resources with the cohort of children already subject to child protection plans where the school, children's social care and partners play a significant role. This work is supported and reinforced through the Joint Targeted Area Inspection (JTAI) learning.

6.2 Whittington Health has a Serious Case Review/Serious Incident (SCR/SI) Action Plan that is monitored through the Integrated Safeguarding Committee to ensure relevant learning from the SCR/SIs is implemented. Actions are also monitored through the LSCBs within the Serious Case Review sub groups.

6.3 In April 2019, Haringey implemented a new pathway within the Multi Agency Safeguarding Hub (MASH) to allow for health staff to be involved in social care referrals at the earliest opportunity, i.e. Strategy meetings. This had not been previously happening. The first six months of this implementation has been hugely beneficial to safeguarding practice and multi agency working but has impacted significantly on workload. This increased workload was escalated and an Action Plan is in place to safely manage the increased workload. Domestic abuse continues to be the most prevalent reason for referrals to social care.

6.4 Within children's safeguarding the Trust does not count the number of referrals made to children's social care as this would require central reporting from many different services across the Trust and could delay direct referrals to Children's Social Care (the importance of timely referrals is key therefore appropriate for staff to make direct referrals rather than through centralised place). It would be difficult to generate this data for Whittington Health, however, Children's Social Services departments quality check referrals, and those of poor quality are re-directed back to Whittington Health via the safeguarding team for support and training purposes.

6.5 **Safeguarding adults**
Section 44 of the Care Act 2014 stipulates a Safeguarding Adult Review (SAR) is to be undertaken by the SAPB when there are concerns about how partner agencies worked together, and the SAPB suspects an adult has experienced significant harm, or has died as a result of abuse and/or neglect. [7]The aim of undertaking such a comprehensive review is to look at what can be learned and how practice can be influenced and developed. Whittington Health has not been involved formally in any SAR during this reporting period.

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[7] http://www.legislation.gov.uk/ukpga/2014/23/section/44

6.6 The Homelessness Reduction Act (2017) places a statutory obligation on NHS bodies, particularly Accident and Emergency Departments, to refer someone who is homeless or at risk of homelessness in the next 56 days for specialist housing advice.

6.7 An audit of all inpatients on one day in July 2018 found that of those able to answer, 10% had no safe place to be discharged to. This included terminally ill patients.

6.8 Following a Grand Round in May 2019, a homelessness steering group was set up, which includes representatives from both local authorities, and substance misuse services.

6.9 Data has been kept since July 2019 on referrals made by Whittington Health staff, and graphs 11-13 below show some demographics for Duty to Refer (DtR).

Graph 11

Graph 12

Gender of DtR Referrals July-Nov. 2019
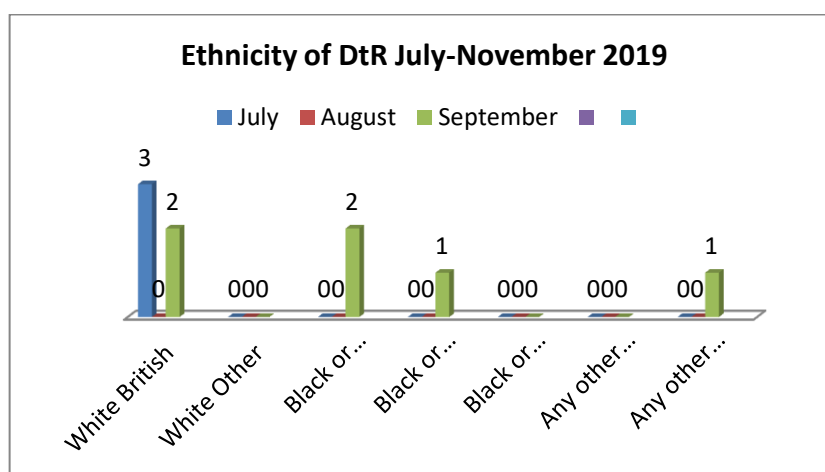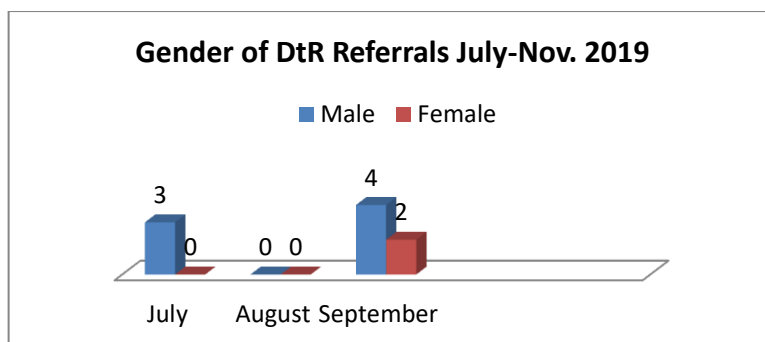
Graph 13

7. Deprivations of liberty safeguards

7.1 Graphs 14 and 15 below show numbers of deprivation of liberty urgent authorisations applied for within Whittington Health. This data is further broken down into gender, ethnicity and age range, before looking at the distribution of urgent applications to local authorities, and the originating ward of the hospital.

7.2 Whittington Health is part of the Local Implementation Network (LIN) for both Islington and Haringey for the new Liberty Protection Safeguards. Given the significant increase in numbers of DoLS, there will need to be a clear framework in place within the organisation, due to changing legal responsibilities for Whittington Health under the new framework.[8]

Number of urgent DoLS applications April-Sept. 2019

Graph 14

Local authorities receiving urgent DoLS applications April-Sept. 2019

Graph 15

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[8] https://www.scie.org.uk/mca/dols/practice/lps
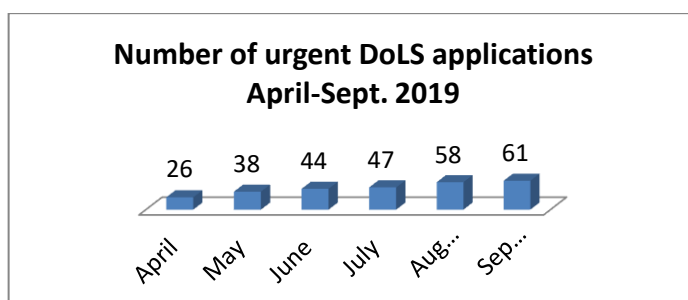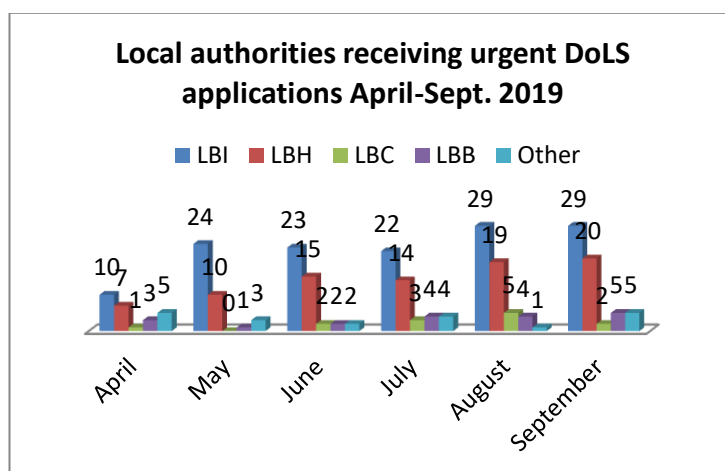
8.   Mental Capacity Act (MCA)

8.1   The Mental Capacity Act (2005) is applicable for people aged 16 and above, and who have "an impairment of, or disturbance in the functioning of, the mind or brain."[9] As Graph 16 below shows, numbers of capacity assessments logged on Anglia Ice fluctuated throughout this period.

8.2   Assessments of capacity are often handwritten in the notes, so there is limited and unreliable timely ways to collect this data other than to look at each medical record.

Total number of assessments of capacity logged on Anglia Ice April-Sept 2019.
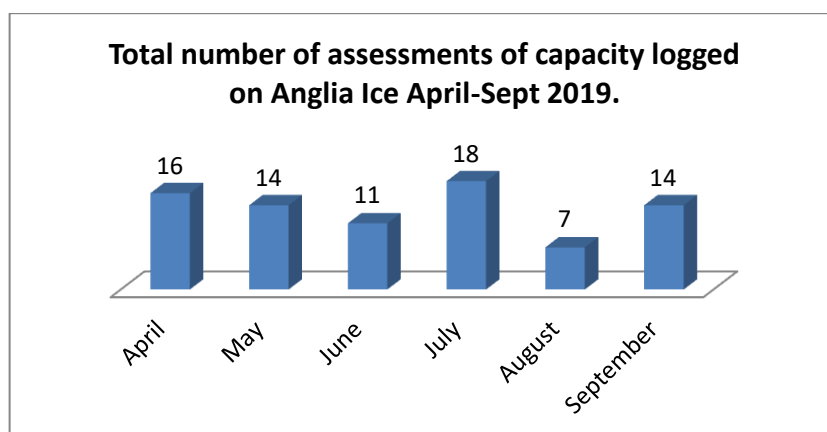
April: 16, May: 14, June: 11, July: 18, August: 7, September: 14

Graph 16

8.3   With new Liberty Protection Safeguards due to be enacted in October 2020, it will be essential to ensure there is a clear understanding of how and when to assess capacity, about specific decisions.

8.4   Whittington Health is delighted to have led on the very successful '*Why MCA*' course delivered across the Camden, Islington and Haringey Community Education Partnership Networks (CEPNs).

8.5   Initially planned to run for two sessions in June 2016, the success has been such that in total 14 were commissioned by September 2019, and the training has been shortlisted for the Health Service Journal (HSJ) 2020 award for the *'Best Educational programme for the NHS'.*

8.6   The course is an excellent example of collaborative working across health and social care, and is a model which it is hoped can be used in the future for other training.

9.   Priorities 2019/20

9.1   **Children**
   - To be compliant with new arrangements for LSCBs as they transition to become Safeguarding Partnership Arrangements (SPA) and to monitor the implementation of the new Child Death processes

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[9] Mental Capacity Act 2005, Section 2(1)

- To support the introduction of Domestic Abuse advocates across the Trust particularly in the Emergency Department
- To maintain contact with the workforce team improving reporting accuracy and continued issues with reported inaccurate training data from ESR
- To support the introduction of a Trauma Informed Practice (TIPS) approach to practice across the Trust
- To continue to provide high level safeguarding training with the introduction of internally organised safeguarding conferences every quarter
- To continue to support LSCBs/SPAs in providing multi agency training
- To continue to deliver on the safeguarding actions and recommendations emerging from JTAI Inspections in both Haringey and Islington
- To contribute and develop practice across the organisation with regards to emerging themes around contextual safeguarding e.g. the impact of gangs and safeguarding risks in the wider community.
- Develop health strategies in relation to gangs, adolescent mental health and child sexual and criminal exploitation
- To further develop partnership working between midwifery and health visiting services
- To continue to develop further the health pathways within the Borough Multiagency Safeguarding Hubs (MASH) that support the transmission of proportionate health data across the partnership to help protect children and young people effectively

9.2 **Adults**
- Continue to address develop training around use of the Mental Capacity Act within the Trust for staff
- Continue to deliver face to face training to staff to ensure compliance with levels 1&2 safeguarding adults
- Continue to develop an understanding around the new Liberty Protection Safeguards (LPS), what is required for Whittington Health, and remain active in both regional and national discussions about LPS.
- Working with colleagues to ensure the Duty to Refer requirement under the Homelessness Reduction Act 2017 continues to be adhered to, and developments of initiatives for homeless patients continues.

10. **Recommendations**

The Trust Board is asked to:

(i) receive assurance that there are systems in place to protect children and vulnerable adults from abuse and neglect whilst in our care; and

(ii) be assured that partners have confidence that Whittington Health is fulfilling its role as a statutory partner in safeguarding children and adults at risk in the wider community and health and care economy.

Meeting title	Trust Board – public meeting	Date:	26.2.2020
Report title	Financial Performance - January (Month 10) 2019/20	Agenda item:	10
Executive director lead	Kevin Curnow, Chief Finance Officer (Acting)		
Report author	Finance Team		
Executive summary	The Trust is reporting a year to date actual deficit of £7.7m which is £3.9m behind plan (excluding PSF and FRF). As the Trust has not achieved the year to date financial target it has not assumed any PSF, therefore resulting in a negative variance of £7.4m from plan. Should the Trust achieve the Control Total for the year, then PSF can be recovered by March 2020. The adverse variance is still mainly driven by the failure to achieve the Cost Improvement Programme (CIP), however £0.9m was delivered this month. CIP achievement for the year-to-date is £6.6m with an adverse variance of £3.6 against a £10.2m target. Forecast CIP delivery is £7.9m against £12.3m annual target. The year-to-date pay costs are in excess of budget by £4.1m. Normalised agency spend in January was below the cap due to non-recurrent benefits. Year-to-date agency spend is below the ceiling. Non-pay expenditure is £1.8m overspent in the month and £4.9m year to date. The variances predominately driven by underachieved CIP, non-recurrent costs and expenditure relating to general and clinical supplies. Failure to deliver recurrent savings is adversely impacting the underlying financial position of the Trust. The Trust has spent £8.10m on capital expenditure at month 9. The planned spend was £10.3m.		
Purpose:	To agree corrective actions to ensure financial targets are achieved and monitor the on-going improvements and trends		
Recommendation(s)	To note the financial results relating to performance during January 2019, recognising the need to improve income delivery, reduce agency spend and improve the delivery of run rate reducing CIP plans		
Risk Register or Board Assurance Framework	Quality 1; People 1; Sustainable 1		
Report history	20 February, Finance & Business Development Committee; 25 February, Trust Management Group		
Appendices	None		

Financial Performance

January (Month 10) 2019-20

YTD Performance at M10

Performance against Plan
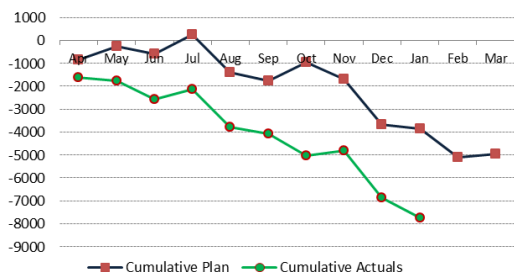
YTD adverse variance of £3.9m before PSF. Adverse variance driven by slippage against CIP target and expenditure overspends.

Agency Spend Vs. Last year
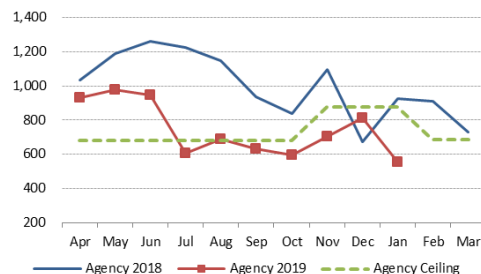
Agency spend below ceiling for January and has been so for the last five months. Included in January position is non recurrent benefit or £0.4m YTD spend is in line with the ceiling

Key indicators

Measure	Target	Actual	Previous month	RAG
Funded Beds	197	208	208	
CIP Forecast	£12.3m	£10.3m	£9.2m	
CIP YTD delivery	10.25m	£6.6m	£5.7m	
Emergency Length of stay	TBC	4.7	4.9	
EL Activity planned delivered	100%	100%	94%	
Agency spend	£0.7m	£0.6m	£0.8m	

YTD CIP Performance

ICSU	Target	Forecasted	Variance	YTD Actuals
ACS	582	563	-19	469
ACW	2,220	1,200	-1020	1,063
CYPS	1,246	1,255	9	1,045
EIM	2,757	669	-2088	544
S&C	2,112	1,094	-1018	894
Corporate	3,385	3,081	-304	2,633
Total	12,302	7,861	-4,440	6,648

Variance from plan by ICSUs and Corporate

3CCN - Level 3 Cost Centre	In Month variance	YTD Variance
Adult Community	(31)	126
Children & Young People	(168)	(475)
Emergency & Integrated Medicin	(1,054)	(7,963)
Surgery & Cancer	(284)	(3,888)
ACW	(194)	(1,963)
Corporate Services	(466)	(861)
Corporate Central	1,491	11,129
Grand Total	(707)	(3,895)

CFO Message

Trust delivered an actual deficit of £7.7m - £3.9m adverse to plan at end of January

1 The trust delivered an actual deficit of £7.7m (excluding PSF and FRF) at end of January. This was £3.9m worse than plan. Key drivers for the year to date adverse variance are
- Adverse variance due to slippage in CIP delivery – Year to date CIP slippage of £3.6m
- Pay overspend relating to bank and agency usage within both medical and nursing pay group
- Non-pay overspends within estates
- Adverse variance partly offset by over performance in income and other non-recurrent benefits

YTD CIP performance at M10 - £3.6m adverse to target

2 CIP target to end of January was £10.3m. The trust delivered £4.3m of recurrent CIP and £2.4m of non-recurrent savings at end of January. The Trust is currently forecasting recurrent in year CIP delivery of £5.2m and non-recurrent CIPs of £2.6m for 2019-20.

FY20 underlying – worsening due to non-delivery of recurrent CIP

3 The trust was expected to deliver £12.3m of recurrent savings in 2019-20. Based on January forecast the level of recurrent CIP for the year is £5.2m. This is £0.4m lower than what was forecast in December. This slippage in CIP delivery and expenditure overspends is adversely impacting the underlying position of the trust and the level of CIP required for 2020-21 to meet the financial improvement trajectory. The forecast underlying position for 2019-20 is likely to be £10.4m deficit - £5m worse than the planned underlying position for 2019-20.

Cash at end of M10 is £29.5m

4 Cash at end of January was £29.5m. This is £1.7m ahead of plan, and reflects the completion of the land sale transaction to Camden and Islington NHS FT in March 2019 and the receipt of £22m in Provider Sustainability Funding (PSF) from NHS England in July. The Trust will not require any cash support during 2019/20.
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Forecast outturn and emerging risks

5 The planned deficit for the Trust for 2019-20 is £4.9m deficit. Delivering the plan is contingent on ICSUs delivering the required run rate improvement and agreeing an outturn value with commissioners for clinical income. Any adverse outcome will impact on the Trust's ability to deliver its plan for 2019-20.

Though the trust is actively managing its ongoing legal challenges, any adverse outcome will impact the financial performance of the Trust

Though there is a risk for potential overspend within the estates capital budget, the trust is actively managing this risk through the capital monitoring group to ensure that the overall capital forecast remains within this funding envelope.

YTD Performance at M10

	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Annual Budget £'000
Income							
Nhs Clinical Income	23,270	24,103	833	228,218	234,806	6,588	273,494
High Cost Drugs - Income	684	1,033	349	6,839	7,380	541	8,207
Non-Nhs Clinical Income	1,450	1,296	(154)	13,220	11,198	(2,022)	16,036
Other Non-Patient Income	2,077	2,916	839	20,761	21,708	947	24,846
Income Cips	67	0	(67)	669	0	(669)	802
	27,547	**29,348**	**1,801**	**269,707**	**275,092**	**5,385**	**323,384**
Pay							
Agency	(30)	(554)	(524)	(334)	(7,451)	(7,117)	(394)
Bank	(99)	(1,969)	(1,870)	(938)	(18,906)	(17,968)	(1,110)
Substantive	(19,571)	(17,521)	2,049	(192,182)	(171,242)	20,940	(230,702)
	(19,700)	**(20,044)**	**(345)**	**(193,455)**	**(197,599)**	**(4,145)**	**(232,206)**
Non Pay							
Non-Pay	(6,034)	(7,856)	(1,823)	(60,341)	(65,217)	(4,876)	(72,408)
High Cost Drugs - Exp	(668)	(1,005)	(337)	(6,676)	(7,238)	(562)	(8,011)
	(6,701)	**(8,861)**	**(2,160)**	**(67,017)**	**(72,455)**	**(5,438)**	**(80,420)**
EBITDA	**1,146**	**443**	**(703)**	**9,236**	**5,038**	**(4,197)**	**10,759**
Post EBITDA							
Depreciation	(622)	(594)	28	(6,192)	(5,872)	320	(7,436)
Interest Payable	(270)	(317)	(47)	(2,700)	(2,793)	(93)	(3,238)
Interest Receivable	15	31	16	126	201	75	156
Dividends Payable	(433)	(433)	0	(4,321)	(4,321)	0	(5,187)
	(1,310)	**(1,314)**	**(4)**	**(13,087)**	**(12,785)**	**302**	**(15,705)**
Reported Surplus/(deficit) before PSF	**(164)**	**(871)**	**(707)**	**(3,851)**	**(7,746)**	**(3,895)**	**(4,946)**
PSF	565	31	(534)	3,816	304	(3,512)	4,946
Reported surplus/(deficit) before PSF	**401**	**(839)**	**(1,240)**	**(35)**	**(7,442)**	**(7,406)**	**0**

At end of Month 10 the Trust is reporting an actual deficit of £7.7m – this is £3.9m worse than plan.

Key drivers for the adverse variance from plan are

- Under delivery of YTD CIP of £3.6m
- Medical pay overspend of £2.5m predominantly within EIM and Surgery and Cancer ICSUs
- Nursing over spend of £2.5m within EIM
- Non-pay overspends within estates relating to legal fees, consultancy and utilities
- Expenditure overspends partly offset by central reserves

M10 actuals was £0.7m worse than what was forecast for the month. This was driven by non-recurrent pay arrears, slippage in recovery actions, increased cost of consumables.

I·C·A·R·E

CIP Performance

CIP Performance

	Full Year Target	YTD Target	YTD Delivery				Full Year Delivery				% of target delivered recurrently
			Recurrent	Non-Recurrent	Total	YTD Variance	Recurrent	Non-Recurrent	Full Year forecast	Forecast Variance	
ACS	582	485	386	83	469	(16)	463	100	563	(19)	80%
ACW	2,220	1,850	352	712	1,063	(787)	443	758	1,200	(1,020)	20%
CYPS	1,246	1,038	489	556	1,045	6	605	650	1,255	9	49%
EIM	2,757	2,298	544	0	544	(1,753)	669	0	669	(2,088)	24%
S&C	2,112	1,760	571	321	894	(866)	717	373	1,094	(1,018)	34%
Corporate	3,385	2,821	1,948	685	2,633	(188)	2,318	763	3,081	(304)	68%
	12,302	10,252	4,290	2,357	6,648	(3,603)	5,214	2,644	7,861	(4,441)	42%

- Year to date CIP delivery is £6.6.7m. This is £3.6m below plan. Trust continues to rely on non-recurrent measures to deliver its CIP.

- Full year forecast CIP delivery for the year is £7.9m; this is £4.4m adverse to plan

- The trust is currently forecasting to deliver £5.2m of its 2019-20 target recurrently

- Reliance on non-recurrent measures to deliver the 2019-20 target is adversely affecting the Trust underlying position and increasing the level of CIPs required for 2020-21.

- The PMO team is currently focussing on reviewing all non-recurrent CIP schemes and convert them to recurrent schemes for next year.

Income

Category	In Month Income Plan	In Month Income Actual	In Month Variance	YTD Income Plan	YTD Income Actual	YTD Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Elective and Day Case	1,906	1,976	70	18,190	19,638	1,448
Non Elective 0 LOS	1,057	1,052	(5)	10,434	10,502	68
Non Elective LOS I Day or Greater	3,723	3,700	(23)	36,742	36,978	236
OP Attendances - 1st	1,044	1,017	(27)	9,968	9,854	(114)
OP Attendances - follow up	941	822	(119)	8,980	8,234	(746)
A&E Attendances	1,433	1,430	(3)	14,146	14,129	(17)
High Cost Drugs (excludes CDF)	650	1,029	379	6,500	7,093	593
Community	6,160	6,218	58	61,600	61,582	(18)
Other Clinical income NHS	5,427	5,707	280	51,800	54,433	2,633
Other Clinical Income Non NHS	3,129	3,483	354	30,586	30,942	356
Total Income From Patient Care Activities	**25,470**	**26,434**	**964**	**248,946**	**253,385**	**4,439**
Other Operating Income Excluding PSF	**2,077**	**2,915**	**838**	**20,761**	**21,708**	**947**
Total	**27,547**	**29,349**	**1,802**	**269,707**	**275,093**	**5,386**
PSF/FRF/MRET	565	31	(534)	3,816	304	(3,512)
Revised Total	**28,112**	**29,380**	**1,268**	**273,523**	**275,397**	**1,874**

Month ten performance was slightly higher than planned, with an in month over performance of £1.3m, 4.5%.

The Trust is performing (before the application of PSF) £5.4m 2% ahead of plan, but this is offset by a reduction to PSF (£3.5m) as the Trust's control total has not been met. The revised income position after this reduction is £1.9m, 0.7% over plan.

The main areas of material activity variance are within controllable planned care. Elective admissions and day cases are £1.4m (8%) favourable year to date (YTD), – a slight decrease. There continues to be under performance in Outpatients, with £0.9m (5%) YTD adverse to plan.

The Trust has not assumed any income relating to the Provider Sustainability/Financial Recovery Fund as the Trust is not currently meeting its planned financial position.

Income Risks
The trust is yet to agree an year end position with NCL commissioners. Any outcome lower than our current income assumption in our forecast will have an adverse impact in delivering our plan for 2019-20.
There are emerging risks with specialist commissioning relating to NICU that the trust is actively managing.

