TRUST BOARD
IN PUBLIC

12:30pm – 2:30pm
Wednesday
24 June 2020

Meeting via Microsoft Teams

Meeting	Trust Board – meeting held in public
Date & time	24 June 2020: 1230pm to 230pm
Venue	Whittington Education Centre, Room 7

Non-Executive Director members:	Executive Director members:
Baroness Julia Neuberger, Chair Professor Naomi Fulop Amanda Gibbon Tony Rice Anu Singh Baroness Glenys Thornton Robert Vincent CBE	Siobhan Harrington, Chief Executive Kevin Curnow, Acting Chief Finance Officer Clare Dollery, Medical Director Carol Gillen, Chief Operating Officer Michelle Johnson, Chief Nurse and Director of Allied Health Professionals

Attendees:

Norma French, Director of Workforce

Jonathan Gardner, Director of Strategy, Development & Corporate Affairs

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	1230	**Patient story** *Michelle Johnson, Chief Nurse & Director of Allied Health Professionals*	Review
2	1245	**Welcome and apologies** *Julia Neuberger, Chair*	Verbal
3	1246	**Declaration of interests** *Julia Neuberger, Chair*	Verbal
4	1247	**Draft minutes of the meeting held on 29 April 2020** *Julia Neuberger, Chair*	Approve
5	1250	**Chair's report** *Julia Neuberger, Chair*	Review
6	1255	**Chief Executive's report** *Siobhan Harrington, Chief Executive*	Review
Quality			
7	100	**National Guardian's Office case review briefing** *Michelle Johnson, Chief Nurse & Director of Allied Health Professionals*	Noting

Item	Timing	Title and lead	Action
8	105	**Quality Assurance report** *Michelle Johnson, Chief Nurse & Director of Allied Health Professionals*	Review
9	115	**Serious Incidents (May and April)** *Clare Dollery, Medical Director*	Review
Performance			
10	120	**Financial performance and capital update** *Kevin Curnow, Acting Chief Finance Officer*	Review
11	125	**Integrated performance report** *Carol Gillen, Chief Operating Officer*	Review
Governance			
12	135	**Quality Assurance Committee Chair's report** *Naomi Fulop, Committee Chair*	Note
13	145	**Audit & Risk Committee Chair's report** *Tony Rice, Committee Chair*	Note
14	155	**Charitable Funds Committee** *Tony Rice, Committee Chair*	Note
15	200	**Workforce Assurance Committee** *Anu Singh, Committee Chair*	Note
16	205	**2019/20 Annual Report & Accounts** *Jonathan Gardner, Director of Strategy, Development & Corporate Affairs and Kevin Curnow, Acting Chief Finance Officer*	Approve
17	210	**Annual provider licence self-certification** *Jonathan Gardner, Director of Strategy, Development & Corporate Affairs*	Approve
18	215	**Post-covid-19 2020/21 corporate objectives** *Jonathan Gardner, Director of Strategy, Development & Corporate Affairs*	Approve
19	220	**Corporate risk register** *Michelle Johnson, Chief Nurse & Director of Allied Health Professionals*	Review
20	225	**Heatwave Plan** *Carol Gillen, Chief Operating Officer*	

Item	Timing	Title and lead	Action
21	230	**Questions to the Board on agenda items** *Julia Neuberger, Chair*	Verbal
22	230	**Any other business** *Julia Neuberger, Chair*	Verbal

Minutes of the meeting of the Trust Board of Whittington Health NHS Trust held in public on Wednesday, 29 April 2020

Present:

Baroness Julia Neuberger	Chair
Kevin Curnow	Acting Chief Finance Officer
Clare Dollery	Medical Director
Naomi Fulop	Non-Executive Director
Carol Gillen	Chief Operating Officer
Siobhan Harrington	Chief Executive
Deborah Harris-Ugbomah	Non-Executive Director
Michelle Johnson	Chief Nurse & Director of Allied Health Professionals
Tony Rice	Non-Executive Director
Anu Singh	Non-Executive Director

In attendance:

Norma French	Director of Workforce
Jonathan Gardner	Director of Strategy, Development & Corporate Affairs
Sarah Humphries	Medical Director - Integrated Care
Swarnjit Singh	Trust Corporate Secretary

Observer:

Councillor Janet Burgess	London Borough of Islington

No.	Item
1.	**2019/20 Patient stories**
1.1	Michelle Johnson presented the snapshot of patient stories presented at board meetings held in public during 2019/20. She was pleased with the quality of the patient stories presented and also the breadth of Whittington Health's service covered. They had included a mixture of positive patient experience along with areas where improvement actions were put in place in response to patient feedback. Michelle explained that patient videos presented to the Board were also shared more widely with integrated clinical service units and the Patient Experience Committee and said the challenge going forward was to continue to provide good quality patient feedback. She also thanked James O'Connell, Patient Experience Manager, for his excellent work during the year in supporting patients and their families and ensuring regular patient stories were reported to the Board.
1.2	During discussion, the following points arose:
	• Kevin Curnow welcomed the powerful patient and staff stories presented to Board members and suggested it would be helpful to capture the perspective of staff such as porters and cleaners, particularly their experiences during the covid-19 pandemic.
	• Michelle Johnson agreed to include this within the programme of stories to

	the Board. She also reported that a joint patient story was being prepared in partnership with Camden & Islington NHSFT for presentation to respective Boards • Naomi Fulop proposed that a volunteer's story and also a patient complaint example be included within the programme • Siobhan Harrington fed back that staff stories should also provide insight for Board members on issues such as working at Whittington Health, inclusion and the impact of the work to promote a positive culture • Sarah Humphery noted that patient experience would change with the greater use of telehealth opportunities and it would be helpful to hear about this from a patient perspective
1.3	**The Board welcomed the overview of patient stories presented in 2019/20 and noted that the patent and staff story programme would be reviewed in the light of the feedback provided.**
2. 2.1	**Welcome and apologies** The Chair welcomed everyone to the virtual meeting. She was delighted to have joined Whittington Health and hoped that Board members might be able to meet in person from September onwards.
3. 3.1	**Declarations of interest** Tony Rice declared that Ultra Electronics, of which he was Chair, was part of the Penlon cross-industrial syndicate contracted to supply ventilators to the NHS. Michelle Johnson reported that her son and daughter were volunteers at Whittington Health. Norma French reported that her son was working at the Whittington laboratory.
3.2	**The Board noted the declarations and that the register would be updated accordingly.**
4. 4.1	**Minutes of the meeting held on 29 April 2020** The minutes of the previous meeting were agreed as an accurate record. The completed action log was noted. There were no matters arising.
5. 5.1	**Chair's report** The Chair said she was delighted to have been appointed Chair of Whittington Health and expressed her gratitude to Siobhan Harrington and the senior team for dealing with an astonishing workload during the covid-19 pandemic. She had spent time meeting as many staff as possible and had been involved in the recruitment of consultant roles in acute medicine. In addition, together with Anu Singh, she had taken part in recruitment interviews for three new non-executive directors, Robert Vincent CBE, Amanda Gibbon and Baroness Glenys Thornton who would join the Board from 1 May.
5.2	**The Board noted the Chair's report.**
6. 6.1	**Chief Executive's report** Siobhan Harrington prefaced her report by noting the trust was currently in

		week eight of a level four emergency situation and under a degree of command and control arrangements. She thanked all staff for their efforts during this unprecedented time. She warmly welcomed Baroness Julia Neuberger to the Whittington Health Board and thanked Anu Singh for her support as interim Chair during the previous four months.
6.2		She highlighted the following to Board members: • The Supreme Court's judgement in Whittington Health v XX, a test case on surrogacy arrangements, had clarified law in this area and the trust wished the patient involved every success as she began the process of starting a family • An unfortunate Never Event was declared in April in relation to the connection of flow meter to air instead of oxygen in the emergency department (ED). This case would be covered in more detail in the serious incident report on the agenda • Performance in March was 82.5% against the four hour standard. The national and London averages were 84.2% and 84.7% respectively. ED continued to see a significant reduction in patient attendances and performance against the four hour standard in the last week had been just under 92% • The trust successfully delivered its 2019/20 control total, however, the challenge to deliver recurrent savings and transformational change remained • Culture work over the past year had helped to bring teams together and increased staff morale • Support from local individual members of the public and organisations had been overwhelming with an incredible £94,500 donated to the Whittington Charity along with £20,000 of gift aid • The Muslim Council of Britain had provided a helpful guide for colleagues observing Ramadan • A review of staff awards was taking place as it was a challenge to thank so many staff at this time. However, it was important to single out Indrani Singh who was retiring on 30 April after ten years supporting Whittington Health's Chief Executives and Chairs
6.3		Clare Dollery highlighted the covid-19 appendix to the report, prepared the previous week. She was enormously grateful for the efforts of staff, in particular efforts made to ensure compassionate visits for patients as part of end of life care arrangements, and drew attention to the following: • Graph 1 showed a peak during the week ending 29 March • 417 patients had been admitted with a clinical syndrome consistent with covid-19 • Whittington Health had taken action to expand its intensive treatment unit (ITU) from a 10 bed unit to provide capacity for 22 patients. The ITU had treated 45 patients • The average age of patients who had tested positively for covid-19 at the trust was just under 67 years • 100 inpatients who tested positive for covid-19 had died • 238 patients with a covid-related illness had been discharged to their

	usual place of residence
6.4	During discussion, the following points arose: • Norma French gave assurance that all covid-related absences were recorded on a daily basis. At the moment, 595 staff members (14%) were not at work; of this group, 239 were working from home. The sickness absence rate was c. 6.8% • In reply to a question from Naomi Fulop on staff testing, Norma French confirmed the NCL sector was leading the way through its work with the Crick Institute. Locally, she explained that an average of 50 staff/day were tested at the Archway drive-through site and that an average of 30 staff/day were going to the Ikea testing site in Wembley • Michelle Johnson provided assurance to Naomi Fulop that Whittington Health followed Public Health England's guidance on PPE and monitored supply on a daily basis • Michelle Johnson also alerted Board members to one area of concern: the ability to fit test all respiratory masks, because there were a number of different brands supplied and, a new mask was required for each fit test • Janet Burgess asked about the possibility of sending discharged patients items of PPE. Carol Gillen confirmed that the trust worked closely with local authorities and local care homes and that the discharge of patients with PPE had improved with no issues identified in the last three weeks. Kevin Curnow added that the NCL sector had established a structure that also looked at the PPE requirements of schools and other community organisations and agreed to highlight the PPE needs of discharged patents who needed domiciliary care
6.5	**Board members noted the Chief Executive's report**
7. 7.1	**Serious Incidents** Clare Dollery reported that two serious incidents were declared in March and concerned an information governance breach and an intrauterine death; both cases were under investigation. She also confirmed that a Never Event took place on 29 March but not declared as one until April due to the peak of the covid-19 pandemic locally. It involved the unintentional connection of a patient requiring oxygen to an airflow meter. Duty of candour arrangements had been completed and it was felt that no harm had taken place as there was a less than 5% fall in the patient's saturated oxygen level. Actions taken included ED piloting the semi-permanent capping of airflow meters and moving to the greater use of cylinders and box units.
7.2	During discussion, the following points were made: • Clare Dollery assured Deborah Harris-Ugbomah that moves towards having two outlets that were different in shape would help to create both a muscular and ocular memory for staff to help prevent recurrence. Siobhan Harrington added that human factors training was being provided to staff as part of the response to Never Events • Naomi Fulop sought assurance that the recommendations and actions identified regarding the non-emergency transport service had been

	implemented. In reply, Clare Dollery explained that criteria had changed during the pandemic and said the trust continued to monitor issues raised about the service. It would be helpful to bring back a report to the Board on this service once arrangements were more normalised
7.3	**The Board noted the report and that an update on the implementation of actions and recommendations in relation to the non-emergency patient transport service would be reported at a future meeting.**
8. 8.1	**Quarterly learning from deaths report** Clare Dollery reported that 100% of category A deaths in the period covered had been assessed through structured judgement reviews and thanked Julie Andrews, Associate Medical Director for establishing the system to review deaths which had been lauded by the Care Quality Commission. There were no avoidable deaths for the period covered in the report. A new Lead Medical Examiner had been appointed to help with continuous learning from deaths. While the summary hospital-level mortality indicator (SHMI) had increased, it remained below the expected level for Whittington Health.
8.2	**The Board noted the report and recognised assurances about the robust system implemented to strengthen the governance of and learning from deaths.**
9. 9.1	**2020/21 Safeguarding adults and children declaration** Michelle Johnson explained that this was an annual declaration demonstrating Whittington Health's commitment to comply with its statutory obligations towards vulnerable adults and children. Evidence of this commitment was shown in a number of ways, including having a number of named professional leads, producing an annual report and playing an active role in Local Childrens' Safeguarding Boards. She reported key current concerns as being the fall in numbers of children attending the emergency department and also a fall in numbers presenting with mental health needs. A crisis team pathway for children was being promoted currently. There were similar concerns in relation to adult safeguarding, and district nurses continued to ensure contact with vulnerable adults in the community.
9.2	**The Board:** **i. approved the 2020/21 safeguarding adults and children declaration;** **ii. agreed that the next six monthly safeguarding report would include the numbers of children involved; and** **iii. agreed that a local communication campaign take place regarding the importance of children's attendance at the emergency department should they be unwell.**
10. 10.1	**Financial performance** Kevin Curnow thanked Finance team colleagues who had worked incredibly hard to meet deadlines for the submission of year-end returns. He reported that there had been some changes since the report was circulated and highlighted the following to Board members:

	• The total cost to Whittington Health from covid -19 in March was £2.8m
	• Financial support had been provided to NHS trusts impacted by the accrual of annual leave by staff
	• The receipt of additional financial recovery funding had enabled the trust to report a surplus of £50k and achievement of the 2019/20 control total
	• The cost improvement programme delivered £8.7m of savings against a £12.3m target in 2019/20, of which £5.3m was recurrent savings
	• All of the 2019/20 capital allocation had been spent and confirmation of this year's capital expenditure total was awaited
	• While it was disappointing that the agency staffing expenditure ceiling target was missed by £200k, it was important to note that agency staffing costs reduced from c. £12m to £8.9m
10.2	Tony Rice thanked all staff involved, including clinical leads, for helping to deliver the 2019/20 control total. This was a tremendous achievement.
10.3	**The Board noted the financial report for month 12 and welcomed the delivery of the 2019/20 control total.**
11. 11.1	**Integrated performance report** The report was taken as read. Carol Gillen explained that the report had been amended to reflect service changes as a result of covid-19. The following issues arose in discussion: • Work on patient flow had helped to reduce average waits for treatment to 56 minutes • The opening of the place of safety in Highgate and move of patients to St Pancras had helped and no mental health breaches took place • A nationally-mandated single point of access was established towards the end of March and had helped to significantly reduce the numbers of delayed transfers of care to zero • Michelle Johnson reported that since the circulation of Board papers, the trust had declared a case of MRSA which occurred on 19 March. The investigation undertaken identified that the infection was unavoidable, despite all appropriate care being provided. She provided assurance that staff were continuing to maintain vigilance on infection prevention and control issues • Naomi Fulop asked whether outcomes were captured for patients on the accelerated discharge process • Clare Dollery reported on positive feedback received from Camden & Islington NHSFT on support they had been given by Whittington's administrative and respiratory teams. She also reported that cancer waiting times had increased and data was awaited for March's performance
11.2	**i. The Board noted the integrated performance report; and** **ii. agreed that an update be brought to the next meeting illustrating performance against cancer targets.**

12. 12.1	**Chair's Assurance report, Audit & Risk Committee** The Chair noted this was Deborah Harris-Ugbomah's last Board meeting and gave thanks for all her hard work at the trust. The report was taken as read and the following issues were drawn to the attention of Board members: • The Board Assurance Framework had improved significantly • It was important for Board members to note the lessons learnt from the recent bank mandate fraud case • Agreement of the 2020/21 internal audit plan had been delayed due to the impact of covid-19 and was being reviewed with Grant Thornton for sign off in May • Thanks to Kevon Curnow and Jonathan Gardner for their help and support
12.2	**The Board noted the assurance report for the meeting held on 18 March.**
13. 13.1	**2020/21 Financial plan** Kevin Curnow explained that, due to the current uncertainty and volatility, Board members were being asked to note proposed budgets. He emphasised the need to maintain a grip on expenditure and on financial governance and to be more efficient while delivering value for money. He also said the intention was to bring an update on covid-19 expenditure in month one to the May Board meeting as well as proposals to set budgets for both the first four months of the year and the remainder.
13.2	Jonathan Gardner highlighted the potential risks associated with NCL oversight of capital expenditure. In reply to a question from the Chair, Kevin Curnow clarified that discussions were taking place with counterparts at other NCL providers on outline financial plans for the year.
13.3	**The Board noted the 2020/21 financial plan and that an update would be brought to the Finance & Business Development Committee.**
14. 14.1	**Trust risk register summary report** Michelle Johnson outlined two new risks relating to the non-continuity of care of some oncology patients and also the shortage of sonographers which was a national problem. She drew attention to risk entry 697 concerning potential delays to the redevelopment and modernisation of maternity and neo-natal services and explained that work was taking place to mitigate this risk with further redevelopment as part of the estate strategy. Risk entry 687 concerned overcrowding in ED due to the implementation of social distancing requirements in waiting rooms.
14.2	Michelle Johnson reported that no risk entries on the covid-risk register were currently scored higher than 16 and that its three top-rated risks related to staffing absence, the availability of oxygen and shortages of PPE.
14.3	Naomi Fulop felt that social distancing was a strategic issue for all services and supported the inclusion of a risk around this on the Board Assurance Framework (BAF). Michelle Johnson reported that the BAF was due to be

	considered at the July Quality Committee meeting.
14.4	**The Board:** i. **reviewed the risk register summary report and agreed to the removal of closed risk entries;** ii. **agreed to the inclusion of a risk around the impact of social distancing requirements on the BAF; and** iii. **agreed the BAF be brought to the next meeting of the Quality Committee.**
15. 15.1	**Questions from the public on agenda items** There were none.
16. 16.1	**Any other business** The Chair thanked Janet Burgess for joining the meeting as an observer and also thanked Anu Singh for her hard work as interim Chair.

Action log, 29 April 2020 Public Board meeting

Item	Action	Lead(s)	Progress
2019/20 patient stories	Review and update the 2020/21 patient and staff story programme in the light of Board members' feedback	Michelle Johnson	Completed
Serious incidents	Bring an update on the non-emergency patient transport service to the September meeting	Kevin Curnow	Due in September
2020/21 Safeguarding adults and children declaration	Include details of the numbers of children involved in the next safeguarding report to the Board	Michelle Johnson	To be included in the next six monthly safeguarding report
	Implement a local communication campaign for parents on the importance of bringing children to ED if they are unwell	Jonathan Gardner	Completed
2020/21 Financial plan	Bring an update to the Finance and Business Development Committee on covid-19 expenditure in month one and proposals for outline budgets	Kevin Curnow	Completed
Integrated performance report	Bring an update to the next meeting illustrating performance against cancer targets	Carol Gillen	Completed
Trust risk register summary report	Include on the BAF a risk presented by the impact of social distancing requirements	Jonathan Gardner	In hand for revised BAF
	Present the updated BAF at the Quality Committee	Jonathan Gardner	Completed

Meeting title	Trust Board – public meeting	Date: 24 June 2020
Report title	**Chair's report**	**Agenda item:** 5
Director lead	Julia Neuberger, Chair	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	This report provides a summary of recent activity.	
Purpose:	Noting	
Recommendation(s)	Board members are asked to note the report	
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.	
Report history	None	
Appendices	None	

Chair's report

Non-Executive Directors
I am pleased to welcome three new non-executive directors who joined the Trust's Board on 1 May 2020. Amanda Gibbon, Baroness Glenys Thornton and Rob Vincent CBE bring a wealth of experience and will each serve for four year terms. Their voices on the Board will be critical to guiding the Trust through the challenging agenda it faces during the recovery from the Covid-19 pandemic.

Covid-19
On behalf of all Board members, I want to again say a huge thank you to all our staff for their continued hard work and resilience in providing care services at this time.

London NHS Chairs' meetings
On 1 and 28 May, I attended meetings of London's NHS Providers' Chairs with Sir David Sloman, London Regional Director, NHS England and Improvement.

North Central London (NCL) Partnership Board
On 11 May and 11 June, I attended meetings of the NCL partnership Board which considered the integrated care system's ongoing response and recovery plans.

Board Committees' membership
In partnership with non-executive directors, I reviewed their membership of the Board's Committees. The new arrangements are set out below:

Board Committee	Non-executive director members
Audit & Risk	Amanda Gibbon, Tony Rice, Rob Vincent
Finance & Business Development	Naomi Fulop, Amanda Gibbon, Rob Vincent
Quality Assurance	Naomi Fulop, Amanda Gibbon, Glenys Thornton
Workforce Assurance	Anu Singh, Glenys Thornton, Rob Vincent
Charitable Funds	Julia Neuberger, Tony Rice
Remuneration	Naomi Fulop, Amanda Gibbon, Julia Neuberger, Anu Singh, Glenys Thornton, Rob Vincent

Consultant recruitment
I participated in interviews for the recruitment for a Dermatology consultant position on 20 May. I am grateful to Baroness Glenys Thornton for her involvement in interviews for an Obstetrics and Gynaecology consultant role on 17 June.

I am also thankful to Anu Singh, as non-executive director lead for equality and inclusion, for her participation in webinars for black and minority ethnic staff in June to listen to their concerns.

Associate Non-Executive Directors
As part on NHS England/Improvement London's strategy to make London the healthiest global city, greater partnership and collaborative working will take place by its healthcare providers. To help drive that forward in NCL, I have discussed proposals for providers to include on their Board, an existing non-executive director from another local provider, as an associate non-executive director. I hope to announce two appointments in due course. This shared experience and expertise amongst NHS Boards will be invaluable as we work towards an integrated care system.

Meeting title	Trust Board – public meeting	Date: 24 June 2020
Report title	**Chief Executive's report**	Agenda item: 6
Executive director lead	Siobhan Harrington, Chief Executive	
Report author	Swarnjit Singh. Trust Corporate Secretary	
Executive summary	This report provides Board members with an update on recent national and local developments as well as highlighting and celebrating achievements by Trust staff. The report also includes an appendix highlighting our annual eliminating mixed gender hospital inpatient declaration.	
Purpose:	Noting	

Recommendation(s)	Trust Board members are invited to:
	
	  i. review the report and note its contents;
	  ii. agree the statement of assurance in the declaration shown at appendix 1, prior to publication on the Trust's internet and intranet; and
	  iii. agree that any monthly reporting of breaches is contained within the Trust Board integrated performance report as reported to commissioners.	

Risk Register or Board Assurance Framework	All Board Assurance Framework entries	
Report history	Monthly report to each Board meeting	
Appendices	1: Eliminating mixed gender hospital inpatient 2020/21 statement of assurance	

Chief Executive's report

This paper provides an overview of matters to bring to the Board's attention within the health and social care sector at a national and local level.

1.   National and regional news

NHS Test and Trace

In late May, the Government announced plans for a new NHS Test and Trace service. The aims of the service are to ensure that anyone who develops symptoms of covid-19 can be tested quickly (and includes some targeted testing of asymptomatic NHS and social care staff and care home residents) and to help trace close recent contacts of anyone who tests positive for covid-19 so that they can self-isolate if necessary. It is also intended to provide early indications if the number of positive cases are rising again.

NHS Race and Health Observatory

NHS England announced the creation of a new centre, the NHS Race and Health Observatory which will be hosted by the NHS Confederation. Its work will involve identifying and tackling specific health inequalities and challenges facing people from black and minority ethnic backgrounds (BAME). The Observatory will involve experts from this country and internationally, and will offer analysis and policy recommendations to improve health outcomes for NHS patients, communities and staff.

National Audit Office (NAO) overview of the response to covid-19

The NAO published a report[1] giving an overview of the government's wide-ranging response to the pandemic during the period 31 January and 4 May 2020. Gareth Davies, Head of the NAO, commented that "The scale and nature of the covid019 pandemic and government's response is unprecedented in recent history," and added that "This report outlines the range of measures taken by government to date and where financial support has been targeted. It also forms the basis for a substantial programme of independent reports from the National Audit Office to Parliament and the public on how the money has been spent and the lessons learned."

Freedom to speak up

The National Guardian's Office (NGO) carried out a case review at the end of 2019 which examined two different cases at Whittington Health in 2015. The NGO identified good practice such as having a full-time Freedom to Speak Up Guardian, regular meetings between the Guardian and Human Resources' Business Partners to promote understanding and support for people to speak up and the regular support provided to the Freedom to Speak Up Guardian, in line with national guidance. As well as a number of examples of good practice, the review also highlighted areas of improvement for the Trust. These included the need to improve the Trust's policy on speaking up;

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[1] https://www.nao.org.uk/wp-content/uploads/2020/05/Overview-of-the-UK-governments-response-to-the-COVID-19-pandemic.pdf

thanking and giving feedback to those who did speak up; and improving the process for managing grievances.

2.   **Local news**

London People Board
I am proud to have been appointed to the new NHS London People Board. This forum, chaired by Dr Navina Evans, Chief Executive of East London NHSFT, aims to drive the workforce agenda across London, including equality and inclusion.

Covid-19 and recovery plans
The number of patients with covid-19 being seen at Whittington Health has continued to fall. The Trust flexed its capacity and our focus over the last couple of months and currently has four wards closed. A significant amount has been learnt from scaling up rapidly to face the challenges that the pandemic brought, including how we could increase our capacity for any future rise in demand.

Although the Trust remains in a Level 4 emergency incident, our focus now is working with other organisations right across the North Central London Integrated Care System on how we can:

- re-start some of those services which were stopped
- continue to support measures to prevent spread of covid-19
- explore the changes put in place which could continue to benefit our patients and staff in the longer term

The Trust has already switched to a significant amount of virtual and digital working and many of these are measures will become a permanent part of how we work in the future. Endoscopy services have restarted and surgical pathways have restarted with an agreed prioritisation framework across all Trusts.

Encouraging patients not to delay urgent care needs
This month, the Trust launched a public-facing campaign in the light of some evidence that, people who needed urgent help were avoiding seeking it due to fear of coming to a healthcare setting during the pandemic. The concern as that this could potentially lead to poorer health outcomes. The campaign seeks to ensure that local people know that we are still open and that they are safe to come for appointments and to seek urgent help. The campaign has featured on our social media channels as well as in local papers.

Quality and safety operational performance

Emergency Department (ED) four hours' wait:
In May 2020, performance against the four hour access standard was 90.6%, under the 92% trajectory. The national average in May was 93.5%, the London average was 93.10% and the NCL average was 92.80%. There was a reduction in the number of Covid-19 related attendances and admissions and

overall Covid-19 inpatients during this month. Performance against the national cancer standards for April 2020 was not achieved. This was due to significant reduction in the number of referrals due to Covid-19 and also the subsequent significant reduction in capacity to treat cancer patients. An appendix to the integrated performance scorecard item later on the agenda provides details of the significant fall in referrals at this time.

Workforce indicators have now been reinstated; however, performance was inevitably been affected by the pandemic. Appraisal rates for May 2020 were at 65.8% against a target of 90%. The compliance against mandatory training remained consistent at 79.9% in May 2020 against a target of 90%. Staff absence during the Covid period has been monitored on a daily basis.

Financial performance
Due to the covid-19 pandemic, the planning process for 2020/21 has been paused. NHS Trusts are operating on a financial framework of block payment and top up model. In line with this new reporting guidance, the Trust is reporting a breakeven position at end of May. We incurred around £3.2m of additional costs relating to the covid-19 pandemic to the end of May. These additional costs have been offset by expenditure underspends (£1m) and retrospective top-ups (£2.2m).

During these unprecedented times, it is essential that Whittington continues to take its responsibilities in relation to managing public money seriously. The Trust is logging all covid-19-related expenditure and ensuring that significant commitments are reviewed and are clinically-justified. The Trust is also continuing to develop its cost improvement programme so that, once we are able to return to a more normal financial regime, we will be in a financially sustainable position.

#CaringForThoseWhoCare - inclusive culture activities
Through the pandemic, our efforts have focussed on providing staff support. This included:

- Launching a *Care and Support for Staff* section on the covid-19 intranet hub
- Issuing a revised risk assessment framework
- Holding a series of webinars for BAME staff on covid-19 and also for people who were currently shielding at home as well as middle managers
- Face-to-face (socially-distanced) BAME staff network events
- Developing a resilience workbook for staff
- Producing a commitment to kindness infographic

The culture collaborative specific work that did continue during this time included work towards building the Leadership Culture strategy and developing Workforce Race Equality Standard-linked communications to help fight bullying, racism, and all other discriminatory and undermining communication or behaviours.

Black Lives Matter
The CEO blog to all staff in June also focussed on the Black Lives Matter campaign which responded to death of George Floyd, a painful reminder of the inequalities faced by black people and those from other minority ethnic backgrounds. I am very clear: there is no place for racism in this organisation. Everyone has a unique contribution to make and everyone's contribution is equally valuable regardless of the colour of their skin or their background. There remains more to be done. I believe that we all need to listen to each other and to keep listening, and then take action. This goes beyond the recent work with our BAME colleagues and applies to all of our people. The fight against racism in all its forms continues and it is imperative that we call it out whenever and wherever it appears. Whether it is in senseless deaths or micro aggressions, complacency and silence are never options. No matter our skin colour, background or role, we can all be allies.

New risk assessment process
The Trust introduced a new risk assessment process for all staff, no matter their role or background. The risk assessment takes into account emerging evidence of the impact of the pandemic on different groups and seeks to support staff and managers to identify the risks to potentially vulnerable staff in undertaking their roles and responsibilities during cobvid-19.

Antibody testing
In June, the Trust started to offer all of our staff a covid-19 antibody blood test. This means that over the next few weeks all staff will be able to have a test to find out if they have the antibodies.

Eliminating mixed gender hospital inpatient declaration (appendix 1)
There is an appendix to this report which covers the national reporting requirements in relation to mixed sex/gender accommodation. I line with these, the Trust revised its reporting of mixed gender accommodation breaches to include intensive care patients. A low number of incidents of mixed gender accommodation for a short number of hours for some patients were experienced in 2019/20.

Over the summer months this equated to an average of 1–2 incidences a month increasing to 4-5 incidences during the winter. This was due to bed capacity issues within the Trust where there was reduced medical bed availability, however, privacy and dignity were maintained at all times, and patients were informed and comfortable.

Appendix 1: Eliminating Mixed Gender Hospital Inpatient Accommodation Statement of Assurance 2020-21

Meeting title	Trust Board	Date: 24 June 2020
Report title	**Eliminating Mixed Gender Hospital Inpatient Accommodation Statement of Assurance 2020-21**	Agenda item: 6
Executive director lead	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals	
Report author	Breeda McManus, Deputy Chief Nurse	
Executive summary	This paper provides a statement of assurance that patients who require inpatient/day case care are cared for in single gender accommodation. Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We are committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable. Patients who are admitted to hospital will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area. There are some exceptions to this. Sharing with people of the opposite gender will happen sometimes. This will only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained.	
Purpose:	To review and approve this paper.	
Recommendation (s)	The Board of Directors is asked to agree: 1) The statement of assurance is agreed by the Trust Board and then published onto the Trust Internet and Intranet. 2) Any monthly reporting of breaches is contained within the Trust Board Performance Report as reported to commissioners.	
Risk Register or	Board Assurance Framework risk entry 1 - Failure to provide	

Board Assurance Framework (BAF)	care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.
Report history	The information in this report is presented at the relevant Committee of the Board (Trust Board Performance Report, Quality, Audit & Risk)
Appendices	None

Eliminating Mixed Gender Hospital Inpatient Accommodation
Statement of Assurance 2020-2021

1.   INTRODUCTION

1.1   Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Whittington Health NHS Trust is committed to providing every patient with same gender accommodation because it helps to safeguard their privacy and dignity when they are often at their most vulnerable. Patients who are admitted to hospital will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area. Sharing with members of another gender will only happen by exception based on clinical need (for example where patients need specialist care or equipment is needed such as in the high dependency cardiac care unit (Montuschi Ward) and critical care unit or when patients choose to share for instance in chemotherapy or thalassaemia unit) or through agreement between staff and patient based on patient dignity.

1.2   The term 'gender' is used in this statement to refer to an individual's sense of themselves and is based on an understanding of gender as a biopsychosocial developed aspect of identity. Gender describes a part of a person's identity which is wider than their biological or legal sex.

1.3   The Trust recognise that some patients (referred to as Trans patients) may have changed, or be in the process of changing, the gender they live in from one gender to another, and/or may not identify as male or female.

1.4   The Trust is responsible for ensuring that all patients and relatives/carers as appropriate are aware of the guidance and are informed of any decisions that may lead to the patient being placed in, or remaining in, mixed gender accommodation.

1.5   Decisions to mix will be based on the patient's clinical condition and not on constraints of the environment or convenience of staff.

2.   WHAT DOES THIS MEAN FOR PATIENTS

2.1   Other than in the circumstances set out above, patients admitted to the hospital can expect to find the following:

- The ward bed bay will only have patients of the same gender
- The toilet and bathroom will be just one gender, and will be close to the bed area
- It is possible that there will be patients of different genders on the same ward but they will not share the sleeping area. Patients may have to cross a ward corridor to reach the bathroom, but patients will not have to walk through differently gendered areas

- Patients may share some communal space, such as day rooms or dining rooms, and it is very likely that they will see patients of other genders as they move around the hospital (e.g. on way to X-ray or the operating theatre)
- It is probable that visitors of another gender will come into the ward or bay this may include patients visiting each other
- It is almost certain that nurses, doctors and other staff of all genders will care for patients
- If personal assistance is required (e.g. hoist or adapted bath) then patients may be taken to a "unisex" bathroom used by people of all genders, but a member of staff will be with the patient, and other patients will not be in the bathroom at the same time
- Patients who have undergone or are undergoing a process of gender transition (trans patients) will be accommodated in the bay appropriate for the gender they are currently living in, there will be no requirement to show legal recognition in this gender
- Where there is reason to believe that a Trans patient may be more comfortable being accommodated with patients of another gender or in a side room, this will be discussed with them privately and an agreement arrived at between patient and staff. Knowledge of a patient's history of transition will not automatically lead to this question being raised where there would otherwise be no question over where a patient should be accommodated
- Patients who do not identify as male or as female will necessarily not be accommodated with other patients of the same gender or alone, but will be accommodated with either male or female patients as based on agreement between the patient and staff
- Where a patient is unable to contribute to the decision being made about their accommodation, the advice of family or carers will be sought where possible, and a decision made based on available indicators (name, manner of dress, etc.) where advice is not available, until such time as the patient can contribute to the decision being made.

3. STATEMENT OF ASSURANCE

3.1 The Whittington will not turn patients away just because a "right gender" bed is not immediately available.

3.2 The Board is committed to on-going delivery of single gender accommodation.

3.3 To ensure that there is an on-going process in place to measure patient experience of single gender accommodation performance is provided to the Trust Board (contained within the Integrated Performance Report).

3.4 For people who sleep in shared spaces with people of the same gender, Trust staff will do everything possible to ensure dignity and privacy.

3.5 To ensure there is a process to track other mechanisms for determining patient experience of single gender accommodation, e.g. through patient complaints/concerns/comments.

3.6 Episodes of mixed gender accommodation breaches for non-clinical reasons will be reported to the Clinical Commissioning Group (CCG) through monthly performance reports and reviewed at contract meetings as required (Whittington Health Clinical Quality Review Meeting).

3.7 To provide information leaflets for patients on single gender accommodation and ensure they are used by staff in discussions with patient.

3.8 Delivery of single gender accommodation will always be considered when planning any new or refurbished estate development scheme.

3.9 If our care should fall short of the required standard, we will report it.

3.10 We have an internal monitoring process to ensure we do not misclassify any of our reports.

3.11 We will publish results alongside this declaration each month.

3.12 Where there are rare occurrences of gender mixing for non-clinical reasons, a process exists to investigate the reason and take remedial actions as required to prevent future occurrence (reported as clinical incidents).

3.13 The relevant Trust policies will refer to requirement to delivering single gender.

3.14 The Trust believes that delivering single gender accommodation should be the norm. Mixing will only occur by exception for reasons of clinical justification or patient choice.

3.15 If mixing does occur, staff will attempt to rectify the situation as soon as possible, whilst safeguarding the patient's dignity and keeping the patient informed about why the situation occurred and what is being done to address it (with an indication of how long this will take).

3.16 Issues of privacy/dignity and single gender accommodation are included in mandatory staff training and induction and the trust provides training to support the elimination of mixed gender accommodation and to promote the protection of privacy and dignity.

3.17 The Trust will ensure all staff are aware of the guidance and how they manage requirements around recognising, reporting and eliminating mixed-sex breaches

3.18 The Trust will ensure there are no exemptions from the need to provide high standards of privacy and dignity at all times.

4.   RECOMMENDATIONS

4.1   The Board of Directors has agreed:

   (i)   The statement of assurance for publication onto the Trust Internet and Intranet.

   (ii)   Any monthly reporting of breaches is contained within the Trust Board Integrated Performance Report and reported to commissioners.

Meeting title	Trust Board – Public meeting	Date: 24 June 2020
Report title	National Guardian's Office – Case Review, Whittington Health NHS Trust	Agenda item: 7
Executive director lead	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals	
Report author	Ruben Ferreira, Freedom to Speak Up Guardian	
Executive summary	The National Guardian's Office (NGO) has undertaken a review of the handling of two speaking up cases referred to it by two members of staff from Whittington Health NHS Trust.	
	The cases related to issues raised over a period from 2015 to the time of the review.	
	The office undertook a review because the staff referral information indicated the trust's response to their speaking up had not been in accordance with its policies and procedures, or good practice. The office decided a review could provide potentially important learning for both the organisation and other NHS trusts.	
	As part of its review, the office also looked at various aspects of the trust's speaking up arrangements to identify any learning and potential improvement, as well as any good practice or innovation. This included a review of policies, procedures and support for those with specific, trust-wide responsibilities for supporting staff to speak up.	
	The NGO completed the review between November 2019 to January 2020. As part of the review, NGO staff interviewed the staff members who had referred their speaking up cases to the office and those in the trust who had knowledge of how the organisation had responded to those cases. In addition they met with senior leaders responsible for the trust's speaking up function. The review also looked at a range of relevant documentation, including the trust's speaking up policies and procedures and the independent cultural review report it had commissioned, published in 2018.19.	
	The review identified some areas of improvement. This included regarding how the trust responded to these speaking up cases by the staff not being thanked for speaking up, delays in responding to the matters raised and the need to provide better support and information about processes and procedure to those	

	speaking up and handling their cases. The review identified areas of good speaking up practice. Firstly, the trust provided resource for the Freedom To Speak Up (FTSU) Guardian role to be undertaken full-time. Secondly, the FTSU Guardian received regular supervision to support them with their management of complex cases and with their wellbeing. At the time of the review, the FTSU Guardian was also having regular meetings with human resources business partners in the organisation to promote understanding and trust between them regarding their respective roles in supporting speaking up. The trust has responded to the case review and considered the recommendations and actions to take, which are reflected in the table of the report published: https://www.nationalguardian.org.uk/wp-content/uploads/2020/06/casereviewwhittington.pdf. Progress will be reported in the Board six monthly FTSU report
Purpose:	To review
Recommendation (s)	Trust Board members are asked to: i. review the report and gain assurance on where the monitoring of the actions will take place the National Guardians review. ii. note that in accordance with the national board guidance, all NHS trust boards are expected to implement the findings of the office's reviews, where appropriate
Risk Register or Board Assurance Framework (BAF)	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.
Report history	Trust Management Group 23.06.20
Appendices	Appendix one - case review report

National Guardian
Freedom to Speak Up

A summary of speaking up learning and actions in response

June 2020

Contents

Summary:

1. The National Guardian's Office (NGO) has undertaken a review of the handling of two speaking up cases referred to it by two workers from Whittington Health NHS Trust ('the trust').

2. The cases related to issues raised over a period from 2015 to the time of the review.

3. The office undertook a review because the workers' referral information indicated the trust's response to their speaking up had not been in accordance with its policies and procedures, or good practice. The office decided a review could provide potentially important learning for both the organisation and other NHS trusts.

4. As part of its review, the office also looked at various aspects of the trust's speaking up function to identify any learning and potential improvement, as well as any good practice or innovation. By 'function' we mean the trust's speaking up arrangements, including its relevant policies, procedures and its support for those with specific, trust-wide responsibilities for supporting workers to speak up.

5. The NGO visited the trust in November 2019 to gather information for its review. We returned in January 2020 to discuss our findings with trust leaders and agree on what actions they would take in response.

6. The trust supported the review process by assisting in its planning, providing all requested information and by participating in the engagement process to discuss the review's findings.

7. As part of the review, NGO staff interviewed the workers who had referred their speaking up cases to the office and those in the trust who had knowledge of how the organisation had responded to those cases. In addition, we met with senior leaders responsible for the trust's speaking up function.

8. The review looked at a range of relevant documentation, including the trust's speaking up policies and procedures and an independent cultural review report it had commissioned, published in 2018.[1]

9. At the time of the review, the trust employed a full-time Freedom to Speak Up (FTSU) Guardian, supported by 18 speaking up 'advocates'. In accordance with national guidance for NHS trust boards, the speaking up function of the organisation was also supported by an executive and non-executive lead.[2]

10. The review identified areas of improvement regarding how the trust responded to speaking up cases raised by its workers. These included workers not being thanked for speaking up, delays in responding to matters raised and the need to provide better support and information about processes and procedure to those speaking up and handling their cases.

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[1] https://www.whittington.nhs.uk/document.ashx?id=10729
[2] https://improvement.nhs.uk/resources/freedom-speak-guidance-nhs-trust-and-nhs-foundation-trust-boards/

11. The review identified areas of good speaking up practice. Firstly, the trust provided resource for the FTSU Guardian role to be undertaken full-time. Secondly, the FTSU Guardian received regular supervision to support them with their management of complex cases and with their wellbeing. At the time of our review, the FTSU Guardian was also having regular meetings with human resources business partners in the organisation to promote understanding and trust between them regarding their respective roles in supporting speaking   up.

12. The trust had decided in 2018 to appoint a full time Freedom to Speak Up Guardian to help ensure its workers received sufficient support to speak up. In doing so, the trust determined the post should be appointed at Band 7, to provide appropriate authority for the post-holder to raise matters with the organisation's leadership, while not being too senior to be regarded as 'remote' to the trust's workforce. In acknowledging the trust's reason for their banding decision, we would observe that the authority of the guardian role in supporting the speaking up culture of an organisation derives from its pivotal role in that culture, rather than any banding given to it.

13. A summary of the review's findings is set out in the table below, incorporating the trust's actions in response to those findings.

14. In accordance with the national board guidance, all NHS trust boards are expected to implement the findings of the office's reviews, where appropriate.

Whittington Health NHS Trust

15. At the time of the review, the trust provided general hospital and community services to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield and Camden. The trust employed over 4,000 staff across 30 sites.[3]

16. The trust was established in April 2011 following the merger of Whittington Hospital NHS Trust with NHS Islington and NHS Haringey community health services.

The National Guardian's Office case review engagement process

17. The National Guardian's Office undertook this review using a process of engagement. More information on how the office uses this review method is available on its website.[4]

18. The principal objective of the review engagement process is to work in partnership with the trust concerned and the individual workers who refer their cases to identify learning and areas of improvement and the necessary actions to deliver that improvement.

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[3] https://www.whittington.nhs.uk/default.asp?c=3920
[4] https://www.nationalguardian.org.uk/case-reviews/

19. As part of its review process, the office shared its findings with the two national bodies responsible for regulating the work of the trust, namely the Care Quality Commission and NHS Improvement.

Acknowledgements and thanks

20. We would like to thank the following individuals and organisations for their help and assistance in the completion of the report:

- Trust workers who have shared their experiences of speaking up
- The trust's Freedom to Speak Up Guardian
- Trust leaders.

What will happen next

21. The National Guardian's Office will continue to provide ongoing support to the trust through its training and guidance for those delivering Freedom to Speak Up in the organisation.

Review findings and the trust's actions in response

Review findings and comments	Actions in response to findings
1. Support for the Freedom to Speak Up Guardian – Good practice The National Guardian Office's (NGO) review identified areas of good speaking up practice regarding the Freedom to Speak Up (FTSU) Guardian role: • The trust provided resource for the role to be undertaken full-time, whereas previously it had been allocated 1.5 days per week • The FTSU Guardian received regular supervision to support them with their wellbeing • At the time of the review, the FTSU Guardian had initiated regular meetings with human resources business partners in the trust to promote understanding and trust between them regarding their respective roles in supporting speaking up. The NGO noted the steps taken to promote freedom to speak up in the trust by making the resources available for a full-time post. The need to provide adequate resources for the FTSU Guardian role has been commented on by the NGO in previous case reviews, in annual Freedom to Speak Up Guardian surveys and the NGO Annual Reports. In particular, the NGO noted the level of practical and wellbeing support provided to the FTSU Guardian. This recognised the pressures FTSU Guardians may face in undertaking their role.	The trust continues to improve the support it offers to the FTSU Guardian and has put the following additional steps in place: • There are established meetings between the FTSU Guardian and human resources business partners • Liaison with other NHS trusts in London to support the growth of a network of FTSU Guardians. The trust will host future meetings at Whittington Health • A North Central London Partners (ICS) network for FTSU Guardians is being established in 2020/21.

2. Trust 'whistleblowing' policy

The trust policy relating to speaking up (called the 'Whistleblowing Policy and Procedure') was not in accordance with the national standard integrated policy.[5] The standard integrated policy aims to improve the experience of speaking up in the NHS. All NHS organisations in England are expected to adopt the policy as a minimum standard.

Some of the matters noted by the NGO were:

- An over emphasis on the Public Interest Disclosure Act 1998
- Mis-statement of the Public Interest Disclosure Act 1998
- A definition of what constitutes a grievance which was inappropriate, as it would always channel cases that referred to an individual's own experience down the grievance route
- Lack of clarity about who can speak up
- Lack of clarity about what workers can speak up about
- Lack of information about how the trust would support and protect an individual's confidentiality
- Lack of mention of what support the trust would offer workers who speak up – only contact details that the worker can initiate.

Finding trust policies do not align with the national standard integrated policy has been a theme in every case review to date.

The trust had previously commissioned an audit of its complaints and 'whistleblowing' procedures covering 2018 – 19, which concluded in early 2019. Some matters relating to speaking up were not addressed. The current trust policy had been revised in early 2018 and was due for review in March 2021.

The trust welcomed the feedback on its policy and noted similar feedback was not uncommon across other trusts where the NGO has undertaken a case review.

The trust acknowledges the trust policy needs to be reviewed to ensure it is aligned to the national standard integrated policy and will do this when the latest guidance is made available. The national standard integrated policy is over three years old. The revision to the national standard integrated policy is due to be published in 2020 and, in line with that, the trust will be reviewing the trust policy. The trust policy was not reviewed prior to this as a decision was made to await the revised national standard integrated policy.

Once this is available, the policy will be reviewed by the FTSU Guardian and overseen by the Chief Nurse and Director of Workforce. It will be approved by the Trust Management Group after negotiation with the trust's union representatives. The policy will be published on the trust intranet and signposting for staff will be made clear to ensure staff have clear guidance on what to do around Speak Up.

Since the case review, the trust has reviewed the information available to staff and has added links on the trust intranet Freedom to Speak Up/raise concerns page, signposting staff to the Health Education England (HEE) e-learning platform. This includes a link to the NGO's website and information about the Freedom to Speak Up role and responsibility. This is in addition to internal information already available on the intranet.

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[5] https://improvement.nhs.uk/documents/27/whistleblowing_policy_final.pdf

The current standard integrated policy is from April 2016 and revision of this policy is expected to be available in 2020.[6]	
3. Understanding of the FTSU Guardian role The FTSU Guardian provided information on trust activity. The trust provided banners, leaflets, posters and screensavers with information about how to contact the FTSU Guardian. In addition, the trust intranet had details of how to 'raise concerns', a form to do so online and contact details for the FTSU Guardian. The FTSU Guardian had a work twitter account which they used to promote their activities and to provide an avenue to engage with more workers. The intranet contained e-learning from Health Education England on Freedom to Speak Up. However, there were examples of a lack of understanding of the purpose and remit of the FTSU Guardian role from a range of workers at different levels of seniority in different departments of the trust, including believing the FTSU Guardian either to be responsible for only 'signposting' workers or supporting them strictly in relation to 'patient safety' matters. It should be noted that in our discussions with the FTSU Guardian, they demonstrated a clear and accurate understanding of their role and remit. A lack of understanding of the FTSU Guardian's role in the wider trust has been identified in previous case reviews. The NGO would welcome the development of a communications strategy to improve understanding of the FTSU Guardian role. This is a recommendation made previously in the	The trust acknowledges the work the FTSU Guardian has undertaken to raise awareness of Speak Up and feels there is a good foundation to develop this further. The FTSU Guardian will continue to work closely with the Communications Director to review its trust media activity and promotion and will consider the findings of this review. The trust will use the NHS staff survey data and local pulse surveys to get staff feedback on the effectiveness of communication of the FTSU Guardian role. Over the coming year, there will be a focus for the FTSU Guardian to continue to develop the relationship with governance teams (including the legal team) which will provide guidance to support their understanding of the role of the FTSU Guardian. The trust will review the Trust Managers Toolkit to ensure it encompasses enough information on the FTSU Guardian role, including the responsibility of managers to provide feedback to the FTSU Guardian on any concerns raised with them. The FTSU Guardian will attend the Staff Side Partnership Group on a regular basis. The trust will consider further work in relation to the Workforce Directorate and raising the profile of the FTSU Guardian within the department. The FTSU Guardian has commenced training to this group and will continue to do so. There are now regular meetings between the FTSU Guardian and human resources business partners.

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[6] https://improvement.nhs.uk/documents/27/whistleblowing_policy_final.pdf

case review of Nottinghamshire Healthcare NHS Foundation Trust in 2018.[7] There is guidance from the NGO and NHS Improvement (NHSI) in relation to the FTSU function at all levels of a trust.[8] The NHSI board guidance sets out the role of the board and supplemental guidance sets out specific responsibilities of directors.[9]	The trust has undertaken experiential, challenging bullying and harassment workshops for 600 managers and leaders, which include information on the role of the FTSU Guardian, especially on how this can support staff.
4. Support for an individual with a specific Speaking Up responsibility A board member with responsibility for speaking up did not feel trained or supported in the role. Therefore, based on advice received, a worker was told support could not be offered to them unless the matter they were speaking up about related to 'patient safety'. The NGO has published guidance on the content of training and is working with Health Education England to develop training for leaders. The NGO notes the FTSU board report should be drafted and presented by the FTSU Guardian. NHSI sets out board responsibilities in relation to the FTSU Guardian report.[10]	The trust is committed to working with board members to design a bespoke learning package to support them. This support will reflect the NGO guidance for workers and senior leaders in the NGO training guidance and NHS England/Improvement guidance on responsibilities for directors. The trust will ensure there is appropriate support to undertake the role. The trust will consider the contribution the board member has in relation to the six-monthly trust board report on FTSU.
5. Gap analysis of NGO case reviews The trust, as required by NHSI board guidance, had not done a gap analysis against case reviews produced by the National Guardian at the time of the case review.	As part of the trust's commitment to Freedom to Speak Up, there is a six-monthly board report. There is also an annual report on the trust's self-assessment against the NHS England/Improvement board guidance for Freedom to Speak Up. The executive lead completed the self-assessment with input from the FTSU Guardian.

[7] https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/201801107-nottinghamshire-healthcare-nhs-foundation-trust-a-review-of-the-handling-of-speaking-up-cases.pdf
[8] https://improvement.nhs.uk/documents/2468/FTSU_guidance.pdf
[9] https://improvement.nhs.uk/documents/5597/FTSU_Supplementary_information.pdf
[10] https://resolution.nhs.uk/ppa-training/

This was a recommendation from the Brighton and Sussex University Hospital NHS case review in 2019.[11]	The trust had recognised one of the gaps identified in the self-assessment was around learning from the NGO's published case reviews. The six monthly speak up report (period September 2019 – February 2020) went to the Trust Management Group on the 24 March 2020. This included learning from the NGO's case reviews. As the trust were in COVID-19 major incident at that time, the paper was stood down due to COVID-19 pressure on the trust board meeting agenda. The next report will go to the trust board.
6. Speaking up audit The trust had an audit carried out which combined the trust's complaints and 'whistleblowing' procedures, for 2018 – 19. Some matters relating to speaking up were not addressed. The internal audit could have been strengthened if there had been a separate audit for Speaking Up only. An audit should address all aspects of the FTSU Guardian role as set out in NGO and NHSI board guidance. The trust was planning a speaking up only audit as part of its compliance with board guidance.	The trust will make a recommendation at its Audit and Risk Committee that the next internal audits for Freedom to Speak Up should be separated from its audit of complaints management. The scope for the audit will be agreed by the Internal Auditor and the Executive Lead.
7. Thanking workers for speaking up Neither worker who shared their experiences of speaking up in the trust said they were thanked at the time for raising their concerns by any individual responsible for responding to the matters they raised. One of the workers stated they were 'dismissed, intimidated and misinformed'.	The trust has provided details of how the thanking of staff for speaking up has been embedded in the work of the FTSU Guardian and the trust's Speak Up Advocates. This is included in the training package for new advocates and staff who raise concerns by email should receive a response that very clearly offers thanks to them for speaking up.

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[11] https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20190619-brighton-and-sussex-university-hospitals-nhs-trust-a-case-review-of-speaking-up-processes-policies-and-culture.pdf

It should be noted the period these concerns cover was prior to the current FTSU Guardian taking up their post. Workers who speak up should be meaningfully thanked, regardless of the issues raised. This is a recommendation made previously in the case review of Derbyshire Community Health Service NHS Foundation Trust in 2018[12], and a finding from the North West Ambulance Service NHS Trust case review in 2019.[13] This is also expected of FTSU Guardians in the training provided by the NGO.	The FTSU Guardian will review their staff feedback survey to include the question 'Were you thanked for raising a concern?' This survey is sent to everyone who contacts the FTSU Guardian to speak up. The FTSU Guardian includes the need to thank people for speaking up in training and when visiting different services/managers within the trust. This will be an ongoing programme of work.
8. Lack of response to speaking up in accordance with trust policy Following a worker speaking up about bullying and harassment, there was considerable delay in responding to them. Having originally spoken up, they were offered mediation, in accordance with trust policy, but they declined, and no further action was taken in respect of the matter. When the same worker then raised similar allegations about a different colleague, the trust responded by senior managers visiting the clinical team concerned to tell the team to support the colleague about whom concerns were raised. This was not in line with trust policy. There was a further example where the worker in question believed the matter they raised was not investigated. This is disputed by the trust.	Both cases reviewed were reported some years ago. The trust has provided details of steps taken to ensure this situation would not arise now at Whittington Health: • Implementation of an electronic employee relations case monitoring system which ensures investigations are timely • Accountability, framework and governance arrangements reporting to trust board • Supervision of the FTSU Guardian • Extensive support and training of managers and leaders in managing staff concerns • The FTSU Guardian is providing training aligned with the NGO, NHS England and Improvement. • The grievance policy has been revised and key performance indicators on management of cases is reported to trust workforce committee. This will be written in the revisions to the policy in 2020.

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[12] https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20180620_ngo_derbyshirecommunityhealthservices_nhsft-case_review_speaking_up_processes_policies_culture.pdf
[13] https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20190909-north-west-ambulance-service-nhs-trust-a-summary-of-speaking-up-learning-and-actions-in-response.pdf

9. Support for those who handle speaking up and those who raise matters

One worker who spoke up and their line manager stated they were unsure of what processes and procedures should be followed in response; they found them confusing.

They stated they did not feel sufficiently supported in understanding the processes to be followed in response to Speaking Up.

Another worker knew what was meant to happen according to trust's policies, but the policies were not followed.

The NGO expects all organisations to follow the national guidance on training and provide training on speaking up for all those who deal with speaking up cases.[14]

The trust has implemented an electronic case management system to monitor employee relations activity. This enables the human resources service to work with managers to monitor and explain procedures and timescales to respond.

There is dedicated human resources business partner support for each business unit in the trust and they work closely with the directors and managers of the services. The FTSU Guardian is currently in the process of providing training to human resources business partners. There is a designated human resources business partner contact who will also support training and provide advice to human resources business partners on an ongoing basis.

The trust has 30 'speaking up' advocates to support understanding of processes to be followed in response to Speaking Up.

10. Feedback in speaking up cases

A worker who spoke up about bullying did not receive feedback regarding the trust's response. The same worker, who spoke up about alleged fraud by a colleague, did not receive feedback about whether the matter was investigated.

In another matter relating to patient safety, feedback was not provided in a timely manner.

A different worker who spoke up about bullying and who then declined the mediation that was offered in response received no further feedback about how the trust intended to handle the matter.

It is noted the current trust 'whistleblowing' policy states, 'the trust may not be able to freely provide full feedback' and feedback may be given 'subject to the trust's legal obligations of confidentiality.'

The trust has provided details of the steps taken to ensure this situation would not arise now at Whittington Health. There are now regular meetings between human resources and the FTSU Guardian, and a link person between human resources and the FTSU function was also appointed to facilitate communication and feedback.

The training for the FTSU Guardian and the Speak Up Advocates also includes how to provide feedback.

The trust is keen to enhance the work around Freedom to Speak Up and is planning to promote this through trust communications.

The trust FTSU Guardian reports a positive relationship with the NGO and feels able to freely contact the NGO for support and guidance.

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[14] https://www.nationalguardian.org.uk/wp-content/uploads/2019/10/20190812-national-guidelines-on-freedom-to-speak-up-training-in-the-health-sector-in-england.pdf

Workers should receive meaningful feedback to provide assurance the organisation has listened to them and taken action. The trust should ensure the training around Freedom to Speak Up includes clear guidance on the type of feedback that can be provided, and the risk associated with not providing appropriate feedback. The ability to provide feedback to a worker who speaks up to them is essential for a FTSU Guardian. Refusal to provide feedback can result in continuing concerns around risks to patient safety. The failure to provide feedback is a recurring theme in case reviews to date and has been the subject of previous recommendations.	
11. Delays in handling grievances Details from grievance cases raised by two workers triggered by the trust response to their speaking up matters showed the trust's response significantly exceeded the timeframes provided in the grievance policy. The trust acknowledged the delays in these cases, which occurred some time ago. The trust did not respond to the first grievance raised for over two months; in the second case, it took the trust over 10 months to conclude. In another case raised there was delay, and on this occasion where the worker who spoke up was kept informed of the delay and the reasons for this, they found this helpful and supportive. The trust grievance policy states 'informal' resolution will take "no more than 10 calendar days from the date of the request"; 'formal' resolution will take 21 calendar days. The trust should take appropriate steps to ensure grievance cases are addressed within	The trust has provided details of the steps taken to improve the trust's management of grievances. A new policy is in place. At the next review of the policy, information in the policy will be further strengthened with reference to the role of the FTSU Guardian. The trust undertook an in-depth review of the culture of the organisation, specifically looking at bullying and harassment. This report was published in June 2018. All recommendations have been considered and taken forward (reported to the Trust Board) in July 2018 and records of the meeting which are in the public domain can be found on the trust website.

the time frames set out in its policies and procedures.	
12. Conflict of interest in grievance proceedings A potential conflict of interest arose during a grievance process following a worker speaking up. A manager was called as a witness in support of the worker about whom the grievance had been raised and was also responsible for implementing any findings that came out of the grievance hearing. The worker raised the matter but was told the manager was not conflicted. The manager expressed to our review they could understand the views of the worker at the time, adding 'It didn't feel quite right to do it' but was advised by human resources it was appropriate. The rules of natural justice apply to grievance proceedings, as set out in national ACAS guidance and codes of practice.[15][16] These circumstances constitute a potential breach of those principles. Issues relating to conflicts of interest were raised in the case reviews of Royal Cornwall NHS Trust in 2018[17] and North West Ambulance Service NHS Trust in 2019.[18]	The trust has implemented processes and procedures to ensure conflict of interest is considered. References to these procedures are included within relevant trust policies. • Use of external investigators for formal reviews and investigations • Review of the human resources employee relations department • Electronic case management system to monitor activity • Fair treatment panel for all disciplinary investigations.
13. Failure to disclose the details of a grievance A group of workers against whom a grievance was raised were initially told they were not entitled to know what the grievances were about. One of the workers said they were told to attend mediation and disciplinary action	The trust has provided details of its new grievance policy which has been shared across the organisation as well as being jointly approved by the trust and staff side. The human resources business partners are aligned to each of the business units in the trust and they play an important role in supporting managers through the process.

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[15] https://archive.acas.org.uk/media/1043/Discipline-and-grievances-at-work-The-Acas-guide/pdf/DG_Guide_Feb_2019.pdf
[16] https://www.acas.org.uk/acas-code-of-practice-for-disciplinary-and-grievance-procedures/html
[17] https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20181219-royal-cornwall-nhs-trust-a-review-of-the-handling-of-speaking-up-cases-.pdf
[18] https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20190909-north-west-ambulance-service-nhs-trust-a-summary-of-speaking-up-learning-and-actions-in-response.pdf

would be taken if they did not. This was contrary to the trust grievance policy. The trust should take steps to ensure this aspect of its grievance policy is always followed.	The trust has trained 80 mediators to support managers and staff. The trust has 30 Speak Up Advocates.
14. Exit interviews One of the workers who spoke up about a range of matters and who raised a grievance about how the trust had responded to the matters they had raised was not offered an exit interview before they left the trust. This did not give them an opportunity to speak up and provide feedback about the trust's working culture, or the emotional distress they experienced.	The trust is planning a review of exit interviews and questionnaires in 2020/21 which will include a question regarding FTSU/raising concerns. The FTSU Guardian will be informed when the feedback references the role. The trust is launching a new staff engagement application which will include information and a facility for staff to engage with an exit interview, information sharing and staff experience.

Annex A:

The scope of the role of Freedom to Speak Up Guardians

The purpose of the Freedom to Speak Up Guardian role is set out in a job description, issued by the National Guardian's Office in March 2018,[19] which states:

Freedom to Speak Up Guardians help:
- Protect patient safety and the quality of care
- Improve the experience of workers
- Promote learning and improvement

By ensuring that:
- Workers are supported to speak up
- Barriers to speaking up are addressed
- A positive speaking up culture is fostered
- Issues raised are used as opportunities for learning and improvement

As implied by this summary, the range of issues a Freedom to Speak Up Guardian can support a worker to raise is not restricted to any type and instead covers a range of matters, including, but not limited to:

- concerns about unsafe clinical practice
- staffing and resource levels
- cultural concerns
- bullying and harassment
- training and improvement ideas
- personal employment issues
- dignity at work issues

The NGO has observed in its case reviews that a barrier to speaking up has been created where workers are told by their employer the matters they wish to speak up about are not within the scope of the FTSU Guardian to support.[20]

Many of the matters a FTSU Guardian can support a worker to raise will carry their own set of policies and procedures. In such circumstances, the FTSU Guardian can help a worker explore the best way to speak up under those processes, including helping them to understand their rights and obligations under that policy.

As stated in the job description, FTSU Guardians also promote learning and improvement within their organisation, helping to ensure lessons learned from the issues raised by workers are actioned appropriately to deliver lasting improvement.

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[19] https://www.nationalguardian.org.uk/wp-content/uploads/2019/10/20180213_ngo_freedom_to_speak_up_guardian_jd_march2018_v5.pdf
[20] https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/201801107-nottinghamshire-healthcare-nhs-foundation-trust-a-review-of-the-handling-of-speaking-up-cases.pdf

The job description makes clear Freedom to Speak Up Guardians should act '*independently, impartially and objectively*.' They should therefore neither act, nor be seen to act, as either the representative of an individual worker, or for an organisation, but instead be an independent arbiter for their organisation's speaking up processes, helping to lead cultural change and improvement.

Meeting title	Trust Board – public meeting	Date: 24 June 2020
Report title	Quality Assurance report	Agenda item: 8
Executive director lead	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals	
Report author	Gillian Lewis, Head of Quality Governance	
Executive summary	In March 2020, the Trust Board reviewed the Care Quality Commission (CQC) inspection report which rated the Trust as 'Good' overall, with community services rated as 'Outstanding'. The overall findings of the CQC were very positive, recognising 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**". The CQC issued three regulatory actions to the trust relating to mental health provision in the Emergency Department (rapid tranquilisation observation and environment) and medicines management in community children's health services. The action plan for the regulatory requirements was sent to CQC before the revised deadline of 29th May 2020, and a summary is included in this report. All other quality assurance/regulatory inspections and peer reviews are paused over the COVID-19 national emergency. The trust has maintained regular engagement with their CQC relationship mangers over this period.	
Purpose	Update the Trust Board on the actions taken in respect of the regulatory requirements from the CQC inspection	
Recommendations	Trust Board members are asked to note the: i. actions taken and planned in response to the regulatory requirements from the CQC inspection report ii. continued work taking place as part of the Better Never Stops programme.	
Risk Register or Board Assurance Framework (BAF)	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.	
Report history	CQC regulatory action plan approved at Quality Assurance Committee	
Appendices	None	

Quality Assurance report

1.   Introduction

1.1   The CQC report was published in March 2020. The overall findings of the CQC were very positive, recognising 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".** The hospital maintained it's rating of 'good' and through the improvements made in children's health services, the overall rating for Whittington Health's community services was raised to 'outstanding'. The inspection rated the key line of enquiry for caring as outstanding.

1.2   The report highlighted many areas of outstanding practice, including;

- The emergency department (ED) 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 ED actively engaged local partners and charities to improve patient outcomes and provide a holistic approach to their care and treatment needs.
- 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.
- Support teams provided for children aged under five years old 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 Critical Care Unit (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 and facilitated three stoma care support groups which met the needs of the local people at a time which suited them.
- 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.

1.3   The Trust maintained a rating of 'outstanding' for caring and noted that '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.'

1.4   Importantly, the CQC also highlighted a number of areas for improvement, including three regulatory actions.

2.   Regulatory Actions

2.1   The CQC divides recommendations into two categories; action the trust MUST take to ensure compliance with its legal obligations, and action a trust SHOULD take 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).

