



Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board held in public on **Friday, 29 November 2024** from **9.10am to 10.40am** held at rooms A1 and A2 of the Whittington Education Centre, Highgate Hill, London N19 5NF

Item	Time	Title	Presenter	Action
Standing agenda items				
1.	0910	Welcome, apologies, declarations of interest	Trust Chair	Note
2.	0911	Patient Story	Chief Nurse & Director of Allied Health Professionals	Note
3.	0925	27 September 2024 public Board meeting minutes, action log, matters arising	Trust Chair	Approve
4.	0930	Chair's report	Trust Chair	Note
5.	0935	Acting Chief Executive's report	Acting Chief Executive	Note
Quality and safety				
6.	0945	NCEL public engagement	Chief Nurse & Director of Allied Health Professionals	Note
7.	0950	Quality Assurance Committee Chair's report	Committee Chair	Note
Governance and Strategy				
8.	0955	Clinical Strategy Development Update	Acting Medical Director and Chief Strategy, Improvement and Digital Officer	Approve
People				
9.	1000	Workforce Assurance Committee report	Committee Chair	Note
10.	1005	Freedom to Speak up Guardian report	Chief People Officer	Note

Finance and Performance				
11.	1010	Integrated performance scorecard	Chief Strategy, Improvement and Digital	Note
12.	1015	Finance and capital expenditure report	Acting Deputy Chief Executive and Chief Finance Officer	Discuss
13.	1025	Charitable Funds Committee Chair's report	Committee Chair	Note
14.	1030	Questions to the Board on agenda items	Trust Chair	Note
15.	1035	Any other urgent business	Trust Chair	Note



Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 27 September 2024

Present:	
Baroness Julia Neuberger	Non-Executive Director and Trust Chair
Dr Clare Dollery	Acting Chief Executive
Dr Junaid Bajwa	Non-Executive Director
Dr Charlotte Hawkins	Acting Medical Director
Naomi Fulop	Non-Executive Director
Amanda Gibbon	Non-Executive Director
Chinyama Okunuga	Chief Operating Officer
Nailesh Rambhai	Non-Executive Director
Baroness Glenys Thornton	Non-Executive Director
Rob Vincent CBE	Non-Executive Director
Terry Whittle	Acting Deputy Chief Executive and Chief Finance Officer
Sarah Wilding	Chief Nurse and Director of Allied Health Professionals
In attendance:	
Jonathan Gardner	Chief Strategy, Digital and Improvement Officer
Tina Jegede MBE	Joint Director of Inclusion and Nurse Lead, Islington Care Homes
Liz O'Hara	Chief People Officer (via MS Teams)
Marcia Marrast-Lewis	Assistant Trust Secretary
Andrew Sharratt	Director of Communication and Engagement
Swarnjit Singh	Joint Director of Inclusion and Trust Company Secretary
The minutes of the meeting should be read in conjunction with the agenda and papers	
No.	Item
1.	Welcome, apologies and declarations of interest
1.1	The Chair welcomed everyone to the meeting.
1.2	No new declarations of interest were reported.
2.	Minutes of the previous meeting
2.1	The minutes of the meeting held on 25 July 2024 were agreed as a correct record and the updated action log was noted. There were no matters arising.
3.	Chair's report
3.1	The Chair took the report as read. She acknowledged that this would be Naomi Fulop's last meeting as a non-executive director of the Board and thanked her for being a passionate champion for patient safety and patient experience and for her service as Chair of the Quality Assurance Committee.

	The Trust Board received and noted the Chair’s report.
4.	Acting Chief Executive’s report
4.1	<p>Clare Dollery summarised her report and drew Board members’ attention to the following issues:</p> <ul style="list-style-type: none"> • There had been discussion about Lord Ara Darzi’s independent review, published on 12 September, which analysed performance and challenges across the NHS. • The positive findings from the 2023 Adult Inpatient survey were a great achievement for the Trust, and a source of immense pride. • The Secretary of State for Health and Social Care had spoken at two meetings organised in September by NHS England and its London regional team, and highlighted plans to transform care from the hospital into the community, moving from analogue to digital technology and shifting the emphasis from treatment to prevention. This direction of travel was in line with Trust’s strategic objectives. • The Trust had had visits from Chris Streater, NHS London’s Chief Medical Officer, on 31 July 2024, and Nicola Ranger, the new General Secretary and Chief Executive Officer of the Royal College of Nursing. • Duncan Burton was appointed as NHS England’s new Chief Nursing Officer on 31 July 2024. • A listening event was held on 25 September 2024 to hear about the experiences of staff who had been affected by the recent riots and social unrest. The event ended on a positive note as staff and senior leaders reaffirmed their commitment to being an anti-racist organisation which did not tolerate any form of discrimination such as Islamophobia and antisemitism. • The 2024 NHS staff survey had been launched and was an important way of gaining feedback and insight from staff, particularly about working for the organisation. • Maameya Adabie, Grace Adjei-Clinton and Madeline Oliver were congratulated for being awarded the prestigious Queen’s Nurse title in recognition of their high level commitment to patient care and nursing practice.
4.3	<p>During discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Amanda Gibbon queried whether any collective action had been taken by GPs in North Central London (NCL). In response, Clare Dollery confirmed that there had been little sign of the collective action, which was being closely monitored, and provided assurance that the Trust maintained a close collaborative relationship with local GPs through a Clinical Interface Group forum. • Glenys Thornton welcomed the positive communication issued to all staff in response to the civil unrest, as it gave assurance to staff and students that Whittington Health was committed to being an anti-discriminatory and anti-racist organisation. <p>The Trust Board noted the Acting Chief Executive Officer’s report and approved the 2024/28 Communication strategy.</p>

