Meeting	**Trust Board – meeting held in public**
Date & time	**26 November 2020: 1230 to 1430**
Venue	**via Microsoft Teams**

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 Dr Clare Dollery, Medical Director Carol Gillen, Chief Operating Officer Michelle Johnson, Chief Nurse and Director of Allied Health Professionals

Attendees:
Junaid Bajwa, Associate Non-Executive Director
Norma French, Director of Workforce
Jonathan Gardner, Director of Strategy, Development and Corporate Affairs
Wanda Goldwag, Associate Non-Executive Director
Dr Sarah Humphery, Medical Director, Integrated Care
Swarnjit Singh, Trust Corporate Secretary

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

AGENDA

Item	Timing	Title and lead	Action
Standing items			
1	*1230*	**Welcome and apologies** *Julia Neuberger, Chair*	Note
2	*1231*	**Declaration of interests** *Julia Neuberger, Chair*	Note
3	*1232*	**Draft minutes of the meeting held on 30 September 2020** *Julia Neuberger, Chair*	Approve
4	*1235*	**Chair's report** *Julia Neuberger, Chair*	Note
5	*1240*	**Chief Executive's report** *Siobhan Harrington, Chief Executive*	Note
Quality			
6	*1250*	**Quality Assurance Committee Chair's report** *Naomi Fulop, Committee Chair*	Note

Item	Timing	Title and lead	Action
7	*1300*	**Winter Plan** *Carol Gillen, Chief Operating Officer*	Approve
Sustainable			
8	*1310*	**Financial performance and capital update** *Kevin Curnow, Chief Finance Officer*	Review
9	*1320*	**Integrated performance report** *Carol Gillen, Chief Operating Officer*	Review
People			
10	*1330*	**Workforce Assurance Committee Chair's report** *Anu Singh, Committee Chair*	Note
Governance			
11	*1340*	**Estate Strategy Phase 1 – Power Infrastructure and Maternity & Neonatal Facilities** *Jonathan Gardner, Director of Strategy, Development & Corporate Affairs*	Approve
12	*1355*	**Audit and Risk Committee Chair's report** *Rob Vincent, Committee Chair*	Note
13	*1405*	**Charitable Funds Committee Chair's report** *Tony Rice, Committee Chair*	Note
14	*1410*	**2019/20 Whittington Pharmacy Community Interest Company audited accounts** *Kevin Curnow, Chief Finance Officer*	Approve
15	*1420*	**Board Assurance Framework and Risk Register** *Jonathan Gardner, Director of Strategy, Development & Corporate Affairs, and Michelle Johnson, Chief Nurse and Director of Allied Health Professionals*	Approve
16	*1430*	**Any other business**	Verbal

Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 30 September 2020

Present:	
Baroness Julia Neuberger	Chair
Siobhan Harrington	Chief Executive
Kevin Curnow	Acting Chief Finance Officer
Dr Clare Dollery	Medical Director
Professor Naomi Fulop	Non-Executive Director
Amanda Gibbon	Non-Executive Director
Carol Gillen	Chief Operating Officer
Michelle Johnson	Chief Nurse & Director of Allied Health Professionals
Tony Rice	Non-Executive Director
Anu Singh	Non-Executive Director
Baroness Glenys Thornton	Non-Executive Director
Rob Vincent CBE	Non-Executive Director
In attendance:	
Dr Junaid Bajwa	Associate Non-Executive Director
Ruben Ferreira	Freedom to Speak Up Guardian (item 8)
Jonathan Gardner	Director of Strategy, Development & Corporate Affairs
Sue Gibbs	Lead Community Matron (item 1)
Wanda Goldwag	Associate Non-Executive Director
Dr Sarah Humphery	Medical Director – Integrated Care
Lynda Rowlinson	Head of Patient Experience (item 1)
Andrew Sharratt	Acting Director of Communication & Engagement
Swarnjit Singh	Trust Corporate Secretary

No.	Item
1. 1.1	**Patient story** Michelle Johnson and Susan Gibbs highlighted key points from this patient story, as follows: • The patient is a 91 year old woman, Patient X, who presented to the Trust's Emergency Department in late-March 2020 following a fall at home. She was referred to the Rapid Response team for assessment of a possible urinary tract infection at discharge, and was known to be Covid-19 positive at this stage also. Rapid Response 'night sitter' staff were put in place for three nights with the patient to avoid further follow-up hospital admissions, and personal protective equipment (PPE) was provided for these carers • Patient X lived alone and required close community care. On review at home by the community matron, the patient was difficult to rouse and appeared unwell. The community matron spoke with the patient's GP and then agreement was reached with a medical registrar to transfer the patient to hospital due to her significant deterioration. An

	emergency ambulance was arranged to convey 'Patient X' to the hospital, and care was handed over from the rapid response team to the paramedics • The following day the rapid response team conducted a review and discovered that Patient X had not been admitted the previous evening, but had stayed at home. The community matron visited Patient X that day and found her enjoying the sun in a hammock in her garden – on review she was well. However, she had not received her usual social care package and had no food in her house • The community matron escalated the issue to Patient X's social care agency and social services, and arranged the rapid response team to visit the patient three times a day, alongside further night sitters to ensure the patient remained socially and medically looked after throughout her Covid-19 diagnosis • This story demonstrates the strength of the integrated rapid response care provided across the Trust, local GPs, social services and carers, who all provided a vulnerable 91 year old at the start of an unprecedented time of pressure with high quality care
1.2	The Chair thanked all staff involved in the care of patient X. Siobhan Harrington also highlighted the work of community service staff based at the Hornsey Rise Health Centre. During the pandemic, their team had been the first responders and saw patients with a high level of acuity in Islington and Haringey.
1.3	Board members welcomed the story of Patient X and the involvement of the Rapid Response Team in her care. The Trust Board also thanked staff at the Hornsey Rise Health Centre.
2.	**Welcome and apologies**
2.1	The Chair welcomed everybody to the meeting. There were no apologies.
3.	**Declarations of interest**
3.1	Michelle Johnson declared that she had been appointed as an independent member of the Quality Committee at NHS Professionals. Anu Singh declared that she had been appointed as Non-Executive Director and Senior Independent Director at Camden & Islington NHS Foundation Trust.
3.2	The Board congratulated Michelle and Anu on their respective appointments and noted the declarations which would be added to the register.
4.	**Minutes of the meeting held on 29 July 2020**
4.1	The minutes of the previous meeting were agreed as a correct record and the updated action log was noted. There were no matters arising.
5.	**Chair's report**
5.1	The Chair reported that she had been involved in meetings to discuss proposals for temporary paediatric services in the North Central London sector. She also highlighted the appointment of Councillor Janet Burgess as

	Mayor of the London Borough of Islington.
5.2	**The Board noted the report.**
6.	**Chief Executive's report**
6.1	Siobhan Harrington thanked staff for their incredibly hard work to respond to the recovery of services, planning for winter and a second wave of Covid-19, planning for our flu campaign and supporting the wellbeing of colleagues. She highlighted the raising of the national UK Coronavirus alert level to level 4 and explained that the NHS England incident response level remained at level 3 i.e. regional level coordination of the response. At Whittington Health, there had been a focus on safety for patients and staff and on supporting the health and wellbeing of the workforce. Siobhan Harrington encouraged all Board members to have a winter flu vaccination if they had not done so already.
6.2	Siobhan Harrington also drew attention to the temporary changes announced for children and young people's services in North Central London (NCL). As part of these changes, the Royal Free Hospital's children's emergency department and inpatient unit had closed and Whittington Health children's emergency department and inpatient unit were expanded. There had been excellent collaboration between NCL providers to ensure that patients received the very best care. The changes were in week one and Siobhan Harrington re-iterated that the focus remained on patient safety and ensuring there was regular communication with local families on the changes implemented.
6.3	Board members were encouraged by Siobhan Harrington to participate in the range of activities prepared to mark Black History Month in October. She was proud of the hard work taking place by staff and management to rejuvenate Whittington Health's staff equality networks and highlighted the monthly listening event held between members of the executive team and the Black and Minority Ethnic (BAME) network to share feedback on priorities for action.
6.4	Michelle Johnson reported on pressure ulcers and highlighted 21 cases in July and two in August. She explained that, as an integrated care organisation, Whittington Health was more likely to see pressure ulcers in community rather than hospital-based services. It was therefore to a large extent reliant on partners and was doing work with the Haringey Safeguarding Adults Board for people seen by multiple agencies.
6.5	Clare Dollery confirmed that the changes in the hospital standardised mortality ratio had not been paralleled in the summary hospital level mortality indicator as it had been decided to exclude a Covid-19 diagnosis. She also provided assurance that Whittington Health remained with the expected range for mortality.
6.6	Anu Singh welcomed the engagement work undertaken with the staff equality networks. She thanked members of the BAME network for the way

	they had organised themselves in a short period of time, appointed two co-chairs and embarked on a series of regular engagement and listening events with senior management. The next stage would be to translate the established priorities into a programme of work overseen by the Trust Management Group and reported to the Workforce Assurance Committee and Trust Board.
6.7	Siobhan Harrington congratulated the adolescent unit at Simmons House for achieving full accreditation by the Royal College of Psychiatrists' Quality Network of Inpatient Child and Adolescent Mental Health Service units.
6.8	**The Board noted the Chief Executive's report and the register showing use of the Trust seal.**
7.	**Quality Assurance Committee Chair's report**
7.1	Naomi Fulop drew attention to the following: • An excellent presentation which highlighted the positive impact of human factors training delivered by the Project Wingman team in the Emergency & Integrated Medicine and Surgery & Cancer Integrated Clinical Service Units • The moderate assurance taken from the risk register report – particularly the need to review the completion dates of actions for some entries by respective Integrated Clinical Service Unit Boards • The improving trajectory on fire safety training which the Committee would continue to monitor along with progress on providing the assurance sought on the completion of security audit inspections
7.2	Rob Vincent asked about the availability of disaggregated demography data for the 2019/20 compliments and complaints annual report. Michelle Johnson confirmed that the Patient Advice & Liaison team were working on a number of ways to improve coverage of the ethnicity of patients who contacted them and an update would be provided to the Quality Assurance Committee in the Quality report in six months' time.
7.3	**The Board noted:** **i. the Chair's report for the Quality Assurance Committee meeting held on 9 September and the areas of significant assurance identified by Committee members;** **ii. the assurance provided by the Committee that the clinical areas reviewed continued to be safely staffed and the recommendations set out by the Chief Nurse & Director of Allied Health Professionals;** **iii. the assurances that there are systems in place to protect children and vulnerable adults from abuse and neglect whilst in our care and that local partners have confidence that Whittington Health is fulfilling its role as a statutory partner in safeguarding children and adults at risk in the wider community and health and care economy; and** **iv. that further information on the background of people who contacted the Patient Advice & Liaison service would be provided**

	to the Quality Assurance Committee.
8. 8.1 8.2 8.3	**Freedom to Speak Up Guardian (FTSUG)** Ruben Ferreira presented the report on Freedom to Speak Up activities across Whittington Health during the period March 2020 to August 2020. He highlighted these key points: • During the pandemic, it was important for the FTSUG to be visible to staff in in the Project Wingman Lounge and in the staff canteen and also to work differently by providing virtual ways for colleagues working remotely to make contact • The National Guardian's Office undertook three pulse surveys with the national guardians' network during April to June 2020. The survey outcomes highlighted that workers across the NHS were raising issues such as problems with access to appropriate personal protective equipment, concerns about social distancing and the safety of vulnerable colleagues • Staff continued to be encouraged to speak up at the trust and it was encouraging to see Whittington Health's improve its overall FTSU Index score by 3% (78.9%) from 2018 (75.9%) making it to the top ten most improved Trusts in England for 2019 Amanda Gibbon welcomed the progress achieved in helping to change the speaking up culture in a short space of time. Rob Vincent reported that he had taken on responsibility for being the lead Non-Executive Director in support of freedom to speak up and had been impressed with the progress achieved over the last 18 months. He noted the further work needed to further improve FTSU index scores for two questions which asked about the treatment of staff involved in an error, near miss or incident and on whether staff felt safe raising concerns about unsafe clinical practice. **The Board:** **i. agreed that protected time (within job roles) should be provided for Speak Up Advocates to support their colleagues;** **ii. agreed to encourage and promote the work of the FTSUG with managers and senior leaders; and** **iii. noted the continued implementation of Freedom to Speak Up training to managers within corporate areas and Integrated Clinical Service Units**.
9. 9.1 9.2	**2019/20 Medical Revalidation Annual Report** Clare Dollery presented the report which showed that, despite the impact of the pandemic, all consultants, associate specialists and specialty doctors, and Trust and bank grade doctors completed an appraisal in line with our policy, including a number of late appraisals and those with agreed reasons to postpone their appraisal. **The Trust Board approved the 2019/20 medical revalidation annual report.**

10.	**Financial performance and capital update**
10.1	The report was taken as read. Kevin Curnow drew attention to the following: • In line with financial reporting arrangements, the Trust continued to report a breakeven financial position. At the end of August, this included a retrospective top up payment of £5.3m (£1.4m in August) to offset the additional costs incurred due to Covid-19 pandemic • NHS England and NHS Improvement had published the revised contracts and payment guidance for month 7 to month 12 of 2020/21 which explained in detail the changes relating to system funding envelopes, and how block contracts and top-ups will operate until the end of the financial year • Though the Trust had been issued with an income and expenditure envelope for the rest of the financial year, we are still awaiting details on how the values were calculated and the impact on our in year financial performance • There was a continued focus on monitoring and reviewing the cost base to ensure where possible expenditure incurred was aligned with activity and that costs committed to Covid-19 were non-recurrent in nature
10.2	Tony Rice reported that the Finance & Business Development Committee had reviewed a briefing on the new financial arrangements set out by NHS England and Improvement. Committee members had agreed on the need to maintain a disciplined grip on the run rate and to improve productivity.
10.3	**The Board noted the financial report and the outturn at end of August 2020 and recognised the need to improve income delivery, reduce temporary spend and improve the delivery of cost improvement programme plans.**
11.	**Integrated performance report**
11.1	Carol Gillen took the report as read and highlighted the following: • During August 2020, performance against the 4 hour access standard was 90.5%, below the 95% trajectory. The national average in August was 89.25%, the London average was 90.8% and the NCL average was 89.7%. Attendance numbers continued to be lower than previous years - August 2020 saw 7,258 attendances compared to 8,778 during August 2019 • The 2 week cancer wait (2ww) standard was achieved in August 2020. The Trust had also seen a significant reduction in the backlog of diagnosed patients over day 62 • Appraisal rates for August 2020 were 63.8% against a target of 90%. Compliance against mandatory training has remained consistent at 82.7% in August 2020 against a target of 90% • In adult community services, the impact of implementation plans for the recovery and reset of community services were evidenced in the improved performance and reduction in waiting times during August 2020. These services were on course to meet the 95% target within the set time periods for recovery

	• Work had started to prepare the draft 2021/22 integrated performance report
11.2	In reply to a question from Naomi Fulop, Carol Gillen confirmed that cancer referrals had now increased following a significant fall during wave one of the pandemic and that achievement of cancer targets was also dependent upon independent sector support being in place. Clare Dollery reported that there had been a focus on endoscopy services across London and England during the recovery to help support cancer services.
11.3	**The Board noted the integrated performance report.**
12.	**NHS People Plan**
12.1	Norma French explained that the NHS People Plan was published in July outlining the actions that organisations, employers and staff will need to take in the coming months. She highlighted work with the NCL Human Resources Network which she co-chaired and that progress with delivery of Whittington Health's actions would be monitored by the Workforce Assurance Committee. The Chair welcomed the NHS People Plan and highlighted the potential risks to delivery from a second pandemic wave.
12.2	**The Board noted the publication of the People Plan and that progress with delivery of the Trust's actions would be monitored by the Workforce Assurance Committee.**
13.	**Audit & Risk Committee Chair's report**
13.1	Rob Vincent highlighted very good outcomes from the internal audit reviews of board assurance arrangements and strategic planning. He also drew attention to the items for which committee members were only able to take limited assurances. These covered the four internal audit reviews on the delivery of sustainable cost improvement plans, medicines management, data security and protection toolkit, and unfunded beds. In addition, there was limited assurance regarding progress with the internal audit plan due to the impact of the pandemic on completing some reviews which would now be completed by the end of quarter three.
13.2	**Board members noted the Chair's assurance report and the areas of limited assurance for which action was being taken.**
14.	**Board Assurance Framework and Risk Register**
14.1	Jonathan Gardner confirmed that the internal audit team had reviewed the new Board Assurance Framework (BAF) template and agreed it met all of the recommendations outlined. The key changes allowed better tracking of key indicators and reports cited as assurances. He sought approval for the updated BAF which had been reviewed by executive risk leads.
14.2	**The Board:** **i. received the BAF in the new template following the Grant Thornton review;** **ii. approved the updated BAF entries for the Trust's Quality,**

	People, Integration and Sustainability strategic objectives; **iii. noted the appended summary risk register report was reviewed by the Quality Assurance Committee which agreed to the closure of the risk relating to security in the mortuary and the downgrading of a risk relating to interventional radiology; and** **iv. agreed that no risk register entries scored at 16 and above should be included on the BAF.**
15. 15.1	**Any other business** There were no items reported.

Action log, 30 September 2020 Public Board meeting

Agenda item	Action	Lead(s)	Progress
Declarations of interest	Include updates from Michelle Johnson and Anu Singh on the register of interests	Swarnjit Singh	Completed
Quality Assurance Committee Chair's report – 2019/20 Compliments and Complaints annual report	Provide further information on the demographic backgrounds of people who contacted the PALs service to the Quality Assurance Committee in six months' time	Michelle Johnson	On track for March 2021 meeting

Meeting title	**Trust Board – public meeting**	**Date: 26 November 2020**
Report title	**Chair's report**	**Agenda item: 4**
Director lead	Julia Neuberger, Chair	
Report author	Swarnjit Singh, Trust Secretary	
Executive summary	In addition to the verbal report accompanying this item, this report provides a summary of recent activities.	
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

COVID-19

I wanted to say a huge thank you to everyone for their ongoing efforts to treat patients, and to provide safe services during the pandemic. At the same time, I am heartened by the support provided to maintain the health and wellbeing of our staff. Whittington Health got through the first phase incredibly well and lessons learnt then will stand us in good stead as we enter into this second surge phase.

Wellbeing Guardian

The NHS People Plan highlighted what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021. It also set out the actions needed to deliver the People Plan. One action was for all NHS organisations to have a Wellbeing Guardian to look at the organisation's activities from a health and wellbeing perspective and act as a critical friend, while being clear that the primary responsibility for our people's health and wellbeing lies with the Chief Executive and/or other accountable officers.

The aim of the Wellbeing Guardian is to routinely challenge the organisation's activities and performance to create a compassionate environment which promotes the wellbeing of the NHS's people. The Wellbeing Guardian will need to be mindful of their perceived seniority and actively promote opportunities for contributions from the most vulnerable in the workforce. A successful Wellbeing Guardian will role model Whittington Health's values and be open, honest and willing to challenge the status quo in promoting a wellbeing culture within the organisation. I am pleased to announce that Tony Rice, Non-Executive Director, will be the Trust's Wellbeing Guardian.

Arts Group

Whittington Health recently established an Arts Group to make decisions on where and how art is provided in the Trust and to put bids to the Whittington Charity and other funding organisations to support the work of the Group. It will promote the value and use of art in the Trust's community and hospital sites to help improve patient and staff experience. Amanda Gibbon, Non-Executive Director, will be a member of this forum which will provide assurance on:

- The provision of art across our locations
- The quality of new art installations
- The inclusivity of new art installations
- The use of the Trust's position of influence in the communities we serve to encourage, promote and nurture local creative talent and the encouragement of staff to undertake creative endeavors as a route to better mental wellbeing

Consultant recruitment

I am very grateful to Non-Executive Director colleagues for helping participate in the selection panels for recruitment to consultant posts since the September Board meeting. They are as follows:

- 1 October: Consultant nuclear medicine and lead radiologist (Rob Vincent)
- 7 October: Consultant, community paediatrics (Glenys Thornton)

- 4 November: Consultant Hematologist and Thrombosis (Julia Neuberger)
- 4 November: Consultant Hematologist and red cell disorders (Julia Neuberger)

North Central London Partnership Board
I have attended a number of meetings with North Central London (NCL) partners to discuss work needed as an integrated care system and also developments with the proposal for a Provider Alliance in the NCL sector. I continue to see good evidence of collaboration between organisations, not least in the successful implementation of temporary arrangements for paediatric services.

Board membership diversity survey
NHS England and Improvement's Talent Insights team are collecting a comprehensive data set on the membership of NHS Trust and Clinical Commissioning Groups (CCGs) boards, including their diversity data across the protected characteristics. Gathering this information on the diverse representation of our senior leaders aids the NHS's commitment to improving equality, diversity and inclusion.

NHS England and Improvement will use this information to establish a detailed picture of those boards including their structure, membership and diversity. The high-level aggregated data collected will identify any trends or patterns that may prevent or support improving diversity, inform development strategies and identify good practice. This will help them to better support organisations in the recruitment, development and retention of the best and most diverse boards and board members. The survey closes on 16 December 2020 and I urge all Board members to respond by the deadline.

Meeting title	**Trust Board – public meeting**	**Date: 26 November 2020**
Report title	**Chief Executive's report**	**Agenda item: 5**
Executive director lead	Siobhan Harrington, Chief Executive	
Report author	Swarnjit Singh, Trust Corporate Secretary	
Executive summary	This report provides updates on important national developments since the last Board meeting as well as highlighting local news and celebrating achievements by Trust staff.	
Purpose:	Note	
Recommendation(s)	Trust Board members are invited to note the contents of the report.	
Risk Register or Board Assurance Framework	All Board Assurance Framework entries	
Report history	Report to each Board meeting held in public	
Appendices	None	

Chief Executive's report
First of all, I wanted to thank everyone at Whittington Health for their continued hard work, dedication for patients and delivery of safe services during the pandemic. Faced with a challenging winter period ahead, the health, wellbeing and resilience of our staff is paramount. Many are tired, both mentally and physically, and have home lives which have also been impacted upon by COVID-19. In response, Whittington Health had put in place a range of measures to ensure that support is available for all members of staff throughout this time.

COVID-19
On 5 November, England entered into a second national lockdown to tackle the coronavirus pandemic. The NHS also moved back to a level 4 status nationally, with NHS England and Improvement resuming direct control over the NHS emergency planning framework. As with regional control arrangements, there are a number of daily and weekly situation reports submitted.

During the lockdown leaving home for any medical concerns, appointments and emergencies are valid exemptions and patients should be assured that Whittington Health remains safe for them to see us, either for scheduled appointments or in an emergency.

Following a national pilot exercise, Whittington Health is rolling out asymptomatic testing for all patient-facing staff in hospital and community sites who will receive a kit containing around 6 weeks of COVID-19 self-swab kits. Staff will test themselves at home twice a week and receive an immediate result which must be confirmed by a polymerase chain reaction (PCR) test. The advantage of this is that the tests are quick and there is no laboratory requirement.

COVID-19 vaccinations
Following the welcome news of vaccinations against coronavirus being made available, a working group has been established to plan for all patient-facing staff to receive a COVID-19 vaccination after the anticipated arrival of the vaccine in early December.

North Central London Provider Alliance
Extensive discussions have taken place over the past four to five months about the establishment of a Provider Alliance for North Central London. As part of the integrated care system in North Central London, the providers (acute, community and mental health) are coming together to create a Provider Alliance. The purpose is to create a membership organisation where the stakeholders work together to improve health for the population we collectively serve and to improve the quality and to reduce the cost of health services (for patients, residents, and staff). There will be a focus on both physical and mental health needs and considering whole pathways, working with other partners, from prevention through to complex tertiary treatment to address health inequality and access to treatment and care. Key tasks for the member organisations will be to agree and progress the agenda of the Provider Alliance for the first twelve months and outline a road map and vision for the first three years.

Winter flu vaccination campaign
As of 18 November, Whittington Health's winter flu vaccination campaign had vaccinated 71% of staff and will continue to provide vaccination clinics at hospital and community sites.

Quality and safety operational performance
Performance is reported in detail later on the agenda under agenda item 11 – integrated performance report. Highlights include:

- **Emergency Department (ED) four hours' wait -** during October, performance against the four hour access standard was 88.2%, below the 95% trajectory. The national average in October was 84.4%, the London average was 88.2% and the North Central London average was 87.3%. Attendance numbers remain lower than previous years. In October 2020, there were 7,995 attendances compared to 9,428 during October 2019. Factors for the current ED performance are highlighted in the integrated performance report and are attributable to a 10% increase in patient acuity compared with the same period in 2019 and the timeliness of bed allocation while adhering to infection prevention and control requirements. From December 2020, the availability of rapid testing will help to increase patient flow
- The Urgent Treatment Centre saw 2,961 attendances and Paediatrics saw 2,549 attendances throughout October 2020. Paediatrics performance was 96.1% for October 2020
- **Cancer standards** – in September performance against the 62 day target was at 77.5%. The Trust has seen a significant reduction in the backlog of diagnosed patients over day 62 and the 2 week wait standard was also achieved in September 2020 for the fourth consecutive month
- **Community services** – Musculoskeletal services continued to perform well by reducing their backlog and maintaining good performance ahead of their recovery plan. Musculoskeletal Clinical Assessment and Treatment service (MSK CATS) and Musculoskeletal Routine are performing well, with performance for October at 93.4% and 94.2% respectively. Nutrition and Dietetics are also performing well with 92.7% of patients being seen within 6 weeks
- **Referral to Treatment** – at the end of October, 386 patients with a low clinical priority had waited more than 52 weeks for treatment. As part of its phase three submission, Whittington Health had a plan in place to reduce these long waits by the end of the financial year through the use on ongoing clinical harm reviews, the full utilisation of theatre capacity at Whittington Hospital and also through independent sector capacity
- **Workforce** – annual staff appraisal rates for October 2020 were at 63.1% against a target of 90%. Compliance against mandatory training was 82.4% in October 2020 against a target of 90%

South hub leadership team
As part of the implementation of temporary changes to paediatric services across North Central London, leads are now in place in key positions within the Southern Hub for children's services based at Whittington Hospital. They are as follows:

- **Joint Nursing Leads** - Elizabeth Aryeetey, Head of Children's Nursing at the Royal Free, and Jeanette Barnes, Associate Director of Nursing, Children & Young People at Whittington Health

- **Operational Lead** - Lee Gutcher, Operations Manager – Liver Services directorate at the Royal Free
- **Joint Clinical leads** - Neeta Patel Consultant General Paediatrician and the Lead for Paediatric Allergy and High Dependency Care at Whittington Health and Shye Wei Wong, Consultant in Paediatric Emergency Medicine and the clinical lead for Acute Paediatrics and Paediatric Emergency Medicine at the Royal Free

These colleagues will play pivotal roles in ensuring that urgent and emergency care for children and young people is safe, effective and caring in the Southern Hub.

Winter Plan
Over the past months, Whittington Health has developed a plan as part of our annual preparations for the increased demand associated with severe weather. The plan demonstrates the proactive approach that Whittington Health will undertake to address the anticipated impact on healthcare services during winter and is covered by a separate item on today's Board meeting agenda.

Financial performance
At the end of October, Whittington Health reported a £1.1m deficit. This was £100k better than planned. Cash reserves at end of October stood at £60.8m. The higher than average cash balance is due to the NHS moving away from the payment by results methodology and on to an agreed block arrangement where income is received a month in advance. The Trust has a capital plan of £14.5m excluding COVID-19 capital allocations. At the end of month seven, Whittington Health had spent £6.1m of its capital allocation, £971k behind the year-to-date plan. In addition, the Trust submitted a deficit plan of £9.26m for the period October 2020 to March 2021.

NHS staff survey
The Communication and Organisational Development teams have worked hard to publicise and raise the profile of, and participation in, this year's NHS staff survey. The feedback and experiences of staff are invaluable and provide rich details on which to take action. This NHS staff survey closes on 27 November. As of 9 November, 39.4% of staff had responded to the survey.

Senior leadership changes
The following changes have taken place to the senior team here at Whittington Health:

- **Michelle Johnson**, Chief Nurse & Director of Allied Health Professionals, will join Camden and Islington NHS Foundation Trust from January 2021 as their Chief Nurse, adding this to her existing role here for a period of nine months. Additional nursing leadership capacity will be put in place at Whittington Health in mitigation. This is an exciting further opportunity for us to work even more closely with colleagues at Camden & Islington and to further strengthen the way in which our respective organisations and staff provide truly holistic mental and physical health and care to local people
- Having successfully helped to lead staff and support our most critically unwell patients through the initial phase of the COVID-19 pandemic and, after eight years in the role, **Nick Harper** has decided to step down as Clinical

Director for our Surgery and Cancer Integrated Clinical Service Unit. Nick has made an invaluable contribution as Clinical Director to ensuring that both before and during the COVID-19 pandemic our patients received the safest, highest quality and effective critical, surgical and cancer care possible and we thank him for his hard work, commitment and support to his colleagues and he will remain at Whittington Health focussing on clinical work

- **Chetan Bhan**, current Colorectal Cancer Lead for the Trust and also Co-Clinical Director, during the initial peak in COVID-19 cases, will succeed Nick. We are delighted to welcome him to his new role and wish him every success

Black History Month and See Me First Badge
October marked the celebration of Black History Month, an event that has been celebrated nationwide for more than 30 years. The month was originally founded to recognise the contributions that people of African and Caribbean backgrounds have made to the UK over many generations, including in the NHS. This year, it was particularly important in the context of the Black Lives Matter movement and the disproportionate impact which COVID-19 had had on Black, Asian and Minority Ethnic (BAME) communities. Thanks to colleagues including Delia Mills, Michelle Scully and others from around the Trust, the celebrations and events were bigger than ever. They included a culture day, performance and arts and discussions about inspirational black heroes.

In the final week of the month the BAME staff network launched the 'See Me First' badge. This is a Trust initiative underlining the organisation's commitment to treating all Black, Asian and Minority Ethnic staff with dignity and respect. The badge was developed by Paul Attwal of the BAME Staff Network. By displaying the See Me First Badge, the wearer, is showing their commitment to Whittington Health's values and echoes the sentiment of Dr Martin Luther King Jr that people should 'not be judged by the colour of their skin, but by the content of their character'.

Trust Board equality statement
In October, the Board of Directors of Whittington Health also agreed a statement be issued to affirm its commitment to promoting equality, diversity and inclusion. The statement is shown below:

"The Trust is an open, non-judgemental and inclusive organisation that will not tolerate racism or discrimination. We celebrate the diversity of our staff and community. We will treat all our staff equitably, with dignity and respect, whatever their race, gender, religion, age, disability or sexual orientation."

Health Service Journal nominations
Whittington Health is delighted that it has been shortlisted three times in this year's Health Service Journal awards, as follows:

- North Central London CCG (Islington), the London Borough of Islington, Whittington Health NHS Trust, Barnardos, Isledon, Brandon Centre and Kooth have been shortlisted in two award categories: for Health and Local Government Partnership and also for Integrated Care Partnership of the Year. These two nominations recognise their work on the integration of social,

emotional and mental health services for children and young people in the London Borough of Islington; and
- in the Integration Partnership of the Year category, for our work to develop the Haringey and Islington Integrated Care Partnerships

Royal College of Psychiatrists' award
Congratulations also go to the Camden Learning Disability Service which won the Royal College of Psychiatrists' Psychiatric Team of the year: Intellectual Disability award, recognising their outstanding commitment to community based support for people with learning disabilities and their families. The service is an integrated venture between the London Borough of Camden, Camden and Islington NHS Foundation Trust and the Whittington Health NHS Trust

Armistice Day
On 11 November, Trust staff, patients and visitors marked Armistice Day and a service was held by our chaplains.

Staff excellence award
Our latest winner of a Staff Excellence Award is Dr Irene Gafson. Irene is a Fellow in Obstetrics and Gynaecology and has been awarded for demonstrating our 'Excellence' Value. Irene was nominated for leading and delivering a superb induction for year 4 and year 5 medical students who joined us in September.

The nominee said that: "Irene is a committed educationalist and she displayed an incredibly sensitive and caring attitude towards the new intake of medical students, who felt welcomed and excited to start their placement at the Whittington. Irene demonstrates all Whittington Health's values and, no doubt, she is an inspiration to the new medical students and a role model to colleagues she works with."

Meeting title	**Trust Board – public meeting**	**Date: 26 November 2020**
Report title	**Quality Assurance Committee Chair's report**	**Agenda item: 6**
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 11 November 2020 Quality Assurance Committee meeting. The Trust Board is also asked to note that a representative from north central London Clinical Commissioning Group has joined the committee as an observer. The Committee is able to report to the Board that it took significant assurance from the following agenda items: • A presentation from the Acute Patient Access, Clinical Support Services and Women's Health Integrated Clinical Service Unit on the successful implementation of electronic prescribing for outpatients and also in the Adult emergency department • Board Assurance Framework – Quality entries • Draft 2019/20 Quality Account • Quarter two Quality report • Serious Incidents report • Quality Improvement strategy • Sepsis report • Quarter one Learning from deaths report • Non-elective readmissions within 30 days The Committee also took moderate assurance from the risk register report. In addition, the Committee agreed to continue to monitor an action related to health and safety (compliance with security audits and fire safety training levels) as a report on progress was unavailable for this meeting.	
Purpose	Noting	
Recommendations	Board members are invited to: i. note the report and the areas of significant assurance identified by Committee members on respective agenda items; ii. approve the draft Quality Improvement strategy;	

	iii. agree the 2019/20 Quality Account for publication on our external webpages by the 15 December deadline; and iv. note the change to the Committee's terms of reference with the inclusion of a North Central London Clinical Commissioning Group observer at meetings.
Risk Register or Board Assurance Framework	Quality strategic objective entries
Report history	Report to the Public Board following each Committee meeting
Appendices	1: Quality Improvement strategy 2: September 2020, Serious Incidents report 3: 2020/21 Quarter one Learning from deaths report 4: 2020/21 Quarter two Quality report 5: 2019/20 Quality Account

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	11 November 2020
Summary of assurance:	

1. The Committee is reporting significant assurance to the Trust Board in the following areas:

Electronic prescribing for outpatients and the adult emergency department
Committee members all welcomed a presentation which highlighted the positive safety benefits to patients and also to Whittington Health from the implementation of electronic prescribing in all outpatient clinics and also the adult emergency department. In particular, the Committee noted the:

- successful increase in digital prescriptions which were now provided across 94% of services provided
- the safety benefits such as increased adherence to the medicines formulary; a reduced likelihood of prescribing errors; the ability to provide clear legible prescriptions in patient records and to make it easier to audit and report use of medicines; the additional security and check against fraud provided; and, also the increased ability to be able to prescribe remotely

Board Assurance Framework (BAF)
The Committee reviewed the updated BAF and noted that no changes were proposed to the scores for entries Quality 1, 2 and 4. The Committee also agreed the recommendation that the consequence score for BAF entry Quality 3, be increased from 3 to 4 to reflect the increased uncertainty and challenge of both a second surge and winter pressures, particularly in ensuring sufficient staffing and capacity. Committee members received assurance that key staff – the Chief Nurse, Medical Director and Chief Operating Officer continued to participate actively in North Central London forums – and that maintaining elective and community recovery activity was paramount.

2019/20 draft Quality Account
The Committee discussed and fed back on the draft Quality Account publication and noted that feedback from internal and external stakeholders was being included in the final iteration for Board approval. The Committee thanked the quality governance team for their hard work in producing the draft report which would be recommended for approval at the November Board meeting.

2020/21 Quarter two Quality report
Committee members welcomed the detail and format of the quality report highlighting the headline data from patient safety, patient experience and clinical effectiveness. The Committee welcomed the decision to allow further support for partners coming into the maternity unit, with the final area now returning with partners being able to join women for antenatal scans from the beginning of December 2020. In particular, Committee members noted that:

- The changes in the Trust's mortality indicators were discussed in detail including the influence of reduced attendances at the Trust which reduce the number of expected deaths and the lack of adjustment to a national prediction when surges in COVID-19 only effect part of the country

- Incident reporting had increased but remained below 2019/20 levels
- Four Serious Incidents were reported during the quarter
- Limited visiting was re-introduced on acute adult wards in July 2020 and the guidelines were revised again in October 2020 to ensure they were in line with national guidance
- New pathways and escalation plans in place to manage second surge of pandemic
- Quality Account Priorities were on target for year one delivery

Serious Incidents report
The Committee reviewed the Serious Incidents report for the period September 2020. They noted no serious incidents were declared this month. They also noted the learning shared from a review of the delay in diagnosing and referring a patient with a new diagnosis of malignancy.

Quality Improvement strategy
Committee members reviewed the draft Quality Improvement strategy and welcomed its encapsulation in one slide. The strategy had been consulted on widely with integrated clinical services units and corporate teams. They noted that there was a focus on Phoenix projects (related to recovery after the COVID-19 pandemic first surge) for the remainder of 2020/21 and that the Improvement Faculty would develop further in 2021/22. Committee members fed back on having activities set out for the strategy to implement during the period it covered.

Sepsis report
The Committee reviewed a report it had previously asked for to understand the current state of sepsis treatment. It took assurance from the review of outcomes for 187 patients coded with sepsis over the last year which showed no deterioration and some improvement in rates for survival, length of stay and non-elective readmission to hospital within 28 days. Committee members understood that the reporting of sepsis data ceased during the COVID-19 pandemic and needed to be re-established. The Committee also noted that, while similar rates of bacterial sepsis had been seen over the last four quarters, the mortality due to sepsis seen in the first two quarters of 2020/2021 was lower than that in the latter two quarters in 2019/2020 (noting that numbers of deaths are small).

Quarter one Learning from Deaths report
Committee members considered a report for quarter one 2020/21. They noted that:
- There were 180 adult inpatient and Emergency Department deaths and 2 neonatal deaths versus 120 deaths in the same period in the prior year
- While deaths in June were lower than the prior year, there were 70 more deaths in April this year than in 2019 and 8 more in May
- 92 inpatient deaths during this quarter had COVID-19 stated as the main cause of death or as a contributing factor
- Diabetes was the most common pre-existing condition found among deaths involving COVID-19 (29 deaths)
- there were no avoidable deaths reported this quarter from the outcome of

	mortality and morbidity meetings for this quarter • The Committee noted that both key quality indicators – the Summary Hospital-level Mortality Indicator– were within the expected range. The Summary Hospital level Mortality Indicator (SHMI) for June 19 to May 2020 was 0.93. The Hospital Standardised Mortality Ratio (HSMR for July 19 to June 20 was 77.8. **Non-elective readmissions within 30 days** The Committee considered a report which reviewed non-elective admissions readmitted within 30 days of discharge, during the COVID-19 peak and considered the lessons learned. Although readmissions were at 8% in April 2020, the number of patients readmitted had fallen to 98 from 150-160 in the preceding 3 months. It was noted that 27 patients without symptoms of COVID-19 at first admission subsequently tested positive at their second, third or fourth hospital episode. Committee members understood that the overall performance target was significantly skewed by the low overall discharges during March and April 2020. They were able to take good assurance on readmission rates provided by the paper and recognised that changes had been put in place since March, for example, screening all non-elective patients for COVID-19 at admission and again after an interval.
2.	**The Committee is reporting moderate assurance to the trust Board in the following areas:** **Quality & safety risk register** The Committee reviewed the risk register report. It received assurance that the risk relating to alarm systems for paediatric services would be resolved this week with work to install equipment received. In addition, Committee members sought assurance on the risk register entry for fencing at Simmons House.
3.	**Other key issues:** **Nursing & midwifery strategic priorities** The Committee discussed the draft 2021/22 strategic priorities for nursing and midwifery. The priorities had been developed in consultation with nurses midwives across the trust and had the support of the senior nursing leadership. The trust corporate objectives provided the overarching framework for the priorities. They would be launched in January 2021 and embedded within the appraisal system. Committee members welcomed the priorities and fed back on the inclusion of monthly qualitative feedback from staff and also smart measures to help evaluate the outcomes achieved. **Quality Governance Committee meeting, 27 October** The Committee noted the Chair's assurance report and minutes.
4.	**Attendance:** Professor Naomi Fulop, Non-Executive Director (Chair) Dr Clare Dollery, Medical Director Amanda Gibbon, Non-Executive Director Carol Gillen, Chief Operating Officer

	Joseph Grayson, Pharmacist Michelle Johnson, Chief Nurse and Director of Allied Health Professionals Chandni Khanderia, Pharmacist Gillian Lewis, Associate Director of Quality Governance Clarissa Murdoch, Associate Medical Director Katherine Nolan-Cullen, Compliance and Quality Improvement Manager Leanne Rivers, Patient Representative Swarnjit Singh, Trust Corporate Secretary Carolyn Stewart, Executive Assistant to the Chief Nurse Baroness Glenys Thornton, Non-Executive Director Anne Walker, Assistant Director of Quality, NCL CCGs (Observer)

Whittington Health Quality Improvement Strategy

Our Vision:

To empower and engage our staff to deliver continuous Quality Improvement to enhance the care of our patients, the experiences of our staff and use of our resources

Why?

Because Whittington Health believes that **Better Never Stops** and continuous Quality Improvement is vital to this approach

One of the ICARE values is **Innovation**; and QI works to encourage this. All projects are linked to the three pillars of quality: patient safety, patient experience and clinical effectiveness; and also to the four Trust strategic objectives

The Trust has had great success from QI and aims to **replicate, upscale** and share the learning across the integrated care organisation

How?

By QI being part of the **Whittington Improvement Faculty**. This comprises of different teams with different methodologies, focus and expertise but they all share the aim of driving improvements. The faculty includes Quality Improvement and mentors, Project Management, Research, Clinical Audit and Business Development

Offering introductory online **training** and face-to-face sessions (using the IHI Model for Improvement methodology) that receive positive feedback and empower and equip staff with the knowledge, skills and confidence to run a project from beginning to end. Encouraging managers b7 and above to attend so they can encourage teams.
Offering project **coaching** and advice when needed

In 2020-21, there will be a focus on "**Phoenix Projects**"; those that identify, evaluate, develop and build on the positive changes that were made as a result of Covid-19

Through **re-engaging** each department to ensure clinical and governance priorities feed their QI priorities and align with business planning

Keeping service users and patients at the heart of our work through increasing **participation** and working with stakeholders (including experts by experience, partnership and feedback

Celebrating the successes and good work through sharing learning and results both internally and externally. Being visible throughout the sector and presenting work

Through having **Trust priorities**; department priorities and also **smaller projects** run by staff who are passionate about the topic. All are welcomed, noticed and celebrated

Through being reliant on **data** to highlight areas for development and show improvement. Aligning with the Trusts focus on **digital development** by encouraging reliance on electronic data sources

Meeting title	**Trust Board – public meeting**	**Date: 26.11.2020**
Report title	**Serious Incidents Update – September 2020**	**Agenda item: 6 Appendix 2**
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 September 2020. • No Serious incidents were declared in September 2020. • Due to Covid-19 pandemic, the 60 day deadline for Investigations has been temporarily suspended, however the Quality Governance Team are working with the ICSUs to complete the remaining six investigation reports that have been delayed.	
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: November 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 September 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, Associate Director 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).

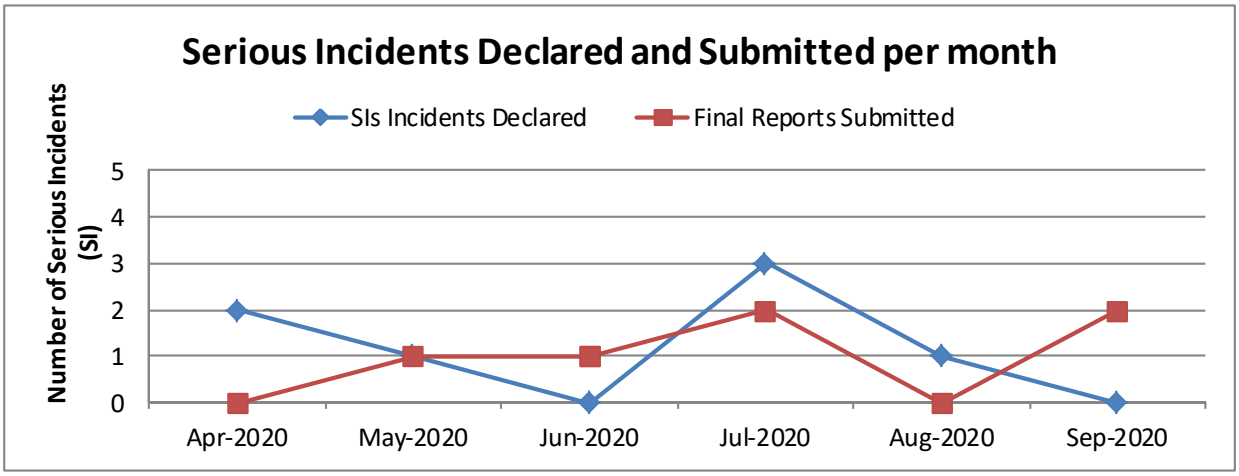
3. Serious Incidents

3.1 There were no Serious Incidents declared by the Trust in September 2020. The total number of reportable incidents declared by the Trust between 1st April 2020 and 30th September 2020 is seven.

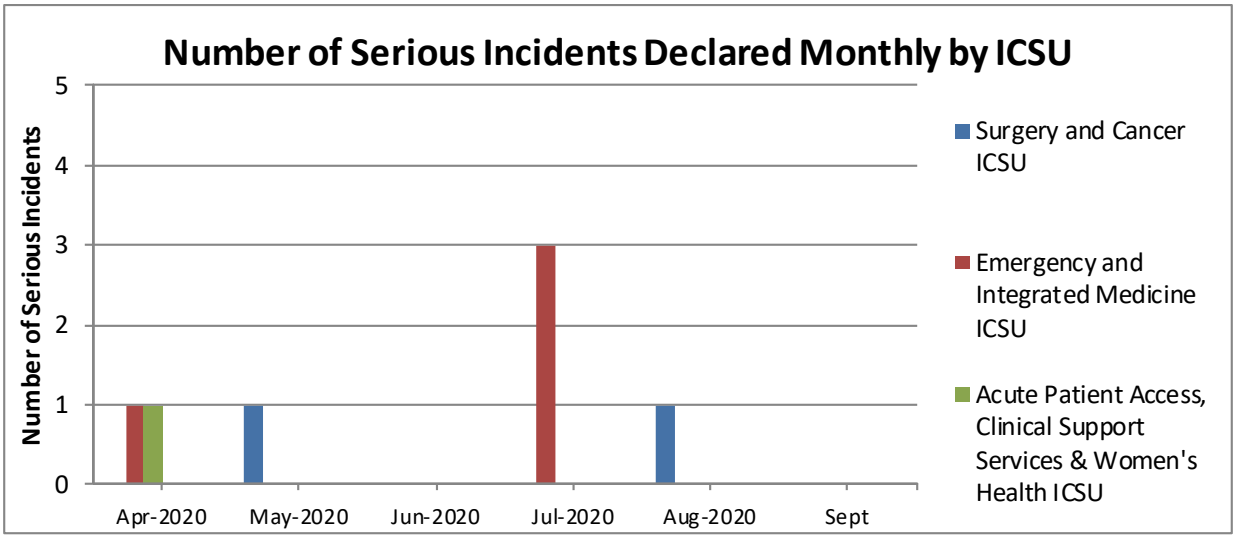
4. Serious Incidents declared and investigations completed in the last six months

4.1 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.



4.2 **Chart 2** (below) shows the number of Serious Incidents declared by Integrated Clinical Service Unit (ICSU) in last 6 months (between April 2020 and September 2020)



5. Duty of Candour

5.1 The Trust has executed its duties under the Duty of Candour process in September 2020.

6. Shared learning from reports submitted to North East London Commissioning Support Unit (NELCSU) during September 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 'Big 4' in theatres, 'message of the week' in Maternity, and '10@10' in the Emergency.

6.2 Themes from Serious Incidents are reviewed quarterly, and captured in 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) include a report on open actions as part of the Quarterly ICSU performance reviews. This is to help ensure the timely completion of actions which is necessary for improvement.

6.5 **Learning from SI investigation 2020.6921 Unintentional connection of a patient requiring oxygen to an air flowmeter (Never Event).**

- This incident occurred in our Emergency Department during the height of the coronavirus pandemic. It was the second such incident within the

department, which are classed as “Never Events”, and highlighted that the existing barriers were inadequate, in particular at times of high stress where human error is more likely to occur

6.5.1 Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

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

- In order to remove the risk of human error, air ports have now been capped in the Emergency Department, and replaced with air cylinders and air compressors (which can be used to administer a nebuliser to a patient).
- There had been an initial delay in obtaining the air compressors due a national shortage but these have now been received and are in place. All relevant staff have also been trained in use of this equipment.
- Reminders have been included in every handover checklist about oxygen connection and spot checks are carried out daily in addition to the previous checks already in place.
- The transfer checklists were updated to include a section about oxygen connection.
- The ED Airflow meter risk assessment has been reviewed.
- The whole trust Airflow meter audit has restarted (it was paused due to COVID-19) and is repeated on a monthly basis.
- An article has been published in the Spotlight on Safety Newsletter, the Whittington Health Patient Safety publication, which has been sent to all staff.

6.6 **Learning from SI investigation (2019.25708) A delay in diagnosing and referring a patient with a new diagnosis of malignancy**

The investigation found that there were shortcomings in the way that patients are added to the MDT list for discussion and adding to Somerset (national cancer database) so that the patient’s pathway is tracked.

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

- Review the process for expediting imaging investigations reported as suspected cancers and sharing the findings with Consultants, patients and GPs.
  - Processes are being put in place to monitor reporting times for all Imaging investigations so they are reported on the agreed turn-around time.
  - The management of reporting on imaging investigations during annual leave periods is now included in the SOP.
  - Imaging Department are reviewing the process for patients who request a copy of a diagnostic result to ensure they are not released without clinical review.

- Increase Consultant awareness across all tumour groups, of the process for adding a patient to Somerset when not referred as a two week wait referral (2WW) so that the patient can be monitored.
  - An SOP is currently being written, which will include detailed information about the process for ICE referrals (the Trust electronic referral system).
  - A learning workshop will be arranged for Consultant's to share examples of patient safety incidents where there has been a delayed diagnosis as a result of patients not being referred using the correct channel.

- Conduct regular audits to ensure that telephone messages are actioned in a timely manner.
  - Unplanned checks will be carried out to ensure messages are cleared in the morning and at the end of the day to see if any mailboxes are full.

7. Spotlight on Safety (Appendix 1).

7.1 The Trust wide patient safety newsletter is now printed as a hard copy document, as well as being made available on the intranet and circulated via the noticeboard.

7.2 The latest edition for September 2020 (attached appendix 1) was a special edition in honour of World Patient Safety Day, 17th September 2020.

7.3 The 2020 theme "Speak up for Health Worker Safety" focuses on Health Worker safety and how this in turn can impact patient safety. The COVID-19 pandemic has highlighted the huge challenges health workers are currently facing globally. Working in stressful environments exacerbates safety risks for health workers, including risks around infection control. In many countries, health workers are facing increased risks of infections, violence, accidents, stigma, illness and death.

7.4 The newsletter focused on human factors, and the importance of staff looking after their own health, including links to the support available.

8 The Patient Safety Learning Page

8.1 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.

9. Recommendation

9.1 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.

NHS
Whittington Health
NHS Trust

SPOTLIGHT ON SAFETY

YOUR PATIENT SAFETY UPDATE

Vol. 24 September/October 2020

World Patient Safety Day 2020 - "Speak up for health worker safety"

World Patient Safety Day 17 September 2020

World Patient Safety Day is a WHO initiative to raise awareness of Patient safety as a global health priority. The aim of the day is to increase public awareness and engagement, enhance global understanding, and spur global solidarity and action to promote patient safety.

World Patient Safety Day 2020 - "Speak up for Health Worker Safety"

The 2020 theme focuses on Health Worker safety and how this in turn can impact patient safety. The COVID-19 pandemic has highlighted the huge challenges health workers are currently facing globally. Working in stressful environments exacerbates safety risks for health workers, including risks around infection control. In many countries, health workers are facing increased risks of infections, violence, accidents, stigma, illness and death.

What we are doing to celebrate World patient safety day:

- Promoting the STAR Awards, our learning from excellence initiative, and using the day to say thank you to colleagues who have championed patient safety in the last year
- Running peer review / walk around and audits on the week to promote patient safety
- We have been asking staff to consider 'what patient safety means to them' or 'what they do to keep themselves/ their colleagues safe' photos will be displayed on screensavers for the next few weeks and will be shared on twitter. Posters will also be displayed.
- We are joining the WHO initiative to light up public buildings/monuments/landmarks and will be lighting up the main hospital building in orange in support of the day and to recognise all our staff do.

For more information about World Patient Safety Day, please see the WHO website:
https://www.who.int/campaigns/world-patient-safety-day/2020

Hot topic: Human Factors

"Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety"

Human factors is concerned with what people are being asked to do, who is doing it and where they are working. By addressing human factors in the healthcare environment we are looking at optimising performance and reducing the risk of errors occuring.

Human factors approaches underpin patient safety and QI. The aim is to optimise human performance through better understanding behaviours, interactions and the environment.

Our friends at Project Wingman have shared the acronym they use prior to each flight they undertake, to access if they are fit to fly, they ask themselves if they are:

If they answer "yes" to any of the above questions they have to assess if they are fit to work.

H.A.L.T is a simple guide for recognising common signs of stress. Recognising these signs will allow you to address and combat these by taking care of yourself and asking for help/support as you need it. You shouldn't make any decision, say or do anything critical until you take care of yourself.

Please be aware that Whittington Health has a wide range of support, advice and resources available to our staff - from tea, coffee, snacks and a space to decompress in the First Class Lounge, relaxation areas in N19 as well as access to mental health first aiders, confidential counselling services to name a few. Please see more examples on the back page of this newsletter and please do visit our caring for those who care hub and resources for staff sections on our intranet for further information on what is available and how to access these services.

For more information on Human Factors, please contact the Quality Governance team. Project Wingman are currently supporting our delivery of Human Factors training in conjunction with the Simulation team.

Resources, care and support for staff

Whittington Health has a wide range of information, advice and resources to support all staff please see our care and support for staff page, and the caring for those who care hub - both on our intranet for further information. A few of the resources available are highlighted below:

Mental Health First Aiders

We have trained staff who are there to help any staff member experiencing a mental health issue / emotional distress. They can provide early intervention help and offer support through listening and guidance.

STAR Awards

The STAR Awards have been created to show our appreciation to staff for their good work, and to highlight and celebrate their excellent practice with the aim of enhancing staff/team morale. Please nominate your colleagues to say thank you for their hard work!

#CaringForThoseWhoCare

#CaringForThoseWhoCare programme is focused around the issues raised by staff. This is why it's important to share your views via staff survey, Pulse Point survey or any other feedback channels.

Caring for those who care

Schwartz Rounds

Schwartz Rounds provide a structured forum in which staff from all disciplines, both clinical and non-clinical, can reflect on the emotional aspects of their work.

Spiritual and Pastoral Care

Hospital chaplains are here to care for the spiritual, pastoral and religious needs of all staff whatever their faith or belief. The team includes chaplains of different faith traditions to reflect the range of beliefs in this community.

Flu Jab

As an NHS worker, you're more at risk of being exposed to, and therefore of spreading the flu virus, so vaccination is a vital part of infection control. It will help stop flu spreading and protect your patients.

Freedom to Speak Up Guardian and Advocates

If you have any concerns, including patient safety, bullying discrimination please contact the Freedom to Speak up Guardian and advocates for confidential advice and support.

FREEDOM TO SPEAK UP
LISTENING TO YOUR CONCERNS

EVENTS AND TRAINING

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

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

Datix training

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 contact us for further details on face to face and remote training sessions via: datixadministrator.whitthealth@nhs.net

Meeting title	**Trust Board – public meeting**	**Date: 26.11.2020**
Report title	**Quarterly Learning from Deaths Report Quarter 1 – April to June 2020/21**	**Agenda item: 6 Appendix 3**
Executive director lead	Dr Clare Dollery, Executive Medical Director	
Report author	Dr Ihuoma Wamuo, AMD for Patient Safety & Learning from Deaths Vicki Pantelli, EA to Medical Director and Project Lead for Mortality	
Executive summary	This paper is a quarterly report and presents the findings from reviews completed for inpatient deaths during quarter one of 2020/21 (1 April to 30 June 2020). In quarter 1 of 2020/2021 there were 180 adult inpatient and ED deaths and 2 neonatal deaths. 92 inpatient deaths during this quarter had COVID-19 stated as the main cause of death or a contributing factor on Part 1 of the Death Certificate. There are no avoidable deaths reported this quarter from the outcome of mortality and morbidity meetings for this quarter. The report describes: a) How Whittington Health is performing against our local and national expectations in reviewing the care of patients who have died whilst at the acute site of Whittington Health (inpatient and Emergency Department (ED) deaths); b) Key learning points and actions identified from mortality reviews completed during this quarter. The Summary Hospital level Mortality Indicator (SHMI) for June 19 to May 2020 is 0.93. The Hospital Standardised Mortality Ratio (HSMR for July 19 to June 20 is 77.8. 65% of all “category A” deaths (37 out of 57) were reviewed using a structured judgement review (SJR) (or equivalent review process). The remaining 125 deaths were deemed category B.	

Purpose:	The paper summarises the key learning points and actions identified in the mortality reviews completed for Quarter 1 (1 April 2020 to 30 June 2020.
Recommendation(s)	Board members are invited to: • recognise the assurances highlighted for the robust process implemented to strengthen governance and improved care around inpatient deaths and performance in reviewing inpatient deaths which make a significant positive contribution to patient safety culture at the Trust. • be aware of the areas where further action is being taken to improve compliance data and the sharing of learning.
Risk Register or Board Assurance Framework	Captured on the Trust Risk Register
Report history	This quarter's report not previously presented. Previous Quarters from April 2017 onwards have been presented to Trust Board
Appendices	Appendix 1: NHS England Trust Mortality Dashboard

Quarterly Learning from Deaths Report
Quarter 1 (Q!1) – 2020/21: 1 April to 30 June 2020

1. Introduction

1.1. This report reflects learning from deaths which occurred in Q1 of 2020/21 on. These reports describe:

- Performance against local and national expectations in reviewing the care of patients who have died whilst in this hospital (inpatient and emergency department deaths),
- The learning taken from the themes that emerge from these reviews,
- Actions being taken to both to improve The Trust's care of patients and to improve the learning from deaths process.

1.2. In line with the NHS Quality Board "National guidance on learning from deaths" (March 2017) the Trust introduced systematised approach to reviewing the care of patients who have died in hospital considering deaths with a specific reason for a structured judgement review (category A deaths) and category B deaths which don't fulfil these reasons.

2. Review Process

The Trust requires that all inpatient deaths be reviewed and discussed a department mortality meeting.

2.1 The triggers for the Structured Judgement Reviews (Category A) are listed below:

- Deaths where families, carers or staff have raised concerns about the quality of care provision;
- All inpatient deaths of patients with learning disabilities (LD);
- All inpatient deaths of patients with a severe mental illness (SMI) diagnosis;
- All deaths in a service where concerns have been raised either through audit, incident reporting processes or other mortality indicators;
- All deaths in areas where deaths would not be expected, for example deaths following elective surgical procedures;
- Deaths where learning will inform the provider's existing or planned improvement work, for example deaths where the patient had sepsis, diabetic ketoacidosis, or a recent fall;
- All inpatient paediatric, neonatal and maternal deaths;
- Deaths that are referred to HM Coroner's Office without a proposed Medical Certificates of Cause of Death (MCCD) – going forward this will exclude deaths in the emergency department unless specifically highlighted by staff or relatives

2.2 All other inpatient deaths, require a standard mortality review (Category B):

Table 1: Reasons for deaths being assigned as requiring a structured judgement review (SJR) during Quarter 1, 2020/21

Category	Number of deaths in Q1	Comments
Staff raised concerns about care	0	
Death of a patient with Learning disabilities	1	
Death of a patient with Serious mental illness	2	
Death in surgical patients	0	
Paediatric/maternal/neonatal/intra-uterine deaths	3	Investigated as a Serious incident, internal RCA investigation, HSIB*, CDOP** or perinatal mortality reviews
Deaths referred to Coroner's office	26	Excludes deaths in other categories
Deaths related to specific patient safety or QI work e.g. sepsis and falls	8	6 of these were attributed to sepsis and 2 attributed to patient falls.
Awaiting categorisation	6	
Total	57	

*Healthcare Safety Investigation Branch
** Child Death Overview Panel

"National guidance on learning from deaths" (NHS Quality Board, March 2017) available from https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf

2.3 Due to the clinical workload during this period and the occurrence of significantly more deaths only 37 of the 57 reviews required have been completed at the time of writing this report.

2.4 Category A deaths are reviewed by an individual independent clinician, not directly involved in the patient's care using a structured judgement mortality review form (or equivalent tool). This is then reviewed by a second independent Clinician. The case is then discussed in the department mortality meeting.

2.5 The aim of this review process is to:

- Engage with patients' families and carers and recognise their insights as a source of learning, improve their opportunities for raising concerns;
- Embed a culture of learning from mortality reviews in the Trust;
- Identify, and learn from, episodes relating to problems in care;
- Identify, and learn from, notable practice;
- Understand and improve the quality of End of Life Care (EoLC), with a particular focus on whether patients' and carer's wishes were identified and met;

- Enable informed and transparent reporting to the Public Trust Board, with a clear methodology;
- Identify potentially avoidable deaths and ensure these are fully investigated through the Serious Incident (SI) process, and are clearly and transparently recorded and reported.

3. Q1 Mortality

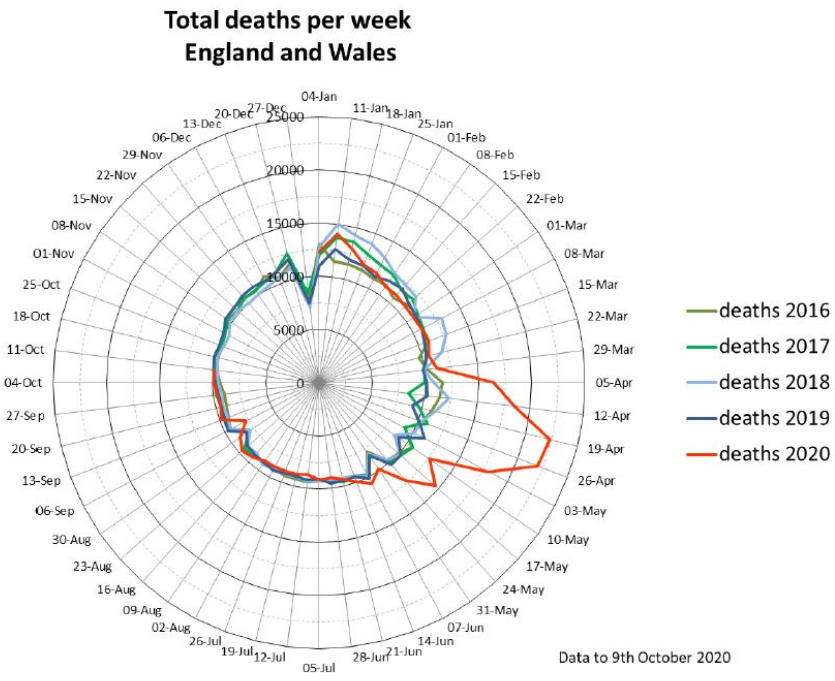
3.1 The National Guidance on Learning from deaths gives a suggested dashboard which provides a format for data publication by Trusts. Whittington Health has chosen to adopt this dashboard locally. The dashboard is provided in Appendix 1 – NHS England Trust Mortality dashboard. This dashboard shows data from 1 April 2017 onwards.

3.2 There were 182 deaths recorded in Q1. This includes all inpatient deaths, all deaths in the Emergency Department, all neonatal deaths and all intrauterine deaths above 24 weeks gestation.

3.3 The dashboard (appendix 1) shows that in Q1, 37 out of 57 (65%) category A deaths were reviewed using a structured mortality judgement methodology or equivalent.