2.2   Action the trust MUST take to improve:

2.3   **Action 1: 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). (This related to the Emergency Department ED)**

2.4   Trust response: The trust policy "Care of patients with challenging behaviour" and the "Algorithm for Rapid Tranquilisation in Adults" were reviewed in 2019, prior to CQC inspection. It should be noted that the number of patients receiving rapid tranquillisation in the Emergency Department was low, and this has been further reduced by the new adult mental health 136 pathway. Actions taken included:-

- the Trust algorithm was reviewed and amended at the Drugs and Therapeutic Committee in March 2020, to ensure it is in line with NICE guidance
- An Standard Operating Procedure (SOP) is being developed and approved for patient rapid tranquillisation usage in the Emergency Department and acute hospital settings, to clearly outline the requirements for physical health observation monitoring
- A physical health observation patient record sheet was added to the mental health pack that clinical staff complete for any patients on a close observation in ED, use of rapid tranquillisation is recorded on DATIX (electronic clinical reporting system)
- Record keeping audit of patient observations to be audited, however, due to the low mental health patient numbers this hasn't been completed yet.

2.5   **Action 2: The trust must ensure that medicines are managed safely within community services (Regulation 12 (2) (g)**

2.6   Trust Response: A detailed review of all community children's services locations was completed in January 2020, with detailed medicine management action plans developed in conjunction with the site leadership team. An immediate medicine stock check was completed with any out of date stock returned to pharmacy. The arrangement for prescription pads (FP10) storage was reviewed. A temperature monitoring probe in one of the drug fridges was repaired and an SOP for medicines management approved. Due

to COVID-19 national emergency, a number of the original action plan deadlines were extended, however the divisional management team is on target to ensure medicines management training is provided to each clinical area by end July 2020.

2.7 **Action 3: The trust must ensure that the environment used for mental health patients is therapeutic and promotes dignity and respect (Regulation 10).**

2.8 Trust response: The revised adult crisis (Mental Health Act Place of Safety) mental health pathway with Camden and Islington Foundation NHS Trust, Highgate Mental Health Unit has significantly reduced the number of patients with mental health presentations attending Whittington ED. This has been further strengthened as part of the North Central London response to COVID-19 through the development of the emergency pathway established at St Pancras hospital. The new Place of Safety Unit in the Highgate wing is now open and the trust capital money programme for 2020/21 will consider renovations to the environment in ED.

3. Better Never Stops programme

3.1 Due to the COVID-19 national emergency, the Trust did not get opportunity to celebrate the positive CQC results in the way planned. There was a real momentum to continue improving following the preparation period for the inspection, which was initially lost as the pandemic hit. The Trust also had to make significant changes quickly, many of which have led to improvements and benefits which the trust wants to lock in. There is a need to measure and sustain the changes through applying quality improvement (QI) principles.

3.2 The COVID-19 QI projects have been named as '**Phoenix Projects'**, and the QI Lead and Associate Medical Director for Quality Improvement and Clinical Effectiveness are currently working with colleagues from across the Quality Governance Department, and Project Management Office team to develop a Whittington Health Improvement Faculty with a clear strategy and programme for COVID-19 recovery based on Better Never Stops.

4. Recommendations
Trust Board members are asked to:

i. Note the actions taken and planned in response to the regulatory requirements from the CQC inspection report

ii. note the continued work taking place as part of the Better Never Stops programme

Meeting title	**Trust Board – Public Meeting**	Date: **24 June 2020**
Report title	**Serious Incidents Update – May 2020**	**Agenda item:** 9
Executive director lead	Dr Clare Dollery, Executive 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 May 2020. The report also includes a summary of key recommendations and learning shared as a result of the Serious Incident investigations completed in March 2020. • One Serious Incident was declared in May 2020. • Due to Covid-19 pandemic, the 60 day deadline for Investigations has been temporarily suspended.	
Purpose:	Assurance	
Recommendation(s)	The Trust 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 SI's and root cause analysis investigations.	
Report history	Report presented at each Public Board meeting	
Appendices	None	

Serious Incidents Update: June 2020 Board Report.

1. Introduction

1.1 This report provides an overview of Serious Incidents (SI) declared externally via Strategic Executive Information System (StEIS) and a summary of the key learning from Serious Incident reports completed in May 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 one Serious Incident in May 2020. The total number of reportable incidents declared by the Trust between 1st April 2020 and 31st May 2020 is three.

Table 1: *Serious Incidents*

SI Ref:	ICSU	Description	Incident Date	Datix Date	Incident Datix Interval	StEIS Date	Datix-StEIS Interval
8609	S&C	HCAI/Infection control incident meeting SI criteria An outbreak of Klebsiella aerogenes on the Critical Care Unit.	30/04/20	30/04/20	0 days	07/05/20	5 days

4. Serious Incidents declared and investigations completed in the last six months

Chart 1 below indicates the number of Serious Incidents declared by the Trust in the last six months as well as the number of investigation reports which were submitted to the North East London Commissioning Support Unit (NELCSU).

***Chart 1:** (Below):* Serious Incidents declared and investigations completed in the last 6 months.
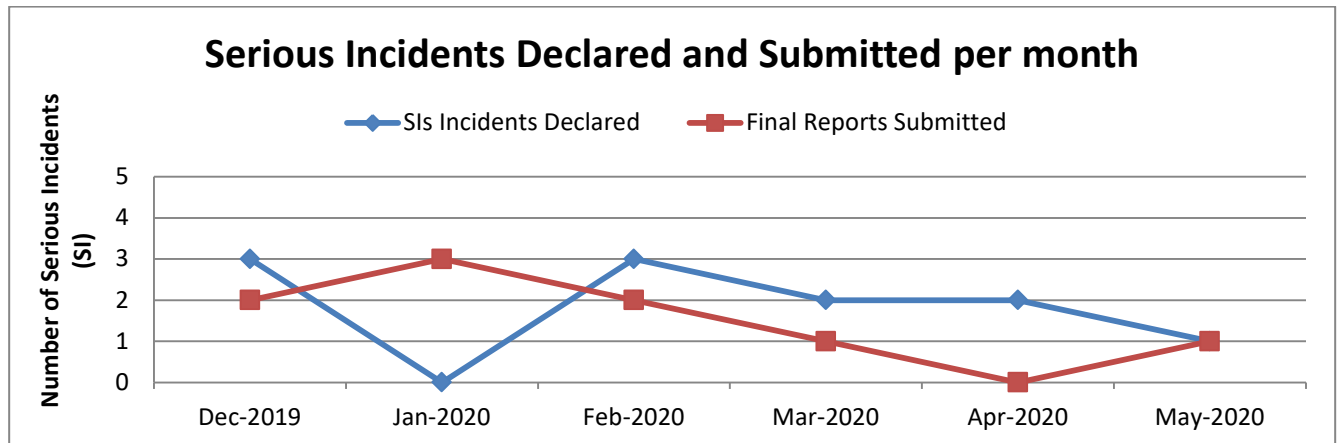
4.1 **Chart 2** (*below): Shows the number of Serious Incidents declared by Integrated Clinical Service Unit (ICSU) in last 6 months (between December 2019 and May 2020)*
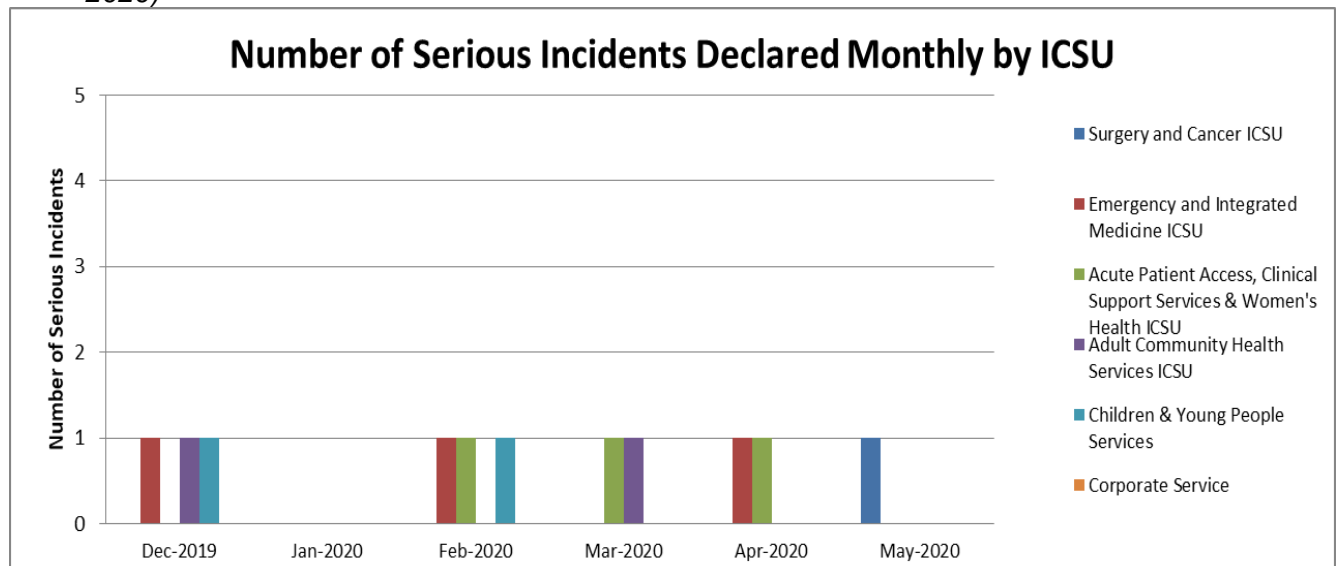
5. Duty of Candour

5.1 The Trust has executed its duties under the Duty of Candour Process in May 2020.

6. Shared learning from reports submitted to North East London Commissioning Support Unit (NELCSU) during May 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 Integrated Clinical Service Unit (ICSU) 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.

7. Learning from SI investigation (2019.27965) Delayed assessment by Speech and Language Team (SLT) in the community.

7.1 A patient referred as urgent (10 working day aim) to the SLT community team waited 10 weeks for an assessment, due to staffing shortages. During this time the patient was admitted to hospital with a chest infection, which could have been related to aspiration and was potentially avoidable with an earlier swallowing assessment by SLT.

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

- An immediate review of the backlog of all urgent and routine referrals of patients waiting was undertaken.

- An additional band 6 SLT post was created to increase staffing capacity within the team following approval of a business case.

- Rehabilitation technicians are being trained to carry out follow up visits to support SLT.

- Clinically led weekly caseload reviews are being carried out to monitor staff productivity to ensure job plans are complete.

- Non-clinical tasks previously performed by clinicians will now be completed by administrative staff to release capacity.

- Weekly monitoring of waiting times will take place and all breaches will be reviewed and escalation to the Director of Operations. Where urgent referrals waiting beyond 10 days are identified a clinical harm review will be completed.

- All Integrated Community Therapy team (ICTT) staff must use a multifactorial assessment and escalate to the SLT team should they identify patients requiring a swallow assessment.

8. Spotlight on Safety

SPOTLIGHT ON SAFETY

YOUR PATIENT SAFETY UPDATE

Vol. 22 May/June 2020

Spotlight on: **IPC fit testing**

Respiratory protective equipment (RPE) is used throughout the healthcare sector to provide protection to staff from airborne pathogens and hazardous chemical substances.

It is also required when undertaking an Aerosol Generating Procedure (AGP) where a pathogen may be present. An AGP process generates aerosols ($\leq 5\mu m$) which can result in exposure to aerosolised pathogenic particles. FFP3 masks protect against 99.9% of airborne pathogens. However, to be used properly, limit cross contamination and ensure infection prevention, staff must be made aware of the potential dangers when RPE is not used and trained in how to fit test and don/doff/maintain their RPE correctly.

There are 7 exercises staff must undertake during a fit test, and this can take up to one hour to perform (though more likely 30 minutes).

- Normal Breathing
- Deep Breathing
- Head Side to Side
- Head Up and Down
- Talking
- Bending
- Normal Breathing.

Masks (RPE) used at Whittington Health

Duck bill masks   Round Masks

A summary of the number of tests conducted between March & May and their results can be found below:

Number of Tests conducted Mar-May 2020

Qualitative	Quantitative	Sensitivity Test only
43	95	24
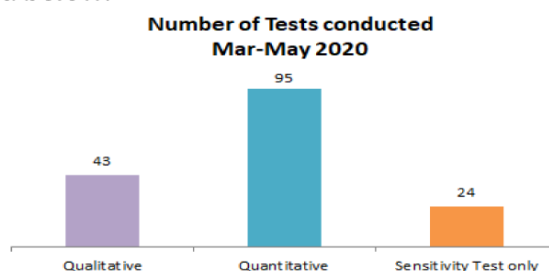
Test results Mar-May 2020

Fail, 52, 38%
Pass, 86, 62%
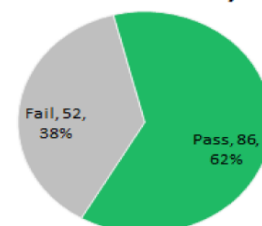
If staff fail a fit test they are tested again. If there is a second fail on the same type of mask, another type of mask is offered as well as a different method of testing.

How to book a fit test?
You can book a fit test by contacting the Infection Prevention Control Team on: whh-tr.IPCT-whitthealth@nhs.net or via: 020 7288 3679

🔥 Hot topic: Point of care testing

Please scan the patient's wrist band or Sunquest Ice form when using point of care devices. Do not use the barcode on the patients notes.

Traceability tags
Important notice - this is a legal requirement

All blood component tags and pink forms must be returned via the designated box on all wards. Traceability stickers must be placed on the transfusion obs / prescription charts.

Whittington Hospital
Tel: 0207-288-5766 / 0207-272-3070

If all or part of this unit is transfused then this section **must be completed, detached and returned** to the blood transfusion laboratory

Unit donation Nos

Component/Product

Lab Nos

Surname
Forename
Hospital Nos
NHS Nos
D.O.B.
Ward/Dept

I confirm that this patient has received all or part of this unit

Peel off and place in patient's transfusion record

Unit donation Nos
Product
Date/Start Time

Signature

Important information overleaf

When completed tear off this section and returns the blood transfusion laboratory

Whittington Health	Edition: 1	TF BT 400 361
Blood Transfusion Department	Author: J Dalton	Page 1 of 1
Print Date: 18 January 2016	Authorised by: S Marston	Issue Date: 31 October 2015

TF BT 400 361   Emergency O Rh D Negative K Negative Blood Form

WARNING: This O Rh D Negative K Negative blood is for use in life threatening emergencies only.

SEVERE REACTIONS may occur in patients with atypical antibodies.

CHECK the patient's notes - especially if currently or previously pregnant, or has a history of transfusion.

Immediately Telephone the Blood Transfusion Laboratory (ext 5762 or bleep 2686 out of hours) if this blood is used so that a replacement unit can be arranged.

It is a **MANDATORY** requirement of the Blood Safety & Quality Regulations to fill in the details below and return this form to the Blood Transfusion Laboratory as soon as possible after the blood has been used.

Blood Unit No:

Patient Name:

Hospital No:

Department:

Date Used:

Time Used:

Blood given by: (print)

Signature:

Never Event: unintentional connection of a patient requiring oxygen to an air flow meter

In April we declared a Never Event regarding the unintentional connection of a patient requiring oxygen to an air flow meter. This patient was transferred from resus and was noticed to be short of breath, on inspection the nurse found they had been attached to the air flowmeter instead of oxygen flowmeter. The patient was switched to oxygen and recovered quickly.

Following this incident we undertook a scoping exercise to review current practice and assess if the actions agreed previously were completed. The review highlighted that some clinical areas were using both air flowmeters and compression machines. Air flowmeters have now been removed from all areas with compression machines and wall air ports have been blocked off.

We have reinstated the monthly air flowmeter audit, checking that air flowmeters are not attached to the air flow ports - unless they are in use, and are stored correctly, with a identifying flap and cap in place (as shown below).

Please ensure the following actions are carried out in your clinical area in relation to air flow meters:

- you and your team are following the correct practice based on the trustwide risk assessment; the majority of clinical areas should be using compression machines only and no longer be using air flowmeters
- Regular checks are in place to ensure airflow meters are removed after use
- Medical air flowmeters are removed from wall outlets and stored in an allocated place when not in active use.
- Air flowmeters are fitted with movable flap and clearly identified (please see the picture adjacent)
- Medical air wall outlets are covered with designated caps in areas where there is no need for medical air.

Remember only trained staff should connect patients to oxygen or air.

Air flowmeters MUST be removed from the walls when not in use. If you see an air flowmeter left in situ, report it to your ward manager.

Flaps, caps and nipples can become loose - please report any issues to estates and facilities ASAP to ensure repairs are carried out quickly and appropriately.

EVENTS AND TRAINING

Grand Round - now being held virtually, please contact the WEC team or see the intranet for further information.

Datix training for 2020

The risk management team run monthly datix training sessions through the year to run through incident reporting, management and how to search for incidents and run reports. Please find details of each session below:

Do you have items for the newsletter?
Contact: claire.challinor@nhs.net

2nd June, 11:00, WEC Room 5
7th July, 10:00, WEC Room 5
4th August, 09:30, WEC Room 5
8th September, 14:00, WEC Room 8

6th October, 10:00, WEC Room 8
10th November, 10:00, WEC Room 8
2nd December, 14:00, WEC Room 8

To book onto a training session please email: datixadministrator.whitthealth@nhs.net

9. The Patient Safety Learning Page

9.1 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 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.

10. Recommendation

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

Meeting title	Trust Board – Public Meeting	Date: 24/6/2020
Report title	Serious Incidents Update – April 2020	Agenda item: 9.1
Executive director lead	Dr Clare Dollery, Executive 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 April 2020. The report also includes a summary of key recommendations and learning shared as a result of the Serious Incident investigations completed in March 2020. • Two Serious Incidents were declared in April 2020. • Due to Covid-19 pandemic, the 60 day deadline for Investigations has been temporarily suspended.	
Purpose:	Assurance	
Recommendation(s)	The Quality Assurance Committee 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 SI's and root cause analysis investigations.	
Report history	Report presented at each Public Board meeting	
Appendices	None	

Serious Incidents Update: April 2020 report

1. Introduction

1.1 This report provides an overview of Serious Incidents (SI) declared externally via Strategic Executive Information System (StEIS) and a summary of the key learning from serious incident reports completed in April 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 two Serious Incidents in April 2020. There was a 12 day delay from identification of the Never Event incident, to declaration as an SI on StEIS as a result of delays in the early investigation process due to Covid-19 pressures.

Table 1: *Serious Incidents*

SI Ref:	ICSU	Description	Incident Date	Datix Date	Incident Datix Interval	StEIS Date	Datix-StEIS Interval
6537	ACW	Maternal Death			**1**		**4**
6921	EIM	Never Event Unintentional connection of a patient requiring oxygen to an air flowmeter.	29/03/20	31/03/20	**2**	16/04/20	**12**

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 May 2019 and April 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*
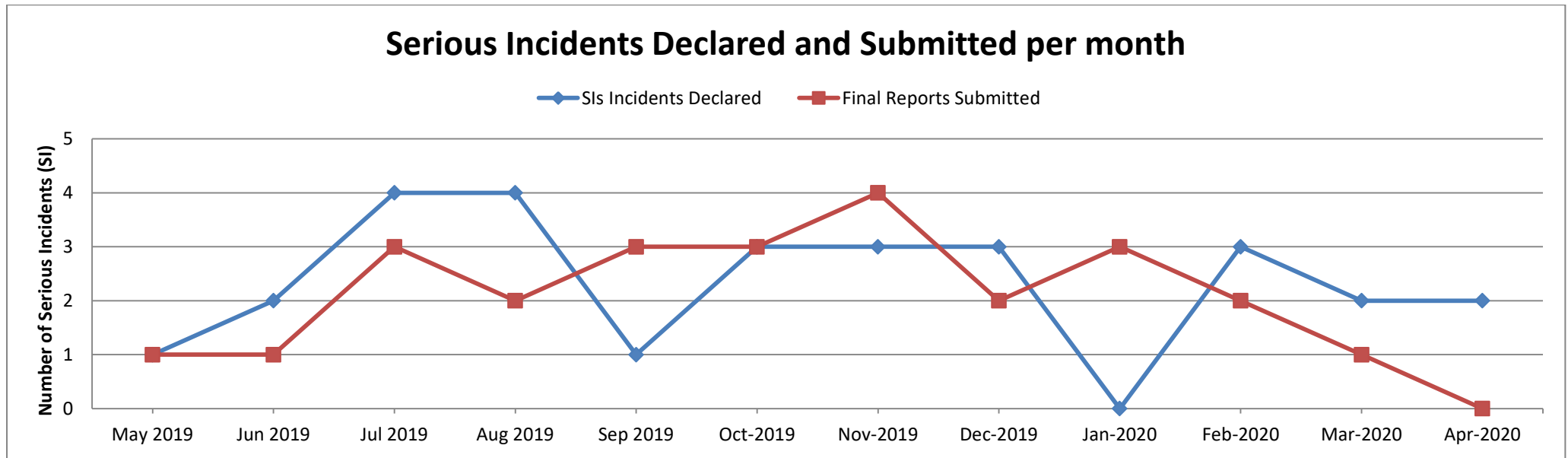
Serious Incidents Declared and Submitted per month

◆ SIs Incidents Declared   ■ Final Reports Submitted

4.1   **Chart 2:** *(below): shows the number of Serious Incidents declared by Integrated Clinical Service Unit (ICSU) in April 2020.*

Number of Serious Incidents Declared Monthly by ICSU

- Surgery and Cancer ICSU
- Emergency and Integrated Medicine ICSU
- Acute Patient Access, Clinical Support Services & Women's Health ICSU
- Adult Community Health Services ICSU
- Children & Young People Services
- Corporate Service
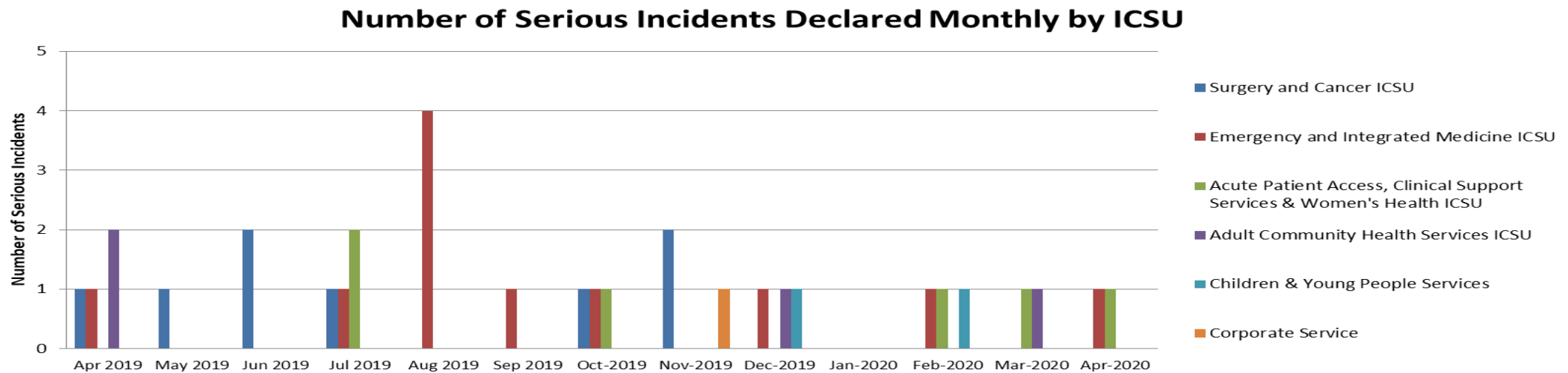
5. Never Event - Unintentional connection of a patient requiring oxygen to an air flowmeter.

5.1 The Trust declared a Never Event in April 2020. This was noted by exception in the March 2020 Trust Board paper.

5.2 A patient was transferred from the Emergency Department Resuscitation area to a bay and unintentionally connected to an air flowmeter instead of the oxygen flowmeter. The air flowmeter had been left in situ after the previous patient. When the error was identified, the patient was immediately changed over to oxygen and their observations improved quickly.

5.3 This is the second Never Event of oxygen/ air in the Emergency Department. There is an inherent risk of human error in connecting oxygen to air flowmeters, so to mitigate this risk air flowmeters must be removed after use and stored in a separate, designated area and are also fitted with a movable flap labelled 'AIR' to act as a further barrier. There are regular reminders and audits to check this is in practice.

5.4 This incident highlighted that during challenging times, the risk of human error is heightened. The Emergency Department have carried out a risk assessment and are currently trialling the use of air cylinders and compressor machines, to remove the need for air flowmeters.

5.5 A scoping exercise was carried out Trust wide to review current practice and assess if the actions agreed following the last Never Event were completed. Work is currently in progress to ensure that areas risk assessed for nebuliser usage have the air ports permanently blocked off to remove the risk.

6. Duty of Candour

6.1 The Trust has executed its duties under the Duty of Candour Process in April 2020.

7. Shared learning from reports submitted to North East London Commissioning Support Unit (NELCSU) during April 2020.

7.1 There were no reports submitted during April 2020.

8. Spotlight on Safety

8.1 The Trust wide patient safety newsletter is being provided online only during the Covid-19 pandemic. The next edition will be available at the end May 2020.

9. The Patient Safety Learning Page

9.1 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 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.

10. Recommendation

10.1 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:**	**24 June 2020**
Report title	**Financial Performance - May (Month 2) 2020/21**	**Agenda item:**	**10**
Executive Director Lead	Kevin Curnow, Chief Finance Officer (Acting)		
Report Author	Finance Team		
Executive Summary	In line with the new financial reporting guidance, the trust is reporting a breakeven position at end of May. The breakeven position includes a retrospective top up payment of £2.2m. The retrospective top up relates to additional costs incurred up to the end of May due to Covid-19 pandemic (£3.2m) partly offset by other underspends arising due to activity reductions (£1m).Overall there is an adverse variance of £1.34m on pay expenditure. Adverse expenditure variance is driven by additional covid costs. The Trust continues to monitor its costs base to ensure where possible expenditure incurred is aligned with activity and costs committed to Covid-19 are non-recurrent in nature. Cash at end of May 2020 was £62.1m. The Trust has spent £1.1m of its capital allocation at end of May.		
Purpose:	To discuss the month 2 performance and 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 to end of May 2020, recognising the need to improve income delivery, reduce temporary spend and improve the delivery of CIP plans.		
Risk Register or Board Assurance Framework	Sustainability risk entries		
Report history	Trust Management Group, 23 June 2020		
Appendices	None		

Trust reporting breakeven position at end of May	1	In line with the new financial reporting guidance, the trust is reporting a breakeven position at end of May. The breakeven position includes a retrospective top up payment of £2.2m. The retrospective top up relates to additional costs incurred up to the end of May due to Covid-19 pandemic (£3.2m) partly offset by other underspends arising due to activity reductions (£1m).
Cash of £62.1m at end of May	2	Cash at end of May was £62.1m. The higher cash value is due receipt of May and June block and top-up payments. The Trust is not anticipating any cash support for 2020/21.The Trust is unable to place funds with the National Loan fund as they are not accepting deposits due to Covid-19.
Capital plan for 2020-21 is £14.5m. Spend at end of May was £1.1m	3	The Trust submitted a capital plan of £14.5m in May. This plan is in line with North Central London STP allocation. The Trust has spent £1.1m of its allocation at end of month 2
Monitoring expenditure trends to ensure value for money	4	Though the current financial arrangement is likely to be extended beyond Q1, the trust is continuing to monitor its costs base to ensure where possible expenditure incurred is aligned with activity and costs committed to Covid-19 are non-recurrent in nature. The trust is also continuing to develop its cost improvement programme (CIP) for 2020-21 to deliver its CIP target of £15m.

Summary of I&E Position – Month 2

	In Month			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Income						
NHS Clinical Income	24,241	23,018	(1,223)	48,585	47,473	(1,112)
High Cost Drugs - Income	700	692	(8)	1,400	1,342	(59)
Non-NHS Clinical Income	734	1,150	415	1,367	2,282	915
Other Non-Patient Income	2,943	4,116	1,173	5,886	8,216	2,331
Income Cips	0	0	0	0	0	0
	28,619	28,976	357	57,238	59,313	2,075
Pay						
Agency	(34)	(683)	(648)	(54)	(1,301)	(1,248)
Bank	(113)	(1,741)	(1,628)	(295)	(3,813)	(3,518)
Substantive	(20,089)	(18,535)	1,554	(40,126)	(36,694)	3,431
	(20,237)	(20,959)	(722)	(40,474)	(41,809)	(1,335)
Non Pay						
Non-Pay	(6,516)	(5,862)	654	(13,032)	(13,283)	(251)
High Cost Drugs - Exp	(690)	(634)	56	(1,380)	(1,299)	81
	(7,206)	(6,496)	710	(14,412)	(14,583)	(170)
EBITDA	1,176	1,522	346	2,351	2,921	570
Post EBITDA						
Depreciation	(592)	(737)	(145)	(1,184)	(1,382)	(198)
Interest Payable	(244)	(272)	(28)	(488)	(536)	(48)
Interest Receivable	19	0	(19)	38	6	(32)
Dividends Payable	(512)	(512)	0	(1,024)	(1,008)	16
	(1,329)	(1,521)	(192)	(2,658)	(2,921)	(263)
Reported Surplus/(deficit) before PSF	(153)	0	153	(307)	0	307
PSF	154	0	(154)	308	0	(308)
Reported surplus/(deficit) after PSF	1	0	(1)	1	0	(1)

- Trust is reporting a year to date breakeven position for M2. This in line with reporting guidance from NHSI/E

- Breakeven position was achieved by including an additional top up of £2.2m. This additional top up was required to offset the incremental cost impact of Covid-19

- Costs incurred due to Covid-19 for April and May was £1.7m and £1.6m respectively

	£'m
Block Income	48.70
NHSI notified top-up	1.81
Retrospective top up to breakeven (covid offset)	2.17
Total	52.69

Income and activity

Due to the COVID-19 pandemic the usual PBR national tariff payment architecture and associated administrative/transactional processes have been suspended and the Trust will be funded through a combination of block payments and retrospective top up. These funding streams will enable the Trust to deliver a break-even position.

The comments and tables below refer to the Trust's performance against the Trust's original operating plan adjusted for the NHSE/I expected income requirement. Month two year to date position was £1.8m favourable to plan.

Income	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
A&E	1,462	973	(488)	2,886	1,785	(1,100)
Elective	1,888	270	(1,618)	3,873	471	(3,402)
Non-Elective	4,958	3,132	(1,826)	9,756	6,278	(3,478)
Critical care	598	688	89	1,177	1,812	635
Outpatients	2,744	605	(2,140)	5,624	1,290	(4,333)
Outpatients (Non Face to Face)	27	222	195	56	442	386
Direct Access	950	124	(827)	1,948	229	(1,719)
Community	6,113	6,113	0	12,227	12,227	0
Other Clinical income NHS	6,355	11,583	5,228	12,748	24,280	11,533
NHS Clinical Income	**25,096**	**23,710**	**(1,385)**	**50,293**	**48,815**	**(1,479)**
Non NHS Clinical Income	734	1,150	415	1,367	2,282	915
Total Income From Patient Care Activities	**25,830**	**24,860**	**(970)**	**51,660**	**51,097**	**(564)**
Other Operating Income Excluding Top Up	**2,943**	**1,912**	**(1,031)**	**5,886**	**4,234**	**(1,651)**
Operating Plan Total	**28,773**	**26,772**	**(2,001)**	**57,546**	**55,331**	**(2,215)**
Block payment (Top up)	0	907	907	0	1,814	1,814
Retrospective Top Up	0	1,297	1,297	0	2,168	2,168
Revised Total	**28,773**	**28,976**	**203**	**57,546**	**59,313**	**1,767**

There was an increase in all activity compared to month 1. The largest increases were in A&E attendances (32%), critical care (25%), elective activity (19%) and non-elective (12%). There is continued year to date significant underperformance across all activities, except for critical care and outpatients non face to face.

Activity	In Month Activity Plan	In Month Activity Actual	In Month Variance	YTD Activity Plan	YTD Activity Actual	Activity Diff
A&E	6,272	4,030	(2,242)	12,342	7,093	(5,249)
Elective	1,947	572	(1,375)	3,996	1,053	(2,943)
Non-Elective	1,907	1,260	(647)	3,753	2,390	(1,363)
Critical care	467	566	99	919	1,018	99
Outpatients	25,519	8,441	(17,078)	52,301	17,982	(34,319)
Outpatients (Non Face to Face)	886	7,980	7,094	1,816	15,832	14,016
Direct Access	88,445	11,835	(76,610)	181,313	23,317	(157,996)
Other Clinical income	8,619	5,478	(3,141)	17,309	11,066	(6,243)
Grand Total	**134,063**	**40,162**	**(93,901)**	**273,749**	**79,751**	**(193,998)**

Expenditure – Pay & Non-pay

Pay spend for May was £20.9m including £1.7m of costs relating to Covid-19.

| | 2019-20 | | | | | 2020-21 | |
	Nov	Dec	Jan	Average	Average Uplifted	April	May
Agency	706	813	554	691	691	479	510
Bank	1,881	1,810	1,969	1,887	1,887	1,588	1,145
Substantive	17,465	17,498	17,521	17,495	17,926	17,998	18,129
Grand Total	**20,051**	**20,121**	**20,044**	**20,072**	**20,503**	**20,065**	**19,785**
Covid costs						785	1,174
Total pay costs						**20,850**	**20,959**

Agency spend for May was £0.7m. This included £0.2m incurred due to Covid-19 pandemic and £0.5m of agency costs relating to non-covid expenditure.

Agency Trend

- - ■ - - 2019-20 Agency spend Incl. Covid ──◆── 2020-21 Agency spend Incl. Covid
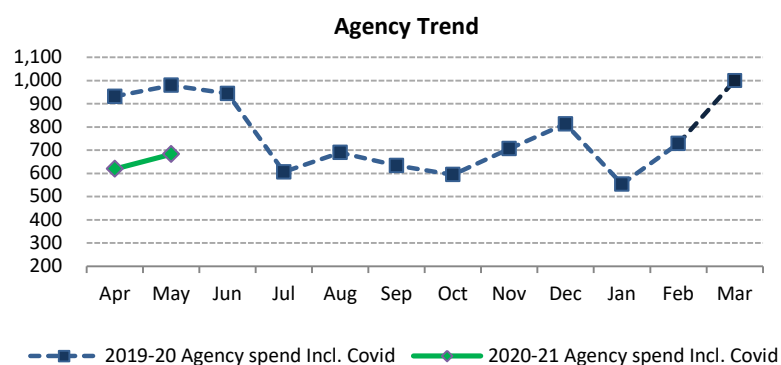
Non-pay Expenditure

Non-pay expenditure in May was £5.9m and included £0.4m of costs relating to treatment of Covid-19 pandemic

| | 2019-20 | | | | 2020-21 | |
	Nov	Dec	Jan	Average	April	May
Supplies & Servs - Clin	2,407	2,384	2,671	2,487	1,985	1,439
Supplies & Servs - Gen	298	249	281	276	204	381
Establishment	371	230	628	410	307	265
Healthcare From Non Nhs	48	59	59	55	54	52
Premises & Fixed	1,642	1,746	1,946	1,778	1,893	1,647

Plant						
Ext Cont Staffing & Cons	220	358	317	298	303	132
Miscellaneous	1,660	1,429	1,954	1,681	1,821	1,535
Grand Total	**6,645**	**6,454**	**7,856**	**6,985**	**6,567**	**5,450**
Covid Costs					854	412
Total non-pay costs					**7,422**	**5,862**

Excludes high cost drug expenditure

Integrated Clinical Service Units' (ICSUs) / Corporate Divisions in month and YTD variance from plan

	Trust Total		Adult Community		Children & Young People		Emergency & Integrated Medicine		Surgery & Cancer		Acw		Corporate Services		Corporate Central	
	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000	In Month variance £'000	YTD variance £'000
Income																
Nhs Clinical Income	(1,223)	(1,112)	(267)	(537)	(500)	(1,131)	(2,322)	(4,504)	(2,547)	(4,874)	(1,743)	(3,107)	(14)	(15)	6,170	13,056
High Cost Drugs - Income	(8)	(59)									(8)	(59)				
Non-Nhs Clinical Income	415	915	4	4	76	198	(6)	2	(11)	(23)	15	16	(5)	(10)	343	726
Other Non-Patient Income	1,173	2,331			(71)	(107)	(22)	(5)	(31)	(94)	(20)	(47)	(22)	(62)	1,338	2,645
Income Cips																
	357	**2,075**	**(263)**	**(533)**	**(495)**	**(1,040)**	**(2,350)**	**(4,506)**	**(2,589)**	**(4,991)**	**(1,756)**	**(3,197)**	**(41)**	**(86)**	**7,851**	**16,427**
Pay																
Agency	(648)	(1,248)	(134)	(246)	(56)	(138)	(73)	(175)	(32)	(65)	(126)	(241)	(54)	(69)	(172)	(313)
Bank	(1,628)	(3,518)	(87)	(204)	(101)	(204)	(212)	(608)	(55)	(241)	(158)	(295)	(221)	(476)	(794)	(1,491)
Substantive	1,554	3,431	252	593	140	380	334	663	184	325	388	679	177	345	79	447
	(722)	**(1,335)**	**30**	**143**	**(17)**	**37**	**49**	**(120)**	**96**	**19**	**104**	**143**	**(97)**	**(200)**	**(888)**	**(1,357)**
Non Pay																
Non-Pay	654	(251)	(44)	(91)	2	(108)	(24)	(138)	386	741	161	216	200	(216)	(26)	(655)
High Cost Drugs - Exp	56	81									56	81				
	710	**(170)**	**(44)**	**(91)**	**2**	**(108)**	**(24)**	**(138)**	**386**	**741**	**217**	**297**	**200**	**(216)**	**(26)**	**(655)**
EBITDA	**346**	**570**	**(277)**	**(481)**	**(510)**	**(1,110)**	**(2,325)**	**(4,763)**	**(2,107)**	**(4,230)**	**(1,436)**	**(2,757)**	**62**	**(503)**	**6,937**	**14,415**
Post EBITDA																
Depreciation	(145)	(198)													(145)	(198)
Interest Payable	(28)	(48)													(28)	(48)
Interest Receivable	(19)	(32)													(19)	(32)
Dividends Payable		16														16
	(192)	**(263)**													**(192)**	**(263)**
Reported Surplus/(deficit) before PSF	**153**	**307**	**(277)**	**(481)**	**(510)**	**(1,110)**	**(2,325)**	**(4,763)**	**(2,107)**	**(4,230)**	**(1,436)**	**(2,757)**	**62**	**(503)**	**6,745**	**14,152**
PSF	(154)	(308)													(154)	(308)
Reported surplus/(deficit) before PSF	**(1)**	**(1)**	**(277)**	**(481)**	**(510)**	**(1,110)**	**(2,325)**	**(4,763)**	**(2,107)**	**(4,230)**	**(1,436)**	**(2,757)**	**62**	**(503)**	**6,591**	**13,844**

Statement of Financial Position

Overall, the value of the balance sheet is £195.7m, £20.9m lower than plan.
The plan is based on the March submission that included impact of IFRS16.

The Trust had incurred £1.1m of capital to the end of May

Cash at end of May was £62.1m. The higher cash value was due receipt of May and June block and top-up payments. The Trust is not anticipating any cash support for 2020/21.The Trust is unable to place funds with the National Loan fund as they are not accepting deposits due to Covid-19.

THE WHITTINGTON HEALTH NHS TRUST
Statement of Financial Position

			Year to Date
	Actual	**Plan**	**Plan variance**
	31 May 2020	**31 May 2020**	**31 May 2020**
	£000	**£000**	**£000**
Property, plant and equipment and intangibles	232,843	267,519	(34,676)
Trade and other receivables	615	700	(85)
Total Non Current Assets	**233,457**	**268,219**	**(34,762)**
Inventories	2,538	2,000	538
Trade and other receivables	9,014	36,000	(26,986)
Cash and cash equivalents	62,083	31,275	30,808
Total Current Assets	**73,635**	**69,275**	**4,360**
Total Assets	**307,092**	**337,494**	**(30,402)**
Trade and other payables	55,073	90,288	(35,215)
Borrowings	26,060	1,694	24,366
Provisions	1,032	900	132
Total Current Liabilities	**82,165**	**92,882**	**(10,717)**
Net Current Assets (Liabilities)	**(8,531)**	**(23,607)**	**15,076**
Total Assets less Current Liabilities	**224,926**	**244,612**	**(19,686)**
Borrowings	28,674	27,164	1,510
Provisions	555	815	(260)
Total Non Current Liabilities	**29,229**	**27,979**	**1,250**
Total Assets Employed	**195,698**	**216,633**	**(20,935)**
Public dividend capital	72,358	99,584	(27,226)
Retained earnings	24,450	23,049	1,401
Revaluation reserve	98,890	94,000	4,890
Total Taxpayers' Equity	**195,698**	**216,633**	**(20,935)**

Meeting title	Trust Board – public meeting	Date: 24 June 2020
Report title	Integrated performance report	Agenda Item: 11
Executive director lead	Carol Gillen, Chief Operating Officer	
Report author	Paul Attwal, Head of Performance	
Executive summary	**Areas to draw to Board members' attention are:** **Emergency Department (ED) four hours' wait:** During May 2020 performance against the 4 hour access standard was 90.6% below the 92% trajectory. The national average in May was 93.5%, the London average was 93.10% and the NCL average was 92.80%. There has been a reduction in the number of Covid-19 related attendances and admissions and overall Covid-19 inpatients during this month. **Delayed Transfer of Care (DTOCs)** The percentage of DTOCs during April 2020 has been at its lowest rate since records began **Cancer** Performance against the national cancer standards for April 2020 has not been achieved. This is due to significant reduction in the number of referrals due to Covid-19 and also the subsequent significant reduction in capacity to treat cancer patients. **Workforce** KPIs have now been reinstated; however performance has been affected by the pandemic. Appraisal rates for May 2020 are at 65.8% against a target of 90%. The compliance against Mandatory Training has remained consistent at 79.9% in May 2020 against a target of 90%. Staff absence during the Covid period has been monitored on a daily basis.	
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, 23 June 2020	
Appendices	Cancer referrals' activity	

Performance Report
June 2020

Month 2 (2020 – 2021)

Summary

Category	Indicator	20_21 Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020-2021	
ED	Emergency Department waits (4 hrs wait)	>95%	90.1%	84.8%	82.8%	87.7%	83.6%	80.1%	77.8%	80.5%	83.2%	82.5%	83.2%	90.6%	87.5%	❗
Cancer	Cancer - 14 days to first seen	>93%	97.0%	94.4%	92.0%	89.8%	91.3%	96.6%	97.3%	95.5%	96.8%	95.5%	85.5%		85.5%	
Cancer	Cancer - 62 days from referral to treatment	>85%	81.3%	85.9%	78.2%	89.4%	90.3%	77.6%	93.0%	72.1%	81.1%	87.1%	75.9%		75.9%	
Admitted	Non Elective Re-admissions within 30 days	<5.5%	4.23%	5.06%	5.72%	5.65%	5.48%	4.94%	5.43%	4.91%	4.85%	5.98%	8.37%	7.16%	7.68%	❗
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	3.3%	4.0%	2.8%	2.2%	2.8%	2.9%	2.6%	2.8%	4.5%	2.6%	0.6%		0.6%	
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.0%	92.0%	92.2%	92.1%	92.0%	92.1%	92.0%	92.0%	92.1%	88.3%	79.9%	71.6%	75.9%	❗
Outpatients	Outpatients - FFT % Positive	>90%	92.1%	93.8%	94.3%	96.9%	94.2%	95.3%	96.7%	94.4%	94.5%					
Community	Community - FFT % Positive	>90%	98.0%	92.7%	95.0%	94.6%	95.9%	97.0%	94.4%	94.3%	95.8%					
Staff	Staff - FFT % Recommend Care	>70%	75.9%			77.1%			62.2%							
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%	96.0%	100.0%	92.5%	100.0%	96.0%	93.8%	85.7%	97.5%	97.6%	86.4%	94.6%	96.3%	95.5%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	95.5%	96.1%	95.7%	95.7%	97.8%	96.4%	96.4%	95.5%	94.7%	97.6%	97.4%	96.9%	97.1%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	93.0%	91.2%	95.1%	89.8%	91.0%	90.3%	91.5%	92.4%	93.3%	93.8%	96.0%		96.0%	
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	94.3%	93.3%	96.2%	92.8%	96.1%	95.4%	93.8%	97.1%	95.1%	96.1%	95.4%		95.4%	

Emergency Department waits (4 hrs wait)

Cancer - 62 days from referral to treatment

Delayed Transfers Of Care % of Occupied Bed Days

% of Referrals to District Nursing seen within 48 hours

RTT - Incomplete % Waiting <18 weeks

RTT - Incomplete % Waiting <18 weeks

Non-Elective Re-admissions within 30 days

Outpatients - FFT % Positive

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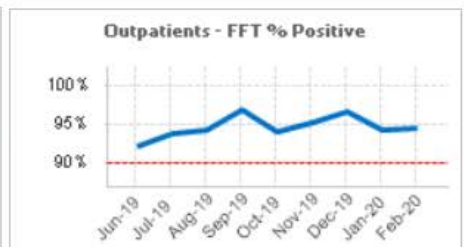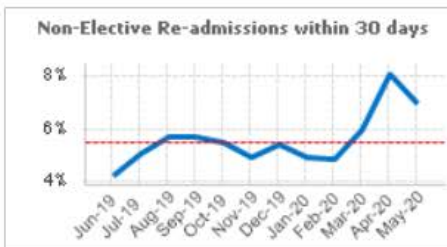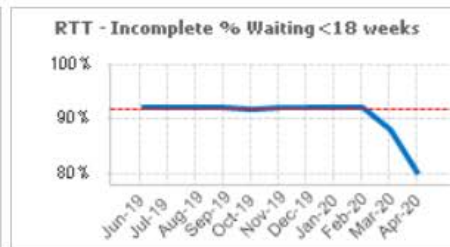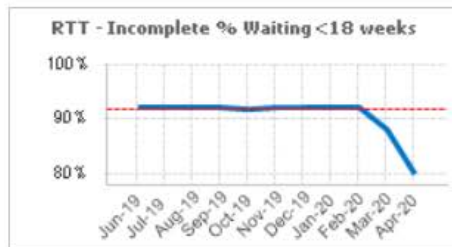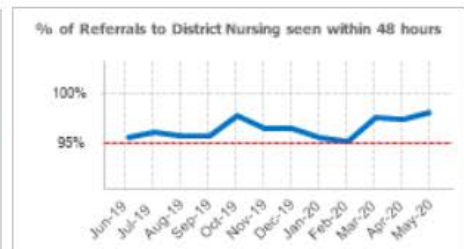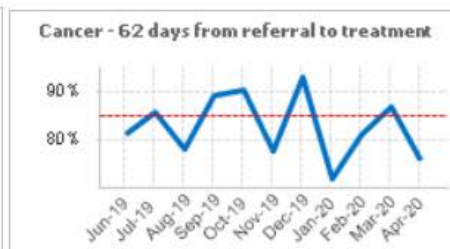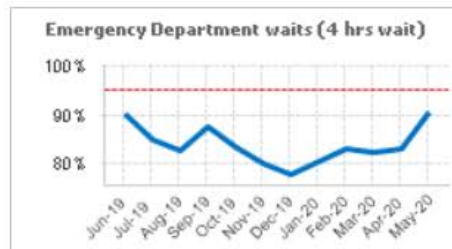
Indicator	20_21 Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020-2021	Performance	
Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
HCAI C Difficile	<16	0	2	1	1	0	0	0	0	2	0	0	0	0		
Actual Falls	400	34	29	35	30	25	38	34	40	32	36	30	35	65		
Category 3 or 4 Pressure Ulcers	0	3	8	4	2	10	14	10	21	17	7	21	12	33		!
Harm Free Care %	>95%	94.96%	90.70%	93.04%	93.64%	94.34%	91.73%	93.79%	92.24%	94.04%	92.89%					
Non Elective C-Section % Rate	<19%	19.2%	21.1%	22.8%	23.4%	16.3%	23.9%	22.9%	20.6%	20.3%	24.1%	23.2%	21.4%	22.3%		!
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	2	0	1	0	1	1	0	0	0	0	1	0	1		
Proportion of reported Patient Safety Incidents Causing Harm	N/A	21.4%	21.4%	20.1%	21.7%	24.7%	22.6%	19.2%	21.0%	20.1%	21.1%	29.9%	30.4%	30.1%		
Serious Incidents	N/A	2	4	4	1	3	4	3	0	3	2	2	1	3		
VTE Risk Assessment %	>95%	96.4%	95.4%	95.3%	95.6%	95.1%	95.3%	95.1%	105.2%	95.4%	96.2%	95.0%		95.0%		
Mixed Sex Accomodation Breaches	0	0	0	8	1	5	5	2	9	0	0	0	0	0		
Hospital Standardised Mortality Ratio (HSMR)	100	93.9	89.3	98.6	80.7	91.3	87.2	79.5	59.8	92.3						
Summary Hospital Level Mortality Indicator (SHMI)	1.14	0.82			0.87			0.89								

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Harm Free Care %: Percentage of patients with no harm on the Safety Thermometer (includes old and new harm) **Standard: 95%**	All data collection for the Safety Thermometers (Harm Free metric) ceased nationally in March 2020. Details of a new nationally produced replacement data will be published by NHSI in the near future. The plan was that organisations will report info extracted by their incident reporting systems but there is currently no update other than that patient safety collaborative and safety improvement programmes from NHSI will support organisations in the future (after their focus on the Covid-19 response).	**To be confirmed via NHSI**
Category 3 or 4 Pressure Ulcers, Unstageable, Deep Tissue Injury and Devise Related Pressure Ulcers reported in May 2020 **Pan Trust Standard:** 10% reduction in the total number of attributable PUs during 2020/21 compared to 2019/20 including a breakdown of Pressure Ulcers by category **Community Standards** Appropriate Risk assessment completed Individualised care plan completed **Care plan to include:** Appropriate Management of wounds if present Appropriate Information provided about repositioning Appropriate Information provided about diet and fluids Reassessments completed in line with assessment recommendations	**Variance against plan** **Breakdown** : Total numbers of Category 3 or 4 Pressure Ulcers – 2 Category 3 – 7 Community Category 4 – 3 – Community Unstageable, Deep Tissue Injury and Devise Related Pressure Ulcers recorded – 23 – Deep Tissue Injury - Community 3 - Devise Related Pressure Ulcers – Community 6 – Unstageable – Community **Action to recover:** The Trust had an increase in the number of pressure ulcers reported this month. In the Community category 3s and category 4s increased, the Trust also saw a high number of deep tissue injury and unstageable pressure ulcers reported. A new Lead Tissue Viability nurse has been appointed and is working closely with the District Nursing (DN) team to review risk assessments and care plans. The service has identified a number of new Key Performance indicators to help ensure appropriate management and assessment and will be reviewed at the bimonthly Pan Trust Pressure Ulcer group, the groups also shares the learning from 72 hour reports. The Lead Tissue Viability Nurse is reviewing the current training programmes with the aim to improve pressure ulcer awareness training across the acute and community areas.	**Named person:** Tissue Viability Service **Timescale to recover performance:** Ongoing monitoring

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Non Elective C-Section Rates:	**Variance against Plan:** 2.4% from standard for May 2020. However performance for the month has seen a 2.7% improvement compared to March 2020 **Action to Recover:** Twice weekly Multi-Disciplinary C Section Review Meeting continues to keep track of activity and review performance.	**Named Person:** Consultant in Obstetrics and Fetal Medicine **Time Scale to Recover Performance:** Governance mechanism in place
Serious Incidents (SIs):	There were one Incidents declared as an SI in May 2020. 1. 2020.8609 HCAI/Infection control incident meeting SI criteria. An outbreak of Klebsiella aerogenes on ICU	**Named person:** Quality Assurance & Serious Incident Officer

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		Safe	Caring	Effective	Responsive	Well Led		

Indicator	20_21 Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020-2021	Performance
ED - FFT % Positive	>90%	81.9%	78.4%	81.7%	84.9%	82.2%	81.5%	79.7%	81.1%	79.8%					
ED - FFT Response Rate	>15%	13.0%	13.3%	15.1%	15.3%	10.9%	12.7%	13.0%	10.3%	10.4%					
Inpatients - FFT % Positive	>90%	98.2%	97.6%	98.0%	96.7%	98.3%	97.5%	97.8%	95.6%	97.6%					
Inpatients - FFT Response Rate	>25%	21.0%	19.9%	26.4%	18.1%	27.0%	28.9%	25.2%	16.5%	20.2%					
Maternity - FFT % Positive	>90%	94.1%	93.8%	94.0%	92.8%	97.4%	94.1%	91.3%	98.7%	95.9%					
Maternity - FFT Response Rate	>15%	52.2%	34.1%	48.1%	45.8%	50.9%	45.4%	29.8%	34.4%	46.2%					
Outpatients - FFT % Positive	>90%	92.1%	93.8%	94.3%	96.9%	94.2%	95.3%	96.7%	94.4%	94.5%					
Outpatients - FFT Responses	400	126	273	690	586	514	380	516	409	308					
Community - FFT % Positive	>90%	98.0%	92.7%	95.0%	94.6%	95.9%	97.0%	94.4%	94.3%	95.8%					
Community - FFT Responses	1500	799	832	762	792	991	670	657	619	525					
Staff - FFT % Recommend Care	>70%	75.9%			77.1%										
Complaints responded to within 25 or 40 working days	>80%	84.2%	88.9%	82.1%	81.8%	70.4%	83.8%	66.7%	87.0%	85.7%	88.5%	100.0%	100.0%	100.0%	
Complaints (including complaints against Corporate division)	N/A	19	27	28	22	27	37	24	23	28	26	1	1	2	

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
All Friends and Family Tests Indicators	Most recent update from NHS England regarding FFT is that the collection (and reporting) of FFT remains suspended until further notice and their advice is to not use methods of feedback collection that may pose an increased risk of infection. As soon as the Trust is confident any feedback collection method (including ipads/tablets) can be implemented safely, the Trust may use that method to collect feedback	**Named Person:** Patient Experience Manager **Time Scale to Recover Performance: TBC**

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Indicator	20_21 Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020-2021	Performance	
Hospital Cancelled Operations	0	10	18	4	4	9	8	2	7	5						
Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	0	0	0	0						
Urgent Procedures Cancelled > once	0	0	0	0	0	0	0	0	0	0						
Theatre Utilisation	>85%	84.45%	84.97%	85.71%	85.26%	84.94%	88.45%	84.19%	87.37%	86.88%	78.12%					
Breastfeeding Initiated	>90%	90.2%	91.6%	92.7%	92.4%	93.0%	92.9%	94.4%	93.1%	89.1%	90.3%	91.3%	91.5%	91.4%		
Mortality rate per 1000 admissions in-months	14.4	7.3	7.4	7.1	6.9	6.3	8.0	8.4	7.2	8.3	16.5	42.8	15.0	28.2		❗
Community DNA % Rate	<10%	7.1%	7.8%	8.1%	7.1%	7.2%	7.4%	8.0%	7.5%	7.6%	8.4%	8.8%	8.7%	8.8%		
Community Services - Provider Cancellations	<8%	5.8%	6.3%	6.8%	6.6%	6.5%	7.3%	7.1%	6.7%	6.7%	14.1%	22.1%	8.7%	15.7%		❗
Acute DNA % Rate	<10%	13.3%	12.6%	12.2%	11.9%	10.9%	10.8%	11.1%	9.7%	9.6%	11.8%	8.7%	6.9%	7.8%		
% of GP Referrals that were completed via ERS		88.9%	88.6%	86.7%	88.0%	87.8%	87.2%	87.3%	86.6%	86.8%	83.8%	53.3%	67.7%	62.4%		
Outpatients New:FUp Ratio	2.3	1.87	1.83	1.85	1.83	1.75	1.79	1.76	1.84	1.87	2.00	2.28	2.24	2.26		
Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	3.3%	4.0%	2.8%	2.2%	2.8%	2.9%	2.6%	2.8%	4.5%	2.6%	0.6%		0.6%		
Non Elective Re-admissions within 30 days	<5.5%	4.23%	5.06%	5.72%	5.65%	5.48%	4.94%	5.43%	4.91%	4.85%	5.98%	8.38%	7.16%	7.69%		
Rapid Response - % of referrals with an improvement in care		78.7%	81.8%	90.3%	82.7%	86.2%	81.4%	80.4%	82.4%	85.7%	87.0%	62.6%	56.7%	59.8%		❗

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

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Safe	Caring	**Effective**	Responsive	Well Led

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Mortality Rate per 1000 admissions in month : 14.4 deaths per 1000 admissions	**Variance: Performance for May 2020 – 15 deaths per 1000 admissions** Trust performance against the Mortality rate indictor has been directly impacted by Covid 19.	**Named Person:** Medical Director **Time Scale to Recover Performance:** Ongoing monitoring
Community Services – Provider Cancellations : 8.7% **Target: 8%**	**Variance against Plan: 0.7%** There have been mandated specific changes in Community Services with effect from 19 March 2020 to 31 July 2020. This has resulted in the partial or complete cessation of routine activity. Referrals are being received and triaged with telephone triage as default. Urgent and high risk patients are being followed up regularly as telephone appointments and face to face as appropriate. Further updates in the management of services are highlighted in the community section of the report.	**Named Person:** Director of Operations ACS **Time Scale to Recover Performance:** To be reviewed in August 2020
Theatre Utilisation % Rates :	**Update:** This measure has not been recorded while the Trust has been managing COVID 19 as this measures elective theatre activity utilisation. As the Trust has not carried out any elective theatre work this has not been collected. Restarting elective surgery is planned from Wednesday 17th June 2020 at Whittington Health and some other elective work will be undertaken at independent organisations across London from Monday 22nd June 2020.	**Named Person:** Director of Operations Surgery **Time Scale to Recover Performance:** Ongoing
Non Elective Readmissions within 30 days : **Target: <5.5%**	**Variance against Plan:** Performance of 7.16% (109 readmissions) which is 1.66% above target **Action to Recover:** A named consultant is currently undertaking a detailed review of each case for learning in the event of another surge of Covid 19.	**Named Person:** Medical Director **Time Scale to Recover Performance:** July 2020

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Indicator	Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020-2021	Performance	
Emergency Department waits (4 hrs wait)	>95%	90.1%	84.8%	82.8%	87.7%	83.6%	80.1%	77.8%	80.5%	83.2%	82.5%	83.2%	90.6%	87.5%		❗
ED Indicator - median wait for treatment (minutes)	<60 mins	67	84	72	65	69	92	98	91	88	56	25	36	31		
Ambulance handovers waiting more than 30 mins	0	28	30	41	19	60	37	86	100	37	32	8	7	15		❗
Ambulance handovers waiting more than 60 mins	0	1	3	5	0	0	1	15	10	1	5	0	0	0		
12 hour trolley waits in A&E - Non Mental Health	0	0	0	0	0	0	0	0	0	0	1	0	1	1		
12 hour trolley waits in A&E - Mental Health	0	7	12	10	8	10	8	6	10	11	6	0	0	0		
Cancer - 14 days to first seen	>93%	97.0%	94.4%	92.0%	89.8%	91.3%	96.6%	97.3%	95.5%	96.8%	95.5%	85.5%		85.5%		
Cancer - 14 days to first seen - breast symptomatic	>93%	97.7%	95.5%	100.0%	100.0%	98.1%	96.2%	97.8%	95.2%	98.4%	89.5%	71.4%		71.4%		
Cancer - 62 days from referral to treatment	>85%	81.3%	85.9%	78.2%	89.4%	90.3%	77.6%	93.0%	72.1%	81.1%	87.1%	75.9%		75.9%		
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	82.6%	80.6%	78.2%	87.9%	86.2%	76.0%	92.7%	70.5%	75.9%	88.5%	73.3%		73.3%		
Cancer ITT - % of Pathways sent before 38 Days	>85%	100.0%	33.3%	45.5%	37.5%	25.0%	33.3%	71.4%	40.0%	11.1%	25.0%	60.0%		60.0%		❗
Cancer - % Pathways received a Diagnosis within 28 Days of Referral		96.4%	94.5%	92.8%	91.2%	92.9%	89.4%	89.8%	84.9%	87.3%	85.3%	75.6%		75.6%		
Cancer - 31 days to first treatment	>96%	100.0%	100.0%	100.0%	97.6%	97.8%	97.5%	97.4%	97.2%	100.0%	100.0%	95.2%		95.2%		
Cancer - 31 days to subsequent treatment - surgery	>94%	100.0%	100.0%	100.0%	100.0%	20.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		
Cancer - 62 Day Screening	>90%	100.0%	0.0%	0.0%	100.0%	75.0%		100.0%	72.7%	60.0%	70.0%	100.0%		100.0%		
DM01 - Diagnostic Waits (<6 weeks)	>99%	99.1%	99.4%	99.3%	99.5%	99.0%	99.0%	99.2%	99.3%	99.6%	90.1%	33.2%	34.3%	33.8%		❗
RTT - Incomplete % Waiting <18 weeks	>92%	92.0%	92.0%	92.2%	92.1%	92.0%	92.1%	92.0%	92.0%	92.1%	88.3%	79.9%	71.6%	75.9%		❗
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0	0	0	0	1	0	0	6				
% seen <=2 hours of Referral to District Nursing Night Service	>80%	96.0%	100.0%	92.5%	100.0%	96.0%	93.8%	85.7%	97.5%	97.6%	86.4%	94.6%	96.3%	95.5%		
% seen <=48 hours of Referral to District Nursing Service	>95%	95.5%	96.1%	95.7%	95.7%	97.8%	96.4%	96.4%	95.5%	94.7%	97.6%	97.4%	96.9%	97.1%		
Haringey New Birth Visits - % seen within 2 weeks	>95%	93.0%	91.2%	95.1%	89.8%	91.0%	90.3%	91.5%	92.4%	93.3%	93.8%	96.0%		96.0%		
Islington New Birth Visits - % seen within 2 weeks	>95%	94.3%	93.3%	96.2%	92.8%	96.1%	95.4%	93.8%	97.1%	95.1%	96.1%	95.4%		95.4%		

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Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - Performance: **4 hour target**	**Overall performance:** During May 2020 performance against the 4 hour access standard was 90.6% below the 92% trajectory. The national average in May was 93.5%, the London average was 93.10% and the NCL average was 92.80%. The number of A&E attendances remains low with a sharp decrease when compared to the same period last year (-38%). Daily attendances ranged between 135 and 222, with an average of 184 attendances per day for the month. 24% of all attendances in May were ambulance conveyances (1364 patients), of which 38.2% required admission. Acuity remained high with 28% of patients seen in Majors and 51% in Minors. The average time to treat was 36.3 minutes. A trend showing a gradual increase has been noted in the patients over 75 years of age, paediatrics and mental health presentations. There has been a noticeable reduction in the number of Covid-19 related attendances and admissions and overall Covid-19 inpatients. **London Ambulance Service (LAS) handover:** There were 7 x 30 minute breaches reported in May 2020, a decrease of 1 when compared to the previous month. There was 0 x 60 minute breach in May 2020. **Mental health breaches:** There was 1 Mental Health (CAMHS) 12 hour trolley breaches reported for May 2020. The Trust reported zero acute 12 hour trolley breaches in May 2020.	**Named person:** General Manager, ED Department **Timescale to recover performance:** Ongoing
ED – Performance – recovery plan	**Action to recover overall performance:** Key focus is to continue with maintaining UTC and Paediatrics to achieve 98% performance. A senior registrar to support UTC and majors ambulatory 'green' flow from 1700-0300 seven days per week was put in place for April. The services continue to focus on maintaining above 95% performance in UTC and paediatrics and to attain a consistent 98% daily. Continue to review the productivity of the front door streaming model with plans to extend. This will support with flow into ED but also for appropriate "zoning" of patients into red and green areas. The patients streamed away to alternate primary care setting are being recorded	**Named person:** General Manager, ED Department **Timescale to recover performance:** Ongoing.