5.	Quality Assurance Committee Chair's report
5.1	Naomi Fulop presented the report and explained that the Committee took good assurance on several items considered at the meeting. She added that the Committee had a good discussion on the changes to the way in which serious incidents were reported as part of the new Patient Safety Incident Reporting Framework (PSIRF). The Committee recognised the benefits of the change and acknowledged that the new framework had to develop at the Trust to be its most effective.
5.2	<p>Naomi Fulop highlighted the following items, from which the Committee was able to take only partial assurance:</p> <ul style="list-style-type: none"> • Community equipment supplies from NRS had impacted all hospitals across NCL for over a year. The Trust had taken various actions, including escalation to local authority partners and to NHS England's (NHSE) London region. The delays in patients receiving issues had also been identified at three Coroners' inquests. The Committee was informed that, as there were no other appropriate suppliers of the equipment, it was important to work with NRS and to continue to monitor their performance and to escalate the matter, when required, to local authority partners. • A meeting was held with staff from Simmons House in August to inform them of the planned staff consultation, which would start in September 2024. In addition, the Trust had also received confirmation from the Care Quality Commission (CQC) that no further action would be taken on patient absconsions following their receipt of the serious incident report. Discussions were ongoing with the Haringey Learning Partnership regarding the on-site school. • The Committee received assurance that patient safety was maintained following the identification of a pest issue in the bed store through the relocation of the store and the removal of affected mattresses for decontamination. • The scale of ligature risks identified was more than initially estimated. An external assessment had identified two further areas of risk in the roof space which had been made inaccessible to patients. An improved programme of training was available for risk assessors and an updated ligature risk reduction policy would be finalised by October. The Committee requested that a detailed report on all aspects of ligature risks be submitted to its next meeting. • Mental health waiting times in the emergency department were of concern and had been escalated to the NCL ICB.
5.3	Naomi Fulop thanked Board members for their support during the six years that she had chaired the Quality Assurance Committee.
5.4	<p>During discussion, Board members highlighted the following issues:</p> <ul style="list-style-type: none"> • Sarah Wilding confirmed that, following the Committee meeting, a further telephone discussion was held with local authority Directors of Social Care who had responded quickly to the concerns raised regarding NRS. • Charlotte Hopkins commented on the progress of PSIRF at the Trust. She explained that there was much to learn from organisations who were further ahead in the process, and efforts would continue to gather

	<p>information and learning as PSIRF became embedded at Whittington Health. Charlotte Hopkins advised that the wider attendance and participation at the weekly incident meeting included a broader group of stakeholders, who would help to improve the quality of discussions and decision making. This arrangement would be trialled in October when daily triage meetings would be held to review incidents that occurred in the previous 24 hours.</p> <ul style="list-style-type: none"> • Glenys Thornton raised the need to demonstrate compliance with the training requirements set out in the maternity incentive scheme. Sarah Wilding confirmed that additional training slots had been arranged and were accessible for all staff groups. She added that discussions had also taken place with both the surgery and cancer clinical divisions and the maternity services team to look at how training for anaesthetists was balanced with clinical commitments and provided assurance that training compliance continued to be regularly monitored. • The Chair asked whether there were any actions the Trust could take to resolve some of the issues with NRS before a further meeting with Directors of Social Services in November. Sarah Wilding confirmed that patients who had experienced significant delays in receiving equipment from NRS, were escalated directly to the relevant Director of Social Care. <p>The Board noted the Chair’s assurance report for the Quality Assurance Committee meeting held on 11 September 2024</p>
6.	2023 National Adult Inpatient Survey
6.1	Sarah Wilding presented the findings of the survey, which was carried out in November 2023, for inpatients that had spent one or more nights in hospital. The survey outcomes were published by the CQC in August 2024 and showed that Whittington Health had made good progress in relation to feedback from patients and was cited in the Health Service Journal as one of the top eight NHS trusts in England with the most improved year-on-year survey scores.
6.2	<p>Sarah Wilding confirmed that the Trust had scored above the national average in the following areas:</p> <ul style="list-style-type: none"> • The ability to sleep at night. • Help for patients to eat meals. • Room temperatures. • An explanation of the reasons why a ward change at night was needed. • Receiving information about the risks and benefits of continuing treatment on a virtual ward
6.3	Sarah Wilding reported that, when benchmarked against other NCL providers, the Trust’s scores were in the mid-range. She also informed Board members that the areas which required improvement would be included in an action plan to be taken forward by a task and finish group.
6.4	Rob Vincent observed that the Royal Marsden Hospital received the highest score against every section of the survey and asked if there were any learning points that could help improve the Trust’s scores. In reply, Sarah Wilding explained that specialist hospitals traditionally scored well in this type of

