Whittington Health
NHS Trust

TRUST BOARD
IN PUBLIC

12:30pm – 2:30pm
Wednesday
25 March 2020

Whittington Education Centre
Room 7

NHS
Whittington Health
NHS Trust

Meeting	**Trust Board – Public meeting**
Date & time	**25 March 2020: 12.30pm – 2.30pm**
Venue	**Whittington Education Centre, Room 7**

Non-Executive Director members:
Anu Singh (Interim Chair)
Deborah Harris-Ugbomah
Professor Naomi Fulop
Tony Rice

Executive Director members:
Siobhan Harrington, Chief Executive
Kevin Curnow, Acting Chief Finance Officer
Dr Clare Dollery, Medical Director
Carol Gillen, Chief Operating Officer
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	12.45	**Welcome & apologies** *Anu Singh, Interim Chair*	Verbal
2	12.46	**Declaration of interests** *Anu Singh, Interim Chair*	Verbal
3	12.47	**26 February 2020 public Board meeting draft minutes, action log, matters arising** *Anu Singh, Interim Chair*	Approve
4	12.50	**Chair's report** *Anu Singh, Interim Chair*	Note
5	12.55	**Chief Executive's report** *Siobhan Harrington, Chief Executive*	Note
Quality & patient safety			
6	1.05	**Care Quality Commission inspection report** *Siobhan Harrington, Chief Executive*	Note
7	1.20	**Serious incidents** *Dr Clare Dollery, Medical Director*	Review

8	1.30	**Q3 Quality report** *Dr Clare Dollery, Medical Director*	Review
Performance			
9	1.40	**Financial performance and capital update** *Kevin Curnow, Acting Chief Finance Officer*	Note
10	1.50	**Integrated performance report** *Carol Gillen, Chief Operating Officer*	Review
11	2.05	**2020/21 Annual operational plan and budget** *Kevin Curnow, Acting Chief Finance Officer and Jonathan Gardner, Director of Strategy, Development & Corporate Affairs*	Approve
Governance			
12	2.15	**Chair's assurance report, Quality Committee** *Naomi Fulop, Committee Chair*	Note
13	2.20	**Chair's assurance report, Charitable Funds Committee** *Tony Rice, Committee Chair*	Note
14	2.25	**Register of Directors' interests** *Swarnjit Singh, Trust Secretary*	Note
15	2.25	**2020/21 Board meeting dates and forward plan** *Swarnjit Singh, Trust Secretary*	Note
16	2.25	**Questions to the Board on agenda items** *Anu Singh, Interim Chair*	Verbal
17	2.30	**Any other business** *Anu Singh, Interim Chair*	Verbal

Minutes of the meeting of the Trust Board of Whittington Health held in public on Wednesday, 26 February 2020

Present:

Anu Singh	Interim Chair
Kevin Curnow	Chief Finance Officer (Acting)
Clare Dollery	Medical Director
Jonathan Gardner	Director of Strategy
Carol Gillen	Chief Operating Officer
Naomi Fulop	Non-Executive Director
Siobhan Harrington	Chief Executive
Deborah Harris-Ugbomah	Non-Executive Director (from item 3)
Michelle Johnson	Chief Nurse & Director of Allied Health Professionals
Yua Haw Yoe	Non-Executive Director
Norma French	Director of Workforce

In attendance:

Janet Burgess	London Borough of Islington (from item 7)
Kate Green	PA to Director of Workforce (Minutes)

1. Patient story

1.1 Anu Singh introduced his month's patient story, explaining occasionally we have stories in the form of films so as to enable circulation to a wider audience and thus increase opportunities for learning.

1.2 The patient, who was 95 years old, began by explaining that he had suffered a severe fall away from home. He had spent some four weeks in hospital, but his pressure sore wound had become badly infected, and whilst he had nothing but praise for his treatment, he felt that he had been forced to wait a long time to be transferred to the Whittington. The District Nursing Senior Manager for Haringey explained that although the wait had been considerable, the patient had received regular home visits in order to monitor his condition and ensure his safety.

1.3 Once transferred to the Whittington, however, the patient made a good and fairly speedy recovery. His only complaint was the difficulties he had experienced in getting through to the GPs' surgery, as he had had to repeatedly explain his requirements to staff unfamiliar with his history rather than being put through to a designated line.

1.4 In answer to a question from Siobhan Harrington about what made the Whittington so successful, the three points that stood out were the caring of the staff, the quality of the training, and the consistency of care. The District nursing manager added that although the patient had now been discharged from hospital he would continue to be seen regularly in the community.

1.5 Sarah Humphery offered to assist with communications with GPs, and the Board offered its thanks and congratulations to the district nursing team. In answer to a question about who would be given the opportunity to view the film, the District Nursing manager said that it would be shown to the district nursing forum, her weekly leads meeting, and the monthly team managers' meeting. Viewing it would also prove of value to the CCGs. It was further noted that benchmarking had just begun for this service.

1.6 On behalf of the Board, Anu thanked all visitors for attending and asked James to extend their thanks to the patient. She thanked everyone for their feedback, and praised the quality of the Trust's fabulous district nurses.

2. Welcome and apologies

2.1 Anu Singh welcomed everyone to the meeting, and thanked colleagues for continuing to make her feel so welcome.

2.2 Apologies for absence were received from Swarnjit Singh, Trust Secretary, and from Janet Burgess and Deborah Harris-Ugbomah for lateness.

3. Declaration of conflicts of interest

3.1 No new conflicts of interest were declared by any Board members present.

4. Minutes, matters arising & action log

4.1 Referring to minute 5.2 on page 3, Deborah agreed to send Swarnjit a form of words which she believed would clarify the discussion held. Other than this amendment, the minutes of the Trust Board meeting held on 29 January were approved as a correct record.

4.2 It was noted that all items recorded on the action log had either been completed or were on track to complete. The one exception to this was the Estates Strategy, which would be brought to the April Board meeting, not because timings had been delayed but because further engagement was being built into the process. In answer to a question from member of the public Phil Richards at the previous meeting, Deborah added that the Board is always be willing to receive representations from the public.

5. Chairman and Non-Executive Directors' reports

5.1 Anu Singh began her report by stating that she felt the business and ethos of the Trust was very much coming together, displaying an effective fruition of effort. Recently the organisation had seen the initial feedback from the CQC inspection, the staff survey and the 'amazing' opening of the play terrace on Ifor Ward, which had demonstrated a real collaboration effort to improve outcomes for all patients. A similar story could be recounted about Victoria ward, where the culture now felt very different and it was obvious that concerted efforts made over the last few months had really paid off.

5.2 A number of board development sessions were also in hand and there was a need for further internal discussions about the way forward and direction of travel moving into 20/21. Related to this subject, Anu reminded the Board

that this was Yua Haw Yoe's last meeting as a non-executive director. She presented her with a token of appreciation and thanks from all the Board.

5.3 Tony Rice had visited the pathology service, a 'tremendous' service which he described as being under considerable pressure at present. Whittington Health's service is amongst the smallest in London, and the proposals going forward to partner with others should be designed to enhance what we do and particularly retain the parts so crucial to the service. He said that it had been a pleasure to meet such a dedicated group of people. Tony also praised the quality and speed of pathology testing, a point echoed by Sarah Humphery.

5.4 The previous month Yua Haw had visited maternity services, where she had been particularly struck by the need for additional storage space, as well as additional comfort, particularly in the seating area. Concluding, Yua Haw thanked Board colleague for the presents they had given her and said that it had been both an honour and a pleasure to work with Whittington Health over the past four years.

5.5 Deborah had spoken to a group of local women about health and wellbeing, Sarah too found this interesting and would be pleased to have the opportunity to discuss this further.

6. Chief Executive's report

6.1 Siobhan began her report by commenting that February had been a particularly pressured month and that she had observed people were working incredibly hard. She invited Michelle as Director of Infection Prevention and control to speak about Covid-19, which Michelle did, although she pointed out that the situation was changing almost daily, and the Trust was in regular contact and working with the North Central London Sector and the London branch of Public Health England. Testing was continuing with as little impact on possible on daily business, and there was also a great emphasis on staff and how to make them feel safe and secure. Work on business continuity plans was also proceeding in the background. It was possible however that there might be many months of disruption ahead.

6.2 Moving to recent local appointments, Siobhan was pleased to inform the Board that Dr Jo Sauvage had been appointed Chair of the new North Central London Clinical Commissioning Group, Frances O'Callaghan had been appointed Accountable Officer for North central London's CCGs, and Rob Hurd to the new role as North Central London System Lead. Mike Cooke is to be the senior health and care chair for the emerging Integrated Care System (ICS).

6.3 The Trust's performance has continued to be challenging throughout the winter months, although there has been some improvement in ED performance in January and February. On a more positive note, the vacancy rate currently stands at 11%, the lowest ever, and is a testament at least in part to the tremendously had work and improvements that have taken place in the recruitment department. The percentage of staff inoculated against 'flu

had risen to 81.4% the previous week, which was an impressive feat, spurred on by the Trust's donations to charity for every vaccine administered.

6.4 Siobhan also made brief mention of other items from her report:

- Finance continued to be an area of challenge but Kevin would report on this in more detail in the monthly financial report
- The CQC report was likely now to be published in March
- The Health & Safety report was due next month, and the Trust continued to work with the PFI team to resolve any ongoing problems
- Norma gave a brief update on the staff survey and Caring for those who Care, including reporting that Whittington Health has been chosen as one of five pilots (and the only one in London) to be identified as a WRES development site.

6.5 Concluding, Siobhan referred to one item which had occurred since the drafting of her report which was the success of the North Central and East London CAMHS service where staff had already been asked for advice on the success of their care pathways.

6.6 The board noted the report.

7. Serious incidents

7.1 Clare Dollery informed the Board that there were no new serious incidents reported since last month, and the emphasis therefore had been the learning gained from previous incidents. Of the three completed this month, one had resulted in an unexpected admission to ITU, in another, a fall resulted in a fractured neck of femur, and the third a never event already reported to the Board where there had been an unintentional connection of oxygen to an air flowmeter. This third incident had been identified as part of a national look-back, so Clare was confident that urgent remedial actions had already been taken.

7.2 The board reviewed and noted the report.

8. Quality assurance and compliance report

8.1 Introducing this item, Michelle Johnson explained that it covered

- the 2019/2020 CQC inspection'
- 'Good to Outstanding/Better never Stops' action plans, and
- other assurance (and external) peer reviews.

8.2 The Trust has until next Tuesday (10 days) to correct any inaccuracies contained within the CQC draft report, although contrary to what had been reported earlier in the meeting there was now a possibility that the final report would not be published until April.

8.3 Section 3 now routinely uses the 'better never stops' logo as business as usual, and the remainder of that section of the report provides a list of priorities, achievements and ambitions to work towards over the next year. Sarah praised the quality of the report, which she said made her feel very proud of all that the Trust had done, and asked Michelle to pass on the

Board's thank to all who had contributed. Deborah suggested that the next iteration of the document contained a section on the Quality Account, and this was supported by Naomi.

8.4 The board noted the report.

9. Integrated safeguarding report

9.1 Clare began her report by informing the Board that the number of adult referrals made by Whittington Health between April and September 2019 had fallen slightly since the same period the previous year. What had risen, however, was the number of 'Deprivation of Liberty safeguards', which was felt to be a correct reflection of the population served. There was however a greater need for services for young people, and this was exacerbated by social services pressures.

9.2 An increasing number of serious case reviews now involved gang-related activity and knife crime. In answer to a question from Siobhan about concerns in this area, it was noted that that there had been good feedback from the Haringey multi-agency report. Deborah expressed their thanks to the team for the work they had carried out on the joint report.

9.3 **The Board took assurance from the report.**

10. Financial report

10.1 Kevin Curnow introduced the Financial Report for Month 10, i.e. the period leading to the end of January. The Trust had declared a deficit of £7.7m (not including the PSF), which was £4.4m off plan. He explained that there were a few key areas, one of which was the failure to deliver its CIP targets, and an unexpected spike in non-pay, details of which were provided on page 8.

10.2 Better news was that the capital programme was likely to meet its target, and Carol was confident that the Trust would met its bank and agency ceiling cap. There were some concerns about pay expenditure, and teams continued to work through these in order to best improve the position. Siobhan acknowledged that Month 10 had been a particularly bad one, and she explained that in the last couple of months the Trust was looking to reduce non-clinical non-pay ordering. The Exec Away-day on Monday had also considered what additional action might be taken, and Naomi reported on the discussion held at the Finance & Business Development Committee.

10.3 The board reviewed the report and agreed to give further consideration to the plans discussed.

11. Performance dashboard

11.1 Carol Gillen reported that the Emergency target had scored 81% against its 90% target, and the action group were holding discussions to address the continued performance issues. The trust was meeting its cancer targets and out of seven patients for transfer in December only two had been transferred after the 38 days target.

11.2 The Board discussed mental health breaches, and Jonathan enquired whether the new 136 suites were making a difference. Carol replied that these had become operational from mid-January, and there had been some impact. Clare spoke of the importance of additional specialist training. The situation continued to be monitored on a weekly basis. Deborah pointed out that to some extent we were victims of our own success.

11.3 Clare spoke about the changes made to the safety thermometer, which had been a national initiative. Some sections were no longer relevant or meaningful, therefore there was beginning to be a drop-off in its use. The Trust felt this to be understandable.

11.4 **The Board approved the report and the recommendations discussed.**

12. Gender pay gap

12.1 Introducing this item, Norma French said that this was the third year Trusts had been asked to report on the gender pay gap. Whittington Health's mean average was improving year on year and although there remained some areas were men were better paid than women these were steadily reducing. There would be focus on this at International Women's' Day. Deborah drew attention to the clinical excellence awards – a complicated algorithm where applicants were scored by a panel. Clare added that a great deal of effort had been put into encouraging people to apply this year, including arrangement of training sessions for those unsure of the process. Deborah thanked all who had contributed to the work - and progress – in this area.

12.2 The board noted the report and approved the publication of the appendix.

13. NHS staff survey

13.1 Although there was no action plan yet to present to the Board, Norma was delighted to report that Whittington Health's response to the survey stood at its highest yet, at 56%. Out of the eleven different themes, improvements had been seen in over half, and of the remaining five, there had been a slight decline in only two. Comparisons were now available with the 48 community Trusts used by the independent survey company Picker, and Siobhan was able to report that Whittington Health's performance had improved most over the last twelve months.

13.2 Siobhan reiterated that the man aim was to achieve absolute eradication of bullying and harassment within the Trust. Tony commented on the noticeable decline in morale in IM&T. It was noted that far more data would be available from the published report (expected March/April).

13.3 The next corporate report would be brought back to the board in September, and this would be accompanied by individual areas' action plans. Norma expressed her thanks, on behalf of the Board, for all the work which had gone into the production, design, distribution and interpretation of results to date, to say nothing of the staff who had taken the trouble to complete the survey.

14. Borough partnerships and locality working

14.1 Jonathan Gardner informed the Board that relationships were building in strength and the Trust was excited to be part of these new ways of working. Work was ongoing on structures

15. Questions from members of the public

15.1 Mr Richards said he would email through a number of questions.

16. Any other business

16.1 There were no items raised.

Action log, 26 February 2020 Public Board meeting

Item	Action	Lead(s)	Progress
Questions from the public on agenda items	Respond to emailed questions from Mr Richards	Jonathan Gardner	Completed

Meeting title	**Trust Board – public meeting**	**Date: 25.3.2020**
Report title	**Chief Executive's report**	**Agenda item: 5**
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:	Noting	
Recommendation(s)	Trust Board members are invited to review the report and note its contents.	
Risk Register or Board Assurance Framework	All 2019/20 Board Assurance Framework entries	
Report history	Monthly report to each Board meeting	
Appendices	1: Corona virus pandemic update	

Chief Executive's report
It continues to be a busy time for Trust staff working very 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

Novel Coronavirus (covid-19)
I wanted to thanks all staff working incredibly hard to respond to the coronavirus which the World Health Organisation has now classified as a pandemic. The situation is fast-changing and the Trust has in place a senior team holding daily meetings in response to the virus. The appendix to this report sets out in more detail the actions Whittington Health is taking to implement the Government's response.

Organ donation law change
From May 2020, all adults in England will be automatically enrolled as organ donors when they die, unless they choose to opt out. This is part of plans to increase the number of transplants in the NHS. However, only those organs and tissue specified by the donor and agreed with the family will be removed.

First annual Ombudsman's casework report
On 10 March, the Parliamentary & Health Service Ombudsman released their first casework report covering cases closed in 2019 about the NHS in England, government departments and other public bodies. This publication offers valuable lessons about the importance of good complaint handling and how complaints can be used to drive improvements in patient experience.

2. North Central London Health and Care Partners

St Pancras site
The proposal to move Moorfields Eye Hospital, University College London's Institute of Opthalmology and Moorfield's Charity to a new site at St. Pancras in London has been approved. This new-build centre will bring together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

Delivering the Long Term Plan in NCL and integrating care to improve outcomes
A separate item later on this agenda looks at how the North Central London sector will implement the requirements of the Long Term Plan.

3. Local news

Care Quality Commission (CQC) inspection
On 20 March, the CQC published its inspection report for Whittington Health. The findings show that the overall quality rating for the Trust remained as Good. The trust is especially pleased that our community health services are now rated as Outstanding overall and that it was also rated as Outstanding for the Caring domain.

Since our last CQC inspection in 2017, the trust has dealt with increasing challenges and demands for all services; it is a testament to all of the hard work and dedication by staff that despite this, overall, all of our services maintained or improved their rating.

The CQC's Chief Inspector of Hospitals, Professor Ted Baker, recognised our clear vision and set of values with quality and sustainability as the top priorities, underpinned by a culture which is patient-centred. He went on to praise our community health services for their outstanding care and to point out that as an integrated care organisation, we are leading the way in the provision of well-integrated community, mental health and acute hospital services.

Legal case update
In December 2019, Whittington Health robustly defended its position in court against legal action brought by Ryhurst at the abandonment of the procurement for a strategic estates partner. Last week, the legal judgment was published and found in Whittington Health's favour. The Trust is delighted at this outcome. At the same time, the Trust has continued to take forward plans for our estate in-house and there is considerable engagement taking place with local people and our staff as part of consultation on the draft estate strategy.

Quality and safety operational performance

Emergency Department (ED) four hours' wait:
In February 2020 performance against the A&E performance saw an improvement compare to the previous three months, however, it was another challenging month achieving 83.2%, below the 90% trajectory. The national average in February was 82.4%, the London average was 84% and the north central London (NCL) average was 83.8%. There were eleven mental health patients who waited in excess of 12 hours following a decision to admit. The focus of the ED delivery team has been to Urgent Treatment Care and Paediatrics performance, both of which have been a contributing factor in the improvement in performance in February.

National targets:
During January, the trust continued to sustain its cancer performance for the 14 day target for suspected cancer patients (95.5% against a 93% target) and has done so for 3 consecutive months following 3 months of non-compliance.

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 February 2020, the target was achieved for both new and follow-up appointments, the Trust has now experienced this for two consecutive months.

Delayed transfer of Care:
The percentage of patients who are ready to leave hospital but are occupying a bed saw a further dip in performance in January 2020 to 2.8% against a target 2.4%. However, this is an improvement in performance compared to January 2019 where delays were at 3.3%.

Appraisals and mandatory training rates:
Mandatory training and appraisal rates remain below target. Mandatory training has improved marginally in its performance from January 2020 of 83.0% to 83.3% in February 2020 against a target of 90%; staff appraisals in February were 76.1% against a target of 90%.

2019/20 Flu vaccination programme
The final outcome for this year's flu vaccination campaign was that 83% of frontline staff were successfully-vaccinated against winter flu.

Financial performance
Delivering our financial plan for 2019-20 during these difficult times continues to be a challenge. Whittington Health is reporting an actual deficit of £7.8m at end of February. This is £2.7m behind plan. Key drivers for the year-to-date adverse variance are slippage in delivery of cost improvement CIP delivery 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.

Rob Larkham
From 1 April, Rob Larkham will join Whittington Health's senior team for a six month period. During this time, he will work three days per week as Director of Development and will be executive lead on the information management and technology and estates work taking place at Whittington Health. He is currently Accountable Officer for Enfield Clinical Commissioning Group and brings a wealth of experience having been Chief Executive at this Trust and also Camden Primary Care Trust and Camden & Islington Community Health Services Trust.

#CaringForThoseWhoCare - inclusive culture activities
A new visual identity branding had been produced for the #CFTWC programme, including the following programme logo:

The new intranet hub will launch in the week commencing 23 March. The hub brings together all the Trust's health & wellbeing and employee benefits information in one handy online location. The hub's launch will be supported by a staff-focused promotion campaign.

Challenging bullying training
Bids have been received for the rollout of the Challenging Bullying Training for all staff. This is progressing through the procurement process and is anticipated to be completed next week.

University College London Partners/NHS Improvement Culture Collaborative
Alongside other trusts, Whittington Health provided an update on activities actioned or ongoing as part of the culture change work which includes, not including those items mentioned above:

- 20 Affina Team Journeys
- The launch of the fourth staff equality network – women's
- Commissioning of black and minority ethnic coach training
- First 'Bystander to Upstander' information published on the intranet to make bullying and harassment unacceptable, by 'mobilising' staff more widely
- Commissioning of Staff App
- Improvement for every ICSU in staff survey results

World Delirium Day
On 11 March, the trust helped to raise awareness of amongst patients and staff about delirium which is marked by confusion, inattention and altered consciousness and actions

to take to prevent and treat it. Older people with serious illness and cognitive impairment are particularly at risk and many cases are preventable.

Purim
10 March marked the Jewish festival of Purim which commemorates the time when Jewish people living in then Persia were saved from massacre by the courage of a young woman called Esther. Whittington Health welcomed Rabbi Boruch and his family to celebrate this event, including a visit to Meyrick and Cavell ward to share a scripture reading with our Jewish patients.

North Central & East London (NCEL) Child & Adolescent Mental Health services
At the end of February, a launch event for this collaborative brought together five leading community and mental health trusts from across the NCEL region to discuss working together as one system to allow for the development of safe, effective and quality care across child & adolescent mental health services.

Staff excellence award winners

Julie Singleton, Infection Prevention Lead Nurse and the Infection Prevention & Control (IPC) Team and Trupti Patel, Microbiologist – Excellence and Accountability
Julie and Trupti have been involved in understanding what the current coronavirus outbreak means for our trust since long before it became a pandemic. They were nominated by our Emergency Planning Officer, Lee Smith, as all of their early work in January and February to understand the virus, working with national organisations, laid the groundwork for the massive amount of activity we are undertaking now. They were key to making sure that we could respond as an organisation to the challenges that we are now facing and instrumental in introducing the testing schemes which we were required to have at incredibly short notice. The IPC team also began a major programme of refresher training on personal protective equipment as the guidelines were being developed to ensure that our staff knew how to protect themselves and have been working on and supporting others working on clinical pathways.

While many people have been becoming increasingly involved with coronavirus in the weeks since the issue emerged, Julie, Trupti and the IPC Team were at the forefront of the understanding, plans and efforts of our organisation and we would not be responding in such a swift and resilient way had it not been for their early work.

Appendix 1: Update for the board on coronavirus, 17 March 2020

The board are asked to review and comment on the objectives below, and receive assurance from the update further down.

The Trust now has four clear objectives that are our strategy. We do not feel that these need to change during the coronavirus outbreak, as they form a good framework around which we work. That said it is clear that the objectives underneath these need to be clearer and specific to the situation we are in. As a result we are proposing the following, recognising that this will change as the situation develops.

Proposed Objectives

Helping local people live longer healthier lives

Deliver outstanding safe compassionate care

- Prioritise those most sick and vulnerable by reducing elective activity to only urgent and cancer
- Create flexible capacity by training people quickly in new domains
- Maintain as much business as usual as possible to prevent escalation of other illnesses

Empower support and develop engaged staff

- Protect our staff by using the right PPE
- Calmly help and care for each other both with work and with anxiety
- Work flexibly but in a coordinated way recognising we are in this for the long term

Integrate care with partners and promote health and wellbeing

- Reduce exposure of our vulnerable patients in the community to the virus
- Maintain services for as long as possible to prevent illness escalation whilst training to cover other roles
- Create virtual connections with our community patients as much as possible

Transform and deliver innovative financially sustainable services

- Create replicable better more efficient and effective pathways for the long term including virtual clinics etc.
- Think to the future and keep learning
- The financial and employee time cost still matters because we don't want to burn people out too soon, and there are only finite resources even now

Update

Situation update – so far today numbers through A&E have been fewer than normal, and we have done well to reduce the number of patients in our beds in preparation – we have significant number of empty beds. However, a high number of patients are coming through ED with respiratory conditions and we do have

confirmed covid-19 positive patients and a number of suspected patients in the hospital.

Capacity plans – the key capacity we are trying to create is ITU. We have the following plan that is under constant review. We will expand ITU to 15 beds and expand into theatre recovery area using that for non-covid patients. For covid positive or suspected patients who do not need ITU, we are using Mary Seacole North first and then South. After that we are likely to open up Thorogood ward. We are also currently working with GOSH to explore moving our paediatric inpatients to there to free up Ifor ward for adults. For ED we are cohorting respiratory patients in Majors and using CDU and ambulatory care for other patients.

Electives – we are only doing urgent or cancer (day case or inpatient) elective surgery from 16th March onwards, because that will free up space in recovery for more ITU capacity and allow us to train more people in ITU skills and management of acutely sick respiratory patients. We are maintaining emergency and trauma theatres.

Outpatients – outpatients are continuing, but we want to move as much as possible to telephone clinics.

Community – we are reducing group activity and outpatients with vulnerable patients. We are moving some children's outpatient work to the Northern. We are look at what critical clinics need to continue e.g. leg ulcers. We are also looking at ways we can help staff an increase in care home beds at Prothero House and Osborne Grove.

Maternity – we now have a pathway for potential covid women.

Support for staff – we are doing all we can to support staff with the right equipment, but also support with anxiety.

Staff personal protective equipment – we have clear guidelines for the use of this equipment and we are managing the ordering centrally. The only thing that there is short supply of is visors which are needed for aerosol producing procedures, but not normal contact with a positive person.

Redeployment of staff – we are allowing staff in administrative areas to work from home, but we are also redeploying them as and where required. Clinical staff are also being redeployed or retrained according to skills and need.

Meeting title	**Trust Board – public meeting**	**Date: 25.3.2020**
Report title	**Care Quality Commission inspection 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 the summary inspection report following the Care Quality Commission's (CQC) core services' inspection, use of resources assessment and well led review. The overall quality rating of the Trust remained as Good, with services rated as outstanding for the caring domain. Our community health services were also rated as outstanding. This is a tremendous achievement by staff. The action plan which previously came to the Trust Board in December 2019 will be updated in response to the detailed findings and will be part of our Better Never Stops programme. The CQC recognised that "As an integrated care organisation, the trust was leading the way in the provision of well-integrated community, mental health and acute hospital services". It also recognised the work undertaken to improve the culture across the organisation	
Purpose:	Noting	
Recommendation(s)	Trust Board members are invited to: i. review the CQC inspection summary report and use of resources assessment; and ii. note the continued work taking place as part of the Better Never Stops programme.	
Risk Register or Board Assurance Framework	All 2019/20 Board Assurance Framework entries	
Report history	None	
Appendices	1: CQC summary report 2: Use of resources assessment	

Whittington Health NHS Trust

Inspection report

Magdala Avenue
London
N19 5NF
Tel: 02072723070
www.whittington.nhs.uk

Date of inspection visit: 3 December 2019 to 15 January 2020
Date of publication: xxxx> 2017

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall trust quality rating	**Good**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Outstanding**
Are services responsive?	**Good**
Are services well-led?	**Good**
Are resources used productively?	**Good**
Combined quality and resource rating	**Good**

Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Background to the trust

Whittington Health was established in April 2011 bringing together Islington and Haringey community services with Whittington Hospital's acute services to form a new Integrated Care Organisation (ICO). Whittington Health provides acute and community services to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield, Camden and Hackney. The hospital has 346 beds.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good 

What this trust does

The trust provides a large range of services from the hospital, including accident and emergency (A&E), maternity, diagnostic, therapy and elderly care. The trust also provides community services from 30 locations in Islington and Haringey and provides both community and inpatient mental health services for children and young people.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

At this inspection, we inspected five services provided by the trust as part of our continual checks on the safety and quality of healthcare services.

Between 3 and 5 December 2019 we carried out an announced inspection of the following services:

- Urgent and emergency care services (ED)
- Surgery
- Critical Care
- Community health services for children, young people and families
- Specialist community mental health services for children and young people

Summary of findings

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led?

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated effective, responsive, and well-led as good, safe as requires improvement and caring as outstanding.
- We rated four of the five services inspected as good, and one as requires improvement.
- In rating the trust, we also took into account the current ratings of the services not inspected this time. We found improvements during this inspection that meant the overall rating for the trust's community services had now improved from good to outstanding.
- As an integrated care organisation, the trust was leading the way in the provision of well-integrated community, mental health and acute hospital services. The trust planned services effectively to meet the needs of the local population. For example, the trust had an emergency response 'Hospital at Home' team who worked with health and social care partners to prevent patients having to be admitted to the hospital. By investing in community services for elderly patients, the trust had been successful in reducing the number of patients who needed to be readmitted to hospital. As a result, the trust was one of the best performing trusts in the country for emergency readmission rates.
- The trust had enough staff to care for patients and keep them safe. The trust managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. Staff went the extra mile to make sure their approach was friendly and inclusive. Patients and their families were treated as equal partners and empowered to make decisions about care and treatment.
- The trust planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access services when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. The trust level leadership team had the appropriate range of skills, knowledge and experience. The trust had effective structures, systems and processes in place to support the delivery of its strategy. Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Previous concerns around bullying and harassment had reduced and staff survey involvement and outcomes had improved. Staff were clear about their roles and accountabilities. Overall, the trust engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff had completed mandatory training in key skills. In some areas, staff did not always control infection risk well. Staff did not always fully assess and record risks to patients with mental health conditions. In some areas, staff did not always follow best practice when storing and disposing of medicines.

Summary of findings

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website –

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- The trust target for staff completion of mandatory training continued not to be met.
- The trust did not always follow best practice when storing and disposing of medicines.
- The trust did not always control infection risk well. Staff did not always follow the trust's infection control processes.
- Staff did not always fully assess and record risks to patients with mental health conditions. Staff were not clear on the trust's rapid tranquilisation policy.

However:

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.
- The trust had enough staff to care for patients and keep them safe.
- Staff collected safety information and used it to improve the service.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- The trust provided care and treatment based on national guidance and evidence-based practice.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

However:

- Not all staff had received an annual appraisal.

Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff went the extra mile to make sure their approach was friendly and inclusive. Patients and their families were treated as equal partners and empowered to make decisions about care and treatment.

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Summary of findings

- The trust was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- Service leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the services for patients and staff. The trust level leadership team had the appropriate range of skills, knowledge and experience.
- Most staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care. Previous concerns around bullying and harassment had reduced and staff survey involvement and outcomes had improved. The acute hospital and community parts of the trust had a consistent culture and staff felt equally valued. The trust took appropriate learning and action as a result of concerns raised.
- Information was in an accessible format, timely, accurate and identified areas for improvement. Staff used the information to understand performance, make decisions and improvements. Information governance systems were in place including confidentiality of patient records.

Use of resources

We rated use of resources as good because the trust demonstrated a good understanding of areas of improvements with credible plans to achieve target performance.

Our rating of combined quality and resources stayed the same. We rated it as good.

For more information, see the Use of Resources section of this report.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in all services we inspected.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We also found other areas where the trust should improve to improve service quality.

For more information, see the Areas for improvement section of this report.

Summary of findings

Action we have taken

We issued two requirement notices to the trust. Our action related to breaches of regulations 10 and 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

- The emergency department (ED) actively engaged local partners and charities to improve patients‘ outcomes and provide a holistic approach to their care and treatment needs. For example, they worked with a charity that provided support to older people, especially those who have dementia. They had close links with a charity that could offer help to adults with multiple and complex needs and support for vulnerable young people who are being criminally exploited.
- The emergency department undertook number of staff wellbeing initiatives and recognised importance of maintaining positive staffing culture in the ED environment and its impact on delivery of care and treatment. It included “tea at three” or “take a break” initiatives which aimed to raise awareness of the importance of staff taking regular breaks at work and encouraged staff to talk about concerns.
- The critical care unit (CCU) had recently received a number of lights for use in patient rooms that simulated levels of light during the day and night cycles. CCU had a consulting leading on the impact that these lights may have on patient satisfaction and recovery. We observed these lights being used in the patient areas. This project was part of a wider research initiative to ‘humanise’ the CCU and offer a less clinical environment for patients.
- The CCU was involved in a post-operative spinal surgery quality improvement project. This project aimed to introduce a comprehensive neurological assessment tool to detect early deterioration in post-operative spinal patients, and so improving response from staff. The project had been developed in collaboration between critical care and surgery clinicians.
- The stoma lead nurse went above and beyond to provide stoma support for patients outside of their normal working hours. The stoma nurse set up and facilitated three stoma care support groups which met the needs of the local people at a time which suited them. The nurse demonstrated dedication to their role through facilitating the groups outside of their working day to go above and beyond standard stoma care.
- The surgical service dedicated every Friday afternoon from 2pm to 5pm for an all staff handover. The handover included staff from all disciplines and ensured the sharing of patient information to weekend staff was thorough. As part of the designated time, training was provided to staff which focused on a topic, for example staff performance, learning from incidents or recent feedback the service had received. The training rotated to provide staff with increasing skills and knowledge in different specialist areas.
- Staff within community services for children and young people provided excellent support to families and carers, considered their needs and were proactive in involving them in their relative’s care. The Child Development team in Haringey had developed a language train model to offer speech and language therapy to children. The approach aimed to include parents and other professionals, such as teachers, in the sessions so that they could embed the learning during their everyday interaction with the child.

Summary of findings

- The speech and language therapy team in Camden had developed a training package for parents of newly diagnosed deaf children. This enabled the team to support parents to develop skills to communicate effectively.
- The new Social Emotional Mental Health (SEMH) service had been designed in true collaboration with a range of local stakeholders. The SEMH model had been a direct result of listening to the local population who said they needed greater access, choice and reduced waiting times for young people who required support for their emotional wellbeing and mental health. The acronym name of the service had been decided by young people during the design process.
- The Neurodevelopmental team had refined their assessment process so that it took less time without compromising the integrity or quality of the service young people received. To do this the team had streamlined their information gathering processes ensuring information from previous contact with other teams and partner organisations was better utilised. They had also trialled different types of assessment formats so that the time taken to assess a young person was proportionate to their individual level of need. This had enabled the team to save an estimated 100 hours of clinical time each month and increase the number of assessments they were able to complete, reducing the waiting time for the service. This learning had been shared across other teams in community CAMHS who were now looking to embed a similar approach.
- The service had raised awareness of Adverse Childhood Experiences (ACEs) with local stakeholders to help support the most vulnerable children and young people in the local area. Through community engagement clinicians had visited local community settings including school's ad nurseries, to cascade knowledge of ACEs and how to better support young people who faced them to minimise the impact of them in adult life. By doing so the service had helped build capability in the community to support young people and families with mental health problems.
- Support teams provided for children aged under five took a truly preventative, family-based approach to empower parents to support their own children by teaching them new skills and building peer support networks. The teams used evidenced-based training programmes to up-skill families to ensure that they were able to better support the development of their younger children and their own wellbeing. This included the 'Growing Together' programme offered to local families in community settings that explored different ways to approach the challenges of parenting through personalised training.
- Young people, families and carers were fully involved in the planning of their care and the service was accessible to people from a range of cultural backgrounds. The Youth Board in place across the service gave young people a clear voice and opportunity to shape decisions about the way the service was delivered, and members completed projects that enriched the experience of young people.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must ensure that staff carry out physical health checks of patients after they receive medication for their mental state administered by rapid tranquilisation, in line with trust policy (Regulation 12(2)(a).
- The trust must ensure that medicines are managed safely within community services (Regulation 12 (2)(g).
- The trust must ensure that the environment used for mental health patients is therapeutic and promotes dignity and respect (Regulation 10).

Summary of findings

Action the trust SHOULD take to improve:

Emergency department

- The trust should ensure security staff who restrain mental health patients receive appropriate training in the needs of these patients.
- The trust should ensure all staff complete mandatory training and are appraised regularly.
- The trust should operate a formal clinical streaming procedure to ensure all patients care and treatment needs are met accordingly.

Critical care

- The trust should review practices for staff handovers and opportunities for multidisciplinary working, including across meetings. Review of handovers should include consideration to the structure of handovers to ensure patient risks are appropriately reviewed.
- The trust should ensure that service leads have the appropriate qualifications to meet The Faculty of Intensive Care Medicine (FICM) standards for critical care leadership.
- The trust should improve the number of nursing staff with transfer training.
- The trust should develop consistent practice for the use of personal protective equipment (PPE) while delivering patient care, and a regular audit programme for IPC practice.
- The trust should improve the performance of medical staff in relation to targets for mandatory training.
- The trust should develop a process for patients or family members to provide feedback regarding their experience of the critical care ward.
- The trust should continue to take measures to improve morale for nursing staff in critical care.
- The trust should develop a clinical strategy for critical care and include staff in the consultation process.
- The trust should consider providing a process for local oversight of risk, as well as at divisional level, for critical care wards.

Surgery

- The trust should ensure all staff complete mandatory training in key skills.
- The trust should ensure all staff have an understanding an awareness of Female Genital Mutilation (FGM).
- The trust should ensure staff follow guidelines to adhere to infection control processes.
- The trust should ensure staff continuously carry out daily safety checks of specialist equipment.
- The trust should ensure staff consistently follow guidance for the monitoring of patient temperatures in the intraoperative and postoperative recovery phase.
- The trust should ensure staff witness signatures for the discarded amounts of Controlled Drugs (CDs) in line with good practice and trust policy.
- The trust should ensure records are fully completed to reflect patient care and treatment.
- The trust should ensure all staff receive an annual appraisal of their work performance.
- The trust should ensure consultants lead daily ward rounds.

Summary of findings

- The trust should consider sharing monitoring information such as safety thermometer with patients and relatives.
- The trust should consider medical or surgical representative at the ward daily handovers.
- The trust should consider how they can better meet the needs of patients living with dementia on the wards.
- The trust should consider providing awareness and understanding of the service's vision and values to staff.
- The trust should continue to improve the effectiveness of governance processes. Which could include "back to floor" exercises to monitor the effectiveness of processes and procedures.

Community health services for children and young people

- The trust should consider if any remedial work is required to ensure the Haringey Child Development Centre is suitable for use whilst awaiting the move to the new premises.
- The trust should ensure that all equipment used by children and young people at home is regularly serviced.
- The trust should ensure that audits have an action plan with timescales in place when shortfalls are identified.
- The trust should ensure that each team has arrangements in place to monitor the frequency of supervision.
- The trust should ensure that all staff have their competencies checked and maintain an up to date record.
- The trust should ensure that governance processes are fully embedded at the Northern Health Centre.

Specialist community mental health services for children and young people

- The trust should ensure that it further improves the overall waiting time for all teams from referral to treatment, to meet the target time set by commissioners and ensure young people do not wait a long time to access necessary care and treatment.
- The trust should ensure staff can work across multiple electronic record systems with partner organisations more efficiently, in a way that minimises the risk of inconsistency, recording errors and time spent transferring information.
- The trust should ensure teams have capacity and access to support, to manage any additional responsibilities as part the new Social Emotional Mental Health (SEMH) service as well as meeting their existing work load.
- The trust should ensure that all team managers can access and use data management dashboards to their full effect.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating for well-led stayed the same. We rated the trust as good because:

- The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. The trust's strategy, vision and values underpinned a culture which was patient centred. The trust was undertaking many patient focused initiatives.

Summary of findings

- Local providers and people who use services had been involved in developing the strategy. The trust had planned services to take into account the needs of the local population.
- Staff felt respected, supported and valued. Previous concerns around bullying and harassment had reduced and staff survey involvement and outcomes had improved. The acute hospital and community parts of the trust had a consistent culture and staff felt equally valued.
- The trust took appropriate learning and action as a result of concerns raised. The trust had good systems in place to identify issues, investigate and learn from them. We experienced humility, openness and a willingness to learn.
- 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. Leaders regularly reviewed these structures.
- 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.
- The trust actively sought to participate in national improvement and innovation projects. There were organisational systems to support improvement and innovation work. The trust had refreshed its research strategy and had increasing levels of participation in clinical research.

However:

- Staff side representatives reported working relationships with the trust had not always been effective but were beginning to improve.
- Support staff did not always feel properly consulted with and informed of changes. The trust recognised that there was further work to be done to improve engagement with these staff groups.
- Progress on improving care for patients living with mental health conditions had been too slow.
- Medical mandatory training rates were too low.

Ratings tables

Key to tables					
Ratings	**Not rated**	**Inadequate**	**Requires improvement**	**Good**	**Outstanding**
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ➔➔ Mar 2020	Good ➔➔ Mar 2020	Outstanding ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020
Community	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020	Outstanding ➔➔ Mar 2020	Good ➔➔ Mar 2020	Outstanding ➔➔ Mar 2020	Outstanding ↑ Mar 2020
Mental health	Requires improvement ➔➔ Mar 2020	Good ➔➔ Mar 2020	Outstanding ↑ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020
Overall trust	Requires improvement ➔➔ Mar 2020	Good ➔➔ Mar 2020	Outstanding ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020	Good ➔➔ Mar 2020

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Whittington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020
Medical care (including older people's care)	Good Jul 2016	Outstanding Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Surgery	Requires improvement ↓ Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020
Critical care	Requires improvement ↓ Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020	Good ↑ Mar 2020	Requires improvement → ← Mar 2020	Requires improvement → ← Mar 2020
Maternity	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Services for children and young people	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
End of life care	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Outpatients	Good Feb 2018	Not rated	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Overall*	Requires improvement → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020	Good → ← Mar 2020

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Community health services for children and young people	Good ↑ Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Good ↑ Mar 2020	Good →← Mar 2020	Good ↑ Mar 2020
Community end of life care	Good Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016
Community dental services	Good Jul 2016	Good Jul 2016	Outstanding Jul 2016	Good Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016
Overall*	Good →← Mar 2020	Good →← Mar 2020	Outstanding →← Mar 2020	Good →← Mar 2020	Outstanding →← Mar 2020	Outstanding ↑ Mar 2020

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Specialist community mental health services for children and young people	Good →← Mar 2020	Good →← Mar 2020	Outstanding ↑ Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Good →← Mar 2020
Overall	Requires improvement →← Mar 2020	Good →← Mar 2020	Outstanding ↑ Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Good →← Mar 2020

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Acute health services

Background to acute health services

The trust provides the following acute core services at the Whittington Hospital:

- Urgent and emergency care
- Medical care (including older people's care)
- Surgery
- Maternity
- Gynaecology
- Outpatients
- Diagnostic imaging
- Critical care
- End of life care
- Children and young people's services.

Whittington Hospital is the only acute hospital of the Whittington Health NHS Trust. The trust provides services to a number of local boroughs including Islington, Haringey, Camden, Barnet and Enfield. The trust offers some specialist services in respiratory medicine including clinical psychology service for patients with respiratory conditions, lung function investigations, services for patients with chronic obstructive pulmonary disease (COPD), and services for patients with lung cancer. The trust, together with partner organisations, offers tuberculosis (TB) outpatient services for all suspected TB and confirmed TB patients including those with complex medical needs such as HIV-TB, paediatric TB and multidrug resistant TB.

We last inspected the Whittington Hospital in October 2017 where outpatients and critical care services were inspected. The two services were rated as requires improvement in 2015. We did not inspect the other acute core services as these were previously rated as good. Following the October 2017 inspection, outpatients was rated good while critical care remained requires improvement.

This time we decided to inspect urgent and emergency services, surgery and critical care. This decision was made on a risk-based approach under the new methodology.

Summary of acute services

Good  

Summary of findings

Our rating of these services stayed the same. We rated them as good. We took into account the current ratings of services not inspected this time. For more information on why we rated this service as good, please see the core service section of this report.

The Whittington Hospital

Trust Offices
Magdala Avenue
London
N19 5NF

Tel: 02072883939
www.whittington.nhs.uk

Key facts and figures

Whittington Hospital provides acute services to over 500,000 people living in Islington and Haringey as well as other surrounding London boroughs including Barnet, Enfield, Camden and Hackney. The hospital provides a range of services including urgent and emergency services, surgery, critical care, maternity, and gynaecology, children and young persons services, medical care, outpatients department (OPD) and end of life care. The Whittington Hospital has 346 inpatient beds. In 2018/19 the hospital reported 535,209 face to face patient contacts, 21,292 day care admissions, 18,256 emergency admissions and 2,224 elective inpatient admissions. In 2018/19 on an average day the hospital had 1,094 outpatient appointments, 298 accident and emergency visits, 58 patients were brought by an ambulance, there were 50 emergency admissions and 10 babies were born each day.

We inspected the hospital services over three inspection days, 3 December to 5 December 2019. We inspected three core services: urgent and emergency services, surgery, critical care. During the inspection, we spoke with 101 members of staff including doctors, nurses, allied health professionals and other staff. We spoke with members of the divisional leadership team as well as local service leads. We reviewed over 20 patient records and spoke with 49 patients and relatives.

Summary of services at The Whittington Hospital

Good ➔➔

Our rating of services stayed the same. We rated it them as good because:

- The services had enough staff to care for patients and keep them safe. Most staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Most staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers to minimise their distress.

Summary of findings

- The service planned care to meet the needs of local people, took account of patients' individual needs. People could access the service when they needed it. Staff understood the patient's personal, cultural and religious needs.
- Most service leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The services engaged with patients and the community to plan and manage services and staff were committed to improving services continually.

Urgent and emergency services

Good →←

Key facts and figures

Whittington Health NHS Trust has an emergency department (ED) and urgent care centre, both based at the Whittington Hospital. The service was provided for the whole population including children.

The department is open 24 hours a day, seven days a week. It treats people with serious and life-threatening emergency conditions and those with less serious injuries and illnesses that need prompt treatment, such as suspected broken bones. The resuscitation area, for the most seriously ill or injured patients, has three bays for adults and one for children. Next to this is the 'majors' area for people with serious injuries or illnesses that are not immediately life threatening. This has 15 beds including an isolation room and two rooms designated for people living with mental health conditions. Patients who come to ED other than by ambulance go to the waiting room and have an initial assessment (triage). It is an emergency nurse practitioner who provides this first assessment to both non-priority ambulance patients as well as those in the waiting area. Following the initial assessment, patients may be sent to the majors' area, see a GP based on site (service provided by another provider) or go to the urgent care centre. There is a designated emergency medicine unit (EMU), equipped with 12 recliner chairs where patients can await diagnostic tests results or undergo additional observations. The ambulatory care unit, located next door to the ED, provides hospital care for people who do not need to be admitted to the hospital.

From July 2018 to June 2019 there were 109,365 attendances at the trust's urgent and emergency care services. The percentage of A&E attendances at this trust that resulted in an admission remained similar in 2018/19 compared to 2017/18 (16%). In both years, the proportions were lower than the England average (19%).

Between July 2018 and June 2019:

- 77,809 patients were discharged from the department as they needed no follow-up or follow-up could be provided by the patient's GP
- 6,898 patients were referred to other clinics; including fracture clinic, outpatients department, or other professionals
- 1,929 patients were transferred to another provider
- 3,558 left the department before treatment (includes those who refused treatment)

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We observed care and treatment and looked at patients' records. We spoke with 34 members of staff and 16 patients and their relatives.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers to minimise their distress. Staff understood the patient's personal, cultural and religious needs.
- The service managed patient safety incidents well. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Urgent and emergency services

- The service controlled infection risk well.
- The service had enough nursing, medical, and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service provided care and treatment based on national guidance and evidence-based practice.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked the capacity to make their own decisions or were experiencing mental ill-health.
- Key services were available seven days a week to support timely patient care. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They also worked with others in the wider system and local organisations to plan care.
- It was easy for people to give feedback and raise concerns about the care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service collected reliable data and analysed it. The staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure.
- All staff were committed to continually learning and improving services.

However:

- The service did not make sure doctors completed the mandatory training required to keep their knowledge and skills up to date.
- Staff appraisal rates did not meet the trust target.
- The department did not provide therapeutic environment for patients with mental health conditions.
- Staff were not clear on the trust's rapid tranquilisation policy. Within the first hour post rapid tranquilisation patients had not had any physical health checks recorded.

Urgent and emergency services

Is the service safe?

Requires improvement  

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not make sure doctors completed the mandatory training required to keep their knowledge and skills up to date. Mandatory training compliance amongst doctors was between 70% and 50% (August 2019). Compliance was lower than the trust's target for completion of mandatory training of 90%.
- The department did not provide therapeutic environment for patients with mental health conditions. The two designated psychiatric liaison rooms were located on a busy 'majors' department, and there was no designated space outside of the rooms for people with a mental health condition to use. Staff told us that often there were up to seven people with a mental health condition on the ED in one day. This meant that some people with a mental health condition sat on chairs next to the nursing station whilst they waited for the mental health liaison service to assess them when the two designated rooms were occupied.
- Staff were not clear on the trust's rapid tranquilisation policy. Within the first hour post rapid tranquilisation patients had not had any physical health checks recorded.
- On occasions, the department was unable to fulfil the streaming role with a senior nurse as required by their procedure and were required to use less experienced staff. This meant they did not operate a formal streaming procedure.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The service had enough nursing, medical, and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Records were clear, up-to-date, stored securely and easily available to all staff providing care. Staff kept detailed records of patients' care and treatment in most cases with an exception of observations post administration of rapid tranquilisation when it was administered to patients with a mental health condition.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good  

Our rating of effective stayed the same. We rated it as good because:

Urgent and emergency services

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease the pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked the capacity to make their own decisions or were experiencing mental ill-health.

However:

- Staff appraisal rates did not meet the trust target. From October 2018 to September 2019 only 55.1% of required staff within urgent and emergency care received an appraisal compared to the trust target of 90%.
- Security staff felt they required additional training related to understanding the needs of patients with mental health needs. They were required to support patients with mental health condition who displayed behaviours that challenged.

Is the service caring?

Good ➔➔

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood the patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Since May 2019 the department had improved response rates of patients who responded to the friends and family test (approximately 15%). The test is asking patients whether they would recommend the services they have used based on their experiences of care and treatment. The department scored between 75.6% and 83.7% from September 2017 to August 2019.