I·C·A·R·E

Pay

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10
Agency	£932	£979	£944	£606	£689	£634	£594	£706	£813	£554
Bank	£1,843	£1,847	£1,897	£2,024	£1,981	£1,751	£1,902	£1,881	£1,810	£1,969
Substantive	£17,167	£16,732	£16,823	£16,906	£16,817	£16,994	£17,319	£17,465	£17,498	£17,521
Grand Total	**£19,942**	**£19,559**	**£19,665**	**£19,536**	**£19,487**	**£19,379**	**£19,816**	**£20,051**	**£20,121**	**£20,044**

- Pay spend for January was £20m. This includes £0.4m of non-recurrent benefit relating to prior year provisions. Adjusting for this , the normalised pay spend for January was £20.4m. This is the highest pay expenditure this financial year.

- Pay pressures continue within Emergency Integrated Medicine and Surgery ICSUs. In January pay was overspent by £0.6m in EIM and £0.3m in Surgery.

- The Trust used 53.1 wte for enhanced care in January. This is an unfunded overspend.

- Agency spend was above the ceiling for January by £0.1m after adjusting for the non-recurrent benefit

Enhanced Care WTE

ICSU	Request Reason	June	July	Aug	Sept	Oct	Nov	Dec	Jan
EIM	1-1 RMN	0.14	0.21	1.68	1.06	-	-	-	-
	Enhanced Care	41.79	40.44	41.42	32.92	52.04	51.25	49.26	40.11
	Extra dependency/acuity	10.1	11.98	8.49	6.82	3.78	4.64	2.19	3.48
EIM Total		**52.03**	**52.63**	**51.59**	**40.8**	**55.82**	**55.89**	**51.45**	**43.58**
Surgery	1-1 RMN	-	0.35	-	-	-	-	-	-
	Enhanced Care	1.46	0.84	3.58	1.9	1.41	1.76	1.89	5.37
	Extra dependency/acuity	0.3	0.37	2.48	1.66	2.82	1.96	4.72	4.17
Surgery Total		**1.76**	**1.56**	**6.06**	**3.56**	**4.23**	**3.72**	**6.61**	**9.54**
Grand Total		**53.79**	**54.18**	**57.65**	**44.36**	**60.06**	**59.61**	**58.05**	**53.13**

Agency Trend

I·C·A·R·E
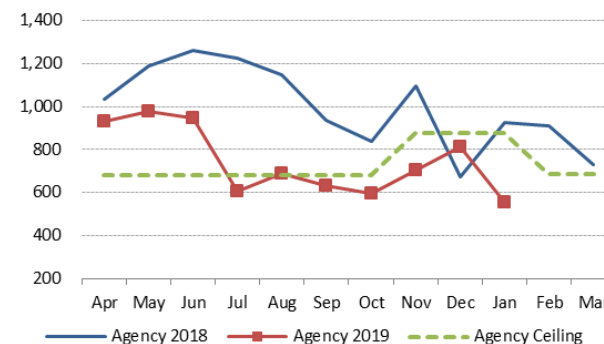
Non Pay

Expenditure Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Supplies & Servs - Clin	2,326	2,811	2,438	2,781	2,344	2,412	1,906	2,407	2,384	2,671
Miscellaneous	2,001	1,341	1,283	1,162	1,929	1,657	1,558	1,660	1,429	1,954
Premises & Fixed Plant	1,640	1,738	1,827	1,649	1,702	1,766	1,530	1,642	1,746	1,946
Ext Cont Staffing & Cons	265	180	199	174	77	(17)	225	220	358	317
Establishment	170	224	219	295	199	312	276	371	230	628
Supplies & Servs - Gen	153	173	168	182	163	180	221	298	249	281
Healthcare From Non Nhs	62	60	62	62	17	91	68	48	59	59
	6,617	6,527	6,198	6,305	6,432	6,400	5,784	6,645	6,454	7,856

- Non-pay expenditure for January was £7.8m. This was £1.4m higher that December . Key drivers for increased non-pay spend in January is detailed below
    - Surgery Dental services - £65k
    - Activity related non-pay increase within Surgery - £15k
    - Maternity Bank and non-pay increase offset by income including Obs & Gynae - £31k
    - Impact of Stock top up reversal relating to month 9 - £110k
    - S&C Spinal and Theatres med & surg equipment - £111k
    - Legal fee above trend - £100k
    - S&C Orthopaedic prosthetics non-pay - £83k
    - Local Authority newly notified equipment charges re: YTD (ACS) - £55
    - Facilities pay & non-pay increase - £40k
    - Neurophysiology Prior year UCLH charges - £38k
    - Corporate Capital Nurse non-pay offset by income - £30k
    - Other Non-recurrent costs - £545k

I·C·A·R·E

Statement of Financial Position

THE WHITTINGTON HEALTH NHS TRUST
Statement of Financial Position

	As at 31 January 2020 £000	Plan 31 January 2020 £000	Year to Date Plan variance 31 January 2020 £000
Property, plant and equipment and intangibles	222,919	230,806	(7,887)
Trade and other receivables	1,174	1,400	(226)
Total Non Current Assets	**224,093**	**232,206**	**(8,113)**
Inventories	1,720	1,355	365
Trade and other receivables	33,139	26,630	6,509
Cash and cash equivalents	29,488	27,742	1,746
Total Current Assets	**64,347**	**55,727**	**8,620**
Total Assets	**288,440**	**287,933**	**507**
Trade and other payables	51,519	43,857	7,662
Borrowings	26,873	28,967	(2,094)
Provisions	859	1,391	(532)
Total Current Liabilities	**79,251**	**74,215**	**5,036**
Net Current Assets (Liabilities)	**(14,904)**	**(18,488)**	**3,584**
Total Assets less Current Liabilities	**209,189**	**213,718**	**(4,529)**
Borrowings	28,748	30,618	(1,870)
Provisions	839	842	(3)
Total Non Current Liabilities	**29,587**	**31,460**	**(1,873)**
Total Assets Employed	**179,602**	**182,258**	**(2,656)**
Public dividend capital	66,691	71,619	(4,928)
Retained earnings	17,625	4,068	13,557
Revaluation reserve	95,286	106,571	(11,285)
Total Taxpayers' Equity	**179,602**	**182,258**	**(2,656)**

There are some significant variances in the balance sheet against plan. Overall, the value of the balance sheet is £2.7m lower than plan. In the taxpayers' equity section (bottom of the balance sheet), the main reasons behind this are:

- the increased surplus made by the Trust as a result of additional Provider Sustainability Funding (PSF).
- This has been partially offset by decreases in the revaluation reserve following the valuation of the Trust's land and buildings portfolio (information available after the submission of the 2019-20 operating plan), and reduced public dividend capital. The Trust expected to be able to claim this to fund the costs of the WEC reconstruction. We are aiming to reach agreement with DHSC before year end.

Property, Plant & Equipment (PPE) and intangible assets are £7.9m lower than plan. This variance against plan largely arises from the revaluation decreases mentioned above. The gap between capital plans and actual capital spend is £3.1m at the end of month 10. The Trust remains confident that it will be able to spend capital allocations in year, and has plans in place to do so.

Cash and cash flow: the Trust has £29.5m in cash at the end of January 2020. This is £1.7m ahead of plan, and reflects the completion of the land sale transaction to Camden and Islington NHS FT in March 2019 and the receipt of £22m in Provider Sustainability Funding (PSF) from NHS England in July. The Trust will not require any cash support during 2019/20.

Receivables (Debtors) are at £34.3m at the end of January 2020. This is £6.3m greater than plan. The most significant outstanding items in the balance relate to NHS organisations, notably UCLH, Royal Free and Haringey CCG. We are actively chasing all of these organisations to reduce mutual debts prior to year end.

I·C·A·R·E

Meeting title	Trust Board – public meeting	Date: 26.2.2020
Report title	Integrated performance report	Agenda Item: 11
Executive director lead	Carol Gillen, Chief Operating Officer	
Report author	Paul Attwal, Head of Performance, Operations	
Executive summary	**Areas to draw to Board members' attention are:** **Emergency Department (ED) Performance:** January's A&E performance continues to be challenging at 80.5%, below the 90% trajectory. The daily A&E 4 hour performance at Whittington Health during January was volatile and similar to previous months, ranging between 74.84% and 83.33%. There were 9561 attendances in January which was a marginal decrease from December 2019 and 6 more patients compared to January 2019. Fifty-two (56%) were streamed to UTC of which 14% were seen by primary care. There was a sharp reduction in paediatric attendances by 549 patients when compared to the previous month (2499 to 1950). There were 10 mental health 12 hour trolley breaches in January, all waiting for a mental health bed to become available. **Cancer Targets (ITT):** The trust recovered its cancer performance in all key indicators, except in patients transferring to other trusts. However the Trust did see an improvement in transfers from 33.3% in November to 71.4% in December. Work continues to progress in Gynaecology to increase outpatient capacity in the rapid access clinic and hysteroscopy clinic and also in the Urology service where additional biopsy clinics are now in place to meet service demands. **Referral to Treatment 52 weeks** One breach as a result of an administrative error where the patient's waiting time clock was stopped without treatment being completed, a clinical harm review was carried out and it was confirmed that no harm has come to the patient. Actions now in place to mitigate error, including a review of all clock stops. **Outpatient DNA rates:** As part of Outpatient Transformation Programme 2019/20, the Trust set the target of reducing Acute Did Not Attend (DNA) rates to 10%, this target was achieved in January 2020 in both new and follow up appointments.

	Haringey Children's Physiotherapy The service saw a significant improvement in performance. The service is now fully staffed and there is an expectation that improvements will be sustained. **Serious Incidents** There were no serious incidents to report in January 2020 **Permanent Staffing Whole Time Equivalents (WTEs) Utilised** WTEs' utilisation has increased slightly and is only 0.92% away from target. There is extensive work across the Trust on recruitment drives for hard to fill areas, and converting bank post to permanent posts. This continues to be reviewed in line with vacancy rate reviews, staff turnover and recruitment and retention planning.
Purpose:	Review and assurance of performance compliance
Recommendation(s)	That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan
Risk Register or Board Assurance Framework	The following BAF entries are linked: Quality 1; Quality 2; Quality 3; People 1; and, People 2.
Report history	25 February, Trust Management Group
Appendices	1: Exception report - Appointment Slot Issues (ASIs)

NHS

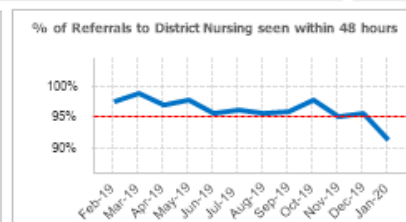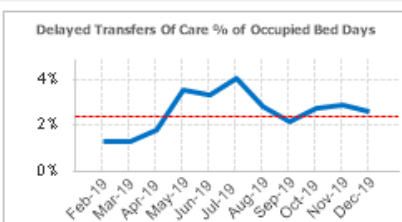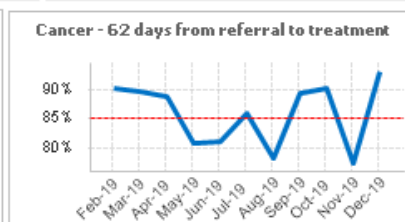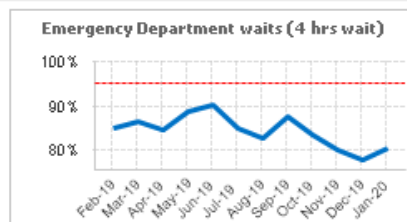**Whittington Health**

NHS Trust

**Performance Report
February 2020**

Month 10 (2019 – 2020)

Summary

Category	Indicator	19_20 Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	2019-2020	
ED	Emergency Department waits (4 hrs wait)	>95%	85.1%	86.6%	84.6%	88.6%	90.1%	84.8%	82.8%	87.7%	83.6%	80.1%	77.8%	80.5%	84.0%	❗
Cancer	Cancer - 14 days to first seen	>93%	94.8%	96.2%	95.0%	97.7%	97.0%	94.4%	92.0%	89.8%	91.3%	96.6%	97.3%		94.5%	
Cancer	Cancer - 62 days from referral to treatment	>85%	90.2%	89.6%	88.9%	81.0%	81.3%	85.9%	78.2%	89.4%	90.3%	77.6%	93.0%		85.4%	
Admitted	Non Elective Re-admissions within 30 days	<5.5%	5.92%	6.38%	6.34%	5.24%	4.23%	5.06%	5.72%	5.63%	5.45%	4.94%	5.44%	4.89%	5.29%	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	1.3%	1.3%	1.8%	3.6%	3.3%	4.0%	2.8%	2.2%	2.8%	2.9%	2.6%		2.9%	❗
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.3%	92.2%	92.1%	92.1%	92.0%	92.0%	92.2%	92.1%	92.0%	92.1%	92.0%	92.0%	92.1%	
Outpatients	Outpatients - FFT % Positive	>90%	93.3%	91.9%	90.5%	91.4%	92.1%	93.8%	94.3%	96.9%	94.2%	95.3%	96.7%	94.4%	94.4%	
Community	Community - FFT % Positive	>90%	97.7%	97.6%	96.8%	97.7%	98.0%	92.7%	95.0%	94.6%	95.9%	97.0%	94.4%	94.3%	95.7%	
Staff	Staff - FFT % Recommend Care	>70%		74.0%			75.9%			77.1%					76.4%	
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%	89.7%	90.3%	94.1%	100.0%	96.0%	100.0%	92.5%	100.0%	95.8%	92.3%	85.3%	97.5%	95.4%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	97.4%	98.7%	96.8%	97.7%	95.5%	96.1%	95.6%	95.7%	97.8%	95.1%	95.6%	91.1%	95.7%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	95.5%	94.9%	94.1%	91.7%	93.0%	91.2%	95.1%	89.8%	91.0%	90.3%	91.8%		92.0%	❗
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	92.2%	95.4%	97.0%	90.4%	94.3%	93.3%	96.2%	92.9%	96.1%	95.5%	93.8%		94.3%	

Emergency Department waits (4 hrs wait)

Cancer - 62 days from referral to treatment

Delayed Transfers Of Care % of Occupied Bed Days

% of Referrals to District Nursing seen within 48 hours

RTT - Incomplete % Waiting <18 weeks

Cancer - 14 days to first seen

Non-Elective Re-admissions within 30 days

Outpatients - FFT % Positive

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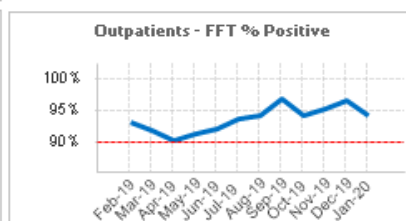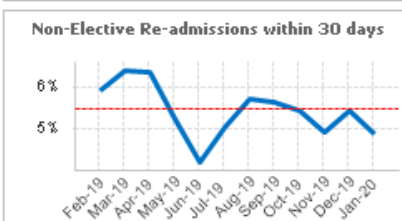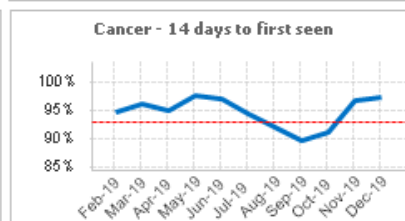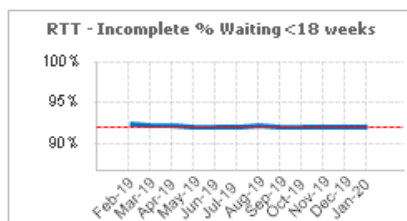
Indicator	19_20 Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	2019-2020	Performance	
Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
HCAI C Difficile	<16	0	0	0	0	0	2	1	1	0	0	0	0	4		
Actual Falls	400	41	37	40	36	34	29	35	30	25	38	34	40	341		
Category 3 or 4 Pressure Ulcers	0			5	13	3	8	4	2	10	14	10	21	90		❗
Harm Free Care %	>95%	91.22%	94.21%	93.55%	89.58%	94.96%	90.70%	93.04%	93.64%	94.34%	91.73%	93.79%	92.24%	92.66%		❗
Non Elective C-Section % Rate	<19%	22.3%	24.7%	24.0%	22.5%	19.2%	21.1%	22.8%	23.4%	16.3%	23.9%	22.9%	20.6%	21.7%		❗
Medication Errors causing serious harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
MRSA Bacteraemia Incidences	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Never Events	0	0	0	0	1	2	0	1	0	1	1	0	0	6		
Proportion of reported Patient Safety Incidents Causing Harm	N/A	18.4%	22.4%	18.8%	26.0%	21.4%	21.4%	20.1%	21.7%	24.7%	22.6%	19.2%	21.0%	21.7%		
Serious Incidents	0	1	1	4	1	2	4	4	1	3	4	3	0	26		
VTE Risk Assessment %	>95%	95.2%	95.9%	95.3%	95.2%	96.4%	95.4%	95.3%	95.6%	95.1%	95.3%			95.5%		
Mixed Sex Accomodation Breaches	0	2	0	0	0	0	0	8	1	5	5	2	9	30		❗
Hospital Standardised Mortality Ratio (HSMR)	100	80.3	100.7	90.9	103.9	94.4	85.9	94.0	76.6	84.1				89.9		
Summary Hospital Level Mortality Indicator (SHMI)	1.14		0.77			0.82			0.87							

❗ **Target has not been achieved for the past three months

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Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Category 3 or 4 Pressure Ulcers, Unstageable, Deep Tissue Injury and Devise Related Pressure Ulcers reported in January 2020 **Standard:** 10% reduction in the total number of attributable PUs during 2019/20 compared to 2018/19 including a breakdown of Pressure Ulcers by category	**Variance against plan** Total numbers recorded = 25 Category 3 = 18 (11 attributed to Whittington Health) Category 4 = 3 (1 attributed to Whittington Health) Unstageable = 5 Deep Tissue Injury = 4 Devise related – 3 - Category 2 pressure ulcers attributed to Whittington Health **Action to recover:** The Trust had an increase in the number of pressure ulcers reported this month. Our Category 3 pressure ulcers numbers increased but the majority of these were not attributed to Whittington Health. We continue to see a high number of unstageable pressure ulcers reported in the community. The District Nursing (DN) team continue to hold a monthly Pressure Ulcer monitoring group to review process and improve management. The DN teams have improved their documentation and care planning in relation to pressure ulcer care. On-going training and surveillance continues. The Critical Care Team is involved in the NHS Improvement programme focusing on the reduction of device related pressure ulcers. This has improved awareness across the team and the Trust has seen a slight reduction in the number of device related pressure ulcers in month.	**Named person:** Tissue Viability Service **Timescale to recover performance:** Ongoing monitoring
Harm Free Care %: Percentage of patients with no harm on the Safety Thermometer (includes old and new harm) **Standard: 95%**	**Variance against Plan:** 92.28% - 2.72% off target - improved performance when compared to Jan 2019 (90.35%) **Safety Thermometer** shows an increase in the number of pressure ulcers from 30 to 38 (11 new), the number of falls which resulted in harm remained 4 (all in Community). **Action to Recover:** Ongoing training "What will prevent your patient from Falling today" programme continue, discussion at board rounds and handovers to help continue to raise awareness is in place. Bay watch and our enhanced care programme continue to help prevent high risk patients from falling. The Enhanced Care programme continues, a planned recruitment event to further develop this team is planned for February. The programme includes specialist training in identifying and managing High Risk patients on the wards. The ongoing NHSI programme in relation to management of Pressure Ulcers will	**Named Person:** Lead Nurse for Safer Staffing **Time Scale to Recover Performance:** July 2020

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	be complete in March 2020; evaluation to determine key learning objectives will be developed. Monthly community pressure ulcer group has been set up to review and address incidence and management plans.	
Non Elective C-Section Rates:	**Variance against Plan:** 1.6% from standard for January 2020. However performance for the month is 1.1% above the average for the previous 12 months. **Action to Recover:** Twice weekly Multi-Disciplinary C Section Review Meeting has been in place for several months. Standard operating procedures and a review pro forma produced and reviewed on a regular basis.	**Named Person:** Consultant in Obstetrics and Fetal Medicine **Time Scale to Recover Performance:** Governance mechanism in place
Mixed sex accommodation breaches: **Standard: 0**	**Variance against plan:** 9 breaches – all related to ICU patients 3 x patients were unable to move to a cubicle due to staff shortage on ITU 1 x Unable to move to cubicle due to patient condition 3 x patient and staffing safety compromised if patient was moved to cubicle 2 x ward level of care patients admitted from recovery post operation due to lack of bed in surgical wards. **Action to recover:** If patients remain on ICU post decision to transfer, staff will endeavour to make sure that patients' wishes are respected and privacy and dignity is maintained at all times. Below are actions of how this will be achieved: - Patients are asked if they are comfortable being in the same area as men/women. - Patients can, where possible, be moved into cubicles. - Patients can be moved so they are not directly opposite a member of the opposite sex. - Each bed space is designed with a partition wall so patients cannot see the patient in the next bed. - The central monitor station ensures that patients cannot easily see patients across from them. - Each bed space has curtains which fully enclose the bed space. - If the patient is well enough the curtains can be kept partially closed. - As per Whittington Health policy, privacy and dignity is the responsibility of all staff members. - Staff are reminded of their responsibility to maintain patients' privacy and dignity at all times. This happens at handover and staff meetings. - Each bed space has a privacy and dignity sign with the request not to enter and the name of the nurse looking after the patient. Anyone wishing to gain entry can ask for the named nurse of the patient. - Each shift, a nurse is allocated as the privacy and dignity champion. It is	**Named person:** Matron, Intensive Care Unit (ICU) **Timescale to recover performance:** Ongoing monitoring

	their responsibility to ensure they do not see any untoward practice and challenge it if they do.
	• Patients who are level 1 are encouraged to wear their own clothes to maintain dignity.
	Staffing levels on Critical Care remain high to ensure privacy and dignity can be maintained.
	• Informal/formal complaints and PALS concerns are monitored in relation to this specific issue. There have been no concerns raised by patients of their relatives to date.