	A working group has been created to review ED performance going forward. There are 5 main focus points the team are working:	
	- Rapid Assessment and Treatment – Think 60! - Streaming and Redirection – embedding Senior clinicians in our FOH to make timely decisions - Increased usage of the CDU - Escalation processes: embedding effective and early escalation processes for clinical and operational concerns to allow for the best possible patient outcomes. Encouraging an environment for zero tolerance to unnecessary delays - Specialty referral, maintaining Hospital flow and patient flow awareness The main drivers to support the improvement work is encouraging, maintaining and driving early assessment of all patients, with prompt referrals and action by accepting specialty; developing communications and removing barriers between the MDTs. This will include raising awareness of ED standards through educational material and documents such as internal professional standards. **Ambulance breaches**: The Emergency Department continue to work with the front of house LAS handover nurse with the focus on 10 to 15 minutes handover of all LAS activity. The ED team will work with the LAS crews to ensure the revised pathways are adhered to and operating smoothly. Performance for LAS handover in May was 92.5%	
Cancer performance	**Update:** Performance against the national cancer standards for April 2020 have not been achieved. This is due to significant reduction in the number of referrals due to COVID 19 and also the subsequent significant reduction in capacity to treat cancer patients. All cancer patients on the tracking list have been reviewed and the cases which meet the NCL guidance to treat been actioned. Others are being continuously monitored and action taken as necessary Treatments and diagnostics are being undertaken at both WH as emergencies and in the Independent sector which are 'clean' ie non COVID 19 surgical sites. In June 2020 referrals have started to increase and the continuous monitoring of patients on the tracking list continues. Risk assessments are being carried out on all patients who are at <104 days in the cancer pathway and these will be reported at the Trust Cancer Board and Quality Committee.	**Named person:** General Manager, Cancer Services **Timescale to recover performance:** Ongoing
DM01 Diagnostics Waits	**Update:** Performance against the national diagnostic waiting target May 2020 have not been achieved This is due to significant reduction in the number of referrals due to COVID 19 and also	**Named person:** Head of Performance

	the subsequent significant reduction in capacity to carry out diagnostics.	**Timescale to recover performance:** Ongoing
	• Diagnostics are being undertaken at both WH for emergencies, cancers and other clinical urgent requirements. Additional activity has also taken place in the Independent sector at 'clean' i.e. non COVID 19 sites.	
	• Diagnostics capacity is part of the NCL operational recovery group and is looking address some of the capacity issues at sector level	
Referral to Treatment: **Incomplete % waiting < 18 weeks** **52 week waits**	**Update:** Performance against the national standards for referral to treatment incomplete pathways below 18 weeks has not been achieved. • This is due to a significant decline in the number of referrals due to COVID 19 and the subsequent reduction in capacity in outpatients services and for elective surgery. • There has also been a significant increase in the number of patients waiting more than 52 weeks for their treatment. • Risk assessments are being carried out on all patients who are at <52 weeks on the referral to treatment pathway and these will be reported at the Trust Quality Committee.	**Named person:** Head of Performance **Timescale to recover performance:** Ongoing

Indicator	20_21 Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020-2021	Performance	
Appraisals % Rate	>90%	71.4%	72.4%	74.2%	75.5%	75.8%	76.4%	77.5%	76.0%	76.1%	70.1%	65.9%	65.8%	65.8%		❗
Mandatory Training % Rate	>90%	79.9%	82.2%	80.8%	81.1%	81.0%	82.1%	83.3%	83.0%	83.3%	82.1%	80.4%	79.9%	80.1%		❗
Permanent Staffing WTEs Utilised	>90%	87.2%	88.9%	86.8%	87.9%	88.5%	88.9%	88.7%	89.0%	89.6%	92.8%	88.5%	88.4%	88.4%		
Staff FFT % recommended work	>50%	59.9%			59.6%			69.2%								
Staff FFT response rate	>20%	22.3%			16.3%			55.6%								
Staff sickness absence %	<3.5%	3.62%	3.57%	3.19%	2.99%	3.93%	3.83%	3.86%	3.90%	3.45%	5.00%	6.66%		6.66%		
Staff turnover %	<13%	10.9%	10.8%	10.7%	10.6%	10.6%	10.5%	10.7%	10.7%	10.5%	9.9%	9.7%	9.2%	9.4%		
Vacancy % Rate against Establishment	<10%	12.8%	11.1%	13.2%	12.1%	11.5%	11.1%	11.3%	11.0%	10.4%	7.2%	11.5%	11.6%	11.6%		
Average Time to Hire (Days)	<63 Days	60	61	62	59	63	63	61	83	76	72	73	73	73		❗
Nursing Staff Average % Day Fill Rate - Nurses		89.8%	93.2%	87.4%	89.3%	92.6%	96.3%	94.6%	95.2%	97.8%						
Nursing Staff Average % Day Fill Rate - HCAs		113.8%	115.6%	127.8%	125.9%	126.2%	126.8%	125.1%	119.8%	125.7%						
Nursing Staff Average % Night Fill Rate - Nurses		92.1%	92.9%	91.8%	90.4%	92.4%	94.8%	92.9%	94.3%	95.5%						
Nursing Staff Average % Night Fill Rate - HCAs		113.2%	131.1%	126.2%	134.7%	144.0%	135.9%	136.9%	135.6%	152.4%						
Safe Staffing Alerts - Number of Red Shifts		3	2	3	5	6	10	5	3	7	0	0	0	0		
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		9.7	9.3	9.2	8.8	9.3	9.2	9.4	9.3	9.3						

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

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Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Appraisals % Rate : 65.8% **Target = 90%**	**Variance from target of 90% is 24.2%** Appraisals have declined during the Covid pandemic and managers have taken other measures to look after staff such as the risk assessments, redeployment. The new appraisal documentation should help with the processes because it leads managers and staff through the conversation. The L&D Team remain supportive to help load completed appraisals onto ESR whilst managers continue to focus on bringing their clinical and operational services back to business as usual.	**Named Person:** Assistant Director Learning & Organisational Development **Time Scale to Recover Performance:** Six months assuming there is no second Covid-19 peak
Mandatory Training % Rate :79.9% **Target = 90%**	**Variance from target of 90% is 10.1 %** The compliance against this KPI has remained consistent. As well as returning to business as usual, compliance is dependent on developing a culture of personal responsibility which the L&D team are ready to support given the challenges of the current ESR system for online learning. There were a number of revisions to the type of learning that would be acceptable to enable maximum flexibility to learning during the pandemic. The L&D Team have been consistently supporting remote working for the duration as well as exploring further new approaches. These variances can continue to allow staff to access training in the easiest way for them. A new system is now being pursued that enables reporting from ESR but enables learners to undertake training in a user-friendly environment using any preferred device. Progress on whether this can be implemented will be provided in future reports.	**Named Person:** Assistant Director Learning & Organisational Development **Time Scale to Recover Performance:** Estimate six months given a new improved user-friendly system Estimate a year without, providing compliance leadership is apparent
Permanent Staffing WTEs Utilised: 88.42% **Target: 90%**	**Variance against Plan: 1.58%** **Action to Recover:** This has fallen slightly in April and May, and this is attributable to lower recruitment and redeployment during COVID.	**Named Person:** Deputy Director of Workforce **Time Scale to Recover Performance:** September 2020
Staff Turnover Rates: 9.68% **Target: 10%**	**Variance against Plan: 0.32%** **Action to Recover:** Turnover is lower than usual due to pauses in recruitment and start dates across London.	**Named Person:** Deputy Director of Workforce **Time Scale to Recover Performance:** N/A

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Vacancy Rates: 11.58% Target: 10%	Variance against plan: 1.58% Action to recover: The Vacancy rate has increased through April and May and is attributable to COVID 19.	Named Person: Deputy Director of Workforce Time Scale to Recover Performance: September 2020
Time to hire: 73.1 days Time taken from resignation/creation of new post to confirmed start date Standard: 63 days	Variance against plan: 10.1 Action to recover: The primary reason for an extension to TTH is delays in recruitment due to COVID 19. This also includes redeploying staff as some staff were temporarily redeployed meaning substantive recruitment was delayed. An enhanced vacancy control process has now been put in place.	Named person: Deputy Director of Workforce Timescale to recover performance: September 2020
Safer Staffing Aim for: Zero Red shifts Trust CHPPD 8.5 hours (national average 8.6)	Safer Staffing during the Covid-19 pandemic surge No data available between March to May 2020 due to: - Data reporting from the clinical units on Safe Care was insufficient - Staff deployment on Health Roster was not entirely accurate - Closures and re-opening of the wards has skewed the data **Short term safe staffing management** Throughout the Covid-19 period Bed occupancy, Acuity & Dependency of the patients across the hospital and staff capacity was discussed twice per day; high risk areas were identified and risk was mitigated with further re-deployments. Daily planning reviews of staffing and acuity for the proceeding 24 hours were undertaken and actions to mitigate potential risk were implemented. Temporary staffing usage increased marginally in March 2020 however declined to below the pre-Covid levels in April and May 2020. The pause of planned activity at the hospital and community services during the surge of Covid-19 produced a pull of "Helpers" that were re-deployed as appropriate to support the active hospital services. Retrospective analysis and feedback from front line staff and clinical leads with regards to safer staffing levels during the surge of the pandemic can be described as well populated but occasionally suboptimal.	Named Person: Lead Nurse for Safer Staffing Time Scale to Recover Performance: Ongoing

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Children's community waiting times Services under Children, Young People (CYP) have CCG specific waiting time target, and performance is monitored through contract monitoring arrangements with CCG and Public health commissioners in both boroughs.	**Overall summary and actions to recover:** Covid-19 response has impacted waiting times for all services in May for all services.	**Named person:** Director of Operation CYP
	Community paediatrics Haringey SCC Waits continue to be lengthy for autism diagnosis. Prior to covid-19 the under-5s wait was at 3-4 months and the over-5s were 17 months. The service is now planning to restart face to face assessments and exploring options for virtual assessments to manage the backlog and reduce impact on waiting times of covid-19.	June 2020
	Community Paediatrics Haringey NDC The service increased phone contacts in May and from mid-June onwards face to face contacts will start to take place.	June 2020
	Haringey OT A number of staff were redeployed to other areas during April and May. The service will increase face to face contacts from mid-June onwards and is developing plans to reduce any backlog	June 2020
	Haringey SLT Waits for this service continue to be challenging. This is a long term issue and changes to service provision are being discussed with commissioners.	July 2020
	Haringey Children in Care Capacity in the service continued to be affected by removal of registrars (recalled to North Middlesex University Hospital) and redeployment of staff as part of the covid-19 response. All referrals are triaged and urgent cases have continued to be seen face to face.	June 2020
	IANDS Islington SCT has seen a continued rise in referrals, primarily due to non-face to face contact for ADOS diagnostic assessment. The team are trialling the first online diagnosis using the Vanderbilt and it is hoped that this will help see a reduction in waiting times.

The service is providing advice guidance and support for families with CYP who are on the waiting list and who need help around managing their CYP behaviour and communication
CCG are aware of this issue and will be addressed in the therapy review Ongoing

There has been a rise in waiting time for OT due to mainstream therapists being redeployed to ITU/community rehabilitation, which has led to the not being able to to run drop in clinics and sensory workshops used to manage waiting times, this will be addressed in phase 2 of the recovery plan post covid. | July 2020 |

Adults community waiting times	Overall summary and actions to recover:	Named person: Director of Operations ACS
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.	Specific national guidance related to the COVID-19 period has resulted in changes to the delivery of Adult Community Services: **COVID-19 Prioritisation for Community Health Services guidance** Mandated specific changes in Adult Community Services with effect from 19 March – 31 July 2020. This has resulted in the partial or complete cessation of routine activity. Referrals are being received and triaged with telephone triage as default. Urgent and high risk patients are being followed up regularly as telephone appointments and face to face as appropriate **COVID-19 Hospital Discharge Services Requirements guidance** Community services are supporting the implementation of Discharge Hubs at NCL acute settings and supporting rapid Discharge to Assess arrangements. This has reflected on routine performance and reporting. **Primary Care and Community Respiratory Resource pack for use during COVID-19** Pulmonary Rehabilitation, Spirometry and QOF-related activities have been paused. Focus on high risk patients with remote triage and assessment. **IAPT** IAPT services have continued in line with national guidance but have moved to virtual consultations; however the requirement for submission of data was paused nationally. The April figure of 39.2% for moving to recovery is being reviewed for accuracy and will be refreshed for the July board report. **Community Rehabilitation CRT (93.2%) & REACH Intermediate Care (78.6%)** Urgent and high risk patients continue to be prioritised in line with national guidance resulting in higher waiting times for routine patients. **Bladder & Bowel services (88.9%)** The majority of staff in the Bladder & Bowel team was redeployed to District Nursing in April. Routine activity was paused in line with guidance and face to face activity was minimised for urgent patients. The service has a recovery plan in place to reduce waiting times. **MSK CATS (3.6%) & MSK Routine (22.1%)** Since 19 March the service has been focused on triaging referrals and telephone assessments. Routine service delivery for CATS and MSK Routine activity has been suspended in line with national guidance and average waiting times are 14 weeks and 9.8 weeks respectively. The service is now piloting virtual Attend Anywhere video consultations and resumption of routine activity will recommence once there is agreement at NCL level for restart. **Diabetes (79.2%)** The service continues to support high risk patients during the COVID period with telephone appointments and face to face activity as required. Moderate risk patients are being assessed virtually to address any rising risk. The service has developed plans to address waiting times over future months.	

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Podiatry (89.7%)
The service continues to support high risk patients during the COVID period with telephone appointments and face to face activity as required. Moderate risk patients are being assessed virtually to address any rising risk. The service has developed plans to address waiting times over future months including virtual consultations using Attend Anywhere.

Spirometry (0%)
Community spirometry activity remains paused in line with guidance.

Action to recover:
Community reset principles and priorities being discussed with NCL non-acute Gold and community providers

Digital options being piloted to support new ways of working including virtual consultations and remote monitoring.

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Appendix 1. Community Performance Dashboard

Indicator	20_21 Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020-2021	Performance
IAPT Moving to Recovery	>50%	60.8%	60.5%	56.6%	55.5%	55.2%	54.5%	59.9%	58.7%	43.1%	56.4%	39.2%		39.2%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	97.4%	97.8%	94.0%	95.8%	91.5%	96.2%	94.4%	94.6%	91.8%	94.6%	93.6%		93.6%	
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	87.1%	91.1%	87.8%	88.4%	86.6%	88.7%	85.2%	82.6%	85.3%	90.3%	88.7%		88.7%	
Haringey - HR1 % carried out before child aged 15 months	N/A	79.8%	87.3%	79.7%	82.6%	79.5%	82.0%	83.3%	85.6%	80.3%	78.0%	77.8%		77.8%	
Haringey - HR2 % carried out before child aged 30 months	N/A	67.3%	71.7%	73.4%	73.4%	76.2%	75.4%	76.8%	79.3%	79.2%	68.8%	74.6%		74.6%	
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	90.8%	90.6%	93.4%	93.4%	93.1%	94.2%	95.0%	95.1%	94.1%	93.8%	95.2%		95.2%	
Islington - HR1 % carried out before child aged 15 mths	N/A	83.1%	86.1%	77.1%	78.9%	84.7%	82.6%	81.1%	82.9%	84.9%	83.9%	74.6%		74.6%	
Islington - HR2 % carried out before child aged 30 mths	N/A	79.1%	81.7%	77.3%	84.3%	77.6%	78.4%	79.4%	82.6%	82.3%	82.9%	81.0%		81.0%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	95.5%	92.1%	94.3%	90.8%	92.5%	91.5%	95.7%	92.5%	90.0%	95.7%		100.0%	100.0%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	96.2%	95.8%	84.6%	86.2%	88.1%	83.3%	79.2%	87.8%	86.5%	96.0%	100.0%		100.0%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	84.8%	88.1%	70.2%	71.2%	87.1%	76.3%	73.6%	75.7%	83.9%	80.1%	75.7%	71.3%	73.8%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	91.0%	87.6%	96.6%	95.7%	95.1%	93.1%	96.6%	95.4%	95.7%	94.2%	96.4%	97.4%	96.8%	
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%	80.0%	87.5%	83.3%	100.0%	87.5%	
Nutrition and Dietetics - % Weight Loss Achieved at Discharge	>65%	71.4%	60.0%	75.0%	40.0%	90.0%	50.0%								
Nutrition and Dietetics - % Weight Maintained or Gained at Discharge	>70%	85.7%	88.9%	93.3%	88.9%	100.0%	83.3%								
Hackney Smoking Cessation: % who set quit date & stopped after 4 we...	>45%	59.8%			53.9%			59.5%			43.2%				
Islington Self-Management - Average Increase in PAM Score	>=9	8			13			12			13				
Haringey Self-Management - Average Increase in PAM Score	>=9	9			12			17			14				

SERVICE	ROUTINE REFERRALS						URGENT REFERRALS					
	% Threshold	Target Weeks	Mar-20	Apr-20	May-20	Avg Wait (May)	No. of Pts Seen	% Threshold	Target Weeks	Mar-20	Apr-20	May-20	Avg Wait (May)	No. of Pts Seen
CAMHS	>95%	8	85.7%	59.5%	45.5%	20.0	22	>95%	2	80.0%	100.0%	100.0%	0.1	3
Child Development Services	>95%	12	100.0%	100.0%	80.0%	3.6	5	>95%	-				-	0
IANDS	>95%	18	87.3%	77.7%	82.4%	13.2	68	>95%	2			100.0%	0.0	1
Community Children's Nursing	>95%	2	87.8%	93.8%	82.3%	1.6	62	>95%	1	100.0%	100.0%	100.0%	0.1	36
Community Paediatrics Services	>95%	18	95.2%	63.9%	78.2%	20.2	55	>95%	1		0.0%	0.0%	20.2	1
Family Nurse Partnership	>95%	12	100.0%	75.0%	100.0%	6.0	1	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	0.0	10	>95%	-				-	0
Looked After Children	>95%	4	66.7%	52.6%	75.0%	2.9	8	>95%	2	0.0%			-	0
Occupational Therapy	>95%	18	44.8%	9.1%	17.6%	19.8	17	>95%	-				-	0
Physiotherapy	>95%	18	100.0%	100.0%	87.5%	10.3	8	>95%	2	0.0%			-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	1.9	1	>95%	-				-	0
School Nursing	>95%	12	94.7%	81.3%	82.4%	5.2	34	>95%	-				-	0
Speech and Language Therapy	>95%	8	85.5%	91.9%	71.4%	11.3	56	>95%	2	20.0%	0.0%	100.0%	1.0	1
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%			-	0	>95%	-				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.1	8	>95%	2	100.0%	100.0%	75.0%	0.7	4
Community Rehabilitation (CRT)	>95%	12	96.3%	93.5%	93.2%	3.3	44	>95%	2	89.5%	69.2%	80.0%	2.3	15
ICTT - Other	>95%	12	93.4%	93.0%	99.2%	1.6	132	>95%	2	51.3%	89.0%	89.7%	0.9	87
ICTT - Stroke and Neuro	>95%	12	73.1%	75.0%	100.0%	1.3	24	>95%	2	46.7%	75.7%	80.8%	1.1	26
Intermediate Care (REACH)	>95%	6	95.0%	85.5%	78.6%	2.8	42	>95%	2	82.5%	93.5%	94.2%	0.7	69
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%		-	0	>95%	2	100.0%			-	0
Bladder and Bowel - Adult	>95%	12	82.1%	100.0%	88.9%	4.0	18	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	52.7%	70.0%	3.6%	14.0	195	>95%	2	50.0%		0.0%	13.9	1
Musculoskeletal Service - Routine	>95%	6	78.0%	42.3%	22.1%	9.8	430	>95%	2	33.3%		80.0%	1.9	5
Nutrition and Dietetics	>95%	6	92.5%	97.6%	85.2%	2.4	81	>95%	2	100.0%	100.0%		-	0
Podiatry (Foot Health)	>95%	6	83.9%	85.7%	89.7%	2.1	29	>95%	2			100.0%	1.0	1
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	1.2	9	>95%	-				-	0
Tissue Viability	>95%	6	88.2%	100.0%	97.0%	1.8	33	>95%	-				-	0
Cardiology Service	>95%	6	96.4%	93.3%	100.0%	0.7	6	>95%	2	100.0%	0.0%		-	0
Diabetes Service	>95%	6	94.7%	63.6%	79.2%	3.8	53	>95%	2	100.0%			-	0
Respiratory Service	>95%	6	95.7%	94.7%	100.0%	0.9	15	>95%	2	100.0%	100.0%		-	0
Spirometry Service	>95%	6	66.7%		0.0%	15.4	1	>95%	-				-	0

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Appendix 2. Community Waiting Times Dashboard

Haringey

SERVICE	% Threshold	Target Weeks	Mar-20	Apr-20	May-20	Avg Wait (May)	No. of Pts Seen	% Threshold	Target Weeks	Mar-20	Apr-20	May-20	Avg Wait (May)	No. of Pts Seen
			ROUTINE REFERRALS							URGENT REFERRALS				
CAMHS	>95%	8	100.0%	0.0%		-	0	>95%	-				-	0
Child Development Services	>95%	12	100.0%	100.0%	80.0%	3.6	5	>95%	-				-	0
IANDS	>95%	18	100.0%	66.7%		-	0	>95%	-				-	0
Community Children's Nursing	>95%	2	100.0%	100.0%	100.0%	0.2	8	>95%	1	100.0%	100.0%	100.0%	0.1	6
Community Paediatrics Services	>95%	18	92.5%	36.8%	72.5%	23.7	40	>95%	1		0.0%	0.0%	23.7	1
Family Nurse Partnership	>95%	12	100.0%			-	0	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	0.0	2	>95%	-				-	0
Looked After Children	>95%	4	90.9%	20.0%	66.7%	2.6	3	>95%	-				-	0
Occupational Therapy	>95%	18	46.4%	10.0%	20.0%	19.1	15	>95%	-				-	0
Physiotherapy	>95%	18	100.0%	100.0%	87.5%	10.3	8	>95%	2	0.0%			-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	1.9	1	>95%	-				-	0
School Nursing	>95%	12	95.2%	72.7%	72.7%	6.9	22	>95%	-				-	0
Speech and Language Therapy	>95%	8	74.4%	75.0%	68.6%	11.8	51	>95%	2	33.3%	0.0%	100.0%	1.0	1
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%			-	0	>95%	-				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.1	8	>95%	2	100.0%	100.0%	75.0%	0.7	4
Community Rehabilitation (CRT)	>95%	-				-	0	>95%	-				-	0
ICTT - Other	>95%	12	92.8%	93.4%	100.0%	1.5	124	>95%	2	50.0%	90.3%	89.0%	0.9	82
ICTT - Stroke and Neuro	>95%	12	72.5%	76.9%	100.0%	1.3	24	>95%	2	50.0%	75.0%	80.0%	1.2	25
Intermediate Care (REACH)	>95%	6			100.0%	1.2	3	>95%	2			100.0%	0.4	1
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%		-	0	>95%	2	100.0%			-	0
Bladder and Bowel - Adult	>95%	12	93.1%	100.0%	100.0%	1.2	10	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	52.0%	100.0%	5.0%	13.6	101	>95%	2	50.0%		0.0%	13.9	1
Musculoskeletal Service - Routine	>95%	6	76.5%	42.9%	20.3%	9.9	232	>95%	2	0.0%		100.0%	1.6	2
Nutrition and Dietetics	>95%	6	90.6%	98.1%	93.3%	2.0	30	>95%	2	100.0%	100.0%		-	0
Podiatry (Foot Health)	>95%	6	77.7%	82.4%	93.3%	1.6	15	>95%	2			100.0%	1.0	1
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	1.1	4	>95%	-				-	0
Tissue Viability	>95%	6	88.9%	100.0%	100.0%	1.6	7	>95%	-				-	0
Cardiology Service	>95%	6	94.1%	75.0%	100.0%	0.9	5	>95%	2		0.0%		-	0
Diabetes Service	>95%	6	88.9%	27.8%	77.8%	3.9	45	>95%	-				-	0
Respiratory Service	>95%	6	100.0%	100.0%	100.0%	0.2	7	>95%	2	100.0%			-	0
Spirometry Service	>95%	6	66.7%		0.0%	15.4	1	>95%	-				-	0

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Islington

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Mar-20	Apr-20	May-20	Avg Wait (May)	No. of Pts Seen	% Threshold	Target Weeks	Mar-20	Apr-20	May-20	Avg Wait (May)	No. of Pts Seen
CAMHS	>95%	8	86.7%	58.8%	45.0%	19.9	20	>95%	2	80.0%	100.0%	100.0%	0.1	3
Child Development Services	>95%	12		100.0%		-	0	>95%	-				-	0
IANDS	>95%	18	86.6%	77.9%	81.3%	13.4	64	>95%	2			100.0%	0.0	1
Community Children's Nursing	>95%	2	85.3%	89.3%	80.9%	1.7	47	>95%	1	100.0%	100.0%	100.0%	0.0	27
Community Paediatrics Services	>95%	18	100.0%	100.0%	92.9%	11.2	14	>95%	-				11.2	0
Family Nurse Partnership	>95%	12	100.0%	75.0%	100.0%	6.0	1	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	0.0	3	>95%	-				-	0
Looked After Children	>95%	4	72.7%	77.8%	100.0%	2.3	2	>95%	-				-	0
Occupational Therapy	>95%	18	0.0%		0.0%	25.4	2	>95%	-				-	0
Physiotherapy	>95%	18		100.0%		-	0	>95%	-				-	0
PIPS	>95%	-				-	0	>95%	-				-	0
School Nursing	>95%	12	95.4%	100.0%	100.0%	2.2	11	>95%	-				-	0
Speech and Language Therapy	>95%	8	100.0%	100.0%	100.0%	7.7	2	>95%	-				-	0
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6	100.0%			-	0	>95%	-				-	0
Adult Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Community Rehabilitation (CRT)	>95%	12	96.1%	93.5%	93.0%	3.2	43	>95%	2	89.5%	75.0%	80.0%	2.3	15
ICTT - Other	>95%	12	100.0%	75.0%	100.0%	0.7	3	>95%	2	33.3%		100.0%	0.6	3
ICTT - Stroke and Neuro	>95%	12		0.0%		-	0	>95%	2	50.0%		-	-	0
Intermediate Care (REACH)	>95%	6	95.7%	87.1%	78.4%	2.9	37	>95%	2	82.1%	93.0%	94.0%	0.7	67
Paediatric Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	70.0%	100.0%	71.4%	8.6	7	>95%	-				-	0
Musculoskeletal Service - CATS	>95%	6	53.4%	40.0%	2.2%	14.5	92	>95%	2	50.0%			-	0
Musculoskeletal Service - Routine	>95%	6	79.5%	37.0%	28.9%	9.5	152	>95%	2	0.0%		66.7%	2.0	3
Nutrition and Dietetics	>95%	6	96.1%	96.3%	79.6%	2.7	49	>95%	-				-	0
Podiatry (Foot Health)	>95%	6	90.6%	88.2%	85.7%	2.6	14	>95%	-				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	1.3	5	>95%	-				-	0
Tissue Viability	>95%	6	84.6%	100.0%	96.2%	1.8	26	>95%	-				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	0.1	1	>95%	2	100.0%			-	0
Diabetes Service	>95%	6	100.0%	95.7%	85.7%	3.1	7	>95%	2	100.0%			-	0
Respiratory Service	>95%	6	90.0%	94.1%	100.0%	1.4	8	>95%	2	100.0%	100.0%		-	0
Spirometry Service	>95%	-				-	0	>95%	-				-	0

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Children's Community Waits Performance

SERVICE	% Threshold	Target Weeks	Mar-20	Apr-20	May-20	Avg Wait (May)	No. of Pts Seen	% Threshold	Target Weeks	Mar-20	Apr-20	May-20	Avg Wait (May)	No. of Pts Seen
			ROUTINE REFERRALS							URGENT REFERRALS				
CAMHS	>95%	8	85.7%	59.5%	45.5%	20.0	22	>95%	2	80.0%	100.0%	100.0%	0.1	3
Community Children's Nursing - Haringey	>95%	2		100.0%		-	0	>95%	1				-	0
Community Children's Nursing - Islington	>95%	2	87.8%	93.6%	82.3%	1.6	62	>95%	1	100.0%	100.0%	100.0%	0.1	36
Community Paediatrics - Haringey (SCC)	>95%	18	80.0%	9.1%	0.0%	75.1	10	>95%	1		0.0%	0.0%	77.9	1
Community Paediatrics - Haringey (NDC)	>95%	18	100.0%	50.0%	90.5%	10.6	21	>95%	1				-	0
Community Paediatrics - Haringey (Child Protection)	>95%	18	100.0%	100.0%	100.0%	0.7	10	>95%	1				-	0
Community Paediatrics - Haringey (Other)	>95%	18	100.0%			-	0	>95%	1				-	0
Community Paediatrics - Islington	>95%	18	100.0%	100.0%	100.0%	5.7	13	>95%	1				-	0
Family Nurse Partnership - Haringey	>95%	12	100.0%			-	0	>95%	-				-	0
Family Nurse Partnership - Islington	>95%	12	100.0%	75.0%	100.0%	6.0	1	>95%	-				-	0
Haematology Service - Islington	>95%	12	100.0%	100.0%	100.0%	0.0	10	>95%	-				-	0
IANDS	>95%	18	87.5%	75.0%	100.0%	17.1	1	>95%	2			100.0%	0.0	1
IANDS - SCT	>95%	20	0.0%	15.4%	0.0%	44.5	7	>95%	2				-	0
Looked After Children - Haringey	>95%	4	58.3%	33.3%	75.0%	2.2	4	>95%	2				-	0
Looked After Children - Islington	>95%	4	63.6%	70.0%	75.0%	3.6	4	>95%	2	0.0%			-	0
Occupational Therapy - Haringey	>95%	18	44.8%	9.1%	17.6%	19.8	17	>95%	-				-	0
Occupational Therapy - Islington	>95%	18	100.0%	100.0%	71.4%	17.2	7	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	100.0%	66.7%	6.0	3	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	95.5%	100.0%	100.0%	0.7	12	>95%	-				-	0
Physiotherapy - Haringey	>95%	18	100.0%	100.0%	87.5%	10.3	8	>95%	2	0.0%			-	0
Physiotherapy - Islington	>95%	18	100.0%	100.0%	100.0%	2.9	4	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%		-	0	>95%	-				-	0
SALT - Haringey	>95%	15	79.5%	87.5%	54.8%	12.2	31	>95%	2	20.0%	0.0%	100.0%	1.0	1
SALT - Islington	>95%	15	95.2%	81.6%	91.9%	11.6	37	>95%	2				-	0
SALT - MPC	>95%	18	100.0%	100.0%	100.0%	7.0	3	>95%	2				-	0
School Nursing - Haringey	>95%	12	93.7%	75.0%	73.9%	6.9	23	>95%	-				-	0
School Nursing - Islington	>95%	12	96.0%	100.0%	100.0%	1.6	11	>95%	-				-	0

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Cancer - 62D Performance by Tumour Group

Indicator	20_21 Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020-2021	Performance
Breast	>85%	84.6%	100.0%	83.3%	75.0%	100.0%	100.0%	100.0%	66.7%	80.0%	100.0%	100.0%		100.0%	
Gynaecological	>85%		0.0%	44.4%	33.3%	33.3%	0.0%	100.0%	0.0%	0.0%		0.0%		0.0%	
Haematological (Excluding Acute Leukaemia)	>85%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%		100.0%	
Lower Gastrointestinal	>85%	100.0%	100.0%	83.3%	100.0%	88.9%	40.0%	100.0%	100.0%	100.0%	66.7%	0.0%		0.0%	
Lung	>85%	100.0%	100.0%	100.0%	100.0%		0.0%	50.0%	50.0%	66.7%	80.0%	50.0%		50.0%	
Other	>85%				0.0%		100.0%				100.0%				
Skin	>85%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	
Testicular	>85%	0.0%		100.0%	100.0%	100.0%					100.0%				
Upper Gastrointestinal	>85%	66.7%	0.0%		100.0%	100.0%	0.0%	0.0%		0.0%	0.0%				
Urological (Excluding Testicular)	>85%	71.4%	62.5%	80.0%	88.9%	85.7%	76.9%	95.7%	66.7%	76.5%	66.7%	50.0%		50.0%	

Cancer - 2WW Performance by Tumour Group

Indicator	20_21 Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020-2021	Performance
Breast	>93%	96.8%	98.0%	95.5%	96.9%	98.5%	95.7%	97.9%	96.4%	98.9%	92.0%	82.4%		82.4%	
Childrens	>93%	100.0%	100.0%	100.0%			100.0%								
Gynaecological	>93%	96.1%	96.4%	94.3%	51.8%	48.1%	92.4%	95.9%	91.5%	92.9%	93.3%	87.7%		87.7%	
Haematological	>93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	100.0%	100.0%	100.0%		100.0%	
Lower Gastrointestinal	>93%	96.2%	92.8%	95.5%	93.4%	98.6%	95.3%	98.2%	93.0%	97.9%	93.8%	75.8%		75.8%	
Lung	>93%	83.3%	83.3%	100.0%	85.7%	92.9%	100.0%	71.4%	88.9%	100.0%	100.0%	100.0%		100.0%	
Skin	>93%	97.5%	91.1%	82.3%	90.1%	98.3%	100.0%	97.5%	98.6%	96.2%	98.8%	100.0%		100.0%	
Upper Gastrointestinal	>93%	98.5%	97.9%	97.1%	92.9%	97.7%	98.1%	100.0%	100.0%	90.9%	90.9%	50.0%		50.0%	
Urological	>93%	98.8%	93.8%	95.0%	98.0%	97.8%	98.9%	95.6%	96.3%	96.9%	100.0%	100.0%		100.0%	

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Category	Indicator	20_21 Target	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Activity
ED	ED Attendances	8285	8921	9458	8778	8658	9428	9371	9768	9561	8732	6565	4028	5703	
ED	ED Admission Rate %		14.8%	13.4%	13.5%	13.8%	14.4%	14.9%	13.1%	12.0%	12.7%	15.3%	16.6%	16.0%	
Community	Community Face to Face Contacts		59824	61966	52351	59508	64365	60837	50534	60144	53689	41287	19427	19267	
Admissions	Elective and Daycase		2160	2244	1977	1898	2171	2084	1791	2116	2085	1450	362	550	
Admissions	Emergency Inpatients		2096	2101	2043	2087	2140	2182	2110	1959	1853	1757	1320	1510	
Referrals	GP Referrals to an Acute Service		8195	7921	6594	6998	8015	7178	6405	7293	6696	4839	1712	2964	
Referrals	% of GP Referrals that were completed via ERS		88.9%	88.6%	86.7%	88.0%	87.8%	87.2%	87.3%	86.5%	86.8%	83.8%	53.2%	67.7%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	11.5%	13.4%	14.3%	11.0%	15.7%	18.3%	18.7%	13.9%	14.3%	19.3%	72.1%	77.9%	
Maternity	Maternity Births	320	283	315	307	310	304	317	292	283	269	300	253	236	
Maternity	Maternity Bookings	377	342	408	357	314	357	344	353	437	368	338	399	413	
Outpatients	Outpatient DNA Rate % - New	<10%	12.9%	12.9%	12.9%	12.5%	11.2%	11.2%	11.6%	9.7%	9.6%	13.0%	11.3%	8.4%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	13.6%	12.4%	11.6%	11.5%	10.8%	10.5%	10.7%	9.7%	9.5%	10.9%	7.3%	6.1%	
Outpatients	Outpatient New Attendances		9197	10377	9106	9470	10791	9879	9214	10574	9517	8122	5739	5537	
Outpatients	Outpatient FUp Attendances		17170	18970	16827	17381	18936	17694	16185	19505	17817	16211	13100	12462	
Outpatients	Outpatient Procedures		7534	8299	7222	7707	8333	7838	7422	8699	7916	5678	2892	3245	

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NCL Cancer Referrals

Barnet, Enfield and Camden Referral Management Services - Referral Activity

— No of Referrals (Actual) — No of Referrals (Pre Covid Estimate)
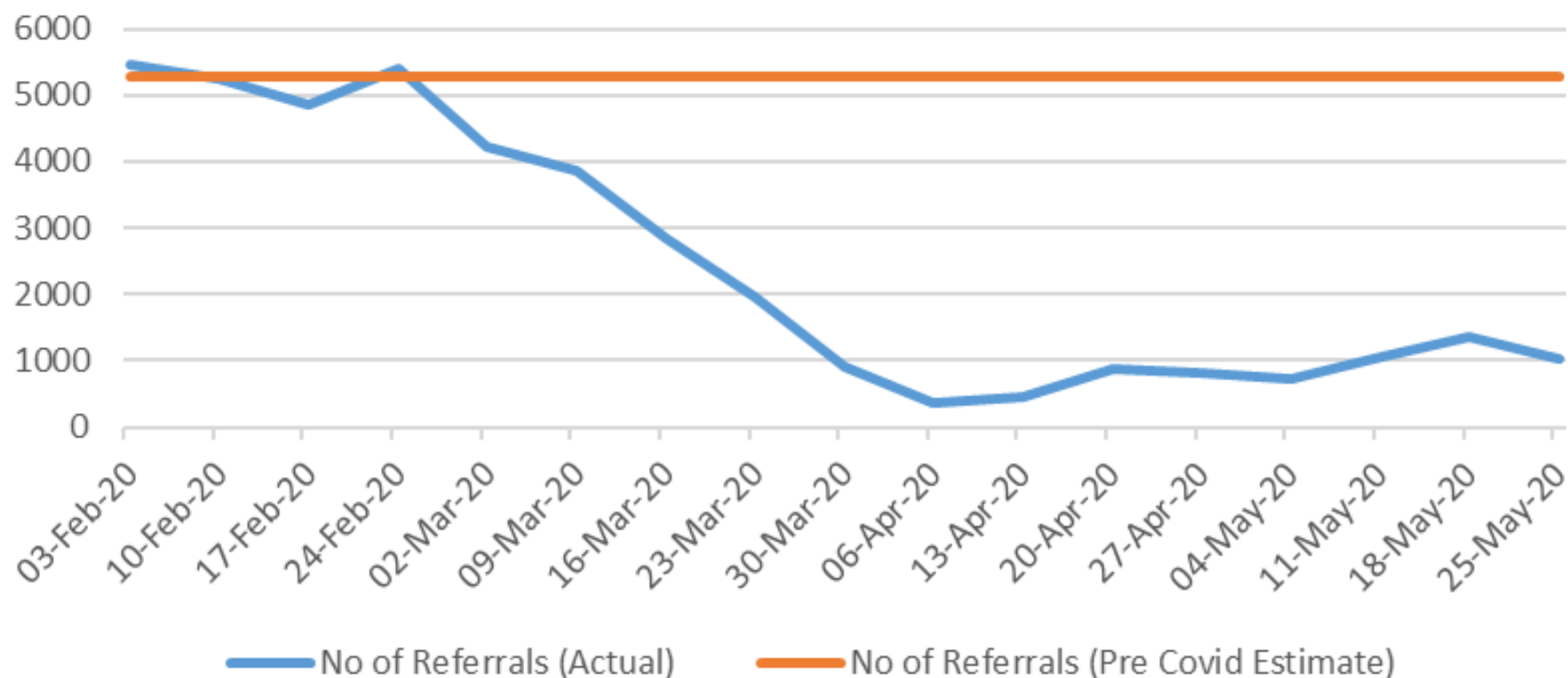
Whittington Cancer Referrals

Cancer referrals Jan - May 2020

— TOTAL - Excluding Breast Symptomatic   — TOTAL - Including Breast Symptomatic
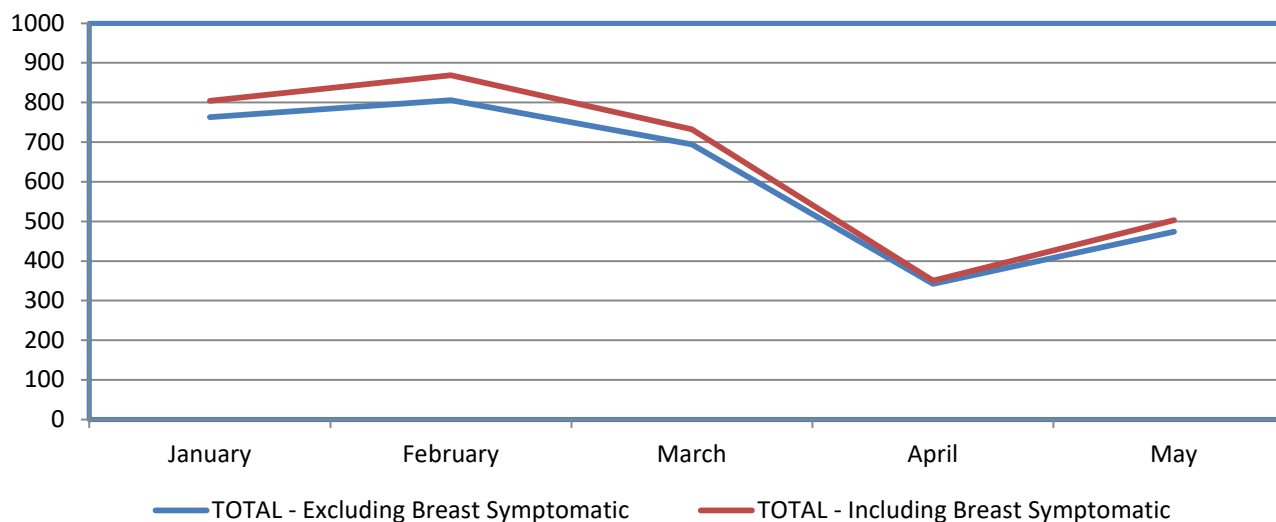
Speciality	January	February	March	April	May
Breast	166	182	125	67	101
Breast Symptomatic	41	63	38	8	29
Colorectal	158	194	147	66	60
Gynaecology	93	84	90	59	62
Haematology	11	12	20	7	13
Lung	9	5	7	3	6
Other	17	20	9	8	17
Skin	146	157	161	54	134
Upper GI	55	55	45	26	46
Urology	108	97	90	52	35
TOTAL - Excluding Breast Symptomatic	763	806	694	342	474
TOTAL - Including Breast Symptomatic	804	869	732	350	503

Meeting title	Trust Board – Public meeting	Date: 24 June 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 Dr Clare Dollery, Medical Director	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	In line with governance arrangements, this Committee Chair's report covers items considered at the 13 May Quality Committee meeting. **Items for which the Committee took assurance:** • Board Assurance Framework • Quality & safety risk register • Covid-19 risk register • Serious Incidents report, April 2020 • Quarter 4 2019/20 Quality 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 assurances provided and also note the 2019/20 quarter four Quality report which is appended.	
Risk Register or Board Assurance Framework	All Covid-19 BAF entries	
Report history	Report to Public Board following each Committee meeting	
Appendices	Quarter four Quality report	

Committee Chair's Assurance report

Committee name	Quality Committee
Date of meeting	13 May 2020
Summary of assurance:	

1.	**The committee is reporting assurance to the trust Board in the following areas:**

Board assurance Framework (BAF)
The high level Covid-19 BAF was reviewed. Committee members noted the four objectives agreed by the Trust Board were assured that this BAF was updated regularly in response to the changing situation. The ongoing risk to patients who did not have Covid-19 symptoms but other illnesses which required treatment was discussed and assurance provided that these patients were managed in line with NHS North Central London arrangements and London-wide clinical prioritisation. The trust was focused on ensuring that people who needed to seek health care continued to contact community and hospital had the confidence and reassurance that the trust was safe to attend. It was noted the BAF would continue to be reviewed and revised accordingly – updates to the document would be made to reflect developments in the areas of Personal Protective Equipment (PPE) delivery by the NHS supply chain, risk assessments for staff, including black, Asian and minority ethnic employees, Covid-19 testing arrangements for staff, and the learning identified from tackling the pandemic.

Quality & safety risk register
The Committee reviewed the key changes to the register since March 2020. It noted the downgrading of the risk 1035 relating to ligature and anchor point estate works at Simmons House (child and adolescent inpatient mental health unit) following the mitigating actions taken and the assessment of a reduced risk score. Risk 777(interventional radiology) was discussed and clarity provided that the increased score was due to staffing shortages at out of hours (nights and weekend) caused by Covid-19. It was agreed that risk 697 (maternity and neo-natal estate redevelopment) needed to be written more clearly to reflect the risk that pregnant women may chose not to book with Whittington Health. The Committee agreed that no risks be escalated from the risk register to the BAF.

Covid-19 risk register
Committee members discussed the covid-19 risk register. Michelle Johnson explained that risk entry 1078 (PPE shortages) remained as entered on Datix and continued to shift on a regular basis with a focus at different times on the types of PPE kit required – masks, visors and gowns. She also reported that, in line with national guidance, NHS providers were not allowed to stockpile items of PPE.

Serious Incidents Report, April 2020
An overview of serious incidents (SIs) declared during April 2020 was considered. The Medical Director outlined two new SIs. The first related to a maternal death following a cardiac arrest. The case was under investigation and the coroner's report was awaited. The second SI was a Never Event concerning the unintentional connection of a patient requiring oxygen to an airflow meter in

the emergency department. It highlighted that, during challenging times, the risk of human error was heightened. Committee members received assurance that, as part of actions going forward, work was in progress to ensure that areas risk-assessed for nebuliser usage (via a condenser machine rather than using the air flow provided to the ward) had their airflow ports blocked off to remove this risk recurring.

Quarter 4 2019/20 Quality Report
Michelle Johnson and Clare Dollery introduced a new format for the quality report covering patient experience, patient safety and clinical effectiveness. Committee members reviewed the report and were able to take assurance. In particular, they noted the volunteer programme, chaplaincy support, Project Wingman (as reported on the trust website https://www.whittington.nhs.uk/mini-apps/news/NewsPage.asp?NewsID=2178&q=) activities and also the introduction of an audiobook pilot for patients as really good initiatives implemented to improve patient experience and also to keep families in touch with inpatients during the Covid-19 national emergency.

In terms of patient safety, it was noted that there had been a reduction in incident reporting during the Covid-19 period. This was now recovering following proactive work to in seeking alternative options to help staff report incidents, including re-introducing paper forms, attending medical handover and direct updates from clinicians.   There has also been a significant increase in Central Alert System (CAS) alerts issued during quarter four and assurance was provided that Whittington Health had already carried out preparatory work for the majority of them.

Considering clinical effectiveness the Committee members also noted that, as part of the response to covid-19, a streamlined review process was introduced for clinical guidelines and pathways to help ensure that clinical guidance could be rapidly circulated to relevant staff for review and approval. In addition, Whittington Health continued to register a number of Covid-19 specific audits and service evaluations.

| 2. | **Other key issues covered:**

Care Quality Commission (CQC) action plan update
The Committee reviewed the action plan in response to the CQC's inspection findings and received an update on progress with responding to the two regulatory actions identified relating to mental health provision in ED (rapid tranquilisation and environment) and medicines management in children's community services. Committee members also noted that, due to Covid-19, the CQC had extended the deadline for a response to 29 May 2020. The action plan for the regulatory actions was approved to be submitted to the CQC.

2019/20 Quality Account
Committee members were updated with news from NHS England/Improvement that the deadline for the publication of the 2019/20 Quality Account had moved from 30 June to December 2020. |

3.	**Attendance:**
	Naomi Fulop, Non-Executive Director (Committee Chair)
	Dr Clare Dollery, Medical Director
	Carol Gillen, Chief Operating Officer
	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals
	Gillian Lewis, Head of Quality Governance
	Tony Rice, Non-Executive Director
	Swarnjit Singh, Trust Corporate Secretary
	Carolyn Stewart, Executive Assistant to the Chief Nurse
	Apologies:
	Leanne Rivers, Patient Representative

Meeting title	Quality Assurance Committee	Date: 13 May 2020
Report title	Quality Report (Q4 2019/20)	Agenda item: 4.1
Report authors	Gillian Lewis, Head of Quality Governance Claire Challinor, Patient Safety Manager Lynda Rowlinson, Head of Patient Experience Sarah Crook, Head of Clinical Governance Paula Ryeland, QI Lead	
Executive summary	This is the regular quarterly paper to provide an overview of quality across the organisation, covering patient safety, patient experience and clinical effectiveness. Due to the Covid-19 pandemic, this report has been amended to focus on the impact of Covid-19 on governance and key headline data from Q4 only. • Key headline data from patient safety, patient experience and clinical effectiveness for Q4 • Aggregated analysis of themes and trends • Impact of Covid-19 on quality governance	
Purpose:	Discussion and recommend for approval to be presented to the Trust Board	
Recommendation(s)	Members asked to recommend to approve for Trust Board	
Risk Register or Board Assurance Framework	All Quality Board Assurance Framework and risk register entries	
Report history	Content of the report has been shared at the relevant group and committee, including the patient safety, patient experience and quality governance committee.	
Appendices	None	

1. INTRODUCTION

The quarterly Quality Report is designed to demonstrate Whittington Health's commitment to continuous learning and improvement. This report provides a systematic analysis of intelligence from patient experience, patient safety and clinical effectiveness, including key performance metrics, as well as themes and trends. This aggregated approach allows the Trust to proactively identify any underlying concerns and to allocate resources accordingly to drive improvement.

Going forward the report will be divided into three sections (Overview of key headlines; aggregated analysis and a special focus item each quarter), however due to the Covid-19 pandemic, this report will focus on the impact of Covid-19 pandemic on quality governance, highlighting the challenges, successes and mechanisms adopted to ensure good governance was maintained in the fast-paced, ever changing climate of the pandemic.

In light of the Covid-19 pandemic, NHS England and NHS Improvement have provided a revised deadline for the Quality Account of 15 December 2020 for publication, and 15 October 2020 for stakeholder consultation. However, an update on the Quality Account priorities 2019-20 and the agreed priorities for 2020-21 will be provided in the next report to Quality Assurance Committee.

2. KEY HEADLINES FOR QUARTER 4 AND COVID-19 PANDEMIC

2.1 Patient Experience

2.1.1 Covid-19 response
NHS England and Improvement advised trusts to cease data submission of FFT (Friends and Family Test) data during the Covid-19 pandemic to reduce the burden on staff and allow for resources to be diverted into managing the crisis. They further advised Trusts to stop using methods of feedback collection that may pose an increased risk of infection to either staff or patients (e.g. feedback cards or iPad/tablets).

Whittington Health has followed this advice. However we recognise that it remains as important as ever to continue listening to patients and enabling them to raise concerns about the services they are using. We have therefore realigned our complaints and Patient Advice and Liaison Service (PALS) team to focus on direct personal contact with patients and families, keeping the PALS phone line open, to respond to queries and support our patients.

The decision by the Trust to restrict visitors on the ward was not easy, but made in the best interests of the safety of patients, staff and visitors. We are aware that this is extremely hard, both for patients and their families and friends, and have developed a number of initiatives to improve patient experience during this time.

i.   Additional Ward Clerk Support (non-clinical)

- Answering calls from relatives on the wards, ensuring they are kept informed with the right information, by the right health care professional as soon as is possible; passing on messages from relatives
- Undertaking tasks such as calling porters, cleaners; admin work, sorting notes
- 16 staff recruited to support, primarily at weekends

ii. **Video messaging for patients & relatives**
- Setting up iPads provided to wards for patients & relatives to connect via social media e.g. Zoom

iii. **'Thinking of you' postcards from relatives to patients**
- Relatives can send messages & photos to their loved ones via the public website
- The messages are printed out onto a 'Whittington Postcard' template and delivered to the wards by our PALS team

iv. **Essential packs for patients on discharge**
- Essential pack of toiletries & food prepared & brought to discharge lounge and Emergency Department (ED) to give to patients on discharge

v. **Audiobook pilot**
- Partnership with Intensive Treatment Unit (ITU) patient's sons to pilot audiobooks via Kindles for patients recovering from Covid-19 & other ill health
- 20 Kindles distributed across 4x wards
- If successful, trust to commission further Kindles for patients

vi. **Knitted hearts**
- Hearts knitted by local community to give to patients and their relatives
- Patient Experience Team supporting Kate Cormican (Distribution lead) in developing process & distribution plan

vii. **Spiritual & Pastoral Support team**
The Pastoral Support team is led by Rev. Adetola Badejo, Chaplain, and Eleanor Clarke, Head of Organisational Development. The team was initially supported by five psychologists from the IAPT service (Improving Access to Psychological Therapies), although as the pastoral support offer evolved IAPT developed their own support download programme in N19 alongside Project Wingman. The team provide:

- Support for patients and relatives
  - A quiet space offered to relatives visiting patients for End of Life care in the chapel quiet room
  - Telephone support via an extended Chaplaincy on-call rota with clergy from different faiths
  - Chaplains have been visiting the wards at the request of nurse in charge & following infection control instruction in use of Personal Protective Equipment (PPE).

- **Pastoral/Spiritual support for staff**
  - Pastoral support in N19 end of night shift/start of early
  - 1:1 support available for staff from Chaplain, pastoral support team or IAPT
  - Candlelit vigil held in Trust garden for Nick Joseph who sadly died from Covid in April 2020.
  - Rev Tola led minute silence remembrance for NHS staff who have died from Covid related illness.

- **Ramadan 2020 (23 April-24 May)**
  - Ensure patients and staff are supported during fasting times and daily refreshments provided for Iftar
  - Iftar meal distributed to staff following donation by Somali Community in Islington.
  - Celebration for Eid planned

viii. **Volunteer programme**
  - In response to demand, the patient experience team developed a fast process track for volunteer recruitment – by April 17th the average turnaround from application to recruitment has been 3-7 days which is a significant achievement while still adhering to DBS & occupational health assurances.
  - For all volunteer support, including from medical students, the service has received 225 enquiries since late March. Of these 225 enquiries, the team received 116 applications of which led to over 50 new volunteers being recruited (as of April 20th). The remaining applicants are currently awaiting induction, clearance through governance checks, or have pulled out from offering their support.
  - Volunteers have been supporting in a number of key roles during the pandemic including pharmacy home delivery, ward clerks, distribution and administration.

ix. **Project Wingman**
    'Project Wingman' is a volunteer support project designed by airline crew, in conjunction with NHS hospitals to support NHS staff during the Covid-19 pandemic. Whittington Health was the pilot site for this project, and it has been set up as a separate volunteer project within the existing Whittington Health volunteer programme.

    All airline staff on the project have been inducted into Whittington Health as volunteers using the 'Covid-19' Fast track process which enables volunteers to work with NHS staff.

    Project Wingman at Whittington Health provide "tea and sympathy" for staff in the "first class lounge" area in n19. It provides a chance to unwind, decompress and unload whilst chatting to a fellow professional who is used to the pressures of working in a stressful environment. The project was linked in with our existing staff wellbeing 'Coffee Break' support programme and extended to cover hours 6.30am – 8.30pm. The project

has proved popular with staff, and has now been rolled out to over 30 hospitals in the UK, with plans to roll out internationally.

2.1.2 Key Headlines from Q4
Complaints/PALS performance
In response to the Covid-19 Pandemic, the formal complaints investigation process has been put on hold until 30th June. The PALS team have responded to all complainants explaining that since formal complaint investigation is reliant on input from clinical staff, there will be delays. Attempts are made by the PALS team to resolve issues directly with the complainant and de-escalate where possible, and all concerns have been shared with relevant senior trust managers and escalated appropriately.

The trust received 92 formal complaints in Quarter 4, and the overall trust complaints performance against the 25 day/ 40 day deadlines was 87% for the quarter, against a target of 80%.
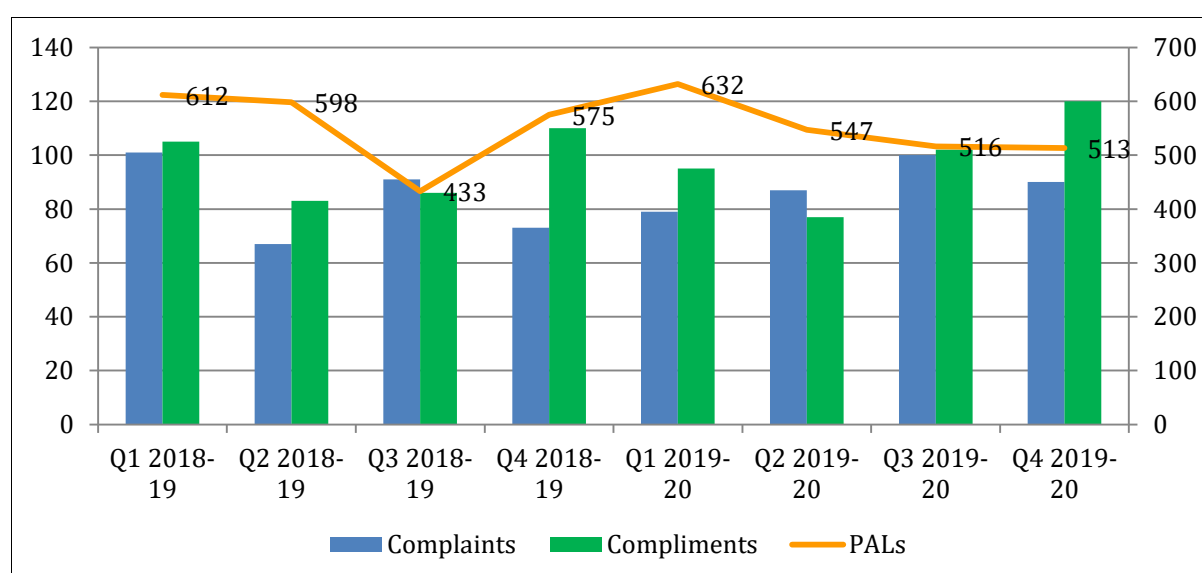
Table 1: No of PALs activity 2018 - current

ICSU	Jan-20	Feb-20	Mar-20
Surgery & Cancer	60%	50%	100%
Children's & Young People Services	100%	100%	N/A
Estates & Facilities	67%	67%	100%
Corporate	100%	N/A	100%
Emergency & Integrated Medicine	100%	100%	82%
Access, Clinical Support & Women's	100%	100%	100%
Adult Community Services	100%	100%	N/A
Trust	**87%**	**86%**	**88%**

Table 2: ICSU performance on complaint response Jan20-Mar 20

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Legal Services

At the time of the Covid-19 crisis, there were 80 live clinical claims, Emergency and Integrated Medicine (EIM) 24, Surgery &Cancer 22, Adult Community Services (ACS) 1, Access, Clinical Support and Women's (ACW) 26, Children and Young People's Services (CYP) 6 and one in Clinical Support Services. In terms of risk, 2 have been graded as extreme; one of which was heard at the Supreme Court December 2019 and the judgement published in March 2020.

There are 23 claims marked as high risk and therefore it is likely that admissions will be made. The remaining 55 claims are a mixture of low and moderate risk to the Trust.

There have been a number of mediation sessions which have had mixed results. Of the 5 attended, 3 have settled and 2 despite several offers being made did not result in an early settlement.

As of February 2020, there were 16 open Inquests. Of these 6 are from S&C and 8 in EIM. None of the current Inquests are marked as high risk for the Trust. In the last year there were 38 Inquests – current figures show this year there will have been 31 Inquests with 8 remaining for February & March.
Media interest has been generated in 2 cases:

- The death of an 18 year old with a nut allergy who had an anaphylactic reaction involving a long inquest with 8 organisations asked to provide witnesses. 18 Prevention of Future Deaths (PFD) recommendations were served – although none were included for the Whittington.
- NHSR lodged an appeal to the Supreme Court following a judgement made in favour of a claimant awarded costs for commercial surrogacy in the USA at the initial Court of Appeal. The Supreme Court judgement published in March 2020 upheld the Court of Appeal judgement.

Covid has had an impact on Inquests and claims. Where possible, inquests requiring presentations from clinicians have been adjourned and Coroners have tried to prioritise those inquests that can be carried out without attendees.

NHSR are preparing guidance for Trusts in anticipation of claims relating to the Covid crisis, either directly due to the care and treatment of patients with Covid related illness, or indirectly due to patients with non-Covid ill health whose outcomes may be poorer due to a delay in diagnosis and treatment.

2.2 Patient safety

2.2.1 Covid-19 response

Patient safety remains a top priority. With staff under increased pressure and potentially working in new environments the inherent risk of human error is higher. Our patient safety strategy has been to focus on rapid response to incidents, ensuring key learning is shared and actions implemented rather than on the detailed investigation reports. The Serious Incident Executive

Group (SIEAG) continues to meet weekly (remotely) with a focus on reviewing new incidents. The weekly Incident Review meeting chaired by the Head of Quality Governance with the ICSU risk managers and Patient Safety team continued remotely using Microsoft Teams.

There has been a reduction in incident reporting (outlined below), but the Quality Governance team has been proactive in seeking alternative options to help staff report incidents, including re-introducing paper forms, attending medical handover and direct updates from clinicians.

There has been a significant increase in CAS alerts (Central Alert System) during the pandemic, with 25 CAS alerts issued in March and April, of which 20 were Covid-19 related. These have been coordinated centrally via the Patient Safety Lead which has enabled clear lines of dissemination and rapid response.

An outline of the Covid-19 related alerts are outlined below:

Type of alert	No received	Topics
Supply Disruption alerts	4	- Ativan® (lorazepam) 4mg/ml Solution for injection - Neuromuscular blocking agents: atracurium, cisatracurium and rocuronium (2 alerts) - Diamorphine Hydrochloride powder for reconstitution and injection (5mg & 10mg ampoules) - Renal replacement therapy in critical care: severe disruption to the supply of kits and fluids
CMO messages	10	- Novel Coronavirus – management of suspected cases - Community Swabbing Services - Considerations for PPE - Ibuprofen and coronavirus - Novel coronavirus and anti-inflammatory medications - Clinical trials - Clinical negligence indemnity - PPE guidance update
Medical Device alerts	2	- Haemofiltration systems - Anaesthetic machines
NHSE/I alerts	2	- Oxygen usage - Use of high flow oxygen therapy devices
National patient safety alerts	2	- Blood control safety cannula and needle thoracostomy for tension pneumothorax - Interruption of high flow nasal oxygen during transfer
Total	**20**	

2.2.2 Key headlines from Q4

Incidents
Organisations with high levels of incident reporting are generally felt to be more open, honest and transparent, supporting a culture of continuous learning rather than blame. In 2019/20 the Trust set a Quality Account priority to increase the number of patient safety incidents and near misses reported, which has been achieved (18% and 10% increases respectively).
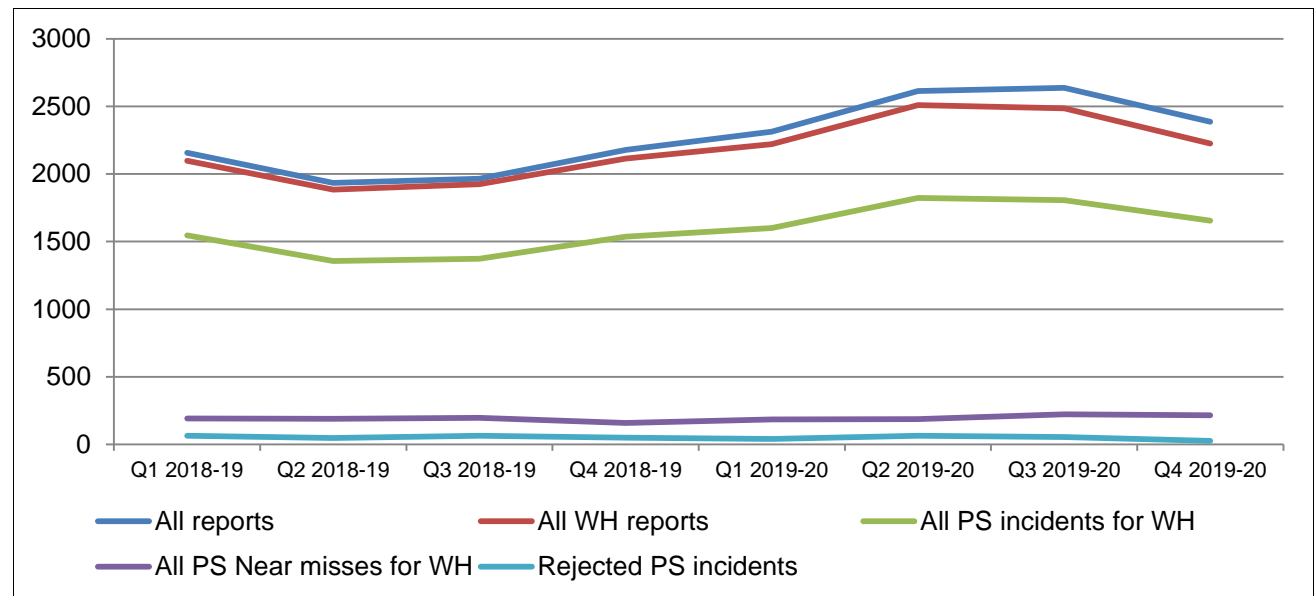
Table 3: Whittington Health Incident reporting 2018-current date

Serious incidents
The Trust declared 5 serious incidents in Quarter 4, relating to diagnostic incidents, self-inflicted harm, an IG breach and a maternal death. The Oxygen/ Air Never Event was declared in April 2020. Please see the SI Board

report for a detailed description of the Never Event and the actions taken.

No of Serious Incidents per month April 2018 - March 2020
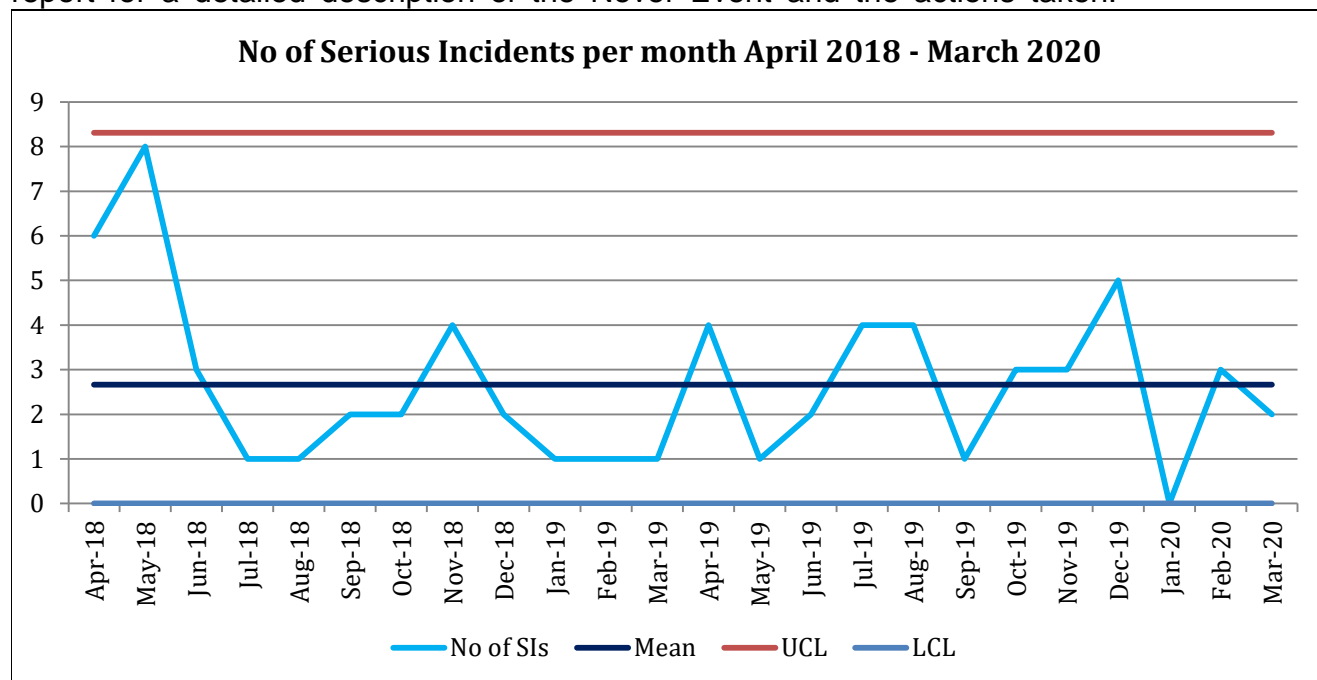
Table 4: Serious Incidents Reports April 2018- March 2020

Patient Safety Alerts: Status update (Open and New)

Reference	Title	Action taken	Alert raised	Actions due date	Closed on
NatPSA/2019/003/N HSPS	Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices	• 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	13/12/2019	Due on: 11/09/2020	

NatPSA/2020/001/N HSPS	Ligature and ligature point risk assessment tools and policies	• Immediate action was required re checking our internet and communications for information relating to ligatures and self-harm. This was completed. • A review of our policies and procedures is due to be completed before May 2020.	03/03/2020	03/06/2020	
NatPSA/2020/002/N HSPS	Interruption of high flow nasal oxygen during transfer	These alerts were not applicable to the Trust and so no action was required.	01/04/2020	08/04/2020	06/04/2020
NatPSA/2020/003/N HSPS	Blood control safety cannula & needle thoracostomy for tension pneumothorax		02/04/2020	09/04/2020	08/04/2020

2.3 Clinical effectiveness

2.3.1 Covid - 19 response
Clinical Guidelines and pathways

In response to the Covid-19 pandemic, a streamlined review process was introduced for clinical guidelines and pathways to ensure that new national and local guidance could be rapidly circulated to the relevant staff for review and approval while still maintaining good governance and oversight. Once approved all Covid-19 related guidance is made available on the intranet Covid-19 hub so that staff can easily access all information from a single point.