Urgent and emergency services

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. Although from September 2018 to August 2019 the trust failed to meet the standard performance against this metric remained generally similar to the England average.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about the care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Over the 12 months from September 2018 to August 2019, 32 patients waited more than 12 hours from the decision to admit until being admitted.

Is the service well-led?

Good 

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. The staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services.

Urgent and emergency services

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Surgery

Good ➔➔

Key facts and figures

The trust has 10 operating theatres, which were used flexibly to provide services including breast surgery, bariatric surgery, colorectal surgery and laparoscopic procedures for colorectal surgery, day case cholecystectomy and hernia repair. The trust has three surgical wards and a day treatment centre.

Day surgery procedures are undertaken for most specialities, other than ophthalmology, ENT and plastics patients who were seen as outpatients only. Dermatology is provided in an outpatient environment. The orthopaedics and trauma department provides day case and emergency services as well as elective care. Daily trauma lists are held for emergency patients. There is also a growing spinal service. The trust provides cancer surgery for some breast, colorectal, gynaecology and urology patients. However, complex cases would be referred to one of the cancer centres at other NHS trusts within London.

The trust had 7,528 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 2,584 (34.3%), 3,591 (47.7%) were day case, and the remaining 1,353 (18.0%) were elective.

We inspected the surgical services as part of an announced inspection (they did know we were coming) between 3 and 5 December 2019. As part of our inspection, we visited three surgical wards, three theatres and recovery suites, the pre-assessment unit and the Day Treatment Centre (DTC).

As part of our inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During our inspection we spoke with 42 members of surgical staff of all grades including nursing staff, surgeons, anaesthetists, health care assistants, operating department practitioners, matrons, physiotherapists, occupational therapists, house keepers, the flow liaison office, the enhanced recovery lead nurse, the stoma lead nurse and the triumvirate managers.

We looked at 11 sets of patient records and spoke with 20 patients and three relatives.

We also observed two ward handover meetings, a ward board round, a theatre briefing meeting and theatre observations.

We followed a patient journey from theatre admission area to theatre and recovery. We also observed multiple interactions between staff and patients.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff mostly understood how to protect patients from abuse. Staff assessed risks to patients. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff mostly provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Most key services were available seven days a week.

Surgery

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Mandatory training compliance was below the trust target.
- The service did not always manage medicines well.
- Most staff were not aware of Female Genital Mutilation (FGM).
- The service did not always control infection risk well.
- Staff did not always record the daily checks of essential clinical equipment.
- Staff did not always keep good care records.
- Managers did not always operate effective governance processes. However, they were working towards this.
- Staff did not understand the service's vision and values, and how to apply them in their work. However, staff were aware of trust strategy, and applied it in their work.

Is the service safe?

Requires improvement 

Our rating of safe went down. We rated it as requires improvement because:

- The service did not always record and store medicines safely. We reviewed the Controlled Drugs (CD) registers in three theatres and found there were dates when discarded amounts were not witnessed as a signature was missing. The Coyle ward drug room temperature was regularly raised above the recommended 25 degree Celsius. However, we escalated this during our inspection and the trust reported actions they put in place, including sharing information to increase staff awareness and understanding of drug room temperatures.
- The service did not always control infection risk well. Staff did not consistently use control measures to protect patients, themselves and others from infection. Whilst we saw examples of good practice on the wards and in theatres, staff in recovery areas did not always practice good hand hygiene. In addition, staff did not consistently follow processes to record that equipment was clean and ready for use. Cleaning records were not always kept up to date and we saw some items of equipment which were dusty.
- Staff did not always carry out daily safety checks of specialist equipment. The service did not meet the guidelines of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) for daily checks of essential clinical equipment in

theatres such as the Anaesthesia Machines. Signatures were not always recorded for completion of daily checks of the defibrillator on the emergency resuscitation trolley prior to start of patient procedure in the DTC. Intravenous (IV) fluid was out of date and blood culture bottles in the sepsis bags were out of date. However, we reported this at the time of our inspection, and these were replaced immediately.

- The service did not consistently follow guidance for the monitoring of patient temperatures in the intraoperative and postoperative recovery phase.
- Consultants did not lead daily ward rounds on all wards, including weekends. However, following our inspection the service planned to review consultant job plans and monitor compliance.
- Staff did not always keep detailed records of patients' care and treatment. Staff did not always update and fully document information in patient records. Records we reviewed did not always include the time or designation of staff completing them. From six records we reviewed only one had a completed escalation plan and hip fracture scores were completed for three out of the six records.
- Mandatory training compliance was below the trust target.
- Not all staff had completed safeguarding training on how to recognise and report abuse. Most staff were not aware of Female Genital Mutilation (FGM) and did not report completing training on it. However, following our inspection the trust reported they had actioned bespoke FGM training for surgery staff in collaboration with maternity services.

However:

- Staff mostly understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff mostly completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service mostly had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service mostly had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe and administer medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information.

Surgery

Is the service effective?

Good ➔➔

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers provided staff with support and development.
- Doctors, nurses and other healthcare professionals mostly worked together as a team to benefit patients. They supported each other to provide good care.
- Most key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Managers did not always check to make sure staff followed guidance. Staff did not record the daily checks of essential clinical equipment in theatres in line with AAGBI standards.
- Staff did not fully and accurately complete patient's fluid and nutrition charts where needed. We reviewed five patient records and saw staff had partially completed reviews of patients' nutritional and hydration needs.
- Not all staff received an annual appraisal of their work performance. However, staff reported they received informal support as and when they required it.
- No representatives from medical or surgical staffing attended the daily ward handover or board round. However, a weekly handover included attendance from all staff.

Is the service caring?

Good ➔➔

Our rating of caring stayed the same. We rated it as good because:

Surgery

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and mostly took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Wards were not designed to meet the needs of patients living with dementia. However, the service planned to make an area on Coyle ward dedicated to patients living with dementia.

Is the service well-led?

Good 

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a strategy developed with all relevant stakeholders. The strategy was focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to apply it and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Surgery

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- The service did not have a clear vision and staff did not understand or know how to apply the strategy and monitor progress. However, staff were aware of trust strategy, and applied it in their work.
- Leaders did not always operate effective governance processes, throughout the service and with partner organisations. However, they were working towards this.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Critical care

Requires improvement 

Key facts and figures

Whittington Hospital has one general critical care ward, consisting usually of ten critical care beds (the service could increase their capacity to 14 beds if needed, with appropriate staffing). The ward was located on the second floor of the hospital, adjacent to surgical theatres.
The critical care service is designed to accommodate patients with level two (high dependency) and level three (intensive care) needs and could manage a maximum of 11 level three patients at any one time. Level two care describes patients requiring more detailed observation or intervention. This includes support for a single failing organ system or post-operative care, and those 'stepping down' from level three care. Level three care refers to patients requiring advanced respiratory support alone or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multiple organ failure.
Critical care ward came under the Integrated Clinical Service Unit (ICSU) for Surgery and Cancer. There is a neonatal intensive care unit managed by the Children and Young People (CYP) ICSU, which provides intensive care and critical care baby cots and operates at level two. We did not inspect the neonatal intensive care unit as part of this inspection as this does not form part of the critical care core service.
The hospital had a nurse led critical care outreach team (CCOT) to support the needs of acute and deteriorating patients on surgical and medical wards.
The critical care provision was led by a group of general intensivists. The nursing provision consisted of general ICU nurses and healthcare assistants. The critical care ward also had access to physiotherapists, speech therapists, dieticians, and pharmacy support.
We visited the critical care ward over three days during our announced inspection on the 3 December to 5 December 2019.

We reviewed 10 patient care records and observed care being provided. We spoke with six relatives and carers, four patients and 25 members of staff including nurses, consultants, junior doctors, physiotherapists, pharmacists, dietitians, and administrative staff. We also reviewed the trust's performance data and looked at trust policies for critical care.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- We attended a nurse handover and found although it included allocation of nurses to patients, it did not include discussion of patient risk or complexity and was not structured. Senior staff we spoke with stated that nursing handovers and huddles were under review. Critical care also did not include daily safety huddles.
- We observed on inspection that staff may be involved in delivering support for other patients at times of high activity, meaning that their allocated patient may be left unattended. Although this was for a short period of time, we did not observe nursing staff discussing with colleagues that a patient allocated to them would be left unattended.
- The majority of critical care staff did not have transfer training to manage the transfer of patients, which meant that patients might be transferred to other services by staff without the required training.
- We did not see evidence of a consistent audit process for monitoring compliance with best practice for IPC. Staff were also unsure if there was an IPC link nurse for the ward, or who monitored IPC performance.

Critical care

- Staff we observed were not using personal protective equipment (PPE) while delivering patient care. Staff stated that the trust policy was PPE was only needed if there were expecting to come into contact with bodily fluids and that this had been communicated to staff, however we observed some staff consistently using PPE while others did not. Senior staff for the service recognised this would be inconsistent practice, and that it would follow the matter up with the IPC leads for the trust.
- In critical care the 90% target was not met for any of the nine mandatory training modules for which medical staff were eligible.
- At the time of the inspection, the service did not have a matron. The clinical manager, who was providing interim cover for the matron post, was also responsible for several other roles, both across critical care and hospital wide. This meant they had limited time to spend on the ward and on management duties for critical care.
- There were limited opportunities for staff to work together across disciplines and meet together as a multidisciplinary team (MDT). This was reflected in conversations with staff, who stated that while there was a good working relationship across disciplines, staff could be “siloed”.
- The service did not have a patient or family satisfaction survey to monitor the experience of patients and relatives using their service. This was also identified as an issue at the previous inspection.
- On inspection staff stated there had been a significant tension between staff because of leadership issues within the service. Staff suggested that there had been bullying behaviour, and that this could have impacted on retention of experienced nursing staff. Divisional leadership stated that leadership for critical care was on the risk register, as the issue was not yet resolved.
- Staff stated that since the time of the last inspection morale for critical care staff on the ward had been low. Staff survey results for the division showed that it was below the trust average across nine of the ten main questions.
- The critical care ward did not have a long-term strategy or vision in place, and senior staff recognised that there was a need to provide consistent ward level leadership. This was also the case on the previous inspection of critical care.
- CCU did not have a local risk register, with risks relating to critical care reflected on the overall divisional risk register. We reviewed the risk register provided by the trust prior to inspection and found it did not reflect the key issues we identified. The main risks identified for the division related mainly to surgery rather than to the critical care provision.
- Although there was an assessment pathway for delirium and dementia, screening for dementia was inconsistently completed. On CCU we found patients who started treatment pathways for delirium but an assessment had not been completed or was not in their records. We observed that clinical governance records had mentioned a reminder for staff to complete this pathway.

However:

- The service used systems and processes to safely prescribe, administer, record and store medicines. Controlled drugs were stored and managed appropriately.
- At the time of the last inspection we found inconsistencies in record completion. Patient records on this occasion were legible and generally well completed.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm, and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Critical care

- Patients said staff treated them well and with kindness. We spoke with four patients on the critical care ward during the inspection. Family members were also positive about the care the patients received and stated that staff members were professional and welcoming.
- Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.
- Delivery of care on the critical care unit (CCU) was informed by standards and recommendations in the Guidelines for the Provision of Intensive Care Services (GPICS), developed by the Faculty of Intensive Care Medicine (FICM).
- Critical care were part of the peer review process for the North East North Central London Adult Critical Care Network (NENCL). The review was carried out in October 2018, led by critical care experts from other network services, and feedback from the review was positive.
- Ward level nursing leadership was provided by an interim manager for critical care, who had overall responsibility for the day to day running of clinical areas. At the time of inspection, the interim manager had been in post for two months. Both ward and senior staff we spoke with were very positive about the contribution they had made since they were appointed, and the impact they had on improving morale.
- There was a governance framework in place which oversaw service delivery and quality of care. This included monthly clinical governance meetings across critical care, led by speciality leads and attended by ward staff and allied health professionals.
- At the time of the last inspection, we identified that a follow-up clinic was not provided to all patients with did not comply with Faculty of Intensive Care Medicine (FICM) standards. On this inspection we found this process much improved.
- CCU had significantly improved the number of monthly delayed discharges by improving communication and monitoring, as well as the discharge process, since the time of the last inspection.

Is the service safe?

Requires improvement 

Our rating of safe went down. We rated it as requires improvement because:

- Safety thermometer data was not displayed on the ward for staff and patients to see. Some safety thermometer indicators were displayed on the quality board in the main corridor (but not all) and some metrics were presented under the nursing quality indictors which was displayed in the staff room.
- We found temperatures in the medication room regularly raised above the recommended range.
- At the time of the inspection, the service did not have a matron. The clinical manager, who was providing interim cover for the matron post, was also responsible for several other roles, both across critical care and hospital wide. This meant they had limited time to spend on the ward and on management duties for critical care.
- We attended a nurse handover and found although it included allocation of nurses to patients, it did not include discussion of patient risk or complexity and was not structured. Senior staff we spoke with stated that nursing handovers and huddles were under review. Critical care also did not include daily safety huddles.
- We observed on inspection that staff may be involved in delivering support for other patients at times of high activity, meaning that their allocated patient may be left unattended. Although this was for a short period of time, we did not observe nursing staff discussing with colleagues that a patient allocated to them would be left unattended.

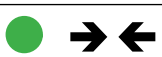
Critical care

- The majority of critical care staff did not have transfer training to manage the transfer of patients, which meant that patients might be transferred by staff without the required training.
- However, we did not see evidence of a consistent audit process for monitoring compliance with best practice for IPC. Staff were also unsure if there was an IPC link nurse for the ward, or who monitored IPC performance.
- Staff we observed were not using personal protective equipment (PPE) while delivering patient care. Staff stated that the trust policy was PPE was only needed if there were expecting to come into contact with bodily fluids and that this had been communicated to staff, however we observed some staff consistently using PPE while others did not. Senior staff for the service recognised this would be inconsistent practice, and that it would follow the matter up with the IPC leads for the trust.
- Staff cleaned equipment after patient contact, however use of labels to show when equipment was last cleaned was inconsistent, which meant it was difficult to identify cleaned equipment.
- In critical care the 90% target was not met for any of the nine mandatory training modules for which medical staff were eligible.

However:

- There was an electronic incident reporting system in place across the trust and staff knew how to report an incident. Staff told us they also received feedback from incidents reported that were investigated, either through team meetings or by direct feedback.
- There was a critical care specialist pharmacist allocated to the unit from 9am to 5.30pm Monday to Friday. The critical care specialist pharmacist aimed to be involved in ward rounds and morning meetings as required.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Controlled drugs were stored and managed appropriately.
- At the time of the last inspection we found inconsistencies in record completion. Patient records on this occasion were legible and generally well completed.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff used a nationally recognised tool to identify patients at risk of deterioration and escalated them appropriately.
- Management of sepsis on the critical care ward was in accordance with the hospital's policy on sepsis recognition and management. Staff told us that they followed the United Kingdom sepsis guidance on the management of septic patients, and we saw evidence of screening in patient records we reviewed.
- Emergency equipment such as a resuscitation and emergency intubation trollies and crash bags were available. Staff checked resuscitation equipment daily in line with guidance from the Resuscitation Council.
- Cleaning records were up to date and demonstrated that all areas were cleaned regularly. Cleaning schedules were used to monitor the completion of daily, weekly, and monthly infection prevention and control tasks.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm, and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Is the service effective?

Good 

Critical care

Our rating of effective stayed the same. We rated it as good because:

- Care and treatment was delivered to patients in line with National Institute for Health and Care Excellence (NICE) and Royal Colleges guidelines. Staff followed national and local guidelines and standards to ensure effective and safe care.
- Delivery of care on the critical care unit (CCU) was informed by standards and recommendations in the Guidelines for the Provision of Intensive Care Services (GPICS), developed by the Faculty of Intensive Care Medicine (FICM).
- Staff fully and accurately completed patients' fluid and nutrition charts where needed. Staff also used a nationally recognised screening tool to monitor patients at risk of malnutrition. We reviewed patient records on inspection and found that the nutritional needs of patients were monitored using a nutrition assessment tool.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- The service contributed and uploaded data regularly to the Intensive Care National Audit Research Centre (ICNARC), which provides information/feedback about the quality of care to those who work in critical care to allow service benchmarking against similar critical care units nationally. ICNARC data showed that CCU compared favourably to other similar units for patient outcomes.
- Critical care were part of the peer review process for the North East North Central London Adult Critical Care Network (NENCL). The review was carried out in October 2018, led by critical care experts from other network services, and the feedback from the review was positive.
- Staff we spoke with were positive about the support and availability of the practice development nurses (PDN). PDN roles were split between clinical and development, and they provided advice and support to staff on training, personal development, and revalidation.
- The CCU met the Intensive Care Society standards for registered nurse work force. This included ensuring a dedicated clinical nurse educator for critical care nursing staff, all newly appointed nursing staff receiving a period of supernumerary practice, and a minimum of 50% of nursing staff possessing a post registration award in critical care nursing.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- The critical care ward was not meeting the trust target for appraisals across all disciplines.
- There were limited opportunities for staff to work together across disciplines and meet together as a multidisciplinary team (MDT). This was reflected in conversations with staff, who stated that while there was a good working relationship across disciplines, staff could be "siloed".

Is the service caring?

Good 

Critical care

Our rating of caring stayed the same. We rated it as good because:

- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- Patients said staff treated them well and with kindness. We spoke with four patients on the critical care ward during the inspection.
- Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs.
- Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff provided reassurance and support for patients throughout their care.
- Patients who were approaching the end of their life or required palliative care could be supported by the trust palliative care team. Staff were positive about the availability of support from the palliative care team, and arrangements for palliative patients.
- We spoke with six family members of patients on the critical care ward. Family members were positive about the care the patients received and stated that staff members were professional and welcoming.
- CCU had introduced a twice yearly commemoration event, where family members of patients could return to the critical care ward to talk about their loved ones who had passed away. Staff we spoke with were positive about the event and stated that the feedback from family members had been positive.

However:

- The service did not have a patient or family satisfaction survey to monitor the experience of patients and relatives using their service. This was also identified as an issue at the previous inspection.
- Critical care staff had opportunities for family members to spend time with end of life patients and to commemorate their loved ones, however some staff were unaware of what resources were available for end of life patients.

Is the service responsive?

Good 

Our rating of responsive improved. We rated it as good because:

- The critical care unit (CCU) had access to a waiting room and family room where they could discuss sensitive topics in a calmer environment. Patients' family members and carers were also provided with on-site accommodation within the nearby 'relatives' room' to allow them to stay at the hospital overnight, if needed.
- Staff were aware of how to access translation if patients or families were unable to communicate in English.
- The service had systems to help care for patients in need of additional support or specialist intervention. Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia.

Critical care

- The service did have mixed sex breaches due to the open nature of the ward, however staff appropriately escalated any concerns to critical care leadership. Where sex of the patient was a significant concern, patients could be managed in the isolation rooms. Senior leadership stated that they accommodate single sex accommodation on CCU where possible, but managing the clinical risk of patients across the hospital was the priority.
- At the time of the last inspection, we identified that a follow-up clinic was not provided to all patients with did not comply with Faculty of Intensive Care Medicine (FICM) standards. On this inspection we found this process much improved.
- CCU had significantly improved the number of monthly delayed discharges by improving communication and monitoring, as well as the discharge process, since the time of the last inspection.
- The hospital's bed management policy had included an escalation process to manage delayed discharges, which included specific plans for critical care.
- A dedicated critical care outreach team (CCOT) supported the unit, providing assessment and management of patients at risk of deteriorating on other hospital wards. Staff we spoke with were positive about the input available from the CCOT.
- Staff understood the policy on complaints and knew how to handle them. Staff were all aware of the complaints procedure, how to acknowledge complaints, and who had overall responsibility for managing the complaints process.

However:

- The CCU had not considered a means of identifying patients with dementia on the ward. Staff did not use visual aids in patient bays or on patient boards to identify dementia patients (such as 'forget me not' symbol), and patients with dementia were not identified as such at handover. Senior staff stated that they hoped to have funding to improve the availability of aids for patients with dementia, as well as making the environment more dementia friendly, in the new year.
- Although there was an assessment pathway for delirium and dementia, screening for dementia was inconsistently completed. On CCU we found patients who started treatment pathways for delirium but an assessment had not been completed or was not in their records. We observed that clinical governance records had mentioned a reminder for staff to complete this pathway.

Is the service well-led?

Requires improvement 

Our rating of well-led stayed the same. We rated it as requires improvement because:

- On inspection staff stated there had been a significant tension between frontline staff because of leadership issues within the service. Staff suggested that there had been bullying behaviour, and that this could have impacted on retention of experienced nursing staff. Divisional leadership stated that leadership for critical care was on the risk register, as the issue was not yet resolved.
- At the time of the inspection, the service did not have a matron. The clinical manager, who was providing interim cover for the matron post, was also responsible for several other roles, both across critical care and hospital wide. This meant they had limited time to spend on the ward and on management duties for critical care.
- Staff stated that since the time of the last inspection morale for critical care staff on the ward had been low.

Critical care

- The critical care service participated in the annual staff survey. Staff survey results for the division showed that it was below the trust average across nine of the ten themes.
- The critical care ward did not have a long-term plan in place, and senior staff recognised that there was a need to provide consistent ward level leadership. This was also the case on the previous inspection of critical care.
- CCU did not have a local risk register, with risks relating to critical care reflected on the overall divisional risk register. We reviewed the risk register provided by the trust prior to inspection and found it did not reflect the key issues we identified. The main risks identified for the division related mainly to surgery rather than to the critical care provision.

However:

- Ward level nursing leadership was provided by an interim manager for critical care, who had overall responsibility for the day to day running of clinical areas. At the time of inspection, the interim manager had been in post for two months. Both ward and senior staff we spoke with were very positive about the contribution they had made since they were appointed, and the impact they had on improving morale.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. This included engagement with staff following the recent issues relating to staffing.
- Staff we very positive about their colleagues and we observed a collaborative working culture in place between the various clinical disciplines.
- Staff demonstrated awareness of the trust values (ICARE, which stands for Innovation, Compassionate, Accountable, Respectful, and Excellent) and information on these values was displayed on CCU.
- There was a governance framework in place which oversaw service delivery and quality of care. This included monthly clinical governance meetings across critical care, led by speciality leads and attended by ward staff and allied health professionals.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Community health services

Background to community health services

The trust provides the following community health services from over 180 locations:

- Community health services for adults
- Community end of life care
- Community dental services
- Community health services for children and young people

The trust provides services to a number of local boroughs including Islington, Haringey, Camden, Barnet and Enfield. The trust offers specialist services from their Michael Palin Centre to children, young people and adults who stammer. The services provided by the centre are offered to patients from all over the UK and internationally. The trust provides tuberculosis (TB) community-based care with outreach workers and social care team.

We last inspected the Whittington community health services in October 2017. Community health services for children and young people was inspected and the service was rated good.

This time we also inspected community health services for children and young people. This decision was made on a risk-based approach under the new methodology.

Summary of community health services

Outstanding ☆ ↑

Our rating of these services improved. We rated them as outstanding. We took into account the current ratings of services not inspected this time. For more information on why we rated this service as outstanding, please see the core service section of this report.

Community health services for children and young people

Good ↑

Key facts and figures

The trust provides a full range of children and young people's health services across the London boroughs of Haringey and Islington, including health visiting, Family Nurse Partnership (this is a programme providing an intensive, evidence-based preventative programme for vulnerable first- time mothers aged 20 years and under), school nursing and services for Looked After Children. In Islington the health visiting service work together with early years providers under the umbrella of 'Bright Start' Islington. Children's community nursing, including nurses in primary care and hospital at home, are delivered in Islington. Continuing care and life force are provided across Haringey and Islington along with a wide range of universal to complex needs integrated therapy services and paediatric services. In Camden speech and language therapy services are provided as part of a partnership arrangement through Camden Children's Community Health Services. Services are generally provided in health centres as well as schools, community buildings and in the patients' own home.

In addition, the service provides audiology services (new-born hearing screening), community dental services for children with special needs in Haringey and Islington plus urgent and emergency dental care for all patients across much of the north and east of London including Enfield, Barnet and Waltham Forest.

The children and young people's service at Whittington Health NHS Trust was last inspected in 2017. At our last inspection we rated the service as requires improvement for safe and responsive. We rated the service good for effective, caring and well led. At this inspection, we re-inspected all key questions and the service overall.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During our inspection, the inspection team:

Spoke with 98 staff of all grades across the service including senior managers.

We spoke with seven parents of children using the service.

We spoke with two children using the service.

Reviewed 20 care and treatment records.

We collected feedback from four carers following the inspection.

We observed young people and their families receiving services and accompanied staff on a new birth visit, observed assessments being carried out, attended a baby weight clinic and visited a school nursing service at a sixth form college in Haringey.

Summary of this service

Our rating of this service improved. We rated it as good because:

- Compliance with mandatory training, safeguarding training and staff appraisals had improved. All team managers robustly monitored training and appraisal compliance.
- The service had made considerable improvements in working towards meeting the national targets for the Healthy Child Programme which included new birth face to face visits, one- and two-year development reviews.

Community health services for children and young people

- The service had made considerable improvements in meeting target times for people accessing the service. However, the service was facing challenges in the autism pathway and waiting times had exceeded the trust target of 18 weeks. This was due to an increase in referrals by 50%. The service leads were working with commissioners to address this and the local teams were managing the waiting lists by carrying out therapist-led assessments and workshops for parents on the waiting list.
- The environment at the Northern Health Centre had improved. Managers were working closely with the estate department to ensure the environment was safe.
- Managers had improved hygiene processes to reduce risks to people using the service. Cleaning schedules were in place and hand hygiene audits were being carried out.
- Learning from incidents had improved. Staff discussed any learning from incidents at team meetings and at one to one sessions.
- There were effective safeguarding procedures in place and multidisciplinary teams worked together to protect vulnerable children.
- Risks to children and young people using the service were assessed and their safety was managed so they were protected from avoidable harm.
- Records and care plans were individualised, clear, accurate, up to date and completed in a timely manner.
- The service had enough staff with the right skills and training with managers who supported and monitored their performance. There were good opportunities for specialist training and professional development.
- Staff provided individualised child-centred care. Children, young people and their carers were treated with compassion, dignity and respect. Staff provided appropriate information and support to enable them to make decisions about the care they received.
- National programmes of care were followed and evidence-based practice was delivered across all children's services.
- Staff from different disciplines worked well together to benefit children, young people and their families. They provided a range of care and treatment interventions consistent with national guidance on best practice. Teams collaborated with each other and with external agencies.
- The service collected, analysed, managed and used information well to support all its activities. Managers had access to the information they needed to provide safe and effective care and used that information to good effect.

Is the service safe?

Good 

Our rating of safe improved. We rated it as good because:

- Compliance with mandatory and safeguarding training had improved. All team managers robustly monitored training compliance.
- The environment at the Northern Health Centre had improved. Managers were working closely with the estate department to ensure the environment was safe.
- Managers had improved hygiene processes to reduce risks to people using the service. Cleaning schedules were in place and hand hygiene audits were being carried out.

Community health services for children and young people

- Learning from incidents had improved. Staff discussed any learning from incidents at team meetings and at one to one sessions.
- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each child and young person. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of peoples' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed children and young people's safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave honest information and suitable support to children, young people and their families.

However:

- The environment at the Child Development Centre was poor. It was in an old building that was due to be demolished. Rooms had peeling paint on the ceiling. A move to new refurbished space was planned.
- The service did not ensure that all equipment was regularly serviced in the complex and continuing care teams.
- Record audits were taking place. However, action plans and timescales to address audit findings were not present.
- The service did not always follow best practice when giving, recording, storing and disposing medicines. At the Northern Health Centre there were no arrangements in place to monitor stock, use of individual medicines and disposal of medicines. The trust addressed this immediately during our inspection and took action to ensure medicines were managed safely.

Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The service provided all new staff with an induction to their place of work and access to ongoing training and professional development.
- Staff from different disciplines worked together to benefit children, young people and their families Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff provided a range of care and treatment interventions consistent with national guidance on best practice.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.

Community health services for children and young people

- Staff understood how and when to assess whether a young person or family member had the capacity to make decisions about their care. They followed the trust policy and procedures when a person could not give consent.

However:

- The Early Years Development Team had not been monitoring whether staff received regular supervision. Whilst all the staff confirmed they had regular supervision, the team manager did not regularly check or have systems in place to monitor that regular supervision was being delivered.
- Core competency assessments were not undertaken for some staff working in the Continuing Care Nursing team.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good because:

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Feedback from young people and their families was positive about the way in which staff provided care and treatment. We observed kind and caring interactions between staff, children, young people and their families.
- Staff were non-judgemental in their approach to delivering holistic compassionate care with children, young people and their families being active partners in their care.
- Staff considered children and young people's personal, cultural, social and spiritual needs when planning care. Staff supported and involved children, young people, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good 

Our rating of responsive improved. We rated it as good because:

- The service had made considerable improvements in working towards meeting the national targets for the healthy child programme and target times for people accessing the service. Where there were delays in waiting times teams were reviewing models of delivery, working with commissioners and making changes to meet increased demand.
- Services were planned and care was provided in a way that met the needs of local people and the communities the trust served. The trust also worked with others in the wider system and local organisations to plan and provide integrated person-centred care.
- Services were inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.
- It was easy for children, young people and their families to give feedback and raise concerns about care they had received. The trust treated concerns and complaints seriously, investigated them and shared lessons learned with relevant staff.

Community health services for children and young people

Is the service well-led?

Good 

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels in the service had the integrity, skills and abilities to run a service providing high quality sustainable care. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, children and young people and key groups representing the local community.
- Staff felt respected, supported and valued. They felt more integrated in the wider work of the trust and were focused on the needs of children, young people and families receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities. Managers had access to the information they needed to provide safe and effective care and used that information to good effect.
- Managers operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Managers and staff actively and openly engaged with children and young peoples and their families, staff, the public and local organisations to plan and manage services.
- Staff had been engaged in various ways to learn, improve and innovate and were given time to do this in their day to day roles. They had a good understanding of quality improvement methods and the skills to use them.

However:

- Some governance processes were less firmly embedded at the Northern Health Centre where there were areas of improvement required with record audits, medicines management, equipment servicing, monitoring staff supervision and competency checks.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Mental health services

Background to mental health services

The trust provides the following mental health services:

• CAMHS (Children and Adolescent Mental Health Services)

• Specialist community mental health services for children and young people

The trust provides services to a number of local boroughs including Islington, Haringey, Camden, Barnet and Enfield. Whittington Health has a range of mental health services to help support children, young people and adults with their mental and emotional wellbeing including CAMHS (offers support the emotional health and wellbeing of children, young people and families), Growing Together (psychological therapy to parents experiencing mild to moderate anxiety or depression and their children), Parent Infant Psychology service (PIPS - a therapy service set up to support mums and dads, and their babies) and Simmons House Adolescent Unit (in-patient psychiatric unit).

We last inspected Whittington mental health services in October 2017. During the inspection we inspected CAMHS which was rated good.

This time we decided to inspect specialist community mental health services for children and young people. Last time the service was inspected (2015) it was rated as good.

Summary of mental health services

Good ➔➔

Our rating of these services stayed the same. We rated them as good. We took into account the current ratings of services not inspected this time. For more information on why we rated this service as good, please see the core service section of this report.

Specialist community mental health services for children and young people

Good 

Key facts and figures

The community child and adolescent mental health services (CAMHS) provide care and treatment to children from birth to eighteen years old and their families living in the London borough of Islington. A clinical service is also provided to mothers during the antenatal and postnatal period if they are experiencing mental health problems that impact on their capacity to parent.

The service works with colleagues in children's social care, family centres and primary and secondary schools to train and support them in the identification of children with mental health problems. Clinical interventions include parent work (individual and group), cognitive behaviour therapy, systemic family psychotherapy, art therapy, psychotherapy and educational psychotherapy. The service operates from 9am to 5pm Monday to Friday (excluding bank holidays). People using the service could access psychiatric support out of hours when needed.

Since September 2019, the service has partnered with other local statutory and independent sector organisations to provide an integrated care model known as the Social Emotional Mental Health (SEMH) service. The SEMH uses a stepped care model to provide targeted support and preventative interventions in the local community. Through one central point of access, patients and their families can access established mental health services and innovative social and emotional interventions depending on their level of need.

There are seven main teams specialising in intake, adolescent assessment and outreach, psychological therapies, neurodevelopment, early years, schools and early help, transition to adult services and social care and welfare. The teams work in a variety of settings including schools, community buildings and shared hubs with the local authority and other organisations. The central base for the mental health component of SEMH was the Northern Health Centre. On this inspection we only inspected those parts of the SEMH service which are managed by the trust.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. Our inspection team for this core service comprised a CQC inspector, CQC inspection manager and a specialist clinical advisor. We inspected the service over two days.

During our inspection we:

- Toured the waiting area, appointment rooms and the working environment at the Northern Health Centre
- Interviewed the associate director and the clinical lead for the service who was a consultant psychiatrist
- Spoke with 13 other members of the multi-disciplinary team and team managers including a registered nurse, psychologist and child and wellbeing practitioner
- Interviewed eight people who had used the service including young people, parents and carers
- Reviewed the care records of nine young people using the service
- Spoke with members of partnership agencies to gain their feedback
- Attended multidisciplinary team meetings and observed a clinical assessment
- Reviewed records relating to the overall quality of the service.

Specialist community mental health services for children and young people

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Young people were treated as equal partners in their own care and staff were committed to this. The service was dedicated to empowering young people to shape the service, so it met their needs. Managers and staff went the extra mile to make sure their approach was friendly and inclusive and respected the privacy and dignity of all patients and their families. The service adopted a truly holistic family-based approach and empowered parents to support their own children.
- Staff worked exceptionally well together as a multidisciplinary team and with external organisations to provide preventative support and interventions. A full range of specialists were available to meet the needs of young people using the service and provide further support to their families and carers.
- The service provided safe care in clean and well-maintained premises. There were enough skilled staff available to give each patient the time they needed. Staff managed waiting lists to ensure that young people who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- The service provided a range of treatments to meet the needs of young people informed by best-practice. Clinical audits were used to evaluate the quality of care they provided. Managers ensured that staff received training, supervision and appraisal and delivered effective care.
- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people and managed and recorded decisions relating to these principles.
- The service was accessible. Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.
- Leaders in the service were capable and had created positive change to better support staff. Governance processes were in place to ensure that the service ran smoothly, and issues were dealt with quickly. Teams were dedicated to continuous learning and used engagement with young people using the service and other stakeholders to actively ways to improve.

However:

- The service did not meet the overall waiting time from referral to treatment. Children and young people waited on average 13 weeks for an appointment rather than the target of eight weeks set by commissioners. The trust were embedding a new model of care and working closely with commissioners to monitor progress. Waiting times had significantly improved over the previous year.
- Some managers could not readily access the most recent version of their team's data dashboard.
- Staff working across multiple record keeping systems with partner organisations faced some challenges that increased the risk of inconsistency and recording errors and meant staff spent longer transferring information from one system to another.
- Due to some vacancies in individual teams some staff said it was difficult to deliver their full work load. The recent launch of the new SEMH model had compounded this as some staff had to offer extra initial support to external partner organisations. Managers were working to address the issue and provided support to minimise the effects on team capacity.

Specialist community mental health services for children and young people

Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good because:

- All clinical premises where young people received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff and received basic training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to young people and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with young people and their families and carers to develop crisis plans. Staff monitored waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.
- Staff understood how to protect young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.
- Staff kept detailed records of young people's care and treatment. Records were clear, up to date and easily available to all staff providing care.
- Staff regularly reviewed the effects of medications on each patient's physical and mental health. Staff followed a safe and secure process for storing and recording forms used for prescriptions.
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave young people honest information and suitable support.

However:

- Staff working across multiple record keeping systems with partner organisations faced some challenges that increased the risk of inconsistency and recording errors and meant staff spent longer transferring information from one system to another.
- Due to some vacancies in individual teams some staff said it was difficult to deliver their full work load. The recent launch of the new SEMH model had compounded this as some staff had to offer extra initial support to external partner organisations. Managers were working to address the issue and provided support to minimise the effects on team capacity.

Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good because:

- Staff from different disciplines worked very well together to benefit young people. They supported each other to make sure young people had no gaps in their care.

Specialist community mental health services for children and young people

- The service was exceptional at working in partnership with external organisations to deliver support and treatment. Professionals from across the care pathway worked together to provide a range of integrated support options. All teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff assessed the mental health needs of all young people. They worked with young people, families and carers to develop care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for young people based on national guidance and best practice. They ensured that they had good access to physical healthcare and supported them to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of young people under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported young people to make decisions on their care for themselves and understood the Mental Capacity Act 2005 and principles of Gillick competence. Staff assessed and recorded consent and capacity or competence for people who might have impaired mental capacity or competence.

Is the service caring?

Outstanding ☆ ↑

- Our rating of caring improved. We rated it as outstanding because:
- Young people were treated as equal partners in their own care. Staff used a collaborative approach to care planning to understand the individual needs of young people and their families and support them to manage their own care, treatment or condition where possible.
- Managers and staff went the extra mile to make sure their approach was friendly and inclusive and respected the privacy and dignity of young people and their families.
- Young people were empowered to influenced decisions about the way the service was delivered through the Youth Board. Staff were committed to engaging with young people and their families and encouraged their ideas and opinions as learning opportunities to improve the service.
- The service adopted a truly holistic, family-based approach. Staff valued the input and the individual stories of families and carers as a key factor in young people's recovery and involved them appropriately. Some parents were helped to support their own children and explore their parenting skills through group learning sessions.
- Staff created a welcoming atmosphere and helped young people feel at ease wherever possible. The service had worked with the Youth Board to commission a series of photographic self-portraits that reflected how the young people sitting for the photos said they felt about their own mental health.

Specialist community mental health services for children and young people

- The culture of the service placed the wellbeing of young people and their families or carers as the leading priority. Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards young people and staff and were encouraged to speak up if they had concerns.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- The referral criteria did not exclude young people who would have benefitted from care. Staff assessed and treated young people who required urgent care promptly. Appropriate support was provided to young people and their families whilst they waited for services.
- Staff followed up with people who missed appointments and when needed offered appointments in settings that were more convenient to young people and their families.
- The service ensured that young people, who would benefit from care from another agency, made a smooth transition. This included ensuring that transitions to adult mental health services took place without causing disruption to the patient's care.
- The service met the needs of all young people including those with a protected characteristic. Staff helped them with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The wait time from referral to treatment varied between teams, with some not meeting target wait times set by commissioners. Managers were working closely to address this issue and minimise variance between teams.

Is the service well-led?

Good 

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for young people and staff.
- Staff were passionate and motivated to succeed. Teams worked cohesively to support young people, their families and carers. Staff knew and understood the provider's vision and values and how they applied them in their work.
- Leaders reinforced an inclusive, positive working culture where staff felt respected and valued. The service promoted equality and diversity in its day-to-day work and invested in opportunities for career progression. Staff felt able, and were actively encouraged, to raise concerns without fear of retribution.
- Staff used information they collected and analysed to improve the service. As well as using outcome measures and performance dashboards, teams engaged in quality improvement activities and used clinical audits to identify areas for improvement.

Specialist community mental health services for children and young people

- Managers took shared ownership of the service with other leaders in the local care system to address wider issues and create positive change. Staff worked closely with other healthcare services and organisations to deliver an integrated care system that met the needs of local young people.
- All teams shared a strong focus on continuous learning and improvement. The large size and diverse pool of expertise within the community CAMHS led to excellent opportunities to learn from colleagues and cross-fertilise new ideas.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

However:

- Some managers could not readily access the most recent version of their team's data dashboard.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Our inspection team

Carolyn Jenkinson, CQC Head of Hospital Inspection and David Harris, CQC Inspection Manager, led this inspection. The team included 10 inspectors, 13 specialist advisers, and three experts by experience. An executive reviewer, supported our inspection of well-led for the trust overall.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

Whittington Health NHS Trust

Use of Resources assessment report

Magdala Avenue
London
N19 5NF
Tel: 02072723070
www.whittington.nhs.uk

Date of publication: xxxx> 2017

This report describes our judgement of the Use of Resources and our combined rating for quality and resources for the trust.

Ratings

Overall quality rating for this trust	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Are resources used productively?	Good

Combined rating for quality and use of resources	Good

We award the Use of Resources rating based on an assessment carried out by NHS Improvement.

Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

Use of Resources assessment and rating

NHS Improvement are currently planning to assess all non-specialist acute NHS trusts and foundation trusts for their Use of Resources assessments.

The aim of the assessment is to improve understanding of how productively trusts are using their resources to provide high quality and sustainable care for patients. The assessment includes an analysis of trust performance against a selection of initial metrics, using local intelligence, and other evidence. This analysis is followed by a qualitative assessment by a team from NHS Improvement during a one-day site visit to the trust.

Combined rating for Quality and Use of Resources

The rating for Use of Resources for this NHS trust was good.

NHS Trust

Use of Resources assessment report

Magdala Avenue
London
N19 5NF
Tel: 02072723070
www.whittington.nhs.uk

Date of inspection visit: 3 December 2019 to 15 January 2020
Date of publication: xxxx> 2017

This report describes NHS Improvement's assessment of how effectively this trust uses its resources. It is based on a combination of data on the trust's performance over the previous twelve months, our local intelligence and qualitative evidence collected during a site visit comprised of a series of structured conversations with the trust's leadership team.

Proposed rating for this trust?	Good

How we carried out this assessment

The aim of Use of Resources assessments is to understand how effectively providers are using their resources to provide high quality, efficient and sustainable care for patients. The assessment team has, according to the published framework, examined the NHS trust's performance against a set of initial metrics alongside local intelligence from NHS Improvement's day-to-day interactions with the NHS trust, and the NHS trust's own commentary of its performance. The team conducted a dedicated site visit to engage with key staff using agreed key lines of enquiry (KLOEs) and prompts in the areas of clinical services; people; clinical support services; corporate services, procurement, estates and facilities; and finance. All KLOEs, initial metrics and prompts can be found in the Use of Resources assessment framework. The NHS trust site visit was done on 11th November 2019 during which the assessment team met with the NHS trust's executive team including the Chief Executive.

Findings

Good

Is the trust using its resources productively to maximise patient benefit?

We rated use of resources as good because the NHS trust has demonstrated a good understanding of areas of improvements with credible plans to achieve target performance:

- The NHS trust has an excellent track record of managing its expenditure within available resources. This is evidenced by the fact that the NHS trust has met its plan and control total (including PSF) for each of the financial years from 2015/16. The same period has also seen a significant improvement in the underlying position from a deficit of £13.1 million in 2015/16, to a planned and forecasted deficit of £4.9 million by the end of 2019/20.

- The NHS trust can meet its immediate financial obligations as it is maintaining positive cash balances and is forecasting the same for the rest of the financial year.
- The NHS trust has a track record of delivering savings of above £10 million in each of the financial years from 2016/17 through its cost improvement programme. Although the current year's savings target is challenging for the NHS trust, this risk has already been offset by identified mitigations that allow the Board to have the confidence to forecast control total and annual plan delivery.
- The NHS trust is implementing priority transformation programmes that have been developed in partnership with local commissioners such as – bed optimisation, outpatient transformation, same day emergency care, theatre productivity and musculoskeletal pathway redesign.
- As at September 2019, the NHS trust is in the national top quartile for pre-procedure non-elective bed days (0.39) and second quartile for pre-procedure elective bed days (0.8). These results demonstrate the work undertaken to streamline pre-operative and elective admission pathways. The NHS trust is also in the top quartile for emergency readmissions within 30 days performance because of improved pathways across acute and community services.

However, the NHS trust has further opportunities for improvement:

- Although the NHS trust is implementing 'system working' transformation programmes and new initiatives in A&E to support flow, emergency waiting time performance has significantly deteriorated over the past 12 months. An area for improvement is for the NHS trust to engage further with local commissioners (including local authorities for adult social care) to ensure that capacity and resource gains from improved productivity enable better emergency waiting time performance.
- The NHS trust, being an integrated organisation, understands that the reason for outlier performance against some of the national 'model hospital' benchmarks is due to organisational form. However, an area of improvement is for the NHS trust to identify its integrated organisation peer group and develop fit for purpose alternative benchmarks to objectively critic and optimise its productivity and best practice performance.
- While the NHS trust has a good recent record for CIP identification and delivery, it is finding delivering the current year £12.3 million efficiency savings target challenging. As at September 2019, the NHS trust had only managed to deliver £3 million (48%) out of its £6.2 million half year savings target. Another opportunity for improvement for the trust is to review its CIP identification processes and project delivery architecture to achieve better performance against efficiency savings plans. To achieve its short to medium term sustainability objectives, the trust, as an integrated care organisation, should look to further yield the unique opportunities its organisational form allows to transform patient pathways, exploit digital productivity offers and partner with local healthcare providers and commissioners (including local authorities for adult social care) to inform its efficiency programmes.

How well is the NHS trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?

- The NHS trust did not meet the national waiting time standard for Accident and Emergency (A&E) performance over the past 12 months. There had been some improvement in the past year and in June 2019 performance was 90.1%. Their position deteriorated to 83.59% in October 2019, marginally better than the national median of 82.44%. This places the NHS trust in the third quartile nationally. The NHS trust has implemented several new initiatives in A&E to support timely movement of patients through the hospital such as, the introduction of a frailty pathway, the ambulatory care unit and Emergency Medical Unit. The impact within the waiting time data has not been seen due to other challenges in the North Central London system over the June, July and August such as increases in delayed transfers of care (DTOC).
- The NHS trust reports an increase in the DTOC rate since April 2019. The NHS trust undertakes regular multi agency discharge events (MADE), intended to support the discharge of patients and to enable the NHS trust to understand the causes of delays. Analysis of this data has highlighted that there are several areas which are outside of the control of the NHS trust and are challenges in the wider primary, care home and social care settings. The NHS trust is actively working with its social and care home partners to deliver improvement and reduce delays for patients.
- The NHS trust has performed well against the Referral-to-Treatment (RTT) standard and has consistently achieved this target over the past 12 months. In September 2019, the NHS trust's performance was 92.05% against a national median of 84.48%.
- The NHS trust has also consistently delivered the nationally mandated waiting time standard for diagnostic tests since September 2018, meaning less than 1% of patients have waited longer than 6 weeks for a diagnostic procedure.
- In September 2019, the NHS trust's 62-day Cancer Performance from Urgent GP Referral was above the required standard at 87.88%. However, performance has been variable over the past 12 months and the NHS trust has implemented a plan to maintain the compliance seen in September.

- Emergency readmission rates at the NHS trust are among the lowest in the country and below the national median. The NHS trust has reduced the number of emergency readmissions over the past 12 months from 8.31% in July to September 2018/19, to 6.78 for July to September 2019/20. The NHS trust's excellent performance in this area has been attributed to the increase in resources for the Integrated Care Aging Team (ICAT), specialist frailty pathways to care for patients at home where appropriate and a proactive screening service in primary care.
- In July to September 2019/20 the NHS trust reported 0.11 for pre-procedure elective bed days, against a national median of 0.12. This places it in the second (best) quartile nationally. A high percentage of the NHS trust's elective treatment is already delivered as day case and the NHS trust has streamlined preadmission pathways to reduce the number of patients being admitted the day before elective procedures. Minimising pre and post procedure length of stay has supported the reduction in the number of beds open which is part of the hospital's Bed Optimisation Programme.
- For pre-procedure elective bed days, at 0.42, the NHS trust is performing significantly better than the national median on 0.65. This places the NHS trust in the first (best) quartile when compared nationally, which means fewer patients are coming into hospital unnecessarily prior to treatment compared to most other hospitals in England. The NHS trust has protected emergency surgery and trauma theatre list each day to minimise the time emergency patients wait for their procedures.
- At 12%, the NHS trust as one of the highest percentage of patients who did not attend (DNA) for their scheduled outpatient appointments in July to September 2019, when compared nationally. This is an area of improvement for the NHS trust and they have developed a plan for improvement, including taking part in pilots projects for Virtual appointments and e-consultations.
- The NHS trust's Executive Medical Director is the designated responsible officer for the Getting It Right First Time Programme (GIRFT). The NHS trust has actively engaged with GIRFT deep dive reviews with high levels of attendance from multidisciplinary teams including support services, the Executive and CEO. The NHS trust has a clear governance process for monitoring the implementation of actions and has several improvement examples. Savings have been realised through the changes made, particularly in trauma and orthopaedics. There are further opportunities which the NHS trust has identified which should provide further savings once completed.
- The NHS trust has a programme to develop staff skills in utilising Quality Improvement (QI) methodology to improve care across the organisation. The Medical Director has been designated as the executive lead for QI. They have a QI lead; online QI training and 200 staff have had face to face QI training. An annual meeting in June showcased some of the QI work including a project which won Nursing Times Award 2019, to improve collaborative working to make Schools in Islington more Asthma Friendly and for their pioneering work to develop group consultations for children with viral-induced wheeze.

How effectively is the NHS trust using its workforce to maximise patient benefit and provide high quality care?

- In 2017/18 the NHS trust had an overall pay cost per WAU of £2,710, compared with a national median of £2,180. This means that it spends more than most NHS trusts on staff per unit of activity and places the NHS trust in the fourth (worst) quartile nationally. Within this headline metric the NHS trust's pay cost per WAU is better than the national median for Medical staff, £528 compared to the national median of £533, but is worse than the national median for Nursing pay, £820 compared to a national median of £710, and Allied Health Professional (AHP) at £271, compared to a national median of £130. The NHS trust provides community services as an integrated organisation and, although the data collected is adjusted for this community activity, the NHS trust has explained that more accurate cost per WAU data will be produced with the submission of community model hospital activity.
- The NHS trust did not meet its agency ceiling as set by NHS Improvement for 2018/19 but is forecasting to meet its ceiling in 2019/20. It has reduced agency spend from June to September 2019 through use of a collaborative staff bank, which was introduced across North Central London in May 2019, and undertaking weekly reviews of agency requests to provide senior support and challenge the unwarranted use of temporary staff. This has resulted in some wards being 'agency-free-zones'.
- The staff retention rate was 88.8% in November 2019 against a national median of 88.3%. This places the trust in the fourth (best) quartile nationally. The NHS trust has implemented several initiatives for the recruitment and retention of the workforce and have seen improvement in staff turnover and a reduction in nursing vacancies. Initiatives to support this include:
  - Recruitment of internationally educated nurses with a 100% retention rate for this staff group in 2018/2019.
  - Collaborative recruitment and selection policy for North Central London.
  - Increased recruitment and retention of newly qualified nurses with an embedded preceptorship programme.
  - A focus on improving the culture and staff experience through wellbeing events and a comprehensive leadership development programme.