Indicator	19_20 Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	2019-2020	Performance	
ED - FFT % Positive	>90%	78.3%	75.6%	78.6%	78.6%	81.9%	78.4%	81.7%	84.9%	82.2%	81.5%	79.7%	81.1%	80.9%		❗
ED - FFT Response Rate	>15%	11.9%	11.7%	10.3%	12.6%	13.0%	13.3%	15.1%	15.3%	10.9%	12.7%	13.0%	10.3%	12.6%		❗
Inpatients - FFT % Positive	>90%	96.3%	98.4%	96.6%	97.4%	98.2%	97.6%	98.0%	96.7%	98.3%	97.5%	97.8%	95.6%	97.5%		
Inpatients - FFT Response Rate	>25%	21.7%	23.5%	15.1%	23.3%	21.0%	19.9%	26.4%	18.1%	27.0%	28.9%	25.2%	16.5%	22.0%		
Maternity - FFT % Positive	>90%	96.5%	94.0%	95.1%	93.9%	94.1%	93.8%	94.0%	92.8%	97.4%	94.1%	91.3%	98.7%	94.5%		
Maternity - FFT Response Rate	>15%	50.7%	52.4%	31.1%	41.3%	52.2%	34.1%	48.1%	45.8%	50.9%	45.4%	29.8%	34.4%	41.3%		
Outpatients - FFT % Positive	>90%	93.3%	91.9%	90.5%	91.4%	92.1%	93.8%	94.3%	96.9%	94.2%	95.3%	96.7%	94.4%	94.4%		
Outpatients - FFT Responses	400	389	421	419	233	126	273	690	586	514	380	516	409	4146		
Community - FFT % Positive	>90%	97.7%	97.6%	96.8%	97.7%	98.0%	92.7%	95.0%	94.6%	95.9%	97.0%	94.4%	94.3%	95.7%		
Community - FFT Responses	1500	1028	953	842	909	799	832	762	792	991	670	657	619	7873		
Staff - FFT % Recommend Care	>70%		74.0%			75.9%			77.1%					76.4%		
Complaints responded to within 25 or 40 working days	>80%			75.0%	92.9%	84.2%	88.9%	82.1%	81.8%	70.4%	83.8%	66.7%	87.0%	81.6%		
Complaints (including complaints against Corporate division)	N/A	0	0	20	28	19	27	28	22	27	37	24	23	255		

❗ **Target has not been achieved for the past three months

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Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - FFT % Positive Response and Response Rate :	**Variance against Plan:** The Emergency Department (ED) missed the KPI for positive recommend rate (81% against the 90% target) and for response rate (10.3% against their 15% target). **Action to Recover:** The action group for patient experience will be meeting February 19th to agree actions to address the decline. NHSE have provided additional funding to the volunteer service to have volunteers offer enhanced support to alleviate winter pressures. A specialist ED volunteer role has been identified as a priority. This role is being developed and collecting FFT in ED will form one aspect of this role.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** March 2020, as set as a quality account priority
Inpatients FFT Response Rate :	**Variance against Plan:** Inpatients missed the KPI for response rate (17% against 25% target). This is only the second instance of this occurring over the past six months of reporting. **Action to Recover:** The patient experience manager has contacted the individual areas not meeting the 25% response rate to offer support.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** February 2020
Community FFT Responses:	**Variance against Plan:** Community services missed their KPI for response total (619 against the 1,500 target). Since this KPI was raised from 750 responses per month to 1,500 in October 2016, the target has never been achieved. **Action to Recover:** The patient experience team are launching monthly FFT performance and comment updates for community teams. This is designed to enhance awareness around collecting FFT, and monitoring the feedback. This will launch for community teams in March for February's reporting data. It is worthwhile noting that though FFT responses are not meeting the monthly KPI, the overall total for service-specific patient questionnaires has increased over the past three years.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** March 2020
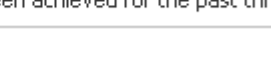
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Indicator	19_20 Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	2019-2020	Performance	
Hospital Cancelled Operations	0	14	7	10	3	10	18	4	4	9	8	2	7	75		❗
Cancelled ops not rebooked < 28 days	0	1	0	0	0	0	0	0	0	0	0	0	0	0		
Urgent Procedures Cancelled > once	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Theatre Utilisation	>85%	78.49%	77.53%	81.47%	84.89%	84.45%	84.97%	85.71%	85.11%	84.89%	88.96%	85.49%	86.76%	85.25%		
Breastfeeding Initiated	>90%	92.4%	93.9%	91.7%	89.9%	89.9%	91.9%	91.1%	88.8%	87.7%	90.6%	89.9%	89.9%	90.1%		
Mortality rate per 1000 admissions in-months	14.4	6.0	9.2	8.1	7.3	7.3	7.4	7.1	6.9	6.3	8.0	8.4	7.2	7.4		
Community DNA % Rate	<10%	7.3%	6.7%	7.6%	7.0%	7.1%	7.8%	8.1%	7.2%	7.2%	7.4%	8.1%	7.6%	7.5%		
Community Services - Provider Cancellations	<8%	6.0%	6.3%	6.3%	6.3%	5.9%	6.4%	6.9%	6.6%	6.5%	7.3%	6.9%	6.6%	6.6%		
Acute DNA % Rate	<10%	10.6%	9.7%	10.5%	11.5%	13.3%	12.6%	12.2%	12.0%	11.0%	10.8%	11.2%	9.8%	11.5%		
% of GP Referrals that were completed via ERS		87.5%	88.2%	88.3%	88.1%	88.9%	88.6%	86.7%	88.0%	87.8%	87.1%	87.1%	86.7%	87.7%		
Outpatients New:FUp Ratio	2.3	1.86	1.92	1.94	1.92	1.87	1.83	1.84	1.83	1.75	1.79	1.75	1.80	1.83		
Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	1.3%	1.3%	1.8%	3.6%	3.3%	4.0%	2.8%	2.2%	2.8%	2.9%	2.6%		2.9%		❗
Non Elective Re-admissions within 30 days	<5.5%	5.92%	6.38%	6.34%	5.24%	4.23%	5.06%	5.72%	5.63%	5.45%	4.94%	5.44%	4.89%	5.29%		
Rapid Response - % of referrals with an improvement in care		90.2%	84.9%	89.7%	81.0%	78.7%	81.8%	90.3%	82.7%	86.2%	81.4%	80.4%	82.4%	83.4%		

❗ **Target has not been achieved for the past three months

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Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Theatre Cancellations On The Day : 0	**Variance against plan:** 7 patients cancelled. To note there were no cancellations relating to over running lists as per theatre utilisation action plan. **Urology x 5** Four patients cancelled due to a medical gas leak, this was not a reoccurring issue and has subsequently been resolved. No additional recovery action required. One case due to equipment not being available, the patient was a late addition to list and equipment was specific to the case. All patients offered a new date within 28 days of cancellation. **Orthopaedics x 2** One case cancelled due to equipment not available. One patient cancelled due to change in the patients clinical requirements, where a different procedure may have been necessary. All patients offered a new date within required standards.	**Named Person:** General Manager, Theatres **Time Scale to Recover Performance:** Ongoing monitoring
Delayed transfer of Care % of Occupied Bed Days: The percentage of patients who are ready to leave hospital but are still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.	**Variance against Plan:** 2.6% for December 2019. 0.2% above target **Action to Recover:** Daily teleconference with Social Services to discuss management of patients is in place. Thursday weekly Mini MADE specifically aimed at management of DTOC patients also in place. Senior managers from Social services are now regularly on site to assist in facilitating discharges. A guide has been produced for managing effective transfers of care for patients in acute setting to external services for Islington. A similar guide is to be produced for Haringey.	**Named Person:** Director of Operations, EIM **Time Scale to Recover Performance:** February 2020
Acute DNA % rate: percentage of patients who did not attend their outpatient appointments **Standard** : <10%	**Variance against plan:** 0.2% Positive – 9.8% for January 2020 As part of Outpatient Transformation Programme 2019/20, the Trust set the ambitious target of reducing Acute Did Not Attend (DNA) rates to 10%; the targets was achieved in January 2020 in both new and follow up appointments.	**Named person:** Head of Programme Management Office

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Indicator	Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	2019-2020	Performance	
Emergency Department waits (4 hrs wait)	>95%	85.1%	86.6%	84.6%	88.6%	90.1%	84.8%	82.8%	87.7%	83.6%	80.1%	77.8%	80.5%	84.0%		❗
ED Indicator - median wait for treatment (minutes)	<60 mins	92	97	91	76	67	84	72	65	69	92	98	91	80		❗
Ambulance handovers waiting more than 30 mins	0	53	28	56	35	28	30	41	19	60	37	86	100	492		❗
Ambulance handovers waiting more than 60 mins	0	14	7	5	4	1	3	5	0	0	1	15	10	44		
12 hour trolley waits in A&E - Non Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12 hour trolley waits in A&E - Mental Health	0	1	0	1	0	7	12	10	8	10	8	6	10	72		❗
Cancer - 14 days to first seen	>93%	94.8%	96.2%	95.0%	97.7%	97.0%	94.4%	92.0%	89.8%	91.3%	96.6%	97.3%		94.5%		
Cancer - 14 days to first seen - breast symptomatic	>93%	100.0%	100.0%	98.0%	97.4%	97.7%	95.5%	100.0%	100.0%	98.1%	96.2%	97.8%		97.5%		
Cancer - 62 days from referral to treatment	>85%	90.2%	89.6%	88.9%	81.0%	81.3%	85.9%	78.2%	89.4%	90.3%	77.6%	93.0%		85.4%		
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	90.0%	89.6%	88.2%	76.7%	82.6%	80.6%	78.2%	87.9%	86.2%	76.0%	92.7%		83.4%		
Cancer ITT - % of Pathways sent before 38 Days	>85%	40.0%	75.0%	62.5%	25.0%	100.0%	33.3%	45.5%	37.5%	25.0%	33.3%	71.4%		43.2%		❗
Cancer - % Pathways received a Diagnosis within 28 Days of Referral		88.2%	83.3%	89.9%	94.9%	96.4%	94.5%	92.8%	91.2%	92.9%	89.4%	89.8%		92.4%		
Cancer - 31 days to first treatment	>96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	97.8%	97.5%	97.4%		98.8%		
Cancer - 31 days to subsequent treatment - surgery	>94%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	20.0%	85.7%	100.0%		77.3%		
Cancer - 62 Day Screening	>90%			100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	75.0%		100.0%		81.5%		
DM01 - Diagnostic Waits (<6 weeks)	>99%	99.0%	99.0%	99.2%	99.2%	99.1%	99.4%	99.3%	99.5%	99.0%	99.0%	99.2%	99.3%	99.2%		
RTT - Incomplete % Waiting <18 weeks	>92%	92.3%	92.2%	92.1%	92.1%	92.0%	92.0%	92.2%	92.1%	92.0%	92.1%	92.0%	92.0%	92.1%		
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
% seen <=2 hours of Referral to District Nursing Night Service	>80%	89.7%	90.3%	94.1%	100.0%	96.0%	100.0%	92.5%	100.0%	95.8%	92.3%	85.3%	97.5%	95.4%		
% seen <=48 hours of Referral to District Nursing Service	>95%	97.4%	98.7%	96.8%	97.7%	95.5%	96.1%	95.6%	95.7%	97.8%	95.1%	95.6%	97.0%	96.3%		
Haringey New Birth Visits - % seen within 2 weeks	>95%	95.5%	94.9%	94.1%	91.7%	93.0%	91.2%	95.1%	89.8%	91.0%	90.3%	91.8%		92.0%		❗
Islington New Birth Visits - % seen within 2 weeks	>95%	92.2%	95.4%	97.0%	90.4%	94.3%	93.3%	96.2%	92.9%	96.1%	95.5%	93.8%		94.3%		

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Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - Performance: **4 hour target**	**Overall performance** January was another challenging month for Trust with an A&E performance of 80.5%, below the 90% trajectory. The daily A&E 4 hour performance at Whittington Health during January was volatile and similar to previous months, ranging between 74.84% and 83.33%. There were 9561 A&E attendances in January. The total number of attendances was 83 patients less than what the Trust projected for the month (9644). The daily attendances ranged between 253 to and 362 which is a high number of attendances for the Trust. On average there were 308 attendances per day for the month. **Ambulance conveyances** 19.57% of all attendances in January were ambulance conveyances (1871 patients) of which 32.5% required a ward admission. Both the number of conveyances and admission rates were lower when compared to the same period last year. **London Ambulance Service (LAS) handover** LAS handover times remain a challenge across NCL. Whittington Health was the highest performing Trust across NCL in relation to the % of Ambulance handover in 15 minutes (45.61%) and 30 minutes (94.2%). There were 100 thirty minute breaches reported in January, an increase of 14 when compared to the previous month. There were 10 incidents reported of a 60 minute breach. A deep dive into January's LAS breaches highlighted the majority of beaches occurred in the late evening and overnight when the department was significantly challenged for space to off load. The ED Matrons with the support of the ACP will focus on embedding the UTC and AEC direct LAS access pathways to ensure that handover of patients are completed within 15 minutes. The ED senior admin team will also support with daily reminders to the nursing and admin team to ensure that all LAS pins are input in timely manner. The Matrons will ensure that the message is disseminated at handovers and also part of the message of the month. **Acuity**	**Named person:** General Manager, ED Department

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In the month of January 43% of patients were seen in Majors and 57% in Minors. The number of January (1950) paediatric attendances saw a decrease of 549 when compared to the previous month (2499) and a further decrease of 155 attendances when compared with the same period last year. The number of older people attendances saw a 2.7% increase when compared to the same period last year. The Mental Health related attendances saw an increase in January (223) when compared to the previous month (193) and the same period last year (month (228). Although there is no data available for the low acuity attendances the projections are showing a downward trajectory in line with previous months.

Patient flow
71.3% of patients were assessed within 15 minutes, 31% were seen for treatment within 60 minutes and 24.78% were discharged within 2 hours. 55% were streamed to Urgent Treatment Centre (UTC) of which 13% were seen by primary care and 4% was streamed to Ambulatory Care.

Out of 9561 patients attending A&E in January only 11.9% required admission. 40% of patients that required admission were admitted within 4 hours, a reduction of 2% when compared to the previous month.

Mental health breaches
There were 10 Mental Health 12 hour trolley breaches reported for January 2020. All 10 patients were waiting for a mental health bed to become available.

ED – Performance – recovery plan	Action to recover overall performance: Key focus to maintain UTC and Paediatrics over 98% performance	Named person: General Manager, ED Department
	Actions already in place from the beginning of January 2020	**Timescale to recover performance:**
	The ED team have started to use a 6 x chair to fit to sit room in UTC. The aim is to create capacity and turnover UTC spaces maximise flow in UTC.	UTF fit 2 sit – work started 13th January 2020 to end February 2020
	The ED team have secured a temporary bank GP for 5 days per week including weekends to work 1800-0000 for patients presenting with primary care and minor illness. This aim to increase streamed patients to primary care, reduce overall waiting times for those type patients and increase flow within UTC in the late evening.	GP bank started 17th January 2020 for three months
	The ED team have established a specific UTC flow registrar shift from 1700-0300 to support flow in UTC in the late evening, provide senior leadership in UTC and overnight to reduce long waits in the morning.	UTC extra flow registrar from January to March 2020
	The Emergency Nurse Practitioner (ENP) roster has been revised to introduce a	ENP nights from February 2020

	night ENP shift (2000-0800) with the aim to have a senior nurse (Band 7) seeing and treating minor injuries and illness in UTC and overall reduce long waits in UTC overnight into the morning. Shifts have been allocated from the February 2020 roster and the matron and general manager will review the effectiveness of this change.	roster and ongoing
	The Emergency Nurse Practitioner (ENP) roster has been revised to introduce a night ENP shift (2000-0800) with the aim to have a senior nurse (Band 7) seeing and treating minor injuries and illness in UTC and overall reduce long waits in UTC overnight into the morning. Shifts have been allocated from the February 2020 roster and the matron and general manager will review the effectiveness of this change.	Ongoing work with the front of house model to include the LAS handover nurse with the focus on 10 to 15 minutes handover of all LAS activity. New model to be embedded in January 2020
	Mental Health 12 hour breaches – Camden and Islington NHSFT to ensure that 90% of patients in ED are referred to mental health trusts are assessed within 60 minutes of arrival. Timely escalation of all mental health patients with DTA in ED to be followed and ensure adherence to agreed escalation processes	
	Ambulance breaches – Embedded of the revised LAS handover model, this includes streaming, redirection, triage & Rapid assessment Triage (RAT). Local ED team have been working with local LAS rep to ensure revised pathways work smoothly.	
Cancer – ITT - % of Pathways sent before 38 days	**Variance against plan:** 71.4% against target of 85% for December 2019 (7 patients only) Out of 7 patients for transfer for December 2019 2 patients were transferred after 38 days. **1 x Gynaecology** - Late referral due to multiple diagnostic tests requested before patients are referred to UCLH. Some of these investigations were delayed due to capacity issues in colposcopy and hysteroscopy. **1 x Lung** - late referral due to the complexity and multiple diagnostics requested such as EBUS and PET scan that are done at the Tertiary Centres. **Action to Recover:** **Gynaecology** Work in progress to improve the waiting times for outpatient hysteroscopy. Nurse hysteroscopist has now been appointed. There has been an improvement in the waiting times for hysteroscopy, further update to be given in February's Trust report. **Lung** Work in progress to ensure patients sent for external diagnostics are within appropriate time lines. MDT Co-ordinators to ensure service is updated at weekly	**Named person:** General Manager, Cancer Services **Timescale to recover performance:** February 2020 February 2020

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PTL meetings. Noted Tertiary centres for PET scans are running at full capacity which is contributing to delays.

All Tumour Groups
For all tumour groups there is a requirement to act on any escalation as soon as possible to minimise delays, and ensure requests to reporting time for diagnostics are monitored.

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Referral to Treatment 18 weeks – 52 weeks Waits	**Variance against plan: 1 patient over 52 weeks** 1 patient in Gynaecology. Breach was as a result of an administrative error where the patient's waiting time clock was stopped without treatment being completed, a clinical review was carried out and confirmed that no harm has come to the patient **Actions to recover:** • Scrutiny and review of patients on non-RTT waiting lists to be at the same level as RTT waiting lists. This is now in place and reviewed regularly at weekly PTL meetings. • Ongoing data quality audits to be carried out to ensure "clock stops" are appropriate and in line with RTT standards. • All administrative staff to receive regular training on the management of patient waiting lists. 18 weeks training is now on ESR for all competencies training to be reviewed.	**Named person:** Head of Performance **Timescale to recover performance:** February 2020
Haringey New birth visits seen within 2 weeks: 95 % of New Birth Visits should be carried out within 14 days of birth. **Target:** 95%	**Variance against plan:** 23 visits not completed within timeframe (i.e. after 14 days): • 8 babies in hospital at day 14 • 13 booked late by service • 1 parental choice • 1 mother in Beis Brucha residential care for disadvantaged, vulnerable women post-birth • 1 parent declined the service **Action to recover:** From February 2020 onwards a new process for booking new births is being introduced into two of the four health visiting teams. Visits will be booked centrally and this will help improve performance against the target.	**Named person:** Head of Haringey Children and Young People's Services **Timescale to recover performance:** March 2020

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Indicator	19_20 Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	2019-2020	Performance	
Appraisals % Rate	>90%	72.4%	72.6%	71.3%	69.8%	71.4%	72.4%	74.2%	75.5%	75.8%	76.4%	77.5%	76.0%	74.1%		❗
Mandatory Training % Rate	>90%	80.8%	80.8%	80.2%	80.1%	79.9%	82.2%	80.8%	81.1%	81.0%	82.1%	83.3%	83.0%	81.4%		❗
Permanent Staffing WTEs Utilised	>90%	88.0%	88.0%	87.3%	86.9%	87.2%	88.9%	86.8%	87.9%	88.5%	88.9%	88.7%	89.0%	88.0%		❗
Staff FFT % recommended work	>50%		61.8%			59.9%			59.6%					59.8%		
Staff FFT response rate	>20%		16.2%			22.3%			16.3%					19.3%		
Staff sickness absence %	<3.5%	3.69%	3.49%	3.27%	3.13%	3.62%	3.57%	3.19%	2.99%	3.93%	3.83%	3.86%		3.49%		❗
Staff turnover %	<13%	11.4%	10.8%	10.6%	10.9%	10.9%	10.8%	10.7%	10.6%	10.6%	10.5%	10.7%	10.7%	10.7%		
Vacancy % Rate against Establishment	<10%	12.0%	12.0%	12.7%	13.1%	12.8%	11.1%	13.2%	12.1%	11.5%	11.1%	11.3%	11.0%	12.0%		❗
Average Time to Hire (Days)	<63 Days		63	65	69	60	61	62	59	63	63	61	83	65		
Nursing Staff Average % Day Fill Rate - Nurses		87.4%	86.1%	86.7%	86.2%	89.8%	93.2%	87.4%	89.3%	92.6%	96.3%	94.6%	95.2%	91.1%		
Nursing Staff Average % Day Fill Rate - HCAs		117.1%	112.6%	109.1%	115.0%	113.8%	115.6%	127.8%	125.9%	126.2%	126.8%	125.1%	119.8%	120.3%		
Nursing Staff Average % Night Fill Rate - Nurses		90.8%	88.6%	88.4%	87.2%	92.1%	92.9%	91.8%	90.4%	92.4%	94.8%	92.9%	94.3%	91.7%		
Nursing Staff Average % Night Fill Rate - HCAs		124.4%	115.7%	109.3%	114.6%	113.2%	131.1%	126.2%	134.7%	144.0%	135.9%	136.9%	135.6%	127.4%		
Safe Staffing Alerts - Number of Red Shifts		2	1	0	0	3	2	3	5	6	10	5	3	37		
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		9.0	9.1	9.0	9.1	9.7	9.3	9.2	8.8	9.3	9.2	9.4	9.3	9.2		

❗ **Target has not been achieved for the past three months

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Appraisals % Rate : 76% Target = 90%	**Variance against Plan: -14%** (2% worse than January 2020 report which may be the result of the Christmas break and postponing of appraisal meetings) **Action to Recover:** Appraisals take place between managers and their staff, and Workforce teams have improved the quality and accessibility of appraisal documentation, guidance and instructions on loading dates into the Electronic Staff Record (ESR) and are increasing knowledge that help on accessing ESR to load appraisal data can be found at the drop-ins original created for e-learning. If there is any other support that can be offered, managers' comments and requests are welcome. Direct support for those struggling to input the date of completed appraisals into ESR is available on Tuesday, Wednesday and Friday mornings at the hospital (Social Club Computer Suite) and throughout the week (am and pm) at the Crouch End Computer Suite.	**Named Person:** Assistant Director Learning & Organisational Development **Time Scale to Recover Performance:** 14% of staff is approximately 585 members of staff. Appraising them depends on the availability to release them from duties for both the member of staff and manager to complete the appraisal.
Mandatory Training % Rate : 83% Target = 90%	**Variance against Plan: -7%** (the same as January 2020 report) **Action to Recover:** Audit recommendations have been implemented and actions undertaken to improve the understanding and accessibility of learning within ESR and self-service booking onto courses. Supported e-learning sessions at Hospital site since 13 August 2019 in addition to the Crouch End e-learning suite. L&D team continues to support staff to input workbook updates on ESR Involving ESR account manager in complex queries Themes being collated from 'Deep Dive' QI project into one ICSU investigating issues	**Named Person:** Assistant Director Learning & Organisational Development **Time Scale to Recover Performance:** Milestones: QI project results and actions expected shortly. Rollout of deep-dive (competency structure and staff profiles, ICSU by ICSU) by the end of Aug-20. (With 2nd to 5th ICSUs completed Feb-20, Apr-20, Jun-20, Aug-20)
Permanent Staffing WTEs Utilised: 89.08% **Standard:** 90%	**Variance against plan:** 0.92% **Action to recover:** WTEs utilised has increased slightly and is only 0.92% variant. While they are currently under target, there is extensive work across the trust on recruitment drives for hard to fill areas, and converting bank post to permanent posts. This continues to be reviewed in line with vacancy rate reviews, staff turnover and recruitment and retention planning.	**Named person:** Deputy Director of Workforce **Timescale to recover Performance:** March 2020

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Staff Turnover Rates: 10.75%	Variance against plan: 0.75%	Named person: Deputy Director of Workforce
The Trust should have less than 10% of staff who have left the Trust within the last 12 months **Standard:** 10%	**Action to Recover:** Turnover rates have remained steady from January, and only 0.75% variable, with an in year improvement overall. Work continues to improve retention rates in hard to fill areas.	**Timescale to recover performance:** March 2020
Vacancy Rates: 10.97%	**Variance against plan:** 0.97%	**Named person:** Deputy Director of Workforce
The Trust should have less than 10% unfilled posts **Standard:** 10%	**Action to recover:** Vacancy rates have reduced slightly from January and are only 0.97 variance. The recruitment dashboard continues to be shared with the ICSUs identifying blockers within the process. Recruitment and selection training including system training is on-going with Managers.	**Timescale to recover performance:** March 2020
Time to hire: 83 days Time taken from resignation/creation of new post to confirmed start date **Standard:** 61 days	**Variance against plan:** 22 days **Action to recover:** Significant increases in the time to hire have been seen between December 2019 and January 2020, resulting in an overall rise in time to hire from 67 days to 83 days. A deep dive into these figures has been undertaken and the reasons for the increases are below. For context, the Time to Hire report looks at activity that took place between 1st January 2020 and 31st January 2020. This assesses the time to hire of all candidates who commenced their first day of service within these dates. It also takes into account all VSP's that were agreed also within this time frame. • Between 01/01/2020 and 31/01/2020 the Trust had 29 individuals at Band 7 or above commence with the Trust. These individuals will have a 12 week or 3 month notice period to serve with their current employer. This is compared to 11 individuals at Band 7 or above that started in December 2019. This is an increase of 62% between months and has pushed up the overall average time for the period between Unconditional Offer to Start date up from 15.7 days in December to 22.9 days in January. • In January the Trust had 147 new starters, this is compared to 56 new starters in December-an increase of 91%. When analysing this further there candidates who were ready to commence in November and December however made the decision to commence in January, there were individuals in EIM who were originally due to start in December however due to Visa issues commenced in January (in some cases checks were completed in August and September 2019) • There have been delays with gaining OH Clearances. There were 43 candidates who put forward their OH clearances in December however these were cleared in January-This has had the knock on effect of increasing the Time to hires of those candidates within the January dates	**Named person:** Deputy Director of Workforce **Timescale to recover performance: March 2020**

	referenced.	
	• We had 29 Candidates who were offered posts in December but did not attend their ID checks until January. We request that ID checks are done within 5 working days of offer however these 29 individuals took between 10-30 days to undertake their checks.	
	• The number of vacancies received from VSP was 35 in January compared to 15 in December, an increase of 57%. The knock on effect of this is that a number of these VSP's were for posts that the post holder had resigned from some time ago, however due to the way that TRAC calculates this duration it raises the time to hire time. For example if an individual resigned in November and the post was passed for VSP in January trac would use this whole time taken to get to the VSP for the figures. It is understandable that during December following the Christmas period and leave that VSP's were not submitted until the new year thus accounting for this increase in the overall time.	
Safer Staffing **Aim for:** Zero Red shifts Trust CHPPD 8.5 (national average 8.6)	**Variance against Plan**: 3 shifts were reported as Red, all within Emergency and Integrated Medicine ICSU, 2 in the Emergency Department & 1 on Victoria ward. The shifts were due to staff shortages (unfilled vacant shifts, and unfilled shifts for enhanced care). No reported clinical incidents or complaints lodged to date. **Action to Recover:** • The red shifts were due to unfilled shifts to cover vacancy, absence and enhanced care of registered and un-registered staff and increased activity. This is a reduction in comparison to the previous month. Ongoing monitoring by senior staff continues. A more in-depth analysis of the impact of the red shifts will be undertaking in the next establishment review, this is to be presented to the board in May 2020. • The fill rate % for registered nurses was 95% for the day and 94% for nights. 10% of nursing staff are working as Band 4's who are currently recognised as non-registered on the rostering system. The system will be upgraded in April 2020. • CHPPD in January was 9.3 which is above the national average. Data shows that the CHPPD across the wards averages at 7.6%. The trust average is driven above the national average is related to CHPPD in Midwifery services and ITU. • The percentage Day fill rate for HCAs was at 119% Day fill rate and 135% at Night. This activity was related to Enhanced Care for patients who were under DOL's and patients under Mental Health in additional to the escalation beds within acute medicine. The appropriate decision making process (including assessment, and evaluation of care) is being followed and enhanced care shifts are scrutinised and authorised by the Associate Directors of Nursing. The operational team is making every effort to close	**Named Person:** Lead Nurse for Safer Staffing **Time Scale to Recover Performance:** May 2020

	escalation beds. • Safety was maintained through senior nurse oversight at all times. New training for Health Care assistants on Enhanced Care is ongoing in addition to a pilot of an Enhanced Care team. The business case to support this model has been approved and recruitment for this team is ongoing.	