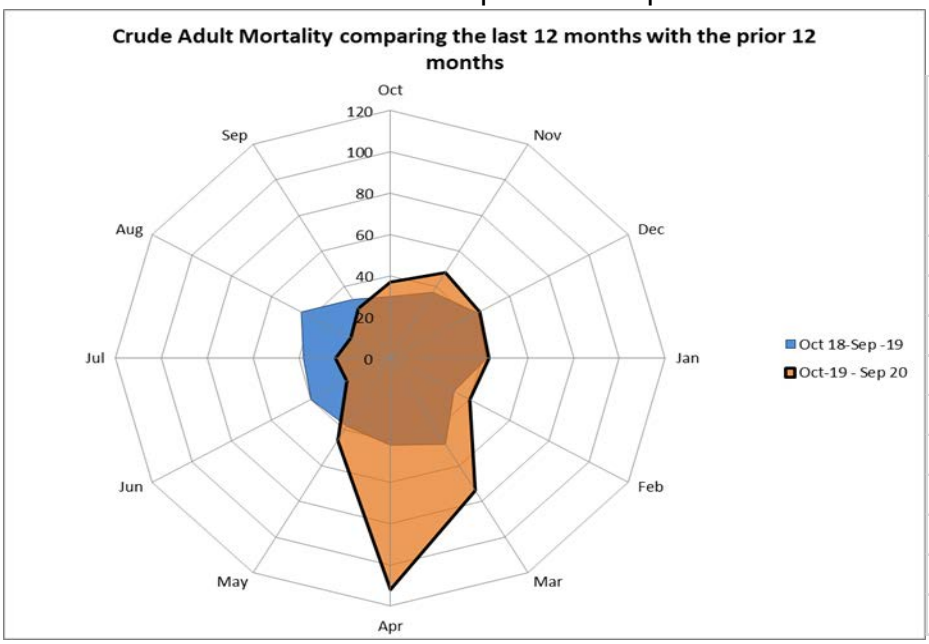
3.4 Florence Nightingale used a form of radial plots to display data from the Crimean War that demonstrated the death rate amongst soldiers could be reduced by better hygiene practices. The Oxford centre for evidenced based medicine has utilised this methodology to show deaths this year and the prior 5 years as shown below:

Chart 1 – Total deaths per week England and Wales (updated 9/10/20)



3.5 Chart 2 below shows monthly adult in hospital mortality for Whittington Health over the last 24 months.

Chart 2 – Adult deaths in hospital for the prior 24 months at Whittington Health



Month	Oct 18-Sep -19	Oct-19 - Sep 20
Oct	30	37
Nov	37	48
Dec	44	45
Jan	42	43
Feb	32	40
Mar	48	74
Apr	42	112
May	38	46
Jun	40	22
Jul	38	24
Aug	45	20
Sep	33	28

This data does not include deaths outside of hospital e.g. at home or in care homes. It shows a surge of all cause morality in March to May and then the number of deaths in subsequent months falls below the prior year figures.

3.6 There were 180 adult deaths and 2 neonatal deaths in this period versus 120 deaths in the same period in the prior year however deaths in June were lower than the prior year meaning there were 70 more deaths in April this year than the prior year and 8 more in May.

3.7 There were 92 patient deaths in April and May 2020 which were attributed to COVID-19 (COVID-19 was on Part 1 of the patient's Death Certificate). No deaths were attributed to COVID-19 in June 2020. A further 3 patents had COVID-19 in part 2 of their death certificates. 51% of deaths were attributed to COVID-19 between 1 April and 30 June 2020.

3.8 Diabetes was the most common pre-existing condition found among deaths involving COVID-19 (29 deaths).

3.9 All deaths reportable centrally to the NHSI COVID-19 Patient Notification System (CPNS) have been reported in a timely fashion according to the criteria at the time. The Mortality Review Group will receive further COVID-19 outcome data at their November 2020 meeting.

3.10 Learning from the care of patients through the pandemic has been extensive including morbidity and mortality meetings and reflective practice sessions. This has fed into a review of guidelines developed during the surge to ensure best practice is in place for any future surges. The majority of these deaths have been reviewed by the Lead Medical examiner or the Lead for Palliative Care prior to issuing a death certificate.

3.11 Community acquired pneumonia was the highest recorded cause of death for this quarter, when COVID-19 was excluded. There were 4 additional recorded cases of hospital acquired pneumonia.

3.12 There were 6 cases of sepsis. One case was related to an outbreak of Vancomycin resistant enterococcus (VRE) infection that had occurred on the ITU during the COVID-19 pandemic in April 20 which is the subject of a serious incident investigation. Mortality review of the other five cases did not identify any concerns with safety and delivery of care.

3.13 In the 37 reviews conducted no patient deaths were deemed to be probably avoidable (score = 3). Table 2 describes the avoidability assessments for the cases reviewed. Please note that 3 of the cases reviewed were not given avoidability death judgement scores and are not counted in the table below as they relate to two neonatal deaths and one maternal death, all of which have been investigated separately.

Table 2: Avoidability of death judgement scores for Q1 2020/21

Avoidability of death judgement scores (of Category A deaths reviewed)	Number of patients with each avoidability score
1 - Definitely avoidable	0
2 - Strong evidence of avoidability	0
3 - Probably avoidable, more than 50/50	0
4 - Possibly avoidable but less than 50/50	2
5 - Slight evidence of avoidability	1
6 - Definitely not avoidable	31

3.14 A Trust wide Mortality Review Group was held in May 2020. This reviewed overarching themes of learning, reviewed three structured judgement mortality reviews and one serious incident (SI) report, and considered the mortality process as a whole with a view to continuous improvement. This group were assured that the reviews examined met the expected quality standards.

4. Hospital Standardised Mortality Ratio (HSMR)

4.1. The Hospital Standardised Mortality Ratio (HSMR) is an overall quality indicator that compares a hospital's mortality rate with the average national experience, accounting for the types of patients cared for. HSMR is calculated as the ratio of the actual number of deaths to the expected number of deaths, multiplied by 100. A ratio less than 100 indicates that a hospital's mortality rate is lower than the average national rate of the baseline year.

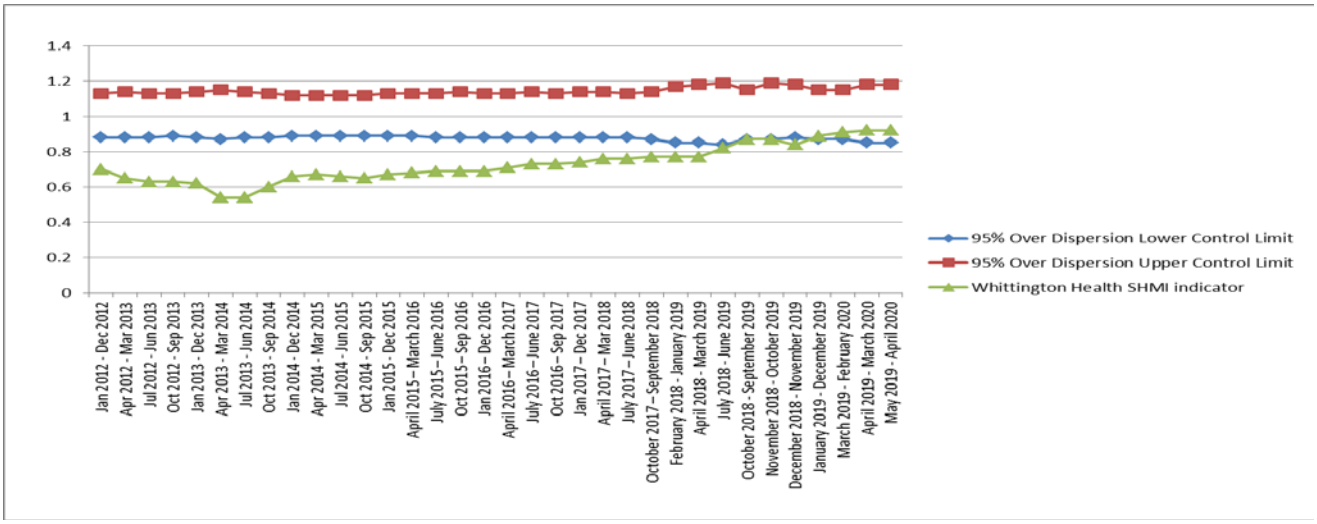
4.2. The Hospital Standardised Mortality Ratio (HSMR) for July 19 to June 20 is 77.8.

4.3. Appendix 1 of the Quarterly quality report considers the influences on mortality indicators during the pandemic which may affect their usefulness.

5. Summary Hospital-level Mortality Indicator (SHMI) excludes COVID-19

5.1 The SHMI data available (released in October 2020) covers the period June 2019 to May 2020; the Trust's SHMI score for this period was 0.93. The Trust's gradual rise in SHMI may be influenced by shifts to ambulatory care and the prevalence of deprivation in the areas from which its patients come. SHMI does not adjust for deprivation.

Chart 3: Whittington Health Summary Hospital-level Mortality Indicator (SHMI) (January 2012 – April 2020)



6. Medical Examiner progress report

During the first wave of the COVID-19 pandemic the Lead Medical Examiner and Consultant in. Lead in Palliative Care, provided immediate availability to discuss all deaths prior to issuing a Medical Certificate of Cause of Death (MCCD).

7. Mortality reviews; Key learning themes and actions

7.1 Good Care

Most mortality reviews from the Care of Older People teams, Respiratory, Cardiology, Intensive Care and Acute Medicine teams identified good care in all patients, It was noted that an MDT approach to care, with early senior input for patients with COVID-19 was valuable and aided the Junior doctors in identifying the deteriorating patient earlier. Several reviews praised the valuable input from the Ethics advisory group, when complex decision making was required. This period includes the height of the COVID-19 surge when elective care requiring admission was ceased or outsourced to the independent sector. A very rapid and extensive transition to non-face to face outpatient reviews in hospital outpatient and community care occurred. Some community services were paused nationally allowing staff such as physiotherapists to be redeployed into the hospital including in the ICU care of COVID-19 patients. Rotas were altered to give 24/7 acute medical consultant presence on site and anaesthetists supported both ICU and the critical care outreach team. Patients received CPAP on wards where this would not usually occur to allow this care to be delivered.

7.2 **Review of practise and pathways**

The changing picture with the COVID-19 pandemic meant rapid adaptation to new working patterns. New learning from the virus meant adapting patient pathways, and clinical guidance. Examples include adjusting target oxygen saturation levels, audits looking at CPAP use, criteria for intensive care consideration for ventilation and a tracheostomy outcome audit done by the intensive care team. In addition nurse staffing levels on ICU changed from the pre COVID 1:1 or 2:1 to up to 1:6 (at worst) with a support system of runners meaning each nurse was managing 6 patients and their own support team.

7.3 **Medication prescribing and administration**

7.3.1 New guidance was developed for thromboembolic disease in patients admitted with COVID-19.

7.3.2 Multiple doses missed episodes of doses was noted in a patient with Parkinson's disease. Delivery of good care was hampered by a lack of nursing staff.

7.4 **End of Life Care**

During the COVID-19 pandemic early Treatment Escalation Plan (TEP) decisions were mostly well documented. There are still areas of poor practise in some departments. Morning briefings with clinical teams and frequent ward rounds ensure that end of life care discussions are made early with patients and if needed Palliative care teams are involved in a timely way.

7.5 **Sepsis Deaths**

7.5.1 In this quarter there were 6 cases where patients who died having had sepsis at some point during their admission.

7.5.2 One death was a case of COVID-19 and VRE that had been acquired during an outbreak of infection on ITU. VRE was not thought to have a direct cause of death in this patient. The patient was given an avoidability score of 6.

7.5.3 Frequent meetings were held and lessons were learned around the use of PPE, hand hygiene, and the patient environment. The outbreaks were declared to Public Health England in a timely way and then outbreak has been declared as a serious incident.

7.5.4 Care and delivery of services appeared to be appropriate in the other five cases of sepsis.

7.6 **Documentation**

7.6.1 Most mortality review meetings highlighted as good practice, good documentation of plans and discussions with the patient and their families. There are reports of poorly written notes, that were not easy to read and not contemporaneous.

7.6.2 The CCOP team is to conduct a review of timings recorded on the post take ward round sheet, as this seems to be frequently not filled in on the pro-forma.

7.7 **Communication**

Some mortality meetings highlighted how it was difficult for members of some teams to inform relatives that they could not see their dying loved ones. The Trust provided support for the mental wellbeing of all members of staff. The Ethics Group was found to be valuable

and the Trust ensured other sessions were possible, for example the Patient Safety Forum for the trainees. The Trust has devoted the month of September to Staff wellbeing.

8 Conclusion

8.1 This report considers a period of significant increase in the numbers of deaths of 60 more than the prior year Q1. This almost exclusively reflects deaths due to the COVID-19 pandemic.

8.2 This has been an exceptionally challenging time for the Trust, our staff and the NHS as a whole. Teams have had to learn to manage a previously unknown condition with limited treatment options and a surge pattern of infection.

8.3 The excess deaths have affected many staff not only doctors, nurses, and allied health professionals treating these patients but also porters, admin staff, corporate teams and the mortuary.

8.4 The Trust recognises a debt of gratitude to all its staff over this time.

8.5 In addition this has been an extremely difficult time for bereaved families with visiting at end of life prioritised but not always possible and curtailment of funerals.

9 Recommendation

9.1 Board members are asked to recognise the significant work from teams to learn from deaths in order to improve care and note the contents of the report.

Appendix 1: NHS England Trust Mortality Dashboard

.....

Whittington Health: Learning from Deaths Dashboard - June 2020-21

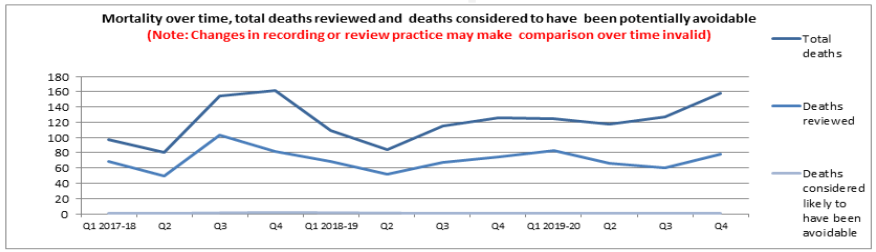
Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
22	45	4	13	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
179	158	36	78	0	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
179	527	36	287	0	1

Time Series: Start date 2017-18 Q1 End date 2019-20 Q4



Total Deaths Reviewed by RCP Methodology Score

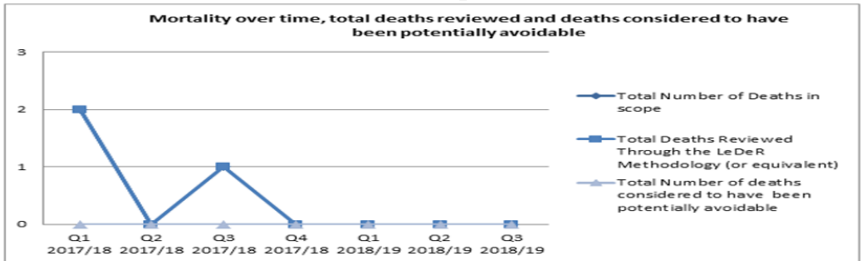
Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-
This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTE	0	-
This Year (YTD)	0	-	This Year (YTD)	0	-	This Year (YTD)	0	-	This Year (YTD)	0	-	This Year (YTD)	0	-	This Year (YTD)	0	-

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	1	0	1	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
1	2	1	2	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1	7	1	7	0	0

Time Series: Start date 2017-18 Q1 End date 2020-21 Q1



Meeting title	**Trust Board – public meeting**	**Date: 26.11.2020**
Report title	**Quality Report (Q2 2020/21)**	**Agenda item: 6** **Appendix 4**
Executive director leads	Dr Clare Dollery, Medical Director, and Michelle Johnson, Chief Nurse and Director of Allied Health Professionals	
Report authors	Gillian Lewis, Associate Director of Quality Governance Ihuoma Wamuo, AMD for Patient Safety Claire Challinor, Patient Safety Manager Lynda Rowlinson, Head of Patient Experience Sarah Crook, Head of Clinical Governance Kat Nolan-Cullen, Compliance and QI Manager	
Executive summary	This is the regular quarterly paper to provide an overview of quality across the organisation, covering patient safety, patient experience, clinical effectiveness, quality improvement and assurance • Key headline data from patient safety, patient experience and clinical effectiveness for Q2: Incident reporting is still below 2019/20 levels but increasing; 4 Serious Incidents were reported in Q2; Limited visiting was re-introduced on acute adult wards in July 2020 and revised again in October 2020; A QI celebration day was held ; Audit and QI projects have been accepted to national conferences • Summary of COVID-19 and winter pressure plans: Trust admissions in line with London figures. New pathways and escalation plans in place to manage second surge of pandemic • Quality Account Priorities update for Q2: All year 1 objectives currently on target	
Purpose:	Noting	
Recommendation(s)	Board members are asked to note the good practice highlighted in the report, the significant assurance provided to the Quality Assurance Committee at its meeting on 11 November and the three quality messages.	
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	Appendix 1: Mortality Indicators and COVID-19	

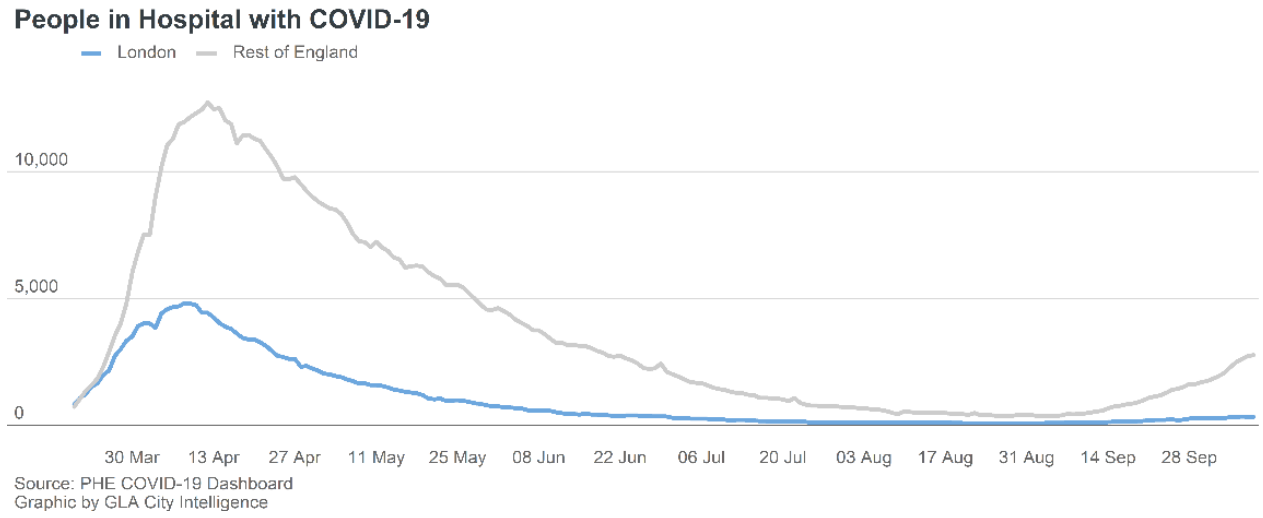
Quality Governance Quarterly Report (Q2 2020/21)

1. Introduction

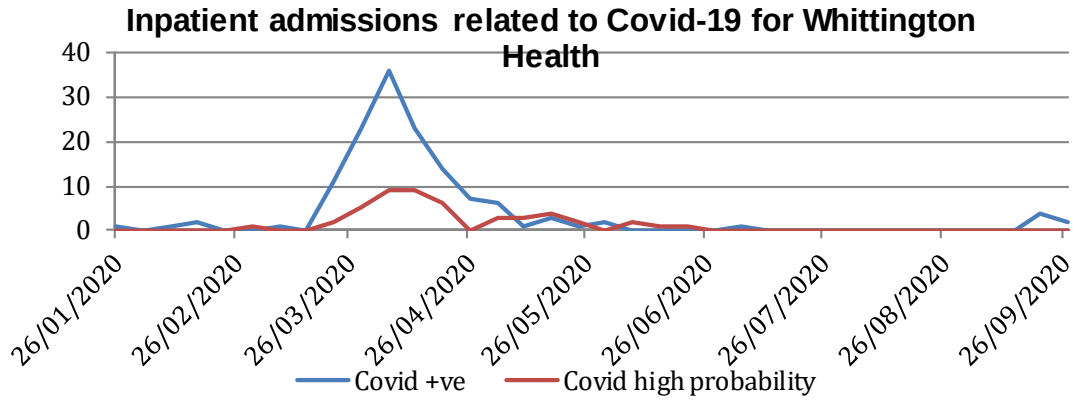
1.1 The Quality Governance Quarterly Report is designed to demonstrate Whittington Health's commitment to continuous learning and improvement. This report provides a systematic analysis of intelligence from patient experience, patient safety and clinical effectiveness, including key performance metrics, 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.

2. Spotlight on COVID-19 pandemic: Q2 patient data and preparation for the second surge

2.1 The figures from Quarter 2 show that Whittington Health continues to mirror the London picture on hospital admissions. There has been a steeper increase in hospital admissions across England than has been seen yet in London.



Graph 1: *People in hospital with COVID-19*



Graph 2: *Inpatient admissions related to COVID-19 for Whittington Health*

2.2 As part of the Care Quality Commission's (CQC) revised monitoring process during the pandemic, monthly meetings are held with the Trust via Microsoft Teams to review quality. In Q2 the CQC has focused on the Trust's winter pressure planning and preparation for a second surge of COVID-19 cases with a focus on Emergency Medicine.

2.3 The CQC has developed an emergency services support tool, known as Patient FIRST (Flow; Infection control including social distancing; reduced patients in EDs; Staffing; Treatment in the emergency department) which is a structured framework to assess quality and efficiency during the pandemic. The CQC used this during the meeting to assess the Trust's readiness and provided positive assurance.

2.4 Emergency Department winter plans discussed with CQC included;

- The Escalation and Full Capacity Protocol
- Nursing and medical establishment review
- Development of the North Central London (NCL) Southern Paediatric Hub
- The Mental Health Crisis Assessment Service (MHCAS) pathway via St Pancras Hospital
- Collaborative working with London Ambulance Service, including new pathways (Straight to Ambulatory Emergency care, access to rapid response to avoid conveyance)
- Effective integrated discharge hub at Whittington Health (WH) and UCLH.
- Support for local nursing homes via virtual ward/ rapid response and district nursing services
- Enhanced virtual ward and use of remote monitoring – Introduction of Medopad, software which enables staff to safely remote monitor COVID-19 patients in their homes
- In-situ simulation programme (using pilots) started in Emergency Department (ED), and is ongoing at least 1 per fortnight. There have been a number of sim scenarios to directly deal with COVID-19 scenarios.

3. Patient Safety

Indicator	20_21 Target	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-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	0	0	0	2	0	0	0	3	2	1	0	6	
Actual Falls	400	25	38	34	40	32	36	30	35	21	20	30	22	136	
Category 3 or 4 Pressure Ulcers	0	10	14	10	21	17	7	21	12	6	21	2		62	
Harm Free Care %	>95%	94.34%	91.73%	93.79%	92.24%	94.04%	92.89%								
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	1	1	0	0	0	0	1	0	0	0	0	0	1	
Serious Incidents	N/A	3	4	3	0	3	2	2	1	0	3	1	0	7	
VTE Risk Assessment %	>95%	95.1%	95.3%	95.1%	105.2%	95.4%	96.2%	95.0%	95.1%					95.1%	
Mixed Sex Accomodation Breaches	0	5	5	2	9	0	0	0	0	0	0	0	0	0	
Hospital Standardised Mortality Ratio (HSMR)	100	90.3	89.7	83.0	66.1	103.6	108.6	154.5	121.3	77.8				116.8	
Summary Hospital Level Mortality Indicator (SHMI)	1.14			0.89			0.92								

Table 1 - *Integrated performance dashboard quality metrics Q2*

3.1 Exception Reports

3.1.1 Pressure ulcers – During September 2020 the Trust has seen an improvement in the quality of pressure ulcer reporting; this is partly as a result of defining a clearer process for checking pressure ulcer Datix reports, and earlier establishment of origin of damage, and removing duplication. Actions taken to ensure continued improvement are as follows:

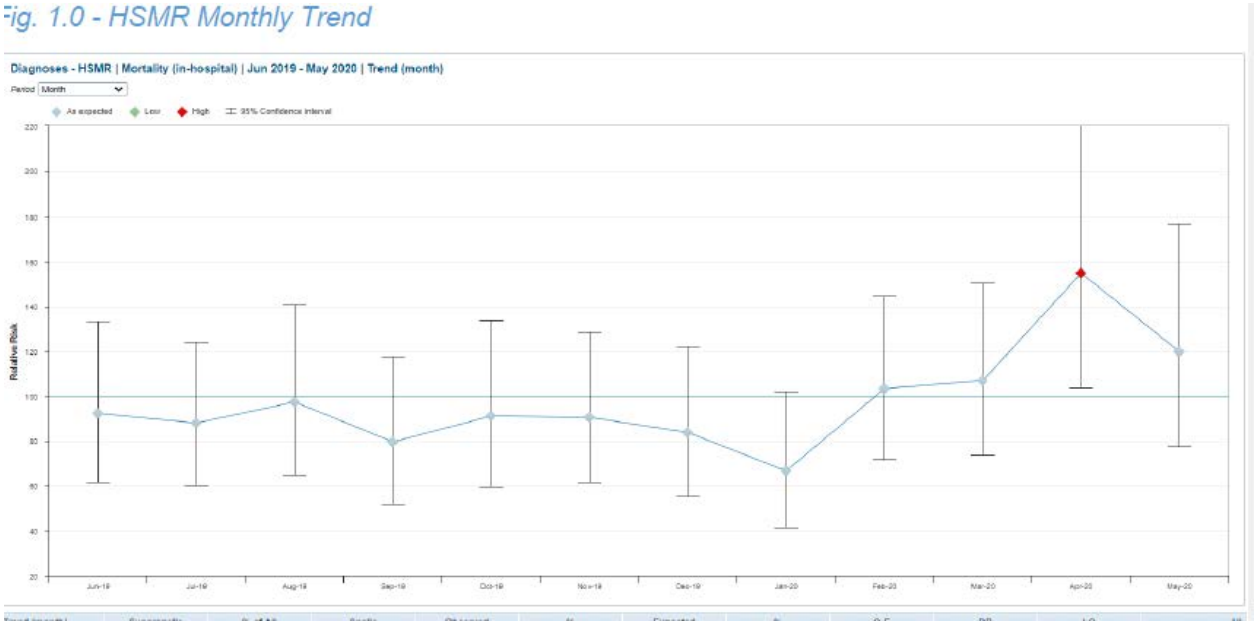
- Planned Quality Improvement (QI) project to redesign the 72 hour tool for establishing learning from investigation of Trust acquired pressure damage
- Increase visibility of the Tissue Viability team and Bed contract supplier Nurse Specialists in hospital wards supporting clinical judgement in pressure ulcer prevention and equipment selection.
- Increased support to community nursing teams in identifying and addressing roots causes in pressure ulcer development
- The Tissue Viability Team is working with the Care Home Matrons to look at pressure ulcer management in residential and nursing homes.

3.1.2 Venous thromboembolism (VTE) data – due to a reporting issue, there has been no data available June – Sept.

3.1.3 Harm free care – The national safety thermometer was suspended in April 2020

3.2 Hospital standardised mortality ratio (HSMR) and Standardised hospital mortality indicator (SMHI)

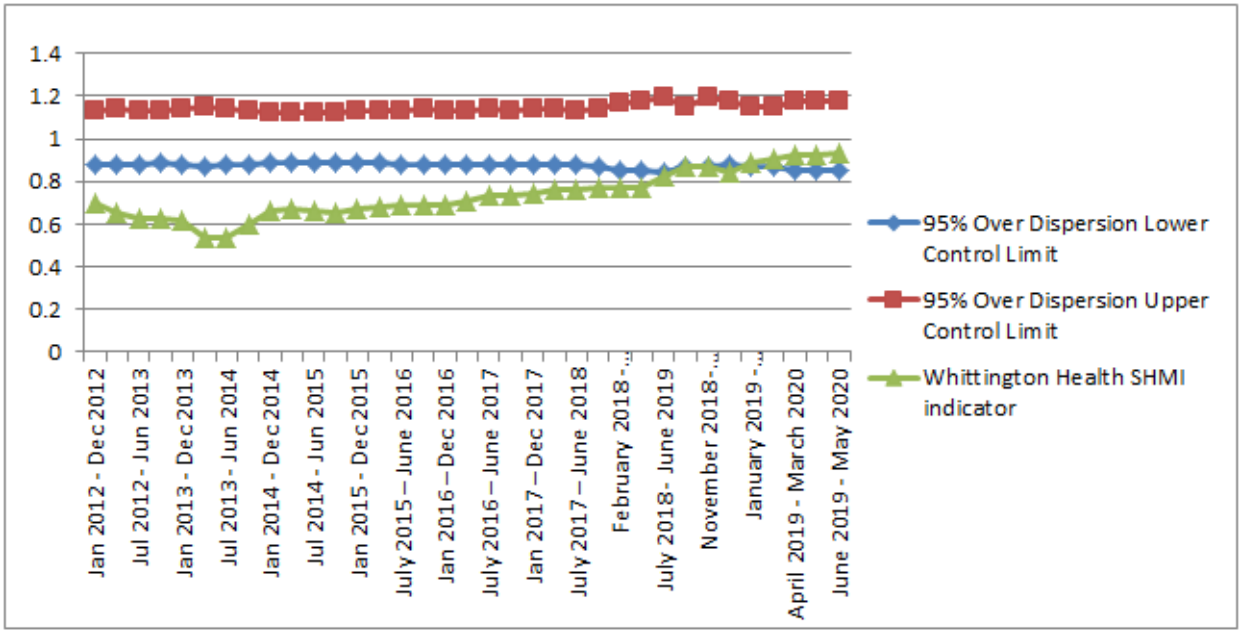
Fig. 1.0 - HSMR Monthly Trend



Graph 3: *HSMR Monthly Trend*

3.2.1 The HSMR is a measure of the number of deaths in a hospital expressed as a number which is a ratio of the national average, which is set at 100.

3.2.2 The Trust's HSMR is 95.0, (June 2019-May2020) this is within the expected range when compared to hospital Trusts nationally. April 2020 is also statistically significantly higher than expected; this is due to the reduction in the denominator consistent volume of deaths as a result of the COVID-19 pandemic and changes in the services at the Trust. The pandemic had a significant impact on the volume of non-elective and elective hospital admissions from March 2020.



Graph 4: *Whittington Health SHMI (June 10 – May 2020)*

3.2.3 The *Summary Hospital-level Mortality Indicator (*SHMI) is calculated in a way that is similar to the HSMR calculation, but unlike HSMR, the SHMI calculation takes into account deaths within 30 days of discharge of hospital as well as inpatient deaths.

3.2.4 The most recent data available (released in October 2020) covers the period June 2019 to May 2020; the Trust's SHMI score for this period was 0.93.

3.2.5 The Whittington Health SHMI for April 2018 to March 2019 was 0.77. This indicates a rise in the result, and the Trust shall investigate its deaths further, such as looking at the total number of deaths within 30 days discharge and comparing this with the data in 2018/2019.

3.2.6 See Appendix A for further detail on mortality indicators in the context of the COVID-19 pandemic

3.3 Maternity Safety Dashboard

	GOAL	RED FLAG	July	Aug	Sept
Induction of labour	<27.9%	>35.17%	**26.1%**	**22.1%**	**25.4%**
C-section rate	<29.6%	>33.3%	**35.4%**	**31.6%**	**35.0%**
Failed instrumental delivery	<3.1%	>6.0%	**6.1%**	**3.4%**	**5.7%**
Still birth rate	<3.93per 1000births after 23+6 weeks	> 4.8 per 1000 births after 23+6 weeks	**0.0%**	**3.3%**	**6.8%**
Neonatal death rate	<1.71per 1000live births	>1.81per 1000 live births	**6.8%**	**0.0%**	**0.0%**

Table 2 *Maternal Safety Dashboard July-September 2020*

3.4 Maternity exception 'red flag' reports

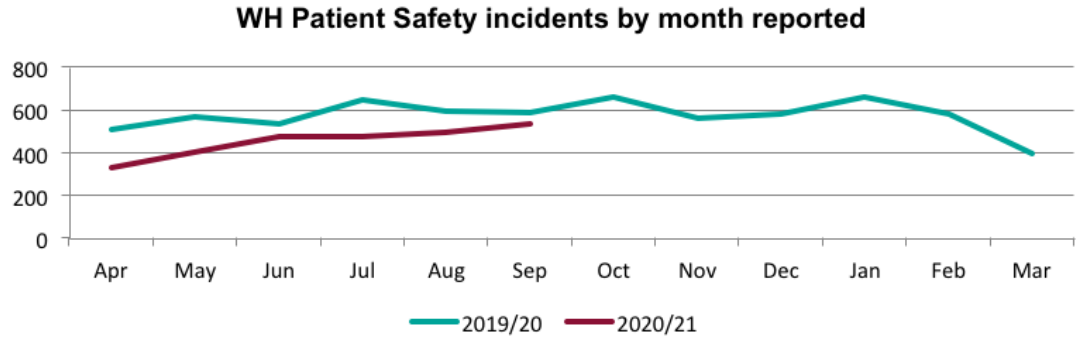
3.4.1 The caesarean section rate for the Trust remains higher than target. There was a case review of all caesarean sections, which was halted during the COVID-19 pandemic. This will be resumed.

3.4.2 The still birth rate was due to one case that was not expected to survive. No concerns over care or service delivery were found.

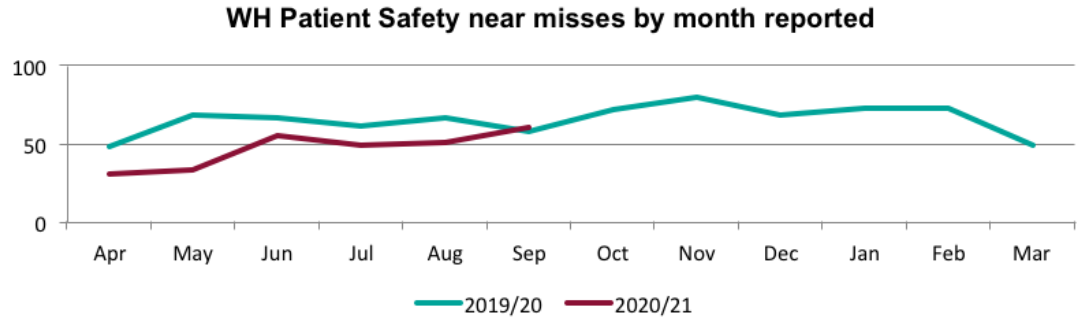
3.5 Incident Reporting

3.5.1 There has been a continued increase in reporting since the height of the pandemic in March/April; however incident reporting is still below the numbers compared to last year. The reporting of near misses has risen more sharply in September and now on

a par with 2019/20 figures. Reporting near misses remains a key patient safety focus so this is a positive trend.



Graph 5 *WH patient Safety Incidents by Mont reported*

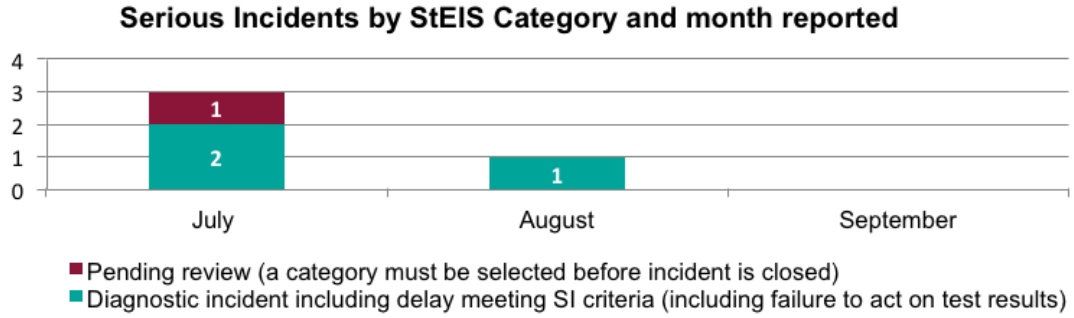


Graph 6 *WH patient safety near misses by month reported*

3.6 Serious Incidents

3.6.1 Serious incident (SI) data is included in the SI Board Reports (July/Aug and Sept).

Graph 7 *Serious Incident by StEIS category and month reported*



3.7 Safety Alerts

3.7.1 Fifteen safety alerts were reported in quarter two, of these 6 directly related to the COVID-19 pandemic, and four were National Patient Safety Alerts. The majority of these alerts have been closed, with 5 ongoing currently.

3.8 Infection Control

3.8.1 There have been no Methicillin-resistant Staphylococcus aureus (MRSA), and 3 HCAI Clostridium difficile in Quarter 2. 2 Trust attributable Methicillin-Susceptible Staphylococcus Aureus (MSSA blood Stream Infection (BSI) recorded for the year to date; there are no national or local thresholds for these. There were 6 Trust attributable E coli BSI year to date.

3.8.2 The surgical site infection surveillance scheme will take place in the fourth quarter for 20/21only.

3.8.3 Key developments in quarter 2; New FFP3 mask fit test Lead recruited on a 12 month fixed term contract and a new electronic live tracking system for COVID-19 status implemented across hospital. Some challenges remain on the number of different brands of masks and the need to retest staff. The Trust has purchased protective hoods and also a brand of reusable mask which will be used as required or staff who fails the mask fit testing on all brands.

3.8.4 COVID-19 infection recording (since 15/6/2020):

- Total Number of positive 103
- Community Acquired - Pre-admission or up to day 2 100
- Intermediate HAI - Day 3 – 7 (hospital onset) 3
- Probably HAI - Day 8 – 14 (hospital onset) 0
- Definite HAI - Day 15 or more (hospital onset) 0
- COVID-19 Deaths 0

3.9 Medicines management and safety

3.9.1 Medicines incident reporting still below 2019/20 levels but rebounding after drop at start of pandemic. Three moderate harm incidents this quarter compared with 1 in Q1.

3.9.2 Controlled drug quarterly audit completed and results shared with clinical and ward teams.

3.9.3 The Chief Pharmacist and Medical Director had a positive monitoring call with the CQC on 16th October reflecting on the impact of COVID-19 on medicines use, safety and management during COVID-19 and preparation for future surges.

4. Patient Experience

4.1 Compliments, Complaints and PALS

Complaints responded to within 25 or 40 working days	>80%	70.4%	83.8%	66.7%	87.0%	85.7%	88.5%	100.0%	100.0%	75.9%	84.6%	85.0%	81.5%
Complaints (including complaints against Corporate division)	N/A	27	37	24	23	28	26	1	1	29	26	20	27

Table 3 *Complaint response times*

4.1.1 The majority of compliments in Q2 were received by EIM 47 (39%). This was followed by S&C 21 (17%), ACS 18 (15%), ACW 17 (14%), CYPS 7 (6%), E&F 7 (6%) & NPE 4 (3%).

4.1.2 During Q2 complaints investigations that had been 'paused' during the pandemic now are being investigated together with those that were received from 1 July 2020. The Trust had 79 complaints where a response was due to be sent during the quarter. Six of these were de-escalated.

4.1.3 The main themes continue to be focused on communication, medical care and attitude. Improving communication between patients and clinicians is a Quality Account priority for the Trust.

4.2 National Patient Experience Surveys

4.2.1 **National Inpatient Patient Experience Survey 2019:** Published by the Care Quality Commission (CQC) in July 2020. Action plan developed and monitored by the Patient Experience Group – to report back in December's Patient Experience Group (PEG) meeting.

4.2.2 Urgent & Emergency Care Survey 2020: Sampling is in progress for the 2020 survey with a revised deadline for submission to Picker end of October.

4.2.3 Children & Young People's Patient Experience Survey 2020: The sampling period starts in November /December 2020. An information Webinar is to be held 7th December 2020.

4.2.4 Work Ongoing from Previous National Patient Experience Surveys: Planned review of all open survey action plans with new patient experience manager once in post. An overview will be provided in Q3 report.

4.3 Equality and Diversity Standards (EDS2) Report

4.3.1 In preparing to meet Equality & Diversity Standards, it was initially planned to have joint grading events in North Central London. This work, initially led by North Middlesex and now by the Clinical commissioning group (CCG), has been paused as a result of COVID-19. As a result, the Trust has undertaken a self-assessment and will explore alternative methods to engage with stakeholders.

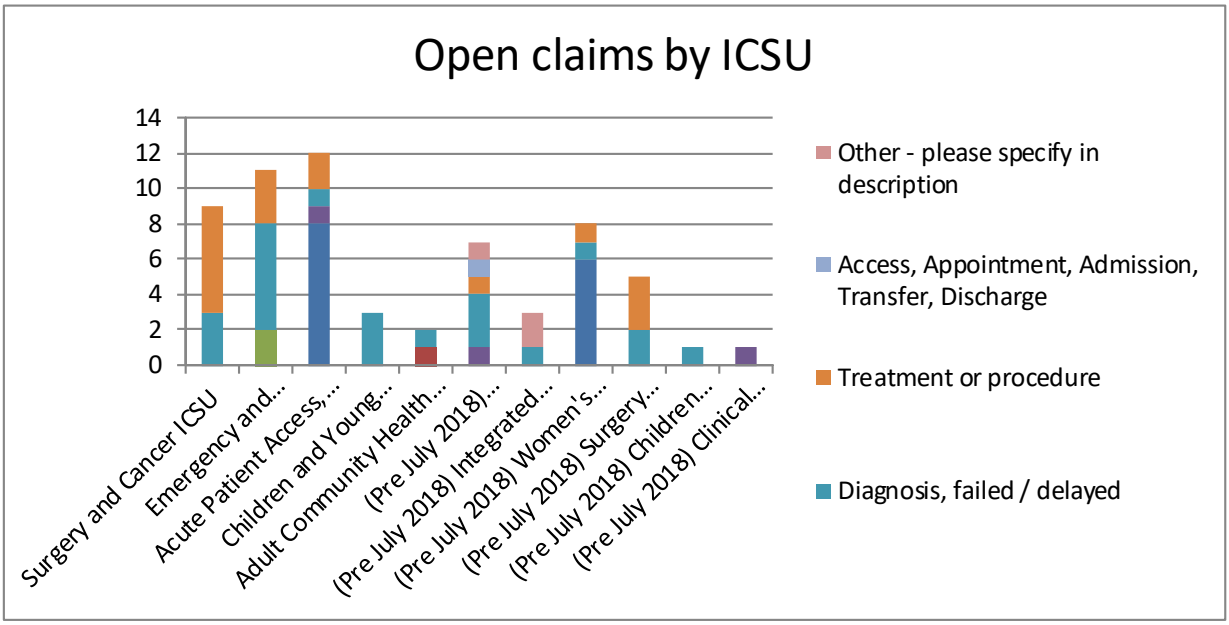
4.3.2 In line with NHS England guidance, Trusts can opt to look at specific aspects of work where it is believed that learning can be shared or where there might be concern that particular needs are not being met, rather than examining each service against each outcome in its entirety.

4.3.3 Targeted objectives have been drafted for each outcome and are in Appendix B; these align with Trust objectives a well as areas identified in the quality account, Commissioning for quality improvement (CQUINs), CQC submissions, Friends and family test (FFT) and national surveys.

5. Legal Services

5.1 There are currently 86 open clinical negligence claims, representing a 7% increase in reported claims and 16 Inquests representing closure of 30% of the live Inquests in Q2. 9 new claims were logged in Q2, which is in line with the monthly average.

Chart 1 open claims by ICSU



6. Interpreting Services

6.1 In Quarter 2, the Trust interpreting service has done considerable work promoting Telephone Interpreting and Virtual Interpreting (the latter via the Attend Anywhere platform) covered by in-house interpreters, which has led to a reduction in face to face bookings. This includes the development of guides on how to book, as well as a decision making tree to assist staff determine what type of interpreting to request; staff are directed to book in the most cost effective way, while ensuring patients' needs and service requirements are met.

6.2 A pilot survey of Turkish and Spanish speaking patients using the Attend Anywhere video platform through an interpreter, rated the quality of the interpreting service received as excellent (7 responses).

6.3 The wider patient experience survey of Attend Anywhere has been largely positive but issues raised around connectivity, particularly for British Sign Language Interpreting which is being reviewed.

7. Patient Engagement

7.1 Due to the COVID-19 pandemic, NHS England (NHSE) and Improvement (NHSI) ceased the national reporting requirements for the FFT from March 2020. This will be restarted in January 2021, with data collection beginning in December 2020

Some services have continued to collect FFT data to continue their own learning; the overall summary is below with more detailed breakdowns of responses available to services on IQVIA, the trust patient feedback system.

Table 4

Percentages of Very good/good and poor/very poor
(FFT - All, 1/7/2020 to 30/9/2020)

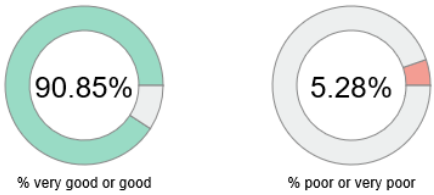
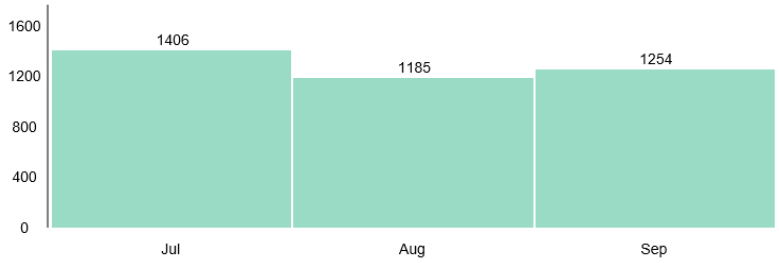


Table 5

Number of surveys completed each month
(FFT - All From 1/7/2020 to 30/9/2020)
3845 Surveys



7.2 Limited visiting was re-introduced on acute adult wards in July 2020 and revised again in October 2020 due to the publication of revised national guidance. This will be under constant review as the second wave of COVID-19 progresses throughout the winter. The Trust are continuing to support patients and families through facilitated virtual calls (e.g Zoom), and the 'thinking of you' messaging service. Maternity partners visiting has been supported throughout the pandemic.

7.3 Symptom screening and temperature checking has been introduced at the main entrance for patients, vistiors and staff. Ad hoc feedback from patients has been that this provides reassurance for those attending for appointments

7.4 The recruitment process for new general volunteers was re-started in September 2020. Volunteers played a critical role during the first phase of the pandemic and many of these roles have continued including;

- Patient facing roles within 'green zones' in areas such as chemotherapy, maternity, audiology, spiritual and pastoral care and supporting patients and relatives to connect using 'Zoom' calls.
- Delivery services for pharmacy, audiology and PPE
- Administrative support for booking patient appointments, clearing appointment backlogs

New proposed roles include supporting ward hosts at mealtimes; and introducing volunteer 'Wingman Champions' to continue the legacy of Project Wingman as airline crew availability reduces.

7.5 An update on the Volunteer and Patient Experience Strategy will be presented to Patient Experience Group in December 2020 (Year 1 and Year 2 updates, respectively).

8. Clinical Effectiveness

8.1 National and local clinical audits

8.1.1 The schedule for national audit reporting and publications continues to be subject to alterations as the health system prioritises activity relating to the COVID-19 pandemic;

8.1.2 Participation status with mandated national audit remains on track for Q2 2020/21. There is one exception (Elective surgery hip and knee replacement patient reported outcome measures (PROMs) which is relation to a national issue.

8.1.3 The National Data Opt-Out initially planned for roll out September 2020 has been postponed until 2021. The Trust has implemented a 'soft launch' to allow teams to familiarise themselves with the new process.

8.1.4 Two Respiratory audit abstracts accepted to the British Thoracic Society Winter Meeting, February 2021:

- Using hospital admission to offer influenza vaccination to clinically at-risk eligible inpatients; what is the need and what is the uptake? Two years' experience in one Acute Trust.
- Using a Home Oxygen Review Proforma in Chronic obstructive pulmonary disease (COPD) care to increase safety and address gaps in high value interventions. (COPD: clinical science session)

8.2 GIRFT (Getting it Right First Time)

8.2.1 GIRFT visits re-started in Q2; lung cancer; pathology and respiratory medicine. Gastroenterology and Rheumatology scheduled for Q3

Lung Cancer:

- Excellent joint working arrangements with the University College London Hospital (UCLH) Trust highlighted, including a regular joint operational meeting with UCLH where pathways are reviewed and adapted.
- Patient support package for patients diagnosed with lung cancer noted as excellent.

Pathology:

- Right Test Right Time: The Trust was the only Trust within the GIRFT Pathology Network visit, currently implementing this project

in Emergency Department. Supporting patients in undergoing the right test at the right time.

- The charge of "not being a system player": This initiative is a great example to help nullify that charge. Getting it Right First Time (GIRFT) have requested some notes/a report to share as good practice of engagement and cooperation.

Respiratory Medicine:

- Whittington Health one of the very few Trusts that completed all audits requests
- Whilst benchmarked with other Trusts, Whittington Health was ranked 2nd highest Trust, running a good number of smoking cessation sessions.

8.3 **NICE guidelines, Local clinical guidelines and policies**

8.3.1 In Quarter 2, work has continued to ensure timely reviews of clinical guidelines and policies;

8.3.2 A total of eleven COVID-19 protocols, and nine NICE rapid guidelines have been reviewed, quality assured and uploaded to the Intranet Hub, as well as two COVID-19 medicines guidelines approved by the Drugs and Therapeutics Committee (Dexamethasone and Remdesivir)

8.3.3 Trust policy project in progress to simplify the document store on the Trust intranet, and move to a single monitoring system

8.3.4 4 National Institute for Health and Care Excellence (**NICE**) audits registered during Q2:

- Blood Transfusion- Bedside Safety Compliance Audit
- Re-assessment of TEP during the COVID-19 pandemic - Ethics Advisory Group
- Monitoring and prescribing standards of adult patients initiated by Whittington Health NHS Trust on prophylaxis Azithromycin to reduce frequency of infective exacerbation COPD and Bronchiectasis
- ED discharge after a first seizure.

9. Better Never Stops: From Good to Outstanding

9.1 **Quality Improvement**

9.1.1 The Trust held its third annual QI celebration afternoon in September. The event was well attended, both virtually and in the lecture hall with social-distancing measures. The quality of projects submitted was very high and multi-disciplinary, illustrating that QI engagement is reflected across all staff groups and ICSUs, as well as corporate teams.

9.1.2 Following the event, work is already underway to scale up and spread the learning from successful projects. The work of the Rapid Response Virtual Ward team in developing the HCA (healthcare assistant) role is being reviewed to consider the potential for upskilling staff in other areas. This is alongside the work of the Enhanced HCA role.

9.1.3 A high number of projects have been accepted at national conferences, including British Geriatrics Society Conference, HealthTech Newspaper awards and BMA Trainee doctor LNC representatives; and work has also been submitted to NHS Fab Stuff.

9.1.4 The QI Strategy is presented as a separate paper.

9.2 **CQC Action Plan and Better Never Stops Improvement Work**

9.2.1 Better Never Stops meetings and the peer review programme have been re-started following a pause during COVID-19 pandemic. The CQC action plan has been updated to reflect the changing circumstances of the pandemic, and will be shared with CQC.

9.2.2 Peer reviews in Quarter 2 were carried out in Main Theatres and Day Treatment Centre; Northern Health Centre (Audiology and Early years therapies team); MSK at Holloway Health Centre and Care of Older People's wards. Findings were generally positive, but a recurring theme for improvement was around medicines management and cleanliness. .

9.2.3 In response, there has been an increase in the facilities environmental audits to increase compliance with the cleaning checklists for wards and clinical areas. Medicines management walk rounds which are led by the senior pharmacy team, have been restarted post the COVID-19 pandemic. These are providing advice and targeted support for clinical areas on medicines management and security.

9.3 **Learning from Excellence (STAR awards)**

9.3.1 The STAR Awards is Whittington Health'sLearning from Excellence initiative. This is a nationally recognised approach to quality improvement, focusing on proactively reporting good practice to examine and learn from, which works alongside existing reactive incident reporting systems. The STAR Awards serve two parallel purposes, to identify specific examples of good practice for shared learning, and to enhance staff morale by celebrating staff. The Trust has received over 400 nominations to date, with around 100 nominations in Quarter 2.

9.3.2 During the pandemic, themes emerging from nominations included positive practices in:

- Teamwork

- Compassion, care and good engagement with patients
- Good communication skills
- Sensitivity
- Willingness to try new approaches / flexible and adaptable
- Leadership
- Supportiveness
- Acts of kindness.

10. Quality Account Priorities 2020/21

10.1 The quality priorities for 2020/21 have been developed following consultation with staff and stakeholders and are based on both national and local priority areas. The team have considered the impact of the COVID-19 pandemic at a Trust level as well as the global changes to health care in order to achieve sustainable improvement; projects need to be long-term, monitoring progress over a 3 year period.

10.2 Each priority has a project workstream which is aligned to one of the three pillars of patient safety, patient experience or clinical effectiveness. The Quality Governance Committee review progress on a quarterly basis, progress is detailed in the table below.

Aim/Domain	Year 1 Priorities	Q2 RAG	Progress Q2 2020/2021
Improving Communication between clinicians and patients (Trust wide) **Patient Experience domain**	1. "Dear Patient" Outpatient Clinic letter QI Project: Undertake a pilot in the Haematology department, gathering feedback from patients and GPs.		Pilot project commenced with one consultant's Haematology clinic letters in July 2020. The project is taking consideration of what patients and GPs want. Looking at the quality of the outpatient letters against the following criteria and how they can be improved. Measures: Letters addressed to patient Letters in clear language Clear next steps Clear if DC/ FU Safety Netting Next step: The project is being presented to different departments whilst giving specific feedback from their work In Q3 there are plans to provide teaching to Registrars re improvement measures above. The next planned audit is Q3 to monitor change and improvement to the clinic letters.

	2.Implement and refine systems to allow inpatients to keep in contact with family and friends throughout the pandemic		A quality improvement project called 'Evaluation of virtual visiting using Zoom' was undertaken during the first wave of COVID-19 in Q1. The recommendations from this project are being implemented from now until March 2021. In Q2 the following has been achieved: 1. 2 x volunteers appointed to facilitate zoom video calls across multiple medical wards (Hospital Chaplains have also been trained to provide support with zoom also) 2. Stock take being undertaken of available devices including iPads, smartphones, iPods to enable various applications (e.g. Zoom, WhatsApp, Skype, Facetime) to facilitate more video calls on the wards. Current stock of the devices in Patient Experience department is limited to facilitate video calls. 3. Electronic messaging service implemented - 'Thinking of you' postcards now in use for families to share messages and photos with relatives who are inpatients. In Q3 there are plans to review the feasibility of a family liaison role, should a second wave of COVID-19 further restrict current visiting guidance. There will be a review of guidelines in place for the re-introduction of limited visiting and devices available for the visiting family member to engage family at home in the visit.
Improving Blood Transfusion Care and Treatment (Hospital) **Patient Safety Domain**	1. In 2020/21, the e-learning blood transfusion training module will be revised and included in the Trust mandatory training matrix.		The blood transfusion national e-learning module was reviewed in Q2 and is fit for purpose. The issue with low compliance has been attributed to the module not being included on in the Trusts mandatory training matrix for Nurses and Doctors. By the end of March 2021 a current training baseline will have been determined so that SMART improvement targets can be implemented in 2021/2022.
	2. Deliver a communication campaign to raise awareness of the importance of blood transfusion training.		Previously used Blood Transfusion Screensavers (Which raise awareness of the importance of Blood Transfusion training and safety) have been refreshed so that a renewed communication campaign can take place in Q3 and Q4 2020/2021. The blood transfusion team ran a Grand Round called 'Blood Transfusion Safety' which incorporated a number of case studies, to illustrate

			the importance of transfusion safety as well as the importance of the e-learning module.
Improving Human Factors Education **Patient Safety Domain**	1. During 2020/21 the Trust will trial a multi-disciplinary human factors educational model that brings practical human factors training directly into clinical practice. A cornerstone of this model is in-situ simulation, supported by observation from aviation human factors experts.		Whittington Health was the pilot site for Project Wingman, an initiative bringing grounded aviation crew into UK hospitals to provide 'tea and sympathy' to staff. As relationships between staff and aviation volunteers grew, we identified new opportunities for collaborative human factors education through in-situ simulations. This is currently being run as an educational research project, with feedback gathered from staff involved in the simulations. The initial feasibility study of 15 sims (May - July) demonstrated very high levels of engagement amongst participants. The aim is that this initiative will not only improve staff experience of training, leading to behavioural changes at an individual level; but also system wide improvements, for example latent safety threats identified have resulted in practical changes to equipment labelling and checklists. It has also led to better collaboration across departments and between disciplines, with simulation scenarios designed around safety incidents and risks, sharing learning across the Trust. By end of Q2 the project had run over 30 sims across 5 departments (ED, Paediatrics, Anaesthetics, ITU and Medical wards). Funding has been sought through NOCLOR (Research study), UCLP and Q exchange grant applications. If approved, the plans for Q3/4 are to trial sims with pilots in community settings.
Reducing harm from hospital acquired de-conditioning (Hospital) **Clinical Effectiveness Domain**	1. By the end of 2020/21 The Trust will have completed a baseline assessment and developed a process for monitoring mobility and physical activity on the wards. This will enable us to monitor the success of our improvement interventions in 2021-23.		Initial baseline exercise undertaken in Q2. Cohort of 19 patient records reviewed from Coyle ward. Initial results were surprising. Patients are being admitted further off their mobility baseline than previously thought. A marked improvement in mobility was noticed once the patient admitted to a ward, and definitely by discharge. Mobility is not being consistently recorded in patient records using the Rockwood clinical frailty score. Further baseline exercises to be undertaken in Q3 and Q4 to analyse any gaps in education and awareness and plan targeted interventions to improve practice.

Table 5 *Quality Priority Quarter 2 updates*

11. Recommendations

11.1 Three key quality messages from Quarter 2 are:

- Whittington Health's experience of COVID-19 continues to compare similarly to the London experience
- CQC provided positive feedback in relation to the steps Whittington Health have taken to prepare for winter 2020/21
- Quality Account priorities for 2020/21 are on target in Quarter 2

11.2 The Board is asked to note the good practice highlighted in the report which was approved at the Quality Assurance Committee meeting held on 11 November 2020 along with the three key quality messages.

Meeting title	**Trust Board - public meeting**	**Date: 26.11.2020**
Report title	**Final Draft 2019/20 Quality Account**	**Agenda item: 6 Appendix 5**
Executive director lead	Michelle Johnson, Chief Nurse and Director of Allied Health Professionals	
Report author	Gillian Lewis, Head of Quality Governance & Kat Nolan-Cullen, Compliance and Quality Improvement Manager	
Executive summary	This is the draft of the Quality Account 2019/20 for approval by the Trust Board. NHS England and Improvement (NHSEI) announced a revised timeframe, due to COVID-19 pandemic, with a 15 December 2020 publication date, and a deadline of 15 October for stakeholder circulation. NHS providers are no longer expected to obtain assurance from their external auditor on their quality account / quality report for 2019/20. The Trust received feedback on the report from the North Central London (NCL) Clinical Commissioning Group (NCL CCG) in relation to further additional information they would like to see added under the 28 day re admissions section, information on learning from serious incidents. This information has been added. The Trust Audit and Risk Committee recommended changes to the Patient Reported Outcome Measures (PROM) data and the Commissioning for Quality and Innovation (CQUIN) framework information. These changes have been addressed. A summary version of the Quality account document is also being developed with the communications team. This will provide key achievements and information in an easy to digest format. It will be provided alongside the main document on the Trust website.	
Purpose:	Approval	
Recommendation(s)	The Board is asked to approve the draft of the 2019 /2020 Quality Account for publication.	
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	This report was presented to the following committees 1. Quality Governance Committee – 16 September 2020 2. Trust Management Group - 13 October 2020 3. Audit and Risk Committee - 22 October 2020 4. Quality Assurance Committee – 11 November 2020
Appendices	Appendix: Draft Quality Account 2019/20

Appendix five:

Quality Account 2019/20

Contents

Part 1: Statement on Quality from the Chief Executive 3

Part 2: Priorities for Improvement and statements of assurance from the Board
2.1 Priorities for Improvement 2020/21 5
2.2 Statements of assurance from the Board 9
Participation in Clinical Audits 2018-19 10
Participating in Clinical Research 17
CQUIN Payment Framework 18
Registration with the Care Quality Commission 20
Secondary Uses Service 22
Information Governance Assessment Report 22
Data Quality 23
Clinical Coding Audit 68
Learning from Deaths 23
Patient Reported Outcome Measures 24
Percentage of Patients 0-15 and 16+ readmitted within 28 days of Discharge 25
The trust's responsiveness to the Personal Needs of its Patients 27
Staff Friends and Family Tests 28
Patient Friends and Family Tests 31
Venous Thromboembolism 36
Clostridium Difficile 37
Patient Safety Incidents 39
Seven Day Service Standards 42
Part 3: Review of Quality Performance 2019/20 43
Part 4: Other Information 57
Local Performance Indicators 58
Annex 1: Statements from External Stakeholders 58
Annex 2: Statements of Director's Responsibilities for the Quality Report 62
Appendix 1: Sub contracted services 64
Appendix 2: National and Local Audits 64
Appendix 3: External Clinical Coding Audit Results 69
Appendix 4: NHS staff Survey Comparison 2018 / 2019 70

Part 1: Statement on Quality from the Chief Executive

Welcome to the 2019/20 Quality Account for Whittington Health NHS Trust. Here, we outline how we performed on quality last year and set out our priorities for 2020/21. All of our priorities are produced in consultation with staff, managers, patients and external stakeholders and I would like to thank them for taking the time to contribute to this process — especially in what has been an unprecedented year.

I am pleased to report that we successfully met 33 out of the 38 priorities we set ourselves for 2019/20. We managed this despite the changes that we were forced to make to our services due to COVID-19.

Other highlights of the year include:

- The 2020 CQC report gave the Trust a rating of 'Good' overall, with our services rated as 'Outstanding' for caring. Our community health services were also rated as 'Outstanding'. This is a tremendous achievement by our staff.
- A significant improvement in the post-operative geriatric care provided to elderly patients undergoing emergency laparotomy rose from 11 patients to 36.
- We are ranked first out of all hospitals in the country for undertaking care processes for patients with type one and type two diabetes.
- We had the third highest uptake of the flu vaccine by our staff across London at 83.4%.
- Being the first Trust in London to sign up to the NHS Workforce Race Equality Standard Cultural Change Programme. Over 75% of staff said they believe the Trust provides equal opportunities for career progression compared to 70.6% in 2018. Similarly in 2019 there has been a positive increase of 7% black, Asian and minority ethnic staff believing there are equal opportunities, moving up to 65.3% from 58.3%.
- Listening to more of our staff than ever before through the NHS Staff Survey. Last year we had a response rate of 56%, which is the highest response the Trust has received to date and an increase of 8% from last year's 48% response rate.

I am proud to say that we participated in 100% of national clinical audits and national confidential enquiries of those that we were eligible to participate in. These audits, whether mandatory or not, are not only vital in helping us to continually improve the care and treatment that we offer, but also contribute to findings across the NHS to identify success or areas for action or further investigation. We took part in a total of 64 national clinical audits, national confidential enquiries and non-mandatory national audits in 2019/20.

I was particularly moved by the different patient stories featured at 10 of our Trust Board meetings this year. Hearing the impact of our care on patients, and learning how we can make changes to improve it, is vital to our Better Never Stops philosophy.

Ensuring Whittington Health is a welcoming place to work continues to be a priority. We now have over 30 Speak Up advocates, who staff can raise concerns about any matter. From September 2018 to September 2019, 66 concerns had been raised, 30 were anonymous. Since September 2019, the rate of reporting had increased but the number of anonymous complaints had decreased showing that more people feel safe to approach the Guardian to raise their concerns.

Our priorities for 2020/21 have been chosen after lots of engagement with internal and external stakeholders. They reflect on previous learning and on our ambition to be an outstanding health care Trust, each of the four new priorities align with our vision of Helping People Live Longer Healthier Lives.

I confirm that this Quality Account will be discussed at the Trust Board, and I declare that to the best of my knowledge the information contained in this Quality Account is accurate.

Siobhan Harrington, Chief Executive

About the Trust

As an integrated care organisation (ICO) with community and hospital services across Islington, Haringey and further, Whittington Health is in a unique position to deliver the strategic objectives of the North London Health Partnership (NLHP) integrated care system that is, working in an integrated and collaborative way to provide high quality health and social care for our local population.

Our Trust's vision, embedded within our clinical strategy and quality account, is to 'help local people live longer, healthier lives'. The Trust strategic objectives have been revised for 2020-21 and the priorities for the next year have been aligned with the new four shared objectives:-

- **Deliver outstanding, safe and compassionate care in partnerships with patients**
- **Empower support and develop engaged staff**
- **Integrate care with partners and promote health and well-being**
- **Transform and develop financially sustainable innovative services**

What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS healthcare that detail information about the quality of services they deliver. They are designed to assure patients, service users, carers, the public and commissioners (purchasers of healthcare), that healthcare providers are regularly scrutinising each and every one of the services they provide to local communities and are concentrating on those areas that require the most improvement or attention.

Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of service, explaining where an organisation is doing well and where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement over the coming financial year.

This year due to the COVID-19 pandemic the delivery of this report is significantly delayed as there was a necessary pause to the deadline, to allow NHS trusts to focus their resources to support front line care and treatment. The requirement for external review and assurance by an external auditor, has been also been removed this year by NHS Improvement / England due to COVID-19.

Part 2: Priorities for Improvement and Statements of Assurance from the Board

This section of the Quality Account describes the priorities identified for quality improvement in 2020/21 and the progress made against priority areas for
improvement in the quality of health services identified in the 2019/20 Quality Account. It also sets out a series of statements of assurance from the Board on key quality activities, and provides details of the Trust's performance against core indicators.

2.1 Priorities for improvement 2020/21

Our quality priorities for 2020/21 are aligned to the Trust's commitment to helping local people live longer, healthier lives and build on factors such as quality performance, clinical or public proposals and our 'Better Never Stops' ambition, to continually improve and provide even better care. Over the years, we have used the Quality Account to focus on particular areas, such as falls, pressure ulcers and sepsis in order to drive quality improvement campaigns which have now become standard practice at the Trust. These areas remain high priorities which are now embedded into the Trust quality governance monitoring processes.