- The NHS trust has been a forerunner in implementing the new Nursing Associate (NA) roles. Since 2017, 18 NAs have completed their training and are part of the NHS trust workforce, with 28 trainee NAs currently on the programme. Quality impact assessments have been undertaken and there has been success in community and inpatient areas.
- The NHS trust has an established eRoster system for all nursing staff. Key metrics are monitored monthly by the Associate Directors of Nursing to ensure effective deployment of the nursing workforce. There is a plan to electronically roster the AHP and medical staff, however this is at the initial stage of implementation.
- There is an evidence-based programme to set nursing establishments across the NHS trust in line with the Developing Workforce Safeguards guidance. They report the safe staffing assessment and outcomes to the NHS trust board every 6 months.
- All consultant job plans are required to be reviewed annually. In May 2019, only 7% of electronic job plans were fully signed off. Following a detailed internal audit, the NHS trust has implemented several recommendations and in October 2019, 59% of the electronic job plans are in the sign off stages, demonstrating significant improvement. Further improvement is planned to include its wider application to other professional groups within multidisciplinary team settings.
- At 3.27%, staff sickness rates are better than the national average of 4.11%. The NHS trust ensures that managers are appropriately trained to support staff sickness and key metrics are regularly monitored to identify and act where required.

How effectively is the NHS trust using its clinical support services to deliver high quality, sustainable services for patients?

- The NHS trust has performed well against the top ten medicines savings target and overperformed by 154% in June 2019. The pharmacy staff and medicines cost per WAU was £209 as at September 2019 against a national median of £368. This places the NHS trust in the first quartile nationally. The NHS trust has also shown improvements in the following areas:
  - the number of days stockholding has reduced over the last year from 28 days in 2016/7 to 22 days against a national median of 21 days as at September 2019.
  - the percentage of pharmacist time spent on actively prescribing has increased from 25% in 2016/17 to 50% as at Q4 2017/18 against a national median of 35%.
  - antibiotic usage which has decreased from 8,409 defined daily doses (DDI) per 1,000 admissions in 2016/17 to 5,221 DDI per 1,000 admission as at September 2019 and now closer to the national median of 4,756 DDD per 1000 admissions.
  - Pharmacist time spent on clinical pharmacy activities improved from 73% in 2017/18 to 76% as at September 2019 against a national median of 76%. This places the NHS trust in the second quartile nationally.
  - Sunday on-ward pharmacy hours has been maintained at 8 hours against a national median of 4 hours. This places the NHS trust in the second quartile nationally.
  - E-commerce ordering (AAH) is 95% in September 2019 against a national median of 94%. This places the NHS trust in the third (better) quartile nationally.
  - Through innovative roles developed in the ICS, pharmacy provides a clinical service to optimise medicine use in care homes, patients' homes and in the community.
- The NHS trust's overall pathology cost per test in 2018/19 is £2.11 against a national median of £1.86. This places it in the third quartile nationally. The total tests per capita is at 17.5 in 2018/19 against a national median of 24.3 and demonstrates the NHS trust is progressing testing strategies that are in line with good practice. The overall cost per capita is £36.98 in 2018/19 against a national average of £41.69. This places the NHS trust in the first (best) quartile nationally. Areas for further improvements relate to the overall cost per tests for cellular pathology and microbiology which are significantly higher than their respective national median rates and places the NHS trust in the fourth (worst) quartiles for these specific metrics and may be driven by vacancies in the services and the reliance on temporary staffing cover. This NHS trust is making significant progress towards a networked solution for their pathology services and has identified the benefits that they will achieve and how they will improve services for patients.
- As at March 2019, the NHS trust is in the second quartile nationally for its performance on radiology cost per report, outsourcing and insourcing costs as a percentage of total imaging costs. This demonstrates significant improvement in comparison to corresponding performance in 2016/17, and evidences improved cost effectiveness resultant from insourcing a higher proportion of the department's work.
- Temporary staffing and overtime as a percentage of total imaging costs is 5.4% against a national median of 6.0% as at March 2019. This places the NHS trust in the second quartile nationally. The backlog as a percentage of overall activity is recorded as being very low in as at March 2019 and places the NHS trust in the first quartile nationally. DNA

rates for mammography, fluoroscopy, DEXA and CT have not improved or have deteriorated since 2016/17 and the NHS trust remains in the fourth (worst) quartile nationally. DNA rates for imaging requires a further sustained focus. It is noted that there are several trials and pilots underway relating to text messaging, e- consultations and virtual clinics that will need to be evaluated and embedded where appropriate going forward. The NHS trust will also need to explore what networking opportunities are available with neighbouring providers to reduce unwarranted variation.

How effectively is the NHS trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients?

- For financial year 2018/19 the NHS trust had an overall non-pay cost per WAU of £1,127 compared with a national median of £1,307. This places it in the first (best) quartile nationally.
- The cost of the finance function for financial year 2018/19 is £758,160 per £100m of turnover against a national median of £653,290. This places it in the third quartile nationally. It is noted that the finance function has seen a reduction in costs since 2016/17 when the cost was £987,500. Further reviews are planned for 2019/20 relating to, payroll, accounts payable and receivable and a process review with the upgraded financial ledger. The PMO documentation relating to clinical transformation schemes should also be reviewed to include the full range of benefits realisation for each scheme, most notably those which relate to patient flows, patient experience and managing demand. The Financial Management department is also working collaboratively within the ICS.
- The cost of the Human Resources (HR) function has improved from 2016/17 and is £875,570m per £100m turnover for 2018/19 against a national median of £910,730. This places it in the second quartile nationally. The Occupational Health and Wellbeing sub-function cost per £100m turnover is £177,960 against a national median of £129,150. This places the NHS trust in the third quartile nationally. It is noted that the Occupational Health service is a hosted service for several local providers. The recruitment sub function cost per £100m income has improved since 2016/17 and is £121,920 as at 2018/19 against a national median of £109,280. This places the NHS trust in the third quartile nationally. The temporary staffing sub function cost per £100m income has increased from 2016/17 and is £94,078 as at 2018/19 against a national median of £64,371. This places the NHS trust in the third quartile nationally. It is noted that the NHS trust intends to transfer its temporary staffing office to an outsourced provider in 2019/20. The medical staffing sub function cost per £100m income has improved from 2016/17 and is at £66,408 for 2018/19 against a national median of £48,480. This places the NHS trust in the third quartile nationally. The Workforce information and analytics sub-function cost per £100m income has increased significantly since 2016/17 and is £66,210 against a national median of £43,119. This places the NHS trust in the third quartile nationally.
- The cost of the procurement function per £100m turnover has improved since 2017/18 and is £247,070 in 2018/19 against a national median of £208,410. This places the NHS trust in the third quartile nationally. It is noted that this provision for this service is across four NHS trusts. The NHS trust's Procurement Process Efficiency and Price Performance Score for Q4 2018/19 is 65 against a national median of 69. This places it in the third quartile nationally. This represents an improvement on the NHS trust's ranking in 2017/18 where it was placed at position 91. There are notable increases in the costs of e-catalogue and procurement systems since 2017/18 which places the NHS trust in the fourth (worst) quartile nationally for both respective areas. The NHS trust is actively engaged with the shared service provision and will be working towards a common interoperable infrastructure within the next two years. There are also plans to achieve level 2 accreditation in 2020.
- The NHS trust's estates and facilities (E&F) cost per m^2 for the financial year 2018/19 is £357 compared to a national median of £377. This places it in the second quartile nationally. Hard FM costs per m^2 for 2018/19 is £67 against a national median of £100 and places the NHS trust in the first (best) quartile nationally. Soft FM costs per m^2 is £85 against a national median of £148 and places the NHS trust in the first (best) quartile nationally. It is noted that both hard and soft FM costs have increased in comparison to prior years. The critical infrastructure risk per m^2 is £67 in 2018/19 against a national benchmark of £89. This places the NHS trust in the second quartile national, however it is noted that there has been an increase of 37% in costs for this metric compared to associated costs reported in 2016/17. The total backlog maintenance costs per m^2 for 2018/19 is £277 against a national median of £200 and places the NHS trust in the fourth (worst) quartile. It is noted that there has been an increase in costs associated with this metric by 31% compared to associated figures reported for 2016/17. The energy cost per kWh is £0.0693 against a national median of £0.0593. This places the NHS trust in the fourth quartile nationally. It is noted that the NHS trust is currently reviewing its energy costs which is also incorporated into the NHS trust's estates strategy.
- According to the model hospital benchmarks (beta version), the NHS trust's costs of the IM&T function per £100m turnover is £2.41 million in 2018/19 against a national median of £2.52 million. This places the NHS trust in the second quartile nationally. The metrics that underpin the overall cost benchmark performance of the department is variable when compared to the respective national median values. The costs associated with paper records, IT programme management, and applications development all benchmark favourably when compared to the

respective national medians and places the NHS trust in the first quartile nationally. The costs associated with transactions, networks, telecoms and clinical coding are below the respective national medians and places the NHS trust in the second quartile nationally for these metrics. The costs associated with non-transaction, enabling infrastructure, end-point devices, service management, applications, specific systems and licenses and information services are all above their respective national medians and places the NHS trust in the third quartile nationally for these metrics. The costs associated with security, data centre and applications purchase are significantly above the national medians and places the NHS trust in the fourth (worst) quartile for these metrics. It is noted that the NHS trust has developed its digital strategy which will focus on clinical transformation and resilience in terms of cyber security. This is at a relatively early stage of development.

How effectively is the NHS trust managing its financial resources to deliver high quality, sustainable services for patients?

- The NHS trust reported a surplus (including Provider Sustainability Funding - PSF) of £28.2 million in the financial year 2018/19 which was £5.5 million ahead of plan and control total. The NHS trust has accepted its control total for financial year 2019/20 and is planning to deliver a breakeven position (including PSF). As at September 2019 (month six) the NHS trust was behind plan by £3.9 million (including PSF) but remains on track to achieve plan through identified non-recurrent mitigations. The NHS trust has met its plans since 2015/16.
- The NHS trust had an underlying deficit of £9.9 million in 2018/19 which is 3.1% of turnover. The NHS trust plans to reduce this in 2019/20 to £4.9 million through delivery of £5 million recurrent efficiency schemes. This is now doubtful given the month six year to date performance and planned non-recurrent mitigations.
- The NHS trust planned a CIP programme of £16.5 million (4.9% of operating expenditure) in financial year 2018/19 and delivered £13.3 million savings. For the current financial year (2019/20), the trust planned a CIP programme of £12.3 million (3.6% of operating expenditure). At September 2019 the trust is behind plan for CIP delivery by £3.2 million (£3.0 million delivered against a plan of £6.2 million). The trust is still forecasting to deliver its CIP programme and has identified non-recurrent mitigations as contingency.
- The NHS trust has adequate cash reserves and can consistently meet its financial obligations and pay its staff and suppliers in the immediate term. As at September 2019, the NHS trust reported £32.9 million cash which is £5.5 million ahead of plan and is forecasting cash reserves of £35.5 million (£11.6 million ahead of plan) by the end of 2019/20 financial year.

Outstanding practice

- Workforce: In May 2019, 7% of electronic job plans which were fully signed off. Following a detailed internal audit and the appointment of a new Medical Director – the NHS trust has implemented several of the resultant recommendations and by October 2019, 59% of the electronic job plans were in the sign-off stages, demonstrating outstanding achievement over a four-month period.

Areas for improvement

- Clinical: National benchmarks place the NHS trust's Accident and Emergency (A&E) performance in the third quartile. Although the NHS trust has credible plans to address current performance, further intensive effort is indicated, particularly over the winter period.
- Radiology: DNA rates for mammography, fluoroscopy, DEXA and CT have not improved or have deteriorated since 2016/17 and the NHS trust remains in the fourth (worst) quartile nationally. DNA rates for imaging requires a further sustained focus. The NHS trust will also need to explore what networking opportunities are available with neighbouring providers to reduce unwarranted variation.
- Finance: As at September 2019, the NHS trust had only managed to deliver £3 million (48%) out of its £6.2 million half year savings target. The NHS trust needs to review its CIP identification and delivery process to ensure better performance in future years.
- Finance: The PMO documentation relating to clinical transformation schemes should also be reviewed to include the full range of benefits realisation for each scheme, most notably those which relate to patient flows, patient experience and managing demand.

- Procurement: There are notable increases in the costs of e-catalogue and procurement systems since 2017/18 which places the NHS trust in the fourth (worst) quartile nationally for both respective areas. The NHS trust will need to demonstrate improvements in these areas, possibly also linked to plans for the shared service provision.
- Pathology: Areas for further improvements relate to the overall cost per tests for cellular pathology and microbiology which are significantly higher than their respective national median rates and places the NHS trust in the fourth (worst) quartiles for these specific metrics. It is noted that options for networking pathology services with neighbouring providers is already underway.
- Estates: The energy cost per kWh is £0.0693 against a national median of £0.0593. This places the NHS trust in the fourth quartile nationally. The NHS trust will need to demonstrate an improvement in this area in the short and medium term which may also be linked to the overall NHS trust's estates strategy.
- IM&T: The costs associated with security, data centre and applications purchase are significantly above the national medians and places the NHS trust in the fourth (worst) quartile for these metrics. These will need to be reviewed and improvement plans for the short and medium term developed.

Ratings tables

Key to tables					
Ratings	**Not rated**	**Inadequate**	**Requires improvement**	**Good**	**Outstanding**
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

***** Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Service level

Trust level

Safe	Effective	Caring	Responsive	Well-led	Use of Resources
Requires improvement →← Mar 2020	Good →← Mar 2020	Outstanding →← Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Good Mar 2020

Overall quality

Good →← Mar 2020

Combined quality and use of resources

Good Mar 2020

Use of Resources report glossary

Term	Definition
18-week referral to treatment target	According to this national target, over 92% of patients should wait no longer than 18 weeks from GP referral to treatment.
4-hour A&E target	According to this national target, over 95% of patients should spend four hours or less in A&E from arrival to transfer, admission or discharge.
Agency spend	Over reliance on agency staff can significantly increase costs without increasing productivity. Organisations should aim to reduce the proportion of their pay bill spent on agency staff.
Allied health professional (AHP)	The term 'allied health professional' encompasses practitioners from 12 diverse groups, including podiatrists, dietitians, osteopaths, physiotherapists, diagnostic radiographers, and speech and language therapists.
AHP cost per WAU	This is an AHP specific version of the pay cost per WAU metric. This allows trusts to query why their AHP pay is higher or lower than national peers. Consideration should be given to clinical staff mix and clinical staff skill mix when using this metric.
Biosimilar medicine	A biosimilar medicine is a biological medicine which has been shown not to have any clinically meaningful differences from the originator medicine in terms of quality, safety and efficacy.
Cancer 62-day wait target	According to this national target, 85% of patients should begin their first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer. The target is 90% for NHS cancer screening service referrals.
Capital service capacity	This metric assesses the degree to which the organisation's generated income covers its financing obligations.
Care hours per patient day (CHPPD)	CHPPD measures the combined number of hours of care provided to a patient over a 24 hour period by both nurses and healthcare support workers. It can be used to identify unwarranted variation in productivity between wards that have similar speciality, length of stay, layout and patient acuity and dependency.
Cost improvement programme (CIP)	CIPs are identified schemes to increase efficiency or reduce expenditure. These can include recurrent (year on year) and non-recurrent (one-off) savings. CIPs are integral to all trusts' financial planning and require good, sustained performance to be achieved.
Control total	Control totals represent the minimum level of financial performance required for the year, against which trust boards, governing bodies and chief executives of trusts are held accountable.
Diagnostic 6-week wait target	According to this national target, at least 99% of patients should wait no longer than 6 weeks for a diagnostic procedure.

Term	Definition
Did not attend (DNA) rate	A high level of DNAs indicates a system that might be making unnecessary outpatient appointments or failing to communicate clearly with patients. It also might mean the hospital has made appointments at inappropriate times, eg school closing hour. Patients might not be clear how to rearrange an appointment. Lowering this rate would help the trust save costs on unconfirmed appointments and increase system efficiency.
Distance from financial plan	This metric measures the variance between the trust's annual financial plan and its actual performance. Trusts are expected to be on, or ahead, of financial plan, to ensure the sector achieves, or exceeds, its annual forecast. Being behind plan may be the result of poor financial management, poor financial planning or both.
Doctors cost per WAU	This is a doctor specific version of the pay cost per WAU metric. This allows trusts to query why their doctor pay is higher or lower than national peers. Consideration should be given to clinical staff mix and clinical staff skill mix when using this metric.
Delayed transfers of care (DTOC)	A DTOC from acute or non-acute care occurs when a patient is ready to depart from such care is still occupying a bed. This happens for a number of reasons, such as awaiting completion of assessment, public funding, further non-acute NHS care, residential home placement or availability, or care package in own home, or due to patient or family choice.
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation divided by total revenue. This is a measurement of an organisation's operating profitability as a percentage of its total revenue.
Emergency readmissions	This metric looks at the number of emergency readmissions within 30 days of the original procedure/stay, and the associated financial opportunity of reducing this number. The percentage of patients readmitted to hospital within 30 days of discharge can be an indicator of the quality of care received during the first admission and how appropriate the original decision made to discharge was.
Electronic staff record (ESR)	ESR is an electronic human resources and payroll database system used by the NHS to manage its staff.
Estates cost per square metre	This metric examines the overall cost-effectiveness of the trust's estates, looking at the cost per square metre. The aim is to reduce property costs relative to those paid by peers over time.
Finance cost per £100 million turnover	This metric shows the annual cost of the finance department for each £100 million of trust turnover. A low value is preferable to a high value but the quality and efficiency of the department's services should also be considered.
Getting It Right First Time (GIRFT) programme	GIRFT is a national programme designed to improve medical care within the NHS by reducing unwarranted variations.
Human Resources (HR) cost per £100 million turnover	This metric shows the annual cost of the trust's HR department for each £100 million of trust turnover. A low value is preferable to a high value but the quality and efficiency of the department's services should also be considered.

Term	Definition
Income and expenditure (I&E) margin	This metric measures the degree to which an organisation is operating at a surplus or deficit. Operating at a sustained deficit indicates that a provider may not be financially viable or sustainable.
Key line of enquiry (KLOE)	KLOEs are high-level questions around which the Use of Resources assessment framework is based and the lens through which trust performance on Use of Resources should be seen.
Liquidity (days)	This metric measures the days of operating costs held in cash or cash equivalent forms. This reflects the provider's ability to pay staff and suppliers in the immediate term. Providers should maintain a positive number of days of liquidity.
Model Hospital	The Model Hospital is a digital tool designed to help NHS providers improve their productivity and efficiency. It gives trusts information on key performance metrics, from board to ward, advises them on the most efficient allocation of resources and allows them to measure performance against one another using data, benchmarks and good practice to identify what good looks like.
Non-pay cost per WAU	This metric shows the non-staff element of trust cost to produce one WAU across all areas of clinical activity. A lower than average figure is preferable as it suggests the trust spends less per standardised unit of activity than other trusts. This allows trusts to investigate why their non-pay spend is higher or lower than national peers.
Nurses cost per WAU	This is a nurse specific version of the pay cost per WAU metric. This allows trusts to query why their nurse pay is higher or lower than national peers. Consideration should be given to clinical staff mix and clinical staff skill mix when using this metric.
Overall cost per test	The cost per test is the average cost of undertaking one pathology test across all disciplines, taking into account all pay and non-pay cost items. Low value is preferable to a high value but the mix of tests across disciplines and the specialist nature of work undertaken should be considered. This should be done by selecting the appropriate peer group ('Pathology') on the Model Hospital. Other metrics to consider are discipline level cost per test.
Pay cost per WAU	This metric shows the staff element of trust cost to produce one WAU across all areas of clinical activity. A lower than average figure is preferable as it suggests the trust spends less on staff per standardised unit of activity than other trusts. This allows trusts to investigate why their pay is higher or lower than national peers.
Peer group	Peer group is defined by the trust's size according to spend for benchmarking purposes.
Private Finance Initiative (PFI)	PFI is a procurement method which uses private sector investment in order to deliver infrastructure and/or services for the public sector.
Patient-level costs	Patient-level costs are calculated by tracing resources actually used by a patient and associated costs
Pre-procedure elective bed days	This metric looks at the length of stay between admission and an elective procedure being carried out – the aim being to minimise it – and the associated financial productivity opportunity of reducing this. Better performers will have a lower number of bed days.

Term	Definition
Pre-procedure non-elective bed days	This metric looks at the length of stay between admission and an emergency procedure being carried out – the aim being to minimise it – and the associated financial productivity opportunity of reducing this. Better performers will have a lower number of bed days.
Procurement Process Efficiency and Price Performance Score	This metric provides an indication of the operational efficiency and price performance of the trust's procurement process. It provides a combined score of 5 individual metrics which assess both engagement with price benchmarking (the process element) and the prices secured for the goods purchased compared to other trusts (the performance element). A high score indicates that the procurement function of the trust is efficient and is performing well in securing the best prices.
Sickness absence	High levels of staff sickness absence can have a negative impact on organisational performance and productivity. Organisations should aim to reduce the number of days lost through sickness absence over time.
Service line reporting (SLR)	SLR brings together the income generated by services and the costs associated with providing that service to patients for each operational unit. Management of service lines enables trusts to better understand the combined view of resources, costs and income, and hence profit and loss, by service line or speciality rather than at trust or directorate level.
Supporting Professional Activities (SPA)	Activities that underpin direct clinical care, such as training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities.
Staff retention rate	This metric considers the stability of the workforce. Some turnover in an organisation is acceptable and healthy, but a high level can have a negative impact on organisational performance (eg through loss of capacity, skills and knowledge). In most circumstances organisations should seek to reduce the percentage of leavers over time.
Top Ten Medicines	Top Ten Medicines, linked with the Medicines Value Programme, sets trusts specific monthly savings targets related to their choice of medicines. This includes the uptake of biosimilar medicines, the use of new generic medicines and choice of product for clinical reasons. These metrics report trusts' % achievement against these targets. Trusts can assess their success in pursuing these savings (relative to national peers).
Weighted activity unit (WAU)	The weighted activity unit is a measure of activity where one WAU is a unit of hospital activity equivalent to an average elective inpatient stay.

Meeting title	**Trust Board – public meeting**	**Date: 25.3.2020**
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 February 2020. The report also includes a summary of key recommendations and learning shared as a result of the Serious Incident investigations completed in February 2020. • Three Serious Incidents were declared in February 2020. • Two Serious incident investigations have been completed.	
Purpose:	Assurance	
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 Update: February 2020

1. Introduction

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

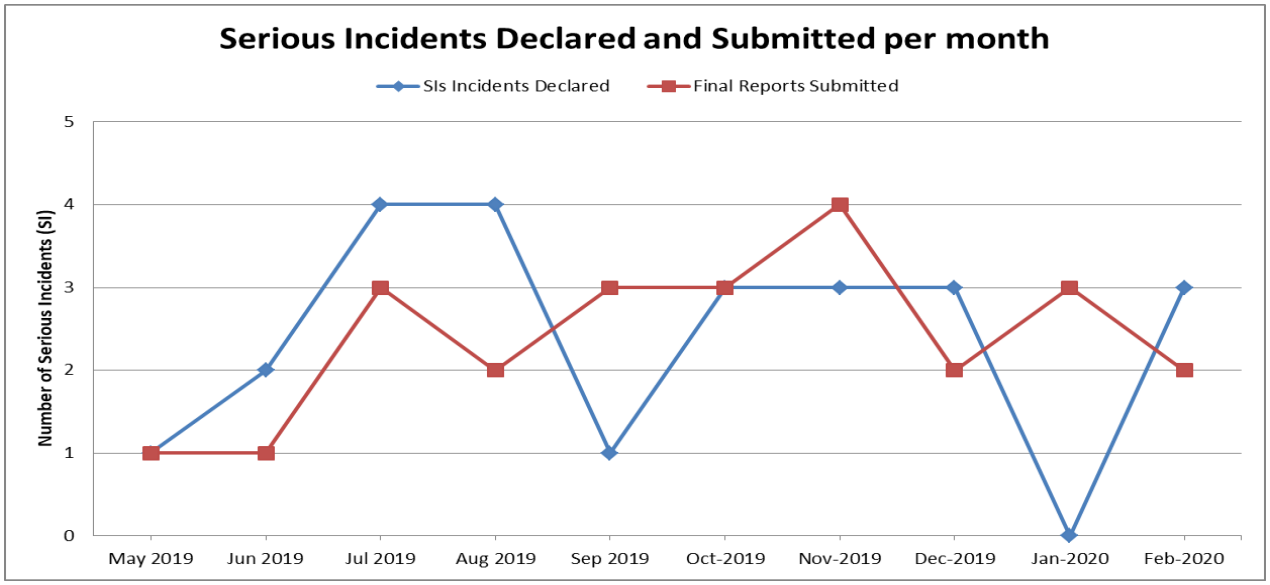
3.1 The Trust declared three serious incidents in February 2020. The total number of reportable incidents declared by the Trust between 1 April 2019 and 29 February 2020 was 29.

SI Ref:	ICSU	Description	Incident date	Datix date	Incident Datix Interval	StEIS date	Datix-StEIS Interval
3355	CYP	*A69164 Attempted self harm*	12/02/20	12/02/20	**0 days**	17/02/20	**3 days**
3779	EIM	*Delayed Diagnosis A59265 A patients progressive lung cancer was not identified earlier due to a delay in follow up of CT scan*	13/03/19	14/02/20	**236 days**	21/02/20	**5 days**
4289	ACW	*Delayed Diagnosis A68126 A mother was not fully treated with Rhesus Anti D meaning her baby developed haemolytic disease of the new born*	20/09/19	08/01/20	**75 days**	28/02/20	**37 days**

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

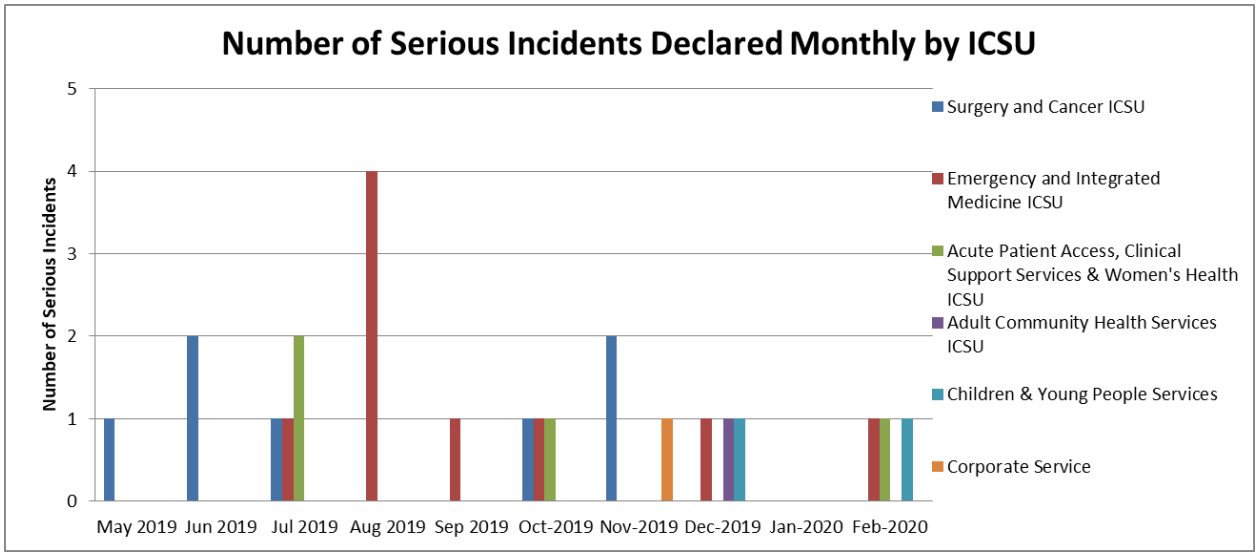
4.1 Chart 1 below indicates the number of Serious Incidents declared by the Trust between 1st April 2019 and 29th February 2020 as well as the number of investigation reports which were submitted to the North East London Commissioning Support Unit (NELCSU).

Chart 1: Serious Incidents declared and investigations completed



4.2 Chart 2 below shows the number of Serious Incidents declared by ICSU each month between 1st April 2019 and 29th February 2020.

Chart 2: Serious Incidents declared by ICSU



4.3 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 February 2020.

6. Shared learning from reports submitted to NELCSU during February 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 2019.25513 – Extraction of the wrong tooth (Never Event)

6.5.1 The key learning from this investigation highlighted the role of human factors and a lack of situational awareness leading to a failure to implement the checklist process. The following recommendations and actions have been made by the investigation panel:

- The dental extraction checklist (a Local Safety Standard for Invasive Procedures, LocSSIP) must be further embedded in community dental practice including incorporating it into the dental EPR (Soel Health). Following an initial pilot which incorporates the checklist onto the dental EPR (Soel Health), and establishing a protocol for its use, an audit of the use of the checklist across the service is currently taking place.
- To organise human factors training, when this becomes available for the whole oral surgery team.

6.6 Learning from SI 2019.25704 - Patient Transport issues

6.6.1 The following recommendations and actions have been made by the investigation panel:

- The non-emergency patient transport provider have reviewed their staffing resource for the Booking Assessment Centre based on the actual volume of calls and additional staff have now been appointed. There has been a

significant reduction in complaints relating to getting through to the booking centre since the new staff were appointed.

- The provider is reviewing how to better communicate the appeals process to patients who do not meet the eligibility criteria for transport. A revised script of questions has now been agreed.
- Ongoing performance monitoring of contract to ensure needs of patients are being met, including DNAs, eligibility criteria, and waiting times. Reporting on progress at the Patient Experience Group. Reallocate stretcher vehicle resource and review communication process with receiving clinics.

  New patient trolleys have been ordered, which are a smaller size to fit into clinic rooms.
- Transport team (based at Whittington Health) to carry out regular reviews of upcoming transport bookings to identify stretcher patients and notify clinics.

7.0 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)**	**Date: 25.03.2019**
Report title	**Quarterly Quality Report (Q3)** **(October 2019 – December 2019)**	**Agenda item: 8**
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report authors	Emily Clayton, Business Manager, & Gillian Lewis, Head of Quality Governance	
Executive summary	This is the regular quarterly paper to provide an overview of quality (with a focus on patient safety) across the organisation. From April 2020, the Trust will be implementing a revised governance structure and this report will be updated to reflect the new process with a wider remit to cover the quality governance functions of patient safety, patient experience and clinical effectiveness. This paper briefs the Trust Board on: • National updates on patient safety and quality governance; • An update on progress against the Trust patient safety and clinical effectiveness priorities as outlined in the Quality Account • Key patient safety metrics including the Trust hospital standard mortality ratio (HSMR) and summary hospital level mortality indicator (SHMI) figures, infection control and Venous thromboembolism (VTE) • National Patient Safety Alerts. • Quality Performance; including pressure ulcers, Sepsis, complaints Response Time and Covid-19 This report should be read in conjunction with the Serious Incident Board report which provides details of serious incidents and Never Events reported and key learning.	
Purpose:	Review	
Recommendation(s)	The Board is asked to review the contents of this report for assurance.	
Risk Register or Board Assurance Framework	Quality and safety category risks on risk register	
Report history	Reviewed at Quality Committee 11th March 2020	
Appendices	None	

1. Introduction

The Quarterly Patient Safety and Quality Report is a regular quarterly paper for the Trust Board that gives an overview of safety and quality in the organisation. This report covers Q3 (Oct - Dec 2019.)

This paper briefs the Trust Board on:

- National Learning
- Patient Safety Quality Account Priorities and Progress
- Mortality
- National Patient Safety Alerts
- Quality Performance
- Recommendations

From April 2020, the Trust has a revised governance structure which will help to strengthen the quality governance agenda and provide greater assurance to Trust Board on the three pillars of quality; patient safety, patient experience and clinical effectiveness. This report will be revised as the 'Quarterly Quality Governance Report' and provide an overview of key updates under the three domains, as well as aggregated analysis of themes and trends emerging with a focus on continuous learning and quality improvement.

2. National Learning

- National Patient Safety Strategy – consultations is currently underway regarding the proposed Patient Safety Specialist roles and around the first national patient safety syllabus that will underpin the development of curricula for all NHS staff.

3. Patient Safety and Clinical Effectiveness Quality Account Priorities

Key: Green indicates meeting target; Orange in progress but not yet meeting the year end aim; Red is non-compliant or not on track

Domain	Rationale	Actions	Q3 2019/20	Year-end forecast	Q3 2019/20 Narrative
Falls (Hospital)	National and local priority, learning from serious incidents, building on improvement work in 2018/19. Further work planned for 2019 to increase compliance. Falls Commissioning for Quality and Innovation (CQUIN) for the Trust in 2019/2020	1. We will increase compliance with our STOPfalls bundle to 85% on our adult inpatient wards	Quarter 3 77%	On target to meet	Whilst our quarterly compliance was 77% we did have a peak in December of 82% compliance with the Stopfalls bundle.
		2. Reduce the number of falls per 1000 bed days to 2.5 (18-19 total was 2.8)	YTD following Q3 = 3.3	On target to meet	We saw a mainly downward trend in our falls per 1000 bed days from May 2019, with a drop to 1.3 falls per 1000 bed days in October. However we did see a peak (3.8) in our falls in November, which did impact our quarterly result.

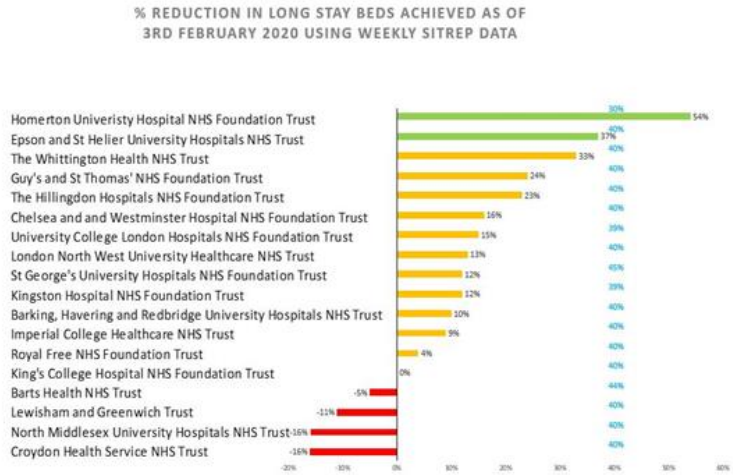
		3. Reduce the number of **avoidable** falls resulting in severe harm or death by 25% compared to 2018/2019		On target to meet	No reported patient falls resulting in severe harm or death this quarter.
Patient Safety Incidents (Trust wide)	Recent National Reporting and Learning System (NRLS) report has shown the Trust data quality and number of patient safety incidents reported could be improved.	1. Increase the number of 'Near miss/ good catch' patient safety incidents reported on Datix for 2019/2020 compared to 2018/2019	10% increase	On target to meet	678 near miss incidents reported since April 2019. A 10% increase in near miss reporting to date.
		2. Increase the overall number of incidents reported by 5% compared to 2018/19 (2018/19 total reported incidents 6754)	20% increase in reporting	On target to meet	We are on track for this priority with a total of 5822 patient safety incidents reported so far in 2019/20. There were 4838 patient safety incidents reported in the same period of 2018/19. This is a

					20% increase.
Acute Kidney Injury (AKI) (Hospital)	National and local priority, target not achieved in 2018/19, ongoing priority for the Trust	1. We will increase our medicine safety reviews for grade 3 AKI patients within 24 hours from 53% to 75% by March 2020	Q3 Average = 91%		Q3 showed a slight decline in AKI 3 reviews within 24 hours. However the overall figure for the quarter remains above the target of 75%. It is important to note that not all patients with AKI 3 will require a pharmacist medicine review. Some patients will have had their medicine review undertaken by their clinician and will have had medication stopped or changed prior to admission.
Pressure Ulcers (Trust wide)	National and local priority, learning from incidents and complaints, target not achieved in 2018/19, Trust Key Performance Indicator (KPI)	1. We will reduce the number of avoidable grade 4 pressure ulcers by 10% in Trust and community areas	Q3 = 8 (20 YTD)	Unlikely to meet target	We have had a similar number of Grade 4 pressure ulcers reported in quarter 3 in comparison to same quarter last year. The Trust is unlikely to meet the target of a 10% reduction by the end of 2019/20 against a baseline 2018/19 total of 24

3.1 Clinical Effectiveness Quality Account Priorities

Priority	Actions	Q3 2019/20 RAG	Year end forecast	Q3 2019/20 Narrative
Development and Training roles within clinical workforce (Trust wide)	1. Ensure an adequate number of vacant positions available for nurse associate (NA) graduates		Target achieved	We have recruited a Practice Development Nurse (PDN) who will be providing clinical support to all trainee nurses in additional to the existing ones. This person will be starting in post in March 2020. There are sufficient vacant posts to accommodate the number of NA's applying for the programme in this quarter
	2. We will strengthen our work on development and leadership and in particular the development of our Black, Asian and minority ethnic (BAME) staff through mentoring programmes		Target achieved	The reverse mentoring programme promoted cohort 2 in Q3 2019 - 2020. 10 mentees and 16 mentors with a range of protected characteristics have signed up. Training is to start in February 2020. Whittington Health is participating in the Culture and Leadership Collaborative, an 18 month initiative which builds on the joint work of NHSI and the Kings Fund, to embed a culture of compassionate and inclusive leadership. The fifth Collaborative session took place on 3 December and focused on how to use a Liberating Structures approach to resolve operational challenges. This model was subsequently used in the December Culture Steering Group to identify ways to help staff engage with the CaringForThoseWhoCare programme. The next Culture and Leadership Collaborative session is scheduled for Tuesday 10 March. The BAME network has been invigorated with the support of guest speaker, author and staff networks

				advocate, Cherron Inko-Tariah MBE. New networks including 'Whittability' (disability focused) and LGBTQ+ have or are soon to be launched, supported by Facebook groups. A Women's network is planned for March, to coincide with International Women's Day.
Clinical Research (Trust wide)	1. Maintain the number of specialties participating in research.		Target achieved	The research team continue to identify potential studies for research active specialties and to engage additional specialties. Due to vacancies within the Research Delivery Team this has had to be limited until capacity increases.
	2. Develop a greater paediatric research portfolio		Target achieved	In Q3, a further paediatric epilepsy study opened demonstrating significant commitment to offering these patients the opportunity to take part in research. Child and Adolescent Mental Health Services (CAMHS) now have studies in the set-up phase, as well as continuing to express interest in potential studies and referring patients to other sites to participate in research. Excess treatment costs continue to be a limiting factor.
Multi-Disciplinary Research (Trust wide)	1. Raise the profile of research with clinical teams so that it can become embedded in patient care.		Target achieved	The Trust has sponsored its first study led by a paediatric physiotherapist employed by the Trust - it is hoped that further Trust led studies will also be possible.
Reducing 28 Day readmissions (Hospital)	1. Increase utilisation of 'Hospital at		Target achieved	The Trust is still in the top 3 Trusts in London for managing Length Of Stay (LOS) over 21 days data as at 3rd February 2020. Please see the graph below.

	home' service and 'Virtual Ward' to aid in expediting safe discharges but also in reducing the numbers of patients requiring potential readmission within 28 days of discharge. 28 day re admission rates to be monitored			
	2. Improve the quality and timeliness of discharge summaries being sent to GP's and primary care.		Target achieved	We have continued to assess the quality of the content of the discharge summaries, focussing on key areas. We assess these quarterly and provide feedback to the individuals. This quarter we focussed on education because of the junior doctor's change over. As anticipated, the overall standard dipped slightly in October because of the staff being new, but it still showed an improvement on the baseline. In December, a section to confirm the discharging consultant was added because an IT glitch was pulling through the admitting consultant (often an ED or Acute Medical Unit Doctor) name on up to 69% of discharge summaries.

				<table><tr><th></th><th>Mar-19</th><th>Jun-19</th><th>Oct-19</th></tr><tr><td>Co-Morbidities</td><td>86%</td><td>96%</td><td>94%</td></tr><tr><td>Investigations</td><td>46%</td><td>79%</td><td>60%</td></tr><tr><td>Patient Info</td><td>32%</td><td>64%</td><td>58%</td></tr><tr><td>GP Actions</td><td>82%</td><td>85%</td><td>85%</td></tr><tr><td>Medications</td><td>82%</td><td>94%</td><td>93%</td></tr><tr><td>Named Consultant</td><td>73%</td><td>77%</td><td>75%</td></tr><tr><td>AVERAGE</td><td>67%</td><td>83%</td><td>78%</td></tr></table>
Staff wellbeing and engagement (Trust wide)	1. Improve culture at work for staff by ensuring there are bi-monthly engagement/social events		Target achieved	The BAME network has been invigorated with the support of guest speaker, author and staff networks advocate, Cherron Inko-Tariah MBE. New networks including 'Whittability' (disability focused) and LGBTQ+ have or are soon to be launched, supported by Facebook groups. A Women's network is planned for March, to coincide with International Women's Day
	2. Ensuring leaders and senior managers adopt a more robust and purposeful leadership style to support colleagues and		Target achieved	There is a large comprehensive programme of work streams and events under way which includes stakeholders across the Trust. Quarterly update reports are provided to TMG. The latest report summarised the work undertaken in quarter 3 and includes: branding and communications to bring all work related to staff experience under the staff-chosen heading of #CaringForThoseWhoCare; participation in the NHSI Culture and Leadership Collaborative including planning for the first diagnostic (leadership behaviours survey); Trust-wide management training in recognising

	tackle issues in timely and well-ordered fashion. Create a culture of openness where people feel comfortable raising concerns - Raise Trust awareness about the role of "The Freedom to Speak Up Guardian". Ensure we act and deliver care meeting our Trust Core Values			bullying situations and challenging; the launch and support of our 2nd and 3rd staff networks and planning for the launch of the 4th (BAME, LGBTQ+, Whittability and soon Women's); supporting the #CFTWC Strategy Group.
Integrated Multi-professional Education (Trustwide)	1. Develop new innovative placements for our Medical, Allied Health Professional (AHP), Nursing and Midwifery students, focusing on driving the quality of the		Target achieved	The Trust is participating in a Health Education England (HEE) funded Social Competence Intervention Program (SCiP) pilot project that aim to explore potential to increase pre-registration student nurses' placement numbers. This project is due to start in February 2020 in three placement areas within Whittington Health. An evaluation of all current pre-registration nurses placement areas were undertaken in December 2019. This work has yielded positive returns. Overall capacity increase is approximately 15%

	experience for both the student and the practice area. Increase placements by 5%			
	2. Developing individualised learning experiences for our undergraduate workforce. Success to be measured using Student survey / feedback		Target achieved	Educational Quality review of Pre-registration of all placement areas are done every other year. 2019 cycle of reviews were completed in December 2019. Pre-registration Nurses undertake evaluation at the end of every placement experience. The results are collated by the University and feedback has been mainly positive. For example: "It is a wonderful experience as it gives you eye view of departments and it gives you great knowledge, you get to understand that they are many clinical areas that one can get expert in and work." Outpatients "Everyone was extremely friendly and inviting." "I am very happy with my placement and would definitely recommend it to other students as you learn loads of stuff in mental health" Simmons House
	3. Increase the delivery of Mutli-Disciplinary Training (MDT) training for post registration placements by 10%		Target achieved	Preceptorship programme is being rebranded as the 'Early years career development' this has been designed to support newly qualified nurses and nursing associates in the first two years since qualifying. 57 registrants have started the programme for this year 2019/2020. The programme offers a six - eight month programme based on the capital nurse four pillars of career development; this includes four face to face sessions provided through workshops or training days, plus one day shadowing managers / service leads or specialist nurses according to career goal aspirations.

	4. Develop and implement a 'Learning from excellence' (LFe) tool to enable staff to receive positive feedback to colleagues in relation to excellence at work		Target achieved	Learning from Excellence pilot underway in Paediatrics and Emergency Department, pilot will last until end of March 2020. Meridian link in use in those areas. Staff opinions gathered before, during and will be gathered after the pilot as well to gauge staff satisfaction. Once pilot complete LfE will be launched Trust wide. Communication plan developed for publicising the launch.
Learning from National Audits and Compliance with National Institute for Health and Care Excellence (NICE) guidance (Trust wide)	1. Review of the governance and reporting framework from teams to quality committee		Target achieved, new group from April 2020	In January 2020, the Trust's Management Group agreed a new executive governance committee structure which will come into effect from 1 April 2020, which includes a new Clinical Effectiveness Committee with responsibility for national audits and NICE. Work is underway to review and standardise the terms of reference of all forums in the new governance structure.

4. Key Patient Safety Metrics

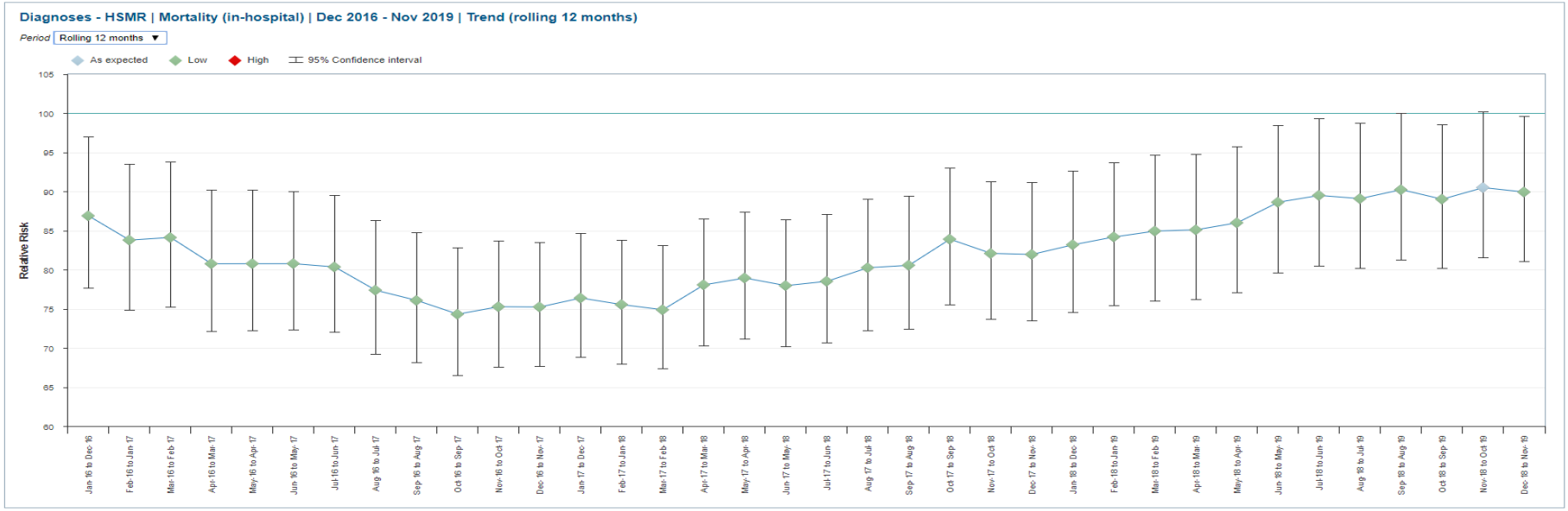
Mortality

The Trust's Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) have both been 'lower than expected' since 2004/2005.

4.1 Hospital Standardised Mortality Ratio (HSMR)

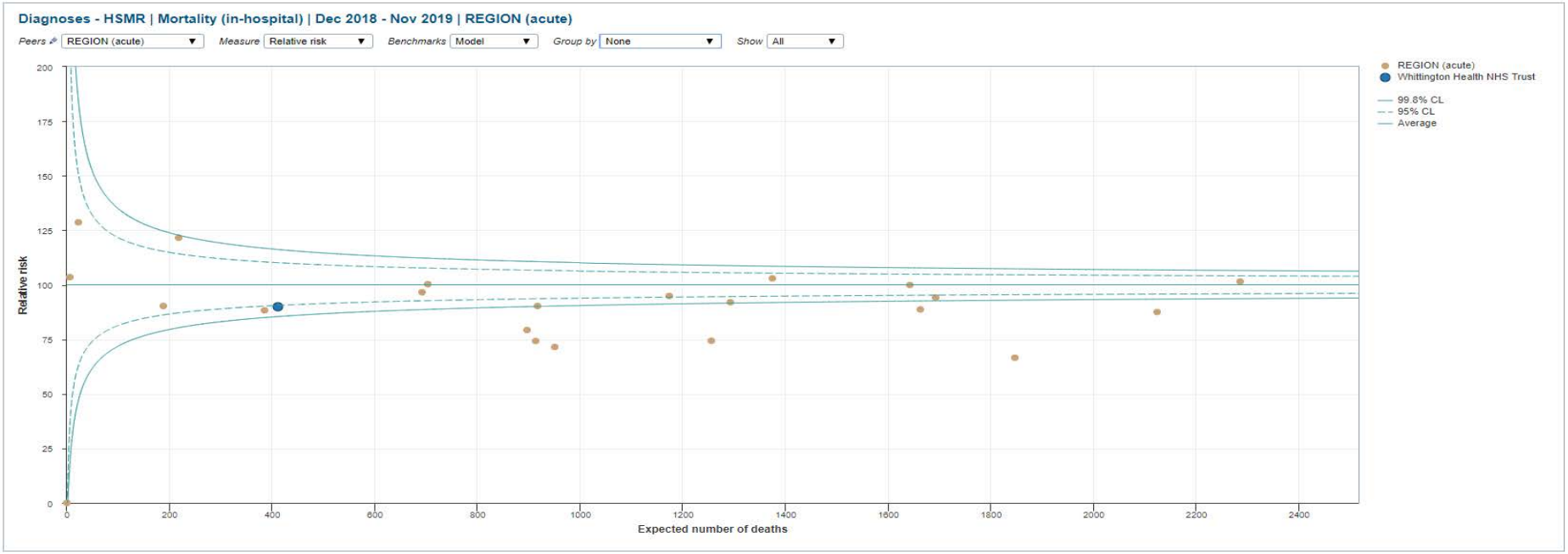
The Hospital Standardised Mortality Ratio (HSMR) is a measure of the number of deaths in a hospital expressed as a number which is a ratio of the national average, which is set at 100. HSMR is an overall quality indicator that compares a hospital's mortality rate with the average national experience, accounting for the types of patients cared for. It has been used by many hospitals worldwide to assess and analyse mortality rates and to identify areas for improvement. HSMR is calculated as the ratio of the actual number of deaths to the expected number of deaths, multiplied by 100. A ratio less than 100 indicates that a hospital's mortality rate is lower than the average national rate of the baseline year.