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Children's community waiting times Services under Children, Young People (CYP) have CCG specific waiting time target, and performance is monitored through contract monitoring arrangements with CCG and Public health commissioners in both boroughs.	**Overall summary and actions to recover:** **Islington Community CAMHS** Service continues to show improvement to wait time metrics, with 70.5% of waits now within the RTT target of 8 weeks. **Islington Community Children's Nursing** 100% wait time for all urgent referrals. Waits times over two weeks deemed to be clinically appropriate decisions. They will be for patients that have been referred to the service but the first contact would be at a discharge planning meeting scheduled in the future, and patients that have just been diagnosed but don't need nursing input as yet. **Haringey Physiotherapy** Significantly improved performance for this service. This is a great achievement and reflects the now fully staffed service and hard work of the team. **Haringey OT** The service has been making steady improvement in previous months, however performance in January dipped due to staff vacancies within the service. The lead for the service is recruiting to vacancies and expects continued improvement over the coming months. **Haringey SLT** Waits continue to be longer than the target. This has mainly been linked to demand on the early years' service (over the last 2 years) but we are now also seeing increases in demand that are affecting the mainstream schools SLT team too. **Haringey Community Paediatrics SCC (Autism Service)** Waits continue to be lengthy for autism diagnosis. The service trialled a new approach in the autumn that meant 12 children were diagnosed via groups rather than the ADOS assessment. This approach will continue for some children. Updated trajectories for reducing waits will be available in March 2020.	**Named person:** Director of Operation CYP **Timescale to recover performance:** February 2020 March 2020
Adults community waiting times Adults community waiting times Adult Community Services (ACS) operate on different waiting time targets, performance is monitored monthly at ACS ICSU Board	**Overall Summary:** Some challenges in performance evident in January with impacts of sickness and vacancies in some teams.	**Named person:** Director of Operations ACS

and in the ACS PTL meeting.	**Community Rehabilitation CRT (92.4%)** Slight dip in performance from previous month. Reduction in vacancies has increased service capacity and resulted in improved performance however there are specific pressures in waits for routine physiotherapy appointments that are being addressed.	**Timescale to recover:** Feb 2020
	ICTT (86.3%) The service continues to review service provision to meet the required waiting times by March 2020. Pressures in falls service being reviewed to increase capacity. Slight drop in performance mainly due to sickness.	March 2020
	ICTT Stroke & Neuro (53.1%) Actions taken to reduce waits for urgent patients in SLT but overall performance for SLT and physiotherapy remains under pressure. Additional staffing capacity commencing in March. The service has undertaken a demand and capacity analysis that indicates that further capacity is required and additional staff will be commencing in March 2020.	April 2020 (previously Jan 2020)
	REACH Intermediate Care (88.8%) Some specific pressures related to OT vacancies being addressed through recruitment.	Feb 2020
	Podiatry (79.4%) Decrease from previous month due to issue discovered in Central Booking where some letters had not been sent out. This effect of this will be seen in February but will be back on track for March.	March 2020
	Bladder & Bowel (68.7%) Ongoing pathway transformation work being undertaken to streamline referral pathways. Some reduction in group session capacity impacted on overall performance. Additional Women's Health physio capacity started in February.	May 2020
	MSK CATS (54.7%) & MSK Routine (80%) Shift in activity from secondary care has been higher than expected (36% as compared to 22%). In discussion with commissioners about next year's investment.	May 2020
	Diabetes Service (88.3%) Minor reduction in capacity in-month. Expected to be on track from February 2020.	Feb 2020
	Respiratory (75.6%) and Spirometry (84.2%) The Respiratory QOF has resulted in increased referrals for spirometry with a 119% increase as compared to previous month and a 14% increase in	May 2020

	respiratory referrals – this increase of 42 additional referrals has put pressure on the service. **Action to recover:** • Recruitment ongoing to ensure capacity in place to meet targets – • Additional staffing support to SLT to reduce waiting times • Musculoskeletal services continue to experience referrals above expected levels following roll-out of the Single Point of Access. Demand and capacity analysis undertaken to inform further investment in the service. Business case for additional funding in 2020/21 shared with commissioners as part of LDB QIPP planning.	

Appendix 1. Community Performance Dashboard

Indicator	19_20 Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	2019-2020	Performance
IAPT Moving to Recovery	>50%	65.1%	59.1%	62.2%	54.2%	60.8%	60.5%	56.6%	55.5%	55.2%	54.5%	59.9%		57.8%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	95.4%	94.3%	96.9%	95.0%	97.4%	97.8%	94.0%	95.8%	91.5%	96.2%	94.4%		95.5%	
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	91.8%	88.1%	90.4%	89.4%	87.2%	91.1%	87.9%	88.4%	86.9%	88.7%	85.9%		88.4%	
Haringey - HR1 % carried out before child aged 15 months	N/A	77.4%	79.0%	80.3%	79.7%	79.5%	87.3%	79.7%	83.3%	80.5%	82.7%	83.9%		81.9%	
Haringey - HR2 % carried out before child aged 30 months	N/A	69.5%	71.1%	69.9%	71.5%	67.5%	72.1%	74.1%	73.9%	76.9%	76.0%	77.1%		73.0%	
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	90.3%	91.7%	92.4%	95.4%	90.8%	90.6%	93.4%	93.4%	94.7%	94.5%	95.8%		93.5%	
Islington - HR1 % carried out before child aged 15 mths	N/A	73.2%	82.9%	80.2%	79.5%	82.6%	86.1%	78.4%	79.2%	84.8%	83.2%	82.4%		81.9%	
Islington - HR2 % carried out before child aged 30 mths	N/A	75.2%	72.6%	77.7%	76.5%	79.2%	82.1%	77.8%	84.4%	77.8%	78.8%	79.3%		79.4%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	92.9%	92.9%	89.3%	95.3%	95.5%	92.1%	94.3%	90.8%	92.5%	91.5%	95.7%	92.5%	92.7%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	90.0%	86.2%	78.8%	87.1%	96.2%	95.8%	84.6%	86.2%	88.1%	83.3%	79.2%	87.8%	87.3%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	71.9%	78.5%	80.6%	74.3%	84.8%	88.1%	70.2%	71.2%	87.1%	76.3%	73.6%	75.7%	78.1%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	95.7%	93.5%	98.7%	96.2%	91.0%	87.6%	96.6%	95.7%	95.1%	93.1%	96.6%	95.4%	94.4%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Nutrition and Dietetics - % Weight Loss Achieved at Discharge	>65%	78.6%	100.0%	81.8%	75.0%	71.4%	60.0%	75.0%	40.0%	90.0%	50.0%			70.9%	
Nutrition and Dietetics - % Weight Maintained or Gained at Discharge	>70%	100.0%	90.0%	100.0%	100.0%	85.7%	88.9%	93.3%	88.9%	100.0%	83.3%			91.5%	
Hackney Smoking Cessation: % who set quit date & stopped after 4 we…	>45%		42.3%			59.8%			53.9%			59.5%		57.7%	
Islington Self-Management - Average Increase in PAM Score	>=9		18			8			13			12		33	
Haringey Self-Management - Average Increase in PAM Score	>=9		15			9			12			17		38	

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Appendix 2. Community Waiting Times Dashboard

SERVICE	% Threshold	Target Weeks	Nov-19	Dec-19	Jan-20	Avg Wait (Jan)	No. of Pts Seen	% Threshold	Target Weeks	Nov-19	Dec-19	Jan-20	Avg Wait (Jan)	No. of Pts Seen
	ROUTINE REFERRALS							URGENT REFERRALS						
CAMHS	>95%	8	63.7%	69.3%	70.5%	9.9	146	>95%	2	71.4%	100.0%	88.9%	0.9	9
Child Development Services	>95%	12	100.0%	100.0%	100.0%	0.4	10	>95%	-				-	0
IANDS	>95%	18	90.5%	87.9%	96.9%	6.1	229	>95%	2	100.0%	100.0%	100.0%	1.0	1
Community Children's Nursing	>95%	2	92.9%	93.9%	88.7%	0.6	106	>95%	1	100.0%	100.0%	100.0%	0.0	27
Community Paediatrics Services	>95%	18	85.3%	83.1%	84.6%	14.1	104	>95%	1	0.0%	0.0%	0.0%	14.1	4
Family Nurse Partnership	>95%	12	100.0%	100.0%	84.2%	6.1	19	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	94.7%	2.6	19	>95%	-				-	0
Looked After Children	>95%	4	53.8%	66.7%	77.8%	3.7	18	>95%	2				-	0
Occupational Therapy	>95%	18	70.0%	75.0%	41.2%	18.4	34	>95%	2				-	0
Physiotherapy	>95%	18	94.0%	97.2%	98.7%	7.0	79	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%	92.9%	5.7	14	>95%	-				-	0
School Nursing	>95%	12	91.7%	94.7%	90.2%	3.5	193	>95%	-				-	0
Speech and Language Therapy	>95%	8	84.1%	88.2%	82.2%	8.0	107	>95%	2	0.0%	0.0%	100.0%	1.1	1
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	100.0%	0.6	39	>95%	2			100.0%	0.1	1
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.5	41	>95%	2	100.0%	0.0%	100.0%	0.6	5
Community Rehabilitation (CRT)	>95%	12	93.5%	93.6%	92.4%	5.9	144	>95%	2	80.6%	75.0%	82.8%	1.3	29
ICTT - Other	>95%	12	92.6%	90.2%	86.3%	4.8	256	>95%	2	65.6%	60.9%	53.0%	2.6	117
ICTT - Stroke and Neuro	>95%	12	60.9%	61.5%	53.1%	10.1	32	>95%	2	32.0%	35.1%	38.5%	5.0	39
Intermediate Care (REACH)	>95%	6	87.4%	93.9%	88.8%	3.0	143	>95%	2	88.5%	89.3%	87.7%	0.9	73
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	3.8	5	>95%	2				-	0
Bladder and Bowel - Adult	>95%	12	71.8%	87.8%	68.7%	9.5	134	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	75.6%	63.4%	54.7%	6.5	739	>95%	2	71.4%	42.9%	66.7%	3.5	3
Musculoskeletal Service - Routine	>95%	6	87.2%	84.7%	80.0%	4.2	1770	>95%	2	66.7%	100.0%		-	0
Nutrition and Dietetics	>95%	6	98.9%	96.8%	97.0%	3.2	232	>95%	2	100.0%		100.0%	0.4	1
Podiatry (Foot Health)	>95%	6	94.4%	90.3%	79.4%	4.5	632	>95%	2			100.0%	0.9	1
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	2.1	22	>95%	2				-	0
Tissue Viability	>95%	6	100.0%	100.0%	86.7%	3.2	45	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	2.7	25	>95%	2	100.0%	100.0%	100.0%	1.4	1
Diabetes Service	>95%	6	100.0%	93.5%	88.3%	2.8	60	>95%	2			0.0%	6.0	1
Respiratory Service	>95%	6	96.0%	98.6%	75.6%	3.9	86	>95%	2		100.0%	100.0%	0.4	2
Spirometry Service	>95%	6	100.0%	100.0%	84.2%	3.9	57	>95%	2				-	0

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Haringey

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Nov-19	Dec-19	Jan-20	Avg Wait (Jan)	No. of Pts Seen	% Threshold	Target Weeks	Nov-19	Dec-19	Jan-20	Avg Wait (Jan)	No. of Pts Seen
CAMHS	>95%	8	100.0%	0.0%	50.0%	7.4	2	>95%	-				-	0
Child Development Services	>95%	12	100.0%	100.0%	100.0%	0.4	10	>95%	-				-	0
IANDS	>95%	18	100.0%	100.0%	100.0%	4.6	5	>95%	2			100.0%	1.0	1
Community Children's Nursing	>95%	2	91.7%	91.7%	81.8%	1.3	11	>95%	1	100.0%	100.0%		-	0
Community Paediatrics Services	>95%	18	85.3%	80.7%	82.2%	16.6	73	>95%	1	0.0%	0.0%	0.0%	16.6	3
Family Nurse Partnership	>95%	12	100.0%	100.0%	90.9%	3.4	11	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	0.7	5	>95%	-				-	0
Looked After Children	>95%	4	66.7%	87.5%	100.0%	2.2	3	>95%	2				-	0
Occupational Therapy	>95%	18	62.5%	75.0%	42.4%	18.1	33	>95%	2				-	0
Physiotherapy	>95%	18	93.8%	97.1%	98.7%	7.0	78	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%	92.9%	5.7	14	>95%	-				-	0
School Nursing	>95%	12	87.4%	90.0%	83.3%	5.3	96	>95%	-				-	0
Speech and Language Therapy	>95%	8	77.6%	84.8%	77.0%	8.6	74	>95%	2	0.0%	0.0%	100.0%	1.1	1
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	100.0%	0.9	13	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.5	40	>95%	2	100.0%	0.0%	100.0%	0.6	5
Community Rehabilitation (CRT)	>95%	12	100.0%	100.0%	100.0%	4.9	3	>95%	2			100.0%	0.4	4
ICTT - Other	>95%	12	92.0%	90.1%	85.7%	4.9	237	>95%	2	64.8%	60.4%	50.9%	2.7	106
ICTT - Stroke and Neuro	>95%	12	59.1%	60.0%	53.3%	10.2	30	>95%	2	29.2%	35.1%	41.7%	4.9	36
Intermediate Care (REACH)	>95%	6	100.0%	100.0%	100.0%	1.6	6	>95%	2	0.0%	100.0%		-	0
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	3.8	5	>95%	2				-	0
Bladder and Bowel - Adult	>95%	12	70.1%	86.8%	85.5%	7.3	69	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	78.8%	65.1%	55.6%	6.5	378	>95%	2	80.0%	33.3%	66.7%	3.5	3
Musculoskeletal Service - Routine	>95%	6	84.1%	81.1%	78.4%	4.3	949	>95%	2	33.3%			-	0
Nutrition and Dietetics	>95%	6	98.0%	96.4%	95.3%	3.3	150	>95%	2			100.0%	0.4	1
Podiatry (Foot Health)	>95%	6	94.0%	88.1%	73.8%	4.8	320	>95%	2			100.0%	0.9	1
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	1.6	10	>95%	2				-	0
Tissue Viability	>95%	6	100.0%	100.0%	92.0%	2.9	25	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	3.0	11	>95%	2				-	0
Diabetes Service	>95%	6	100.0%	93.3%	83.8%	2.9	37	>95%	2				-	0
Respiratory Service	>95%	6	100.0%	100.0%	63.9%	4.4	36	>95%	2		100.0%	100.0%	0.3	1
Spirometry Service	>95%	6	100.0%	100.0%	84.2%	3.9	57	>95%	2				-	0

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Islington

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Nov-19	Dec-19	Jan-20	Avg Wait (Jan)	No. of Pts Seen	% Threshold	Target Weeks	Nov-19	Dec-19	Jan-20	Avg Wait (Jan)	No. of Pts Seen
CAMHS	>95%	8	62.8%	69.0%	69.8%	10.3	139	>95%	2	71.4%	100.0%	88.9%	0.9	9
Child Development Services	>95%	-				-	0	>95%	-				-	0
IANDS	>95%	18	89.9%	87.0%	97.2%	6.1	211	>95%	2	100.0%	100.0%		-	0
Community Children's Nursing	>95%	2	92.5%	95.8%	89.7%	0.5	87	>95%	1	100.0%	100.0%	100.0%	0.0	27
Community Paediatrics Services	>95%	18	85.7%	87.0%	88.5%	6.5	26	>95%	1				6.5	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	66.7%	11.0	6	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	1.1	6	>95%	-				-	0
Looked After Children	>95%	4	20.0%	66.7%	88.9%	3.5	9	>95%	2				-	0
Occupational Therapy	>95%	18	100.0%		0.0%	27.1	1	>95%	-				-	0
Physiotherapy	>95%	18		100.0%		-	0	>95%	-				-	0
PIPS	>95%	12				-	0	>95%	-				-	0
School Nursing	>95%	12	95.6%	98.0%	96.1%	2.1	77	>95%	-				-	0
Speech and Language Therapy	>95%	8	100.0%	100.0%	100.0%	4.3	6	>95%	2				-	0
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	100.0%	0.5	23	>95%	2			100.0%	0.1	1
Adult Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Community Rehabilitation (CRT)	>95%	12	93.1%	93.5%	92.1%	5.9	140	>95%	2	80.0%	75.0%	79.2%	1.5	24
ICTT - Other	>95%	12	100.0%	87.5%	100.0%	3.5	2	>95%	2			100.0%	0.4	1
ICTT - Stroke and Neuro	>95%	12				-	0	>95%	2			0.0%	6.2	3
Intermediate Care (REACH)	>95%	6	86.5%	93.6%	88.5%	3.0	130	>95%	2	89.5%	90.0%	87.0%	0.9	69
Paediatric Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	73.0%	88.5%	50.8%	11.6	63	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	70.9%	61.5%	54.0%	6.6	352	>95%	2	50.0%	100.0%		-	0
Musculoskeletal Service - Routine	>95%	6	92.5%	90.9%	82.9%	4.0	683	>95%	2	100.0%	100.0%		-	0
Nutrition and Dietetics	>95%	6	100.0%	97.3%	100.0%	2.9	79	>95%	2	100.0%			-	0
Podiatry (Foot Health)	>95%	6	95.0%	92.1%	85.6%	4.1	306	>95%	2				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	2.4	12	>95%	2				-	0
Tissue Viability	>95%	6	100.0%	100.0%	77.8%	3.7	18	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	2.4	13	>95%	2	100.0%	100.0%	100.0%	1.4	1
Diabetes Service	>95%	6	100.0%	93.8%	95.7%	2.7	23	>95%	2			0.0%	6.0	1
Respiratory Service	>95%	6	93.0%	97.7%	84.0%	3.4	50	>95%	2		100.0%	100.0%	0.4	1
Spirometry Service	>95%	-				-	0	>95%	2				-	0

Children's Community Waits Performance

SERVICE	% Threshold	Target Weeks	ROUTINE REFERRALS			Avg Wait (Jan)	No. of Pts Seen	% Threshold	Target Weeks	URGENT REFERRALS			Avg Wait (Jan)	No. of Pts Seen
			Nov-19	Dec-19	Jan-20					Nov-19	Dec-19	Jan-20		
CAMHS	>95%	8	63.7%	69.3%	70.5%	9.9	146	>95%	2	71.4%	100.0%	88.9%	0.9	9
Community Children's Nursing - Haringey	>95%	2	50.0%	50.0%	33.3%	3.6	3	>95%	1				-	0
Community Children's Nursing - Islington	>95%	2	93.8%	95.3%	90.3%	0.5	103	>95%	1	100.0%	100.0%	100.0%	0.0	27
Community Paediatrics - Haringey (SCC)	>95%	18	23.5%	36.8%	45.5%	34.8	22	>95%	1	0.0%	0.0%	0.0%	56.5	4
Community Paediatrics - Haringey (NDC)	>95%	18	100.0%	100.0%	100.0%	9.8	23	>95%	1				-	0
Community Paediatrics - Haringey (Child Protection)	>95%	18	100.0%	100.0%	96.0%	3.4	25	>95%	1				-	0
Community Paediatrics - Haringey (Other)	>95%	18	100.0%	100.0%	100.0%	6.0	6	>95%	1				-	0
Community Paediatrics - Islington	>95%	18	92.9%	90.5%	88.5%	6.5	26	>95%	1				-	0
Family Nurse Partnership - Haringey	>95%	12	100.0%	100.0%	90.0%	3.2	10	>95%	-				-	0
Family Nurse Partnership - Islington	>95%	12	100.0%	100.0%	77.8%	9.2	9	>95%	-				-	0
Haematology Service - Islington	>95%	12	100.0%	100.0%	94.7%	2.6	19	>95%	-				-	0
IANDS	>95%	18	88.9%	100.0%	100.0%	6.9	10	>95%	2	100.0%	100.0%		-	0
IANDS - SCT	>95%	20	11.1%	16.7%	50.0%	22.9	2	>95%	2				-	0
Looked After Children - Haringey	>95%	4	66.7%	66.7%	100.0%	1.7	5	>95%	2				-	0
Looked After Children - Islington	>95%	4	42.9%	66.7%	69.2%	4.5	13	>95%	2				-	0
Occupational Therapy - Haringey	>95%	18	70.0%	75.0%	41.2%	18.4	34	>95%	2				-	0
Occupational Therapy - Islington	>95%	18	88.5%	100.0%	90.9%	9.9	22	>95%	2				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	100.0%	100.0%	0.8	4	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	92.9%	100.0%	3.3	15	>95%	-				-	0
Physiotherapy - Haringey	>95%	18	94.0%	97.2%	98.7%	7.0	79	>95%	2				-	0
Physiotherapy - Islington	>95%	18	98.3%	96.9%	100.0%	7.0	74	>95%	2			100.0%	1.0	1
PIPS	>95%	12	100.0%	100.0%	92.9%	5.7	14	>95%	-				-	0
SALT - Haringey	>95%	14	74.2%	79.1%	72.1%	9.3	68	>95%	2	0.0%	0.0%	100.0%	1.1	1
SALT - Islington	>95%	14	93.3%	97.1%	96.2%	4.6	106	>95%	2				-	0
SALT - MPC	>95%	18	100.0%	100.0%	100.0%	4.6	28	>95%	2				-	0
School Nursing - Haringey	>95%	12	87.7%	92.3%	85.0%	4.7	107	>95%	-				-	0
School Nursing - Islington	>95%	12	96.1%	97.9%	96.5%	2.0	86	>95%	-				-	0

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Cancer - 62D Performance by Tumour Group

Indicator	19_20 Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	2019-2020	Performance
Breast	>85%	100.0%	100.0%	100.0%	100.0%	84.6%	100.0%	83.3%	75.0%	100.0%	100.0%	100.0%			
Gynaecological	>85%	0.0%	100.0%	50.0%	50.0%		0.0%	44.4%	33.3%	33.3%	0.0%	100.0%			
Haematological (Excluding Acute Leukaemia)	>85%	100.0%	0.0%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%			
Lower Gastrointestinal	>85%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	83.3%	100.0%	88.9%	40.0%	100.0%			
Lung	>85%	85.7%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%		0.0%	50.0%			
Other	>85%		100.0%	100.0%					0.0%		100.0%				
Skin	>85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%			
Testicular	>85%	100.0%		100.0%		0.0%		100.0%	100.0%	100.0%					
Upper Gastrointestinal	>85%		100.0%	50.0%	100.0%	66.7%	0.0%		100.0%	100.0%	0.0%	0.0%			
Urological (Excluding Testicular)	>85%	80.0%	76.9%	88.9%	70.6%	71.4%	62.5%	80.0%	88.9%	85.7%	76.9%	95.7%			

Cancer - 2WW Performance by Tumour Group

Indicator	19_20 Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	2019-2020	Performance
Breast	>93%	93.7%	96.0%	93.9%	99.0%	96.8%	98.0%	95.5%	96.9%	98.5%	95.7%	97.9%		96.9%	
Childrens	>93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%			100.0%	
Gynaecological	>93%	91.8%	96.6%	94.5%	96.0%	96.1%	96.4%	94.3%	51.8%	48.1%	92.4%	95.9%		84.5%	
Haematological	>93%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%		99.2%	
Lower Gastrointestinal	>93%	94.2%	95.8%	91.2%	96.7%	96.2%	92.8%	95.5%	93.4%	98.6%	95.3%	98.2%		95.5%	
Lung	>93%	100.0%	100.0%	100.0%	80.0%	83.3%	83.3%	100.0%	85.7%	92.9%	100.0%	71.4%		88.1%	
Skin	>93%	99.3%	96.2%	98.0%	98.8%	97.5%	91.1%	82.3%	90.1%	98.3%	100.0%	97.5%		94.7%	
Upper Gastrointestinal	>93%	98.2%	98.9%	91.4%	96.6%	98.5%	97.9%	97.1%	92.9%	97.7%	98.1%	100.0%		96.7%	
Urological	>93%	92.4%	92.1%	98.8%	98.4%	98.8%	93.8%	95.0%	98.0%	97.8%	98.9%	95.6%		97.1%	

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Category	Indicator	19_20 Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Activity
ED	ED Attendances	8285	8868	9720	9077	9281	8921	9458	8778	8658	9428	9371	9768	9561	
ED	ED Admission Rate %		14.3%	15.1%	15.0%	14.2%	14.8%	13.4%	13.5%	13.8%	14.4%	14.9%	13.1%	12.0%	
Community	Community Face to Face Contacts		56397	60522	55983	60051	59796	61879	52282	59391	63391	60239	49638	59169	
Admissions	Elective and Daycase		1989	2133	2130	2083	2159	2244	1976	1896	2171	2082	1791	2115	
Admissions	Emergency Inpatients		2036	2297	2224	2217	2096	2101	2042	2087	2140	2182	2099	1949	
Referrals	GP Referrals to an Acute Service		7910	8632	8452	8914	8194	7919	6592	7002	8005	7191	6416	7286	
Referrals	% of GP Referrals that were completed via ERS		87.5%	88.2%	88.3%	88.1%	88.9%	88.6%	86.7%	88.0%	88.0%	87.1%	87.1%	86.7%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	7.1%	10.3%	12.7%	12.0%	11.5%	13.4%	14.3%	11.0%	15.7%	18.3%	18.7%	13.9%	
Maternity	Maternity Births	320	246	300	306	312	283	315	307	310	304	317	292	283	
Maternity	Maternity Bookings	377	379	419	367	390	342	408	357	314	357	344	353	437	
Outpatients	Outpatient DNA Rate % - New	<10%	10.5%	9.8%	10.7%	11.4%	12.9%	12.9%	12.9%	12.5%	11.2%	11.2%	11.7%	9.7%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	10.7%	9.7%	10.3%	11.5%	13.6%	12.4%	11.6%	11.5%	10.8%	10.5%	10.8%	9.8%	
Outpatients	Outpatient New Attendances		9407	9416	9481	9684	9201	10374	9094	9449	10760	9862	9141	10445	
Outpatients	Outpatient FUp Attendances		17468	18054	18383	18595	17166	18961	16773	17337	18884	17644	16038	18928	
Outpatients	Outpatient Procedures		7549	7983	7494	7558	7534	8301	7222	7707	8333	7841	7417	8641	

Appendix 1:   **Appointment slot issues exception report**

Executive summary

Whittington Health's proportion of Appointment Slot Issues (ASIs) is smaller when compared to NCL providers, with 17.6% fewer ASIs compared to the worst performing Trust in December 2019.