2020/21 has brought unprecedented challenges and ensuring patient safety, while providing a good patient experience and positive outcomes throughout the pandemic has been our top priority. The priorities for 2020/21 reflect the key challenges experienced during the pandemic, as well as areas requiring renewed focus to drive improvement.

Our consultation process

Our quality priorities have been developed following consultation with staff, people who use our services and stakeholders and are based on both national and local priority areas. We have also considered the impact of the COVID-19 pandemic at a trust level as well as the global changes to healthcare.

We have utilised a range of data and information, such as learning from serious incidents, 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 and staff about improvements they would like to see in the coming year. A meeting was held with Health Watch Islington and Haringey, and representation from Islington Clinical Commissioning Group (CCG) in February 2020 to review and hear feedback of our services and quality areas for development.

Further to this, each priority has been refined and agreed by clinicians and managers who will have direct ownership and approved at the relevant Trust committees. The quality account, including the

2020/21 priorities, have been shared with our commissioners, whose comments can be seen within the appendices. Whittington Health recognises that to achieve sustainable improvement, projects need to be long-term, monitoring progress over a 3 year period.

Monitoring of progress against priorities

We have developed a robust system to monitor and report on progress against the quality priorities. Each priority has a project work stream which is aligned to one of the three pillars of patient safety, patient experience or clinical effectiveness. With measureable objective and reporting to a relevant governance group (Patient Safety Group, Patient Experience Group and Clinical Effectiveness Group). The Quality Governance Committee review progress on a quarterly basis and any concerns are escalated to the Quality Assurance Committee, a sub-committee of the Trust Board.

The quality priorities for 2020/21 are below, we have provided a rationale for selecting this area for focus, details of the improvement plans, and detail on the monitoring data and progress indicators.

- Reducing harm from hospital acquired de-conditioning
- Improving communication and engagement with patients and carers
- Improving patient safety education in relation to human factors
- Improving blood transfusion care and treatment

Aim	**Why are we focusing on this as an area for improvement?**	**What are we doing to improve?**	**Priorities – Year 1**
Reducing harm from hospital acquired de-conditioning Domain: Clinical Effectiveness/ Patient Experience	Deconditioning or 'PJ paralysis' can be attributed to long hospital stays and is a national priority. This especially relevant to the health during COVID-19 pandemic, due to the long recovery period for COVID-19 hospital ITU admissions	This work is incorporated in the Reducing Long Length of Stay project. The deconditioning work stream focuses on preventing functional decline in frail patients by: 1. Early assessment of functional status on admission 2. Early mobilisation 3. Increase in physical activity of in patients 4. Discharge planning: reducing the length of time that patients have been determined as medically fit to leave hospital but remain in hospital for further days.	By the end of 2020/21 we will have completed a baseline assessment and developed a process for monitoring mobility and physical activity on the wards. This will enable us to monitor the success of our improvement interventions in 2021-23.
Improving communication and engagement	Poor communication has been highlighted as a contributory factor in	In 2020/21 the focus is on two key projects, the first targeting written	By the end of 2020/21 we will have

Aim	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 1
with patients and carers Domain: Patient Experience	incidents, complaints and claims. COVID-19 pandemic has added to these issues with restrictions on visitors across the trust, and the wearing of Personal Protective Equipment (PPE) can limit clarity and understanding and the nonverbal cues of communication.	communication between clinicians and patients, and the second improving patient experience through enabling better communication with family and friends throughout the pandemic. 1) Improve the quality of outpatient clinical letters to make them more user-friendly for patients and focused on what 'matters to me' as the patient. 2) Develop innovative communication solutions to keep patients and families engaged through COVID-19 visitor restrictions	1) Undertaken a pilot in the Haematology department, gathering feedback from patients and GPs on whether the new letter format has made an improvement.
Improving patient safety education in relation to human factors Domain: Patient Safety	Human error is a recurring theme in serious incidents, in particular Never Events in 2018 – 20. Human factors knowledge can help design safe systems and processes that make it easier for staff to do their jobs effectively.	Deliver human factors education across the Trust through developing a sustainable, educational model which raises awareness of the practical implications of human factors on patient safety.	During 2020/21 the trust will trial a multi-disciplinary human factors educational model that brings practical human factors training directly into clinical practice. A cornerstone of this model is in-situ simulation, supported by observation from aviation human factors experts. The programme's success will be measured by: •Qualitative feedback based on surveys from staff •Targeted human factors learning workshops based on feedback from simulations and triangulated against trust safety intelligence •Number of human factors champions trained to observe simulations and provide feedback (ensuring ongoing sustainability of the project)

Aim	Why are we focusing on this as an area for improvement?	What are we doing to improve?	Priorities – Year 1
Improving blood transfusion care and treatment Domain: Patient Safety/ Clinical Effectiveness	A blood transfusion is when a patient is given blood from someone else (a donor). It is a safe procedure which can be lifesaving, however errors, while rare, can be fatal. Ensuring staff are trained effectively, and the Trust systems align with the safe transfusion guidelines (**right blood, right patient, right time and right place)** is essential to prioritise patient safety.	Revise training programme for nurses and doctors to make sure it is accessible, and fit for purpose and increase compliance with this training by ensuing that more staff access and complete.	In 2020/21, the e-learning blood transfusion training module will be revised and to ensure it is included in the Trust mandatory training matrix. Deliver a communication campaign to raise awareness of the importance of blood transfusion training.

2.2 Statements of Assurance from the Board

The Trust provides statements of assurance to the Trust Board in relation to:

- Modern slavery
- Safeguarding children and young people
- Mixed gender hospital accommodation

Modern Slavery Act

It is our aim to provide care and services that are appropriate and sensitive to all. We always ensure that our services promote 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.

Safeguarding Adults and Children Declaration 2019/20

Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national safeguarding children standards and guidance to ensure that children and young people are cared for in a safe, secure and caring environment.

The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the two Heads of Safeguarding (adult and child) professionally reports to the Chief Nurse.

A Safeguarding Annual Report is produced which is reviewed by the Trust Board (covers both children and vulnerable adults).

Whittington Health is an active member of two local safeguarding children's partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required.

The Trust is a member of the local safeguarding adults partnerships in Haringey and Islington.

The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, Prevent and monitors serious case review recommendations; this has continued throughout the Covid-19 national emergency committee reviews the Trust's responsibility across children and vulnerable adults.

Eliminating Mixed Gender Hospital Inpatient Accommodation Statement of Assurance
To ensure the trust meets national reporting requirements in relation to mixed gender accommodation, the trust revised reporting of mixed gender accommodation breaches in the hospital for patients who were well enough to step down care from intensive care. This was presented to the trust board as a statement of assurance in June 2020.

This meant that the trust experienced incidents of mixed gender accommodation for a short number of hours for some patients. The initial reporting was zero for Q1 2019/2020. This gradually increased over Q2 (18 breaches) and Q3 (11 breaches) as winter progressed, the breaches reached their peak in January of 2020 when there were 10 accommodation breaches in one month. This was due to bed capacity issues within the Trust where there was no medical bed available; however, privacy and dignity were maintained at all times and patients were informed and comfortable.

Sub Contracted Services

Whittington Health provided 150 different types of health service lines in 2019/20. Of these services a number were subcontracted see appendix one.
The Trust has reviewed all data available to them on the quality of care in these relevant health services through the quarterly performance review of the ICSU and contract management processes.

The income generated by the relevant health services reviewed in 2019-20 represents 100% of the total income generated from the provision of relevant health services that Whittington Health provides.

Participation in Clinical Audits 2019-2020

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%** national clinical audits and **100%** of national confidential enquiries of those it was eligible to participate in.

The national clinical audits and national confidential enquiries that Whittington Health was eligible to participate in, and participated in, during 2019/20 are detailed in Appendix two. This includes the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. Additionally listed are the **13** non-mandatory national audits, in which the Trust also participated during 2019/20.

Whittington Health intends to continue to improve the processes for monitoring the recommendations of National Audits and Confidential Enquires in **2020/2021** by ensuring:

- National audit and national confidential enquiries will remain the key component of our Integrated Clinical Service Unit (ICSU) clinical audit and effectiveness programmes;
- Performance outcomes will be discussed appropriately with multidisciplinary focus and cascaded to all staff grades;
- Learning from excellence will continue to be an intrinsic part of our work;
- Patient representation in national clinical audit will continue to be celebrated and further developed;
- Multidisciplinary clinical governance sessions will continue to include reflective learning on national clinical audit findings;
- Virtual clinical audit workshops will continue to provide practical support to all staff grades;
- The establishment of a clinical effectiveness group as a key feature of the organisational meeting structure will ensure actions from national audit reports are scrutinised and monitored to provide additional organisational assurance

The reports of **24** national clinical audits/ national confidential enquiries were reviewed by the provider in 2019/20 and Whittington Health intends to take the following actions to improve the quality of healthcare provided.

Examples of results and actions being taken for national clinical audit include:

National Early Inflammatory Arthritis Audit

The NEIA audit aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all new patients over the age of 16 in specialist rheumatology departments in England and Wales.
In September 2019, Whittington Health was identified as an outlier for the proportion of patients seen for their first review within three weeks of referral.
This was a known issue with a plan in progress. A formalised action plan was prepared by our clinical lead for the audit.

Action to be Taker Outlier status identified	**Person Responsible**	**Time-frame for action**	**Comments**
Additional Rheumatology consultant required	Lead clinician	Completed	New consultant appointed.
Referral pro-forma for GPs to use via Single Point of Access thus enabling appropriate triage of referrals	Lead clinician	Completed	This provides clarity of information which supports the GPs in their decision making about which aspect of the service to refer to. This triage is carried out by physiotherapists in the service who have been supported to develop and extend their roles within Rheumatology department.
Establishing an EA spinal clinic that will be run by an experienced Advanced Physiotherapy Practitioner (APP), to free up outpatient slots.	Lead clinician	Completed	Clinic is up and running with an APP. Started in October 2019
To explore a business case to incorporate ultrasound in EA Clinics.	Nominated Consultant Rheumatologist	By June 2020	Funding has not yet been identified. The Rheumatology Department believe this has the potential to improve early accurate diagnosis, reduce time to diagnosis and reduce follow-up appointments for those

			patients who do not derive benefit from further appointments.
The Rheumatology Department is an active participant in the North Central London network projects to expand advice and guidance services to primary care to ensure patients are managed appropriately at the earliest opportunity and clinic slots are used to the best effect.	Lead Clinician	Continuous	N/A

National Emergency Laparotomy Audit

This audit is overseen by the Royal College of Anaesthetists and the Royal College of Surgeons. NELA aims to enable the improvement of the quality of care for patients undergoing emergency laparotomy, through the provision of high quality comparative data from all providers of emergency laparotomy. In April 2019, the national audit launched a best practice tariff which relates to increased revenue for a Trust performing emergency laparotomies. The criteria for meeting the tariff are as below:

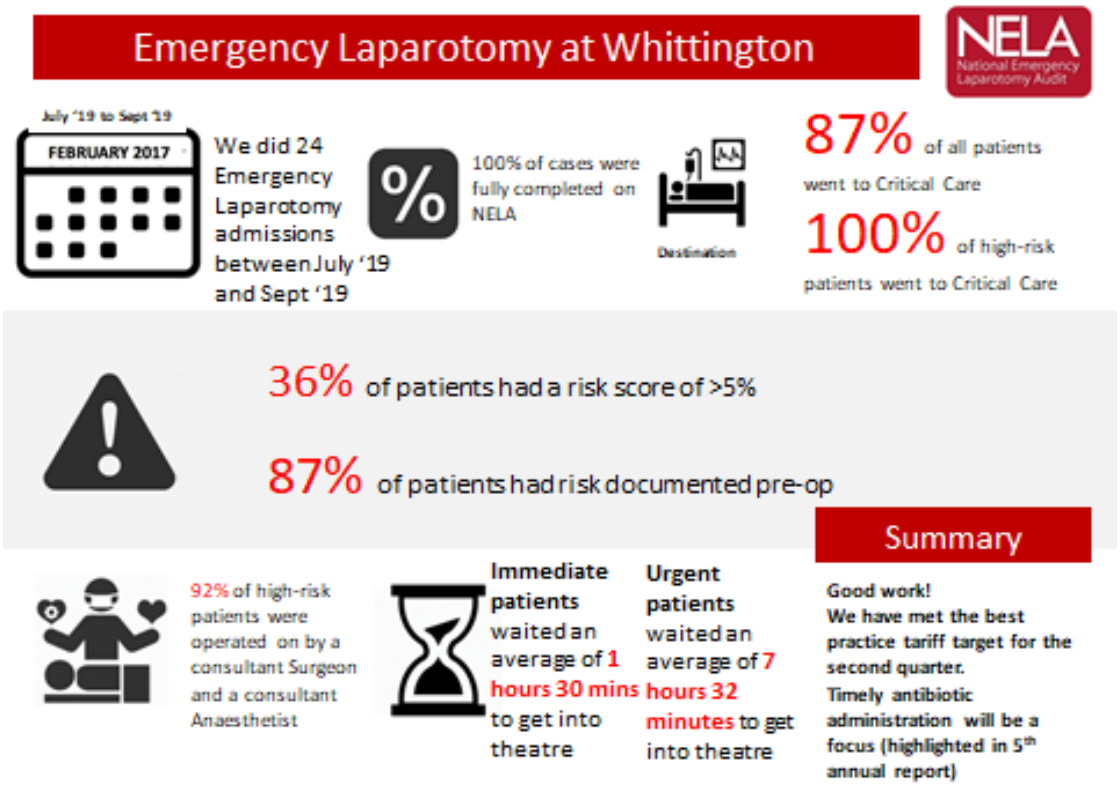
- All appropriate cases to be entered on to the national database;
- 80% of patients need to receive consultant delivered care AND be admitted to critical care;
- A pathway of care on how these patients are managed is to be created and agreed.

Achievements and areas for focus:

Last year, the NELA audit was instrumental in securing a geriatric liaison consultant. This has allowed specific and appropriate management for this cohort of patient, whilst enabling compliance with the requirement of a surgical liaison geriatrician assessment. As a consequence, in 2019/20 we have noted significant improvement in the care provided to our elderly patients undergoing emergency laparotomy. In 2018/19 11 patients received geriatric post-op care and in 2019/20 this rose to 36 patients.

We have further undertaken a revision of our local pathway in order to make it compliant with best practice tariff criterion and have successfully achieved the best practice tariff for the first two quarters of data collection. We have also been working with the UCH partners collaborative to identify and prioritise areas for further improvement. The focus for 2020/2021 will be on timely access to operating theatres and early administration of antibiotics for septic patients.

Infographic of key performance outcomes (July 2019 – September 2019)



NHS Digital DIABETES UK KNOW DIABETES. FIGHT DIABETES. National Diabetes Audit Report 1 - Care Processes and Treatment Targets 2018-19 (Publication date: December 2019)

The National Diabetes Audit (NDA) is a major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales. It collects and analyses data and produces reports for a range of stakeholders to use to drive changes and improve the quality of services and health outcomes for people with diabetes.

Whittington Health top-level NDA findings with comparison to last year's audit, where appropriate:

- We saw 540 patients with Type 1Diabetes Mellitus (T!DM) and 940 patients with Type 2 Diabetes Mellitus (TSDM) during the audit period;
- For undertaking the 8 care processes we continue to perform ***outstandingly*** achieving 92%-100% for all 8 processes, with 89% of patients of patients with T1DM and 88% of patients with T2DM seen having all care processes undertaken (against an average in secondary care of 50%).
- We are the **1st ranked hospital in the country** for patients with T1DM and with T2DM, for undertaking care processes;
- 36% of patients with T1DM seen in clinic have HbA1c<7.5% which is ***an improvement*** from last year's audit and better than the national average (31%)
- 15% of our patients with T1 DM have an HbA1c >10% (national average 15%) this is stable from our last NDA data;
- Treatment targets for HbA1c, blood pressure and cholesterol levels for patients with T1DM patients seen in clinic were slightly better than national average;
- 20% of T2DM patients seen in clinic have an HbA1c >10% (Secondary care national average 15%) which again supports data that we are continuing to transfer well controlled T2DM patients back to GP;

- 83% of T2 patients seen in clinic have chol<5 (national average 74%)

National Asthma and COPD Audit Programme

'Although the care of patients with chronic lung conditions is improving, there remain significant deficiencies that need addressing' (Royal College of Physicians)

This audit programme, led by the Royal College of Physicians (RCP), works closely with a broad range of organisations including Asthma UK, the British Thoracic Society, British Lung Foundation, Primary Care Respiratory Society UK, Royal College of General Practitioners and the Royal College of Paediatrics and Child Health.

Their programme of work covers the following:

- National Chronic Obstructive Pulmonary Disease Audit;
- National Audit of Pulmonary Rehabilitation;
- National Audit of Adult Asthma;
- National Audit of Children and Young People Asthma

Whittington Heath COPD Care Quality Review group:
In order to proactively lead and develop this programme of work, the trust established a multidisciplinary COPD Care Quality Review group, collaboratively led by an Integrated Respiratory Medicine consultant and Head of Clinical Governance. In January 2019, the scope of our work and clinical membership was further extended to reflect the new National Asthma and COPD Audit Programme (NACAP) for England, Scotland and Wales.

During 2019/2020, the COPD Care Quality Review group has led and overseen a number of key QI interventions;

- Financial incentive: COPD audit has met best practice tariff criterion for each quarter of the 2019-2020 year;
- Financial incentive: Influenza Inpatient immunisation now being reimbursed. This is a clinically high value innovation and intervention which is financially aligned;
- Educational/ learning: Respiratory medicine '10@10' staff educational sessions in the Emergency Department have continued with a rota agreed: focusing on such areas as inhaler technique and initial assessment for asthma;
- Educational/ learning: Treating tobacco dependence training sessions agreed for 2019-20 year (Jan/Feb)
- Learning: New MDT audit registered: Two year outcomes of tobacco cessation therapy dependence treatment started on an inpatient respiratory ward.
- Patient experience: COPD patient representative joining the group as permanent member in 2020.
- Patient experience: "What matters to me most about my inhalers?" Pharmacist work completion (June 2019) with the primary aim to obtain feedback from adults on newer inhaler devices. Consequent update of shared guidance: 'Stable COPD Treatment Guidelines'.
- Patient safety and recognising our frontline staff: New batch of pulse oximeters ordered for loan scheme. Purchase of new Vitalograph micro spirometer for clinical areas;
- Patient safety change: Oxygen drug chart update made in response to a serious patient incident. Snap shot ward audit of availability completed.
- Abstracts: Presentation of two QI respiratory abstracts at 2019 British Thoracic Society Annual Scientific meeting Conference in Dec with additional publication in a supplement of the journal Thorax:

- Abstract planning: Respiratory consultant work with trainees and lead respiratory psychologist on two submitted abstracts to the RCP Annual Conference 2020 - one on homelessness audit and one on evaluation of potential of role of medical trainee reflective practice as one mechanism of addressing burn out.

Local Clinical Audits

Whittington Health intends to continue to improve the processes for monitoring the recommendations of local clinical audits in **2020/2021** by ensuring:

- Reactive local audits, vital to patient safety, will remain the key component of the Integrated Clinical Service Unit (ICSU), Clinical Audit and Effectiveness programmes;
- Project proposals will continue to be subject to a centralised quality review in order to prevent duplication and to ensure alignment to speciality priorities;
- Demonstrable improvements to patient care and service provision will be identified on a rolling basis to support organisational 'learning from excellence' initiatives;
- Clinical speciality performance in relation to local clinical audit will continue to be monitored on an ongoing basis, with regular reporting via the ICSU Board meetings;

Examples of results and actions being taken for local clinical audit:

Meeting the NICE Quality Standard for depression in children and young people in CAMHS. Depression is a common problem in childhood and adolescence, with prevalence in the community estimated between 5-25% depending on age and sex. About one third of lifetime episodes of depression begin before the age of eighteen. Depression is often a recurring problem, with a 90% risk of depression returning after a third episode. *(Davey & McGorry, 2019).*

This audit aims to measure the Islington CAMHS's performance against selected NICE quality standards for the treatment of depression in children and young people (QS48) as below:

1. Children and young people with suspected depression have a diagnosis confirmed and recorded in their medical records.
2. Children and young people with depression are given information appropriate to their age about the diagnosis and their treatment options.
5. Children and young people receiving treatment for depression have their health outcomes recorded at the beginning and end of each step in treatment.

This audit provided baseline data for Islington CAMHS's compliance with three of NICE's five Quality Statements for the treatment of children and young people with suspected depression. All three of the quality statements assessed were scored below 75% and were rated as 'poor compliance'

The auditors made the following recommendations as below which have been supported by the implementation of a steering group to develop a depression pathway:

1. Through team discussion, raise staff awareness of the need to record clearly in the notes the presence or absence of depression, when it has been suspected at referral and an assessment has been carried out.
2. Identify any training needs in relation to depression assessment, through discussion in teams, line management or supervision.
3. Consider developing a minimal protocol of basic standards for depression assessment across all teams.
4. Raise staff awareness of the importance of giving age-appropriate information through training or team discussion.
5. Review available psychoeducation materials for each age group and parent/carers.
6. Consult service user group about what information and psychoeducation they would recommend.
7. Ensure staff has easy access to relevant lists of resources to recommend, once developed, including handouts, websites and books on prescription.
8. Raise staff awareness of the rationale for repeating relevant baseline ROMs when treatment starts, if a child or young person has been waiting for some time.

Chest pain - The use of high-sensitivity cardiac troponin test (hs-cTnT) in the assessment of patients in the Emergency Department

Chest pain is the leading symptom for a large number of patients attending Emergency Departments (ED). Chest pain accounts for 10% of all attendances in England and is the most common reason for admission. Determining which of these attendances represent an acute coronary syndrome (ACS) is an everyday challenge, as only a minority of these patients present with diagnostic ECG changes such as ST elevation.
In July 2013 the Whittington ACS guideline was redesigned. At the time, there was insufficient evidence to support a more rapid rule-in/rule-out pathway to manage patients presenting with chest pain.

Aim of the audit: Align chest pain triage for patients with suspected ACS in line with international guidelines, and enhance the triage process by facilitating earlier rule-in and rule-out of ACS.

Objective: Currently, all patients with chest pain >6 hours ago can be discharged, if the initial hs-cTnT level is <14 ng/L. However, if the patient's chest pain symptoms started within these 6 hours, the patient has to be admitted for a repeat hs-cTnT level 3 hours after admission. This causes delays for the patient and increases the clinical workload, potentially contributing to overcrowding. If a new pathway modelled on the ESC guideline was to be introduced, we need to identify key strengths and weaknesses:

- How many patients will qualify for immediate discharge?
- How many patients will require a repeat hs-cTnT measurement within 1hr to make an admission/discharge decision?
- How many more patients will potentially require repeat testing (e.g. by having an initial hs-cTnT level of 5-13 ng/L), who would have otherwise been discharged as per the 2013 protocol?
- Can this be delivered from both a laboratory as well as a clinical point of view?

Results:
How many patients qualify for immediate discharge?
A total of 502.8 patients underwent hs-cTnT testing in ED every month. As per ESC 0/3h-protocol, most patients have a presenting hs-cTnT concentration <14 ng/L (67.55%), but are only allowed to be discharged upon a single blood test if the onset of chest pain was >6 hours. If the ESC guidelines were implemented (see figure 1), the first decision could be made 3h after symptom-onset.

Conclusion
A novel pathway incorporating the ESC 0/1h-protocol will enhance safety and likely expedite the triage process for patients with suspected ACS.

Recommendations

1. Design a Whittington-specific ACS pathway incorporating the ESC 0/1h-protocol
2. Clarify follow-up and treatment plans for low-risk patients (if required)
3. Re-audit the impact of the novel pathway 6 months after implementation

Participating in Clinical Research

Involvement in clinical research demonstrates the trust's commitment to improving the quality of care we offer to the local community as well as contributing to the evidence base of healthcare both nationally and internationally. Our participation in research helps to ensure that our clinical-staff stay abreast of the latest treatment possibilities and active participation in research leads to better patient outcomes.

We are five years on from the ratification of the Whittington Health Research strategy that underpins the clinical strategy and reflects the aim of enabling local people to 'live longer healthier lives'. A key strategic goal is to become a leader of medical, multi-professional education and population based research. Participation in clinical research demonstrates Whittington Health's commitment to improving the quality of care that is delivered to our patients and also to making a contribution to global health improvement. We are committed to increasing the quality of studies in which patients can participate (not simply the number), and the range of specialties that are research active as we recognize that research active hospitals deliver high quality care.

The trust's research portfolio continues to evolve to reflect the ambitions of our integrated care organisation (across hospital and acute, community health services, dental and mental health services.

The number of patients receiving relevant health services provided or subcontracted by Whittington Health NHS Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 810. These patients all participated in studies adopted to the National Institute of Health Research (NIHR) portfolio. This was a drop of 264 on the previous year (which was the highest annual number recruited at Whittington Health) due to a different study mix but still well in excess of the CRN (Clinical Research Network) target of 618.

There were 49 NIHR portfolio studies recruiting and in follow up at Whittington Health last financial year compared to 50 the previous year and 39, 48 and 41 studies in 2017/18, 2016/17 and 2015/16 respectively. Not only have we broadly sustained the number of studies we have improved our recruitment to time and target (RTT) metrics in line with the NIHR High Level Objectives ensuring improved quality in the delivery of studies.

Portfolio adopted studies are mainly, but not solely, consultant led and are supported by the trust's growing research delivery team to facilitate patient recruitment. In addition to the NIHR portfolio studies, an additional 4 non-portfolio studies commenced in 2019/20 and 3 were ongoing from the previous year, unfortunately this was a reduction 60% on the previous year (which had seen 50% reduction on the previous year). Increasing, locally led and locally focused research is a vital aspect of delivering the research strategy. Most non-portfolio research studies are undertaken by nurses, allied health professionals, and trainee doctors and the impact of these studies are frequently published in peer reviewed publications, at conference presentations, and are valuable in their ability to innovate within the trust. In addition, small locally funded studies can provide the evidence needed to secure grant funding for larger scale projects and their potential to build capacity and capability to undertake larger research studies should not be underestimated. As a result of hosting two grants

the trust will receive enhanced Research Capability Funding (RCF) in the next financial year which will in part be used to increase and encourage both portfolio and non-portfolio research activity within the trust.

Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of Whittington Health's income is conditional on achieving quality improvement and innovation goals between Whittington Health and local CCGs through the Commissioning for Quality and Innovation payment framework. There is a CQUIN Project Manager who leads, coordinates and oversees the CQUIN projects and is responsible for the achievement of CQUINs. There is also a clinical lead and operational lead for each individual CQUIN.

CQUINs for 2019-2020 are:

- Antimicrobial Resistance
- Staff Flu Vaccinations
- Alcohol and Tobacco
- Three High Impact Actions
- Same Day Emergency Care

Due to Covid-19 NHS England and NHS Improvement advised that quarter 4 information was not required for the 2019/20 CQUINs.

CQUINs for 2020-2021 are:

Due to Covid-19 NHS England and NHS Improvement have advised that the CQUIN schemes have been suspended for the 2020/21

2019-2020 CQUIN progress

Achieved
Not achieved
Partial achievement
No requirement

The Alcohol and Tobacco CQUIN was a continuation of a 2018/19 CQUIN that Whittington Health was not a part of. The Trust was unable to put systems in place to capture or record the required smoking and alcohol screening data prior to the start of the CQUIN and therefore achievement or even partial achievement would be difficult. In turn due to the high yearly target for the Alcohol and Smoking Screening it was not possible to achieve this part of the Alcohol and Smoking CQUIN.

The Antimicrobial Resistance – Lower Urinary Tract Infection (UTI) in Older People CQUIN results did show an improving trend. QI projects and training sessions for ED staff were introduced to reduce the inappropriate use of urine dip stick test in diagnosing lower UTI in older patients, which is based on historical practice. However, the overall CQUIN target was not met before the national CQUIN was suspended due to COVID-19 pandemic.

CQUIN Scheme	Rationale/Objectives	Compliance			
Antimicrobial Resistance – Lower UTI in Older People	In support of a major Long Term Plan priority of antimicrobial resistance and stewardship, four steps outlined for UTI will bring reduced inappropriate antibiotic prescribing, improved diagnosis (reducing the use of urine dip stick tests) and improved treatment and management of patients with UTI.	Q1	Q2	Q3	Q4
Antimicrobial Resistance - Antibiotic Prophylaxis in Colorectal Surgery	Implementing NICE guidance for Surgical Prophylaxis will reduce the number of doses used for colorectal surgery and improve compliance with antibiotic guidelines.	Q1	Q2	Q3	
Staff Flu Vaccinations	Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of NHS services.	Q1	Q2	Q3	Q4
Alcohol and Tobacco, Screening	Screening and brief advice is expected to result in 170k tobacco users and 60k at risk alcohol users receiving brief advice, a key component of their path to cessation.	Q1	Q2	Q3	Q4
Alcohol and Tobacco, Tobacco Brief Advice		Q1	Q2	Q3	Q4
Alcohol and Tobacco, Alcohol Brief Advice		Q1	Q2	Q3	Q4
Three high impact actions to prevent Hospital Falls	Taking these three key actions as part of a comprehensive multidisciplinary falls intervention will result in fewer falls, bringing length of stay improvements and reduced treatment costs. 1. Lying and standing blood pressure to be recorded 2. No hypnotics or anxiolytics to be given during stay OR rationale documented 3. Mobility assessment and walking aid to be provided if required.	Q1	Q2	Q3	Q4
Same Day Emergency Care - Pulmonary Embolus	These three conditions are all from the top 10 conditions with which patients present in a SDEC setting. Each has been selected due to focus on a limited set of clear actions to be taken by providers. Improved same day treatment will reduce pressure on hospital beds, improving length of stay and patient experience.	Q1	Q2	Q3	Q4
Same Day Emergency Care – Tachycardia with Atrial Fibrillation		Q1	Q2	Q3	Q4
Same Day Emergency Care - Community Acquired Pneumonia		Q1	Q2	Q3	Q4

Registration with the Care Quality Commission (CQC)

The trust is registered with the CQC without any conditions. The CQC did not taken enforcement action against Whittington Health during 2019/20.

The CQC undertook a targeted announced inspection of five core services in December 2019 and published in March 2020. The services inspected were Urgent and Emergency Care, Surgery, Critical Care, Community Children's Health Services, 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 very positive, including the overall rating for community health services moving from good to outstanding. The Trust maintained its current raring of outstanding for caring for the whole organisation; this is a well deserved credit to the staff. The overall rating for the Trust remains as '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 Health Services	Good	Good	Outstanding	Good	Outstanding	Outstanding
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 safe remained as requires improvement and there is work required in the next year to address this. 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;

- Establishment of 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 are prioritised
- Associate Medical Directors appointed for Patient Safety; and QI and Effectiveness
- Integrated central Quality Governance Department to ensure intelligence is triangulated and learning shared
- The Trust Board receives monthly reports on all serious incidents that have occurred the previous month and importantly on how the Trust is learning from care and service delivery problems identified
- The quarterly Quality report to the Quality Assurance Committee and Trust Board 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
- The Trust works closely with external regulators and patient safety reporting bodies such as the CQC, CCGs, NHS England/Improvement (NHSI) 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).

Secondary Uses Service

Whittington Health submitted records during 2019/20 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodes Statistics. The percentage of records in the published data which included the patient's valid NHS number and which included the patient's valid General Medical Practice Code were as follows:

	Percentage of records which included the patient's valid NHS number (%)	Percentage of records which included the patient's valid General Medical Practice Code (%)
Inpatient care	98.60%	99.70%
Outpatient care	99.10%	99.70%
Emergency care	94.20%	99.10%
Source: DQMI Score Average - April 2019 - March 2020		

Information Governance (IG) Assessment Report

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 5 years have 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. As a result, the Trust hopes to meet the majority of the mandatory assertions with an improvement plan in place for IG training which will likely be below the target of 95%. The Trust's DSP Toolkit submission and former IG Toolkit submissions can be viewed online at www.dsptoolkit.nhs.uk and www.igt.hscic.gov.uk.

All staff are required to undertake IG training. In 2019/20 the Trust reached an annual rate of 87% of staff being IG training compliant. The compliance rates are regularly monitored by the IG committee, including methods of increasing compliance. 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 manage classroom-based sessions at induction.

Information Governance Serious Incidents

IG serious incidents are reported to the Department of Health and Information Commissioner's Office (ICO). Serious incidents are investigated and reported to the Trust's SIEAG Panel, relevant executive directorate or ICSU and the Caldecott Guardian and the Senior Information Risk Owner (SIRO). The IG committee is chaired by the SIRO who maintains a review of all IG serious incidents

and pro-actively monitors the action plans. There have not been any IG serious incidents declared during 2019/20 to date.

Data Quality

The Trust has been working on a data quality improvement plan in 2019/20 with significant improvements noted in the targeted areas. Overall the Trust monitors all national data submissions data quality at the point of submission as well as through the monthly Data Quality Maturity Index (DQMI) scores published by NHS Digital Monthly to take corrective action.

In order to improve data quality in 2020-21 the trust will be continuing to embed the following actions:

- Use of data quality dashboards for services to individually monitor their own data quality as required.
- Issuing of regular data quality reports to specific services identified as requiring improvements
- Strengthening the trust Data Quality Group and ensuring representation from each of the Integrated Clinical Service Units (ICSUs). This group is responsible for implementing the annual data improvement and assurance plan and measures the trust's performance against a number of internal and external data sources.
- Undertake regular internal clinical coding audits. See Appendix three
- Systematic use of benchmarking of data
- Running a programme of audits and actions plans

Learning from Deaths

During the period 1 April 2019 to 31 March 2020, 533 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-June 2019)
- 117 in the second quarter (July-Sept 2019)
- 131 in the third quarter (October-Dec 2019)
- 160 in the fourth quarter (Jan – 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.
- 64/131 deaths in the third quarter.
- 80/160 deaths in the fourth quarter.

Key learning identified from the patient mortality reviews includes:

- 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
- Ensuring we embed learning from end of life care discussions
- Ensuring all investigations of patients (Imaging, Pathology) are reviewed and acted upon in a timely and appropriate way

Actions taken to ensure learning from deaths include:

- 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
- Establishing a Mortality Review Group to progress learning from deaths and provide quality assurance for structured judgement reviews.
- Ensuring 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.

Patient Reported Outcome Measures (PROMs)

The most recent finalised PROMS data that is available is for 2018/19: from April 2018 to March 2019 for Hip and Knee operations, and for April 2017- September 2017 for Groin Hernia and Varicose Vein procedures.

Health gains for Knee and hip operations are reported in terms of the 'Oxford Score' - with scores that range from 0 (worst) to 48 (best).

In 2018/19 Hip replacements received a score of 21.2 (compared to 19.3 in 16/17) and Knee Replacements a score of 12.5 (compared to 12.8 in 16/17).

Note: There was not a sufficient sample size for both Hip & Knee replacements for 2019/20 (April 2019 – March 2020) to report any statistically significant result (a minimum of 30 post-operative results for a given procedure are required).

Hip replacements and Knee replacements (note that the most recent finalised data is for the period Apr18-Mar19)

Table 1: Pre-operative participation and linkage

	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate	Pre-operative questionnaires linked	Linkage Rate	Linkage rate (16/17)	National Linkage Rate
All Procedures (Apr18-Mar19)	334	159	47.6%	110	69.20%	79.3%	77.9%
Hip Replacement (Apr18-Mar19)	163	83	50.9%	59	71.10%	88.2%	79.2%
Knee Replacement (Apr18-Mar19)	171	76	44.4%	51	67.10%	74.2%	76.8%

Table 2: Post-operative issue and return

	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue Rate	Post-operative questionnaires returned	Response Rate	Response rate (16/17)	National Response Rate
All Procedures	159	113	71.1%	58	51.3%	69.0%	69.7%

(Apr18-Mar19)							
Hip Replacement (Apr18-Mar19)	83	66	79.5%	30	45.5%	67.3%	71.0%
Knee Replacement (Apr18-Mar19)	76	47	61.8%	28	59.6%	70.1%	68.6%

Table 3: Oxford hip/knee score (i.e.: Post-operative health gain)

Oxford hip/knee score	Whittington Health	National average health gain	National lowest health gain	National highest health gain	Whittington Health 16/17	* trusts with <=30 responses excluded from highest/lowest.
Hip Replacement (Apr18-Mar19)	*	22.258	18.649	25.377	21.326	
Knee Replacement (Apr18-Mar19)	*	17.102	13.546	19.979	12.5091	

Percentage of patients 0-15 and 16+ readmitted within 28 days of discharge

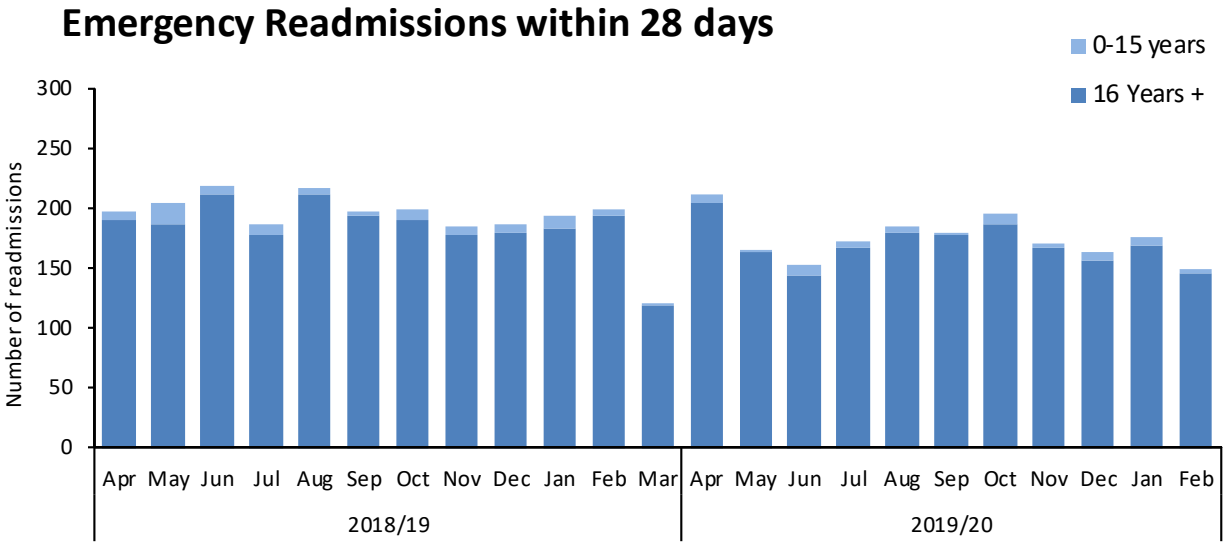
The Trust reports within stated requirements, reviewed thoroughly and compared closely to the metric that is used for routine board and departmental monitoring of readmissions.

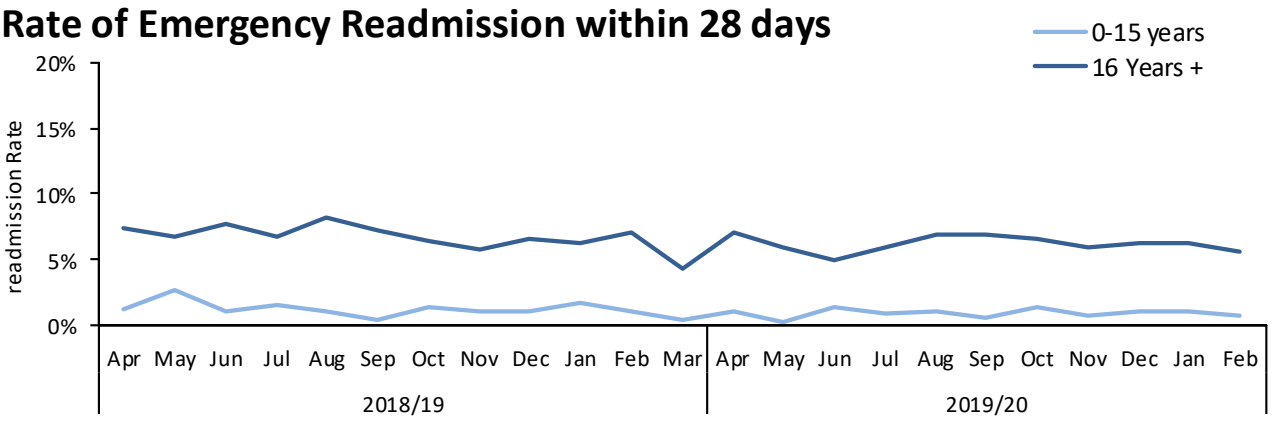
We have increased utilisation of 'Hospital at home' service and 'Virtual Ward' to aid in expediting safe discharges for adults and children but also in reducing the numbers of patients requiring potential readmission within 28 days of discharge.

We have also continued with our 'Multi Agency Discharge Event's' (MADEs) which have input from Social Care, Clinicians, District Nursing, GP's to ensure patients are discharged to the most appropriate place for their care in a timely manner.

Year and Month		0-15 years			16 Years +		
		Readmissions	Discharges	Readmission rate	Readmissions	Discharges	Readmission rate
2018/19	Apr	8	627	1.3%	190	2589	7.3%
	May	18	673	2.7%	186	2778	6.7%
	Jun	7	635	1.1%	211	2761	7.6%
	Jul	9	589	1.5%	178	2647	6.7%
	Aug	6	610	1.0%	211	2587	8.2%
	Sep	3	624	0.5%	194	2684	7.2%
	Oct	9	685	1.3%	190	2945	6.5%
	Nov	7	679	1.0%	177	3063	5.8%
	Dec	7	635	1.1%	179	2705	6.6%
	Jan	11	676	1.6%	182	2933	6.2%
	Feb	6	545	1.1%	193	2714	7.1%
	Mar	2	584	0.3%	119	2727	4.4%
2019/20	Apr	7	639	1.1%	205	2913	7.0%
	May	2	688	0.3%	163	2791	5.8%
	Jun	9	629	1.4%	143	2899	4.9%

Year and Month		0-15 years			16 Years +		
		Readmissions	Discharges	Readmission rate	Readmissions	Discharges	Readmission rate
	Jul	6	664	0.9%	167	2860	5.8%
	Aug	6	601	1.0%	179	2582	6.9%
	Sep	3	615	0.5%	177	2556	6.9%
	Oct	9	669	1.3%	187	2842	6.6%
	Nov	5	675	0.7%	166	2780	6.0%
	Dec	7	645	1.1%	157	2532	6.2%
	Jan	7	621	1.1%	169	2708	6.2%
	Feb	4	608	0.7%	145	2618	5.5%
	Mar	Reporting stopped due to COVID-19 national emergency					



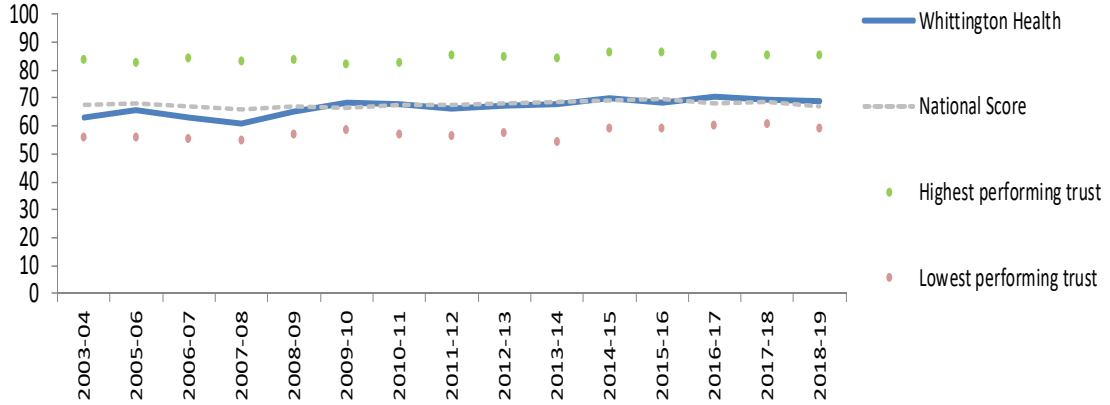


The trust's Responsiveness to the Personal Needs of its Patients

Whittington Health NHS Trust considers that this data is as described because it is produced by a recognised national agency and adheres to a documented and consistent methodology. This metric is an aggregation of scores from the national inpatient survey and is expressed as a score out of 100 (where a higher score is preferable)

Year	Whittington Health	National Score	Highest performing trust	Lowest performing trust
2003-04	63	67	83	56
2005-06	66	68	83	56
2006-07	63	67	84	55
2007-08	61	66	83	55
2008-09	65	67	83	57
2009-10	69	67	82	58
2010-11	68	67	83	57
2011-12	66	67	85	57
2012-13	67	68	84	57
2013-14	68	69	84	54
2014-15	70	69	86	59
2015-16	68	70	86	59
2016-17	70	68	85	60
2017-18	70	69	85	61
2018-19	69	67	85	59

Responsiveness to the Personal Needs of Patients



The Whittington Health performance score was two percent higher than the national average in 2018/19 this has been maintained since 2016/17. This is indicative of a trust that listens to its patients and responds to their needs.

Staff Friends and Family Tests

Listening to Our Staff

Whittington Health conducted its ninth national staff survey as an integrated care organisation (ICO). The survey was distributed to all staff, rather than a sample, and achieved a response rate of 56% which is the highest response the Trust has received to date and an increase of 8% from last year's 48% response rate. The survey asks members of staff a number of questions on their jobs,

managers, health and wellbeing, development, the organisation, and background information for equality monitoring purposes. The purpose is to give staff a voice and provide managers with an insight into morale, culture and perception of service delivery. The trust is very positive about the increase in the response rate and has worked hard to develop a compassionate and inclusive culture. Evidence of which is in Whittington Health's top place in overall positive score rating from staff when compared to the other 20 Combined Acute and Community trusts who also used Picker for their 2019 staff survey

Staff Engagement Indicator

For the 2019 Staff Survey the key findings that make up the engagement score of staff are:

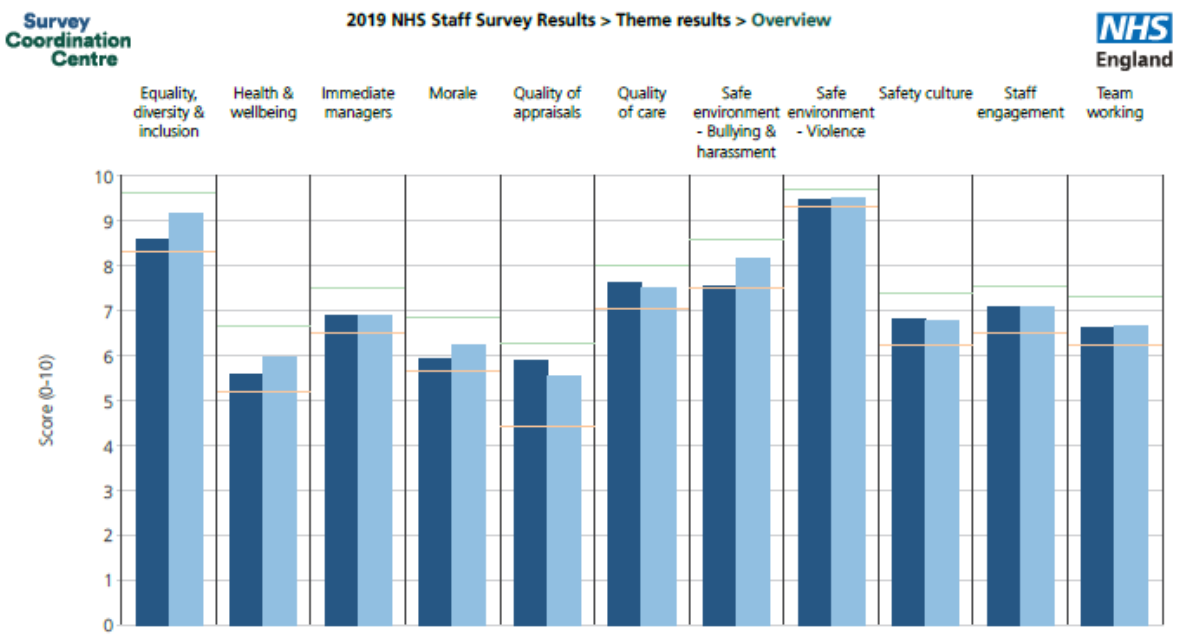
- Staff recommendation of the trust as a place to work or receive treatment
- Staff motivation at work
- Staff ability to contribute towards improvements at work

In 2019, Whittington Health's staff engagement score of 7.1 compares favourably to the national score of 7.0 and it has improved from 7.0 in 2018

Top Ranking Scores

The reporting shows Whittington Health results against 11 themes (10 in 2018) benchmarked against a total of 48 Acute and Combined trusts and ranked by 'best' 'average' and 'worst' results

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 remains ranked as 'worst' in Safe Environment – Bullying & Harassment, compared to four themes in 2018. There has been an improvement in every one of the 11 themes.

Whittington Health – 2019 overall ranking – themes

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

Whittington Health – local changes

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

The scores show that there has been no significant decrease in any of the themes and a significant positive increase in 7 of the 11 themes

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

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

Percentage of Staff Experiencing Harassment, Bullying or Abuse from Staff in the Last 12 Months

In 2018, the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months, was one of the Trust's bottom ranking scores, at 25.8% and ranked in the category of 'worst'. In 2019, the Trust remains in the 'worst' category but there has been a 1.1% positive decline of staff reporting experiences to 24.9% from 25.8%. Although small there has been a positive decline in all questions relating to bullying and harassment, which suggests the Trust's work, is beginning to bed down and it will remain a focus point for the organisation in 2020/21.

Feedback suggests that a lot of staff are increasingly confident in the organisational response to bullying and harassment, but there remain pockets of unhappy staff who are not experiencing changes. In 2020/21 the trust will continue to focus on improving the experience of its entire staff, such as extending the positively received workshops provided to 502 line managers to develop confidence and skills in challenging bullying behaviours, to its entire staff.

The trust continues to use its PulsePoint survey to provide a quarterly 'pulse check' of staff satisfaction asking a different question each quarter on a topic that matters to staff. The first question asked, how satisfied staff were with the Trust's response to bullying and harassment continues to be tracked and trends will be reported to Board at the end of April 2020.

Percentage of Staff Believing the Trust Provides Equal Opportunities for Career Progression/Promotion

In 2019 the Trust has moved from its 'worst' ranking and although still below average, 75.8% of staff said they believe the Trust provides equal opportunities for career progression compared to 70.6% in 2018. Similarly in 2019 there has been a positive increase of 7% BME staff believing there are equal opportunities, moving up to 65.3% from 58.3%. Whilst good news, there is more work to be done and will remain a focus for the entire organisation.

Progress on the 2018 Staff Action Plan

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

On receipt of the 2018 survey results the Workforce Directorate provided summaries of Integrated Care Service Units (ICSU) and Directorate results with three suggested focus areas for each ICSU and Directorate and a high level action plan template.

The themes and templates were shared with all of the leads who were then tasked with cascading downwards, using the '***We Said We Did'*** templates to capture improvement work at team level.

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

Appendix four prides the comparisons of 2018 and 2019 key findings in relation to the identified focus areas for each ICSU/Directorate. Any improvements are highlighted in green, red for a decline and no colour if there has been no change

In the last 12 months, staff have reported overwhelmingly that there have been positive changes in the focus areas for ICSUs and directorates and the intention is to carry on this targeted work in 2020/21 including the support from HR and OD.

Patient Friends and Family Tests

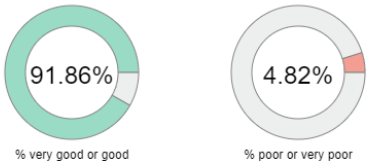
Whittington Health NHS Trust is dedicated to providing patients with the best possible experience whilst accessing our services. We understand that in order to improve patient experience and quality of care, we need to ensure that our services are listening and responding to patient feedback. We know that improving patient experience and treating our patients with dignity, compassion and respect has a positive effect on recovery and clinical outcomes. One of the primary models we employ, trust wide, to collect patient feedback is the Friends and Family Test (FFT). The FFT asks patients whether they would recommend Whittington Health NHS Trust to their friends and family if they needed similar treatment. The FFT is a statutory requirement of NHS services.

Across 2018/19, the total number of FFT collected was 44,061. For 2019/20, the total number of FFT collected was 40,967. This reduction in the total number of FFT collected, in part, was due to the national guidance in FFT collection shifting in March 2020, as NHS England ceased the reporting of FFT in order to prioritise work streams in response to the COVID-19 pandemic. In 2019/20 the average recommend rate across services was 91.86%, this is an increase from 2018/19's average recommend rate of 91.76%.

The table below presents the data from 2019/20 across three metrics:

- Two charts detailing the recommend rate (taken from the 'very good' and 'good' responses) percentage across the year, and the not recommend rate (taken from the 'poor' or 'very poor' responses);
- A table detailing the breakdown in responses across the year;
- A chart detailing the total number of responses collected each month across the year 2019/20.

Percentages of Very good/good and poor/very poor
(FFT - All, 1/4/2019 to 31/3/2020)



FFT response breakdown
(FFT - All, 1/4/2019 to 31/3/2020)

Response	Percentage	Number of times response selected
Very good	68.68%	28138
Good	23.18%	9495
Neither good nor poor	2.60%	1066
Poor	1.85%	757
Very poor	2.97%	1216
Don't know	0.72%	295

Export

Number of surveys completed each month
(FFT - All From 1/4/2019 to 31/3/2020)
40967 Surveys

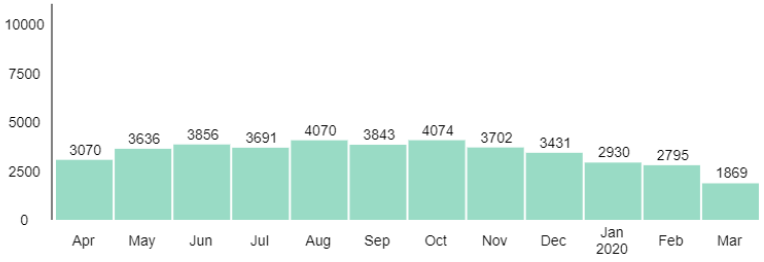
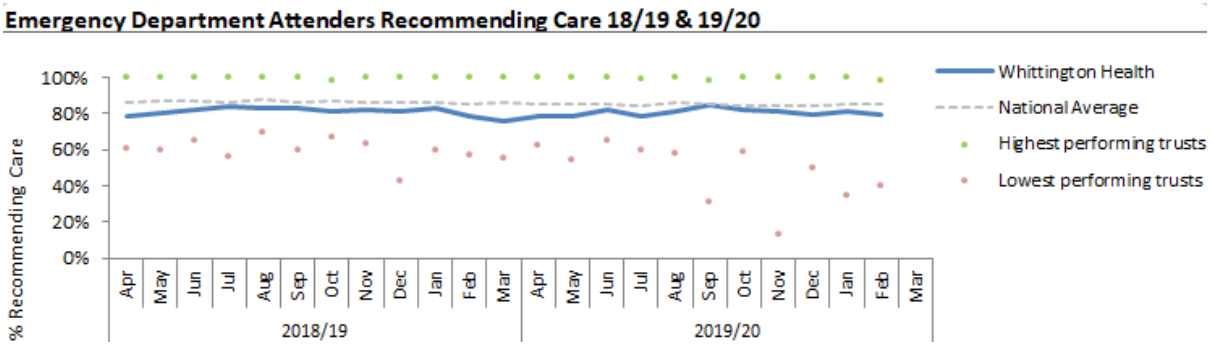


Table 1: FFT performance across 2019/20

Below is included a table displaying the FFT results for the Trust's Emergency Department over 2018/19 and 2019/20. Please note that for 2019/20, the reporting only ran up to February 2020 due to the COVID-19 pandemic.



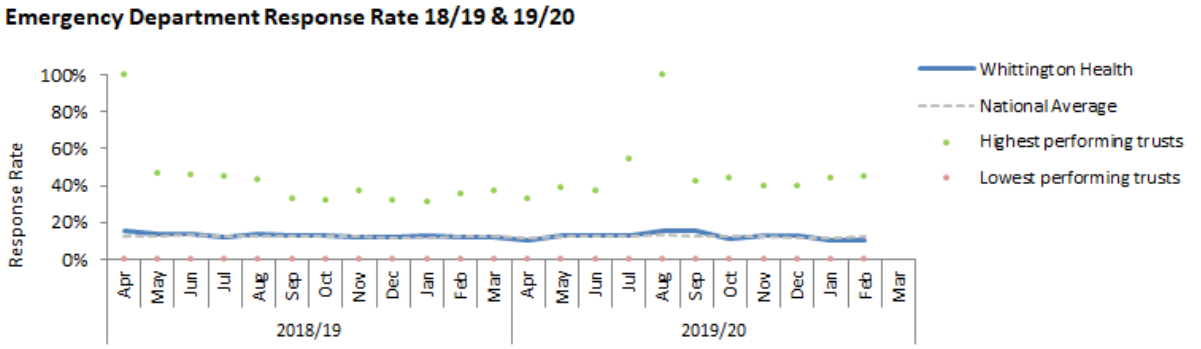


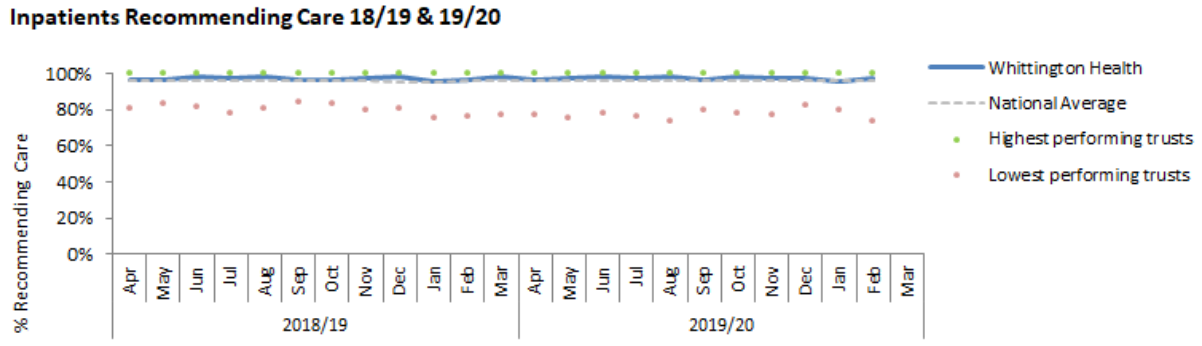
Table 2: ED recommend rate 2018/19 and 2019/20; ED response rate 2018/19 and 2019/20

The overall average response rate for 2019/20 was 12.4%. This was a decline on the 13% recorded through 18/19, but was above the national average for 19/20 of 12.1%. It is worth noting that the national average was also significantly below the required response rate of 15%. With national FFT reporting ceasing in March 2020, and still having not recommenced as of August 2020, this has impacted on 2019/20's data, and will impact on 2020/21's data.

The overall average recommend rate for 2019/20 was 80.8%. This was a decline on the 81% recorded through 18/19, and was below the national average for 19/20 of 85.1%. It is worth noting that the national average has declined also, from 86% in 18/19.

A regular steering group had been established among the patient experience and ED teams. Actions taken had included FFT cards on patient prescriptions at the point of discharge, emphasising to colleagues the importance of capturing patient feedback, including patient feedback boards in staff areas, designing a paediatric friendly FFT form to be collected via iPad in ED paediatrics, and the patient experience team sending a sentiment analysis of the monthly comments to ED. This working group will continue and efforts will be renewed towards engaging multi-disciplinary colleagues and enhancing ongoing work streams such as those listed above.

Below is included a table displaying the FFT results for the Trust's inpatient services over 2018/19 and 2019/20. Please note that for 2019/20, the reporting only ran up to February 2020 due to the COVID-19 pandemic.



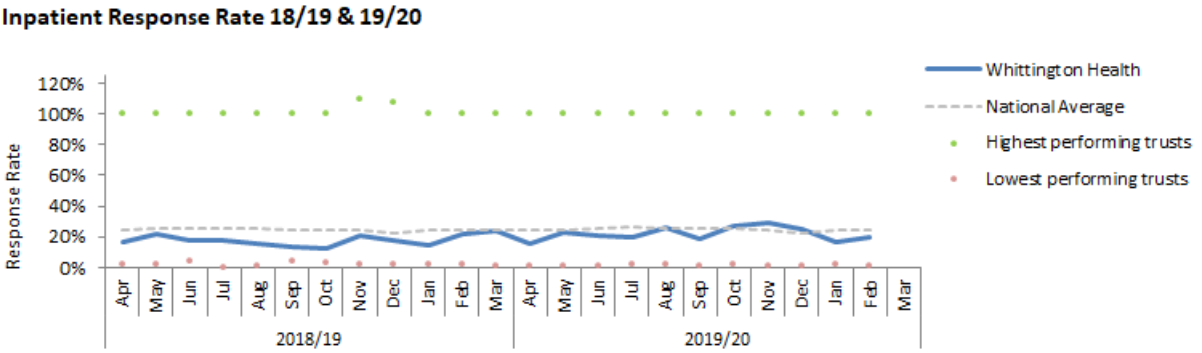


Table 3: Inpatients recommend rate 2018/19 and 2019/20; Inpatients response rate 2018/19 and 2019/20

There has been a significant improvement in the response rate over 2019/20 as compared with 2018/19: for 19/20 the average response rate was 22% as compared to 18/19's average of 17.8%; this closed the gap between the Trust's average annual response rate and the national average response rate by 6.8% in 18/19, to 2.7% for 19/20.

Alongside this increase in patient responses, the recommend rate for feedback over 19/20 increased over 18/19 also: the recommend rate increased by 0.3% (97.4% for 19/20; 97.1% for 18/19) on last year's data, and was 1.5% higher than the national average for 19/20.

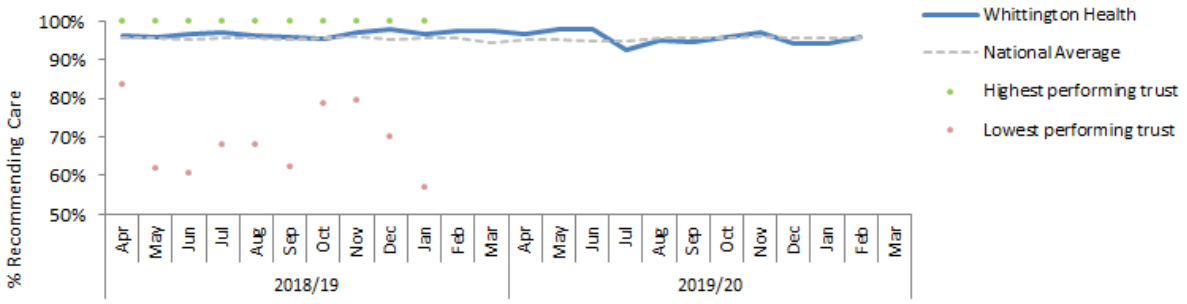
One of the primary motivators for this increase is due to the Trust's Day Treatment Centre's (DTC) performance. Across 19/20, 2,060 FFT responses were collected from DTC, compared with 1,804 for 18/19. Another service that logged an even higher level of improved collection was the Trust's Endoscopy service (1,707 for 19/20; 172 for 18/19), which operates within the Trust's Day Treatment Centre. There was a big push within these areas to enhance the collection of FFT feedback, with a focus on staff colleagues leading in promoting the FFT within the area.

Key actions for 2020/21 include:

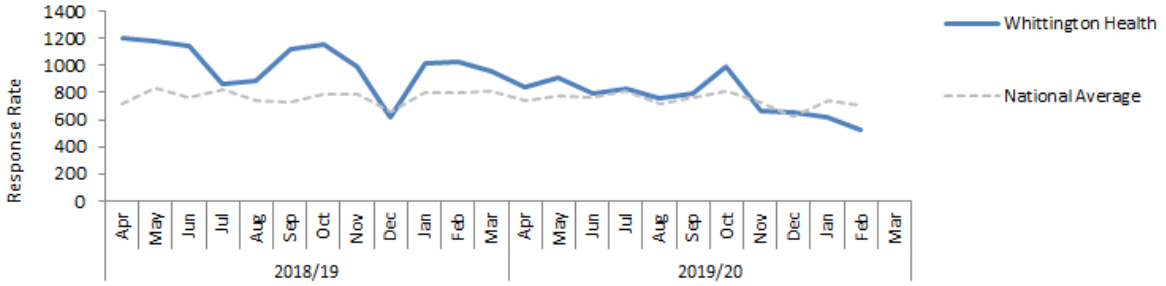
- Introducing text message alerts for patients attending the Day Treatment Centre and Endoscopy. These text message alerts have been in use in the Emergency Department since late 2016 and have had a very positive impact in improving response total over that period.
- Ensuring that the Inpatient areas are compliant with the refreshed national guidance for FFT.
- Introduce and implement renewed options for patients to complete FFT, including iPads for at the point of discharge and telephone calls/text messages for post-discharge.

Below is a table displaying the FFT results for the Trust's inpatient services over 2018/19 and 2019/20. Please note that for 2019/20, the reporting only ran up to February 2020 due to the COVID-19 pandemic.