	<p>survey, as they did not have an emergency department. The survey carried out at Whittington Health found that 75% of respondents were patients who had come through the urgent and emergency care pathway. However, she acknowledged that there would always be areas of learning to take from other organisations and would contact the Chief Nurse at the Royal Marsden Hospital to discuss areas that Whittington Health needed to improve.</p> <p>The Trust Board noted both the outcome of the 2023 CQC adult inpatient survey and that an action plan on the bottom five scores would be discussed and reviewed by the Trust’s Management Group.</p>
7.	Whittington Health and UCLH collaboration
7.1	<p>Jonathan Gardner took the report as read and highlighted the following areas of progress:</p> <ul style="list-style-type: none"> • David Cheesman had been appointed as Programme Director, together with Sana Burney as the Programme Lead. • The rollout of a joint theatre capacity plan had been delayed due to necessary ventilation work that needed completion beforehand. • There were plans to expand the virtual ward provision and also the musculoskeletal service. • Joint working for cancer patients, particularly gastrointestinal, breast and lung, continued to progress. • Whittington Health was developing a proposal for an outpatient dispensary which it could potentially provide for UCLH.
7.2	<p>In discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Sarah Wilding reported she had met place with the Chief Nurse at UCLH earlier in the week to explore more opportunities to work together. The discussion covered areas such as community rotational posts, particularly around nursing and Allied Health Professionals (AHP), ward accreditation, twinning with wards and leadership opportunities to help drive up standards. • The Chair added that the discussions also included opportunities for nursing and AHP-led research, which could make a material difference to way in which nursing was viewed generally. Sarah Wilding agreed that research projects would provide an opportunity to share expertise. • Rob Vincent commented on the enthusiasm for the collaboration which was apparent from staff in both organisations and that the value of the work initiative so far was evident. He observed that while work in non-clinical areas had yet to begin, it was important and would positively impact on the strategic relationship between both organisations. • Amanda Gibbon highlighted the need to progress the upgrade of the Trust’s electronic patient record (EPR) system to help collaboration. The Chair reported that Whittington Health’s EPR needs were being prioritised for external funding allocation for the upgrade and asked if there was a way for the Trust to release some of its capital expenditure in the meantime. Jonathan Gardner informed the Board that an outline business case for the upgrade of an EPR was due to be considered by both the Improvement Performance and Digital Committee and Board in November before it would be assessed by NHS England.

	<ul style="list-style-type: none"> In response to Tina Jegede raising the importance of cross-sectoral research, the Chair agreed that the Trust should discuss such opportunities with respective Directors of Social Services. <p>The Trust Board noted the progress report on the Trust’s collaboration with UCLH and agreed with the suggestion to explore the potential for health and social care research with NCL’s Directors of Social Services.</p>
8.	Improvement, Performance & Digital Committee Chair’s report
8.1	<p>Junaid Bajwa presented the report on the meeting held on 19 September where the following items were discussed:</p> <ul style="list-style-type: none"> The renewal of the contract with System C for the provision of an EPR for three years. Junaid Bajwa felt that opportunities to progress the collaboration with UCLH and fully implement the recommendations made by the Darzi review could be hindered if an effective EPR system was not in place. The Committee agreed that, as the current contract with System C expired in April 2025, it would take time to develop the outline business case and secure the additional funding needed. A practical way forward was to extend the current contract for a further three years to allow the Trust the time it needed to appraise other solutions and unlock opportunities for capital. A deep dive was carried out into performance in the Surgery & Cancer Clinical Division where the Committee was informed that cancer services were challenged across NCL. The Committee reviewed the performance of dermatology services, specifically the improvements made and some of the mitigating plans in place. The Committee discussed the sustainability of the improvements made and noted that several weekend clinics in dermatology were held to reduce waiting lists. Junaid Bajwa thanked Naomi Fulop for her contributions as a non-executive director member of the Committee.
8.2	<p>In discussion, the following points were raised:</p> <ul style="list-style-type: none"> Chinyama Okunuga reported on the potential to have job share consultant roles within cancer services with UCLH. Glenys Thornton asked whether any thought had been given to the procurement of EPIC as the replacement EPR system. Junaid Bajwa explained that EPIC was very expensive and currently unaffordable. Jonathan Gardner added that, the last time this issue was reviewed, the Trust did not meet the minimum requirements needed to secure funding from NHSE and the outline business case was not submitted. However, priorities had changed and it was expected that funding would be available and that the draft outline business case and final business case would be refreshed and submitted to NHSE in December or January. The business case would be for a system that worked well with UCLH and would align with UCLH’s timetable to complete their work with the Royal National Orthopaedic Hospital. Rob Vincent drew attention to the new Government’s priorities for the NHS which would see the implementation of stronger digital systems to facilitate more integration between acute and community providers.