The ASI positon for January 2020 has seen an improvement from 18.7% to 14% (1163 to 952), this is as a result of individual service lines improving internal capacity to meet referral demands.

Introduction

What is an Appointment Slot Issue (ASI)

The NHS e-Referral Service (e-RS) combines electronic booking with a choice of place, date and time for first hospital or clinic appointments. Patients can choose their initial hospital or clinic appointment and book it in the GP surgery at the point of referral, or later at home on the phone or online.

When no clinic appointment is available for patients to book in e-RS, the referral can be forwarded (via the Manage Your Referral patient application) or deferred (via the professional application) to the patient's chosen provider to enable the Trust to book the patient an appointment. When a referral is forwarded or deferred, it will appear on the Trust's appointment slot issues (ASI) worklist.

There are two reasons why there may be no clinic appointments available on e-RS. The first is that, in very rare circumstances, a technical issue can prevent an appointment slot from being shown or booked. The second and usual reason is that Trust services have not made sufficient appointment slots available to e-RS.

The 4% target for ASIs for all Trusts was set nationally before there was a realisation of the true impact of full implementation of e-RS. Across the North Central London STP patch ASIs performance for December 2019 is as follows:

Acute	No. of ASIs	No. Direct Bookings	ASIs per DBS
Royal National Orthopaedic Hospital NHS Trust	129	1084	11.9%
Royal Free London NHS FT	2318	16894	13.7%
The Whittington Hospital NHS Trust	1163	6214	18.7%
University College London Hospital NHS FT	2163	9343	23.2%
Moorfields Eye Hospital NHS FT	1121	4610	24.3%
North Middlesex University Hospital NHS Trust	1294	3593	36.0%

Trust position – January 2020

The ASI positon for January 2020 has seen an improvement from 18.7% to 14%, this is as a result of individual service lines improving internal capacity to meet referral demands.

Appointment Slot Issues (ASIs) and bookings by ICSU

Reporting Period: Aug 19 - Jan 20

Report date: 10/02/2020

Data source: NHS Digital Appointment Slot Issues Reports/ EBSX datasets

Note: More than one local specialty may be attributed to a single service in e-RS. Here bookings and ASIs will show against the lead specialty

	Aug-19			Sep-19			Oct-19			Nov-19			Dec-19			Jan-20			TREND		
																			n	n	%
ICSU	ASI	Bkd	% ASI	ASI	Bkd	% ASI	ASI	Bkd	% ASI	ASI	Bkd	% ASI	ASI	Bkd	% ASI	ASI	Bkd	% ASI	Total ASIs	Total Bkd	ASI
ACS	32	3	1067%	34	8	425%	46	15	307%	65	14	464%	49	11	445%	58	15	387%			
ACW	157	571	27%	66	695	9%	138	705	20%	171	622	27%	121	641	19%	59	727	8%			
CYP	7	431	2%	48	446	11%	159	418	38%	62	481	13%	26	565	5%	8	616	1%			
EIM	409	1228	33%	393	1449	27%	436	1655	26%	474	1709	28%	582	1519	38%	548	1687	32%			
Surgery	240	3661	7%	139	3606	4%	315	4182	8%	391	3534	11%	385	3478	11%	279	3803	7%			
Grand Total	**845**	**5894**	**14%**	**680**	**6204**	**11%**	**1094**	**6975**	**16%**	**1163**	**6360**	**18%**	**1163**	**6214**	**19%**	**952**	**6848**	**14%**			

Local Management of ASI lists

The current process for managing ASIs is as follows:

- All ASIs are managed according to service pathways and are overseen by service managers. Service capacity and the ASI list are reviewed at the weekly PTL meeting. Each service has a 14 day target to action their ASI list and minimise waiting times.
- The ASI list for patients is copied to produce an internal tracking list. This tracking list manages patients in chronological order for each speciality as per best practice guidelines for managing waiting lists.
- When booking patients, services refer to this local tracking list and their RTT clock starts on the original received UBRN date (which is noted on the ASI list).

The following safety assurances are in place to avoid clinical harm:

- Urgent ASIs are typically seen within 24-48 hours, but never longer than 14 days. Extra capacity is sourced and urgent's are regularly monitored and reviewed.
- Routine ASIs are reviewed in weekly PTL meeting to ensure they are seen as soon as capacity is found.

There are 2 specialities that are currently experiencing long wait ASI issues, Pain Management and Respiratory Medicine. These lists are reviewed on a daily basis as new capacity is made available.

Meeting title	Trust Board – public meeting	Date:	26.2.2020
Report title	Gender Pay Gap Report 2019	Agenda item:	12
Executive director lead	Norma French, Director of Workforce		
Report author	Amelia Barajas-Villaluenga, Head of Workforce Systems & Analytics		
Executive summary	Annual snapshots reporting of the gender pay gap have been a requirement of public sector organisations since 2017. There are six core statistics to be reported as percentage gaps. A positive percentage indicates that men earn more than women, and a negative percentage indicates that women earn more than men for the specific measure in question. The measures are as follows together with the 2019 summary: (i) Mean average: 8.56% (ii) Median average: 1.46% (iii) Bonus mean average: 0.57% (iv) Bonus median average: 11.06% (v) Proportion of those receiving bonuses: -1.45% (vi) Proportion of four quartiles: summarised in Appendix 1. The detailed breakdown of hourly rates and pay gap in specific staff groups show no consistent trend but a variation in movement with some areas closing the gap, others widening and some reversing from positive to negative or the other way around. There is no overall trend for Trust-wide results other than the mean average hourly pay gap is closing. Other results have been variable from year to year. The results are required to be publically reported and are available for the public to view on the Government website at: https://gender-pagap.service.gov.uk/Employer/VnMLXxqF		
Purpose:	This paper is for information		
Recommendation(s)	The Trust Board is asked to note the results		
Risk Register or Board Assurance Framework	People 2		
Report history	11 February, Trust Management Group		
Appendices	1. The published Whittington Health Gender pay gap report		

Gender pay gap report

1.0   Introduction
1.1   Gender pay gap obligations were introduced in 2017 alongside requirements for specified public bodies, including publishing annual information to demonstrate compliance under the Public Sector Equality Duty (PSED) and publishing equality objectives every four years. This is the third year of the extended duty, allowing a more comprehensive action plan to be created where necessary, provides an opportunity to benchmark against other Trusts, and learn from work undertaken in previous years, in both the NHS and the private sector in reducing the gender pay gap. The data reflects 2019 workforce structure, and so does not take into current changes.

1.2   This report provides a summary of the gender pay gap findings, prior to general publication, and recommends next initial steps.

2.0   What is the gender pay gap?
2.1   The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:
- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
- The NHS has a national pay structure and job evaluation system for staff on Agenda for Pay grades and Medical and Dental grades to ensure that men and women who carry out the same jobs, similar jobs or work of equal value are paid the same. We regularly review pay awards to allow for pay and grading reviews of new roles in a process managed with the active involvement of trade union representatives of our staff. It makes no reference to gender or any other personal characteristics of existing or potential job holders.
- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings. A positive result denotes higher male earnings; a negative result denotes higher female earnings.

2.2   These results must be published on the employers own website and a government site. This means that the gender pay gap will be publicly available to stakeholders, employees and potential future recruits. As a result, employers should consider taking new or faster actions to reduce or eliminate their gender pay gaps.

2.3   The gender pay gap is different to equal pay. This means that intricate research and analysis is needed to understand why a pay gap exists, and therefore what can be done to address it. National research has shown, for example, that women are less likely to negotiate higher starting salaries on a particular grade than men. There are also particular influencing factors in the NHS. For example, some professions are more likely to attract females than males. What can be done to change is this?

3.0   What do we report?
3.1   The legislation requires an employer to publish six calculations:
- Average gender pay gap as a mean average;
- Average gender pay gap as a median average;
- Average bonus gender pay gap as a mean average;
- Average bonus gender pay gap as a median average;
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment;

- Proportion of males and females when divided into four groups ordered from lowest to highest pay.

4.0   Summary of 2019 Whittington Health gender pay gap analysis
4.1   Gender pay analysis for 2019 shows that at Whittington Health, women employed by our Trust earn an average of 8.6% less than men, per hour. This is an improvement of 1% when compared to the figure reported for end of March 2018. Our full gender pay gap report is attached at Appendix 1. 2017 was the first gender pay gap analysis we had run, so we are now able to compare data and from then onwards to identify trends.

5.0   Whittington Health gender profile
5.1   Table 1, below, shows that at 31st March 2019 the Trust workforce comprised 78% female and 22% male across all roles at all levels of pay.

Table 1: The Breakdown of Headcount by pay band and gender
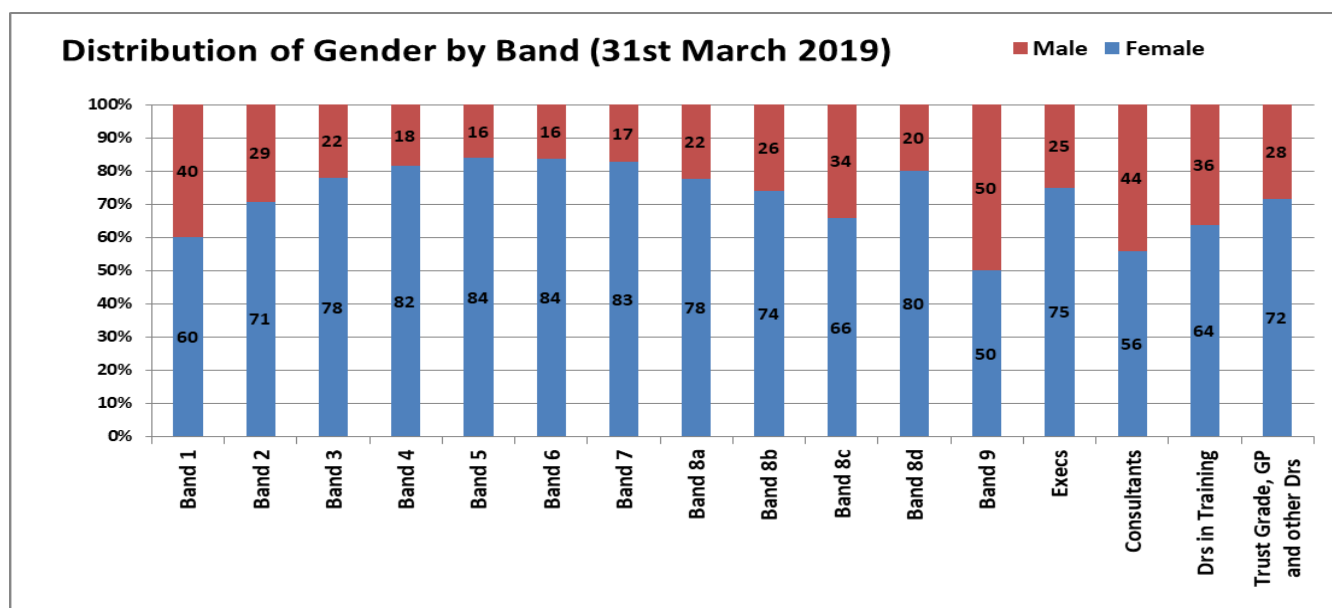
5.2   The representation for non-medical and dental staff - 'Agenda for Change' (AfC) - at the higher bands (8A to Executive) is 25% male and 75% female. Therefore in comparison to the whole Trust gender profile, males are over-represented at higher bands by 3% and females under-represented by 3%.

5.3   The representation for medical and dental staff at consultant level is 56% female and 44% male. In comparison to the whole Trust profile, there is a 22% under-representation of females at consultant level, and a 22% over-representation of males.

5.4   The total AfC-only male-female split is 80% female and 20% male:

5.5   The profile for medical and dental only staff is 62% female and 38% male: The comparison for medical and dental staff seniority shows that proportion to the male-female split of consultants is 56% female and 44% male: an under-representation of female medics of 6%.

6.0   The gender pay gap – hourly rate of pay
6.1   Table 2, below, shows the overall pay gap based on the basic hourly rate for all employees across three years (2017-2019) for both mean average rates and the median rate for men and women.

Table 2: Mean and Median Hourly Rates for Men and Women

	Mar-17				Mar-18				Mar-19			
	Male	Female	Difference	Pay Gap Percentage	Male	Female	Difference	Pay Gap Percentage	Male	Female	Difference	Pay Gap Percentage
Mean hourly rate for all employees	£22.70	£20.33	£2.40	10.60%	£21.40	£19.34	£2.06	9.63%	£21.71	£19.85	£1.86	8.56%
Median hourly rate for all employees	£18.63	£17.65	£0.98	5%	£17.64	£17.64	£0.00	0%	£18.17	£17.91	£0.26	1.46%

6.2   Table 2 shows a steady reduction in the average hourly pay rate gap for men and women from 10.6% in 2017, 9.63% in 2018 and 8.56% in 2019. However, there is a very slight increase in the median hourly rate in 2019 with a gap of 1.46% from its 0% level in 2018, although the gap does not widen to its 2017 level at 5%.

7.0   Gender pay gap by staff group
7.1   Table 3, overleaf, shows the gender pay gap for different staff groups. All the negative figures demonstrate negative pay gaps (in which women earn more than men). Each group is discussed separately below.

7.2   Additional Professional Scientific and Technical staff showed a small negative pay gap of -1.6% in 2017 which reversed in 2018 to 1.6% and has very slightly reduced in 2019 to 1.53%.

7.3   Additional Clinical Services staff show a consistent negative pay gap of -3.3% in 2017; increasing to -7.1% in 2018; and slightly reducing to -4.18% in 2019, above the starting gap in 2017.

7.4   Administrative and Clerical staff show a consistently high pay gap starting at its highest in 2017 at 20.92% and reducing to just over 10% in both 2018 and 2019.

7.5   Allied Health Professionals show consistently negative gender pay gaps: with -2.4% in 2017; increasing to -5.3% in 2018; reducing to below the 2017 rate in 2019 at -1.56%.

7.6   Estates and Ancillary show a relatively high pay gap started at 5.6% in 2017; rising to 12.36% in 2018; and slightly reducing to 9.86% in 2019.

7.7   Healthcare Scientists gradually reduced the gap from 2017 (4.5%) to 1.74% in 2018. This has reversed at a smaller gap though negative in 2019 to -0.6%.

7.8   Medical and Dental show a consistently positive gap of 1.6%, 2.52% and 0.92% from 2017 to 2019.

7.9   The hourly rate for Registered Nurses and Midwives shows a negative pay gap in 2017 at -3.4%, remaining negative though reduced in 2018 at -1.6%, and reversing to a positive pay gap in 2019 at 0.92%.

Table 3: Three Year Figures for Pay Gaps for Specific Staff Groups

Staff Group *	Mar-17				Mar-18				Mar-19			
	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage
Add Prof Scientific and	£23.04	£23.41	-£0.37	-1.60%	£23.79	£23.41	£0.38	1.6%	£23.47	£23.11	£0.36	1.53%
Additional Clinical Ser	£12.52	£12.93	-£0.41	-3.30%	£12.29	£13.16	-£0.87	-7.10%	£12.93	£13.47	-£0.54	-4.18%
Admin&Clerical	£22.32	£17.65	£4.67	20.92%	£17.66	£15.89	£1.77	10.02%	£18.44	£16.55	£1.89	10.25%
Allied Health Professi	£21.64	£22.15	-£0.51	-2.40%	£18.92	£19.89	-£0.97	-5.13%	£20.56	£20.88	-£0.32	-1.56%
Estates and Ancillary	£14.74	£13.91	£0.83	5.60%	£13.92	£12.20	£1.72	12.36%	£14.71	£13.26	£1.45	9.86%
Healthcare Scientists	£23.46	£22.41	£1.05	4.50%	£21.21	£20.84	£0.37	1.74%	£21.56	£21.69	-£0.13	-0.60%
Med&Den	£37.08	£36.50	£0.58	1.60%	£35.37	£34.48	£0.89	2.52%	£35.86	£35.53	£0.33	0.92%
Nur&Mid Reg	£20.35	£21.04	-£0.69	-3.40%	£18.65	£18.95	-£0.30	-1.61%	£20.73	£20.29	£0.44	2.12%

*Students excluded

7.2   Overall, females in the Additional Clinical Services, AHP and Healthcare Scientists groups have a positive gender pay gap in 2019. The gap in the hourly rate on those groups, when compared to March 2017, has decreased for females on the Additional Clinical Service group and the AHPs (by 2.9% and 3.6% respectively). On average females on the nursing and midwifery group earned 2.12% less than males in March 2019, in contrast with the previous year where females earned 1.61% more than males.

7.3   Table 4, overleaf, provides more detail for medical and dental staff

7.4   Within the medical staff group the average hourly rates were still lower for females than for males across the three role type categories in March 2019. The Consultant and Doctors in Training gender pay gap widened by 0.4% and 0.8% respectively in March 2019 with respect to March 2018. The pay gap in the 'Trust Grade and Other doctors' group has narrowed between March 2018 and March 2019 by 0.23%.

7.5   The gender pay gap for Medical and Dental showed negative gaps only in 2017, whilst in 2018 and 2019 the gap is an entirely positive statistic (men earn greater hourly rate). However, the gaps in 2018 and 2019 are lower.

Table 4: Medical and Dental Hourly Pay Rates

Staff Group	Mar-17				Mar-18				Mar-19			
	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage	Male	Female	Difference	Mean Pay Gap Percentage
Consultants and GPs	£47.10	£48.20	-£1.10	-2.30%	£46.32	£45.81	£0.51	1.10%	£47.74	£47.01	£0.73	1.53%
Doctors in Training Grades	£28.20	£30.20	-£2.00	-7.10%	£27.45	£26.15	£1.30	4.74%	£28.54	£26.96	£1.58	5.54%
Trust Grade and Other doctors	£36.10	£34.70	£1.40	3.88%	£35.29	£34.55	£0.74	2.10%	£34.30	£33.66	£0.64	1.87%

8.0 The gender pay gap – bonus payments

8.1 At Whittington Health, the only bonuses that are paid are Clinical Excellence Awards (CEAs) to consultants. The guidance from NHS Employers and the ESR (Electronic Staff Records) Central Team is that CEAs meet the definition of a "bonus payment" in accordance with the Advice and Conciliation Service (ACAS) guidance relating to the scheme. Local awards are determined and funded locally. National awards are determined nationally and funded by the Department of Health. Table 5, below, provides the breakdown of bonus payments.

Table 5: Breakdown of Bonus Payments

	Male	Female	Pay Gap Percentage
Mean bonus pay per annum	£10,693.74	£10,632.93	0.57%
Median bonus pay per annum	£6,409.02	£5,700.27	11.06%
Proportion of all employees paid a bonus	1.13%	2.58%	-1.45%

8.2 CEAs often relate to length of service so it will take many years for newly appointed consultants to progress up the CEA scale. The Pay Gap percentage references a one year period (1st April 2018 to 31st March 2019). It shows a positive value which indicates a higher pay value to male consultants in comparison to female consultants (0.57% gap).

8.3 The proportion of all employees paid a bonus is calculated over the total relevant employee headcount for each gender. Therefore the proportion of female consultants is lower (1.13%) compared to the proportion of male consultants (2.58%) because the total female headcount represent three quarters of the total workforce. More female consultants are paid bonuses, however they are of a lower average value.

9.0 Next steps

9.1 These full figures will be published on the Government website by 31st March 2019.

9.2 The Workforce Assurance Committee will review and update the action plan to address the gender pay gap issues identified. This will be alongside the Workforce Race

Equality Standard (WRES) Improvement Plan and will not duplicate, but will specifically have targeted actions to address the issues identified in the data. The action plan will analyse different groups of staff, and will include benchmarking in other trusts.

9.3   The Trust already actively supports women to return to work following maternity and adoption leave and offer shared parental leave and flexible working arrangements. The first WH Women's Network will be launched on International Women's Day in March.

9.4   The Trust will ensure that gender equality continues to be an integral part of our Equality, Diversity and Inclusion strategy. A new Women's Staff Network is being launched in March 2020 to support women's careers at Whittington Health, and feedback from this group will help inform subsequent improvement plans.

Appendix One:

The Published Whittington Health Gender Pay Gap Report (Snapshot as at 31st March 2019)

Standard	Male	Female	Pay Gap Percentage
Mean hourly rate of pay (all employees)	£21.71	£19.85	8.56%
Median hourly rate of pay (all employees)	£18.17	£17.91	1.46%
Mean bonus pay per annum (the only bonuses paid at WH are CEAs to consultants)	£10,693.74	£10,632.93	0.57%
Median bonus pay per annum (the only bonuses paid at WH are CEAs to consultants)	£6,409.02	£5,700.27	11.06%
The proportion of male and female employees paid a bonus (all employees)	2.85%	1.11%	

Proportion of male and female employees in each pay quartile	Male	Female
Quartile 1 (lower)	25.60%	74.40%
Quartile 2 (lower middle)	20.21%	79.79%
Quartile 3 (upper middle)	18.53%	81.47%
Quartile 4 (upper)	28.92%	71.08%

Meeting title	Trust Board - public meeting	Date:	26.2.2020
Report title	**2019 Staff survey results**	**Agenda item:**	**13**
Executive director lead	Norma French, Director of Workforce		
Report author	Eleanor Clarke, Head of OD		
Executive summary	Since 2003, NHS England has commissioned a national staff survey, asking NHS staff in England about their experiences of working from their respective NHS organisations. Summarising both the national trends and Whittington Health results across 11 summary indicators, referenced as 'themes' the report highlights improvement areas for 2020 and celebrates the significant improvements across all ICSUs, directorates and at Trust level.		
Purpose:	The attached report is for review		
Recommendation(s)	The Trust Board is asked to review the content of this report and agree/amend the proposed next steps in regards to 1) the focus areas for improvement and 2) the next steps for the development of the ICSU/Directorate actions plans		
Risk Register or Board Assurance Framework	People 2		
Report history	25 February 2020, Trust Management Group		
Appendices	All 2019 staff survey reporting outputs, with the exception of detailed spreadsheets at ICS/STP level (to be published in March 2020), are now published and in the public domain at: www.nhsstaffsurveyresults.com		

2019   National staff survey results

1.   Introduction

1.1   This is the ninth year in which Whittington Health as an Integrated Care Organisation (ICO) has conducted the national staff survey and the third year in which the Trust opted to invite all eligible staff to complete it. This paper summarises the results of the survey, draws out key comparative data and provides details of the proposed steps for updating staff and developing action plans.

1.2   The 2019 NHS England-commissioned survey was sent to over 1.1 million eligible staff and 300 NHS organisations, including 229 trusts in England took part. In 2019, 569,440 staff responded which is a 48% response rate, up from 46% in 2018.

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 plans

1.4   The Trust commissions the Picker Institute to run its survey, as do a further 22 other combined Acute and Community Trusts. This means that in addition to the national comparisons, we have access to reports at ICSU, directorate and individual service levels for a more detailed and local analysis. Nationally, Whittington Health was benchmarked against 47 other Combined Acute and Community Trusts in 2019.

1.5   This is the second year that NHS England have organised the summary indicators by 'themes' which are scored on a scale from 0 (worst) to 10 (best); In 2018 there were 10 themes and in 2019 there are 11 with the additional theme 'team working' which is derived from questions 4h "the team I work in has a set of shared objectives' and question 4i "the team I work in often meets to discuss the team's effectiveness". As per other themes, responses for questions contributing to the themes are rescored and the mean value of the rescored answers are used.

National Overall Scores & Trends – 11 Themes (2019 summary indicators).

2019 Themes	WH Score	National Score	National Trend
Equality, diversity & inclusion	8.6	9	Same as 2018 (9.0) but has declined since 2015 (9.1)
Health & wellbeing	5.6	5.9	Same as 2018 (5.9) and slightly lower than in 2015-17 (6.0)
Immediate managers	6.9	6.9	Improved since 2018 (6.8) and continues an improving trend since 2015 (6.7)
Morale	5.9	6.2	Improved since 2018 (6.1)
Quality of appraisals	5.9	5.6	Improved since 2018 (5.5) and continues year-on-year improvement since 2015 (5.2)
Quality of care	7.6	7.5	Improved since 2018 (7.4)
Safe environment – bullying & harassment	7.5	8.0	Remained the same since 2015 (8.0)
Safe environment – violence	9.5	9.4	Remained the same since 2015 (9.4)
Safety culture	6.8	6.8	Improved since 2018 (6.7) and 2017 (6.6)
Staff engagement	7.1	7.0	Remained the same since 2015 (7.0)
Team Wokring	6.6	6.6	Remained the same since 2016 (6.6)

1.6   All of the reporting outputs with the exception of detailed spreadsheets at ICS/STP level, which are to be published in March 2020, are now published and in the public domain. They can can be viewed at www.nhsstaffsurveyresults.com

2.   Response and respondent details
2.1   Of Whittington Health's (WH) 4229 eligible staff, 2350 staff took part in this survey, a response rate of **56%** which is **significantly above the average** for combined acute and community trusts in England (46%), and compares with a response rate of 48% in the 2018 survey.