Community Service Users Recommending Care 18/19 & 19/20



Community Response Volumes 18/19 & 19/20



The recommend rate for FFT collected throughout our community services across 2019/20 was 95.7% and was higher than the national average for the year (95.4%) but was lower than the Trust's score for 2018/19 (96.7%).

The average of responses collected for 2019/20 (763) was also above the national average (744), but was also lower than the Trust's average for 2018/19 (1,016). Actions that will be taken to increase responses across 2020/21 will include:

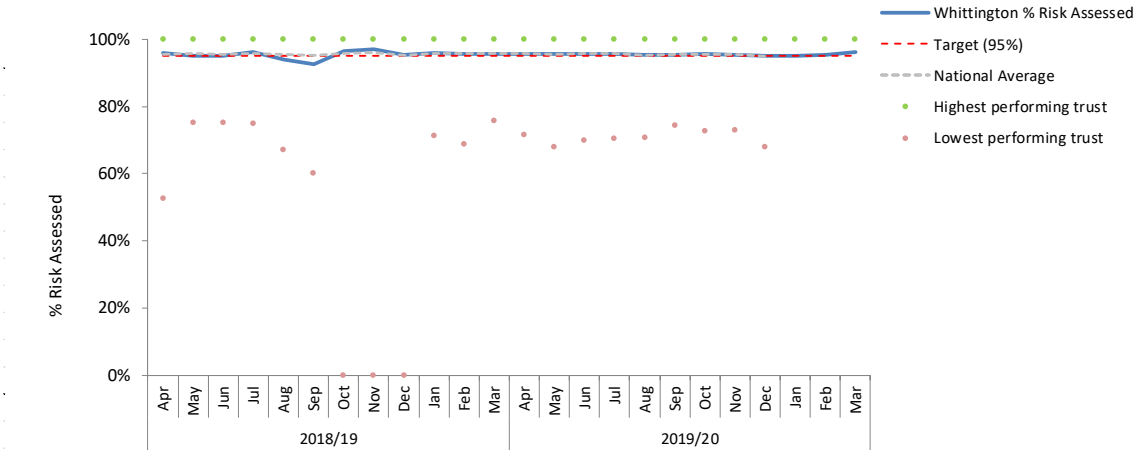
- Enhancing the level of volunteer support throughout our community teams. This is a designated priority within the three years Volunteer Strategy (2019-21), and as volunteer work streams have adapted with COVID-19, there has been an increase in volunteer support within our community teams. This is a work stream that will be prioritised in allocating volunteers across 2020/21.
- Design a consistent pathway for community services to employ email and text messages in collecting FFT. The employment of text messages has been trialled with community services previously, but expanding this work and agreeing a uniform process to be utilised across community services will be a priority.
- A focus on imbedding the mandatory FFT questions into general patient experience questionnaires, particularly with community Children and Young People services. Dozens of patient experience questionnaires are in use across community services, with thousands of responses each year. Imbedding the FFT question into a number of these questionnaires – where appropriate – will support in improving the response totals for FFT.

Venous Thromboembolism (VTE)

Every year, thousands of people in the UK develop a blood clot within a vein. This is known as a venous thromboembolism (VTE) and is a serious, potentially fatal, medical condition. The Trust policy requires all admitted patients are individually risk assessed and have appropriate thrombo prophylaxis prescribed and administered. In 2019/20 the Trust achieved above 95% compliance for VTE risk assessment. To improve concordance focused work has been done with the surgical teams to educate them as to the importance of VTE assessment.

In an effort to continuously improve, medical colleagues undertake regular audits to ensure VTE compliance is robust and aligned with best patient outcomes.

VTE Risk Assessment Rates 18/19 & 19/20 to date



The trust is taking the following actions in 2020-21 to further improve VTE rates:

- Providing bespoke education on VTE assessments for clinicians
- Liaising with Information Technology service to improve flagging of patients who need VTE assessment/reassessment via the electronic white boards and hand over system
- Matrons carry out regular audits of VTE compliance on their wards
- Appointment of a consultant haematologist with a specialist interest in VTE who can focus on further improvements in this area
- A review of local policies and guidelines re. diagnosis and management
- Review literature available to patients on importance of VTE prevention and symptoms and signs

Health Care Acquired Infections - Clostridium Difficile

Whittington Health NHS Trust had 7 Trust attributable Clostridium Difficile infections (CDI) for 2019/20. The agreed trajectory for CDI this year was set at 19 which was increased from last year's ceiling (2018/19 = 16) as Public Health England (PHE) reduced the time from date of admission to Trust attributable by 24 hours.

The four categories for CDI toxin positive (EIA +ve) cases that were introduced by PHE are in respect to the date of the toxin positive infection and the timing of patients hospital contact. These are:

1) HOHA - Hospital onset, healthcare associated (Day 2 or later since admission)

2) COHA - Community onset, healthcare associated (Up to 28 days since discharge)
3) COIA - Community onset, intermediate associated (From 29 to 84 days since discharge)
4) COCA - Community onset, community associated (More than 12 weeks since last admission)

The 7 CDI were considered unavoidable however only one of these had no lapses in care identified. Six CDI's identified common avoidable lapses of care that may contribute to infection but are unlikely to be related to each other as five cases had a different ribotype (indicating not related) and two of the same ribotype were admitted six months apart and therefore were not contacts with each other and therefore considered unrelated.

Overall patients' co-morbidity, the necessary and appropriate antibiotic treatment, and age were identified as being the most common unavoidable contributing factors whereas failing to isolate when infectious diarrhoea was suspected, sending a timely specimen and documentation were the three most common lapses in care. Of the seven HOHA CDIs, two of these would have been COHA if a timely specimen was sent.

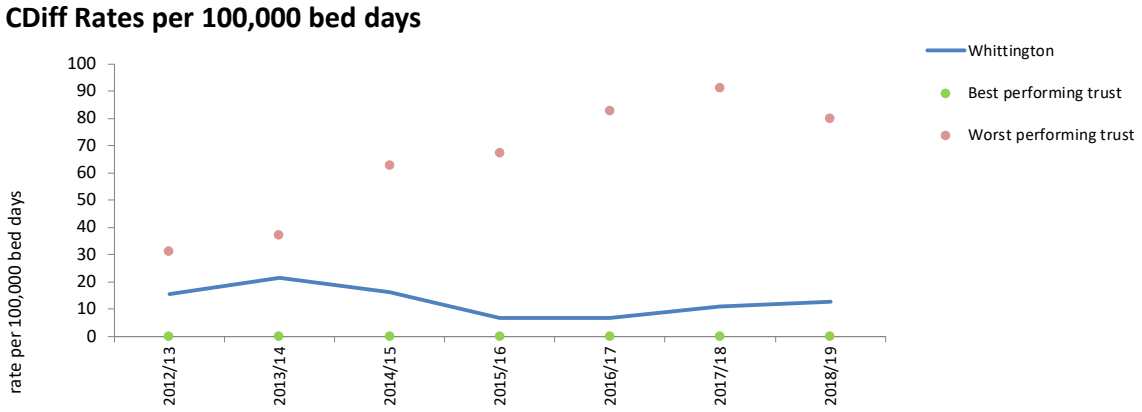
The Infection Prevention and Control team continue to support the Integrated Clinical Service Units (ICSU) by performing the post infection reviews which focus on all aspects of the patient journey from pre-admission through to discharge. This includes a multi-disciplinary clinical review of all cases with rapid feedback of practice well done and / or any lapse in care identified to prompt ward-level learning; these are also reviewed at the Infection Prevention and Control Committee (IPCC) meeting to ensure Trust wide level sharing, learning and an appropriate platform for escalating outstanding actions. Bespoke education sessions continue to be carried out on *Clostridium difficile* in the clinical areas as well as during induction and mandatory training. All toxin positive specimens are being sent to the Public Health England (PHE) reference lab for further identification and assurance of good IPC practices through no cross contamination. This robust clinical review process is being supported by the Clinical Support Unit (CSU) and all outcomes are reported to the CCG. However, during this year' COVID-19 crisis and shortages in the CSU team there have been no regular visits to discuss Trust and non-Trust Healthcare associated infections which there had been previously.

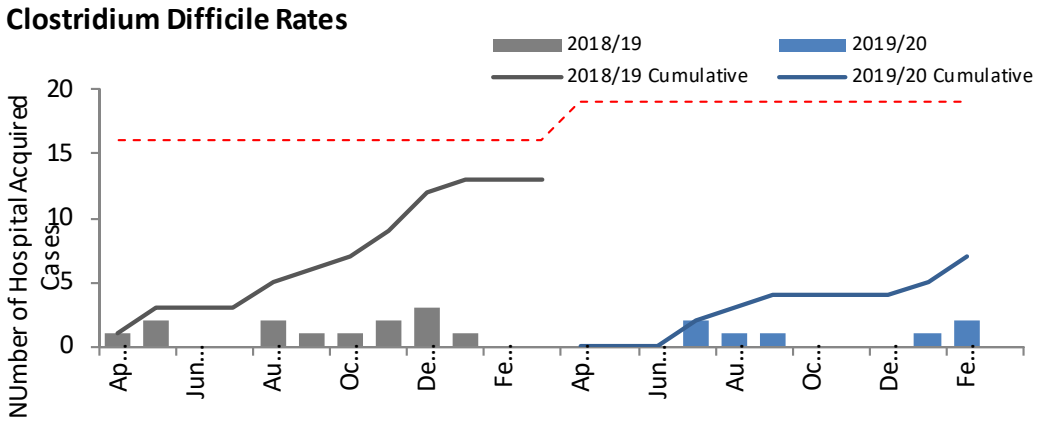
The table below for benchmarking against England is available from PHE fingertips https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/6/gid/1938132910/pat/46/par/E39000018/ati/118/are/RKE/iid/93540/age/205/sex/4/cid/4/page-options/cin-ci-4_ovw-do-0_car-do-0 It demonstrates C. difficile infection Hospital-Onset Healthcare Associated (HOHA) counts and rates, by acute trust and financial year and this is representative of where Whittington Health NHS Trust sit (12.6) against England (14.1) for C.Diff rate per 100,000 hospital bed days.

Period	Whittington Health NHS Trust					London	England
		Count	Value	95% Lower CI	95% Upper CI		
2017/18	●	13	12.6	-	-	15.9*	15.7*
2018/19	●	13	12.6	-	-	13.4*	14.1*

Source: HCAI Mandatory Surveillance Data

Despite Whittington Health demonstrating year on year a lower than trajectory rate for reducing Clostridium difficile infections since 2014, this financial year, in quarter two, we are seeing a steep incline of cases for 2020/21 when compared with this time last year. This may be a result of the altered surveillance definitions around C. difficile infection, meaning more cases will be considered "hospital acquired" but most likely is due to the increased use of key antibiotics required during the acute phase of the COVID-19 outbreak.

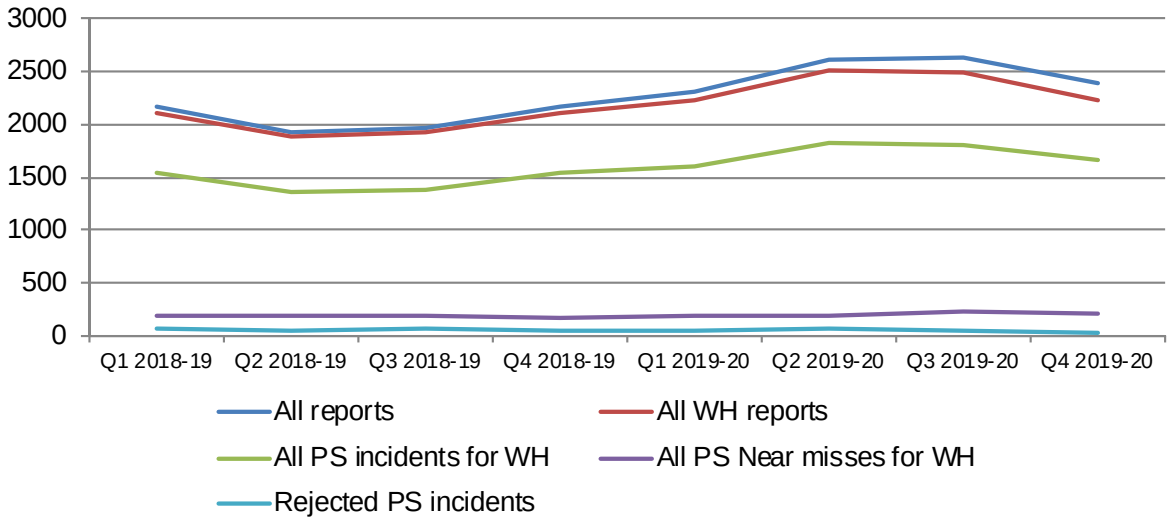




Patient Safety Incidents

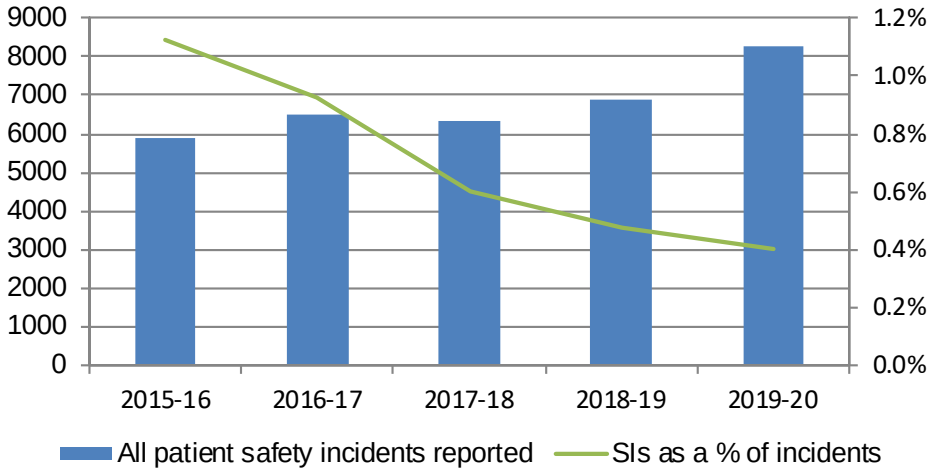
The Trust actively encourages incident reporting to strengthen a culture of openness and transparency which is closely linked with high quality and safe healthcare.

The Trust saw an 18.5% increase in incident reporting in the financial year 2019-20, including a 10% increase in the reporting of near misses, also called 'good catches'. However, there was a drop in reporting in quarter 4 due to the impact of the COVID-19 pandemic, with the upward trend in reporting reversed. This is consistent with other London trusts, who have all seen a decrease in incidents reported during the COVID-19 period and impacted by a variety of factors including time pressures, staff absences, a suspension of most of our outpatient and surgical appointments, ward closures etc.



Since 2014 there has been a statutory duty of candour to be open and transparent with patients and families about patient safety incidents which have caused moderate harm or above. The trust complies with its statutory obligations but also strives to apply being open principles for low harm patient safety incidents which do not meet the statutory criteria

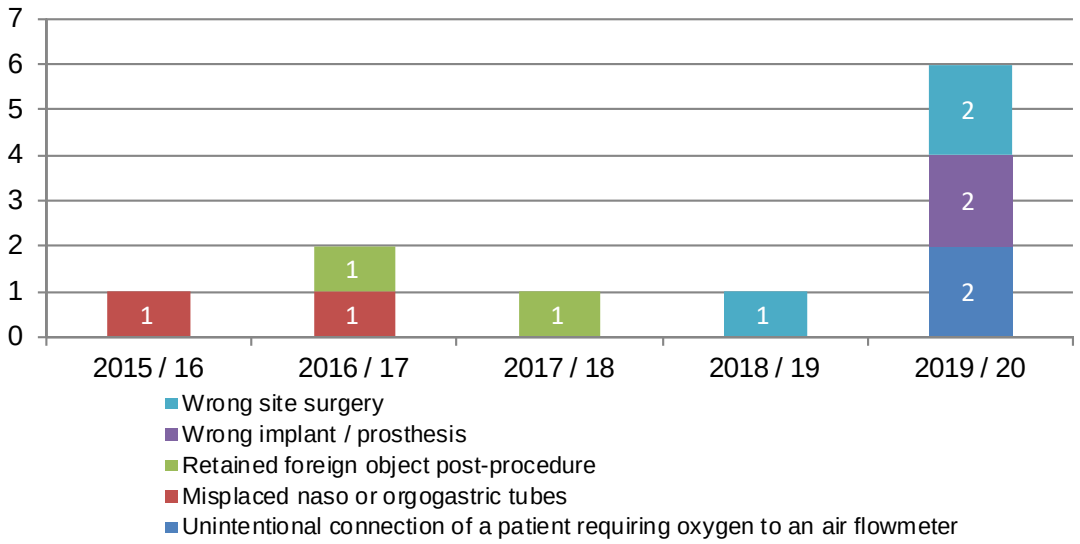
The number of serious incidents has steadily reduced, from 1.1% of all incidents reported in 2015-16 to 0.4% in 2019-20. There were 32 SIs in 2018/19 and 33 in 2019/20. 48% of Serious incidents resulted in no or low harm to the patient.



Serious Incidents declared, as a proportion of all patient safety incidents 2015-2020

All serious incidents reported on the **Strategic Executive Information System (StEIS)** are categorised under specific headings. The highest number of incidents is declared under maternity, and surgical /invasive procedures. This is largely expected due to the high risk nature of these areas. However there has been an increase in the number of surgical/invasive procedure incidents reported in 2019/20, which is attributable to the Never Events declared. 'Never Events' are defined as serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

Never Events reported by Whittington Health 2015-2019



The increase in Never Events in 2019/20 was a signal to the Trust that the safety systems in place were not sufficiently robust and the actions taken therefore focused on strengthening barriers to prevent re-occurrence. For example;

- The instrument trays used at the time of two incidents included 2 different types of fixation plates which looked similar. Reconstruction plates have now been removed from the trays where dynamic compression plates and other implants are included. They are now stored separately and are clearly labelled to mitigate the risk of unintentional use.
- Oxygen and air flowmeters look similar, carrying a high risk of human error. Initial safety measures reduced the risk, but incidents could still occur during times of high stress, if the air flowmeters were not removed after use. The Trust has now taken steps to remove the risk by switching to the use of air compressors and blocking off air ports in clinical areas where this is appropriate.
- Incorporation of the Dental Tooth Extraction checklist into the Electronic Patient Record to ensure completion is mandatory.

A parallel thread running across these Never Events was the lack of understanding of human factors and its implications on patient safety. In some cases checklists existed but weren't followed, suggesting that staff did not fully recognise the reason for the checklist and the potential consequences of not following it. This is why the Trust has included Human Factors training as a Quality priority.

Central Alerting System (CAS) Alerts

Patient safety alerts are issued via the CAS, which is a web-based cascading system for issuing alerts, important public health messages and other safety information and guidance to the NHS and other organisations. The Trust uses a cascade system to ensure that all relevant staff are informed of any alerts that affect their areas. In 2019-20 we closed all of the National Patient Safety Alerts issued by NHS Improvement/England. A six monthly safety alert group is in place to review performance regarding the closure of all CAS alerts. The trust updated the safety alerts policy and processes in 2019/20 to ensure these remain as effective as possible. An annual CAS performance report and a bi-monthly national patient safety alert paper are received by the patient safety group.

Freedom to Speak Up

The Trust is committed to encouraging openness and honesty in the workplace, and creating a supportive culture where members of staff feel able to raise concerns without any fear of repercussions. The Trust welcomes genuine concerns and is committed to dealing responsibly, openly and professionally with them.

As the COVID-19 pandemic started within this reporting period the Trust focused on importance of the freedom and ability to speak up. During the peak period of the pandemic, the FTSU Guardian was regularly present across the Trust to be visible and welcoming for anyone who wished to speak. Working remotely and virtually has also meant that the trust had to create a different way for colleagues to contact the Guardian and Advocates to ensure that the service remain accessible. From March 2020 the Guardian has offered staff members the option for remote appointments through phone, Microsoft Teams or Zoom, or face to face when the COVID-19 infection prevention conditions are met.

A whistleblowing policy has been in place at the Trust since 2012. It was reviewed in February 2017 and February 2018 following the launch of the National Guardian Office and, Freedom to speak up role. Currently the policy is under review to be more aligned with the national guide lines where, amongst other aspects, the terminology “Whistleblowing” will be reframed to “Raising concerns/ Speak up”

The Trust employs a full time ‘Freedom to Speak Up Guardian’ (FTSUG).

The trust FTSUG has implemented a network of Speak Up Advocates since starting in post. Currently they are based both in the Community and Hospital sites, from different roles and cultural backgrounds. The Trust now has 30 speak up advocates. The Advocates role is to support colleagues raising concerns, support them in difficult conversations or meetings offering silent emotional support, signpost to other services, attempt early de-escalation of issues and raise awareness of the scheme among staff.

The FTSUG has been trained by the national guardian’s office and is also fully supported by the trust Board Executives with time and resources to undertake further development and perform the role. The guardian has direct access to all the board members and felt that staff concerns are been taken seriously.

There is a dedicated confidential email address for staff to contact the FTSUG. The Speak Up Advocates and FTSUG attend trust events, staff networks, walkabouts and staff induction days. Although FTSU is not part of HR or unions, they work together when needed to support members of staff. To change the culture of bullying and harassment, the Guardian also works closely with EDI and OD Teams.

From September 2018 to September 2019, 66 concerns had been raised, 30 were anonymous. Since September 2019, the rate of reporting had increased but the number of anonymous complaints had decreased showing that more people feel safe to approach the Guardian to raise their concerns.

Every six months a paper is presented to the Trust board by the FTSUG. Of the 66 concerns in the last report, 46 had been around bullying and harassment.

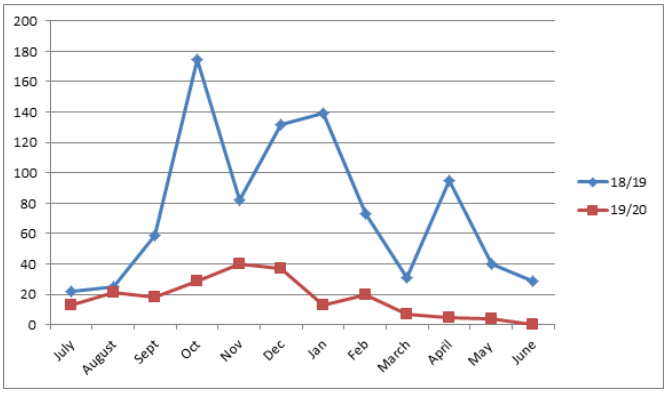
The Freedom To Speak Up Index is shared annually by the National Guardian's Office and is a key metric for organisations to monitor their speaking up culture. Following the data that was captured in the 2019 NHS Staff Survey, the trust is incredibly pleased to have improved its overall FTSU Index score by 3% (78.9%) from 2018 (75.9%) making it to the **top ten most improved Trusts in England for 2019**. In 2018 the overall FTSU. A score of 70% is perceived as a healthy culture and it is pleasing to see tracking above average and seeing improvements year on year. It is noted in the Index that fostering a positive speaking up culture is a key leadership responsibility and that organisations with higher FTSU Index scores tend to be rated as Outstanding or Good by the Care Quality Commission. Details available here:
https://www.nationalguardian.org.uk/wpcontent/uploads/2020/07/ftsu_index_report_2020.pdf

Guardian for safe working hours – (GoSWH)

In August 2016 the new terms and conditions for doctors in training were introduced. This gave trusts the responsibility to ensure that doctors in training have appropriate working hours that ensure good training, but also ensure quality of care and safety for patients. The trust appointed a 'Guardian for Safe Working Hours' (GoSWH) to oversee the process and report regularly to the board. They resolve and escalate problems and act as a champion of safe working hours for junior doctors. The trust is meeting the statutory requirements around exception reporting, board reporting and the junior doctors' forum.

The CQC noted in their latest inspection report, published in March 2020, '*That trainees were encouraged to report exceptions such as excessive hours or poor training opportunities and the exception reporting levels were good. There was good evidence of exception reports being escalated and acted upon satisfactorily. We were given examples of when effective changes had been made to address rotas and work schedules which had triggered exception reports. The guardian of safe working hours was in the consultation phase with the junior doctors on what to spend the fines when we visited.'*

The graph below showing the excess hours reported by the GoSWH in 2018/19 and 2019/20 is below. This shows excellent progress in reducing the amount of hours reported over this time. Additional funding has come available to refurbish the current Junior Doctors Mess.



Seven Day Service Standards

Whittington Health has participated in the 7 Day Hospital Services (7DS) Programme since 2017. The programme supports providers of acute services in tackling the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. The Trust reported compliance with the 4 priority standards last in 2019 but since then has done some targeted audit that has revealed that despite services remaining broadly compliant across the scope of the 4 standards, if the Trust wants to reach 100% compliance focussed service improvement work was required.

- Standard 2: Time to initial consultant review: audit revealed that compliance dropped in patients admitted towards the end of the day in the medical emergency admissions. To address this area the Acute Medical Team has changed its shift pattern learning from work during 1st wave of the COVID pandemic when earlier senior review was paramount. Re- audit is planned imminently to assess effect.
- Standard 5: Access to diagnostics: Echo and MRI provision are both weekday only during normal working hours. Both areas have local mitigations to meet the 24 hour requirement (of provision in emergency situations following specific clinical pathways with other Trusts. For instance: Cardiac Tamponade provided by Bart's Health or Spinal Cord Compression with National Hospital of Neurology and Neuro-disability)
- Standard 6: Access to consultant led interventions: All areas compliant with either onsite or as network pathway with partner Trusts. Ongoing work has been required to maintain access to 24/7 Interventional Radiology.
- Standard 8: Ongoing daily consultant-directed review: The Trust is currently implementing a clinical prioritisation tag that will allow audit against this standard for the first time. The tag allows categorisation of all patients according to their complexity and acuity to 3 levels of review and this is built into the handover system.

The Trust is fully compliant with the remaining standards 1, 3, 4, 7, 9 and 10 which are measured though self-assessment.

Part 3: Review of Quality Performance

This section provides details on how the trust has performed against its 2019/20 quality account priorities. The results presented relate to the period April 2019 to March 2020 or the most recent available period.

Priority not achieved
Priority achieved

Priority 1: Improving Patient Experience

Patient Experience Target 1 – Improving Trust wide communication

The Trust is committed to improving the quality of information available to patients and their families. This is an area that was highlighted by Health Watch and was a top theme and area of learning from complaints and PALS concerns.

What were our aims for 2019/20? *To continue with our trust wide review of patient information quality and availability and aim to improve information in accessible formats. 167 leaflets were reviewed and updated in 2018/19*	
	Throughout the year, there has been an increase in the number of patient information leaflets completed and uploaded to the internal intranet and external internet. In Q1, 82 leaflets were approved and uploaded; in Q2, an additional 80 were completed, in Q3 35 were added and in Q4, 31 were uploaded. In total, this means that 228 leaflets were completed in 2019-20.
What were our aims for 2019/20? *Explore better use of media and photo based patient information*	
	During the year, a Learning Disabilities (LD) and autism page for Children and Young People (CYP) was launched. In addition, a new autism friendly map for the hospital site was developed to help patients.
What were our aims for 2019/20? *Review signage at the Trust site to ensure that the information provided in letters for appointments matches with the signage directing patients to appointments. (This is in response to concerns raised in the Health Watch 'Enter and View visit' report for imaging, fracture and antenatal clinics)*	
	A walk around was held in December 2019, including the outpatient team, Paediatric inpatient team, Estates and facilities staff and patient experience team. We held a further walk around Jan/Feb 2020 which included a patient representative. A 10 step action plan was drafted and agreed at the Patient Experience Committee. So far 4 of the 10 actions have been completed. The remaining 6 have been placed on hold due to the COVID-19 pandemic
What were our aims for 2019/20? *Review noticeboards in 75% of Trust and community settings. Aim to standardise information available to patients and staff, to improve and build on the 'You said, We did' programme work started in 2018/19.*	
	The new template for noticeboards was rolled out to Trust and community sites by the end of November 2019. Compliance with keeping these up to date is monitored via peer reviews and walk rounds. The CQC noted that these were a valuable addition for visual patient safety monitoring and compliance, when they visited the Trust for inspection in December 2019 and January 2020.

Patient Experience Target 2: Patient Satisfaction (Hospital)

Rationale: The Friends and Family Test (FFT) provides valuable information on how patients and their relatives feel about visiting the department. As well as providing a measure of whether the department is recommended, comments can also be given, which provide detailed feedback or suggestions.

What were our aims for 2019/20? *Increase the FFT completion rate to 15% -Overall completion rate for ED remains low at 13% for 18/19*	
	The overall average response rate for 2019/20 was 12.4%. This was a decline on the 13% recorded through 2018/19, but was above the national average for 2019/20 of 12.1%. It is worth noting that the national average was also significantly below the required response rate of 15%. With national FFT reporting ceasing in March 2020, and still having not recommenced as of August 2020, this has impacted on 2019/20's data, and will impact on 2020/21's data. A regular steering group had been established among the patient experience and ED teams. Actions taken had included FFT cards on patient prescriptions at the point of discharge, emphasising to colleagues the importance of capturing patient feedback, including patient feedback boards in staff areas, designing a paediatric friendly FFT form to be collected via iPad

	in ED paediatrics, and the patient experience team sending a sentiment analysis of the monthly comments to ED. This working group will continue and efforts will be renewed towards engaging multi-disciplinary colleagues and enhancing ongoing work streams such as those listed above.
What were our aims for 2019/20? *Increase the FFT rate of patients recommending treatment in ED to 86% (National average) - Overall recommend rate for 18/19 was 82%*	
	The overall average recommend rate for 2019/20 was 80.8%. This was a decline on the 81% recorded through 2018/19, and was below the national average for 2019/20 of 85.1%. It is worth noting that the national average has declined also, from 86% in 18/19. As included in the work for improving the FFT completion rate, this work was also designed to support in improving the recommend rate and the same ongoing actions apply to this target.

Patient Experience Target 3: Patient Feedback (Trust wide)

Rationale: Developing a central catalogue of patient stories through empowering staff and families to tell their story will mean that board meetings can keep the patient experience at the heart of their decision making. It will enable teams to hear how a patient both benefits from decisions made, but also to provide feedback of less positive experiences to show what can be changed.

What were our aims for 2019/20? *Increase the number of patient stories presented at Trust board, sub board committees and Integrated clinical service units (ICSU) boards to 24 in 2019/2020*	
	Overall, 14 stories were shared at these forums across 2019/20. Though ICSU teams were asked to provide patient stories with each of their patient experience updates at the Patient Experience Committee, this did not uniformly happen. With the updated terms of references for the revised Patient Experience Group for 2020/21 (reporting to the trust Clinical Governance committee). It is encouraged that this be adopted across the other sub-board committees in order to improve the number of patient stories presented across 2020/21.
What were our aims for 2019/20? *Have 10 patients physically attend to present their patient story in 2019/2020*	
	Across 2019/20, there were 10 Trust Board meetings, with 9 of these meetings featuring a patient story. The Board did not meet in August, and no patient story was requested for March 2020 due to the ongoing COVID-19 pandemic. In addition to this the June patient story was deferred to July due to a sudden illness of the patient due to attend Trust Board. Overall for 2019/20, 5 of these stories featured the patient physically attending. Across other forums, including the Celebration of Older people event and local team meetings, a further 3 stories where the patient physically attended to present their story were facilitated by the patient experience team. Overall this was 8 stories where patient physically attended to present their patient story over 2019/20. A further 6 stories were captured via video interviews, including videos that edited together the views of several patients at one time, as well as showcasing the benefits of patient groups. The benefit of capturing stories by video is that they can be shared more widely and their impact persists beyond the actual presentation of the story.

Patient Experience Target 3: Expand the volunteering team to assist with community services to support patients at home

Rationale: In addition to having volunteers in the Hospital, the Trust would like to develop the volunteering capacity to help community services.

What were our aims for 2019/20? *Aim is to approve the volunteer strategy and develop specialised volunteer roles. Introduce 5 cohorts of volunteers supporting patients alongside Trust staff at community sites and in patient homes. Ensuring volunteers receive the same level of training as lone*

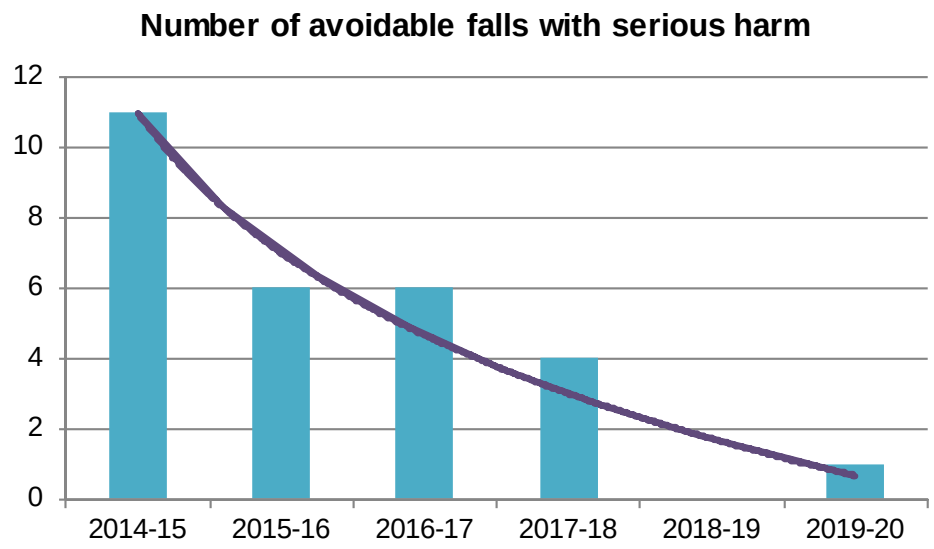
workers and safeguards are in place as lone workers.
The Volunteer Strategy was developed and launched in December 2019. A year 1 implementation plan was developed and is monitored weekly at the local steering group level, and bi-monthly at the new Patient Experience Group. Over Q4 and the initial stages of the COVID-19 pandemic, the service has co-ordinated the support of 10 volunteers supporting with distribution of PPE and prescription deliveries across our community. These volunteers have outlined processes that include risk assessing the roles they support with, and having key contact links within the services they support.

Priority 2: Improving Patient Safety

Patient Safety Target 1: Reduce Falls through the Stop Falls campaign. This has been part of a 3 year journey that Whittington Health committed to initially as part of the Sign up to Safety campaign.

Rationale: Falls have a significant adverse impact on patient confidence and can often prolong the period of time that patients remain in hospital which is known to worsen deconditioning and may prevent them from returning to their homes. Falls also represent significant cost to Trusts and the wider healthcare system, with annual total costs to the NHS alone from falls among older people estimated by the National Institute for Health and Care Excellence (NICE) in 2015 at £2.3 billion.

What were our aims for 2019/20? *Reduce the number of falls resulting in severe harm or death by 25% compared to 2018/2019*
Since 2014/15 the trust has had a continuous goal of achieving a year on year reduction in the number of avoidable serious harm falls, as reflected in the Quality Account priorities. 'Avoidable' falls are defined as those where processes designed to stop falls were not followed; a root cause analysis investigation is completed for each serious harm incident to identify if any system failures or human error contributed to the fall and what learning can be shared across the Trust to prevent reoccurrence. Unfortunately, despite all the efforts of hospital staff, carers and patients some falls are unavoidable. This is primarily due to the constant need to balance a patient's falls risk against their right to privacy and dignity, and their need to be mobile and independent to aid recovery. The trend in the number of avoidable falls resulting in serious harm has shown sustained improvement from 11 incidents in 2014/15 to six in both 2015/16 and 2016/17, and four in 2017/18. There were no serious harm falls in 2018/19 and one declared in 2019/20.



What were our aims for 2019/20? *We will increase compliance with our STOPfalls bundle to 85% on our adult inpatient wards*

The STOPfalls improvement project

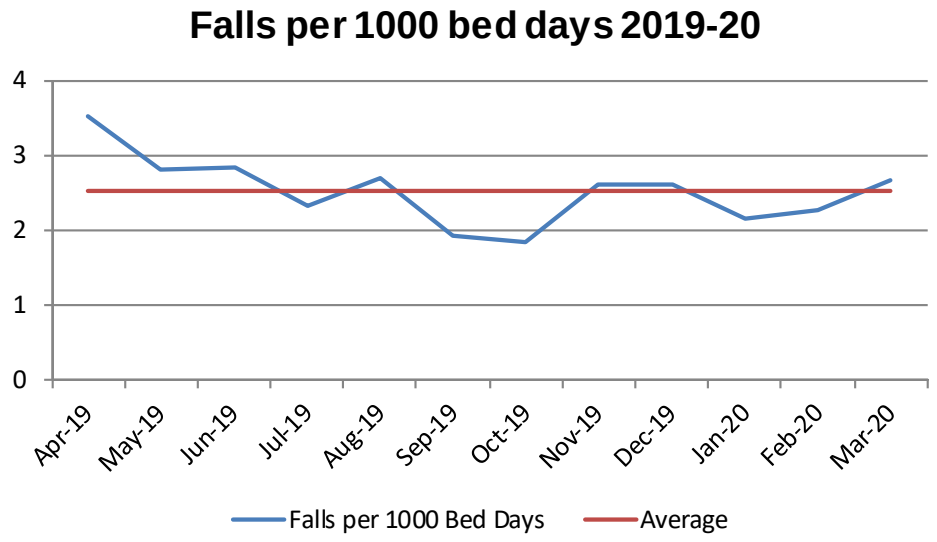
This decline in avoidable falls with harm can be attributed to the roll-out of the STOPfalls improvement project in 2015, which is now embedded as standard practice across the hospital, with plans for wider learning in the community. The STOPfalls project is a multifaceted bundle of falls prevention measures which were developed as part of the NHS improvement collaborative in 2016 initially on the care of older people wards and acute assessment units before Trust wide roll out. The bundle includes the following and is audited monthly to monitor compliance;

- Ward-based training provided to all staff on the Stop Falls bundle
- STOPfalls assessment tool embedded within the standardised patient admission booklet
- Yellow wrist bands provided to patients who are at high risk of falling
- Mobilising equipment, such as Zimmer frames, labelled to indicate that the patient is a high risk of falling
- STOPfalls signs placed above the beds of patients to indicate to all staff that they are at risk of falling
- "Baywatch" initiative introduced. "Baywatch" is an MDT approach to maintaining patient safety through a card tag system which supports constant bay supervision.
- "Grab bags" in use in toilets which are single-use bags consisting of toileting essentials for patients, so that staff do not have to leave patients unattended to search for toileting items (i.e. wipes, pads)
- Falls discussed as part of Board Rounds (yellow magnets indicating patients are at high risk of falling)

Achieved a range of compliance of 56-85% for the year, with an average of 72%).
The trust paused auditing in February due to COVID-19. This was picked up again in June 2020 with a move to quarterly reporting for the remainder of 2020/21.

What were our aims for 2019/20? *Reduce the number of falls per 1000 bed days to 2.5 (18-19 total was 2.8)*

Our total number of falls per 1000 bed days for 2019 to 2020 was 2.52, so we achieved our target (our average for the year was also 2.5). We started the year with 3.5 falls per 1000 bed days, but saw a fairly gradual decline in our figures until October (where we reached 1.8); in the remaining months the figures remained close to the average line, fluctuating between 2.1 and 2.6.



Patient Safety Target 2: Patient Safety Incidents

Rationale: Recent NRLS report showed that the Trust data quality and number of patient safety incidents reported could be improved.

What were our aims for 2019/20? *Increase the number of 'Near miss/ good catch' patient safety incidents reported on Datix for 2019/2020 compared to 2018/2019*

In 2019-20, Whittington Health saw an increase in reporting Near Misses (also known as Good Catches, in order to acknowledge the positive side). Compared to 2018/19, there was an increase of 10%.

What were our aims for 2019/20? *Increase the overall number of incidents reported by 5% compared to 2018/19 (2018/19 total reported incidents 6754)*

This target has been exceeded, as there has been an overall increase in incident reporting of 18.5% for the year 2019/2020.

Patient Safety Target 3: Acute Kidney Injury (AKI)

Rationale: This work has been part of a three year improvement journey, following Sign up to Safety. It was continued this year as the overall target had not been achieved in 2018/19

What were our aims for 2019/20? *We will increase our medicine safety reviews for grade 3 AKI patients within 24 hours from 53% to 75% by March 2020*

The pharmacy team have audited the medicine reviews each month. The resulting data has shown favourable results, with the monthly average of 95%

	No. of AKI 3s	Reviews Completed	%
Apr-19	18	17	94%

May-19	15	13	87%	
Jun-19	4	4	100%	
Jul-19	11	10	91%	
Aug-19	16	15	94%	
Sep-19	14	14	100%	
Oct-19	17	15	88%	
Nov-19	15	14	93%	
Dec-19	12	11	92%	
Jan-20	18	17	94%	
Feb-20	17	17	100%	
Mar-20	32	29	91%	
AVERAGE			94%	

Patient Safety Target 4: Pressure Ulcers

Rationale: The target was not achieved last year but this work is part of a longer term three year transformation.

What were our aims for 2019/20? *We will reduce the number of avoidable grade 4 pressure ulcers by 10% in Trust and community areas*
The Trust had a total of 6 category 4 pressure ulcers that were attributable to Whittington Health during 2019/2020 (The year to date total for 2018/19 was 65). It is important to note that there were changes to the national reporting criteria in November 2019 and again in April 2020. This presented challenges with retraining staff and having to change our Datix incident reporting system to ensure effectively captured the new criteria.
What were our aims for 2019/20? *We will reduce the number of avoidable grade 3 pressure ulcers by 10% in Trust and community areas*
Total of 24 category 3 pressure ulcers attributed to the Trust in 2019/2020. (Total for 2018/19 was 130)
What were our aims for 2019/20? *Improve the governance and oversight arrangements for investigating pressure ulcers to ensure appropriate investigation takes place in a timely manner.*
The trust has established a Pressure Ulcer Monitoring group that meets monthly to oversee, agree and review the Whittington Health pressure ulcer prevention work, policy, planning and performance with the specific CQC key lines of. This group is chaired by the Deputy Chief Nurse and all integrated clinical service unit (ICSU) nursing leads are members of the group. The District nursing service (DN) has introduced a monthly Pressure ulcer monitoring group to review process and help with raising awareness and improve management. The DN teams have improved their documentation and care planning in relation to pressure ulcer care. On-going training and surveillance continues. Whittington Health was successful in being selected to join a new NHS Improvement/England Improvement Pressure Ulcer Improvement Collaborative 2019. As part of the improvement collaborative we have identified Critical Care as an area of focus in relation to device related pressure ulcers and a community team looking at the overall management and reporting of Category 3 and above Pressure ulcers in the community.

Patient Safety Target 5: Care of Older People

Rationale: The care of patients with dementia was highlighted as a priority area by Healthwatch, national audit data, a national campaign and learning from incidents.

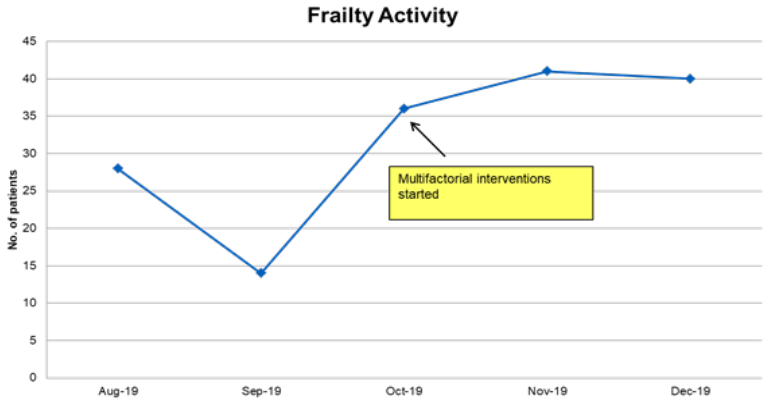
What were our aims for 2019/20? *Promote John's campaign – 'for the right to stay with people with dementia' – whilst patients with dementia in our care*

The trust now has a Dementia Specialist Practitioner and each corporate induction for new staff includes a session on Dementia Awareness. This session includes teaching staff about John's campaign. Promoting the campaign remains one of the priorities of the Dementia Strategy Group. Posters advertising John's Campaigns have been given to all wards (excluding paediatrics and maternity) and the Dementia Specialist Practitioner is delivering bespoke training to wards, outpatient areas and departments including Transport and Security to highlight John's Campaign.

What were our aims for 2019/20? *All patients have a Rockwood Frailty Score and Comprehensive Geriatric Assessments (CGA) completed on admission. Have a clearly defined Frailty Pathway and MDT approach in place.*

A Frailty consultant has been in post since October 2019. At this time, the care of older people's service restarted an improvement project and began multifactorial interventions. The result of this was that the number of CGAs significantly increased. The carefully tracked frailty activity shows that the small team is seeing approximately double the number of patients compared to the months preceding October 2019.

A local audit showed that the team are now seeing more complex patients, yet the number of avoided hospital admissions has also increased. The multidisciplinary frailty team have delivered teaching sessions to the Emergency Department, District Nurses and at Junior Doctors Induction. The number of Rockwood Clinical Frailty scores has remained relatively static after a peak with an organised super week. It is around 34% for all Emergency Department attendances of people >75s and 43% for patients over 75 years old who arrive by ambulance. The Trust is developing an electronic documentation in the Emergency Department and frailty scoring will be a mandatory part of this for patients over 65 years old. This will mean that the number of patients with a Rockwood Frailty score increases. The frailty team are also planning a "Frailty Scoring week" with interventions to promote an increase in Frailty screening. The District Nursing Team has changed their referral form and it now includes the Rockwood Clinical Frailty Scale. This scoring scale is also used by the multidisciplinary Haringey Coordination and Prevention Service (HCAPS) team, alongside some additional integrated community teams. GP practices use EMIS and eFI will calculate the score from this.



Patient Safety Target 6: Learning Disabilities and/ or Autism

Rationale: The trust committed to improving experiences and increasing staff awareness of patients with Learning Disabilities (LD) and autism. This is an area that was highlighted by Healthwatch.

What were our aims for 2019/20? *Within our emergency department we will see 75% of patients with an autism spectrum condition or a learning disability in under two hours*

Quarter End	Total number of attendances with LD & or Autism to ED	Total number of patients with LD & or Autism seen within 2hours	Percentage of patients with LD & or Autism seen within 2hours
Q1 Apr – Jun 2019/20	99	71	72%
Q2 Jul – Sept 2019/20	108	82	76%
Q3 Oct – Dec 2019/20	110	82	75%
Q4 Jan – Mar 2019/20	102	78	76%

This target has been achieved. The Trust saw an average of 75% of patients with a learning disability or autism within 2 hours of arrival at the Emergency department.

What were our aims for 2019/20? *Develop mandatory LD and Autism awareness training for all staff*

Due to the COVID-19 pandemic, face to face training was suspended from February – June 2020. Upcoming training dates include:

- Emergency Department 10 @10 on the 12th August.
- New Nurse Orientation 17th August.
- Enhanced Care team training 22nd and 29th September.

Training is delivered when needed in house by the lead nurse for Learning Disabilities. The Trust is currently waiting for a package of training being developed by Health Education England (see link below), once this is finalised it will used as an online learning tool for staff.
https://www.hee.nhs.uk/our-work/learning-disability/oliver-mcgowan-mandatory-training-learning-disability-autism
As part of the safeguarding adults training there is a section highlighting learning disability.

Patient Safety Target 7: Mental Health (hospital)

Rationale: The 2015 CQC inspection highlighted that the experience of patients with mental health needs in the Emergency Department is as an area that needs to improve

What were our aims for 2019/20? *Reduce the number of ED patients with mental health needs waiting over 24 hours for a mental health bed.*

During 2019/20, Camden and Islington introduced a place of safety in Highgate wing which has reduced our patients under section 136, subsequently reducing the mental health patients in the Emergency Department. During the COVID-19 pandemic a revised Mental Health pathway was developed. Adult patients experiencing crisis are now streamed to St Pancras hospital and not Whittington Hospital, which further reduced the number of patients presenting with mental health needs in the Emergency Department.

Quarter	2018/19			2019/20		
	Total ED Attendance	Admitted to MH bed within 24hrs	% admitted within 24hrs	Total ED Attendance	Admitted to MH bed within 24hrs	% admitted within 24hrs
Q1	550	25	4.50%	677	38	5.60%
Q2	641	40	6.20%	665	35	5.20%
Q3	650	17	2.60%	624	25	4.00%
Q4	618	29	4.60%	517	29	5.60%

Priority 3: Improving Clinical Effectiveness (Research & Education)

Clinical Effectiveness Target 1: Development and Training roles within clinical workforce

Rationale: Clinical workforce development and training is paramount to the Trust. A highly skilled and trained workforce provides better quality care.

What were our aims for 2019/20? *Ensure an adequate number of vacant positions available for nurse associate graduates*

The nursing associate role was a new support role that sits alongside existing healthcare support workers and fully qualified registered nurses to deliver hands on care for patients. There are sufficient vacant posts to accommodate the number of Nursing Associates' applying for the programme. A Practice Development Nurse has also been recruited to provide clinical support to the Trainee Nursing associates.

What were our aims for 2019/20? *We will strengthen our work on development and leadership and in particular the development of our BAME staff through mentoring programmes*

The reverse mentoring programme promoted cohort 2 in Q3 2019 - 2020. 10 mentees and 16 mentors with a range of protected characteristics have signed up. Training started in February 2020 and is ongoing. Whittington Health is participating in the Culture and Leadership Collaborative, an 18 month initiative which builds on the joint work of NHSI and the Kings Fund, to embed a culture of compassionate and inclusive leadership. The fifth Collaborative session took place on 3 December 2019 and focused on how to use a Liberating Structures approach to resolve operational challenges. This model was subsequently used in the December Culture Steering Group to identify ways to help staff engage with the Caring For Those Who Care programme. The Culture and Leadership Collaborative session took place in March 2020 and was well attended. The BAME network has been invigorated with the support of guest speaker, author and staff networks advocate, Cherron Inko-Tariah MBE. New networks including

	'Whittability' (disability focused) and LGBTQ+ have or are soon to be launched, supported by Facebook groups. A Women's network event also took place on the 10th March 2020, to coincide with International Women's Day. The Women's network is planning to find out what women want within the Trust, (particularly junior women,) and have tasked themselves to deliver 6 events per year. The event's focus will be based on the feedback. In addition to the mentoring programme, money has been found to deliver a 'European Mentoring and Coaching Council' (EMCC) foundation coaching course for 10 BAME staff. This opportunity is expected to start in Autumn 2020.

Clinical Effectiveness Target 2: Clinical Research

Rationale: Clinical research is how we develop new treatments and knowledge for better health and care, building the evidence for new approaches that are safe and effective.

What were our aims for 2019/20? *Maintain the number of specialties participating in research*	
	The number of patients receiving relevant health services provided or subcontracted by Whittington Health NHS Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 810. These patients all participated in studies adopted to the National Institute of Health Research (NIHR) portfolio. This was a drop of 264 on the previous year (which was the highest annual number recruited at Whittington Health) due to a different study mix but still well in excess of the CRN (Clinical Research Network) target of 618. There were 49 NIHR portfolio studies recruiting and in follow up at Whittington Health last financial year compared to 50 the previous year and 39, 48 and 41 studies in 2017/18, 2016/17 and 2015/16 respectively. Not only have we broadly sustained the number of studies we have improved our recruitment to time and target (RTT) metrics in line with the NIHR High Level Objectives ensuring improved quality in the delivery of studies.
What were our aims for 2019/20? *Develop a greater paediatric research portfolio*	
	In Q1 2019/20: The possibility of extending a haematology study to include paediatric patients (on this occasion not viable) was considered. The setting up as a PIC (participant identification centre) to refer paediatric nephrology patients to participate in a trial at another site was completed. Expressed interest in additional paediatric studies and await confirmation of whether selected as a site. Tentative discussions have taken place with Psychology Early Years' service (PIP) and CAMHS to look at potential research opportunities and collaborations – this work is actively ongoing. In Q2, the focus was building the existing foundations of paediatric epilepsy research with an additional study opening. There have been positive discussions within CAMHS with a view to opening trials in the short and longer term. A barrier that has been identified is the funding gap to cover excess treatment costs During Q3, a further paediatric epilepsy study opened demonstrating significant commitment to offering these patients the opportunity to take part in research. CAMHS now have studies in the set-up phase, as well as continuing to express interest in potential studies and referring patients to other sites to participate in research. Excess treatment costs continue to be a limiting factor. There were no further developments in Q4 due to COVID-19.

Clinical Effectiveness Target 3: Multi-disciplinary Research

Rationale: Clinical research is how we develop new treatments and knowledge for better health and care, building the evidence for new approaches that are safe and effective.

What were our aims for 2019/20? *Raise the profile of research with clinical teams so that it can become embedded in patient care.*

New studies such as Sunflower, Easi-switch and ADAPT Sepsis, require multi-disciplinary clinical teams support and are helping to show how research through a patient pathway can be embedded.

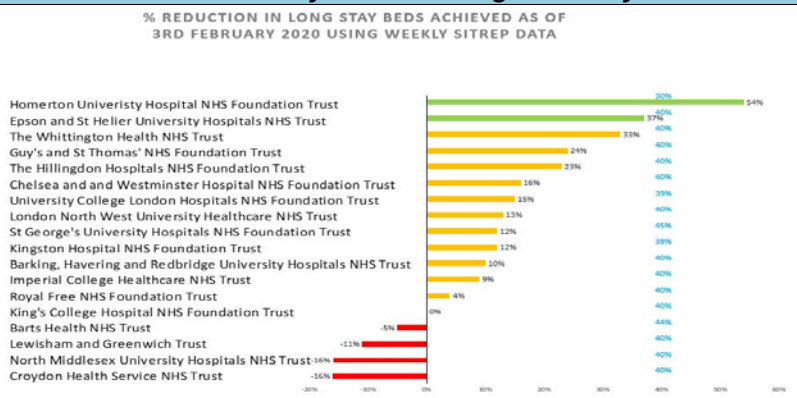
Using the Comprehensive Local Research Network (CLRN) funding differently to employ a research assistant to help with data support within the research delivery team thus freeing up nurses, midwives and practitioners to spend more time in clinics and with patients which in turn raises the profile of research. In addition changing the Band 5 Trainee Research Nurse post is a rotation post to support nurse development and to encourage more nurses to become research aware/active and hopefully embed research within their own services.

There has been targeted engagement with Clinical Nurse Specialists and Allied Health Professionals in Q2. This work is ongoing and builds on the work from quarter 1, including new studies such as Sunflower, Easi-switch and ADAPT Sepsis, require multi-disciplinary clinical teams support and are helping to show how research through a patient pathway can be embedded. In Q3 the trust sponsored its first study led by a paediatric physiotherapist employed by the trust - it is hoped that further trust led studies will also be possible.

Clinical Effectiveness Target 4: Reducing 28 day readmissions

Rationale: We want to ensure our patients are appropriately treated prior to discharge and the relevant safety netting procedures are in place to reduce 28 day readmissions to hospital.

What were our aims for 2019/20? *Increase utilisation of 'Hospital at home' service and 'Virtual Ward' to aid in expediting safe discharges but also in reducing the numbers of patients requiring potential readmission within 28 days of discharge. 28 day re admission rates to be monitored.*



The Trust is still in the top 3 Trusts in London for managing LOS over 21 days data as at 3rd February 2020. No further data was available due to Covid-19 pandemic.

What were our aims for 2019/20? *Improve the quality and timeliness of discharge summaries being sent to GP's and primary care.*

Quality Indicator	Mar-19	Jun-19	Oct-19	Feb-20
Co-Morbidities	86%	96%	94%	94%
Investigations	46%	79%	60%	72%
Patient Info	32%	64%	58%	91%
GP Actions	82%	85%	85%	93%
Medications	82%	94%	93%	99%
Named Consultant	73%	77%	75%	100%
AVERAGE	**67%**	**83%**	**78%**	**92%**

Throughout the year, the Trust worked on a hospital-wide Quality Improvement project to improve the quality of the written discharge summaries following an inpatient admission. The need to improve had been highlighted from different sources and involved a multidisciplinary team effort and working with primary care colleagues to find out what would be useful. Having met with stakeholders, a new template was designed and six quality indicators were agreed to ensure discharge summaries are clear to patients, clear and concise for GPs and do not contain unnecessary information. There has been a large focus on staff education which has led to significant improvements. A sample of discharge summaries from each specialty has been assessed each quarter and feedback has been provided to the individuals. As anticipated, the overall standard dipped slightly in October because of the staff being new, but it still showed an improvement on the baseline and the quality continued to improve. In December 2019, a section to confirm the discharging consultant was added because an IT glitch was pulling through the admitting consultant name on up to 69% of discharge summaries.

Clinical Effectiveness Target 5: Staff wellbeing and engagement

Rationale: The staff survey results indicated that Bullying and Harassment were still a cause for concern for the Trust. Whittington Health aimed to hold more inclusion and wellbeing events for staff to ensure a happy, motivated, effective workforce.

What were our aims for 2019/20? *Improve culture at work for staff by ensuring there are bimonthly engagement / social events.*

Social engagement events for staff have included: Pride March, London Marathon, ASICS London 10k, values week, Quiz Night for Ivor children's ward.
In October celebrated 'Black history month' across the Trust, there were several events for staff organised at the Trust to celebrate this.

The BAME network has been invigorated with the support of guest speaker, author and staff networks advocate, Cherron Inko-Tariah MBE. New networks including 'Whittability' (disability focused) and LGBTQ+ have or are soon to be launched, supported by Facebook groups. A Women's network was planned for March, to coincide with International Women's Day but was cancelled due to the COVID-19 pandemic.

What were our aims for 2019/20? *Ensuring leaders and senior managers adopt a more robust and purposeful leadership style to support colleagues and tackle issues in timely and well-ordered fashion. Create a culture of openness where people feel comfortable raising concerns - Raise trust awareness about the role of "The Freedom to Speak Up Guardian". Ensure we act and deliver care meeting our Trust Core Values*

There is a large comprehensive programme of work streams and events under way which

	includes stakeholders across the trust. Quarterly update reports are provided to the Trust Management Group (TMG), summarising the work. Recently, this has included branding and communications to bring all work related to staff experience under the staff-chosen heading of #CaringForThoseWhoCare; participation in the NHSI Culture and Leadership Collaborative including planning for the first diagnostic leadership behaviours survey; Trust-wide management training in recognising bullying situations and challenging; the launch and support of our 2nd and 3rd staff networks and planning for the launch of the 4th (B.A.M.E, LGBTQ+, Whittability coming in 2020/21. Women's); supporting the #CFTWC Strategy Group.

Clinical Effectiveness Target 6: Integrated Multiprofessional Education

Rationale: Education and training of staff to create a workforce that is dedicated, motivated and trained to the highest standards to provide excellent quality medical care for all patients.

What were our aims for 2019/20? *Develop new innovative placements for Medical, AHP, and Nursing and Midwifery students, focusing on driving the quality of the experience for both the student and the practice area. Increase placements by 5%*	
	The Trust participated in the HEE funded SCiP pilot project that aimed to explore potential to increase pre-registration student nurses' placement numbers. This project started from the February 2020, in three placement areas within Whittington Health. This work has yielded positive returns. Overall capacity increase is approximately 15%. Additionally, a week long Health Education England (HEE) funded project was also piloted in the education simulation centre. 12 pre-registration student nurses on placement in Acute Assessment Unit participated. The project looked at a new way of facilitating learning in practice. This was a success as subject matter experts from varied disciplines across the Trust contributed to the delivering of sessions. It was well evaluated. AHP Student placements have been challenging with many community services being de-prioritised as part of the COVID-19 response. Despite this the Trust have been able to offer placements as part of the HEE paid placements scheme across physiotherapy, occupational therapy and diagnostic radiography, with a number of these students going on to full time employment on graduation. Looking into 20/21, Whittington Health has been successful in bidding for funding from HEE to develop an education lead with the mandate to increase the number of AHP student placements by 25 in the coming academic year. The feedback from students attending placement with Whittington Health remains excellent, with many going onto full-time employment. We have also had a number of students from local HEIs specifically request placement at Whittington Health which is a testament to the reputation of our services locally.
What were our aims for 2019/20? *Developing individualised learning experiences for our undergraduate workforce. Success to be measured using Student survey / feedback*	
	Educational Quality review of Pre-registration placement areas are completed every other year. The 2019 cycle of reviews was completed in December 2019. Pre-registration Nurses undertake evaluations at the end of every placement and the results are collated by the University. Feedback predominantly positive. Examples have been: "*It is a wonderful experience as it gives you eye view of departments and it gives you great knowledge, you get to understand that there are many clinical areas that one can get expert in and work." Outpatients* "*Everyone was extremely friendly and inviting." Day Treatment Centre*

	"*I am very happy with my placement and would definitely recommend it to other students as you learn loads of stuff in mental health" Simmons House CAMHS inpatient unit*
What were our aims for 2019/20? *Increase the delivery of MDT training for post registration placements by 10%*	
	Preceptorship programme is being rebranded as the 'Early year's career development' and this has been designed to support newly qualified nurses and nursing associates in the first two years since qualifying. The programme offers a six - eight month programme based on the capital nurse four pillars of career development; this includes three face to face sessions provided through workshops or training days, plus one day shadowing managers / service leads or specialist nurses according to career goal aspirations. Between January 2019 and January 2020, we had 71 nurses who joined onto the preceptorship programme. Out of the 71 nurses who started on day 39 finished the three study days. That would equate to be 68% of attendees who completed the three study day programme. Out of the remaining 32 who didn't manage to complete all three days 15 of them completed 2 days, so 2/3 of the programme. As the study days are spread throughout the year those who joined in the Winter cohorts would normally have their next sessions in spring which were cancelled due to the COVID-19 pandemic. We are running a session in November 2020 & January 2021 called 'Accelerated preceptorship'. A 1 day programme for those who have missed out due to COVID-19. We have also requested from all managers, that they book a 1 hour, one-to-one with the preceptorship team, to reframe their development. We are restarting preceptorship programme in November with a combined AHP and Nursing group. This will be 4 days spaced over 4 months although the actual programme time is 12 months. This is with all the other usual telephone, email and face-to face interaction with staff across community and hospital sites. Other details are to note are: • 78 Preceptors trained during full day study days • 76 local training sessions delivered in groups, or one-to-one with preceptors
What were our aims for 2019/20? *Develop and implement a 'Learning from excellence' tool to enable staff to receive positive feedback to colleagues in relation to excellence at work*	
	Following a successful pilot, Whittington Health has rolled out its 'Learning from Excellence' scheme across the Trust. The scheme, known as STAR (Success, Thanks And Recognition) Awards has been well received. Once a nomination is agreed by the manager, a certificate is emailed to the recipient. By end of March, 140 nominations have been received.

Clinical Effectiveness Target 6: Learning from National Audits and Compliance with NICE guidance

Rationale: To ensure that we provide adequate assurance on learning from National Audits and the implementation of the NICE Guidance and standards

What were our aims for 2019/20? *Review of the governance and reporting framework from teams to quality committee*

	In January 2020, the Trust's Management Group agreed a new executive governance committee structure which came into effect from 1 April 2020. This includes a new Clinical Effectiveness Group with responsibility for national audits, NICE guidance, and national benchmarking data and the new Quality Governance Committee, a sub-group of the Quality Assurance Committee. The Quality Governance Committee triangulates information on clinical effectiveness, patient safety and patient experience and provides an integrated Quality Report on a quarterly basis to Quality Assurance Committee and public Trust Board.

Part 4: Other Information

Local Performance Indicators

Goal	*Standard/benchmark*	*Whittington performance*		*Comments*
		19/20	*18/19*	
ED 4 hour waits	*95% to be seen in 4 hours*	***83.80%***	*88.0%*	*Performance up to end of Mar20
RTT 18 Week Waits: Incomplete Pathways	*92% of patients to be waiting within 18 weeks*	***92.1%***	*92.2%*	*Performance up to end of Feb20 *availability
RTT patients waiting 52 weeks	*No patients to wait more than 52 weeks for treatment*	***2***	*2*	*Performance up to end of Mar20
Waits for diagnostic tests	*99% waiting less than 6 weeks*	***99.3%***	*98.9%*	*Performance up to end of Mar20
Cancer: Urgent referral to first visit	*93% seen within 14 days*	**94.8%**	94.2%	*Performance up to end of Feb20 *availability
Cancer: Diagnosis to first treatment	*96% treated within 31 days*	**98.8%**	100.0%	*Performance up to end of Feb20 *availability
Cancer: Urgent referral to first treatment	*85% treated within 62 days*	**84.0%**	86.0%	*Performance up to end of Feb20 *availability
Improved Access to Psychological Therapies (IAPT)	*75% of referrals treated within 6 weeks*	**95.1%**	94.9%	*Performance up to end of Feb20 *availability

Summary Hospital-Level Mortality Indicator (SHMI)

The most recent SHMI data available (published August 2020) covers the period April 2019 to March 2020.

Whittington Health NHS Trust SHMI score:	**0.9159**	Compared to 0.7679 reported for April 2018 to March 2019 period
Lowest National Score:	**0.6851**	University College London Hospital
Highest National Score:	**1.1997**	The Rotherham NHS Foundation Trust

15 Trusts were graded as having a lower than expected number of mortalities.
98 remaining Trusts, including Whittington Health NHS Trust, were graded as showing a number of mortalities in line with expectations.
12 Trusts were graded as having a higher than expected number of deaths.