NICE amended the schedule for guidance to focus on Covid-19 rapid guidelines, which have been reviewed and circulated.

Clinical audit/ service evaluation:

We continue to register a number of Covid 19 specific audits/service evaluations. These range from local examination of the GI manifestations in patients admitted with COVID-19 at Whittington Hospital, to an international collaborative on surgical outcomes for Covid 19 positive patients.

Titles and rationale for these audits will now be included on the Covid-19 hub to enable staff to see the proactive work underway which will help understand the impact of this virus on patient outcomes and allow for optimal future risk stratification.

Some national audits also have continued to collect data during the pandemic period, with Covid-specific questions. For example, critical care units participating in the Case Mix Programme are asked to:

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- o notify Intensive Care National Audit and Research Centre (ICNARC) as soon as they have an admission with confirmed COVID-19;
- o submit early data for admissions with confirmed COVID-19, including demographics and first 24-hour physiology, as soon as possible after the end of the first 24 hours in the critical care unit;
- o resubmit data, including critical care unit outcome and organ support, when the patient leaves the critical care unit; and
- o submit final data when the patient leaves acute hospital.

2.3.2 Headlines from Quarter 4

National Audit	Published
Lung cancer (NLCA)	January 2020
National Audit of Dementia - Spotlight audit on Prescription of Psychotropic Medication	February 2020
UK Parkinson's Audit	February 2020
National End of Life Care Audit	February 2020
Falls and Fragility Fractures Audit Programme (FFFAP) - Inpatient Falls	24 March 2020
National Asthma and COPD Audit Programme - COPD in Secondary Care	12 March 2020
National Paediatric Diabetes Audit	24 March 2020

NICE guidance published

NICE guidance published in January and February was disseminated in accordance with established process with a three month timeframe for formal Trust response. While the timeframe for review is likely to be affected by Covid 19 pandemic, there have been no immediate issues relating to compliance identified.

The NICE rapid guidelines published in March 2020 were reviewed using the streamlined Covid-19 trust response.

Guidance type	Number published in quarter
Interventional Procedure Guidance	3
Medical technology guidance	2
Nice Guidance	11
Quality Standard	4
Technology Appraisal Guidance	9
Clinical Guideline	3
MIB - Medtech innovation briefing	2

2.3.3 Mortality

There has been a significant increase in the all cause mortality rate in March 2020 related to the Covid-19 Pandemic.
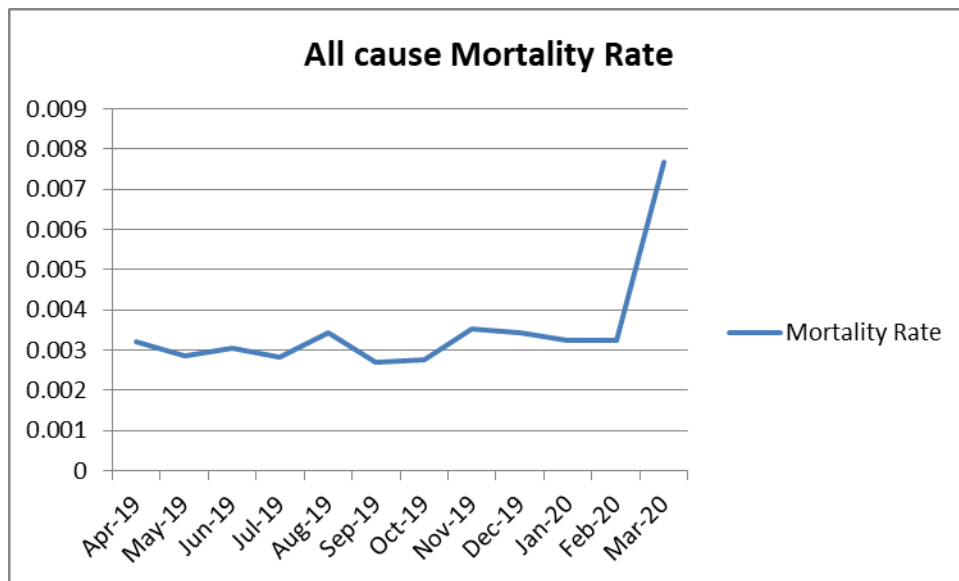
This is also reflected in the comparison of deaths between 18/19 and 19/20
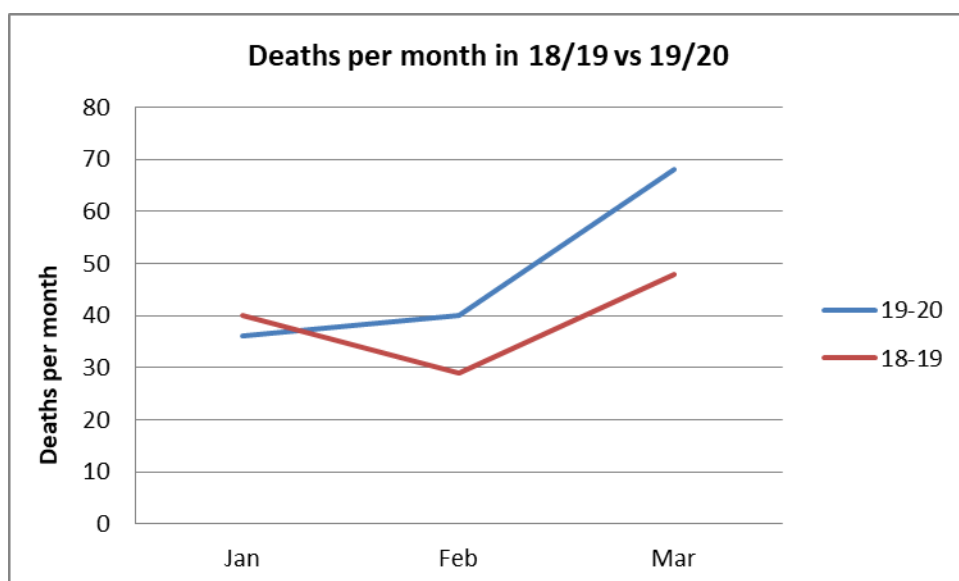
In order to ensure the ongoing quality of care in face of a new condition (Covid19) with no definitive treatment or vaccine the clinical teams at Whittington Health have conferred with colleagues in effected regions and considered the evidence base as it emerges.

This has also included participation in research studies which will inform the evidence base for future treatments.

As at 29/4/20 the following research trial recruitment had occurred at Whittington Health.

Study name	WH recruitment	National recruitment	Eligible Patient group
RECOVERY	52	7,979	All C19 inpatients
ISARIC CCP UK	249	>25,000	All C19+
UKOSS	9	TBC	C19+ Maternity
GenOMICC	0 (recruiting from this week)	1,394	ICU
	310		

RECOVERY is the major international multi-centre trial of therapeutic interventions.

3.0 THEMED ANALYSIS – FOCUS ON INCIDENT REPORTING

Incident reporting

As outlined above, there has been a drop in incident reporting during the pandemic period. A week by week comparison to 2019 data for the period shows that the upward trend in reporting is reversed from the beginning of March.
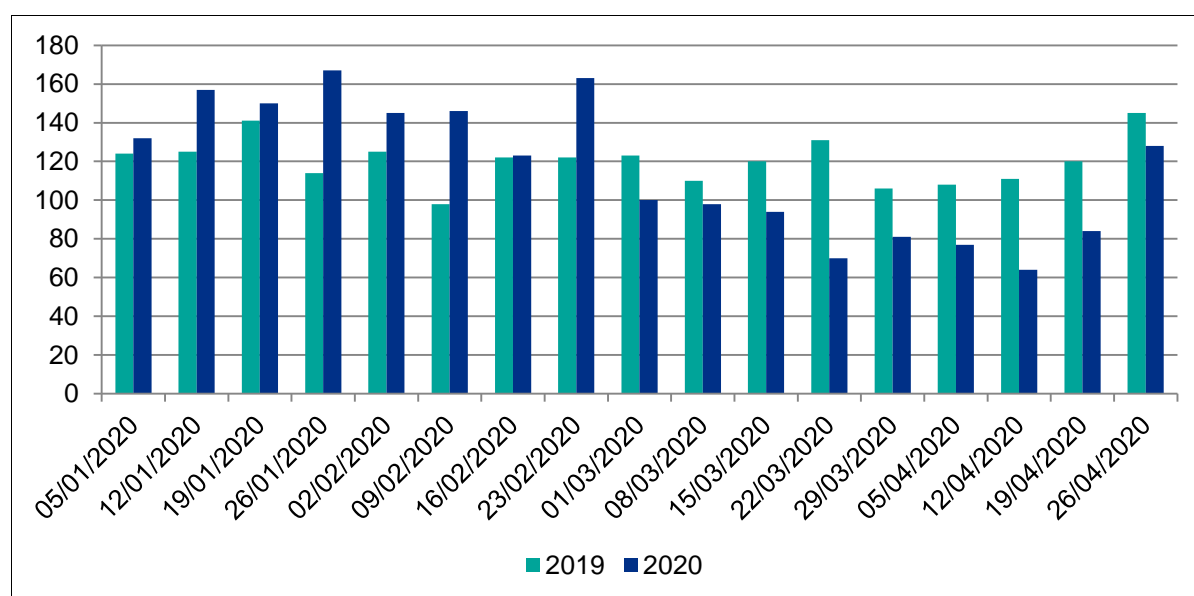
Table 5: Trust Incident Report January 2020 - current

This is consistent with other London trusts, which have all seen a decrease in incidents reported during the Covid period. We are aware that reporting may have been impacted by the following factors:
- Lack of time due to increased workload and staff sickness / reduced levels
- Service changes and staff redeployment

- Outpatient clinics reducing / services closing
- Discharge team worked to get inpatients safely home
- Reduction in admissions and closure of wards.

Further analysis of the data highlights some outliers, for example, reporting from the emergency department has dropped from 438 in 2019 to 260 in 2020. This is currently being reviewed, to understand how we can support ED staff to report near misses and incidents so that we can respond quickly and share learning. This is particularly relevant following the recent Never Event which highlighted the inherent risks of human error when staff are under pressure and working in challenging situations.

Departments with a decrease in incidents reported
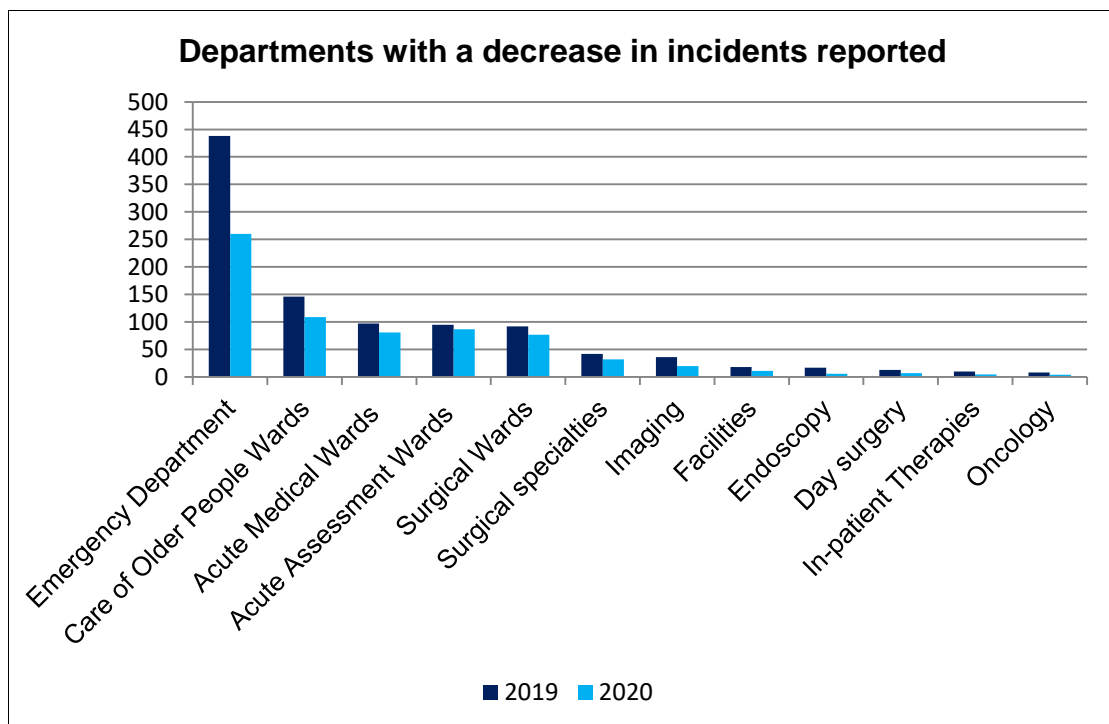
Table 6: Breakdown of departments incident reporting

On analysis of the harm level of incidents reported during the pandemic, there has been a larger drop in no harm incidents (which includes near misses) than moderate harm or severe incidents. This is in keeping with the hypotheses that staff continued to report significant incidents but due to time pressures, did not report near misses or incidents which didn't cause harm to patients. The Patient Safety team is working with ICSUs to review how to support staff to bring the level of reporting back to pre-Covid levels, so we can continue to take action proactively and share learning before serious incidents occur.

LoH figures (by PS incidents reported) Q4 2019 to Q4 2020
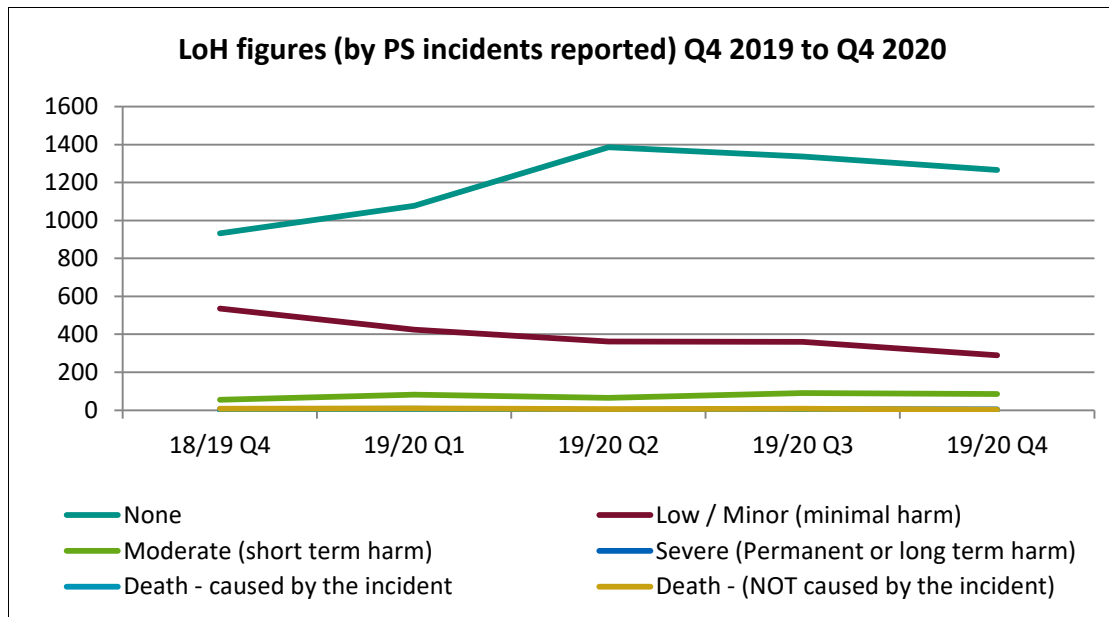
Table 6: Level of harm (LoH) incident reporting

Comparison of level of harm for incidents reported Jan to April 2019 vs 2020

	None	Low / Minor (minimal harm)	Moderate (short term harm)	Severe (Permanent or long term harm)	Death - caused by the incident	Death - (NOT caused by the incident)
Jan to April 2019	62.48%	32.68%	3.72%	0.39%	0.00%	0.73%
Jan to April 2020	74.56%	19.02%	5.72%	0.25%	0.10%	0.35%

■ Jan to April 2019   ■ Jan to April 2020
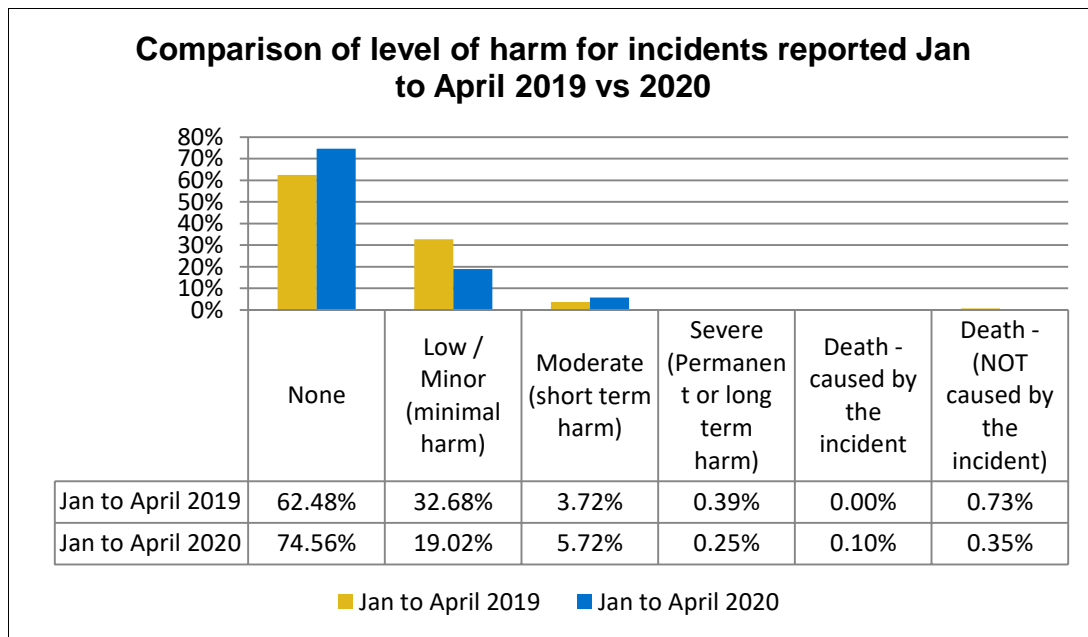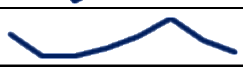
Table 7: Comparisons of level of harm incident reporting

The top five categories of patient safety incidents in Quarter 4 are displayed below. These remain fairly consistent over the financial year and the categories, and order, remain the same as Quarter 3.

Incident category	Trendline for Q1 18/19 to Q4 19/20	Percentage change for incidents report in Q4 compared to Q3
Pressure Ulcer		↓ -20%
Access, Appointment, Admission, Transfer, Discharge		↓ -5%
Staffing, Facilities, Environment (infrastructure or resources)		↓ -3%
Security		↓ -14%
Accident that may result in personal injury		0%

4.0 SPOTLIGHT ON 'QUALITY IMPROVEMENT (QI) AFTER COVID-19'

The Covid-19 pandemic has triggered a lot of changes in a short timeframe; some will be temporary, having run their course after the crisis, but there are a number of changes that are driving positive results and should be maintained. The QI steering group met on 24th April 2020, to discuss how best to harness these positive projects to deliver lasting change.

The Covid-19 QI projects have been dubbed 'Phoenix projects', and the QI Lead and Associate Medical Director (AMD) for Quality Improvement and Clinical Effectiveness are currently working with colleagues from across the Quality Governance Department, and Project Management Office team to develop a Whittington Health Improvement Faculty with a clear strategy and programme for Covid-19 Recovery.

Phoenix Projects include:
- o Virtual outpatients
- o Video options for Outpatient appointments 'Attend Anywhere'
- o Staff wellbeing initiatives
- o Right test, right time, to reduce diagnostic test inefficiencies
- o Patient experience initiatives

Meeting title	Trust Board – public meeting	Date: 24 June 2020
Report title	**Audit & Risk Committee Chair's Assurance report**	Agenda item: 13
Executive director leads	Kevin Curnow, Acting Chief Operating Officer	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	This Committee Chair's assurance report reports on areas of assurance on the items considered at the 20 May Audit and Risk Committee meeting. The Committee focussed its time on reviewing the 2019/20 financial accounts, the ISA 260 and the Head of Internal Audit opinion. **Areas of significant assurance:** • 2019/20 financial accounts • ISA 260 **Areas of moderate assurance:** • 2019/20 Local counter fraud service annual report • 2020/21 Internal audit plan • Internal audit progress report and Head of Internal Audit opinion	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the Chair's assurance report for the meeting held on 2 May 2020.	
Risk Register or Board Assurance Framework (BAF)	All	
Report history	Public Board meetings following each Committee meeting	
Appendices	None	

Committee Chairs' Assurance report

Committee name	Audit and Risk Committee
Date of meeting	20 May 2020
Summary of assurance:	

1. **The committee can report significant assurance to the trust Board in the following areas:**

   2019/20 annual financial accounts and ISA 260
   The Committee discussed the 2019/20 draft financial accounts which had been prepared on a going concern basis and submitted to NHS Improvement (NHSI). The draft accounts had been audited by KPMG and following discussion at the 24 Board meeting would be submitted to NHS Improvement on 25 June 2020.

   They noted the key judgements made in the financial statements regarding the valuation of land and buildings and the larger provision made for the annual leave commitment due to the covid-19 pandemic and the inability for staff to take their leave. The Committee discussed the material uncertainty on valuations which had been impacted by uncertainty caused by the pandemic and noted that, while there was a risk of overvaluing land and community sites as their values had fallen, on the upside, the hospital site was valued on a depreciated replacement cost basis and there was a risk of undervaluation. In addition, Committee members noted that significant uncertainty remained and the impact caused by covid-19 was a novel one for NHS organisations, valuation bodies and external auditors.

   The Committee welcomed the achievement of the main financial targets in year by the Trust prompting eligibility for Provider Sustainability Funding & Financial Recovery Fund payments. The Committee approved the 2019/20 annual financial accounts. It also noted the following headlines from the accounts:

   - Delivering its control total meant the Trust was eligible for £4.94m of additional funding which helped it to deliver a small surplus for 2019/20
   - Whittington Health had now achieved its control total for five consecutive years
   - Ignoring the impact of non-recurrent measures, there remained an underlying deficit each year and reported a £10.9m deficit at year-end
   - The ISA 260 which detailed the following in relation to the audit of the 2019/20 financial statements:
     - The intention to issue an unqualified audit opinion on the accounts following the Audit and Risk Committee's adoption of them and receipt of the management representations letter
     - The conclusion that the Trust had adequate arrangements to secure economy, efficiency and effectiveness in its use of resources.
     - The Care Quality Commission's inspection rating of the Trust as "Good"
     - The thanks for the finance team's co-operation throughout the visit which allowed the audit to progress and complete within the allocated timeframe
     - Further detailed work on the valuation of land and buildings was continuing

	o confirmation that the Annual Governance Statement reflected the Trust's operations and risk management arrangements

2.	**The Committee is reporting moderate assurance to the Board on the following matters:**
	
	• **2019/20 Local counter fraud service annual report –** the Committee considered the counter fraud, bribery and corruption service provision during the previous year and noted:
	   o A green rating for compliance with the current NHS Counter Fraud Authority's Standards for Providers which would change in September 2020 to align with central government reporting standards
	   o the Trust participated in the national exercise to prevent fraud in procurement, coordinating with the regional hub to provide contract data for analysis
	   o Prompt action taken by the Finance team and the Local Counter Fraud Specialist which avoided significant financial losses following a successful mandate fraud attempt in Q4
	• **2020/21 Internal audit plan –** Committee members fed back the importance of prioritising audits on the culture change activities at the Trust and also capital planning higher in the plan. The Committee noted the 2020/21 internal audit plan. It discussed the uncertainty caused by covid-19 and agreed to review the plan again at its next meeting in July
	• **Internal audit progress report and Head of Internal Audit opinion –** The Committee discussed the partial assurance overall opinion and noted the primary reason for this was the delay in responding to and implementing recommendations identified within the partial assurance-rated reports for core financial systems and consultant job planning

3.	**Other key issues covered:** The Committee also discussed reports covering the following and agreed actions where necessary: • Risk register • Board Assurance Framework • Tender Waiver Report & Breaches • Salary Overpayments • Debtors • Draft 2019/20 annual report
4.	**Attendance:** **Present:** Tony Rice, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director Rob Vincent, Non-Executive Director **In attendance:** Vivien Bucke, Business Support Manager Andy Conlon, Grant Thornton Kevin Curnow, Acting Chief Finance Officer Jerry Francine, Operational Director of Finance

	Jonathan Gardner, Director of Strategy, Development & Corporate Affairs Carol Gillen, Chief Operating Officer Siobhan Harrington, Chief Executive Neil Hewitson, KPMG Mark Inman, Director of Contracts & Business Development Philip King, Interim Head of Financial Services Steve Lucas, KPMG Ciaran McLaughlin, Grant Thornton James Shortall, Local Counter Fraud Specialist Swarnjit Singh, Trust Secretary

Meeting title	**Trust Board – public meeting**	**Date: 24 June 2020**
Report title	**Charitable Funds Committee Chair's Assurance report**	**Agenda item: 14**
Executive director leads	Kevin Curnow, Acting Chief Operating Officer	
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 10 June meeting of the Charitable Fund Committee. **Areas of significant assurance:** • Month 12 finance report **Areas of moderate assurance:** • Strategic future of the charity • Fundraising update and activity **Other key issues:** • The Committee also reviewed and agreed applications for funding 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.	
Risk Register or Board Assurance Framework (BAF)	Sustainability	
Report history	Public Board meetings following each committee meeting	
Appendices	None	

Committee Chairs' Assurance report

Committee name	Charitable Funds Committee
Date of meeting	10 June 2020
Summary of assurance:	

1.	**The committee can report significant assurance to the trust Board in the following areas:**
	
	• **Month 12 finance report –** Committee members reviewed the 2019/20 year –end position, a breakdown of fund balances as at 31 March 2020 and draft figures for the 2019/20 annual report. In particular, they noted that:
	   o income for 2019/20 was significantly higher (21%) than in 2018/19
	   o expenditure in 2019/20 was significantly higher than the preceding year due to the delivery and completion of the Play Terrace for Ifor ward
	   o the draft total fund balance as at 31 March 2020 (month 12) is £2.495m
	   o investment performance swung negatively in the final quarter of 2019/20, resulting in an anticipated loss of £127k – a fall of nearly 12%

2.	**The Committee is reporting moderate assurance to the Board on the following matters:**
	
	• **Strategic future of the charity –** the Committee considered the recommendations of the strategic review carried out by Kingston Smith Fundraising & Management in 2019 and an update covering changes since then, particularly the impact of the covid-19 pandemic on the wider charitable sector. Committee members welcomed the review which covered governance and options for an independent charity. Committee members noted that an independent charity would be faced with annual costs in region of c.25%-35% of annual turnover and agreed that the option of independent status be reviewed annually. The Committee agreed a collective ambition for the charity to grow and supported proposals for increased resources for a fundraising officer, head of the charity and projects officer
	
	• **Fundraising update and report of activities –** Committee members reviewed an update covering the period 22 February 2020 to 29 May 2020. The Committee agreed that a communication newsletter be issued to the local community as soon as practicable and noted that:
	   o this was a period of increased fundraising income due to covid-19 pandemic
	   o the total sum raised and pledged was £427,834
	   o the "Coronavirus Appeal" JustGiving page was opened on 13 March, and has been the main source of income for the charity from this period
	   o The main way the page was promoted was via Whittington Health's social media accounts, which then went viral throughout the local community. There was also promotion on several news bulletins, most notably the BBC Six O'Clock News, which assisted in making this appeal more popular and far reaching than any other fundraising campaign the charity had undertaken

	o Several major donations had been received and there had been one exceptional pledge made by an individual who agreed to fund £100,000 worth of meals for our staff, supplied by the organisation, Meals for the NHS o As a member of NHS Charities Together, the charity received a proportion of their fundraising revenue during this period o Due to the unexpected events of the past few months the planned rebrand of the charity was postponed o Going forward, there was an intention to identify projects which could be used as fundraising projects, as part of the move to a project-led model o Although not desired, any possible future second peak of coronavirus infections could potentially lead to a revival of the Coronavirus Appeal
3.	**Other key issues covered:** The Committee considered a paper which provided details of bids, totalling £146.5k, for review by Committee members, in line with its terms of reference. They approved five bids totalling £82.5k in excess of £5k delegated limit. They also noted: • a previously-approved bid for the Staff Mobile app returning for additional funding. The original approval granted by the Committee was for up to £20k, for development costs and 1st year licence fees and support. These project costs had risen to £42k (although there may be a £5k saving if the VAT is reclaimable by the Trust); and • the remaining 37 bids totalling £42.5k had been approved through the delegation route to Chief Finance Officer.
4.	**Attendance:** **Present:** Tony Rice, Non-Executive Director (Committee Chair) Kevin Curnow, Acting Chief Finance Officer Clare Dollery, Medical Director Jonathan Gardner, Director of Strategy, Development & Corporate Affairs Siobhan Harrington, Chief Executive Anu Singh, Non-Executive Director **In attendance:** Vivien Bucke, Business Support Manager Dan Fletcher, Director MKS Fundraising & Management Norma French, Director of Workforce Juliette Marshall, Director of Communications, Engagement and Fundraising Eddie Mitchell, Fundraising Officer Alex Ogilvie, Deputy Head of Financial Services Swarnjit Singh, Trust Corporate Secretary

Meeting title	Trust Board – public meeting	Date: 24 June 2020
Report title	Workforce Assurance Committee Chair's Assurance report	Agenda item: 15
Executive director leads	Norma French, Director of Workforce	
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 17 June meeting of the Workforce Assurance Committee. **Areas of moderate assurance:** • Quarter 4 workforce report • Workforce Race Equality Standard improvement plan • Covid-19 related absences **Other key issues:** The Committee reviewed its terms of reference and a self-assessment of its effectiveness. 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.	
Risk Register or Board Assurance Framework (BAF)	Sustainability	
Report history	Public Board meetings following each committee meeting	
Appendices	None	

Committee Chairs' Assurance report

Committee name	Workforce Assurance Committee
Date of meeting	17 June 2020
Summary of assurance:	

1.	**The Committee is reporting moderate assurance to the Board on the following matters:**

Quarter 4 workforce report

Committee members reviewed a paper covering the period 1 January 2020 to 31 March 2020. They fed back positively on the new format of the report which had a good balance between data and commentary on the outcomes. The Committee noted that the data for sickness, turnover and vacancy statistics was relatively stable but did also query the high percentage of sickness absences for which no reason was specified.

Committee members identified that performance was below target for compliance with statutory and mandatory training and annual staff performance appraisals, despite the considerable work that had taken place by the organisational development team across the Trust to help raise performance. The Committee took assurance that the purchase of a new learning system, Totara, which had received favourable testimony from five other NHS trusts, would help to raise compliance with statutory and mandatory training requirements by staff.

Covid-19 related absences

The Committee considered a detailed review of sickness absence related to covid-19 during April 2020. They noted the national evidence in the report from Public Health England which highlighted the disproportionate impact of the pandemic upon people from a black asian and minority ethnic background (BAME) and welcomed the analysis which was disaggregated by age, race and workforce group.

The report's findings showed that, of the total Trust workforce who were absent for covid-related reasons, 37% were from a BAME background and 28% from a white background. In addition, it was noted that covid-related sickness absences increased with age. In terms of staffing groups, there were relatively high levels of covid-related sickness for staff who worked in nursing and midwifery, facilities and additional clinical services' roles. Low sickness absence rates due to covid-19 were recorded for dental and medical staff during this period. The Committee was also made aware of webinars held recently with staff who were shielding and working from home as well as the BAME webinars

The Committee noted that due to the high levels of non-disclosure of racial background for some staff groups, it was difficult to make meaningful statistical inferences. They received assurance from the Director of Workforce that work was taking place to ensure staff completed all monitoring data sought by the Trust. The Committee also agreed that:
- A breakdown of current Trust staffing disaggregated by race background

		be provided through separate reports in the future
		• The next report to the Committee should include information: o on the numbers of risk assessments being completed for staff; and o details for staff redeployed during the response to the pandemic, if possible **Workforce Race Equality Standard (WRES) improvement plan** Committee members discussed a report which set out the progress made with the existing improvement plan for each of the nine WRES indicators; the challenge for London's NHS organisations to improve WRES outcomes and representation in higher pay bands; and a revised improvement plan for 2020/21. The Committee fed back suggestions on how the plan might be improved, including: • The extension of the inclusion of a BAME member of staff on all recruitment panels, particularly to include BAME staff working in lower grade bands; • A more outcomes-focussed approach which included metrics and also RAG ratings to enable progress to be measured The Committee was informed that a talent management pilot had been agreed and was about to be launched. It was agreed that: • details of the Trust's approach to talent management be circulated to Rob Vincent • the Trust's inclusion strategy and plans needed to be re-circulated to Committee attendees to demonstrate the progress made since the publication of Professor Duncan Lewis's report in 2018 Committee members also noted the following: • The significant work which ah taken place to support the health and wellbeing of BAME staff, including the issuing of a risk assessment framework across the North Central London sector for all NHS staff • Advice from the Health & Safety Executive that infection prevention and control and information governance training should continue • The national WRES team would work with Whittington Health for three months from the end of June onwards
2.		**Other key issues covered:** The Committee welcomed a new non-executive director member, Robert Vincent. The Committee also considered a report reviewing its terms of reference and an annual self-assessment of its effectiveness. Committee members reviewed and fed back suggested changes. It was agreed that any further changes be sent to the Trust Secretary for inclusion in the report to be considered at the 24 June Board meeting. It was agreed that the Committee's work plan be a standing item at each

	meeting.

The Committee discussed and recognised the current challenging circumstances (covid-19 pandemic, BAME covid-issues and also the black lives matter campaign). It was proposed that that a subcommittee of this forum would be established to review progress on inclusion plans. It was also agreed that the Committee Chair would update the Trust Board each month with feedback from BAME staff and every six months on progress against plans in place.

The Committee also discussed and welcomed a proposal to have staff stories presented at its future meetings. |
| 3. | **Present:**
Anu Singh, Non-Executive Director (Committee Chair)
Norma French, Director of Workforce
Carol Gillen, Chief Operating Officer
Michelle Johnson, Chief Nurse and Director of Allied Health Professionals

In attendance:
Kate Green, Personal Assistant to Director of Workforce
Jerry Francine, Operational Director of Finance
Helen Kent, Assistant Director, Learning & Organisational Development
Swarnjit Singh, Trust Corporate Secretary
Aisling Thompson, Deputy Chief Operating Officer and Director of Operations, Adult Community Services
Kate Wilson, Deputy Director, Workforce

Apologies:
Dr Clare Dollery, Medical Director
Baroness Glenys Thornton, Non-Executive Director |

Meeting title	Trust Board – public meeting	**Date:**	**24 June 2020**
Report title	**2019/20 Whittington Health Annual Report & Accounts**	**Agenda Item:**	**16**
Executive director leads	Jonathan Gardner, Director of Strategy, Development & Corporate Affairs and Kevin Curnow, Acting Chief Finance Officer		
Report authors	Jonathan Gardner and Swarnjit Singh, Trust Secretary		
Executive summary	This paper provides Board members with the final draft version of the 2019/20 annual report and accounts for review and approval following a number of contributors from across the organisation during this busy time. The annual governance statement was reviewed by the audit and risk committee previously. The current NHS accounts timetable shows that the signed pages of the annual report need to be submitted to NHS Improvement by 25 June 2020.		
Purpose:	Approval		
Recommendation(s)	Board members are invited to approve the final 2019/20 annual report and to note the final accounts.		
Risk Register or Board Assurance Framework	All BAF entries		
Report history	Audit and Risk Committee, March and May 2020; TMG; 11 May		
Appendices	1: 2019/20 Annual report 2: 2019/20 Financial accounts		

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Whittington Health 2019/20 Annual Report & Financial Accounts (ARA)

Contents

INTRODUCTION

Welcome to our 2019/20 Annual Report which outlines how the staff and volunteers of Whittington Health have supported over 500,000 people living across North Central London and beyond to live longer healthier lives.

We want to particularly highlight four significant developments and achievements this year:

- The overall "Good" rating following the Care Quality Commission's inspection in late 2019, with outstanding ratings for community services and caring
- The successful delivery of our control total in a challenging financial climate
- Continuing work to develop an inclusive workforce culture driven by compassionate leadership
- Finally, during the final quarter of the year, we would like to pay tribute to the tremendous and humbling response of staff alongside local people and organisations in tackling the coronavirus pandemic.

As an integrated care provider, Whittington Health has continued to play an active role in system leadership, driving progress towards an integrated care system for North Central London through borough partnerships, along with locality and primary care network working. Much greater collaborative and integrated working was also a key feature of the NHS's response to the coronavirus pandemic and we are proud to have played our part in this.

There were some changes to our board in 2019/20, including the very sad death of our previous Chair, Steve Hitchins. We also said goodbye to David Holt, Non-Executive Director, and to Yua Haw Yoe, Non-Executive Director. We would like to say a big thank you to David Holt and Anu Singh who covered the Chair arrangements until the end of March.

We would also like to acknowledge the continued professionalism and dedication of our staff who provided and continue to provide excellent caring and compassionate services for local people, despite the considerable challenges of the coronavirus pandemic.

Siobhan Harrington, Chief Executive

Baroness Julia Neuberger DBE, Chair

PERFORMANCE REPORT

Overview

Whittington Health is one of London's leading integrated care organisations – helping local people to live longer, healthier lives.

We provide hospital and community care services to over half a million people living in Islington and Haringey as well as those living in Barnet, Enfield, Camden and Hackney. Whittington Health provided over 100 different types of health service (over 40 acute and 60 community services) in 2019/20. Every day, we aim to provide high quality and safe healthcare to people either in our hospital, in their homes or in nearby clinics. We are here to support our patients throughout their healthcare journey – this is what makes us an integrated care organisation.

Our services and our approach are driven by our vision
We have an excellent reputation for being innovative, responsive and flexible to the changing clinical needs of the local population. We are treating more patients than ever before and are dedicated to improving services to deliver the best care for our patients. At the beginning of 2019 we reset our strategy for the next 5 years with the community, stakeholders and our staff.

Our vision is: Helping local people live longer, healthier lives

What we do: Lead the way in the provision of excellent integrated community and hospital services

Our 2019/24 strategy has four main objectives:

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

Within each of these objectives we have set out more specifically what we mean and what our ambition is:

Deliver outstanding safe, compassionate care in partnership with patients
- Partner with patients to deliver outcomes that matter to them through the co-design of services and the objectives set out in the quality account
- Ensure timely and responsive care that is seamless between services
- Improve patient experience through delivery of the patient experience strategy ambitions
- Continually learn through our Quality Improvement strategy, building a curious workforce that strives to use evidence

Empower, support and develop an engaged staff community
- Provide outstanding inter-professional education and inclusive, fair development opportunities
- Focus on the health and wellbeing of staff including improving the environment
- Be the employer of choice recruiting, retaining and recognising the best.
- Create a kind environment of honesty and transparency where all staff are listened to and feel engaged
- Promote great leadership, accountability and team working where bullying and harassment is not tolerated

Integrate care with partners and promote health and wellbeing
- Partner with social, primary, mental health care and the voluntary sector around localities to make an impact on population health outcomes and reduce inequalities
- Improve the joining up of teams across and between community and hospital services
- By working collaboratively, coordinate care in the community to get people home faster and keep people out of hospital
- Prevent ill-health and empower self-management by making every contact count and engaging with the community and becoming a source of health advice and education

Transform and deliver innovative, financially sustainable services
- Transform patient flows and models of care (outpatients, same day emergency care, community localities, and children's pathways).
- Reduce system cost and improve clinical productivity and financial literacy everywhere.
- Transform our estates and information technology (IT)

This strategy was created through engagement with staff through public and stakeholders. It was embedded throughout the organisation in the following ways:
- Trust operational plan
- Accountability framework
- Integrated Clinical Service Unit (ICSU) business plans (and challenge day)
- Annual appraisals
- Individual and team objectives

Values

The ICARE values developed through staff engagement and consultation continued to be fundamental to everything we do at Whittington Health and form the basis of expected staff behaviours. They are:

Our services

Our priority is to deliver the right care, at the right time, and at the right place for our patients. We provide an extensive range of services from our main hospital site and run services from over 30 community locations in Islington and Haringey, and our dental services are run from sites across 10 boroughs.

As an integrated care organisation we bring safe and high-quality services closer to home and speed up communication between community and hospital services, improving our patients' experience reducing admissions and speeding up discharge. Key to our approach is partnering with patients, carers, GPs, social care, mental health and other healthcare providers.

Our organisation has a highly-regarded educational role. We teach undergraduate medical students (as part of University College London Medical School) and nurses and therapists throughout the year, alongside providing a range of educational packages for postgraduate doctors and other healthcare professionals. We also have an ever growing research arm which is exceeding Clinical Research Network targets.

Key themes and risks

Quality and safety: quality and safety has remained our top priority and we have made huge progress in many areas such as community waiting times where we have now received an 'outstanding' rating from the CQC. We have continued to struggle to maintain the four hour emergency department target, but have consistently met most other targets.

Culture and recruitment: on the back of concerning staff survey data in the previous couple of years, last year we conducted a thorough cultural survey and this year have put in place a number of interventions to reduce bullying and

harassment and improve staff engagement. This also contributes to reducing the risk of high vacancy rates. Notable progress in this area has been made by the community teams who have reduced their vacancy rate considerably. This year has seen small but significant positive changes in the staff survey as a result.

Systems working and integrated care: this year, we made huge progress with our collaborations with GP federations, Primary Care Networks, councils and mental health trusts to start changing how we work as a system. We have been working hard with North London partners to help design how North Central London integrated care system should look , as well as practically working with the councils on how we integrate council services and the voluntary sector around smaller localities. With our partners we have set up borough partnership boards, and multi-agency locality leadership teams.

Improvement and productivity: the quality improvement programme has grown this year and we are seeing projects across the organisation. Productivity has been a challenge as we continue to live within our means. We have seen a major improvement in our long length of stay and seen a reduction in the percentage numbers in line with the agreed national target.

Digital and estates: We also progressed our digital agenda with further investment in the Digital Fast Follower Programme with Bristol University NHS Foundation Trust. We installed and embedded electronic observation charts and a new electronic handover mechanism called "Careflow". During the last year we made much progress with regard to our estate long term plans and backlog maintenance including:
- Demolished the Waterlow Building and carried out the preparatory works for the new mental health unit on the site of the current education centre
- Refurbished Maternity and opened the 2nd obstetric operating theatre
- Refurbished our nurses accommodation building on the Archway site
- Refurbished the Northern Health centre

Below is a snapshot of the some of the activity we delivered last year:

Emergency admissions	2018/19 actual	2019/20 actual	Year on year actual % difference	2019/20 pro-rated*	% pro-rated difference outcome**
Non-elective admissions	18,256	16,423	-10.04% [1]	16,913	-7.4% [3]
Elective admissions	2,224	2,257	1.48%	2,340	5.2% [6]
Day cases	21,292	21,931	3.00%	22,484	5.6% [6]
ED attendances	108,651	107,600	-0.97% [1]	109,767	1.0%

Face-to-face patient contacts	2018/19 actual	2019/20 actual	Year on year actual % difference	2019/20 pro-rated*	% pro-rated difference outcome**
At our hospital	535,209	548,531	2.49%	551,461	3.0%
In the community	793,423	744,963	-6.11% [1]	748,445	-5.6% [4]

Face-to-face patient contacts	2018/19 actual	2019/20 actual	Year on year actual % difference	2019/20 pro-rated*	% pro-rated difference outcome**
Total	1,328,632	1,293,494	-2.64% [1]	1,299,906	-2.1%

Community	2018/19 actual	2019/20 actual	Year on year % difference	2019/20 pro-rated*	% difference outcome**
Community Nursing visits	325,129	296,462	-8.82% [2,4]	297,126	-8.61% [4]
Physiotherapy appointments	81,633	84,750	3.82% [2,5]	87,922	7.7% [5]
Health and School Nurse visits	91,434	88,149	-3.59% [2]	90,511	-1.0%
Dental appointments	49,792	40,532	-18.6% [2]	41,432	-16.8%

2019/20 pro-rated* - due the impact of the covid-19 pandemic, the data for these impacted areas was calculated by pro-rating month 11 outcomes for month 12

% difference outcome** - this is the difference between the 2018/19 outcome and the pro-rated outturn for 2019/20

The references blow give explanations for the areas which showed actual falls in activity include:

1) the impact of the covid-19 pandemic which saw significant falls in activity, particularly the numbers of people attending the emergency department and those who would have been admitted during March.

2) in response to the coronavirus pandemic, we cancelled all non-urgent activity to free-up the maximum possible inpatient and critical care capacity to prepare for, and respond to, the anticipated large numbers of covid-19 patients who needed respiratory support.

3) a positive fall in admissions due to the recruitment to Frailty consultant post demonstrating again the value of being an Integrated Care Organisation (see page 41).

4) a duplication in recording resulted in the overstatement of district nursing and twilight nursing activity for 2018/19 meaning the comparison with this year does not work.

5) Expansion of our highly successful muscular-skeletal (MSK) one stop triage service.

6) Significant improvements were made during 2019/20 in the management of long length of stay patients as support for our overall bed optimisation programme.

HIGHLIGHTS AND ACHIEVEMENTS

We are proud of our staff and their commitment to delivering safe and high-quality care – over the past year our community and hospital teams have helped to pioneer new projects and secure numerous national professional awards and accolades. A few of the many highlights of the year and achievements of our staff are outlined below:

Care Quality Commission (CQC) inspection

Following a core services inspection in December 2019, a use of resources assessment and a well led review in early 2020, Whittington Health was given an overall quality rating of 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 our staff.

An initial action plan which was considered by the Trust Board in December 2019 was updated in response to the detailed findings and forms part of our Better Never Stops programme.

The CQC's report 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 acknowledged the work undertaken to improve the culture across the organisation.

Overall rating: GOOD

Overall results:

Are our services safe?	Requires improvement
Are our services effective?	Good
Are our services caring?	Outstanding
Are our services responsive?	Good
Are our services well-led?	Good
Are our resources well-managed?	Good

Ratings by service were:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute services	Requires improvement	Good	Good	Good	Good	Good
Community health services	Good	Good	Outstanding	Good	Outstanding	Outstanding
Children's mental health services	Requires improvement	Good	Outstanding	Good	Good	Good

key	Outstanding	Good	Requires improvement

Highlights from the CQC's inspection report included:

- *Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Staff went the extra mile to make sure their approach was friendly and inclusive.*
- *The trust planned and provided care in a way that met the needs of local people and the communities served. It worked with others in the system and local organisations. The service treated concerns and complaints seriously, investigated them and shared lessons*
- *Most staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care. The acute, community and mental health services the trust had a consistent culture and staff felt equally valued. The trust took appropriate learning and action as a result of concerns raised.*
- *Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. The trust had a clear vision and set of values with quality and sustainability as the top priorities. We found the vision to be simple, consistent and having continuity. Staff, patients, carers and external partners had the opportunity to contribute to discussions about the strategy, especially where there were plans to change services. Focus was around delivering for the patient.*
- *There was a robust and realistic strategy for delivering priorities and improving patient care. As an integrated trust for a number of years, the vision, strategy and approach was an excellent example of how integrated care can work for the benefit of patients. Local providers and people who use services had been involved in developing the strategy*
- *The trust embedded its vision, values and strategy in corporate information received by staff.*
- *The trust had 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*
- *The trust leadership team had a comprehensive knowledge of current priorities and challenges across all sectors and took action to address them. All the board members had a good knowledge of the key issues within the trust, even when they were outside of their direct portfolios. It was clear that the board was acting as a whole with an ongoing comprehensive discussion continually taking place*
- *The trust has an excellent track record of managing its expenditure within available resources. This is evidenced by the fact that the trust has met its plan and control total (including provider sustainability funding) for each of the financial years from 2015/16*
- *The 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*

Some of our other achievements and service developments this year

We continue to be proud of our staff and their commitment to delivering safe and high-quality care every day of the year. Over the past twelve months our community and hospital teams have once again stood out and won many national professional awards and accolades as well as pioneering new projects and continuing to work closely with the local community. Here are a few of the many highlights of the year and achievements of our staff:

- **Macmillan Professional Excellence Awards:** the cancer team won the 'Innovation Excellence Award'
- **The Rainbow Garden:** over £250k in charitable donations was raised to fund the new play area for children
- **Young Carers' ID Card:** we improved the visibility of young carers with a new ID card that young people helped to design which was piloted then launched at Whittington Health
- **NHS staff survey:** we had the highest number of colleagues taking part, increasing from 1,958 (2018) to 2,350 in 2019 and we significantly improved our outcomes in 7 out of the 11 themes
- **Ryhurst court case:** the judgement for the case found in favour of Whittington Health
- **Draft estate strategy:** key principles and priorities from sessions held with colleagues, local partners and patients were included in the latest version
- **Coronavirus relief fund raises over £100k:** the monetary donations received will support colleagues and patients who have been affected by the pandemic
- **Project Wingman:** we were the first Trust to trial the initiative that provides a 'first class lounge' which is a supportive space for our colleagues to switch off during covid-19
- We had our **busiest ever day in the Emergency Department** with 385 attendances
- **Whittington Health was announced as the winner of not one but two awards at the Nursing Times Awards 2019:** our teams took home the Child and Adolescent Service Award and the Respiratory Nursing Award
- **Worked with Islington Clinical Commissioning Group and The London Borough of Islington** to combine social, emotional and mental health services (SEMH) for Children and Young people into an integrated Central Point of Access, based at 222 Upper Street, Islington
- **Dr Johnny Swart, Consultant Physician and Geriatrician** won the prestigious Saad al-Damluji award for commitments to excellence in clinical teaching at this year's **Excellence in Medical Education Awards**
- **Student Nursing Times Awards:** James Shears, a Senior Nurse Practitioner working in the Haringey Learning Disability Partnership, scooped the Mentor of the Year award
- **Launched our refreshed strategy** which sets out our vision and ambition for the next five years
- **Nurse-led clinics in Gynaecology:** January 2020 saw the introduction of a nurse-led hysteroscopy service and post-menopausal bleed clinics for suspected cancer patients. The former created extra capacity in our outpatient diagnostic

services, enabling faster cancer diagnosis. The latter allowed for a more specialised approach and created more capacity for patients on two week waits

- **Pathology:** the Trust had a successful UKAS United Kingdom Accreditation Service) assessment for ISO 15189:2012. This included the screening pathway - Sickle cell and thalassemia-SCT and Infectious Diseases in Pregnancy Screening. Excellent technical feedback was received from UKAS assessors
- **Eighteen brand new Nursing Associates were among the first in England to successfully complete 2 years of clinical and academic training:** they are in posts in wards and community nursing teams across Whittington Health NHS Trust. The group are part a national pilot of 1,500 to be added to the Nursing and Midwifery Council's (NMC) register after the creation of the new role
- **We signed the Armed Forces Covenant** to show our commitment to supporting our employees as reservists and veterans
- **As part of work to help foster a compassionate leadership culture, we held 2 ICARE Conferences:** the first event heard from Professor Michael West and the second heard from Cherron Inko-Tariah MBE, author of the Incredible Power of Staff Networks and Prerana Issar, Chief People Officer for the NHS
- **We held our first Allied Health Professionals (AHPs) conference:** AHPs make up the second largest group of staff across Whittington Health. The theme of this year's event was "Caring for those who Care" and speakers included Kathryn Perera, Director of Programmes at NHS Horizons
- **Better frailty care across Haringey and Enfield:** colleagues from Whittington Health, North Middlesex University Hospital, Barnet, Enfield and Haringey Mental Health Trust, Enfield Clinical Commissioning Group (CCG) and Haringey CCG met for the first of a series of frailty network workshops which aimed to better working together by people involved in delivering services to elderly people across Enfield and Haringey
- **Discharge summary templates:** After feedback from patients and colleagues in primary and community care, improvements were being made to the Whittington Health discharge summary template
- **Transition collaborative:** the Trust was successful in its application to join the first cohort of the NHS Improvement's Children and Young People Transition Collaborative. This aims to support and improve clinical practice improvement by providing a structured programme, utilising quality improvement theory and methodology, and working with peer organisations.
- **ED Tea At About 3:** Commencing in April the Emergency Department have ran weekly afternoon tea for the whole team entitled 'Tea at about three'. The purpose of this is to create a space where the whole team can come together and also to remind people of the importance of taking a break.
- **Patient safety:** Whittington Health was one of five trusts awarded over £40,000 of funding by UCL Partners to develop new ways of improving patient safety. This project will aim to enhance the experience of care for patients and families as well as to develop the skills and autonomy of staff
- **Death Café:** During Dying Matters week 2019, a Death Café was launched as an open and relaxed space for conversation about death, dying and grief accompanied by tea and cake. It is confidential, non-judgemental and facilitated by our Palliative Care team
- **Shortlisting for a national CHKS quality of care award:** the CHKS Top Hospital awards celebrate excellence throughout the UK and are given to acute

sector organisations for their achievements in healthcare quality and improvement. Whittington Health is one of five NHS trusts shortlisted for the quality of care award, a national acknowledgement, given for excellence in high quality care to patients, appropriate to their diagnosis. It is based on a number of criteria including the length of time patients stay in hospital, the rate of emergency re-admissions and whether the care pathway proceeded as originally intended. The award is also based on an analysis of outcomes against 14 indicators and the data analysed by CHKS comes from information that is regularly submitted by hospitals to NHS Digital to help track performance

- **Enhanced Care Quality Improvement project:** NHS Improvement launched a collaborative initiative looking at improving enhanced care in hospitals and "move from a 'passive watching' role to an engaged person-centred relationship with the patient and their carers". Whittington Health's project focused on improving the way enhanced care is provided, by providing a specialist training programme to an 'enhanced care team'. Nine Care Of Older Persons healthcare assistants were the first cohort to receive the bespoke 3 days training programme which encompassed a strong focus on delirium, dementia, mental health and falls. The programme has been a huge success and has energised and given a renewed focus to the Trusts healthcare assistant colleagues in providing highly specialised care to a very vulnerable patient cohort
- **Forum Theatre:** in May, the Emergency Department ran a joint initiative with the 'Central School of Speech and Drama' and used this recognised form of theatre which looks at exploring and looking for solutions to longstanding problems which affect a community
- **Learning disability week:** learning disability week took place in June with a focus on getting people involved in inclusive sporting activities in local communities. Trust staff took part in a range of activities, including:
  o Specialist Speech and Language therapists running an introductory Makaton session
  o highlighting Hospital Passports across departments to raise the profile of patients with a learning disability
- **Healthcare People Management Association Rising Star award: Mala Shaunak,** Organisational Development Practitioner, was given a Guardian Rising Star Award at the annual Healthcare People Management Association Awards
- **20th anniversary of our first nurses from the Philippines:** a reunion was held in July to mark a very special milestone in the life of the Whittington Health family as it was 20 years since the first Whittington Hospital nurses recruited from the Philippines joined us. Since then they have all made an enormous contribution to caring for patients and have been wonderful colleagues. Eleven of these nurse recruits remain with Whittington Health, with the rest working elsewhere in the NHS or in the US and Canada
- **Department of cardiovascular medicine award:** the Department of Cardiovascular Medicine was accredited with an independently audited customer service excellence award for the twentieth consecutive year. The department has a tradition of developing high quality customer service in its field, having held successive charter mark awards since 1999
- **Kissing It Better:** the Emergency Department worked with the charity, Kissing It Better, on an initiative which involved inviting supervised and trained volunteers

from local schools to talk to, entertain, provide a little extra conversation and caring to waiting in the department, particularly, elderly patients. This initiative was recognised as outstanding by the CQC

- **Junior doctor wins gold in Tokyo:** congratulations went to Dr Kim Daybell, foundation doctor at Whittington Hospital, who is a Paralympic table tennis player. He has just returned from the Japan Open where he won a gold medal and the Thailand Open where he won a silver medal
- **Internships for people with autism/learning difficulties:** Whittington Health worked in partnership with Ambitious College and Springboard to offer job rotations for young people with autism/learning difficulties and to give then work experience at the Trust and the ability to identify permanent roles, particular as apprentices within either Whittington Health or the wider NHS
- **Speech & Language Therapy Dysphagia Intensive Course:** the acute Speech and Language Therapy team designed and ran a week's theoretical course aimed at Newly Qualified Speech and Language Therapists to upskill in the areas of dysphagia
- **Bright Start Islington reaccreditation:** this initiative is our name for services in Islington for families with children under five. It was reaccredited at the highest level, an excellent achievement. The United Nation's International Children's Emergency Fund (UNICEF) commented in their re-assessment report that "*The staff at Bright Start Islington are commended for their hard work in continuing to support mothers. It was clear to the assessor that, in most areas, pregnant women and new mothers received a high standard of care. Mothers spoke highly of the support they received in the breastfeeding support groups*"
- **Improvements in dementia care:** we recruited a dementia specialist practitioner and relaunched a dementia training programme for hospital and community staff and bespoke dementia and delirium sessions were being delivered to specific areas. In addition, Whittington Health made a public commitment to becoming dementia-friendly and dementia-friendly environments were delivered through refurbishment works on one of the Care of Older People wards
- **Capital Nurse Preceptorship Mark:** Whittington Health received its Capital Nurse Preceptorship Quality Mark for the second year in a row. This successful achievement meant the organisation is recognised as adhering to best practice standards set out by Capital Nurse and has been bench-marked against national and local frameworks. The Trust has been one of the forerunners in implementing change and seeing the Capital Nurse movement materialise. Capital Nurse is funded by Health Education England and has pulled together the resources from many nurse leaders and organisations to help steer nursing culture into a new era where continuous professional development is the norm, from when staff first start their career to the very end
- **Volunteer Services strategy:** Volunteer Services launched its new strategy outlining aspirations to develop and improve the services provided by volunteers, both within the hospital and in the community. Whittington Health is very proud of the growth in volunteer numbers and the vast and creative ways volunteers now support Trust services
- **Haemaglobinopathy Coordinating Centre (HCC) Accreditation – Sickle Cell Disease:** in partnership with University College London Hospitals NHS Foundation Trust and North Middlesex Hospitals NHS Foundation Trust,

Whittington Health was awarded Haemaglobinopathy Coordinating Centre status for Sickle Cell Disease. Along with its partners, Whittington Health support London and East Anglia's Specialist Haemaglobinopathy Teams in the provision and management of Sickle Cell Disease Services

- **North Central & East London (NCEL) Child & Adolescent Mental Health services:** the Trust is involved in this collaborative which 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
- **Joint Advisory Group (JAG) accreditation:** the Trust was awarded JAG accreditation, for the delivery of endoscopy services

PERFORMANCE

How we measure performance

Our Board and its key committees use a performance scorecard which has been developed to include a suite of quality and other indicators at Trust and service level enabling the centralised reporting of performance and quality data and the improved triangulation of information. The scorecard is based on the Care Quality Commission's five domains of quality: safe, effective, caring, responsive and well led. The selection of indicators is based on NHS Improvement's guidance for national outcome areas and also the Trust's local priorities. On a quarterly basis, we review our progress against our strategic objectives.

2019/20 Performance outcomes and analysis

As part of the response to covid-19, NHS England agreed to the pause or stop collecting monitoring data for some national indicators.

The year-end position against a suite of indicators used to measure performance is outlined in the following tables.

Table one: Performance against national targets in 2018/19 and 2019/20, at a glance

Safe – people are protected from abuse and avoidable harm	2018/19		2019/20		Notes
KPI description	Target	Outcome	Target	Outcome	
Admission to adult facilities of patients aged under 16	0	0	0	0	
Incidence of Clostridium Difficile *	<16	13	<16	6	See pages 32-33
Actual falls	400	432	400	409	
Harm Free Care (%)	>95%	92.60%	>95%	92.78%	
Non-Elective C-section rate (%)	<19%	21%	<19%	21.80%	
Medication errors causing serious harm	0	0	0	0	
Incidence of MRSA *	0	1	0	0	See pages 32-33
Never Events*	0	1	0	6	See pages 29-30
Safety Incidents	0	32	N/A	21.5	
VTE risk assessment (%)	>95%	95.40%	>95%	96.30%	*Apr-Jan 2020
Mixed sex accommodation breaches *	0	17	0	30	See page 37

Effective – people's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence	2018/19		2019/20		
KPI description	Target	Outcome	Target	Outcome	
Breastfeeding initiated	>90%	92.60%	>90%	91.72%	
Smoking at delivery	<6%	5.80%	<6%	4.90%	
Non-elective re-admissions within 30 days	<5.5%	5.95%	<5.5%	5.30%	
Hospital standardised mortality ratio rolling within 12 months	100	81.9	100	89.3	*Jan - Dec 2019
Hospital standardised mortality ratio rolling within 12 months (weekend)	100	76.8	100	87.4	*Jan - Dec 2019
Mortality rate per 1000 admissions in-months	14.4	6.6	14.4	8.1	
IAPT Moving to Recovery	>50%	58.00%	>50%	56.70%	* Apr-Feb 2020

Effective – people's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence	2018/19		2019/20		
% seen within 2 hours of referral to district nursing night	>80%	90.50%	>80%	94.20%	
% seen within 48 hours of referral to district nursing night	>95%	92.10%	>95%	96.00%	
% of MSK patients with a significant improvement in function	>75%	80.50%	>75%	92.7%	
% of podiatry patients with significant improvement in pain	>75%	85.10%	>75%	87.80%	
% weight loss achieved at discharge	>65%	72%	>65%	70.90%	
Caring - Involving people in their care and treating them with compassion, kindness, dignity and respect	2018/19		2019/20		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Emergency department – FFT % positive	>90%	81%	>90%	80.90%	* Apr-Feb 2020
Emergency department – FFT response rate	>15%	13%	>15%	12.40%	* Apr-Feb 2020
Inpatients – FFT % positive	>90%	92.70%	>90%	97.50%	* Apr-Feb 2020
Inpatients – FFT response rate	>25%	17.80%	>25%	21.90%	* Apr-Feb 2020
Maternity - FFT % positive	>90%	94.70%	>90%	94.70%	* Apr-Feb 2020
Maternity - FFT response rate	>15%	51%	>15%	41.70%	* Apr-Feb 2020
Outpatients - FFT % positive	>90%	91.90%	>90%	94.40%	* Apr-Feb 2020
Outpatients - FFT responses	4800	4069	4,400	4454	* Apr-Feb 2020 (Target adjusted for 11 months)
Community - FFT % positive	>90%	96.60%	>90%	95.70%	* Apr-Feb
Community - FFT responses	18,000	12190	16,500	8398	* Apr-Feb 2020 (Target adjusted for 11 months)
Trust Composite FFT - % recommend	>90%	89.80%	>90%	90.8%	*Apr-Feb (includes staff responses where recommended for care - only)
Staff FFT - % recommend	>70%	70.50%	>70%	76.40%	*Apr-Sep
Complaints responded to within 25 working days	>80%	88.60%	>80%	82.00%	

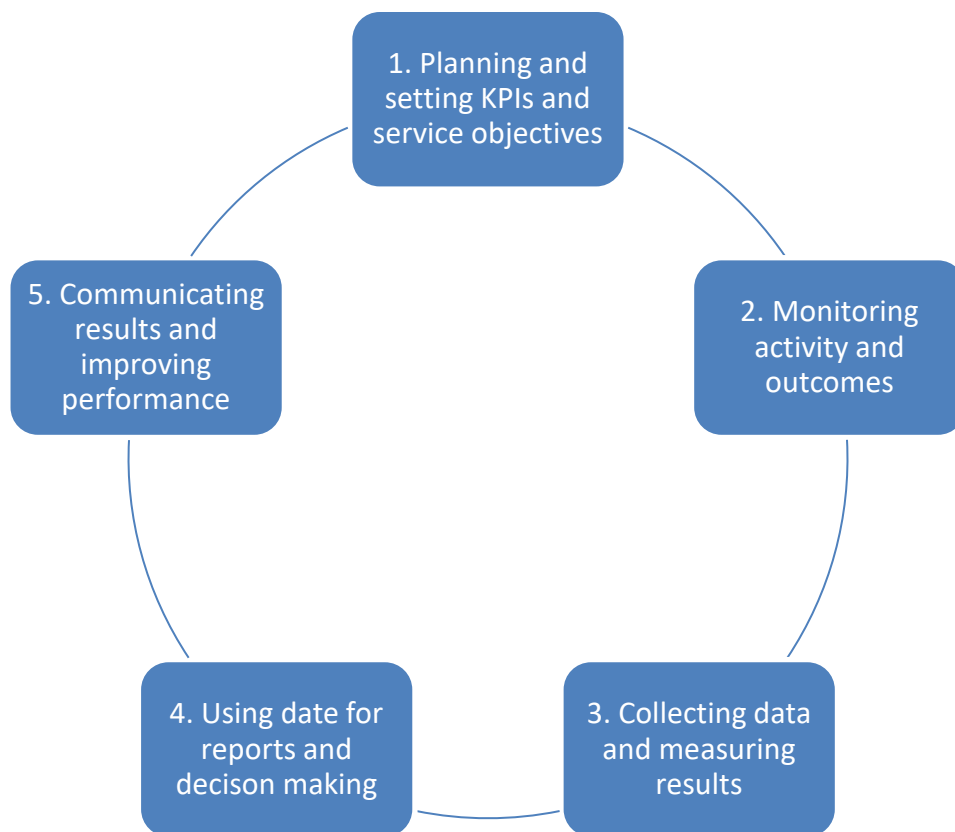| Responsive - organising services so that they are tailored to people's needs	2018/19		2019/20		
KPI description	**Target**	**Outcome**	**Target**	**Outcome**	
Emergency department waits – 4 hours	>95%	87.90%	>95%	83.80%	
Median wait for treatment (minutes)	<60 mins	83 mins	<60 mins	79 mins	
Ambulance handovers waiting more than 30 minutes	0	245	0	561	
Ambulance handovers waiting more than 60 minutes	0	39	0	50	
12 hour trolley waits in A&E	0	4	0	89	This figure includes mental health patient breaches
Cancer – 14 days to first seen	>93%	94.20%	>93%	94.80%	* Apr-Feb 2020
Cancer – 31 days to first treatment	>96%	100%	>96%	98.80%	* Apr-Feb 2020
Cancer – 62 days from referral to treatment	>85%	91.10%	>85%	84.00%	* Apr-Feb 2020
Diagnostic waits (<6 weeks)	>99%	98.90%	>99%	99.20%	* Apr-Feb 2020
Referral to treatment times waiting <18 weeks (%)	>92%	92.20%	>92%	92.10%	* Apr-Feb 2020
Referral to treatment time over 52 weeks	0	2	0	2	

Well led - leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture	2018/19		2019/20		
KPI description	Target	Outcome	Target	Outcome	
Staff appraisal rate (%)*	>90%	73.10%	>90%	74.30%	* Apr-Feb 2020 See page 43
Mandatory training rate (%)*	>90%	82.00%	>90%	81.60%	* Apr-Feb 2020 2020 See page 43
Permanent staffing WTEs utilised	>90%	87.20%	>90%	88.20%	* Apr-Feb 2020
Staff sickness rate (%)	<3.5%	3.52	<3.5%	3.53	* Apr-Feb 2020
Staff FTT – recommending the Trust as a place to work	>50%	59.40%	>50%	59.80%	* Apr-Feb 2020
Staff turnover rate (%)	<10%	12.60%	<13%	10.70%	* Apr-Feb 2020
Vacancy rate against establishment (%)	<10%	12.80%	<10%	11.80%	* Apr-Feb 2020

As shown above the vast majority of our targets were exceeded this year:

- Most of our 'safe' measures were met, however, we unfortunately had a number of never events which are explained on pages 32-33.
- Our mortality rate is slowing increasing, however it remains below expected.
- Our community services had a particularly strong year improving on nearly all their metrics.
- Our emergency department continued to struggle to deliver their targets despite many different interventions to improve flow and capacity including considerably more ambulance waits over 30 mins. There was a change in the reporting of 12 hour waits during the year to ensure we show mental health patients breaching separately. We have done much to keep that number as low as possible including good liaison with our mental health trust partners and use of our mental health suite. At the beginning of the year the 136 suite at Highgate opened which should help this metric going forward.
- Maternity services continued to excel in their friends and family test results as did the community and outpatients.
- We hit most of our referral to treatment and cancer diagnostic and waiting time targets, just marginally missing the 62 day target.
- We had two patients waiting over 52 weeks due to an administrative error. Neither patient came to any harm.
- We continue to improve on, or maintain good sickness and turnover rates whilst struggling to deliver the required appraisal and mandatory training rates. These are explained further in the workforce section of this report.