2.2   Staff responses by work and demographic characteristics:

- 44% responding staff were under 41 years of age
- 21.5% responding staff were male, 73% female and 5% preferred not to say
- 56.7% of responding staff reported as White, 3.8% as Mixed, 15% as Asian/Asian British, 20.5% as Black/Black British, 0.7% Chinese and 3.2% as other

3.0   The CQC staff survey results overview

Staff engagement indicator
3.1   Whittington Health's theme score of 7.1 for staff engagement is compared favourably to the national score of 7.0

Survey Coordination Centre — 2019 NHS Staff Survey Results > Theme results > Trends > Staff engagement — NHS England

	2015	2016	2017	2018	2019
Best	7.6	7.6	7.5	7.5	7.6
Your org	7.0	7.1	7.0	7.0	7.1
Average	7.1	7.1	7.0	7.0	7.1
Worst	6.3	6.4	6.5	6.6	6.5
Responses	1,209	437	1,679	1,935	2,334
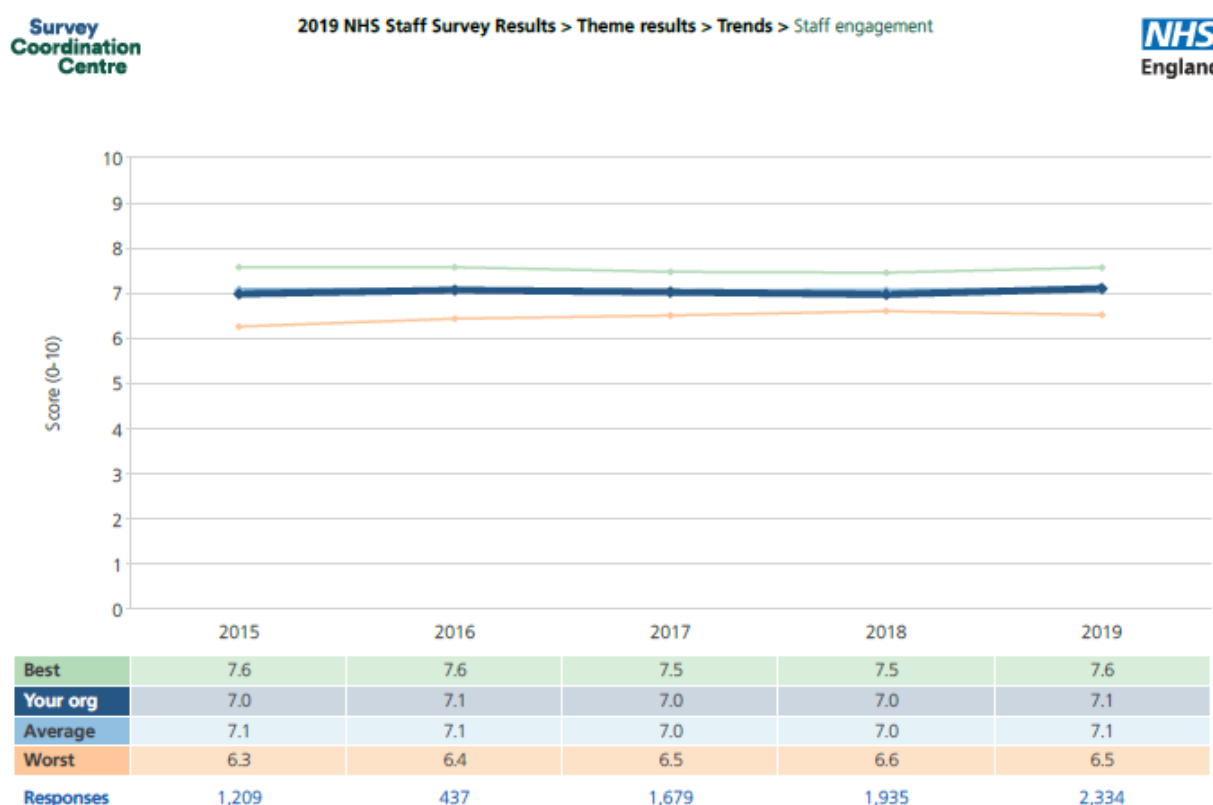
3.2   The key findings that make up the engagement score are:
- Staff recommendation of the trust as a place to work or receive treatment
- Staff motivation at work
- Staff ability to contribute towards improvements at work

2

3.3   Ranking scores for combined acute & community trusts

The reporting shows Whittington Health results against 11 themes this year (10 in 2018) and at question-level between 2015 to 2019. These results are presented in the context of the 'best', 'average' and 'worst' results for the total 48 Combined Acute & Community Trusts.

Whittington Health – 2019 overall results – Themes
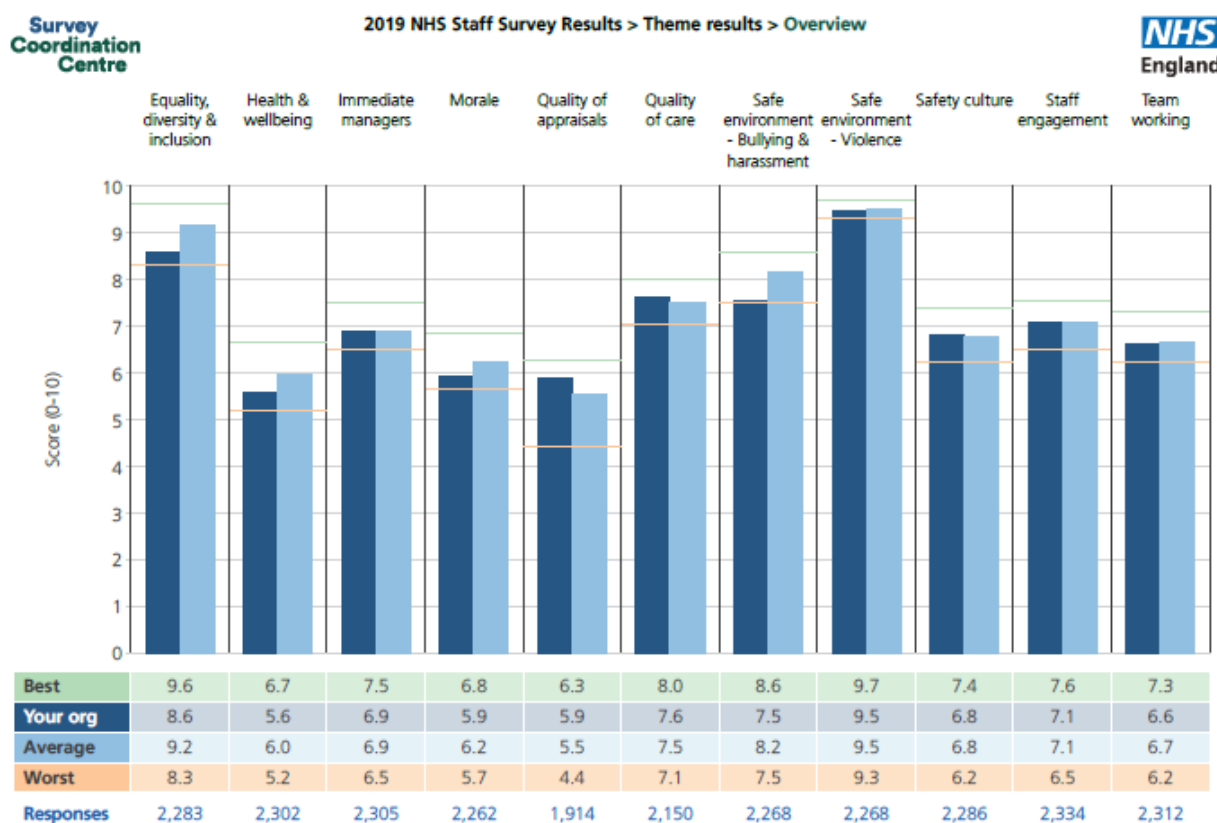
In 2019 Whittington Health is ranked as 'worst' in Safe Environment – Bullying & Harassment, compared to four themes in 2018 and there has been an improvement in every one of the 11 themes

Whittington Health – 2019 overall ranking – themes

Theme	Whittington Health – overall trend
Equality, Diversity & Inclusion	Below average; 0.3 improvement from last year
Health & Wellbeing	Below average; 0.1 improvement from last year
Immediate Managers	Ranked average; 0.3 improvement on last year
Morale	Below average; 0.2 improvement from last year
Quality of Appraisals	Above average; 0.4 improvement from last year
Quality of Care	Above average; 0.1 improvement from last year
Safe Environment; Bullying	Ranked 'worst'; 0.1 improvement from last year
Safe Environment - Violence	Ranked average; 0.1 improvement on last year
Safety Culture	Ranked average; 0.2 improvement on last year
Staff engagement	Ranked average; 0.1 improvement on last year
Team Working	Below average; 0.1 improvement from last year

3.4   Largest Local Changes since the 2018 survey

The table below present the results of significance testing conducted on this year's themes scores and those from last year, detailing Whittington Health theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: an upwards arrow indicates that the 2019 score is significantly higher that last year's, whereas a downwards arrow indicates that the 2019 score is significantly lower. If there is no statistically significant difference, you will see 'Not Significant'.

Whittington Health – local changes

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	8.3	1861	8.6	2283	↑
Health & wellbeing	5.5	1894	5.6	2302	Not significant
Immediate managers	6.7	1896	6.9	2305	↑
Morale	5.7	1846	5.9	2262	↑
Quality of appraisals	5.5	1576	5.9	1914	↑
Quality of care	7.5	1766	7.6	2150	↑
Safe environment - Bullying & harassment	7.4	1852	7.5	2268	Not significant
Safe environment - Violence	9.4	1851	9.5	2268	Not significant
Safety culture	6.6	1873	6.8	2286	↑
Staff engagement	7.0	1935	7.1	2334	↑
Team working	6.5	1915	6.6	2312	Not significant

tical significance is tested using a two-tailed t-test with a 95% level of confidence.

3.5 Comparisons with other trusts

Across the 11 themes, Whittington Health is compared with 48 other combined acute and community trusts in England including a number of London trusts which are below:

London Comparisions – Combined Acute & Community NHS Trusts - Themes

Theme	Whittington Health	Croydon	Guys & St Thomas'	Homerton	Lewisham & Greenwich	London North West
Equality, diversity & inclusion	**8.9**	8.6	8.7	8.5	8.6	8.3
Health & wellbeing	**5.6**	5.8	6.0	5.6	5.7	5.6
Immediate managers	**6.9**	6.8	7.0	6.9	6.9	6.6
Morale	**5.9**	5.9	6.3	5.9	6.0	5.7
Quality of appraisals	**5.9**	5.8	6.3	6.2	5.9	6.0
Quality of care	**7.6**	7.7	7.8	7.8	7.6	7.6
Safe environment: Bullying	**7.5**	7.7	7.9	7.8	7.6	7.5
Safe environment – violence	**9.5**	9.4	9.6	9.5	9.4	9.4
Safety culture	**6.8**	6.5	7.2	7.0	6.6	6.6
Staff engagement	**7.1**	6.9	7.5	7.1	7.0	6.9
Team Working	**6.5**	6.5	6.9	6.6	6.7	6.4

It is worth noting that in regards to EDI we rank higher than the other London trusts and sit at the bottom in 3: Health & Wellbeing; Quality of Care, and; Safe Environment – bullying & harassment

3.6 Whittington Health's Five year trends

Below is Whittington Health's five year trend for each of the 11 themes, starting with the most positive of results.

3.7 **Quality of Appraisals**
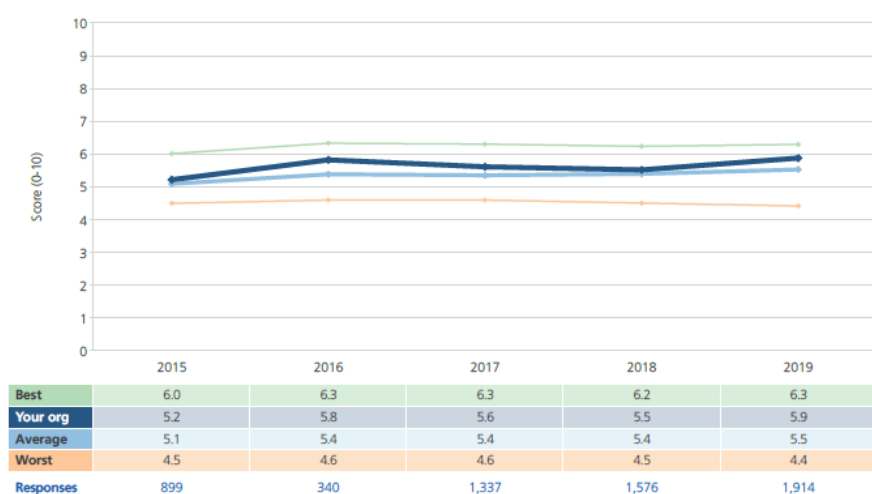
	2015	2016	2017	2018	2019
Best	6.0	6.3	6.3	6.2	6.3
Your org	5.2	5.8	5.6	5.5	5.9
Average	5.1	5.4	5.4	5.4	5.5
Worst	4.5	4.6	4.6	4.5	4.4
Responses	899	340	1,337	1,576	1,914

Whittington Health reported 'above average' in comparison to 48 similar trusts and improved 0.4 from last year

3.8   Quality of Care
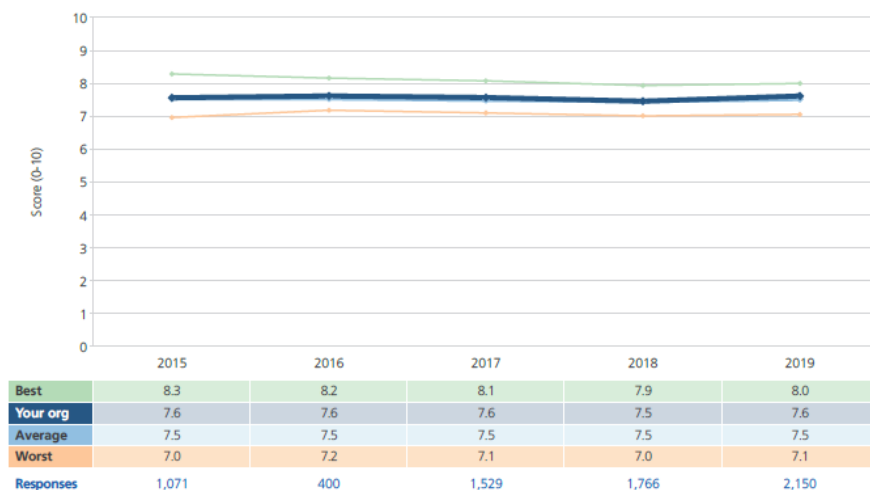
	2015	2016	2017	2018	2019
Best	8.3	8.2	8.1	7.9	8.0
Your org	7.6	7.6	7.6	7.5	7.6
Average	7.5	7.5	7.5	7.5	7.5
Worst	7.0	7.2	7.1	7.0	7.1
Responses	1,071	400	1,529	1,766	2,150

Whittington Health reported 'above average' in comparison to   48 similar trusts and improved 0.1 from last year

3.9   Staff Environment - Violence
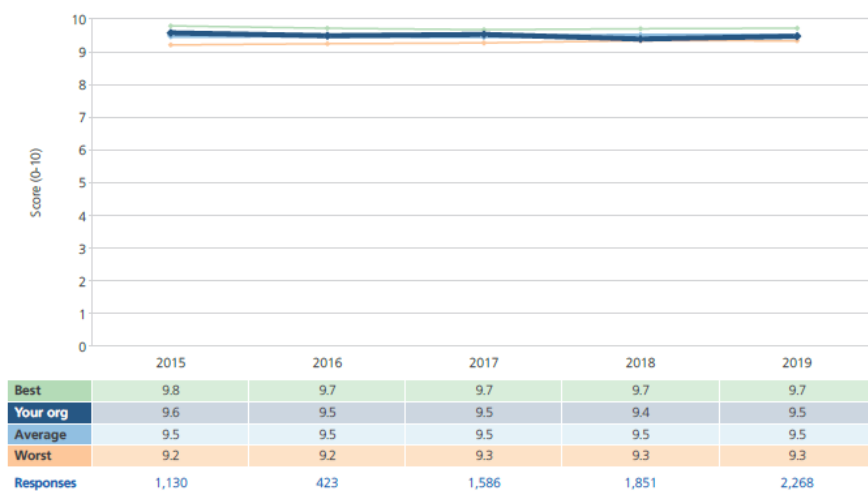
	2015	2016	2017	2018	2019
Best	9.8	9.7	9.7	9.7	9.7
Your org	9.6	9.5	9.5	9.4	9.5
Average	9.5	9.5	9.5	9.5	9.5
Worst	9.2	9.2	9.3	9.3	9.3
Responses	1,130	423	1,586	1,851	2,268

Whittington Health reported as 'average' in comparison to 48 similar trusts and improved 0.1 from last year

3.10   Safety Culture
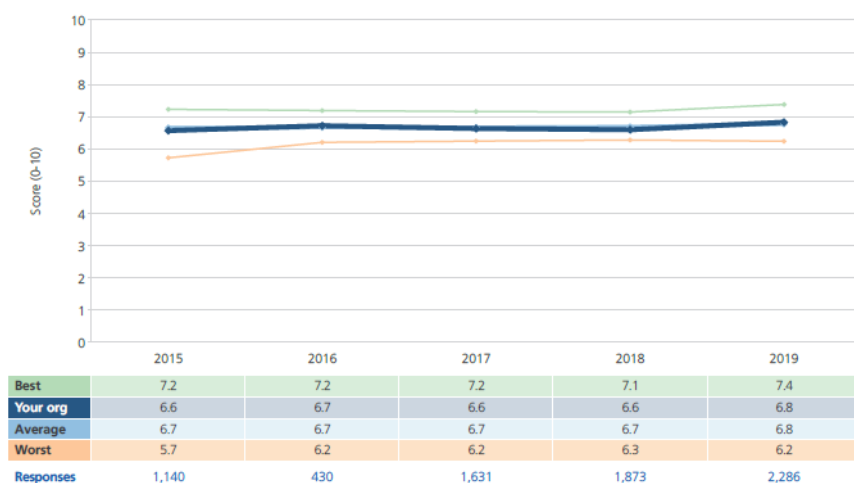
	2015	2016	2017	2018	2019
Best	7.2	7.2	7.2	7.1	7.4
Your org	6.6	6.7	6.6	6.6	6.8
Average	6.7	6.7	6.7	6.7	6.8
Worst	5.7	6.2	6.2	6.3	6.2
Responses	1,140	430	1,631	1,873	2,286

Whittington Health reported as ' average' in comparison to 48 simliar trusts and improved 0.2 from last year

3.11   Staff Engagement
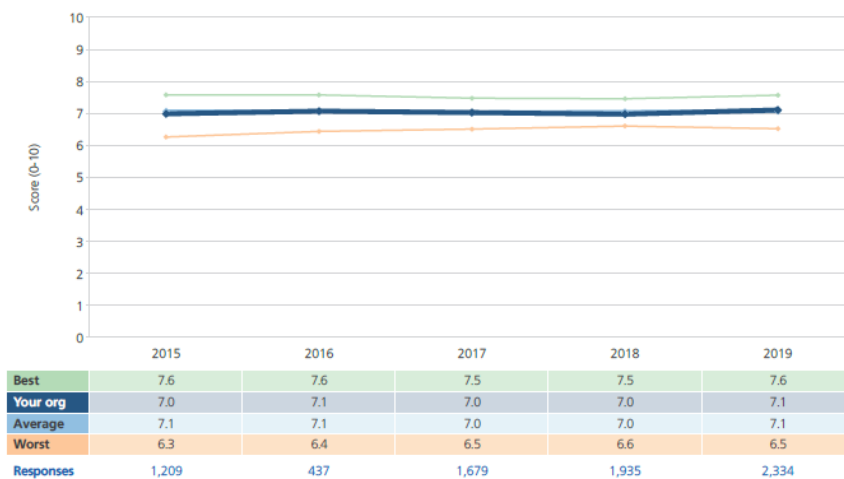
	2015	2016	2017	2018	2019
Best	7.6	7.6	7.5	7.5	7.6
Your org	7.0	7.1	7.0	7.0	7.1
Average	7.1	7.1	7.0	7.0	7.1
Worst	6.3	6.4	6.5	6.6	6.5
Responses	1,209	437	1,679	1,935	2,334

Whittington Health reported as 'average' in comparison to 48 similar trusts and improved 0.1 from last year

3.12   Immediate Managers
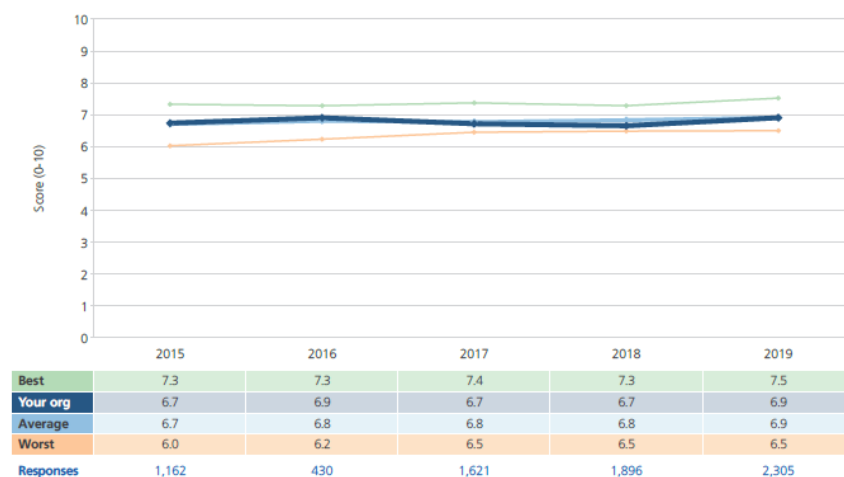
	2015	2016	2017	2018	2019
Best	7.3	7.3	7.4	7.3	7.5
Your org	6.7	6.9	6.7	6.7	6.9
Average	6.7	6.8	6.8	6.8	6.9
Worst	6.0	6.2	6.5	6.5	6.5
Responses	1,162	430	1,621	1,896	2,305

Whittington Health reported as 'average' in comparison to 48 similar trusts and improved 0.2 from last year

3.13   Equality, Diversity and Inclusion
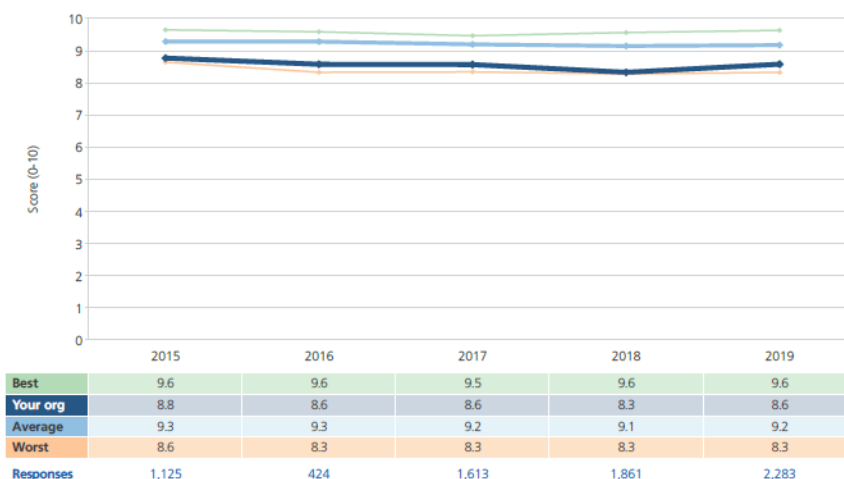
	2015	2016	2017	2018	2019
Best	9.6	9.6	9.5	9.6	9.6
Your org	8.8	8.6	8.6	8.3	8.6
Average	9.3	9.3	9.2	9.1	9.2
Worst	8.6	8.3	8.3	8.3	8.3
Responses	1,125	424	1,613	1,861	2,283

Whittington Health reported as 'below average' in comparison to 48 similar trusts and improved 0.3 from last year

3.14 Health & Wellbeing
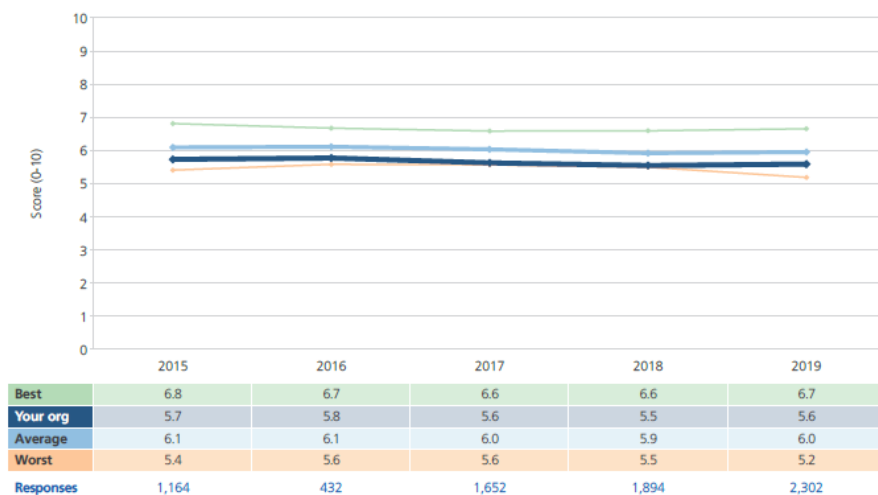
	2015	2016	2017	2018	2019
Best	6.8	6.7	6.6	6.6	6.7
Your org	5.7	5.8	5.6	5.5	5.6
Average	6.1	6.1	6.0	5.9	6.0
Worst	5.4	5.6	5.6	5.5	5.2
Responses	1,164	432	1,652	1,894	2,302