The SHMI score represents a comparison against a standardised National Average. The 'national average' therefore is a standardised 100 and values significantly below 100 indicate a lower than expected number of mortalities (and vice versa for values significantly above).

Annex 1: Statements from external stakeholders

Health Watch Islington feedback

Thank you to all the staff and volunteers for their amazing work and for the way they have adapted services and support during an extremely difficult time for the NHS and for residents. We will work with the Trust to ensure residents are aware that services are available despite the wide range of restrictions on lifestyles currently, and that services are being delivered safely.

For the year 19/20 we can see the Trust was making improvements in many areas, and whilst waiting times have missed national targets this reflects the national picture. Even before the pandemic, services were under great strain. It was encouraging to see that those with Learning Disability and and/or Autism were generally seen within 2 hours, despite these pressures.

We were also pleased to see progress being made around the timeliness of discharge summaries being sent to GPs as this can have such a big impact on patient experience. During the year, we have been involved in work with the Trust to improve the patient facing discharge summary and are aware that the Trust is also working to improve its patient information leaflets. Whilst there is much to do here, they seem to be making good progress.

We are pleased to have the Whittington's support through the Borough Partnership to work with us and other partners in Challenging Inequality for staff and patients. It's good to see their work on 'Caring For Those That Care', particularly given the pressures of the pandemic.

The Trust was responsive to the concerns we have raised about Non-Emergency Patient Transport. This is a complex issue, with NHS England setting the criteria, and Trusts coming together to commission services in two lots, one for call handling and one for the patient journey. It hasn't always been plain sailing for patients or their carers. We appreciate that some of this is outside the Trust's influence but we will keep this on the agenda for the coming year.

We know the Trust is looking to be more outwards facing engaging with more voluntary sector partners and residents who may be less likely to come forward for support, and this will be increasingly important given the exacerbations of existing inequity caused by the pandemic.

Health Watch Haringey feedback

Fully assured, no comments

Commissioner feedback

North Central London
Clinical Commissioning Group

11 November 2020

Laycock Professional Development Centre
Laycock Street
London
N1 1TH
020 3688 2900
northcentrallondonccg.nhs.uk

Statement from North Central London Clinical Commissioning Group

North Central London Clinical Commissioning Group (NCL CCG) is responsible for the commissioning of health services from Whittington Health NHS Trust on behalf of the population of Islington. NCL CCG welcomes the opportunity to provide a statement for Whittington Health NHS Trust 2019/20 Quality Account.

The Trust was last inspected by the Care Quality Commission (CQC) in December 2019 with the report being published in March 2020. The CQC rated the Trust as 'Good' overall and we are delighted that the Trust was rated as 'Outstanding' in relation to the 'Caring' domain demonstrating that staff treated patients with compassion and kindness, supporting and including patients and families in personalised care. The Safe domain was rated as requires improvement and the Trust has in place a project "Better Never Stops" to ensure that all areas for improvement are addressed and we look forward to seeing the improvements from this.

NCL CCG is in regular contact with the Trust to monitor areas of clinical quality as specified in the NHS Standard Contract, under pinned by the quality schedule. Going forward, representatives from NCL CCG are pleased to be attending the Trusts' Quality and Safety Committee. Attendance will enable commissioners to support assurance regarding the quality of care and services provided to our residents.

Coronavirus had a devastating impact on the country and many of the changes introduced in response to the crisis are likely to have long term implications on how the NHS operates and how patients within the NHS will be treated. In NCL, Partners worked together to develop system-wide solutions to respond to the crisis. The CCG would like to thank Whittington Health for supporting the changes required during the crisis and supporting the emerging system and development of new models of care for the NCL Health and Social Care Partnership.

NCL CCG confirms that the Quality Account received complies with the required content as set out by the Department of Health. Where the information is not yet available, a placeholder is inserted. The information provided within the account has been checked against data sources made available, as part of existing contract/performance monitoring discussions and the data presented within the account is accurate in relation to the services provided. The layout of the report is easy to follow and user-friendly.

Commissioners acknowledge and commend the Trust for the efforts made to implement the

2018/19 priorities with 33 of the 39 being successfully achieved. A number of these priorities have now become 'business as usual' for 2019/20 and beyond.

NCL CCG note the increase in Never Events reported in 2019/20 and the increase on previous years. The Trust recognised that the safety systems in place were not sufficiently robust and have taken action to reinforce and strengthen barriers to prevent re occurrence. A theme of lack of understanding of human factors was identified and the Trust has looked to address this with human factors training and we look forward to seeing the positive impact this has improving safety and reducing harm.

Commissioners fully support the priorities identified by the Trust for 2020/21 below and are pleased to note that these were agreed with engagement with internal and external stakeholders and the work to deliver is underpinned by the Trusts exciting Quality Improvement projects;

- Reduce harm from hospital acquired de-conditioning
- Improve communication between clinicians and the people who use the services
- Improving patient safety education in relation to human factors
- Improving blood transfusion care and treatment

NCL CCG looks forward to the year ahead, building on the supportive and collaborative relationships of previous years and will continue to provide the support and constructive challenge required to offer good quality, safe acute and community services.

We envisage continuing to work closely with the Trust in 2020/21 and await hearing about progress against the Trust's four chosen priorities.

Yours sincerely,

Dr Josephine Sauvage
Chair
North Central London CCG

Frances O'Callaghan
Accountable Officer
North Central London CCG

How to provide feedback

If you would like to comment on our Quality Account or have suggestions for future content, please contact us either:

By writing to:
The Communications Department,
Whittington Health,
Magdala Avenue,
London. N19 5NF

By telephone:
020 7288 5983

By email:
communications.whitthealth@nhs.net

Publication:
The Whittington Health NHS Trust 2019-20 Quality Account will be published on the NHS Choices website by the 15th December 2020.
https://www.nhs.uk/pages/home.aspx

Accessible in other formats:
This document can be made available in other languages or formats, such as Braille or Large Print.
Please call **020 7288 3131** to request a copy.

Annex 2: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance in the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amended Regulations 2011.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

The Quality Account presents a balanced picture of the Trust's performance over the period covered, in particular, the assurance relating to consistency of the Quality Report with internal and external sources of information including:

- Board minutes;
- Papers relating to the Quality Account reported to the Board;
- Feedback from Health Watch;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- the latest national patient survey;
- the latest national staff survey;
- feedback from Commissioners;
- the annual governance statement; and
- CQC Intelligent Monitoring reports.

The performance information reported in the Quality Account is reliable and accurate. There are proper internal controls over the collection and reporting of the measures of performance reported in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.

The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and The Quality Account has been prepared in accordance with the Department of Health guidance.

The directors confirm that to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

Baroness Neuberger DBE
Chair

Siobhan Harrington
CEO

Appendix 1- Subcontracted Services

Organisation details	Service details
Camden and Islington NHS foundation trust	Psychological service
UCLH foundation trust	South Hub Tuberculosis resources
UCLH foundation trust	Ears Nose and Throat services
UCLH foundation trust	Provision of PET/CT Scans
The Royal Free London NHS foundation trust	Ophthalmology services
GP subcontractors – Medical practices Morris House Somerset Gardens Tynemouth road	Primary care anticoagulation service for Haringey CCG
Whittington Pharmacy CIC	Provision of pharmacy services
WISH Health Ltd A network of 8 local practices – four in north Islington and four in west Haringey	Primary care services to the urgent care centre at the Whittington hospital

Appendix two - National Mandatory and Non Mandatory Audits

Title of audit	Management body	Participated in 2019/20	If completed, number of records submitted (as total or % if requirement set)
BAUS Urology Audits - Percutaneous Nephrolithotomy (PCNL)	British Association of Urological Surgeons	✓	Data submitted: 14 cases
Case Mix Programme (CMP) - Intensive Care Audit	Intensive Care National Audit & Research Centre	✓	Data submitted: 698 cases
Elective Surgery (National PROMs Programme)	NHS Digital (New national provider to be identified)	✓	Data submitted: 180 cases
Falls and Fragility Fractures Audit programme (FFFAP) – Inpatient Falls	Royal College of Physicians of London	✓	Data submitted: 4 cases and organisational questionnaire
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	Royal College of Physicians of London	✓	Data submitted: 152 cases
Inflammatory Bowel Disease (IBD) programme / IBD Registry	IBD Registry Limited	✓	Data submitted: 122 cases

Title of audit	Management body	Participated in 2019/20	If completed, number of records submitted (as total or % if requirement set)
Major Trauma Audit	Trauma Audit & Research Network	✓	Data submitted: 159 cases
Myocardial Ischaemia National Audit Project (MINAP)	Barts Health NHS Trust	✓	Data submitted: 51 cases
National Audit of Breast Cancer in Older People	Royal College of Surgeons	✓	Data submitted: 43 cases
National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society	✓	Data submitted: 143 cases
Bowel Cancer (NBOCAP)	NHS Digital	✓	Data submitted: 66 cases
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre	✓	Data submitted: 56 cases
National Diabetes Audit - Adults - National Diabetes Foot Care Audit	NHS Digital	✓	Data submitted: 136 cases
National Diabetes Audit - Adults - National Diabetes Inpatient Audit (NaDIA)	NHS Digital	✓	Data submitted: 51 cases
National Diabetes Audit - Adults - National Diabetes Harms Audit (NaDIA)	NHS Digital	✓	Data submitted: 12 cases
National Diabetes Audit - Adults - National Core Diabetes Audit	NHS Digital	✓	Data submitted: 1474 cases
National Diabetes Audit - Adults - National Pregnancy in Diabetes Audit	NHS Digital	✓	Data submitted: 28 cases
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	✓	Data submitted: 93 cases
National Heart Failure Audit	Barts Health NHS Trust	✓	Data submitted: 90 cases
National Joint Registry (NJR) - Knee and Hip replacements.	Healthcare Quality Improvement Partnership	✓	On going
National Lung Cancer Audit (NLCA)	Royal College of Physicians	✓	Data submitted: 116 cases
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	✓	Data submitted: 3601 cases
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health	✓	Data submitted: 440 cases

Title of audit	Management body	Participated in 2019/20	If completed, number of records submitted (as total or % if requirement set)
National Oesophago-gastric Cancer (NAOGC)	NHS Digital	✓	Data submitted: 20 cases
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	✓	Data submitted: 110 cases
National Prostate Cancer Audit	Royal College of Surgeons	✓	Data submitted: 103 cases
Sentinel Stroke National Audit programme (SSNAP)	King's College London	✓	Data submitted: 129 cases
Assessing Cognitive Impairment in Older People (care in Emergency Departments)	Royal College of Emergency Medicine	✓	Data submitted: 126 cases
Care of Children in Emergency Departments	Royal College of Emergency Medicine	✓	Data submitted: 135 cases
Mental Health (care in emergency departments)	Royal College of Emergency Medicine	✓	Data submitted: 134 cases
Mandatory Surveillance of Healthcare Associated Infections	Public Health England	✓	Data submitted: 60 cases
National Audit of Dementia - Spotlight audit on Prescription of Psychotropic Medication	Royal College of Psychiatrists	✓	Data submitted: 45 cases
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics & Child Health	✓	Data submitted: 19 cases
National Comparative Audit of Blood Transfusion programme: Re-audit of the medical use of red cells	NHS Blood and Transplant	✓	Data submitted: 18 cases
National Early Inflammatory Arthritis Audit	British Society for Rheumatology	✓	Data submitted: 148 cases
National Cardiac Rehabilitation Audit	University of York	✓	Data submitted: 356 cases
Surgical Site Infection Surveillance Service	Public Health England	✓	Data submitted: 7 cases
National Audit of Care at the End of Life	NHS Benchmarking Network	✓	Data submitted: 33 cases
National Audit of Seizure Management in Hospitals	University of Liverpool	✓	Data submitted: 30 cases
National Smoking Cessation Audit	British Thoracic Society	✓	Data submitted: 94 cases
Perioperative Quality Improvement Programme	Royal College of Anaesthetists	✓	Data submitted: 20 cases
SAMBA 19 - Measuring Quality	Society for Acute Medicine	✓	Data submitted:

Title of audit	Management body	Participated in 2019/20	If completed, number of records submitted (as total or % if requirement set)
and Complexity in Acute Medicine			33 cases
SAMBAWinterClin	Society for Acute Medicine	✓	Data submitted: 132 cases
UK Parkinson's Audit	Parkinson's UK	✓	Data submitted: 53 cases
BAUS Bladder Outflow Obstruction (BOO) Snapshot Audit	British Association of Urological Surgeons	✓	Due to pandemic - carried forward to 2020/21

Mental Health Clinical Outcome Review Programme			
Suicide, Homicide & Sudden Unexplained Death	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), University of Manchester	✓	If cases identified to WH then participate - none to date
Suicide by middle-aged men	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), University of Manchester	✓	

Maternal, Newborn and Infant Clinical Outcome Review Programme data on 19 cases were submitted to MBRRACE-UK who allocate to the appropriate work stream			
Perinatal Mortality Surveillance	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Perinatal morbidity and mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Maternal Mortality surveillance and mortality confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing
Maternal Morbidity confidential enquiries	MBRRACE-UK, National Perinatal Epidemiology Unit	✓	Ongoing

Medical, Surgical and Child Health Clinical Outcome Review Programme			
Young People's Mental Health	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Study closed Requisite cases submitted
Long-term Ventilation in children, young people and young adults	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Study closed. Requisite cases submitted
Acute Heart Failure	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Study closed Requisite cases submitted
Cancer in Children, Teens and Young Adults	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	No applicable cases. Organisational questionnaire submitted
Perioperative Diabetes	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Study closed Requisite cases submitted
Pulmonary Embolism	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	Study closed Requisite cases submitted
Acute Bowel Obstruction	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	1 case submitted – Report publication date: Early 2020
Dysphagia in Parkinson's Disease	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	On going
In-hospital management of out-of-hospital cardiac arrest	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	On going

National Asthma and Chronic Obstructive Pulmonary Disease Audit programme			
Paediatric Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 46 cases
Pulmonary rehabilitation	Royal College of Physicians	✓	Data submitted: 120 cases

National Asthma and Chronic Obstructive Pulmonary Disease Audit programme			
COPD in Secondary Care	Royal College of Physicians	✓	Data submitted: 159 cases
Adult Asthma in Secondary Care	Royal College of Physicians	✓	Data submitted: 145 cases

Title of audit	Management Body	Participated in 2019/20	Status
NHS Benchmarking - Acute Therapies	NHS Benchmarking Network	✓	Completed
Seven Day Hospital Services Self-Assessment Survey	NHS England	✓	Completed
National Lung Cancer Spotlight Audit	Royal College of Physicians	✓	Completed
2019 Child & Adolescent Mental Health Services Benchmarking project	NHS Benchmarking Network	✓	Completed
2019 Pharmacy and Medicines Optimisation project	NHS Benchmarking	✓	Completed
United Kingdom Obstetric Surveillance System – national audits of rare conditions of pregnancy	UKOSS National Perinatal Epidemiology Unit	✓	in progress
Each Baby Counts & NHS Resolution	Royal College of Obstetricians and Gynaecologists	✓	in progress
Fever in returning Traveller	national audit	✓	in progress
NCL improving access to Diabetes Inpatient Specialist Nursing	NHS England Diabetes Transformation Fund Project	✓	in progress
Learning Disability Mortality Review Programme (LeDeR)	University of Bristol's Norah Fry Centre for Disability Studies	✓	in progress
National study of HIV in Pregnancy and Childhood (NSHPC)	NSHPC	✓	in progress
NHSE & NHSI Learning Disabilities	NHS Benchmarking Network	✓	in progress
COMPASS Study: Management of complicated intra-abdominal collections after colorectal surgery	Royal College of Anaesthetists, ERAS for Gastrointestinal surgery	✓	in progress

Appendix three - External clinical coding audit results

Primary Diagnosis		Number of cases	% coding correct
	Number of primary diagnoses correct	187	**93.50 %**

Secondary Diagnosis		Number of cases	% coding correct
	Number of secondary diagnoses	602	
	Number of secondary diagnoses correct	571	**94.85 %**

Primary Procedures		Number of cases	% coding correct
	Number of primary procedures	130	
	Number of primary procedures correct	124	**95.38 %**

Secondary Procedures		Number of cases	% coding correct
	Number of secondary procedures	275	
	Number of secondary procedures correct	256	**93.09 %**

Appendix four – Comparisons of 2018 and 2019 key findings in relation to the identified focus areas from the NHS Staff Survey results for each ICSU/Directorate. Any improvements are highlighted in green, red for a decline and no colour if there has been no change

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

Meeting title	**Trust Board – public meeting**	**Date: 26 November 2020**
Report title	**2020/21 Winter Plan**	**Agenda item: 7**
Executive director lead	Carol Gillen Chief Operating Officer	
Report author	Aisling Thompson, Director of Operations - Adult Community Services and Deputy Chief Operating Officer	
Executive summary	The 2020/21 Winter Plan describes Whittington Health's preparedness for the winter season including plans that have been developed to deal with a surge in COVID-19 patients. Winter presents a variety of challenges that require additional consideration and planning to maintain flow and keep patients safe. This plan has been developed by engaging with the Associate Directors of Nursing, Clinical Directors, Operational Directors and the Emergency Planning Officer. The Winter Plan is a system-wide approach and is focused on ensuring that internal operational functions are coordinated with support from external partners. The aims of the plan are to: • Keep patients safe and provide high quality care during the winter months within Whittington Health. • Ensure that patients are cared for by the right team in the right place. • Minimise any disruption to operational delivery. • To activate a COVID-19 response Phase 2 plan if there is a surge of COVID-19 suspected or confirmed patients.	
Purpose:	Approval	
Recommendation	Board members are invited to review and approve the 2020/21 Winter Plan	
Risk Register or 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, 29 September 2020	

Whittington Health
NHS Trust

Winter Plan 2020/2021

Version Control	
Version 1	29.09.20 Presented to TMG
Version 2	26.11.2020 Updated version presented to Trust Board
Final version	

Carol Gillen, Chief Operating Officer - November 2020

Contents

Page	Section
1	**1.0 Introduction** 1.1 Aims 1.2 Scope 1.3 Objectives
2	**2.0 Review of Winter 2019/2020** 2.1 Introduction 2.2 - 2.9 Activity tables 2.10 Review of Winter Performance 2019/20
6	**3.0 Winter Preparation 2020/21 - Background** 3.1 Learning from Phase 2 COVID response 3.2 Phase 3 Guidance 3.3 Winter Risk Assessment & Risk Log
8	**4.0 Winter Preparedness 2020/21 - Acute Services** 4.1 Introduction 4.2 Emergency Department 4.3 Same Day Emergency Care & Acute Frailty 4.4 Full Capacity Protocol & Escalation Triggers 4.5 Clinical Site Management 4.6 Bed Capacity 4.7 Critical Care Capacity 4.8 Elective Plan 4.9 Pathology 4.10 Pharmacy 4.11 Imaging
11	**5.0 Winter Preparedness 2020/21 - Discharge & Flow** 5.1 Integrated Discharge Team (IDT) and Discharge Coordination Centre 5.2 Updated Discharge Guidance 5.3 Management of Length of Stay and flow 5.4 Discharge to Assess
15	**6.0 Winter Preparedness 2020/21 - Community Services** 6.1 Community Winter Resilience Response 6.2 Rapid Response & Admissions Avoidance 6.3 District Nursing 6.4 Community Rehabilitation Services 6.5 Community Beds
17	**7.0 Workforce** 7.1 Safe Staffing 7.2 On Call Rotas 7.3 Staff Resilience
17	**8.0 Communications Plan**
18	**9.0 Flu Vaccination Programme** 9.1 Overview 9.2 Staff Flu Campaign 9.3 Patient vaccinations
19	**10.0 System Assurance & Escalation**
20	**11.0 Cold Weather Plan**
21	**12.0 Appendices**

1.0 Introduction

This Winter Plan describes Whittington Health's preparedness for the winter season including plans that have been developed to deal with a surge in COVID-19 patients (please also refer to the Trust Emergency Preparation for COVID-19 Phase 2 plan). Winter presents a variety of challenges that require additional consideration and planning to maintain flow and keep patients safe. This plan has been developed by engaging with the Associate Directors of Nursing, Clinical Directors, Operational Directors and the Emergency Planning Officer. The Winter Plan is a system-wide approach and is focused on ensuring that internal operational functions are coordinated with support from external partners. The Winter Plan's elements include monitoring and managing patient surge; protocols for opening emergency capacity; operational initiatives; service improvement innovation; digital technology and monitoring; command and control mechanisms; integrated communication groups and workforce planning.

1.1 Aims

The aims of the plan are to:

- Keep patients safe and provide high quality care during the winter months within Whittington Health.
- Ensure that patients are cared for by the right team in the right place.
- Minimise any disruption to operational delivery.
- To active a COVID-19 response Phase 2 plan, if there is a surge of COVID-19 suspected or confirmed patients.

1.2 Scope

The scope of this plan is focused on Winter Planning within Whittington Health and partner agencies. The Winter Plan includes aspects such as COVID-19 response, leadership and surge management, coordination with the A&E Delivery Board (AEDB), the improvement plan, Haringey and Islington after action review, winter capacity, key system enablers, and risks.

1.3 Objectives

- Avoid unnecessary admissions during the winter months by providing care pathways that deliver safe and efficient care
- Ensure appropriate capacity is available during the winter months
- Monitor and regularly engage with the CCGs, Islington A&E Delivery Group and NHS to provide information, identify risks, communicate plans, monitor sector wide pressures, escalate issues, and challenges to performance and operational delivery.
- Support and focus on performance management of the system to sustain, quality, delivery against plan and good patient experience.
- To clearly identify and direct resources to respond to surges and peaks in demand for services 24/7.
- Coordinate operations efficiently and effectively within and between ICSU teams.
- To maintain flow and optimise safe discharge within the ICO.
- Provide timely communication to all stakeholders.

2.0 Review of Winter Performance 2019/2020

2.1 Introduction

This section outlines trends in activity and performance from 2014/15-2019/20 with a particular focus on last Winter. Over the last year, when comparing 19/20 to 18/19, there has been a decrease to both presentations and 4 hour performance to hospitals within the North Central sector. These figures include activity during March 2020, during the national COVID-19 lockdown, which is likely to have affected a number of measures over this period.

• For Whittington, decreases in activity were seen across a range of acuity measures. The largest decreases seen were in patients being admitted from ED, patients who spent time in resus and those arrivals classed as category 1 or 2 at triage.

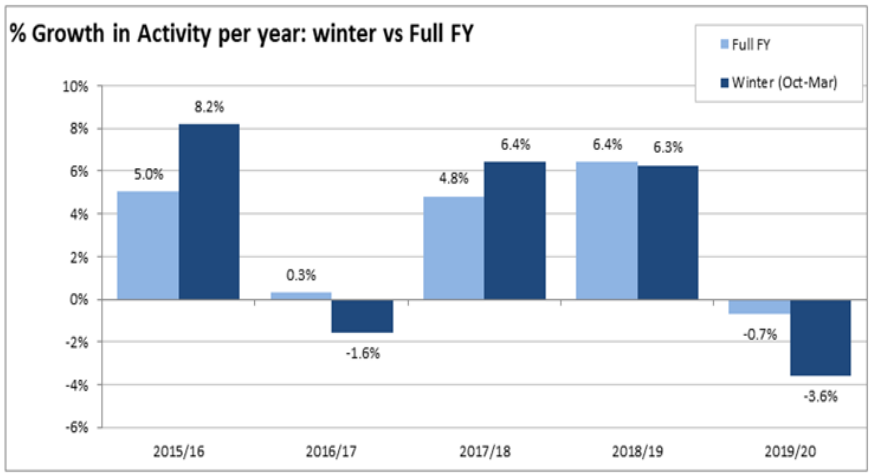
• Ambulance 30 min handover breaches, which were declining for the past three years, were up significantly for 19/20 (>100% increase), when compared to 18/19

• Bed days lost to Delayed Transfers of Care decreased by 34.5% in the 19/20 winter period when compared to the previous year.

2.2 Emergency Department Activity/4hr Target

The total number of Emergency Department (ED) attendances for 2019/20 was 107,600 which represents a minor decrease on the previous year's activity (-0.7%_. From October – March (winter) attendances, which were down by -3.6% on 2018/19 however, both of these figures incorporate attendances in March 2020, which were lower than usual due to the COVID-19 lockdown. Comparing 19/20 to 14/15, overall attendances increased by 17%, and winter attendances increased by 16%.

Fig 1: % Growth in activity per year: Winter (Oct-March) vs Full FY



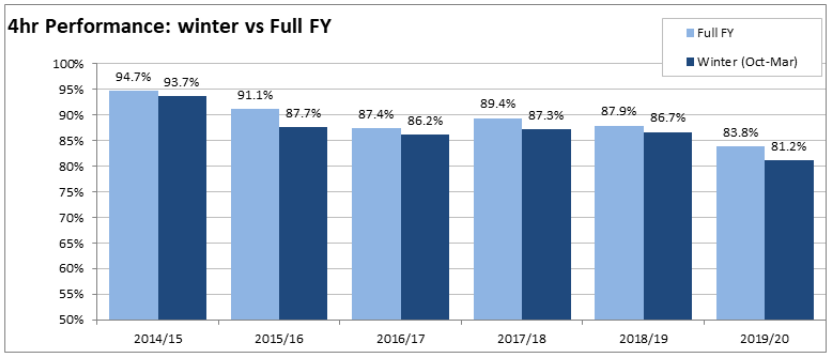
Activity		Full FY	Winter (Oct-Mar)
Activity	2014/15	92,203	45,997
	2015/16	96,837	49,766
	2016/17	97,134	48,987
	2017/18	101,812	52,143
	2018/19	108,336	55,415
	2019/20	107,600	53,425
% Change	2015/16	5.0%	8.2%
	2016/17	0.3%	-1.6%
	2017/18	4.8%	6.4%
	2018/19	6.4%	6.3%
	2019/20	-0.7%	-3.6%
	since 14/15	17%	16%

2.3 4hr Performance: Winter vs Full Year

The average of the 4hr target to be seen and discharged from ED has decreased by 10.9% since 14/15 for the full FY, and 12.5% for the winter months. Comparing 19/20 to 18/19,

there was a 4.1% decrease in performance for the whole year, and 5.5% for the winter months.

Fig 2: 4hr Performance: Winter (Oct-Mar) vs. Full FY



4hr Performance		Full FY	Winter (Oct-Mar)
4hr %	2014/15	94.7%	93.7%
	2015/16	91.1%	87.7%
	2016/17	87.4%	86.2%
	2017/18	89.4%	87.3%
	2018/19	87.9%	86.7%
	2019/20	83.8%	81.2%
change	2015/16	-3.6%	-6.1%
	2016/17	-3.8%	-1.5%
	2017/18	2.1%	1.1%
	2018/19	-1.5%	-0.6%
	2019/20	-4.1%	-5.5%
	since 14/15	-10.9%	-12.5%

2.4 North London Trusts – Winter activity & Performance

All of the North London hospitals saw decreases or stagnation in attendances during the 19/20 winter. Whittington saw the largest decrease (3.6%), followed by North Middlesex (1.9%), Homerton (1.8%) and UCL (0.6%).The Royal Free was the only hospital to see an increase, but this was negligible at only 0.4%. Similarly with 4hr performance, four Trusts saw decreases of more than 3%, with Homerton down by 0.8% on last year.

Fig.3: North London Trusts: Activity & 4hr performance, during Winter 19/20

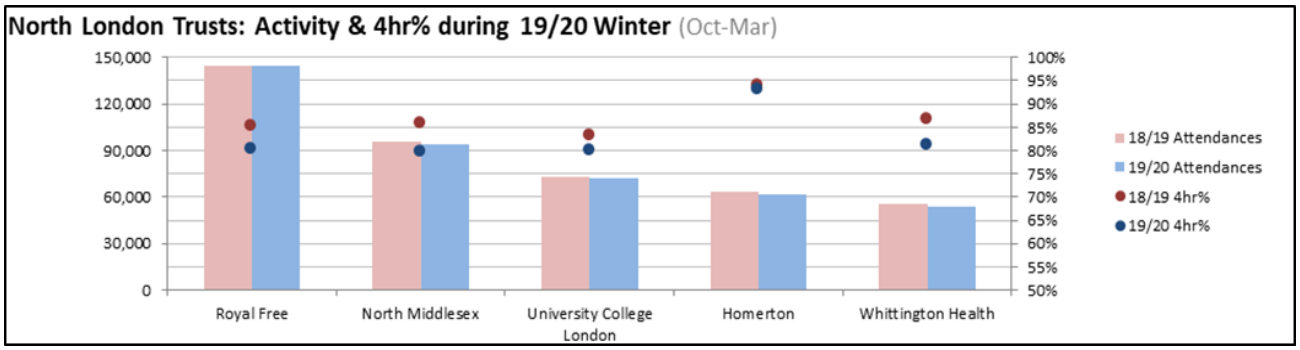
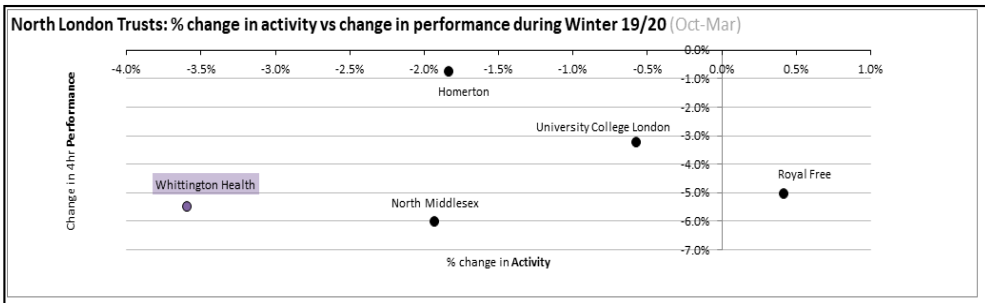


Fig.4: NCL Trusts: % Change in activity vs performance Winter 2019/20



Name	2017/18 Attendances	2017/18 Breaches	2017/18 4hr%	2018/19 Attendances	2018/19 Breaches	2018/19 4hr%	2019/20 Attendances	2019/20 Breaches	2019/20 4hr%	% Change in Attendances	Change in 4hr Performance
Royal Free	134835	19090	85.8%	144,157	21,198	85.3%	144,765	28,580	80.3%	0.4%	-5.0%
North Middlesex	90,069	18,671	79.3%	95,714	13,668	85.7%	93,870	19,057	79.7%	-1.9%	-6.0%
University College London	68,927	9,379	86.4%	72,830	12,231	83.2%	72,413	14,498	80.0%	-0.6%	-3.2%
Homerton	62,142	3,554	94.3%	63,194	3,851	93.9%	62,036	4,254	93.1%	-1.8%	-0.8%
Whittington Health	52,151	6,650	87.2%	55,415	7,439	86.7%	53,426	10,061	81.2%	-3.6%	-5.5%
North London Total	**408,124**	**57,344**	**85.95%**	**431,310**	**58,387**	**86.46%**	**426,510**	**76,450**	**82.08%**	-1.1%	-4.4%

2.5 Attendance by High Acuity Patient Groups

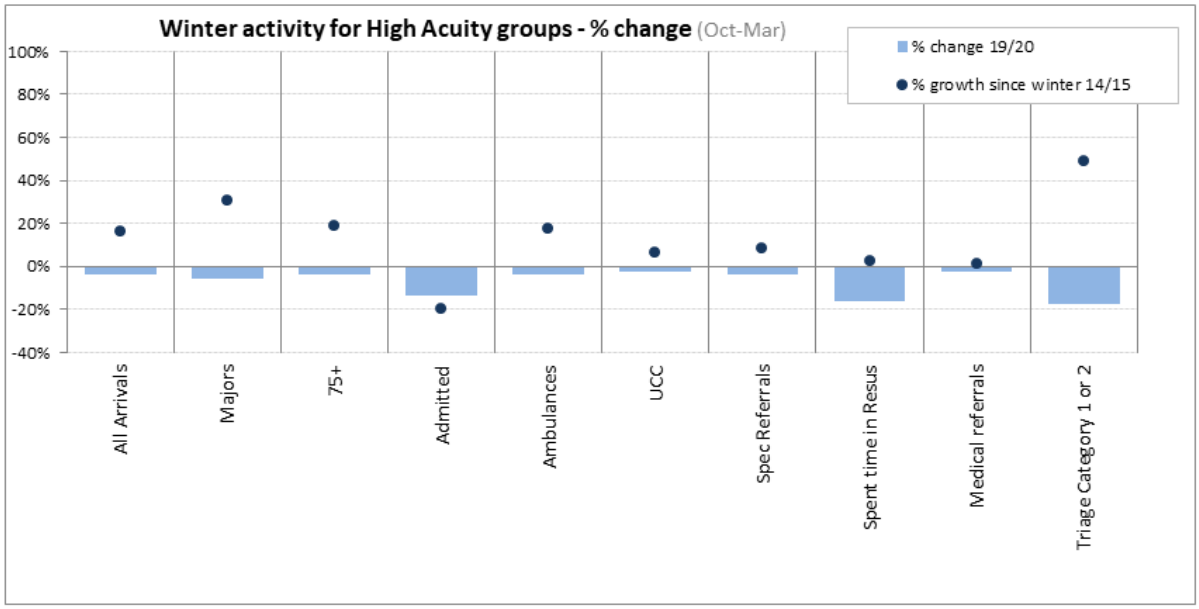
Overall activity in winter was down by 3.6% on last year. The largest decreases seen were in the number of patients admitted (13.6), the number of patients who spent time in resus (16.1%) and those who were Triage Category 1 or 2 arrivals (17.4%). These decreases may be attributed to the reduced attendances in March, with the COVID-19 lockdown.

Fig.5: Attendances by High-Acuity patient groups during winter 19/20 (Oct-Mar)

Attendances by High-Acuity patient groups in Winter (Oct to Mar)

	Activity						% change					
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2015/16	2016/17	2017/18	2018/19	2019/20	since 14/15
All Arrivals	45,997	49,766	48,987	52,143	55,415	53,425	8.2%	-1.6%	6.4%	6.3%	-3.6%	16%
Majors	18,784	19,710	21,579	23,685	25,970	24,493	4.9%	9.5%	9.8%	9.6%	-5.7%	30%
75+	3,817	4,060	4,406	4,788	4,707	4,540	6.4%	8.5%	8.7%	-1.7%	-3.5%	19%
Admitted	9,097	7,568	7,651	8,159	8,437	7,288	-16.8%	1.1%	6.6%	3.4%	-13.6%	-20%
Ambulances	8,870	9,406	9,879	10,770	10,831	10,419	6.0%	5.0%	9.0%	0.6%	-3.8%	17%
UCC	26,835	29,576	26,774	28,065	29,196	28,504	10.2%	-9.5%	4.8%	4.0%	-2.4%	6%
Spec Referrals	9,650	9,894	10,111	10,420	10,855	10,470	2.5%	2.2%	3.1%	4.2%	-3.5%	8%
Spent time in Resus	2,299	2,313	2,595	2,688	2,803	2,351	0.6%	12.2%	3.6%	4.3%	-16.1%	2%
Medical referrals	3,705	3,778	3,717	3,832	3,839	3,737	2.0%	-1.6%	3.1%	0.2%	-2.7%	1%
Triage Category 1 or 2	3,528	4,041	4,343	3,817	6,357	5,252	14.5%	7.5%	-12.1%	66.5%	-17.4%	49%

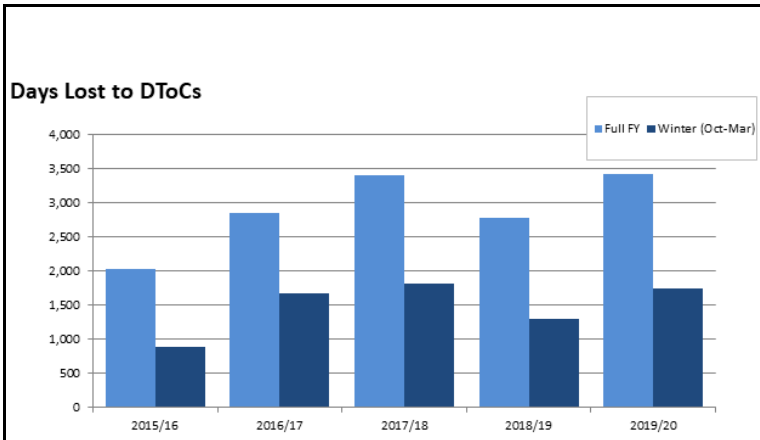
Fig.5a: Attendances by High-Acuity patient groups during winter 19/20 (% Change)



2.6 Days lost to DTOCs

The number of days lost to delayed transfers of care in 19/20 has increased by 22.8 % from 18/19, for the full FY, and 34.5% for the winter months.

Fig.6: Days Lost to DToCs



Days Lost to Delayed transfers of Care

		Full FY	Winter (Oct-Mar)
Count	2015/16	2,021	879
	2016/17	2,842	1,662
	2017/18	3,392	1,806
	2018/19	2,777	1,288
	2019/20	3,410	1,732
% Change	2016/17	40.6%	89.1%
	2017/18	19.4%	8.7%
	2018/19	-18.1%	-28.7%
	2019/20	22.8%	34.5%
	since 15/16	69%	97%

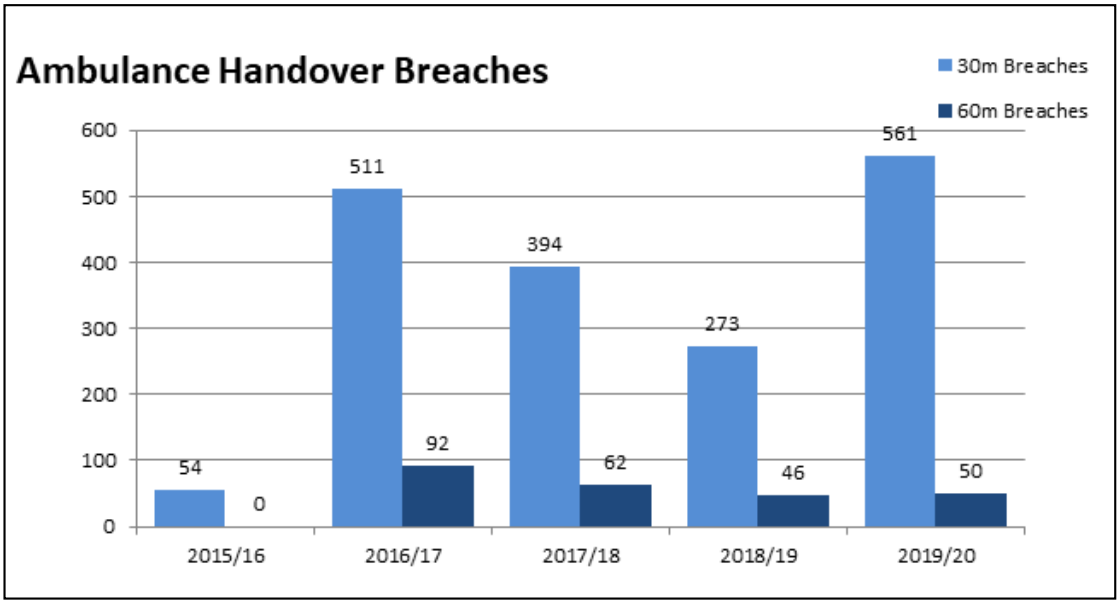
Equivalent beds occupied by DTOCs

	Full FY	Winter (Oct-Mar)
2015/16	5.5	4.8
2016/17	7.8	9.1
2017/18	9.3	9.9
2018/19	7.6	7.1
2019/20	9.3	9.5

2.7 Ambulance Handover Performance

There was a significant increase (105%) in 30 minute breaches between 18/19 and 19/20, however this had been decreasing since 2016/17. 60 minute breaches have remained relatively similar to previous levels.

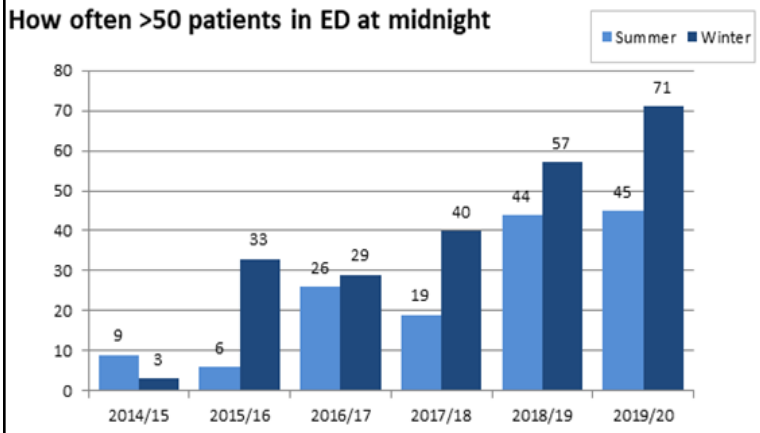
Fig.7: Ambulance Handover Breaches



2.8 Increased Numbers of Patients in the EUC at Midnight

This metric is used as a marker for those instances where the evening queue may not be well controlled in ED. In the four years since 14/15, this has gone from an unusual occurrence to being regular. The frequency of patient numbers greater than (n) 50 during the winter months has increased from (n) 57 occurrences in 18/19, to (n) 71 occurrences in 19/20, a 24.6% increase.

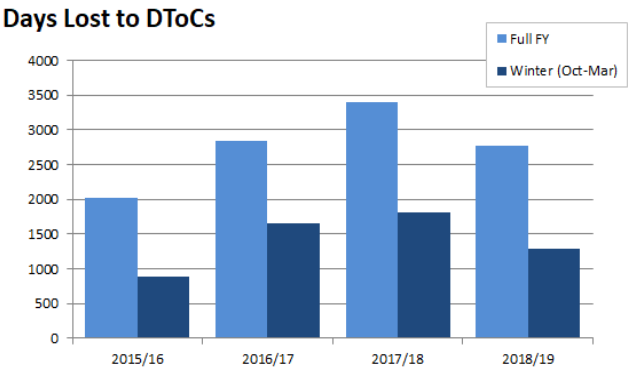
Fig.8: How often >50 patients are in ED at midnight



		Summer	Winter
Count	2014/15	9	3
	2015/16	6	33
	2016/17	26	29
	2017/18	19	40
	2018/19	44	57
	2019/20	45	71
	2020/21	1*	
% Change	2015/16	-33.3%	1000.0%
	2016/17	333.3%	-12.1%
	2017/18	-26.9%	37.9%
	2018/19	131.6%	42.5%
	2019/20	2.3%	24.6%
	19/20 vs 14/15	400%	1367%

*Summer Data is complete to end of July 2020

Inpatient Flow during Winter (Oct-Mar)



Days Lost to Delayed transfers of Care

		Full FY	Winter (Oct-Mar)
Count	2015/16	2021	879
	2016/17	2842	1662
	2017/18	3392	1806
	2018/19	2777	1288
% Change	2016/17	40.6%	89.1%
	2017/18	19.4%	8.7%
	2018/19	-18.1%	-28.7%
	since 15/16	37%	47%

Equivalent beds occupied by DTOCs

	Full FY	Winter (Oct-Mar)
2015/16	5.5	4.8
2016/17	7.8	9.1
2017/18	9.3	9.9
2018/19	7.6	7.1

3.0 Winter Preparation 2020/21 - Background

3.1 Learning from Phase 2 COVID response

This plan is informed by actions taken during the Phase 2 COVID response as outlined in the Trust Emergency Preparation COVID-19 Phase 2 Response plan (see Appendix A). This includes learning from the After Action Review of the Trust Phase 2 Response presented at TMG on 19th June 2020.

3.2 Phase 3 Guidance

Sir Simon Stevens, Chief Executive and Amanda Pritchard, Chief Operating Officer wrote out to the NHS on 31 July 2020 outlining the next steps in restoring NHS services in the remainder of 2020/21. The letter sets out the actions needed to restore and recover services whilst maintaining capacity to deal with future COVID-19 demand and winter pressures. As part of the Phase 3 NHS Response to COVID-19, systems were instructed to prepare for Winter by:

- Sustaining current NHS staffing, beds and capacity
- Delivering a significantly expanded seasonal flu vaccination programme for priority groups and NHS staff including mobilisation capability for administration of the COVID-19 vaccination programme
- Expanding the 111 first offer and use of "hear and treat" and "see and treat" pathways to reduce ED attendances
- Continuing to make full use of the NHS Volunteer Responders scheme
- Continuing to work with Local Authorities to ensure that the discharges of medically fit patients are not delayed

3.3 Winter Risk Assessment & Risk Log

A Winter Risk Assessment is outlined below with key risks identified:

Number	Risk	Initial Risk Rating	Actions	Post Intervention Risk Rating
1	System wide interventions do not have the anticipated impact on hospital flow	3 X 4 = **12**	• Regular SitRep and robust monitoring of the outcomes • System wide interventions at weekly AEDB teleconference • MADE meetings twice a week • Robust escalation to surge	3x2=**6**
2	Insufficient resources available to maintain resilient services during peaks in demand	4x4=**16**	• Key enablers • Full Capacity Protocol • Discharge to Assess • Escalation Externally (surge) • EUC/System Wide Escalation Actions • Covid Bed Zones	3x2=**6**
3	Insufficient workforce on wards and community	4x4=**16**	• Escalation Beds • Daily review of staff for unfilled shifts Retaining effective and regular locum staff (ED) • Flu Vaccination of Staff and Community • Staff escalation as per SOP	3x2=**6**
4	EU Exit results in loss of continuity of supply	3 X 4 = **12**	• EU Exit Team, Regular meetings, Exercising, Monitoring Intelligence	3x 2=6

4.0 Winter Preparedness 2020/21 – Acute Services

4.1 Introduction

A key element of the Trust Winter Plan relates to acute service activity and capacity. Learning from previous year's plans and from Phase 2 COVID response have been incorporated into planning for Winter 2020/21.

4.2 Emergency Department

The Emergency Department (ED) are currently trailing Flow Coordinators based on the same NHSI methodology, which has been adapted to fit the needs of the ED. The focus on this work is to maintain flow throughout the department, to SDEC services, the new Emergency Medicine Unit and onto the wards where appropriate, in order to meet the 4 hour national standard. The role of the ED Flow Coordinator is:

- Monitor ED KPIs in real time
- Highlight patients where focus is needed (ie >60 minute wait for 1st assessment)
- Escalate delays early in the patients journey
- Facilitate early investigation
- Liaise with speciality teams to ensure timely specialty review
- Ensure sitreps are completed at regular times throughout the day
- Complete any urgent actions identified in the sitreps / board rounds
- Facilitate timely validation of performance
- Work with the Mental Health Team to ensure timely review of patients
- Monitor LAS handover times

Following a review of children's services in NCL, change to emergency pathways for paediatric patients have been agreed. This will result in increased attendances and admissions at the Whittington Hospital site from the end of September onwards. Flows within the Emergency Department and departmental staffing have been reviewed to accommodate the planned increase for Winter 2020/21.

4.3 Same Day Emergency Care & Acute Frailty

The Acute frailty pathway is in place and is currently being embedded into normal practice. The pathway consists of patients being given a Rockwood score at Triage, being assessed with a 'home first' approach and then moved to Ambulatory Care (AEC) if not for clear admission. In AEC the patients are reviewed by a MDT with the aim to avoid an admission and put in place appropriate care plans for the patient to remain at home where clinically appropriate. The planned expansion of Same Day Emergency Care (SDEC) until 22:00 Monday – Sunday will continue to support non admitted pathways for patients includes those who are on a frailty pathway.

4.4 Full Capacity Protocol & Emergency Department Operational Escalation Checklist

The Emergency Department Operational Escalation checklist and Full Capacity Protocol are designed to facilitate command and control functions within the Emergency Department and Urgent Care Centre (EUC) to ensure delivery of high quality care in a safe environment for all patients. These documents stipulate the process for monitoring operational performance within the EUC. The monitoring of operations by key personnel within a command structure will trigger actions to be considered and applied when there is increased service demand that is over and above that expected *(i.e. crowding in the*

*department).*This may be driven by patient number or acuity or a mixture of both. The demand for service will be quantified within specific escalation ranges. The escalation ranges are Green, Amber, Red and Black. This year the Escalation Checklist has been updated in context of COVID-19. (Please refer to Appendix B). If operational levels trigger Opel 3, Operational Directors and Medical directors may consider activating the Full Capacity Protocol (Please refer to Appendix C). If ED, becomes overcrowded during winter, the Full Capacity Protocol can mobilise personal within the Trust to improve flow within the system to maintain patient safety.

4.6 Bed Capacity – Adult & Paediatrics

In 2020 there has been a significant change in relation to bed capacity. During the COVID Phase 2 response, there was a decrease in demand for General and Acute beds. Since the COVID After Action Review on the 23rd of June 2020, there has been change to bed configuration guided by; zoning of beds; Infection control requirements; additional Day Treatment capacity; AAU COVID +ve and Non COVID beds. This has resulted in a core bed capacity of 181 beds with the potential for a further flex capacity of 8 beds totalling 189 beds. This is a lower bed base than Winter 2019/20 when core capacity was 210 beds with additional flex capacity to 230 beds. As ward activity increases the Trust is managing the increased throughput through maintenance of discharge and flow as outlined in Section 5.

Bed capacity modelling for adult and paediatrics has been undertaken, taking account of increased Paediatric pathway changes, extended Ambulatory Care (SDEC) operating hours and activity and recent patterns of reduced Delayed Transfers of Care. The Paediatric plan is attached as Appendix D. The trust adult bed capacity for Winter 2020/21, including options for surge capacity is outlined below:

Ward	ICSU	Core Beds	Beds closed due to IPC / Social distancing requirements	Revised Core Beds	Further flex beds
Mary Seacole North	EIM	16	-2	14	0
Mary Seacole South	EIM	18	0	18	0
Nightingale COV	EIM	21	0	21	0
Montuschi	EIM	16	-2	14	0
Victoria	EIM	16	0	16	**8**
Cavell	EIM	20	-1	19	0
Cloudesley	EIM	20	-1	19	0
Meyrick	EIM	20	0	20	0
Mercers	S&C	16	0	16	0
Coyle	S&C	24	0	24	0
Total : Core Beds		**187**	**-6**	**181**	**189**
CCU		**10**	**0**	**10**	**0**

Lead clinician and consultant cover is in place for the bed base for Winter 2020/21. Service response standards have been defined to facilitate early review and assessment of ward patients to support high quality patient care and maintain flow and these are included in Appendix E.

4.7 Critical Care Capacity

Bed capacity for the Critical Care Unit (CCU) increased to 22 beds during the COVID-19 peak. For Winter 2020/21 the baseline capacity for CCU will be 3 COVID patients and 7 non-COVID-19 patients. Critically unwell COVID-19 patients will transported to CCU at the Royal Free Hospital (CCU Hub). The Medical Assessment Unit (MAU) has a maximum capacity of 10 CPAP patients.

If critically unwell COVID-19 patients are treated within the Whittington Health CCU, they will be transferred to COVID-19 Treatment Centres. This process will be managed by the duty CCU consultant. The CCU treat and transfer process will rely on COVID-19 Treatment Centres (Hubs), located at UCLH and RFH. The transfer of patients to COVID-19 Treatment Centres will be conducted by designated teams provided by London Ambulance Services. The CCU Surge Plan and associated triggers are attached as Appendix F.

4.8 Elective Plan

In line with the Phase 3 guidance, the Winter Plan assumes that elective recovery actions will continue to restore outpatient, diagnostics, daycase and inpatient elective activity to pre-COVID levels. It is anticipated that elective activity will continue throughout the Winter months. To support the elective programme additional independent sector activity has been sourced and Bridges ward has been converted to an additional Day Treatment Centre. The proposed Christmas & New Year Theatre Schedule 2020/21 is attached as Appendix G.

4.9 Pathology Services

In accordance with the Microbiology and Pathology *Laboratory Capacity: SARS-Cov-2 and Viral Testing Model,* there will be increased capacity to respond to a COVID-19 surge. The Pathology Services and Medicine work group has established various batch processes to respond to a surge in COVID-19 pathology requests – please refer to Appendix H. There is also a process in place for testing of staff and family members – please refer to Appendix I.

4.10 Pharmacy Services

Pharmacy services play an important role in supporting patient flow and discharge with ward-based pharmacy support and expertise. This includes medicines reconciliation, optimising medicines throughout a patients stay and preparation of take home medicines (TTA's). The pharmacy team will work closely with the Discharge Coordination Centre and will support the effective communication across the boundaries of care with respect to medicines.

4.11 Imaging

Imaging prepare for winter pressures according to their Business Continuity Planning and COVID Resilience Action Plan. The staff currently operate on a very agile roster and are committed to ensuring no patient is delayed in their pathway. Should ED or Imaging staff notify the operational leads of delays in Imaging staff will be redirected to assist in patient

flow on Level 2 or delayed CT patients can be redirected to Level 3. A second on-call rota is in operation for both x-ray and CT services so that, should demand become overwhelming, these staff can be called in to assist.

5.0 Winter Preparedness 2020/21 – Discharge & Flow

5.1 Integrated Discharge Team (IDT) and Discharge Coordination Centre

During the Phase 2 response, in line with the **COVID-19 Hospital Discharge Services Requirements guidance**, Discharge Coordination Centres (Hubs) were established by community services at the Whittington and UCLH hospital sites. The Discharge Hub worked closely with Social Care and acute teams to enable the rapid discharge of DTOC and MO patients. An After Action Review for the Integrated Discharge Team was undertaken and the learning from this forms the basis of future arrangements. All staff involved in the management of discharge are working closely as part of an Integrated Discharge Team (IDT) to ensure that discharge delays are minimized and patient flow is maintained. The team structure is outlined in Appendix J.

5.2 Updated Discharge Guidance

The Hospital Discharge Service: Policy and Operating Model guidance was issued on 21 August 2020 (see Appendix K). This provided an update on the previously issued guidance on 19 March 2020. The document outlined the following:

- The Discharge to Assess (D2A) model will be fully implemented across England
- Funding will be provided through the NHS to help cover costs for a period of up to six weeks for post-discharge recovery, support services rehabilitation and reablement
- From 1st September 2020, social care needs assessments and NHS Continuing Healthcare (CHC) assessments will recommence
- Set out clear requirements for acute trusts to discharge all persons who no longer meet the criteria as soon as clinical safe.
- Pathway 0 (P0) is expected to be 1hr of the discharge being made
- Pathways 1-3 are expected to be same-day discharge
- Acute and community hospitals must integrate daily reviews into their patient system with the data collected part of performance reporting
- Health and social care system should have an identified executive lead to provide strategic oversight to the Discharge to Assess (D2A) processes ensuring there are no delays and Home First being adopted
- A single co-ordinator should be appointed on behalf of all system partners to ensure timely discharge and ensure oversight of the coordination of the discharge arrangements
- Maintain Discharge Coordination Centres from 8:00 – 8:00, 7 days a week
- People being discharged from hospital into a care home must have be tested for COVID-19 in a timely manner ahead of discharge.

The guidance aims to support people to maximise their independence and remain in their own home. A 3 stage discharge to assess model is also outlined and the aim is to fully implement this within the Trust. The Hospital Discharge Service Policy and Operating Model also includes discharge guidance action cards which summarises the responsibilities

of health care staff in the hospital discharge process. These should be referred to by all staff members involved in the discharge process. Training has been provided and will continue to be provided by the Trust to ensure staff have an understanding of these roles & responsibilities and the right tools to do so.

5.3 Discharge to Assess

Discharge to Assess (D2A) is operating as a standard referral pathway for people who are medically optimised and ready to be discharged from hospital, to have their social care and therapy needs assessed at home or other community setting rather than on the ward. This approach to discharge has helped improve patient flow through the hospital, ease demand on hospital beds and staff, make better use of our community services and deliver better overall outcomes for patients.

The Community Rehabilitation teams have plans in place to ensure that a resilient service is maintained in response to emergency pressures. This includes close management of annual leave and proactive recruitment. Within Haringey there has been investment in additional community rehabilitation capacity through Resilience funding. The additional capacity will be utilised to support weekend and 24 hour response times.

5.4 Management of Length of Stay and Flow

The Trust has been using Multi Agency Discharge Events (MADE) since December 2017. The aim of the MADE is to review "Stranded patients" (Patients with LOS of over 7 days) including delayed transfers of care (DTOC) to understand what the plan is and "what is the next thing that these patients are waiting for on the day of review". The review captures both qualitative and quantitative information on the reasons for the wait, with a report compiled from all the material gathered, and should aim to:

- Understand why patients are in hospital for seven days or more
- Identify patient characteristics so patient groups can be identified early
- Identify areas of good practice
- Identify areas requiring focus where there is the opportunity for improvement
- Meeting-less Mondays, No tolerance for delays, enhanced escalation
- Long Stay Tuesdays, 14+ ward based length of stay reviews
- Ward Focus Wednesdays, Progress reviews on wards
- Follow up Thursdays, Update Long Stay Tuesday patient cases
- Friday Forecasts, Planning weekend discharge picture
- Weekend Grip, Continue flow over weekend

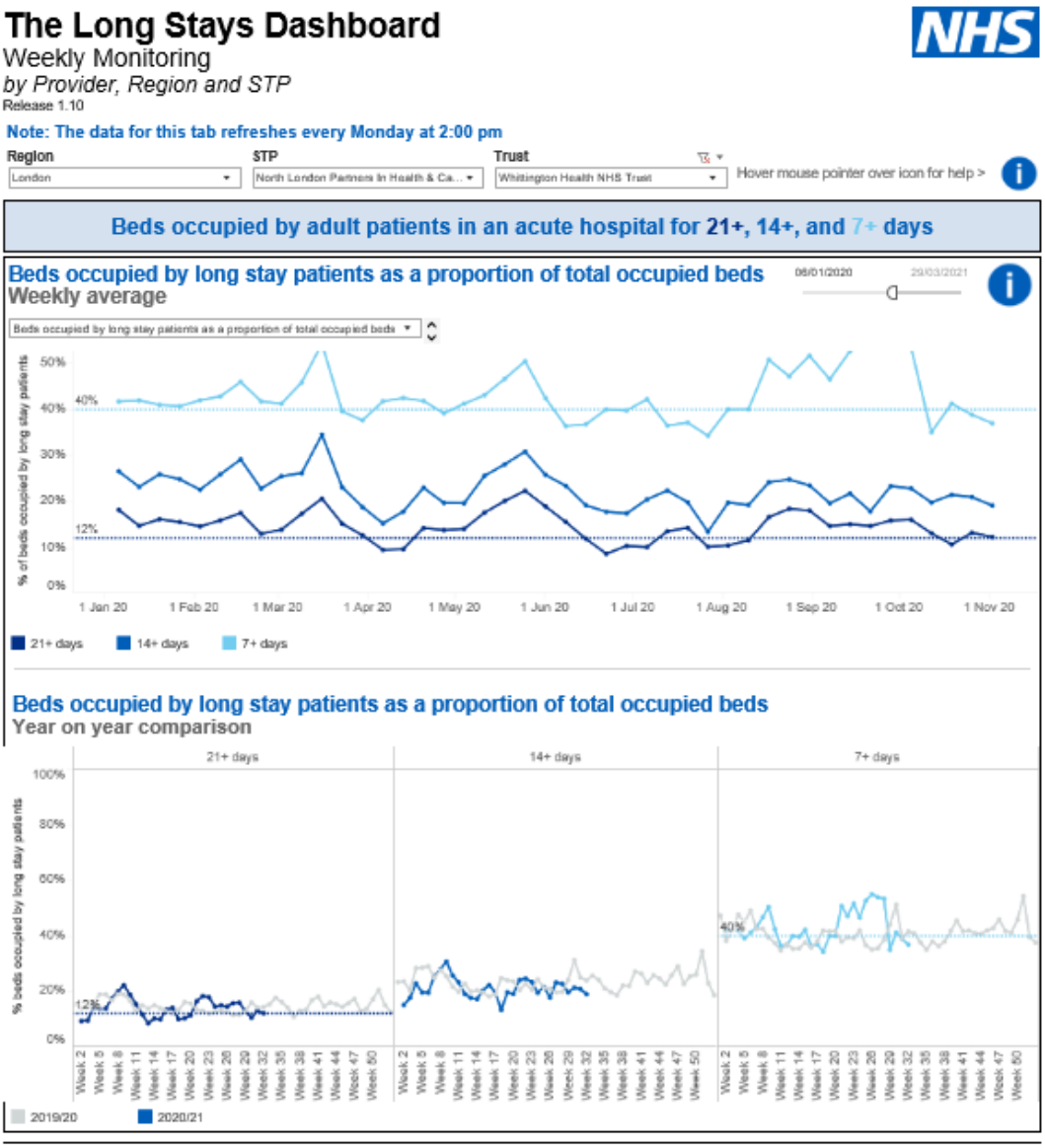
With the establishment of the discharge coordination centre all fit patients (those who fulfil criteria for NHSI fit codes) are discussed twice daily along with patients who require complex discharge plans identified by the ward MDTs or at MADEs. During the 2020/21 winter period MADE will take place bi-weekly on Tuesday's and Thursday's. In line with our digital strategy we now have an electronic system linked directly to our Careflow electronic patient record that records delay reasons using MADE codes.

The Trust continues to use the NHS Improvement Guide to Reducing Long Hospital Stays and the new Hospital Discharge Service: Policy and Operating Model to examine and facilitate its performance for flow. Key areas of improvement suggested by NHS Improvement are:

- Focus on the admission pathway (assess early and short stay)

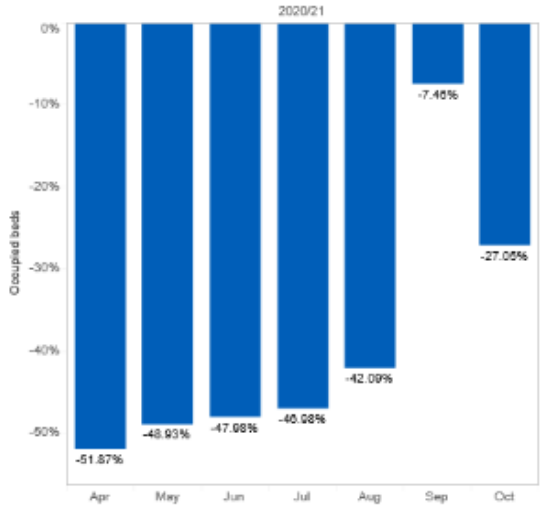
- Maximise same day emergency care
- Follow the discharge to assess model
- Close working relationship with Clinical Commissioning Groups & Community stake holders
- Assertively manage frailty and tackle deconditioning
- Focus on down-stream flow
- Have processes to reduce delays
- Focus on simple discharge and think Home First
- Work as a system – as a team of teams
- Engagement of patients as early as possible regarding their discharge

The Trust continues to work on the delivery of these key areas. The Trust has implemented the Long Length of Stay Patient Tracking List (LLOS DPTL). The DPTL gives the Trust visibility of the constraints that may be producing discharge delays and to support escalation. It is an essential building block to support delivery of the ambition in the Long-Term Plan of a 40% reduction in the number of patients in hospital for 21 days and over LOS. This target has been sustained with a 40% reduction in 7+ days since January 2020 and a 12% reduction in 21+ days as evidenced by the Long Stays Dashboard below:



Monthly average of beds occupied by adult patients in an acute hospital for 21+ days

% difference of year on year comparison

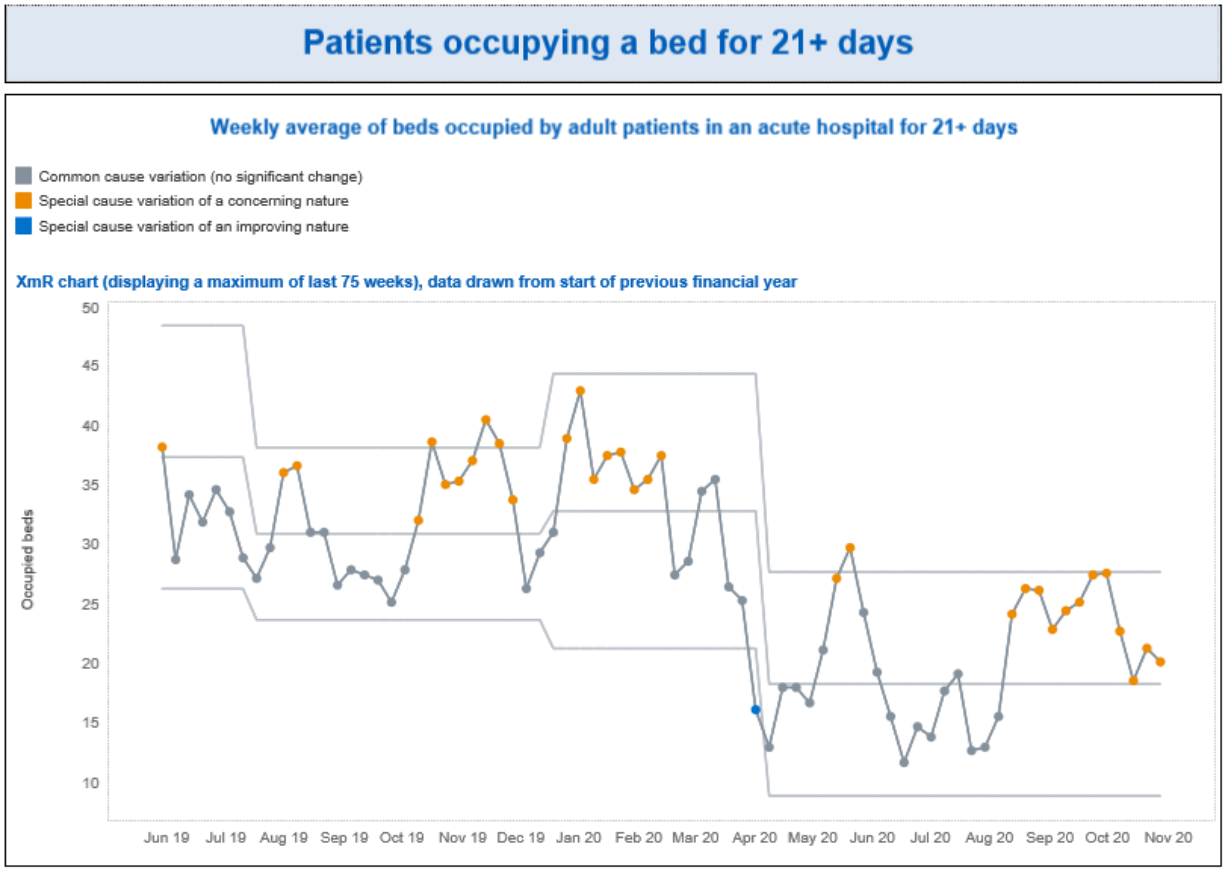


Year on year comparison data table

	2019/20	2020/21	Monthly avg difference	Monthly avg difference %
Apr	36.57	17.60	-18.97	-51.87%
May	45.23	23.10	-22.13	-48.93%
Jun	33.90	17.63	-16.27	-47.98%
Jul	30.48	16.16	-14.32	-46.98%
Aug	33.65	19.48	-14.16	-42.09%
Sep	27.48	25.43	-2.05	-7.46%
Oct	31.48	22.97	-8.52	-27.05%

The Long Stays Dashboard
Weekly Performance SPC
by Provider, Region and STP
Release 1.10

Choose view: (Provider) Whittington Health NHS Trust
Days occupying a bed: 21+
Hover mouse pointer over icon for help >



6.0 Winter Preparedness 2020/21 – Community Services

6.1 Community Winter Resilience Response

During this winter there will be additional contingency in place for community providers to enhance flow throughout the system. The community and system will have Operational Pressure Escalation Levels in place. Within the system and community there will be triggers for OPELs (Operational Escalation Levels 1-4). OPEL levels will specify what actions are required to focus on delivering safe and timely dis charge into the community. Key community members will be integrated into the winter escalation communication system, which will provide contemporaneous alerts. The alerts will notify community staff of OPEL Levels which will be the impetus to initialise the actions required on each level. There will continue to be resilience workshops and simulation exercises to test Operational Escalation in the lead up to winter for community providers.