Monitoring performance

The Trust's performance management framework acknowledges the national context and addresses local quality and service priorities. Whittington Health has a culture of continuous improvement using the cycle of performance management and uses a system of performance reporting against agreed measures and quality priorities. The monthly performance scorecard allows continuous monitoring of specific datasets such as quality and finance, service specific information and deviation from commissioned targets. This information is used to monitor compliance with service standards and contract review and is used to populate national external data sets.

1. Planning and setting KPIs and service objectives

2. Monitoring activity and outcomes

3. Collecting data and measuring results

4. Using date for reports and decison making

5. Communicating results and improving performance

Outcomes against key scorecard indicators are reported to the weekly executive team meeting, bi-weekly to the Trust Management Group, monthly to respective Integrated Clinical Service Unit (ICSU) Boards, regularly to board committees, and monthly to the Trust Board itself. All reports are monitored and discussed at these meetings to identify reasons for any underperformance, as well as reviewing progress of action plans to remedy underperformance. The Trust continues to review performance to ensure we continue to monitor the things that matter to the delivery of high quality care.

STATEMENT OF FINANCIAL POSITION

Spending on agency and temporary staff

The Trust was set a very challenging agency cap target by NHS Improvement of £8.8m for 2019/20, an improvement of £3.2m on the 2018/19 outturn. The Trust ended the financial year £0.4m above the cap. This was partly driven by the surge in agency usage in the last quarter due to the covid-19 pandemic. The Trust is aware that maintaining and improving our performance in relation to the use of agency and temporary staff is key to delivering quality and financial sustainability. As such, the Trust initiated a number of measures to monitor and control agency usage including transferring its temporary staff management to Bank Partners from June 2019.

Financial position

The Trust agreed a control total of £4.94m deficit for 2019/20. Agreeing and meeting the control total, meant the Trust was eligible for £4.94m of additional funding relating to the provider sustainability fund (PSF), the financial recovery fund (FRF), and the marginal rate emergency tariff (MRET). The Trust delivered a £0.05m surplus for 2019/20 including PSF, FRF and MRET.

This means that the Trust has now achieved its control total for five consecutive years, and has cleared its historic deficit from previous years (see also the value for money section below). While the Trust has been able to meet its financial targets for the year, some of this has been achieved through the use of non-recurrent measures. Ignoring the impact of these measures, the Trust continues to run an underlying deficit each year and, at the end of March 2020, this was £10.9m.

Going concern and value for money

As with previous years, the 2019/20 annual accounts were prepared on the going concern basis. This is in line with the Department of Health & Social Care's accounting guidance, which states that the Trust is a going concern if continuation of services exists. We have detailed above the positive trend in the Trust's finances. This improvement means that the Trust is now complying with the Department of Health & Social Care's duty to break even over a three-year period.

Financial performance and statement of financial position

Above, we detailed the Trust's financial position for the year ending 31 March 2020, which indicated effective arrangements in the use of resources and a strongly positive trend in financial results. However, as a Trust we continue to face a challenging financial future.

Pay expenditure exceeded our budgeted level by £16.7m last year. This included £9.6m of additional employers' pension costs offset by income. The principal causes of this overspend were:

- Slippage in delivering recurrent cost improvement programmes

- Nursing overspend relating to provision of enhanced care
- Other overspend offset by income

Non-pay expenditure exceeded budgeted levels by £5.1m. The principal movements behind this were:

- Increased corporate costs relating predominately to professional fees
- Slippage in delivering recurrent cost improvement programmes

Cash

The Trust was in a strong cash position throughout 2019/20 and ended the financial year with £27.4m in cash. This was £2.2m higher than at the end of 2018/19. We maintained a strong cash balance during the year which resulted from:

- the receipt of PSF funding through the year
- strong collection rates on debt from both NHS and non-NHS organisations

During the year, the Trust did not receive any additional cash support from the Department of Health & Social Care, and has continued to pay down historic cash support loans. The Trust is not anticipating any significant cash issues in 2020/21, and has forecast to recycle cash holdings into capital programmes for future years, most notably into the Trust's estate strategy.

Property, plant and equipment

The Trust's outturn capital expenditure for the year was £18.4m. This was £0.3m lower than our Capital Resource Limit of £18.7m. Notable schemes within these levels of spend were investments in the Whittington Education Centre, maternity and imaging, and updates to information technology and hardware.

Receivables (debtors)

The Trust's receivables at the end of the financial year were £43.5m. This was £2.5m higher than in 2018/19. These increases were driven by the higher levels of core and incentive PSF. At the end of 2019/20, the Trust received a year end incentive of £1.1m of FRF. The Trust expects this to be settled in July 2020. There was also strong performance during the year in the collection of other old and current year debts.

Payables (creditors)

The Trust's payables at the end of the financial year were £51.5m. This was £10.9m higher than in 2018/19. Overall, creditor performance decreased slightly compared with the previous year. The Trust paid 87% of the value of invoices within 30 days, compared with 88% in 2018/19. Increases in creditor balances at year end were partly driven by an ongoing supplier dispute (value £2.8m) and additional covid-19 expenditure.

RISKS

The Trust has a robust risk management policy and process as outlined in the annual governance statement below. For the purposes of this performance report, the key risks on our 2019/20 Board Assurance Framework were as follows:

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.
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.)
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.
Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs (e.g. nursing, junior doctors, medical posts)
That the culture of the organisation does not improve, and bullying and harassment continue, such that retention of staff is compromised and staff morale affected and ultimate patient care suffers as a result
Failure to support fragile services adequately, internally or via partnership with other providers leads to further instability where quality is reduced, or vital service decommissioned, or Trust reputation is damaged (e.g. Lower Urinary Tract service, Breast, Bariatrics).
That the long term financial viability of the trust is threatened by changes to the environment, long term plan, social care risks, political changes, organisational form changes
Failure to deliver savings plan year and control in operational budgets leads to adverse underlying financial position that cannot be mitigated by non-recurrent measure. This will lead to not hitting control total, loss of Provider Sustainability Funding, greatly reduced capital resource to address other BAF risks and reputational risk
Failure to modernise the Trust's estate may detrimentally impact on quality and safety of services, poor patient outcomes and affect the patient experience
Breach of established cyber security arrangements results in IT services failing, data being lost and care being compromised

Each of these risks had a clear mitigation plan and assurance process. The board considered other risks throughout the year as they arose, including for example the risk of losing staff or being unable to recruit as a result of the pending EU exit.

DELIVER CONSISTENT, HIGH QUALITY, SAFE SERVICES

The organisation continued on its journey through the Better Never Stops initiative to continually improve the quality of our services and the experience of the people who use our services. In preparation for the announced, targeted inspection by the Care Quality Commission (CQC) during the period December 2019 to January 2020, the Trust focussed on supporting and preparing staff and services. There was a systematic and effective period of planning which was strengths-based and generated a positive and supportive approach. The Accountable Officers for quality are the Medical Director and the Chief Nurse and Director of Allied Health Professionals; for quality assurance, the lead officer is the Chief Nurse and Director of Allied Health Professionals.

Registration with the Care Quality Commission (CQC)

Whittington Heath is registered with the CQC without any conditions.

The CQC undertook a targeted announced inspection of four core services in December 2019 and published its final report in March 2020. The services inspected were Urgent and Emergency Care, Community Children's Health Services, Surgery and Community Child and Adolescent Mental Health Services. It also undertook a Well Led Inspection in January 2020. The final aspect of the inspection regime was a joint inspection by the CQC and NHS Improvement of the Trust's Use of Resources. The Trust was very pleased that the outcome of the inspection was, on the whole, very positive, including the overall rating for community health services moving from Good to Outstanding. The Trust maintained its current rating of outstanding for the Caring domain for the whole organisation; this is a well-deserved credit to staff. The overall rating for the Trust remained 'Good'.

The table below provides the rating summary table.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires Improvement	Good	Good	Good	Good	Good
Community	Good	Good	Outstanding	Good	Outstanding	Outstanding
Children's mental health services	Requires Improvement	Good	Outstanding	Good	Good	Good
Overall trust	Requires Improvement	Good	Outstanding	Good	Good	Good

The Trust was disappointed and concerned that the overall rating for the Safe domain remained as Requires Improvement and there is work required in the next year to address this. The CQC divides recommendations into two action categories: Action the Trust MUST take is necessary to comply with its legal obligations; and, 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. The CQC issued three 'Must do' actions in relation to two regulatory requirements against the Trust. A detailed action plan to address this was sent to the CQC in May 2020. The three 'Must do' actions were to ensure that:

- staff carry out physical health checks of patients after they received medication for their mental state administered by rapid tranquilisation (Emergency Department)
- medicines are managed safely within children's community services
- the environment for mental health patients was therapeutic and promoted dignity respect (Emergency Department)

The development of a 'Better Never Stops' Quality Improvement (QI) Faculty, and a revised quality governance structure will support this work. Processes in place to maintain quality and drive patient safety improvements across the Trust include:

- Established separate quality meetings at divisional integrated clinical service unit (ICSU) level, and a focus on quality at their executive-led quarterly performance reviews to ensure issues of patient safety, experience and effectiveness were prioritised
- The appointment of Associate Medical Directors for Patient Safety, Quality Improvement and Effectiveness
- An integrated central Quality Governance department to ensure intelligence was triangulated and learning is shared
- The Trust Board receives monthly reports on all serious incidents which took place the previous month and, importantly, on how the Trust is learning from care and service delivery problems identified
- A quarterly quality report is considered by the Quality Assurance Committee and Trust Board. It has been strengthened to provide a themed analysis of patient safety, patient experience and clinical effectiveness information
- The Trust's Safeguarding Adults & Safeguarding Children Committees continue to be managed as one Committee under the responsibility of the Chief Nurse and Director of Allied Health Professionals
- The Trust works closely with external regulators and patient safety reporting bodies such as the CQC, clinical commissioning groups, NHS England/Improvement (NHSE/I) and the National Reporting and Learning System (NRLS)
- The Trust has processes in place to respond to patient safety alerts via the Central Alerts System (CAS)

Quality priorities

Each year, the Trust agrees a number of priorities to improve the quality of our care for the people we serve which are published and reported on in the Trust's Quality Account. In light of the covid-19 pandemic, NHS England and NHS Improvement announced that the publication of the Quality Account 2019/20 is postponed until December 2020.

However, Whittington Health had already begun work in January 2020 to identify areas for improvement through consultation with staff, patients and key stakeholders.

We have also considered the impact of the covid-19 pandemic at a Trust level as well as the global changes to healthcare.

We utilised a range of data and information, such as learning from serious, reviews of mortality and harm, complaints, claims, clinical audits, patient and staff experience surveys, and best practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and national audit data, to help establish what our 2020/21 priorities should be.

As part of our consultation process, external stakeholders, patients, and staff have been invited to share their views on our proposed quality priorities. We held a stall in the hospital atrium in January 2020 to gather opinions of patients, families, visitors and staff about improvements they would like to see in the coming year. A meeting was held with Healthwatch Islington and Healthwatch Haringey, and representation from Islington Clinical Commissioning Group in February 2020 to review and hear feedback to consider the priorities for our local population.

The quality priorities identified for 2020/21 include:
- Improving communication (between staff and patients, and across multi-disciplinary teams)
- Reducing harm from hospital acquired deconditioning
- Improving blood transfusion safety culture at the hospital
- Improving understanding of human factors and the impact on making healthcare as safe as possible

We are now in the process of refining and agreeing the specific measurements with clinical colleagues; this work has been delayed due to the covid-19 pandemic.

Freedom to Speak Up Guardian

The Trust is pleased to report that the Freedom to Speak Up Guardian (FTSUG) for Whittington Health NHS Trust is now firmly established and is well known and respected across the Trust. The post holder maintains a high level of visibility across the hospital and community sites and across many professionals groups. Work during the year focussed on building up the network of Trust Speak Up Advocates and, by the end of March 2020, there were thirty recruited and trained. They work in many different areas of the Trust and come from diverse staff groups including clinical, managerial and facilities staff. Their role was revised and aligned to the National Guardian's Office guidelines on helping staff to safely raise concerns.

The National Guardian's Office undertook a case review of two longstanding whistleblowing cases. The final report was published on 11 June 2020. The Trust will work collaboratively to act on the report's recommendations in 2020/21.

PATIENT SAFETY

Serious incidents

The Serious Incident Executive Approval Group (SIEAG) comprising the Medical Director, Chief Nurse and Director of Allied Health Professionals, Chief Operating Officer, the Head of Quality Governance and Serious Incident Coordinator meets weekly to monitor and review Serious Incident investigation reports as defined within NHS England's Serious Incident Framework (March 2015). In addition, internal root cause analysis investigations and resulting recommendations and actions are monitored and reviewed by the panel.

All serious incidents are reported to North East London Commissioning Support Unit via the Strategic Executive Information System (StEIS) and a lead investigator is assigned by the clinical director of the relevant Integrated Clinical Service Unit (ICSU). All serious incidents are uploaded to the National Reporting and Learning System.

In 2019/20, there were a total of 32 serious incident investigations declared within the Trust, the same figure as reported for the 2018/19 financial year. The categories of incidents were:

- Never Events (outlined below)
- Delayed diagnostic incidents in relation to endoscopy
- Maternity incidents

As with previous years, final investigation reports were reviewed at the SIEAG panel and ICSU directors or their representatives were required to attend to present their reports. The panel offered scrutiny and challenge on the investigation and findings to ensure that contributory factors in relation to care and service delivery problems have been fully-explored, root causes identified, and actions required are aligned with the recommendations. The panel discussed lessons learnt and appropriate action, both immediate if applicable, and planned, to prevent future harm occurrences.

On completion of the report the patient and/or relevant family member received an outcome letter highlighting the key findings of the investigation, actions taken to improve services, what had been learnt and what steps were being put in place. A 'being open' meeting is offered in line with duty of candour recommendations. The report is shared with the patient and/or family as requested. This is ideally done at a face to face meeting.

Lessons learned following each investigation were shared with all staff and ICSUs involved in the care provided through various methods including the 'Big 4' in theatres, 'message of the week' in maternity, obstetrics and other departments. Learning from incidents is shared through Trust-wide multimedia including a learning zone on the Trust intranet, a regular patient safety newsletter, the Chief Executive's monthly team briefing and the weekly, electronic all staff, Noticeboard.

Never Events

A Never Event is defined as a serious, largely preventable, patient safety incident that should not occur if the available preventative measures have been implemented.

During 2019/20, the Trust recorded six never events, an increase from previous years. However, two Never Events reported in 2019/20 related to fracture fixation plates incidents which happened in 2017/18 and 2018/19 and were identified retrospectively, as part of a national lookback exercise. Two Never Events last year related to the unintentional connection of patients requiring oxygen to airflow meters; two related to wrong site surgical procedures where one case concerned a patient who received a paravertebral analgesic nerve block on the wrong side and one case involving the extraction of a wrong tooth. All of the Never Events were investigated and changes made to practice included removing reconstruction plates from instrument trays to mitigate the risk of unintentional use and a Trust-wide risk assessment and audit plan around usage of air flowmeters.

Never Events reported by Whittington Health 2015-2019

Legend:
- Wrong site surgery
- Wrong implant / prosthesis
- Retained foreign object post-procedure
- Misplaced naso or orogastric tubes
- Unintentional connection of a patient requiring oxygen to an air flowmeter
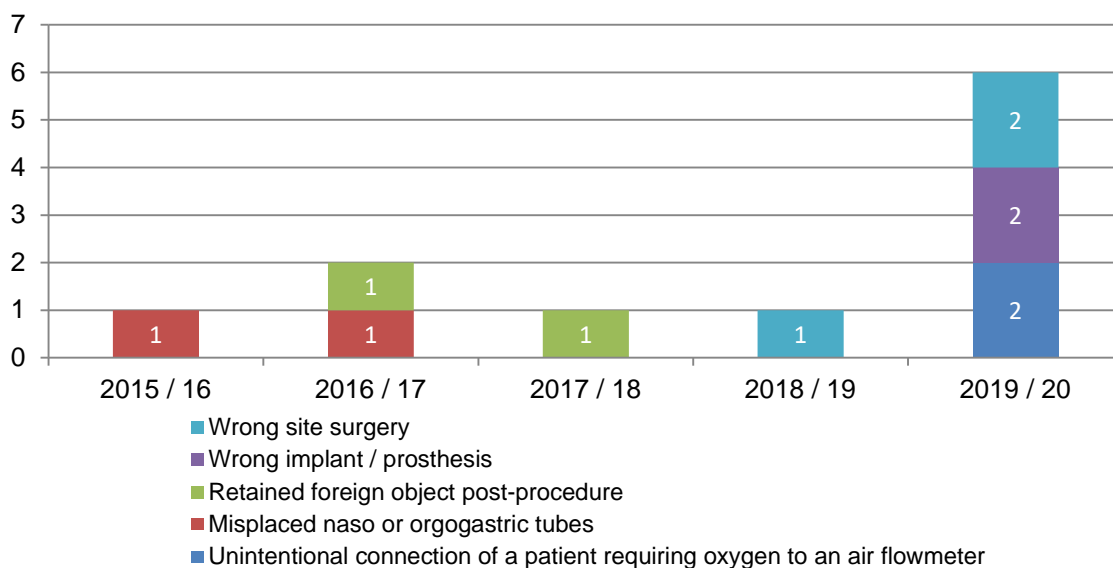
In addition, the Trust carried out a Trust-wide gap analysis against the Never Event criteria. This was shared with the Quality Committee. The findings highlighted the need to strengthen our existing processes to ensure the ongoing monitoring of compliance with National Patient Safety Alerts and to the improve understanding and awareness of human factors across the Trust. In response, an annual safety alert audit will be undertaken as part of the annual Safety Alerts report and a training programme around human factors is being developed.

Maternity incidents

The Healthcare Safety Investigation Branch (HSIB) investigates incidents that meet the Each Baby Counts criteria or HSIB's defined criteria for the investigation of maternal deaths. Each Baby Counts is the Royal College of Obstetricians' & Gynaecologists' national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour.

From 1 April 2019 to 31 March 2020, Whittington Health referred five cases to the HSIB for investigation. Two reports referred in 2018/19 were also published. They related to an early neonatal death and a maternal death in the emergency department. The findings of both HSIB investigations were that, all appropriate care was provided, and no safety recommendations were made. However, during an inquest for one of the patients, the Coroner highlighted the potential for better communication processes between the London Ambulance Service (LAS) and the Trust and issued a Prevention of Future Death (PFD) notice. In response the Trust has worked with LAS to introduce changes including prompting staff to ask whether a patient is pregnant when a priority call comes through from LAS, expanding existing processes to determine whether obstetric teams need to be called to the Emergency Department before a patient arrives, standardising handovers between clinicians and running a simulation exercise.

Learning from deaths

During the period 1 April 2019 to 31 March 2020, 536 Whittington Health patients died in our inpatient wards or in our emergency department. The following number of deaths occurred in each quarter of 2019/20:

- 125 in the first quarter (April to June 2019)
- 117 in the second quarter (July to September 2019)
- 133 in the third quarter (October to December 2019)
- 161 in the fourth quarter (January to March 2020)

By 31 March 2020, the number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 83/125 deaths in the first quarter
- 66/117 deaths in the second quarter

Quarter 3 and 4 death reviews are still in progress. Key learning identified from the patient mortality reviews included ensuring:

- there are more robust mechanisms in place to safeguard that our clinically deteriorating patients are referred to our critical care outreach teams in a timely and appropriate way
- we embed learning from end of life care discussions

- all investigations of patients (Imaging, Pathology) are reviewed and acted upon in a timely and appropriate way

Actions taken to ensure learning from deaths included:

- the appointment of a Lead Medical Examiner for the Trust
- developing and embedding NEWS2 national early warning score 2 and escalation protocols as part of the roll out of electronic observation systems across the organisation
- extending the learning from deaths process to investigate and learn from deaths in patients up to 30 days post discharge
- establishing a Mortality Review Group to progress learning from deaths and provide quality assurance for structured judgement reviews.
- the early involvement of the palliative care team where patients are nearing end of life or would wish to plan for it
- early discussion and completion of treatment escalation plans
- updated guidelines such as the Silver Trauma pathway and medication safety guidance

Infection prevention and control

The Infection Prevention and Control Team (IPCT) provides a full service to hospital and community sites across Whittington Health. An executive director is responsible as the Director of Infection Prevention and Control (DIPC). The Chief Nurse and Director of Allied Health Professionals is the Accountable Officer. The team was strengthened over the last 12 months with the welcome addition of an information analyst who supports national, regional and local reporting on health care-acquired infections and infection-related clinical audit and monitoring of performance across the Trust.

Whittington Health takes the prevention and control of all infection seriously and supports the delivery of the Trust objective to deliver consistent, high quality, safe services by ensuring safe care to patients and ensuring a clean and safe working environment for staff employed by the organisation. Infection prevention and control continues to be everyone's business. This was brought into stark focus during the last month of 2019/20 with the emerging global covid-19 pandemic. The Trust responded through joint leadership of the major incident by the Chief Operating Officer, as lead for emergency planning, and the Chief Nurse and Director of Allied Health Professionals, as the DIPC.

There are reporting requirements on reporting of healthcare-associated infections (HCAI), in particular MRSA bacteraemia, clostridium difficile, diarrhoea and/or vomiting outbreaks, E.coli bacteraemia, respiratory tract viral infection including influenza and surgical site infections. Since the start of the pandemic, there was also daily reporting of covid-19 patient and staff positive cases. This will be reported in the next reporting period (at the time of the drafting of the annual report the level 4 national emergency status remained in place).

MRSA	• There is a zero tolerance on MRSA blood stream infections (BSI). In 2019/20 Whittington Health reported one MRSA BSI that was unavoidable with no learning outcomes identified.
Clostridium Difficile Infections (CDI)	• The Public Health England (PHE) recommendation for 2019/20 for CDI was 19, Whittington Health reported 7 cases of CDI.
E.Coli Bacteraemia	• There were 25 Trust-attributed EColi BSI this year compared with 9 last year. The new national objective in line with the UK five year plan 'Tackling antimicrobial resistance 2019-2024' is to halve healthcare associated Gram-negative BSIs, by March 2024.
Infuenza	• This winter there were no serious incidents declared nor investigations undertaken into the care of any patients who died of influenza whilst an inpatient in the hospital.
Surgical Site Infections	• SSI Survellance service mandatory reporting to Public Health England is for 'at least 1 orthopaedic category for 1 period in the financial year'. Whittington Health can report on three quarters in three orthopaedic categories.(Hips, Knees and Neck of Femur) with 7 infections.

Winter flu vaccination

Whittington Health had a focused staff campaign for the winter of 2019/20 for staff to receive their influenza vaccine. Flu champions, the infection prevention and control team and the Occupational Health Service worked incredibly hard together to achieve the performance target. As always the Trust's flu campaign was driven by patient safety and staff safety.

The uptake of the vaccine by front line staff was 83.2% this winter. This was the third highest rate in London and showed a consistent improvement year-on-year for the Trust. The denominator for front line staff was slightly higher than in the previous year, up to 2,962 from 2,877.

Shop vouchers were distributed to twenty five flu champion vaccinators who vaccinated 30 or more of their peers and the first prize draw for shop vouchers was won by a community nurse. A second draw, open to all staff who received a vaccination, has been delayed since March due to covid-19 pandemic.

The campaign this year supported Dementia UK and the Trust raised £2,375 for the charity.

PATIENT EXPERIENCE

Learning from national patient surveys

The Trust received results for five national patient experience surveys during 2019/20. These were:

- Adult Inpatient Survey 2018 (June 2019)
- Urgent and Emergency Department Survey 2018 (October 2019)
- Children and Young People's Survey 2018 (November 2019)
- National Cancer Survey 2018 (November 2019)
- National Maternity Survey 2019 (January 2020)

Adult inpatient survey 2018

32.5% of patients responded to the 2018 survey. Significant improvements were seen in response to four areas compared to the previous survey. Patients reported:

- they were supported to wash and keep themselves clean
- they had confidence in, and trusted the nurses, caring for them
- their home circumstances were considered when planning discharge
- they were treated with respect and dignity

There was one area that was significantly lower than the previous year and related to changes to patients' admission dates.

Urgent and Emergency Department survey 2018

Highlights from the Urgent and Emergency Care Survey can be seen below:

	Key improvements since 2016:		Our core strengths:
Q5.	Waited under an hour in the ambulance	Q8.	Waited under an hour in A&E to speak to a doctor/nurse
Q.27	Understood why tests were needed	Q12.	Spent under 12 hours in A&E
Q6.	Enough privacy when discussing condition	Q39.	Told medication side-effects
		Q42.	Told about symptoms to look for
Q38.	Told purpose of medications	Q9.	Waited under two hours to be examined by a doctor/nurse
Q40.	Told when could resume normal activities		
	Our views:		Issues to address:
Q46.	79% rated care as 7/10 or more	Q35.	Able to get suitable food and drink
Q45.	95% said they were treated with respect and dignity	Q20.	Family, friend or carer able to talk to a doctor

Q15.	96% said doctors and nurses listened to the patient	Q41.	Family or home situation considered
		Q33.	A&E department was clean or fairly clean
		Q30.	Told how would receive the results of tests

Children and Young People's survey 2018

There were four key improvements from the previous survey in 2016 including:

- parents receiving written information about their child's condition or treatment
- staff explained to parents how the operation or procedure had gone
- staff availability when child needed attention
- staff caring for children worked well together

Other core strengths highlighted included:

- parents felt that Wi-Fi was good enough for a child to do what they wanted
- a choice of admission dates
- staff talked to children about how they were going to care for them

Areas highlighted for improvement included:

- children & young people felt that there was not enough things to do in hospital
- children & young people were not told what would happen next with their care
- children & young people were not given advice on how to look after themselves when they went home
- Parents were not able to prepare food in the hospital if they wanted to and children did not like the hospital food

National Cancer survey 2018

The 2018 survey results showed that Whittington Health remained a very high performer across London. The Whittington ranked second next to the Royal Marsden for London cancer services and the overall rating of care at the trust has improved from 8.8 to 8.9 (calculated as the average score given to the question "Overall, how would you rate your care?" on a scale from 0 (very poor) to 10 (very good)). This excellent outcome is now higher than the national average of 8.8.

Whittington Health scored the highest in the UCLH cancer collaborative for 34 out of 52 questions and 12 of these were the highest in London overall. Narrative feedback from the survey details high volumes of very positive feedback for the cancer

services. Most commonly the feedback is about the staff; there is notable high praise for the colorectal and stoma care nursing team.

A key consideration to support the improvement work in 2020/21 and also personalised care objectives will be the Whittington Health and Macmillan partnership providing a Recovery Package Manager and support worker staff.

Areas for improvement related to patient involvement in their care, with patients receiving a copy of their care plan. To address this, the Trust considered the capacity of the cancer clinical nurse specialists to support patients with communication and discussion with patients and their families.

National Maternity Patient Experience survey 2019

Key improvements were seen in five areas since the 2018 survey and included:

- being involved enough in decisions about care, being given enough information about the mother's physical recovery, given help & advice about the baby's progress by midwives & other health professionals

- 98% of women reported that they were treated with dignity and respect and 96% reported confidence and trust in staff both of these areas show a slight fall from the 2018 survey.

- Four areas selected as priorities for further improvement work and are shown below. Work here will include creating quality improvement projects to address these identified areas:

Key areas for improvement — Whittington Health NHS Trust

Patient Engagment	Feeding	Communication	Equality and Diversity
•Engage with the development of the Trust's Community Engagement Strategy •Explore introducing a 24 hour support & advice line for new mothers, alongside sector colleagues •Host focus groups with patients across the maternity pathway •Establish a resource for facilitating peer-to-peer patient support	•Develop a central support resource for feeding on the Trust's web page •Enhance feeding support over evenings, weekends and nights •Triangulate feedback on breast feeding from local and national surveys/audits	•Develop a pathway for debriefing and escalating mental health queries/concerns to clinical psychology team •Launch the 'what to expect after giving birth' leaflet •Engage across MDTs to improve communication around discharges and waiting times	•Enhance level of orthodox Jewish support and involvement •Engage and collect a greater level of BAME patient feedback •Work with local voluntary community sectors across Islington and Haringey to engage patient groups that are not necessarily represented in the survey and MVP.

Mixed sex/gender accommodation declaration

In line with national reporting requirements in relation to mixed sex/gender accommodation, we revised our reporting of mixed gender accommodation breaches to include intensive care patients. We experienced a low number of incidents of mixed gender accommodation for a short number of hours for some patients. Over the summer months this equated to an average of 1–2 a month increasing to 4-5 during the winter period. This was due to bed capacity issues within the Trust where there was reduced medical bed availability, however, privacy and dignity were maintained at all times, and patients were informed and comfortable.

CLINICAL EFFECTIVENESS

Driven by its vision of 'Helping local people live longer, healthier lives', Whittington Health, is committed to continually improve the care it provides to its patients. Whittington Health believes that 'Better Never Stops' and this attitude is embedded within the Trust's two-way approach to Quality Improvement. A bottom-up approach encourages grass roots development and top-down actions use performance and outcome data to drive improvement.

In March 2020, the Associated Medical Director for Clinical Effectiveness and Quality Improvement was appointed. This role supports integrated working across the department and ensures learning from audits and national benchmarking data is integrated into the Trust's quality priorities.

National audits

During 2019/20, 64 national clinical audits including 9 national confidential enquiries covered relevant health services that Whittington Health provides. During that period, Whittington Health participated in 100% of national clinical audits and 100% of national confidential enquiries. The Trust also registered an additional 13 non-mandatory national audits for completion. The reports of 24 national clinical audits/national confidential enquiries were reviewed in 2019/20 and used to drive improvement, where appropriate.

For example, the work of a multidisciplinary, multi-grade National Emergency Laparotomy Audit working group contributed to attaining a new Geriatric Liaison Consultant. The reports of 89 local clinical audits were completed and reviewed in 2019/20.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires in 2020/21. The Trust will establish a Clinical Effectiveness Group as a key feature of the organisational meeting structure; this will ensure senior clinical oversight and promote all aspects of clinical audit.

Quality Improvement (QI)

One of the successes of the Whittington Health quality improvement journey has been the enthusiasm of individuals to lead a project to improve an area of their work that they are passionate about. There have been some clear successes with the bottom-up approach. The Trust wants to continue empowering staff to have the freedom and confidence to improve aspects that they feel are necessary and are important to them. Projects and areas to improve are also identified from a top-down approach based on information collated through the Quality Account, Getting it Right First Time visits, national or local audits, untoward incidents, complaints, legal claims, peer reviews and both patient and staff feedback. All 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 the respective Integrated Clinical Service Unit

The four key Trust-wide projects during the year focused on frailty, falls, discharge summaries and 'hello my name is' badges for staff.

One of the QI areas of focus in 2019/20 was to provide in-house training. The Trust offers a two-tiered training programme to empower staff to design and lead QI projects. In 2019/20, over 600 staff members completed the online training. In addition, the Trust delivered training at junior doctor induction days, nurse preceptorship courses, various ICSU quality meetings, team meetings and multiple staff development courses including three ICARE courses and a junior doctor development course.

On 14 June 2019, the Trust held its second annual QI celebration event. For the second year running, the Trust has published in The British Medical Journal's Open Quality, this time about the frailty pathway.

RESEARCH

Research at Whittington Health had another successful year. Professor Hugh Montgomery was appointed as Director of Research and Innovation and along with Kathryn Simpson, who remains as Research Portfolio Manager, led the Trust's research activities. Despite a second year of reduced funding for supporting the delivery of research (circa 10%), the team exceeded the target set by the North Thames Local Clinical Research Network (LCRN) for 617 patients to be recruited into National Institute of Health Research (NIHR) portfolio studies. 736 patients were recruited into these trials including 82 into a covid-19 study as the pandemic began.

We continued to deliver a cost-effective service, with a low cost per patient recruited, compared with other Trusts in the North Thames LCRN and have, with one exception where recruitment closed early, continued to meet the NIHR benchmark for RTT (recruitment to time and target) for commercial trials.

Recruitment to commercial trials was significantly lower than the previous year and more in-line with historic performance as these reverted to being complex interventional drug trials. Non-commercial studies continued to do well despite having fewer studies open to recruitment overall (30) as the national as well as local portfolio saw changes to study opportunities. Of particular note, the top three recruiting studies were:

REACH Pregnancy Circles Trial	188
National Evaluation of the Integrated Care & Support Pioneers Program	135
Clinical Characterisation Protocol for Severe Emerging Infection	82

This meant that for the second consecutive year Women's Health showed favourable study delivery, whilst Community Health Services had the greatest increase in research recruitment. The spread of recruitment over ICSUs is detailed below:

Acute Patient Access Clinical Support Services & Women's Health	229
Surgery and Cancer	173
Emergency and Integrated Medicine	154
Community Health Services for Adults	135
Children and Young People	8
Studies open to all ICSUs	37

As the year ended, a limited number of existing studies continued whilst the majority of non-covid-19 research was 'stood down' by the NIHR. The Trust responded quickly to potential covid studies and, where there was capacity and capability, worked to ensure we were able to contribute to studies identified as a priority by the Department of Health and Social Care

Professor Montgomery is leading local covid research initiatives as well as being a key contributor to national and international knowledge-sharing groups. It is expected

that 2020/2021 will see significant changes to the research portfolio, research outputs and engagement as the pandemic continues.

What will remain is the commitment to offer patients the opportunity to participate in research, and for the Trust to contribute to meaningful studies that benefit local people as well as the broader population.

COVID-19

So much happened in March 2020 that it is impossible to highlight everything in this document, however, throughout the Annual Report there are references to our response to covid-19 and this section highlights a few other key points.

On 30 January 2020, Whittington Health entered the first phase of NHS's preparation and response to the declaration of a Level 4 National Incident in relation to the international pandemic covid-19. Since that time, the Trust's Management Group, Emergency Management Committee and key stakeholders implemented the following key actions:

- Initialisation of covid-19 Emergency Planning with an update meeting on 4 February.
- Establishment of covid-19 assessment pods in February and March
- Initialisation of covid-19 clinical pathways on 13 February
- Establishment of the Incident Command Centre on 5 March
- Daily morning covid-19 meetings Monday to Friday in March
- Establishment of covid-19 Red and Green Zones in March
- Deployment of covid-19 Clinical and Non-Clinical Workforce in March

Moving into the new financial year will see a variety of new activity. This will include delivering the North Central London covid-19 system plan, switching on surgical and interventional services in accord with London's Recovery Plan and an after actions review facilitated by NHS Elect. Whittington Health will continue to maintain its high standards in emergency planning and business continuity in 2020.

- **Infection prevention and control (IPC)**: we zoned our hospital into covid and non-covid wards
- **Emergency care**: department zoned into red & green (UCLH Paediatrics ED transferred to Whittington Health)
- **Paediatrics**: paediatric ward closed, all Whittington Health paediatrics (treat and transfer) transferred to Great Ormond St Hospital
- **Surgery**: all elective surgery stopped and some urgent cancer moved to cancer alliance hub in the private sector
- **Maternity**: no change, home births were temporarily stopped
- **Agile working**: large numbers of admin staff working from home
- **Digital / Virtual outpatients**: we are currently running 73% of outpatients as phone calls or "attend anywhere" video calls
- **Rehab**: Bridges ward closed and moved to St Pancras to be run by Central & North West London
- **Staff welfare support**: This has been set up with volunteers and has been well-received with:
  - More than £100,000 raised through our Just Giving page
  - More than 10,000 hot meals delivered to staff
  - More than 6,000 bags of Fruit and Veg delivered
  - 1000s of Amazon packages received
  - More than 250 hotel rooms booked and apartments used

o The promotion of occupational health, staff health and wellbeing services during the pandemic crisis

Rapid Response / Virtual wards	• The team has been expanded with support from community matrons and increased GP hours to cover 7 days. This has increased capacity to almost double in line with referrals as these have also increased. • London Ambulance Service admission avoidance pathways in place. • Step up and step down capacity. • Close links to Whittington Ambulatory Care / SDEC provision
Discharge hubs	• Whittington is leading on the hubs at Whittington and UCLH sites but also actively involved in the North Middlesex University Hospital hub with on-site presence • Community in-reach model, strong integrated approach with partners
Community Rehabilitation & Therapy teams	• The community teams continue to receive referrals and are actively triaging to prioritise home visits where appropriate. The teams have seen a reduction in referrals but are actively involved in supporting the D2A pathways from the acute trusts and this work is growing to support the discharge hubs • Segmentation to prioritise urgent need
Care Homes support	• Support to care homes from geriatrician and pharmacists is ongoing but is provided virtually. • Providing support with testing of staff & training including PPE usage
Community Nursing & Specialist Nursing	• Prioritisation in line with guidance • Specialist nursing (heart failure, diabetes, lymphoedema, tissue viability) supporting community nursing with caseloads. • Podiatry also supporting community nursing with patients requiring wound care • Regular telephone contact with all patients
Vulnerable & shielded patients	• Multi-Disciplinary Team for vulnerable & shielded patients using virtual smartcard • Clear identification of patients within community teams
Long term conditions	• Clinical prioritisation in line with guidance • Telephone & virtual consultations as first line with face to face appointments as appropriate

INTEGRATED CARE ORGANISATION AND SYSTEM WORKING

Integrated Care Organisation

As an integrated care organisation we are demonstrating every day the value of collaborative working in multi-disciplinary and multi-agency approaches to health and care. Our figures show the lowest admission rates in North Central London and these have reduced even further this year with the improvement to our frailty and rapid-response and community services.

Our approach has been recognised by the CQC who wrote:

"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."

This was further recognised by the CQC and NHSI in their review of "use of resources".

The Trust is currently meeting its plan of reducing long length of stay (patients over 21 days in hospital) through the management of delayed transfers of care, frailty management and Multi Agency Discharge Events (MADE).

Clinical services: emergency attendance to admission conversion rates

Average Conversion Rate by Month
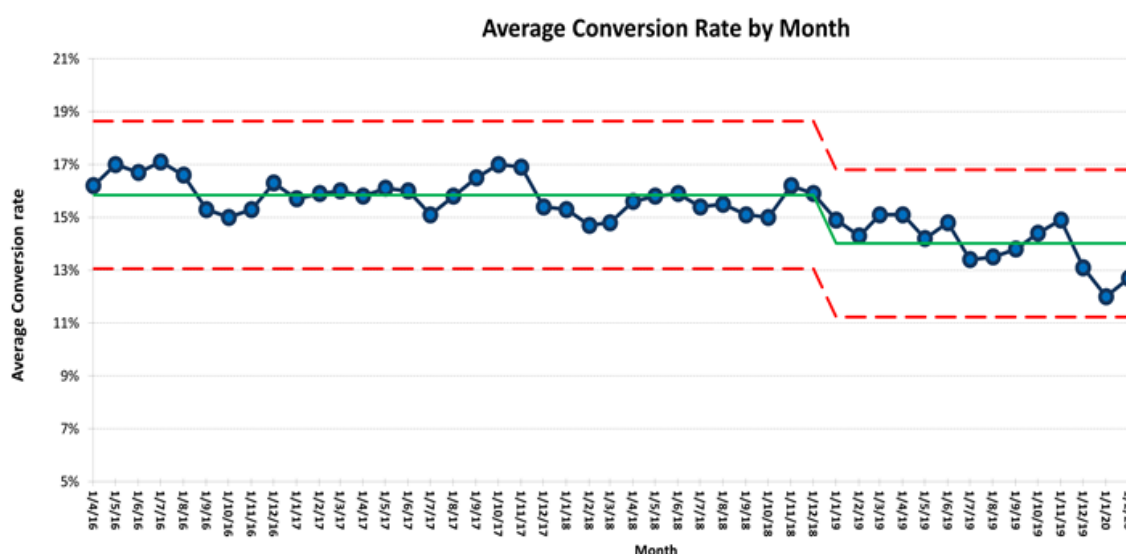
Below are a few other areas of collaboration which have shown benefits to patients and the public.

GP Federations

During 2019/20, we worked closely with GPs and commissioners in Haringey and Islington to develop new ways of working as they begin to work more at scale through primary care networks. Examples of this included:

- Continuing to develop the integrated diabetes team that supports and trains GPs to keep patients' diabetes managed in the community
- Our team working with Age UK and the GPs to use an e-frailty index to find and support patients before they deteriorated

Community services

Our community services are truly system working with many different partners. This was demonstrated most acutely when covid-19 led to the setting up of the single points of discharge. We were not only able to quickly mobilise this for Whittington Hospital but also for University College London NHS Foundation Trust (UCLH).

Localities and borough partnerships

This year, Whittington Health continued to work even more closely with our colleagues in the councils, mental health trusts, GPs, and the voluntary sector to implement the vision for our joined up services based around localities (3 in Islington and 3 in Haringey). This has resulted in strong borough partnerships and support of a "Fairer Together" green paper from Islington, as well as, practical leadership teams bringing together the partners to support individual residents with complex needs.

North London Partners' Strategic Transformation Plan and Integrated Care System

We also worked closely with our North London Partners in health and care to start to implement a new Integrated Care System across the five boroughs of North Central London. We are represented on all the critical committees. This has been crucial in the response to covid-19 and created a really positive route for mutual aid, collaboration and transformation.

University College London NHS Foundation Trust

We continued to work well with UCLH in various areas of collaboration including breast services, maternity, and general surgery. Our new Chair will cement this relationship further.

- Breast – joint breast mulita-disciplinary teams being set up and joint appointments already made

- General surgery – UCLH Emergency Department patients with an abscess come to us the next morning for surgery
- Maternity – we share demand where needed
- We manage the UCLH Virtual Ward service
- Tuberculosis is a joint service
- Orthopaedics – we are working to create a single service pending the outcome of the consultation

WORKFORCE

Our people

Last year, we employed around 4,600 staff, clinical and non-clinical, all of whom contribute to providing high quality patient care in our hospital and across our community sites. Our people work hard to improve efficiency and deliver the best possible care to our patients.

Whittington Health's people are fundamental to its success in delivering high-quality patient care. We are proud of all our colleagues and recognise the important role they play in maintaining the health and wellbeing of the people we serve. The people we employ reflect the diverse backgrounds of the communities we serve and we have good representation of women and people from diverse ethnic backgrounds.

The Trust's approach to developing our workforce is set out in our workforce strategy which was co-developed with staff. During 2019/20, we continued to deliver on the ambitions set out in the strategy and are pleased that a number of our performance indicators show how successful our plans have been.

The majority of the Trust's staff are permanently-employed clinical staff directly involved in delivering patient care. We also employ a significant number of scientific, technical and administrative staff who provide vital expertise and support. The table below provides a breakdown of our workforce.

Staff Group	Employee headcount
Additional professional scientific and technical	299
Additional clinical services	637
Administrative and clerical	944
Allied health professionals	580
Estates and ancillary	212
Healthcare scientists	98
Medical and dental	557
Nursing and midwifery-registered	1,294
Students	21
Total	**4,642**

Communicating with staff

The Trust is committed to involving staff in decision-making, engaging them in key developments, and keeping them informed of change across the organisation.   We work hard to ensure that all staff are aware of both internal and external developments that may affect the organisation, such as financial pressures and changes in the wider NHS.   We place great importance on staff engagement as there is a positive correlation between this and staff motivation, commitment, involvement in change and ultimately a positive impact on the quality of patient care.

Our workforce is our primary asset in determining the quality of experience and care we provide. Therefore, staff engagement is paramount in supporting the implementation of improvements so that we foster a more positive work environment. A number of committees have been established to monitor the performance and delivery of the workforce priorities and consult with trade union colleagues:

- Workforce Assurance Committee
- Partnership Group
- Medical Negotiating Sub Committee)
- Culture Steering Group

Staff feedback is also obtained from the national staff survey and family and friends test, results of which are used to develop action plans for improvement. In addition, we communicate and engage in a range of ways, including:

- Monthly Staff Briefings with a written briefing emailed to all staff
- Frequent all staff emails
- A monthly Chief Executive newsletter/blog
- A regularly updated intranet and website
- Social media accounts including Twitter and Facebook feeds for our Trust and some of our key specialisms
- GP newsletters and clinical education events
- Regular open days
- Working with journalists to shout about good news at our hospitals and community sites and being responsive to any press enquiries they may have

All staff are encouraged to voice opinions, suggest improvements and share ideas, as well as raise concerns.

NHS staff survey 2019

We know that patient and staff experience are intrinsically linked and that positive staff engagement leads to increased patient satisfaction. We measure our success in terms of staff engagement and creating a good work environment through the annual NHS Staff Survey and the Staff Friends and Family Test, which is undertaken three times a year. These survey and test results are closely monitored and discussed at the Trust Management Group, Workforce Assurance Committee and Trust Board

Of the Trust's 4,229 eligible staff, 2,350 staff took part in this survey, a response rate of 56% which is significantly above the average for combined acute and community trusts in England (46%), and compares with a response rate of 48% in the 2018 survey.

Staff responses by work and demographic characteristics:

- 44% responding staff were under 41 years of age
- 21.5% responding staff were male, 73% female and 5% preferred not to say

- 56.7% of responding staff reported as White, 3.8% as Mixed, 15% as Asian/Asian British, 20.5% as Black/Black British, 0.7% Chinese and 3.2% as other

The Trust's theme score of 7.1 for staff engagement is compared favourably to the national score of 7.0.

This is the second year that NHS England have organised the summary indicators by 'themes' which are scored on a scale from 0 (worst) to 10 (best); In 2018 there were 10 themes and in 2019 there are 11 with the additional theme 'team working'.

The table below shows Whittington Health results against the 11 themes this year (10 in 2018) and, at question-level between 2015 and 2019. These results are presented in the context of the 'best', 'average' and 'worst' results for the total 48 combined acute & community NHS Trusts.

Whittington Health – 2019 overall results – Themes

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.6	6.7	7.5	6.8	6.3	8.0	8.6	9.7	7.4	7.6	7.3
Your org	8.6	5.6	6.9	5.9	5.9	7.6	7.5	9.5	6.8	7.1	6.6
Average	9.2	6.0	6.9	6.2	5.5	7.5	8.2	9.5	6.8	7.1	6.7
Worst	8.3	5.2	6.5	5.7	4.4	7.1	7.5	9.3	6.2	6.5	6.2
Responses	2,283	2,302	2,305	2,262	1,914	2,150	2,268	2,268	2,286	2,334	2,312

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

In 2019, the Trust Board agreed to focus on key areas encompassing creating a culture that is equal and welcomes diversity, bullying and harassment and health and wellbeing. The tables below indicate areas of improvement from the 2019 survey.

	Top 5 scores compared to average		Bottom 5 scores compared to average
42%	Senior managers act on staff feedback	36%	Don't work any additional unpaid hours for the organisation over and above contracted hours
42%	Senior managers try to involve staff in important decisions	46%	I am unlikely to look for a new job at another organisation in the next 12 months
49%	Communication between senior management and staff is effective	77%	Organisation acts fairly on career progression
72%	Don't work any additional paid hours for the organisation over and above contracted hours	54%	I am not planning on leaving the organisation
30%	Appraisal/review definitely helped me improve my job	32%	Satisfied with level of pay
	Most improved from last survey		Least improved from last survey
40%	Appraisal/performance review: organisational values definitely discussed	73%	had any training, learning or development in the last 12 months
65%	Staff given feedback about changes made in response to reported errors, near misses and incidents	73%	Appraisal/performance review: training, learning or development needs identified
42%	Senior managers act on staff feedback	78%	Not felt pressure from colleagues to come to work when not feeling well enough
49%	Relationships at work are strained	55%	I have a choice in deciding how to do my work
61%	Feedback from patients / service users is used to make informed decisions within my directorate / department	72%	Don't work any additional paid hours for the organisation over and above contracted hours

Workforce culture - #Caringforthosewhocare

During the past year, Whittington Health took a number of really positive steps to help promote a culture of compassionate leadership and respect which are highlighted overleaf:

Leadership Seminars and Culture Fair	•Michael West seminar •Culture fair •Prerana Issar seminar
Wellbeing Events	•Variety of events detailed throug the intranet, the Bulletin, Noticeboard
Culture Collaborative	•Run by NHS Improvement and UCLP - one of four trusts •Change Team and Reference Group started •Funding agreed for dedicated fixed term support
Mediation and Facilitation	•Cohort of 12 internal mediators - 12 undertaken; 9 agreements achieved; two referred back to commissioning manager •Links with other trusts enables 'external' mediation at no extra cost
Simplified, piloted, rolled out Appraisal documents	•Appraisals simplified, designed specifically to improve the quality of conversations, celebrate successes, explore obstacles, identify supportive performance development,and development opportunities to support career progression, consider behaviours etc
Behaviour Frameworks	• Initially band 8A-D, ICARE Clinical and Operational behaviour framework was created as a tool to support leaders •Following this the Trust Management Group signed off unacceptable behaviours to clarify the difference between firm and fair, and bullying
Staff Charter	•Staff were invited to participate in the creation of a staff charter and contribute to its design - this was offered in the Culture Fair and this continued throughout Staff Focus September and the year
Reverse Mentoring	•Eight people signed up to pilot this •Stacey Johnson, Nottingham University, trained mentors and mentees •Mentor evaluation completed and second cohort being arranged
WRES activity	•WRES action plan shows some impact eg BME representatives on interview panels - 4% increase in BME staff between bands 8A to VSM •Whittington Health WRES workshop 100 delegates provided by national WRES team
Staff Networks	•BME network relaunched and with investment in inclusion team •Two new networks launched: "Whitability", and LGBT •Facebook pages to support networks
Affina Team Journey	•18 coaches (two accredited) are leading 24 teams through the team journey (based on Michael West's research) •Principles being used in other team interventions
Values Based Leadership and Team Development	•A suite of values based leadership programmes as well as 'ICARE Team Player' •Challenging Bullying - How to Look After Yourself and Your Staff •GMC Professional Behaviours Programme •A choice of 10 leadership apprenticeships from Level 3 to level 7 (postgrad)
Coaching	•There are now 19 accredited coaches in the Whittington coaching hub providing coaching to 56 staff to date since being set up two years ago when there was just six active coaches

Embracing equality, diversity and inclusion

Whittington Health serves diverse local communities across the population. This diversity is reflected in the profile of our patients and workforce and brings many benefits. The Trust remains committed to providing services and employment opportunities that are inclusive across all nine strands of equality: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation in accordance with the Equality Act 2010 and our public sector equality duties. Our equality objectives set out our priorities to drive improvements in staff experience which aim to reduce inequalities for our diverse workforce.

The Trust's Inclusion Lead is responsible for monitoring progress against these priorities and regularly reports back on our performance. The Trust has in place a comprehensive plan to ensure better and fairer outcomes in recruitment and progression, as well as ambitious targets to improve diversity in senior management, ensuring all staff have the opportunity to achieve their full potential. The Trust continues to develop fair recruitment practices to ensure equal access to employment opportunities for all. We continue to support staff with disabilities, including anyone who becomes disabled during their employment.

Our ambition remains to improve the health outcomes, access and experience of all of our patients, carers, visitors, volunteers and employees

However, we know we can do more to build diversity into high-quality services and to meet the health needs of our diverse population. We will, therefore, use our move to locality-based working to better understand the needs of population groups and plan how we can work with our partners in primary care and the local authority to have a real impact on tackling local health inequalities faced by our diverse communities.

Staff health and wellbeing

Our Occupational Health Service (OHS) is committed to a strong focus on health, safety and wellbeing for staff, patients and visitors, particularly during the pandemic. Our services include pre-employment screening, work-related health checks, vaccination and immunisation programmes, and advice on reducing risks in the workplace.

The OHS also offers guidance to staff and managers on maintaining wellness in the workplace. It provides advice and information for managers on managing sickness absence and how to support staff to return to work. We know that our staff value initiatives that support their health and wellbeing and, in response, we offer a wide range of opportunities to support staff through health and well-being programmes. Specialist referral services include cognitive behavioural therapy for mental wellbeing, along with advice, information and counselling via the Employee Assistance Programme

Statutory and mandatory training

The majority of core and mandatory skills are delivered through the Trust's online training site. The training modules and programmes are all tailored to meet the requirements of the organisation using software, voiceovers and videos to enable the e-learning to be interactive.

Regular corporate induction training took place throughout the year to welcome and orientate new colleagues to the Trust. It includes key information such as Trust values and objectives and Trust-specific information to prepare new starters to be an effective member of the Whittington Health team. Each induction starts with a personal welcome on the first session on the first day from our Chief Executive who shares the progress that the Trust has made over the years, has a question and answer session and informs new colleagues on the latest Trust updates.

The target of 90% compliance in statutory/mandatory training was not being met and stood at 83.3% at the end of February 2020 staff appraisals were 76.1% against a target of 90% Performance on both indicators was further affected by the covid-19 pandemic.

Staff development

Whittington Health places a great value on developing staff through courses run across our various sites. Some of the development opportunities accessed last year are shown overleaf:

A suite of development programmes are designed to support Whittington staff through each stage of their career:

ICARE Team Player
- This 1 day course explores what makes a team player. Delegates will learn how to play to their strengths, communicate effectively and recognise the barriers to effective team working.

ICARE Leadership
- This 5 day course develops resilient, innovative and compassionate leaders all aligned to the ICARE values. Delivered by different subject matter experts in Organisational Development, QI, HR and Finance.

L.E.A.D
- Leadership Education through Active Development (L.E.A.D) has been designed for Doctors and clinicians. It covers various topics and has been designed to encourage networking, building relationships and conversations with multi-disciplinary team colleagues.

New Consultant Programme
- This is a bespoke programme of information, networking and leadership development aimed at Consultants. Some of the topics include Service Improvement, business case development and leading and working in teams.

Coaching Conversations
- This is a 2 day workshop which focuses on having effective coaching conversations to enhance performance, motivation and commitment of staff members.

Compassionate and Inclusive Leadership
- This programme has a series of half-day sessions for aspiring/practicing clinical and operational leaders at band 8A of above. Some of the topics include coaching, right amount of conflict and creating team culture.

Appraisal Training
- This workshop has been designed to support managers in carrying out appraisals, understand the paperwork as well as recognise the importance of development conversations in retaining staff.

Absence Management
- This is a skills based workshop focusing on the principles and practice involved in conducting robust and fair sickness absence management. This workshop is aimed at staff who manage sickness.

Capability and Probation
- This is a skills-based workshop supporting managers to develop the ability to conduct robust and fair performance and probation management.

Grievance, Bullying and Harassment
- This is a skills based workshop giving managers the skills and confidence to address grievances and deal with bullying, discrimination and harassment issues raised against their staff.

Employee Relations Investigations
- This is a skills based workshop focusing on the principles and practice involved in conducting robust and fair disciplinary, grievance and bullying and harassment investigations.

Change Management
- This is a skills based workshop to advise and equip managers with the process and legalitites in initiating change management processes within their own service.

Modern Slavery Act

Whittington Health's aim is to provide care and services that are appropriate and sensitive to all. We always ensure that our services advance equality of opportunity, equality of access, and are non-discriminatory. We are proud of our place in the local community and are keen to embrace the many cultures and traditions that make it so diverse. The diversity of this community is reflected in the ethnic and cultural mix of our staff. By mirroring the diversity that surrounds us, our staff are better placed to understand and provide for the cultural and spiritual needs of patients. In accordance with the Modern Slavery Act 2015, the Trust has made a statement on its website regarding the steps taken to ensure that slavery and human trafficking are not taking place in any part of its own business or any of its supply chains.

Excellence in Medical Education

Undergraduate education

As well as delivering first class care to our patients, Whittington Health is committed to delivering the very best education and training. The Trust supports University College London (UCL) medical students to undertake placements during their three clinical years.

The following were notable achievements during the year:

- Feedback on nearly all of UCL medical students' placements in 2019/20 was very positive
- The Trust continued to be recognised for its reporting culture. All medical student complaints are taken very seriously; the system has been used on the UCL website to showcase how feedback has been used positively to create a shift in culture
- UCL Medical School's Quality Assurance and Enhancement Unit held the 2019/20 Excellence in Medical Education Awards. Dr Johnny Swart, Consultant Physician and Geriatrician was the winner of the prestigious Saad al-Damluji award for commitments to excellence in clinical teaching

Postgraduate medical education

In 2019, the Trust received excellent feedback through the General Medical Council's (GMC) national survey of doctors in training It asks them about the hospital, the trainees work in, and the quality of education they receive. Some of Whittington Health's specialities received the highest ratings in the UK and were particularly recognised for the support they provided to doctors in training and for their approach to team working.

Overall, the Trust continues to be recognised for its reporting culture – doctors in training feel able to report issues without repercussions. They are aware that there are systems in place to deal with issues or concerns, and that concerns will be acted upon.

Doctors with excellent high level clinical and communication skills continue to choose to work and train at Whittington Health. To recognise the high quality patient care they provide, the Trust introduced the Whittington Health Star awards in postgraduate medical education. This commenced in July 2019 and, over a 9 month period, 29 nominations were received. Any team member can nominate a doctor in training for excellent patient care.

The Trust supported the doctors in training to survey what they thought was needed to improve their working lives. This work was recognised by the British Medical Association and a significant payment was received. This money went towards providing better sleep facilities and greatly improving areas for rest and relaxation. This also supported and encouraged their health and well-being.

The Trust volunteered to be a pilot site for the General Medical Council training on professional behaviours for patient safety. This course was organised for all consultants in two large departments. Attendees gave excellent feedback for this innovative training and, in particular, greatly valued having an opportunity to learn together.

COMMUNITY SERVICE DEVELOPMENTS

Whittington Health's community services worked extremely hard in 2019/20 to ensure that services continuously improved. They were recognised with an outstanding rating from the CQC and we are justifiably proud of our staff and services.

During the past year, the following are examples of improvements made in community services:

- Reduced waiting times for patients, with notable successes in services for patients with long term conditions
- The Musculoskeletal (MSK) service led on an innovative Single Point of Access service. All MSK referrals including Trauma and Orthopaedics, Spinal Surgery, Pain Management, Rheumatology MSK Physiotherapy and MSK Podiatry from Haringey and Islington GPs, were triaged by this service to enable referrals to be directed to the most appropriate service resulting in reduced waiting times for patients
- Our outstanding District Nursing service continued to deliver excellent care to housebound residents and has been successful in attracting staff to work in this rewarding area. We now have Trainee Nursing Associates working in community services and have plans to expand apprenticeship opportunities in this area
- Through patient feedback, our community services are now able to evidence that our patients show significant benefit from their community treatment for a wide range of services including MSK Physiotherapy, Podiatry, Nutrition and Dietetics and Community Rehabilitation Services. For example, 88% of Podiatry patients reported a significant improvement in their pain levels and 93% of MSK patients reported a significant improvement in function
- We worked closely with local authority, primary care, voluntary sector, mental health and commissioning colleagues to develop integrated services that meet the needs of our local population. For instance, we developed plans to deliver improvements in the support we provide including early intervention at locality level for people living in our local community
- One example of joint working was the launch of the Frailty Network with local partners including Barnet, Enfield & Haringey Mental Health Trust and North Middlesex University Hospital NHS Trust to ensure the best care for local residents
- Our Improving Access to Psychological Therapies (IAPT) service continued to have one the highest recovery rates of any IAPT service nationally. The service provides a range of psychological interventions including employment support. IAPT for long term conditions sees patients with diabetes, chronic obstructive pulmonary disease (COPD), musculoskeletal chronic pain and cardiac illness. Community services also help patients to manage their own long term conditions through the Expert Patient Programme, Diabetes self-management and Structured Diabetes education courses.

PUBLIC ENGAGEMENT

Public engagement developed tremendously over the last year. We held several public information and engagement evenings and we led a large number of workshops and engagement sessions with residents in the community about our estate plans.

Through this, we created much closer links with our voluntary sector partners and have been delighted to have Manor Gardens, The Bridge Renewal Trust, and The Octopus centre lead this work with us. The feedback has been positive.

Our engagement covered educational topics such as caring for elderly people during the heat and spotting potential skin cancer as well as discussions about our service strategy and our estate strategy and our quality priorities. Among the many things we learnt, we heard that patients are happy to travel to services but that those services must be on an easily accessible bus route; that they liked having 'one-stop' appointments with a team; that there was broad support for video and telephone appointments but this would be difficult for those with learning disability and dementia and so should be choice based; linking services with primary care, council and the voluntary sector in hubs was widely supported.

Whittington Health has also developed our communications work with much more presence on the website and social media, sometimes reaching 14,000 people.

INFORMATION GOVERNANCE AND CYBER SECURITY

Information Governance (IG) is to do with the way organisations process or handle information. The Trust takes its requirements to protect confidential data seriously and over the last five years has made significant improvements in many areas of information governance, including data quality, subject access requests, freedom of information and records management.

The Data Security and Protection (DSP) Toolkit is a policy delivery vehicle produced by the Department of Health, hosted and maintained by NHS Digital. It combines the legal framework including the EU General Data Protection Regulations 2016 and the Data Protection Act 2018, the Freedom of Information Act 2000 and central government guidance including the NHS Code of Practice on Confidentiality and the NHS Code of Practice on Records Management. The framework ensures the Trust manages the confidential data it holds safely and within statutory requirements.

During the year the Trust implemented an improvement plan to achieve DSP Toolkit compliance and to improve compliance against other standards. Due to covid-19, the deadline for submission of the 2019/20 Toolkit was extended to 30 September 2020.

All staff are required to undertake IG training. In 2018/19, the Trust reached an annual peak of 81% of staff being IG training compliant. As at 31 March 2020, the Trust's compliance figure was 85%.

Compliance rates and methods to increase them are regularly monitored by the IG committee. The IG department continues to promote requirements to train and targets staff with individual emails, includes news features in the weekly electronic staff Noticeboard and manages classroom-based sessions at induction.

Further details relating to information governance incidents in the last year are referenced in the annual governance statement (see page 90).

INFORMATION MANAGEMENT AND TECHNOLOGY DEVELOPMENTS

Whittington Health continued to make progress on the work to digitise through the Global Digital Exemplar programme, expanding the reach and functionality of the Careflow Vitals and Connect while developing the next versions which add capability to support the flow of patients through the hospital and bringing together the view of clinical data for patient reviews. In parallel, the Trust worked on the design and build of electronic clinical notes for both inpatients and outpatients.

We completed our Windows 10 and Advanced Threat Protection roll outs in tandem with replacing a significant proportion of community hardware which had come to the end of its useful life.

Towards the end of the year, the response to covid-19 necessitated a significant move to scale up agile working technologies, both from hardware and software tools perspective. We leveraged the investment made in flexible infrastructure technologies to support around a quarter of the workforce who are off site to work seamlessly concurrently.

In conjunction with this, there has been a much more rapid shift to using electronic forms of patient contact from text messaging through to video consultation.

ESTATE

Following our strategic estate development work of 2018/19, in early 2020 we published our new draft estate strategy. This set out three phases of development to transform our estate for the future. This begins with an ambition to create hubs for our community services and a new maternity and neonatal building. This important project will continue at pace through 2020/21.