Whittington Health reported as 'below average' in comparision to 48 similar trusts and improved 0.1 from last year

3.15 Morale
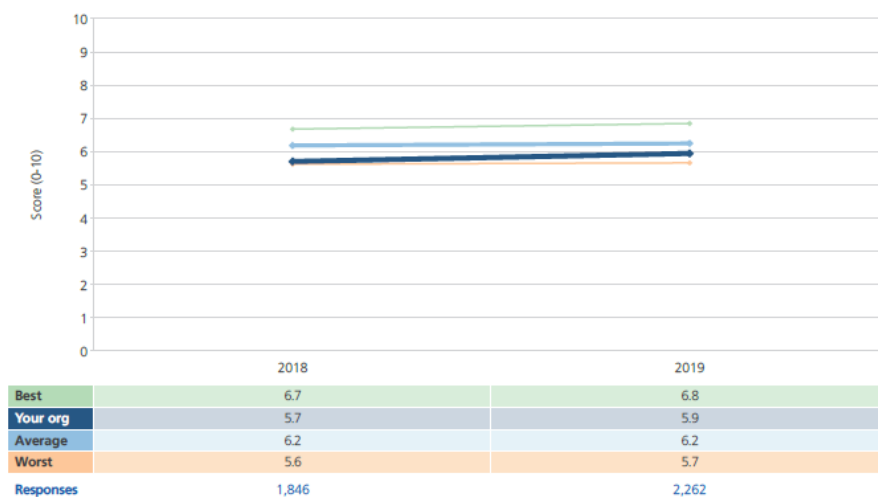
	2018	2019
Best	6.7	6.8
Your org	5.7	5.9
Average	6.2	6.2
Worst	5.6	5.7
Responses	1,846	2,262

Whittington Health reported as 'below average' in comparison to 48 similar trusts and improved 0.2 from last year

3.16 Team Working

	2015	2016	2017	2018	2019
Best	7.2	7.1	7.0	7.0	7.3
Your org	6.7	6.7	6.6	6.5	6.6
Average	6.6	6.6	6.6	6.6	6.7
Worst	6.0	6.3	6.3	6.3	6.2
Responses	1,181	430	1,665	1,915	2,312
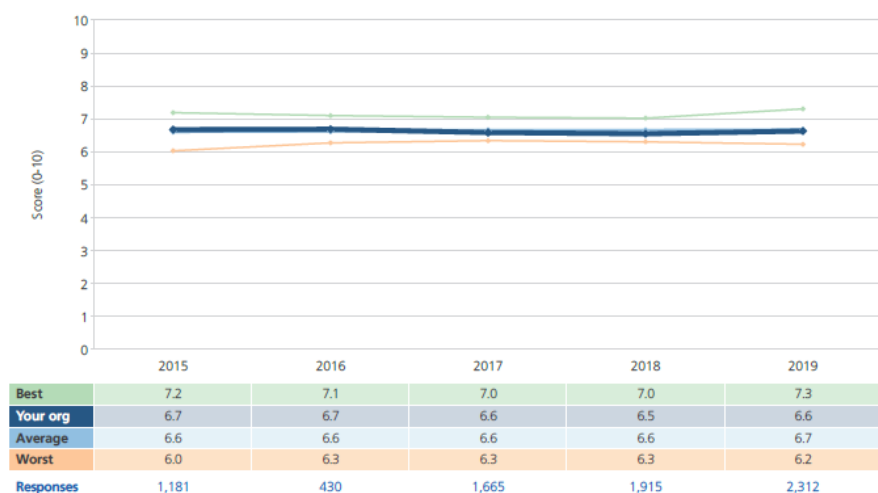
Whittington Health reported as 'below average' to 48 similar trusts and improved 0.1 from last year

3.17   Safe Environment – Bullying & Harassment

	2015	2016	2017	2018	2019
Best	8.5	8.6	8.5	8.6	8.6
Your org	7.7	7.6	7.7	7.4	7.5
Average	8.1	8.2	8.1	8.1	8.2
Worst	7.6	7.5	7.5	7.4	7.5
Responses	1,131	419	1,589	1,852	2,268
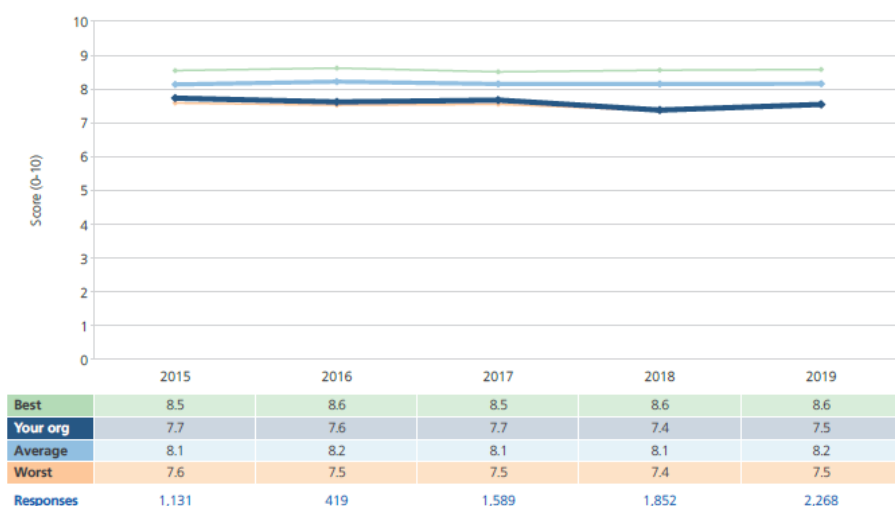
Whittington Health reported as 'worst' in comparison to 48 similar trusts and improved 0.1 from last year

4.0   Equalities Indicators from the Staff Survey

4.1   In its second year, Workforce Disability Equality Standards (WDES) can now be compared to 2018 results

WDES indicators reported in the Staff Survey for Whittington Health

2018 and 2019 Whittington Health (WH)		2019 Whittington Health (WH) % and total number of staff who answered the question		2018 Whittington Health % and total number of staff who answered the question	
Indicator/Question		**Disabled Staff**	**Non Disabled Staff**	**Disabled Staff**	**Non Disabled Staff**
4a	% of staff who experienced >= incident of bullying harassment or abuse from **Patients/service users, their relatives or other members of the public** in last 12 months	33.4% n=296	31.3% n= 1948	40.3% n=221	32% n= 1562
4a	% of staff who experienced >= incident of bullying harassment or abuse from **Manager** in last 12 months	24.1% n=294	16.3% n= 1925	27.3% n=220	19.3% n=1531
4a	% of staff who experienced at least one incident of bullying harassment or abuse from **other colleagues** in last 12 months	32.9% n=295	23.5% n=1930	27.5% n=218	24.5% n=1532
4b	% of staff saying, they or a colleague, **reported** their last incident of bullying, harassment or abuse	48.7% n=150	45.4% n=776	50.0% n=114	43.8% n=641
5	% of staff who believe that their organisation provides equal opportunities for career progression or promotion	72.1% n=190	78.3% n=1254	63.3% n=147	74.1% n=1000
6	% of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	33.5% n=224	22% n=1125	32.0% n=169	23.7% n=873
7	% of staff satisfied with the extent to which their organisation values their work	39.3% n=298	51.6% n=1553	36.8% n=220	48.4% n=1553
8	% of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	68.1% n=191	Not applicable	62.5% n=128	Not applicable
9a	Staff engagement score (0-10)	6.7 n=298	7.2 n=1960	6.6 n=222	7.1 n=1564

4.2 Generally, there has been a positive upswing in the responses of disabled staff at the Trust, most noticeable in the 6.9% decline in staff experiencing bullying, harassment or abuse from patients/service users, relatives or other members of the public and the 8.8% increase of disabled staff who believe Whittington Health provides equal opportunities for career progression or promotion. Of the 3 indicators with a negative downturn, most noticeable is the 5.4% increase in disabled staff reporting experiences of incidents of bullying, harassment or abuse from other colleagues in the last 12 months.

WRES indicators reported in the Staff Survey for Whittington Health

2018 and 2019 Whittington Health (WH)		**2019 Whittington Health (WH)** % and total number of staff who answered the question		**2018 Whittington Health** % and total number of staff who answered the question	
Indicator/Question		**BME staff**	**White staff**	**BME staff**	**White staff**
5	% of staff experiencing bullying harassment or abuse from **patients, relatives of the public** in last 12 mths	32.5% n=933	30.6% n= 1240	35.9% n=768	30.5% n=1028
6	% of staff experiencing harassment, bullying or abuse from **staff** in last 12 months	31.9% n=933	29.9% n= 1237	36.2% n=755	31.4% n= 1020
7	% of staff believing that the trust provides equal opportunities for career progression or promotion	65.3% n=571	86.6% n=833	58.3% n=465	83.2% n=691
8	% of staff experiencing discrimination at work from their manager/team leader or other colleagues in the last 12 months	16.1% n=933	7.8% n=1237	20.3% n=757	9.5% n=1026

4.3 The downward trajectory, since 2016, of a perceived disparity between white and BME colleagues in the organisation providing equal opportunities for career progression or promotion has finally ceased with a positive increase of 7% BME staff believing there are equal opportunities. Whilst good news, there is more work to be done as this is also where the greatest % difference between white and BME staff exists. Positively, the level of staff experiences of harassment, bullying or abuse from other staff is decreasing in both white and BME staff as is discrimination from a manager/team leader.

5.0 Progress on 2018 Staff Survey Action Plans

5.1 In response to advice provided by the NHS Co-ordination Centre, the Trust sought to create action plans that focused on a small number of key areas to ensure progress is made and staff are are able to experience the changes.

5.2 On receipt of the 2018 survey results the Workforce Directorate provided summaries of ICSU and Directorate results with three suggested focus areas for each ICSU and Directorate and a high level action plan template.

5.3 The HRBPs shared the themes and templates with all of the leads who were then tasked with cascading downwards, using the '*We Said We Did'* templates to capture improvement work at team level. The template action plans for ICSUs and teams are at Appendix 1.

5.4 To support managers and ensure staff were included in the process a number of workshops and support was offered by HR and OD to 'hot spot' teams. This included attending senior team Away Days, helping managers facilitate workshops to share the data and identify improvement areas.

5.5 Below are the comparisons of 2018 and 2019 key findings in relation to the identified focus areas for each ICSU/Directorate.

ICSU/Directorate	Suggested Focus Areas	2018	2019
Adult Community	Health & Wellbeing	5.4	5.7
	Morale	5.8	6.0
	Quality of Appraisals	5.8	6.3
CYPS	Morale	6.1	6.3
	Quality of Appraisals	5.3	5.6
	Quality of Care	7.2	7.3
E&IM	Health & Wellbeing	5.5	5.5
	Morale	5.7	6.0
	Quality of Appraisals	5.8	6.2
Facilities	Health & Wellbeing	6.4	6.5
	Immediate Managers	6.3	6.4
	Morale	5.9	6.1
Finance	Morale	5.5	5.6
	Safety Culture	6.1	6.6
	Quality of Appraisals	4.7	6.7
IT	Health & Wellbeing	5.8	5.3
	Morale	5.6	5.7
	Quality of Appraisals	4.6	5.6
Medical Director	Health & Wellbeing	5.8	5.8
	Safety Culture	6.6	6.6
	Quality of Appraisals	5.8	6.5
Nursing & Patient Experience (incl. Trust Secretariat in 2019)	Health & Wellbeing	5.5	6.2
	Morale	5.6	6.2
	Quality of Appraisals	5.1	5.6
Procurement	Health & Wellbeing	5.8	5.9
	Morale	5.4	6.0
	Quality of Appraisals	4.1	5.5
Surgery & Cancer	Health & Wellbeing	4.8	5.3
	Morale	5.3	5.8
	Quality of Appraisals	5.2	5.5
Womens Health	Health & Wellbeing	5.2	5.1
	Morale	5.7	5.7
	Quality of Appraisals	5.5	5.6
Workforce	Health & Wellbeing	6.3	6.7
	Morale	6.2	6.8
	Quality of Appraisals	6.6	7.1

COO wasn't included in 2018 results

5.6 In the last 12 months, staff have reported overwhelmingly that there have been positive changes in the focus areas for ICSUs and directorates and the intention is to carry on this targeted work in to 2020. The OD team and HRBPs are currently identifying focus areas for each ICSU/Directorate and updating guides for leads and managers as well as planning how to offer bespoke help for 'hot spot' areas and teams in 2020.

7.0 Upating Staff and Developing Action Plans

Trust-wide steps for updating staff and developing action plans across the ICSUs and Directorates, the Executive team, and Workforce teams: HRBPs, Inclusion team, Organisational Development and Occupational Health are as follows:

Timeline and Activity	Timing	Audience	Lead on content creation
Full & Directorate Whittington Health *draft* reports sent to all senior leaders as well as accompanying Picker reports.	03 Feb	Senior WH leaders	NF
Embargo ends at 9.20am. Results published nationally	18 Feb	Public	External
CEO Blog on results (email and intranet)	18 Feb	All Staff	JM
Noticeboard article with link to intranet blog	18 Feb	All Staff	JM
Reactive media lines signed off	18 Feb	Public	JM
Social media highlighting any positives	18 Feb	Public	JM
Include in Weekly Top 5 animation	21 Feb	Public	CJ
Trust Board report – overall results and next steps agreed	26 Feb	TMG	NF
CEO Briefing – next managers briefing is on 06 March	06 March	Managers/ All Staff	JM
Publication of the detailed spreadsheets, including a new comparison of themes and question level data for all trusts within each ICS/STP via an online dashboard and interactive excel tool. A new national free text report will be made available.	March	All Staff	External
WH Managers guide for using staff survey data sent to all ICSU/Directorate leaders	March	Senior WH leaders	OD & HRBPs
Partnership Group – overall results briefing	TBC	Staff side	OD
ICSU/Directorate leads to cascade information via relevant Boards including 'We Said We Did' template. HRBPs to support and ensure placed on agendas.	March - April	All staff	Dir of Workforce
ICSU/Directorate leads to present draft staff survey action plan at next Quarterly Performance Review	?April	CEO & Directors	ICSU/Directorate leads
Design or delivery or commissioning of interventions to address priority highlighted issues in ICSU/Service Area/teams	Mar - July	ICSU/Directorate leads/managers	HRBPs/Inclusion / OD / OH
ICSU/Directorate leads to review their interventions and report to Quarterly Performance Review	? July	CEO & Directors	ICSU/Directorate leads
Review of interventions shared with all staff – We Said We Did – month of communications	Sept	All staff	Comms

8.0 Recommendations

8.1 Trust Board is asked to note the content of this report and agree to:

a) Team Working, Safe Environment – bullying & harassment and Health & Wellbeing to be 3 priority areas for the whole organisation, as there is no significant improvement in the 2019 results and te ranking is as below average or 'worst' in relation to the 48 Acute & Combined Community Trusts

b) Each of the ICSUs/Directorates to consider focus areas suggested by HRBPs and OD and target improvement work in line with this advice and their own staff feedback,

c) The Workforce teams: HRBPs, Inclusion Team, OD and Occupational Health to support ICSUs/Directorates with local interventions

8.2 To assign Executives and Clinical Directors leads for the organisational focus on Safe Environment – bullying & harassment, team working and health & wellbeing

8.2 Each of the ICSU/Directorate leads is asked to disseminate their results to their management teams, including the updated WH Managers Guide and ensure the action plans are reported back at the next Quarterly Performance Review and at each of the next three reviews.

Appendix 1 - 2018 templates for ICSU/Directorates & Teams

NHS
Whittington Health
NHS Trust

"We are going to focus on these 3 areas for improvement"

Easy Wins	Highest Priority
	e.g. staff have the resources to do their job
	Focus Area 1: e.g. Health & Wellbeing
e.g. celebrating teams who reported 100% satisfaction in areas of staff survey	e.g. time out for all teams every 6mths
Celebrations & Strengths	Strategic Ideas

Easy Wins	Highest Priority
	Focus Area 2:
Celebrations & Strengths	Strategic Ideas

Easy Wins	Highest Priority
	Focus Area 3:
Celebrations & Strengths	Strategic Ideas

The next page shows how it will be reported for each ICSU/Directorate, based upon Patient Experience updates

Team Action Plans

NHS
Whittington Health
NHS Trust

For each ICSU and Directorate, the separate Team action plans (as below) will be appended to the main Board Report.

Team:
Theme:

We Said		→	We Did	

We Said		→	We Did	

We Said		→	We Did	
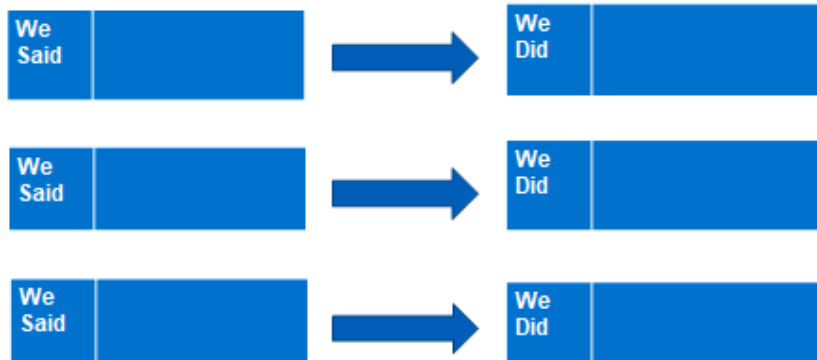
Example Update – for Focus 1
ICSU / Directorate NAME

NHS
Whittington Health
NHS Trust

Focus Area 1:			
Type	Plan	Update (+ impact)	Indicators of goal met
Easy Wins			
Highest Priority			
Celebrations & Strengths			
Strategic Ideas			

Meeting title	Trust Board – public meeting	Date: 26 February 2020
Report title	**Update on Borough partnerships and locality working**	**Agenda item:** 14
Executive director lead	Jonathan Gardner, Director of Strategy, Development & Corporate Affairs	
Report author	Jonathan Gardner	
Executive summary	This paper updates the board on the emerging work and governance of the Haringey and Islington Borough Partnerships as part of the NCL Integrated Care System.

It informs the board that both boroughs have created partnership boards on which the Whittington Health Chief Executive sits. It assures the Board that we have good representation at all levels of the emerging structure and that we have been integral to the design and implementation throughout the process.

It informs the board of the approach each borough is taking to localities and our involvement in those teams. Finally it highlights a few key things that have been achieved recently.

In addition, at appendix 1, Board members are presented with the draft 2020-24 Haringey Health and Wellbeing strategy. | |
Purpose:	To update and inform the board of developments	
Recommendation(s)	To note the update	
Risk Register or Board Assurance Framework		
Report history	25 February, Trust Management Group	
Appendices	1: Draft 2020-24 Haringey Health and Wellbeing strategy	

Borough partnerships and localities update

Background

Over the last year the commissioning and providing landscape has been changing in preparation for the Integrated Care System starting in April 2020. At a high level this has meant the creation of a single CCG covering all of NCL. However, after a number of meetings to design the ICS the councils in particular were very keen to maintain some autonomy over the design and governance in their boroughs. As a result each of the five boroughs has created a "borough partnership" as part of the Integrated Care System. These are all relatively similar in structure and scope. Below is presented the approach that Islington and Haringey have taken respectively. The CEO, Director of Strategy and others have been integral to this design process and whilst we would have preferred maintaining the Haringey and Islington join approach of the past, recognise that this truly joint partnership working going forward is and will be very valuable.

Islington

Islington have called their partnership "Fairer Together", it is strongly led by the Lead Council Member and has a broad ranging vision to transform public services in Islington. There is a draft Green paper which is being engaged on at the moment. This can be summarised as follows:

1. **A shared approach to strategy and investment**
   a. Using **start well**, **live well** and **age well** as the key themes for the Fairer Together Partnership demonstrates the breadth of our ambition for everyone in our borough whilst highlighting the importance of taking a "life-course" approach

2. **Shared principles of ways of working** – the Fairer Together Way
   a. **Building strengths**
   b. **Building relationships**
   c. **Building community**

3. **Integrated Locality Teams** to ensure more joined up support for local people.We see two approaches being critical here:
   a. **Coaching** – helping people to articulate goals for themselves and supporting them to achieve these.
   b. **Connecting** – helping people to identify and tap into sources of support in their community – the social prescribing model.
   c. With three elements:

Leadership Team
- Made up of providers from health, social care, primary care, housing, debt/employment, mental health, and voluntary sector
- Meet monthly to determine priorities and provide structure for locality
- Main purpose to drive, and enable the smooth integration of health, council, VCS services so that holistic resident issues are nipped in the bud early.

MDTs
- Some existing- INC and Rising Risk
- Providers can refer in residents to discuss and solve complex cases
- Focus on joint care and building relationships
- Teams shaped by Leadership team

All staff
- Culture shift! – the whole resident is my problem, no wrong door, warm handover not referral
- Everyone acts as a social prescriber
- Idea not to lose any resident in the system- problems are owned
- Focus on building professional to professional handovers

4. **New Community Networks** to bring together key players in each locality around common goals and priorities
   a. **Community voice** – understanding what's happening locally, how it feel for local people, gaining new perspectives on key issues and challenges
   b. **Social action** – galvanizing local people around key priorities, crowdfunding, building community support, encouraging local people to contrinute time, expertise, etc.
   c. **Funding** – for local priorities through new Community Banks
   d. **Collaboration** – encouraging organisations to collaborate
   e. **Capacity-building** – multi-agency training and development, advice and guidance across public sector and civil society organisations including re Fairer Together Way
   f. **Intelligence** – building an understanding of local assets so these can be accessed by vulnerable

The governance of Islington is still being finalised, but there is a partnership board which has Whittington Health's Chief Executive on it and a delivery board which has our Director of Strategy, Medical Director and Chief Nurse on it. Then there are the three locality leadership teams which have key operational leads.

THE FAIRER TOGETHER BOROUGH PARTNERSHIP
WHAT DOES IT LOOK LIKE?

Haringey

Similarly in Haringey, the borough partnership has been set up with Whittington Health's Chief Executive on it. It more formally reports to the Health and Wellbeing Board. It also has a delivery group, but also has more formal Start Well, Live Well, Age Well boards as well as a 'Place' or localities board.
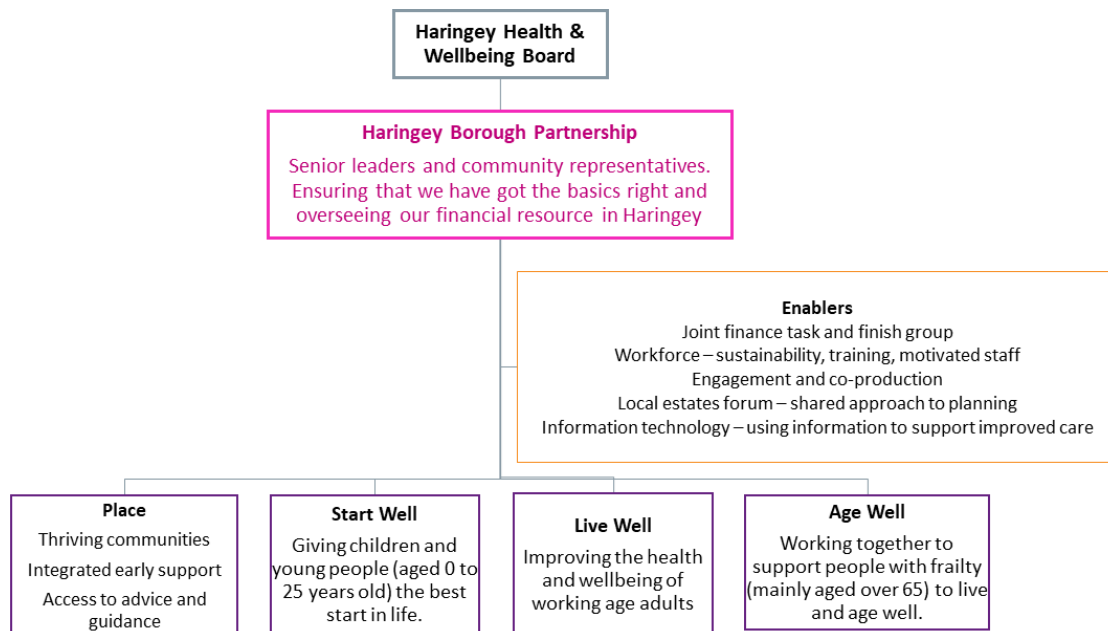
The Haringey Partnership is currently coming up with a delivery plan and a new health and wellbeing strategy. The principles of how we will work are

The Principle of:	Haringey Borough Partners will:
1. Wellbeing	We will make sure that the places and areas where people live help them to **stay** healthy, safe and well.
2. Community	We will build on community strengths, connecting people to local groups and resources in their area.
3. Partnership	We will work together to deliver care and support based on people's needs.
4. Strengths-based	We will be positive and engaged and focus on what people can do, with or without, support.
5. Impact	We will focus on what will deliver the best outcomes for our community now and in the future.
6. Information	We will use the best information available to us to plan for our population

Localities in Islington

Our hypothesis: We want to prevent issues arising and nip them in the bud early, through more integrated public services and more resilient local communities.