Figure 1: Whittington Health Hospital Standardised Mortality Ratio (HSMR) by financial year (Dec 2016 – Nov 2019)



The HSMR is 89.9 for November 2019, statistically significantly lower than expected when compared to hospital Trusts nationally.

Figure 2: Funnel plot showing the performance of the Trust compared with HSMR regional peers (Dec 2018 – Nov 2019):



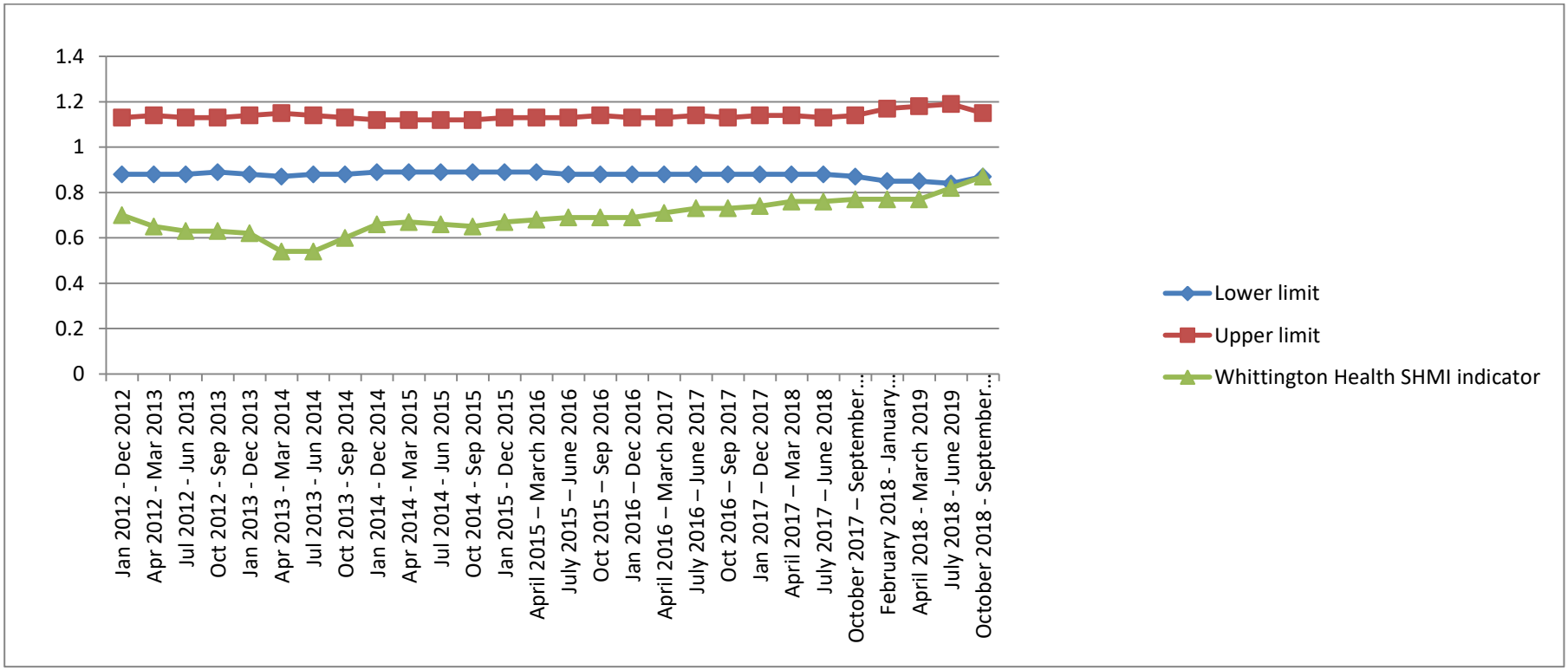
4.2 Summary Hospital-level Mortality Indicator

SHMI was developed in response to the public inquiry into the Mid Staffordshire NHS Foundation Trust. It is used along with other information to inform the decision making of Trusts, regulators and commissioning organisations. National guidance emphasises that SHMI is not a measure of quality of care but is meant as an indicator that may suggest the need for further investigation.

SHMI is calculated in a way that is similar to the HSMR calculation, but unlike HSMR, the SHMI calculation takes into account deaths within 30 days of discharge of hospital as well as inpatient deaths. The most recent data available (released in February 2020) covers the period October 2018 to September 2019:

Whittington Health SHMI score	**0.87**
National standard	**1.00**
Lowest national score	**0.70 (Imperial College Healthcare NHS Trust))**
Highest national score	**1.19**

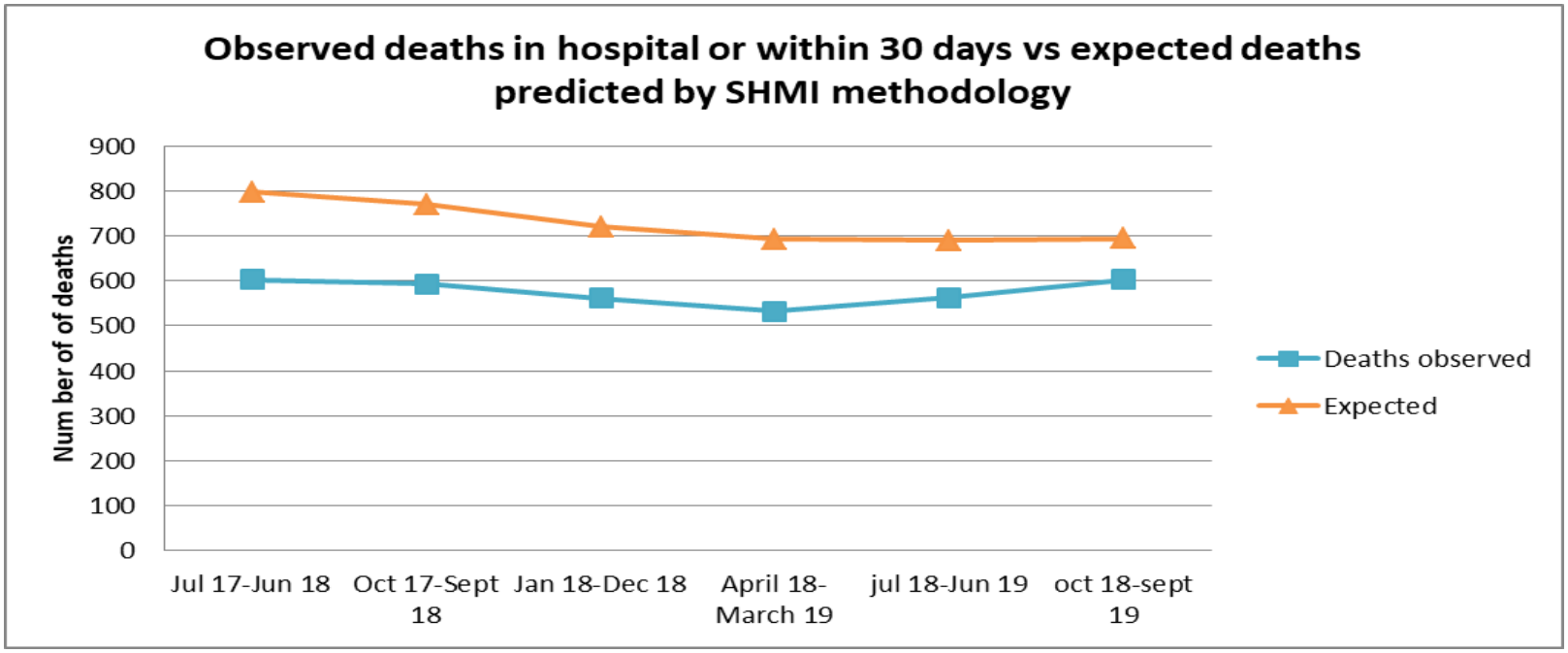
Figure 3: Whittington Health Summary Hospital-level Mortality Indicator (SHMI) (Oct 2018 - Sept 2019)



In the above chart the lower limit (blue diamonds) represent the lower 95% confidence limit from the national expected value; the upper limited (red squares) represent the upper 95% confidence limit from the national expected value.

It is expect that if the current trend continues the Trust could move into the as expected group.
Initial analysis suggests that the most substantial change is the reduction in expected deaths predicted by the SHMI methodology which is released each year (see chart below).

Figure 4: Observed deaths in hospital or within 30 days versus expected deaths predicted by SHMI methodology



It is possible that some coding changes for sepsis may have had some impact on expected deaths and a piece of work is ongoing on going to look at changes in the top 10 most frequent categories of death which include Pneumonia, aspiration pneumonia, acute renal failure, fractured neck of femur and chronic obstructive pulmonary disease.

Figure 5: Deaths following time in hospital, England, Oct 2018 - Sept 2019 (Whittington named below as one of 15 Trusts with a lower than expected number of death rate)

Deaths following time in hospital, England, October 2018 – September 2019

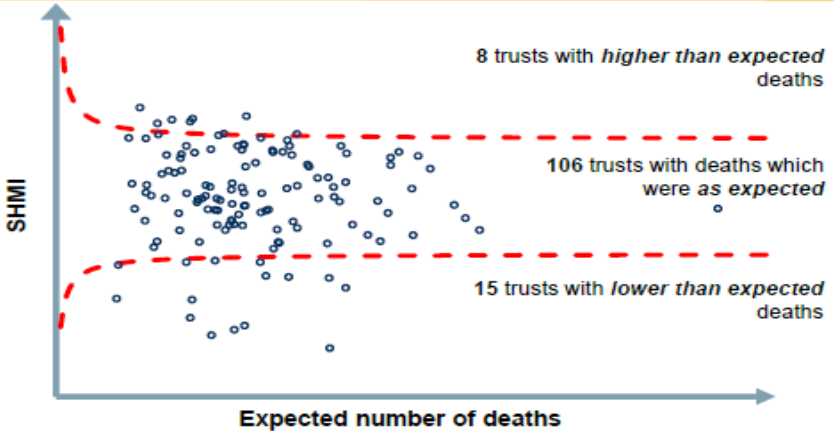
Monthly statistics: Published 13th February 2020

NHS Digital

This publication compares the actual number of deaths following time in hospital with the expected number of deaths, using the Summary Hospital-level Mortality Indicator (SHMI).

The expected number of deaths is estimated using the characteristics of the patients treated; age, sex, method and month of admission, current and underlying medical condition(s) and birthweight (for babies). It covers patients admitted to hospitals in England who died either while in hospital or within 30 days of being discharged.

Between October 2018 and September 2019, there were around 9.4 million discharges, from which approximately 287,000 deaths were recorded either while in hospital or within 30 days of discharge for the 129 hospital trusts covered. This includes deaths from other causes as well as deaths related to the reason for the hospital admission.



The 8 trusts with a ***higher than expected*** number of deaths were:

- **Bolton NHS FT**
- County Durham and Darlington NHS FT
- **Dorset County Hospital NHS FT**
- **Northern Lincolnshire and Goole NHS FT**
- Royal Berkshire NHS FT
- **Tameside and Glossop Integrated Care NHS FT** *
- The Rotherham NHS FT
- Wrightington, Wigan and Leigh NHS FT

The 15 trusts with a ***lower than expected*** number of deaths were:

- **Cambridge University Hospitals NHS FT**
- **Chelsea and Westminster Hospital NHS FT**
- **Guy's and St Thomas' NHS FT**
- **Homerton University Hospital NHS FT**
- **Imperial College Healthcare NHS Trust**
- **Kingston Hospital NHS FT**
- **London North West University Healthcare NHS Trust**
- **North Middlesex University Hospital NHS Trust**
- Poole Hospital NHS FT
- **Royal Free London NHS FT**
- **Royal Surrey County Hospital NHS FT**
- **St George's University Hospitals NHS FT**
- The Royal Bournemouth and Christchurch Hospitals NHS FT
- **University College London Hospitals NHS FT** **
- **Whittington Health NHS Trust**

'FT' means 'Foundation Trust'. Trusts in bold were also in the same category in the same reporting period last year.
* Results for this trust are based on incomplete data and should be interpreted with caution.
** Day cases are excluded from the SHMI. Due to classification errors, results for this trust include some day cases. There is also a shortfall in the number of records for this trust and so the results should be interpreted with caution.

The SHMI was developed in response to the public inquiry into the Mid Staffordshire NHS Foundation Trust.

It is used along with other information to inform the decision making of trusts, regulators and commissioning organisations.

The SHMI is not a measure of quality of care. A *higher/lower than expected* number of deaths should not immediately be interpreted as indicating poor/good performance and instead should be viewed as a 'smoke alarm' which requires further investigation.

The SHMI cannot be used to directly compare mortality outcomes between trusts and it is inappropriate to rank trusts by their SHMI.

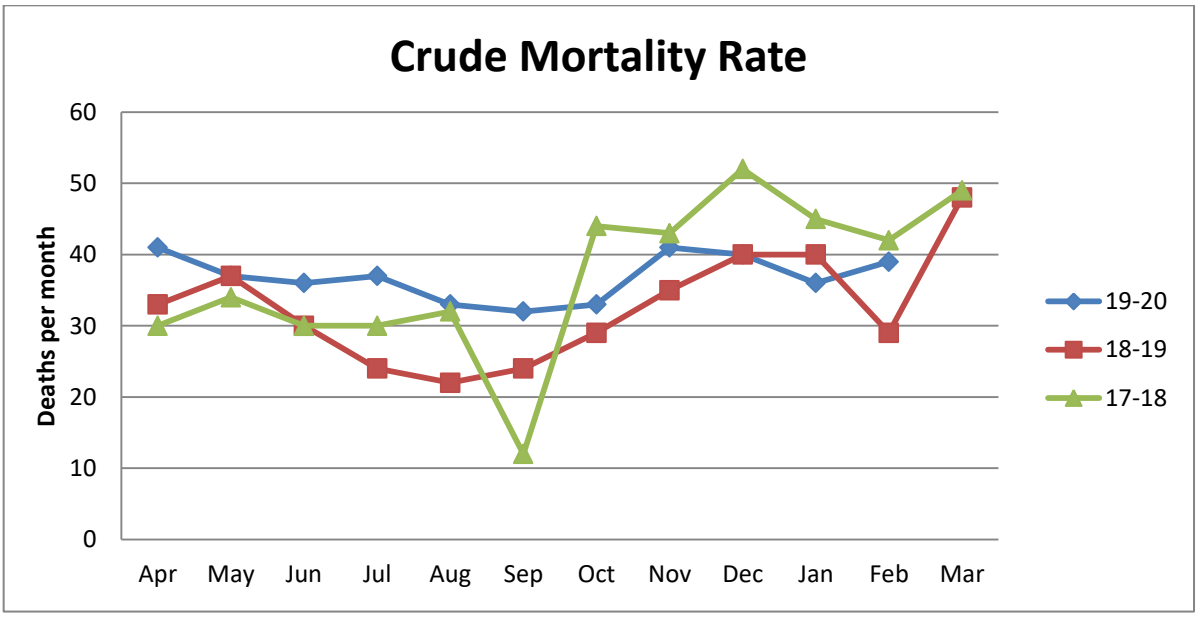
See the full release at https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi
Responsible Statistician: Sally Jones

Tel: 0300 303 5678
Email: enquiries@nhsdigital.nhs.uk

4.3 Crude mortality rate (Deaths per month)

The crude mortality rate is not risk adjusted but can be reported in a contemporaneous fashion to enable early changes in the overall numbers of deaths that might give rise to further investigation or study. Figure 6 below shows the crude mortality rate per 1000 admissions in a month.

Figure 6: Whittington Health Crude Mortality Rate by month



5. Infection Control summary

Public Health England's (PHE) Data Capture System provides an integrated data reporting and analysis system for the mandatory surveillance of:
Staphylococcus aureus, *Escherichia coli*, *Klebsiella* spp, *Pseudomonas, aeruginosa* bacteraemia and *Clostridium difficile* infections.

Figure 7: provides a summary of Public Health England's Healthcare Associated Infection (HCAI) mandatory reporting, showing the number of cases by month.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD	Ceiling
Trust MRSA BSI	0	0	0	0	0	0	0	0	0				0	0
Non-Trust MRSA BSI	0	1	0	0	0	0	0	0	1				2	
Trust C.difficile	0	0	0	2	1	1	0	0	0				4	19
Non-Trust C.difficile	0	1	2	4	1	2	1	3	0				14	
Trust E.Coli BSI	1	2	2	0	1	3	5	2	3				19	
Non-Trust E.Coli BSI	8	15	9	9	14	8	21	8	7				99	
Trust MSSA BSI	1	0	1	3	0	1	2	1	0				9	
Non-Trust MSSA BSI	3	1	0	2	3	1	2	2	4				18	
Trust Pseudomonas BSI.	0	0	0	0	2	1	0	0	0				3	
Non-Trust Pseudomonas BSI	0	1	0	1	1	1	1	2	3				10	
Trust Klebsiella	2	0	2	1	0	0	0	2	0				7	
Non-Trust Klebsiella	3	1	2	1	4	2	3	1	1				18	

- There were no cases in Q3 of MRSA BSI
- There have been four cases of Trust-attributed Clostridium Difficile Infection (CDI) identified year to date, with a ceiling of 19.
- There have been nine Trust attributable MSSA bloodstream infections year to date. There are no national or local thresholds for these.
- Q3 Trust-attributed E. coli BSI is ten. YTD being 19.
- As of the end of Q3 there had been 84 positive specimens. There had been two probably acquired flu cases

5.1 Surgical Site Infection Surveillance Scheme (SSISS)

Whittington Health NHS Trust participates in the SSISS reporting directly into the PHE SSI surveillance database. Mandatory reporting is for 'at least 1 orthopaedic category for 1 period (quarter) in the financial year'. Whittington Health opted to report four quarters for 2019/20 in three orthopaedic categories. Reporting is done in arrears and Q3 data will not be available until end March.

The IPC team have been successful in recruiting a SSI / audit analyser who has started with the team in September 2019.

Figure 8: **provides Whittington Health SSI by quarter cases. Q1 has been reconciled with 4 infections/132 operations.**

	Q1			Q2			Q3			Q4		
	SSI	Cases	Calls	SSI	Cases	Calls	SSI	Cases	Calls	SSI	Cases	Calls
Hips	1	61	58	0	49	49						
Knees	2	47	41	1	47	47						
NoF	1	24	N/A	1	28	NA						
large bowel												

5.2 Venous thromboembolism (VTE) compliance

The VTE risk assessment was formally a national Commissioning for Quality and Innovation (CQUIN) indicator and is a National Quality Requirement in the NHS Standard Contract for 2019/20. It sets a threshold rate that acute providers must undertake risk assessments for at least 95% of inpatients each month. All patients should be risk assessed on admission to hospital. Patients should be reassessed within 24 hours of admission and whenever the clinical situation changes.

The compliance target is 95% and the Trust has achieved this for quarter 3.

Figure 9: VTE compliance rates for Q3

	October 2019	November 2019	December 2019	Q3 Total
Number of patients aged 16 and over admitted in the month, who have been risk assessed for VTE on admission to hospital using the criteria in a national VTE risk assessment tool	3449	3375	2990	9814
Total number of patients aged 16 and over admitted in the month	3626	3541	3144	10311
Percentage of patients aged 16 and over admitted within the month assessed for risk of VTE on admission	95.1%	95.3%	95.1%	95.18%

6. Patient Safety Alerts

From October 2016, Patient Safety Alerts were published as a warning, resource or directive alert. From July 2019, the National Patient Safety Alerting Committee (NaPSAC) implemented new systems and processes for alerts, aiming to ensure:

- alerts are only issued for safety-critical issues (risk of death or disability)
- alerts have a concise and clear explanation of the risk
- the required actions are assessed for feasibility, risk of unintended consequences, equalities impact, effectiveness, and cost-effectiveness
- the actions are SMART (specific, measurable, achievable, realistic and timely).

The expectation is that a lower number of national alerts will be issued in response to the new governance arrangements. Our Safety Alerts systems and processes were reviewed in response to the new governance arrangements.

As part of the National Patient Safety Strategy all Trusts are required to be 100% compliant with all Patient safety alert deadlines.

There have been three new National Patient Safety Alerts raised in Quarter 3.

Figure 10: All Patient Safety Alerts issued by NHS Improvement since July 2019

Reference	Title	Alert raised	Actions due date	Actions taken	Closed on
NatPSA/2019/001/NHSPS	Depleted batteries in intraosseous injectors	05/11/2019	Due on: 05/05/2020	• We have confirmed that these batteries are not purchased by the Trust; however we do have injectors in ED • Batteries have been checked and Resus trolley check lists have been updated with information re checking batteries Outstanding element: Training materials and competency framework to be reviewed, ensuring inclusion re how to avoid the injector stalling mid-use / what to do if it does	
NatPSA/2019/002/NHSPS	Risk of death and severe harm from ingesting superabsorbent polymer gel granules	28/11/2019	Due on: 01/06/2020	Alert circulated to the pharmacy team, IPC, facilities and estates and microbiology. We do not order this as a Trust.	13/02/2020
NatPSA/2019/003/NHSPS	Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices	13/12/2019	Due on: 11/09/2020	• Leads identified & alert circulated to audiology staff • Discussed at the Quality meeting attended by audiologist across all three sites • Information leaflets to be developed for new patients Process to discuss and document risk at review appointments of existing patients to be developed	

Figure 11: Outstanding Patient Safety Alert now closed.

Reference	Title	Type	Date received	Key Actions taken	Deadline	Status (incl. date closed)
NHS/PSA/RE/2018/008	Safer temporary identification criteria for unknown or unidentified patients	Resource	05/12/2018	Action plan completed, new identification pathway in place for temporary identification of unknown or unidentified patients. Ongoing monitoring process agreed, whereby Information Team will run a scheduled monthly report to check for non-compliance with agreed process.	05/06/2019	Complete 4/3/20

7 Quality Performance

7.1 Pressure Ulcers

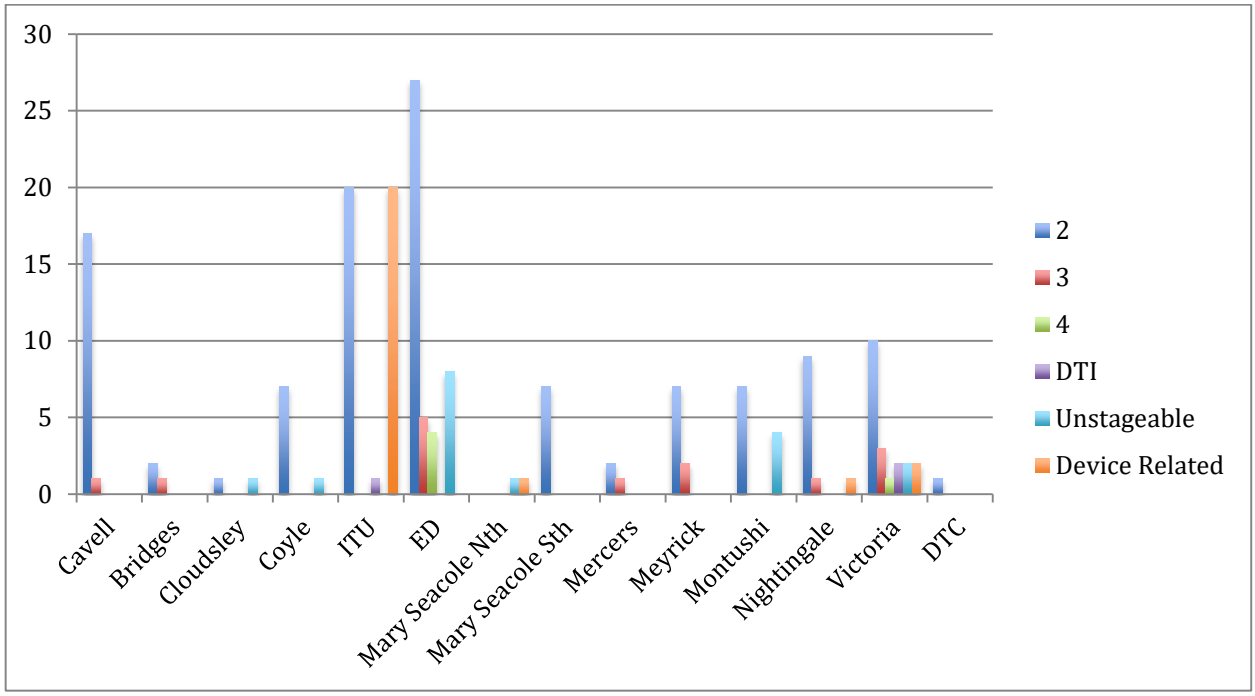
Pressure ulcers are a key indicator of the quality and experience of patient care. Despite progress since 2012 in the management of pressure ulcers they remain a significant healthcare problem, with over 1,300 new ulcers reported each month (Source NHS Digital) with up to 200,000 people developing a new pressure ulcer in 2017/18.

From April 2019 the reporting and monitoring of pressure ulcers has changed in accordance with NHSI 'Pressure ulcers: revised definitions and measurement. The organisation is now reporting all Whittington Health attributed pressure ulcers (detected whilst under the care of the Trust even if admitted with it) and not just avoidable (care should have been able to prevent the pressure ulcer developing).

Whittington Health key performance indicator for 2019/20 is to achieve a 10% reduction in the total number of attributable pressure ulcers during 2019/20 compared to 2018/19.

In-patient pressure ulcers

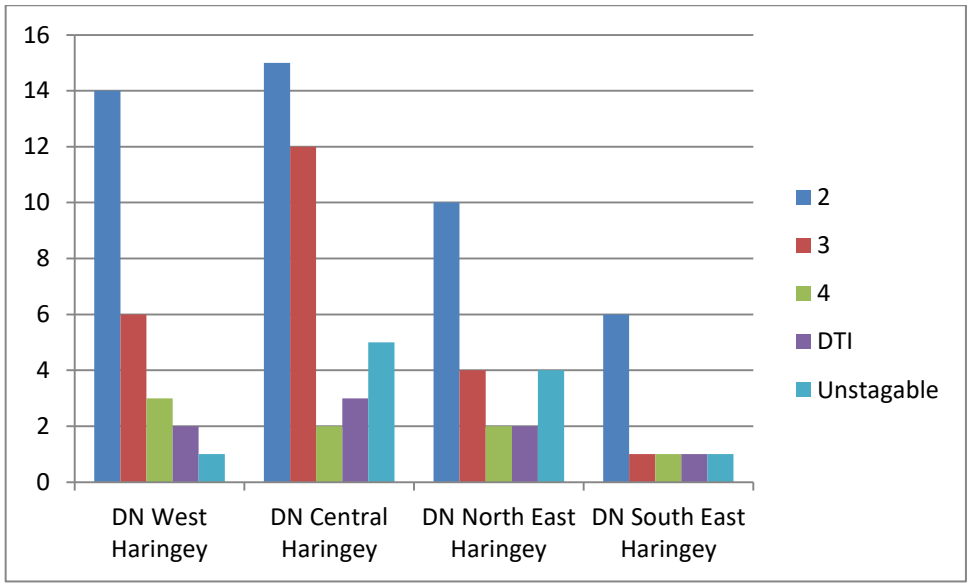
Figure 12: Total number of reported Pressure ulcers for In-Patient Areas by Category attributed to Whittington health from April 19 – December 19.



The majority of category 3 pressure ulcers were reported in ED with a small number reported in the Care of Older people wards and Victoria. We had one Category 4 pressure ulcer on Victoria ward, all Category 4 pressure ulcers are investigated and action plans and learning goals set. The other 4 Category 4 pressure ulcers were reported in ED on initial assessment (not attributed).

Community pressure ulcers

Figure 13: Pressure ulcers reported in Haringey District nursing from April 2019 – December 2019



We continue to report a high number of Category 3 and above pressure ulcers within Haringey DN Services. The DN team have introduced a monthly Pressure Ulcer monitoring group to review process and help with raising awareness 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.

Pressure ulcer prevention is a patient safety priority in the 2019/20 Quality Account and will continue to be in 20/21 with Three clear targets:-

- We will reduce the number of avoidable grade 4 pressure ulcers by 10% in Trust and community areas
- We will reduce the number of avoidable grade 3 pressure ulcers by 10% in Trust and community areas
- Improve the governance and oversight arrangements for investigating pressure ulcers to ensure appropriate investigation takes place in a timely manner.

There are plans to introduce regular meetings with Tissue Viability Nurse and the Lead DN when the TVN team is back to full establishment to collectively with the risk management team strengthen process and learning. An updated dashboard in reporting on Datix management is in the process of being created to increase focus and transparency.
The Critical Care Unit have registered a quality improvement project to improve training and raise awareness of the risk of medical device and equipment pressure which can cause skin damage.

7.1 Sepsis- National Early Warning Score (NEWS2)

Recognising and responding to patient deterioration relies on a whole systems approach and the revised NEWS2, published by the Royal College of Physicians in December 2017, reliably detects deterioration in adults, triggering review, treatment and escalation of care. In Q3 the Trust was compliant with the target of 95% of newly admitted patients with red flag sepsis received antibiotics within one hour.

7.2 Complaints Response Time

The Trust takes complaints extremely seriously and is committed to identifying where lessons can be learned. In Q3 there were 100 complaints where a response was due to be sent.

Below shows the Trust complaint performance figures for the past year.

Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
100%	86%	75%	96%	84%	89%	82%	82%	70%	84%	67%	87%

7.3 Covid-19

Official names have been announced for the virus responsible for COVID-19 (previously known as “2019 novel coronavirus”).

Whittington Heath IPC Team is in regular contact with the local PHE health protection team and is following any national or regional guidance as it emerges. Whittington Health’s priority is keeping our patients and staff safe. A temporary Coronavirus Priority Assessment Pod is stationed next to the entrance of the Emergency Department on the hospital site. This has been installed in line with national NHS guidance. It will allow the organisation to stream and screen any suspected cases in conjunction with NHS 111 safely and quickly.

The IPC Team are offering daily Personal Protective Equipment (PPE) training to staff. The Microbiology and Infection control team presented ‘From Wuhan to Whittington’ On Wednesday 12th February at Grand Round to inform staff of the pathway, infection control measures and to answer any questions. A link to the Royal College of Physicians ‘Expert Update on COVID19’ was circulated to the consultant body and has been shared on the Intranet.

The approach is being run as an incident management process, an incident room has been set up in the Education Centre, daily meetings are held and updated national and local guidance distributed. Because of the fast moving nature of these events a verbal update will be given.

8. Recommendation

The Board is asked to review the contents of this report for assurance.

Meeting title	**Trust Board – public meeting**	**Date: 25.3.2020**
Report title	**Financial Performance - February (Month 11) 2019/20**	**Agenda item: 9**
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 £7.8m which is £2.7m behind plan (excluding Provider Sustainability Funding (PSF) and Financial Recovery Funds (FRF). As the Trust has not achieved the year to date financial target it has not assumed any PSF, therefore resulting in an adverse variance of £6.7m from plan. Should the Trust achieve the Control Total for the year, then PSF can be recovered for this financial year. The adverse variance is still mainly driven by the failure to achieve the Cost Improvement Programme (CIP). CIP achievement year to date is £7.5m with an adverse variance of £3.8 against a £11.3m target. Forecast CIP delivery is £8.6m against £12.3m annual target. The year to date pay costs are in excess of budget by £4.5m. . Year to date agency spend is £0.1m above the ceiling. Non pay expenditure excluding High Cost Drugs & Devices is £3.9m overspent year to date. The variances predominately driven by underachieved CIP, non-recurrent costs and expenditure relating to general and clinical supplies. The Trust is forecasting to achieve its control total but given the recent and expected downturn in elective electivity this may be significantly more challenging than previously envisaged. Failure to deliver recurrent savings is adversely impacting the underlying financial position of the Trust. The Trust has spent £12.7m on capital expenditure at month 11. The planned spend was £14.5m.	
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 February 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	Sustainability 1 and 2	
Report history	Monthly report to Board	
Appendices	None	

Financial Performance

February (Month 11) 2019-20

YTD Performance at Month 11

Performance against Plan

YTD adverse variance of £2.7m before Provider Sustainability Funding (PSF). Adverse variance driven by slippage against Cost Improvement Programme (CIP) target and expenditure overspends.

Agency Spend Vs. Last year

YTD agency spend is £0.1m above ceiling at end of February. Included in year to date position is non recurrent benefit of £0.4m relating to prior year costs

Key indicators

Measure	Target	Actual	Previous month	RAG
Funded Beds	197	208	208	
CIP Forecast	£12.3m	£8.6m	£7.9m	
CIP YTD delivery	£11.3m	£7.5m	£6.6m	
Emergency Length of stay	TBC	4.7	4.7	
EL Activity planned delivered	100%	100%	100%	
Agency spend	£0.7m	£0.7m	£0.6m	

CIP Performance

ICSU	Full Year Target	Forecast	Variance	YTD Actuals
ACS	582	563	(19)	516
ACW	2,220	1,201	(1,019)	1,137
CYPS	1,246	1,242	(4)	1,140
EIM	2,757	669	(2,088)	607
S&C	2,112	1,803	(309)	1,193
Corporate	3,385	3,124	(261)	2,866
	12,302	**8,601**	**(3,701)**	**7,459**

Variance from plan by ICSUs and Corporate

3CCN - Level 3 Cost Centre Name	In Month variance	YTD Variance
Adult Community	107	234
ACW	(306)	(2,269)
Children & Young People	(34)	(509)
Emergency & Integrated Medicin	(624)	(8,587)
Surgery & Cancer	(303)	(4,191)
Corporate Services	398	(463)
Corporate Central	1,973	13,102
Grand Total	**1,211**	**(2,684)**

Trust delivered an actual deficit of £7.8m - £2.7m adverse to plan at end of M11

1 The trust delivered an actual deficit of £7.8m (excluding Provider Sustainability Funds (PSF) and Financial Recovery Fund (FRF) at end of February. This was £2.7m worse than plan.

Key drivers for the year to date adverse variance are

- Adverse variance due to slippage in Cost Improvement Programme (CIP) delivery – Year to date CIP slippage of £3.8m
- 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

Better than planned performance in February was due to non-recurrent benefits relating to release of prior year accruals and provisions.

YTD CIP performance at M11 - £3.8m adverse to target

2 CIP target to end of February was £11.3m. The trust delivered £4.7m of recurrent CIP and £2.7m of non-recurrent savings at end of February. The Trust is currently forecasting recurrent in year CIP delivery of £5.2m and non-recurrent CIPs of £3.4m 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 February forecast the level of recurrent CIP for the year is £5.2m. 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 £10.8m deficit - £5m worse than the planned underlying position for 2019-20.

Cash at end of Month 11 is £25.9m

4 Cash at end of January was £25.9m. This is £1.2m lower than plan. We are still expecting to finish the year with a strong cash position 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.

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.

YTD Performance at Month 11

	In Month			Year to Date			
	Plan	Actual	Variance	Plan	Actual	Variance	Annual Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income							
Nhs Clinical Income	22,005	22,550	545	250,223	257,357	7,134	273,494
High Cost Drugs - Income	684	474	(210)	7,523	7,854	331	8,207
Non-Nhs Clinical Income	1,291	1,126	(165)	14,511	12,324	(2,188)	16,036
Other Non-Patient Income	2,078	2,418	340	22,839	24,126	1,287	24,846
Income Cips	67	0	(67)	736	0	(736)	802
	26,125	**26,568**	**443**	**295,832**	**301,660**	**5,828**	**323,384**
Pay							
Agency	(30)	(729)	(699)	(364)	(8,180)	(7,816)	(394)
Bank	(97)	(2,066)	(1,969)	(1,035)	(20,971)	(19,936)	(1,132)
Substantive	(19,248)	(16,957)	2,291	(211,430)	(188,199)	23,231	(230,679)
	(19,375)	**(19,752)**	**(377)**	**(212,829)**	**(217,351)**	**(4,521)**	**(232,206)**
Non Pay							
Non-Pay	(6,034)	(5,063)	971	(66,375)	(70,280)	(3,905)	(72,408)
High Cost Drugs - Exp	(668)	(508)	160	(7,344)	(7,746)	(402)	(8,011)
	(6,701)	**(5,571)**	**1,130**	**(73,718)**	**(78,026)**	**(4,307)**	**(80,420)**
EBITDA	**49**	**1,245**	**1,196**	**9,285**	**6,283**	**(3,001)**	**10,759**
Post EBITDA							
Depreciation	(622)	(596)	26	(6,814)	(6,468)	346	(7,436)
Interest Payable	(267)	(266)	1	(2,967)	(3,059)	(92)	(3,238)
Interest Receivable	15	11	(4)	141	212	71	156
Dividends Payable	(433)	(441)	(8)	(4,754)	(4,762)	(8)	(5,187)
	(1,307)	**(1,292)**	**15**	**(14,394)**	**(14,077)**	**317**	**(15,705)**
Reported Surplus/(deficit) before PSF	**(1,258)**	**(47)**	**1,211**	**(5,109)**	**(7,793)**	**(2,684)**	**(4,946)**
PSF	565	30	(535)	4,381	335	(4,046)	4,946
Reported surplus/(deficit) after PSF	**(693)**	**(17)**	**676**	**(728)**	**(7,458)**	**(6,730)**	**0**

At end of Month 11, the Trust is reporting an actual deficit of £7.8m – this is £2.7m worse than plan.

Key drivers for the adverse variance from plan are

- YTD underperformance on CIP delivery of £3.8m
- Medical pay overspend of £2.8m predominantly within EIM and Surgery and Cancer ICSUs
- Nursing over spend of £2.9m within EIM
- Non-pay overspends within estates relating to professional fees, consultancy and utilities
- Expenditure overspends partly offset by central reserves

M11 performance was £1.2m better than plan due to non-recurrent benefits relating to prior year accruals and provisions.

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	534	424	92	516	**(17)**	463	100	563	**(19)**	80%
ACW	2,220	2,035	397	740	1,137	**(898)**	443	758	1,201	**(1,019)**	20%
CYPS	1,246	1,142	547	593	1,140	**(3)**	605	637	1,242	**(4)**	49%
EIM	2,757	2,527	607	0	607	**(1,921)**	669	0	669	**(2,088)**	24%
S&C	2,112	1,936	637	556	1,193	**(743)**	716	1,087	1,803	**(309)**	34%
Corporate	3,385	3,103	2,132	734	2,866	**(237)**	2,351	773	3,124	**(261)**	69%
	12,302	**11,277**	**4,744**	**2,714**	**7,459**	**(3,818)**	**5,246**	**3,355**	**8,601**	**(3,701)**	43%

- Year to date CIP delivery is £7.5m. This is £3.8m below plan. The Trust continues to rely on non-recurrent measures to deliver its CIP.
- Full year forecast CIP delivery for the year is £8.6m; this is £3.7m 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.

Income

Category	In Month Income Plan £000's	In Month Income Actual £000's	In Month Variance £000's	YTD Income Plan £000's	YTD Income Actual £000's	YTD Variance £000's
Elective and Day Case	1,732	2,059	327	19,922	21,697	1,775
Non Elective 0 LOS	989	959	(30)	11,423	11,461	38
Non Elective LOS I Day or Greater	3,481	3,382	(99)	40,223	40,360	137
OP Attendances - 1st	950	1,201	251	10,918	11,055	137
OP Attendances - follow up	855	869	14	9,835	9,103	(732)
A&E Attendances	1,341	1,338	(3)	15,487	15,467	(20)
High Cost Drugs (excludes CDF)	650	458	(192)	7,150	7,551	401
Community	6,160	6,158	(2)	67,760	67,740	(20)
Other Clinical income NHS	4,933	4,890	(43)	56,733	59,323	2,590
Other Clinical Income Non NHS	2,956	2,836	(120)	33,542	33,777	235
Total Income From Patient Care Activities	**24,047**	**24,150**	**103**	**272,993**	**277,534**	**4,541**
Other Operating Income Excluding PSF	**2,078**	**2,418**	**340**	**22,839**	**24,126**	**1,287**
Total	**26,125**	**26,568**	**443**	**295,832**	**301,660**	**5,828**
PSF/FRF/MRET	565	31	(534)	4,381	335	(4,046)
Revised Total	**26,690**	**26,599**	**(91)**	**300,213**	**301,995**	**1,782**

Month 11 performance was slightly under plan, with an in month underperformance of £0.1m, 0.3%.

The Trust is performing (before the application of PSF) £5.8m 2% ahead of plan, but this is offset by a reduction to PSF (£4m) as the Trust's control total has not been met. The revised income position after this reduction is £1.8m, 0.6% over plan.

The main areas of material activity variance are within controllable planned care. Elective admissions and day cases are £1.8m (9%) favourable year to date (YTD), – a slight increase in month. Outpatients were over in month, but continue to be under YTD with £0.6m (3%) adverse to plan. High cost drugs were also under plan in month by £0.2m, but continue to be over plan YTD by £0.4m

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.

Pay

	YTD Pay spend £'000											Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
Agency	£932	£979	£944	£606	£689	£634	£594	£706	£813	£554	£729	£797
Bank	£1,843	£1,847	£1,897	£2,024	£1,981	£1,751	£1,902	£1,881	£1,810	£1,969	£2,066	£1,877
Substantive	£17,167	£16,732	£16,823	£16,906	£16,817	£16,994	£17,319	£17,465	£17,498	£17,521	£16,957	£17,326
Grand Total	**£19,942**	**£19,559**	**£19,665**	**£19,536**	**£19,487**	**£19,379**	**£19,816**	**£20,051**	**£20,121**	**£20,044**	**£19,752**	**£20,000**
Non-Recurrent (Cost)/Benefits						-£88	-£79	-£135	-£58	£403	£536	
Normalised Pay run rate	**£19,942**	**£19,559**	**£19,665**	**£19,536**	**£19,487**	**£19,291**	**£19,737**	**£19,916**	**£20,063**	**£20,447**	**£20,288**	**£20,000**

Enhanced Care WTE

ICSU	Request Reason	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
EIM	1-1 RMN	0.14	0.21	1.68	1.06	-	-	-	-	0
	Enhanced Care	41.79	40.44	41.42	32.92	52.04	51.25	49.26	40.1	44.8
	Extra dependency/acuity	10.1	11.98	8.49	6.82	3.78	4.64	2.19	3.48	5.29
EIM Total		**52.03**	**52.63**	**51.59**	**40.8**	**55.82**	**55.89**	**51.45**	**43.6**	**50.1**
Surgery	1-1 RMN	-	0.35	-	-	-	-	-	-	0
	Enhanced Care	1.46	0.84	3.58	1.9	1.41	1.76	1.89	5.37	5.55
	Extra dependency/acuity	0.3	0.37	2.48	1.66	2.82	1.96	4.72	4.17	2.59
Surgery Total		**1.76**	**1.56**	**6.06**	**3.56**	**4.23**	**3.72**	**6.61**	**9.54**	**8.14**
Grand Total		**53.79**	**54.18**	**57.65**	**44.36**	**60.06**	**59.61**	**58.05**	**53.1**	**58.2**

- Pay spend in February was £19.6m. This is lower than January due to non-recurrent benefit arising from capitalising of pay expenditure.
- The normalised pay spend (after adjusting for non-recurrent costs and benefits) is £20.3m. This is £0.1m lower than the normalised pay spend in January.
- January's pay included £0.4m of non-recurrent benefit relating to release of prior year accruals.
- WTE employed for enhanced care was 6.1wte higher than January
- Normalised pay run rate since December has been above £20m.

Non Pay

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Supplies & Servs - Clin	2,326	2,811	2,438	2,781	2,344	2,412	1,906	2,407	2,384	2,671	2,367	2,349
Miscellaneous	2,001	1,341	1,283	1,162	1,929	1,657	1,558	1,660	1,429	1,954	142	1,796
Premises & Fixed Plant	1,640	1,738	1,827	1,649	1,702	1,766	1,530	1,642	1,746	1,946	1,929	1,736
Ext Cont Staffing & Cons	265	180	199	174	77	- 17	225	220	358	317	7	196
Establishment	170	224	219	295	199	312	276	371	230	628	284	276
Supplies & Servs - Gen	153	173	168	182	163	180	221	298	249	281	279	189
Healthcare From Non Nhs	62	60	62	62	17	91	68	48	59	59	56	56
	6,617	**6,527**	**6,198**	**6,305**	**6,432**	**6,400**	**5,784**	**6,645**	**6,454**	**7,856**	**5,063**	**6,599**
Non-Recurrent (Cost)/Benefits	-393	-124	0	87	26	-47	277	-131	-12	-916	1,609	
Normalised Non-pay spend	**6,224**	**6,403**	**6,198**	**6,393**	**6,458**	**6,353**	**6,061**	**6,513**	**6,442**	**6,940**	**6,672**	**6,599**

- Non-pay spend for February was £5.1m.
- This included non-recurrent benefit of £1.6m predominantly relating to release of prior year accruals and provisions .
- Normalised non-pay position for February was £6.7m. This was £0.3m lower than the normalised spend in January

Statement of Financial Position

THE WHITTINGTON HEALTH NHS TRUST

Statement of Financial Position

	Year to Date		
	As at 29 February 2020 £000	Plan 29 February 2020 £000	Plan variance 29 February 2020 £000
Property, plant and equipment and intangibles	224,988	232,529	(7,541)
Trade and other receivables	1,224	1,400	(176)
Total Non Current Assets	**226,212**	**233,929**	**(7,717)**
Inventories	1,778	1,355	423
Trade and other receivables	31,715	23,068	8,647
Cash and cash equivalents	25,900	27,133	(1,233)
Total Current Assets	**59,393**	**51,556**	**7,837**
Total Assets	**285,605**	**285,485**	**120**
Trade and other payables	48,998	42,284	6,714
Borrowings	26,606	28,944	(2,338)
Provisions	845	1,391	(546)
Total Current Liabilities	**76,449**	**72,619**	**3,830**
Net Current Assets (Liabilities)	**(17,056)**	**(21,063)**	**4,007**
Total Assets less Current Liabilities	**209,156**	**212,866**	**(3,710)**
Borrowings	28,748	30,459	(1,711)
Provisions	839	842	(3)
Total Non Current Liabilities	**29,587**	**31,301**	**(1,714)**
Total Assets Employed	**179,569**	**181,565**	**(1,996)**
Public dividend capital	66,691	71,619	(4,928)
Retained earnings	17,636	3,375	14,261
Revaluation reserve	95,242	106,571	(11,329)
Total Taxpayers' Equity	**179,569**	**181,565**	**(1,996)**

There are some significant variances in the balance sheet against plan. Overall, the value of the balance sheet is £2.4m 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. Agreement has been reached with DHSC and funding will be drawn in March 2020.

Property, Plant & Equipment (PPE) and intangible assets are £7.5m 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 £2.6m at the end of month 11. The Trust will be able to spend it's remaining capital allocation in March and achieve it's forecasted target.

Cash and cash flow: the Trust has £25.9m in cash at the end of February 2020. This is £1.2m lower than plan. We are still expecting to finish the year with a strong cash position 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 £31.7m at the end of February 2020. This is £8.6m 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.