During 2019/20, we delivered significant capital investment within the estate to support our current activities. This included:

- On our Archway acute site, the completion of a second obstetrics theatre and imaging equipment replacement programme
- Within our community estate, the completion of a new community dental facility in Uxbridge to serve the communities of Hillingdon
- Continuing with building refurbishment works that saw the replacement of bathroom facilities within our staff accommodation, improvements to consulting rooms at the Northern Health Centre, and fire safety improvements within our older Victorian estate
- We carried out a refurbishment of our postal natal ward, with works completing in June 2020

Last year, we reported the sale of part of our acute site to Camden & Islington NHS Foundation Trust. That land sale will enable a new acute in-patient unit to be built creating an integrated healthcare campus at the Archway site.

As part of this land sale we had to move some of our existing services which included our education centre. To re-provide our education centre in modern fit-for-purpose accommodation, we selected to build the centre on the site of the redundant Waterlow building. During the last six months of 2019, we safely and successfully demolished the Waterlow building. Work is ongoing to ready the site for our new education centre which is scheduled to open in early 2021.

SUSTAINABILITY

As a provider of healthcare and as publicly-funded organisation, Whittington Health is committed to ensuring the long-term sustainability of the natural environment in order to deliver sustainable healthcare and to safeguard human health. By ensuring we utilise environmental, financial and social assets in a sustainable manner, we will continue to help local people live longer, healthier lives even in the context of rising utility costs.

In 2019, the UK Government amended the carbon emissions reduction target defined in the Climate Change Act 2008 from 80% (vs. the 1990 baseline year) to 100% by 2050. Furthermore, the NHS committed to leading the public sector in the field of sustainability by setting an ambitious interim carbon reduction target of 60% by 2030. We recognise that it is crucial to take steps now to assure that the Trust not only meets these targets but is at the forefront of sustainability within the healthcare sector.

Our plan

Our Sustainable Development Management Plan (SDMP) outlines the national and local context of sustainability within the healthcare sector, discusses how sustainability aligns with our organisational vision and details how we intend to embed sustainability across our organisation. Key points include:

- An improved approach to monitoring and reporting sustainability Key Performance Indicators (KPIs)
- A qualitative assessment of our performance in a number of key *Areas of Focus* (as defined by the Sustainable Development Unit (SDU)
- A defined set of actions to progress the Trust's sustainable development
- An appraisal of the potential risk and opportunities associated with our wider sustainability strategy

Carbon impact

The Trust's energy consumption and therefore carbon impact is affected by multiple factors including floor area, number of staff, patient numbers, type of healthcare being delivered, weather and efficacy of estate management. Data is not easily available to assess the impact of each of these and so we track carbon impact through our emissions/floor space key performance indicator. This normalises for any significant changes to the Trust estate and allows benchmarking against similar acute Trusts.

Figure 1 below shows the Trust's direct carbon emissions (i.e. those associated with energy consumption of the built environment) normalised for floor area. We have selected a baseline year of 2013/14 and overlaid the NHS's interim target of 60% reduction by 2030 – this is indicated by the orange line. The graph shows that, to date, the Trust reduced its direct carbon impact by 36%, significantly ahead of the average yearly reduction required to meet the 2030 target.
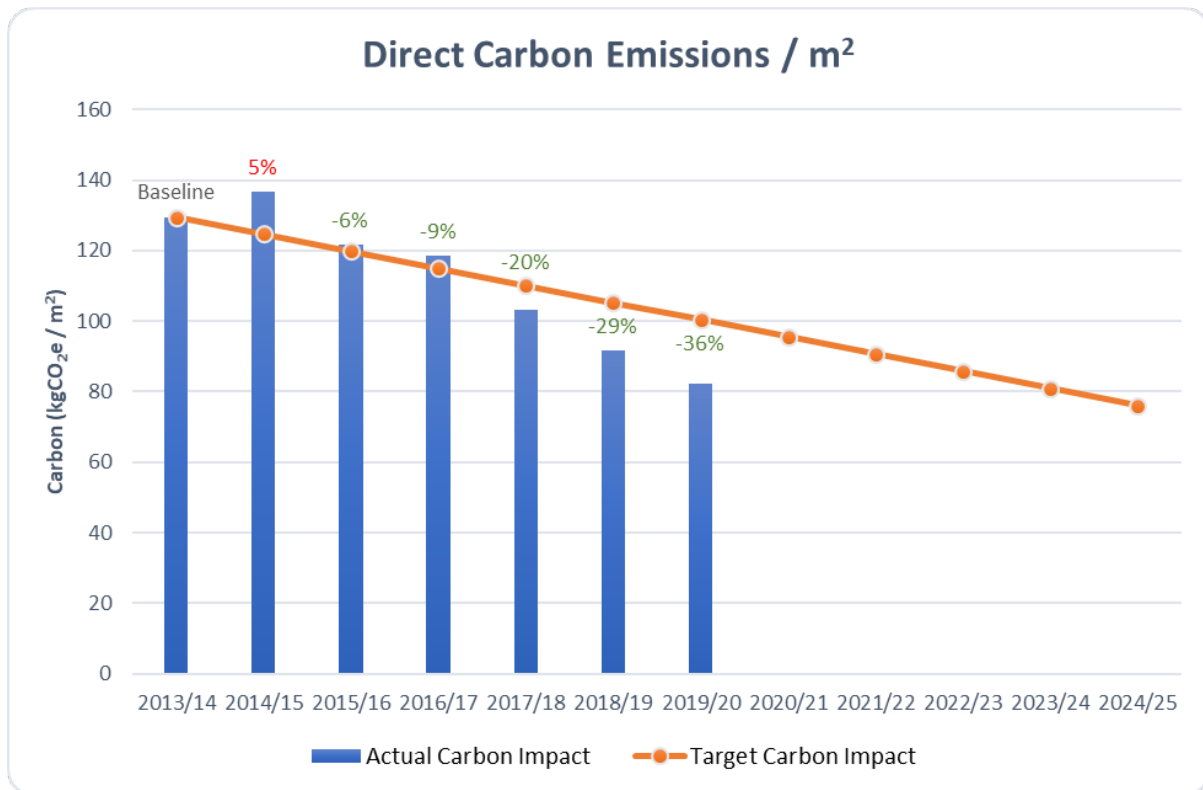
Figure 1: Normalised direct carbon emissions

The positive trend shown in Figure 1 was influenced by the Trust's ongoing investment in energy efficiency and carbon reduction projects. In 2019, the first phase of an LED lighting project, for which the Trust successfully bid for matched funding from NHSI for, was implemented in K block. The second phase of the work will involve upgrading inefficient fluorescent and halogen fittings in the Kenwood Wing, H block and the Jenner building and is expected to be completed in the summer of 2020. The project is expected to reduce annual carbon impact by 200+ tCO_2e. Following the success of this work, the estates team are investigating the potential for further rollout of LED lighting in other Trust areas.

In addition to the LED lighting work, the Trust delivered a programme of improvements to heating and ventilation control systems in the main hospital. This work will continue throughout 2020. Going forward, the Trust is planning of review of the hospital's long-term energy strategy to identify how to best supply utilities to the acute site, in line with estate transformation plans.

Waste management

Last year, the Facilities Waste Team continued to drive improvement through main hospital's in-house recycling centre. Having built upon the success of previous years in which the main hospital moved to a zero waste to landfill site, the proportion of waste recycled increased from 23% to 31%. Furthermore, the recycled waste is segregated into a variety of streams on site which reduces the need for more intensive processing at municipal sites. This means the intrinsic carbon impact of our waste management processes is reduced.

The Facilities team also adopted the practice of baling and storing cardboard waste on-site until there is enough to fill a whole waste consignment. This minimises transport and external labour costs, as well as reducing the associated road miles.

Figure 2 below shows the how different waste streams were segregated last year.
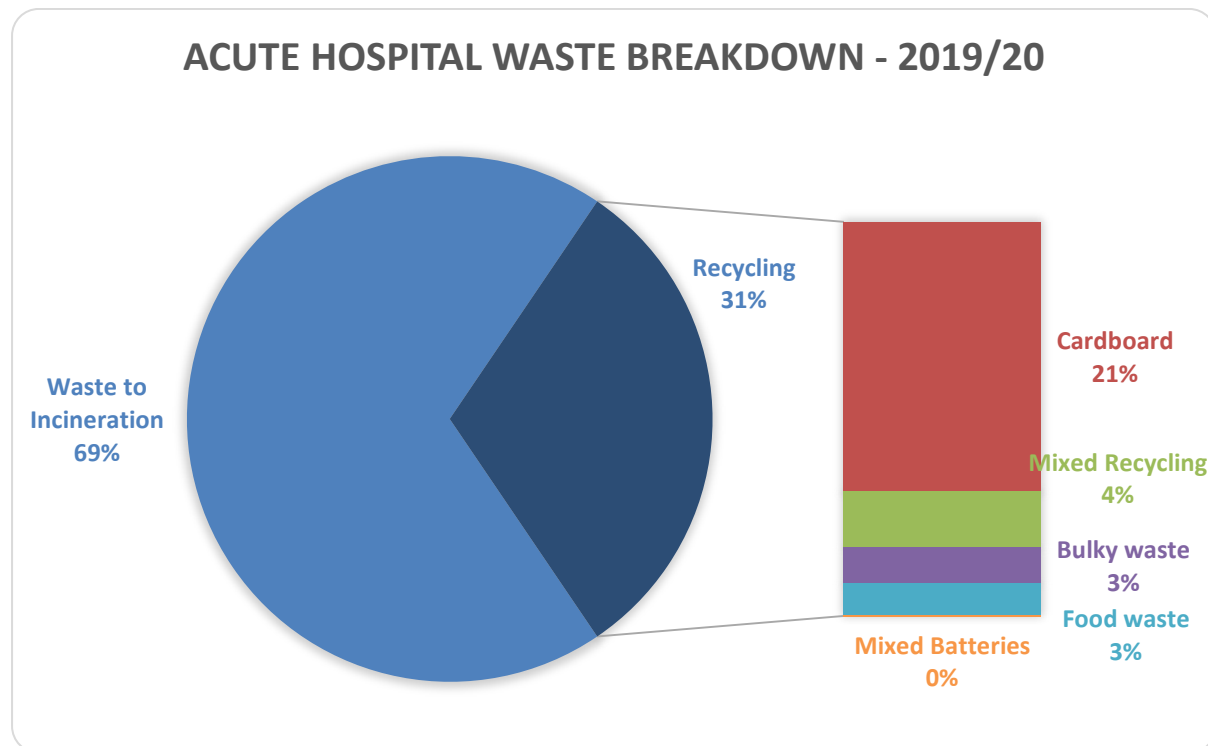
Figure 2: Whittington hospital waste breakdown by stream

In 2020/21, we will focus on continuing to drive down total waste production whilst increasing the proportion which is sent for recycling. The Trust will also concentrate on improving the tracking and waste production and recycling rates across our community sites.

Water use

Whittington Health is aware that, although it does not appear to be critical at present, water scarcity is a growing concern in the UK. In 2019, the chief executive of the Environment Agency predicted that with the impact of climate change and a rising population, the UK may not have sufficient water to meet its needs in as little as 20-25 years. We are also aware that the supply and distribution of water has an intrinsic carbon cost which adds to the Trust's supply chain emissions. As a significant consumer of water, we recognise that we need to take action now to mitigate these risks. Last year the estates team identified and repaired a large leak on our primary supply pipe to the main hospital. This significantly reduced the site's consumption and therefore bills. In 2020/21, we will consider how to more closely monitor consumption to identify and resolve similar issues in a timely manner.

Procurement

We continued our commitment to reduce the wider environmental and social impact associated with the procurement of goods and services, in addition to our focus on carbon. Following completion of the Sustainable Development Unit's Sustainable Development Assessment Tool, we identified a number of areas where we can look to improve the sustainability of our procurement practices. Examples included;

- investigating the financial impact of purchasing green energy
- the inclusion of sustainability specific criteria within tenders for goods & services improved data capture to enable tracking of the carbon impact of our supply chain

Travel & logistics

The Trust engaged in collaborative relationship with Islington Council to improve sustainable transport within the borough. We have a clear focus on greener travel with the aim both of reducing the carbon footprint of our business operations and supply chain and to improve the air quality of the local area. To help achieve these aims in the last year, Whittington Health:

- operated a total of 13 electric fleet vehicles, represents more than 50% of the Trust's vehicle fleet, primarily for the purpose of business travel between community sites
- retained a number of larger petrol/diesel-powered vehicles for functions such as security and pharmaceutical deliveries
- conducted business travel with electric pool cars, wherever possible
- invested in six EV charging points on the acute Archway site, as well as several others across community sites
- issued approximately 370 Oyster cards to community staff to encourage the use of public transport instead of journeying by petrol/diesel cars

In line with our clinical strategy, the estate strategy will reduce the number of locations we deliver clinical services from, ensuring they are demographically positioned to serve our community more efficiently. This will reduce the travel times of our patients and staff, therefore reducing the carbon impact of all associated journeys made.

Covid-19 impact

During the final month of the financial year, the impact of the spread of covid-19 had a profound impact on the Trust's ways of working and the breadth and nature of care we deliver. Although the extent and duration of the effects will not be fully understood for some time, it is clear that there will be a knock-on effect on our sustainability agenda. The pandemic and our response to it, will inevitably present challenges, particularly relating to our capacity to deliver energy efficiency and environmental improvement projects whilst maintaining priorities such as staff wellbeing and allocation of finances. However, the situation may also present some opportunities in the longer-term such as highlighting how different working practices can reduce energy, water use and the need to travel.

Whittington Health recognises the importance of ensuring our sustainable development commitment is not discarded as a result of the pandemic and that we

identify and make positive use of any opportunities that it may present in relation to sustainability.

EMERGENCY PREPAREDNESS

Whittington Health participates in the annual Emergency Preparedness, Resilience and Response (EPRR) assurance process led by NHS England. The Core standards for EPRR are set out for NHS organisations to meet and the Trust's annual assessment was completed on the 30 October 2019 by the North Central NHS England Assurance Team. The following results were achieved:

FULLY COMPLIANT: EPRR and CBRN **2019** assurance outcome

NHS England Core Standards	Core Standards total	Assessment outcome Red	Assessment outcome Amber	Assessment outcome Green
EPRR	55 (1-55)	0	0	55
CBRNE	14(56-69)	0	0	14

The Trust made progress on last year maintaining the level of resilience to "Fully Compliant". The EPRR Action Plan for 2020 addresses areas for improvement throughout Whittington Health and the progress achieved is reported to the executive team and to the Trust Board.

EU EXIT PREPARATIONS

Whittington Health established an EU Exit Planning Group, chaired by the Chief Operating Officer. The group's membership included Directors and service leaders. It met bi-monthly to discuss issues, actions and update the Trust's EU Exit plan in line with updates received nationally. The last planning meeting was held on 10 October 2019. In preparation for the UK's departure from the EU, The Trust delivered a series of table top exercises in 2019 for key stakeholders within the organisation.

CONCLUSION TO THE PERFORMANCE REPORT AND STATEMENT OF FINANCIAL POSITION

The above document represents the performance report and statement of financial position of Whittington Health for the financial year 2019/20. As the CEO I believe this represents an accurate and full picture of the Trust for the year.

Signed...Chief Executive

ACCOUNTABILITY REPORT

Members of Whittington Health's Trust Board

Non-Executive Directors
Steve Hitchins (to 30 June 2019), Naomi Fulop, Deborah Harris-Ugbomah, Yua Haw Hoe (to 29 February 2020), David Holt (to 31 December 2019), Tony Rice, Anu Singh

Executive Directors
Siobhan Harrington, Julie Andrews (to 9 June 2019), Stephen Bloomer (to 8 September 2019), Clare Dollery (from 10 June 2019), Norma French, Carol Gillen, Jonathan Gardner, Sarah Humphery, Michelle Johnson, Kevin Curnow (from 9 September 2019)

Membership of board committees
The following committees reported to the Board:

Audit and Risk Committee
Non-Executive Directors: Tony Rice, David Holt, Deborah Harris-Ugbomah
Executive Directors: Stephen Bloomer, Jonathan Gardner, Carol Gillen, Kevin Curnow

Charitable Funds' Committee
Non-Executive Directors: Steve Hitchins, Tony Rice, Anu Singh
Executive Directors: Jonathan Gardner, Michelle Johnson, Stephen Bloomer, Siobhan Harrington, Kevin Curnow

Estates Strategy Delivery Committee (ended July 2019)
Non-Executive Directors: David Holt, Anu Singh, Yua Haw Hoe
Executive Directors: Stephen Bloomer, Jonathan Gardner

Finance & Business Development
Non-Executive Directors: Tony Rice, Deborah Harris-Ugbomah, Naomi Fulop
Executive Directors: Stephen Bloomer, Carol Gillen, Siobhan Harrington, Jonathan Gardner, Kevin Curnow

Quality Committee
Non-Executive Directors: Naomi Fulop, Deborah Harris-Ugbomah, Tony Rice
Executive Directors: Michelle Johnson, Julie Andrews (to June 2019), Clare Dollery, Carol Gillen

Remuneration Committee
Non-Executive Directors: Steve Hitchins, David Holt, Anu Singh, Yua Haw Yoe, Naomi Fulop, Tony Rice, Deborah Harris-Ugbomah

Workforce Assurance Committee
Non-Executive Directors: Anu Singh, Yua Haw Yoe, Tony Rice
Executive Directors: Norma French, Michelle Johnson, Stephen Bloomer, Carol Gillen

Non-executive director appraisal process
The chairman and non-executive directors annually evaluate their performance through appraisal and identify any areas for development. The appraisal of the non-executive directors is carried out by the chairman.

Trust Board of Directors' declarations of interest
In line with the Nolan principles of public life, Whittington Health NHS Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish a register of interests which draws together declarations of interests made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests in respect of specific items on the agenda. The declarations for 2019/20 are shown below:

Non-Executive Directors – voting Board members

Steve Hitchins, Chair	‣ Member: Liberal Democrats ‣ Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement ‣ Wife: voting member of House of Lords who sits on Liberal Democrat benches
Anu Singh	‣ 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 Conflicts of interests that may arise out of any known immediate family involvement ‣ Husband is a volunteer in the Haringey Improving Access to Psychological Therapies service
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

David Holt	‣ Non-Executive Director, Senior Independent Director, Chair of Audit Committee at Tavistock and Portman NHSFT ‣ Non-Executive Director, Chair of Audit Committee, Hanover Housing Association ‣ Deputy Chair, Chair of Audit Committee Ebbsfleet Development Corporation ‣ Non-Executive Director and Chair of Audit Committee, Planning Inspectorate ‣ Trustee, Whittington Health Charity <u>Conflicts of interests that may arise out of any known immediate family involvement</u> ‣ Wife, Dr Kim Holt, employed by Whittington Health – Children's Safeguarding Lead Haringey
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
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 <u>Conflicts of interests that may arise out of any known immediate family involvement</u>

	‣ Nil
Yua Haw Yoe	‣ Trustee, Whittington Health Charity Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil

Executive Directors – voting Board members

Siobhan Harrington	‣ Nil Conflicts of interests that may arise out of any known immediate family involvement ‣ Daughter-in-law employed by the Whittington Health Pharmacy department ‣ Son employed by Islington re-ablement service
Julie Andrews	‣ Nil Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Stephen Bloomer	‣ Chair, Whittington Pharmacy, Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Kevin Curnow	‣ Chair, Whittington Pharmacy, Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Clare Dollery	‣ Nil Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Michelle Johnson	‣ Trustee on Board of Roald Dahl Marvellous Children's Charity Conflicts of interests that may arise out of any known immediate family involvement

	‣ Nil
Carol Gillen	Non-Executive Director, Whittington Pharmacy Community Interest Company Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil

Non-voting Board members

Sarah Humphery	‣ 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 Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Jonathan Gardner	‣ Chair of Governors, St James Church of England Primary School, Woodside Avenue, Muswell Hill, Haringey, London, N10 3JA Conflicts of interests that may arise out of any known immediate family involvement ‣ Nil
Norma French	‣ Nil Conflicts of interests that may arise out of any known immediate family involvement ‣ 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

REMUNERATION AND STAFF REPORT

The salaries and allowances of senior managers who held office during the year ended 31 March 2020 are shown in Table 1 below.

The definition of 'Senior Managers' given in paragraph 3.35 of the Department of Health Group Accounting Manual (GAM) 2019/20 is: "…those persons in senior positions having authority or responsibility for directing or controlling the major activities within the group body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments". For the purposes of this report, senior managers are defined as the chief executive, non-executive directors and executive directors, all Board members with voting rights.

Salaries and allowances 2019/20

Name & Title		2019-20					
		Salary and fees (bands of £5,000)	Taxable benefits (total to the nearest £100)	Annual performance-related bonuses (in bands of	Long-term performance-related bonuses (in bands of	Pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)
		£000	£00	£000	£000	£000	£000
Non-Executive							
Anu Singh - Chair		15-20	0	0	0	0	15-20
Steve Hitchins - Chair	Left 30/06/2019	5-10	0	0	0	0	5-10
Yua Haw Yoe	Left 29/02/2020	5-10	0	0	0	0	5-10
Tony Rice		5-10	0	0	0	0	5-10
Deborah Harris-Ugbomah		5-10	0	0	0	0	5-10
Prof. Naomi Fulop		5-10	0	0	0	0	5-10
Prof. Graham Hart	Left 30/09/2018	0	0	0	0	0	0
David Holt	Left 31/12/2019	10-15	0	0	0	0	10-15
Executive							
Siobhan Harrington - Chief Executive		180-185	0	0	0	52.5-55	235-240
Dr Julie Andrews - Acting Medical Director	Left 09/06/2019	30-35	0	0	0	17.5-20	50-55
Stephen Bloomer - Chief Finance Officer	Left 08/09/2019	65-70	0	10-15	0	35-37.5	110-115
Kevin Curnow - Acting Chief Finance Officer	From 09/09/2019	70-75	0	0	0	52.5-55	125-130
Clare Dollery - Medical Director	From 10/06/2019	150-155	0	0	0	0	150-155
Norma French - Director of Workforce		130-135	0	0	0	40-42.5	170-175
Jonathan Gardner - Director of Strategy and Corporate Affairs		115-120	0	0	0	27.5-30	140-145
Carol Gillen - Chief Operating Officer		135-140	0	0	0	20-22.5	155-160
Sarah Humphery - Executive Medical Director : Integrated Care		40-45	0	0	0	20-22.5	60-65
Dr Richard Jennings - Medical Director	Left 18/11/2018	0	0	0	0	0	0
Michelle Johnson - Chief Nurse and Director of Allied Health Professionals		115-120	0	0	0	82.5-85	200-205

Notes:
1. The salary figures above represent the 2019/20 financial year and, therefore, reflect that some Directors were only in post for part of the year.

2. Tony Rice donated his salary to Whittington Hospital NHS Trust Charitable Funds.

Salaries and allowances 2018/19

Name & Title		Salary and fees (bands of £5,000)	Taxable benefits (total to the nearest £100)	Annual performance-related bonuses (in bands of	Long-term performance-related bonuses (in bands of	Pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)
		£000	£00	£000	£000	£000	£000
Non-Executive							
Anu Singh - Chair		5-10	0	0	0	0	5-10
Steve Hitchins - Chair	Left 30/06/2019	20-25	0	0	0	0	20-25
Yua Haw Yoe	Left 29/02/2020	5-10	0	0	0	0	5-10
Tony Rice		5-10	0	0	0	0	5-10
Deborah Harris-Ugbomah		5-10	0	0	0	0	5-10
Prof. Naomi Fulop		0-5	0	0	0	0	0-5
Prof. Graham Hart	Left 30/09/2018	0-5	0	0	0	0	0-5
David Holt	Left 31/12/2019	5-10	0	0	0	0	5-10
Executive							
Siobhan Harrington - Chief Executive		175-180	0	0	0	180-182.5	355-360
Dr Julie Andrews - Acting Medical Director	Left 09/06/2019	75-80	0	0	0	62.5-65	135-140
Stephen Bloomer - Chief Finance Officer	Left 08/09/2019	155-160	0	0	0	27.5-30	185-190
Kevin Curnow - Acting Chief Finance Officer	From 09/09/2019	0	0	0	0	0	0
Clare Dollery - Medical Director	From 10/06/2019	0	0	0	0	0	0
Norma French - Director of Workforce		125-130	0	0	0	127.5-130	255-260
Jonathan Gardner - Director of Strategy and Corporate Affairs		100-105	0	0	0	50-52.5	150-155
Carol Gillen - Chief Operating Officer		130-135	0	0	0	80-82.5	210-215
Sarah Humphery - Executive Medical Director : Integrated Care		35-40	0	0	0	17.5-20	55-60
Dr Richard Jennings - Medical Director	Left 18/11/2018	100-105	0	0	0	0	100-105
Michelle Johnson - Chief Nurse and Director of Allied Health Professionals		105-110	0	0	0	107.5-110	210-215

Statement of the policy on senior managers' remuneration

The remuneration committee follows national guidance on the salary of senior managers.

All elements of remuneration, including 'annual cost of living increases', when applicable, continued to be subject to performance conditions. Executive directors were awarded a 1.7% pay increase (limited to £1,234) by the remuneration committee in July 2019, backdated to April. Other decisions made by the Committee

are reflected in the tables above. This is subject to the achievement of goals being objectively assessed. The governance arrangements for the committee form part of the Whittington Health's standing orders, reservations and delegation of powers and standing financial instructions last updated in January 2020.

In line with the requirements of the NHS Codes of Conduct and Accountability, the purpose of the committee is to advise the Trust Board about appropriate remuneration and terms of service for the chief executive and other executive directors including:

- all aspects of salary (including any performance-related elements/bonuses)
- provisions for other benefits, including pensions and cars
- arrangements for termination of employment and other contractual terms

Policy on duration of contracts, notice periods, termination payments

The contracts of employment for all senior managers are substantive (permanent), subject to market conditions when it may be imperative to consider other recruitment options. Senior managers are subject to regular and rigorous review of performance. All such contracts contain notice periods of either three months or six months. There is no provision for compensation for early termination in the contract of employment, but provision is made in the standard contract as follows

Clause 11: 'The Trust may at its discretion terminate a senior manager's contract with less or no notice by paying a sum equal to but no more than basic salary in lieu of notice less any appropriate tax and statutory deductions.'

Clause 12: 'Senior manager contracts may be terminated with immediate effect and without compensation for gross misconduct.'

Board members' pension entitlements for those in the pension scheme 2019/20

Name		Real increase in pension (bands of £2,500)	Real increase in lump sum (bands of £2,500)	Total accrued pension at 31 March 2020 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2020 (bands of £5,000)	Cash equivalent transfer value at 31 March 2020 (to the nearest £1,000)	Cash equivalent transfer value at 31 March 2019 (to the nearest £1,000)	Real increase in cash equivalent transfer value (to the nearest £1,000)	Employer contribution to stakeholder pension
Executive Directors		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Siobhan Harrington		2.5-5	0-2.5	50-55	145-150	1,200	1,087	61	26
Dr Julie Andrews	Left 09/06/2019	0-2.5	0	35-40	75-80	638	604	0	5
Stephen Bloomer	Left 08/09/2019	0-2.5	0	50-55	120-125	986	917	11	9
Kevin Curnow	From 09/09/2019	0-2.5	0	20-25	0	218	178	10	10
Clare Dollery	From 10/06/2019	0	0	0	0	0	0	0	0
Norma French		2.5-5	0-2.5	50-55	120-125	1,030	944	45	19
Jonathan Gardner		0-2.5	0	15-20	0	208	175	12	17
Carol Gillen		0-2.5	5-7.5	50-55	150-155	0	0	0	20
Sarah Humphery		0-2.5	0-2.5	15-20	15-20	228	203	14	6
Dr Richard Jennings	Left 18/11/2018	0	0	0	0	0	1,005	0	0
Michelle Johnson		2.5-5	12.5-15	40-45	120-125	866	736	96	17

* Carol Gillen is past retirement age, NHS Pensions do not calculate a CETV in this case.

The Trust's accounting policy in respect of pensions is described in Note 8.3 of the complete annual accounts document that will be uploaded to www.whittington.nhs.uk in September 2020. As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a point in time.

The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing of additional years of service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The real increase in CETV reflects the increase in the CETV effectively funded by the employer. It takes account of the increase in the accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The membership of the remuneration committee comprises the chairman and all the non- executive directors of Whittington Health NHS Trust. The committee has agreed several key principles to guide the remuneration of directors of the Trust.

Pay multiples

Non-Executive Directors

The Trust follows NHS Improvement guidance for appointing non-executive directors.

The terms of the contract apply equally to all non-executive directors with the exception of the Chairman, who has additional responsibilities and accountabilities. The remuneration of a non-executive director is £8,078. The Chairman received remuneration of £15,601 for 2019-20.

Salary range

The Trust is required to disclose the ratio between the remuneration of the highest-paid director in their organisation and the median remuneration of the workforce.

The mid-point remuneration of the highest paid director at Whittington Health in 2019/20 was £182,500 (2018/19: £177,500). This was 6.0 times the median remuneration of the workforce, which was £30,401 (2018/19: £29,608).

In 2019/20, we had no employees (unchanged from 2018/19) who received remuneration in excess of the highest-paid director. Remuneration ranged from £8,078 to £159,573 (2018/19: £6,157 - £175,945).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind and severance payments. It does not include employer contributions and the cash equivalent transfer value of pensions.

Staff numbers and composition

To comply with the requirements of NHSI's Group Accounting Manual, the Trust is also required to provide information on the following:
- staff numbers and costs;
- staff composition by gender;
- sickness absence data;
- expenditure on consultancy;
- off-payroll arrangements; and
- exit packages.

This information has been included below.

Breakdown of temporary and permanent staff members

| | Average WTE | |
	2019/20	2018/19
Permanent staff		
Administration and estates	973	893
Medical and Dental	482	464
Nursing and Midwives	1,063	1,046
Scientific, Therapeutic and Technical	733	692
Healthcare assistants and other support staff	587	532
Permanent staff total	**3,838**	**3,639**
Temporary staff		
Administration and estates	183	202
Medical and Dental	46	48
Nursing and Midwives	210	233
Scientific, Therapeutic and Technical	71	82
Healthcare assistants and other support staff	132	142
Temporary staff total	**642**	**707**
All Staff total	**4,480**	**4,346**

Costs of temporary and permanent staff members

	Staff Costs	
	2019/20	**2018/19**
Permanent staff	**£000's**	**£000's**
Administration and estates	42,767	38,593
Medical and Dental	47,166	41,752
Nursing and Midwives	60,982	55,517
Scientific, Therapeutic and Technical	43,012	38,533
Healthcare assistants and other support staff	20,666	17,641
Apprenticeship Levy	925	873
Permanent staff total	**215,518**	**192,909**
Temporary staff	**£000's**	**£000's**
Administration and estates	6,904	7,321
Medical and Dental	6,713	6,830
Nursing and Midwives	11,938	12,840
Scientific, Therapeutic and Technical	3,248	3,267
Healthcare assistants and other support staff	4,630	5,086
Temporary staff total	**33,433**	**35,344**
All Staff total	**248,951**	**228,253**

Consultancy spend

The Trust spent £0.7m on consultancy in 2019/20, year-on-year, the same as the previous financial year (£0.7m in 2018/19). The majority of this expenditure was incurred to support our procurement, recruitment portal, construction and systems consultancy.

Off-payroll engagements

The Trust is required to disclose all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months. The Trust does not have any of these engagements.

Exit packages 2019/20

	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
		£000's		£000's		£000's		£000's
<£10,000	1	5	3	20	4	25	0	0
£10,000 - £25,000	1	25	1	23	2	48	0	0
£25,001 - £50,000	1	28	2	57	3	85	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	1	121	1	121	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Total	3	58	7	221	10	279	0	0

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Scheme. Exit costs in this note are accounted for in full in the year of departure. Where Whittington Health has agreed early retirements, the additional costs are met by the Trust.

ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Whittington Health NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Whittington Health NHS Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a robust approach to risk management with:

- Leadership given to the risk management process being evidenced by:
  - the Board annually reviewing its risk management strategy and setting out its risk appetite
  - executive risk leads for each Board assurance Framework entry
  - the Board reviewing the Board Assurance on a six monthly basis
  - risk management training being provided for all executive and non-executive directors as part of a Board development programme
- The Committee taking delegated authority from the Board for oversight and assurance on the control framework in place to manage strategic risks to the delivery of the Trust's objectives. It is supported in this by other Board Committees providing assurance to the Board on the effective mitigation of risks, as follows:
- The Quality Committee reviews and provides assurance to the Board on the management of risks relating to quality and safety, including all risk entries scored above 15 on individual Integrated Clinical Service Units' (ICSUs) and corporate areas' risk registers
- The Finance & Business Development Committee provides assurance to the Board on the delivery of the Trust's financial sustainability strategic objective

and reviews risks scored higher than 15 which relate to finance, information governance and information technology

- The Workforce Assurance Committee reviews all risks to the delivery of the organisation's People strategic objective, and their effective mitigation. It is supported in this by the Quality Committee which also monitors those workforce risks related to patient quality and safety
- The Trust Management Group reviews the Board Assurance Framework in its entirety and also leads on reviewing risks to the delivery of the organisation's Integration strategic objective
- An organisational governance structure, with clear lines of accountability and roles responsible for risk management was reviewed in May 2019 and is in place for all staff
- The Chief Executive has overall accountability for the development of risk management systems and delegates responsibility for the management of specific areas of risk to named Directors
- All relevant staff are provided with risk management training as part of their induction to the Trust and face-to-face training from Risk Managers for those staff regularly involved in risk management
- An open culture to empower staff to report and resolve incidents and risks through the Datix recording system and to share learning with teams

The Care Quality Commission has identified a clear culture of risk identification and reporting throughout the organisation.

The risk and control framework

The aim of the Trust's risk management strategy is to support the delivery of organisational aims and objectives through the effective management of risks across all of the Trust's functions and activities through effective risk management processes, analysis and organisational learning.

The Trust's approach to risk management aims to:
- embed the effective management of risk as part of everyday practice
- support a culture which encourages continuous improvement and development
- focus on proactive, forward looking, innovative and comprehensive rather than reactive risk management
- support well thought out decision-making

Risk management process

Whittington Health adopts a structured approach to risk management by identifying, analysing, evaluating and managing risks. Where appropriate, staff will escalate or de-escalate risks through the governance structures in place at the Trust.

A snapshot of the Trust's risk management process is highlighted overleaf

ISO 3000 Process Diagram
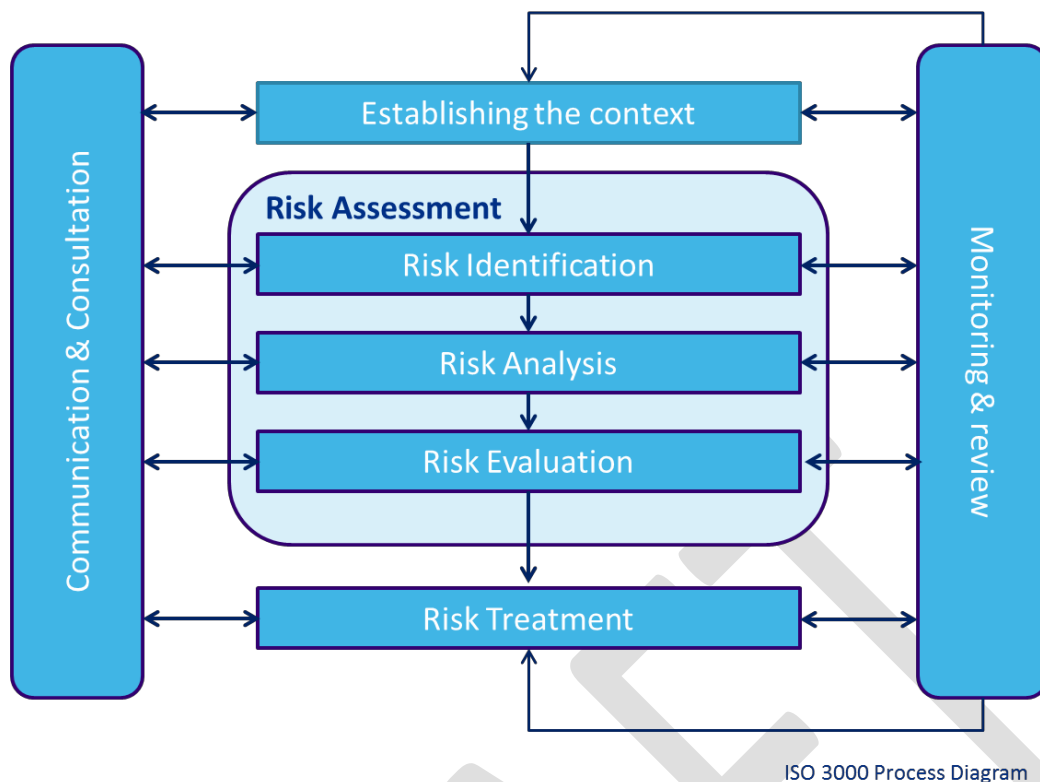
Risk identification

A hazard or threat is a source or issue of potential harm to the Trust achieving its objectives. Risk identification is the process of determining what, where, when and why something could occur. Risks to the Trust can be identified from a number of sources, both reactive and proactively, examples of a few of these are displayed in the diagram below:
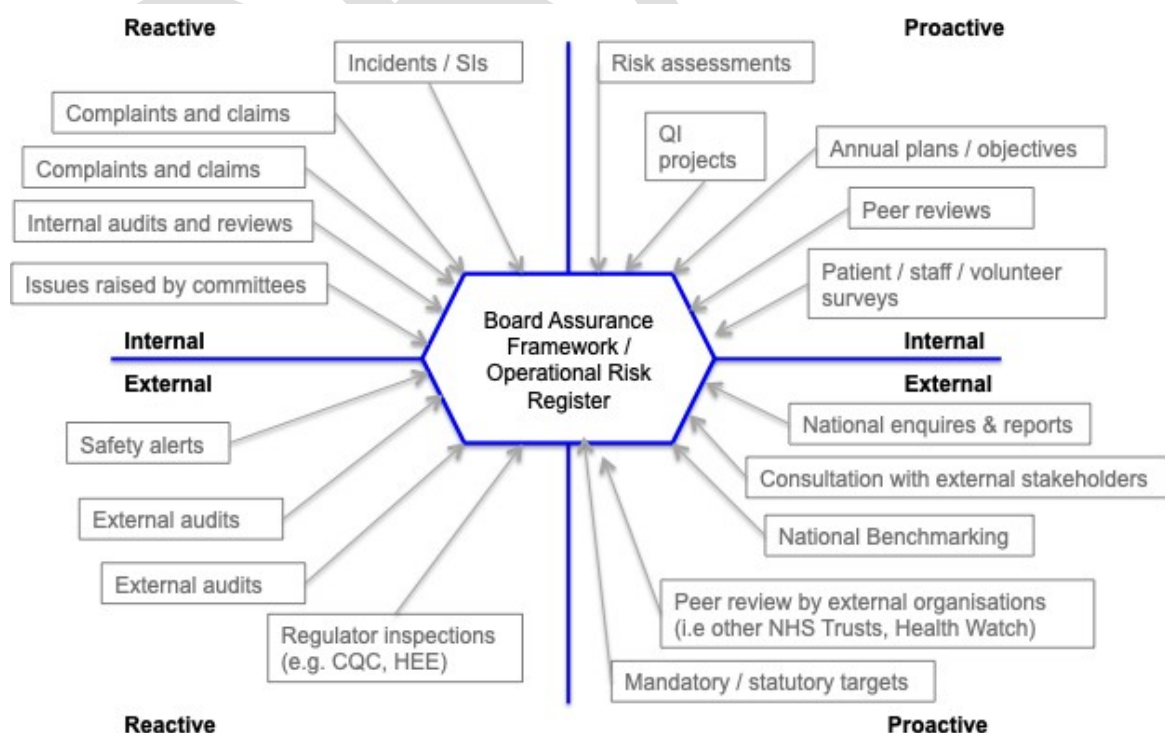
Trends between incidents, complaints and claims are regularly scrutinised via the Trust's quarterly aggregated learning report which is reviewed by the Patient Safety and Quality Committees to identify any risks to the Trust.

Managers must ensure that their risk registers are reviewed monthly, and where new sources of risk are identified that these are documented and responded to appropriately.

Risk assessment

When a new risk is identified a Risk Assessment Consideration form is completed and presented to the relevant committee/Board for approval. The assessment should clearly state the likelihood for the risk to cause harm and what preventative or control measures are required to respond effectively to the risk. Once approved by the appropriate group this should then be added to Datix with an identified review date established.

Risk analysis and evaluation

An analysis of each risk is required to be undertaken to establish the initial grading of the risk by assessing the likelihood and consequences of the hazard if it did occur. The Trust utilises a risk grading matrix which incorporates a risk tolerance measure. This process aims to ensure that risks are assessed consistently across the Trust. Once the grading is known and recorded in the Risk Register, the risk can be compared with other risks facing the Trust and prioritised according to significance. The list of all risks facing the Trust, in order of significance, makes up the Trust-wide Risk Register.

Risk assessment is an integral part of the business planning process. Therefore, significant strategic risks will be identified by the Trust Board and managed through the Board Assurance Framework (BAF).

Risk control – monitoring, review and resolution

Controls are the actions utilised in order to lessen or reduce the likelihood or consequence of a risk being actualised, the severity of that risk if it does occur. The controls in place for each risk should be detailed on Datix and describe the steps that need to be taken in order to manage and/or control the risk. These should be updated as progress is made.

There are four main ways to manage risks utilised by the Trust, these are outlined in the table below:

Acceptance	The risk is identified and logged and no action is taken. It is accepted that it may happen and will be responded to if it occurs.
Avoid	Where the level of risk is unacceptably high and the Trust cannot, for whatever reason, put adequate control measures in place the Trust Board will consider whether the service/activity should continue in the Trust.

Transfer	A shift in the responsibility or impact for loss to another party e.g. insurance for the risk occurrence or subcontracting. For a clinical risk transfer – a decision for a patient requiring a high risk surgical procedure (where the expertise or equipment is unavailable in the Trust) to be transferred to a specialist centre for treatment. The risk of transferring the patient must be less than the risk of operating in the Trust environment.
Mitigation	The impact of the risk is limited, so if it does occur (and cannot be avoided) the outcome is reduced and easier to handle. Making and carrying out risk reduction action plans is the responsibility of a line manager and /or risk lead.

The diagram below shows an overview of the governance structures in place for risk management at the Trust:

BAF

Risks that could potentially affect strategic objectives will be added to the BAF

In Year Operational Risk Register

Operational risks are added to the In Year Operational Risk Register (also known as the corporate risk register)

ICSU / Directorate Risk Registers

All risks identified at ICSU/Directorate level will populate the ICSU/Directorate Risk Registers

Risk Identification & Assessment

Local risk registers at ICSU and corporate level along with the in-year operational risk register and board assurance framework (BAF), seek to present an overview of the main risks facing the organisation. The local risk registers are reviewed, updated and monitored regularly by the relevant ICSU Board and corporate services' leads and, if necessary, a risk can be escalated onto the corporate risk register, which is monitored by the Trust Management Group and Quality Committee. Respective BAF entries are monitored by executive director risk leads who assess the status of their risk entry and its effective mitigation. The BAF is also monitored by the Audit and Risk Committee and Trust Board.

Board Assurance Framework

The Board Assurance Framework (BAF) was reviewed thoroughly last year and provides a structure for reporting of the principal strategic risks to the delivery of the Trust's business. It identified the risk appetite and the controls and assurances in place to mitigate these risks, the gaps or weaknesses in controls and assurances, and actions required to further strengthen these mechanisms. The Audit and Risk Committee lead on oversight of the mitigation of risks to delivery of the Trust's

strategic objectives and was supported by other relevant board committees and the executive committee.

One of the key improvements the Board has made to the BAF this year has been to include a more explicit link to the strategic objectives of the Trust and be clear about the first, second, and third lines of assurance for each of these risks. Where there were gaps in assurance these have been discussed and addressed.

A review of the BAF completed by our internal auditors, Grant Thornton, reported an overall assurance green rating of "Significant assurance with some improvements required". This is a positive tertiary assurance of Whittington Health's BAF arrangements. Grant Thornton made a number of recommendations and suggested improvement points for arrangements, but overall concluded there were only minor weaknesses in the activities and controls designed to achieve the risk management objectives. They will be incorporated into the next iteration of the BAF in 2020/21 which will aim to make the risk appetite clearer and to link to new strategic objectives.

Structure and presentation:

BAF entries to the delivery of the Trust's 2019/20 strategic objectives were as follows:

- 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 services' waiting times 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.
- People 1 - Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs (e.g. nursing, junior doctors, medical posts)
- People 2 - That the culture of the organisation does not improve, and bullying and harassment continue, such that retention of staff is compromised and staff morale affected and ultimate patient care suffers as a result
- Sustainability 1 - Failure to deliver savings plan year and control in operational budgets leads to adverse underlying financial position that cannot be mitigated by non-recurrent measure. This will lead to not hitting control total, loss of Provider Sustainability Funding, greatly reduced capital resource to address other BAF risks and reputational risk
- Sustainability 2 – Failure to modernise the Trust's estate may detrimentally impact on quality and safety of services, poor patient outcomes and affect the patient experience
- Sustainability 3 - Breach of established cyber security arrangements results in information technology services failing, data being lost and care being compromised

- Integration 1 - Failure to support fragile services adequately, internally or via partnership with other providers leads to further instability where quality is reduced, or vital service decommissioned, or Trust reputation is damaged (e.g. Lower Urinary Tract service, Breast, Bariatrics)
- Integration 2 - That the long term viability of the trust is threatened by changes to the environment long term plan, social care risks, political changes, organisational form changes

Assurances

The BAF includes assurances and these were rated as relevant to the control/risk reported against. The assurances are timely and are also updated over time. Furthermore, there is allocated responsibility for submission and assessment.

Gaps in the assurance framework

The BAF also highlights gaps within assurances which trigger development of actions to improve assurances.

BAF review and update

The review and updating of BAF entries is led by Executive risk leads and key Board Committees review risks relevant to their terms of reference as set out previously). The Care Quality Commission cited the BAF as fit for purpose in its inspection feedback to the Trust.

Risk appetite

In line with good practice, the Trust has a documented risk appetite based upon the impact on the Trust of risks materialising. Individual risks on the BAF are allocated a target score against which progress is reported in the BAF.

Embedding risk management

Risk management is embedded throughout the organisation in a variety of ways including:
- Face-to-face training for key risk managers
- Review of the risk register entries by the Quality Committee and Trust Management Executive
- Oversight of key BAF entries by Board Committees
- A review of the BAF every six months by the Trust Board

In addition, the Trust can highlight the following in its risk and control framework:
- The clinical governance agenda is led by the Trust's Director of Nursing & Medical Director. Monitoring arrangements are delivered through a structure of committees, supporting clear responsibilities and accountabilities from board to front line delivery
- The Quality Committee is a committee of the Board, which affords scrutiny and monitoring of our risk management process and has oversight of the quality agenda. Serious incidents and the monitoring of the Corporate Risk Register (TRR) is a standing item
- The Trust's clinical governance structure ensures there are robust systems in place for key governance and performance issues to be escalated from frontline

services to Board and gives assurance of clinical quality. It gives a strong focus on service improvement and ensures high standards of delivery are maintained.

- The Board and the relevant committees use a performance scorecard which has been developed to include a suite of quality indicators at Trust and service level aligned to each of the Care Quality Commission's five domains of Quality
- The Trust's quality improvement strategy is encapsulated in our Better Never Stops (our journey to outstanding) programme. The programme is a structured quality improvement plan and we have quality improvement plans in all services to monitor and demonstrate compliance with the CQC's fundamental standards and against each of the CQC's domains and Key Lines of Enquiry (KLOE)

Risk management during covid-19

During March, actions taken by the Trust to respond to the covid-19 crisis included reviewing and updating its BAF with particular reference to the impact of the pandemic, and also establishing a specific covid-19 local risk register. As part of its emergency planning arrangements, the governance structure allowed for the Gold Command forum and the wider Trust Management Group and Board to discuss and review the covid-19 risk register along with handling and mitigating actions being taken. These forums were key to the Trust maintaining control over decision-making and also displaying financial governance during the response to covid-19.

The Board of Directors

Membership of the Board of Directors is currently made up of the Trust chairman, five independent, non-executive directors, and eight executive directors of which five are voting members of the Board. The key roles and responsibilities of the Board are as follows to:

- set and oversee the strategic direction of the Trust
- review and appraisal of financial and operational performance
- review areas of assurance and concerns as detailed in the chair's assurance reports from its board committees
- discharge their duties of regulation and control and meet our statutory obligations
- ensure the Trust continues to deliver high quality patient quality and safety as its primary focus, receiving and reviewing quality and patient safety reports and the minutes and areas of concern highlighted in board committees' minutes, particularly the Quality Committee, which deals with patient quality and safety
- receive reports from the committee, the annual internal auditor's report and external auditor's report and to take decisions, as appropriate
- agree the Trust's annual budget and plan and submissions to NHS Improvement
- approve the annual report and annual accounts
- certify against the requirements of NHS provider licence conditions

The Board of Directors met eleven times during the year. A breakdown of attendance for the Board's meetings held in 2019/20 is shown overleaf:

Job title and name	Meetings attended (out of 11 unless stated)
Chairman, Stephen Hitchins	3/3
Non-Executive Director, Naomi Fulop	10
Non-Executive Director, David Holt*	5/7
Non-Executive Director, Deborah Harris-Ugbomah	9
Non-Executive Director, Tony Rice	7
Non-Executive Director, Anu Singh**	10
Non-Executive Director, Yua Haw Yoe	10
Chief Executive, Siobhan Harrington	11
Acting Medical Director, Julie Andrews	2/2
Medical Director, Clare Dollery	9/9
Chief Finance Officer, Stephen Bloomer	4/5
Acting Chief Finance Officer, Kevin Curnow	6/6
Chief Operating Officer, Carol Gillen	10
Chief Nurse & Director of Allied Health Professionals, Michelle Johnson	11
Director of Workforce, Norma French	10
Director of Strategy, Development & Corporate Affairs, Jonathan Gardner	10
Medical Director, Integrated Care, Sarah Humphery	9

*David Holt, Interim Chair from 5 July 2019 to 30 November 2019
**Anu Singh, Interim Chair from 1 December 2019 to 31 March 2020

Board and Committee oversight and assurance

The Board of Directors leads on integrated governance and delegates key duties and functions to its sub-committees. In addition the Board reserves certain decision making powers including decisions on strategy and budgets.

Last year, there were five key committees within the structure that provided assurance to the Board of Directors. They were: audit and risk, estates strategy delivery, quality, finance and business development; and workforce assurance. There are two additional board committees: charitable funds and remuneration. There are a range of mechanisms available to these committees to gain assurance that our systems are robust and effective. These include utilising internal and external audit, peer review, management reporting and clinical audit.

Audit and risk committee

The audit and risk committee is a formal committee of the Board and is accountable to the Board for reviewing the establishment and maintenance of an effective system of internal control. The Committee holds five meetings per annum at appropriate times in the reporting and audit cycle. This committee is supported on its assurance role by the finance & business development, quality and workforce assurance committees in reviewing and updating key risks pertinent to their terms of reference.

This committee also approves the annual audit plans for internal and external audit activities and ensures that recommendations to improve weaknesses in control

arising from audits are actioned by executive management. The committee ensures the robustness of the underlying process used in developing the BAF. The board monitors the BAF and progress against the delivery of annual objectives each quarter, ensuring actions to address gaps in control and gaps in assurance are progressed.

Quality committee

The quality committee is a formal committee of the Board and is accountable to the Board for reviewing the effectiveness of quality systems, including the management of risks to the Trust's quality and patient engagement strategic priorities as well as operational risks to the quality of services. The committee meets at least six times per year. It also monitors performance against quarterly quality indicators, the quality accounts and all aspects of the three domains of quality namely - patient safety, clinical effectiveness and patient experience.

Finance & Business Development Committee

The finance & business development committee reviews financial and non-financial performance across the Trust, reporting to the Board. It also has lead oversight for risks to the delivery of Trust's strategic priorities relating to sustainability, along with delivery of the Trust's strategy for information management and technology. The committee holds six full meetings each year.

Estates Strategy Delivery Committee

This forum was established in November 2018 as a formal committee of the Board, to provide assurance to the Board on the delivery of the organisation's estates strategy and to reviews risks to effective delivery. In summer 2019, this committee was dis-established.

Workforce and Education Committee

The workforce and education committee meets five times each year and leads on oversight of BAF risks which relate to the Trust's staff engagement and recruitment and retention strategic priorities. It reviews performance against the delivery of key workforce recruitment and retention plans and the annual outcome for the Workforce Race Equality Standard submission to NHS England. In addition, the committee will also review those staff engagement actions taken following the outcome of the annual NHS staff survey and delivery of the Trust's workforce culture improvement plan.

Workforce planning

As in previous years, the workforce planning process was aligned and integrated with the Trust's business planning process, led by individual ICSUs. Throughout the process ICSUs' Clinical and Operational Directors were supported by HR Business Partners who advised and challenged ICSUs on the workforce impact of their plans and ensured alignment with workforce and clinical strategies. This involved:

- 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 (and at an aggregated Trust-wide position)
- Ensuring current and future workforce needs were represented in business plans, considering growth, as well as options to develop new roles, new ways of working, and associated training implications.
- Monthly 'run rate' meetings, to analyse temporary staffing to ensure long term recruitment strategies are in place
- A dedicated nurse recruitment team focusing on international and local recruitment opportunities
- Middle grade doctor recruitment working group focussed on the emergency department

Final ICSU plans were presented individually to the Trust's Board, executive directors 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 2019/20, Whittington Health complied with the "Developing Workforce Safeguards" through the following assurances:

- The Medical Director and Chief Nurse and Director of Allied Health Professionals confirmed there are established processes to ensure that staffing is safe, effective and sustainable
- The nursing and midwifery staffing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) was reported to the Board by ward or service area twice a year
- All workforce risks were reviewed quarterly at the Performance Review Groups.
- Action plans for reducing amber and red rated risks were monitored on a quarterly basis by the Trust Management Group
- High level risks were reported to Workforce Assurance Committee quarterly
- Safe nurse staffing levels were monitored continuously, supported by ongoing assessment of patient acuity. As part of 'Showing we care about speaking up' we encouraged and supported all staff to nursing scorecards triangulate workforce information with other quality metrics
- Workforce intelligence and key performance indicators were reported alongside quality metrics at the Trust Board each month and were standing items on Performance Review Group meetings (PRGs). The Workforce Assurance Committee received comprehensive corporate workforce information and analysis. Metrics included vacancy and sickness rates, turnover and appraisal compliance and temporary staffing
- Any changes and significant (over £50k) cost improvement plans had a quality impact assessment

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the

guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust undertook risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Trust was rated by the Care Quality Commission (CQC) as good in its use of resources as it had demonstrated a good understanding of areas of improvements with credible plans to achieve target performance. In particular, the CQC identified that the Trust has an excellent track record of managing its expenditure within available resources.

During 2019/20, Whittington Health had in place a range of processes which helped to ensure that it used resources economically, efficiently and effectively. These included:

- monthly reporting of financial and non-financial performance to the Trust Board of directors and the finance and business development committee of the Board
- a monthly review of performance by the Trust Management Group and additional review meetings where ICSUs and corporate directorates are held to account for financial and non-financial performance
- the production of annual reference costs, including comparisons with national reference costs
- benchmarking of costs and key performance indicators against other combined acute and community Trust providers
- standing financial instructions, standing orders and a treasury management policy
- a budget holder's manual which sets out managers' responsibilities in relation to managing budgets
- guidance on the declaration of conflicts of interest and standards of business conduct
- reports by Grant Thornton part of the annual internal audit work plan on control mechanisms which may need reviewing
- the Head of Internal Audit's draft and final opinions being presented to the committee

- an external audit of our accounts by KPMG LLP who also provided an independent view of the Trust's effective and efficient use of resources, particularly against value for money considerations
- good performance under NHS Improvement's Single Oversight Framework for NHS providers

Information governance

The following are the incidents and outcomes of investigations in relation to information governance breaches this year:

- IGSI031 (Jan 2020) - patient letter posted to incorrect patient. Information Commissioner's Office decision(ICO): to be confirmed
- IGSI032 (Jan 2020) - patient email sent to incorrect patient. ICO decision: to be confirmed

Data quality and governance

Data governance is essential for the effective delivery of patient care and for improvements to patient care, we must have robust and accurate data available.

Whittington Health completed the following actions in the last year towards improved data quality:

- The Trust's Data Quality strategy was included in the yearly audit programme
- The awareness of key staff on their responsibilities around data quality was reviewed and training programmes developed to help ensure compliance
- Monthly monitoring of national data quality (DQ) measures
- Reviews of specific data sets (e.g. Referral to Treatment Patient Treatment List) with specific regard to data quality. Regular spot checks were carried out by the Trust's Validation Team
- Weekly Referral to Treatment review meetings for cancer, community and acute services
- Our Data Quality Review Group ensured all aspects of data quality standards were maintained and reviewed

In 2020/21, the Trust will take further action to continue with our improvement around data quality. This will include:

- Completing the annual review of the Trust's Data Quality strategy
- Moving Data Quality Review Group meetings to a quarterly timetable
- Continuing to review the awareness of key staff of their responsibilities around data quality and proposing approaches to achieve improvement if necessary
- Reviewing the scope of material internal data sets with specific regard to data quality and summarise those known with their main characteristics, any known data quality issues and owners in overview

Whittington Health NHS Trust will continue to monitor and work to improve data quality by using the above mentioned Data Quality Review Group, with the aim to work with ICSUs to improve awareness of responsibilities and to share learning to help improve data quality.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Board's, the Quality Committee, provides assurance on the Quality Account and the quality priorities and ensures the maintenance of effective risk management and quality governance systems. Following national guidance from NHS England and Improvement, as part of the response to the covid-19 pandemic, the 2019/20 Quality Account will now be published in December 2020.

Provider licence conditions

In terms of the NHS provider license condition four, the Board confirmed that the Trust applies principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of healthcare services. In particular, the Board is satisfied that the Trust has established and implements:

- an effective Board and Committee structure
- clear responsibilities for the Board and Committees reporting to the Board and for staff, reporting to either the Board or its Committees
- clear reporting lines and accountabilities throughout the organisation

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the committee and quality committee, if appropriate and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The board ensures the effectiveness of the system of internal control through clear accountability arrangements.

An annual "Head of Internal Audit Opinion" based on the work and audit assessments undertaken during the year for 2019/20 was issued and stated:

Our overall opinion for the period 1 April 2019 to 31 March 2020 is that, based on the scope of reviews undertaken and the sample tests completed during the period, partial assurance can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

This partial assurance opinion was based on the delayed implementation of some medium and high risk overdue recommendations due to the impact of covid-19.

Conclusion

I confirm that no significant internal control issues have been identified.

Signed………………..
Chief Executive   Date: June 2020

Statement of the chief executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed...Chief Executive

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board

...........................Date..Chief Executive

...........................Date..Finance Director

The Whittington Health NHS Trust

Annual accounts for the year ended 31 March 2020

Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

- value for money is achieved from the resources available to the trust;

- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed..Chief Executive

Date..........................

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

- make judgements and estimates which are reasonable and prudent; and

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board

Siobhan Harrington   Kevin Curnow
Chief Executive   Acting Chief Finance Officer

 24-Jun-20

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF WHITTINGTON HEALTH NHS TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Whittington Health NHS Trust ("the Trust") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and

- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2019/20.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the Director's conclusions we considered the inherent risks to the Trust's operations and analysed how these risks might affect the Trust's financial resources, or ability to continue its operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information. In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

4

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2019/20. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 3, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page 2 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at
www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained in the statement set out on page 2, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in December 2019 and updated in April 2020 as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or

- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Board of Directors of Whittington Health NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Whittington Health NHS Trust for the year ended 31 March 2020 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

25-Jun-20

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	314,606	293,280
Other operating income	4	35,577	55,366
Operating expenses	6, 8	(341,943)	(317,863)
Operating surplus/(deficit) from continuing operations		**8,240**	**30,783**
Finance income	11	228	96
Finance expenses	12	(3,340)	(3,192)
PDC dividends payable		(5,007)	(5,008)
Net finance costs		**(8,119)**	**(8,104)**
Other gains / (losses)	13	-	6,176
Surplus / (deficit) for the year from continuing operations		**121**	**28,855**
Surplus / (deficit) for the year		**121**	**28,855**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(1,137)	(4,521)
Revaluations		4,394	2,193
Total comprehensive income / (expense) for the period		**3,378**	**26,527**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	15	9,102	6,799
Property, plant and equipment	16	224,209	212,298
Receivables	23	491	604
Total non-current assets		**233,802**	**219,701**
Current assets			
Inventories	22	2,405	1,448
Receivables	23	43,030	40,438
Cash and cash equivalents	26	27,384	25,165
Total current assets		**72,819**	**67,051**
Current liabilities			
Trade and other payables	27	(51,503)	(40,614)
Borrowings	29	(28,945)	(29,776)
Provisions	32	(479)	(693)
Other liabilities	28	(2,706)	(281)
Total current liabilities		**(83,633)**	**(71,364)**
Total assets less current liabilities		**222,988**	**215,388**
Non-current liabilities			
Borrowings	29	(26,146)	(27,542)
Provisions	32	(1,132)	(1,182)
Total non-current liabilities		**(27,278)**	**(28,724)**
Total assets employed		**195,710**	**186,664**
Financed by			
Public dividend capital		72,358	66,691
Revaluation reserve		98,992	95,735
Income and expenditure reserve		24,360	24,238
Total taxpayers' equity		**195,710**	**186,664**

The notes on pages 13 to 67 form part of these accounts.

Name	**Siobhan Harrington**
Position	**Chief Executive Officer**
Date	**24-Jun-20**

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward	66,691	95,735	-	-	-	24,239	186,665
Surplus/(deficit) for the year	-	-	-	-	-	121	**121**
Gain/(loss) arising from transfers by modified absorption	-	-	-	-	-	-	**-**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	**-**
Other transfers between reserves	-	-	-	-	-	-	**-**
Impairments	-	(1,137)	-	-	-	-	**(1,137)**
Revaluations	-	4,394	-	-	-	-	**4,394**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	**-**
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	**-**
Foreign exchange gains/(losses) recognised directly through OCI	-	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	-	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	**-**
Public dividend capital received	5,667	-	-	-	-	-	**5,667**
Public dividend capital repaid	-	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2020	72,358	98,992	-	-	-	24,360	195,710

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	64,679	98,542	-	-	-	(5,096)	158,126
Prior period adjustment	-	-	-	-	-	-	-
Taxpayers' and others' equity at 1 April 2018 - restated	64,679	98,542	-	-	-	(5,096)	158,126
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-	-
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-	-	-
Surplus/(deficit) for the year	-	-	-	-	-	28,855	**28,855**
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	-
Other transfers between reserves	-	-	-	-	-	-	-
Impairments	-	(4,521)	-	-	-	-	**(4,521)**
Revaluations	-	2,193	-	-	-	-	**2,193**
Transfer to retained earnings on disposal of assets	-	(479)	-	-	-	479	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-	-
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	-	-
Fair value gains/(losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	-	-
Foreign exchange gains/(losses) recognised directly through OCI	-	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	-	-	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	-	-	-	-
Public dividend capital received	2,012	-	-	-	-	-	**2,012**
Public dividend capital repaid	-	-	-	-	-	-	-
Public dividend capital written off	-	-	-	-	-	-	-
Other movements in public dividend capital in year	-	-	-	-	-	-	-
Other reserve movements	-	-	-	-	-	-	-
Taxpayers' and others' equity at 31 March 2019	66,691	95,735	-	-	-	24,239	186,665

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Merger reserve
This reserve reflects balances formed on merger of NHS bodies.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		8,240	30,783
Non-cash income and expense:			
Depreciation and amortisation	6.1	7,143	6,516
Net impairments	7	276	258
Income recognised in respect of capital donations	4	-	(1,000)
(Increase) / decrease in receivables and other assets		(2,479)	(11,088)
(Increase) / decrease in inventories		(957)	(93)
Increase / (decrease) in payables and other liabilities		13,837	3,216
Increase / (decrease) in provisions		(264)	(358)
Other movements in operating cash flows		(384)	(394)
Net cash flows from / (used in) operating activities		**25,412**	**27,840**
Cash flows from investing activities			
Interest received		228	112
Purchase of intangible assets		(3,914)	(3,665)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(14,858)	(8,139)
Sales of PPE and investment property		-	12,500
Receipt of cash donations to purchase assets		-	1,000
Net cash flows from / (used in) investing activities		**(18,544)**	**1,808**
Cash flows from financing activities			
Public dividend capital received		5,667	2,012
Public dividend capital repaid		-	-
Movement on loans from DHSC		(164)	(164)
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		(872)	(869)
Capital element of PFI, LIFT and other service concession payments		(1,192)	(1,159)
Interest on loans		(472)	(339)
Other interest		(2)	(20)
Interest paid on finance lease liabilities		(202)	(201)
Interest paid on PFI, LIFT and other service concession obligations		(2,664)	(2,577)
PDC dividend (paid) / refunded		(4,748)	(5,217)
Financing cash flows of discontinued operations		-	-
Cash flows from (used in) other financing activities		-	-
Net cash flows from / (used in) financing activities		**(4,649)**	**(8,534)**
Increase / (decrease) in cash and cash equivalents		**2,219**	**21,114**
Cash and cash equivalents at 1 April - brought forward		**25,165**	**4,051**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**25,165**	**4,051**
Cash and cash equivalents transferred under absorption accounting	42	-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	26.1	**27,384**	**25,165**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1 Going concern
These accounts have been prepared on a going concern basis.