Islington will do this by wrapping services around the resident in a locality-based setting. Each locality has a core team to provide direct and personalised care, aligned teams to offer support as needed between localities and linked teams to provide services across the entire borough (shown below).

North Central London ICS

Islington Borough Partnership Board

Start Well
Joint Design and Delivery

- Bright Start
- CAMHS
- School Nursing
- Targeted Early Help
- Youth & Play
- Education
- Mental Health
- Fire / police / parks / libraries

Live Well
Joint Design and Delivery

- Mental Health
- iMax
- Housing
- Health Promotion
- Long-term conditions
- Fire / police / parks / libraries
- Substance Misuse

Age Well
Joint Design and Delivery

- Adult Social Care
- AgeUK
- Housing
- Navigators
- Mental Health
- Community Health
- Fire / police / parks / libraries

Groups at a borough level design which services will be delivered at which locality level and set outcomes for delivery teams

Note: This is focusing on services for adults in the first instance with a view to looking at children's services at a later date

These localities will also have three layers of structure that can be used to drive the integration of health, council, mental health, and voluntary sector services on the ground (shown overleaf).

Leadership Team
- Made up of providers from health, social care, primary care, housing, debt/employment, mental health, and voluntary sector
- Meet monthly to determine priorities and provide structure for locality
- Main purpose to drive, and enable the smooth integration of health, council, VCS services so that holistic resident issues are nipped in the bud early.

MDTs
- Some existing- INC and Rising Risk
- Providers can refer in residents to discuss and solve complex cases
- Focus on joint care and building relationships
- Teams shaped by Leadership team

All staff
- Culture shift! – the whole resident is my concern, no wrong door, warm handover not referral
- Everyone acts as a social prescriber
- Idea not to lose any resident in the system- problems are owned
- Focus on building professional to professional handovers

This work is being done in order to simplify routes into the system, strengthen professional relationships between providers of different services, and change the culture into one where a holistic viewpoint is in mind when dealing with the resident. Islington has been split into three localities where each leadership teams will define key priorities and tailor services to fit their community's needs (shown below).

These three localities continue to be developed from both a top-down and bottom-up approach, working under the Islington Borough Partnership and three key themes of 'Start Well, Live Well, Age Well' to develop localities-specific and borough-wide services. Localities will fall underneath the Borough Partnership, providing joined-up care and strengthening professional relationships on a community-level.

Localities in Haringey
Haringey's Borough Plan brings together ambitions that cut across the council, health, the community and voluntary sector, police, fire, clinical commissioning group and schools. This sets out the intention to take a locality-based approach. The NHS Long Term Plan supports this by making clear commitments to joined-up care, prevention, and addressing inequalities.

A locality or place-based approach involves combining data, evidence and people's lived experience to guide our work; building partnerships and working at different scales to improve health and wellbeing for people within a community. By working together with partners and people who live and work locally, the approach aims to build a picture of the system from a local perspective, taking an asset-based approach that seeks to highlight the strengths, capacity and knowledge of all those involved.

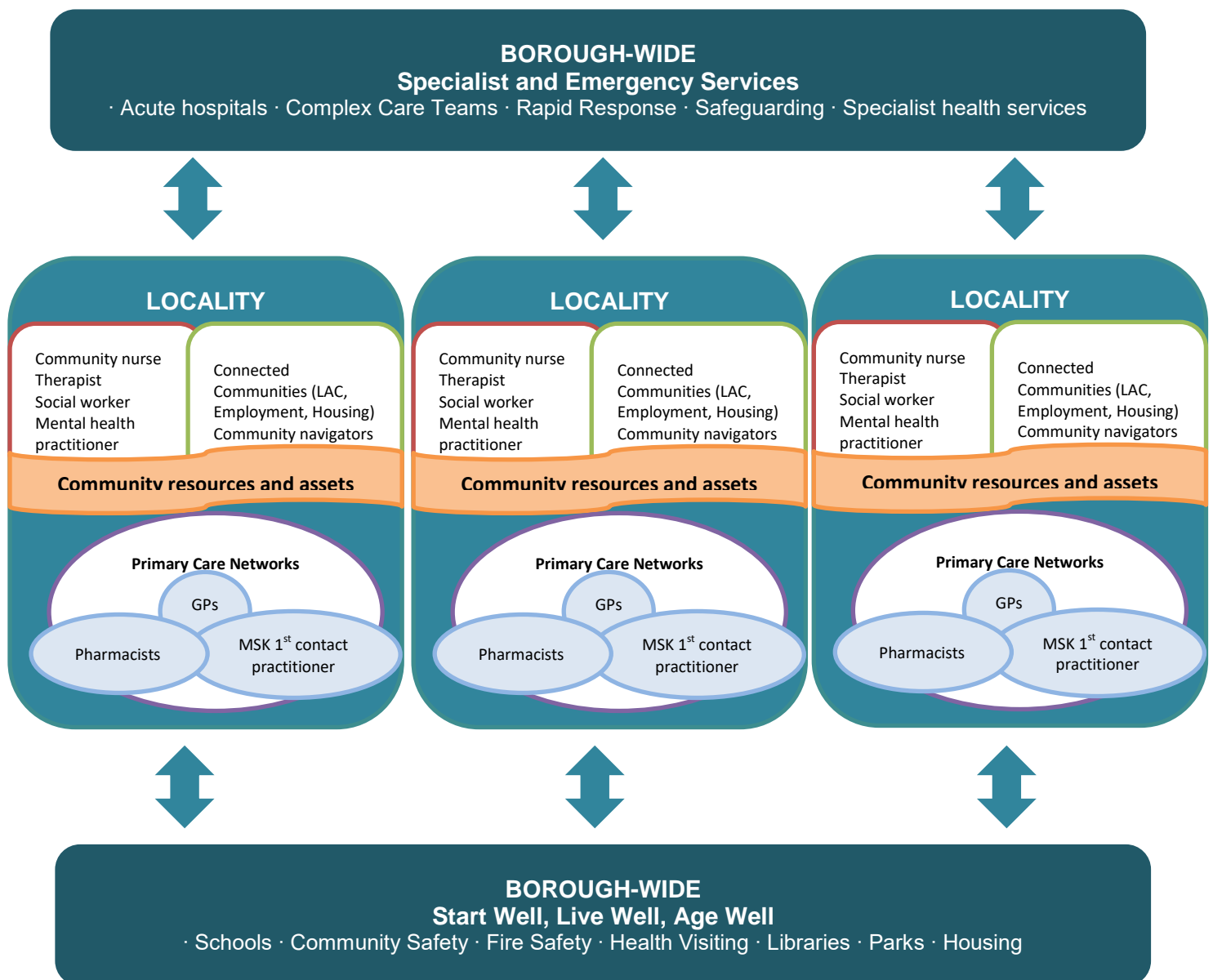*Haringey Principles for building strong local communities*

Preventative approach	• Deliver on our priorities to create more immediate change on the ground • Strengthen early intervention and prevention options • Community-based, all age early intervention and support
Partnerships rooted in local communities	• Build on assets and initiatives already in the community, for example, locating services within local community centres • Grow services from the bottom up
A learning approach	• Learning and improving so we can be creative, test different options, and be responsive to what we learn and be adaptable and flexible • Work out as we learn how this can be grown across the rest of the borough
Strength-based approach	• Strengths-based approaches, empowering residents to take ownership of their lives – building resilience, self-sufficiency • Focus on the resident's own definition of a good life • Focus on building support networks and capacity within the community
Integrated and coordinated approach	• Staff and services are connected to each other • Problems are dealt with in the round where possible, 'no wrong door' • Where appropriate hand-offs are carefully managed to ensure joined up care

This approach will work collaboratively across a range of services and community organisations to ensure we are able to offer the right support to individuals at the right time and where possible support them to manage their wellbeing themselves. This will take place on a community basis- which splits Haringey into three localities. This range of support and level of coordination is explained overleaf.

BOROUGH-WIDE
Specialist and Emergency Services
· Acute hospitals · Complex Care Teams · Rapid Response · Safeguarding · Specialist health services

LOCALITY

Community nurse
Therapist
Social worker
Mental health
practitioner

Connected
Communities (LAC,
Employment, Housing)
Community navigators

Community resources and assets

Primary Care Networks

GPs

Pharmacists

MSK 1st contact
practitioner

LOCALITY

Community nurse
Therapist
Social worker
Mental health
practitioner

Connected
Communities (LAC,
Employment, Housing)
Community navigators

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Pharmacists

MSK 1st contact
practitioner

BOROUGH-WIDE
Start Well, Live Well, Age Well
· Schools · Community Safety · Fire Safety · Health Visiting · Libraries · Parks · Housing

Early intervention and prevention will be provided through a network of roles including social prescribing link workers, community navigators, Local Area Coordinators and support officers. These roles work collaboratively with partners across health, public health, adults and children's social care, employment, housing and educations services, commissioned services and the voluntary and community sector. The figure overleaf shows the organising structure of Connected Communities.

Below is a visual representation of how the borough will be divided into these three localities. Hubs are being created in each area with the intention of co-locating providers across a range of organisations to facilitate joined up care and support of the community.

Key	Practice	List (Jul 19)	Primary Care Network
1	The Staunton Group Practice	14375	East Central
2	Hornsey Park Surgery	4485	East Central
3	West Green Road Surgery	15057	East Central
4	The Old Surgery	2081	East Central
5	JS Medical Practice Park Lane	12567	N15
6	JS Medical Practice	(Branch)	N15
7	JS Medical (Lawrence House)	(Branch)	N15
8	Havergal Surgery	6157	N15
9	Spur Road Surgery	1834	N15
10	St Anns Road Surgery	13461	N15
11	Grove Road Surgery	4541	N15
12	Cheshire Road Surgery	6755	North Central
13	Arcadian Gardens	4016	North Central
14	Myddleton Road Surgery	3116	North Central
15	Bounds Green Group Practice	17641	North Central
16	Stuart Crescent Health Centre (High Road	5110	North Central
17	Stuart Crescent Health Centre	3245	North Central
18	Somerset Gardens Family Health Centre	13571	North East
19	Castle View Surgery (Bruce Grove PHC)	(Branch)	North East
20	Morris House Group Practice	13244	North East
21	Westbury Medical Centre	10876	North East
22	Charlton House	6916	North East
23	Bruce Grove Primary Health Centre	7971	North East
24	Rutland House Surgery	6838	North West
25	Muswell Hill Practice	14518	North West
26	Queens Avenue Surgery	4575	North West
27	Highgate Group Practice	15843	North West
28	Queenswood Medical Practice	22606	South West
29	Crouch Hall Road Surgery	8407	South West
30	The 157 Medical Practice	4360	South West
31	Tottenham Health Centre	5510	Welbourne
32	Dowsett Rd Surgery	4797	Welbourne
33	Broadwater Farm (Branch of Lawrence H	(Branch)	Welbourne
34	Lawrence House Surgery	16646	Welbourne
35	Tottenham Hale Medical Practice (Lawrei	3018	Welbourne
36	Tynemouth Medical Practice	10099	Welbourne
37	Fernlea Surgery	9760	Welbourne
38	Alexandra Surgery	5629	West Central
39	Vale Practice	11222	West Central
40	Christchurch Hall Surgery	3595	West Central
41	Bridge House Medical Practice	10409	West Central

Update of key developments:

Islington:

- The North Leadership Team has the PCN Clinical Director, District Nursing lead, housing lead, two VCS members, income maximisation, social care lead, mental health lead. They have now met 4 times and have a clear vision for their priorities.
- We have recently been awarded £20k of matched funding by the London Leadership Academy to work with the National Association of Primary Care to support the development of the North Leadership Team and find key simple interventions to have the biggest impact.
- Our District Nurses will shortly move into Council Buildings on Newington Barrow Way so they are co-located with Social Care
- We have successfully set up a 'rising risk' MDT to discuss those patients who may benefit from an early intervention to prevent deterioration.
- We have organised our teams around localities

Haringey:

- Connected communities now operate out of Lordship Lane every week
- We are heavily engaged in the work in Northumberland Park where we have created a multi-agency drop-in hub.
- We are represented on the emerging groups for start well, live well, age well
- We have co-developed a new intermediate care proposal
- We have organised our teams around the localities

Haringey Health and Wellbeing Strategy 2020-24

Draft Slides for discussion

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Why do we have a Health and Wellbeing strategy?

Health and wellbeing are fundamental to our success individually and collectively. We all want to improve the health and wellbeing of people in Haringey, so that people can thrive and contribute to their communities.

All partners:

- have a commitment to fairness and social justice; we want to make sure we are doing all we can to prevent ill health and reduce health inequalities.
- believe that we are stronger when we work together in a more collective and open way, solving problems with our communities and residents so people can make better, healthier lives for themselves.
- recognise the importance of the wider factors that influence our health, such as the environments we live in, our housing, schools, jobs and income.

The strategy will enable us to have a **clear joint vision, priorities to work towards and oversight through the Board to monitor progress and ensure accountability**.

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Who is on Haringey's Health and Wellbeing Board?

The Health and Wellbeing Board is a small, focused decision-making partnership board.

Statutory membership includes:

Local Councillors
Directors of Adults' and Children's Services in Haringey Council
Director of Public Health in Haringey Council
Haringey Clinical Commissioning Group
Healthwatch Haringey – Public Voice
Voluntary sector representation

In the last 12 to 18 months, local NHS Trust Chief Executives and the Haringey GP Federation Chief Executive have also been attending the board meetings as non statutory invitees. This is to ensure that we are working collectively across Haringey's major health and care organisations to improve the health of Haringey's population, and to support development of Haringey's Borough Partnership (for health and care) as part of the North Central London integrated care system.

While we are developing this strategy we also want to review who sits on the Health and Wellbeing Board and the responsibilities the Board has, so that we can strengthen the ability of the board to lead and influence the health and wellbeing of Haringey's population

What are Haringey's assets?

We are a **young, ethnically diverse** borough but the number of older people is increasing

- Resident population – 270, 624
- We speak over **180 languages**
- Our life expectancy is now similar to England and London levels

- We have a dedicated health and care workforce
- We have strong community and voluntary sector involvement

- Just over a quarter (27.8%) of Haringey is made up of open space
- **Clean air levels are in line with London** but higher than the England average.

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What are some of the challenges we face in relation to Health and Wellbeing?

Haringey is the 4th most deprived borough in London. The gap in healthy life expectancy between the richest and poorest areas is **15** years for men and **17** years for women.

We have higher rates of serious mental illness than other boroughs. Rates of employment and stable housing are low in people with severe mental illness or learning disabilities.

Access to green space across the borough is variable between areas. We have high rates of people living in temporary accommodation.

31.8% of older people in Haringey over the age of 60 are affected by income deprivation. 29% of residents over 50 live alone.

21.3% of children are in low income families. Over a third of Year 6 school children are overweight and this disproportionately affects those in more deprived areas.

Haringey has the third highest rate of domestic abuse with injury in London. 30% of youth offenders had witnessed domestic violence by the age of 7.

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What are some key issues for Haringey residents?

The **wide range of life expectancies** across the Borough was highlighted as a key inequality to be addressed.

Housing was one of the biggest concerns of our residents, especially a lack of social housing. People are worried about the relationship between poor housing conditions and health.

Rough sleeping and homelessness were noted as being on the rise.

Isolation and loneliness were identified as an area to be addressed, particularly, but not only, for older people. There was a wish for more drop-in centres and lunch clubs.

Several residents expressed a desire to see **climate change and air quality** prioritised, including the promotion of active travel.

There was a high level of concern for the **young people at risk** in the borough, especially in relation to safety.

Residents expressed concern for **vulnerable residents**, such as those with disabilities or long-term conditions, who are more likely to live in poverty.

Residents would like greater access to good quality **swimming pools and leisure facilities** in some parts of the borough.

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How is the strategy organised?

The Health and Wellbeing strategy is organised into key themes.

Our themes are:

- Creating a healthy place

- Start well

- Live well

- Age well

- Violence prevention

This strategy sets out initial priority areas of focus within each of these themes.

These priority areas have been chosen through understanding our health needs through resources such as our State of the Borough information pack, as well as through resident feedback and through consensus amongst people working in each of these areas.

We want to bring together all our efforts as partner organisations to work on the priority areas we have set out in this strategy

How will our strategy be delivered?

There are existing plans and strategies in place that can help us to deliver the Health and Wellbeing Strategy (see appendix) such as Haringey's Borough Plan.

However, for most areas of work we will need to develop new ways of working together in order to deliver the ambitions of the strategy.

The Borough Partnership is a new partnership between health and care organisations in Haringey, which can play a major role in delivering the priorities outlined in the Health and Wellbeing Strategy.

We also recognise that the themes of the strategy are inter-connected so we will join up work across the themes where relevant.

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Principles of working together

As important as our themes and priorities are the ways in which we will work together towards our shared vision and goals. Working in different ways will be essential if we want to succeed in delivering our strategy:

Partnership working   We will commit to working collectively with a wide range of partners in a transparent and open way. We will all do our bit to deliver the strategy.
Our prime aim will be the health of the population of Haringey as a place and we believe we can only do this collectively.

Community-focused   We will listen to and work closely with our residents, communities and community organisations. We will support community organisations to thrive.

Long-term impact   We will make sure the decisions that we make benefit the health of our population in the long-term as well as the present

An informed approach   We will make sure decisions are based on good information including the views and feedback from our residents

Equity   We are committed to providing the most support to populations who need it most.

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Our Themes: Healthy Place

The physical features of a place influence the health of residents in many ways. Air quality, communal facilities, good quality housing and green spaces all contribute to healthy, connected communities and prevention of mental and physical long-term conditions.

Our vision for Haringey is that it will be a clean, green and safe borough where people of all ages want to live, work and play, now and in the future.

As key organisations in the local area, we would like to recognise ourselves as 'Anchor' institutions which can contribute heavily to overarching goals such as environmental sustainability and developing the skills of our workforce.

Initial proposed priorities:
- Designing and planning future major public developments in Haringey to maximise health and wellbeing of residents – including promoting active travel and social connectedness
- Scoping how housing in the borough can promote good health and wellbeing
- Using our licensing and planning regulations to promote healthy high streets
- Ensuring residents are connected to support and resources in the community that helps them improve wellbeing and deal with the problems that matter to them in their lives, for example financial advice, housing advice and employment support.
- Improving air quality
- Reducing carbon emissions

Start Well

The first few years of every child's life give them the long-term foundations to thrive and this is key to success in adulthood: we want to work together to ensure that every child in Haringey has the best start in life

Initial proposed priorities:

- Improving children and young people's mental and emotional health and wellbeing (0-25 years of age).

- Developing a multi-agency community based early help offer, meeting families needs at the earliest opportunity – we believe that stable resilient families living in strong communities are the key to helping children and young people lead happy, healthy and fulfilling lives.

- Ensuring schools and surrounding areas provide safe environments in which children are encouraged to make healthy choices

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WELL

Live Well
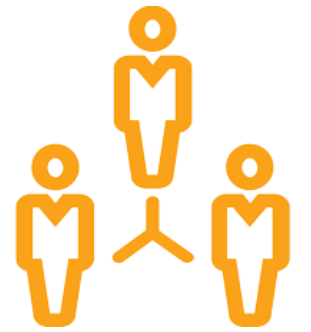
The wellbeing of adults in Haringey is critical for their life opportunities and experiences. Improved wellbeing drives better personal and social outcomes whilst reducing negative outcomes and harm.

For too many in Haringey, equality of access and opportunity is limited by cultural, social, statutory or bureaucratic barriers.

Initial Proposed priorities:

- Promoting good Mental Health and Wellbeing in our communities

- Improving access to healthcare services, stable housing and employment for vulnerable residents, including those with learning disabilities, autism, substance misuse issues and the homeless population

- Reducing drug and alcohol related harm

- Improving support for people with caring responsibilities

START · LIVE · AGE
WELL

Age Well

We want to ensure our residents live as well as possible as they age and are well supported to do so. We see older people as an asset to their communities.

Priorities agreed through Haringey's Ageing Well Strategy

- Reducing social isolation
- Reducing financial hardship in older people
- Keeping people in their own homes for longer and preventing or shortening hospital admissions including by:
  - Developing multi agency networks of support for people who are identified as frail or becoming frail these networks will operate within each locality
  - Improving our step up and step down services
- Improving the wellbeing of older people in care homes

Violence Prevention

Our aim:

We want to reduce the levels of violence on Haringey's streets and also the violence that takes place behind closed doors in Haringey's households.

We have existing Haringey strategies to tackle youth violence and violence against women and girls. These strategies are overseen by our Community Safety Partnership, but the Health and Wellbeing Board will also now review progress on these strategies ensure and that the partners on the Health and Wellbeing Board are contributing to this agenda.

We will focus on:

- Reviewing and developing our approaches to preventing early trauma and adverse childhood experiences (such as domestic violence, the impacts of serious parental mental illness and parental alcohol and substance misuse)

- Speaking out against all forms of violence in Haringey

- Listening to our communities and voluntary sector groups to make sure we are collectively addressing and tackling youth violence and violence against women and girls

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WELL

Outcome Measures

- We have proposed a small set of strategic outcomes measures for the Strategy on the next slide. Some of the things we want to measure are difficult to measure, so we will think about how we can monitor progress in these areas, and also about how we capture resident feedback on how we are doing.

- We also want to ensure we monitor inequalities in outcomes between different groups so that they can be reduced

- We want to also set intermediate goals so that we can review our workstreams and effect change if needed before the time period of the strategy runs out. Many of these are already set out in the existing delivery plans that will support the Health and Wellbeing Strategy

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Outcome Measures

- Proposed outcome measures (placeholder slide)

- Overarching measure – years lived in good health and gap in years lived in good health across the borough

- Proportion of journeys made through walking and cycling

- Air quality measure

- Measures of emotional and mental wellbeing in children and adults

- School readiness

- Employment in people with learning disabilities and enduring mental illness

- Social isolation in older people

- Hospital admission rates for older people

START · LIVE · AGE
WELL

Consultation

- We want to ensure that we have a robust consultation and engagement process, including a wide range of stakeholders

- We want to ask
  - Have we got the right themes and priorities?
  - What can residents do to play their part in delivering the strategy?

- We will follow the guidelines in Haringey's' Consultation and Engagement Toolkit: A Best Practice Guide.

- Minimum standards include:
  - Allowing a minimum of six weeks to enable meaningful engagement
  - Ensuring that the consultation is clear, concise and widely accessible
  - Giving feedback on the responses received.

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Next steps

- Finalise draft strategy for consultation
- Begin process of consultation and wider engagement
- Finalise strategy for publication, including outcomes and delivery mechanisms (aim for June 2020)

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WELL

Appendix: Links to existing delivery plans - Place

In order to deliver the ambitions of the Healthy Place section of the strategy, the Health and Wellbeing Board wants to play a stronger leadership and oversight role in local policies and plans that impact on healthy place.
Some of the linked delivery plans for our proposed priorities are shown below, but this area of work will also require further development and closer involvement from senior council officers (e.g. leads on Regeneration, Housing, Environment and Planning) and other key partners who are not currently members of the Health and Wellbeing Board.

Proposed Priority	Linked delivery plans (all areas are linked to Haringey's Borough Plan)
Designing and planning future major public developments in Haringey to maximise health and wellbeing of residents	This is an area of work we want to do explore how we do differently using an example area as an initial way of developing best practice
Scoping how housing in the borough can promote good health and wellbeing	This is a new area of work but links to Haringey's Housing Strategy
Using licensing and planning policies to promote healthy high streets	Link to Haringey's Local Plan Statement of alcohol licensing, Statement of gambling policy
Ensuring residents are connected to support and assets in their local community that help them deal with the problems that matter to them in their lives and improves wellbeing	Haringey Borough Partnership Delivery Plan including North Tottenham work as an exemplar Physical Activity Strategy
Improving Air Quality	Haringey Air Quality Action Plan
Reducing carbon emissions	Haringey Borough Plan

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Links to delivery plans – Start Well

Proposed Priority	Linked Delivery Plans
Improving children and young people's mental health.	Haringey Borough Partnership Plan Haringey Borough Plan Haringey CAMHS Transformation Plan
Developing a multi-agency community based early help offer, meeting families needs at the earliest opportunity	Haringey Borough Partnership Plan Haringey Borough Plan Haringey Young People at Risk Strategy
Ensuring schools and surrounding areas provide safe environments in which children are encouraged to make healthy choices	Haringey Borough Plan Haringey Superzones Project

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Links to delivery plans – Live Well

Proposed Priority	Linked Delivery Plans
Promoting good Mental Health and Wellbeing in our communities	This will require new ways of working and plans including for Haringey to sign up to Prevention Concordat for Better Mental Health and will build on work set out in. Haringey Borough Plan Haringey Suicide Prevention Action Plan
Improving access to healthcare services and employment for vulnerable residents, including those with learning disabilities and the homeless population	Haringey Borough Partnership Delivery Plan Haringey Borough Plan
Reducing drugs and alcohol related harm	A multi-agency approach to reducing drugs related harm is in development
Improve support for people with caring responsibilities	Haringey Borough Partnership Delivery Plan New Haringey Carers Strategy

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WELL

Links to delivery plans – Age Well

Proposed Priority	Linked delivery Plans
Making Haringey Dementia and Age Friendly Reducing social isolation Reducing financial hardship in older people Keeping people in their own homes for longer and preventing or shortening hospital admissions including Improving the wellbeing of older people in care homes	Haringey Borough Partnership Delivery plan Haringey Ageing Well Strategy

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