6.2 Rapid Response & Admissions Avoidance

There is a comprehensive range of services to support admissions avoidance for Haringey and Islington residents. These services work closely with Emergency Department and Ambulatory Care staff to ensure that support is provided appropriately to patients to support

them to remain at home and avoid unnecessary hospital admissions. These services include:

- Rapid Response Team
- Virtual Ward
- Care of the Elderly consultant and community team support to care homes to prevent admissions
- Integrated multi-agency and multi-disciplinary approach to review patients with increasing or high intensity needs (INC in Islington and Frailty Integrated Network in Haringey)

The team has seen a significant increase in referrals in 2020/21 and staffing has been increased to reflect this increase and to increase admissions avoidance capacity. There is the capacity to flex community matron input to the team to meet surges in demand within the service or to reduce pressure in the acute setting.

There is ongoing work across the NCL sector to further standardise NCL Rapid Response services to increase admission avoidance in advance of Winter 2020, i.e. by attracting increased LAS and 111 referrals, and maximising services' clinical capability to support patients out of hospital.

6.3 District Nursing

Whittington Health District nursing services have reviewed their business continuity plans in order to ensure continuation of service provision during any future surge. This includes plans for flexible support from other community services including podiatry and specialist nursing.

District Nursing remains in a positive position in regards to vacancies which remain very low at between 10 – 15%. 10 Trainee Nurse Associates (TNA) will be qualifying in December and will be offered substantive roles as Nursing Associates. This will further decrease the vacancy rate. Reliance on agency/bank staff has seen a significant reduction in the last year which provides the important continuity to keep patients safely at home.

6.4 Community Rehabilitation Services

Community health services are working closely with partners to minimise duplication of resources. Locality working is focused on reducing risk and addressing issues to prevent admissions where possible and support earlier discharge from hospital. There is a focus on maintaining a low vacancy rate and maximising efficiency of teams.

6.5 Community beds

The NCL Community Beds Framework looks at shared bed base and access for all NCL patients irrespective of registration or residency. The shared bed base includes beds at St Pancras, Chase farm, Edgware, Mildmay, St Ann's, and Pricilla Wakefield. The referral process is via the new NCL form sent to DCC and beds allocated based on the availability of beds in the NCL bed base. Surge plans and triggers are being agreed across NCL to ensure that bed availability can increase in line with demand over Winter.

7.0 Workforce

7.1 Safe Staffing

The Trust must be able to demonstrate safe staffing in order to comply with the Care Quality Commission's (CQC) regulatory framework and standards. Furthermore, the Nursing and Midwifery Council (NMC 2015), makes it clear that all Registered Nurses and Midwives are professionally accountable for safe practice in their sphere of responsibility, ensuring that risk is managed appropriately.

There is a clear escalation policy and process to ensure that nursing staffing levels are reviewed on a daily basis and staffing levels are reviewed at daily bed meetings. The Trust reviews vacancy levels and recruitment to ensure that use of bank & agency is minimised and staffing continuity is maintained. Staffing levels for the Winter bed capacity and anticipated increased demand in community services has been factored into service-level plans and business continuity plans. Staff/Family testing Appendix I.

7.2 On Call Rotas

Senior manager on call rotas for the Winter period have been confirmed in advance to ensure resilience and on-site presence as required during periods of pressure.

7.3 Staff Resilience

In preparation for the winter pressure, the Organisational Development Team has set dates for resilience workshops over Winter. The OD team will use the opportunity to pilot offers from external suppliers which support staff members explore their inner resilience and values, develop tools and techniques to support themselves and understand how to lead a psychologically healthy team. At the same time the OD team will offer team debriefs so that staff are given an opportunity to process the last few months and the impact it has personally had on them. This offer is complementary to the reflective practice sessions provided by the Clinical Psychology team to support staff reflect on their experiences and their self-care. This is funded up to February 2021.

8.0 Communications Plan

Winter 2020 messages will be a mixture of general 'winter wellness' plus specific advice and guidance for staff and the public about COVID-19. Internal messages for staff that will be focussed around winter wellness include:

Get your flu vaccination which is the **'be part of the protection'** message**.** As part of this we will also make staff in the community aware of their flu champions and locations for where they can get their flu jab if they work outside of the hospital. These updates to staff will be promoted via:

- Intranet
- Weekly Noticeboard
- All Staff emails
- On-site posters in staff areas
- Our Caring For Those Who Care hub page on the intranet will be updated with the latest events or resources for staff to support colleagues' wellbeing during winter

We will also promote national NHS/PHE messages to the public about staying well this winter online and offline. As winter progresses we will adapt messages accordingly to react to any predicted issues such as weather conditions, health outbreaks or pressures on services.

Messages to staff specifically about **COVID-19** will be in addition to the usual winter wellness campaign. Our aim is to keep staff aware of the changing situation with regular updates to staff directly and with the help of managers for colleagues who are not able to regularly access emails or the intranet. The channels for this will be:

- Manager's briefings – verbal
- All staff emails – currently 3 per week but during the 'peak' months these were one per day and then a weekend update
- CEO briefings- currently online via Teams
- Noticeboard
- Screensavers
- Alerts on CareFlow Connect (as required)
- COVID-19 Intranet hub – updated and reviewed regularly with trusted sources of information plus our own updates
- Stakeholder briefings – including GPs and MP briefings

From an external perspective our COVID-19 messages to the public will also be updated regularly but also promoting the message that it is *safe to see us when you need us.* These will be available to the public via:

- WH Website
- Social Media – Twitter and Facebook
- On-site banners and posters

The main messages around COVID-19 for the public will be:

- Ensuring confidence in our services and organisational resilience
- How we are managing the demand of COVID-19
- Restarting activity – if applicable
- Visiting restrictions and/or changes as a whole or on individual wards
- How we are protecting patients and our staff
- Changes to services
- Social distancing/temperature checks/screening at the door/ one-way systems
- Amplifying national messages (NHS/PHE)

9.0 Flu Vaccination Programme 2020/21

9.1 Overview

In light of the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme will be absolutely essential to protecting vulnerable people and supporting the resilience of the health and care system. In line with Phase 3 guidance, the Trust is working with system partners to deliver a significantly expanded seasonal flu vaccination programme for priority groups and NHS staff including mobilisation of capability

for administration of the COVID-19 vaccination programme when this is available. The NCL Flu Vaccinations Programme project plan outlines key areas of focus to increase uptake and achieve 75% coverage for at-risk groups including staff vaccinations, community vaccinations and vaccinations in an acute setting.

9.2 Staff Flu Campaign

The Staff Flu Campaign 2020/21 will build on the success of the previous year and learning from has reflected on lessons/experience learnt from COVID and the success of galvanizing 800-1,000 staff members in 2 days for the antibody test. The launch for this year's programme will aim to get as many staff at different locations vaccinated as early on in the campaign as possible.

The Trust Staff Flu Vaccination programme runs from 28 September to February and is planned on the basis of universal uptake unless a staff member is clinically exempt. The Trust has trained flu champions who will administer the vaccine to staff across the hospital and community sites. Staff over 65 years will be offered the vaccine by Occupational Health. The Trust follows guidelines from DHSC and Public Health England including the Healthcare worker flu vaccination best practice.

9.3 Patient Vaccinations

Whittington Health District Nursing service is working with the Haringey and Islington GP Federations to ensure that the flu vaccination is given to their most vulnerable, housebound patients in both boroughs. Additionally the Trust has been requested to consider mobilisation of opportunistic vaccination to patients attending acute and community services to support achievement of vaccination of an additional 103k patients as compared to 2019/20.

10.0 System Assurance & Escalation

The NHS Improvement Team and NHS England have provided clear guidance in relation to the daily Winter Rhythm, Data Information & Intelligence, Bank Holiday/Weekend Assurance and Escalations.

Winter Rhythm	• Day to day management of local U & EC systems • Daily system surge calls that inform the national command and control centre.
Data, Information and Intelligence	• Daily Sitrep collected and distributed by NHSE Improvement • Weekend Plans • LASD/111 data sources • Winter Intelligence bulletin • COVID reporting to NCL CCG, NHSE and PHE
Bank Holiday/Weekend Assurance	• Assurance of Acute, Primary Care, LAS, 111, CAMHS in advance of Christmas/New Year period • Intermittent assurance of acute systems
	• 12 hour breaches • ED redirects in exceptional cases only • Staff +Patient COVID-19 Checks • Test and Trace Policy

Escalations	• Beds Zoned in relation to COVID-19 • Workforce update and early recognition of rising tide • Performance against ED trajectory • Beds occupied by DTOC's /MO/Stranded patients • Ambulance handover delays • LAS Resource Escalation Action Plan (REAP) levels • LAS Treat +Transfer of COVID-19 patients • Bespoke plans for weekends +BH • Primary care and out of hospital capacity • Availability and responsiveness of community services.

External monitoring is part of a pan North Central London resilience system known as Surge Management & Resilience Toolset SMART

11.0 Cold Weather Plan

Adverse weather forecasts are available from the Met office via the National Severe Weather Warning Service and the Environment Agency provide Flood Alerts. It is the responsibility of the Emergency Preparedness Resilience and Response (EPRR) Lead in the organisation to ensure that alerts/warnings are cascaded within the organisation and that appropriate plans are initiated.

The Trust Cold Weather Plan can be found on the Trust Intranet: Policy Guidelines/ Emergency Planning. This instructs the acute and community teams within Whittington Health NHS Trust on how to prepare, respond and recover from Cold Weather. The Cold Weather Plan identifies how the trust will escalate, communicate and coordinate mitigations during any prolonged cold weather conditions. When the Cold Weather Plan is activated it enables staff to activate business continuity arrangements, receive and cascade Met Office Notifications, comply with external reporting requirements, identify and respond to vulnerable patients and support staff to access and deliver safe quality care.

As in previous years, the Cold Weather 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 cold weather on health.

12.0 APPENDICES – CONTENTS

A number of appendices and guidance documents accompany the Winter Plan and these are available upon request covering the following:

Appendix	Title
A	Trust Emergency Preparation for COVID-19 Phase 2 Plan
B	Emergency Department Escalation Triggers - Checklist
C	Trust Full Capacity Protocol
D	Paediatric Bed Plan
E	Service Response Standards for Acute Inpatient Wards
F	CCU COVID-19 Surge Plan & Triggers
G	Christmas & New Year Theatre Schedule 2020/21
H	Pathology COVID-19 Testing Flow Charts
I	Staff and Family Testing
J	Hospital Discharge Service: Policy and Operating Model
K	Integrated Discharge Team Structure

NHS
Whittington Health
NHS Trust

Meeting title	**Trust Board - public meeting**	**Date: 26.11.2020**
Report title	**Finance Report M7 2020/21**	**Agenda item: 8**
Executive Director Lead	Kevin Curnow, Chief Finance Officer (Acting)	
Report Author	Finance Team	
Executive Summary	The trust is reporting a £1.1m deficit at the end of October which is £0.1m better than plan. The planned deficit for October was £1.2m. The Trust was reporting a breakeven position until the end of September in line with the guidance from NHS Improvement (NHSI). Cash at end of October was £60.8m. The higher than average cash balance is due to the NHS moving away from the Payment By Results (PBR) methodology and on to an agreed block arrangement where we receive a month's block in advance. The Trust has a capital plan of £14.5m excluding COVID capital allocations. This plan is in line with North Central London STP allocation. The Trust has spent £6.1m of its allocation at end of month 7 which is £971k behind the YTD plan. Trust submitted a deficit plan of £9.26m for October to March.	
Purpose:	To discuss the year to date 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 the end of October 2020, recognising the need to improve income delivery, reduce temporary spend and improve the delivery of cost improvement programme plans.	
Risk Register or Board Assurance Framework	Sustainability entries	
Report history	24 November Trust Management Group	
Appendices	None	

Trust reporting £1.1m actual deficit at the end of October – £0.1m better than plan

Trust is reporting a £1.1m deficit at the end of October which is £0.1m better than plan. The planned deficit for October was £1.2m. The Trust was reporting a breakeven position until end of September in line with the guidance from NHSI.

Key drivers for the £1.1m actual deficit are

- Service developments such as Barnet audiology, acute paediatrics and endoscopy that are yet to be funded through the block contract
- Additional costs relating to the ongoing Private Finance Initiative (PFI) issue

The Trust incurred £0.63m of costs relating to Covid in October and £7.3m cumulatively. Additional costs incurred due to the pandemic are offset by additional income.

Cash of £60.8m at end of October

Cash at end of October was £60.8m. The higher than average cash balance is due to the NHS moving away from the Payment By Results (PBR) methodology and on to an agreed block arrangement where we receive a month's block in advance.
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 October was £6.1m

The Trust has a capital plan of £14.5m excluding COVID capital allocations. This plan is in line with North Central London STP allocation. The Trust has spent £6.1m of its allocation at end of month 7 which is £971k behind the YTD plan. Year to date slippage is predominantly driven by plans relating to WEC provision. The Trust is forecasting to exceed its capital allocation by £1m due remedial building works relating to PFI and is discussing with NHSE/I how the funding shortfall will be resolved

Deficit plan of £9.2m submitted for October to March

As discussed at the previous committee, the Trust submitted a deficit plan of £9.26m for October to March. Key drivers for the deficit plan were unfunded strategic investments (endoscopy), costs relating to acute paediatric transfer, additional costs relating to ongoing PFI issue and non-recurrent costs relating to pathology partnership. The plan submitted included an expected additional savings of £3m.

At the time of writing this report, there have been further discussions and decisions on additional income relating to strategic investments. It is likely the Trust will submit a revised deficit plan of £3.9m for October to March.

1.0 Summary of Income & Expenditure Position – Month 7

	Year to Date			
	Plan	Actual	Variance	Annual Budget
	£'000	£'000	£'000	£'000
Income				
NHS Clinical Income	166,337	165,964	(373)	285,066
High Cost Drugs - Income	5,084	5,383	299	8,402
STP Funding M7-12	2,093	2,093	0	12,555
Non-NHS Clinical Income	7,853	7,780	(73)	13,255
Other Non-Patient Income	12,870	13,644	774	22,669
Retrospective Top up M1-M6	12,977	12,977	0	12,977
	207,214	**207,840**	**626**	**354,924**
Pay				
Agency	(223)	(4,591)	(4,368)	(346)
Bank	(921)	(12,509)	(11,589)	(1,655)
Substantive	(144,279)	(128,580)	15,699	(250,572)
	(145,423)	**(145,680)**	**(257)**	**(252,573)**
Non Pay				
Non-Pay	(46,947)	(47,470)	(523)	(85,266)
High Cost Drugs - Exp	(4,990)	(5,196)	(206)	(8,402)
	(51,937)	**(52,666)**	**(729)**	**(93,668)**
EBITDA	**9,854**	**9,494**	**(360)**	**8,682**
Post EBITDA				
Depreciation	(5,513)	(5,447)	66	(9,436)
Interest Payable	(2,044)	(1,642)	402	(2,494)
Interest Receivable	6	6	(0)	6
Dividends Payable	(3,524)	(3,527)	(3)	(6,019)
	(11,075)	**(10,610)**	**465**	**(17,944)**
Reported Surplus/(deficit)	**(1,221)**	**(1,116)**	**105**	**(9,261)**

- Trust is reporting a year to date deficit of £1.1m deficit position at end of Month 7. This is £0.1m better than plan.
- The Month 1-6 breakeven position was achieved by including an additional top up of £12.977m. This additional top up was required to offset the incremental cost impact of Covid-19 and income shortfalls relating to M1 to M6.
- Costs incurred due to Covid-19 in October were £0.63m and £7.3m cumulatively
- Over performance in Other non-patient income relates to income for Camden & Islington NHS Foundation Trust (C&I NHS FT) estates enabling works that is offset by expenditure

2.0 Income and activity

2.1 Income

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 seven year to date position was £0.6m favourable to plan. This was due to £0.5m C&I NHS FT estates enabling works income offset by expenditure.

Income	YTD Income Plan £000's	YTD Income Actual £000's	YTD Variance £000's
A&E	10,119	7,636	(2,482)
Elective	13,992	7,164	(6,827)
Non-Elective	28,952	22,397	(6,555)
Critical care	4,129	4,035	(94)
Outpatients	20,291	8,358	(11,933)
Outpatients (Non Face to Face)	201	1,677	1,476
Direct Access	7,033	3,572	(3,461)
Community	42,794	42,794	0
Other Clinical income NHS	43,912	73,714	29,802
ICS Funding M7-12	2,093	2,093	0
NHS Clinical Income	**173,514**	**173,440**	**(74)**
Non NHS Clinical Income	7,853	7,780	(73)
Total Income From Patient Care Activities	**181,367**	**181,219**	**(148)**
Other Operating Income Excluding Top Up	**12,870**	**13,644**	**774**
Operating Plan Total	**194,237**	**194,863**	**627**
System Top Up M1-M6	12,977	12,977	0
Revised Total	**207,213**	**207,840**	**627**

2.2 Activity

Although still significantly under plan, there were increases in most activity compared to month 6, except for Critical care (24%) and non-elective activity (12%). Increases were seen in Accident & Emergency (A&E) (12%), outpatients (face to face and non-face to face) (9%) and elective (4%).

Activity	In Month Activity Plan	In Month Activity Actual	In Month Variance	YTD Activity Plan	YTD Activity Actual	Activity Diff
A&E	6,272	6,026	(246)	43,296	32,715	(10,581)
Elective	2,151	1,766	(385)	14,446	9,249	(5,197)
Non-Elective	1,669	1,457	(212)	11,519	9,146	(2,373)
Critical care	467	339	(128)	3,224	3,134	(90)
Outpatients	28,043	18,285	(9,758)	188,731	99,314	(89,417)
Outpatients (Non Face to Face)	974	7,141	6,167	6,555	58,754	52,199
Direct Access	97,290	74,496	(22,794)	654,495	389,943	(264,552)
Other Clinical income	9,281	6,922	(2,359)	63,254	47,836	(15,418)

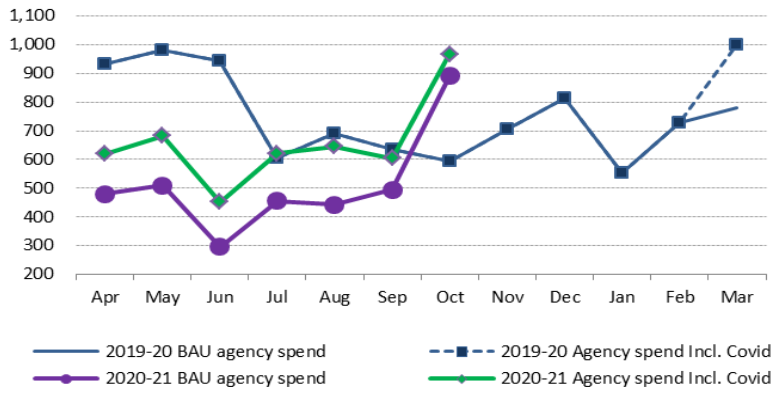
3. Expenditure – Pay & Non-pay

3.1 Pay Expenditure

Pay spends for October was £21.1m including £0.4m of costs relating to Covid-19.

	2019-20	2020-21						
	Average Uplifted	Apr	May	Jun	Jul	Aug	Sept	Oct	Movement
Agency	691	479	510	296	456	442	494	891	397
Bank	1,887	1,588	1,145	1,280	1,186	1,384	1,672	1,764	92
Substantive	17,926	17,998	18,129	18,372	18,337	18,229	18,342	18,056	(286)
Grand Total	**20,503**	**20,065**	**19,785**	**19,948**	**19,980**	**20,054**	**20,508**	**20,711**	**203**
Covid costs		785	1,174	682	662	542	406	377	(29)
Total pay costs		**20,850**	**20,959**	**20,630**	**20,642**	**20,596**	**20,914**	**21,088**	**174**

(Excludes Chair & Non-Exec Directors)



- Agency spend for Oct was £1.0m (80% up from Sep). This included £0.1m incurred due to Covid-19 pandemic and £0.9m agency usage within the ICSUs.
- Year to date agency spend excluding Covid-19 is £3.6m lower than year to date plan of £4.8m (which is based on 2019-20 agency run rate from Nov to Jan)

3.2 Non-pay Expenditure

Non-pay expenditure in October was £8.4m and included £0.3m of costs relating to the Covid-19 pandemic.

	2019-20	2020-21							
	Average	Apr	May	Jun	Jul	Aug	Sept	Oct	Movement
Supplies & Servs - Clin	2,487	1,985	1,439	1,452	2,218	1,905	2,328	2,325	(4)
Supplies & Servs - Gen	276	204	381	32	63	128	148	207	59
Establishment	410	307	265	67	68	212	132	213	81
Healthcare From Non Nhs	55	54	52	52	45	52	52	52	
Premises & Fixed Plant	1,778	1,893	1,647	1,601	1,675	1,934	2,549	2,650	101
Ext Cont Staffing & Cons	298	303	132	366	288	327	(34)	195	229
Miscellaneous	1,681	1,821	1,535	1,948	2,176	1,598	1,259	2,449	1,190
Non-Pay Reserve									
Grand Total	**6,985**	**6,567**	**5,450**	**5,517**	**6,533**	**6,156**	**6,434**	**8,090**	**1,656**
Covid Costs		854	412	552	136	234	257	276	19
Total non-pay costs		**7,422**	**5,862**	**6,069**	**6,669**	**6,390**	**6,692**	**8,366**	**1,675**

Excludes high cost drug expenditure.
Included in miscellaneous is CNST premium, Transport contract, professional fees and bad debt provisions

5.0 Statement of Financial Position

THE WHITTINGTON HEALTH NHS TRUST

Statement of Financial Position

			Year to Date
	Actual	Actual	Variance
	31 March 2020	31 October 2020	31 October 2020
	£000	£000	£000
Property, plant and equipment and intangible	233,312	238,037	4,725
Trade and other receivables	491	343	(148)
Total Non Current Assets	**233,803**	**238,381**	**4,578**
Inventories	2,405	2,524	119
Trade and other receivables	44,565	35,303	(9,262)
Cash and cash equivalents	27,384	60,824	33,440
Total Current Assets	**74,354**	**98,651**	**24,297**
Total Assets	**308,157**	**337,032**	**28,875**
Trade and other payables	54,209	79,553	25,344
Borrowings	28,964	265	(28,699)
Provisions	479	381	(98)
Total Current Liabilities	**83,652**	**80,200**	**(3,452)**
Net Current Assets (Liabilities)	**(9,298)**	**18,451**	**27,749**
Total Assets less Current Liabilities	**224,505**	**256,832**	**32,327**
Borrowings	27,663	4,611	(23,052)
Provisions	1,132	30,451	29,319
Total Non Current Liabilities	**28,795**	**35,061**	**6,266**
Total Assets Employed	**195,710**	**221,770**	**26,060**
Public dividend capital	72,358	99,584	27,226
Retained earnings	24,360	23,653	(707)
Revaluation reserve	98,992	98,534	(458)
Total Taxpayers' Equity	**195,710**	**221,770**	**26,060**

Overall the balance sheets net assets have increased by £26.1m, with total Assets increasing by £28.9m and total Liabilities increasing by £2.8m.

Cash and Cash Equivelants

The cash position has increased since year end by £33.4m, although a decrease from September by (£3.8m). Reduction in the cash balance from September is due to increase in pay spend by £0.6m, Capital spend had increased by £0.6m and supplier payments had increased by £2.6m. This is due to paying suppliers early due to current conditions and increased creditors.

6.0 Capital Expenditure

As at M7 the capital programme is behind the revised year to date plan by £971k excluding Covid-19 capital. Estates year to date plan overall is £588k underspent with the WEC provision underspent by £1.5m and Backlog Projects which include 2019/20 rollover overspent by £1.0m.

Meeting title	**Trust Board – public meeting**	**Date: 26 November 2020**
Report title	**Integrated performance report**	**Agenda Item: 9**
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 October 2020, performance against the 4 hour access standard was 88.2%, below the trajectory of 95%. The national average in October was 84.4%, the London average was 88.2% and the NCL average was 87.3%. Attendance numbers continue to be lower than previous years October 2020 saw 7,995 attendances compared to 9,428 during October 2019. The Urgent Treatment Centre saw 2,961 attendances and Paediatrics saw 2,549 attendances throughout October 2020. Paediatrics performance was 96.1% for October 2020. **Cancer** Compliance against the national cancer standards has not been achieved since April 2020. 62 day performance was at 77.5% for September, down from 81.3% in August. The Trust has seen a significant reduction in their backlog of diagnosed patients over day 62, therefore performance is expected to improve. The 2 week wait (2ww) standard was achieved in September 2020 for the 4th successive month. **Referral to Treatment: 52 + week waits** At the end of October 2020, 386 patients had waited more than 52 weeks for treatment. All patients currently waiting over 52 weeks have been assessed at a low clinical priority. An action plan is in place to manage the backlog and includes: 1. Ongoing clinical harm reviews on all +52 week waiters 2. Fully utilise theatre capacity at Whittington Health 3. Utilise Independent Sector capacity available to Whittington Health **Workforce** Appraisal rates for October 2020 were at 63.1% against a target of 90%, an increase of 3% from the previous month. The compliance against Mandatory Training has remained consistent at 82.4% in October 2020 against a target of 90%.	

	Community performance The Musculoskeletal services continue to perform well by reducing their backlog and maintaining good performance ahead of their recovery plan. Musculoskeletal Clinical Assessment and Treatment service (MSK CATS) and Musculoskeletal Routine are performing well, with performance for October at 93.4% and 94.2% respectively. Nutrition and Dietetics are also performing well with 92.7% of patients are being seen within 6 weeks. This is up from 69.4% from last month.
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
Appendices	None

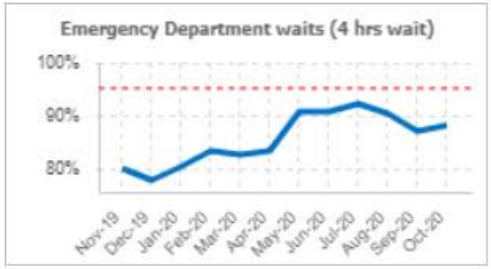
Performance Report
November 2020

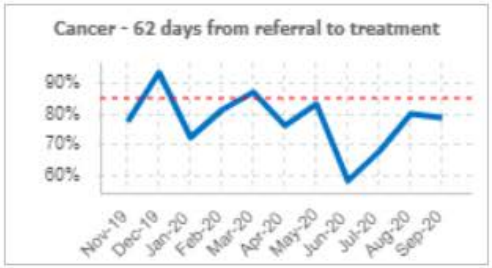
Month 7 (2020 – 2021)

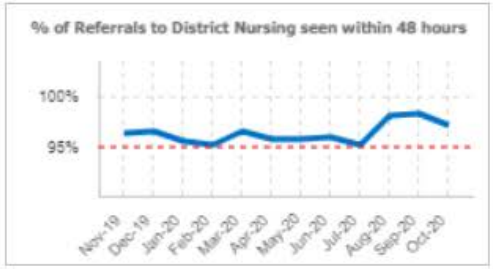
Date & time of production: 11/11/2020 09:10

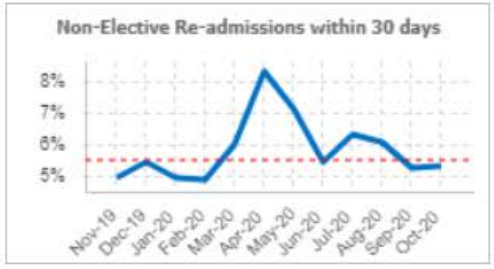
Summary

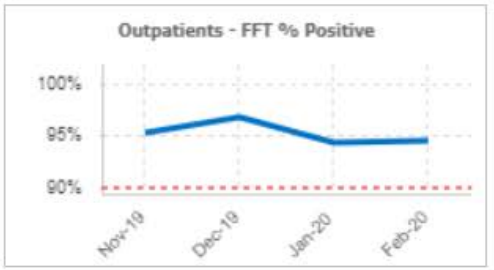
Category	Indicator	20_21 Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020-2021	
ED	Emergency Department waits (4 hrs wait)	>95%	80.1%	77.8%	80.5%	83.2%	82.5%	83.2%	90.6%	90.7%	92.1%	90.5%	86.9%	88.2%	89.2%	!
Cancer	Cancer - 14 days to first seen	>93%	96.6%	97.3%	95.5%	96.8%	95.5%	85.5%	89.5%	94.6%	97.1%	95.8%	94.9%		94.0%	
Cancer	Cancer - 62 days from referral to treatment	>85%	77.6%	93.0%	72.1%	81.1%	87.1%	75.9%	83.3%	57.8%	67.7%	79.6%	78.4%		73.3%	!
Admitted	Non Elective Re-admissions within 30 days	<5.5%	4.94%	5.44%	4.92%	4.85%	5.97%	8.25%	7.12%	5.41%	6.29%	6.08%	5.25%	5.29%	5.98%	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	2.9%	2.6%	2.8%	4.5%	2.6%	0.6%	0.1%	0.1%		0.1%			0.2%	
Access	RTT - Incomplete % Waiting <18 weeks	>92%	92.1%	92.0%	92.0%	92.1%	88.3%	79.9%	71.6%	56.1%	46.8%	53.1%	60.3%	69.4%	62.8%	!
Outpatients	Outpatients - FFT % Positive	>90%	95.3%	96.7%	94.4%	94.5%										
Community	Community - FFT % Positive	>90%	97.0%	94.4%	94.3%	95.8%										
Staff	Staff - FFT % Recommend Care	>70%		62.2%												
Community	% seen <=2 hours of Referral to District Nursing Night Service	>80%	94.1%	86.1%	97.6%	97.6%	86.4%	94.7%	96.3%	94.3%	92.3%	94.3%	98.2%	93.5%	94.8%	
Community	% seen <=48 hours of Referral to District Nursing Service	>95%	96.4%	96.5%	95.5%	95.2%	96.5%	95.7%	95.7%	96.0%	95.2%	98.1%	98.3%	97.0%	96.5%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	90.6%	91.5%	92.4%	93.2%	93.8%	96.0%	93.6%	97.3%	93.6%	92.5%	96.2%		94.9%	
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	95.4%	93.8%	97.1%	95.1%	96.1%	95.8%	96.8%	95.5%	93.5%	91.6%	91.7%		94.2%	!











Safe | Caring | Effective | Responsive | Well Led

Indicator	20_21 Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-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	0	0	2	0	0	0	3	2	1	0	0	6	
Actual Falls	400	38	34	40	32	36	30	35	21	20	30	22	21	179	
Category 3 or 4 Pressure Ulcers	0	14	10	21	17	7	21	12	6	21	2	10	13	85	
Harm Free Care %	>95%	91.73%	93.79%	92.24%	94.04%	92.89%									
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	1	0	0	0	0	1	0	0	0	0	0	0	1	
Serious Incidents	N/A	4	3	0	3	2	2	1	0	3	1	0	1	8	
VTE Risk Assessment %	>95%	95.3%	95.1%	105.2%	95.4%	96.2%	95.0%	95.1%						95.1%	
Mixed Sex Accomodation Breaches	0	5	2	9	0	0	0	0	0	0	0	0	0	0	
Hospital Standardised Mortality Ratio (HSMR)	100	88.0	81.3	64.6	101.8	107.1	154.2	119.5	76.2	101.8				112.6	
Summary Hospital Level Mortality Indicator (SHMI)	1.14		0.89			0.92									

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

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
HSMR	**Variance against Plan:** Please note that the Quality Assurance Committee has received a report on mortality indicators which will be discussed under the QAC assurance committee.	**Named Person:** Medical Director
Category 3 or 4 Pressure Ulcers, Unstageable, Deep Tissue Injury and Devise Related Pressure Ulcers reported in **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	**Variance against plan** **Total Trust numbers of Pressure Ulcers:** 60 (+8 deep tissue injury's) **Breakdown :** Category 2: 40 (16 in hospital & 24 in community) Category 3: 11 (community) Category 4: 2 (community) Unstageable: 8 (5 in hospital & 3 in community) DTI: 3 (1 in hospital & 2 in community) There were no reported medical device related pressure ulcers. Reported increase in monthly pressure ulcer data across both hospital and community, particularly in the number of category 2 pressure damage. This rise is reflective of the change in frailty and acuity of the patients within the Trust, and recent improvements made in the datix reporting processes. The data includes incidents which may have been present prior to admission, but documentation and reporting is unable to evidence this in line with the NHSI (2018) guidance on pressure ulcer reporting. All category 3 & 4 pressure damage occurred within the community. The two category 4 pressure ulcers occurred on 2 patients as a deterioration of existing category 3 pressure damage where concordance in preventative strategies is a contributory factory. Three of the category 3 pressure ulcers developed on 1 patient with existing pressure damage. There were 7 patients who developed more than 1 pressure ulcer, accounting for 17 reportable pressure ulcers & 2 deep tissue injury's; these were complex patients.	**Named Person:** Tissue Viability Service **Time Scale to Recover Performance:** Ongoing monitoring

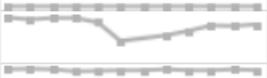
	It has been identified that a high proportion (25) of reported pressure damage occurred with 2 District Nursing teams within the Haringey district – a deep dive is to be requested to understand the issue and identify any actions required. Further information on the deep dive will be provided in next month's report. **Action to recover:** Since September 2020 the Trust has seen an improvement in the quality of pressure ulcer reporting; this is in part a result of defining a clearer process for checking pressure ulcer datix reports, and earlier establishment of origin of damage and removing duplication, however it has also identified a learning need in correct categorisation. Actions taken to ensure continued improvement are as follows: • Established working group for Quality improvement project to redesign the 72 hour tool for establishing learning from investigation of Trust acquired pressure damage • The Emergency and Integrated Medicine Integrated Community Support Unit has established a pressure ulcer incident review weekly meeting which discusses pressure ulcer incidents, providing increased support for staff to investigate the incidents in a more structured way • Distribution of visual aids to support pressure ulcer categorisation to clinical areas and teams • Development of and increased access to virtual learning in pressure area care • Increased visibility of the Tissue Viability team and Bed contract supplier Nurse Specialists in hospital wards supporting clinical judgement in pressure ulcer prevention and equipment selection. • The Tissue Viability Team are working with the Care Home Matrons to look at pressure ulcer management in residential and nursing homes. • The Trust pressure ulcer prevention care plan is currently being reviewed.	
Serious Incidents: N/A	**Variance against Plan:** There was one serious incident recorded in October. This met the slips/trips/falls criteria as the patient fall resulted in a fracture neck femur	**Named Person:** Serious Incident coordinator

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

Indicator	20_21 Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020-2021	Performance
ED - FFT % Positive	>90%	81.5%	79.7%	81.1%	79.8%										
ED - FFT Response Rate	>15%	12.7%	13.0%	10.3%	10.4%										
Inpatients - FFT % Positive	>90%	97.5%	97.8%	95.6%	97.6%										
Inpatients - FFT Response Rate	>25%	28.9%	25.2%	16.5%	20.2%										
Maternity - FFT % Positive	>90%	94.1%	91.3%	98.7%	95.9%										
Maternity - FFT Response Rate	>15%	45.4%	29.8%	34.4%	46.2%										
Outpatients - FFT % Positive	>90%	95.3%	96.7%	94.4%	94.5%										
Outpatients - FFT Responses	400	380	516	409	308										
Community - FFT % Positive	>90%	97.0%	94.4%	94.3%	95.8%										
Community - FFT Responses	1500	670	657	619	525										
Staff - FFT % Recommend Care	>70%		62.2%												
Complaints responded to within 25 or 40 working days	>80%	83.8%	66.7%	87.0%	85.7%	88.5%	100.0%	100.0%	75.9%	88.5%	85.0%	81.5%	66.7%	80.3%	
Complaints (including complaints against Corporate division)	N/A	37	24	23	28	26	1	1	29	26	20	27	18	122	

**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	Data submission and publication for the Friends and Family Test will restart for acute and community providers from December 2020, following the pause during the response to COVID-19. The first data submission will be December's data, submitted from the beginning of January, and will be published in February 2021.	**Named Person:** Patient Experience Manager Time Scale to Recover February 2021

Indicator	20_21 Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020-2021	Performance
Hospital Cancelled Operations	0	8	2	9	5						0	1	9	10	
Cancelled ops not rebooked < 28 days	0	0	0	0	0						0	0	0	0	
Urgent Procedures Cancelled > once	0	0	0	0	0						0	0	0	0	
Theatre Utilisation	>85%	88.45%	84.19%	87.37%	86.88%	78.12%				59.68%	71.25%	70.32%	73.57%	67.81%	
Breastfeeding Initiated	>90%	92.9%	94.4%	93.1%	89.1%	90.3%	90.8%	91.4%	93.4%	90.7%	91.4%	93.2%	91.1%	91.7%	
Mortality rate per 1000 admissions in-months	14.4	8.0	8.4	7.2	8.3	16.5	42.0	14.8	5.8	5.8	4.7	5.5	9.4	10.6	
Community DNA % Rate	<10%	7.4%	8.0%	7.5%	7.6%	8.3%	8.8%	8.6%	8.9%	9.0%	8.9%	8.4%	7.8%	8.6%	
Community Services - Provider Cancellations	<8%	7.3%	7.0%	6.7%	6.7%	14.1%	22.2%	8.9%	7.6%	8.0%	6.5%	6.5%	6.6%	9.2%	
Acute DNA % Rate	<10%	10.8%	11.1%	9.6%	9.6%	11.7%	8.7%	6.9%	6.9%	8.3%	9.2%	9.1%	8.9%	8.3%	
% e-Referral Service (e-RS) Slot Issues	<4%	87.1%	87.3%	86.5%	87.0%	83.8%	53.1%	65.4%	78.9%	83.8%	84.7%	85.3%	90.4%	83.1%	
Outpatients New:FUp Ratio	2.3	1.79	1.76	1.81	1.88	2.01	2.27	2.26	2.30	2.20	2.12	2.10	2.10	2.19	
Delayed Transfers Of Care % of Occupied Bed Days	<2.4%	2.9%	2.6%	2.8%	4.5%	2.6%	0.6%	0.1%	0.1%		0.1%			0.2%	
Non Elective Re-admissions within 30 days	<5.5%	4.94%	5.44%	4.92%	4.85%	5.97%	8.25%	7.12%	5.41%	6.29%	6.08%	5.25%	5.38%	6.00%	
Rapid Response - % of referrals with an improvement in care		81.4%	81.3%	82.4%	85.7%	87.4%	84.0%	84.8%	87.4%	87.3%	87.8%	83.8%	83.2%	85.5%	

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

Safe | Caring | Effective | Responsive | Well Led

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover

Theatre Cancellations On The Day :	**Variance against Plan:** Throughout the month October 2020 there were 9 cancellations on the day. These cancellations occurred due to an error on the anaesthetic rota which left a list short of cover. All options were explored on the day to cover the list but this was not possible. Patients were rebooked within 28 days and the 2 cancer patients were rebooked the following day to avoid any significant delay to their treatment. **Action to Recover:** Further checks ongoing in scheduling meetings to ensure CLW anaesthetic rota is up to date.	**Named Person:** Director of Operations for Surgery **Time Scale to Recover Performance:** Ongoing
Theatre Utilisation % Rates : 85%	**Variance against Plan: -12.4% (73.6%)** Utilisation has continued to improve even with the challenges around guidance and filling lists. Main issues still continuing as follows; • Current guidance is limiting list utilisation. If patients cancel with less than 14 days' notice they cannot currently be replaced due to need to inform patients 14 days prior to surgery to comprehensively socially distance. • Cleaning between patients is causing a decrease in in-session utilisation resulting in increased downtime between cases. • High risk patients now need to isolate following risk assessment which is also leading to cancellations and unfilled operating lists. Bariatrics in particular. **Action to Recover:** Continuing to review in 6-4-2 list planning meetings and use standby patients where appropriate and where possible in line with guidance.	**Named Person:** Director of Operations for Surgery **Time Scale to Recover Performance:** Ongoing

Indicator	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020-2021	Performance
Emergency Department waits (4 hrs wait)	>95%	80.1%	77.8%	80.5%	83.2%	82.5%	83.2%	90.6%	90.7%	92.1%	90.5%	86.9%	88.2%	89.2%	
ED Indicator - median wait for treatment (minutes)	<60 mins	92	98	91	88	56	25	36	43	55	55	54	43	45	
Ambulance handovers waiting more than 30 mins	0	37	86	100	37	32	8	7	13	11	8	23	8	78	
Ambulance handovers waiting more than 60 mins	0	1	15	10	1	5	0	0	0	0	2	3	3	8	
12 hour trolley waits in A&E - Non Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
12 hour trolley waits in A&E - Mental Health	0	8	6	10	11	7	0	0	0	0	0	0	0	0	
Cancer - 14 days to first seen	>93%	96.6%	97.3%	95.5%	96.8%	95.5%	85.5%	89.5%	94.6%	97.1%	95.8%	94.9%		94.0%	
Cancer - 14 days to first seen - breast symptomatic	>93%	96.2%	97.8%	95.2%	98.4%	89.5%	71.4%	85.2%	95.2%	97.1%	100.0%	94.1%		92.8%	
Cancer - 62 days from referral to treatment	>85%	77.6%	93.0%	72.1%	81.1%	87.1%	75.9%	83.3%	57.8%	67.7%	79.6%	78.4%		73.3%	
Cancer ITT - Reallocated Breach Performance for 62 Day Pathways	>85%	76.0%	92.7%	70.5%	75.9%	88.5%	73.3%	80.0%	54.3%	70.0%	81.3%	73.0%		71.5%	
Cancer ITT - % of Pathways sent before 38 Days	>85%	33.3%	71.4%	40.0%	11.1%	25.0%	60.0%	33.3%	18.2%	40.0%	66.7%	20.0%		34.3%	
Cancer - % Pathways received a Diagnosis within 28 Days of Referral		89.4%	89.8%	84.9%	87.3%	85.3%	75.6%	70.2%	86.7%	86.8%	82.2%	86.3%		82.5%	
Cancer - 31 days to first treatment	>96%	97.5%	97.4%	97.2%	100.0%	100.0%	95.2%	95.8%	96.4%	100.0%	100.0%	96.7%		97.5%	
Cancer - 31 days to subsequent treatment - surgery	>94%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%					100.0%	
Cancer - 62 Day Screening	>90%		100.0%	72.7%	60.0%	70.0%	100.0%		0.0%			100.0%		71.4%	
DM01 - Diagnostic Waits (<6 weeks)	>99%	99.0%	99.2%	99.3%	99.6%	90.1%	33.2%	34.3%	49.9%	67.1%	85.7%	89.0%	95.6%	63.0%	
RTT - Incomplete % Waiting <18 weeks	>92%	92.1%	92.0%	92.0%	92.1%	88.3%	79.9%	71.6%	56.1%	46.8%	53.1%	60.3%	69.4%	62.8%	
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	1	0	0	6	36	83	187	273	360	386	1331	
% seen <=2 hours of Referral to District Nursing Night Service	>80%	93.8%	85.7%	97.5%	97.6%	86.4%	94.7%	96.3%	94.3%	92.3%	94.3%	98.2%	93.5%	94.8%	
% seen <=48 hours of Referral to District Nursing Service	>95%	96.4%	96.5%	95.5%	95.2%	96.5%	95.7%	95.7%	96.0%	95.2%	98.1%	93.0%	97.0%	95.6%	
Haringey New Birth Visits - % seen within 2 weeks	>95%	90.6%	91.5%	92.4%	93.2%	93.8%	96.0%	93.6%	97.3%	93.6%	92.5%	96.2%		94.9%	
Islington New Birth Visits - % seen within 2 weeks	>95%	95.4%	93.8%	97.1%	95.1%	96.1%	95.8%	96.8%	95.5%	93.5%	91.1%	91.7%		94.1%	

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
ED - 4 Hour Wait Performance:	**Variance against Plan:** The overall A&E performance for October is 88.2%, which is just below the Trust's trajectory for the month but is in line with the London average. The weekly performance was variable ranging between 85.84% and 90%. There was a steady increase in A&E attendances over October (7,995), however the overall numbers still remain below the average for this time of year. The volume of LAS conveyances remains in line with the same period last year with admission rates 5% higher than the previous year. Acuity remains high with 55.4% of all attendances in October treated in Majors, a 10% increase when compared to same period last year. Paediatric attendances increased substantially in October (23%+) however both mental health and older people attendances remain below the average for this time of year. 69% were seen for treatment within 60 minutes. 51% of the patients with decision to admit were admitted to a ward within 4 hours of arrival. The Urgent Treatment centre's performance remained stable throughout the month with an average of 98%. The majority of the breaches were due to delay in completion of treatment followed by delay in assessment. Paediatrics has seen an expected increase in attendances due to the changing landscape of delivering the paediatric service in the region. This is because as of the 5th October the Whittington became the South Paediatric hub for the sector. The overall performance for the department was 96.1%. The number of mental health attendances remains below the average for this time of year. The majority of the mental health presentations in October were LAS conveyances with two thirds off all attendances not requiring admission or transfer to another trust. 48% of all mental health attendances in October breached. **Action to Recover:** Overall there was a 1.3% improvement for performance in October when compared to September 2020. The improvement is driven by sustained performance in the Urgent Treatment Centre and Paediatrics.	**Named Person:** General Manager Emergency and Urgent Care **Time Scale to Recover Performance:** Ongoing

The team are working with Mental health partners to improve performance for this cohort of patients following a mental health deep dive in July. Monthly Operational meetings have been re-established to unblock barriers.
Following the deep dive in July the service is reviewing 5 high impact actions to improve mental health compliance against the standard. The identified improvement areas are;

- Develop London Ambulance Service direct conveyance to the mental health Clinical Assessment Service
- Review of transport response (Emergency Department to mental health Clinical Assessment Service)
- Improve coding in the Emergency Department
- Maximise early transfer from Emergency Department to the mental health Clinical Assessment Service.
- Further work to quantify the impact that each of these 4 high impact actions is expected to have on the actual number and percentage breaches.

The focus throughout November is to improve and promote Paediatric Clinical Decision Unit pathways, with the unit opening to 24hrs and to combat the challenge of dealing with the increased activity.

It is also to continue promoting an environment for early bed allocation and reducing the length of stay admitted patients spend in the Emergency Department and continue to encourage, maintain and drive early assessment of admitted patients by the accepting specialty; developing communications and removing barriers between the Multidisciplinary Team. This will include raising awareness of the Emergency Department standards through educational material and documents such as internal professional standards. Will also be on early bed allocation there by reducing length of stay in the Emergency Department.

Challenges remain with the inpatient COVID-19 swab processes, however, the of a rapid kit commencing in November which should support the flow of admitted patients.
There is trail of rapid testing throughout November that will be rolled implemented in December

Cancer Performance 62 days from referral to treatment	80.4% v standard of 85% 58 patients over 62 days (18/11/20) 16 patients over 104 days (18/11/20) **Action to Recover:** There is overall improvement for 62 day referral to treatment but the main driver remains Urology, as 43% of patients waiting over 62 are in Urology. There has been an implementation of daily target referral triage; the aim of this is to fast-track diagnostics with earlier clinical review. This is moving patients through the early stages of the pathway more quickly, meaning we will not replace those completing their pathway post 62 days. This is moving patient through the pathway more quickly and this will clear the backlog. On-going clinical reviews for patient treated after 104 days. Patients are identified at tumour group Patient Tracking List and clinical reviews arranged. In November 2020 to the recovery target will not be reached for patients who had delayed their urology and breast diagnostics and treatments. Recovery is expected to improve from December 2020. Although the surge in COVID-19 cases could be a barrier to patients engaging with services. The trust is focusing on working with the patients in order to make sure they engage with their appointments.	**Named Person:** Interim Assistant General Manager, Cancer and Breast **Time Scale to Recover Performance:** Ongoing
DM01 Diagnostics	**Update:** Performance against the national diagnostic waiting target for October 2020 has not been achieved. However there continues to be strong improvement in performance with a 6% increase on the previous month. Areas that are not against the required standard and will look to improve are Community Audiology and Outpatient Cardiac testing. Both of the services have had capacity concerns, both are which are being addressed in November and December.	**Named Person:** Head of Performance **Time Scale to Recover Performance:** On-going
Referral to Treatment: **Incomplete %waiting < 18 weeks** **52 + week waits**	Performance against the national standards for referral to treatment incomplete pathways below 18 weeks for October 2020 has not been achieved with performance 69.44%. However this is 7.8% improvement on September 2020. There has been a reduction in the patient tracking list due to better referral management, the total number of patients waiting over 18 weeks has also reduced.	**Named Person:** Head of Performance **Time Scale to Recover Performance:** Ongoing

	However, the number of patients waiting over 40 weeks continues to increase week on week, predominately in specialities requiring surgical intervention. There is on-going work within the Trust as part of the National Patient Tracking List Diagnostic programme, supported by North of England Commissioning Support. The aim of this is to review, improve and identify cohorts of pathways that could potentially be removed through validation based on an assessment of compliance with a standard set of indicators. The majority of patients are waiting for surgery and the Integrated Community Support Unit has an ongoing plan to support compliance by the end if the financial year. At the end of October 2020 there were 386 patients waiting more than 52 weeks for treatment. All patients currently waiting over 52 weeks are of clinical low priority.	

Indicator	20_21 Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020-2021	Performance
Appraisals % Rate	>90%	76.4%	77.5%	76.0%	76.1%	70.1%	65.9%	65.8%	62.3%	63.9%	63.8%	60.8%	63.1%	63.6%	
Mandatory Training % Rate	>90%	82.1%	83.3%	83.0%	83.3%	82.1%	80.4%	79.9%	80.5%	81.5%	82.7%	82.6%	82.4%	81.4%	
Permanent Staffing WTEs Utilised	>90%	88.9%	88.7%	89.0%	89.6%	92.8%	88.5%	88.4%	88.9%	89.0%	88.3%	87.6%	88.3%	88.4%	
Staff FFT % recommended work	>50%		69.2%												
Staff FFT response rate	>20%		55.6%												
Staff sickness absence %	<3.5%	3.83%	3.86%	3.90%	3.45%	5.00%	6.66%	5.00%	4.00%	3.68%	3.56%	3.76%		4.34%	
Staff turnover %	<13%	10.5%	10.7%	10.7%	10.5%	9.9%	9.7%	9.2%	9.1%	10.4%	9.1%	11.6%	11.5%	10.1%	
Vacancy % Rate against Establishment	<10%	11.1%	11.3%	11.0%	10.4%	7.2%	11.5%	11.6%	11.1%	11.0%	11.7%	12.4%	11.7%	11.6%	
Average Time to Hire (Days)	<63 Days	63	61	83	76	72	73	73	76	70	66	70	95	75	
Nursing Staff Average % Day Fill Rate - Nurses		96.3%	94.6%	95.2%	97.8%				100.2%	96.4%	91.2%	91.6%	82.0%	91.4%	
Nursing Staff Average % Day Fill Rate - HCAs		126.8%	125.1%	119.8%	125.7%				132.5%	132.6%	134.3%	143.6%	121.8%	132.3%	
Nursing Staff Average % Night Fill Rate - Nurses		94.8%	92.9%	94.3%	95.5%				93.1%	93.6%	95.0%	97.1%	91.0%	93.9%	
Nursing Staff Average % Night Fill Rate - HCAs		135.9%	136.9%	135.6%	152.4%				154.0%	165.4%	159.5%	179.5%	156.8%	163.2%	
Safe Staffing Alerts - Number of Red Shifts		10	5	3	7	0	0	0	2	1	2	5	4	14	
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		9.2	9.4	9.3	9.3				10.0	11.8	10.5	10.2	10.3	10.5	

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

Safe | Caring | Effective | Responsive | Well Led

Indicator and Definition	Commentary and Action Plan	Named Person & Date Performance will Recover
Appraisals %Rate : 63.1% **Target 90%**	**Variance against Plan: Minus 26.9%** This is an improvement of 2.3% on last month's report **Action to Recover:** This equates to just fewer than 300 appraisals required to be done per month over the next 4 months. The Learning and Development Team remain supportive to help load completed appraisals onto Electronic Service Record whilst managers continue to focus on bringing their clinical and operational services back to business as usual. The monthly compliance report is circulated with contact details for the Learning and development Team. The introduction of a more user-friendly system, currently being purchased via iCloud and due to close, will enable managers to upload appraisal data more easily, and may reduce the estimated turnaround time. **Time Scale to Recover Performance:** Four months (as the rate is static) assuming there is no second COVID19 peak and unless the LMS is introduced earlier. Purchasing is due to close shortly.	**Named Person:** Assistant Director Learning & Organisational Development
Mandatory Training %Rate : 82.4% **Target: 90%**	**Variance against Plan: Minus 7.6%** This is a reduction of <1% from the previous report **Action to Recover:** The compliance against this KPI has remained relatively consistent for a number of years including throughout the pandemic. The Learning and Development team are ready to support especially given the challenges of maintaining compliance during COVID-19 and the current system used for online learning. The Learning and Development Team have been consistently supporting remote working for the duration as well as exploring further new approaches. There were a number of revisions to the type of learning that would be acceptable to enable maximum flexibility to learning during the pandemic. These variances can continue to allow staff to access training in the easiest way for them. A new system is now being purchased that enables reporting from ESR but enables learners to undertake training in a user-friendly environment using any preferred device. The iCloud process is due to end shortly, and has involved end-users and members of IT.	**Named Person:**, Assistant Director Learning & Organisational Development .

	Time Scale to Recover Performance: Estimate four months given a new improved user-friendly system. However this timeframe is dependent on whether there is a second COVID-19 surge. However, adjustments have been made to the expectation of renewal frequencies in alignment with the Core Skills Training Framework as highlighted in the recent Learning and Development audit which is likely to bring down the compliance rate on a temporary basis until staff catch up with the new frequencies. The new system being purchased allows more flexible learning and can include mobile access to study whilst travelling.	
Permanent Staffing WTEs Utilised: 88.28% **Target: 90%**	**Variance against Plan:** 1.72% **Action to Recover:** WTEs utilisation is stabilising as COVID-19 recovery continues.	**Named Person:** Deputy Director of Workforce **Time Scale to Recover Performance:**
Vacancy Rates: 11.72% **Target: 10%**	**Variance against plan:** 1.72 **Action to recover:** The Vacancy rate is stabilising following COVID-19 recovery with an aim to be compliant by January 2021.	**Named Person:** Deputy Director of Workforce **Time Scale to Recover Performance:** January 2021
Time to hire: 95 days Time taken from resignation/creation of new post to confirmed start date **Standard:** 63 days	**Variance against plan**: 32 days **Action to recover:** Compliance against the target as seen a there has been a steep increase this month due to: Posts previously put on hold at the beginning of COVID-19 period now being released. These posts had started in the recruitment pipeline so were registering as live, however in reality they were put on hold. Short term Pathology posts have been released while the work with North West London Partnership is in progress.	**Named person:** Deputy Director of Workforce **Timescale to recover performance:** January 2021

Safer Staffing **Aim for:** Zero Red shifts Trust CHPPD 8.5 (National median: 8 – Peer Trusts median: 8.3)	**Variance against Plan:** 4 Red Shifts were reported in October 2020. The red shifts occurred in the Emergency Department and Nightingale ward as a result of vacant shifts either due to late reported sickness or unfilled enhanced care and inability to redeploy staff. There are no reported incidents associated with the risk of the shifts. Trust wide Care Hours per Patient Day (CHPPD) in October 2020 was 10.3 which have been static since September 2020. The CHPPD in Intensive Therapy Unit and Ifor wards continue to increase the overall trust CHPPD while the average CHPPD across the wards is 8.4. Intensive Therapy Unit had seen a reduced bed occupancy during October 20 and Ifor ward accommodates 6 Mental Health patients which impacts the care hours requirement. Fill rate for registered staff was at 82% partly as a result of the Band 4 Nursing assistants seen as unregistered staff (this will be rectified in December 2020) Fill rate of above 100% for Health Care Assistants is a result of enhanced care requirements. **Action to Recover:** Ongoing monitoring of the Red shifts by senior staff continues using the Staffing Escalation policy and live SafeCare tool. Recruitment is ongoing to fill vacancies. A staffing escalation roster is compiled to enable non-ward based nurses to support the areas with high staffing risk. The enhanced care team is established and operating currently for the EIM wards. It is encouraged that more areas use the enhanced care pool of Health Care Assistants. Recruitment and training of the enhanced care team is in progress.	**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:** **Haringey Community paediatrics (Neuro-Development Clinic)** There is really positive improvement in wait times for NDC clinics. The redeployment of registrars during the initial response to covid-19 reduced capacity significantly. Registrars have now returned to the service and the increase in clinic capacity means the backlog is now almost fully addressed. **Haringey Community paediatrics (Social Communication Team)** There is ongoing challenge around staff shortages. This is being reviewed across NCL and it is included within the borough-wide work focused on autism. Additional hours are being offered to staff to increase assessment capacity. In addition some temporary fixed term posts are being recruited to help bring down waits over the next 6 months. We are also making changes to how the information is shown on the Board report to ensure waits and activity are shown accurately. **Haringey (Speech and Language therapy)** The improvement in waiting times is due to the service prioritising initial assessments. Balancing between therapy provision and initial assessments is an ongoing issue. The longer term (and increasing) challenge for the SLT service is the year on year increase in demand. Options for changes in provision in response to demand have been shared with commissioners and are being discussed in November – the aim is to develop a shared plan for provision in Haringey. **Haringey school nursing** The longer waits are caused by children and young people waiting for enuresis assessments. At present school nursing covers this area of work but there is insufficient capacity for the demand. Children and Young people leads are working with local commissioners to develop a plan for the continence service. **Islington Health visiting** Health visiting teams continue to work to achieve the 95% target and provide exception reports to account for those visits completed after 14 days. The service has fully returned to face to face contact for this visit. However, some parents are anxious about the Health visitors undertaking home visits. The service is	**Named person:** Director of Operation CYP

	offering clinic visits where possible Principal reason for delays is babies remaining in hospital. Updated new birth protocol states new birth contact should be made with the family in hospital where appropriate, however this is not always possible due to parents being overwhelmed in the early days. Within Health Visitors team there are discrepancies with miss-coding and this is to be addressed in team meetings and in RIO service sessions. **Islington Additional Needs and Disability Service (IANDS)** Islington Social Communication Team have increased assessments to 25 per month to help with back log gained over COVID-19. This increase will only be sustainable until January 2021.The team has not been able to recruit which is impacting ability of the team to maintain current wait performance The service is providing advice and guidance to mitigate the delays with children and young people who are on the waiting list and who need help around managing their behaviour and communication. There is a significant rise in waiting time for Occupational Therapy. This is due to the back log in referrals of children and young people unable to be assessed through face to face appointments. This is being tackled through development of online webinars. There has been an increase in waiting times for Speech and Language Therapy, it is expected to take 3 months to reduce the backlog. We have plans in place to catch up with some of the back log through additional clinics and further use of telehealth. Children Looked after: Increase in waiting time for initial health assessment due to Children and young people being placed out of borough and the team is currently not able to visit. However this is being followed up virtually. The service has have 4 young people refusing health assessment which is being followed up with social work.	
Adults community waiting times Adult Community Services (ACS) waiting time targets are set out in the report - performance is monitored monthly at	**Overall summary and actions to recover:** Community Services Recovery continues to show improvement with a move to compliance in October for a number of services including Podiatry, Tissue Viability,	**Named person:** Director of Operations ACS.