The Trust has delivered against its financial targets. By delivering its control total the Trust has earned additional Provider Sustainability Funding of £1.2m.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £27.2m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Where staff are not eligible for, or choose to opt out of, the NHS Pension Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme. Nest is a government backed, defined contribution pension scheme.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

  • Land and non-specialised buildings – market value for existing use
  • Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Material Valuation Uncertainty

The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Land	-	-
Buildings, excluding dwellings	16	85
Dwellings	66	66
Plant & machinery	5	15
Transport equipment	-	-
Information technology	3	10
Furniture & fittings	5	5

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	-	-
Development expenditure	-	-
Websites	-	-
Software licences	5	5
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation of fair value due to the high turnover of stock.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Carbon Reduction Commitment scheme (CRC)
The CRC scheme is a mandatory cap and trade scheme for non-transport CO_2 emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO_2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO_2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO_2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Note 1.13 Financial assets and financial liabilities

Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

The Trust has irrevocably elected to measure the following financial assets / financial liabilities at fair value through income and expenditure

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 34.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 35 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in notes when they arise, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated and grant funded assets,
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.21 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases
IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Note 1.27 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Property, plant and equipment
The Trust's land and building assets are valued on the basis explained in note 19 to the accounts. Cushman & Wakefield (C&W), our independent valuer, provided the Trust with a valuation of land and building assets (estimated fair value and remaining useful life). The valuation, based on estimates provided by a suitably qualified professional in accordance with HM Treasury guidance, leads to revaluation adjustments. Future revaluations of the Trust's property may result in further changes to the carrying values of non-current assets.

Provisions
Provisions have been made for legal and constructive obligations of uncertain timing or amount as at the reporting date. These are based on estimates using relevant and reliable information as is available at the time the accounts are prepared. These provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any difference between expectations and the actual future liability will be accounted for in the period when such determination is made. The carrying amounts and basis of the Trust's provisions are detailed in note 34.1 to the accounts.

Impairment of receivables
The Trust impairs different categories of receivables at rates determined by the age of the debt. Additionally, specific receivables are impaired where the Trust deems it will not be able to collect the amounts due. Amounts impaired are disclosed in note 25.2 to the accounts.

Note 1.28 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods. We also refer to the following financial statement disclosure notes where further detail is provided on individual balances containing areas of judgement:

Notes 3 and 5: revenue - work in progress and credit note provisions;
Notes 17 and 19: property, plant and equipment;
Note 25.2: provisions for credit notes and impairment of receivables; and
Note 29: accruals.

Note 2 Operating Segments

The Trust's operational management structure is delivered through five clinical integrated care service units covering acute and community services.

The Trust has aggregated its operating segments in line with IFRS 8 on the basis that the nature of the services continue to be the same, the provision of healthcare.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)

	2019/20 £000	2018/19 £000
Elective income	23,642	22,446
Non elective income	56,539	51,866
First outpatient income	12,094	11,514
Follow up outpatient income	9,930	14,741
A & E income	16,859	14,540
High cost drugs income from commissioners (excluding pass-through costs)	8,477	8,479
Other NHS clinical income	64,492	59,726
Community services income from CCGs and NHS England	73,898	70,284
Private patient income	69	86
Agenda for Change pay award central funding*	-	3,263
Additional pension contribution central funding**	9,568	-
Other clinical income	39,038	36,335
Total income from activities	**314,606**	**293,280**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2019/20 £000	2018/19 £000
NHS England	41,494	29,275
Clinical commissioning groups	256,967	245,267
Department of Health and Social Care	-	3,263
Other NHS providers	2,443	2,606
NHS other	-	-
Local authorities	11,299	10,763
Non-NHS: private patients	69	86
Non-NHS: overseas patients (chargeable to patient)	388	134
Injury cost recovery scheme	471	546
Non NHS: other	1,475	1,340
Total income from activities	**314,606**	**293,280**
Of which:		
Related to continuing operations	314,606	293,280
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2019/20 £000	2018/19 £000
Income recognised this year	388	134
Cash payments received in-year	173	17
Amounts added to provision for impairment of receivables	222	100
Amounts written off in-year	-	7

Note 4 Other operating income

	2019/20			2018/19		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	623	-	**623**	422	-	**422**
Education and training	16,739	-	**16,739**	16,228	-	**16,228**
Non-patient care services to other bodies	6,354		**6,354**	7,142		**7,142**
Provider sustainability fund (PSF)	4,910		**4,910**	27,626		**27,626**
Financial recovery fund (FRF)	1,257		**1,257**			
Marginal rate emergency tariff funding (MRET)	365		**365**			
Income in respect of employee benefits accounted on a gross basis	249		**249**	294		**294**
Receipt of capital grants and donations		-	**-**		1,000	**1,000**
Charitable and other contributions to expenditure		-	**-**		-	**-**
Support from the Department of Health and Social Care for mergers		-	**-**		-	**-**
Rental revenue from finance leases		-	**-**		-	**-**
Rental revenue from operating leases		995	**995**		886	**886**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**
Other income	4,085	-	**4,085**	1,768	-	**1,768**
Total other operating income	**34,582**	**995**	**35,577**	**53,480**	**1,886**	**55,366**

Of which:

Related to continuing operations			**35,577**			**55,366**
Related to discontinued operations			**-**			**-**

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20 £000	2018/19 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	281	320
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2020 £000	31 March 2019 £000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	-	-
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	**-**	**-**

Note 6.1 Operating expenses

	2019/20 £000	2018/19 £000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	702	729
Purchase of social care	-	-
Staff and executive directors costs	248,951	228,253
Remuneration of non-executive directors	66	60
Supplies and services - clinical (excluding drugs costs)	23,789	24,240
Supplies and services - general	3,846	3,734
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	13,321	13,137
Consultancy costs	672	705
Establishment	2,424	2,153
Premises	14,196	10,546
Transport (including patient travel)	1,143	278
Depreciation on property, plant and equipment	5,595	5,691
Amortisation on intangible assets	1,548	825
Net impairments	276	258
Movement in credit loss allowance: contract receivables / contract assets	(301)	18
Movement in credit loss allowance: all other receivables and investments	(33)	397
Increase/(decrease) in other provisions	-	97
Audit fees payable to the external auditor		
audit services- statutory audit	51	72
other auditor remuneration (external auditor only)	10	12
Internal audit costs	-	-
Clinical negligence	9,750	10,113
Legal fees	710	792
Insurance	160	193
Research and development	774	17
Education and training	908	1,493
Rentals under operating leases	5,781	6,280
Early retirements	-	-
Redundancy	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	1,133	1,089
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	-	-
Hospitality	7	15
Other	6,464	6,666
Total	**341,943**	**317,863**
Of which:		
Related to continuing operations	341,943	317,863
Related to discontinued operations	-	-

Note 6.2 Other auditor remuneration

	2019/20 £000	2018/19 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	10	12
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**10**	**12**

The net figure paid to the auditor for the 2019/20 financial statement audit is £51k excluding VAT.

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1m (2018/19: £1m).

Note 7 Impairment of assets

	2019/20 £000	2018/19 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	276	258
Other	-	-
Total net impairments charged to operating surplus / deficit	**276**	**258**
Impairments charged to the revaluation reserve	1,137	4,521
Total net impairments	**1,413**	**4,779**

Note 8.1 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	189,696	177,954
Social security costs	19,137	17,858
Apprenticeship levy	925	873
Employer's contributions to NHS pensions	31,519	20,743
Pension cost - other	81	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	279	6
Temporary staff (including agency)	9,181	11,961
Total gross staff costs	**250,818**	**229,395**
Recoveries in respect of seconded staff	-	-
Total staff costs	**250,818**	**229,395**
Of which		
Costs capitalised as part of assets	1,867	1,142

In line with the GAM, employee benefits should be shown in the accounts note in a single column for all categories of staff, which matches those shown for employee benefits in the staff costs disclosure in the Staff Report part of the annual report. See paragraphs 5.32 - 5.36 in the GAM for more detail.

See the "Staff report tables" tab for the disclosure that is now required in the Staff Report section of the annual report.

Note 8.2 Retirements due to ill-health

During 2019/20 there was 1 early retirement from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £4k (£52k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The employer contribution rate for 2019/20 is 20.6%.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Where staff are not eligible for, or choose to opt out of, the NHS Pensions Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme. NEST is a government-backed, defined contribution pension scheme set up to make sure that every employer can easily access a workplace pension scheme. The employer's contribution rate in 2019/20 was 3% (2018/19: 2%).

Note 10 Operating leases

Note 10.1 The Whittington Health NHS Trust as a lessor

This note discloses income generated in operating lease agreements where The Whittington Health NHS Trust is the lessor.

	2019/20 £000	2018/19 £000
Operating lease revenue		
Minimum lease receipts	995	886
Contingent rent	-	-
Other	-	-
Total	**995**	**886**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease receipts due:		
- not later than one year;	995	886
- later than one year and not later than five years;	3,980	3,544
- later than five years.	2,431	-
Total	**7,406**	**4,430**

Note 10.2 The Whittington Health NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where The Whittington Health NHS Trust is the lessee.

	2019/20 £000	2018/19 £000
Operating lease expense		
Minimum lease payments	5,781	6,280
Contingent rents	-	-
Less sublease payments received	-	-
Total	**5,781**	**6,280**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease payments due:		
- not later than one year;	5,781	6,280
- later than one year and not later than five years;	17,738	22,671
- later than five years.	29,899	37,418
Total	**53,418**	**66,369**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2019/20 £000	2018/19 £000
Interest on bank accounts	228	96
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
Total finance income	**228**	**96**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2019/20 £000	2018/19 £000
Interest expense:		
Loans from the Department of Health and Social Care	472	394
Other loans	-	-
Overdrafts	-	-
Finance leases	202	201
Interest on late payment of commercial debt	2	20
Main finance costs on PFI and LIFT schemes obligations	1,654	1,600
Contingent finance costs on PFI and LIFT scheme obligations	1,010	977
Total interest expense	**3,340**	**3,192**
Unwinding of discount on provisions	-	-
Other finance costs	-	-
Total finance costs	**3,340**	**3,192**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2019/20 £000	2018/19 £000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	2	20
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	2019/20 £000	2018/19 £000
Gains on disposal of assets	-	6,176
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**-**	**6,176**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	**-**	**6,176**

Note 14 Discontinued operations

	2019/20 £000	2018/19 £000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Gain on disposal of discontinued operations	-	-
(Loss) on disposal of discontinued operations	-	-
Corporation tax expense attributable to discontinued operations	-	-
Total	**-**	**-**

Note 15.1 Intangible assets - 2019/20

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2019 - brought forward	16,971	249	17,220
Transfers by absorption	-	-	**-**
Additions	-	3,914	**3,914**
Impairments	-	-	**-**
Reversals of impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	3,830	(3,830)	**-**
Reclassification betweeen Intangibles and Tangibles	(63)	-	**(63)**
Transfers to / from assets held for sale	-	-	**-**
Disposals / derecognition	-	-	**-**
Valuation / gross cost at 31 March 2020	20,738	333	21,071
Amortisation at 1 April 2019 - brought forward	10,421	-	10,421
Transfers by absorption	-	-	**-**
Provided during the year	1,548	-	**1,548**
Impairments	-	-	**-**
Reversals of impairments	-	-	**-**
Revaluations	-	-	**-**
Reclassifications	-	-	**-**
Transfers to / from assets held for sale	-	-	**-**
Disposals / derecognition	-	-	**-**
Amortisation at 31 March 2020	11,969	-	11,969
Net book value at 31 March 2020	8,769	333	9,102
Net book value at 1 April 2019	6,550	249	6,799

Note 15.1 Intangible assets - 2019/20

	Software licences £000	Intangible assets under construction £000	Total £000

Note 15.2 Intangible assets - 2018/19

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	**12,448**	**1,292**	**13,740**
Prior period adjustments	-	-	-
Valuation / gross cost at 1 April 2018 - restated	**12,448**	**1,292**	**13,740**
Transfers by absorption	-	-	-
Additions	2,426	-	**2,426**
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	2,097	(1,043)	**1,054**
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
Valuation / gross cost at 31 March 2019	**16,971**	**249**	**17,220**
Amortisation at 1 April 2018 - as previously stated	**9,596**	**-**	**9,596**
Prior period adjustments	-	-	-
Amortisation at 1 April 2018 - restated	**9,596**	**-**	**9,596**
Transfers by absorption	-	-	-
Provided during the year	825	-	**825**
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
Amortisation at 31 March 2019	**10,421**	**-**	**10,421**
Net book value at 31 March 2019	**6,550**	**249**	**6,799**
Net book value at 1 April 2018	**2,852**	**1,292**	**4,144**

Note 16.1 Property, plant and equipment - 2019/20

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2019 - brought forward	45,639	154,532	50	7,691	34,469	14,621	140	257,142
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	764	-	13,313	385	-	-	**14,462**
Impairments	(107)	(1,306)	-	-	-	-	-	**(1,413)**
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	106	4,288	-	-	-	-	-	**4,394**
Reclassifications	-	3,513	-	(4,425)	898	-	14	-
Reclassification betweeen Intangibles and Tangibles	-	-	-	-	(11)	-	74	**63**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Valuation/gross cost at 31 March 2020	45,638	161,791	50	16,579	35,741	14,621	228	274,648
Accumulated depreciation at 1 April 2019 - brought forward	-	7,792	50	-	25,834	11,106	62	44,844
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	2,635	-	-	1,675	1,243	42	**5,595**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2020	-	10,427	50	-	27,509	12,349	104	50,439
Net book value at 31 March 2020	45,638	151,364	-	16,579	8,232	2,272	124	224,209
Net book value at 1 April 2019	45,639	146,740	-	7,691	8,635	3,515	78	212,298

Note 16.2 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	47,896	158,473	1,116	1,279	32,546	13,590	136	255,036
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2018 - restated	47,896	158,473	1,116	1,279	32,546	13,590	136	255,036
Transfers by absorption	-	-	-	-	-	-	-	-
Additions	-	1,194	-	7,889	2,092	1,045	2	12,222
Impairments	(458)	(4,321)	-	-	-	-	-	(4,779)
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	1,610	583	-	-	-	-	-	2,193
Reclassifications	-	451	1	(1,477)	(17)	(14)	2	(1,054)
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	(3,409)	(1,848)	(1,067)	-	(152)	-	-	(6,476)
Valuation/gross cost at 31 March 2019	45,639	154,532	50	7,691	34,469	14,621	140	257,142
Accumulated depreciation at 1 April 2018 - as previously stated	-	4,992	32	-	24,422	9,825	34	39,305
Prior period adjustments	-	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2018 - restated	-	4,992	32	-	24,422	9,825	34	39,305
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	2,800	18	-	1,564	1,281	28	5,691
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(152)	-	-	(152)
Accumulated depreciation at 31 March 2019	-	7,792	50	-	25,834	11,106	62	44,844
Net book value at 31 March 2019	45,639	146,740	-	7,691	8,635	3,515	78	212,298
Net book value at 1 April 2018	47,896	153,481	1,084	1,279	8,124	3,765	102	215,731

Note 16.3 Property, plant and equipment financing - 2019/20

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2020								
Owned - purchased	45,638	74,679	-	16,579	6,141	2,272	117	**145,426**
Finance leased	-	4,910	-	-	1,887	-	-	**6,797**
On-SoFP PFI contracts and other service concession arrangements	-	70,897	-	-	-	-	-	**70,897**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	**-**
Owned - donated	-	878	-	-	204	-	7	**1,089**
NBV total at 31 March 2020	**45,638**	**151,364**	**-**	**16,579**	**8,232**	**2,272**	**124**	**224,209**

Note 16.4 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019								
Owned - purchased	45,639	69,686	-	7,691	6,653	3,515	78	**133,262**
Finance leased	-	4,381	-	-	1,750	-	-	**6,131**
On-SoFP PFI contracts and other service concession arrangements	-	71,777	-	-	-	-	-	**71,777**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	**-**
Owned - donated	-	896	-	-	232	-	-	**1,128**
NBV total at 31 March 2019	**45,639**	**146,740**	**-**	**7,691**	**8,635**	**3,515**	**78**	**212,298**

Note 17 Donations of property, plant and equipment

The GAM 5.90 and 5.91 require trusts to disclose details of any donations of property, plant and equipment received during the year, including any restriction or conditions imposed by the donor.

Note 18 Revaluations of property, plant and equipment

Land, buildings and dwellings were valued in March 2020 by qualified independent valuers Cushman and Wakefield. The assets were revalued on a fair value basis.

In line with the current valuation methodology, buildings have been recategorised as 'blocks' and the various components within each block grouped as one. Each block is considered as an individual item and depreciated over its estimated useful economic life.

Note 20 Investments in associates and joint ventures

	2019/20 £000	2018/19 £000
Carrying value at 1 April - brought forward	-	-
Prior period adjustments		-
Carrying value at 1 April - restated	-	-
Transfers by absorption	-	-
Acquisitions in year	-	-
Share of profit / (loss)	-	-
Net impairments	-	-
Transfers to / from assets held for sale	-	-
Disbursements / dividends received	-	-
Disposals	-	-
Share of Other Comprehensive Income	-	-
Other equity movements	-	-
Carrying value at 31 March	-	-

Note 21 Other investments / financial assets (non-current)

	2019/20 £000	2018/19 £000
Carrying value at 1 April - brought forward	-	-
Prior period adjustments		-
Carrying value at 1 April - restated	-	-
Impact of implementing IFRS 9 on 1 April 2018		-
Transfers by absorption	-	-
Acquisitions in year	-	-
Movement in fair value through income and expenditure	-	-
Movement in fair value through OCI	-	-
Net impairments	-	-
Transfers to / from assets held for sale	-	-
Amortisation at the effective interest rate	-	-
Current portion of loans receivable transferred to current financial assets	-	-
Disposals	-	-
Carrying value at 31 March	-	-

Note 21.1 Other investments / financial assets (current)

	31 March 2020 £000	31 March 2019 £000
Loans receivable within 12 months transferred from non-current financial assets	-	-
Deposits with the National Loans Fund	-	-
Other current financial assets	-	-
Total current investments / financial assets	-	-

Note 22 Inventories

	31 March 2020 £000	31 March 2019 £000
Drugs	1,210	1,081
Work In progress	-	-
Consumables	706	91
Energy	59	39
Other	430	237
Total inventories	**2,405**	**1,448**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £13,321k (2018/19: £13,137k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

Theatres stock accounts for the large variance against last year which was brought onto the balance sheet in 2019/20 with a balance of £585k

Note 23.1 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	38,726	35,842
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(927)	(1,228)
Allowance for other impaired receivables	(1,322)	(1,364)
Deposits and advances	-	-
Prepayments (non-PFI)	2,349	2,603
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	(71)	(71)
VAT receivable	2,314	2,430
Corporation and other taxes receivable	-	-
Other receivables	1,961	2,226
Total current receivables	**43,030**	**40,438**
Non-current		
Contract receivables	-	-
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	-	-
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	491	604
Total non-current receivables	**491**	**604**
Of which receivable from NHS and DHSC group bodies:		
Current	32,102	33,277
Non-current	-	-

Note 23.2 Allowances for credit losses

	2019/20		2018/19	
	Contract receivables and contract assets £000	All other receivables £000	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April - brought forward	**1,228**	**1,364**	**-**	**2,177**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**1,228**	**1,364**	**-**	**2,177**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018			1,210	(1,210)
Transfers by absorption	**-**	**-**	-	-
New allowances arising	-	841	18	397
Changes in existing allowances	-	-	-	-
Reversals of allowances	(301)	(874)	-	-
Utilisation of allowances (write offs)	-	(9)	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 Mar 2020	**927**	**1,322**	**1,228**	**1,364**

Note 24 Other assets

	31 March 2020 £000	31 March 2019 £000
Current		
EU emissions trading scheme allowance	-	-
Other assets	-	-
Total other current assets	-	-
Non-current		
Net defined benefit pension scheme asset	-	-
Other assets	-	-
Total other non-current assets	-	-

Note 25.1 Non-current assets held for sale and assets in disposal groups

	2019/20 £000	2018/19 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	-
Prior period adjustment		-
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	-	-
Transfers by absorption	-	-
Assets classified as available for sale in the year	-	-
Assets sold in year	-	-
Impairment of assets held for sale	-	-
Reversal of impairment of assets held for sale	-	-
Assets no longer classified as held for sale, for reasons other than sale	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	-

Note 25.2 Liabilities in disposal groups

	31 March 2020 £000	31 March 2019 £000
Categorised as:		
Provisions	-	-
Trade and other payables	-	-
Other	-	-
Total	-	-

Note 26.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019/20 £000	2018/19 £000
At 1 April	**25,165**	**4,051**
Prior period adjustments		-
At 1 April (restated)	**25,165**	**4,051**
At start of period for new FTs	**-**	**-**
Transfers by absorption	-	-
Net change in year	2,219	21,114
At 31 March	**27,384**	**25,165**
Broken down into:		
Cash at commercial banks and in hand	64	60
Cash with the Government Banking Service	27,320	7,105
Deposits with the National Loan Fund	-	18,000
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**27,384**	**25,165**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**27,384**	**25,165**

Note 26.2 Third party assets held by the trust

The Whittington Health NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020 £000	31 March 2019 £000
Bank balances	7	7
Monies on deposit	-	-
Total third party assets	**7**	**7**

Note 27.1 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	27,606	10,857
Capital payables	4,839	5,620
Accruals	9,489	14,965
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
Social security costs	3,014	2,811
VAT payables	-	-
Other taxes payable	2,620	2,530
PDC dividend payable	74	(185)
Other payables	3,861	4,016
Total current trade and other payables	**51,503**	**40,614**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	13,296	6,469
Non-current	-	-

Note 27.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2020 £000	31 March 2020 Number	31 March 2019 £000	31 March 2019 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 28 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	2,706	281
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Total other current liabilities	**2,706**	**281**
Non-current		
Deferred income: contract liabilities	-	-
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Net pension scheme liability	-	-
Total other non-current liabilities	**-**	**-**

Note 29.1 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Bank overdrafts	-	-
Drawdown in committed facility	-	-
Loans from DHSC	27,437	27,445
Other loans	-	-
Obligations under finance leases	313	1,185
Obligations under PFI, LIFT or other service concession contracts	1,195	1,146
Total current borrowings	**28,945**	**29,776**
Non-current		
Loans from DHSC	1,972	2,128
Other loans	-	-
Obligations under finance leases	186	186
Obligations under PFI, LIFT or other service concession contracts	23,988	25,228
Total non-current borrowings	**26,146**	**27,542**

Note 29.2 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2019	**29,573**	**-**	**1,371**	**26,374**	**57,318**
Cash movements:					
Financing cash flows - payments and receipts of principal	(164)	-	(872)	(1,192)	**(2,228)**
Financing cash flows - payments of interest	(472)	-	(202)	(1,653)	**(2,327)**
Non-cash movements:					
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	472	-	202	1,654	**2,328**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Early terminations	-	-	-	-	**-**
Other changes	-	-	-	-	**-**
Carrying value at 31 March 2020	**29,409**	**-**	**499**	**25,183**	**55,091**

Note 29.3 Reconciliation of liabilities arising from financing activities - 2018/19

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2018	**29,682**	**-**	**2,322**	**26,639**	**58,643**
Prior period adjustment	-	-	-	-	-
Carrying value at 1 April 2018 - restated	**29,682**	**-**	**2,322**	**26,639**	**58,643**
Cash movements:					
Financing cash flows - payments and receipts of principal	(164)	-	(869)	(1,159)	**(2,192)**
Financing cash flows - payments of interest	(339)	-	(201)	(2,577)	**(3,117)**
Non-cash movements:					
Impact of implementing IFRS 9 on 1 April 2018	55	-	-	-	**55**
Transfers by absorption	-	-	-	-	**-**
Additions	-	-	-	-	**-**
Application of effective interest rate	394	-	201	1,600	**2,195**
Change in effective interest rate	-	-	-	-	**-**
Changes in fair value	-	-	-	-	**-**
Early terminations	-	-	-	-	**-**
Other changes	(55)	-	(82)	1,871	**1,734**
Carrying value at 31 March 2019	**29,573**	**-**	**1,371**	**26,374**	**57,318**

Note 30 Other financial liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total current other financial liabilities	**-**	**-**
Non-current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total non-current other financial liabilities	**-**	**-**

Note 31 Finance leases

Note 31.1 The Whittington Health NHS Trust as a lessor

Future lease receipts due under finance lease agreements where the trust is the lessor:

	31 March 2020 £000	31 March 2019 £000
Gross lease receivables	-	-
of which those receivable:		
- not later than one year;	-	-
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Unearned interest income	-	-
Allowance for uncollectable lease payments	-	-
Net lease receivables	-	-
of which those receivable:		
- not later than one year;	-	-
- later than one year and not later than five years;	-	-
- later than five years.	-	-
The unguaranteed residual value accruing to the lessor	-	-
Contingent rents recognised as income in the period	-	-

Note 31.2 The Whittington Health NHS Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	31 March 2020 £000	31 March 2019 £000
Gross lease liabilities	2,346	3,439
of which liabilities are due:		
- not later than one year;	981	981
- later than one year and not later than five years;	757	1,831
- later than five years.	608	627
Finance charges allocated to future periods	(1,847)	(2,068)
Net lease liabilities	499	1,371
of which payable:		
- not later than one year;	313	1,185
- later than one year and not later than five years;	1	1
- later than five years.	185	185
Total of future minimum sublease payments to be received at the reporting date	-	-
Contingent rent recognised as expense in the period	-	-

The Trust leases the Stroud Green Health Centre. The lease started in 1993 and is scheduled to last for 125 years. The Trust's main finance lease is for imaging equipment through the Managed Equipment Service contractor, Althea. This arrangement started in 2007 and is currently scheduled to run until 2027.

Note 32.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Re-structuring £000	Equal Pay (including Agenda for Change) £000	Redundancy £000	Other £000	Total £000
At 1 April 2019	839	-	45	-	-	-	991	1,875
At start of period for new FTs	-	-	-	-	-	-	-	-
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	-	-	-	-	-	-	-	-
Arising during the year	117	96	38	-	-	-	-	251
Utilised during the year	(184)	(28)	(8)	-	-	-	(55)	(275)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	(33)	-	-	-	-	-	(207)	(240)
Unwinding of discount	-	-	-	-	-	-	-	-
At 31 March 2020	739	68	75	-	-	-	729	1,611
Expected timing of cash flows:								
- not later than one year;	184	28	75	-	-	-	192	479
- later than one year and not later than five years;	555	40	-	-	-	-	-	595
- later than five years.	-	-	-	-	-	-	537	537
Total	739	68	75	-	-	-	729	1,611

Other provisions include:
1. potential employer's liability in relation to HMRC.
2. ongoing and potential employment tribunal cases. The employment tribunal provision represents management's estimate (and that of our legal advisers) of liability based on experience.
3. potential dilapidations from the transfer of leased estates back to the lessor.

Note 32.2 Clinical negligence liabilities

At 31 March 2020, £120,134k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of The Whittington Health NHS Trust (31 March 2019: £121,917k).

Note 33 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	-
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	**-**	**-**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**-**	**-**
Net value of contingent assets	**1,962**	**-**

Note 34 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	2,993	10,624
Intangible assets	128	4,754
Total	**3,121**	**15,378**

Note 35 Other financial commitments

The trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	31 March 2020 £000	31 March 2019 £000
not later than 1 year	-	-
after 1 year and not later than 5 years	-	-
paid thereafter	-	-
Total	**-**	**-**

Note 36.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2019/20 £000	2018/19 £000
Present value of the defined benefit obligation at 1 April	-	-
Prior period adjustment		-
Present value of the defined benefit obligation at 1 April - restated	-	-
Transfers by absorption	-	-
Current service cost	-	-
Interest cost	-	-
Contribution by plan participants	-	-
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	-	-
Benefits paid	-	-
Past service costs	-	-
Business combinations	-	-
Curtailments and settlements	-	-
Present value of the defined benefit obligation at 31 March	-	-
Plan assets at fair value at 1 April	-	-
Prior period adjustment		-
Plan assets at fair value at 1 April -restated	-	-
Transfers by normal absorption	-	-
Interest income	-	-
Remeasurement of the net defined benefit (liability) / asset:		
- Return on plan assets	-	-
- Actuarial gain / (losses)	-	-
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	-	-
Contributions by the employer	-	-
Contributions by the plan participants	-	-
Benefits paid	-	-
Business combinations	-	-
Settlements	-	-
Plan assets at fair value at 31 March	-	-
Plan surplus/(deficit) at 31 March	-	-

Note 36.2 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

	31 March 2020 £000	31 March 2019 £000
Present value of the defined benefit obligation	-	-
Plan assets at fair value	-	-
Net defined benefit (obligation) / asset recognised in the SoFP	-	-
Fair value of any reimbursement right	-	-
Net (liability) / asset after the impact of reimbursement rights	-	-

Note 36.3 Amounts recognised in the SoCl

	2019/20	2018/19
	£000	£000
Current service cost	-	-
Interest expense / income	-	-
Past service cost	-	-
Gains/(losses) on curtailment and settlement	-	-
Total net (charge) / gain recognised in SOCI	**-**	**-**

Note 37 On-SoFP PFI, LIFT or other service concession arrangements

Blocks A and L of the Trust's sites are provided under a PFI arrangement and were brought onto the balance sheet in 2007.

Note 37.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2020 £000	31 March 2019 £000
Gross PFI, LIFT or other service concession liabilities	**36,266**	**38,618**
Of which liabilities are due		
- not later than one year;	2,440	2,504
- later than one year and not later than five years;	10,425	10,185
- later than five years.	23,401	25,929
Finance charges allocated to future periods	(11,083)	(12,244)
Net PFI, LIFT or other service concession arrangement obligation	**25,183**	**26,374**
- not later than one year;	1,195	1,146
- later than one year and not later than five years;	5,854	5,374
- later than five years.	18,134	19,854

Note 37.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2020 £000	31 March 2019 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**99,017**	**104,653**
Of which payments are due:		
- not later than one year;	5,778	5,637
- later than one year and not later than five years;	24,593	23,992
- later than five years.	68,646	75,024

Note 37.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2019/20 £000	2018/19 £000
Unitary payment payable to service concession operator	**5,754**	**5,560**
Consisting of:		
- Interest charge	1,654	1,600
- Repayment of balance sheet obligation	1,192	1,153
- Service element and other charges to operating expenditure	1,133	1,089
- Capital lifecycle maintenance	765	741
- Revenue lifecycle maintenance	-	-
- Contingent rent	1,010	977
- Addition to lifecycle prepayment	-	-
Other amounts paid to operator due to a commitment under the service concession contract but not part of the unitary payment	-	-
Total amount paid to service concession operator	**5,754**	**5,560**

Note 38 Off-SoFP PFI, LIFT and other service concession arrangements

The Whittington Health NHS Trust incurred the following charges in respect of off-Statement of Financial Position PFI and LIFT arrangements:

	31 March 2020 £000	31 March 2019 £000
Charge in respect of the off SoFP PFI, LIFT or other service concession arrangement for the period	**-**	**-**
Commitments in respect of off-SoFP PFI, LIFT or other service concession arrangements:		
- not later than one year;	-	-
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Total	**-**	**-**

Note 39 Financial instruments

Note 39.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups (CCGs) and the way those CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement.
The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCGs, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 39.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Carrying values of financial assets as at 31 March 2020	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non financial assets	37,877	-	-	**37,877**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	27,384	-	-	**27,384**
Total at 31 March 2020	**65,261**	**-**	**-**	**65,261**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non financial assets	34,257	-	-	**34,257**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	25,165	-	-	**25,165**
Total at 31 March 2019	**59,422**	**-**	**-**	**59,422**

Note 39.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Loans from the Department of Health and Social Care	29,409	-	**29,409**
Obligations under finance leases	499	-	**499**
Obligations under PFI, LIFT and other service concession contracts	25,183	-	**25,183**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	40,792	-	**40,792**
Other financial liabilities	-	-	**-**
Provisions under contract	680	-	**680**
Total at 31 March 2020	**96,563**	**-**	**96,563**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Loans from the Department of Health and Social Care	29,573	-	**29,573**
Obligations under finance leases	1,371	-	**1,371**
Obligations under PFI, LIFT and other service concession contracts	26,374	-	**26,374**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	34,331	-	**34,331**
Other financial liabilities	-	-	**-**
Provisions under contract	1,032	-	**1,032**
Total at 31 March 2019	**92,681**	**-**	**92,681**

Note 39.4 Maturity of financial liabilities

	31 March 2020 £000	31 March 2019 £000
In one year or less	69,629	63,210
In more than one year but not more than two years	1,373	2,029
In more than two years but not more than five years	5,195	6,080
In more than five years	20,366	21,362
Total	**96,563**	**92,681**

Note 40 Losses and special payments

	2019/20		2018/19	
	Total number of cases **Number**	**Total value of cases** **£000**	**Total number of cases** **Number**	**Total value of cases** **£000**
Losses				
Cash losses	4	9	18	18
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	-	-	33	29
Stores losses and damage to property	-	-	-	-
Total losses	**4**	**9**	**51**	**47**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	-	-	-	-
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**-**	**-**	**-**	**-**
Total losses and special payments	**4**	**9**	**51**	**47**
Compensation payments received		-		-

Note 41 Related parties

During the year no Trust Board members or members of key management staff, or parties related to them, has undertaken any material transactions with the Trust.

Dr Sarah Humphery is both Executive Medical Director for Integrated Care for the Trust and a GP with Goodinge Group Practice. In 2019-20. The Trust had no transactions with Goodinge Group Practice and no balances outstanding in 2019-20.

David Holt was a non-executive director at the Trust and also at Tavistock and Portman NHS FT. He left the Trust on the 31/12/19. The Trust's balances and transactions with Tavistock and Portman were as follows: income £35k, expenditure £110k, debtors £0, creditors £166k.

The Department of Health is considered a related party. During the year the Trust has had a significant number of material transactions with the Department and with other entities for which the Department is the parent Department. Below are the material transactions within the DHSC group.

	Income (£000s)	Expenditure (£000s)	Receivables (£000s)	Payables (£000s)
NHS Islington CCG	113,906	208	6,322	827
NHS Haringey CCG	99,786	5	6,639	752
NHS England	37,908	40	10,214	21
Health Education England	15,703	0	571	15
NHS Barnet CCG	14,481	0	2,233	205
NHS Camden CCG	11,443	16	773	120
NHS Enfield CCG	5,931	0	497	108
NHS City and Hackney CCG	5,354	0	0	135
Royal Free London NHS Foundation Trust	3,512	2,112	3,155	3,119
University College London Hospitals NHS Foundation Trust	1,422	1,605	1,241	2,194
NHS Brent CCG	1,225	0	284	7
North Middlesex University Hospital NHS Trust	1,061	207	547	378
Camden and Islington NHS Foundation Trust	1,032	1,384	680	1,245
Community Health Partnerships	0	4,035	0	1,308
Barnet, Enfield And Haringey Mental Health NHS Trust	36	1,031	63	1,087

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of the material transactions have been with:

	Income (£000s)	Expenditure	Debtors (£000s)	Creditors
London Borough of Islington	7,163	2,480	1,333	696

Note 42 Prior period adjustments

No adjustments have been made to prior period audited figures.

Note 43 Events after the reporting date

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers. Outstanding interim loans totalling £27.2m as at 31 March 2020 in these financial statements have been classified as current as they will be repayable within 12 months.

Note 44 Better Payment Practice code

Non-NHS Payables	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Total non-NHS trade invoices paid in the year	61,498	161,569	65,436	138,751
Total non-NHS trade invoices paid within target	55,836	143,924	56,233	129,821
Percentage of non-NHS trade invoices paid within target	90.8%	89.1%	85.9%	93.6%
NHS Payables				
Total NHS trade invoices paid in the year	3,856	12,400	5,821	17,965
Total NHS trade invoices paid within target	3,043	6,741	4,160	8,671
Percentage of NHS trade invoices paid within target	78.9%	54.4%	71.5%	48.3%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 45 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2019/20 £000	2018/19 £000
Cash flow financing	1,220	(21,294)
Finance leases taken out in year	-	-
Other capital receipts	-	-
External financing requirement	**1,220**	**(21,294)**
External financing limit (EFL)	1,220	(10,021)
Under / (over) spend against EFL	**-**	**11,273**

Note 46 Capital Resource Limit

	2019/20 £000	2018/19 £000
Gross capital expenditure	18,376	14,648
Less: Disposals	-	(6,324)
Less: Donated and granted capital additions	-	(1,000)
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**18,376**	**7,324**
Capital Resource Limit	18,683	10,700
Under / (over) spend against CRL	**307**	**3,376**

Note 47 Breakeven duty financial performance

	2019/20 £000
Adjusted financial performance surplus / (deficit) (control total basis)	50
Remove impairments scoring to Departmental Expenditure Limit	-
Add back income for impact of 2018/19 post-accounts PSF reallocation	431
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	1,087
Breakeven duty financial performance surplus / (deficit)	**1,568**

Note 48 Breakeven duty rolling assessment

	1997/98 to 2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000
Breakeven duty in-year financial performance		139	508	1,120	3,614	1,165
Breakeven duty cumulative position	3,971	4,110	4,618	5,738	9,352	10,517
Operating income		176,853	186,300	278,212	281,343	297,397
Cumulative breakeven position as a percentage of operating income		2.3%	2.5%	2.1%	3.3%	3.5%

	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000
Breakeven duty in-year financial performance	(7,342)	(14,788)	(3,670)	6,158	29,362	1,568
Breakeven duty cumulative position	3,175	(11,613)	(15,283)	(9,126)	20,237	21,805
Operating income	295,007	294,211	309,255	323,394	348,646	350,183
Cumulative breakeven position as a percentage of operating income	1.1%	(3.9%)	(4.9%)	(2.8%)	5.8%	6.2%

Meeting title	Trust Board – public meeting	Date: 24 June 2020
Report title	**NHS provider licence self-certification**	Agenda item: 17
Executive lead	Jonathan Gardner, Director of Strategy, Development & Corporate Affairs	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	NHS trusts are required annually to self-certify that they can: • meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012 • have regard to NHS Constitution requirements); and • that they have complied with governance requirements. This year, there has been no formal direction from NHSI on the self-certification. However, it is good practice to do so and provides evidence for well led reviews. NHS Trust Boards are now no longer required to submit the declarations to NHS Improvement but need to publish the agreed self-certifications on their web pages. Whittington Health intends to make positive confirmations on all the required declarations. The Executive Team has reviewed evidence in support of self-certification and recommends the trust declares compliance with the two conditions, based on the available guidance.	
Purpose:	Approval	
Recommendation(s)	The Trust Board is asked to: i. approve the positive compliance statements for the annual self-certification against NHS provider licence conditions G6 and FT4 contained in the self-certification statement at paragraph 2.2, the Table 1 at paragraph 2.7 and paragraph 3.1; ii. review the assurance evidence for these conditions; and iii. agree delegated authority for the Chief Executive and Chair to sign off the final declarations by 30 June 2020 to be published on the Trust's web pages.	
BAF	All entries	
Report history	Annual self-certification report to Board; Executive Team June 2020; Trust Management Group, 23 June 2020	
Appendices	Appendix 1 – Self-certification assurance evidence for condition G6(3) Appendix 2 – Self-certification assurance evidence for condition FT4(8)	

NHS provider licence self-certification

1. Background

1.1 Although NHS trusts are exempt from needing to comply with the provider licence, directions from the Secretary of State for Health & Social Care requires NHS Improvement to ensure that NHS trusts comply with conditions equivalent to the licence, as it deems appropriate.

1.2 NHS Improvement requires NHS trusts to self-certify on an annual basis whether or not they have:

NHS licence provider condition	Self-certification requirement
Condition G6(3)	The provider has taken all precautions necessary to comply with the Licence, NHS Acts and NHS Constitution
Condition FT4(8)	The provider has complied with required governance arrangements

1.3 NHS Improvement's guidance states there is no set process for assurance, or how conditions are met and it is at providers' discretion as to how this is carried out.

1.4 The aim of the self-certification process is for providers to carry out assurance that they are in compliance with the licence conditions and for the Board to clearly understand the Trust's position.

1.5 The Board of Directors are asked to self-certify the Trust's compliance with Conditions G6(3) and FT4(8) and to review the evidence of assurance in support of these two self-certifications contained in the respective appendices.

2. Key issues

NHS provider licence conditions

2.1 Condition G6 requires providers to:

- have effective processes and systems in place that identify risks to compliance with the conditions of the provider licence, any requirements imposed on it under the NHS Acts, and the requirement to have regard to the NHS Constitution in providing health care services;
- take reasonable mitigating actions to prevent those risks and a failure to comply from occurring; and
- annually review, whether these processes and systems are effective.

2.2 The Board of Directors are invited to review the requirements of Condition G6 and confirm, or not confirm, the following self-certification statement:

> *Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.*
>
> NB: Paragraph 2(b) of licence condition G6 sets out the requirement for the Licensee to regularly review that processes and systems have been implemented and are effective

2.3   If not confirmed, the Board should agree an explanation that can be provided for the non-compliance.

2.4   Appendix 1 provides a range of assurance evidence in support of compliance with the general licence conditions. In making their declaration, the Board of Directors should take into account, in particular, the Annual Governance Statement as set out in the Annual Report 2019/20 which describes the Trust's system of internal control and the processes in place to identify, prioritise and evaluate risks to the achievement of the Trust's policies, aims and objectives and to manage any risks efficiently, effectively and economically. Key elements of the system of internal control include the Trust's Risk Management strategy, Board assurance through the Board committee structure and associated reporting lines, the Quality Improvement strategy, the annual business planning process and the Trust's approach to performance management.

2.5   Feedback from internal and external audit are also key sources of assurance on the Trust's compliance with its obligations. At the May 2020 meeting of the Audit & Risk Committee, the Trust received the Head of (Internal) Audit opinion on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes for the financial year 2019/20. The overall opinion was that partial assurance can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. Action is already being taken on areas identified for improvement by internal audit e.g. the Board's risk appetite was agreed at the June Board 2019 meeting.

Trust governance arrangements

2.6   Condition FT4 requires providers to review whether their governance systems meet the standards and objectives in the condition; compliance requires effective Board and Committee structures, reporting lines and performance and risk management systems.

2.7   The following table (Table 1) outlines the requirements of Condition FT4. To self-certify, the Board are invited to confirm compliance, or otherwise, as at the date of the Board's review and for the future financial year (2019/20). A proposed response to each requirement ('confirmed'/'not confirmed') is set out

in Table 1, along with any identified risks and mitigating actions. A summary of the evidence to support the proposed responses is provided in appendix 2.

Table 1 – Proposed self-certification responses

Condition FT4 key statement	Response	Risks/mitigating actions
1. The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	The Trust is implementing internal audit recommendations.
2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Confirmed	Minimal risk – see Board Assurance Framework (BAF)
3. The Board is satisfied that the Trust implements: a) Effective Board and committee structures b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and c) Clear reporting lines and accountabilities throughout the organisation.	Confirmed	Minimal risk – see BAF
4. The Board is satisfied that the Trust effectively implements systems and/or processes: a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board (now NHS England) and statutory regulators of health care professions; d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and h) To ensure compliance with all applicable legal	Confirmed	Minimal risk – see BAF

Condition FT4 key statement	Response	Risks/mitigating actions
requirements.		
5. The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; c) The collection of accurate, comprehensive, timely and up to date information on quality of care; d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	Minimal risk – see BAF
6. The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	Minimal risk – see BAF

3.   Proposed self-certification
3.1   The proposed self-certification for the trust is shown below:

NHS provider license condition	Confirmed	Not confirmed
Condition G6(3) – the provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution	Yes	
Condition FT4(8) – the provider has complied with required governance arrangements	Yes	

4.   Conclusion
4.1   The requirements of the NHS provider licence have been reviewed from corporate governance, finance and performance perspectives by the Executive Team and are deemed to have been met, as highlighted in appendices 1 and 2.

5.   Recommendations

5.1   The Trust Board is asked to:

i.   approve the positive compliance statements for the annual self-certification against NHS provider licence conditions G6 and FT4 contained in the self-certification statement at paragraph 2.2 , the Table 1 at paragraph 2.7 and paragraph 3.1;

ii.   review the assurance evidence for these conditions; and

iii.   agree delegated authority for the Chief Executive and Chair to sign off the final declarations by 30 June 2020 to be published on the Trust's web pages.

Appendix 1: Self-certification assurance evidence for condition G6(3) – compliance with provider licence conditions

Section 1: General licence conditions

No.	Licence condition	Explanation	Board assurance/evidence
G1	Provision of information	Licensees are required to provide NHS Improvement with any information they may require for licensing functions	The Trust has robust data collection and validation processes and has a good track record of producing and submitting large amounts of accurate, complete and timely information to regulators and other third parties to meet specific requirements.
G2	Publication of information	Licensees have an obligation to publish such information as NHS Improvement may require, in a manner that is accessible to the public	The Trust is committed to operating in an open and transparent manner and is working to strengthen and develop this aspect of the Trust's governance as a corporate priority. The Board meets in public and will continue to undertake the vast majority of Trust business in public meetings; agendas, minutes and associated papers are published on our website. The Trust website contains a variety of information and referral point details providing advice to the public and referrers who may require further information about services. Copies of the Trust's Annual Report and Accounts and Quality Account are routinely published on the website.
G3	Payment of fees to NHS Improvement	The Health & Social Care Act (2012) gives NHS Improvement the ability to charge fees each financial year and licensees are obliged to pay them upon request	No decision has yet been made by NHS Improvement to charge fees, however, any obligation to pay fees and will be accounted for within the Trust's financial planning.

No.	Licence condition	Explanation	Board assurance/evidence
			The Trust does also pay fees to other parties such as the Care Quality Commission and NHS Resolution.
G4	Fit and proper persons	This condition prevents licensees from allowing unfit persons to become or to continue as directors	All Trust Directors are required to sign an annual declaration that they are a fit and proper person, in line with organisational policy and good evidence for compliance with well-led arrangements.
G5	NHS Improvement guidance	Licensees are required to pay due regard to any guidance issued by NHS Improvement	The Trust has had regard to NHSI guidance through submission of required annual and quarterly declarations, annual self-certifications and annual workforce race equality standard submissions and also when developing its annual operational and capital plans.
G6	Systems for compliance with licence conditions and regulated obligations	Licensees are expected to take all reasonable precautions against the risk of failure to comply with the licence and other important requirements	The Trust has an approved risk management strategy in place which sets out its approach to identifying, managing and escalating risks. The strategy is reviewed annually. It also has a comprehensive and recently-reviewed Board Assurance Framework. The effective management of risks is monitored by the Trust Management Group, respective Board Committees for relevant risks and also the Trust Board.
G7	Registration with the Care Quality Commission (CQC)	Providers are required to be registered with the CQC and to notify NHS Improvement if registration is cancelled	The Trust is registered with the CQC for the services it provides and has no current enforcement notices in place. The Trust's 2019/20 inspection and review by the CQC resulted in Whittington Health maintaining its overall Good rating.
G8	Patient eligibility and selection criteria	Licence holders are required to set transparent eligibility and selection criteria for patients and to apply these in a transparent manner	The Trust publishes descriptions of the services it provides on the Trust website. Eligibility is defined through commissioners' contracts and is clear the on choose and book electronic / referral system.
G9	Continuity of services	This condition applies to all licensees. It sets out the conditions under which a	Similar to the previous Mandatory Services, Commissioner Requested Services continue to be set

No.	Licence condition	Explanation	Board assurance/evidence
		service will be designated as a Commissioner Requested Service. Licensees are required to notify NHSI at least 28 days prior to the expiry of a contractual obligation if no renewal or extension has been agreed. Licensees are required to continue to provide the service on expiry of the contract until NHSI issues a direction to continue service provision for a specified period or is advised otherwise. Services shall cease to be Commissioner Requested Services (CRS) if: • commissioners agree in writing that there is no longer a service need and the regulator has issued a determination in writing that the service is no longer a CRS; • three years have elapsed since the 1 April 2013 or one year has elapsed since the commencement of the license, whichever is the latter; or • the contract to provide a service has expired and the direction notice issued by NHSI specifying a further period of provision has expired. • Licences are required under this Condition, to notify NHSI of any changes in the description and quantity of services which they are under contractual or legal obligation	within the contracts agreed with commissioners which are reviewed annually as part of the annual planning and contract negotiation process. No services are formally designated as Commissioner Requested Services under the terms of the License and the Trust commits to notifying NHSI as per this condition. The Trust has strong working relationships with its commissioning (and provider) partners within the local health economy. This was especially evidenced by collaborative working as part of the sector's response to the covid-19 pandemic. The Board has a director responsible for leading on contract negotiations and Chair and executive team continually work on developing and improving stakeholder engagement. The Trust has a strong track record of delivering service transformation, efficiency and quality improvement to meet the needs of the local population to help them live longer, healthier lives.

No.	Licence condition	Explanation	Board assurance/evidence
		to provide.	

Section 2: Pricing

No.	Licence condition	Explanation	Board assurance/evidence
P1	Recording of information	Under this condition, NHSI may oblige licensees to record information, particularly information about their costs, in line with published guidance.	The Trust notes this condition. The Trust records all of its information about costs in line with current guidance and would comply fully with any new guidance.
P2	Provision of information	Having recorded the information in line with Pricing condition 1 above, licensees can then be required to submit this information to NHSI.	The Trust notes this condition. The Trust intends to comply fully with any new requirements to submit information to NHSI.
P3	Assurance report on submissions to NHSI	When collecting information for price setting, it will be important that the submitted information is accurate. This condition allows NHSI to oblige licensees to submit an assurance report confirming that the information that they have provided is accurate.	The Trust would comply with this condition, as the requirement arose.
P4	Compliance with the national tariff	The Health and Social Care Act 2012 requires commissioners to pay providers a price which complies with, or is determined in accordance with, the national tariff for NHS health care services. This licence condition imposes a similar obligation on licensees, i.e. the obligation to charge for NHS health care services in line with the national tariff.	The Trust complies with this condition through either following national tariff guidance or local tariff arrangements, agreed with commissioners and reported appropriately.
P5	Constructive engagement concerning local tariff modifications	The Act allows for local modifications to prices. This licence condition requires licence holders to engage constructively with commissioners, and to try to reach agreement locally, before applying to NHSI for a modification.	The Trust complies with this condition and engages actively and constructively with its respective commissioners.

Section 3: Choice and competition

No.	Licence condition	Explanation	Board assurance/evidence
C1	Patient Choice	This condition protects patients" rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider. This condition applies wherever patients have a choice under the NHS Constitution, or where a choice has been conferred locally by commissioners.	The Trust complies with guidance through its policies and procedures and has made information available via the Choose and Book directory of services, NHS Choices and its website.
C2	Competition Oversight	This condition prevents providers from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users. It also prohibits licensees from engaging in other conduct that has the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	No compliance issues have been identified. All licensed provider organisations will be treated as "undertakings" under the terms of the Competition Act 1998. This means that all licensed providers will be deemed to be organisations engaging in an "economic activity" for which the provisions of the Competition Act will apply. Licensed providers therefore need to comply with the Competition Act. The Board and Executive Management team has access to expert legal advice to ensure compliance with this condition.

Section 4: Integrated Care

No.	Licence condition	Explanation	Board assurance/evidence
IC1	Enable the provision of integrated care	The licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care	The Trust is an active participant in the local north central London health economy and is working in partnership with commissioners and providers to take forward models of integrated care such as the NCL STP. Integrated care

No.	Licence condition	Explanation	Board assurance/evidence
			remains a core element of the Trust's 2019/24 strategy and has a strong track record of working on integrated care pathways with other providers.

Section 5: Continuity of services

No.	Licence condition	Explanation	Board assurance/evidence
COS1	Continuing provision of Commissioner Requested Services	This condition prevents licensees from ceasing to provide Commissioner Requested Services, or from changing the way in which they provides Commissioner Requested Services, without the agreement of relevant commissioners.	The Trust complies with this condition – see G9 above.
COS2	Restriction on the disposal of assets	This licence condition ensures that licensees keep an up to date register of relevant assets used in the provision of Commissioner Requested Services. It also creates a requirement for licensees to obtain NHSI"s consent before disposing of these assets when there are concerns about the ability of the licensee to carry on as a going concern.	The Trust maintains a capital asset register for all depreciable assets, a register of all its contracts and a property and property leases' register.
COS3	Standards of Corporate Governance and Financial Management	This condition requires licensees to have due regard to adequate standards of corporate governance and financial management. The Risk Assessment Framework will be utilised by NHSI to determine compliance	The Trust has an overarching corporate governance framework through its standing orders, standing financial instructions and reservation of powers to the Board and those it has delegated. The Trust has well developed systems of corporate and financial risk management as evidenced by the annual governance statement, head of internal audit opinion, 2019/20 CQC inspection (well-led), internal and external audit reports.

No.	Licence condition	Explanation	Board assurance/evidence
COS4	Undertaking from the ultimate controller	This condition requires licensees to put in place a legally enforceable agreement with their „ultimate controller" to stop ultimate controllers from taking any action that would cause licensees to breach the license conditions. This is best described as a „parent/subsidiary company" arrangement. **If no such controlling arrangements exist then this condition would not apply.** Should a controlling arrangement come into being, the ultimate controller will be required to put in place arrangements to protect the assets and services within 7 days.	Not applicable – this licence condition does not apply as the Trust is a public benefit organisation and neither operates nor is governed by an ultimate controller arrangement
COS5	Risk pool levy	This licence condition obliges licensees to contribute, if required, towards the funding of the „risk pool" – this is like an assurance mechanism to pay for vital services if a provider fails.	The regulatory risk pool has not yet arisen. The Trust currently contributes to the NHS Resolution risk pool for clinical negligence, property expenses and public liability schemes.
COS6	Co-operation in the event of financial distress	This licence condition applies when a licensee fails a test of sound finances, and obliges the licensee to cooperate with NHSI and any of its appointed persons in these circumstances in order to protect services for patients.	Financial performance is monitored by the Board, Finance & Business Development and Trust Management Committees and by NHS Improvement. The latter has assessed the Trust as in segment two of the Single Operating Framework.
COS7	Availability of Resources	This licence condition requires licensees to act in a way that secures access to the resources needed to operate Commissioner Requested Services.	The Trust has forward plans and contract agreements with commissioners which cover this condition. A going concern assessment is made annually as part of the external audit review of the annual report and accounts.

Section 6: Foundation Trust conditions (NHS trusts are asked by NHSI to demonstrate how they would comply with this condition even if they are not yet Foundation Trusts)

No.	Licence condition	Explanation	Board assurance/evidence
FT1	Information to update the register of NHS Foundation Trusts.	This licence condition ensures that NHS Foundation Trusts provide required documentation to NHSI. NHS Foundation Trust Licensees are required to provide NHSI with: • a current Constitution; • the most recently published Annual Accounts and Auditor's report; • the most recently published Annual Report; and • a covering statement for submitted documents.	The Trust has a record of compliance with provided regulators with required information. Through the Audit & Risk Committee, the Board monitors the preparation and submission of the Annual Accounts, Auditor's report and the Annual Report.
FT2	Payment to NHSI in respect of registration and related costs.	If NHSI moves to funding by collecting fees, they may use this licence condition to charge additional fees to NHS Foundation Trusts to recover the costs of registration.	If NHSI required fees to be paid by the Trust, it would comply with such a condition.
FT3	Provision of information to advisory panel.	The Act gives NHSI the ability to establish an advisory panel that will consider questions brought by governors. This licence condition requires NHS Foundation Trusts to provide the information requested by an advisory panel.	Not applicable – the advisory panel has been dissolved by NHSI.
FT4	NHS Foundation Trust Governance arrangements.	This condition will enable NHSI to continue oversight of governance of NHS Foundation Trusts. In summary, licensees are required to: • have systems and processes and standards	See COS3 above also. This Trust complies with this condition as demonstrated through the annual governance statement. See fuller details of assurance/evidence

No.	Licence condition	Explanation	Board assurance/evidence
		of good corporate governance; • have regard for the guidance published by NHSI; • have effective Board Committee Structures • have clear accountabilities and reporting lines throughout the organisation and maintain appropriate capacity and capability of the Board; • comply with healthcare standards; • have effective financial management, control and decision making; and • maintain accurate information.	provided in appendix 2 overleaf.

Appendix 2: Self-certification assurance evidence for condition FT4(8) – compliance with provider licence conditions

NB: *A number of the items of evidence identified cut across the key statements and the evidence list itself is not exhaustive.*

Key statement	Evidence
1. The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	- Achieved an overall 'Good' rating following the last CQC core service inspection (2019/20) - Annual review of Board Committee terms of reference, standing orders, standing financial instructions and scheme of delegation - Annual Governance Statement, approved by Audit Committee, May 2020 - Partial assurance from the annual Head of Internal Audit opinion - An unqualified external audit opinion on the 2019/20 financial accounts and clean opinions with regard to use of resources, the content of the Quality Account - The Board reviewed the content and structure of the Board Assurance Framework (BAF) and strengthened this to better align with strategic objectives highlighted in the revised 2019/24 Whittington Health strategy, with the focus of Board attention, clarify ownership of risks and enable increased transparency and assurance and communication of its risk appetite - Quarterly review of the Corporate Risk Register by the Quality Committee - Risk management training provided for all new starters and Trust-wide training needs analysis identifies risk management training requirements for specific staff groups (appropriate to grade, role and location) - Annual programme of internal audit – reflective of the risks identified on the Board Assurance Framework overseen by Audit & Risk Committee - Annual clinical audit programme overseen by Quality Committee - Compliance with the requirements of the Data Protection & Security Toolkit, as reported in the Quality Account - Mechanisms in place for enabling sharing of lessons learned and review of Serious Incidents - Board of Directors' monthly review of Board Performance report, including performance against regulatory and contractual KPIs and compliance with

Key statement	Evidence
	- mandatory training.
	- Robust annual business planning process, including quality impact assessment of cost improvement plans and involvement of key stakeholders, and associated development of annual Operational Plan
	- Accountability framework for Integrated Clinical Service Units and corporate directorates is being introduced for this financial year
2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	- As per Statement 1 above
	- Completion of well led self-assessment
	- Annual completion of provider self-certification
	- Compliance with provision B1.1.2 of the FT Code of Governance (at least half of the Board, excluding the chairperson, should comprise non-executive directors determined by the Board to be independent)
	- Annual Workforce Race Equality Standard and Disability Workforce Equality Standard submissions
3. The Board is satisfied that the Trust implements: a) Effective Board and committee structures b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and c) Clear reporting lines and accountabilities throughout the organisation	- Board of Directors meetings focus on strategy and policy, operational performance, governance and quality, workforce and organisational development
	- At least an annual review of Board Committee terms of reference
	- Detailed governance structure in place
	- Audit Committee's annual self-assessment, in line with Audit Committee Handbook recommendations
	- Board of Directors' development programme delivered by Deloitte focussed on the unitary Board, effectiveness, risk management, assurance and strategy
	- Executive and Non-Executive Director annual appraisal process (including agreement of objectives and personal development plans).
	- Board of Directors', Quality Governance Committee and Audit Committee annual work plans
	- Chairs' assurance reports from Board committees are reviewed and at Board of Directors' meetings
	- Approval of Annual Governance Statement and wider Annual Report (also see Statement 1)

Key statement	Evidence
4. The Board is satisfied that the Trust effectively implements systems and/or processes: a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board (now NHS England) and statutory regulators of health care professions; d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;	• 'Clean' external audit opinion on use of resources for 2019/20 • Internal and external audit annual plan – review of completed audits by Audit & Risk Committee • Audit & Risk Committee's receipt of technical updates relating to the health sector from KPMG (external auditors) and other relevant briefings • Regular meeting of Board of Directors and Board committees, enabling timely reporting and sharing of information • Monthly performance reports to Board of Directors including performance against national and local targets, other regulatory requirements, workforce indicators, and patient and staff feedback (i.e. Friends and Family Test) • Monthly Finance reports to Board of Directors Board review of returns to NHS Improvement • Quarterly Single Oversight Framework meetings with NHS Improvement • Board of Directors' review and approval of annual capital expenditure plans with updates provided on progress • Updates to the Board on contract sign-off and future performance requirements from commissioners • Progress against delivery of Quality Account priorities is monitored by the Quality Committee Board development activities – see Statement 3 above • Local anti-fraud arrangements in place with reports on progress against annual work-plan and any ad hoc anti-fraud work received by the Audit & Risk Committee

Key statement	Evidence
g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and h) To ensure compliance with all applicable legal requirements.	
5. The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; c) The collection of accurate, comprehensive, timely and up to date information on quality of care; d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as	• Executive job descriptions with clearly defined remits/responsibilities, linked to the Trust's strategic objectives • Director appraisal process - including objective-setting and personal development planning • Board of Directors development activities. • Non-Executive and Executive Director visible leadership service visits' • Fit and Proper Persons Declarations – Board of Directors' annual self-assessment completed by Director of Workforce • Board register of interests • Complaints Annual Report to Quality Governance Committee • Annual Board reports on patient and staff survey outcomes and associated action plans • Patient Experience strategy agreed by Board with progress reported to the Quality Committee

Key statement	Evidence
appropriate views and information from these sources; and f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	
6. The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	• As per Statement 5 above i.e. pre-employment checks, Fit and Proper Persons self-assessments, appraisals and personal development plans, recommendations from Remuneration and Terms of Service Committee • Medical and nursing revalidation processes • Six monthly safe staffing report to the Board • HR policies and procedure reflect legislative and regulatory requirements and best practice

Meeting title	Trust Board – public meeting	Date: 24.6.2020
Report title	Whittington Health post covid-19 2020/21 Corporate objectives	Agenda item: 18
Executive director lead	Jonathan Gardner, Director of Strategy and Corporate Affairs	
Report author	Jonathan Gardner	
Executive summary	This paper sets out how the detail of our four strategic objectives have been flexed to maintain direction and consistency whilst allowing for the emergent situation. In the appendices it gives some detailed changes to services and how we are considering the longer term for each of them. A final appendix shows the previous quarter 3 review paper for context.	
Purpose:	Discussion.	
Recommendation(s)	The Board is asked to: - comment on and approve the draft corporate objectives for the rest of the financial year; and - take assurance that the Trust is continuing to play a strong and important role in the NCL sector and is framing its strategy and operational priorities in line with the principles set out by NHS England/Improvement (London).	
Risk Register or Board Assurance Framework	All	
Report history	Monthly update to Public Board meetings	
Appendices	1: Acute service changes 2: Community service changes	

Proposed strategic objectives

The Board will remember that we quickly came up with some revised corporate objectives for the covid-19 pandemic to keep us focussed on the right things. Now that we look to plan for the rest of the year it is right to revise these as objectives looking to the end of the financial year.

The key message is that our core strategic objectives remain the same because they give consistency of purpose and direction in a time of volatility, uncertainty, complexity and ambiguity. However, the details of how we will achieve them will naturally flex in times like this and from year to year. Below, are the objectives for approval.

The board should note that these have come through continual engagement with staff through the business planning rounds and the regular TMG discussions. We have not done a full all staff engagement as we are not changing the fundamental direction of travel but rather describing how we will improve specifically this year.

At appendix 3 the board will find the quarter 3 review of last year's objectives. We have not completed a quarter 4 review due to covid, but we have reviewed the objectives in the light of progress last year and come up with the following recommendations.

Once these have been approved by the board the relevant Director will create a list of key deliverables that will be tracked through the rest of the year in a similar dashboard way to last year.

Helping local people live longer healthier lives

Deliver outstanding, safe compassionate care
- Continue to partner with those who use services to deliver our quality, safety and patient experience priorities, with a focus on protecting people from infection and actions from the recent CQC inspection report
- Maintain expanded rapid response services across adult and CYP and re-start other community services in a safe way, prioritising the vulnerable
- Re-start planned care in a 'covid-protected' safe way, prioritising with the system those most urgently in need
- Maintain flexible capacity by continuing to promote working in new domains

Empower support and develop engaged staff
- Protect our staff by following National infection control and prevention guidance and using the right PPE with special focus on supporting vulnerable staff
- Continually improve our culture by calmly helping and caring for each other, both with work and with wellbeing
- Work flexibly but in a coordinated way recognising we are in this for the long term
- Support roll-out of agile working and ensuring that we support working safely in offices and clinical environments

- Promote inclusive, compassionate leadership, accountability and team working where bullying and harassment is not tolerated

Integrate care with partners and promote health and wellbeing
- Work with our partners in localities to proactively care for vulnerable people in the community
- Prevent ill-health and empower self-management by making every contact count and engaging with the community and becoming a source of health advice and education
- Help reduce exposure of our vulnerable patients in the community to Covid-19 and encourage people to use services appropriately and confidently
- Create virtual connections with our community and mental health patients as much as possible
- Provide for the population who need covid-19 protected care needs through collaboration with NCL partners using each other's capacity and expertise
- Active partner in NCL ICS

Transform and deliver innovative financially sustainable services
- Create replicable better more efficient and effective pathways for the long term including 'virtual by default' and promoting self-management
- Explore expansion of multidisciplinary research and education opportunities in the community
- Think to the future and keep learning through QI, continue to reduce system cost and improve clinical productivity and financial literacy everywhere
- Manage our expenditure to lower than last year's run-rate to enable investment in community services
- Progress adapted estates and IT plans at pace

Recommendation: the Board are asked to comment on and approve the four strategic objectives and this year's priority actions.

Appendix 1: **Acute service changes**

The table below provides a much simplified list of key acute service changes. The Board should note that this is a flavour rather than complete and key strategy implications are put at the top for ease.

Service change	Implication and restart plan
Infection prevention and control (IPC) We have zoned our hospital into covid and non-covid wards	We are being asked now to zone into 'covid protected' areas for elective surgery (i.e. separate staff and entranced) and 'covid managed' areas (i.e. urgent pathways). The future segregation will be much stronger than currently achieved.
Emergency care: Department zoned into Red & Green (UCLH Paediatrics ED transferred to WH)	The zoning will continue indefinitely. However, as we will have fewer ITU beds, we expect sicker covid positive patients to bypass our ED for UCLH or RFL. We would hope to maintain the status of south NCL paediatric ED.
Paediatrics: Paediatric ward closed, all WH paediatrics (treat and transfer) transferred to GOSH.	We are working with the sector on the inpatient paediatrics plan.
Surgery: all elective surgery stopped and some urgent cancer moved to cancer alliance hub in the private sector	We expect cancer surgery to be maintained at the hubs, with urgent and high priority elective surgery to restart soon in our day treatment centre.
Maternity: no change, home births were temporarily stopped	We are hoping to be able to expand our maternity unit.
Agile working: large numbers of admin staff working from home.	We aim to keep this going and expand it further. There will be costs associated with this. a) the further IT equipment needed (e.g. some staff work from own devices requiring work computers to be on) b) the chairs / desks that might be needed to support home working risk assessments
Digital / Virtual outpatients: we are currently running 73% of	We need to expand the video calls considerably for the longer term.