Meeting title	**Trust Board – public meeting**	**Date: 25.3.2020**
Report title	**Integrated performance report**	**Agenda Item: 10**
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) four hours' wait:** In February 2020 performance against the A&E performance saw an improvement compare to the previous three months, however it was another challenging month, achieving 83.2%, below the 90% trajectory. The national average in February was 82.8%, the London average was 84% and the NCL average was 83.8%. There were eleven mental health patients who waited in excess of 12 hours following a decision to admit, all delays relating to waiting for a mental health bed to become available. The focus of the ED delivery team has been in Urgent Treatment Care (UTC) and Paediatrics performance, both of which have been a contributing factor in the improvement in performance in February with UTC achieving 92.3% and Paediatrics achieving 93.9%. **National Targets:** During January, the trust continued to sustain its cancer performance for the 14 day target for suspected cancer patients (95.5% against a 93% target) and has done so for 3 consecutive months following 3 months of non-compliance. Cancer 62 day targets have dipped in January 2020 after seeing an improvement in December 2019. **Outpatient DNA rates:** 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 February 2020, the target was achieved for both new and follow-up appointments, the Trust has now experienced this for two consecutive months. **Delayed transfer of Care:** The percentage of patients who are ready to leave hospital but are occupying a bed saw a further dip in performance in January 2020 to 2.8% against a target 2.4%. However, this is an improvement in	

	performance compared to January 2019 where delays were at 3.3%. **Appraisals and mandatory training rates** Mandatory training and appraisal rates remain below target. Mandatory training has improved marginally in its performance from January 2020 of 83.0% to 83.3% in February 2020 against a target of 90%; staff appraisals in February were 76.1% against a target of 90% an improvement of 0.1%.
Purpose:	Review and assurance of Trust 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	Trust Management Group, 24 March 2020
Appendices	None

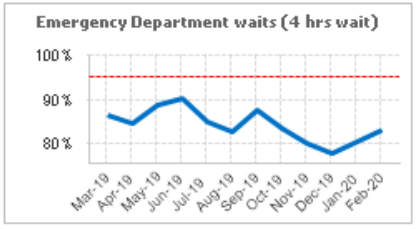
Performance Report
March 2020

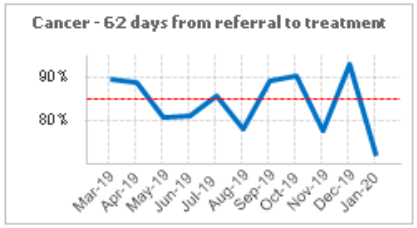
Month 11 (2019 – 2020)

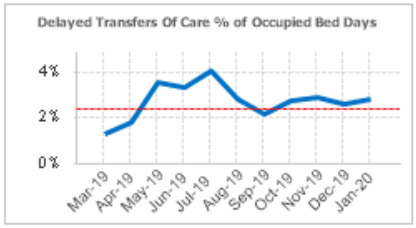
Date & time of production: 11/03/2020 10:15:00

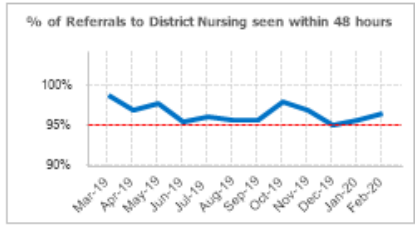
Summary

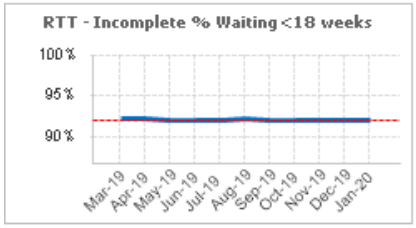
Category	Indicator	19_20 Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019-2020	
ED	Emergency Department waits (4 hrs wait)	>95%	86.6%	84.6%	88.6%	90.1%	84.8%	82.8%	87.7%	83.6%	80.1%	77.8%	80.5%	83.2%	83.9%	!
Cancer	Cancer - 14 days to first seen	>93%	96.2%	95.0%	97.7%	97.0%	94.4%	92.0%	89.8%	91.3%	96.6%	97.3%	95.5%		94.6%	
Cancer	Cancer - 62 days from referral to treatment	>85%	89.6%	88.9%	81.0%	81.3%	85.9%	78.2%	89.4%	90.3%	77.6%	93.0%	72.1%		84.3%	
Admitted	Non Elective Re-admissions within 30 days	<5.5%	6.38%	6.34%	5.24%	4.23%	5.06%	5.72%	5.63%	5.48%	4.94%	5.44%	4.89%	4.89%	5.26%	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	1.3%	1.8%	3.6%	3.3%	4.0%	2.8%	2.2%	2.8%	2.9%	2.6%	2.8%		2.9%	!
Access	RTT - Incomplete % Waiting <18 weeks	>92%	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%	91.9%	90.5%	91.4%	92.1%	93.8%	94.3%	96.9%	94.2%	95.3%	96.7%	94.4%	94.5%	94.4%	
Community	Community - FFT % Positive	>90%	97.6%	96.8%	97.7%	98.0%	92.7%	95.0%	94.6%	95.9%	97.0%	94.4%	94.3%	95.8%	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%	90.3%	94.1%	100.0%	96.0%	100.0%	92.5%	100.0%	95.8%	92.3%	85.3%	97.5%	96.3%	95.6%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	98.7%	96.8%	97.7%	95.5%	96.1%	95.6%	95.7%	97.8%	97.0%	95.0%	95.5%	96.4%	96.3%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	94.9%	94.1%	91.7%	93.0%	91.2%	95.1%	89.8%	91.0%	90.3%	91.5%	92.4%		92.0%	!
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	95.4%	97.0%	90.4%	94.3%	93.3%	96.2%	92.8%	96.1%	95.5%	93.8%	97.1%		94.6%	

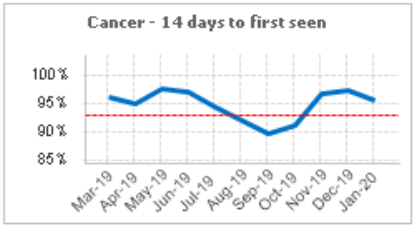


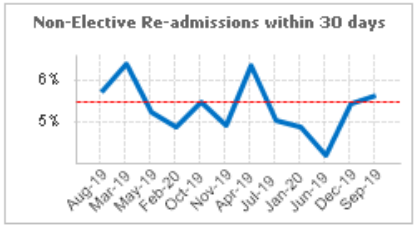


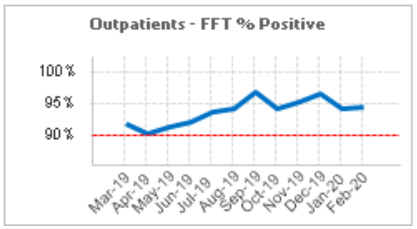












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Indicator	19_20 Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019-2020	Performance
Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI C Difficile	<16	0	0	0	0	2	1	1	0	0	0	0	2	6	
Actual Falls	400	37	40	36	34	29	35	30	25	38	34	40	32	373	
Category 3 or 4 Pressure Ulcers	0		5	13	3	8	4	2	10	14	10	21	17	107	!
Harm Free Care %	>95%	94.21%	93.55%	89.58%	94.96%	90.70%	93.04%	93.64%	94.34%	91.73%	93.79%	92.24%	94.04%	92.77%	!
Non Elective C-Section % Rate	<19%	24.7%	24.0%	22.5%	19.2%	21.1%	22.8%	23.4%	16.3%	23.9%	22.9%	20.6%	20.3%	21.6%	!
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	1	2	0	1	0	1	1	0	0	0	6	
Proportion of reported Patient Safety Incidents Causing Harm	N/A	22.4%	18.8%	26.0%	21.4%	21.4%	20.1%	21.7%	24.7%	22.6%	19.2%	21.0%	20.1%	21.6%	
Serious Incidents	0	1	4	1	2	4	4	1	3	4	3	0	3	29	
VTE Risk Assessment %	>95%	95.9%	95.3%	95.2%	96.4%	95.4%	95.3%	95.6%	95.1%	95.3%	95.1%	105.2%		96.3%	
Mixed Sex Accomodation Breaches	0	0	0	0	0	0	8	1	5	5	2	9	0	30	
Hospital Standardised Mortality Ratio (HSMR)	100	100.4	90.5	103.6	94.5	86.8	97.6	77.6	87.4	85.0				90.2	
Summary Hospital Level Mortality Indicator (SHMI)	1.14	0.77			0.82			0.87							

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

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 February 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 = 17 **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 devise 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:** 94.04% - 0.96% off target - improved performance when compared to February 2019 (91.22%) **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 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.	**Named Person:** Lead Nurse for Safer Staffing **Time Scale to Recover Performance:** July 2020
Non Elective C-Section Rates:	**Variance against Plan:** 1.3% from standard for February 2020. However performance for the month is 1.3% 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

Serious Incidents (SIs):	There were three Incidents declared as **SIs** in February 2020. 1. 2020.4289 - [ACW] Diagnostic incident including delay meeting SI criteria (including failure to act on test results) 2. 2020.3779 - [EIM] Diagnostic incident including delay meeting SI criteria (including failure to act on test results) 3. 2020.3355 - [CYP] Apparent/actual/suspected self-inflicted harm meeting SI criteria	**Named person:** Quality Assurance & Serious Incident Officer

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Indicator	19_20 Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019-2020	Performance
ED - FFT % Positive	>90%	75.6%	78.6%	78.6%	81.9%	78.4%	81.7%	84.9%	82.2%	81.5%	79.7%	81.1%	79.8%	80.9%	
ED - FFT Response Rate	>15%	11.7%	10.3%	12.6%	13.0%	13.3%	15.1%	15.3%	10.9%	12.7%	13.0%	10.3%	10.4%	12.4%	
Inpatients - FFT % Positive	>90%	98.4%	96.6%	97.4%	98.2%	97.6%	98.0%	96.7%	98.3%	97.5%	97.8%	95.6%	97.6%	97.5%	
Inpatients - FFT Response Rate	>25%	23.5%	15.1%	23.3%	21.0%	19.9%	26.4%	18.1%	27.0%	28.9%	25.2%	16.5%	20.2%	21.9%	
Maternity - FFT % Positive	>90%	94.0%	95.1%	93.9%	94.1%	93.8%	94.0%	92.8%	97.4%	94.1%	91.3%	98.7%	95.9%	94.7%	
Maternity - FFT Response Rate	>15%	52.4%	31.1%	41.3%	52.2%	34.1%	48.1%	45.8%	50.9%	45.4%	29.8%	34.4%	46.2%	41.7%	
Outpatients - FFT % Positive	>90%	91.9%	90.5%	91.4%	92.1%	93.8%	94.3%	96.9%	94.2%	95.3%	96.7%	94.4%	94.5%	94.4%	
Outpatients - FFT Responses	400	421	419	233	126	273	690	586	514	380	516	409	308	4454	
Community - FFT % Positive	>90%	97.6%	96.8%	97.7%	98.0%	92.7%	95.0%	94.6%	95.9%	97.0%	94.4%	94.3%	95.8%	95.7%	
Community - FFT Responses	1500	953	842	909	799	832	762	792	991	670	657	619	525	8398	
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%	85.7%	82.0%	
Complaints (including complaints against Corporate division)	N/A	0	20	28	19	27	28	22	27	37	24	23	28	283	

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - FFT % Positive Response and Response Rate : 80% Positive responses & 10.4% for Response rate. KPIs: 90% Positive responses & 15% for Response rate.	**Variance against Plan:** Not meeting either KPIs for response rate (10.4% for Feb 20) or recommend rate (80% for Feb 20) **Action to Recover:** The SMS messages continue to collect a high yield of the FFT in the area. For February 574 of 602 collected FFT were from the SMS messages. SMS messages collected a 13% response rate, against a response rate of fewer than 1% across paediatrics or UCC. A paediatrics specific FFT card has been designed for launch alongside the revised FFT guidelines for April 1st. The working group continues to meet with the focus on improving collection across paediatrics and UCC.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** April 2020 (a slight extension here from the original timescale of March. This is to monitor whether the launch of new FFT postcards, as per the revised national guidance, will have a positive impact on collection)
Inpatients FFT Response Rate : 98% Positive responses & 20% Response rate KPIs: 90% Positive responses & 25% Response rate	**Variance against Plan:** Not meeting the KPI for response rate (20% for Feb 20) **Action to Recover:** A conference call has been arranged between the patient experience team, IQVIA (contracting partner who provide the Trust with the Meridian software for reporting on FFT) and the information team for March 12th. This is to agree actions towards implementing and introducing SMS messages in DTC. The delay here has been due to the difficulty in identifying how valid data can be collected whilst utilising automated SMS message alerts. For Trust-wide reporting, services are collected under 'Daycases' as opposed to individual service areas. How this is disambiguated to collect feedback for the correct, individual services needs to be agreed prior to launch. This is an important work towards improving the overall response rate for Inpatient FFT, as Daycases accounts for over 60% of all discharges.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** March 2020
Community FFT Responses: 96% Positive responses & 525 Responses KPIs: 90% Positive responses & 1,500 Responses	**Variance against Plan:** Not meeting the KPI for responses (525 for Feb 20) **Action to Recover:** New postcards specifically for Adult community services and CYP community services, designed as per the revised national guidance, will be launched April 1st. In addition to this, further training in using the new Meridian dashboard has been arranged specifically for community services for late April/early May.	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance:** March 2020

Indicator	19_20 Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019-2020	Performance
Hospital Cancelled Operations	0	7	10	3	10	18	4	4	9	8	2	7	5	80	
Cancelled ops not rebooked < 28 days	0	0	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%	77.53%	81.47%	84.89%	84.45%	84.97%	85.71%	85.11%	84.89%	88.96%	85.49%	86.76%	86.39%	85.35%	
Breastfeeding Initiated	>90%	93.9%	91.7%	89.9%	89.9%	91.9%	91.1%	88.8%	87.7%	90.6%	89.9%	89.2%	85.3%	89.7%	
Mortality rate per 1000 admissions in-months	14.4	9.2	8.1	7.3	7.3	7.4	7.1	6.9	6.3	8.0	8.4	7.2	8.1	7.5	
Community DNA % Rate	<10%	6.7%	7.6%	7.0%	7.1%	7.8%	8.1%	7.1%	7.2%	7.4%	8.0%	7.5%	7.8%	7.5%	
Community Services - Provider Cancellations	<8%	6.3%	6.3%	6.3%	5.9%	6.4%	6.9%	6.6%	6.5%	7.4%	7.1%	6.7%	6.5%	6.6%	
Acute DNA % Rate	<10%	9.7%	10.5%	11.5%	13.3%	12.6%	12.2%	12.0%	11.0%	10.8%	11.2%	9.7%	9.8%	11.3%	
% of GP Referrals that were completed via ERS		88.2%	88.3%	88.1%	88.9%	88.6%	86.7%	88.0%	88.0%	87.1%	87.1%	86.9%	88.0%	87.8%	
Outpatients New:FUp Ratio	2.3	1.92	1.94	1.92	1.87	1.83	1.84	1.83	1.76	1.79	1.76	1.83	1.83	1.84	
Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	1.3%	1.8%	3.6%	3.3%	4.0%	2.8%	2.2%	2.8%	2.9%	2.6%	2.8%		2.9%	
Non Elective Re-admissions within 30 days	<5.5%	6.38%	6.34%	5.24%	4.23%	5.06%	5.72%	5.63%	5.48%	4.94%	5.44%	4.89%	4.89%	5.26%	
Rapid Response - % of referrals with an improvement in care		84.9%	89.7%	81.0%	78.7%	81.8%	90.3%	82.7%	86.2%	81.4%	80.4%	82.4%	85.7%	83.6%	

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Theatre Cancellations On The Day : Target = 0	**Variance against Plan:** 5 patients cancelled, to note there were no cancellations relating to over running lists as per theatre utilisation action plan. **Gynaecology x 4** Four patients were cancelled due to anaesthetist unavailability as agency locum staff cancelled and didn't arrive on the day. No additional recovery action required. All patients offered a new date within 28 days of cancellation. **Bariatric x 1** One patient cancelled due to new equipment not approved by the CRG and specific equipment needed due to change in the patient's clinical requirements. Patient offered a new date within 28 days of cancellation.	**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:** 2.8% for January 2020. 0.4% above target **Action to Recover:** The percentage of patients who are ready to leave hospital but are still occupying a bed saw a further dip in performance in January 2020 to 2.8% against a target 2.4%. However this is an improvement in performance compared to January 2019 where delays were at 3.3%. Ongoing work with local stakeholders is in place. Patients are reviewed on a daily basis through teleconference calls with Social Services to discuss management of patients is in place It is worth noting the significant improvement in the Trust's performance against management of long length of stay patients (patients in hospital more than 21 days). The Trust has achieved it's 2 year target	**Named Person:** Director of Operations, EIM **Time Scale to Recover Performance:** February 2020 (reported in Month 12)

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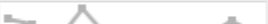
Indicator	Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019-2020	Performance
Emergency Department waits (4 hrs wait)	>95%	86.6%	84.6%	88.6%	90.1%	84.8%	82.8%	87.7%	83.6%	80.1%	77.8%	80.5%	83.2%	83.9%	
ED Indicator - median wait for treatment (minutes)	<60 mins	97	91	76	67	84	72	65	69	92	98	91	88	81	
Ambulance handovers waiting more than 30 mins	0	28	56	35	28	30	41	19	60	37	86	100	37	529	
Ambulance handovers waiting more than 60 mins	0	7	5	4	1	3	5	0	0	1	15	10	1	45	
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	0	1	0	7	12	10	8	10	8	6	10	11	83	
Cancer - 14 days to first seen	>93%	96.2%	95.0%	97.7%	97.0%	94.4%	92.0%	89.8%	91.3%	96.6%	97.3%	95.5%		94.6%	
Cancer - 14 days to first seen - breast symptomatic	>93%	100.0%	98.0%	97.4%	97.7%	95.5%	100.0%	100.0%	98.1%	96.2%	97.8%	95.2%		97.3%	
Cancer - 62 days from referral to treatment	>85%	89.6%	88.9%	81.0%	81.3%	85.9%	78.2%	89.4%	90.3%	77.6%	93.0%	72.1%		84.3%	
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	89.6%	88.2%	76.7%	82.6%	80.6%	78.2%	87.9%	86.2%	76.0%	92.7%	70.5%		82.3%	
Cancer ITT - % of Pathways sent before 38 Days	>85%	75.0%	62.5%	25.0%	100.0%	33.3%	45.5%	37.5%	25.0%	33.3%	71.4%	40.0%		43.0%	
Cancer - % Pathways received a Diagnosis within 28 Days of Referral		83.3%	89.9%	94.9%	96.4%	94.5%	92.8%	91.2%	92.9%	89.4%	89.8%	84.9%		91.7%	
Cancer - 31 days to first treatment	>96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	97.8%	97.5%	97.4%	97.2%		98.7%	
Cancer - 31 days to subsequent treatment - surgery	>94%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	20.0%	85.7%	100.0%	100.0%		80.8%	
Cancer - 62 Day Screening	>90%		100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	75.0%		100.0%	72.7%		78.9%	
DM01 - Diagnostic Waits (<6 weeks)	>99%	99.0%	99.2%	99.2%	99.1%	99.4%	99.3%	99.5%	99.0%	99.0%	99.2%	99.3%	99.6%	99.2%	
RTT - Incomplete % Waiting <18 weeks	>92%	92.2%	92.1%	92.1%	92.0%	92.0%	92.2%	92.1%	92.0%	92.1%	92.0%	92.0%	92.1%	92.1%	
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
% seen <=2 hours of Referral to District Nursing Night Service	>80%	90.3%	94.1%	100.0%	96.0%	100.0%	92.5%	100.0%	95.8%	92.3%	85.3%	97.5%	96.3%	95.6%	
% seen <=48 hours of Referral to District Nursing Service	>95%	98.7%	96.8%	97.7%	95.5%	96.1%	95.6%	95.7%	97.8%	96.4%	95.0%	94.8%	95.5%	96.1%	
Haringey New Birth Visits - % seen within 2 weeks	>95%	94.9%	94.1%	91.7%	93.0%	91.2%	95.1%	89.8%	91.0%	90.3%	91.5%	92.4%		92.0%	
Islington New Birth Visits - % seen within 2 weeks	>95%	95.4%	97.0%	90.4%	94.3%	93.3%	96.2%	92.8%	96.1%	95.5%	93.8%	97.1%		94.6%	

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - Performance: 4 hour target	**Overall performance** In February 2020 performance against the A&E performance saw an improvement compare to the previous three months, however it was another challenging month achieving 83.2%, below the 90% trajectory. The national average in February was 82.8%, the London average was 84 % and the NCL average was 83.8%. There were eleven mental health patients who waited in excess of 12 hours following a decision to admit. The focus of the ED delivery team has been to Urgent Treatment Care (UTC) and Paediatrics performance, both of which have been a contributing factor in the improvement in performance in February with UTC achieving 92.3% and Paediatrics achieving 93.9%. There were 8732 A&E attendances in February 2020. The total number of attendances was 136 patients less than the previous year. The daily attendances ranged between 247 to 372, which is a high number of attendances for the Trust. On average there were 301 attendances per day for the month. **London Ambulance Service (LAS) handover** There were 37 x 30 minute breaches reported in February, a decrease of 63 when compared to the previous month. There was 1 x 60 minute breach in February, which is an improvement of 9 compared to January 2020. **Mental health breaches** There were 11 Mental Health 12 hour trolley breaches reported for February 2020. All 11 patients were waiting for a mental health bed to become available.	**Named person:** General Manager, ED Department
ED – Performance – recovery plan	**Action to recover overall performance:** Key focus is to continue with maintaining UTC and Paediatrics to achieve 98% performance The ED team will work on securing a senior registrar to support with UTC flow from 1700-0300 seven days per week. We aim to continue to focus on maintaining above 95% performance in UTC and paediatrics and attain a consistent 98% daily. GP bank confirmed until 3rd April 2020 working in PC from 1800-2400 for three days per week which includes the weekend to support with PC activity in the later part of the night. **Ambulance breaches** – Embedding 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..	**Named person:** General Manager, ED Department **Timescale to recover performance:** Ongoing work with the front of house model to include the LAS handover nurse with the focus on

	Mental Health – C&I have agreed to temporary amend the ED mental health patient pathway in response to the COVID – 19 pandemic. The changes are:- • Patients to be seen immediately by C&I staff until additional pathway has been established. • Patients to be seen in the MH Suite (where possible) • Patients needing admission – there are 2 Breach avoidance beds confirmed as available for this weekend for patients to be transferred to immediately (These will be used for C&I *and* BEH patients) • C&I will accept suspected/confirmed cases of Coronavirus.	10 to 15 minutes handover of all LAS activity.
Cancer – 62 days from referral to treatment	**72.1% performance against national target of 85% in January 2020** Out of 22 patients treated on cancer pathways the Trust had 6.5 breaches with 4 internal breaches and 2.5 shared breaches with other providers. Breast Surgery x 2 Both patients were complex cases with multiple diagnostics before treatment. No harm caused to patients as a result of their delays. Urology x 2 1st patient, had biopsy result was sent to Barts for 2nd opinion day 35 delay in receiving pathology results. Patient started treatment on day 66. 2nd patient had multiple commodities. There was a delay in the TRUS biopsy due to a need to arrange a hoist and anaesthetic review. .	**Named person:** General Manager, Cancer Services **Timescale to recover performance:** Ongoing
Cancer – 62 day screening	**62 day screening : 70.5 % against the national standard of 90%** **There were 1.5 breaches** 1 x patient offered surgery date but the plan was changed following MRI report. 2nd patient was a shared breach Patient had a 2nd biopsy done at day 22 then referred day 30 on the pathway	**Named person:** General Manager, Cancer Services **Timescale to recover performance:** Ongoing
Cancer – ITT - % of Pathways sent before 38 days	**Variance against plan:** 40% against target of 85% for January 2020 (5 patients only) 2 Out of 5 patients did transfer to other providers in time during January 2 patients were transferred after 38 days. **2 x Gynaecology** – both patients were delayed due to delay in MRI reporting. The first patient was transferred on day 40 and the second patient transferred on day 55. **1 x Lung** - late referral due to the complexity and multiple diagnostics requested such CT Scan, CT guided biopsy, MRI Head and lung function test. **Action to Recover:**	**Named person:** General Manager, Cancer Services **Timescale to recover performance:**

	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 diagnostics are within appropriate time lines. **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. .	February 2020 (impact in March report) February 2020 (impact in March report)
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: January 2020 performance 92.4%** 16 visits not completed within timeframe (i.e. after 14 days): • 4 babies in hospital at day 14 • 10 x parental choice • 2 x notification were received after 10 days **Action to recover:** Introduced a new process for booking the new birth visits to minimise the number booked late. This process started to be introduced in February and its likely impact will be since in March or April reports. Service to continue to follow up with staff about incomplete templates that impact on reporting	**Named person:** Head of Haringey Children and Young People's Services **Timescale to recover performance:** March 2020

Safe | Caring | Effective | Responsive | **Well Led**

Indicator	19_20 Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019-2020	Performance	
Appraisals % Rate	>90%	72.6%	71.3%	69.8%	71.4%	72.4%	74.2%	75.5%	75.8%	76.4%	77.5%	76.0%	76.1%	74.3%		!
Mandatory Training % Rate	>90%	80.8%	80.2%	80.1%	79.9%	82.2%	80.8%	81.1%	81.0%	82.1%	83.3%	83.0%	83.3%	81.5%		!
Permanent Staffing WTEs Utilised	>90%	88.0%	87.3%	86.9%	87.2%	88.9%	86.8%	87.9%	88.5%	88.9%	88.7%	89.0%	89.6%	88.2%		!
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%	3.49%	3.27%	3.13%	3.62%	3.57%	3.19%	2.99%	3.93%	3.83%	3.86%	3.90%		3.53%		!
Staff turnover %	<13%	10.8%	10.6%	10.9%	10.9%	10.8%	10.7%	10.6%	10.6%	10.5%	10.7%	10.7%	10.5%	10.7%		
Vacancy % Rate against Establishment	<10%	12.0%	12.7%	13.1%	12.8%	11.1%	13.2%	12.1%	11.5%	11.1%	11.3%	11.0%	10.4%	11.8%		!
Average Time to Hire (Days)	<63 Days	63	65	69	60	61	62	59	63	63	61	83	76	66		
Nursing Staff Average % Day Fill Rate - Nurses		86.1%	86.7%	86.2%	89.8%	93.2%	87.4%	89.3%	92.6%	96.3%	94.6%	95.2%	97.8%	91.7%		
Nursing Staff Average % Day Fill Rate - HCAs		112.6%	109.1%	115.0%	113.8%	115.6%	127.8%	125.9%	126.2%	126.8%	125.1%	119.8%	125.7%	120.8%		
Nursing Staff Average % Night Fill Rate - Nurses		88.6%	88.4%	87.2%	92.1%	92.9%	91.8%	90.4%	92.4%	94.8%	92.9%	94.3%	95.5%	92.1%		
Nursing Staff Average % Night Fill Rate - HCAs		115.7%	109.3%	114.6%	113.2%	131.1%	126.2%	134.7%	144.0%	135.9%	136.9%	135.6%	152.4%	129.2%		
Safe Staffing Alerts - Number of Red Shifts		1	0	0	3	2	3	5	6	10	5	3	7	44		
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		9.1	9.0	9.1	9.7	9.3	9.2	8.8	9.3	9.2	9.4	9.3	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 : 76.1% Target/Standard = 90%	**Variance against plan: -13.9% (0.1% improvement** on last month) **Action to recover:** Whilst Workforce maintain statistics and provide documents and process, appraisals take place between managers and their staff. Workforce teams have improved the quality and accessibility of appraisal documentation, guidance and instructions on loading dates into the Electronic Staff Record (ESR). 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 **Timescale to recover performance:** 14% of staff is approximately 600 employees. 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 : 83.3% Target/Standard = 90%	**Variance against plan: - 6.7% (0.3% improvement** on last month) **Action to recover:** Audit recommendations being implemented and actions undertaken Intra-authority transfers (IAT) to transfer compliance data now routine processes in both Recruitment and Learning & Development (L&D). Supported e-learning sessions at Hospital site since 13 August 2019 Improving communications and 'how to' guides for staff L&D team supporting staff to input workbook updates on ESR Involving ESR account manager in complex queries 'Deep Dive' QI project into one ICSU to investigate issues and gather learning that can be applied to other areas Improving reporting by consulting with users and report writers Restructure resulting in new larger L&D team being recruited to.	**Named person:** Assistant Director Learning & Organisational Development **Timescale to recover performance:** Milestones: QI project results and actions expected shortly. Rollout of deep-dive (checking competency structure and staff profiles, ICSU by ICSU) by the end of Aug-20.
Permanent Staffing WTEs Utilised: 89.56% **Standard:** 90%	**Variance against plan:** 0.44% **Action to recover:** WTEs utilised reduced slightly and is only 0.44 variant. While they are currently slightly 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, HR **Time Scale to Recover Performance:** April 2020

Vacancy Rates: 10.4% The Trust should have less than 10% unfilled posts **Standard:** 10%	**Variance against plan:** 0.4% **Action to recover:** Vacancy rates have reduced slightly and are only 0.4% 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.	**Named Person:** Deputy Director, HR **Time Scale to Recover Performance:** April 2020
Time to hire: 76 days Time taken from resignation/creation of new post to confirmed start date **Standard:** 61 days	**Variance against plan:** 15 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 for January based on staff groups. There has been a reduction of 7 days from January, indicating the initial steps taken have been effective. This is continuing and we expect a further reduction.	**Named Person:** Deputy Director, HR **Time Scale to Recover Performance:** June 2020

Appendix 1. Community Performance Dashboard

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** Improved performance in December and January dropped slightly in February. Current work being undertaken to clean February data, but further expected drops in wait times as service prepares for Covid planning **IANDS** Islington SCT has seen a continued rise in referrals, the team is currently staffed for 16 referrals per month, this has risen to 22, and last month saw 28 CYP referred in 1 month. Service have recruited additional staff member from underspend in therapy budget to increase clinics to 18 per month **Haringey OT** Performance is affected by vacancies within the service. The service is recruiting to vacancies and expects improvement over the next 3 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) and increases in demand are now affecting the mainstream schools SLT team too. The teams are developing a proposal for changes to the service that will be discussed with commissioners in May. **Haringey Community Paediatrics SCC (Autism Diagnosis Service)** Waits continue to be lengthy for autism diagnosis. The service is running a second term of the new approach where children can be diagnosed in social communication groups rather than via an ADOS assessment. Updated trajectories for reducing waits are being reviewed by the teams and available towards the end of March	**Named person:** Director of Operation CYP **Timescale to recover performance:** Impact March 2020 June 2020 May 2020 April 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 and in the ACS PTL meeting.	**Overall Summary:** Some challenges in performance evident in February with impacts of sickness and vacancies in some teams.	**Named person:** Director of Operations ACS

	Community Rehabilitation CRT (94.2%) Improvement 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:** March 2020
	ICTT (86.7%) 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.	March 2020
	ICTT Stroke & Neuro (51.9%) 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 so should impact in April waiting times position. The service has undertaken a demand and capacity analysis that indicates that further capacity is required to meet targets.	April 2020 (previously Jan 2020)
	REACH Intermediate Care (91.9%) Some specific pressures related to OT vacancies being addressed through recruitment with improved position this month.	February 2020
	Bladder & Bowel (78.7%) Ongoing pathway transformation work being undertaken with an improved position as compared to previous month.	May 2020
	MSK CATS (61.4%) & MSK Routine (85.8%) Shift in activity from secondary care has been higher than expected (36% as compared to 22%), however waiting times are improving and additional investment has been agreed with commissioners for 2020/21	May 2020
	Respiratory (93%) and Spirometry (73.8%) The Respiratory QOF has resulted in increased referrals for spirometry with pressures on waiting times.	
	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.	May 2020

Appendix 1. Community Performance Dashboard

Indicator	19_20 Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019-2020	Performance
IAPT Moving to Recovery	>50%	59.1%	62.2%	54.2%	60.8%	60.5%	56.6%	55.5%	55.2%	54.5%	59.9%	58.7%		57.9%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	94.3%	96.9%	95.0%	97.4%	97.8%	94.0%	95.8%	91.5%	96.2%	94.4%	94.6%		95.4%	
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	88.1%	90.3%	89.3%	87.2%	91.1%	87.9%	88.4%	86.9%	88.7%	85.2%	83.3%		87.8%	
Haringey - HR1 % carried out before child aged 15 months	N/A	78.9%	80.3%	79.7%	79.5%	87.3%	79.7%	83.3%	79.8%	82.5%	83.9%	86.0%		82.2%	
Haringey - HR2 % carried out before child aged 30 months	N/A	71.2%	69.9%	71.7%	67.5%	72.1%	74.1%	73.9%	76.6%	75.7%	77.0%	80.2%		73.7%	
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	91.7%	92.4%	95.4%	90.8%	90.6%	93.4%	93.4%	93.3%	94.6%	95.9%	96.5%		93.7%	
Islington - HR1 % carried out before child aged 15 mths	N/A	82.9%	80.2%	78.5%	82.7%	86.1%	77.2%	79.3%	84.8%	82.8%	82.4%	80.5%		81.6%	
Islington - HR2 % carried out before child aged 30 mths	N/A	72.6%	77.7%	76.5%	79.2%	81.7%	77.7%	84.4%	77.8%	78.4%	79.3%	81.2%		79.5%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	92.9%	89.3%	95.3%	95.5%	92.1%	94.3%	90.8%	92.5%	91.5%	95.7%	92.5%	90.0%	92.5%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	86.2%	78.8%	87.1%	96.2%	95.8%	84.6%	86.2%	88.1%	83.3%	79.2%	87.8%	86.5%	87.2%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	78.5%	80.6%	74.3%	84.8%	88.1%	70.2%	71.2%	87.1%	76.3%	73.6%	75.7%	83.9%	78.4%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	93.5%	98.7%	96.2%	91.0%	87.6%	96.6%	95.7%	95.1%	93.1%	96.6%	95.4%	95.7%	94.5%	
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%	80.0%	98.4%	
Nutrition and Dietetics - % Weight Loss Achieved at Discharge	>65%	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%	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	

Appendix 2. Community Waiting Times Dashboard

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Dec-19	Jan-20	Feb-20	Avg Wait (Feb)	No. of Pts Seen	% Threshold	Target Weeks	Dec-19	Jan-20	Feb-20	Avg Wait (Feb)	No. of Pts Seen
CAMHS	>95%	8	70.7%	74.8%	64.3%	12.3	84	>95%	2	100.0%	88.9%	100.0%	0.7	8
Child Development Services	>95%	12	100.0%	100.0%	100.0%	3.0	29	>95%	-				-	0
IANDS	>95%	18	87.9%	97.0%	95.9%	6.6	194	>95%	2	100.0%	100.0%		-	0
Community Children's Nursing	>95%	2	94.7%	84.3%	86.0%	1.3	50	>95%	1	100.0%	100.0%	100.0%	0.1	22
Community Paediatrics Services	>95%	18	83.3%	82.6%	84.5%	13.4	71	>95%	1	0.0%	0.0%	0.0%	13.4	2
Family Nurse Partnership	>95%	12	100.0%	84.2%	100.0%	1.5	7	>95%	-				-	0
Haematology Service	>95%	12	100.0%	90.5%	100.0%	0.4	23	>95%	-				-	0
Looked After Children	>95%	4	65.5%	78.3%	67.9%	4.6	28	>95%	-				-	0
Occupational Therapy	>95%	18	75.0%	40.0%	56.8%	13.3	37	>95%	-				-	0
Physiotherapy	>95%	18	97.3%	98.7%	95.7%	7.3	46	>95%	-				-	0
PIPS	>95%	12	100.0%	93.3%	100.0%	2.4	22	>95%	-				-	0
School Nursing	>95%	12	94.0%	89.8%	93.7%	2.3	205	>95%	-				-	0
Speech and Language Therapy	>95%	8	89.8%	86.8%	90.4%	6.1	114	>95%	2	33.3%	100.0%	33.3%	5.0	3
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	97.6%	97.3%	1.1	37	>95%	2		100.0%	100.0%	0.1	1
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.6	31	>95%	2	0.0%	100.0%	100.0%	1.1	2
Community Rehabilitation (CRT)	>95%	12	93.5%	92.0%	94.2%	4.6	103	>95%	2	75.0%	80.0%	66.7%	2.1	18
ICTT - Other	>95%	12	90.2%	86.6%	87.7%	4.7	227	>95%	2	60.9%	52.5%	56.7%	2.3	97
ICTT - Stroke and Neuro	>95%	12	61.5%	53.1%	51.9%	13.7	27	>95%	2	35.1%	37.5%	38.9%	3.8	54
Intermediate Care (REACH)	>95%	6	93.9%	88.8%	91.9%	2.4	99	>95%	2	89.3%	87.3%	88.9%	1.0	72
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.8	6	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	86.9%	69.3%	78.7%	7.9	122	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	63.6%	54.7%	61.4%	6.2	607	>95%	2	42.9%	66.7%		-	0
Musculoskeletal Service - Routine	>95%	6	84.7%	80.1%	85.8%	4.2	1453	>95%	2	100.0%		25.0%	2.4	4
Nutrition and Dietetics	>95%	6	96.8%	97.0%	99.5%	2.5	196	>95%	2		100.0%	100.0%	0.1	1
Podiatry (Foot Health)	>95%	6	90.3%	79.5%	89.7%	4.0	478	>95%	2		100.0%	100.0%	1.6	1
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	2.8	8	>95%	-				-	0
Tissue Viability	>95%	6	100.0%	86.7%	97.2%	2.0	36	>95%	-				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	2.4	20	>95%	2	100.0%	100.0%	100.0%	1.2	5
Diabetes Service	>95%	6	93.5%	88.5%	98.5%	2.8	66	>95%	2		0.0%		-	0
Respiratory Service	>95%	6	98.6%	75.6%	93.0%	2.3	57	>95%	2	100.0%	100.0%	100.0%	0.0	1
Spirometry Service	>95%	6	100.0%	84.2%	73.8%	4.6	42	>95%	-				-	0

Appendix 2. Community Waiting Times Dashboard

Haringey

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Dec-19	Jan-20	Feb-20	Avg Wait (Feb)	No. of Pts Seen	% Threshold	Target Weeks	Dec-19	Jan-20	Feb-20	Avg Wait (Feb)	No. of Pts Seen
CAMHS	>95%	8	0.0%	50.0%		-	0	>95%	-				-	0
Child Development Services	>95%	12	100.0%	100.0%	100.0%	2.9	28	>95%	-				-	0
IANDS	>95%	18	100.0%	100.0%	100.0%	3.6	4	>95%	2		100.0%		-	0
Community Children's Nursing	>95%	2	91.7%	84.6%	90.0%	0.7	10	>95%	1	100.0%			-	0
Community Paediatrics Services	>95%	18	80.7%	82.2%	78.0%	18.0	41	>95%	1	0.0%	0.0%	0.0%	18.0	2
Family Nurse Partnership	>95%	12	100.0%	90.9%	100.0%	0.8	2	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	0.1	5	>95%	-				-	0
Looked After Children	>95%	4	87.5%	100.0%	87.5%	2.2	8	>95%	-				-	0
Occupational Therapy	>95%	18	75.0%	41.2%	57.6%	13.0	33	>95%	-				-	0
Physiotherapy	>95%	18	97.1%	98.7%	95.6%	7.3	45	>95%	-				-	0
PIPS	>95%	12	100.0%	93.3%	100.0%	2.5	19	>95%	-				-	0
School Nursing	>95%	12	90.0%	83.2%	93.5%	2.2	108	>95%	-				-	0
Speech and Language Therapy	>95%	8	84.8%	79.5%	77.6%	9.0	49	>95%	2	0.0%	100.0%	50.0%	4.6	2
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	100.0%	100.0%	0.8	17	>95%	-				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.7	30	>95%	2	0.0%	100.0%	100.0%	1.1	2
Community Rehabilitation (CRT)	>95%	12	100.0%	100.0%	100.0%	2.1	2	>95%	2		100.0%		-	0
ICTT - Other	>95%	12	90.1%	85.8%	87.9%	4.7	214	>95%	2	60.4%	50.9%	57.3%	2.3	89
ICTT - Stroke and Neuro	>95%	12	60.0%	53.3%	47.8%	15.3	23	>95%	2	35.1%	40.5%	38.5%	3.9	52
Intermediate Care (REACH)	>95%	6	100.0%	100.0%	100.0%	0.3	3	>95%	2	100.0%			-	0
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.8	6	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	86.8%	86.1%	91.9%	6.2	62	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	65.1%	55.5%	58.0%	6.6	312	>95%	2	33.3%	66.7%		-	0
Musculoskeletal Service - Routine	>95%	6	81.1%	78.4%	84.5%	4.2	772	>95%	2			25.0%	2.4	4
Nutrition and Dietetics	>95%	6	96.4%	95.4%	99.0%	2.6	102	>95%	2		100.0%		-	0
Podiatry (Foot Health)	>95%	6	88.1%	73.8%	88.8%	4.2	233	>95%	2		100.0%		-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	3.5	3	>95%	-				-	0
Tissue Viability	>95%	6	100.0%	92.0%	96.6%	1.9	29	>95%	-				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	2.4	12	>95%	2			100.0%	1.0	1
Diabetes Service	>95%	6	93.3%	84.2%	97.9%	2.6	48	>95%	-				-	0
Respiratory Service	>95%	6	100.0%	63.9%	93.3%	2.8	30	>95%	2	100.0%	100.0%		-	0
Spirometry Service	>95%	6	100.0%	84.2%	73.8%	4.6	42	>95%	-				-	0

Appendix 2. Community Waiting Times Dashboard

Islington

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Dec-19	Jan-20	Feb-20	Avg Wait (Feb)	No. of Pts Seen	% Threshold	Target Weeks	Dec-19	Jan-20	Feb-20	Avg Wait (Feb)	No. of Pts Seen
CAMHS	>95%	8	69.0%	73.9%	63.0%	12.6	81	>95%	2	100.0%	88.9%	100.0%	0.7	8
Child Development Services	>95%	-				-	0	>95%	-				-	0
IANDS	>95%	18	87.0%	97.2%	95.5%	6.9	177	>95%	2	100.0%			-	0
Community Children's Nursing	>95%	2	96.6%	83.9%	82.9%	1.5	35	>95%	1	100.0%	100.0%	100.0%	0.1	22
Community Paediatrics Services	>95%	18	87.0%	88.9%	100.0%	4.5	21	>95%	-				4.5	0
Family Nurse Partnership	>95%	12	100.0%	66.7%	100.0%	1.9	4	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	0.1	9	>95%	-				-	0
Looked After Children	>95%	4	83.3%	90.0%	62.5%	4.1	8	>95%	-				-	0
Occupational Therapy	>95%	18		0.0%		-	0	>95%	-				-	0
Physiotherapy	>95%	18	100.0%			-	0	>95%	-				-	0
PIPS	>95%	12			100.0%	1.6	3	>95%	-				-	0
School Nursing	>95%	12	98.0%	96.2%	91.2%	3.0	68	>95%	-				-	0
Speech and Language Therapy	>95%	8	100.0%	100.0%	100.0%	5.3	10	>95%	-				-	0
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%	95.8%	100.0%	0.3	17	>95%	2		100.0%	100.0%	0.1	1
Adult Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Community Rehabilitation (CRT)	>95%	12	93.3%	91.8%	93.9%	4.7	99	>95%	2	75.0%	76.0%	66.7%	2.1	18
ICTT - Other	>95%	12	87.5%	100.0%	71.4%	5.5	7	>95%	2		100.0%	0.0%	3.3	1
ICTT - Stroke and Neuro	>95%	12			50.0%	7.9	2	>95%	2		0.0%	0.0%	4.3	1
Intermediate Care (REACH)	>95%	6	93.6%	88.5%	91.1%	2.5	90	>95%	2	90.0%	87.8%	88.4%	1.0	69
Paediatric Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	88.9%	50.8%	63.8%	9.8	58	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	61.7%	54.0%	64.9%	5.8	285	>95%	2	100.0%			-	0
Musculoskeletal Service - Routine	>95%	6	90.9%	82.9%	88.0%	4.2	557	>95%	2	100.0%			-	0
Nutrition and Dietetics	>95%	6	97.3%	100.0%	100.0%	2.3	89	>95%	2			100.0%	0.1	1
Podiatry (Foot Health)	>95%	6	92.1%	85.6%	90.7%	3.7	236	>95%	2			100.0%	1.6	1
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	2.3	5	>95%	-				-	0
Tissue Viability	>95%	6	100.0%	77.8%	100.0%	2.5	7	>95%	-				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	2.3	8	>95%	2	100.0%	100.0%	100.0%	1.3	4
Diabetes Service	>95%	6	93.8%	95.7%	100.0%	3.3	16	>95%	2		0.0%		-	0
Respiratory Service	>95%	6	97.7%	84.0%	92.6%	1.8	27	>95%	2	100.0%	100.0%	100.0%	0.0	1
Spirometry Service	>95%	-				-	0	>95%	-				-	0

Children's Community Waits Performance

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Dec-19	Jan-20	Feb-20	Avg Wait (Feb)	No. of Pts Seen	% Threshold	Target Weeks	Dec-19	Jan-20	Feb-20	Avg Wait (Feb)	No. of Pts Seen
CAMHS	>95%	8	70.7%	74.8%	64.3%	12.3	84	>95%	2	100.0%	88.9%	100.0%	0.7	8
Community Children's Nursing - Haringey	>95%	2	50.0%	66.7%	100.0%	0.9	1	>95%	1				-	0
Community Children's Nursing - Islington	>95%	2	95.9%	85.3%	85.7%	1.3	49	>95%	1	100.0%	100.0%	100.0%	0.1	22
Community Paediatrics - Haringey (SCC)	>95%	18	36.8%	47.8%	41.2%	37.4	17	>95%	1	0.0%	0.0%	0.0%	69.6	2
Community Paediatrics - Haringey (NDC)	>95%	18	100.0%	100.0%	88.9%	6.9	9	>95%	1				-	0
Community Paediatrics - Haringey (Child Protection)	>95%	18	100.0%	96.0%	100.0%	0.9	19	>95%	1				-	0
Community Paediatrics - Haringey (Other)	>95%	18	100.0%	100.0%	100.0%	6.1	5	>95%	1				-	0
Community Paediatrics - Islington	>95%	18	90.9%	80.0%	100.0%	4.5	21	>95%	1				-	0
Family Nurse Partnership - Haringey	>95%	12	100.0%	90.0%	100.0%	0.9	3	>95%	-				-	0
Family Nurse Partnership - Islington	>95%	12	100.0%	77.8%	100.0%	1.9	4	>95%	-				-	0
Haematology Service - Islington	>95%	12	100.0%	90.5%	100.0%	0.4	23	>95%	-				-	0
IANDS	>95%	18	100.0%	100.0%	100.0%	3.2	12	>95%	2	100.0%			-	0
IANDS - SCT	>95%	20	16.7%	66.7%	16.7%	40.9	6	>95%	2				-	0
Looked After Children - Haringey	>95%	4	66.7%	100.0%	93.8%	2.8	16	>95%	-				-	0
Looked After Children - Islington	>95%	4	65.0%	68.8%	36.4%	7.3	11	>95%	-				-	0
Occupational Therapy - Haringey	>95%	18	75.0%	40.0%	56.8%	13.3	37	>95%	-				-	0
Occupational Therapy - Islington	>95%	18	100.0%	91.3%	100.0%	6.1	7	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	100.0%	100.0%	3.2	27	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	92.9%	100.0%	95.0%	7.4	20	>95%	-				-	0
Physiotherapy - Haringey	>95%	18	97.3%	98.7%	95.7%	7.3	46	>95%	-				-	0
Physiotherapy - Islington	>95%	18	96.9%	100.0%	100.0%	4.2	88	>95%	-		100.0%		-	0
PIPS	>95%	12	100.0%	93.3%	100.0%	2.4	22	>95%	-				-	0
SALT - Haringey	>95%	15	79.1%	73.0%	78.3%	8.7	46	>95%	2	0.0%	100.0%	50.0%	3.1	2
SALT - Islington	>95%	15	97.1%	96.3%	96.7%	7.2	61	>95%	2				-	0
SALT - MPC	>95%	18	100.0%	100.0%	100.0%	3.9	64	>95%	2	100.0%			-	0
School Nursing - Haringey	>95%	12	92.4%	84.4%	94.4%	2.0	124	>95%	-				-	0
School Nursing - Islington	>95%	12	96.0%	96.6%	92.6%	2.7	81	>95%	-				-	0

Appendix 3. Cancer Performance - 62D and 2WW by Tumour Group

Cancer - 62D Performance by Tumour Group

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

Cancer - 2WW Performance by Tumour Group

Indicator	19_20 Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	2019-2020	Performance
Breast	>93%	96.0%	93.9%	99.0%	96.8%	98.0%	95.5%	96.9%	98.5%	95.7%	97.9%	96.4%		96.9%	
Childrens	>93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%				100.0%	
Gynaecological	>93%	96.6%	94.5%	96.0%	96.1%	96.4%	94.3%	51.8%	48.1%	92.4%	95.9%	91.5%		85.1%	
Haematological	>93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%		99.3%	
Lower Gastrointestinal	>93%	95.8%	91.2%	96.7%	96.2%	92.8%	95.5%	93.4%	98.6%	95.3%	98.2%	93.0%		95.3%	
Lung	>93%	100.0%	100.0%	80.0%	83.3%	83.3%	100.0%	85.7%	92.9%	100.0%	71.4%	88.9%		88.2%	
Skin	>93%	96.2%	98.0%	98.8%	97.5%	91.1%	82.3%	90.1%	98.3%	100.0%	97.5%	98.6%		95.0%	
Upper Gastrointestinal	>93%	98.9%	91.4%	96.6%	98.5%	97.9%	97.1%	92.9%	97.7%	98.1%	100.0%	100.0%		97.0%	
Urological	>93%	92.1%	98.8%	98.4%	98.8%	93.8%	95.0%	98.0%	97.8%	98.9%	95.6%	96.3%		97.0%	

Appendix 4. Trust Level Activity

Category	Indicator	19_20 Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Activity
ED	ED Attendances	**8285**	9720	9077	9281	8921	9458	8778	8658	9428	9371	9768	9561	8732	
ED	ED Admission Rate %		15.1%	15.0%	14.2%	14.8%	13.4%	13.5%	13.8%	14.4%	14.9%	13.1%	12.0%	12.7%	
Community	Community Face to Face Contacts		60534	55988	60051	59799	61881	52284	59399	64039	60659	50424	59902	51042	
Admissions	Elective and Daycase		2133	2130	2083	2159	2244	1976	1896	2171	2083	1791	2116	2060	
Admissions	Emergency Inpatients		2297	2224	2217	2096	2101	2042	2087	2140	2182	2099	1950	1870	
Referrals	GP Referrals to an Acute Service		8632	8452	8913	8194	7919	6591	7001	8001	7185	6416	7273	6634	
Referrals	% of GP Referrals that were completed via ERS		88.2%	88.3%	88.1%	88.9%	88.6%	86.7%	88.0%	88.0%	87.1%	87.1%	86.9%	88.0%	
Referrals	% e-Referral Service (e-RS) Slot Issues	**<4%**	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**	300	306	312	283	315	307	310	304	317	292	283	269	
Maternity	Maternity Bookings	**377**	419	367	390	342	408	357	314	357	344	353	437	368	
Outpatients	Outpatient DNA Rate % - New	**<10%**	9.8%	10.7%	11.4%	12.9%	12.9%	12.9%	12.5%	11.2%	11.2%	11.7%	9.7%	9.8%	
Outpatients	Outpatient DNA Rate % - FUp	**<10%**	9.7%	10.3%	11.5%	13.6%	12.4%	11.6%	11.5%	10.8%	10.5%	10.8%	9.7%	9.8%	
Outpatients	Outpatient New Attendances		9416	9481	9684	9201	10374	9094	9451	10761	9863	9144	10515	9204	
Outpatients	Outpatient FUp Attendances		18061	18383	18595	17166	18961	16777	17338	18886	17644	16082	19285	16874	
Outpatients	Outpatient Procedures		7985	7494	7558	7534	8301	7222	7707	8333	7841	7421	8698	7843	

Meeting title	**Trust Board – public meeting**	**Date: 16.3.2020**
Report title	**2020/21 Annual operational plan submission**	**Agenda item: 11**
Executive director lead	Jonathan Gardner, Director of Strategy, Development and Corporate Affairs	
Report authors	Swarnjit Singh, Trust Corporate Secretary, Jonathan Gardner, Director of Strategy, Development & Corporate Affairs, Paul Attwal, Head of Performance, Operations, Norma French, Director of Workforce, Michelle Johnson, Chief Nurse & Director of Patient Experience, Clare Dollery, Medical Director, Fiona Isacsson, Director of Operations, Surgery & Cancer ICSU, Mark Livingston, Acting Assistant Director of Operations, Emergency & Integrated Medicine ICSU and Aisling Thompson, Deputy Chief Operating Officer and Director of Operations, Adult Community Health Services ICSU and Leon Douglas, Chief Information Officer	
Executive summary	A draft operational plan is shown at appendix 1; an overview of the key points from the NHS Operational Planning and Contracting guidance is highlighted in appendix 2, with the full guidance available in appendix 3. Board approval for the plan is being sought. The final date for the submission of annual operational plans is 29 April 2020. However, recognised that: • plans are likely to be redrafted in the light of the impact of the coronavirus pandemic • following the letter dated 17 March 2020 from Sir Simon Stevens, NHS Chief Executive, and Amanda Pritchard, NSH Chief Operating Officer, there may be further updates, in due course, on the deadlines for the publication and submission of 2019/20 Quality accounts and 2019/20 Annual Reports and Accounts	
Purpose:	Review and approval	
Recommendation(s)	Board members are asked to approve the current draft 2020/21 annual plan.	
CRR/BAF link	All BAF risks	
Report history	Executive Team, 3 February 2020; Trust Management Group, 11 February 2020; Finance & Business Development Committee, 20 February 2020; Trust Management Group, 25 February 2020	
Appendices	Appendix 1: Draft 2020/21 annual operational plan Appendix 2: Guidance overview Appendix 3: NHS Operational Planning and Contractual Guidance 2020/21	

Whittington Health 2020/21 annual operating plan submission

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1 Introduction

Whittington Health's vision is to lead the way in the provision of excellent integrated community and hospital services, to help local people live longer healthie lives. It is geographically placed in the centre of North Central London (NCL) with a portfolio of services covering the populations of Haringey and Islington but also with some community services in Camden, Enfield, Barnet, Hackney and North West London and community dental services in 10 boroughs. The Trust is an Integrated Care Organisation (ICO) and delivers some of the most innovative models of ambulatory and integrated care in the region e.g. Integrated Respiratory Services, Integrated Care of the Ageing, Integrated Care Hubs and close working with social care.