ACS ICSU Board and in the ACS PTL meeting.	Respiratory and Cardiology services: **Community Matron (61.2%)** There are a small number of long waiters that have been reviewed and the service will return to compliance in November. **Community Rehabilitation CRT (81.4%) & REACH Intermediate Care (85.3%)** Group therapy and exercise classes remain paused and this is impacting on waiting times. Urgent and high risk patients continue to be prioritised in line with national guidance resulting in higher waiting times for routine patients. **Musculoskeletal Clinical Assessment and Treatment Service(MSK CATS)(93.4%) & Musculoskeletal Routine (94.2%)** The MSK services continue to reduce their backlog of waiters and are maintaining good performance ahead of the planned date for recovery. The use of the Attend Anywhere virtual consultation platform has been widely adopted and has supported this recovery. **Nutrition & Dietetics (91.5%)** The service has reduced waiting times for patients with 92.7% of patients being seen within the 6 week waiting time. This is a significant improvement on the previous month (69.4%) **Spirometry (43.2%)** Community spirometry recommenced at the end of September and is projected to reach compliance by January 2021. **Action to recover:** • Group virtual consultations being trialled to support recommencement of these activities and to support community recovery • Clinic slot utilisation report will support greater efficiency	November 2020 December 2020 March 2021 November 2020 January 2021

Appendix 1. Community Performance Dashboard

Indicator	20_21 Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020-2021	Performance
IAPT Moving to Recovery	>50%	54.5%	59.9%	58.7%	43.1%	56.4%	39.2%	52.3%	44.8%	50.3%	49.8%	48.6%		47.1%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	96.2%	94.4%	94.6%	91.8%	94.6%	93.6%	93.8%	92.3%	91.8%	95.3%	94.8%		93.5%	
Haringey - 8wk Review % carried out before child aged 8 weeks	N/A	85.8%	83.3%	79.0%	83.3%	86.8%	85.5%	81.9%	79.7%	86.0%	87.3%	79.5%		83.1%	
Haringey - HR1 % carried out before child aged 15 months	N/A	81.0%	83.2%	84.8%	80.1%	77.2%	77.1%	78.4%	77.9%	68.6%	65.8%	69.8%		72.8%	
Haringey - HR2 % carried out before child aged 30 months	N/A	74.8%	76.8%	78.6%	79.2%	67.9%	72.8%	73.1%	74.8%	75.6%	68.7%	66.8%		72.1%	
Islington - 8wk Review % carried out before child aged 8 weeks	N/A	93.2%	92.5%	93.7%	91.8%	92.4%	90.7%	90.4%	93.3%	93.3%	90.0%	83.6%		90.3%	
Islington - HR1 % carried out before child aged 15 mths	N/A	82.2%	81.2%	82.2%	84.0%	83.6%	74.6%	81.6%	74.6%	84.4%	82.6%	85.3%		80.5%	
Islington - HR2 % carried out before child aged 30 mths	N/A	78.7%	79.0%	83.0%	81.4%	82.5%	80.9%	81.4%	83.7%	77.8%	76.3%	75.6%		79.4%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	91.5%	95.7%	92.5%	90.0%	95.7%		100.0%	60.0%	87.5%	96.0%	96.2%	88.1%	92.1%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	83.3%	79.2%	87.8%	86.5%	96.0%	100.0%		100.0%	100.0%	100.0%	100.0%	92.3%	97.0%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	76.3%	73.6%	75.7%	83.9%	80.1%	75.7%	71.3%	70.8%	71.2%	71.9%	75.4%	80.5%	74.7%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	93.1%	96.6%	95.4%	95.7%	94.2%	96.4%	97.4%	94.1%	88.1%	89.1%	91.0%	92.6%	93.9%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	100.0%	100.0%	100.0%	80.0%	87.5%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	125.0%	100.0%	
Nutrition and Dietetics - % Weight Loss Achieved at Discharge	>65%	50.0%	100.0%	77.8%	33.3%	0.0%			33.3%		100.0%		85.7%	75.0%	
Nutrition and Dietetics - % Weight Maintained or Gained at Discharge	>70%	76.9%	88.9%	90.0%	72.7%	60.0%			100.0%	100.0%			100.0%	100.0%	
Hackney Smoking Cessation: % who set quit date & stopped after 4 we...	>45%		59.5%			43.2%			58.9%			62.5%		60.6%	
Islington Self-Management - Average Increase in PAM Score	>=9		12			13									
Haringey Self-Management - Average Increase in PAM Score	>=9		17			14									

Appendix 2. Community Waiting Times Dashboard

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Aug-20	Sep-20	Oct-20	Avg Wait (Oct)	No. of Pts Seen	% Threshold	Target Weeks	Aug-20	Sep-20	Oct-20	Avg Wait (Oct)	No. of Pts Seen
CAMHS	>95%	8	77.9%	83.1%	75.7%	10.8	70	>95%	2	100.0%	83.3%	100.0%	0.1	3
Child Development Services	>95%	12	100.0%	100.0%	100.0%	1.0	9	>95%	-				-	0
IANDS	>95%	18	85.7%	82.7%	82.0%	11.9	178	>95%	2				-	0
Community Children's Nursing	>95%	2	93.0%	96.3%	92.9%	0.6	99	>95%	1	100.0%	100.0%	100.0%	0.0	17
Community Paediatrics Services	>95%	18	66.2%	61.8%	86.1%	12.7	115	>95%	1		0.0%		12.7	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	50.0%	14.0	2	>95%	-				-	0
Haematology Service	>95%	12	100.0%	100.0%	100.0%	1.1	14	>95%	-				-	0
Looked After Children	>95%	4	92.3%	68.8%	85.7%	3.6	28	>95%	2				-	0
Occupational Therapy	>95%	18	75.0%	90.0%	90.0%	5.6	10	>95%	2				-	0
Physiotherapy	>95%	18	97.6%	100.0%	96.5%	4.9	57	>95%	2	50.0%			-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	3.0	10	>95%	-				-	0
School Nursing	>95%	12	100.0%	81.7%	89.3%	6.4	131	>95%	-				-	0
Speech and Language Therapy	>95%	8	66.1%	80.5%	90.2%	8.7	82	>95%	2	16.7%	0.0%	0.0%	2.4	2
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	90.3%	100.0%	80.6%	3.3	36	>95%	2				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.4	22	>95%	2	100.0%	100.0%	100.0%	0.1	3
Community Rehabilitation (CRT)	>95%	12	93.0%	92.9%	81.4%	6.2	70	>95%	2	89.5%	66.7%	90.9%	1.6	22
ICTT - Other	>95%	12	98.9%	99.1%	100.0%	3.4	180	>95%	2	71.9%	66.7%	76.6%	1.7	64
ICTT - Stroke and Neuro	>95%	12	100.0%	96.4%	95.1%	6.3	41	>95%	2	57.6%	65.1%	50.0%	2.2	26
Intermediate Care (REACH)	>95%	6	89.6%	85.4%	85.3%	3.5	95	>95%	2	93.3%	88.4%	83.5%	1.4	79
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	3.2	7	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	87.9%	99.0%	100.0%	2.5	132	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	94.4%	95.0%	93.4%	3.9	471	>95%	2	60.0%	44.4%	53.8%	2.7	13
Musculoskeletal Service - Routine	>95%	6	84.7%	93.7%	94.2%	3.9	1422	>95%	2	37.5%	20.0%	56.3%	2.2	16
Nutrition and Dietetics	>95%	6	87.7%	86.0%	91.5%	2.9	142	>95%	2	100.0%			-	0
Podiatry (Foot Health)	>95%	6	85.4%	92.9%	95.4%	3.0	263	>95%	2				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	1.5	21	>95%	2				-	0
Tissue Viability	>95%	6	96.6%	94.0%	100.0%	1.6	36	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	1.9	17	>95%	2				-	0
Diabetes Service	>95%	6	90.2%	87.5%	85.3%	4.8	34	>95%	2				-	0
Respiratory Service	>95%	6	97.2%	96.3%	100.0%	1.5	30	>95%	2	100.0%			-	0
Spirometry Service	>95%	6		7.4%	43.6%	12.6	156	>95%	2		0.0%		-	0

Appendix 2. Community Waiting Times Dashboard

Haringey

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Aug-20	Sep-20	Oct-20	Avg Wait (Oct)	No. of Pts Seen	% Threshold	Target Weeks	Aug-20	Sep-20	Oct-20	Avg Wait (Oct)	No. of Pts Seen
CAMHS	>95%	8				-	0	>95%	-				-	0
Child Development Services	>95%	12	100.0%	100.0%	100.0%	1.0	9	>95%	-				-	0
IANDS	>95%	18		50.0%	100.0%	2.2	3	>95%	2				-	0
Community Children's Nursing	>95%	2	100.0%	100.0%	100.0%	0.1	11	>95%	1			100.0%	0.0	2
Community Paediatrics Services	>95%	18	62.3%	55.2%	79.4%	17.1	68	>95%	1		0.0%		17.1	0
Family Nurse Partnership	>95%	12				-	0	>95%	-				-	0
Haematology Service	>95%	12	100.0%		100.0%	1.5	5	>95%	-				-	0
Looked After Children	>95%	4	100.0%	50.0%	88.9%	2.5	9	>95%	2				-	0
Occupational Therapy	>95%	18	70.0%	95.7%	90.0%	5.6	10	>95%	-				-	0
Physiotherapy	>95%	18	97.6%	100.0%	96.4%	4.9	55	>95%	2	50.0%			-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	3.0	10	>95%	-				-	0
School Nursing	>95%	12	100.0%	72.5%	82.3%	10.7	62	>95%	-				-	0
Speech and Language Therapy	>95%	8	58.5%	77.6%	88.1%	9.3	59	>95%	2	16.7%	0.0%	0.0%	2.4	2
Bladder and Bowel - Children	>95%	-				-	0	>95%	-				-	0
Community Matron	>95%	6		100.0%	61.1%	5.7	18	>95%	-				-	0
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	1.4	22	>95%	2	100.0%	100.0%	100.0%	0.1	3
Community Rehabilitation (CRT)	>95%	12				-	0	>95%	2	100.0%	100.0%	100.0%	2.0	1
ICTT - Other	>95%	12	98.8%	99.1%	100.0%	3.4	176	>95%	2	73.3%	67.4%	75.0%	1.7	60
ICTT - Stroke and Neuro	>95%	12	100.0%	96.4%	94.7%	6.1	38	>95%	2	60.7%	64.9%	52.0%	2.1	25
Intermediate Care (REACH)	>95%	6				-	0	>95%	2				-	0
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	3.2	7	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	87.1%	96.4%	100.0%	2.4	55	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	95.6%	95.6%	94.9%	4.0	214	>95%	2	0.0%	70.0%	50.0%	3.7	6
Musculoskeletal Service - Routine	>95%	6	84.3%	95.8%	94.1%	3.9	729	>95%	2	75.0%	0.0%	63.6%	2.0	11
Nutrition and Dietetics	>95%	6	88.5%	81.9%	91.2%	3.2	91	>95%	2	100.0%			-	0
Podiatry (Foot Health)	>95%	6	84.5%	92.5%	96.4%	2.7	138	>95%	2				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	1.7	14	>95%	2				-	0
Tissue Viability	>95%	6	93.9%	92.5%	100.0%	1.7	19	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	1.8	8	>95%	2				-	0
Diabetes Service	>95%	6	94.4%	87.5%	79.2%	5.5	24	>95%	2				-	0
Respiratory Service	>95%	6	100.0%	88.9%	100.0%	1.4	13	>95%	2				-	0
Spirometry Service	>95%	6		7.6%	43.2%	12.6	155	>95%	2		0.0%		-	0

Appendix 2. Community Waiting Times Dashboard

Islington

	ROUTINE REFERRALS							URGENT REFERRALS						
SERVICE	% Threshold	Target Weeks	Aug-20	Sep-20	Oct-20	Avg Wait (Oct)	No. of Pts Seen	% Threshold	Target Weeks	Aug-20	Sep-20	Oct-20	Avg Wait (Oct)	No. of Pts Seen
CAMHS	>95%	8	76.2%	83.1%	75.4%	10.9	69	>95%	2	100.0%	80.0%	100.0%	0.2	2
Child Development Services	>95%	12				-	0	>95%	-				-	0
IANDS	>95%	18	85.3%	82.8%	82.0%	12.0	167	>95%	2				-	0
Community Children's Nursing	>95%	2	94.3%	96.9%	92.6%	0.7	81	>95%	1	100.0%	100.0%	100.0%	0.0	15
Community Paediatrics Services	>95%	18	80.0%	87.5%	97.1%	5.5	34	>95%	1				5.5	0
Family Nurse Partnership	>95%	12	100.0%	100.0%	50.0%	14.0	2	>95%	-				-	0
Haematology Service	>95%	12	100.0%		100.0%	1.4	4	>95%	-				-	0
Looked After Children	>95%	4	100.0%	60.0%	88.9%	3.8	9	>95%	2				-	0
Occupational Therapy	>95%	18	100.0%			-	0	>95%	-				-	0
Physiotherapy	>95%	18	100.0%	100.0%	100.0%	3.0	1	>95%	-				-	0
PIPS	>95%	12		100.0%		-	0	>95%	-				-	0
School Nursing	>95%	12	100.0%	90.5%	98.2%	1.9	56	>95%	-				-	0
Speech and Language Therapy	>95%	8	100.0%	100.0%	100.0%	7.4	9	>95%	2				-	0
Bladder and Bowel - Children	>95%	12				-	0	>95%	-				-	0
Community Matron	>95%	6	90.0%	100.0%	100.0%	0.8	18	>95%	2				-	0
Adult Wheelchair Service	>95%	8				-	0	>95%	-				-	0
Community Rehabilitation (CRT)	>95%	12	92.7%	92.6%	80.6%	6.4	67	>95%	2	87.5%	61.5%	90.5%	1.6	21
ICTT - Other	>95%	12	100.0%	100.0%	100.0%	1.3	1	>95%	2		50.0%	100.0%	1.9	2
ICTT - Stroke and Neuro	>95%	12			100.0%	8.9	2	>95%	2		50.0%	-	-	0
Intermediate Care (REACH)	>95%	6	89.3%	84.6%	85.9%	3.4	92	>95%	2	93.1%	87.4%	83.5%	1.4	79
Paediatric Wheelchair Service	>95%	-				-	0	>95%	-				-	0
Bladder and Bowel - Adult	>95%	12	87.7%	100.0%	100.0%	2.6	70	>95%	2				-	0
Musculoskeletal Service - CATS	>95%	6	93.0%	94.2%	92.2%	3.9	256	>95%	2	100.0%	31.3%	50.0%	2.0	6
Musculoskeletal Service - Routine	>95%	6	87.0%	91.9%	94.2%	3.9	654	>95%	2	0.0%	0.0%	25.0%	2.9	4
Nutrition and Dietetics	>95%	6	86.3%	94.1%	92.0%	2.4	50	>95%	2	100.0%			-	0
Podiatry (Foot Health)	>95%	6	86.7%	93.2%	95.9%	3.1	122	>95%	2				-	0
Lymphodema Care	>95%	6	100.0%	100.0%	100.0%	1.0	7	>95%	2				-	0
Tissue Viability	>95%	6	100.0%	100.0%	100.0%	1.6	14	>95%	2				-	0
Cardiology Service	>95%	6	100.0%	100.0%	100.0%	2.0	9	>95%	2				-	0
Diabetes Service	>95%	6	86.4%	87.5%	100.0%	3.1	10	>95%	2				-	0
Respiratory Service	>95%	6	95.0%	100.0%	100.0%	1.5	17	>95%	2	100.0%			-	0
Spirometry Service	>95%	6		0.0%		-	0	>95%	-				-	0

Children's Community Waits Performance

SERVICE	ROUTINE REFERRALS							URGENT REFERRALS						
	% Threshold	Target Weeks	Aug-20	Sep-20	Oct-20	Avg Wait (Oct)	No. of Pts Seen	% Threshold	Target Weeks	Aug-20	Sep-20	Oct-20	Avg Wait (Oct)	No. of Pts Seen
CAMHS	>95%	8	77.9%	83.1%	75.7%	10.8	70	>95%	2	100.0%	83.3%	100.0%	0.1	3
Community Children's Nursing - Haringey	>95%	2		100.0%	100.0%	0.1	2	>95%	1				-	0
Community Children's Nursing - Islington	>95%	2	93.0%	96.2%	92.8%	0.7	97	>95%	1	100.0%	100.0%	100.0%	0.0	17
Community Paediatrics - Haringey (SCC)	>95%	18	33.3%	27.3%	10.0%	71.7	10	>95%	1		0.0%		-	0
Community Paediatrics - Haringey (NDC)	>95%	18	18.8%	12.1%	83.3%	15.1	36	>95%	1				-	0
Community Paediatrics - Haringey (Child Protection)	>95%	18	100.0%	100.0%	100.0%	0.4	30	>95%	1				-	0
Community Paediatrics - Haringey (Other)	>95%	18	100.0%	88.9%	100.0%	1.2	3	>95%	1				-	0
Community Paediatrics - Islington	>95%	18	80.0%	94.4%	97.2%	5.2	36	>95%	1				-	0
Family Nurse Partnership - Islington	>95%	12	100.0%	100.0%	50.0%	14.0	2	>95%	-				-	0
Haematology Service - Islington	>95%	12	100.0%	100.0%	100.0%	1.1	14	>95%	-				-	0
IANDS	>95%	18	91.7%	95.7%	100.0%	6.8	10	>95%	2				-	0
IANDS - SCT	>95%	20	36.4%	0.0%	17.2%	42.3	29	>95%	2				-	0
Looked After Children - Haringey	>95%	4	100.0%	62.5%	80.0%	3.7	15	>95%	2				-	0
Looked After Children - Islington	>95%	4	85.7%	75.0%	92.3%	3.4	13	>95%	2				-	0
Occupational Therapy - Haringey	>95%	18	75.0%	90.0%	90.0%	5.6	10	>95%	2				-	0
Occupational Therapy - Islington	>95%	18	57.1%	57.1%	86.7%	8.2	15	>95%	2				-	0
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%		100.0%	1.1	6	>95%	-				-	0
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	100.0%	100.0%	4.6	19	>95%	-				-	0
Physiotherapy - Haringey	>95%	18	97.6%	100.0%	96.5%	4.9	57	>95%	2	50.0%			-	0
Physiotherapy - Islington	>95%	18	100.0%	98.2%	97.7%	3.2	43	>95%	2				-	0
PIPS	>95%	12	100.0%	100.0%	100.0%	4.2	7	>95%	-				-	0
SALT - Haringey	>95%	14	34.5%	60.0%	77.8%	9.3	27	>95%	2	33.3%	0.0%	0.0%	2.4	2
SALT - Islington	>95%	14	86.4%	89.5%	91.9%	7.6	62	>95%	2				-	0
SALT - MPC	>95%	18	100.0%	90.9%	100.0%	6.1	26	>95%	2				-	0
School Nursing - Haringey	>95%	12	100.0%	74.4%	81.5%	10.7	65	>95%	-				-	0
School Nursing - Islington	>95%	12	100.0%	92.9%	97.0%	2.1	66	>95%	-				-	0

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

Cancer - 62D Performance by Tumour Group

Indicator	20_21 Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020-2021	Performance
Breast	>85%	100.0%	100.0%	66.7%	80.0%	100.0%	100.0%	100.0%	75.0%	53.3%	100.0%	50.0%		74.5%	
Gynaecological	>85%	0.0%	100.0%	0.0%	0.0%		0.0%	0.0%	0.0%	50.0%	100.0%	100.0%		25.0%	
Haematological (Excluding Acute Leukaemia)	>85%	100.0%	100.0%	100.0%		100.0%	100.0%		85.7%	100.0%	100.0%	100.0%		94.1%	
Lower Gastrointestinal	>85%	40.0%	100.0%	100.0%	100.0%	66.7%	0.0%	0.0%	46.2%	66.7%	80.0%	25.0%		47.2%	
Lung	>85%	0.0%	50.0%	50.0%	66.7%	80.0%	50.0%	100.0%	60.0%	100.0%	100.0%	0.0%		71.4%	
Other	>85%	100.0%			100.0%										
Skin	>85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%		98.5%	
Testicular	>85%					100.0%		100.0%	100.0%					100.0%	
Upper Gastrointestinal	>85%	0.0%	0.0%		0.0%	0.0%		100.0%			40.0%	100.0%		66.7%	
Urological (Excluding Testicular)	>85%	76.9%	95.7%	66.7%	76.5%	66.7%	50.0%	100.0%	0.0%	66.7%	0.0%			30.8%	

Cancer - 2WW Performance by Tumour Group

Indicator	20_21 Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020-2021	Performance
Breast	>93%	95.7%	97.9%	96.4%	98.9%	92.0%	82.4%	96.8%	88.4%	98.6%	98.5%	98.7%		95.5%	
Childrens	>93%	100.0%						50.0%				100.0%		66.7%	
Gynaecological	>93%	92.4%	95.9%	91.5%	92.9%	93.3%	87.7%	98.3%	97.2%	95.8%	93.2%	88.6%		93.2%	
Haematological	>93%	100.0%	94.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%		98.9%	
Lower Gastrointestinal	>93%	95.3%	98.2%	93.0%	97.9%	93.8%	75.8%	72.9%	100.0%	93.8%	93.4%	91.1%		89.9%	
Lung	>93%	100.0%	71.4%	88.9%	100.0%	100.0%	100.0%	100.0%	85.7%	71.4%	85.7%	100.0%		90.0%	
Skin	>93%	100.0%	97.5%	98.6%	96.2%	98.8%	100.0%	99.2%	99.5%	99.4%	98.1%	98.2%		98.8%	
Upper Gastrointestinal	>93%	98.1%	100.0%	100.0%	90.9%	90.9%	50.0%	61.4%	83.8%	97.8%	97.2%	93.8%		83.6%	
Urological	>93%	98.9%	95.6%	96.3%	96.9%	100.0%	100.0%	81.6%	89.2%	97.0%	88.2%	86.0%		90.8%	

Appendix 4. Trust Level Activity

Category	Indicator	20_21 Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Activity
ED	ED Attendances	8285	9371	9768	9561	8732	6565	4028	5703	6399	7124	7260	7731	7995	
ED	ED Admission Rate %		14.9%	13.1%	12.0%	12.7%	15.3%	16.6%	16.0%	16.2%	17.6%	16.4%	15.6%	15.9%	
Community	Community Face to Face Contacts		60906	50587	60220	53779	41469	19914	22900	27301	31724	29064	35486	38820	
Admissions	Elective and Daycase		2084	1791	2115	2085	1451	411	590	1162	1520	1374	1686	1770	
Admissions	Emergency Inpatients		2182	2101	1955	1851	1758	1340	1522	1653	2015	1925	1925	2052	
Referrals	GP Referrals to an Acute Service		7182	6403	7291	6688	4851	1753	3123	6562	9347	9157	10807	11358	
Referrals	% of GP Referrals that were completed via ERS		87.1%	87.3%	86.5%	87.0%	83.8%	53.1%	65.4%	78.9%	83.8%	84.7%	85.3%	90.4%	
Referrals	% e-Referral Service (e-RS) Slot Issues	<4%	18.3%	18.7%	13.9%	14.3%	19.3%	72.1%	77.9%	49.7%	37.7%	33.2%	39.2%	31.1%	
Maternity	Maternity Births	320	317	292	283	269	300	265	247	260	297	307	294	309	
Maternity	Maternity Bookings	377	344	353	437	368	338	399	413	392	382	382	454	441	
Outpatients	Outpatient DNA Rate % - New	<10%	11.2%	11.6%	9.5%	9.6%	13.0%	11.2%	8.3%	8.2%	9.4%	9.7%	9.4%	9.0%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	10.5%	10.7%	9.6%	9.5%	10.8%	7.2%	6.0%	6.1%	7.5%	8.8%	8.8%	8.8%	
Outpatients	Outpatient New Attendances		9888	9218	10788	9517	8090	5875	5940	7192	7944	7108	8374	8187	
Outpatients	Outpatient FUp Attendances		17705	16216	19576	17852	16296	13343	13436	16526	17504	15080	17590	17158	
Outpatients	Outpatient Procedures		7838	7421	8699	7916	5676	2892	3304	4483	5246	5022	5699	5664	

Meeting title	**Trust Board – public meeting**	**Date: 26 November 2020**
Report title	**Workforce Assurance Committee Chair's Assurance report**	**Agenda item: 10**
Executive director lead	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 30 September meeting of the Workforce Assurance Committee. **Areas of significant assurance:** • 2020/21 Quarter one workforce report • Guardian of Safer Working Hours - 2019/20 annual report and 2020/21 quarter one report • Caring for those who care initiative • Flu vaccination campaign There were no agenda items at the meeting for which the Committee is reporting limited assurance to the Board. The Committee also noted the terms of reference for the People Committee, received an update on the improved outcomes from the 2019 NHS staff survey and received a briefing on the NHS People Plan.	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the report.	
Risk Register or Board Assurance Framework (BAF)	BAF People entries	
Report history	Public Board meetings following each committee meeting	
Appendices	None	

Committee Chairs' Assurance report

Committee name	Workforce Assurance Committee
Date of meeting	30 September 2020
Summary of assurance:	

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

2020/21 Quarter one workforce report
Committee members reviewed a detailed paper covering the period 1 April to 30 June 2020 showing performance in the areas of sickness, turnover, vacancy rates, bank and agency expenditure, appraisal and mandatory training, recruitment and employee relations cases. They noted the assurance that all areas are showing recovery from the varying effects of the pandemic, and this was seen in vacancy and turnover rates steadying and a significant improvement in bank and agency indicators.

The Committee acknowledged that sickness rates, although higher than usual for the period covered, were attributable to the impact of the pandemic through increased incidences of short term and long term COVID-10 sickness (anxiety and depression). While appraisals and compliance with statutory and mandatory training requirements remained below target, they showed a steady increase.

Guardian of Safer Working Hours - 2019/20 annual report; 2019/20 quarter four report; 2020/1 quarter one report
The Committee considered the 2019/20 Guardian of Safer Working Hours annual report alongside two quarterly reports. It was able to take good assurance that junior doctors are working safe hours in accordance with the 2016 terms and conditions of service for NHS Doctors and Dentists in Training for the following reasons:

- Over the last year there had been a significant reduction in the total number of exception reports compared with 2018/19. This is due to on-going work between the Guardian of Safer Working Hour and the Medical Workforce and Speciality Team to review junior doctors' work schedules along with work around the culture of medical handover
- The Guardian of Safe Working Hours had continued to work with the Postgraduate Education Department, Rota Co-ordinators and the Junior Doctors Forum during this period to support all the trainees to face the challenges before them whilst ensuring safe working

The Committee also noted that:

- Exceptions remained most frequently reported amongst the most junior doctors with very infrequent reports from more senior trainees. They were also most commonly reported in medical and surgical specialities and much less frequently in Emergency Medicine, Obstetrics and Gynaecology or Paediatrics
- The Guardian of Safe Working Hours was working with higher trainees and the aforementioned specialities to encourage a culture of reporting
- Exception reporting most often occurred due to low doctor to patient

ratios, acutely deteriorating patients and high workloads
- No immediate safety concerns were identified in either of the two quarterly reports presented

Caring for those who care initiative
Committee members reviewed and took assurance from four reports presented under the Caring for those who care initiatives being taken forward. They were, as follows:

- **Staff equality networks** - there were two reports presented. The first detailed the plans and actions from the Black, Asian, and Minority Ethnic (BAME) network .The second paper reported on the work and activities three other new staff networks have been developing: the lesbian, gay, bisexual, transsexual, queer (LGBTQ+) network; the 'Whittability' network; and the women's network. In particular, the Committee welcomed the following:
  - The establishment of a governance structure for reporting and the planning taking place to mark Black History Month
  - The aims of the LGBTQ+ network to build a safe space that values and recognises sexual orientation and gender identity and works proactively to address any inequalities. The network's focus will influence Trust policies and strategies that will or may impact on LGBTQ+ patients and increase awareness of the experiences of staff issues particularly issues affecting transgender staff. The Executive sponsor for the LGBTQ+ network was Norma French
  - The main principles of the Whittability network for staff with disabilities (visible and hidden), long term conditions and allies were to increase awareness of the experiences of disabled staff/ staff experiencing long term medical conditions within the Trust and eliminate disability discrimination. The staff network's focus will be to support the Workforce Disability Equality Standards improvement plan, and provide disabled staff and staff with long term conditions a safe and confidential forum to seek peer support and to network with others. The network was supported by an Executive sponsor, Kevin Curnow
  - The Women's network is a support forum for all women in the workplace. Its aim was to support the development of women at all levels, sharing of useful information and will hold regular events and opportunities to network and engage

- **Workforce Race Equality Standard (WRES) National pilot** – the Committee noted an update on the Trust's involvement in an 18 month pilot which, alongside the new London WRES strategy, would help to drive forward progress on WRES indicators. Currently, activity was taking place as part of the diagnostic phase. Three other phases to follow: planning, interventions and evaluation would be co-designed between the National WRES team and Whittington Health

- **Future psychological support needs of staff** – the Committee welcomed a detailed paper which set out the existing support provided to support staff health and wellbeing and also anticipated the likely future

	demand for psychological support**.** The Committee noted, in particular that: ○ A variety of teams within Whittington Health joined forces at the early stages of the pandemic to provide staff support. This included members of Child and Adolescent Mental Health Services; Clinical Health Psychology; Improving Access to Psychological Therapies; the Freedom to Speak Up Guardian; trained Mental Health First Aiders; the Chaplaincy; Human Resources Business Partners; and the Organisational Development team. Support was provided in a variety of locations and through different channels ○ There was a need to offer longer term support as all staff could be affected, up to a year after the end of the event, and possibly beyond ○ The main symptoms fell into three main areas: anxiety, depression and raised stress levels (possibly in more extreme cases, post-traumatic stress disorder ○ Notably, the meta-analysis reported higher levels of symptoms of distress in nurses than in doctors, and noted that nurses were less likely to ask for help **Flu vaccination campaign** The Committee took positive assurance from plans for this year's winter flu vaccination. It noted the portfolio of approaches put in place to ensure that Whittington Health achieved its target. These included: • Having 60 flu vaccination champions in place at the Archway hospital site with a similar number available to vaccinate colleagues in the community • Holding regular flu clinics and leading by example - the Chief Nurse had vaccinated 30 staff members in the emergency department on 29 September • Having a simple and fast process available on the intranet for staff to access the vaccination • Promoting the link to a local food bank for every vaccination and also the prize draw for five donated bicycles
2.	**Other key issues covered:** The Committee noted the terms of reference for the **People Committee**, an executive forum, with responsibility for oversight of workforce and organisational development issues. Committee members received a briefing on the **NHS People Plan** which was published in July 2020. They noted the Plan set out practical actions that employers and systems should take, as well as the actions that NHS England and NHS Improvement and Health Education England will take over the remainder of 2020/21. These actions would focus on: • **Looking after our people** particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically • **Belonging in the NHS** highlighting the support and action needed to create an organisational culture where everyone feels they belong

	• **New ways of working and delivering** care emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care • **Growing for the future** particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer. In addition, the Committee noted the **NHS staff survey** would be launched on 5 October and close on 27 November 2020. It also received an update on work that had taken place in response to the 2019 NHS staff survey findings and the improvements made at an Integrated Clinical Service Unit and corporate team level. In addition, Committee members noted that the Trust had agreed to continue the themes Staff Health & Wellbeing and Staff Morale as a focus for activity.
3.	**Present:** Anu Singh, Non-Executive Director (Committee Chair) Kevin Curnow, Acting Chief Finance Officer Clare Dollery, Medical Director Norma French, Director of Workforce Carol Gillen, Chief Operating Officer Michelle Johnson, Chief Nurse and Director of Allied Health Professionals Rob Vincent, Non-Executive Director **In attendance:** Kate Green, Personal Assistant to Director of Workforce Helen Kent, Assistant Director, Learning & Organisational Development Sola Makinde, Associate Medical Director for Revalidation & Appraisal Cara Ramachandani, Project Manager Andrew Sharratt, Acting Director of Communication & Engagement Swarnjit Singh, Trust Corporate Secretary Kate Wilson, Deputy Director, Workforce **Apologies:** Baroness Glenys Thornton, Non-Executive Director

Meeting title	**Trust Board – public meeting**	**Date: 26.11.2020**
Report title	**Estate Strategy Phase 1 – Power Infrastructure and Maternity & Neonatal Facilities**	**Agenda item: 11**
Executive director lead	Jonathan Gardner, Director of Strategy & Corporate Affairs	
Report author	Jonathan Gardner, Helen Taylor, Sophie Harrison, Cara Ramchandani	
Executive summary	**Background** The Estate Strategy for Whittington Health was updated in 2020 to make sure we can deliver the right care in the right place and in the right environment both now and in the future. This has now been further updated to reflect the new PFI position (Appendix 1). The initial part of Phase 1 of the Estate Strategy is the delivery of much needed changes to the Trust's highest priority and highest risk areas, power infrastructure and Maternity & Neonatal Facilities. **Estate Strategy Phase 1 – Preferred Way Forward** A shortlist of options for delivering the changes required was outlined and evaluated in a Strategic Outline Case that was reviewed by the Board at the October Seminar session. From that shortlist, the preferred way forwards has now been identified by the Board as provision of improved power infrastructure, and the phased remodel of the existing blocks which currently hold the Trust's Maternity and Neonatal services. **Next Steps** We will develop detailed designs for the remodel of our Maternity and Neonatal facilities, including exploring how we can 'phase' delivery to prevent delays and ensure affordability. The aim will be to bring a Full Business Case for a small first phase in spring next year.	
Purpose:	Approval	
Recommendation(s)	The Board is asked to formally approve the proposed preferred way forward of Phase 1 of our updated Estate Strategy.	
Risk Register or Board Assurance Framework	Transformation Programme Board	
Report history	**Strategic Outline Case and Estate Strategy:** Investment Group: 5 October 2020 Trust Management Group: 13 October 2020 Trust Board Seminar: 28 October 2020	
Appendices	None	

Estate Strategy Phase 1 – Identification of the preferred way forward for power infrastructure and Maternity and Neonatal facilities

1 Introduction

The Estate Strategy for Whittington Health was updated in 2020. The Strategy makes sure that we can deliver the right care in the right place and in the right environment both now and in the future, in order to deliver our vision of "Helping local people live longer healthier lives". It provides a framework for future investment and decision making on the development and management of the Trust's estate for the period 2020 to 2030. The Estate Strategy has been broken down into three indicative phases:

- Phase 1 – *Maternity & Neonatal, Power Infrastructure, Integrated Community Hubs, and Office & Education facilities.*
- Phase 2 – *Children's services, Primary & Urgent Care on the Archway campus, Staff Accommodation, and using the value of our estate to support wider Public Sector requirements.*
- Phase 3 – *Theatre Complex, Ward Configuration, and further works to be determined by the requirements of the local health system.*

The initial part of Phase 1 of the Strategy – covered by the identified Preferred Way Forward – will deliver much needed changes to the Trust's highest priority and highest risk areas; power infrastructure and maternity and neonatal care. Integrated Community Hubs and office and education facilities are being managed separately through smaller opportunistic bids and transformation opportunities.

The Trust has produced a Strategic Outline Case and carried out strategic, economic, risk, and financial analysis of the options in order to identify a solution to these highest priority and highest risk areas. A preferred way forwards has now been identified.

We will deliver improvements to the Archway site's power infrastructure to provide much-needed power resilience. We will remodel the blocks that currently hold our Maternity and Neonatal services, transforming the standards of our facilities so that they align with the outstanding care that our staff already provide.

This paper sets out an overview of the appraisal process that led to identification of our preferred way forward, and updates the Trust Board on our planned next steps for this programme.

2 Description of the proposals/ requirement

2.1 The Case for Change

The initial part of Phase 1 of the Estate Strategy will deliver much needed changes to the Trust's highest priority and highest risk areas. Whittington Health must invest in power infrastructure, and in maternity and neonatal services, in order to:

- Provide electrical infrastructure than can meet demand.
- Address the quality of our maternity and neonatal facilities:

- The Labour Ward accommodation for women and families provides no en suite facilities.
- The neonatal facilities do not provide sufficient space for infection control, or for carers.
- The layout is disjointed and inefficient.
- The existing bereavement space is inadequate.
- Staff facilities are of poor quality or non-existent.

- Provide facilities that enable and promote innovation and transformation within our maternity and neonatal services:
  - Enable a transformative approach to women's journeys.
  - Enable and promote our vision for maternity and neonatal services, including increased emphasis on health promotion, which is currently inhibited by the poor quality environment.

- Align with national and local strategies and deliver our Trust's strategic objectives.

Our current maternity and neonatal facilities are inhibiting our ability to deliver our transformative vision for our services. By addressing these priority areas of our Estate Strategy, Whittington Health can provide the best start in life to our local children.

2.2 Whittington Health's Maternity and Neonatal Vision

Our vision for the future focuses on our unique co-ordination and 'life course' approach, on delivering the Maternity Transformation Programme, and on putting health promotion at the heart of what we do. We are currently in the process of developing this vision with our staff and our local service users, and the below represents a draft version:

A co-ordinated continuous approach to maternity, neonatal and child health care. A women-centred, uniquely integrated service – from pre-conception and gynaecology through to neonatology, health visiting, school nursing, and paediatric services.

Maximising ease of access and community support for our diverse population. Community-based midwife services, health promotion as a priority and access points for education and community networks.

Real choice for local women. Comprehensive choice of delivery options including home birth, midwife-delivered care, and obstetric-led care in the Labour Ward.

High quality digitally enabled facilities. Whittington Health facilities will promote innovation – with infrastructure to support digital ward rounds, digital check-in and booking, remote monitoring and transformative multi-disciplinary approaches enabled by virtual meetings.

Health promotion at the heart. We will make the most of the unique opportunity to impact on the health of the whole family and provide truly integrated support for children, women, partners, caregivers and families. Working with local community groups, charities, and educators to deliver a transformative approach to health promotion, disease prevention and management, with Whittington Health as a central hub.

A positive physical environment. Positive attractive spaces including outdoor

areas, co-designed with staff and families to promote healthier living, quick recovery and staff wellbeing.

An 'Active Birth' space and approach that prioritises healthy activity and exercise, bringing mothers-to-be together into a community.

High digital maturity. We will deliver the **"**Better Births" digital vision with electronic health records, sharing information digitally with clinical partners and patients. We will provide transformative integration with education, utilising online and mobile resources and exceeding the expectations of our 'digitally savvy consumers'.

2.3 Impact of changes to the PFI building

The Trust's other top estate risk is the PFI building. It has now moved into Whittington Health ownership and requires substantial work to reach compliance with Fire Standards. The works required – and the associated costs – are still being identified, the board seminar discussed implications of this for the SOC and agreed that the preferred way forward was consistent with any potential implications of PFI building developments, but recognised the risk of competing calls on limited capital budgets.

2.4 Engagement

We have engaged with our stakeholders throughout this project to-date. The original development control plan was designed with clinicians, and the estate strategy has had considerable public engagement through our partnership with The Bridge Renewal Trust, Manor Gardens, and Octopus Communities.

The initial business case objectives were produced during a workshop with representatives of NHSEI, NCL Estates, and commissioners. They have been developed further through engagement with clinicians and our patient representative group, Maternity Voices Partnership.

Internal clinical engagement has taken place and is reflected in their representation in the meetings, design and health planning workshops and appraisal and scoring of the long listed options.

A further meeting with senior NHSE/I, NCL Estates, Commissioners and Integrated Care System colleagues was held on the 17th November 2020, at which the preferred way forward was fully supported.

Further details of full stakeholder engagement were highlighted in an appendix to the strategic outline case considered during the seminar. Continued clincal and stakeholder engagement will be crucial as the design development continues.

3 The Short List and Options Appraisal

3.1 Investment Objectives

The below Investment Objectives of Phase 1 of the Estate Strategy have been identified through engagement with our staff and our Maternity Voices Partnership, and with consideration to the wider strategic context including the Better Births report. Our delivery of the identified preferred way forwards will deliver against these Investment Objectives.

Quality and Safety: The Trust aims to improve the quality and safety of the clinical environment in maternity and neonatal services.

- All labour rooms en suite
- Sufficient neonatal cot space to reduce infection risk
- Safer staffing possible through better estate design
- Improved experience for women and partners due to environment changes
- Improved bereavement space
- Sufficient storage space
- Appropriate rest spaces for staff to improve wellbeing
- Provide the plant and infrastructure needed to enable use of modern and innovative digital technology within maternity and neonatal services

Power infrastructure: The Trust aims to achieve sufficient capacity for power resilience and meet environmental targets, in line with directives specified by the Department of Health and Social Care (DHSC).

Transformational & System value: The Trust aims to develop the site in the most land efficient way in order to generate value for the system, while also allowing flexibility for future delivery models.

- More efficient staffing through better laid out site, allowing staff to flex more easily
- Enable a transformative approach to journeys for women and partners through the unit by placing emphasis on the way patients move through and experience the services provided – for instance consideration of the route from the postnatal ward to the neonatal unit
- Provide an environment and space that can enable the Whittington to provide transformative health promotion for the women and partners using the service, through integration of community and educational services, for instance incorporating an 'Active Birth' space.

3.2 The Short List

A shortlist of options for delivery of Phase 1 of the Estate Strategy was developed, based on proposals which reflect the Trust's wider strategies and the local, regional and national strategic context. Further options – including moving Maternity and Neonatal services into the 'PFI building' – were ruled out at the long list stage. Options that included expanding the unit were also ruled out due to not knowing the outcome of any NCL maternity review yet. Nevertheless, the Board noted that the remodel option was the only option that would allow expansion in the future should that be needed.

Table 1: Shortlist of options

Option	Summary
1. Business As Usual	• Trust will address highest risk backlog, subject to capital availability.
2. Do Minimum	• Only most significant quality of environment issues for neonates addressed. • Expansion of NICU, addressing infection control issues caused by lack of space. Four bed Triage created next to Labour Ward. • Investment in site power infrastructure to ensure compliance with relevant HTM and upgrade obsolete, high risk switchgear.

Option	Summary
3. Remodel existing Maternity and Neonatal unit and address Power Infrastructure risks.	• D/N/E/P blocks remodelled to provide long-term maternity and neonatal facilities with capacity for 4,000 births p.a.: o Expansion of NICU and SCBU, addressing infection control issues caused by lack of space. o En suite facilities in Labour Ward and Triage next to Labour Ward. o Maternity ambulatory facilities and an improved bereavement suite to improve privacy and dignity for women and families. o Antenatal clinics refurbished to improve quality of environment. o Provision of dedicated staff change for theatres. • Investment in site power infrastructure to ensure compliance with relevant HTM, upgrade obsolete, high risk switchgear and provide additional capacity to meet projected peak demands of redeveloped estate.
4. Build new unit for Maternity and Neonates and address Power Infrastructure risks	• C block (Jenner Exit) demolished and a new build maternity and neonatal facility with capacity for 4,000 births p.a. provided on C-block footprint (in line with HBN, HTM, and BREEAM requirements). • D/N/E/P blocks freed up for sale of land or other use. • Investment in site power infrastructure to ensure compliance with relevant HTM, upgrade obsolete, high risk switchgear and provide additional capacity to meet projected peak demands of redeveloped estate. • Additional heating and hot water distribution infrastructure to enable the delivery of thermal energy from A block boiler plantroom to the redeveloped maternity department.

3.3 Options Appraisal

Economic Assessment
Economic analysis of the options has been conducted using the Capital Investment Appraisal Model (CAIM) in accordance with the principles of the HM Treasury Green Book. Capital and revenue cost estimates were inputted for each of the options, based on high level design work and assumptions about staffing and activity changes.

The CIAM Assessment showed that both the Remodel and New Build options have a positive Net Present Social Value (NSPV) when the societal benefits associated with large construction projects are taken into account (job creation). The BAU and Do Minimum options do not have a positive NPSV, and are therefore both considered poor value for money.

Risk Assessment
The Risk Assessment identified the following risks associated with the potential options:

- Power: The BAU option does not mitigate the major risks caused by not having the required power capacity to have full redundancy. This means that if a generator were to fail we could face serious impact on hospital services.
- Quality: The BAU option does not mitigate the neonatal care risk of a greater infection rate (currently mitigated). The BAU and Do Minimum options do not address the risks caused by lack of en suite facilities in the Labour Ward and inadequate bereavement facilities.

- Strategy: The BAU and Do Minimum options do not address the risk of fewer mothers choosing Whittington Health due to the quality of environment, which may lead to eroding of the service. If this were to happen, it would impact on the sustainability of the unit and potential the identity and purpose of Whittington Health.
- Staffing: The BAU and Do Minimum options do not address the risk of staff continuing to question the priority we put on maternity services, and we will be less able to recruit and retain high-quality staff.
- Income: The BAU and Do Minimum options do not address the risk of a continued reduction in births at Whittington Health due to the quality of our estate, resulting in less income and reduced efficiency and potentially making our maternity service financially unviable and difficult to sustain.
- Commissioner delay: There is a risk of delay due to commissioners not wishing to approve significant investment in our maternity services until the NCL neonatal and maternity review is completed. However, the remodel option is flexible to allow for little or no sunk costs whatever the outcome of the review. It is also designed to allow for future expansion if required.
- Funding risk: All options carry a risk that the large amounts of funding required to do this project are not made available and the project cannot progress. The remodel option with lower funding requirements overall and the opportunity to phase even these requests may reduce this risk.
- Insufficient ambition: The remodel option carries a risk that if we do not show a distinct ambition for our services staff will choose to go elsewhere. We believe that this is mitigated by the fact that approval could be achieved sooner and a remodel is not a simple refurbishment but rather a fundamental overhaul.
- Ineffective use of site: The remodel option does not make the best use of the Archway site for other developments and system uses. We remain bound by our existing estate and cannot innovate or expand. This risk is incorporated into our analysis by the factoring in of the potential £13m land value into the economic appraisal as a benefit to the new build option. However this does not show effectively the value to the system of that land for other uses such as housing / step down beds / children's community services.

Only the remodel and new build options address all key quality risks, and therefore only these options should be considered for taking forward. We could mitigate against the risk of commissioner delay and funding risks by progressing a phased remodel approach.

Non-quantitative costs and benefits

The non-quantitative costs and benefits of the options have also been appraised using our identified Critical Success Factors:

Table 3: Critical Success Factors.

Critical Success Factor	Description
Strategic Fit and Business Needs	How well does the option meet the agreed Investment Objectives: 1. *Quality & Safety* – labour rooms en suite, sufficient neonatal cot

	space, improved patient experience through environment changes, appropriate bereavement space, improved storage, appropriate rest spaces, enables use of modern and innovative technology. 2. *Power* Infrastructure – sufficient capacity for power resilience, meet environmental targets in line with directives set by DHSC. 3. *Transformation & System* Value – enable more efficient staffing, enable a transformative approach to patient journeys through our maternity and neonatal services, and provide an environment that will enable us to provide transformative health promotion services for the women and partners in our care through the integration of community and educational services. How well does the option fit with other strategies, programmes and projects?
Potential Value for Money	How well does the option optimise public value (social, economic and environmental), in terms of potential costs, benefits and risks?
Supplier Capacity and Capability	How well does the option match the ability of potential suppliers to deliver the required services? How likely is it that the option is attractive to potential suppliers?
Potential Affordability	How well can the option be funded from available sources of finance? Is there potential to deliver the option via a phased approach?
Potential Achievability	How likely is it that the option can be delivered, given the organisation's ability to respond to the changes required? How well does the option match the level of available skills required for successful delivery? How quickly can this option be achieved? Are the highest risks addressed quickly (i.e. NICU and Labour Ward)?

Strategic Fit: A new build best meets our Investment Objectives from a quality and co-location point of view, however, a remodel option is the only one that is future proofed against any outcome of the maternity review because it does not assume any growth but would allow expansion if necessary.

Value for money: When the societal value of large construction projects is taken into account, the new build option offers the best value for money with the remodel in a close second. Due to the projected loss of income (as a result of fewer and fewer women choosing our services), BAU and Do Minimum offer poor value for money.

Supplier capacity: Differences between options are minimal, so supplier capacity can be discounted.

Affordability: A remodel is by more affordable than the other options. A new build has the highest capital cost and is likely unaffordable and can therefore be discounted.

Achievability: A remodel will deliver in the best timeframe, allowing the highest risk areas (e.g. NICU) to be addressed most quickly.

Table 4: Appraisal of options against Critical Success Factors

	1: BAU	2: Do minimum	3: Remodel	4: New Build
Strategic Fit	**R**	**R**	**G**	**G**
Potential value for money	**R**	**R**	**A/G**	**A/G**
Supplier capacity	**N/A**	**G**	**G**	**G**
Potential affordability	**G**	**G**	**A/G**	**R**
Potential achievability	**G**	**G**	**G**	**G**
SUMMARY	**R**	**R**	**G**	**A**

3.4 Conclusion of the Options Appraisal

Considering all non-quantifiable and quantifiable benefits, costs and risks, the preferred way forward is to address the power infrastructure risks as soon as possible, and to progress with remodelling the maternity and neonatal facilities to the current delivery capacity of 4000 per annum in a phased manner.

Phased delivery of the remodel will:

- Improve the affordability of the option by spreading the cost.
- Allow us to address the most pressing risks and issues first, including expanding NICU and providing en suites on our Labour Ward.

The full options appraisal was taken to a Trust Board seminar in October 2020, and our preferred way forward was agreed in principle. In public the board are being asked to ratify this approach.

4 Next steps

Now that a direction of travel has been identified and agreed by the Trust Board, our next steps for the delivery of the investment in power infrastructure and our maternity and neonatal facilities are:

1. We will engage with our stakeholders about our plans and possible funding mechanisms.
2. We will work with our architects to understand the options for 'phasing' the maternity and neonates remodel into separate, deliverable and affordable phases. Our focus will be on ensuring we can address the highest risk areas most quickly.
3. We will engage with our staff and service users to develop detailed designs for our maternity and neonatal facilities. Our focus will be on future-proofing for our digital strategy.

5 Conclusions / recommendations

The Board is asked to formally ratify in public the preferred way forward outlined above.

We will progress with the design work at pace, and aim to deliver changes to our highest risk areas (including NICU) as soon as possible. The Programme's Senior Responsible Officer will return to the Trust Board with a Full Business Case for the first phase of the remodel in 2021.

Whilst estate projects on this scale take time to plan and design, the Trust Board has also committed to some immediate small-scale aesthetic improvements to staff areas in our maternity and neonatal facilities to improve staff wellbeing. Our charity, our estates team, and our clinical leads are already working to identify and prioritise these 'quick wins' for the environment.

Meeting title	**Trust Board – public meeting**	**Date: 26 November 2020**
Report title	**Audit & Risk Committee Chair's Assurance report**	**Agenda item: 12**
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 22 October meeting of the Audit and Risk Committee. **Areas of significant assurance:** • Board Assurance Framework • 2019/20 Whittington Pharmacy Community Interest Company audited annual accounts and opinion • Internal audit report – recruitment and selection • Counter fraud progress report • 2019/20 Quality Account **Areas of moderate assurance:** • Corporate risk register • Internal audit plan • Internal audit recommendations' tracker	
Purpose:	Noting	
Recommendation(s)	Board members are invited to note the Chair's assurance report for the meeting held on 22 October 2020.	
Risk Register or Board Assurance Framework (BAF)	All	
Report history	Public Board meetings following each Committee meeting	
Appendices	None	

Committee Chair's Assurance report

Committee name	Audit and Risk Committee
Date of meeting	22 October 2020
Summary of assurance:	

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

Board Assurance Framework (BAF)

The Committee approved a revised BAF with updated scores reflecting the increased uncertainty in some risk entries. Committee members concurred with the increase in some scores as sensible and reflective of the current position. The amended BAF risk entry scores agreed were as follows:

- Quality 3 - the consequence score was upgraded from 3 to 4 to reflect the increased uncertainty and challenge of both a second surge and winter, particularly in ensuring sufficient staffing and capacity
- People 1 - the likelihood score was increased from 3 to 4 to reflect the challenges with NHS Test & Trace arrangements
- Integration 2 - the consequence score was increased from 2 to 3 to reflect the fact that we are in the early stages of recovery and the impact on the fragility of services is yet to be determined fully
- Integration 3 - the consequence score was raised from 2 to 3 so that the risks to service interruptions and gains made already through integration are not underplayed
- Sustainable 1 - the consequence and likelihood scores were both been increased from a 3 to a 4 to reflect the year-end forecast and was also linked to the risks around financial allocations which are to be disbursed at system-level.
- Sustainable 2 - the likelihood score was increased from 3 to a 4 to reflect the view that the odds of having insufficient estate modernisation or mitigation in place was likely to probably happen but would not present a persistent issue

2019/20 Whittington Pharmacy Community Interest Company audited annual accounts and opinion

The Committee took significant assurance from the unqualified external audit opinion with the audited 2019/20 annual accounts for the Pharmacy Community Interest Company (CIC) and also noted the net profit after tax of £39,594. In addition, the Committee noted that, while the pandemic had a limited impact on the CIC's 2019/20 financial results, as in March 2020 activity started to fall as a consequence of travel restrictions, the national lockdown and outpatient clinics moving to a remote operating model, it was anticipated that Covid-19 would have a more significant impact on the 2020/21 CIC accounts.

Internal audit report – recruitment and selection

The Committee took significant assurance from the rating given to a review of Whittington Health's recruitment and selection arrangements. The objective of this review was to provide assurance over the systems in place to ensure compliance with the Trust's recruitment and selection policies and procedures. The internal audit review concluded with a rating of significant assurance with

	some improvement required. There was one area identified for action – keeping a record of which managers involved in recruitment had been trained in line with North Central London arrangements. **Counter fraud progress report** The Committee took positive assurance from the report of local counter fraud activity. In particular, they noted work to raise staff awareness of risks such as the: • The increase in recent weeks identified by the NHS Counter Fraud Authority of 'phishing' attacks aimed directly at NHS staff, as a prelude to accessing the Electronic Staff Record (ESR) system in order to divert salary payments • The increased incidence of fraudulent claims linked to the Covid-19 pandemic **2019/20 Quality Account** Committee members reviewed the draft 2019/20 Quality Account and fed back comments. They noted that some patient-reported outcome measures were not reported as these had been stood down at the start of the pandemic and that other patient feedback would be included instead.
2.	**The Committee is reporting moderate assurance to the Board on the following matters:** **Risk register** The Committee discussed an overview report of the risk register which highlighted risk entries rated 16 or higher. It noted that: • the risk entry in relation to interventional radiology had been downgraded with new controls introduced to direct emergencies to the Royal Free Hospital and the engagement of a locum Consultant Interventional Radiologist to help with capacity • the Quality Assurance Committee was monitoring actions being taken to mitigate risks in relation to fire safety • a joint business case for funding for laptops and work phones for the Children's & Young People's Services ICSU was discussed by the Capital Monitoring Group and it was envisaged that this hardware would be rolled out in quarter three • the risk entry in relation to the financial impact of the Surgery & Cancer ICSU not meeting its annual cost improvement programme target was not considered a trust wide risk **Internal audit progress report** The internal audit team explained the reasons for the slippage in the internal audit plan. Assurance was provided that six further reports would be completed this week and that the revised plan agreed with the senior management team included measures to avoid further delays and the ability to escalate any issues quickly should they arise. Committee members asked that the next completed reports be emailed to them in advance of the next formal meeting and also fed back that the 2021/22 internal audit plan should contain an element relating to reconfiguration risks.

	Internal audit recommendations' tracker The Committee discussed and noted the reasons for delays in implementing recommendations arising from internal audit reviews of consultant job planning, equality and diversity and statutory and mandatory training. The Committee agreed that, the lead responsible executive director would be asked to attend future meetings where recommendations had not been implemented by the require date.
3.	**Other key items covered:** The Committee also discussed reports covering the following and agreed actions where necessary for the following: • An external audit progress and sector update report which kept members of the Committee informed of progress on the 2020/21 external audit and to keep them informed of recent relevant publications • The draft minutes of the Quality Assurance Committee meeting held on 9 September 2020 • Tender waivers and breaches • Salary overpayments • Debtors – the Committee requested that a paper setting out recommendations on debts held by Welsh Health Authorities should be brought to its January 2021 meeting
4.	**Attendance:** **Present:** Rob Vincent, Non-Executive Director (Committee Chair) Amanda Gibbon, Non-Executive Director Glenys Thornton, 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 Michelle Johnson, Chief Nurse & Director of Allied Health Professionals Philip King, Interim Head of Financial Services Gillian Lewis, Associate Director of Quality governance Steve Lucas, KPMG Ciaran McLaughlin, Grant Thornton Phil Montgomery, Procurement Business Partner James Shortall, Local Counter Fraud Specialist Swarnjit Singh, Trust Secretary

Meeting title	**Trust Board – public meeting**	**Date: 26 November 2020**
Report title	**Charitable Funds 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	In line with governance arrangements, this Committee Chair's report reports on areas of assurance on the items considered at the 22 September meeting of the Charitable Funds Committee. **Areas of significant assurance:** • Fundraising update and report of activities • Month four financial report • Priorities for Covid-19 fund expenditure **Other key issues:** The Committee also discussed a good report on value added tax implications and reviewed and agreed applications for funding There were no items covered at the meeting for which 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	22 September 2020
Summary of assurance:	

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

Fundraising update and report of activities

The Committee reviewed fundraising activity during the period 29 May to 4 September 2020, including that covered by major donors, NHS Charities Together, Justgiving and online fundraising, communication and newsletter. Committee members thanked the executive team for producing the helpful report and also fed back on the need to think about fundraising strategically. The Committee noted in particular that:

- £210k had been raised since the previous report to the Committee, making a total of £270k which had been raised and pledged
- There had been a significant amount of new donations during this period
- Priorities included engaging with supporters, applying for grants from Trusts and Foundations, digital fundraising and working with NHS Charities Together to secure additional funding from the national fundraising campaign
- Going forward the priority would be working towards the Christmas period, preparing for the fundraising impact of a potential second wave of coronavirus cases, and planning for the arrival of a new Head of the Charity
- All donors had been thanked for their contributions and support. In terms of significant donations, c.£100k was received from Meals for the NHS and c.£60k from legacy gifts
- The Whittington Charity had been awarded a £50k grant from NHS Charities Together. This funding would be used for Organisational Development team projects providing psychological support for Whittington staff as well as investing in meeting pods to help facilitate discussions
- NHS Charities Together had also allocated £22 per member of staff to NHS trusts. This equated to c.£99k being made available to Whittington Health and a proposal to use these funds for a reflective practice project would be submitted in the coming weeks
- A new charity newsletter had been published, providing an overview of the charity's activities in the past 12 months, including the pandemic period. This was sent to over 700 contacts on the charity database and would be used as marketing material going forward
- A new forum, the Arts Group, had been established with the aim of increasing the presence of art on the Trust estate. The fundraising team would be investigating financial and non-financial ways in which to support this ambition
- Rebranding of the charity had been put on hold pending the arrival of the new Head of Charity

	Month four financial report Committee members discussed and noted a financial overview report of the Charity's funds covering the period up to Month 4, 2020/21 and a breakdown of fund balances at the end of July 2020. They noted key headlines as: • A total charitable fund balance at 31 July of £2.87m • Income for the first four months of 2020/21 at £531k was significantly higher than prior years as a direct result of the Covid-19 pandemic and related donations • Expenditure relating to Covid-19 up to the end of July 2020 was £193k out of the total spend of £234k • The main fund balance movements related to funds raised and spent on the refurbishment of the Ifor Ward play terrace, a final quarter loss from the investment portfolio and from legacy funds received during the year **Priorities for Covid-19 fund expenditure** The Committee also reviewed and welcomed a report outlining the consultation with a broad range of staff in integrated clinical service units and corporate departments to gain feedback and suggestions for the Covid-19 Charitable Fund and other projects using existing Charitable Funds. It noted that the five main priority areas identified from the consultation were: • Cold drinking water in both community and hospital sites • Bicycle storage facilities in both community and hospital sites • Furniture for staff rooms in both community and hospital sites • The refurbishment of changing rooms and an increased number of lockers (hospital site) • Hot food at night (hospital site) The Committee agreed that these five areas above should take precedence over other calls on COVID funding and asked that an order of prioritisation be set out for this expenditure. It also agreed the following: • the use of £30k of the Covid Fund to increase the amount of bicycle storage space available • £70k from the Covid Fund to place a furniture order with Ocura • the use of the remainder of the Covid Fund to fund projects for drinking water, refurbishment of changing rooms and hot food, pending further costing and procurement options
2.	**Other key issues covered:** **Value added tax (VAT)** The Committee Chair thanked the Finance team for a considered and helpful report which clarified the position, provided an overview of the charity's VAT status, options available to maximise VAT recovery and feedback from conversations with other NHS charities, their VAT registration and reclaims experience.

	The Committee noted that the Whittington Charity's recent application to register for VAT exemption was rejected by Her Majesty's Revenue & Customs on the basis that the Charity did not make any taxable supplies. It also noted that while VAT was reclaimable on annual merchandise sales, the current level of these was minimal. **Applications for charitable funding** The Committee reviewed and approved the following bids: • Furniture for staff rooms – £70,805 • BAME network – approved and funded externally £50,000 • Postgrad Project Manager 6 month salary – approved from General Fund £36,000 • Undergraduate Senior Teaching fellow 12 month salary - approved from General Fund £13,000 • Porters Lodge refurbishment - approved £11,215 • Flu campaign & vaccination programme - approved £6,370 • Post-covid debrief & thank you gift for Maternity staff – approved £6,000 • Photographic Art Displays – approved £9,970 The Committee also discussed whether applications for charitable expenditure over £50k needed Board approval. As set out in the Trust's Standing Financial Instructions, this was not necessary as both the Chief Finance Officer and the Chief Executive had delegated authority to commit expenditure in excess of £50k. Any amounts committed for investment by the Committee would also be included in its Chair's assurance report to the Trust Board.
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 Michelle Johnson, Chief Nurse & Director of Allied Health Professionals Julia Neuberger, Non-Executive Director **In attendance:** Vivien Bucke, Business Support Manager Eddie Mitchell, Fundraising Officer Alex Ogilvie, Deputy Head of Financial Services Naomi Scott, Charitable Funds Accountant Swarnjit Singh, Trust Corporate Secretary

NHS
Whittington Health
NHS Trust

Meeting title	**Trust Board – public meeting**	**Date: 26/11/2020**
Report title	**Whittington Pharmacy Community Interest Company 2019/20 Annual Audited Accounts and Opinion**	**Agenda item: 14**
Executive director lead	Kevin Curnow, Acting Chief Finance Officer	
Report author	Alex Ogilvie, Deputy Head of Financial Services	
Executive summary	This paper provides a narrative on the following areas for the Trust Board to note: ▪ Paper accompanying Audited Accounts approved by the Community Interest Company (CIC) Board on 06/10/2020 ▪ 2019/20 CIC Annual Accounts There are two main areas that I would like to draw the Board's attention to: ▪ First, the Pharmacy CIC achieved an unqualified Audit Opinion for 2019-20 ▪ Secondly, the Pharmacy CIC is reporting a net profit after tax of £39,594 for 2019-20 (£9,334 for 2018/19); this includes a tax charge of £3,442 for 2019-20 (Nil 2018/19) The 2019/20 tax liability has been significantly reduced by the utilisation of brought forward tax losses created by the initial capital acquisitions of the CIC. It is noted that these losses are now fully utilised and future profits will be fully liable to Corporation Tax. COVID-19 has had a limited impact on the CIC's 2019/20 financial results. In March 2020 activity started fall as a consequence of travel restrictions, the national lockdown and outpatient clinics moving to a remote operating model. It is anticipated that COVID-19 will have a more significant impact on the 202/21 accounts.	
Purpose	Approval	
Recommendation	The Trust Board is asked to receive and approve the CIC's Annual Accounts process and outcome for the year ended 31 March 2020.	
Risk Register or Board Assurance Framework	Sustainability entries	
Report history	None	
Appendices	1: 2019/20 CIC Annual Accounts	

Whittington Pharmacy Community Interest Company 2019/20 audited annual accounts and opinion 2019/20

1.0 Purpose

1.1 The purpose of this paper is to present the 2019/20 audited financial statements for Whittington Pharmacy CIC ("the Pharmacy") to the Board and provide commentary on the statements and set out the next steps including sharing with the Trust's Audit committee and submitting to companies' house.

2.0 Introduction

2.1 These are the audited financial statements for the Pharmacy. The accounts contain financial transactions for the period from 1 April 2019 to 31 March 2020, and as such represent the finances of the organisation's second full year of trading.

2.2 KPMG were replaced as the Pharmacy's statutory external auditor for 2019/20 by Cartwrights.

2.3 It was agreed that for 2019/20, the Pharmacy CIC would seek to appoint a new firm of Auditors with experience of Pharmacy accounts. The successful bid was from a local audit and business advisory firm called Cartwrights.

2.4 Cartwrights commenced their audit and review of the draft financial statements on the 20th July 2020, completing their fieldwork and reaching their opinion early September 2020. .

2.4 I am pleased to report that Cartwrights are proposing to issue an Unqualified Audit opinion for 2019/20.

2.5 It is noted that we are ahead in terms of reporting and submission timescales compared to previous years and it is highlighted that these accounts will be presented to Trust Audit committee on the 21st October, with the intention to file with Companies by the end of October 2020. This is within the regulatory deadline for filing the accounts with Companies House is 31 December 2020.

2.6 The prior year adverse audit opinions were issued by KPMG on the basis that they were unable to obtain sufficient appropriate audit evidence over stock, turnover or debtors in 2017/18. This issue followed into 2018/19 due to the inclusion of 2017/18 as comparatives. KPMG's primary audit concern was the inability of the Pharmacy's stock system, Positive Solutions, to price items accurately at a point in time.

2.7 The Positive Solutions stock system was replaced by JAC with effect from 1 July 2019 and Cartwrights attended and gained the suitable assurance over this transition.

3.0 Corporation Tax Liability

3.1 For the period to 31 March 2020, the Pharmacy is reporting a profit before tax of £43,036. Cartwrights Tax team, have calculated the Pharmacy's tax liability for 2019-20 as £3,442.

3.2 It is highlighted that profit and taxable profit are not always the same figure; HMRC have very detailed rules about what is and isn't allowable for taxation purposes and it is often necessary to recalculate profit for taxation purposes.

4.0 Headlines on the financial statements

4.1 We state below how we can give the Board assurance over some fundamental principles underpinning the financial statements.

Area	Principal assumptions
Turnover	• Sales made from the Pharmacy to the Trust are based on invoices issued to the Trust; • Sales in the shop are based on bank takings through the till; • Dispensing fee is based on coverage of the Pharmacy's pay and non-pay costs, less the SLA and other items billed by the Trust.
Cost of sales	• Under the terms of the contract between the Trust and Pharmacy, the cost of sales between the Trust and the Pharmacy is on a zero profit basis. • The cost of drugs dispensed either to the Trust or via the shop is based on invoices.
Gross profit	• Gross profit largely consists of the dispensing fee, prescription charges and profit margin on shop items of approx. 100%. This is consistent with the 2018-19 year.
Administrative expenses	• Based on costs reported via third party payroll provider, or via invoices.
Net profit	• Net profit after administrative expenses and before tax is reported at £43,036.
Closing stock	• Audit attended the stock take at transition to JAC and at the Year End and did not raise any concerns about quantities in stock at the year-end date. We have used the JAC valuation of these stock items in the financial statements.

5.0 Next steps

5.1 Key dates until the end of the process are as follows:

- Audited Statements presented to Trust Audit Committee:
- Planned submission to Companies House: 31 October
- Deadline for submission to Companies House: 31 December

6.0 Recommendation

6.1 To receive and approve the audited financial statements.

STRATEGIC REPORT, REPORT OF THE DIRECTORS AND FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2020

FOR

WHITTINGTON PHARMACY CIC

COMPANY NO. 10593765 (England & Wales)

CONTENTS OF THE FINANCIAL STATEMENTS
for the Year Ended 31 March 2020

	Page
Contents	1
Company Information	2
Strategic Report	3
Report of The Directors	6
Report of the Independent Auditors	8
Statement of Comprehensive Income	11
Statement of Financial Position	12
Statement of Changes in Equity	13
Statement of Cash Flows & Explanatory Notes	14
Notes to the Financial Statements	16
Trading and Profit and Loss Account	24

COMPANY INFORMATION
for the Year Ended 31 March 2020

DIRECTORS:	S Richardson H Taylor C Patel C Gillen S Bloomer - resigned 6th September 2019 K Curnow – appointed 6th September 2019
REGISTERED OFFICE:	Whittington Pharmacy Highgate Hill London N19 5NF
REGISTERED NUMBER:	10593765 (England and Wales)
AUDITORS:	Cartwrights Regency House, 33 Wood Street Barnet, London, EN5 4BE

STRATEGIC REPORT
for the Year Ended 31 March 2020

The directors present their strategic report for the year ended 31 March 2020.