Service change	Implication and restart plan
outpatients as phone calls or "attend anywhere" video calls.	We will need to invest in equipment and estate work to enable clinicians to conduct these appointments from appropriate venues and to permanently reduce the footprint of our outpatient estate in the hospital and the community.
Rehab: Bridges ward closed and moved to St Pancras to be run by Central & North West London.	We are considering if it is best for these beds to be provided out in the community or return to the hospital site.
Staff welfare support: This has been set up with volunteers and has been well-received: **More than £100,000** raised through our Just Giving page **More than 10,000** hot meals delivered to staff **More than 6,000** bags of Fruit and Veg delivered **1000s** of Amazon packages received **More than 250** hotel rooms booked and apartments used **Promotion of occupational health, staff health and wellbeing services during the pandemic crisis**	We have begun to reduce the practical support we are giving, whilst maintaining psychology support. We would plan to ramp this back up if there is another surge. Any extra donations we receive we send to the Islington and Haringey Borough food banks. We will continue to support staff health and psychological wellbeing during recovery and beyond

Appendix 2: **Community service changes**

No	Name	Key elements	Recovery Phase
1	**Rapid Response / Virtual wards**	• The team has been expanded with support from community matrons and increased GP hours to cover 7 days. This has increased capacity to almost double in line with referrals as these have also increased. • London Ambulance Service admission avoidance pathways in place. • Step up and step down capacity. • Close links to Whittington Ambulatory Care / SDEC provision. • to scope/work together re overnight provision if required - currently no demand for this	• Scoping overnight provision provision if required • Ongoing important role in admissions avoidance • Further increase in deconditioned / deteriorating patients in the community • Closer working with 111 and review of pathways
2	**Discharge Hubs**	• Whittington is leading on the hubs at Whittington and UCLH sites but also actively involved in NMUH hub with on-site presence • Community in-reach model, strong integrated approach with partners	• D2A as default • Importance of retaining and embedding successes
3	**Community Rehab & Therapy Teams**	• The community teams continue to receive referrals and are actively triaging to prioritise home visits where appropriate. The teams have seen a reduction in referrals but are actively involved in supporting the D2A pathways from the acute trusts and this work is growing to support the discharge hubs • Segmentation to prioritise urgent need	• Further increase in deconditioned / deteriorating patients in the community including vulnerable pts • Important role in supporting COVID discharges

No	Name	Key elements	Recovery Phase
4	**Care Homes support**	• Support to care homes from geriatrician and pharmacists is ongoing but is provided virtually. • Providing support with testing of staff & training including PPE usage	• Closer integration with primary care
5	**Community Nursing & Specialist Nursing**	• Prioritisation in line with guidance • Specialist nursing (heart failure, diabetes, lymphoedema, tissue viability) supporting community nursing with caseloads. • Podiatry also supporting community nursing with patients requiring wound care • Regular telephone contact with all patients	• Telephone & virtual consultations as first line. • Stratification of risk including rising risk • Working with primary care to support ng riskine. atients requ • Greater use of technology including virtual smartcards, remote monitoring & video consultation
6	**Vulnerable & Shielded patients**	• MDTnerable & Shielded patientsuding virtual smartcard • Clear identification of patients within community teams	• Working with partners to share information on vulnerable/shielding patients to ensure appropriate support is being deployed to prevent deterioration • Integrated approach through locality leadership teams • Ensure mental health needs addressed • Increased role of voluntary sector
7	**Long term Conditions**	• Clinical prioritisation in line with guidance • Telephone & virtual consultations as first line with face to face appointments as appropriate	• Increased use of remote monitoring options • Virtual group activities

No	Name	Key elements	Recovery Phase
8	**Community beds**	• Community services in-reach to intermediate bed-based care in local housing & care homes	• Clear pathways to NCL bed-based resources • Ability to flex capacity
9	**Estates**	• Supported establishment of primary care hot hubs by vacating community estates • Temporary rationalisation of community estates footprint with increased home working/virtual working	• Reviewing estates usage in line with new models of care delivery • Separation of Covid and non-Covid activity as clinics recommence • Maintenance of primary care hot hubs
10	**Workforce**	• Redeployment of staff to support acute hospital and district nursing teams • Supported remote working for shielded staff • Mitigated impact of staff sickness with flexible deployment of community teams • Education and support for redeployed staff • Wellbeing and support offers for staff • Webinars held for BAME staff	• Ensure ongoing resilience and wellbeing of staff • Reviewing integrated team structures across community teams and with partners • Workforce planning and education requirements
11	**Digital transformation**	• Telephone & virtual consultations as first line with face-to-face appointments as appropriate • Pilot of virtual smartcard to decrease requirement to attend base for record-keeping • Significant increase in IT equipment to support home working and virtual consultations	• Increased use of remote monitoring options • Virtual group activities • Agile working and use of estates • NCL approach to remote monitoring
12	**PPE**	• Developed centralised store for community services to meet Public Health England guidance and significant increase in requirements • Training for care home staff • Clear guidance disseminated specific to community	• Impact of increased caseload as services re-start • Consistent approach across partners

Quarterly progress report on the strategic objectives
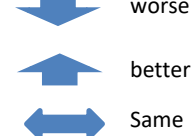
QUARTER 3

January 2020

Deliver outstanding safe and compassionate care in partnership with patients

**Exec: Chief Nurse / MD**

Committee: Quality

worse

better

Same

Key metrics	Target	Score	RAG
SHMI score		0.82	↓
Readmission rate	5.5%	5.37%	↑
Pressure ulcers grd. 4 and 3	Reduce 10%	34 (Oct/Nov/Dec) cf 14 prev. qu.	↓
FFT % satisfaction	90%	IP: 97.8 OP: 96.7	↑

Key metrics	Target	Score	RAG
RTT	92%	92.1%	↓
ED 4hr	95%	77.8%	↓
Adult community metrics green	↑	9 was 12	↓
Child community	↑	16	↑

Key metrics	Target	Score	Direction and RAG
PALS response time	80%	58.3%	↓
No. volunteers	300 by 2021	225	↑

Descriptor	Deliverables	Progress last quarter	Actions next quarter
Partner with those who use our services to deliver outcomes that matter to them through experience led design and delivery of services and the objectives set out in the quality account	• To move from Good to 'Outstanding' in our CQC rating including moving community children's services from 'Requires Improvement' to Good • Improve feedback numbers and experience of people attending the Emergency department • Improve our clinical effectiveness priorities as outlined in the quality account • Work with patients and people who use our services to develop meaningful clinical outcomes, hear patient stories at Trust Board and embedded at Trust and ICSU committees	• The patient experience team have been working with clinical teams to catalogue current patient/service user groups. • A patient representative has been identified to support at the Trust's Adult Community Services Board meeting • Second rotation of CYP Youth Ambassadors recruited • Action plan developed from initial feedback from CQC inspection.	• Finalise the development of a central framework for the creation and facilitation of patient/service user groups, including for patient representatives • The introduction of two service user involvement groups for Rheumatology and Diabetes • Implementation of text messages for collecting FFT across day case patients.
Ensure timely and responsive care that is seamless between services	• Meet constitutional standards • Improve treatment and waiting time standards for our mental health patients within emergency department • Continue to achieve cancer and referral to treatment national standards • Improve the waiting times for people who need community health services • Deliver the better births action plan	• Successful roll out of careflow handover • Professional Behaviours and Patient Safety (GMC) seminars with 50 surgical and anaesthetic consultants • 14 Day cancer target not met in October 2019 (91.3%) • 23 mental health 12hr breaches in ED in Q3 • 2hr and 48hr district nursing targets with exception of December 48hr target • New birth visit targets in Haringey not met. Islington achieved the target for October (96.1%)	• Actions through the A&E delivery board • Actions through the community services improvement group
Improve patient experience through delivery of the patient experience strategy ambitions	• We will improve the information we provide to patients and carers to enhance two-way communication • We will work in partnership with patients, families and carers to build a foundation for co-design and service improvement • We will improve our patients' journey ensuring we provide integrated holistic care, from the first contact and throughout their care	• Volunteer Strategy for 2019-2021 launched in December 2019 • Peer reviewed walk-around of the Outpatient department undertaken, alongside a patient representative, utilising appointment letters to guide review. • Quality governance notice boards rolled out to Trust and community sites to standardise the information.	• Collect feedback on outpatient appointment booking and communication, using new patient experience questionnaire • Introduce translated FFT postcards Volunteer Rapid Response project to be implemented as part of NHSE winter pressure support programme
Continually learn through our Quality Improvement (QI)strategy building a curious workforce that strives to use evidence	• Embed a QI culture throughout the organisation from Board to ward/team • Offer training to all staff • Increase the number of QI initiatives across the Trust	• 153 active projects, 32 completed (wide range of projects) • 'Hello my name is' widely adopted and substantive staff are now wearing yellow badges • Project posters are displayed in key rooms in the WEC to share learning	• Recruit to AMD QI role and then work to write a new strategy • Look at other ways we can share learning internally

Empower support and develop engaged staff

↔
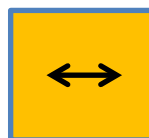
**Exec: Workforce Director / COO**

Committee: WAC

Key metrics	Target	Score	Direction and RAG
Turnover rate	10%	10.7%	⬇
Vacancy rate	10%	11.1%	⬆
Appraisal rate	90%	77.5%	⬆
Mandatory training	90%	83.3%	⬆

Key metrics	Target	Score	Direction and RAG
# teams doing 'team journey'	Tbc	20	↔
Likelihood BAME candidate being appointed		1.65	↔
Staff FFT/Pulse response rate			

Key metrics	Target	Score	Direction and RAG
Relative likelihood of disciplinary for BAME		1.4	↔
% staff recommending WH as place to work	65%		

Descriptor	Deliverables	Progress last quarter	Actions next quarter
Provide outstanding inter-professional education and inclusive, fair development opportunities	• Roll out diverse interview panels for senior staff roles, consultants and bands 8A and above • Continue to host CEPN and develop educational opportunities • Complete the WRES Improvement Plan (which includes reduction targets) • Where a panel does not appoint a BAME shortlisted candidate for an 8A and above role the Chair writes an explanation to the Director of Workforce	• Fully Implemented • Fully Implemented • WRES action plan developed • Inclusion Lead Appointed • Inclusion events commenced • Social media presence improved	• Review the impact in line with WRES action plan • Continue to raise profile of all inclusion events • Continue with WRES actions • Roll out range of Inclusion Networks • Create new Inclusion Board
Focus on the health and wellbeing of staff including improving the environment	• Increase our offer of health and wellbeing to staff and promote well-being • Enhanced staff access to smoking cessation • Create the events calendar to promote to staff on intranet by June 2019 • Develop a staff engagement and wellbeing social media platform	• Health and Well being plan in place • Implemented • Implemented • In progress • Flu vaccination programme launched	• Continue with plan • Engagement project in place for 6 months • Review Health and Wellbeing agenda and strategy in line with #CaringForThoseWhoCare programme
Be the employer of choice recruiting and retaining and recognising the best	• Continue work with capital nurse • Implementation of the NHSI Retention Plan including Implement Managers Breakfast and 'itchy feet' retention events • Recruitment service Recovery Plan	• Working with Capital Nurse • NHSI retention plan in place • STP Lead on RTP • Improved retention and vacancy rates • In place	• Working with capital Nurse • Continue with plan and reviews • Continue with plan
Create a kind environment of honesty and transparency where all staff are listened to and feel engaged	• Take forward staff survey action plans locally and corporately • Implement the Cultural survey action plan focussing on engagement and bullying and harassment • Audit the Fair Treatment panels for reduction in BME disciplinary cases	• Currently being taken forwards • Cultural Survey plan in place • #CaringForThoseWhoCare Initiative Launched • Programme Lead in Place • Staff Survey 2019 results received	• Assurance through WAC • Assurance through WAC • Commenced • Design brief to be commissioned. Intranet updates. #CFTWH Intranet Hub to be created; • Culture Board established • 2018 Staff survey results to be circulated and action plans developed
Promote compassionate leadership, accountability and team working where bullying and harassment is not tolerated	• Implement the Cultural survey action plan • Promote the Leadership Development programmes • Development of Managers 'passport'	• Action plan in place • Current promotions in place • Timeline of Inclusion events • Resources identified, positions offered • 600 managers identified to go through Challenging Behaviours Training	• Assurance through WAC • Further developing leadership and focusing on middle managers; 500+ managers through programme • Plans to secure resources to roll out to ALL staff. • Plans to secure funds to develop "Outward Mind-set" training

Integrate care with partners and promote health and well-being
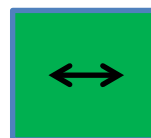
Exec: Director of Strategy / COO

Committee: Board

Key metrics	Target	Score	RAG
DTOC rate	2.5%	2.9%	↓
Careflow project status	Green	Amber/Green	↔
NMUH project status	Green	Red	↔
UCLH project status	Green	Amber	↔
Locality project status	Green	Green	↑

Key metrics	Target	Score	RAG
Intermediate care project	Green	Amber	↔
No. staff completed MECC	All DN by Dec (revising this)	10+	↔
Website project status	Green	Amber	↔

Descriptor	Deliverables	Progress last quarter	Actions next quarter
Partner with social, primary, mental health care, and the voluntary sector around localities to make an impact on population health outcomes and reduce inequalities	• Develop and begin to implement a new model of care around localities • Develop Haringey and Islington Wellbeing Partnership and actively participate in NCL STP • Collaborate with other NHS providers to improve efficiency and resilience)	• "connected communities" now present in Lordship Lane • Leadership team for North Islington now meeting • Meetings held to discuss joint venture with PCNs and GP Feds • Borough partnership boards have met • WH / UCLH ortho hub consultation launched & implementation board started • NMUH progress has been slow • Ran workshops about community estate options	• Workshop for South and Central Islington to create similar teams • Engage with community on estate options • Continue to refine borough partnership boards • Continue implementation of ortho hub • Contract offer for MSK first contact practitioners stalled due to insufficient central funding so looking at other options • Progress NMUH collaboration further
Improve the joining up of teams across and between community and hospital services	• Progress work of the 'integrated forum' • Support roll out of 'careflow connect'	• Integrated forum continues to meet now with direct report to TMG • Good discussion around the role of the specialty services in localities • Review of community teams usage of careflow (other than DNs) in context of using own devices	• Roll out careflow as per plans
By working collaboratively, coordinate care in the community to get people home safely faster and keep people out of hospital where appropriate	• Design and implement new intermediate care pathway • Consider business case for delivering new model at Osborne Grove	• the emphasis has been on refocusing the vision and objectives at borough-level • Osborne Grove no update	• Plan is to prioritise work related to the respective borough Ageing Well strategies. • Senior representative group has been set up to over see the operation delivering of the IC strategy. • A diagnostic review of intermediate care is being commissioned as part of MTFS plan.
Prevent ill-health and empower self-management by making every contact count and engaging with the community and becoming a source of health advice and education	• Continue to grow the self-management service • Restart 'make every contact count' MECC model • Begin new approach to community engagement and advice and guidance	• Self-management team have been attending community events and signing people up • No longer rolling out MECC to all as we are revising what the 'routes into services' are. • Updated all the "about us" pages on the website • Sending out estates newsletter week of board	• Define 'routes into services' and begin to communicate • Set up next community event (delayed) • Send out next community newsletter (delayed) • Describe better the engagement already going on • Performance continues to be monitored through the Outpatient programme Board and ensuring that there is alignment between and secondary care A&G objectives • ICSUs to consider the impact of A&G within the context of job planning.

Transform and develop financially sustainable innovative services

Exec: Finance Director / COO

Committee: TMG

Key metrics	Target	Score	RAG
% CIP delivery against target	100% (£9.2m)	£5.8m (YTD target £9.2m)	⬇️
Average beds used	197	208 was 203	⬇️
Financial position	On plan	M9 £3.2m worse than plan	⬇️
Capital spend against plan	On plan	£2.2m gap	↔️
% D2A	TBC		
Average LOS Non-elective	4	4.9	⬇️

Key metrics	Target	Score	RAG
% stranded pts	35%	41.8%	⬆️
Elective activity	100% on plan	94%	↔️
Theatre utilisation	>85%	70.69%	⬇️
Estates strategy project status	Green	Green	⬆️
Fast follower project status	Green	Green	↔️
Financial training sessions delivered	>12 per year	4	↔️
WEC project status	Green	Red/delay	⬇️

Descriptor	Deliverables	Progress last quarter	Actions next quarter
Transform patient flows and models of care (outpatients, same day emergency care, community localities, children's pathways)	• Operate within funded bed base by optimising discharge to assess and reducing length of stay • Develop locality working and create locality leadership team • Improve outpatient productivity, develop new virtual clinic models and increase advice and guidance • Improve emergency care and ambulatory care (adult and children)	• The revised bed place model n place – and achieving LLOS reduction (NHSE target) • Locality working is progressing at pace • AVLOS has remained broadly similar • Outpatient workstream is progressing with CCG / STP input but has not found the realisable saving required from Trust perspective	• Focus on optimising bed through continued LOS improvement programme. • Achieve LLOS trajectory • Outpatient programme – implement E-consultation and group consultation pilots • Progress roll out of kiosks and set centralised reception as part of extending working. • Achieve DNA trajectory • Achieve A&G trajectory
Reduce system cost and improve clinical productivity and financial literacy everywhere	• Deliver £12m savings through CIPs and deliver to budgets to deliver the 19/20 control total • Identify alternative pathways to outpatients with primary care • Roll out programme of financial awareness to key staff • Implement new intermediate care pathway • Restructure therapy and autism pathways for children	• £5.8m of year CIP target achieved (66% of quarter 3 target) • Recovery meetings instigated. CT achievement still forecast • Budget Holder meetings held to discuss finances and raise financial awareness	• Continue recovery plan and improved delivery on CIP • Ongoing Surgeries to be offered in all ICSUs • By end of January agree Gastro funding mechanism • MSK impact to be reviewed by the end of the quarter. • 2020/21 budget setting • 2020/21 Operational Planning
Transform our estates and IT to enable new ways of working	• Create the case and plans for a transformed estate and produce various legal documentation • Deliver estates improvement programme • Deliver the fast-follower programme	• Further mtgs held with STP estates leads • Waterlow demolition underway but programme delayed • Fast Follower remains on track	• Launch the estates strategy • Launch first SOC • Continue Waterlow / WEC project • Consider D&E block reconfiguration • As per plans

Meeting title	Trust Board – public meeting	Date: 24 June 2020
Report title	Trust risk register summary report	Agenda item: 19
Executive director lead	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals	
Report author	Gillian Lewis, Head of Quality Governance	
Executive summary	This paper provides a brief overview of the risk management structure and a summary of the high level risks (≥16) currently on the Risk Register on 9th June 2020. The Trust has set a threshold for risks reviewed at Board Committee level (≥15) to ensure Non-Executive Director oversight. The Non-Executive Director who chairs the committee will escalate any ≥15 risks to the Trust Board as required. All risks <15 are managed at an Integrated Clinical Service Unit (ICSU) or corporate directorate level and escalated to the relevant Trust Board Committee if necessary. This report outlines the key changes to the Quality and Safety Risk Register since January 2020. **There have been the following changes:** **1. Risk closures** 970 Central Book team staffing provision inadequate Update: Central booking time now recruited to. Risk closed. 901 Lack of equipment for flat-lifting patients (post-falls) Update: Equipment received **2. Downgraded risks (now below 16)** 697: Maternity and neonatal environment redevelopment Update: This remains a risk for the trust; however improvements, such as a second labour theatre have reduced risk rating from 20 to 15. 1025: Emergency Buzzers in Day Treatment Centre Update: Risk reduced as DTC buzzer now working. **3. Risk increases** 777 Interventional Radiology Update: The likelihood of this risk occurring was increased due to staffing

	shortages during Covid-19 pandemic. **4. New Risks** • 1070 Air/Oxygen ports in Emergency Department (20) • 1088 Insufficient supply of appropriate IT and peripherals to deliver new service models (16) • 1090 Lack of equipment for managing prone patients in ITU (16) • 1091 Lack of depth monitoring in anaesthesia in ITU (16)
Purpose	Review and approval
Recommendation(s)	The Trust Board is asked to: (i) review all ≥16 risks and agree there is adequate mitigating action and assurance to manage these risks; and (ii) consider if any ≥16 risks not currently on the Board Assurance Framework (BAF) should be considered for entry (risk 1088, 1090 and 1091 will be reviewed at the Quality Assurance Committee and recommendation made whether to enter onto BAF).
Risk Register or Board Assurance Framework (BAF)	All BAF entries and linked entries on the corporate risk register
Report history	The information in this report is presented at the relevant Committee of the Board (Quality, Workforce Assurance, Finance & Business, Audit & Risk)
Appendices	None

Risk register summary report

1. Introduction

1.1 Risk is an inherent part of the delivery of healthcare. Whittington Health is therefore committed to ensuring that there is a robust organisational governance structure, with clear lines of reporting and accountability for risks. This paper provides a brief overview of the risk management structure and a summary of the high level risks (≥15) of quality and safety currently on the Trust Risk Register in April 2020. It also provides information of the mitigating actions and timescales to address the identified risk.

1.2 The report demonstrates that the top risks to the organisation, as reflected in the Risk Register, are aligned with the principle board assurance framework (BAF) risks. Which are failure to deliver savings plan, failure to modernise the trust's estate, and failure to recruit and sustain workforce.

2. Risk management overview

2.1 The Trust maintains a central database for all risks on DATIX, an electronic incident and risk management system. In order to maintain consistency across the trust all risks are collated by Integrated Clinical Service Unit (ICSU), Corporate Directorates (Information Management &Technology (IMT); Facilities and Estates; Finance, Human Resources and Workforce) or as an organisation wide risk.

2.2 All risks are categorised under key headings and given a risk rating. This process ensures that risks can be automatically collated and filtered through DATIX to ensure they are reviewed by the appropriate leads. All ICSUs/Directorates/Board Committees are responsible for ensuring there are clear risk management structures and processes in their areas.

2.3 A separate category for Covid-19 pandemic has been added to make it easy to identify and monitor specific Covid-19 risks.

3. ≥ 16 Risk register

3.1 The Trust has set a threshold of ≥15 risk grading for review at Board Committees. This is to ensure that there is Non-Executive oversight of these risks and a clear escalation process to Board.

3.2 To strengthen the Trust's ability to deliver effective risk management, the organisational structure includes a number of Committees with responsibility for risk. These include:
- Audit and Risk Committee
- Quality Committee
- Finance and Business Committee
- Workforce Assurance Committee
- Covid-19 Risks (Trust Management Group)

3.3 All have a critical role in monitoring risk and providing assurance to the Trust Board that there are systems in place to effectively identify, manage and escalate risks across the Trust. Each Committee has responsibility for specific risks to ensure there is clear accountability and oversight, and that information flows quickly to the Board as required. In this way the Trust can identify patterns and promote best practice throughout the organisation.

4.   Relationship between the risk register and the Board Assurance Framework

4.1   The Board Assurance Framework (BAF) provides a structure and process that enables the Trust to focus on the risks to achieving its annual objectives and be assured that adequate controls are operating to reduce these risks to tolerable levels (Good Governance Institute 2009).

4.2   While the risk register may help to inform the BAF, they are two distinct risk tools with different purposes. The fundamental difference between the Risk Register and the BAF is that the Risk Register is an operational and dynamic tool focused on the day to day management of the organisation. The BAF focuses on the strategic, long-term priorities of the Trust. At times the operational risks affecting the day to day management of the Trust will have implications for the delivery of the Trust's strategic objectives. These risks are escalated for inclusion on the BAF via the Board Committees and the Trust Management Group. All the key risks that are identified in achieving the Trust's strategic goals or corporate annual objectives will be recorded on the BAF and reported to the Board.

5.   Risk register update: April 2020

5.1   As at 9th June 2020, the Trust has three risks graded as graded as ≥20, sixteen risks graded as 16. There are thirteen risks graded as 15 which are monitored at Board Committee level. There are three key themes from the current high level risks on the risk register.
- Facilities and estates
- Financial
- Workforce and recruitment

5.2   These risks have all been escalated for inclusion on the BAF due to the strategic implications and are monitored by the Trust Board through this assurance mechanism. A brief summary of the risks and key mitigating actions are outlined below.

5.3   Facilities and Estates
There are specific action plans in place to mitigate each risk, and this has been identified as a risk to our strategic objective to '**Transform and deliver innovative, financially sustainable services.** The Trust Board monitors actions against this risk through the BAF process, including implementation of the estates strategy.

Datix ID	ICSU/ Directorate	Category	Title	Current risk grade	Mitigations and controls
858	Children and Young People Services	Patient Safety and Quality	Neonatal Unit environment - including lack of space between cots Linked to risk 697	16	Update: Risk ongoing and regularly reviewed against national recommendations. Due to COVID-19 pandemic it has not been possible to progress with any Estates works. Neonatal Network guidance re COVID-19 pandemic instructs that beds may not be closed to admission and no babies can be refused by Neonatal Intensive Care Unit (NICU) due to beds

Datix ID	ICSU/ Directorate	Category	Title	Current risk grade	Mitigations and controls
					availability alone.
890	Facilities and Estates	Health and Safety	PFI Fire Building Strategy Deficiencies (in relation to building passive and active ventilation system and smoke fire dampers to deal with a fire and smoke)	16	Controls: The hospital building Private Finance Initiative (PFI) company has introduced Fire Warden system 24 hours on the site; there are staff trained to shut down ventilation system manually on their own initiative or instruction of the Fire Service; weekly meetings with PFI company to review assurances. Risk reviewed at the trust Fire Safety Group. Update: The Trust's contractual discussions with the PFI company are ongoing and are expected to reach a conclusion by end of June 2020.
907	Trust wide	Estates or Infrastructure	High ambient temperatures of ward treatment rooms affecting quality of medicines.	16	Risk continues to be monitored via controls. On-going updates provided to the Drugs & Therapeutics Group and Nursing & Midwifery Executive Committee.
1036	Children & Young People Services	Estates or Infrastructure	Secure garden fencing at Simmons House requires upgrading (CAMHS inpatient unit) - the current fence is not secure and is too low. Patients have been able to jump over the fence and leave the premises, putting themselves at risk.	16	Controls: Individual care plans and risk assessments are being used to plan and mitigate against this, and the unit is being kept locked to stop young people from going outside into the unit garden without supervision Update: Architects plan in progress. Application to local council to be made.

5.4   Financial
There are specific action plans in place to mitigate each risk, and this has been identified as a strategic risk to our strategic objective to '**Transform and deliver innovative, financially sustainable services.** The Trust Board monitors actions against this risk through the BAF process, including implementation of the estates strategy.

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Mitigations and controls
723	Emergency Integrated Medicine	Financial	Finance deficit in EIM ICSU	16	Regular finance meetings to review budgets and CIPs. Risks reviewed at Quarterly ICSU Performance meetings and Finance and Business Development Committee.
772	Surgery and Cancer	Financial	Not meeting CIP target and financial balance for 2019-20	20	
780	Finance	Financial	Budget Control	16	

5.5   Workforce and recruitment
<15 risks continue to be monitored at ICSU level and the trust wide controls and actions are reflected in the *BAF Risk People 1: Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs (e.g. nursing, junior doctors, medical posts).*

There are specific action plans in place to mitigate each risk, and this has been identified as a strategic risk to our strategic objective to '**Empower, support and develop an engaged staff community.** The Trust Board monitors actions against this risk through the BAF process, including implementation of the estates strategy.

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Mitigations and controls
1002	Surgery and Cancer	HR and Workforce	Inadequate establishment of anaesthetic staff	16	Controls: All rotas are examined in advance and populated so that activity is covered
1055	Surgery and Cancer	HR and Workforce	Risk of non-continuity of care for some oncology patients: If there is an inadequate establishment of consultant cover at Whittington Health,	16	Update: There is a locum Oncologist now on site to provide continuity. There are very explicit and strict guidelines associated with the management of patients during COVID-19 and there is a business case in preparation of working together with a cancer centre in managing services at Whittington Health.
1058	Surgery and Cancer	HR and Workforce	Sonography shortage: If	16	This is due to a national shortage of sonographers.

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Mitigations and controls
			there are insufficient sonographers for scanning		*Controls*: There are two consultants who are able to undertake scanning and run their clinics without a sonographer. The trust request that GPs refer patients with scans - review of electronic referral system (eRS) Directory of Services

7. ≥16 Risks not currently on the BAF
(NB risks shaded grey have not yet been reviewed at the Quality Assurance Committee due to timing of committee and the impact of the COVID-19 national emergency)

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Comments and key mitigations and controls
683	Emergency & Integrated Medicine (EIM)	Patient Safety & Quality	Overcrowding in the Emergency Department (ED)	16	Update: Risk increased to 16 following review at EIM Quality meeting. Ongoing work in ED to manage demand, influence GP referral processes and increase referrals to Ambulatory Care. New 136 suite provision (Mental Health place of safety) at Highgate Mental Health Unit opened January 2020, review impact of this due in March 2020 (delayed due to COVID-19 National emergency).
760	Acute Inpatient Access, Clinical Support Services, Women's Health	Patient Safety & Quality	Radiology systems interface	16	Radiology works across several systems for which there is a parallel paper system; if paper system does not change unlikely to meet cancer targets without significant costs incurred. Update: Currently in the recruitment phase of the project with interviews happening shortly, the risk is unlikely to change until mid 2021 as the project will not complete until then
1070	Emergency and Integrated Medicine		Air/Oxygen ports in Emergency Department	20	If we do not address securely closing off the wall air ports in ED whilst at the same time providing alternative solution for delivering medical air to patients requiring it (adequate numbers of medical air cylinder plus secure location for storage plus nebuliser

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Comments and key mitigations and controls
					concentrators) then there is a risk of future air/oxygen never events occurring in ED. There have already been two of these in the past six months hence the high risk rating score. Update: Pilot currently in progress in ED trialling compressor machines as an alternative to air flowmeters
1088	Adult Community Services	Patient safety	Insufficient supply of appropriate IT and peripherals to deliver new service models (16)	16	Actions in progress: Funding bid for equipment in progress. •Trialling Attend Anywhere in MSK and IAPT •Using telephone clinics as a second best •Advice, support and guidelines for patients
1090	Surgery and cancer	Patient safety	Lack of proning equipment for patients on critical care unit (care of patients with COVID-19 severe acute respiratory syndrome (SARS)	16	If more appropriate equipment for proning not available then anticipated continuing risk to patients of recurrence of facial pressure ulcers and for some patients the inability to prone if they are morbidly obese could cause increased morbidity and mortality. Update: New equipment being trialled on critical care unit
1091	Surgery and Cancer	Patient safety	Lack of depth monitoring in anaesthesia in Intensive Treatment Unit (16)	16	In COVID-19 national emergency limited drug availability, compounded with very sick patients, meant more use of Neuro Muscular blockers. Controls: ITU used depth of anaesthesia monitors from theatre, but do not have own within ITU.

8.   Recommendations To The Trust Board
8.1   The Trust Board is asked to:

i.   review all ≥16 risks and agree there is adequate mitigating action and assurance to manage these risks; and
ii.   consider if any ≥16 risks not currently on the Board Assurance Framework (BAF) should be considered for entry (risk 1088, 1090 and 1091 will be reviewed at the Quality Assurance Committee and recommendation made whether to enter onto BAF).

Meeting title	Trust Board – public meeting	Date: 24 June 2020
Report title	**Heatwave Plan**	**Agenda item: 20**
Executive director lead	Carol Gillen, Chief Operating Officer	
Report author	Lee Smith, Emergency Planning Officer	
Executive summary	As part of the yearly NHS England Assurance process, the "NHS Core standards for emergency preparedness, resilience and response guidance", the Accountable Emergency Officer reviews and seeks Board approval for emergency plans. The Trust's heatwave plan was reviewed and updated as follows: 1) revised references in relation to Heatwave Plan for England; 2) the addition of a "training slide set" for Service Managers/Senior Nurses to have oversight of heatwave escalation process; 3) the inclusion of an information link in references in relation to Ramadan Health Guide; and 4) updated links of supporting documentation in page 4.	
Purpose:	Approval	
Recommendation(s)	Board members are asked to approve the updated heatwave plan	
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	
Report history	Trust Management Group, 23 June 2020	
Appendices	None	

Heatwave Plan

Version and Date	5.8 16 June 2020
Valid Until	16 June 2021
Status	Live Document (16 June -15 September)
Document Purpose	This plan has been developed to ensure that the Acute and Community Services of the Trust is capable of responding to Heatwave.
Related Document	Major Incident Plan and Mass Casualty Plan Business Continuity Plan, Flu Pandemic Plan, Risk Management Policy, Fire Safety Policy.
Accountable Director	Carol Gillen Chief Operating Officer
Author	Lee Smith Emergency Planning Officer

Contents Page

In order to comply with the requirements of being a category 1 responder under the terms of the Civil Contingencies Act 2004 the Trust has a responsibility to share its plans with partner agencies.

Internal Distribution List

Department /Role	Format
Major Incident Control Room Cupboard	Hard copy
Whittington Health Intranet Policies folder	Electronic copy
Silver and Gold dropbox	Electronic
Silver & Gold handbook (shared 'I'drive)	Electronic

External Distribution List

Organisation	Format
London Ambulance Service	Electronic Copy
NHS England (London Region)	Electronic Copy
London Borough of Islington	Electronic Copy
London Borough of Haringey	Electronic Copy

<u>**Amendment Record**</u>

No unauthorised amendments permitted.

This plan is a living document and is under constant review. A record of amendments follows any comments or suggestions for future versions are appreciated and should be directed to the Emergency Planning and Business Continuity Officer.

Change History			
version	Date	Author/Editor	Details of Change
22/10/08	1.0		Document created
22/03/09	2.0		Refreshed document for summer 2009 to take into account updated guidance
22/04/10	3.0		Updated to include revised national guidance from DoH Heatwave Plan
22/01/11	4.0	Mathew Boazman	Annual refresh and approval
1/10/11	5.0	Mathew Boazman	Integrated plan for ICO finalised following NHS Assurance process feedback
18/06/13	5.1	Rebecca Blake	Annual update reference to Heatwave Plan for England 2013
20/05/14	5.2	Rebecca Allsopp	Annual update reference to Heatwave Plan for England 2014
03/07/15	5.3	Lee Smith	Annual update reference to Heatwave Plan for England 2015
24/06/16	5.4	Lee Smith	Annual update reference to Heatwave Plan for England
07/04/17	5.5	Lee Smith	Annual update reference to Heatwave Plan for England
22/06/18	5.6	Lee Smith	Annual update reference to Heatwave Plan for England

| 24/05/2019 | 5.7 | Lee Smith | Annual update reference to Heatwave Plan for England |
| 16/06/2020 | 5.8 | Lee Smith | Annual update reference to Heatwave Plan for England, Updates with COVID 19 Information |

1.   INTRODUCTION

The Heatwave Plan for England is published by Public health England and sets out the responses required of health services and local authorities in the event of a heatwave. This plan acknowledged that climate change is becoming a serious threat to the population's health and that heatwaves are likely to become more common in England.

2.   PURPOSE

The Heatwave Plan for Whittington Health NHS Trust outlines how we will work with local partners to ensure health and social care services raise awareness of the risks relating to severe hot weather and prepare organisations and individuals (especially vulnerable groups) to help reduce those risks.

Whittington Health recognise that proper preparedness is essential as in contrast to deaths associated with cold weather, the rise in mortality during a heatwave occurs very quickly – within one or two days of the temperature rising. This means that by the time a heatwave starts the window of opportunity for effective action is very short, and proper preparedness is therefore essential.

The **Department of Health and Social Care (DHSC)** is responsible for strategic leadership of both health and social care systems, but no longer has direct management of most NHS systems. **NHS England and NHS Improvement** provides national leadership for improving health care outcomes, directly commissions general practice services, some specialist services, and oversees **Clinical Commissioning Groups (CCGs)**. CCGs now commission planned hospital care, rehabilitative care, urgent and emergency care, most community health services and mental health and learning disability services. **Directors of Public Health** in Local Authorities are responsible for population health outcomes, supported by **Public Health England (PHE),** which provides national leadership and expert services to support public health.

PHE will make advice available to the public and health and social care professionals in affected regions, in preparation for an imminent heatwave, via NHS Choices, and the websites of the Met Office, PHE and the DHSC.

3.   SUPPORTING DOCUMENTATION

As in previous years, the Heatwave Plan for England is also supported by a series of Information Guides published online which aim to provide an authoritative source of additional information about the effects of severe hot weather on health for:

- Heatwave Plan for England
- Making the case: the impact of heat on health - now and in the future
- Looking after children and those in early years settings during heatwaves: guidance for teachers and professionals.
- Advice for health and social care professional: supporting vulnerable people before and during a heatwave
- 'Beat the Heat': coping with heat and COVID-19 (poster)
- Beat the Heat' poster: Coping with heat and COVID-19 (Leaflet)
- 'Beat the heat': keep residents safe and well during COVID-19 (Poster and Checklist)
- Beat the heat: keep cool at home (checklist)
- Heat-health risks and COVID-19: actions to prevent harm (slide set)
- **Training Slide Set: Health Risks and COVID -19:actions to prevent harm (slide set): https://www.gov.uk/government/publications/heatwave-plan-for-england/heat-health-risks-and-covid-19-actions-to-prevent-harm**

4

4   BACKGROUND

The evidence about the risks to health from heatwave is extensive and consistent from around the world. Excessive exposure to high temperatures can kill. During the summer heatwave in Northern France in August 2003, unprecedentedly high day- and night-time temperatures for a period of three weeks resulted in 15,000 excess deaths. The vast majority of these were among older people.

In England that year, there were over 2,000 excess deaths over the 10 day heatwave period which lasted from 4 – 13 August 2003, compared to the previous five years over the same period.

The first Heatwave Plan for England was published in 2004 in response to this event. Since that time we have had a significant heatwave in 2006 (when it was estimated that there were about 680 excess deaths compared to similar periods in previous years). In 2009 there were approximately 300 excess summer deaths during a heatwave compared to similar periods in previous years.

Climate change means that heatwaves are likely to become more common in England. By the 2080s, it is predicted that an event similar to that experienced in England in 2003 will happen every year.

In Northern France in August 2003, unprecedentedly high day and night time temperatures for a period of three weeks resulted in 15,000 excess deaths. The vast majority of these were among older people.

Excess deaths are not just deaths of those who would have died anyway in the next few weeks or months due to illness or old age. There is strong evidence that these summer deaths are indeed 'extra' and are the result of heat related conditions.

Cities and urban areas tend to be hotter than rural areas, creating urban heat island effects. This is due to increased absorption and reflection of the sun on concrete compared with green or brown spaces; reduced cooling from breezes due to buildings and increased energy production from houses, industry, businesses and vehicles.

5.   HEAT- HEALTH ALERT LEVEL SYSTEM

The Heat-Health Watch system operates in England from 1 June to 15 September each year. During this period, the **Met Office** may forecast heatwaves, as defined by forecasts of day and night time temperatures and their duration.

These vary from region to region but for **London** the threshold temperatures are **32 ⁰C (day time)** and **18 ⁰C (night time)** for a period of 3 or more continuous days.

The Heat-Health Watch system comprises of five main levels (Levels 0-4), which are outlined in Figure 1 below;

Figure 1: Heatwave Alert Levels

Level 0	**Long – term planning** *All year* Includes year round joint working to reduce the impact of climate change and ensure maximum adaptation to reduce harm from heat waves. This involves urban planning to keep housing, workplaces, transport systems and the built environment cool and energy efficient.
Level 1	**Heatwave and Summer Preparedness Programme** *1 June – 15 September* The heat wave plan will remain at level 1 unless a higher alter is triggered. During the summer months, social and healthcare services need to ensure that awareness and background preparedness are maintained by implementing the measures set out in the heatwave plan.
Level 2	**Heatwave is forecast – Alert and readiness** *60% risk of heatwave in the next 2-3 days* This is triggered as soon as the Met Office forecasts that there is a 60 per cent chance of temperatures being high enough on at least two consecutive days to have significant effects on health. This will normally occur 2–3 days before the event is expected. As death rates rise soon after temperature increases, with many deaths occurring in the first two days, this is an important stage to ensure readiness and swift action to reduce harm from a potential heatwave.
Level 3	**Heatwave Action** *Temperature reached in one or more Met Office National Severe Weather Warning Service Regions* This is triggered as soon as the Met Office confirms that threshold temperatures have been reached in any one region or more. This stage requires specific actions targeted at high risk groups.
Level 4	**Major Incident – Emergency Response** *Central Government will declare a level 4 alert n the event of severe or prolonged heatwave affecting sectors other than health* This is reached when a heatwave is so severe and/or prolonged that its effects extend outside health and social care, such as power or water shortages, and/or where the integrity of health and social care systems is threatened. At this level, illness and death may occur among the fit and healthy, and not just in high risk groups and will require a multi-sector response at national and regional levels.

6.   HIGH RISK FACTORS

There are certain factors that increase an individual's risk during a heatwave.
These include:

- Older age: especially women over 75 years old, or those living on their own who are socially isolated, or in a care home.
- Chronic and severe illness: including heart conditions, diabetes, respiratory or renal insufficiency, Parkinson's disease or severe mental illness. Medications that

potentially affect renal function, the body's ability to sweat, thermoregulation or electrolyte balance can make this group more vulnerable to the effects of heat.

- Inability to adapt behavior to keep cool: having Alzheimer's, a disability, being bed bound too much alcohol, babies and the very young.
- Environmental factors and overexposure: living in urban areas and south facing top floor flats, being homeless, activities or jobs that are in hot places or outdoors and include high levels of physical exertion

7.   MET OFFICE HEATWAVE WARNINGS

Figure 2 A summary of the Met Office service and notifications during a heatwave.

**Figure 2: Met Office service and notifications**

Service	Purpose	Distribution	Timing
Heatwave Warning	To provide early warning of high temperatures. The alert levels have been set with thresholds known to cause ill health from severe hot weather. They are to help ensure that healthcare staff and resources are fully prepared for hot weather periods that might impact and to raise awareness for those individuals whoa re more vulnerable to hot weather conditions	Email	Alert issued as soon as agreed threshold has been reached and when there is a change in alert level. Issued between 1 June and 15 September.
Heatwave Planning Advice	To probed advice through the summer period relating to high temperatures	Email	Twice a week (9am each Monday and Friday from 1 June to 15 September)
National Severe Weather Warning Service (NSWWS)	To provide warnings of sever or hazardous weather that has the potential to cause danger to life or widespread disruption. These warnings are issues to: • The public – to promote consideration of actions they may need to take • Emergency responders – to trigger their plans to protect the public from impacts in advance of an event, and to help them recover from any impacts after the event.	Email, web, [SMS. TV], radio	When required
General Weather Forecasts	To enable the public to make informed decisions about their day to day activities	Web, TV, radio	Every day

8.   ALERTING CASCADE

The response to a heatwave will be governed by the actions needed at each of the four alert actions. The Met Office will cascade a Heatwave alert to all Heat-Health Watch organisations.

The alerting cascade for London is shown in figure 3 and internally within Whittington Health seen in 8.1.

Figure 3: London Alerting Cascade
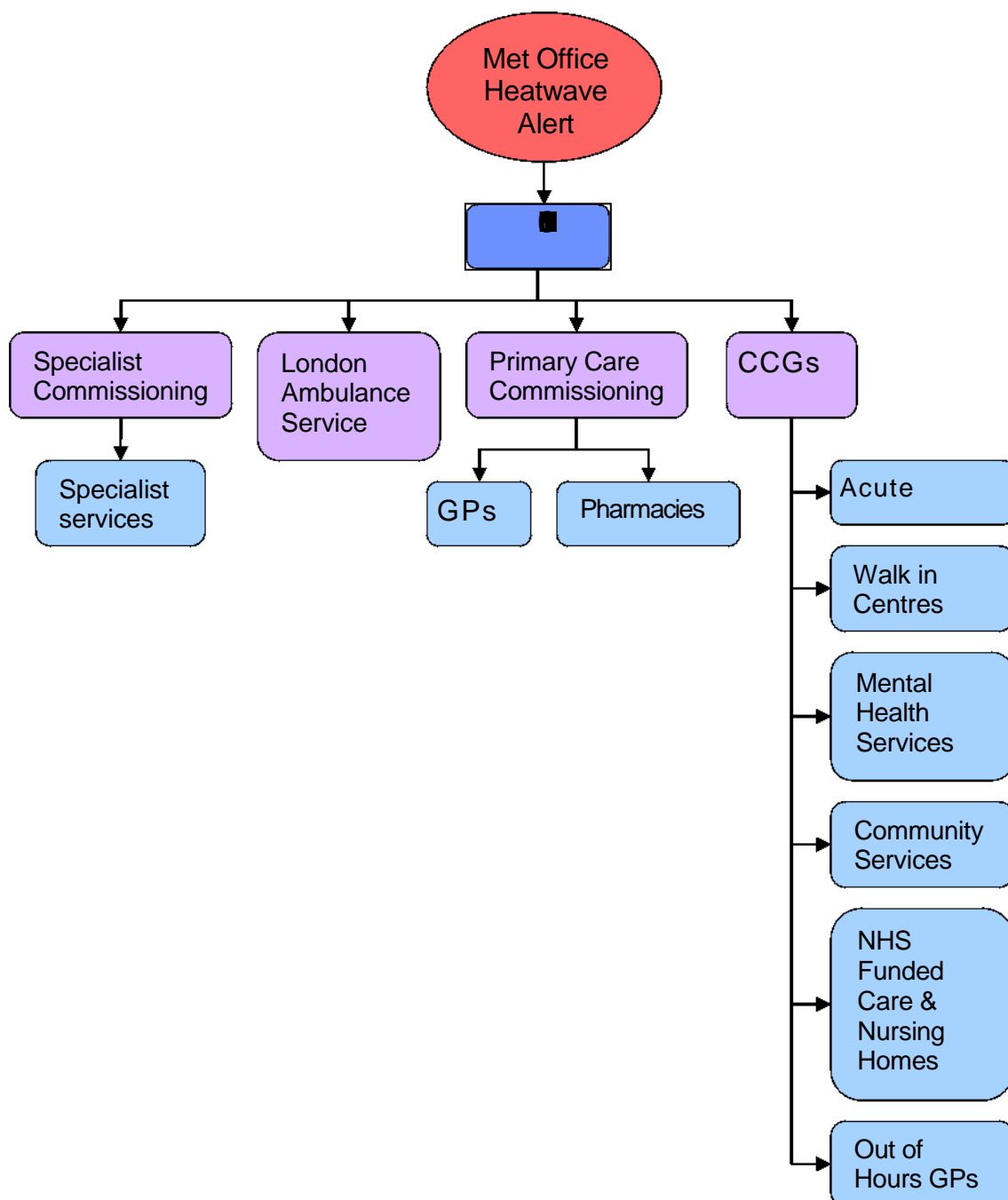
The alert levels will act as triggers for initiating internal organisational response arrangements. NHS England will request assurance from organisations as to the impact and mitigation in place during periods of sustained heatwave response at any alerting level.

In the event of a Level 4 heat-health alert being issued:

- A pager message will be cascaded to all NHS organisations directors on call via the paging system.

The pager message will read as follows:

RED from NHS01: Level 4 Heatwave – National; Emergency Declared. Confirm email address to receive further instructions england.london-incident@nhs.net
NHS England will initiate command and control arrangements across London, and establish a reporting rhythm for situational reporting on the impacts of the incident on health organisations.

8.1   Whittington Health Alerting Cascade

Whittington Health NHS Trust receives heatwave alerts through the Emergency Planning Officer, who upon receipt of a will cascade it to all on call personnel.

Who will upon receipt of a heatwave alert will ensure the information is cascaded within their directorate/ department and in the absence of the Emergency Planning Officer, heatwave alerts will be cascaded by the Clinical Site Team.

Out of Hours this will be cascaded by the Clinical Site Team.

9.   WHITTINGTON HEALTH ACTIONS
This section details the Trust responsibilities for responding at each of the levels of the Heat - Health Watch Alert System.

<table>
<tr><td colspan="3" align="center">LEVEL 0
LONG-TERM PLANNING</td></tr>
<tr><td colspan="3" align="center">Includes year round joint working to reduce the impact of climate change and ensure maximum adaptation to reduce harm from heat waves. This involves urban planning to keep housing, workplaces, transport systems and the built environment cool and energy efficient.</td></tr>
<tr><td></td><td>Action</td><td>Responsibility</td></tr>
<tr><td>1</td><td>Develop systems to identify and improve resilience of high-risk individuals</td><td></td></tr>
<tr><td></td><td>Request an HHSRS assessment from EH for clients at particular risk.</td><td>District Nurses / health visitors</td></tr>
<tr><td>2</td><td>Encourage cycling / walking where possible to reduce heat levels and poor air quality in urban areas.</td><td></td></tr>
<tr><td>3</td><td>Work with commissioners to develop longer term plans to prepare for heatwaves</td><td></td></tr>
<tr><td>4</td><td>Make environmental improvements to provide a safe environment for clients in the event of a heatwave</td><td></td></tr>
<tr><td>5</td><td>Prepare business continuity plans to cover the vent of a heatwave (e.g. storage of medicines, computer resilience, etc)</td><td>All</td></tr>
<tr><td>6</td><td>Work with partners and staff to raise awareness of the impacts of sever heat and on risk reduction awareness</td><td>EPLO</td></tr>
<tr><td colspan="3">High Risk Groups
Community: over 75, female, living on own and isolated, sever physical or mental illness; urban area, south facing top flat; alcohol and /or drug dependency, homelessness, babies and young children, multiple medications and over exertion
Care home or hospital: over 75, female, frail, severe physical or mental illness; multiple medications, babies and young children (hospitals)</td></tr>
<tr><td colspan="3">*Because Level 2 is based on a prediction, there may be jumps between levels. Following Level 3, wait until temperatures cool to Level 1 before stopping Level 3 actions.
** Level 4: A <i>decision to issue a Level 4 alert at national level will be taken in light of a cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat</i></td></tr>
</table>

<table>
<tr><td colspan="2" style="background-color:#8DC63F">LEVEL 1
HEATWAVE AND SUMMER PREPAREDNESS PROGRAMME</td></tr>
<tr><td colspan="2" style="background-color:#8DC63F">The heat wave plan will remain at level 1 unless a higher alter is triggered. During the summer months, social and healthcare services need to ensure that awareness and background preparedness are maintained by implementing the measures set out in the heatwave plan.</td></tr>
</table>

	Action	**Responsibility**
1	Ensure public is aware of actions to take to minimise risk during periods of hot weather and likely high risk groups	All
2	Ensure other partners are aware of the Heatwave Plan for England 2019, actions required and public information available	All
3	Distribution of heatwave plan	Emergency Planning Officer
4	Ensure business continuity plans are in place and implement as required.	All
5	Ensure appropriate contact details are provided to Local Authorities /NHS emergency planning officers to facilitate transfer of emergency information.	Emergency Planning Officer
6	Identify individuals who are particular risk from extreme heat, especially those aged over 75 and review their medication and care plans	Community health District Nurses, /Health Visitor/ Midwives/ General Practices and Social Care to identify individuals at risk
7	Working with families and informal carers to highlight dangers of heat and promote ways to keep cool	Community health – District Nurses
8	Where individuals households are identified as being at particular risk from hot weather, request environmental health to do an assessment using the Housing Health and safety Rating System (HHSRS)	Community health in liaison with Social Care
9	Review surge capacity and the need for, and availability of staff support in the event of a heatwave especially if it lasts more than a few days.	Clinical Site Manager, Emergency Department
10	Distribution of Public Health England advice to managers of residential and nursing care homes	Community health in liaison with Social Care
11	Cool rooms or cool areas should be created. Distribution of fans within Whittington Health clinic areas should be managed via the bed management team, Labour Ward and community management leads.	Clinical leads /estate managers
12	Estates to confirm operation of air conditioning units for use during a heatwave, and temperature recording instruments	Estates Managers
13	On receipt of Met office alerts and planning guidance for London region cascade to on call personnel.	**IN HOURS (Monday to Friday 0900-1700:** Emergency Planning Officer **Weekends and Bank Holiday:** Clinical Site Team

High Risk Groups
Community: over 75, female, living on own and isolated, sever physical or mental illness;

urban area, south facing top flat; alcohol and /or drug dependency, homelessness, babies and young children, multiple medications and over exertion

Care home or hospital: over 75, female, frail, severe physical or mental illness; multiple medications, babies and young children (hospitals)

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** Level 4: A *decision to issue a Level 4 alert at national level will be taken in light of a cross-government assessment of the weather conditions, co-ordinated by the Civil Contingencies Secretariat*

<table>
<tr><td colspan="3" style="background-color:#F5B800">LEVEL 2
HEATWAVE IS FORECAST - ALERT AND READINESS</td></tr>
<tr><td colspan="3" style="background-color:#F5B800">This is triggered as soon as the Met Office forecasts that there is a 60 per cent chance of temperatures being high enough on at least two consecutive days to have significant effects on health. This will normally occur 2−3 days before the event is expected. As death rates rise soon after temperature increases, with many deaths occurring in the first two days, this is an important stage to ensure readiness and swift action to reduce harm from a potential heatwave</td></tr>
</table>

	Action	Responsibility
1	Cascade Met Office Alert and planning advice to on call personnel	**IN HOURS (Monday to Friday 0900-1700:** Emergency Planning Officer **Weekends and Bank Holiday:** Clinical Site Team
2	Distribution of advice to all those defined as at high risk living at home (key public messages in section 10)	Community Health District Nurses/ Health Visitors / Midwives
3	Call a meeting of Trust colleagues who will become the 'heatwave emergency planning team' to agree key messages and cascade alert briefing through internal and external communications channels - Implement business continuity	Emergency Planning Officer
4	Work with Trust teams and Communications to ensure that independent contractors have guidance leaflet available	Facilitates
5	Initiation of home visits as planned, where appropriate	Community Health District Nurses, /Health Visitor/ Midwives / General Practices to coordinate visiting /phones call to vulnerable patients, where appropriate
6	Prioritise current list of patients at risk	Community Health District Nurses, /Health Visitors / Midwives
7	Determine what non essential activities could cease	District Nurses / Health Visitors / Midwives
8	Make provision for surge capacity	Emergency Department, Clinical Site Managers
9	Ensure cool rooms are ready and consistently at 26°C or below	Estates/Clinical Lead / Matron/ Senior Nurse in Charge/Labour Ward
10	Check that indoor thermometers are in place and recording sheets printed to measure temperature four times a day	Estates/ Clinical Lead / Matron / Senior Nurse in Charge /Labour Ward
11	Identify particularly vulnerable individuals (those with chronic/severe illness, on multiple medications, or who are bed bound) who may be prioritised for time in a cool room	Clinical Lead / Matron / Senior Nurse in Charge
11	Consider weighing clients regularly to identify dehydration and rescheduling physio to cooler hours	Clinical Lead / Matron / Senior Nurse in Charge
13	Monitor staff welfare	Clinical Lead / Matron / Senior Nurse in Charge/ Labour Ward
14	Monitor service level to ensure staffing levels will be sufficient to cover the anticipate heatwave	Clinical Lead / Matron / Senior Nurse in Charge/ locality Managers

	period	/ Midwives
15	Obtain supplies of ice / cool water	Housekeeping/ Clinical Lead / Matron / Senior Nurse in Charge
16	Re-enforce messages on risk and protective measures to staff	Clinical Lead / Matron / Senior Nurse in Charge / Midwives

High Risk Groups

Community: over 75, female, living on own and isolated, sever physical or mental illness; urban area, south facing top flat; alcohol and /or drug dependency, homelessness, babies and young children, multiple medications and over exertion

Care home or hospital: over 75, female, frail, severe physical or mental illness; multiple medications, babies and young children (hospitals)

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<table>
<tr><td colspan="3" align="center">**LEVEL 3**
HEATWAVE ACTION</td></tr>
<tr><td colspan="3">**This is triggered as soon as the Met Office confirms that threshold temperatures have been reached in any one region or more. This stage requires specific actions targeted at high risk groups.**</td></tr>
<tr><td></td><td>**Action**</td><td>**Responsibility**</td></tr>
<tr><td>1</td><td>Cascade of Met Office Alert and planning advice to on call personnel</td><td>**IN HOURS (Monday to Friday 0900-1700:**
Emergency Planning Officer
Weekends and Bank Holiday:
Clinical Site Team</td></tr>
<tr><td>2</td><td>Continue to distribute advice to all those defined as at high risk living at home (key public messages section 10)</td><td>Community Health District Nurses/ Health Visitors /Midwives</td></tr>
<tr><td>3</td><td>Activate plans to maintain business continuity – including a possible surge in demand</td><td></td></tr>
<tr><td>4</td><td>Call a meeting of Trust colleagues to agree key messages and actions and cascade alert briefing through internal and external communications channels</td><td>Emergency planning officer with Emergency Management Team</td></tr>
<tr><td>5</td><td>Consider use of media to get advice out to the general public</td><td>Communications lead</td></tr>
<tr><td>6</td><td>Stop non essential activities, commence daily contact with clients at risk</td><td>District Nurse / Health Visitors / Midwives</td></tr>
<tr><td>7</td><td>Consider where appropriate, daily visits /phone calls for high risk individuals living on their own who have no regular daily contacts. This may involve informal carers, volunteers and care workers and will be targeted at defined risk groups</td><td>Community Health District Nurse / Heath Visitors
General practices to coordinate visiting /phone call to vulnerable patients, where appropriate</td></tr>
<tr><td>8</td><td>Use all available resources to maximise frontline district nurse / health visitor capacity</td><td>Community Health</td></tr>
<tr><td>9</td><td>District nurses /health visitors /Midwives to make daily contact with clients at risk and provide a situation report to locality manager</td><td>Community Health District Nurse / Health Visitors</td></tr>
<tr><td>10</td><td>Upon request produce situation reports and forward summary to Emergency Planning Officer for onward report to NHS England / CSU</td><td>Locality Managers</td></tr>
<tr><td>11</td><td>Discharge planning should reflect local and individuals circumstances so that people at risk are not discharged to unsuitable accommodation or reduced care</td><td></td></tr>
<tr><td>12</td><td>Initiation of home visits as planned, where appropriate</td><td>Community Health District Nurses, /Health Visitor/ General Practices to coordinate visiting /phones call to vulnerable patients, where appropriate</td></tr>
<tr><td>13</td><td>Prioritise current list of patients at risk</td><td>Community Health District Nurses, /Health Visitors/Midwives</td></tr>
<tr><td>14</td><td>Make provision for surge capacity</td><td>Emergency Department, Clinical Site Managers</td></tr>
<tr><td>15</td><td>Ensure cool rooms are ready and consistently at 26°C or below</td><td>Estates/ Clinical Lead / Matron / Senior Nurse in Charge /Labour Ward</td></tr>
</table>

16	Ensure that indoor thermometers are in place and recording sheets printed to measure temperature four times a day for all areas with patients in	Clinical Lead / Matron / Senior Nurse in Charge / Labour Ward
17	Monitor and minimise temperatures in all patient areas and take action if the temperature is a significant risk to patient safety, as high risk patients may suffer undue health effects including worsening cardiovascular or respiratory symptoms at temperatures exceeding 26ºC	Clinical Lead / Matron / Senior Nurse in Charge /Midwives
18	Continually review vulnerable individuals for prioritisation in cool rooms	Clinical Lead / Matron / Senior Nurse in Charge /Midwives
19	Continue to monitor staff welfare	Clinical Lead / Matron / Senior Nurse in Charge /Midwives
20	Continue to monitor service level to ensure staffing levels will be sufficient to cover the anticipated heatwave period	Clinical Lead / Matron / Senior Nurse in Charge/ locality Managers /Midwives
21	Implement appropriate protective factors, including a regular supply of cold drinks	Clinical Lead / Matron / Senior Nurse in Charge/ locality Managers /Midwives
22	Re-enforce messages on risk and protective measures to staff	Clinical Lead / Matron / Senior Nurse in Charge /Midwives
23	Consider moving visit hours to mornings and evenings to reduce afternoon heat from increased numbers of people	Clinical Lead / Matron / Senior Nurse in Charge /Midwives
24	Reduce internal temperatures by turning off unnecessary lights and electrical equipment	Clinical Lead / Matron / Senior Nurse in Charge/ locality Managers /Midwives

High Risk Groups
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Care home or hospital: over 75, female, frail, severe physical or mental illness; multiple medications, babies and young children (hospitals)

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<table>
<tr><td colspan="3" style="background:red;text-align:center">LEVEL 4
MAJOR INCIDENT - EMERGENCY RESPONSE</td></tr>
<tr><td colspan="3" style="background:red">This is reached when a heatwave is so severe and/or prolonged that its effects extend outside health and social care, such as power or water shortages, and/or where the integrity of health and social care systems is threatened.   At this level, illness and death may occur among the fit and healthy, and not just in high risk Groups and will require a multi-sector response at national and regional levels.</td></tr>
</table>

	Action	Responsibility
1	If a major incident is declared implement Major Incident Plan	Chief Executive / Director on Call
2	Coordinate response with NHS Health Partners	EPLO/AEO
3	All level 3 heatwave actions to continue	All

High Risk Groups
Community: over 75, female, living on own and isolated, sever physical or mental illness; urban area, south facing top flat; alcohol and /or drug dependency, homelessness, babies and young children, multiple medications and over exertion
Care home or hospital: over 75, female, frail, severe physical or mental illness; multiple medications, babies and young children (hospitals)

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<table>
<tr><td colspan="3" style="background:#5b9bd5;text-align:center">RECOVERY</td></tr>
</table>

	Action	Responsibility
1	Hold a debrief and discuss any learning outcomes produce a report and action plan	EPLO / Emergency planning officer/ key staff
2	Amend the Trust Heat wave plan as necessary	Emergency Planning Officer

10.   KEY PUBLIC HEALTH MESSAGES

Stay out of the heat:
- Keep out of the sun between 11.00am and 3.00pm.
- If you have to go out in the heat, walk in the shade, apply sunscreen and wear a hat and light scarf.
- Avoid extreme physical exertion.
- Wear light, loose-fitting cotton clothes.

Cool yourself down:
- Have plenty of cold drinks, and avoid excess alcohol, caffeine and hot drinks.
- Eat cold foods, particularly salads and fruit with high water content.
- Take a cool shower, bath or body wash.
- Sprinkle water over the skin or clothing, or keep a damp cloth on the back of your neck.

Keep your environment cool:
- Keeping your living space cool is especially important for infants, the elderly or those with chronic health conditions or who can't look after themselves
- Place a thermometer in your main living room and bedroom to keep a check on the temperature.
- Keep windows that are exposed to the sun closed during the day, and open windows at night when the temperature has dropped.
- Close curtains that receive morning or afternoon sun. However, care should be taken with metal blinds and dark curtains, as these can absorb heat – consider replacing or putting reflective material in-between them and the window space.
- Turn off non-essential lights and electrical equipment – they generate heat.
- Keep indoor plants and bowls of water in the house as evaporation helps cool the air.
- If possible, move into a cooler room, especially for sleeping.
- Electric fans may provide some relief, if temperatures are below 35°C.

(Longer term)
- Consider putting up external shading outside windows.
- Use pale, reflective external paints.
- Have your loft and cavity walls insulated – this keeps the heat in when it is cold and out when it is hot.
- Grow trees and leafy plants near windows to act as natural air-conditioners (see 'Making the Case')

Look out for others:
- Keep an eye on isolated, elderly, ill or very young people and make sure they are able to keep cool.
- Ensure that babies, children or elderly people are not left alone in stationary cars.
- Check on elderly or sick neighbours, family or friends every day during a heatwave.
- Be alert and call a doctor or social services if someone is unwell or further help is needed.

If you have a health problem:
- Keep medicines below 25 °C or in the refrigerator (read the storage instructions on the packaging).
- Seek medical advice if you are suffering from a chronic medical condition or taking multiple medications.

If you or others feel unwell:
- Try to get help if you feel dizzy, weak, anxious or have intense thirst and headache; move to a cool place as soon as possible and measure your body temperature.
- Drink some water or fruit juice to rehydrate.
- Rest immediately in a cool place if you have painful muscular spasms (particularly in the legs, arms or abdomen, in many cases after sustained exercise during very hot weather), and drink oral rehydration solutions containing electrolytes.
- Medical attention is needed if heat cramps last more than one hour.
- Consult your doctor if you feel unusual symptoms or if symptoms persist

11. FURTHER READING

Public Health England, Heatwave plan for England: *Protecting health and reducing harm from severe heat and heatwaves.* 2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888668/Heatwave_plan_for_England_2020.pdf

WHO Europe public health advice on preventing health effects of heat:
http://www.euro.who.int/ data/assets/pdf_file/0007/147265/Heat_information_sheet.pdf

Cochrane Review:

http://www.cochrane.org/CD009888/GYNAECA_electric-fans-reducing-health-effects-heatwaves

Beat the Heat: coping with heat and COVID-19 (poster) 2020:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888247/Beat_the_Heat_2020.pdf

Beat the Heat: coping with heat and COVID 19 (leaflet).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891887/Beat-the-Heat_Leaflet_Coping_with_heat_and_COVID-19.pdf

Beat the Heat: keep cool at home (checklist) 2020:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/525361/Beattheheatkeepcoolathomechecklist.pdf

Beat the heat: keep care residents safe and well during COVID-19 (poster and checklist)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888249/Heat_flier_Residents_2020.pdf

Public Health England, Heatwave Plan for England: *Supporting vulnerable people before and during a heatwave- advice for care home managers and staff.* 2015
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429600/Heatwave-Care_Home_Managers.pdf

NHS: Communities in Action, Ramadan Health Guide: *A Guide to Health Fasting*
http://www.communitiesinaction.org/Ramadan%20Health%20and%20Spirituality%20Guide.pdf

Making the case: the impact of heat on health- now and in the future

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/429572/Heatwave_plan_-Making_the_case_-_2015.pdf

Advice for health and social care professionals: supporting vulnerable people before and during a heatwave
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Looking after children and those in early years settings during heatwaves: guidance for teachers and professionals
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