Over the last four years the organisation has been working closely with the Haringey and Islington GP Federations and Clinical Commissioning Groups (CCGs), Local Health Authorities (LHAs) and local providers (including Mental Health) in developing Borough Partnerships. The objective of these partnerships is to work in an integrated and collaborative way to provide high quality health and social care for our local population. This work has been recognised and supported by, and integrated into the North Central London (NCL) Sustainability and Transformation Plan (STP) and forms part of the emerging Integrated Care System (ICS). 2020-21 will see these partnerships take a further step forward with a white paper in Islington, and three new boards for Start Well, Live Well, Age Well in Haringey. We will continue to work with the PCNs around localities and use the emergent leadership teams there to drive change.

As an Integrated Care Organisation (ICO) with community and hospital services across Islington and Haringey, Whittington Health is in a unique and important position to deliver the strategic objectives of the Long Term Plan. The Trust's strategy sets out four clear objectives to deliver:

- Deliver outstanding, safe, compassionate care
- Empower support and develop engaged staff
- Integrate care with partners and promote health and wellbeing
- Transform and deliver innovative, financially sustainable services

In addition to prevention, the Trust has led on the development of important service transformation such as our 'outstanding' ambulatory care model, rapid response and frailty pathways, and integrated care networks, which align directly with intentions to deliver care closer to home.

The Trust has bettered its control total requirement for four consecutive years, in an increasingly challenging financial environment. For 2018/19 the Trust's final control total requirement, was a surplus of £22.7m, which entitled the Trust to a PSF (Provider Sustainability Funding) incentive payment of c.£21.4m.

A central goal for Whittington Health is to reduce costs whilst continuing to deliver high quality care. This has been demonstrated by its recent CQC rating, in which the Trust as a whole continues to be rated as 'Outstanding' for the 'Caring' domain and 'Good' overall and the Whittington Hospital site has improved from 'requires Improvement' to 'Good'. A recent CQC inspection was also positive and we await the formal outcome. We will continue to use the "better never stops" theme and branding through the next year.

Another key theme for us last year and this coming year is to increase staff engagement (last year we achieve 54.6% staff survey response rate) and reduce bullying and harassment through our detailed and comprehensive culture plan under the brand "caring for those that care".

In drafting the current financial plan, the Trust has taken into account the actual CIP performance in 2019-20, the need to address the underlying deficit and the requirements to achieve the 2020-

21 control total. To support the 2020-21 plans, the programme management office will support transformational cross cutting projects and ensure appropriate support to ICSU to deliver on their efficiency plans.

At Whittington Health, all services' teams are tasked with a productivity target for 2020-21 which will include skill mix reviews and maximising the use of non-registered staff (generic workers). Many services have already mobilised a new skill mix.

This operational plan reflects both the opportunities and risks faced by the organisation.

2 Activity planning

The Trust is planning for activity based on STP principles and in recognition of system financial pressures and contract envelopes issued by the CCGs. The Trust is planning for activity based on twice month six (closely aligned to forecast outturn) and a nominal growth of 0.45%. At this stage in the planning round this is not differentially applied and on the assumption that future QIPP delivery will maintain activity growth within these parameters. This equates to financial uplifts in STP planning of 2% (approximately 1.55% tariff changes and 0.45% activity growth).

We are embarking on an ambitious cost transformation programme for 20/21 and beyond, aiming to ensure we are financially sustainable and clinically viable for the years to come. The main areas of focus for transformation will be a) increasing collaboration with the system to run clinical and non-clinical services efficiently and effectively, b) working smarter, ensuring we maximise the time put into care, c) becoming best in class in flow and same day care, especially within medicine, maternity, surgery and children's, d) building a fit-for-the future community workforce e) accelerate our ongoing work to modernise our Outpatient model of care.

There are no current plans to use the independent sector to help deliver agreed activity levels as demand and capacity modelling has shown that, Whittington Health can deliver its agreed activity levels within its current workforce.

In the two years 2018-20 Whittington Health was set a target of a reduction of 40% in its super stranded patients. The trust is achieving this and is in the top three in London. The focus in 2020/21 will be to continue to reduce average patient length of stay by looking at best practice highlighted by the Model Hospital and through continued work with Local Authorities – in particular around discharge to assess and intermediate care, this will enable us to move towards 92% bed occupancy.

Each of the integrated clinical service units (ICSU) have engaged their clinical and operational team in developing their ICSU business plan, a key elements to these plans have been identifying areas of changing demand and the consequent impacts on capacity. This work was developed in collaboration with the finance and information teams using relevant date to inform the development of respective ICSU plan.

Our activity plans are sufficient to deliver or achieve all key operational standards, especially for A&E, RTT, incomplete pathways, cancer and diagnostics waiting times.

The trust is working on a number of key improvements predominately at the 'front of house' to optimise pathways to ambulatory care and primary care and investing in new roles to address workforce challenges.

The Trust continuously reviews previous winter plans including workforce resilience. The trust also undertook a bed modelling exercise supported by ECIP to inform bed model including resilience beds.

2.1 Cancer

Whittington Health plays its role within London Cancer Alliance and works with the Alliance on all aspects of improving cancer care to patients. In addition North Central London has regular performance meetings which Whittington Health attends both in an operational and strategic role to ensure delivery of the national cancer standards across North Central and North East London, the London Cancer Alliance footprint. In particular, we are working with UCLH to review and strengthen our respective breast cancer services and for 2020/21 there is an opportunity to appoint two joint medical oncology posts for gastrointestinal work and lung.

The delivery of all cancer waiting times standards remains a priority for Whittington Health. In 2019/20 the 62 day standard breach allocation principles were changed, to no longer be 50/50 shared between organisations but to be based on time to transfer for treatment (ITT). Whittington Health has struggled to deliver the 62 day standard with compliance in five months out of ten to date, with a ITT performance of 48.1%. A priority for 2020/21 is to transfer all patients who need treatment elsewhere before day 28 in the 62 day pathway. Whittington Health's trajectory is to meet all national standards for cancer for 2019/20.

The two week wait standard was also breached in three months of 2019/20 to date due to a booking window error in a number of specialities, this has now been resolved and performance is again compliant.

The 28 day faster diagnosis standard has been shadow monitored in 2019/20 with this expected to be a national standard in 2020/21. Whittington Health has performed well against this with an average performance this year to date of 91.8%.

Whittington Health performed extremely well again in the National Cancer Patient Experience Survey, delivering the best performance across North Central and East London, and second only to The Royal Marsden across London. Our patient experience team again delivered a fantastic Cancer Conference for patients in Feb 2019 and this continues for 2020.

The focus for 2020/21 therefore will be to deliver against the national cancer standards, provide a sustainable oncology workforce for Whittington Health in collaboration with UCLH, to continue to develop the joint Breast service with UCLH, gain financial support for the stratified pathway coordinators from commissioners and to continue to support the Cancer Alliance across North Central London in its new format, now being separate from North East London.

2.2 Referral to Treatment (RTT)

Whittington Health continues to sustainably deliver the Referral to Treatment national standard of 92% and has done so over 2019/20. The Trust's waiting list has marginally grown from 17946 to 19242 by the end of January 2020. This is, as a result of increased market share, increase in demand and improvements in waiting times. However, a number of specialities continue to be individually non-compliant, against the RTT standard predominately in surgery specialities and neurology. The planning guidance states that waiting lists on 31 January 2021 should be lower than that on 31 January 2020. Whittington Health will aim to sustain and achieve the required standard during 2020/21.

In 2019/20, Whittington Health had one patient who waited over 52 weeks for treatment, in Gynaecology. This was due to an administrative error which has been resolved and no harm

was caused to the patient. This was an exception and it is not expected that Whittington Health will have any over 52 week waiters in the future.

During 2020/21, Whittington Health will work with commissioners on implementing supplementary choice at 26 weeks by offering a meaningful choice of an alternative provider. Whittington Health will also implement agreed standards as set out in the Clinical Standards Review. It is assumed that commissioners will support this if any investment is needed to deliver changes.

Whittington Health has consistently delivered the national waiting time standard of 99% for diagnostics over the last year. This will continue into 2020/21.

2.3 Emergency department

Consistent with the national picture, emergency care performance has remained challenging for the organisation during 2019/20, compounded by further year on year increase in activity. The rise in demand is consistent with neighbouring Trusts in North Central London, and robust plans are being embedded to ensure performance is optimised.

Embedding new staff roles within the Emergency Department has been a key development with the third cohort of trainee Advanced Care Practitioners (tACPs) beginning their training during the year. The first cohort is now part of the registrar rota.

We have been able to maintain 'flow' on the in-patient wards and we were one of a very few number of Trusts who successfully met the NHSI challenge of reducing the number of long length of stay patients in our hospital. The number of delayed transfers of care (DToC) has been maintained during the year as a result of close working with our partners. Plans are being developed to extend the successful ambulatory care unit in-line with SDEC developments. The well-recognised frailty service also been expanded this year and has contributed to improving patient flow and reduction in length of stay. Improvements have also been made to improve the responsiveness of the urgent treatment centre to create extra capacity and included having increased GP cover in the evening to see patients presenting with minor illness. These initiatives have all played a hugely significant role in ensuring that patients have received the most appropriate and timely service.

The Trust has continued to develop its emergency care improvement plan and worked with local system partners on various aspects. This includes working with LAS to create patient pathway for direct access to Ambulatory care.

The Chief Executive continues to chair our local A&E Delivery Board and the Trust has worked closely and collaboratively with commissioners, regulators, and other providers to identify system-wide quality improvements and further measures to enhance our resilience. Our delivery against the performance plan for ED for 2019/20 was:

2019/20 Plan (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	90.0%	**90.0%**	**92.0%**	**92.0%**	**92.0%**	**92.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**	**90.0%**
Actual (%)	84.6%	88.6%	90.1%	84.8%	82.8%	87.7%	83.6%	80.1%	77.8%	80.2%	83.2%	tbc

For 2020/21 our plan is as follows. The actions mentioned above will enable the continued and sustained improvement.

2020/21	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	86%	88%	90%	90%	92%	90%	90%	88%	88%	88%	88%	88%

2.4 Mental health

Let's Talk Haringey is the Improving Access to Psychological Therapies (IAPT) service provided by Whittington Health NHS Trust. Haringey IAPT service is an NHS service which provides psychological therapy support to people suffering with depression, anxiety and related problems. We provide a range of treatment programmes including one to one therapy, counselling and group work. The IAPT service also provides support to people living with chronic obstructive pulmonary disease (COPD), breathlessness or diabetes (types 1 & 2) who are also experiencing low mood, stress or anxiety as well as self-management courses for Haringey residents with longterm conditions. The Haringey IAPT service is a high-performing service that meets the national waiting times and recovery rate standards. In Islington, psychological therapy services are provided by Camden & Islington NHS Foundation Trust.

In January 2020, Camden and Islington NHS Foundation Trust opened a Mental Health Place of Safety at the Highgate Mental Health Centre site. Previously the Whittington Health Emergency Department was used as a health-based Place of Safety to support people detained under Section 136 of the Mental Health Act to access timely care and assessment in a new purpose-built environment.

2.5 Learning disabilities and autism

The Whittington Health patient safety priorities include improving the experiences of people with learning disabilities and autism as well as increasing staff awareness. We have set targets to reduce waiting times in the emergency department for patients with autism spectrum condition or learning disability. We have also developed mandatory awareness training for all staff and developed a suite of learning resources for staff, patients and families. The Trust also has a full-time learning disability liaison nurse post who works with a caseload of adults with complex disability who are admitted to Whittington Hospital. In addition:

- In Haringey and Islington, we work in partnership with local authorities and voluntary sector to deliver health and wellbeing support to people locally. We also provide services for children and young people with learning disability and/or autism; this is from diagnosis, assessment to care management and treatment.
- "Building the Right Support" sets out the ambitions to improve care. We work closely with partners in Haringey and Islington to provide support to children, young people and adults with autism and learning disability. We are active partners in the Haringey and Islington Learning Disability Partnership Boards so that we can plan, coordinate and deliver integrated services.
- Community Learning Disability Nurses work with adults who have a learning disability, and additional health needs which require the support of a specialist learning disability nurse.
- The Trust works with primary care services to help ensure that, at least 75% of people on the learning disability register, receive an annual health check
- The Trust also contributes to and learns from Learning Disability Mortality Reviews (**LeDeR)** to ensure that we continue to reduce health inequalities for people with learning disability.

2.6 Primary care and community health services

The NHS Longterm Plan sets out a clear vision for primary and community services to work closely together to deliver care closer to home. In Haringey and Islington, Whittington Health has been working closely with the PCNs, GP Federations, Clinical Commissioning Groups, local boroughs and voluntary groups to develop integrated services that meet the needs of local residents. Key to this is a focus on early intervention and prevention with community services supporting local residents to start well, live well and age well.

The focus in 2019/20 has been on working together in localities to prevent issues arising and nip them in the bud early, through more integrated public services and more resilient local communities. This enables a simpler, more joined up local system that offers the right support at the right time.

In July 2019, Primary Care Networks were launched – these are groups of GP practices working closely together with other primary and community care staff and health and care organisations to provide integrated services to their local populations. There are four PCNs in Islington and eight PCNs in Haringey. Each network has access to funding for additional roles to support patients. Whittington Health is working closely with PCNs to ensure that care is planned and delivered to meet the needs of local residents.

Community Services have focused on improving waiting times for patients and are contributing to national Model Hospital benchmarking analysis to develop further improvements in efficiency.

2.7 Data and technology

Whittington Health is a part of the NHS England Global Digital Exemplar Programme as a Fast Follower Trust. The ambition of this programme is to digitally enable transformation of services such as utilising electronic clinical notes and live clinical communications technologies to improve the quality and productivity of care. The programme is designed to improve the quality and breadth of information captured, and over time, coded at the point of care to enable rapid assessment of impact, quality improvement and service monitoring. This year the focus will be on enhancing the digital patient record, bringing together the clinical view of the patient and building further on the messaging, handover and task management functionality the Trust has already built for clinical use.

Whittington Health, as an ICO, already submits all national datasets routinely including SUS, ECDS, CSDS, MSDS and MHSDS and is working towards the increased regularity indicated in the current planning guidance. To this end the Trust has been utilising dashboard technology to surface the key metrics around the Emergency pathway as close to live as possible and weekly for the wider acute activity datasets. The goal is to continue to improve the timeliness and quality of the data entered into the EPR to enable accurate timely reporting for both internal and external purposes. Connected to the enhancements in the clinical capture of information, as part of the Fast Follower programme, the Trust will enhance its dashboards to embrace new clinical datasets as they become available. These will support work on efficiency, variation and outcomes and enable the Trust to further engage with programmes such as GIRFT.

The Trust has taken a proactive approach to standards, interoperability and the sharing of data. Whittington Health currently has a shared care record across primary, community, acute and social care locally and is working on plans to extend the access to data in line with the London plan.

The Trust will take the opportunity to leverage its underlying up to date infrastructure and systems to both ensure compliance with national standards connected to cyber security, information sharing and interoperability as well as to take the next step towards transformed models of care and agile working.

3. Quality planning

3.1 Approach to quality improvement, leadership and governance

Whittington Health has a strong governance structure in place to promote and monitor quality through the patient safety, patient experience and clinical effectiveness groups at all levels throughout the Trust. This robust structure allows for effective management of quality from ward and community services to the Trust Board and provides assurance of progress and delivery against plans, whilst also enabling clear and appropriate escalation of issues.

Executive responsibility for quality is jointly held by the Medical Director and Chief Nurse & Director of Allied Health Professionals. The Medical Director is the named Executive lead for Quality Improvement at Whittington Health.

Following the CQC inspection of December 2019/January 2020, the Trust will be continuing the campaign of 'Better Never Stops' to help the trust move to a rating of 'Outstanding'. . The Trust has developed an action plan to respond to the CQC's initial findings and recommendations which was shared with the CQC and presented at public Trust Board in January 2020. This action plan will be revised and updated based on the final CQC inspection report, which is expected to be published in February 2020. A peer review programme is in place across the organisation and uses the CQC's five key lines of enquiry to give service areas an overall view of their current state of care and areas of development. This targeted approach uses intelligence monitoring through the CQC Insight report, performance, nursing and workforce dashboards as well as the integrated performance dashboard. The 'Better Never Stops' Steering Group meets regularly to monitor progress against the CQC action plan, and to drive improvement.

Whittington Health has a robust quality governance framework (reviewed annually) in place to promote and monitor quality at all levels throughout the Trust. Quality governance builds on the National Quality Board (NQB 2018) definition of quality i.e. focused on the areas, which matter most to people who use services. These are:

- **Patient Safety:** people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned
- **Clinical Effectiveness:** people's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence
- **Patient experience**: caring i.e. staff involve and treat people with compassion, dignity and respect, and deliver responsive and person-centred care i.e. services respond to people's needs and choices and enable them to be equal partners in their care

This framework allows for effective management of quality from ward and community services to Trust Board and provides assurance of progress and delivery against quality governance, quality priorities and quality improvement plans, whilst also enabling clear and appropriate escalation of issues. The objective of the governance framework is to provide assurance to the Board that the Trust is focused on shared learning, in order to implement continual service improvement.

The Quality Assurance Committee provides assurance on the quality priorities and ensures the maintenance of effective risk management and quality governance systems. In 2020/21, the

Quality Governance reporting structure will be further strengthened with the introduction of an executive led Quality Governance Committee, and a new Clinical Effectiveness Group. This ensures equal priority is given to the three quality streams, with a clear mechanism for triangulating this information, identifying areas for improvement and sharing best practice through the Quality Governance Committee. The Quality Assurance Committee will receive a quarterly aggregated report and exception reports as required.

The Trust Management Group (TMG) holds responsibility for the delivery of the quality planning and maintaining the quality governance framework.

The Trust Board's annual cycle of business includes quarterly Quality reports and monthly quality performance dashboards. To maintain contact with the personal impact of care each Trust Board meeting is opened by a patient experience story led by the patient and/or family, followed by clinicians reporting on what lessons have been learnt and how they have been disseminated.

The responsibility for the delivery of quality within the ICSUs is held jointly by the triumvirate i.e. Clinical Director, Associate Director of Nursing and Director of Operations. Since 2020, ICSUs hold separate Quality Meetings, reporting into the monthly ICSU Boards to allow a greater focus on the quality agenda. There is a standardised agenda template which is divided into the CQC's five core areas; Safe, Effective, Caring, Responsive and Well-led.

The Trust reports quarterly at Quality Assurance Committee and Trust Board the quality priorities published in the 2019/20 Quality Account, where it sets out a comprehensive description of the quality of care delivered to patients and service users, progress against plan, areas requiring improvement, and detailed steps for how we will achieve improved outcomes. Stakeholder engagement is now underway in preparation for the 2020/21 report

A Quality Improvement Lead has been in place since January 2019, which sits within the Trust Quality Governance department. A 0.2 WTE Associate Medical Director for Quality Improvement will be in post for 20/21. These team members will further align the key areas of patient safety and risk, patient experience, quality assurance, quality improvement and clinical audit and effectiveness. QI will also address strategic need for transformational change. This will be enacted via the Quality Improvement steering group.

3.2 Summary of quality improvement plan (including compliance with national quality profiles)

Driven by our vision 'Helping local people live longer, healthier lives', Whittington Health is committed to continually improving the care it provides to patients. In preparation for the 2019 CQC inspection, the Trust launched the initiative 'Better Never Stops'. This has been a positive motivator for staff and is now embedded in our Quality Improvement approach. Whittington Health's aim is to be an organisation continually seeking to improve and therefore be synonymous with Quality Improvement. Through training and engagement the aim is for Quality Improvement to be regularly discussed at team meetings and for staff to be confident using QI language. Through equipping and empowering staff, we want to see continual growth in projects that produce sustainable change and to be in a position to share good practice with other trusts, through conferences, awards and learning events.

In January 2019, the Trust appointed a Quality Improvement Lead this will be followed by a newly appointed QI Associate Medical Director in 2020. The lead role signalled the Trust's move to a more structured approach to QI with in-house training and a recognised methodology e.g. PDSA cycles. In identifying areas for quality improvement the Trust has adopted a two-way approach -

bottom up, encouraging grass roots development and top down, using performance and outcome data to drive improvement. Projects are mapped against the key strategic objectives of the Trust. A two-tiered training programme in Quality Improvement is offered and over 200 staff members have completed the higher level face-to-face training.

The Associate Medical Director for Quality Improvement will provide clinical leadership for the trust's approach to QI which will support staff to deliver patient care that focuses on safety, effectiveness and patient experience. There will be a key focus on learning, training and role-modelling to develop a culture where Quality Improvement is seen as the responsibility of every member of staff. They will ensure that the trust holds a 'Quality Improvement celebration event' at least once a year

Alongside the regular training, other key initiatives as part of our QI plans include:

- Whittington Health continuing as an active participant within the North Central London QI network, attending events and presenting work
- Continuing to hold an annual celebration of QI projects
- Moving into the third year of a QI award included as part of our annual staff awards
- Monitoring of new QI projects and results/successes are held at ICSU Quality Boards, and Quality Assurance Committee.
- Developing a robust QI mentorship programme and increasing the involvement of existing QI coaches in projects. This will enable more projects to be prioritised through providing additional resource and support
- Embedding QI in the Trust's transformation plans.

QI projects are registered centrally and are available online so that teams can contact other project leads to share learning or ask questions. In order to ensure adequate resource is provided, projects are then prioritised both centrally and within Integrated Clinical Service Units (ICSUs). The Quality Improvement Lead manages the trust wide QI priority list, while each ICSU or clinical area manages their own list of priorities based on the specific needs of services and the management of risks.

In 2020/21, we will select up to ten projects that will be priorities for the Trust. These will be identified through the Quality Account, CQUINs, feedback from GPs and Healthwatch and National Initiatives. The Quality Governance department holds a quarterly themed meeting which is attended by leads for patient safety, patient experience, complaints and PALS, compliance, clinical audit, legal services and learning from deaths and supports discussions around prioritisation and highlights any areas for improvement work. A QI steering group oversees the prioritisation and progress of the QI programme.

In 2020/21 a new Clinical Effectiveness Group will be chaired by the Assistant Medical Director for QI and Clinical Effectiveness to ensure best practice is shared and to improve the quality of care for patients through a systematic review of practice. The group will consider QI projects, Getting it right first time (GIRFT recommendations), and national and local audit.

Risks graded as 16 or above (NPSA risk matrix system) are reported to Trust Board on a quarterly basis with explicit approval for new risks to be considered entry onto the Board Assurance Framework. The top risk themes for 2020/21 continue to relate to financial or estates issues and the BAF also focuses on addressing cultural issues relating to bullying and harassment. To address these concerns, the Trust has launched an initiative known as 'Caring for those who care' which has been well received.

There is a governance process in place to ensure there is learning from relevant national

publications, guidance and standards. Examples include an annual gap analysis against the Never Event framework which is presented to the Quality Committee; a quarterly report on learning from deaths as part of its compliance with guidance issued by the National Quality Board and assessment against the compliance with the four priority standards for seven-day hospital services.

3.3 Summary of quality impact assessments process and oversight of implementation

Whittington Health has an established Quality Impact Assessment (QIA) process in place to review whether there are potential adverse impacts on the delivery of high quality care from cost improvement programme (CIP) schemes.

There is a clear governance process with the trust Integrated Clinical Service Units (ICSU) and corporate directorates holding responsibility and accountability for ensuring that there is a QIA for all proposed savings plans. This responsibility is with the ICSU Clinical Directors and Associate Directors of Nursing (and corporate directors). The Medical Director and Chief Nurse then provide an additional level of governance and review all plans that are identified as higher QIA risk.

ICSUs and directorates apply a QIA tool to assess the risk of any cost improvement programme project; these fall into two categories i.e. Level 1 - low risk or Level 2 - high risk. Low risk schemes are signed off through a local governance process. High Risk schemes are presented to the Medical Director and Chief Nurse by the respective operational and clinical directors/associate directors of nursing. The QIAs focus on the specific indicators of quality (patient safety, clinical effectiveness and experience) and where any adjustments are required before approval for the scheme can move to implementation. CIPs are reviewed by the Quality Committee quarterly, or more frequently, if necessary, to identify any changes to risk and quality throughout the implementation process or until the panel are satisfied that there is no ongoing risk. A review of 2019/20 CIP QIA schemes has been presented to the trust Quality Committee.

The Medical Director and Chief Nurse have also reviewed the level 1 QIA CIP plans, and reviewed a random selection of plans in detail, which has added a level of assurance to the quality of the ICSU QIA process and outcomes.

The regular ICSU and corporate performance reviews focus on providing assurance to the executive team of the triangulation of quality, workforce, performance and finance information. This triangulation drives priorities and monitoring for the ICSU of quality concerns of any saving plans and examines the following:

Safety, Quality Patient Experience and Risk	Performance	People Issues	Finance
• Quality indicators and data e.g. infection prevention, safety thermometer, nursing indicators • Clinical incidents /Serious Incidents • Complaints (numbers trends and response	• Activity • Performance national standards and community waiting times	• Staff survey action plans • Temporary staffing levels/spend • Recruitment issues/vacancy rates • Sickness rates and sickness management plans • Appraisal Rates	• ICSU and service line position and cost pressures • Financial plans and milestones for next year • Year-end projections • PbR and Coding issues • CIP and QIA

Safety, Quality Patient Experience and Risk	Performance	People Issues	Finance
rates) and compliments • Clinical and national audit results • Risk register/service issues • Patient feedback and engagement e.g. FFT, national surveys • CQC improvement action plan • Quality improvement progress		• Mandatory training compliance • Organisational development interventions	progress

For 2020/21, the quality impact of savings plans will continue to be monitored at the quarterly reviews as well as through the level 1 and 2 process. A review of quality improvement, service and cost improvement and transformation is underway to support closer alignment. This will strengthen the quality impact assessment process in the trust.

4. Workforce planning

Workforce planning and analytics continue to be an integral part of our performance management culture and strategic planning and is integrated into a number of the Trust's systems and processes. The Trust's two areas of focus are reducing agency spend by operating a "bank first" model, and concentrating on recruitment and retention plans, particularly medical, nursing and midwifery and Allied Health Professional (AHP) staff groups. .

This section outlines our workforce planning strategy, methodology, and processes including productivity and transformation plans.

4.1 Workforce strategy

Throughout 2020 we will be reviewing our Workforce Strategy 2016-2021, with a view to co-creating the Whittington Health People Strategy in line with the national People Plan due for publication imminently.

We will be specifically focussing on the culture of the organisation this year to improve engagement, reduce bullying and harassment and increase retention rates.

4.2 Workforce planning methodology

The workforce planning process is aligned and integrated with the Trust's business planning process, led by individual ICSUs and Directorates. Throughout the process ICSUs Clinical and Operational Directors are supported by HR Business Partners who advise and challenge ICSUs

on the workforce impact of their plans and ensure alignment with workforce and clinical strategy. This involves:

- Working with ICSUs to discuss workforce issues such as recruitment and retention, activity planning, education requirements and the delivery of key performance indicators;
- Analysing and monitoring workforce changes at a local level (which is aggregated to a Trust wide position);
- Ensuring current and future workforce needs are represented in business plans, consider growth, as well as options to develop new roles, new ways of working, and associated training implications.

Final ICSU plans are presented individually to the Trust's Board, Executives and all other Clinical, Operational and Corporate Directors in a peer-review and challenge session. Following this, amended plans are used to inform the Trust's Operational Plan.

In addition to the annual business planning process, the Director of Workforce is a member of the Investment Group which is responsible for approving business cases in-year and reviewing business plans during the planning process prior to proceeding to the Trust Management Group and the CIP Delivery Group. Here the group triangulates between the workforce, finance, activity, IT and estates implications of all business cases and service changes.

4.3 Workforce planning governance and risk management

Workforce planning is an integral part of the ICSU Boards' responsibilities as they oversee local workforce strategies, including transformation and risk management and ensure the impact of proposed developments on existing and future workforce requirements are properly considered. In addition:

- All workforce risks are reviewed quarterly at the Performance Review Groups.
- Action plans for reducing amber and red rated risks are monitored on a quarterly basis by the Trust Management Group.
- High level risks are reported to Workforce Assurance Committee quarterly, which is chaired by a Non-Executive Director and subsequently added to the Board Assurance Framework.
- Workforce intelligence is used regularly to help the Trust make decisions. The workforce information team takes into account the greater demands of the organisation, with a focus on integrated working between finance and workforce
- Safe nurse staffing levels are monitored continuously, supported by ongoing assessment of patient acuity. As part of 'Showing we care about speaking up' we encourage and support all staff to nursing scorecards triangulate workforce information with other quality metrics.
- Workforce intelligence and Key Performance Indicators (KPIs) are reported at the Trust Board monthly and are standing items on Performance Review Group meetings (PRGs). Individual ICSUs and Directorates receive monthly reports on the range of workforce KPIs. The Workforce Assurance Committee receives comprehensive corporate workforce information and analysis. Metrics include vacancy and sickness rates, turnover and appraisal compliance, time to hire, time to resolve employee relation matters and temporary staffing.

Bank and agency workforce planning

There continues to be a drive to transition agency to bank, which will continue into 2020/21. We now have an average bank to agency ratio of 80:20, which is above average across NCL. In 2019 we partnered with Bank Partners as part of the NCL collaborative. We are investigating options to improve the efficiency of the Bank resourcing, including; expansion of Allocate/Healthroster functionality, use of apps and using different bank staff models, including the possibility of a collaborative bank with partners in the sector. Bank and agency shifts are reviewed weekly at a senior Nurse, Medical, HR and finance level before being authorised, and ongoing plans to

substantively recruit have to be indicated. Above agency price caps are monitored, and are reviewed weekly. Off framework agency usage is prohibited without Executive level authorisation. Run rate meetings are held quarterly with ICSU's and Executive Level support.

Hard to recruit workforce planning

We are focusing on hard to recruit areas, primarily; Medical (Emergency Department Trust grade doctors in particular) Nursing and AHP. A medical recruitment project post has been established within Emergency Care, with a focus on Junior and Trust Grade recruitment for 2020. The Nurse Recruitment team have been established for over 2 years, and have had great success recruiting both internationally and locally.
Their focus has been expanded to include HCAs. While we are continuing to develop plans for international recruitment in 2020, we are focusing on local recruitment, with attendance at University fairs on a regular basis with the aim of attracting newly qualified nurses to the Trust. We have recently piloted the use of Skype interviews for overseas recruitment which have been very successful. The Trust hosts the NCL return to practice initiative and has made successful appointments over recent months. We actively use social media, such as Twitter and Facebook.

Retention

We are active participants in the NHSI Retention collaborative, and are developing our retention plans further. We are not only focusing on nursing within the retention plans, but using exit interview workforce data to identify areas of high turnover to target retention planning. We have implemented: 'itchy feet meetings', localised retention breakfast meetings, social forums and Inclusion networks, meet the executive tea parties, showcase events for specialities and developing a reward strategy. We have implemented our 2019 WRES improvement plan with a focus on recruitment and retention our recent results indicate slight improvements, but there is more to do. We were lucky last year to employ a full-time Inclusion Lead and have focussed our energies on creating a range of Inclusion Networks (BAME; LGBTQ+; Disability and Women's) We have recruited a project lead who is taking forward out #Caring For Those Who Care culture programme and will be launching refreshed intranet sites along with development a staff engagement platform (StaffApp) in 2020.

4.4 Workforce efficiency, transformation and new initiatives

Service improvement is a key element of all our ICSU and Directorate plans, which look at how existing workforce can support delivery and also how the roles and workforce will transition to deliver programmes including seven day services and elimination of agency usage.

A number of workforce initiatives have been agreed locally and are integrated into our Trust plans and will deliver transformation and efficiency. These include:

- Developing new service delivery models, such as the integrated nursing roles to reduce pressure on medical vacancies.
- Prioritising clinical collaboration with NCL providers to ensure service productivity is maximised, services are lean and sustainable, and reducing costs and reliance on agency staff. This includes broader NCL STP ambitions to pool resources.
- To further reduce agency spend develop initiatives to improve vacancy, attrition and agency rates such as reviewing bank pay rates, continue with director level scrutiny of agency and bank shifts, widen the roll out of e rostering and continue to monitor and challenge spend through the weekly agency tracker.
- Enhancing the health and wellbeing of staff through our Carin For Those Who Care initiative and Inclusion Networks.
- Recruitment delivering recruitment campaigns (internal and external), through open days, job fairs, develop sideways transfer schemes, continue with EU and overseas recruitment, develop

rotational posts with other trust e.g. UCLH, increase local community campaign's, continue to be active partners in The Widening Participation initiative through the apprenticeship schemes and further education colleges.

- Trust level analysis of organisation-wide educational and training needs analysis which is being developed through the re-structure of the Learning, Development and OD department.
- Analysis and discussion about training needs at ICSU Quarterly Performance Review Meetings.
- Continue with the Leadership Development programmes, with a particular focus on BAME participation.

Local workforce advisory boards and engagement with commissioners

The Director of Workforce is attends the Health Education North Central London (HENCL) forum, and the Trust's workforce planning submission to HENCL is dovetailed with our internal business planning cycle. This assesses workforce plans over five years supporting sector and national education commissioning and planning intentions. The HENCL plan is signed off by Trust professional leads and shared with commissioners.

Apprenticeship levy

Over the last couple of years the organisation has not always been able to spend its full apprenticeship levy. Going into 2020/21 Whittington Health will continue to increase the level of apprenticeship take-up in the Trust, both for existing staff, and the opening of new apprenticeship roles. In particular it will also increase the use of the levy through transferring it to other partners in the system. We have been successful so far in work with GPs in this way and will look to expand that.

Table 1: Current workforce challenges at local and Sustainability & Transformation Plan/Integrated Care System level

Description of workforce challenge	Impact on workforce	Initiatives in place
Temporary Staff Spend	Quality of patient care can be impacted by excessive use of egency staff. Winter pressures exacerbated the issue along with nationally difficult to recruit staff groups. Also there is increased requirements for enhanced care across all areas.	• Run rate and agency ceiling target meetings for all ICSUs have been in place since Q1 and meet of a bimonthly basis. Each ICSU has agreed a trajectory and actions to bring agency spend down are monitored closely. • Higher level of control on authorisation processes across all staff groups. • AHP and Nursing and midwifery leads in place. • Focus on conversion from agency to bank • There are weekly meetings with ADoNs reviewing real-time temporary staff requests. • The Trust is part of NHSI Cohort 4 of the Retention Initiative • Part of collaborative Bank withing NCL (Bank Partners) •
Brexit Planning Workforce information	Retention of EU staff Ensuring that rostering is effective across the Trust Ensuring the workforce information is accurate and utilised effectively Ensuring ESR is accurate	• Dedicated Intranet site established • Settled status supported by the Trust • Expansion of workforce Information and analytics Team • Monthly reports of workforce KPIs to the Trust Board and to individual ICSUs and Directorates. Comprehensive quarterly information monitored by Workforce Assurance Committee

Table 2: Outline of current workforce risk, issues and mitigations in place to address them, capturing the impact on patient safety, service quality and national guidelines e.g. safe staffing

Description of workforce risk	Impact of risk	Risk response strategy	Timescales and progress to date
Agency spend	High	Improving the temporary staffing function Run rate meetings Enhanced authorisation processes	• Moving to a collaborative bank (via Bank Partners) from 1 May 2019 • Consolidating all Allocate products and moving to the cloud – April 2109 • Targeted bi-monthly meetings with Director of Workforce and also monitoring through Quarterly Performance Reviews

Table 3: Outline of long-term vacancies (hard-to-fill posts over six months) and we you are planning to fill these vacancies: for example, use of bank, agency, workforce transformational roles

Description of long-term vacancy, including the time this has been a vacant post	Whole-time equivalent (WTE)	Impact on service delivery	Initiatives in place, along with timescales
Histopathology consultant Medical Staff	2 WTE	None as being covered by 1x agency 1x NHS locum.	• Converting agency locum to bank. Cross cover with neighbouring hospital.
Breast Consultant	1 WTE	Shortage specialty. None as covering with NHS Locum	• Covering with fixed term contract currently. NHS locum gaining CCST.
Sonographers	1 WTE	9 month vacancy, difficult to recruit; 5 rounds of advertising.	• Shortage specialty. Training internally for succession planning. Retention strategy being drafted,
ED trainee Registrars/Trust grade doctors	3 WTE trainees 3 WTE trust doctors	Gaps in rota, covered by agency/bank	• ED workforce group established.

5. Financial planning

The Trust's year-end forecast position for 2019/20 is a £4.9m deficit, which is in line with the Trust's agreed control total for the year, inclusive of Provider Sustainability Funding (PSF) the Trust is forecasting a breakeven position.

The Trust originally planned to achieve its control total after the delivery of £12.3m of recurrent cost improvement plans, therefore delivering an underlying deficit of £4.9m. Unfortunately, the Trust has missed this recurrent delivery and therefore the expected underlying year end position is forecast to be a £10.4m deficit.

Whittington Health's 2020/21 draft financial plan is a fully integrated component of the Trust's Operational Plan and builds on the planned outturn forecast for 2019/20, overlaid with key planning assumptions for the forthcoming financial year, as set out in the sections below.

The financial model is inclusive of a 5-year capital plan, for which the schemes are consistent with the Trust's clinical and estates strategy, and provide for the delivery of safe, productive services.
The Trust has been set a very challenging control total for 2020/21 of a deficit position of £3m, with the inclusion of Financial Recovery Fund this is a breakeven position.

5.1 Financial forecasts and modelling

Using the 2019/20 forecast outturn the Trust has reviewed the position, making iterative adjustments to take account of the outlined planning assumptions. This has informed the initial 2020/21 plan position, before subsequent adjustments were made to account for local and specific national planning factors.
The Trust proactively participated with the North Central London Sustainability and Transformation Partnership and based its planning assumptions on the agreed inflationary levels.
Baseline activity is based on month 6 year to date for 2019/20 and multiplied by two. This has been modelled at 2020/21 tariff and 0.45% growth added across all areas. The output of this work is income from main commissioner, NCL CCGs is anticipated at £241.4m.The planning assumptions are that the commissioners and the Trust collectively manage activity within this minimal growth through system savings plans (commissioner QIPP and provider CIP). Failure to manage activity within these levels will bring significant operational and financial risk to The Trust and the wider STP. Planning assumptions across other commissioners are based on a very similar methodology, essentially M6*2 + 2% (tariff changes and minimal growth).

Expenditure plans are based on the recurrent outturn for the current financial year with the following planning adjustments:

- Application of standard national planning assumptions working towards local contract envelopes
- Identification of material non-recurrent income and expenditure
- Specific pay planning assumptions, including the effect of the apprenticeship levy and new Agenda for Change pay scales
- Incremental drift
- Non-pay inflation
- Financial efficiency (CIP plans for 2020/21)
- Contingency and reserve requirements

Capital and cash plans reflect the key links between operational finance plan, strategic capital developments and high priority capital expenditure to support clinical and estates strategy.

5.2 2019/20 Efficiency savings

In drafting the current financial plan the Trust has carefully considered the efficiency requirements, taking into account actual CIP performance in 2019/20, the need to address the underlying deficit and ensuring service costs benchmark appropriately, with a view to have a realistic and achievable target to balance to the 2020/21 control total.

The current planning assumptions mean the total CIP programme for 2020/21 is c.£15m, of which £14.4xm from local schemes across the Clinical ICSUs and corporate services with a further £0.6m driven by known areas of inefficiencies or schemes which mirror local STP initiatives. As with prior years the Trust has approached in CIP planning in the following way:

- larger, cross organisation, schemes being delivered by cross ICSU teams and an Executive sponsor. The larger schemes may have third party support where necessary; and
- the PMO will refocus and have a smaller central resource, which will monitor progress and track benefits, whilst each ICSU will receive direct support. That support will be focused on delivering savings only initially. The change managers will also support one of the cross cutting schemes.

5.3 Capital planning

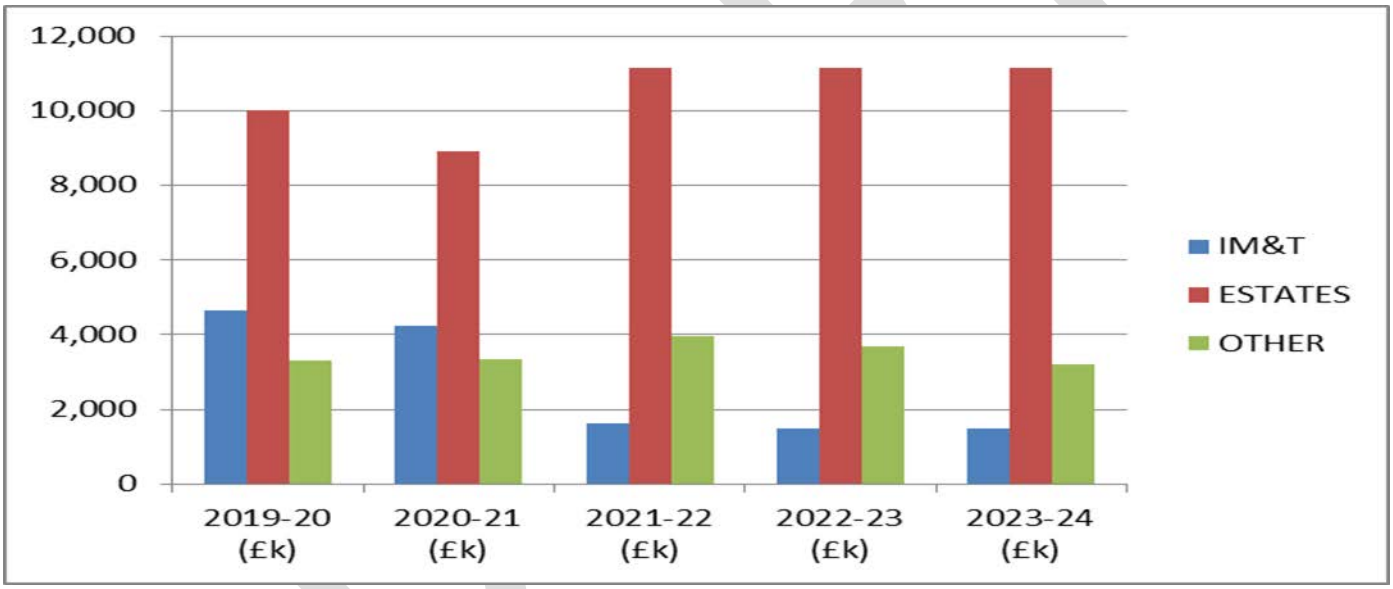
As well as continuing to focus on strategic initiatives and mitigation of red risks in the Trust's risk registers, the Trust also plans for significant capital investment in its estate. This investment is for the long term and aims to transform both the acute hospital site as well as the Trust's numerous community sites. The 2019-20 work on the estate encapsulated the first phase of the work associated with clearing the site and remodelling service provision in affected areas of the acute site. We will continue this work in 2020-21 and complete important backlog engineering projects that will ensure the Trust's ongoing compliance with electrical, fire and water regulations.

Strategic priorities addressed in the 2019-20 capital programme include the Trust's ongoing focus to improve current maternity and NICU facilities, as well as the Trust's involvement in the GDE Fast Follower programme. This initiative has and will continue to enable innovation in IT and more integrated working around the Trust.

The planned capital programme for 2020-21 (including contractually committed spend on PFI and Managed Equipment Service) is set at £15m, which represents an affordable level of investment following prior year cash surpluses. The investment is not only supported by internally generated sources of funding, but together with matched funding for GDE Fast Follower and surplus cash available to the Trust from core and incentive PSF arrangements.

Schemes contained within the capital programme therefore reflect the high priority investments required by the Trust during 2020-21 to sustain safe and productive services, and are anchored to the Trust's risk register to ensure that collaborative agreement exists prior to finalising investment commitments. Schemes can be broadly assigned to estates, IT and medical equipment areas as demonstrated in the table below.

Scheme	2019-20 (£k)	2020-21 (£k)	2021-22 (£k)	2022-23 (£k)	2023-24 (£k)	PROJECT TOTAL
IM&T						
GDE Fast Follower - centrally funded	1,725	0	0	0	0	**1,725**
GDE Fast Follower - internally funded	1,166	1,724	139	0	0	**3,029**
IT capital expenditure (infrastructure / hardware)	1,750	2,500	1,500	1,500	1,500	**8,750**
ESTATES						
Estates masterplan works - centrally funded	5,000	0	0	4,000	0	**9,000**
Estates masterplan works - internally funded	200	7,500	10,000	6,000	10,000	**33,700**
NICU refurbishment	1,726	0	0	0	0	**1,726**
Cellier ward refurbishment	1,122	0	0	0	0	**1,122**
Imaging lifecycle enabling works	200	0	0	0	0	**200**
Community dental	300	0	0	0	0	**300**
Backlog engineering projects	1,050	1,000	750	750	750	**4,300**
Capitalisation of estates team costs	400	400	400	400	400	**2,000**
OTHER						
Medical equipment replacements	917	1,000	1,000	1,000	1,000	**4,917**
Project Management Office	250	250	250	250	250	**1,250**
Business cases	850	750	750	750	750	**3,850**
PFI lifecycle costs	916	1,029	1,014	803	779	**4,541**
Managed Equipment Service capital commitment	385	330	951	882	420	**2,968**
TOTAL	**17,957**	**16,483**	**16,754**	**16,335**	**15,849**	**83,378**



5.4 Risks and challenges

The Trust has confirmed in this submission that it is planning to deliver the notified control total for 2020/21.

There are a number of challenges and risks the Trust will need to manage both in the lead up to and during 2020/21 in order to deliver its control total, the most significant of which being the agreement of a contract for clinical service provision with local CCGs and delivery of its efficiency programme. The key risks and challenges currently identified through the planning process include:

- Contract triangulation/gap with commissioners
- Delivery of the CIP programme of c4.4% of turnover, 3.3% higher than national levels, together with any required cost reductions in line with agreed QIPP schemes
- Achievement of the agency expenditure ceiling balanced against safe care provision and the known challenges/barriers e.g. supply shortages for clinical staff across London

- Cash flow management
- Capital delivery

6. Triangulation

There is currently a disconnect between activity and financial planning between the Trust and commissioners due to different assumptions on a start point. The Trust is planning on a current forecast outturn (cost and activity) as has been custom and practice for many years however the commissioners are using 2019/20 contract plan as the start point. Both sides are adding 2% to the different starting point which throws out a financial gap of circa £7m.

7. Links to the local STP and ICS (North London Partners in Health and Care)

Whittington Health has played an important role in the development of the North Central London Partners in Health and Care (NCL). The Trust's Chief Executive is represented at the NCL STP Transformation Board and is the Senior Responsible Officer for the STP Workforce stream. Clinical and operational leads are closely aligned to the various relevant programmes. The CEO is leading now on the community core offer workstream. More detail is given below in the section on the Long Term Plan.

As an Integrated Care Organisation (ICO) with community and hospital services across Islington and Haringey, Whittington Health is in a unique and important position to deliver the strategic objectives of the STP. The following sections highlight just some of the work Whittington Health is doing in relation to the STP and the future Integrated Care System (ICS).

Another key development for 2020/21 is the appointment of a shared chair between ourselves and UCLH, we look forward to the opportunity that will bring to work more closely together and benefit from each other's strengths.

8. Service transformation

Whittington Health is on the forefront of delivering services that are crucially aligned with the objectives of the STP. The Trust has in place an 'outstanding' Same Day Emergency Care model, rapid response and frailty units, IAPT, CAMHS and integrated care networks, which align directly with intentions to deliver care closer to home and re-define urgent and emergency care in NCL. Despite a 6.4% increase in ED attendances this year non-elective admissions have only gone up 4.4%. The Trust plays a key role in delivering community mental health services for adults, children and young people, as well as providing wider women's health and paediatrics services across NCL.

Whittington Health has also been instrumental in the setting up and driving forward of the new Haringey and Islington Partnership Boards. Throughout 2020/21 the work to deliver system and population based care through these boards will continue. Specifically we will continue to lead a provider driven integrated care system initiative with the councils, mental health trusts and GPs to redesign the way we work around 'localities', based on local Primary Care Network (PCN) geographies. We are driving a new approach to making the best use of community assets and social prescribing to reduce demand and prevent ill health.

In 2020-21 the Trust will also continue to focus on networking fragile services through collaboration which will optimise achievement of cancer priorities and elective pathways. In particular we will implement the Orthopaedic Hub model with ULCH, which moves inpatient elective orthopaedic cases to UCLH and day cases up to Whittington Health.

9. Prevention

As an ICO, the community reach of the Trust also enables us to deliver on the ICS's increased emphasis on prevention. Our work on supporting patients with a number of prevention and behavioural change focused services, including 'making every contact count', will continue to be embedded in services across the organisation. The Trust delivers community services in smoking cessation, dietetics, community nutrition, dentistry, pulmonary rehab and we will seek to build and develop these services further. Our offer, coupled with our approach to localities described above and our specialism in Paediatrics, Women's Health and Child and Adolescent Mental Health Services (CAMHS), will provide a crucial vehicle for delivering the ICS's prevention strategy and 'achieving the best start in life'.