COMPANY FORMATION AND PURPOSE

Whittington Pharmacy CIC ("the Company") is a wholly owned subsidiary of Whittington Health NHS Trust and was incorporated on the 31st January 2017 and commenced trading on the 19th July 2017. The Company was established to provide a step change in the delivery of outpatient pharmacy services with the primary aims being to improve the patient experience and quality of services offered.

We combine the best of the NHS and the commercial sector, linking high quality clinical skills and a deep knowledge base with an entrepreneurial approach to driving growth, innovation and efficiency.

The Company's principal function during the year has been the dispensing of outpatient prescriptions and other over the counter sales. Our strategy for future development, however, is one of growth through continued innovation and the expansion of our model into other services and customers.

REVIEW OF BUSINESS

As part of this report and the appended financial statements covering the financial year from 01 April 2019 to 31 March 2020. The Company completed its third period of trading as at 31 March 2020, and its revenue is wholly derived from the dispensing and sale of medicines and services including Travel health. The results for this financial year, as well as the financial position of the Company, are shown in the annexed financial statements. The company turnover for the year was £3.41m (2018/19 £3.46m) and made an operating profit of £43,036 before taxation (2018/19 £9,334). No recommendation has been made for the payment of a dividend.

Whittington Pharmacy's business objectives are as follows:

Patient Experience:
To provide patients with an excellent experience of pharmacy services and engage them as active partners in their care.

Patient Safety:
To provide patients with a high quality and safe service by a dedicated and expert team

Efficiency:
To provide an efficient, feedback driven and responsive service to our local community

Innovation:
To continue to innovate pharmacy service provision to meet the needs of our local community

In its third period of trading, Whittington Pharmacy CIC has further established itself and demonstrated strong performance against key business objectives. The Company has:

- Continued to provide a comprehensive 7 day service to staff, patients and the local Community.
- Increased staffing numbers to support increased activity and robust governance arrangements within the business.

- Further Improved access to supportive medicines, aids and devices to local patients and staff.
- Continued to expand its retail product selection to support the needs of the local community, including staff and patients; and sales have increased consistently year on year.
- Consistently performed and improved against agreed KPI measures, delivering a high quality and efficient service. These KPIs are mostly focused around customer satisfaction, and measure items such as waiting times and the proportion of customers with a 'very satisfied' or 'satisfied' view of the service provided.
- Provided a Travel Health Clinic that has been growing in use throughout the course of year used both by staff and the local community.
- Consistently achieved excellent ratings from the patient satisfaction survey. Over 86% of service users were satisfied or very satisfied with the service that they received from Whittington Pharmacy CIC
- Refined processes in response to patient and staff feedback further enhancing service provision.
- Supported the Health & Wellbeing of staff and the local population at open day events held by Whittington Health NHS Trust.
- Responded adeptly to the challenges presented by COVID-19 in ensuring the ongoing provision of medicines to patients through various mechanisms including post, courier, drive thru and via volunteers.

PRINCIPAL RISKS AND UNCERTAINTIES

The Company's principal customer is Whittington Health NHS Trust, with whom it has a fixed term service level agreement for the dispensing of drugs. Risks associated with the company's principal activity are therefore in line with those of similar suppliers to such organisations.

FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The Company's principal financial instruments comprise bank balances, trade creditors and trade debtors. The main purpose of these instruments is to finance the Company's operations.

The Company operates a bank current account in sterling with Lloyds Bank for trading purposes. The treasury function is managed by the parent Company under a service level agreement between the two parties.

ANNUAL AUDIT OF ACCOUNTS

For reference, it is noted that the prior Auditor's (KPMG) qualified audit opinion in 2018/19 was a direct consequence of the same firm's audit opinion from 2017/18; this qualification was specifically in relation to the prior year comparative figures from 2017/18.

As a result of the work that has taken place since this audit throughout both 2018/19 and 2019/20, the Board of the CIC has full confidence in the stock management and financial management of the CIC and this is demonstrated within this report.

ON BEHALF OF THE BOARD:

Mr Stuart Richardson
Managing Director
Whittington Pharmacy CIC
Date: 06 October 2020

REPORT OF THE DIRECTORS
for the Year Ended 31 March 2020

The directors present their report with the financial statements of the company for the year ended 31 March 2020.

PRINCIPAL ACTIVITY

The principal activity of the company in the year under review was that of a pharmacy.

DIVIDENDS

No dividends have been paid during the reporting year.

DIRECTORS

The directors shown below have held office during the specified dates in the reporting period and to the date of this report.

Name	Appointed	Resigned
S Richardson	5th May 2017	N/A
H Taylor	31st January 2017	N/A
C Gillen	16th October 2017	N/A
S Bloomer	5th May 2017	6th September 2019
K Curnow	6th September 2019	N/A
C Patel	28th March 2018	N/A

STATEMENT OF DIRECTORS' RESPONSIBILITIES

The directors are responsible for preparing the Strategic Report, the Directors' Report and the financial statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law they have elected to prepare the financial statements in accordance with UK accounting standards and applicable law (UK Generally Accepted Accounting Practice), including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland.*

Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing these financial statements, the directors are required to:

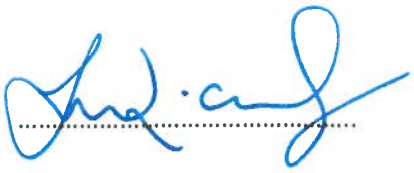
- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- assess the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are 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, and have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the company and to prevent and detect fraud and other irregularities.

STATEMENT AS TO DISCLOSURE OF INFORMATION TO AUDITORS

So far as the directors are aware, there is no relevant audit information (as defined by Section 418 of the Companies Act 2006) of which the company's auditors are unaware, and each director has taken all the steps that he or she ought to have taken as a director in order to make himself or herself aware of any relevant audit information and to establish that the company's auditors are aware of that information.

ON BEHALF OF THE BOARD:



Mr Stuart Richardson
Managing Director
Whittington Pharmacy CIC
Date: 06 October 2020

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF WHITTINGTON PHARMACY CIC
for the Year Ended 31 March 2020

Opinion

We have audited the financial statements of Whittington Pharmacy CIC (the "company") for the year ended 31 March 2020 which comprise the Income Statement, Other Comprehensive Income, Balance Sheet, Statement of Changes in Equity, Cashflow Statement and Notes to the Cashflow Statement, Notes to the Financial Statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and the Republic f Ireland" (United Kington Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31 March 2020 and of its profit for the year then ended;
- have been properly prepared in accordance with United Kington Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence that we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The directors are responsible for the other information. The other information comprises the information in the Strategic Report and the Report of the Directors, but does not include the financial statements and our Report of the Auditors thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement in the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Strategic Report and the Report of the Directors for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic Report and the Report of the Directors have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the Strategic Report or Report of the Directors.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of directors

As explained more fully in the Statement of Directors' Responsibilities set out on pages six and seven, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the company'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 the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

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 a Report of the Auditors that includes our opinion. Reasonable assurance is a high level of assurance, but is not a 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 their aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our Report of the Auditors.

Use of our report

This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in a Report of the Auditors and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

.....

Ahsan Khan (Senior Statutory Auditor)
for and on behalf of Cartwrights
Chartered Accountants and Business Advisors
Statutory Auditor
Regency House
33 Wood Street
Barnet
Hertfordshire
EN5 4BE

06 October 2020

STATEMENT OF COMPREHENSIVE INCOME
for the Year Ended 31 March 2020

	Note	2019/20 £	2018/19 £
Turnover		3,412,249	3,456,435
Cost Of Sales		2,910,890	2,999,225
Gross Profit		**501,359**	**457,210**
Administrative Expenses		458,272	436,896
Operating profit		**43,087**	**20,314**
Interest Payable		51	10,980
Profit before Tax	5	**43,036**	**9,334**
Tax on profit	6	**3,442**	**-**
Profit for the financial year / period		**39,594**	**9,334**

STATEMENT OF FINANCIAL POSITION
for the Year Ended 31 March 2020

	Note	31 March 2020 £	31 March 2019 £
Fixed Assets			
Tangible assets	7	44,588	63,730
Intangible assets	7	43,831	2,184
Total non-current assets		**88,419**	**65,914**
Current assets			
Stock	8	183,405	247,748
Debtors	9	813,126	171,421
Cash and cash equivalents		36,790	8,926
Total current assets		**1,033,321**	**428,095**
Creditors falling within one year	10	**1,060,292**	**472,155**
Net Current Liabilities		**(26,971)**	**(44,060)**
Net Assets		**61,448**	**21,854**
Capital and Reserves			
Reserves	11	61,447	21,853
Share Capital	13	1	1
Shareholder's Funds		**61,448**	**21,854**

The notes on pages 16 to25 provide supporting information for these accounts.

The financial Statements were approved by the Board of Directors on the 06 October 2020 and were signed on its behalf by

Mr Stuart Richardson
Managing Director
Whittington Pharmacy CIC
Date: 06 October 2020

STATEMENT OF CHANGES IN EQUITY
for the Year Ended 31 March 2020

	Note	Income and expenditure reserve	Share Capital	Total
		£	£	£
Equity at 1 April 2019 - brought forward		**21,853**	**1**	**21,854**
Profit for the year	11	39,594	-	**39,594**
Equity at 31 March 2020		**61,447**	**1**	**61,448**

STATEMENT OF CASH FLOWS
for the Year Ended 31 March 2020

	Note	2019/20 £	2018/19 £
Cash flows from operating activities			
Cash Generated from Operations	1	(553,240)	2,170,044
Net cash used in operating activities		**(553,240)**	**2,170,044**
Cash flows from investing activities			
Purchase of intangible assets		(51,566)	-
Purchase of property, plant, equipment and investment property		-	-
Net cash used in investing activities		**(51,566)**	**-**
Cash flows from financing activities			
Cash Support from Parent		3,975,714	2,900,931
Cash Support repaid to Parent		(3,342,993)	(5,255,451)
Interest Charged		(51)	(10,980)
Shares Issued		-	-
Net cash generated from financing activities		**632,670**	**(2,365,500)**
(Decrease) / Increase in cash and cash equivalents		**27,864**	**(195,456)**
Opening Cash Balance	**2**	8,926	204,382
Closing Cash Balance	**2**	**36,790**	**8,926**

NOTES TO THE STATEMENT OF CASH FLOWS
for the Year Ended 31 March 2020

1. Reconciliation of Profit before taxation to Cash Generated from Operations

	Note	2019/20 £	2018/19 £
Profit before Taxation		43,036	9,334
Interest Charges		51	10,980
Depreciation Charges	5	29,061	22,262
		72,148	**42,576**
(Increase) / Decrease in stocks	8	64,343	(2,186)
(Increase) / Decrease in debtors	9	(641,705)	1,982,904
Increase / (Decrease) in creditors (excl Cash Support)	10	(48,026)	146,750
Net cash used in operating activities		**553,240**	**2,170,044**

2. Cash and Cash Equivalents

The amounts disclosed on the Statement of cash Flows in respect of cash and cash equivalents are in respect of these Statement of Financial Position amounts:

Year Ended	**31/03/2020**	**31/03/2019**
	£	**£**
Cash and Cash Equivalents	36,790	8,926

NOTES TO THE FINANCIAL STATEMENTS
for the Year Ended 31 March 2020

1. STATUTORY INFORMATION

Whittington Health CIC is a community investment company registered in England and Wales. The company's registration number and registered address can be found on the company information page of this document

2. ACCOUNTING POLICIES

Basis of preparing the financial statements

These financial statements have been prepared in accordance with Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland" and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

Turnover

Turnover represents sales of goods net of VAT and trade discounts. Turnover is recognised when the goods are physically delivered to the customer.

Fixed assets

Fixed assets are valued at cost. Depreciation and Amortisation is provided at the following annual rates in order to write off each asset over its estimated useful life. Assets transferred to the CIC from the Trust have been transferred with their remaining Useful Life.

Plant and machinery	10% on cost
Fixtures and fittings	Straight line over 7 years
Computer equipment	20% on cost
Computer Software & Licences	20% on cost

Stocks

Stock is valued at cost.

Pension costs and other post-retirement benefits

The company's employees are members of the National Employment Savings Trust (NEST) pension scheme, which is a defined contribution workplace pension scheme. Contributions payable to the company's pension scheme are charged to profit or loss in the period to which they relate.

3. GOING CONCERN

The financial statements have been prepared on a going concern basis which the directors consider to be appropriate for the following reasons.

The directors have prepared cash flow forecasts for a period of 12 months from the date of approval of these financial statements which indicate that, taking account of reasonably possible downsides, the company will have sufficient funds, through funding from Whittington Health NHS Trust, to meet its liabilities as they fall due for that period.

Those forecasts are dependent on Whittington Health NHS Trust not seeking repayment of the net amounts currently due to the group, which at 31 March 2020 amounted to £642,768 and providing additional financial support during that period (see Note 14). Whittington Health NHS Trust has indicated its intention to continue to make available such funds as are needed by the company, and that it does not intend to seek repayment of the amounts due at the balance sheet date, for the period covered by the forecasts. As with any company placing reliance on other group entities for financial support, the directors acknowledge that there can be no certainty that this support will continue although, at the date of approval of these financial statements, they have no reason to believe that it will not do so.

Consequently, the directors are confident that the company will have sufficient funds to continue to meet its liabilities as they fall due for at least 12 months from the date of approval of the financial statements and consequently have prepared the financial statements on a going concern basis.

NOTES TO THE FINANCIAL STATEMENTS
for the Year Ended 31 March 2020

4. Employees and Directors

a) Employee & Staff Bank Costs Analysis	2019/20	2018/19
	£	£
Substantive Employees		
Wages and Salaries	196,899	167,232
Social Security Costs	13,681	13,679
Other Pension Costs	4,886	5,606
Total Payroll Costs	**215,466**	**186,517**
Total Employee Costs	**215,466**	**186,517**
Staff Bank Employees		
Wages and Salaries	42,023	34,641
Social Security Costs	3,261	1,968
Other Pension Costs	699	1,065
Agency Costs	-	-
Total Staff Bank Costs	**45,983**	**37,674**
Total Non-Director Staff Costs for the Period	**261,449**	**224,191**

b) Director Costs Analysis		
	£	£
Substantive Employees		
Directors' remuneration	53,726	53,501
Directors' Employers NI	6,224	6,221
Directors' pension contributions to money purchase schemes	2,571	2,419
Total Directors' Costs	**62,521**	**62,141**
Total Directors Costs for the Period	**62,521**	**62,141**
Total Staff Costs for the Period	**323,970**	**286,332**

c) Employee Number Analysis	(No.)	(No.)
The Average Number of Employees during the period was as follows :		
Pharmacy Staff (Whole Time Equivalent)	10.9	8.6

5. Operating Profit / Loss

	2019/20	2018/19
	£	£
The Profit for the year / period from continuing operations is stated after charging:		
Depreciation - Owned Assets	29,061	22,262
Auditors' Remuneration	12,550	19,000

6. Taxation

Analysis of the tax charge

The tax charge on the profit for the year was as follows

	2019/20	2018/19
	£	£
Current Tax:		
UK Corporation Tax	3,442	-
Deferred tax	-	-
Tax on profit	3,442	-

7. Fixed Assets

Tangible Fixed Assets	Plant & Machinery	Computer Equipment	Fixture & Fittings	Totals
	£	£	£	£
COST				
At 1 April 2019	58,779	26,834	11,063	96,676
Additions	0	0	0	0
At 31 March 2020	58,779	26,834	11,063	96,676
DEPRECIATION				
At 1 April 2019	20,235	9,392	3,319	32,946
Charge for the Year	11,563	5,367	2,212	19,142
At 31 March 2020	31,798	14,759	5,531	52,088
NET BOOK VALUE				
At 31 March 2020	**26,981**	**12,075**	**5,532**	**44,588**
At 31 March 2019	**38,544**	**17,442**	**7,744**	**63,730**

Intangible Fixed Assets	Software & Licences	Totals
	£	£
COST		
At 1 April 2019	6,240	6,240
Additions	51,566	51,566
At 31 March 2020	57,806	57,806
AMORTISATION		
At 1 April 2019	4,056	4,056
Charge for the Year	9,919	9,919
At 31 March 2020	13,975	13,975
NET BOOK VALUE		
At 31 March 2020	**43,831**	**43,831**
At 31 March 2019	**2,184**	**2,184**

NOTES TO THE FINANCIAL STATEMENTS
for the Year Ended 31 March 2020

8. Stocks

	31/03/2020	31/03/2019
	£	
Closing Stock @ 31 March	183,405	247,748

9. Debtors: Amounts falling due within One Year

	31/03/2020	31/03/2019
	£	£
Trade Debtors	652,721	-
Cash in Transit	-	2,676
Other Debtors	-	-
VAT	160,405	168,745
	813,126	171,421

10. Creditors: Amounts falling due within One Year

	31/03/2020	31/03/2019
	£	£
Trade Creditors	220,492	245,760
Net Credit Owed to Parent	-	62,471
Tax	3,442	-
Social Security & Other Taxes	3,532	3,000
Other Creditors	1,581	1,629
Accrued Expenses	188,478	149,248
	417,524	**462,108**
Cash Support from Parent	642,768	10,047
	642,768	**10,047**
Total Creditors falling due within One Year	**1,060,292**	**472,155**

NOTES TO THE FINANCIAL STATEMENTS
for the Year Ended 31 March 2020

11. Reserves

	Retained Earnings	
	2019/20	2018/19
	£	£
At 1 April	21,853	12,519
Profit for the year / period	39,594	9,334
At 31 March	61,447	21,853

12. Ultimate Controlling Party

The ultimate controlling party is Whittington Health NHS Trust.

This control was effected by the purchase of a £1 Ordinary Share which comprises 100% of the Issued Share Capital.

13. Called Up Share Capital

	31/03/2020	31/03/2019
	£	£
Ordinary Shares in Issue	1	1

14. Related Party Disclosures

Whittington Health NHS Trust

	2019/20	2018/19
	£	£
Sales	(2,836,078)	(2,953,026)
Purchases	-	-
Staff Recharge	-	-
Transfer of Assets & Maintenance Costs	-	-
SLA Charge from Trust	70,000	70,000
Rent	13,732	13,732
Insurance	308	308
Credit Re Interest previously Charged	(10,980)	-
Interest	-	10,980
Amount due from related party (Debtors)	652,995	-
Amount due to related party (Creditors)	(642,768)	(119,213)

To recognise the commercial nature of their relationship, the CIC and the Trust have agreed that there is a separate Dispensing Fee for the CIC's dispensing services, and this is recognised within the Sales to the Trust figure above

15. Unaudited Trading and Profit and Loss Account

	2019/20 £	2018/19 £
Sales	3,412,249	3,456,435
Cost of Sales	2,910,890	2,999,225
Gross Profit	**501,359**	**457,210**
Expenditure		
Wages	196,899	167,232
Social Security	13,681	13,679
Pension Costs	4,887	5,606
Director Wages	53,726	53,501
Directors Social Security	6,223	6,221
Directors Pension Contributions	2,571	2,419
Bank Staff Wages	42,023	34,641
Bank Staff Social Security	3,261	1,968
Bank Staff Pension Contributions	698	1,065
Substantive & Bank Maternity Relief	(9,743)	-
Stationery	5,703	7,673
Software Purchase	150	-
Software & Hardware Maintenance	13,902	5,388
Insurance	2,904	4,610
Legal Fees	687	2,084
Audit Fees	12,550	19,000
Miscellaneous Expenses	2,074	488
Teaching/Training Expenditure	888	2,003
Service Charges	83,732	83,732
	436,816	411,312
Finance Costs		
Credit re Interest on Cash Support from Trust	(10,980)	-
Interest on Cash Support from Trust	-	10,980
Late Payment Charges	51	-
Cardnet & Bank Charges	3,373	3,322
	(7,556)	14,302

Continued Over

NOTES TO THE FINANCIAL STATEMENTS
for the Year Ended 31 March 2020

15. Unaudited Trading and Profit and Loss Account (continued)

	2019/20	2018/19
	£	£
Depreciation		
Depreciation	19,142	19,142
Amortisation	9,919	3,120
	29,061	22,262
Corporation Tax		
Tax on Profit	3,442	-
	-	-
Net Profit	**39,594**	**9,334**

Meeting title	**Trust Board – public meeting**	**Date: 26 November 2020**
Report title	**Board Assurance Framework and Risk Register**	**Agenda item: 15**
Executive leads	Jonathan Gardner, Director of Strategy & Corporate Affairs (Board Assurance Framework) and Michelle Johnson, Chief Nurse & Director of Allied Health Professionals (Risk Register)	
Report authors	Swarnjit Singh, Trust Secretary, and Gillian Lewis, Associate Director of Quality Governance	
Executive summary	**Background** Following the 30 September Board meeting, the Executive Team reviewed the risk scores for each Board Assurance Framework (BAF) entry. The revised scores were discussed and endorsed by the Trust Management Group at its meeting on 13 October. They were also reviewed at the Audit & Risk Committee meeting held on 22 October and agreed as prudent and reasonable given the current uncertainty. In November, meetings of the Quality Assurance and Finance & Business Development Committees have reviewed and agreed the updated entries for risks to the delivery of Whittington Health's quality and sustainability strategic objectives.	
Purpose	Approval	
Recommendation(s)	Trust Board members are invited to: i. approve the revised scores for BAF entries; and ii. be assured that the updated entries show the effective mitigation of risks to the delivery of the Trust's strategic objective; and iii. note the changes to the risk register highlighted in appendix 3 which were approved by the Quality Assurance Committee on 11 November 2020 in relation to risks removed from the risk register following a reduction in scores, entries whose scores had increased and one new entry to the register.	

Risk Register or Board Assurance Framework	All BAF entries
Report history	Trust Board, 30 September 2020; 12 October, Executive Team; 13 October, Trust Management Group; 22 October Audit & Risk Committee; 11 November, Quality Assurance Committee; 24 November, Trust Management Group; 25 November, Finance & Business Development Committee
Appendices	1: Board Assurance Framework summary 2: Board Assurance Framework detail 3: Risk Register summary report

Board Assurance Framework (BAF) scores

Following reviews by executive and board committees of the individual scores for each BAF entry, risk scores remain unchanged for the following BAF entries:

- Quality 1
- Quality 2
- Quality 4
- People 2
- People 3
- Integration 1
- Integration 4
- Sustainability 3
- Sustainability 4
- Sustainability 5

Changes have been made to risk scores for the following BAF entries with the following explanations.

BAF entry	Rationale
Quality 3	• The consequence score has been upgraded from 3 to 4 to reflect the increased uncertainty and challenge of both a second surge and winter, particularly in ensuring sufficient staffing and capacity.
People 1	• The likelihood score has been increased from 3 to 4 to reflect the difficulties with NHS Test & Trace arrangements, currently.
Integration 2	• The consequence score has increased from 2 to 3 to reflect the fact that we are in the early stages of recovery and the impact on the fragility of services is yet to be determined fully. In addition, it is not clear that opportunities presented through greater system working and collaboration have yet been fully-realised.
Integration 3	• Similar to the entry for Integration 1, the consequence score has been raised from a 2 to 3 so that the risks to service interruptions and gains made already through integration are not underplayed.
Sustainable 1	• The consequence and likelihood scores have both been increased from a 3 to a 4. • The new financial arrangements for the period October 2020 to March 2021 removed the break-even arrangements in place for the first six months of this financial year. The

BAF entry	Rationale
	financial forecast shows a significant deficit at year-end and is in part linked to the risks around financial allocations which are to be disbursed at system-level. • In addition, the risk grading matrix highlights a loss of income of between 0.5%-1.0% of income is assessed as having a consequence of 4
Sustainable 2	• The likelihood score has been increased from a 3 to a 4 to reflect the view that the odds of having insufficient estate modernisation or mitigation in place is likely to probably happen but will not present a persistent issue.

At its meeting held on 22 October, the Audit and Risk Committee endorsed these revised scores as prudent and reasonable given current uncertainties. The BAF entries for quality and sustainability risks were also reviewed and approved at the November meetings of the Quality Assurance and Finance & Business Development Committees respectively.

Appendix 1: Board Assurance Framework summary

Each of our four new strategic objectives has been summarised as:

Strategic objective	Summary
Deliver outstanding safe, compassionate care in partnership with patients	Quality
Empower, support and develop an engaged staff community	People
Integrate care with partners and promote health and wellbeing	Integration
Transform and deliver innovative, financially sustainable services	Sustainability

Risk Ref	Risk description	Current score			Target score	Lead director(s)
		C	L	R		
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 and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation	4	3	12	4	Chief Nurse / Medical Director
Quality 2	Lack of capacity, due to second wave of Covid-19, or winter pressures results in long delays in the Emergency Department, inability to place patients who require high dependency and intensive care, and patients not receiving the care they need across hospital and community health services	4	4	16	4	Chief Nurse / Medical Director

Risk Ref	Risk description	Current score			Target score	Lead director(s)
		C	L	R		
Quality 3	Patients on a diagnostic and/or treatment pathway (elective and community) at risk of deterioration due to insufficient capacity to restart enough elective surgery and other services (as a result of Covid-19 Infection Prevention & Control (IPC) guidance), resulting in further illness, death or the need for greater intervention at a later stage	4	5	20	4	Chief Nurse / Medical Director
Quality 4	Lack of attention to other key clinical performance targets, due to other Covid-19 priorities, or reduced capability, leads to deterioration of service quality and patient care	2	4	8	4	Chief Nurse / Medical Director
People 1	Lack of sufficient staff, due to second Covid-19 results in increased infection rates and increased staff absence, or the impacts of Brexit lead to increased pressure on staff, a reduction in quality of care and insufficient capacity to deal with demand	4	4	16	9	Workforce
People 2	Psychological and physical pressures of work due to Covid-19 impact and lower resilience in staff, resulting in a deterioration in behaviours, culture, morale and the psychological wellbeing of staff and impacts adversely on staff absence and the recruitment and retention of staff	3	3	9	4	Workforce
People 3	Being unable to empower, support and develop staff, due to poor management practices, lack of dealing with bullying and harassment, poor communication and engagement, poor delivery on equality, diversity and inclusion, or insufficient resources, leads to disengaged staff and higher turnover	4	3	12	9	Workforce

Risk Ref	Risk description	Current score			Target score	Lead director(s)
		C	L	R		
Integration 1	The reconfiguration of pathways or services, due to Covid-19 restart pressures, political pressures, or provider competition, results in some Whittington Health services becoming fragile or unsustainable, or decommissioned and therefore threatens the strategic viability of the Trust. (e.g. paediatrics inpatients, trauma, maternity)	**4**	**3**	**12**	6	Strategy
Integration 2	Failure to effectively maximise the opportunity through system working, due to focus on near term issues, results in not solving the challenges of fragile services and sub-optimal clinical pathways	**3**	**4**	**12**	6	Strategy
Integration 3	The progress made on integration with partners is put back, due Covid-19 pressures, and a system focus on acute pathways, resulting in benefits previously gained being lost.	**3**	**4**	**12**	6	Strategy
Integration 4	The health and wellbeing of the population is made worse, due to the lack of available investment or focus on ongoing care and prevention work, resulting in demand after the Covid-19 outbreak being considerably higher than pre-Covid-19.	**4**	**3**	**12**	8	Strategy
Sustainable 1	Covid-19 cost pressures are not collected properly and or not funded properly, due to poor internal systems, lack of funding or prioritisation of other trusts' need, and as a result our underlying deficit worsens	**4**	**4**	**16**	8	Chief Finance Officer
Sustainable 2	Failure of key infrastructure, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm or reduced capacity in the hospital	**4**	**4**	**16**	8	Environment
Sustainable 3	Unequal investment in services, due to lack of clarity over the NHS funding regime and other trusts taking opportunities, or rushed decisions, leads to a mismatch of quality of provision for our	**3**	**3**	**9**	6	Chief Finance Officer / Chief

Risk Ref	Risk description	Current score			Target score	Lead director(s)
		C	L	R		
	population and delay, reduction, or cancelling of key investment projects for the Trust					Operating Officer
Sustainable 4	Failure to transform services to deliver savings plan, due to poor control or insufficient flexibility under a block contract, results in adverse underlying financial position, and failure to hit control total, that puts pressure on future years investment programmes and reputational risk	**3**	**4**	**12**	8	Chief Finance Officer / Chief Operating Officer
Sustainable 5	The stopping or delay of existing transformation projects (e.g. orthopaedics / pathology / localities / maternity / estates), due to the focus on immediate issues around the Covid-19 restart, results in savings and improvements to patient care, not being realised	**3**	**4**	**12**	8	Chief Operating Officer

Appendix 2: Board Assurance Framework detailed entries

Risk ID	Quality 1 – 4
Risk 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 and families, due to errors, or lack of care or lack of resources, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
Linked corporate objective	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
Risk 2	Lack of capacity, due to second wave of Covid-19, or winter pressures results in long delays in the Emergency Department, inability to place patients who require high dependency and intensive care, and patients not receiving the care they need across hospital and community health services.
Linked corporate objective	Re-start planned care in a 'Covid-protected' safe way, prioritising with the system those most urgently in need
Risk 3	Patients on a diagnostic and/or treatment pathway (elective and community) at risk of deteriorating, due to insufficient capacity to restart enough elective surgery and other services (as a result of Covid-19 Infection Prevention & Control guidance), resulting in further illness, death or the need for greater intervention at a later stage
Linked corporate objective	Maintain expanded rapid response services across adult and CYP and re-start other community services in a safe way, prioritising the vulnerable
Risk 4	Lack of attention to other key clinical performance targets, due to other Covid-19 priorities, or reduced capability, leads to deterioration of service quality and patient care
Linked corporate objective	Maintain flexible capacity by continuing to promote working in new domains

CQC Domains	Safe; Caring, Effective; Responsive; Well-led
CQC Outcomes	Care & welfare of people who use services
Trust Board Leads	Chief Nurse & Director of Allied Health Professionals & Medical Director
Oversight Committees	Quality Governance Committee and Quality Assurance Committee

Control	Linked assurance evidence report/KPI	Target completion date
Partner with service users to deliver our quality, safety and patient experience priorities, with a focus on protecting people from infection and implement actions from the recent CQC inspection report	• 1st tier – verbal reports at Executive Team and Trust Management Group (TMG) meetings	Ongoing weekly update during the pandemic
	• 1st tier - Quality Account priorities (monitoring of priorities included within the quarterly quality report presented to Quality Assurance Committee • 1st tier – draft 2019/20 Quality Account considered at 13 October TMG meeting; 2nd tier – Quality Account reviewed at 22 October ARC meeting	2019/20 Quality Account is due to be published by 15 December 2020
	• 1st tier - Delivery of Patient Experience Strategy action plan presented to Patient Experience Group (PEG) • 2nd tier – Compliments & Complaints Annual Report presented to Quality Assurance Committee (September 2020) • 2nd tier – Annual Report presented to Trust Board (September 2020)	Year 2 action plan to be presented to PEG in December 2020 and the Annual Report presented to Quality Assurance Committee
	• 1st tier - 'Better Never Stops' Steering Group reviews progress with delivery of the Trust's Better Never Stops action plan related to CQC inspection • 2nd tier – Quality Assurance report is reviewed by the Quality Assurance Committee • 3rd tier – CQC Assurance meetings • 3rd tier – Peer review visits include NHS England and Improvement and Clinical Commissioning Group leads • 1st tier – Establish an NHS North Central London (NCL) Clinical Commissioning Group Community Children's Nursing Service – Continuing Healthcare team (Autumn target date)	Revised deadline of 29 May for CQC regulatory actions was met. Peer review completed for operating theatres and further reviews planned.

Control	Linked assurance evidence report/KPI	Target completion date
	• Revised action plan presented to Better Never Stops Group on 24 September 2020 and then the Quality Governance Committee ahead of return to the Care Quality Commission by the end of October 2020	
	• 1st tier - Quality Governance Committee quarterly meetings review the risk register at each meeting; 2nd tier – the Quality Assurance Committee reviews the risk register at each meeting	Standing item at each meeting
	• 2nd tier - Clinical and national audit findings, (GiRFT and NICE compliance) are reported to Quality Assurance Committee on a quarterly period, along with any identified actions within the quarterly quality report (Quality Assurance Committee (QAC), 9 September 2020)	The quarterly quality report is a standing item at QAC meetings
Re-start planned care in a 'COVID-19-protected' safe way, prioritising with the system those most urgently in need	• 1st tier - Adherence to Public Health England's Infection Prevention and Control (IPC) guidance • 1st tier - Communication issued three times per week to staff on adherence to IPC requirements • 1st tier – zoned areas in healthcare settings to meet IPC needs • 1st tier – twice weekly trust management COVID-19 meeting • 1st tier – COVID-19 and Winter Plan agreed by TMG (September 2020)	As IPC guidance changed, aligned standard operating procedures are presented to the Trust's Management Group (TMG).
	• 2nd tier - NCL Gold and Silver weekly meetings provide regular oversight on progress with the NHS recovery phase during the pandemic	31 March 2021
	• 1st tier - Staff wellbeing – COVID-19 symptom and temperature checks Standard Operating Procedure agreed at 25 August 2020 TMG and implemented.	Implemented during September 2020 across the Trust
	• 1st tier - Patient and visitors COVID-19 symptom check Standard Operating Procedure agreed at 25 August 2020 TMG and implemented	August 2020
Maintain expanded rapid response services across adult and CYP and re-start other community services in a safe way, prioritising	• 1st tier - Weekly Executive Team and TMG sitrep item • 1st tier – TMG for Phase 3 targets for elective, outpatient and community services each month • 3rd tier – Voluntary service steering group	Weekly sitrep during the level 3 national emergency. This will be stepped up or scaled back according to

Control	Linked assurance evidence report/KPI	Target completion date
the vulnerable and maintain as much business as usual as possible to prevent escalation of other illnesses		national and regional command. Work completed on new roles for volunteers including recruitment and support. Also maintaining links with regular volunteers who have stepped back from direct work due to own health and wellbeing.
	• 1st tier – regular review walk through by senior leadership – Chief Operating Officer, Chief Nurse and Medical Director –to review emergency department , wards and ITU capacity • 1st tier – maintained clinical visible leadership visits across the trust for all executive team members	31 March 2021
	• 1st tier – Additional waiting area space for the Emergency Department provided with effect from 19 October 2020	October 2020
	• 1st tier - ETM and TMG - Recovery dashboard • 1st tier - Use of the independent sector to support recovery phase • 1st tier - NCL submission following national phase 3 letter	Weekly report to ETM and TMG. Final submission sent by the 21 September 2020 deadline
	• 1st tier - NCL staffing model for Paediatric inpatient and emergency department services from September onwards with Whittington Health acting as the south hub unit for the sector's paediatric services • 1st tier – Activity dashboard in place and monitored by NCL children and young people silver operational group • The NCL Southern Paediatrics Hub leadership team has been recruited and started in their roles	1 October 2020 and kept under weekly review by the NCL Silver Group

Control	Linked assurance evidence report/KPI	Target completion date
	• 1st tier - Create flexible capacity by training people quickly in new domains through a redeployment plan • 1st tier – Frequency of Covid-TMG meetings increased back to twice per week from 18 September 2020 • 1st tier – Staff training organised for staff who will be 'first responders' when redeployment needed	Quarter three
Serious incident (SI) reporting and action plans monitored to ensure learning and incidents, risks and complaints entered on Datix system	• 1st tier - Incident and Serious Incident reporting policies • 1st tier - Weekly incident review meeting with ICSU risk managers • 2nd tier - Trust Risk Register reviewed by Quality Assurance Committee, Audit & Risk Committee and Board	Ongoing incident and risk reporting requirements
Mortality review panel learning from deaths process and reporting	• 2nd tier – quarterly Learning from deaths report to Quality Assurance Committee	Quarterly reports to the Quality Assurance Committee
Continued use of the full performance report to monitor all areas of quality and activity	• 1st tier - Considered by TMG monthly; 2nd tier - also by the Trust Board bi-monthly • 1st tier – Reviewed monthly by respective ICSU Boards	The KPIs contained in the performance report are set for the whole of 2020/21
Project Phoenix Quality Improvement (QI) drive now on	• 1st tier – Trust Better Never Stops steering group regular meeting • 1st tier – Quality Improvement celebration event (phoenix projects – virtual) held on 24 September 2020	

Gaps in controls	Mitigating actions	Completion date	Progress
Quality Impact Assessment (QIA) for service/pathway changes	QIA level 1 initiatives are low risk and are monitored by operational managers and clinical managers. Level 2 (deemed moderate to high risk) are reported and approved by Medical Director and Chief Nurse at QIA panel. Dashboard of QIAs profile is reviewed by TMG. Better Never Stops Improving Value meeting	Not applicable	Better Never Stops has monitored all level 1 QIA. Next QIA panel on 9 November 2020

Gaps in controls	Mitigating actions	Completion date	Progress
	regularly meet.		
Lower reporting volumes on DATIX	Actions taken to minimise the decrease in incident reporting during the pandemic period through the governance team joining clinical safety huddles and taking a handwritten record of incidents and then uploading onto DATIX. Also promotion though trust's signs of safety and medicines management newsletters and trust communications.	Quarter 2 reporting numbers improving within expected volume.	While the number of both incidents and near misses reported is below the 2019/20 rate now seeing upward trajectory since the pandemic peak in March
Develop and implement a Quality Account dashboard with smart KPIs to monitor progress with the delivery of Quality Account priorities	The Quality team is developing a quality dashboard with clinical leads. SMART KPIs are being identified for a 2020/21 Quality Account priorities' dashboard	Quarter three Quarter three	Progress is monitored by the Quality Governance Committee

Gaps in assurances	Mitigating actions	Completion date	Progress
Limited assurance was taken from the review of the six-monthly health and safety report where remedial actions were agreed around security audits and fire safety mandatory training levels	Remedial actions agreed and reporting back to Quality Assurance Committee	Reporting to QAC in November 2020	Updates on the improved fire safety training compliance have been received. Assurance has been sought on security audits before the November meeting of the Quality Assurance Committee.

Risk IDs:	People 1 – 3
Risk 1	**Lack of sufficient staff, due to second Covid-19 wave, increased absence, or Brexit, leads to reduced increased pressure on staff, reduction in quality of care and insufficient capacity to deal with the demand**
Linked corporate objective	Protect our staff by following national infection control and prevention guidance and using the right PPE with special focus on supporting vulnerable staff
Risk 2	**Psychological and physical pressures of work, due to Covid-19 impact and lower resilience in staff, results in deterioration in behaviours, culture, morale and psychological wellbeing of staff.**
Linked corporate objective	Continually improve our culture by calmly helping and caring for each other, both with work and with wellbeing
Risk 3	**Being unable to empower, support and develop staff, due to poor management practices, lack of dealing with bullying and harassment, poor communication and engagement, poor delivery on equality, diversity and inclusion, or insufficient resources, leads to disengaged staff and higher turnover**
Linked corporate objective	Promote inclusive, compassionate leadership, accountability and team working where bullying and harassment is not tolerated

CQC Domain	Well-led
CQC Outcomes	Requirements relating to workers; staffing; supporting workers
Board Lead	Director of Workforce
Committee	Workforce Assurance Committee

Control	Linked assurance evidence report/KPI	Target completion date
Implemented Public Health England infection control and prevention guidance for staff	• 1st tier assurance through weekly verbal report at ETM and TMG. Fit testing dashboard developed from 25 August TMG onwards.	Ongoing during the level 3 emergency pandemic
Completed risk assessments for	• 1st tier assurance – 95% completion rate reported to	31 July 2020 set by

Control	Linked assurance evidence report/KPI	Target completion date
staff	TMG on 11 August 2020 against a national target of 100%.	NHS Improvement and England
Provided psychological/wellbeing support to staff	• 1st tier assurance – Future psychological support needs of staff report at TMG on 1 September 2020	Many of the activities are business as usual
Implemented corporate and local staff survey action plans	• 1st tier – ICSU boards consider quarterly pulse surveys, annual staff survey results and create local action plans • 1st tier assurance – Q4 2018/19 Pulse Point report to TMG, 23 April 2019 • 1st tier assurance – Q2 2019/20 Pulse Point report to TMG, 15 October 2019 • 1st tier assurance – Q3 2019/20 Pulse Point report to TMG Jan 2020 • 1st tier assurance - Templates provided for ICSU/Directorate level and for team level to maximise empowerment through participation in making improvements	The Pulse surveys are completed quarterly. The Trust had agreed to continue the themes of staff health and wellbeing and staff morale as the focus of activity. Due to exceptional circumstances, the delivery of actions plans and subsequent actions was deferred so that the Trust could provide an appropriate response to COVID-19. This report is a reminder of those improvements at ICSU/corporate level and highlights Trust-wide work that has continued to respond to 2019 staff feedback.

Control	Linked assurance evidence report/KPI	Target completion date
		The 2020 Staff Survey will be launched on 5 October and close on 27 November 2020.
Implemented activities under the #Caringforthosewhocare initiative	• 2nd tier assurance – the range of interventions provided for staff under the #Caring for those who care activities were included in the CEO's report to the February 2020 Trust Board meeting	Many of these activities are ongoing currently
Implemented updated action plan for Recruitment and retention strategy	• 2nd tier assurance from Workforce report to quarterly meeting of the Workforce Assurance Committee (September 2020) and also from well led KPIs on the Trust Board's monthly integrated performance report	Ongoing activities
Implemented WRES improvement plan	• 2nd tier assurance – Equality standard submissions paper to 29 July 2020 Trust Board. The new improvement plan focuses on areas of greatest need which includes B.A.M.E. representation in senior roles (indicators 1 and 2) and career development (indicator 7) which is closely related.	31 March 2021 (an annual plan and workforce data is submitted based on the preceding financial year end)
Complete annual grading of workforce domains of the NHS Equality Delivery System	• To be completed following focus groups in Q3 for consideration by the Trust Board	December 2020 Workforce Assurance Committee and January 2021 Trust Board meetings

Gaps in controls	Mitigating actions	Completion date	Progress

Gaps in controls	Mitigating actions	Completion date	Progress
Trustwide Talent management and succession planning arrangements	In July 2020, TMG agreed a Talent management pilot	End June 2021	Volunteers will be sought by the end of December 2020 The deadline for testing and submitting comments is June 2021. September 2021 launch
Updated WRES improvement plan to meet Model Employer and align with London equality strategy	A draft plan is being developed for Q3 which includes a section on targets advised by NHS London	The plan covers the period 2020-21 and beyond	For consideration by the Workforce Assurance Committee and Trust Board in Q3/4
Publish annual 2019/20 public sector equality duty and analysis	This will be completed alongside grading of the workforce domains of the NHS Equality Delivery System during Q3	November 2020 or January 2021 Trust Board meetings	On track

Gaps in assurances	Mitigating actions	Completion date	Progress
None currently identified			

Risk ID:	**Integration 1 - 4**
Risk 1	**The reconfiguration of pathways or services, due to Covid-19 restart pressures, political pressures, or provider competition, results in some Trust services becoming fragile or unsustainable, or decommissioned and threaten the strategic viability of the Trust (e.g. paediatrics inpatients, trauma, maternity)**
Linked corporate objective(s)	1. Work with our partners in localities and system to proactively care for vulnerable people in the community 2. Provide for the population who need Covid-19 protected care needs through collaboration with NCL partners using each other's capacity and expertise
Risk 2	**Failure to effectively maximise the opportunity through system working, due to focus on near term issues, results in not solving the challenges of fragile services and sub-optimal clinical pathways**
Linked corporate objective	Work with our partners in localities and system to proactively care for vulnerable people in the community
Risk 3	**The progress made on integration with partners is put back, due Covid-19 pressures, and a system focus on acute pathways, resulting in benefits previously gained being lost.**
Linked corporate objective	Work with our partners in localities and system to proactively care for vulnerable people in the community
Risk	**The health and wellbeing of the population is made worse, due to the lack of available investment or focus on ongoing care and prevention work, resulting in demand after the Covid-19 outbreak being considerably higher than pre-Covid-19.**
Linked corporate objective(s)	1, 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 2. Help reduce exposure of our vulnerable patients in the community to Covid-19 and encourage people to use services appropriately and confidently 3. Create virtual connections with our community and mental health patients as much as possible

CQC Domain	Well Led
CQC Outcomes	Well Led
Board Lead	Director of Strategy and Corporate Affairs
Oversight Committees	Trust Management Group and Finance and Business Development Committee

Control	Linked Assurance evidence report/KPI	Target completion date
• Participation in NCL governance meetings by Executives, regular communication with executive counterparts at other organisations, good liaison through the NEDs to other Trusts	• 2nd tier – Strong engagement by all Directors in NCL Boards • 2nd tier – WH Chief Executive is the NCL Workforce Lead • 2nd tier – WH Chief Executive is the NCL Out of Hospital Gold lead • 2nd tier – the Chief Operating Officer and Director of Strategy are on the NCL Operational Group	31 March 2020
• Participation and influence in clinical networks by senior clinicians	• 2nd tier – WH has the lead surgeon for general surgery for this work • 2nd tier – named leads for each acute network	31 March 2020
• Implement Transformation Programme Board (TPB) plan	• 1st tier – Transformation Programme Board (TPB) Chair's assurance report to TMG • 1st tier – Monthly Investment Group meeting	Monthly
o Produce Strategic Outline Case for maternity services	• 2nd tier - Strategic Outline Case	Trust Board seminar 29 October 2020
o Pathology services /NWLP	• 2nd tier - Deed of adherence • 2nd tier – Finance & Business Development Committee and Trust Board	Finance & Business Development Committee, 28 October 2020

Control	Linked Assurance evidence report/KPI	Target completion date
• Community estate transformation programme	• 1st tier - Monthly summary report to TPB • 1st tier – Community Estates Programme Group • 2nd tier - Trust Board agreed empty sites as surplus to requirements	31 March 2021
• Facilitate Trust's Agile working policy	• 1st tier - Monthly report to TPB • 1st tier - Expansion of equipment available to staff	1 March 2021
• Oncology services strategy – collaboration with UCLH	• Conversations have been had with UCLH but they are not keen to do a "UCLH@" model • UCLH are helping with locum appointment • Further options to come to TMG in October/November	November 2020
• Orthopaedic hub – Develop business case for Board approval and identify patient clinical pathways	• 1st tier - Monthly report to TPB • 1st tier – TMG • 2nd tier – UCLH and WH Clinical Collaboration Board • 2nd tier – Elective Orthopaedic Centre hub case agreed by Finance & Business Development Committee and Trust Board (September 2020)	January 2021
• Implement locality leadership working plans through close liaison with Islington and Haringey councils	• 1st tier - All teams up and running – this is now in place • 2nd tier – strong engagement by the Director of Strategy and named Trust leaders for each borough partnership work stream and	Leadership teams now in place.

Control	Linked Assurance evidence report/KPI	Target completion date
	the six locality leadership teams • 3rd tier – Borough Partnership Boards • 3rd tier – Haringey Age Well Board • 3rd tier – Islington and Haringey Overview & Scrutiny Committees	
• Community services – anticipatory care / urgent response / streams of work	• 2nd tier - Project progress as per plan reported to Integrated Forum	31 March 2021

Gaps in controls	Mitigating actions	Completion date	Progress
The plan towards population health interventions needs to be more robust	New Project Manager in place and a plan is being developed	Quarter 4	In development for reporting to the Integrated Forum

Gaps in assurances	Mitigating actions	Completion date	Progress
None currently identified			

Risk IDs:	**Sustainable 1 – 5**
Risk 1	**Covid-19 cost pressures are not collected properly and or not funded properly, due to poor internal systems, lack of funding or prioritisation of other trusts' need, and as a result our underlying deficit worsens**
Linked corporate objective	Manage our expenditure to lower than last year's run-rate to enable investment in community services
Risk 2	**Failure of key infrastructure, due to insufficient modernisation of the estate or insufficient mitigation, results in patient harm or reduced capacity in the hospital**
Linked corporate objective	Progress adapted estates and IT plans at pace
Risk 3	**Unequal investment in services, due to lack of clarity over the NHS funding regime and other trusts taking opportunities, or rushed decisions, leads to a mismatch of quality of provision for our population and delay, reduction, or cancelling of key investment projects for the Trust**
Linked corporate objective	Think to the future and keep learning through QI, continue to reduce system cost and improve clinical productivity and financial literacy everywhere
Risk 4	**Failure to transform services to deliver savings plan, due to poor control or insufficient flexibility under a block contract, results in adverse underlying financial position, and failure to hit control total, that puts pressure on future years investment programmes and reputational**
Linked corporate objective	Create replicable better more efficient and effective pathways for the long term including 'virtual by default' and promoting self-management
Risk 5	**The stopping or delay of existing transformation projects (e.g. orthopaedics / pathology / localities / maternity / estates), due to the focus on immediate issues around Covid-19 restart, results in savings and improvements to patient care, not being realised**
Linked corporate objective	Progress adapted estates and IT plans at pace

CQC Domain	Well-led
CQC Outcomes	Financial management, Oversight Framework
Board Leads	Chief Finance Officer, Chief Operating Officer, Chief Information Officer; Director of Environment
Oversight Committees	Trust Management Group and Finance & Business Development Committee

Controls	Linked assurance evidence report/KPI	Target completion date
• Create replicable better more efficient and effective pathways for the long term including 'virtual by default' where possible and promoting self-management	• 1st tier – ICSU Board meetings • 1st tier – Community Estates Programme Group • 1st tier – weekly monitoring of updates at TMG • 1st tier – ICSU performance reviews • 2nd tier –monthly performance report to Trust Board	40% target for virtual patient appointments
• Maintain financial governance controls • Manage our expenditure to lower than last year's run-rate to enable investment in other services	• 1st tier – Investment Group • 1st tier – Transformation Programme Board • 1st tier – monthly Finance report to TMG • 2nd tier - ICSU deep dives at Finance & Business Development Committee • 2nd tier – monthly Finance report to Trust Board • 1st tier – TMG and 2nd tier – Trust Board – financial briefing on arrangements during October 2020 to March 2021	31 March 2021
• Monthly Cost Improvement Programme (CIP) delivery board	• 1st Tier – Better Never Stops – Improving Value report to ETM (weekly) and TMG (monthly) to show progress against the 2020/21 £15m CIP target • 2nd tier – Finance & Business Development Committee	31 March 2021
• Accountability Framework	• 1st tier - Quarterly performance reviews continued and targeted support when necessary	The next quarterly performance reviews take place in October

		2020
• Development of an estates plan • Strong monitoring of fire safety procedures and compliance • Capital programme addresses all red risks	• 2nd tier - Estate Strategic Outline Case (SOC) agreed by Trust Board • 1st Tier – PFI monitoring group • 1st tier - and fire warden training with a comprehensive fire safety dashboard reported monthly to TMG; 1st tier – Health and Safety Committee • 1st tier – Capital Monitoring Group	Ongoing fire safety monitoring

Gaps in controls	Mitigating actions	Completion date	Progress
CIP Delivery is behind plan	Revised plans in development	31 March 2021	Agreed revised targets with ICSU sign off by respective Directors of Operations

Gaps in assurances	Mitigating actions	Completion date	Progress
None currently identified			

Assurance definitions:	
Level 1 (1st tier)	Operational (routine local management/monitoring, performance data, executive-only committees)
Level 2 (2nd tier)	Oversight functions (Board Committees, internal compliance/self-assessment)
Level 3 (3rd tier)	Independent (external audits / regulatory reviews / inspections etc.)

The following principles outline the Board's appetite for risk:

Risk category	Risk Appetite level based on GGI matrix	Indicative risk rating range for the risk appetite
Quality (patient safety, experience & clinical outcomes)	Cautious	3 - 8
Finance	Cautious / Open	3 - 10
Operational performance	Cautious	3 - 8
Strategic change & innovation	Open / Seeking	6 - 15
Regulation & Compliance	Cautious	3 - 8
Workforce	Cautious	3 - 8
Reputational	Cautious / Open	3 - 10

Risk scoring matrix (Risk = Consequence x Likelihood (C x L))

	Likelihood				
	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Appendix 3: Risk Register summary report

This appendix provides a brief overview of the risk management structure and a summary of the high level risks (≥16) currently on the Risk Register as at 1 November 2020.

The Quality Assurance Committee (QAC) reviewed the Risk Register on 11 November 2020 and approved the following changes. The QAC noted that these risks were currently adequately reflected in the Board Assurance Framework

Downgraded risks (now below 15)

1090 Lack of equipment for proning on Critical Care Unit (CCU)

Update: Risk reduced to 12 as a result of improved training and guidelines on proning best practice. Thick pillows are currently being trialled.

1091 Lack of depth of anaesthesia monitoring in CCU

Update: Equipment received, risk reduced to 12. Risk will be closed following completion of staff training in use of equipment.

Risk increases

777 Interventional radiology

Update: Following discussion at the September Quality Assurance Committee, this risk was re-escalated to 16. While new controls introduced with emergencies being directed to Royal Free Hospital and a Consultant Interventional Radiologist now in place to support capacity to reduce risk in hours, the out of hours service remains a risk at 16.

478 Lack of consultant staff in Histocytopathology

Update: Following discussion at the Acute Patient Access, Clinical Support and Women's (ACW) Division Board meeting, risk increased to 16 due to staffing changes in September and October and increasing workload. There are significant gaps with substantive consultant posts but recruitment in progress and posts covered by locum staff.

1055 Risk of non continuity of care for some oncology patients

Update: Following discussion at the Surgery and Cancer Division Board, risk increased to 20. This is in relation to staff shortages, a locum has been appointed to temporarily manage the risk but risk remains high and escalated from 16 to 20.

New Risks

1110 Adult Community Services (ACS) Division Pharmacy Leadership

Update: The ACS division does not currently have a formal Pharmacy leadership post (Agenda for Change Band 8B level) akin to other ICSUs (Integrated Clinical Support Unit) within the organisation and therefore adequate oversight of financial, clinical and governance related matters associated with medicines.

Funding has been secured for the post and recruitment in progress.

1. Introduction

1.1 This paper provides a summary of the high level risks (≥16) currently on the Trust Risk Register on 1st November 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, under the headings of Quality, People, Integration and Sustainability.

2.3 A separate category for COVID-19 pandemic has been added to the trust risk reporting framework to make it easy to identify and monitor specific COVID-19 risks.

2.4 The Trust has set a threshold of ≥15 risk grading for review at committees of the Trust Board. This is to ensure that there is Non-Executive oversight of these risks and a clear escalation process to Board.

2.5 The Trust has a 'cautious' risk appetite level for all quality risks. Any risks affecting quality require a clear, timely action plan to reduce the risk below 9 and interim mitigating control measures. It is recognised that some quality risks remain higher for a significant period of time and the mitigations are maintained, for example those that relate to estates transformation.

Risk category	Specific risk appetite statement	Risk appetite level based on GGI matrix	Indicative risk rating range for the risk appetite
Quality (patient safety, experience and clinical outcomes)	The Board is committed to outstanding and consistent care, delivering the right care, at the right time, in the right place and compliance with all legislative and CQC requirements and will adopt a cautious approach to risks that threaten this aim, ensuring benefits are justifiable and the potential for mitigating actions are strong.	Cautious	3-8

3. Risk register and the Board Assurance Framework (BAF)

3.1 All the key risks that are identified in achieving the Trust's strategic goals or corporate annual objectives are currently recorded on the BAF and reported to the Board.

4. Risk register update: November 2020

4.1 As at 1st November 2020, the Trust has four risks graded as ≥20, seventeen risks graded as 16. There are three key themes of the current high level risks on the risk register

- Sustainability; Estates and IMT Infrastructure and Finance
- People
- Quality

5. Sustainability – Estates and IM&T infrastructure and Finance

5.1 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 ID	ICSU/ Directorate	Category	Title	Current risk grade	Mitigations and controls
697 858	Children and Young People Services	Patient Safety and Quality	Two linked risks: Maternity and Neonatal redevelopment Neonatal Unit environment - including lack of space between cots Linked to risk 697	20 16	Risk ongoing and regularly reviewed against national recommendations. Long term plan for neonatal redevelopment. **Update September**: Remedial planned works have been completed and Neonatal intensive care unit (NICU) and Special care baby unit (SCBU) have returned to their base locations. Estate strategy finalised and being presented to the Trust Board within Quarter 3 2020-21. No further update required in November 2020.
890	Facilities and Estates	Health and Safety	Private Finance Initiative (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**: Fire Warden system 24 hours on site; Staff are trained to shut down ventilation system manually on their own initiative or instruction of the Fire Service. Risk reviewed at Fire Safety Group. **Update November update:** The PFI estate is now trust estate. This effectively ends the Project Agreement and the buildings are now owned by the Trust. A fire safety building survey in progress of A and L Block over a six-month period.
907	Trust wide	Estates or Infrastructure	High ambient temperatures of ward treatment rooms affecting quality of medicines.	16	**Controls**: Calibrated thermometers and new Standard Operating Procedure for the monitoring of room temperatures now fully implemented across the Trust. Updated Standard Operating Procedure (SOP) approved and implemented for the management of medicines within environments where temperatures are higher than

Datix ID	ICSU/ Directorate	Category	Title	Current risk grade	Mitigations and controls
					recommended. Medicines being reviewed and discarded in accordance with SOP where required. Stock lists reviewed and reduced where possible. Business case for Temperature Controlled Cabinets (TCC) presented to Capital Monitoring Group. On-going updates provided to the Drugs & Therapeutics Group and Nursing & Midwifery Leadership Group. **Update November 2020**- The Project for the purchase and installation of drugs coolers with swipe access in progress, due for completion by the end of quarter 4 of 2020/21.
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 patient care plans and risk assessments are 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 November September 2020**: A planning application is with the London Borough of Islington for consent. Following a two week tender process, it is envisaged that the replacement fence will be in place well before the end of February 2021.
1060	Acute patient access, clinical support services and women's health (ACW)	Estates or Infrastructure	A failure to correct the areas of electrical and heating non-compliance in pharmacy and resolve the space issues leads to risks of non-compliance and an environment that is not supportive of staff health	16	**Controls**: Temporary working arrangements for staff in multiple offices. Risk assessments during August 2020 completed to support COVID-19 work space requirements. **September update**: PMO leading project. Pre-start meetings underway with all stakeholders. Expected completion date beyond March 2021, to be confirmed at meetings. No further update required in November 2020.

Datix ID	ICSU/ Directorate	Category	Title	Current risk grade	Mitigations and controls
			and wellbeing.		
1088	Adult Community Services	Estates or Infrastructure	Insufficient supply of appropriate IT and peripherals to deliver new service models	16	**Controls for 1088 and 1096:** • Trialling Attend Anywhere in Musculoskeletal services (MSK) and Improving Access to Psychological Therapies (IAPT). • Using telephone clinics as a second option. • Use of personal protective equipment (PPE)for face to face essential appointments • Advice, support and guidelines for patients are provided. **Actions**: Joint business case for funding for laptops and work phones discussed at Capital Monitoring Group (Quarter 2 2020-21). Trust wide review of Estates and Infrastructure priorities to be undertaken within quarter 3-4 2020/21. No further update required in November 2020.
1096	Children's and Young People (CYP)	Estates or Infrastructure	CYP ICSU COVID-19 recovery and NHS agile working transformation plans are hindered by lack of appropriate IT equipment.	16	
1104	Emergency and Integrated Medicine (EIM)	Estates or infrastructure	The emergency alarm system in the Children's Assessment Unit (CAU), when activated does not alarm anywhere outside of CAU to alert anyone of an emergency.	16	**Controls:** Alarm system to be fixed, awaiting external company dates to attend site. The following interim actions have been put in place to make sure staff are aware of the processes to follow but they do not mitigate the risk, as the nurse will still have to leave the patient to raise the alarm • Posters put above each emergency alarm button to alert staff to put out a 2222 instead of pulling the alarm • Tannoy system secured in CAU which is audible in the whole of the emergency department • Nurse in charge of paediatric carries a bleep **Updated November 2020**: Work to fix the alarm system in progress at time of report writing. Expected completion date mid-November.

5.2 Sustainability – Finance

Datix ID	ICSU/Directorate	Category	Title	Current risk grade	Mitigations and controls
772	Surgery and Cancer	Financial	Not meeting CIP target and financial balance for 2018/19.	20*	Regular finance meetings to review budgets and CIPs. Risks reviewed at Quarterly ICSU Performance meetings and Finance and Business Development Committee. *Note: This is an ICSU risk of 20, but does not reflect a Trust financial risk of 20.
780	Finance	Financial	Budget Control	16	

6. People

There are specific action plans in place to mitigate each risk, and this has been identified as a risk to our strategic objective to '**Empower, support and develop an engaged staff community.**

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Mitigations and controls
478	ACW	HR and Workforce	Lack of consultant staff in Histocytopathology	16	**Update November 2020:** Risk increased due to staffing changes in September and October and increasing workload. No substantive consultant currently in post but recruitment in progress.
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. **Update Sept 2020:** Two posts were advertised as locum jobs but insufficient interest. The posts will now be advertised as substantive posts. There is a national shortage of Anaesthetists. No further update required in November 2020.
1055	Surgery and Cancer	HR and Workforce	Risk of non continuity of care for some oncology patients	20	Locum Oncologist now in place to provide continuity. Strict guidelines associated with the management of patients during COVID-19 and there is a business case in preparation of the further development and collaboration between Whittington Health and the local cancer centre. **Update November 2020**: Risk increased to 20 due to staffing shortages. Locum in post to

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Mitigations and controls
					cover chemotherapy unit in interim.
1058	ACW	HR and Workforce	National Shortage of Sonographers and therefore limited allocation to Gynaecology Rapid Access Cancer Clinics	16	The department has trained two sonographers this year that will be ready to practice autonomously in September. Further posts advertised but limited interest. **Update November 2020**: New controls in place; Triaging patients who have already had a scan straight to hysteroscopy. Work with Imaging and commissioners on a straight to test pathway. Plan underway to convert one stop clinic to extra rapid access where necessary
1110	ACS	Patient Safety and Quality	ACS ICSU Pharmacy Leadership	16	The ACS ICSU does not currently have a formal Pharmacy leadership position (8B level) akin to other ICSUs within the Organisation and therefore adequate oversight of financial, clinical and governance related matters associated with medicines. **November Update**: Funding secured for post, recruitment in progress

7. Quality (including equipment)

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Comments and key mitigations and controls
683	Emergency & Integrated Medicine	Patient Safety & Quality	Overcrowding in Emergency Department (ED)	20	**Update**: Currently ED attendance still below pre COVID-19 levels, but risk continues to be monitored closely. Ongoing work in ED to manage demand, influence GP referral processes and increase referrals to Ambulatory Care. New mental health section136 suite provision at Camden and Islington Foundation NHS Trust Highgate hospital open and revised pathways during COVID-19 directing mental health patients to St Pancras hospital (mental health Emergency Department) worked effectively. No further update required in

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Comments and key mitigations and controls
					November 2020.
760	ACW	Patient Safety & Quality	Radiology systems interface	16	Radiology works across several systems for which there is a parallel paper system; if the paper system does not change then there is a risk to meeting cancer targets without significant costs incurred. **Update November 2020**: Paperless project in progress - 8 week pilot prior to Christmas.
777	ACW	Patient Safety & Quality	Interventional Radiology	16	**Update November 2020**: Following discussion at the September Quality Assurance Committee, this risk was re-escalated to 16. While new controls introduced with emergencies being directed to Royal Free Hospital and a consultant Interventional Radiologist now on bank help to reduce risk in hours, the Out of Hours service remains a risk at 16.
1065	ACW	Patient Safety & Quality	Women's Health compliance with national Cancer Waiting Times	16	**Controls:** Utilising independent sector to clear elective and cancer backlog, however, challenging due to late cancellations and variable access. Working with surgical and cancer division to repatriate elective work. **Update Aug 2020:** Truclear (hysteroscopic tissue removal system) Business case agreed at Trust Management Group in June 2020 - supports activity in outpatients freeing up capacity in surgery. Equipment has now been purchased and staff training starting. No further update required in November 2020.
1099	ACW	Colposcopy recovery	The Colposcopy Service has a backlog of follow up patients, reduced capacity due to need to enhanced infection control and prevention requirements,	16	Compliance with the two week wait for patients is being met currently, however the six week referrals timescale not always met. There are a high number of patients where follow up of Colposcopy which are overdue, which is the biggest concern. Monitoring waiting lists, for reduction in un-booked and partial booking waiting lists. **November 2020 Update**: Additional staff now available to run clinics and slots reduced in line with Infection

DATIX	ICSU/ Directorate	Category	Title	Current risk grading	Comments and key mitigations and controls
			and limited equipment to run any extra clinics. If the backlog is not addressed, then patients will experience delays impacting on patient outcomes and experience.		prevention and controls to maximise capacity. All patients on partial booking are telephoned and the number of cancellations and did not attend (DNA) numbers significantly reduced. Additional staff being resourced to support running extra cervical smear clinics. The Clinical Nurse Specialists job plans amended to undertake extra clinics. There remains some concern as there is an increase of direct referrals via screening programme which needs to be considered ongoing.