10 Enablers

Whittington Health has been actively engaged in the NCL estates work and considers estates to be a priority enabler. The Trust, working with the GLA, and the ICS, has developed its estates strategy. The plan will act as a catalyst for new models of care, such as 'out of hospital' work streams including the localities work. This is a key enabler for the transformation outlined in the STP and the work across the Islington and Haringey Wellbeing partnership. We have also put in joint bids with the Council to the "One Public Estates" funds to support this. We expect that in 2020-21 the SOC and OBC will be signed off for phase one of the strategy. Phase one includes a new community hub in Wood Green a fit for purpose maternity and neonatal building. Both of these opportunities open up land for other system use and value generation.

The Trust will also be seeking to build its digital capacity further, building on the successes of existing schemes that have improved patient access through technology and its status as a 'Digital fast follower'.

11 Productivity

Whittington Health will continue to prioritise productivity throughout 2020/21 using the model hospital and GIRFT to identify areas of focus for quality and cost improvement.

In 2020/21 our services will continue to work on cross-NCL clinical collaboration to maximise services productively whilst also delivering improved patient outcomes and pathways and tackling agency spend. Tackling agency spend as a primary objective will remain a key priority of the Trust. We achieved a £3m reduction in 19/20. Projects include working with partners to: reduce our fragile services, create an orthopaedic elective hub, network pathology services, support the better births initiatives, expand our advice and guidance offering, expand SDEC, and transform outpatients.

12 Longer term deliverables and the Long Term Plan

Integrated care systems:
Whittington Health are working closely with the councils, CCGs, GPs and other partners to shape the Integrated Care Partnerships at Borough Level which will be a key part of the ICS governance. We are striving to ensure a partnership approach that breaks down the provider / commissioner split

Primary Care Networks:
Whittington Health is working to develop relationships with the newly appointed clinical directors of PCNs. We are considering how we can support the new PCN pharmacists, and we are working on a locality basis to work with the new social prescribers. In particular we are creating a model whereby our staff can be social prescribers themselves through simplifying access to all parts of

the locality. From 2020/21 we will be pushing to be the employers of the new first contact MSK practitioners.

Out of hospital care:
We have been given 2% of the promised 4% increase in relation to community services. We expect this money to be absorbed in general activity growth. We are expecting that the further 2% will be transparently allocated to worthwhile projects to include all areas of NCL.

Community services:
We have already organised our adult community teams around PCNs, and we will work with the clinical directors in 2020-21 to consider the best way of aligning children's community services. We currently deliver the 2hr and 2day targets and we report them to the board.

Reducing pressure on emergency hospital services:
We are in a uniquely positive place to continue to do what we do best in reducing demand on hospital services. Our conversion to admissions rate is one of the lowest in the country due to our same day emergency model and our community outreach teams. We will continue to innovate in 2020-21 as we revise the UCC GP model, and longer term as part of our estate strategy we would like to bring more Primary Care onto our hospital site.

Giving people more control over their own health and more personalised care:
Our MSK team are working on creating bespoke costed offering for personalised budgets, and we will continue to work with commissioners on this agenda.

Digitally-enabling primary care and outpatient care:
A digital outpatient solution is being developed in NCL and we are looking to be early adopters of this when it has been tested.

Better care for major health conditions:
We are keen to be identified as a rapid diagnostic centre for cancer and will work with the cancer alliance on this. We are already part of an NCL / NEL Tier four provider collaborative led by NELFT including Simmons House. We provide CYP mental health services and crisis response and will look to secure this funding and deliver the targets. We are keen to expand Community perinatal mental health, and maternity outreach clinics. We provide IAPT services and are keen to expand our programme of trainees.

Shorter waits for planned care:
In 2019-20 we had only a couple of 52 week waiters which were administrative errors, so we do not expect 2020-21 to be problematic from that perspective. We continue monitor activity and demand to keep waits as low as possible and expect to be able to shift some resource from outpatient to elective activity as required. We already have an MSK triage process in place which is effectively reducing referrals to specialists by 37%.

Workforce:
We will be producing a response to the People Plan when it emerges in 2020-21

Digital: See paragraphs above on digital.

13 Summary

Although facing a number of challenges Whittington Health is a strong integrated care organisation, focused on population health in North Central London. It is a good organisation with

‘outstanding’ for caring, with a plan to achieve its control total and a strong focus on delivery in 2020/21.

NHS Operational Planning and Contracting Guidance 2020/21 Highlights

System Planning

2020/21 will be a critical year in the development of system working as we start working through ICSs and STPs on a “system by default” basis

System development

- system-wide governance arrangements (including a system partnership board with NHS, Local Government and other partners) to enable a collective model of responsibility and decision-making between system partners.
- a leadership model for the system, **including a Sustainability and Transformation Partnership (STP)/ ICS leader** with sufficient capacity, and a non-executive chair appointed in line with NHS England and NHS Improvement guidance.
- capital and estates plans at a system level, as the system becomes the main basis for capital planning, including technology.
- streamlining commissioning arrangements, including typically one CCG per system.

System planning

- system leaders agree individual commissioner and provider plans to ensure they are consistent with the goals, assumptions and financial trajectories in system plans that have been agreed with NHS England and NHS Improvement
- systems set out proposals to use revenue transformation or capital funds where these have been allocated to systems and the benefit they anticipate from the application of those resources.

Financial controls and allocations

- we will continue to operate **system control totals across the country**. System leaders will be able to agree with regional directors net neutral changes in individual organisational financial trajectories in the planning process and during the year.

• **50% of the Financial Recovery Fund will be tied to system financial performance** and not just to individual organisation performance to avoid financial pressures simply being passed, for example, between commissioners and providers.

• some capital funding and revenue transformation funding will be allocated to systems to agree how it is to be used consistently to deliver national frameworks and objectives. We begin this process in this planning round and will seek to

Operational requirements

Community Health Services

The role of community health services is crucial and ICSs and STPs should ensure:

• the continued implementation of Lord Carter's recommendations for improving the productivity and efficiency of services delivered in the community.

• that all providers, including third and independent sector providers, submit comprehensive data to the Community Services Data Set.

• progress towards achieving full access to digital mobile services for the community workforce.

• they work to deliver crisis response services within two hours of referral and reablement care within two days of referral to those patients who are judged to need it. Specifically, for 2020/21, every community provider must as a minimum provide an agreed number of **guaranteed two-hour home response appointments to be made available to ambulance and other agreed local services for 1 November 2020 to 31 March 2021**

Urgent and Emergency Care

- systems and organisations will be expected to reduce general and acute bed occupancy levels to a maximum of 92%.
- default operational assumption is that the peak of open bed capacity achieved through the winter of 2019/20 **will be at least maintained through 2020/21**
- In 2019/20, we set the goal to deliver Same Day Emergency Care (SDEC) for 12 hours per day as well as acute frailty services for 70 hours per week. **The target is for all providers to achieve the goal by September 2020.**

RTT

- Waiting list on 31st January 2021 should be lower than that at 31 January 2020.
- Waits of 52 weeks or more for treatment should be eradicated.
- Financial sanctions on providers will remain in place and will continue to be applied for any patient who breaches 52 weeks.

Outpatient transformation

NHS will avoid a third of face-to-face outpatient attendances by 2023/24. We therefore expect tangible progress to be made in 2020/21. proposing reforms to the payment system to ensure providers do not lose income from doing so.

Cancer

Cancer Alliances, as the cancer arm of their constituent STPs/ICSs, have set out a single system-wide strategic plan for delivering these ambitions for cancer to 2023/24.

In 2020/21, Cancer Alliances will be supported by nearly £90m of funding allocated on a fair shares basis. Additional targeted funding will support the roll out of Rapid Diagnostic Centres and the Targeted Lung Health Checks Programme. New funding will also be available to support testing, evaluation and rapid roll out of prioritised innovations.

Financial

Operational plans for 2020/21 should now set out the detail of how the financial trajectories, agreed by systems with NHS England and NHS Improvement as part of the system-wide strategic plans, will be delivered to improve care for patients and the public.

- blended payments for outpatient attendances and maternity services in 2020/21.
- Financial Improvement Trajectories will be updated shortly to reflect the impact of material changes to costs and the national tariff.
- 50% of the FRF allocation will be paid based on the performance of the organisation
- **50% will be linked to the achievement of the system trajectory (the sum of the financial improvement trajectories of the organisations within a system).**
- Introducing a taper, which means a proportion of the available FRF may still be earned even if trajectories are not met.

- for providers that deliver a breakeven or surplus control total (before sustainability funding) in 2019/20 and that deliver a breakeven or surplus position again in 2020/21

Pensions

- For 2020/21 an employer rate of 20.6% (20.68% inclusive of the administration charge) will apply; the NHS Business Service Authority will continue to only collect 14.38% from employers which is the basis on which organisations should plan. Employers should also ensure that their payroll provider continues to apply an employer contribution rate of 14.38% from 1 April 2020. Central payments will again be made for the remaining 6.3%.

Payroll

Where NHS Organisations' payroll contracts are up for renewal within the next 12 months or where organisations are not in contract i.e. stand-alone payroll provision, they should develop plans to collaborate at a minimum as part of the STP/ICS system.

Key Dates

Milestone	Date
System plans shared regional teams	November 2019
S118 Tariff Consultation published	December 2019
Operational and technical guidance issued	w/c 27 January 2020
Draft 2020/21 NHS Standard Contract published for consultation	19 December 2019- 31 January 2020
2020/21 CQUIN guidance published	January 2020
National tariff published	January 2020
First submission of draft operational plans	5 March 2020
First submission of system-led narrative plans	5 March 2020
2020/21 STP/ICS led contract/plan alignment submission	12 March 2020
Deadline for 2020/21 contract signature	27 March 2020
2020/21 STP/ICS led contract/plan interim alignment submission	8 April 2020
Parties entering arbitration to present themselves to National Directors of NHS Improvement and England (or their representatives)	6 April – 10 April 2020
Submission of appropriate arbitration documentation	15 April 2020
Final submission of operational plans	29 April 2020
Final submission of system-led narrative plans	29 April 2020
Publication of the People Plan and national implementation plan for the NHS Long Term Plan	March/April 2020
Arbitration panel and/or hearing (with written findings issued to both parties within two working days after panel)	16 April – 1 May 2020
2020/21 STP/ICS led contract/plan final alignment submission	6 May 2020
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	7 May 2020

NHS Operational Planning and Contracting Guidance 2020/21

January 2020

#NHSLongTermPlan

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Contents

1. Introduction

The NHS Long Term Plan, published in January 2019, set out the transformation of services and outcomes the NHS will deliver by 2023/24 by investing the long term revenue settlement we have received from the government. The NHS and its partners have used this stability to develop local system-wide strategic plans during 2019 that will put the NHS on a sustainable financial footing whilst expanding and improving the services and care it provides patients and the public.

These plans will be aggregated and published in the National Implementation Plan shortly after the publication of the People Plan in the coming months. In 2020/21 this means the NHS is planning to:

- deliver the 2020/21 elements of the NHS Long Term Plan commitments, which local systems have developed through their strategic plans;
- maintain and improve access to services, specifically:
    - improve Urgent and Emergency Care (UEC) performance and expand the capacity available to meet UEC demand - this includes reducing bed occupancy levels to a maximum of 92% through acute bed expansions, increasing community care, investment in primary care and improvements in length of stay and admission avoidance.
    - stabilise and reduce waiting lists for elective care and eradicate waits of 52 weeks or more, including freeing up capacity through the reduction of face to face outpatient appointments.
    - improve performance against cancer operational standards including the 62 day standard and ensure that at least 70% of people receive a cancer diagnosis within 28 days.
- expand primary and community services by:
    - increasing investment in primary medical and community services in line with the NHS Long Term Plan commitment to lift spend on primary medical and community services by £4.5bn in real terms by 2023/24.
    - increasing the primary care workforce under the Additional Roles Scheme and increasing the number of doctors working in primary care.
    - increasing the number of appointments in general practice to address long waits for routine appointments, and provide 100% of the population with access to online GP consultations.
    - implementing the forthcoming GP contract changes and revised service specifications and develop primary care networks.
- continue to transform the way we provide care by working within systems including both NHS and wider partners to take a far more proactive approach on the prevention of ill-health, including through expansions to smoking cessation, alcohol care and diabetes prevention services, and embracing the opportunities offered by technology to improve care, moderate demand growth and deliver services more efficiently.

- meet the Mental Health Investment Standard with an additional investment of £1.5bn in mental health services. This will fund the service improvements set out in the mental health implementation plan, including expanding access to Improving Access to Psychological Therapies (IAPT) by over 14% so that nearly 1.5 million people are able to benefit.
- continue to improve outcomes and care for people of all ages with a learning disability or autism and delivering against the commitments to reduce the number of adults and children receiving care in an inpatient setting.
- begin to implement the forthcoming People Plan, and in particular within 2020/21 focus on increasing the number of nurses working in the NHS through improved retention and expansion of international recruitment.
- reduce the impact the NHS has on the environment by reducing its carbon footprint, reducing the use of avoidable single-use plastics, and working with partners, including local government, to tackle local air pollution.
- live within agreed financial trajectories. Deliver productivity and efficiency improvements by continuing to maximise opportunities identified through programmes such as RightCare, Model Hospital and Getting it Right First Time (GIRFT) to reduce unwarranted variation.
- embed and strengthen the governance of our systems as we move to a 'system by default' operational model and prepare all systems to become an Integrated Care System (ICS) by April 2021.

2. System planning

In 2019/20 NHS England and NHS Improvement set out and began to implement our new Operating Model for the NHS. During 2020/21 we will continue to strengthen this model so that we:

- work together and with arm's length bodies to provide a single voice for the NHS.
- work with and through our regional offices.
- lead and role model the cultural and behavioural changes we wish to see in the NHS.

As part of this change every part of the country is moving towards becoming an Integrated Care System by April 2021, so 2020/21 will be a critical year in the development of system working as we start working through ICSs and STPs on a "system by default" basis.

2.1 System development

Integrated Care Systems will undertake two core roles: system transformation and collective management of system performance.

Different systems are at different levels of maturity, however, there are some consistent operating arrangements that we expect all systems to agree with regional directors and to put in place during 2020:

- system-wide governance arrangements (including a system partnership board with NHS, Local Government and other partners) to enable a collective model of responsibility and decision-making between system partners.
- a leadership model for the system, including a Sustainability and Transformation Partnership (STP)/ ICS leader with sufficient capacity, and a non-executive chair appointed in line with NHS England and NHS Improvement guidance.
- the system capabilities including population health management, service redesign, workforce transformation, and digitisation required to fulfil the two core roles of an ICS. The system should also agree a sustainable model for resourcing these collective functions or activities. NHS England and NHS Improvement will contribute part-funding for system infrastructure in 2020/21.
- agreed ways of working across the system in respect of financial governance and collaboration (noting that we propose, under the 2020/21 NHS Standard Contract, to require Clinical Commissioning Groups (CCGs) and NHS trusts/NHS foundation trusts to participate in a System Collaboration and Financial Management Agreement – see section 5.8 below).

- streamlining commissioning arrangements, including typically one CCG per system. Formal written applications should be made at the latest by 30 September 2020 for a merger which is proposed for 1 April 2021.
- capital and estates plans at a system level, as the system becomes the main basis for capital planning, including technology.

The wider range of responsibilities for ICSs are described in more detail in the NHS Long Term Plan and the maturity matrix in Designing ICSs in England (published earlier this year). Further detail will be set out in the National Implementation Plan.

To support this approach, NHS England and NHS Improvement will move to a combined System Oversight Framework for providers and CCGs, on which we will shortly consult.

2.2 System planning

Operational plans will implement the first year of local strategic plans. We ask that:

- system leaders agree individual commissioner and provider plans to ensure they are consistent with the goals, assumptions and financial trajectories in system plans that have been agreed with NHS England and NHS Improvement.
- systems submit a short operational narrative to set out any operational risks or variation from their agreed strategic plan and describe the action that system partners will take to manage this during 2020/21.
- systems set out proposals to use revenue transformation or capital funds where these have been allocated to systems and the benefit they anticipate from the application of those resources.
- NHS and Local Authority partners agree the key elements of the planning for the Better Care Fund and assumptions for increasing health and social care capacity.

2.3 Financial controls and allocations

To support system working, we are proposing some changes to the financial architecture of the NHS (more detail is set out in chapter 5):

- we will continue to operate system control totals across the country. System leaders will be able to agree with regional directors net neutral changes in individual organisational financial trajectories in the planning process and during the year.
- 50% of the Financial Recovery Fund will be tied to system financial performance and not just to individual organisation performance to avoid financial pressures simply being passed, for example, between commissioners and providers.
- some capital funding and revenue transformation funding will be allocated to systems to agree how it is to be used consistently to deliver national frameworks and objectives. We begin this process in this planning round and will seek to

increase the proportion of all national funding that goes through this route. However, continued access to system capital and transformation funding will depend on delivering system financial trajectories.

- the release of the revenue transformation funding will depend upon agreement of system plans with NHS England and NHS Improvement.

Last year we signalled our intention to move towards greater integration of specialised services with local health and care systems. During 2020/21 we will continue to support local systems that express an interest to plan and deliver specialised services as locally as possible to join up care pathways and improve patient outcomes and experience. This will include a review of the underpinning financial architecture for specialised commissioning.

As part of this agenda, from April 2020 NHS England and NHS Improvement are enabling local service providers to join under NHS-led provider collaboratives that will be responsible for managing the budget and patient pathway for specialised mental health, learning disability and autism care. Further detail is included in Annex G of the Technical Guidance.

3. Operational requirements

Local system-wide strategic plans to implement the NHS Long Term Plan already include a set of performance trajectories which should be reflected in operational plans (the list of key metrics is contained in Annex F of the Technical Guidance). We set out some further elements below that will need to be reflected and tested in 2020/21 operational plans.

The Clinically-led Review of NHS Access Standards is currently testing new standards in 70 trusts across the country which will inform final recommendations from the review in the spring of 2020. Existing standards remain in place until a point that new standards are introduced. The approach to implementation for each pathway will be considered individually, any changes will be agreed with government, and further operational guidance will be published in March 2020. More information (including the findings from Interim Report) can be found here.

3.1 Primary care and community health services

Investment and evolution: A five-year framework for GP contract reform was published in 2019 and sets out a number of reforms including the creation of Primary Care Networks (PCNs) across England and minimum entitlements for general practice to support the development of PCNs. Updated arrangements will be set out in the forthcoming contract.

In 2020/21, PCNs will continue to develop and expand with significant additional, funding for workforce growth. The three main priorities for PCN development support in 2020/21 are (i) supporting workforce redesign and team development, (ii) improve patient access and practice waiting times, and (iii) building operational relationships with community providers (including pharmacies) to support integrated care.

PCNs are at various stages of maturity. Systems will be investing their fair share of £45m into PCN development in 2020/21, including support for leadership development. A national prospectus has been developed and this will be updated in early 2020. Systems should continue to work with PCNs and PCN Clinical Directors to support their development on the three priorities.

Specifically, in 2020/21, STPs/ICSs and CCGs must:

- work with PCNs to maximise recruitment under the Additional Roles Reimbursement Scheme and take action to support them (for example, by running shared recruitment processes or brokering joint / rotational staffing models with community pharmacies or trusts). We will expect every system to

develop a plan, agreed with PCN clinical directors, to spend the available funding.

- support the recruitment and retention of extra doctors working in general practice.
- work with PCNs to a particular early focus on supporting improvements in practices with long waits for routine appointments. CCGs must provide monthly data to each PCN showing the number and cost of A&E attendances by that PCN's patient population. During the year this should form an integral part of the PCN dashboard.
- ensure full delivery of online consultation systems to general practices where these are not already in place; learn from the work of the digital first primary care accelerator project; and ensure full delivery of direct booking from 111 to in hours appointments (as per the 2019/20 GP contract).
- lead the transition to the new GPIT Futures Digital Care Services Framework arrangements. CCGs should work collaboratively with their constituent GP Practices and PCNs to develop plans to re-procure the GP systems.
- work with PCNs to deliver national service requirements from 2020/21, details of which will be set out in the final version of the forthcoming GP contract and Network Contract Direct Enhanced Service (DES). Funding invested by CCGs during 2019/20 in local service provision which will be duplicated through delivery of the new service requirements in the Primary Care Network Contract DES in 2020/21 should be reinvested within primary medical care. Further detail will be set out shortly at the conclusion of the GP contract negotiations for 2020/21, including how systems support mobilisation of services and ensure that local community service teams are configured in line with PCN boundaries.
- provide CCG support to implement the NHS's comprehensive model of personalised care and meet 2020/21 system trajectories for personalised care and support planning, Personal Health Budgets and social prescribing.

The role of community health services is crucial and ICSs and STPs should ensure:

- the continued implementation of Lord Carter's recommendations for improving the productivity and efficiency of services delivered in the community.
- that all providers, including third and independent sector providers, submit comprehensive data to the Community Services Data Set.
- progress towards achieving full access to digital mobile services for the community workforce.
- they work to deliver crisis response services within two hours of referral and reablement care within two days of referral to those patients who are judged to need it. Specifically, for 2020/21, every community provider must as a minimum provide an agreed number of guaranteed two-hour home response appointments to be made available to ambulance and other agreed local services for 1 November 2020 to 31 March 2021.

3.2 Mental health

System-wide strategic plans developed by STPs/ICSs have indicated how they plan to transform mental health services by 2023/24. 2020/21 is an important year for mental health, as we complete the improvements outlined in the original Five Year Forward View for Mental Health and see significant baseline and transformation funding increases across key programmes (perinatal, children and young people, adult and older adult and IAPT).

All Mental Health NHS Long Term Plan deliverables are already been outlined in the Mental Health Implementation Plan, so are not repeated here.

As in previous operational planning rounds, STP/ICSs leaders, working in partnership with a lead mental health provider, should assure that finance, activity and workforce plans are triangulated and support the delivery of key transformation programmes. In addition, we ask systems to build upon 1st November 2019 mental health workforce submission to include non-NHS providers.

The NHS Long Term Plan and Mental Health Implementation Plan both highlight the importance of addressing mental health inequalities, as such, operational plans must take into account actions which reduce inequalities within population footprints.

NHS-led Provider Collaboratives will play an increasing role in commissioning whole pathways of care across ICSs, and as indicated in systems' strategic plans, STPs/ ICSs must have plans that recognise these collaboratives and align with the ambition that these will be managing all appropriate specialised mental health, learning disability and autism services by 2023/24.

In 2020/21, CCGs will have ~£135m of NHS Long Term Plan baseline funding to bolster their community mental health provision for adults and older adults. CCGs should refer to the NHS Long Term Plan Analytical tool to understand the baseline funding available for their respective CCG. Whilst pilots of new integrated primary and community models are being tested in a subset of STPs, all CCGs should increase investment and staffing in core and dedicated (for eating disorders, mental health rehabilitation and "personality disorder") community mental health services now as well as plan for future community provision, in line with the recently published Community Mental Health Framework. In 2020/21, CCGs will receive 40% of salary support for trainees to support the expansion of IAPT services. In 2020/21 we expect continued improvement in assuring achievement of children and young people access standards through the Mental Health Data Set (MHDS).

In order to facilitate the move towards new integrated primary and community mental health models as set out in the *NHS Mental Health Implementation Plan 2019/20 – 2023/24* and the *Community Mental Health Framework* (see links to documents, above), all providers of community mental health services for adults and older adults

should put in place arrangements with PCNs within their footprints, by March 2021, to organise and begin delivering services in an integrated manner.

3.3 Learning disabilities and autism

In 2020/21, the NHS will continue to improve the health and wellbeing of people of all ages with a learning disability and/or autism and their families: a better start for children with support for families; better health and care; work to tackle health inequalities and reasonable adjustments to ensure people can access services fairly.

There will be an increased emphasis upon ensuring there is the right range of support and care services in the community so that people can lead longer, happier, healthier lives in the community, not hospitals. Working with 'experts by experience' this includes the development of a seven-day specialist multi-disciplinary service and crisis care in each local area; specialist community teams for children and young people so that an admission to hospital is only considered when all alternatives have been exhausted; and community forensic services.

We will work to maximise choice and control for people with a learning disability, autism or both and their families through increased use of Personal Health Budgets; through stimulating health and care provision to offer tailored, effective and safe services that can support people to live the lives they choose in the community; and through supporting access to independent advocacy.

The NHS will also work to address the particular health inequalities experienced by autistic people including an autism-specific health check, work on autism diagnosis, and testing a 'reasonable adjustment' flag in primary care.

The national deliverables for people with a learning disability, autism or both are:

- a reduction in reliance on inpatient care for people with a learning disability, autism or both to meet the NHS Long Term Plan commitments so that by 2023/24 there will be no more than 30 adults with a learning disability, autism or both per million adults in an inpatient setting and no more than 12-15 children and young people per million children in an inpatient setting.
- local areas will align their plans for children and young people across special educational needs and disability, mental health, health and justice and learning disability and autism to ensure that children and young people have a better start.
- engagement with emerging provider collaboratives (from April 2020) which will develop discharge pathways and community alternatives to inpatient provision.
- development of community services that can provide robust and person centred alternatives to hospital admission.
- making full use of Care (Education) and Treatment Reviews (CTRS and CETRS) and independently chaired C(E)TRs to ensure that all those involved in a person's care and treatment are acting to ensure that the person can be

discharged from hospital (using the 12 Point Discharge Plan) as soon as they are well enough to leave.

- 8 week visits for all adults and 6 week visits for all children and young people in inpatient settings out of area.
- establishing arrangements for 'host commissioner' oversight of local inpatient facilities.
- at least 75% of people aged 14 and over with a learning disability on GP learning disability register should have had an annual health check within the last twelve months, and CCGs should also work with PCNs to increase flu vaccinations rates for people with a learning disability.
- a robust CCG plan in place to ensure that Learning Disability Mortality Reviews (LeDeR) are allocated within 3 months and completed within 6 months of the notification of death to the local area. CCGs are expected to be a member of a 'Learning from LeDeR' steering group and have a named person with lead responsibility. An annual report will be submitted to the appropriate board/ committee for all statutory partners demonstrating action taken and outcomes from LeDeR reviews.

3.4 Urgent and Emergency Care

In 2020/21 A&E performance must improve, and all providers should plan to deliver a material improvement against a 2019/20 benchmark. To achieve this, systems and organisations will be expected to reduce general and acute bed occupancy levels to a maximum of 92%. This means that the long period of reducing the number of beds across the NHS should not be expected to continue. In addition, local systems should deliver improvements to the responsiveness of community health service via the two-hour crisis response (See 3.1 above).

The default operational assumption is that the peak of open bed capacity achieved through the winter of 2019/20 will be at least maintained through 2020/21, including the 3,000 increase from October 2019 already planned for. Credible plans to release capacity through reductions in length of stay, improvements in Delayed Transfers of Care (DTOCs), and admission avoidance programmes will be required where the increase is not above this level. Where this requires additional staff the agency staff guidance should be implemented alongside a focus on recruitment and retention to deliver sustainable staffing models.

In 2019/20, we set the goal to deliver Same Day Emergency Care (SDEC) for 12 hours per day as well as acute frailty services for 70 hours per week. There has been good progress made with 89% of providers delivering SDEC and 65% of providers delivering acute frailty services. The target is for all providers to achieve the goal by September 2020. In addition, during 2020/21 we are asking all trusts to:

- increase the proportion of patients seen and treated on the same day (or within 12 hours if this spans midnight) to a level agreed regionally.

- ensure that SDEC activity is recorded on the Emergency Care Data Set (ECDS) or Admitted Patient Care (APC) and not as outpatients, to allow activity to be fully counted. Note that, under the rules on counting and coding changes in the NHS Standard Contract, any financial impact of this change must be neutralised through to March 2021.

To end uncertainty amongst patients and improve the range of services, we will finalise the transformation of Type 3 and 4 services to Urgent Treatment Centres (UTCs) in line with the published Principles and Standards by Autumn 2020.

To support local planning to provide better clinical data, there is a requirement to ensure:

- 95% completeness of specified data fields measured within the ECDS for all providers delivering Acute and Urgent Care i.e. Type 1/2 Emergency Departments and UTCs.
- daily submission of ECDS for the previous day (a new requirement to this effect has been added to the NHS Standard Contract for 2020/21).

For the 20% of patients who arrive in Emergency Departments by ambulance, we will continue to work with ambulance services and commissioners on safely reducing avoidable conveyance to emergency departments. Further work is needed to ensure ambulances are swiftly available to respond to other incidents and calls, therefore continued focus with acute trusts on avoiding ambulance handover delays at hospital is required, as well as to eliminate ‘corridor care’.

The Integrated Urgent Care Clinical Assessment Services (CAS), accessed via NHS 111, ensures more than 50% of calls have an appropriate clinical assessment and will be able to book at least 40% of people that have been triaged into a face-to-face appointment where needed. To support the reduction of pressure on emergency hospital services, commissioners should explore how low acuity ambulance dispositions originating in either 999 or 111 can be clinically assessed by local Integrated Urgent Care CAS services. All providers will continue to improve the data quality of submissions into the national 111 data set (the ‘Aggregate Data Collection’) until fully compliant.

Ambulance services should ensure they meet the ambulance response time constitutional standards.

Further guidance for systems and organisations including examples of good practice can be found here which will help with the development and assurance of plans.

3.5 Referral to Treatment Time (RTT) including 26 week choice

Waiting lists should reduce in 2020/21. Specifically, the waiting list on 31st January 2021 should be lower than that at 31 January 2020. Delivery of this requirement may be managed at STP/ICS level, in agreement with the regional team, with every provider expected to make a significant contribution.

Providers should ensure appropriate planning and profiling of elective and non-elective activity throughout the year, taking into consideration expected peaks in non-elective performance over winter months in order to avoid risk of unplanned cancellations.

Waits of 52 weeks or more for treatment should be eradicated. Systems should plan to utilise capacity flexibly across their systems to reduce long waits in specific providers and work with regions to do so where specialised services are concerned. All providers are expected to monitor and manage these long waiting patients very closely and to submit timely and accurate data via weekly Patient Tracking Lists (PTL). Financial sanctions on providers will remain in place and will continue to be applied for any patient who breaches 52 weeks.

Further activities to enable the NHS to deliver these headline objectives are described below.

The NHS Long Term Plan reaffirmed and extended the NHS commitment to patient choice. As well as continuing to provide patients with choice at point of referral, Capacity Alerts should be implemented on the electronic referral system to give clinicians and patients additional information to make meaningful choices about where their care can be provided.

A number of pilot sites across the country are now putting in place practical solutions to offer patients who have been waiting for 26 weeks on an RTT pathway a meaningful choice of an alternative provider. During 2020/21, all providers and systems should be implementing supplementary choice at 26 weeks with reference to the *26 Week Choice Rules and Guidance* and the best practice models emerging from the pilot programme. In preparation, providers should ensure they have robust validation arrangements in place, so that waiting list data are as accurate as possible.

3.6 Outpatient transformation

The fundamental re-design of the outpatient model of care is a key goal of the NHS Long Term Plan so that we improve patient convenience and access to services, avoid unnecessary travel to appointments, enable more productive use of clinicians' time and more efficient use of outpatient clinics. Many face-to-face outpatient appointments could be dealt with through the use of technology or are not clinically necessary. By expanding alternatives to face-to-face appointments, and not bringing patients in for

appointments that are not needed, the NHS will avoid a third of face-to-face outpatient attendances by 2023/24. We therefore expect tangible progress to be made in 2020/21.

Systems should plan to use outpatient capacity released from this transformation to undertake other value-adding activity (first outpatients, diagnostic consultations and clock stopping treatment) to deliver improvements to the size of the elective waiting list and elective waiting times, in line with the elective service planning requirements.

To help systems act on the opportunities to reduce unnecessary outpatient activity in 2020/21, we are proposing reforms to the payment system to ensure providers do not lose income from doing so. This means providers can gain by ensuring only patients who need in-person outpatient care are asked to travel in for an appointment. This means that it will also be easier for providers to adopt remote monitoring, group consultations and patient initiated follow ups. Under the local pricing rules, the proposals will not stop areas that are moving further and faster from implementing new payment approaches but are designed to accelerate the pace of adoption for areas where more progress is needed. Under the proposed 2020/21 National Tariff Payment System, commissioners and providers will be expected to agree blended payments for outpatients that include advice and guidance and the uptake of non-face to face consultations.

Systems should ensure that advice and guidance arrangements/agreements are in place between secondary and primary care providers and in line with the 2020/21 national specification which will be published in January 2020. We expect to see a significant volume of unnecessary hospital outpatient attendances avoided in 2020/21 through expanded uptake of advice and guidance across the country.

A national programme of clinically led pathway redesign has begun and will provide practical help to support systems to adopt optimal pathways with lower in-person outpatient activity. A national trajectory for delivery of outpatient transformation will be published in the National Implementation Plan. Based on systems' NHS Long Term Plan returns, the 2020 national support offer will start with ophthalmology and musculoskeletal, dermatology and cardiology. We expect systems actively to engage with this work and plan to roll out best practice models as they emerge.

Over the next four years we expect major expansion in video, phone and online consultations. For 2020/21, systems should begin the implementation of video consultation in major outpatient specialties so that all patients can access outpatient care without travelling to hospital. We will provide materials and guidance to support this based on the national video consultation pilot.

We also expect systems to accelerate patient-initiated follow up in outpatient specialties and to be able to demonstrate progress against their 2018/19 position. These plans should be aligned to the local STP/ICS personalisation strategy and reflect the national expectation of personalised stratified follow-up pathways for colorectal, prostate and breast cancer (see 3.7).

We would also expect systems to:

- engage with the development and mobilisation of elective High Impact Interventions which will be developed during 2020/21.
- continue to embed First Contact Practitioner (FCP) services, participate in the national evaluation process, and roll out FCP services more widely. By March 2023, FCP services will be available to the whole adult England population. In 2020/21 coverage will increase to 50%, with planned rises to 75% in 2021/22 and 100% in 2022/23.
- ensure that all hospital eye services can report compliance with the Portfolio of Indicators for Eye Health and Care follow-up performance standard.

3.7 Cancer

The NHS Long Term Plan sets two ambitions for cancer:

- by 2028, 55,000 more people will survive cancer for five years or more each year.
- by 2028, 75% of people will be diagnosed at an early stage (stage one or two).

Cancer Alliances, as the cancer arm of their constituent STPs/ICSs, have set out a single system-wide strategic plan for delivering these ambitions for cancer to 2023/24.

In 2020/21, Cancer Alliances will be supported by nearly £90m of funding allocated on a fair shares basis. Additional targeted funding will support the roll out of Rapid Diagnostic Centres and the Targeted Lung Health Checks Programme. New funding will also be available to support testing, evaluation and rapid roll out of prioritised innovations.

Cancer Alliances are accountable to their STPs/ICSs for providing clinical and operational leadership for the delivery of these plans across their local cancer system. Every partner within that alliance – including commissioners, acute trusts, and primary and community providers– has a responsibility to contribute to effective system-level working, and the focus of national and regional oversight will shift increasingly to system-level performance.

We are asking each Cancer Alliance to set out a plan for improvement in the operational standards for cancer in 2020/21 which should, as a minimum, cover:

- improvement against the cancer 62 standard and delivery of the 28-day Faster Diagnosis Standard (FDS), which will be introduced from 1 April 2020. From April, every alliance and trust should be delivering data completeness of at least 80% and should be meeting the FDS at the proposed initial threshold of at least 70%.

- ensuring all trusts within the alliance have in place appropriate processes, systems and capacity for supporting patients to navigate cancer pathways and robust PTL management.
- implementing optimal timed pathways (see below) and identifying challenged pathways and prioritising these for operational improvement.
- evidence of the impact of funded NHS Long Term Plan projects on operational performance.

Cancer Alliance plans should prioritise the following actions, which will support both operational performance as well as the delivery of the ambitions in the NHS Long Term Plan:

- implementation of agreed Cancer Alliance plans for 2020-21 for the Rapid Diagnostic Centre Programme in line with the Rapid Diagnostic Centres Vision and 2019/20 Implementation Specification. This should build on the minimum requirements in the current year to create a new referral pathway for at least 20% of people with non-specific symptoms and one challenged two-week wait pathway.
- ensure optimal timed pathways (lung, prostate, colorectal and oesophago-gastric) are fully implemented to show demonstrable improvement in operational performance for these pathways. The adoption of the four optimal timed diagnosis pathways, along with increase of PTL management will lead to a significant increase in overall 62 day performance. Full implementation of these pathways is an operational requirement for 2020/21.
- support the implementation of Faecal Immunochemical Test (FIT) in the bowel screening programme by leading the adoption of new guidance on polyp surveillance, with a demonstrable reduction in the number of surveillance colonoscopies undertaken, and the implementation of a new lynch syndrome best practice testing pathway, which will be published in the autumn.
- implementation of new or revised service specifications, including children's cancer and teenager and young adult cancer, and proton beam therapy.
- implementation of personalised stratified follow up pathways for colorectal and prostate cancer by April 2021 and ensure that at least two thirds of breast cancer patients benefit from stratified follow up. Use new patient level data to track delivery of the personalised care commitments for cancer patients.
- improve the recruitment and retention of Clinical Nurse Specialists and cancer support workers, and implement agreed local plans to support the NHS Long Term Plan target to recruit additional clinical and diagnostic staff by 2021; and,
- support improved uptake and performance in the other cancer screening programmes including cervical and breast screening.

NHS England and NHS Improvement has committed to increase its contribution to funding both children's hospices and children's palliative and end of life care services. More detail will be released by spring 2020, including arrangements for match-funding CCGs where they commit to increase their local investment.

In addition to the NHS Long Term Plan commitment for the NHS to provide 500,000 whole genome sequences by 2023/24 (as part of one million whole genome sequences by the NHS and UK Biobank), including for children with cancer, the NHS will begin from 2020/21 to offer more extensive genomic testing to patients who are newly diagnosed with cancers so that by 2023 over 100,000 patients a year can access these tests. To deliver this commitment and create a world-leading genomic medicine service, we are transforming the delivery model for cancer genomic testing and the associated funding model.

The procurement of the NHS Genomic Laboratory Hub (GLH) network included the delivery of cancer genetic testing services for an identified geography. Where a trust is a GLH, they will be funded directly for the delivery of genetic testing services. Where trusts are sub-contracted by the lead GLH provider, they will need to engage with their GLH to confirm the scope of services provided and funding. The GLH lead contractors will sub-contract testing services and distribute funding where each of the following requirements are met:

- testing meets the minimum specification of the National Genomic Test Directory;
- tests are accredited;
- NHS England-mandated contract management data is available; and
- tests are delivered by the laboratories agreed by each GLH's Oversight Board.

Where trusts do not perform testing, or previously delivered genetic testing but are not a designated GLH or sub-contracted by the GLH, they will not be funded for any genetic testing and should request tests from their designated GLH. Trusts will not incur any costs associated with the testing performed by their designated GLH. Only those tests stipulated in the National Genomic Test Directory, including the eligibility criteria, will be funded.

To support the implementation of more extensive genomic tests and to ensure equitable access, trusts should work with their designated GLH to implement testing pathways that adhere to the required sample handling and processing standards.

3.8 NHS public health functions and prevention

As part of the NHS Long Term Plan, the NHS will continue to take a more proactive role in helping people to prevent ill-health. CCGs will support this through their responsibility for the health of their populations. In 20/21 the NHS will:

- begin to expand alcohol care teams and roll out smoking cessation support for inpatients (acute and mental health) and maternity services in selected sites. This will be expanded in future years to fully deliver the NHS Long Term Plan commitments.
- support an additional 25,000 people lose weight and reduce their risk of diabetes through the Diabetes Prevention Programme and pilot low-calorie diets at scale

across 10 STPs to support people with existing Type 2 diabetes to achieve remission.

CCGs/ICS/PCNs will work with the public health commissioning teams in NHS England and NHS Improvement regional teams to ensure NHS population cancer screening, non-cancer screening and national immunisation programmes are delivered optimally to their population. This will include delivering agreed recommendations from Sir Mike Richards' Independent Review of Adult Screening Programmes - published October 2019, the government's Vaccination Strategy (expected publication early 2020), and will be supported by new vaccination incentives embedded in GPs' 2020/21 national contract.

For flu, there is an established national public health annual influenza immunisation programme. Each year a tripartite guidance letter is published by the Department of Health and Social Care, Public Health England and NHS England and NHS Improvement. This letter includes the nationally agreed ambitions for vaccination uptake to be achieved for each of the agreed patient cohorts covered by the programme. It is anticipated that the letter for the 2020/21 programme will be published in late February 2020. The Department of Health and Social Care is also considering making flu vaccination mandatory for NHS staff, and will be issuing further guidance on this point in due course.

Antimicrobial resistance is a global problem. Although the number of antibiotic prescriptions dispensed in primary care has reduced by 13.2% in five years further progress is needed. In 2020/2021 we expect all providers to reduce Gram-negative blood stream infections (*Escherichia coli* (E. coli) *Pseudomonas aeruginosa* (P. *aeruginosa*) *Klebsiella* species (*Klebsiella spp*.) as they work to halve healthcare associated Gram-negative bloodstream infection by 2024. Individual trust targets of circa three to five percent in 2020/21 will be agreed with regions. Targets for future years will be set later in 2020/21.

It is estimated that up to 40,000 people die prematurely every year linked to poor air quality. The NHS Long Term Plan seeks to reduce the impact the NHS has on the environment by reducing its carbon footprint, reducing the use of avoidable single-use plastics, and working with partners, including local government, to tackle local air pollution. The NHS will develop a national de-carbonisation and climate change plan during 2020 in the runup to COP26, the UN Climate Change Conference. Whilst many already do, in the meantime all systems should have a Green Plan (also known as the Sustainable Development Management Plan or SDMP) and a plan to deliver the sustainable development related NHS Long Term Plan commitments.

Deliverables for sustainable development include:

- cut business mileages and NHS fleet air pollutant emissions by 20% by 2023/24. In 2020/21 organisations should:

    - consider signing up for a free Green Fleet Review which can be booked via this link.
    - reduce air pollution from fleet vehicles, by ensuring all fleet vehicles purchased or leased by the organisation after 1 April 2020 support the transition to low and ultra-low emission (ULEV) in line with Long Term Plan Commitments. Using the Sustainable Development Unit's Health Outcomes of Travel Tool (HOTT) can help organisations to measure the impact their travel and transport has in environmental, financial and health terms.
    - ensure that any car leasing schemes restrict the availability of high-emission vehicles.
    - end business travel reimbursement for any domestic flights within England, Wales and Scotland.
- all NHS organisations should move to purchasing 100% renewable electricity from their energy suppliers by April 2021.
- providers should replace lighting with LED alternatives during routine maintenance activities.
- all NHS organisations must ensure all new builds and refurbishment projects are delivered to net zero carbon standards.
- all organisations are expected to implement the Estates and Facilities Management Stretch programme which will be published by NHS England and NHS Improvement in 2020. This will set out key activity's organisations can take to reduce the environmental impact of their estates.
- reduce the use of single use plastics in the NHS, beginning by signing up to and delivering the NHS Plastics Pledge which commits organisations to phase out avoidable single-use plastic items.
- reduce the carbon impact of Metered Dose Inhalers in line with long term plan commitments, including by:
    - decreasing the percentage of inhaler prescriptions that are for Metered Dose Inhalers where clinically appropriate.
    - reducing the overall carbon impact of all inhalers dispensed at pharmacy.
    - encouraging patients to return spent devices for green disposal in pharmacy medicines waste.
- reduce the carbon footprint associated with anaesthetic gases in line with long term plan commitments by:
    - appropriately reducing the proportion of desflurane to sevoflurane used in surgery to less than 20% by volume, and
    - local systems and providers assessing the potential to reduce unnecessary emissions of nitrous oxide to atmosphere.

4. People

Delivering the improvements set out in the NHS Long Term Plan requires urgent and sustained action to improve working cultures and staff experience and to achieve workforce transformation and growth. As the demands and expectations on the NHS grow year on year, we need to take much more concerted and collaborative action to ensure we have the right numbers of staff with the right skills, working in well-led and motivated teams, to provide high-quality care for patients.

The interim People Plan published in June 2019, set out a strategy for better supporting the 1.4 million people working in the NHS to deliver the NHS Long Term Plan, with a focus on immediate action to address the most pressing workforce shortages. The full NHS People Plan when published, will set out a comprehensive programme of action across the NHS for 2020/21 and beyond to:

- grow the future workforce, supported by reforms to education and training;
- make the NHS the best place to work and improve retention;
- improve the leadership culture;
- release time for care; and
- redesign workforce models, including changes in skill mix.

The government has committed to ensuring 50,000 more full time equivalent (FTE) nurses by 2025, together with 6,000 more doctors working in primary care and a 26,000 increase in the wider primary care workforce under the PCN additional roles scheme. We expect to see progress towards these goals with an increase in nurse numbers across the NHS in 2020/21. This will be supported through a significant expansion of ethical international recruitment of high-quality nurses, driven by a new national programme which will be established early in 2020. All providers should proactively engage with the national programme, and regions will play a key role in implementation.

The work to develop the People Plan has reinforced the need for a much more integrated approach to service, financial and workforce planning. Providers and CCGs should incorporate this approach in their operational planning for 2020/21.

This means local system and organisational workforce plans that are well-modelled, aligned with both service plans (i.e. providing the right numbers of staff to provide planned services safely and effectively) and financial plans, and that they are based on realistic projections for improvements in recruitment, retention and skill mix.

To be a model employer, the NHS needs to be more inclusive – embodying a diverse workforce at all levels. In 2020/21 NHS trusts and commissioners should work towards their bespoke targets for black and minority ethnic (BME) representation at Very Senior Manager (VSM) levels – and across the workforce pipeline – as outlined in the NHS

Long Term Plan and in the Workforce Race Equality Standard (WRES) Model Employer strategy.

4.1 Hospital and community health service workforce

Providers should re-confirm or, where necessary, update the plans for 2020/21 they have submitted through the strategic planning process for the total number of planned FTE staff (including both substantive and temporary staff).

NHS England and NHS Improvement, Health Education England and STPs/ICSs will continue to work together to develop a more iterative and improved approach to future workforce planning.

Provider plans should set out:

- actions to make the NHS the best place to work and improve retention, as set out in the interim People Plan, specifically on:
    - creating a positive, inclusive and compassionate working culture.
    - providing a safe and healthy working environment.
    - giving staff an ability to learn, develop and fulfil their potential (including use of the new £150m Continuing Professional Development budget).
    - ensuring staff can have a predictable and flexible working pattern.
- actions that the provider is taking to release time for care and improve workforce productivity – providers should work towards full implementation and effective use of e-rostering and e-job planning. Meaningful use standards can be found on the NHS England and NHS Improvement website. The Model Hospital portal contains the 'Levels of Attainment' for effective software use. NHS provider organisations are expected to reach level one of the e-rostering and e-job planning 'levels of attainment' for all clinical workforce groups by March 2021 and should strive towards level four, which will be a future requirement.
- immediate action to increase recruitment and retention of the registered nursing workforce, including how providers are collaborating across systems to make more effective use of international recruitment; reduced attrition from training; increase numbers of trainee nursing associates; and support those nursing associates who wish to go on to become registered nurses.
- action to ensure suitable, high-quality clinical placement capacity is in place for September 2020 and January 2021 intakes to support growth in undergraduate entry to key professions of nursing, midwifery and Allied Health Professionals (AHP), supported by the new investment in student maintenance grants announced by the government.

The government has announced £150 million of new investment in continuing professional development (CPD) for all nurses, midwives and AHPs in trusts and general practice. Final confirmation of provider allocations will be made by the end of January 2020. This funding enables employers to provide a £1,000 training budget over the next three years for each nurse, midwife and AHP in addition to current provider

investment in CPD, supporting staff to ensure they continue to be able to develop the skills to deliver high quality care for patients.

CPD allocations have been set against NHS Digital's September 2019 workforce data and will be issued through the Learning Development Agreement process in two stages:

- providers will receive 50% of their confirmed allocation in April 2020 and will be required to submit investment plans to HEE by July 2020.
- subject to approval of those plans, the remaining 50% of the allocation will be issued in Quarter 3 of 2020/21.

Providers will need to ensure this investment is in addition to current CPD investment levels. The financial planning guidance returns will be used to set a baseline for 2019/20. Providers will also need to ensure they release sufficient time for staff to undertake CPD. Providers will support the investment by covering the costs of backfilling staff time during this training.

4.2 Primary care workforce

STPs/ICSs and CCGs will be expected to ensure an STP/ICS primary care workforce plan is in place, which considers local multi-disciplinary workforce needs. The forthcoming national GP contract update will set out arrangements for the plan, to be developed jointly with PCN Clinical Directors. It must:

- set out how the Additional Roles Reimbursement Scheme will be fully used, indicating firm intentions for 2020/21 and indicative intentions for the subsequent three years. CCGs should actively support PCNs who are unable to recruit to the additional roles specified in the PCN DES, through the following specific actions in 2020/21:
    - facilitate work across organisations to develop rotational posts and lead employer models, where there is local appetite.
    - support PCNs to advertise posts, including through batch recruitment;
    - working with local stakeholders to match people to unfilled roles.
    - supporting and driving conversations with training hubs and higher education institutions to influence workforce supply.

- be designed specifically to retain as many GP trainees as possible at an STP/ICS level after completing specialist training; with as many of these as possible taking up substantive roles in the local primary care workforce by 31 March 2021 (including portfolio roles offered through the *General Practice Fellowships programme for newly qualified GPs and nurses*).
- include an action plan to maximise the retention of experienced, effective staff (doctors, nurses and other health professionals), with specific focus in areas which have greatest workforce challenges and with roles where attrition is highest. This includes:

- essential actions which are shown to have positive impact on the retention of GPs as set through national guidance.
- offering the national GP Retention Scheme to support all eligible GPs who require additional support to remain in the workforce.
- targeted action to retain as many general practice nurses as possible in the workforce reflecting the specific needs of this staff group. The update to the GP contract will set out further plans to roll out national schemes to support recruitment and retention.

5. Financial settlement

5.1 Overview

The five financial tests require each system and the organisations in it to:

- meet its trajectory for 2020/21 and the following three years;
- achieve cash-releasing productivity growth of at least 1.1% each year;
- reduce the growth in demand for care via integration and prevention;
- reduce unwarranted variation in performance; and
- make better use of capital investment and existing assets.

Operational plans for 2020/21 should now set out the detail of how the financial trajectories, agreed by systems with NHS England and NHS Improvement as part of the system-wide strategic plans, will be delivered to improve care for patients and the public. Cost improvement plans need to be fully developed before the start of the financial year and agreed between commissioners and providers. Combined with consistent growth assumptions, this should allow no room for provider and commissioner plan mis-alignment. We also ask that system leaders confirm that activity, finance, performance and workforce assumptions are mutually consistent and therefore affordable.

Commissioner allocations

Additional recurrent CCG allocations have been published alongside the planning guidance. These take account of 2020/21 tariff inflation above the previously assumed level including the impact of 2019/20 pay settlements for doctors, Clinical Negligence Scheme for Trusts (CNST) increases, and also the impact of adjustments to tariff such as removal of cancer genomic testing. Separate adjustments have been made between CCGs to reflect movements in registered population resulting from new digital primary care models.

Similar additional allocations will also be made for specialised and direct commissioners where applicable.

CCG running cost allocations for 2020/21 were published in January 2019 and are unchanged.

Service development funding allocations have already been made for all systems on a fair shares basis. In 2020/21 arrangements for release of this funding will be as follows:

- allocations will be the same as those used at system strategic planning (i.e. the published fair shares funding amounts and methodology will not be reopened except for technical changes e.g. CCGs changing STP).

- funding will be aggregated at system level and released as a single allocation sent to a nominated CCG in each system. Exceptions to this will be cancer funding flowing to Cancer Alliances (via lead CCGs) and GP Extended Access funding to individual CCGs. Cancer Alliances are accountable to their ICSs/STPs and must agree with them how they will deliver and be held to account for doing so.
- regional teams will work with national programmes to approve the release of the funding for 2020/21 where the following conditions have been met:
    - an agreed and signed off system-wide strategic plan is in place.
    - there are appropriate system arrangements for decision making which include all partners in the system.
    - there is appropriate system level oversight and reporting to track expenditure and measure outcomes.
    - there is agreement that system plans are acceptable from a finance perspective.
- as part of the operational planning process systems will be supplied with a statement of their NHS Long Term Plan funding for 2020/21 providing the details of their allocation. This statement will also include any additional targeted NHS Long Term Plan funding allocations where these have been agreed.

Assuming systems continue to meet points (c) i-iv above, in 2021/22 Regional Directors, working with national programmes, will approve the release of funding after consideration of the extent to which systems have met the trajectories for 2020/21 set out in their approved system plan. Where a system falls short of its approved plan, Regional Directors will work with them to improve performance and may choose to link release of Service Development Fund (SDF) fair shares funding to satisfactory progress on recovery plans.

5.2 Payment reform and national tariff

In support of the planning process, the statutory consultation for the national tariff has been published setting out the proposals for the 2020/21 National Tariff Payment System (NTPS).

The consultation proposes that the 2020/21 tariff cost uplift factor would be set at 2.5% and the tariff efficiency factor at 1.1%. CNST contributions for 2020/21 would be updated for the relevant national and local prices. A proposed inflationary increase for medical pay has been included to cover the increase in costs that providers are expected to incur in 2020/21. For local price-setting, the proposals would require commissioners to have due regard for the impact of the Agenda for Change reforms on actual cost inflation, where this can be shown to have a significant differential impact (for example on ambulance services).

Building on the introduction of blended payment contracts for CCG-commissioned emergency care activity in 2019/20, we are proposing to introduce blended payments for outpatient attendances and maternity services in 2020/21.

The outpatient attendances blended payment would cover all first and follow-up attendances, and advice and guidance services related to this activity. It would exclude diagnostic imaging and most outpatient procedures. It would apply where the expected annual value of a CCG's relevant activity with any one provider is above £4m and also to all NHS England Specialised Commissioning contracts. The 'blended payment' would comprise:

- a fixed element based on locally agreed planned activity levels and any agreed advice and guidance services.
- a quality-based element agreed locally and aligned to the successful delivery of those advice and guidance services.

It is also proposed that a risk share can be included within the blended payment but would not be mandatory. Systems who wanted to go further and develop more quality-based or outcome elements are free to do so.

The blended payment approach for maternity services would include all care commissioned by CCGs and provided to women and their babies as part of antenatal care, the birth episode and postnatal care prior to discharge to primary care. It also includes relevant screening tests. However, any activity, commissioned by Specialised Commissioning, such as specialised foetal medicine, is excluded. Any locally agreed transformation funding from CCGs is also excluded. We are also proposing that areas can choose to continue using the maternity pathway payment for 2020/21.

On the adult mental health and emergency care blended payment arrangements which were introduced in the 2019/20 NTPS, we are not looking to make any changes, including the reimbursement arrangements for any legacy Marginal Rate Emergency Tariff (MRET) payments.

We are asking all CCGs to complete and return the national tariff local variations template, which will record local variations and departures from the national tariff rules and prices and details of how the blended payment models have been implemented. We are collecting this information to get a comprehensive picture of how local areas are agreeing reimbursement for their services so that any future national tariff changes can be considered against this baseline.

In 2019/20 we introduced a change to the Market Forces Factor calculation methodology and updated the data used to the latest available. We are not proposing to carry out further changes and therefore the statutory consultation proposes we move to year two of the five-year implementation path published last year.

Welsh commissioners will pay full tariff prices for activity commissioned from English providers including the tariff inflation increase in 2020/21 and the 1.25% element of 2019/20 inflation related to the transfer of CQUIN into core prices which was excluded as a transitional measure in 2019/20. It is expected that Welsh providers will apply tariff inflation for 2020/21 to their contracts with English commissioners. This does not affect historic arrangements in respect of the remaining value of CQUIN and/or other issues.

Full details of all the changes can be found in the consultation package.

5.3 Key financial commitments

Mental Health Investment Standard

CCGs must continue to increase investment in mental health services as outlined in their system-wide strategic plans and in line with the Mental Health Investment Standard (MHIS). For 2020/21 the standard requires every CCG to increase spend by at least their overall programme allocation growth plus an additional percentage increment to reflect the additional funding included in CCG allocations. The percentage increase agreed in their strategic plan will be shown in the financial planning template.

The new investment should be prioritised to deliver the activity commitments set out in strategic plans and consistent with the Mental Health Implementation Plan. To deliver the service expansions planned for 2020/21, CCGs need to increase the share of their total mental health expenditure that is spent with: mental health providers; and, the share spent on Children's and Young People's (CYP) mental health.

As in 2018/19 and 2019/20, each CCG's achievement of the mental health investment standard must be attested to by the governing body and subject to independent verification. Where the 2019/20 audit demonstrates that a commissioner has not met the MHIS the commissioner will need to recover the shortfall and plan for the 2020/21 increase.

Local system leaders, including a nominated lead mental health provider, will review each CCG's investment plan underpinning the MHIS to ensure it represents a credible plan to deliver the mental health activity commitments and the related workforce. Any concerns on credibility of plans should first be discussed and agreed between system partners with any escalation to the regional teams only taking place after this. Where a commissioner fails to deliver the mental health investment requirements, NHS England will consider appropriate regulatory action, including in exceptional circumstances imposing directions on the CCG.

We will continue to develop prevalence indicators and performance data to measure outcomes that can be monitored alongside financial investment levels to give a more rounded picture of improvements in mental health. Providers should make full and timely returns to the Mental Health Services Data Set to support this.

Primary medical and community health services funding guarantee

The NHS Long Term Plan committed to an increase of £4.5 billion in real terms expenditure on primary medical and community health services by 2023/24. Systems and commissioners should continue planning to:

- spend the primary care medical (GP) allocations in full to increase the number of GPs.
- increase overall spending from CCG (core services) allocations on the aggregate of: primary medical care, community services and Continuing Healthcare services taken together so that by 2023/24 they deliver the STP targets set through system planning. This includes meeting the commitment to provide £1.50 per registered patient to Primary Care Networks (PCNs).

We will ask systems to support PCN planning for employment of the 26,000 additional roles through the Additional Roles Reimbursement Scheme (ARRS), with PCNs indicating their employment intentions. Systems and CCGs will need to work with PCNs to help them develop indicative plans, to support them to recruit people to roles, and to ensure PCN needs are factored into wider system workforce planning. We will break down the additional roles for 2020/21 into an indicative share for each region. All PCNs will be shown their allotted maximum sums of ARRS.

Historic commissioner overspends

Under the current financial rules, where a CCG spends more than its allocation for a given financial year, the overspend is carried forward to future years in a similar way to provider loans and is required to be repaid. However, in some cases the level of historic debt is such that the amount cannot be repaid in a reasonable timeframe, and this is becoming a barrier to system transformation.

Therefore, from 2020/21 we will write-off historic CCG debt subject to the following:

- the level of the total overspend is such that repayment over 4 years is not feasible, i.e. the total cumulative debt is more than 4% of the CCG allocation.
- the CCG will agree a repayment profile with NHS England and NHS Improvement showing the element of the cumulative debt that will be repaid, which will take account of historic funding levels - typically this will be 50% of the cumulative debt but will be assessed case by case.
- the CCG must address the underlying issues that caused the overspends such that it delivers in-year financial balance, and the agreed repayment profile achieved.

This may be applied retrospectively where a CCG has already satisfied the conditions. If the CCG overspends its allocation during the two years following the point of write-off, the historic liability may be reinstated.

Better Care Fund (BCF)

The BCF Planning Requirements for 2020/21 will be published in February 2020 alongside the policy framework from the Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG). The CCG minimum contribution to the BCF and within that the minimum contribution to social

care will grow by an average of 5.3% in cash terms, consistent with the cash growth in the NHS mandate funding overall. Since this is a real term increase, the expectation is that this will fund more social care packages than in 2019/20. To support local planning in the meantime, we are publishing CCG minimum contributions to the BCF and within that minimum contributions to adult social care.

NHS and Local Authority partners should agree the key elements of the planning for the BCF and assumptions for health and social care capacity alongside final operational plan submissions.

The total contribution to the BCF in 2020/21 will be £4.084bn. The non-recurrent allocation made to CCGs in 2019/20 to fund the late change in planning assumption will not be repeated in 2020/21.

5.4 Financial framework for providers and CCGs

Financial improvement trajectories

Financial improvement trajectories establishing the level of financial performance required of CCGs and NHS providers between 2020/21 and 2023/24 were issued in October 2019 to inform the strategic planning process. Trajectories will be updated shortly to reflect the impact of material changes to costs and the national tariff. The updates will ensure that the efficiency requirements for organisations remain consistent with the original goals. Any system net-neutral changes financial improvement trajectories need to be agreed with regional directors two weeks prior to the submission date detailed in the timetable, at the latest. Access to the Financial Recovery Fund (FRF), capital and revenue funds allocated to systems, the suspension of some sanctions for providers, and the process for writing off historic debts incurred through interim revenue support pre-2019/20, will be dependent upon agreement with NHS England and NHS Improvement and delivery of those trajectories.

Financial Recovery Fund

For 2020/21, the Financial Recovery Fund (FRF), as previously signalled, will be the sole source of financial support for NHS providers and CCGs that are otherwise unable to live within their means. The majority of sustainability funding is expected to continue to flow to NHS providers.

To improve cashflow, we will be phasing payments equally (25% per quarter) and paying FRF as soon as possible during the quarter to which the payments relate, rather than after the quarter-end as now. Payments will be calculated using planned financial performance for the first quarter and the latest reported YTD and FOT financial performance for subsequent quarters. Organisations' entitlement to FRF will depend on full-year financial performance and, where they do not deliver financial trajectories, any FRF that has been paid but not earnt will be converted to DHSC financing (for

providers) or recouped by adjusting allocations (for CCGs). The DHSC financing guidance will be updated to provide more detail of the arrangements for providers.

50% of the FRF allocation will be paid based on the performance of the organisation; to encourage system working the other 50% will be linked to the achievement of the system trajectory (the sum of the financial improvement trajectories of the organisations within a system). Systems may agree to link a higher proportion of their FRF allocations to system performance if they wish. In exceptional circumstances we will also consider, with the agreement of the organisations and systems involved, and the relevant regional team, requests to change the composition of the systems to which FRF payments are linked. Any such proposals need to be agreed with regional directors two weeks prior to the submission date detailed in the timetable, at the latest.

We are introducing a taper, which means a proportion of the available FRF may still be earned even if trajectories are not met. This will incentivise all eligible organisations to achieve the best financial position they can. The taper will apply to the system and the organisational element. Organisations will lose £1 of FRF from the organisational element of their FRF allocations (up to its total value) for every £1 of organisational underperformance. In addition, systems will lose £1 of FRF from the system element of their constituent organisations' FRF allocations (up to its total value) for every £1 of system underperformance.

Organisations that miss their trajectory will not automatically be entitled to the system element of their FRF allocation. Systems may agree with the relevant regional teams how these amounts are distributed.

From 2020/21, we will simplify the 'offset' mechanism currently available to ICSs and expand it to all systems. Systems that meet their financial improvement trajectories will automatically be entitled to all of the FRF allocated to their constituent organisations. Systems may agree with the relevant regional team the distribution of any elements of organisations' FRF allocations that are only earnt by virtue of this commitment (i.e. because an organisation has missed its trajectory).

Breakeven and surplus trust scheme

In our letters setting out trajectories, we also announced a scheme for providers that deliver breakeven and surplus financial improvement trajectories. The scheme, which will be available to NHS providers, and 50% of which is contingent on aggregate system performance has two components:

- for providers that deliver a breakeven or surplus control total (before sustainability funding) in 2019/20 and that deliver a breakeven or surplus position again in 2020/21, a one-year transitional reward payment worth 0.5% of relevant income; and
- for providers with a deficit control total in 2019/20 (before sustainability funding) reaching breakeven by 2023/24, a reward payment of 0.5% of relevant income

at the end of the year in which breakeven is achieved and at the end of the subsequent year, provided financial performance is maintained.

No tapering will apply to this scheme, and providers should not record any income from this scheme in their operating plan submissions.

Cash regime

We are considering whether reforms to the cash regime might be appropriate, and will provide further detail on this in due course.

5.5 Additional financial planning assumptions

Marginal Rate Emergency Tariff (MRET)

Arrangements for MRET payments in 2020/21 will remain the same as in 2019/20; NHS providers will be eligible to receive additional central income equal to the MRET value previously confirmed. Funding will be paid quarterly in advance subject to those providers submitting an operating plan consistent with their 2020/21 trajectory. The MRET payment will not be subject to tapering. This income has been reflected in financial improvement trajectories.

Pensions revaluation – employer contributions

The transitional approach operated in 2019/20 will continue in 2020/21. For 2020/21 an employer rate of 20.6% (20.68% inclusive of the administration charge) will apply; the NHS Business Service Authority will continue to only collect 14.38% from employers which is the basis on which organisations should plan. Employers should also ensure that their payroll provider continues to apply an employer contribution rate of 14.38% from 1 April 2020. Central payments will again be made for the remaining 6.3%.

Non- NHS commissioner funding assumptions

Providers should ensure that the inflationary costs associated with providing services are captured and priced into contracts with non-NHS commissioners, including for public health services commissioned by local authorities. The Department of Health and Social Care will confirm arrangements for the Local Authority Public Health Grant in due course. Providers should ensure these costs are reflected in local contracts as appropriate. Therefore, the non-recurrent funding provided in 2019/20 to fund inflationary pressures in local authority contracts will not be repeated and local contract values need to reflect the value of non-recurrent funding since the pay award and the impact of 2020/21 inflation.

Primary care prescribing

Category M medicines prices were increased in August 2019 to adjust the pharmacy medicines margin in line with regular review processes. For planning purposes, CCGs should assume no further upward or downward margin adjustments in 2019/20 i.e. continuation of the current level of margin adjustments. This does not represent a forecast of underlying medicines prices for which CCGs should make appropriate provision. CCGs should also assume a typical level of cost pressure from price concessions/NCSO.

Identification rules

There are some minor changes to Identification Rules captured in the Prescribed Specialised Services 2020/21 which can be found at this link.

This release is part of an annual business as usual cycle, where revisions to the content of the Identification Rules are undertaken to align the content to published revisions to clinical service specifications. The Planning Tool can be used to generate contract plan projections for 2020/21 commissioned activity.

Commissioning for Quality and Innovation (CQUIN)

Full details of the 2020/21 CQUIN have been published. The simplified approach to both CCG and Prescribed Specialised Services (PSS) CQUIN that was initiated in 2019/20 will continue, targeting the faster uptake of clinical interventions aligned to key policy objectives drawn from the NHS Long Term Plan.

For the PSS Scheme, as in previous years, a portion of the CQUIN monies will be dedicated to sustain and expand the work of Operational Delivery Networks (ODNs) in ensuring consistency of care quality across the country. In addition, recognising the ongoing commitment to the elimination of Hepatitis C, ODN leads for Hepatitis C will, alongside mental health providers, continue to be eligible for a higher PSS CQUIN allocation when compared to other acute providers of specialised services, up to a maximum of 1.25%. Other acute providers of specialised services will be eligible for a similar CQUIN allocation to that which was allocated this year.

5.6 Productivity and efficiency

NHS England and NHS Improvement will continue to provide tools, information and support in aid of systems working together to deliver provider cost improvement plans, commissioner savings plans and to reduce unwarranted variation. Systems should set out in their operational plans the steps they will take to deliver cost savings required to meet agreed financial trajectories, assist staff and improve patient outcomes and experience.

All providers and commissioners should continue to use the data available to them through the Model Hospital, improvement programmes focused outside acute trusts, and transformation programmes to identify their priorities for productivity and efficiency

improvement. A suite of programmes designed to help trusts and systems unlock the opportunities to deliver sustainable productivity improvements has been created under the banner of Releasing Time for Care. It includes:

- help for local systems to agree optimal care pathways that make most efficient use of resources to improve quality and health outcomes, drawing on the work of RightCare, GIRFT and a range of other sources.
- practical support for effective demand/capacity planning, implementation of multi-professional workforce models, optimising scope of practice and better workforce deployment through universal deployment of electronic rostering or electronic job planning and evidence-based rostering.
- support for using digital solutions to remove non-productive tasks and making essential tasks more efficient (see digital section below).
- a range of approaches focused on specific professions or services such as community, mental health or urgent and emergency care which helps to release more time for care.

NHS England and NHS Improvement will provide support for systems to identify and then implement a small number of high impact interventions that will deliver the greatest productivity gain in 2020/21. For acute trusts this will be focus on identifying the highest impact opportunities set out in the Model Hospital.

Alongside any local priorities, we expect each system to prioritise delivery of:

- pathology and imaging networks;
- rostering and job planning;
- digital tools that release time for care; and
- clinical and operational improvements to pathways that improve productivity and efficiency through reducing length of stay and improving flow.

For pathology networks, systems should refer to the Pathology State of the Nation publication and use the pathology network toolkit to support progress. The case for developing Imaging Networks is set out in the National Strategy for Imaging.

Diagnostic services

Diagnostics services will be fundamental to implementation of the NHS Long Term Plan commitments. The immediate focus should be on the diagnostics services that have the largest impact locally on RTT and cancer standards. Systems should, working with and through their Cancer Alliances where appropriate:

- implement networks for imaging and pathology services.
- understand capacity and demand for both endoscopy and physiological measurement at a system level, and close capacity gaps by developing networked provision.

- take full advantage of HEE supported opportunities to increase workforce and support training in diagnostic services that are facing critical workforce constraints.
- understand and implement best practice models for using the existing working differently, for example reporting radiographer.
- continue to upgrade and replace equipment, including through the additional targeted £200m investment for imaging announced last year.

We will also be working with local systems to implement the recommendations of Professor Sir Mike Richard's forthcoming review of diagnostic capacity, including testing new models of provision where waiting time performance, and the consequent impact on emergency, elective and cancer performance is most challenged.

Digital transformation to support system integration

NHSX will work with systems to define 'what good looks like' for a digitised health and care system. Systems and providers will be expected to set out clear plans to work towards the agreed ambitions by 2024. Expectations will be embedded in the CQC inspection framework and the Single Oversight Framework.

Early in 2020/21 NHSX will set out its approach to mandating technology, security and data standards across the health and care system, which all systems and organisations will be expected to comply with.

NHSX, with NHS England and NHS Improvement, will also set out how technology funding should work, including:

- funding for the digitisation of providers will be targeted through a new digital aspirant programme and will not be split equally across all organisations.
- clarity on who pays for what, in particular what technology costs providers will be expected to pay for themselves.
- other programmes to improve outcomes and relieve the frustrations for frontline staff, for example on solutions which will reduce the time that staff spend logging onto different systems.

In the meantime, we expect systems and providers will want to ensure an appropriate level of investment in tech to achieve full use of modern digitised technology in the NHS digitisation of the NHS by 2024. Investment in technology, done in the right way, improves care, increases productivity, reduces the burden on staff freeing up more time to care, helps manage demand by enabling care to take place in the right setting and improving patient experience. It therefore makes sense to invest in technology now, to realise the benefits throughout the period of the NHS Long Term Plan and meet forthcoming standards of interoperability and cyber security.

NHSX, with NHS England and NHS Improvement, will be engaging with systems and providers to determine if there is a minimum and optimal indicative benchmark level of

technology revenue spend linked to digital maturity standards that are under development, what that level might be; and how they might move towards it over time. This does not preclude future bids on central technology and applies to revenue only. This will partly relate to the multi-year capital settlement the government has committed to providing the NHS.

To support productivity improvements in 2020/21 NHSX, with NHS England and NHS Improvement, will identify the high impact productivity enhancing solutions which all relevant NHS organisations should be using. Where appropriate NHSX will negotiate licence agreements to drive best value for the NHS, which NHS organisations may then fund themselves. NHSX will also put in place deployment teams to help organisations effectively implement these applications.

Last year we signalled our intention to move towards greater integration of specialised services with local health and care systems. During 2020/21 we will continue to support local systems that express an interest to plan and deliver specialised services as locally as possible to join up care pathways and improve patient outcomes and experience. This will include a review of the underpinning financial architecture for specialised commissioning.

As part of this agenda, from April 2020 NHS England and NHS Improvement are enabling local service providers to join together under NHS-led Provider Collaboratives that will be responsible for managing the budget and patient pathway for specialised mental health, learning disability and autism care. Further detail is included in Annex G of the Technical Guidance.

Procurement and corporate services

The NHS should continue to work through the Procurement Target Operating Model to improve the efficiency and effectiveness on NHS procurement. By April NHS England and Improvement will identify opportunities for NHS collaboration on ICT solutions to deliver increased value for the NHS.

NHS spend comparison service

NHS Spend Comparison is the national price benchmarking solution. NHS Organisations should regularly use this service to evidence and support price benchmarking, monitoring price inflation and supporting collaboration and aggregation across STPs on common areas of spend.

The NHS should continue to work with Supply Chain Coordination Limited (SCCL) to identify the right, clinically assured, best value products for the NHS. To maximise the value of this model and drive greater efficiencies Providers should work collaboratively with SCCL.

The NHS Long Term Plan identified an additional £400m savings in provider administration costs by 2023/24. Providers should continue to submit their corporate services Cost Improvement Plan delivery programme annually (September) to the regional delivery leads.

Legal

NHS organisations should standardise their legal services operating models and contracts in order to increase collaboration and achieve maximum value for money. Where organisations deliver an 'in-house' legal services model (i.e. solicitors are substantively employed by the NHS Trust) organisations are encouraged to review how this expertise may be deployed to bring greater benefit to the wider system. Organisations must not take decisions that prevent collaboration on a regional and/or national scale.

Finance back office

Within health and care systems all finance contracts for functional software/IT systems and financial services should be reviewed to align with other regional providers to ensure: interoperability; standardisation of services; and the better use of technology. Transactional processes should be reviewed for automation opportunities. Trusts must not take decision with regards to systems and contracts in isolation and that prevent system collaboration.

Payroll

Where NHS Organisations' payroll contracts are up for renewal within the next 12 months or where organisations are not in contract i.e. stand-alone payroll provision, they should develop plans to collaborate at a minimum as part of the STP/ICS system. NHS organisations should review payroll contracts and arrangements to ensure at every opportunity they are looking to increase collaboration, improve workforce and service resilience. This will improve quality, reduce cost and eliminate risks. Organisations must not take decisions that prevent collaboration on a regional and/or national scale and when reviewing existing service arrangements, should seek to maximise collaborative opportunities to achieve economies of scale.

Consultancy and agency staff

We are taking steps to support NHS providers to reduce their agency staff bills and encourage workers back into substantive and bank roles. This will help ease the financial pressure facing the NHS – guidance on this can be found here. In addition, NHS providers should remind themselves of the processes to follow when commissioning consultancy services: *Consultancy spending approval criteria for providers.*

Apprenticeship levy

In 2018/19 over 70% of the NHS apprenticeship levy, equivalent to around £150m, is returned to government. NHS organisations should ensure that they are using this levy to support entry level talent into the NHS, senior staff with their continuous professional development and workforce retention.

Organisations are requested to review their workforce plans across the board for entry level talent and then embed apprenticeships within their workforce and recruitment plans to maximise use of the levy.

Evidence based interventions

In November 2018 NHS England and NHS Improvement – in partnership with Academy of Royal Medical Colleges, National Institute of Clinical and Health Excellence and NHS Clinical Commissioners – published statutory guidance on clinical interventions 'Evidence-Based Interventions: Consultation response'. These are interventions that either should be not be commissioned by CCGs or only performed where there is a successful individual funding request or where specific clinical criteria are met and so they are shown to be appropriate in the specific, exceptional circumstance. Proposed activity reduction numbers by CCG, provider and ICS/STP will be provided. We will ask systems to develop their own plans with a view to meeting or exceeding these numbers. The system plans will need to be agreed with all providers and commissioners.

Further work is underway with the support of an independent Expert Advisory Committee to build on the list of interventions.

Local, ICS wide, clinical governance arrangements should be in place to oversee the implementation of the existing and new guidance with the support of regional medical directors. Performance against the Evidence-Based Interventions programme is being incorporated into CQC reviews for providers of NHS services.

Specialised commissioning efficiencies

The High Cost Tariff Excluded Devices programme is a key plank for the delivery of required savings within specialised commissioning. A material value is transacted through this programme each month, and many providers have successfully migrated to the single supply route. To ensure that procurement opportunities are maximised at the earliest opportunity, from 1 April 2020 NHS England and NHS Improvement will only reimburse high cost devices through the single supply route, all other reimbursement arrangements will cease, unless with the prior agreement with the local NHS England and NHS Improvement commissioning team. Providers must therefore ensure that all product categories are migrated prior to the end of 2019/20 financial year to ensure that there is no disruption to their reimbursement.

5.7 Capital and estates

Investment in the NHS's buildings, IT and equipment is crucial to delivering the NHS Long Term Plan. The government has committed to providing the NHS with a new multi-year capital settlement at the next Spending Review, including capital to build new hospitals, for mental health and primary care, and to modernise diagnostics and technology.

In the meantime, we therefore ask providers to submit plans taking account of their known funding sources and schemes that have already received DHSC funding approvals including STP capital programmes, 20 hospital upgrades announced by the Prime Minister in August 2019 and the large new hospital building programme set out in the Health Infrastructure Plan in October 2019. This should include revised profiles for future years if those have changed relative to approvals. Trusts should also identify where they will make a request for emergency capital financing. It is critical that all currently funded plans are based on realistic forecasts for expenditure so that we can assess the capacity to fund emergency requests or any other initiative. Individual trust plans should be shared with system partners. We also ask systems to ensure that system-wide estate strategies are up to date so that they can inform future investment decisions.

As set out in the Health Infrastructure Plan, whilst providers remain legally responsible for maintaining their estates and for setting and delivering their organisational level capital investment plans, ICSs/STPs should work together to ensure organisational plans are consistent with system plans.

To strike a better balance between control and delivery, we are proposing two sets of changes – one to offer more assistance for providers in developing their business cases, and the other to streamline the approvals process for submitted cases.

To improve the business case development process, we will:

- roll out the DHSC/NHS England and NHS Improvement Better Business Case training package across the NHS; and
- grant a portion of a scheme's funding earlier in the business case process (i.e. prior to Full Business Case approval), where a convincing case can be made for the benefit of this.

To streamline the approvals process for business cases once they are submitted, we propose to:

- use alternative bid documentation in place of a Strategic Outline Case (subject to completion of current pilot) where organisations have bid for central funding through a competitive process – saving up to 6-12 months;

- formalise an approach where DHSC and NHS England and NHS Improvement triage cases that need extra support (due to high complexity/local sensitivity) or those that can be fast-tracked due to smaller scale/complexity; and
- create a single investment committee process for consideration of major schemes (i.e. one joint committee between DHSC and NHS England and NHS Improvement, to reduce the number of central approval layers.

Disposals and surplus land

Ensuring that each STP/ICS is clear within its estates strategy which estate is surplus to requirements both in the short term and in a future disposal pipeline is key to making efficient use of estates and in maximising land values in the medium to long term.

In previous financial years, profits on disposal were permitted to count towards provider control total delivery or over-achievement, which has encouraged a focus on asset disposals as a method of generating revenue. For the current financial year profits on disposal do not count towards control total achievement - providers that are expected to deliver disposals during 2019/20 were set an additional target as part of their control total, but this doesn't contribute to their PSF/FRF achievement.

Managing the impact of lease accounting standard (IFRS16)

In 2020/21 the NHS will adopt IFRS 16, which for lessee organisations will bring all leases on balance sheet apart from short term and low value leases. Further details on the standard have been provided separately to NHS finance teams, and the impact on reporting is explained in the technical guidance that will accompany the financial planning templates. The changes mean that all leases taken out on or after 1 April 2020 will score to national capital budgets. Using information to be collected from the NHS we expect that the national capital limits will be uplifted for the effect of the new standard in 2020/21: this means that the national capital budget will allow for the effect of leasing, but organisations should be mindful that leased and purchased assets will score to capital budgets in the same way in the future.

5.8 NHS Standard Contract

NHS England and NHS Improvement published the draft NHS Standard Contract for 2020/21 for consultation on 19 December 2019. The final version will be published in February 2020. NHS commissioners must use the NHS Standard Contract when commissioning any healthcare services other than core primary care.

The national deadline for signature of new contracts for 2020/21 (or agreement of variations to update existing non-expiring contracts) is 27 March 2020. In rare and exceptional circumstances, where NHS commissioners and providers cannot reach agreement by this date, they will enter a nationally coordinated process for dispute

resolution. Details of this process will be covered in the 'Joint Contract Dispute Resolution' guidance.

To promote collaborative working within local systems and to support implementation of the ICS operating model, we intend that CCGs and providers should be required to agree a System Collaboration and Financial Management Agreement (SCFMA). The SCFMA will:

- describe behaviours expected of a collaborative health system;
- set principles for open book accounting and transparency;
- describe how a consensus view of use of financial and other resources will be reached; and
- set out a mechanism for financial management and risk sharing to support delivery of the system improvement trajectory.

Participation in an SCFMA will be a requirement established through the 2020/21 NHS Standard Contract, for CCGs, NHS England and NHS Improvement regional teams and NHS providers only. A model SCFMA will be made available alongside the NHS Standard Contract. The model agreement is not intended to replace effective approaches which have already been adopted locally, however it will set out minimum arrangements that must be in place in each system. The investment by commissioners of funding withheld through sanctions or of any un-earned element of CQUIN will now fall within scope of the SCFMA.

A provider that submits a financial plan consistent with its financial improvement trajectory will continue to be protected from the impact of certain contractual sanctions, broadly in line with the approach which has applied since 2016. The proposed arrangements have been set out in the draft NHS Standard Contract for 2020/21.

An updated version of the Who Pays? guidance (which describes how the NHS body responsible for commissioning and paying for an individual patient's care is to be established) will be published for implementation from 1 April 2020. This will include additional scenarios to address situations where the rules for determining responsibility are commonly misunderstood, as well as a mandatory national process for resolving any disputes.

6. Process and timetable

Systems and organisations are asked to develop plans in line with the national timetable below. These plans need to be the product of partnership working across STPs/ICSs, with clear triangulation between commissioner and provider plans to ensure alignment in activity, workforce and income/expenditure assumptions, evidenced through agreed contracts. System leaders are asked to help ensure plans and contracts are aligned and should convene local leaders as early as possible to agree collective priorities and parameters for organisational planning.

Boards need to be actively involved in the oversight of operational planning to ensure credible, Board-approved plans, against which in-year performance can be judged.

Milestone	Date
System plans shared regional teams	November 2019
S118 Tariff Consultation published	December 2019
Operational and technical guidance issued	w/c 27 January 2020
Draft 2020/21 NHS Standard Contract published for consultation	19 December 2019- 31 January 2020
2020/21 CQUIN guidance published	January 2020
National tariff published	January 2020
First submission of draft operational plans	5 March 2020
First submission of system-led narrative plans	5 March 2020
2020/21 STP/ICS led contract/plan alignment submission	12 March 2020
Deadline for 2020/21 contract signature	27 March 2020
2020/21 STP/ICS led contract/plan interim alignment submission	8 April 2020
Parties entering arbitration to present themselves to National Directors of NHS Improvement and England (or their representatives)	6 April – 10 April 2020
Submission of appropriate arbitration documentation	15 April 2020
Final submission of operational plans	29 April 2020
Final submission of system-led narrative plans	29 April 2020
Publication of the People Plan and national implementation plan for the NHS Long Term Plan	March/April 2020
Arbitration panel and/or hearing (with written findings issued to both parties within two working days after panel)	16 April – 1 May 2020
2020/21 STP/ICS led contract/plan final alignment submission	6 May 2020
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	7 May 2020

Meeting title	**Trust Board – public meeting**	**Date: 25.3.2020**
Report title	**Quality Committee Chair's Assurance report**	**Agenda item: 12**
Executive director leads	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals and Clare Dollery, Medical Director	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	In line with governance arrangements, this Committee Chair's report reports on areas of assurance on the items considered at the 11 March Quality Committee meeting. **Areas of significant assurance:** • Board Assurance Framework • Frailty pathway quality improvement project presentation • Q3 Quality report • Q3 Patient experience report • Q3 Surgery & Cancer ICSU Quality report • Q3 Emergency & Integrated Medicine ICSU Quality report **Areas of moderate assurance:** • Corporate risk register • Q3 Aggregated learning report • Health and safety bi-annual report There are no items covered at the meeting where the Committee is reporting limited assurance to the trust Board.	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the report and the areas where only partial assurance was received and, for which, remedial actions are being taken.	
Risk Register or Board Assurance Framework	Quality 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. 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, community etc.) Quality 3 - Failure to provide robust urgent and emergency pathway for people with mental health care needs results in poor quality care for	

	them and other patients, as well as a performance risk.
Report history	Not applicable
Appendices	None

Committee Chair's Assurance report

Committee name	Quality Committee
Date of meeting	11 March 2020
Summary of assurance:	

1. The committee can report significant assurance to the trust Board in the following areas:

- **Board assurance Framework (BAF) -** actions were being taken to effectively mitigate risks against the delivery of Whittington Health, quality strategic objective. In particular, it was noted that publication of the Care Quality Commission's inspection report was an important source of tertiary assurance against these BAF entries
- **Frailty pathway presentation** – changes implemented as part of this quality improvement project had demonstrated significant success through improved admission avoidance and saved c. £800k/year
- **Q3 Quality report** – all quality account priority actions had been met or were on track to be achieved by 31 March, with the exception of reducing grade 4 pressure ulcers by 10% and the emergency department seeing 75% of patients with an autistic spectrum condition or learning disability within 2 hours. The Committee noted that there had been no cases of MRSA infection this year
- **Q3 Patient Experience report** – there was a good outcome from the 2019 national maternity patient experience survey and quality improvement projects would be created to address identified areas of improvement. In terms of patient responses to the family and friends' test, most areas had had increased response rates and were also exceeding targets for positive responses received
- **Q3 Surgery & Cancer ICSU Quality report** – alongside the overview of safety and quality across the ICSU, Committee members were able to take assurance from the following:
  - a dementia-friendly space would be created on Coyle ward with the use of charitable funds
  - there was good engagement with clinicians from a range of professional groups in the ICSU's quality board and shared learning was taking place to prevent a recurrence of incidents
  - a programme of organisational development activity was to be implemented for Critical Care Unit staff
  - the number of national and local audits being conducted which were making a difference locally e.g. laparoscopy
- **Q3 Emergency & Integrated Medicine ICSU Quality report –** assurances was received that:
  - the backlog of investigations had been cleared with only two cases now overdue
  - delivery of investigation action plans took place at the ICSU's Quality Committee with each plan having a designated lead officer with responsibility for ensuring all actions were completed

2.	**The Committee is reporting moderate assurance to the Board on the following matters:** • **Corporate risk register** - all entries had been reviewed and updated, with the exception of the cyber security risk. It was agreed that risks associated with the coronavirus pandemic would be included on the register • **Q3 Aggregated learning** – there was good evidence of learning from complaints, patient advice and liaison service contacts, incidents, inquests and legal claims. It was noted that 30% of appeals against non-emergency patient transport services were successful. Incidents regarding non-emergency patient transport services continued to fall and were monitored on a regular basis • **Health and safety bi-annual report** – there was good performance on meeting the reporting standing during the period covered with 94% of incidents reported within seven days against a target of 85%. Committee members noted that fire safety risk assessment inspections were below the 100% target. This was being monitored closely.
3.	**Other key issues covered:** • The Committee carried out the annual review of its effectiveness and its terms of reference • The timeline for the production of the 2019/20 Quality Account was noted; approval from the Committee and trust Board would be sought at May's meetings • The Committee noted the minutes of meetings held by Integrated Clinical Service Unit Quality and Safety Boards, the Patient Safety Committee and the Patient Experience Committee • The Health & safety Committee's terms of reference were reviewed and would be re-submitted in the standardised trust template at the next meeting.
4.	**Attendance:** Naomi Fulop, Non-Executive Director (Committee Chair) Kelly Collins, Lead Nurse, Emergency & Integrated Medicine ICSU Clare Dollery, Medical Director Hester de Graag, Quality & Risk Manager, Emergency & Integrated Medicine ICSU Rose Hensman, Deputy Associate Director of Nursing, Children & Young People Services ICSU Michelle Johnson, Chief Nurse & Director of Allied Health Professionals Natasha Khan-Jenner, Personal Assistant Varda Lassman, Deputy Associate Director of Nursing, Adult Community Health Services ICSU Gillian Lewis, Head of Quality Governance Kat Nolan-Cullen, Compliance & Quality Improvement Manager Kieran O'Gorman, Locum Frailty Consultant (item 4.7) Sharon Pilditch, Lead Nurse, Surgery & Cancer ICSU Tony Rice, Non-Executive Director Stuart Richardson, Chief Pharmacist Leanne Rivers, Patient representative Louise Roper, Quality & Risk Manager, Surgery & Cancer ICSU

	Lynda Rowlinson, Head of Patient Experience Paula Ryeland, Quality Improvement Lead (item 4.7) Swarnjit Singh, Trust Corporate Secretary Carolyn Stewart, Executive Assistant to the Chief Nurse Aisling Thompson, Deputy Chief Operating Officer James Ward, Health & Safety Advisor (items 4.5 and 4.6) **Apologies:** Julie Andrews, Consultant and Associate Medical Director Sita Chitambo, Associate Director of Nursing, Emergency & Integrated Medicine ICSU Deborah Clatworthy, Associate Director of Nursing, Surgery & Cancer ICSU Carol Gillen, Chief Operating Officer Deborah Harris-Ugbomah, Non-Executive Director Alison Kett, Associate Director of Nursing, Adult Community Health Services ICSU

Meeting title	**Trust Board – public meeting**	**Date: 25.3.2020**
Report title	**Charitable Funds Committee Chair's Assurance report**	**Agenda item: 13**
Executive director leads	Kevin Curnow, Acting Chief Finance Officer	
Report author	Kevin Curnow	
Executive summary	In line with governance arrangements, this Committee Chair's report reports on areas of assurance on the items considered at the 4 March Charitable Funds Committee meeting.	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the report and the areas where only limited assurance was received and, for which, remedial actions are being taken.	
Risk Register or Board Assurance Framework	None	
Report history	Not applicable	
Appendices	None	

Committee Chair's Assurance report

Committee name	**Charitable Funds Committee**
Date of meeting	**4 March 2020**
Summary of assurance:	

1. The committee can report significant assurance to the Trust Board in the following areas:

- The success of the Play Terrace opening with feedback from attendees they were happy with what they had seen and keen to still be involved.
- There had been six signups for the London Marathon.
- The committee discussed the Fundraising Strategy. Growing the charity engagement remained the focus of the fundraising officer. Bids were being obtained for the next key project.
- There was a target of £400k for this year.
- The Charity will be having a rebrand but would still include the Whittington Cat as part of the logo.
- There had been a proposal for funds and fundholders which will become a Policy for fundholders.
- The committee noted the Financial Report for Month 10.
- The committee approved the annual review of committee effectiveness.

2. The Committee is reporting moderate assurance to the Board on the following matters:

- There had been 10 enquiries for the ASICS 10k in July but currently no one had signed up. This would be marketed after the London Marathon.
- The most profitable site for contactless terminals remained the Atrium with additional new sites still being tested.
- By the summer, fundholders would be able to receive outcomes on their bids electronically following the committee.
- The Fundraising Policy was received and the committee asked for amendments to wording.

3. The Committee took limited assurance on these items for which remedial actions are in place:

- Rules around Committee Trustees would be checked and an advert would be placed to find an external member of the public to be on the Committee.
- The committee heard that the VAT registration for the Charity had been submitted and a response was awaited.

4. Other key issues

The committee discussed the links with Whittington Babies Charity and how we might bring the two charities together.

5. Attendance:

Tony Rice, Non-Executive Director (Committee Chair)
Anu Singh, Non-Executive Director
Kevin Curnow, Acting Chief Finance Officer
Alex Ogilvie, Deputy Head of Financial Services
Jonathan Gardner, Director of Strategy, Development & Corporate Affairs
Siobhan Harrington, Chief Executive
Juliette Marshall, Director of Communications, Engagement & Fundraising
Eddie Mitchell, Fundraising Officer

	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals Vivien Bucke, Business Support Manager

Meeting title	**Trust Board – public meeting**	**Date: 26.3.2020**
Report title	**Board directors' register of interests**	**Agenda item: 14**
Executive director lead	Siobhan Harrington, Chief Executive	
Report author	Swarnjit Singh. Trust Corporate Secretary	
Executive summary	The Department of Health & Social Care's Code of Conduct and Code of Accountability describes public service values which underpin the work of the NHS. It aligns with the highest standards of corporate behaviours which all individuals within Whittington Health NHS Trust must have regard to in their work. In line with guidance on managing conflicts of interest in the NHS, this report presents the latest confirmed interests for Board members.	
Purpose:	Noting	
Recommendation(s)	The Board is asked to receive and note the current declarations of interest for Board members which will be updated on Whittington Health's external web pages.	
Risk Register or Board Assurance Framework	Q1 – well-led component	
Report history	Six monthly report to the Board	
Appendices	1: Board members' declarations of interests as at 18 March 2020	

Whittington Health NHS Trust Board members' register of interests, March 2020

Non-Executive Directors:	
Name	**Register of interests declared**
Anu Singh, Interim Chair	• Member of HMG's Advisory Committee on Fuel Poverty • Trustee, Whittington Health Charity • Non-Executive Director member of the Board of the Parliamentary & Health Service Ombudsman <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Husband is a volunteer in the Haringey Improving Access to Psychological Therapies service
Deborah Harris-Ugbomah	• Governor and Audit Committee Chair, Trinity Laban Conservatoire of Music and Dance • Trustee and Risk, Audit & Compliance Committee Chair, The Children's Society • Director, Chair - Finance Committee and Audit Committee, The Shared Learning Trust • Independent Member, Audit Committee, Southern Housing Group • Director, Harris Manor Properties HJMP & Solutions Ltd • Co-founder & Consultant, TheConfidenceVault.com • Executive Committee Member, London Society of Chartered Accountants (LSCA) • Founder and Regional Lead, Lean In UK • Committee member, Female Life Project (FLP) • Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Naomi Fulop	• Honorary contract, University College London Hospitals NHS Foundation Trust • Professor of Health Care Organisation & Management, Department of Applied Research, University College London • Trustee, Health Services Research UK (Charitable Incorporated Organisation) • Trustee, Whittington Health Charity

Name	Register of interests declared
	Conflicts of interests that may arise out of any known immediate family involvement • Nil
Tony Rice	• Chair, Dechra Pharmaceuticals Ltd • Senior Independent Director (Non-Executive Director), Halma Plc • Chair, Ultra Electronics • Chair of Maiden Voyage Plc • Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement • Nil

Executive Directors:	
Name and job title	**Register of interests declared**
Siobhan Harrington, Chief Executive	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Daughter-in-law employed by the Whittington Health Pharmacy department • Son employed by Islington re-ablement service
Kevin Curnow, Acting Chief Finance Officer	• Chair, Whittington Pharmacy, Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Clare Dollery, Medical Director	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Norma French, Director of Workforce	• Nil <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Husband is consultant physician at Central & North West London NHS Foundation Trust • Son is employed as a Business Analyst in the Procurement department at Whittington Health
Jonathan Gardner, Director of Strategy, Development & Corporate Affairs	• Chair of Governors, St James Church of England Primary School, Woodside Avenue, Muswell Hill, Haringey, London, N10 3JA <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

Name and job title	Register of interests declared
Carol Gillen, Chief Operating Officer	Non-Executive Director, Whittington Pharmacy Community Interest Company <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Sarah Humphery, Medical Director, Integrated Care	• GP Partner Goodinge Group Practice, Goodinge Health Centre, 20 North Road, London N7 9EW: General Medical Services • The Goodinge Practice is part of WISH, the GP service in the Whittington Health emergency department and also the Islington North Primary Care Network <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil
Michelle Johnson, Chief Nurse & Director of Allied Health Professionals	• Trustee on Board of Roald Dahl Marvellous Children's Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> • Nil

Meeting title	**Trust Board – public meeting**	**Date: 25.3.2020**
Report title	**2020/21 Board meeting dates and forward plan**	**Agenda item: 15**
Executive director lead	Jonathan Gardner, Director of Strategy, Development & Corporate Affairs	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	**Background** Board members are presented with a revised 2020/21 forward plan based on the following principles: • During Q1 2020/21, there will be slimmed down agendas focussing on key issues such as the coronavirus epidemic, statutory and regulatory reports and items for approval. This is in line with practice at other NHS Trust and Foundation Trust Board meetings as a response to covid-19 • Whittington Health will move to holding Board meetings in public every six months each year • There will be eleven private Board meetings each year • There will be five Board seminars held each year on days that meetings are not held in public take place • The aim is for meetings held in public to last longer than two hours and for private meetings to last approximately one hour	
Purpose:	Noting	
Recommendation(s)	Board members are asked to note then revised arrangements for Board meetings and seminars in 2020/21 along with the forward plan.	
Risk Register or Board Assurance Framework	Quality 1 – well led component	
Report history	Executive Team, 16 March 2020	
Appendices	1: 2020/21 Board meeting and seminar dates 2: 2020/21 Board forward plan	

Appendix 1: 2020/21 Board meeting and seminar dates

Board meeting or seminar being held	No Board meeting or seminar

Date	Public Board meeting	Private Board meeting	Board seminar
29 April 2020			
27 May			
24 June			
29 July			
30 September			
28 October			
25 November			
16 December			
27 January 2021			
24 February			
31 March			

Appendix 2: **2020/21 Board forward plan**

	Leads	29 April 2020	27 May	24 June	29 July	30 Sept	28 Oct	25 Nov	16 Dec	27 Jan 2021	24 Feb	31 Mar
Standing agenda items:												
Minutes, matters arising, actions log	CS											
Patient story	CN											
Staff story	CN											
Chairman's report	Chair											
Chief Executive's report	CEO											
Quality and Patient Safety reports:												
Serious incident report	MD											
Quarterly Quality report	MD											
Quarterly Learning from deaths	MD											
Quality Assurance (CQC)	CN											
Bi-annual integrated safeguarding	CN											
Single gender accommodation declaration	COO											
2019/20 Annual Quality Account	CN											
2019/20 Annual Complaints & Compliments report	CN											
Annual NHS staff survey	DW											
2019/20 Annual report – IPC	CN											
Safeguarding Children declaration	CN											
Patient survey results – Picker	CN											
Freedom to Speak Up Guardian	CN											
Strategies:												
Annual review: risk management strategy and risk appetite statement	CN/DS											

	Leads	29 April 2020	27 May	24 June	29 July	30 Sept	28 Oct	25 Nov	16 Dec	27 Jan 2021	24 Feb	31 Mar
Workforce	DW											
Quality Improvement	CN/MD											
Digital	CIO											
Operational planning and performance:												
Monthly performance dashboard	COO											
Monthly Finance report	CFO											
Annual operational plan and budget	CFO											
Guardian of Safer Working report	MD											
Six monthly safe nursing and midwifery safe staffing	CN											
Six monthly Digital strategy fast follower update	CIO											
Bi-annual capital update	CFO											
Emergency Preparedness & BCP	COO											
Heatwave Plan	COO											
Winter Plan	COO											
Assurance on 7 Day Services	MD											
2019/20 Health & Safety Annual Report	DE											
Data Security & Protection Toolkit	COO											
Governance:												
Board dates and forward plan	CS											
Delivery of strategic objectives	CS	Q4			Q1		Q2			Q3		
Board Assurance Framework	CS											
Operational risk register	CN											
Audit & Risk Committee annual report	Chair /CFO											
Other Board Committees' annual reports	CS											
Register of Directors' interests	CS											

	Leads	29 April 2020	27 May	24 June	29 July	30 Sept	28 Oct	25 Nov	16 Dec	27 Jan 2021	24 Feb	31 Mar
Register of deed of execution	CS											
Trust Annual Report & Accounts	DS/ CFO											
SOs/SFIs/Scheme of delegation	CFO/ DS											
Annual review of Board Committees' TORs and Board.Committe effectiveness review	CS											
Provider licence self-certification	CS											
Charitable Funds Annual Report & Accounts	CFO											
2019/20 Research & Development Annual Report	MD											
Annual Medical/Doctors' revalidation	MD											
Annual WLF self- assessment	CS											
Annual workforce equality submissions	DW											
Annual statutory public sector equality duty report	DW/CN											
Annual equality delivery system grading	DW/CN											
Annual Gender pay gap	DW											
S75 report Islington	DCOO											
S75 report Haringey	DCOO											