	The Trust Board noted the Chair’s assurance report for the meeting held on 19 September 2024.
9.	Medical Appraisal and Revalidation Annual Board Report: 2023-24
9.1	Charlotte Hopkins presented the report. She confirmed that, since the last report to the Board, Dr Sola Makinde had been confirmed as the substantive Responsible Officer, and the medical appraisal and revalidation policy had been updated and published on the Trust’s website.
9.2	Charlotte Hopkins highlighted the main areas of focus, as follows: <ul style="list-style-type: none"> • There was a shortage of available medical appraisers at the Trust with the current numbers 50% lower than the requirement. Work was in progress to implement a plan to increase these numbers. Funds had been identified for appraiser training and clinical divisions were asked to identify assessors for each clinical division. • Charlotte Hopkins provided assurance that the Trust was compliant with the appraisal guidance for 2023/24, • The Chair suggested that a follow up report on the number of medical appraisers should be submitted for assurance to the Quality Assurance Committee.
9.3	In discussion, Board members raised the following points: <ul style="list-style-type: none"> • Amanda Gibbon reported that she sat on the Revalidation Board and gave assurance that the tracking of consultant appraisers was a thorough process. • Clare Dollery clarified that the Responsible Officer was precluded from the role of appraiser in the Trust that they were employed. She suggested that the provision of medical appraisers was considered in the job planning round as it was an essential part of the role of a doctor. <p>The Trust Board:</p> <ul style="list-style-type: none"> • approved the report for submission to the higher-level Responsible Officer for NHS England, London Region; and • agreed that a follow up report on the progress of the recruitment of medical appraisers should be submitted to the Quality Assurance Committee.
10.	Audit & Risk Committee Chair’s Report
10.1	Amanda Gibbon gave a verbal report for the meeting held on 26 September 2024 and highlighted the three areas of risk to escalate to the Trust Board as: <ul style="list-style-type: none"> • Commentary on the value for money statement from KMPG LLP would shortly be finalised. The Committee noted that the Trust’s 2023/24 annual accounts had been signed off and were submitted to the Department of Health & Social Care by 28 June 2024. • The Committee received two internal audit reports. The first covered critical care and received an assessment of reasonable assurance; the second report concerned estates and facilities and had a limited assurance assessment. During discussion, assurance was provided on the aims of the Estate strategy, the plans to address maintenance issues and the

	<p>substantive appointment of a new Director of Estates and Facilities. A report on healthcare benchmarking was also considered which provided a snapshot of the organisation’s performance on management actions when compared to 58 other organisations, for which RSM was the internal auditor.</p> <ul style="list-style-type: none"> • The risk register was highlighted, particularly discussions around the fabric and infrastructure of the estate, pest control and fire safety. <p>The Board noted the Committee Chair’s verbal report for the meeting held on 26 September 2024.</p>
<p>11. 11.1 11.2</p>	<p>Workforce Assurance Committee Chair’s report</p> <p>Rob Vincent summarised the report for the meeting held on 23 September 2024 which considered the following items:</p> <ul style="list-style-type: none"> • The Communication strategy was very well received and Committee members discussed the development of a complimentary listening strategy • The Committee had also received assurances that patient safety was not compromised by the junior doctors’ industrial action. <p>Nailesh Rambhai welcomed the Religion and Belief Guide and its aims of increasing the awareness of frontline staff of the needs of the diverse patient community served by the Trust. He asked that the dietary norm for observant Hindus, of not eating beef, be reflected in the document. The Chair urged Board members to reflect any amendments to the document to the joint Directors of Inclusion. Swarnjit Singh reported that the Guide would also be discussed with staff equality networks, particularly to expand the sections covering people from a south east Asian heritage. Amanda Gibbon said that the document provided a good opportunity to discuss organ donation. She explained that NHS Blood and Transplant had a range of religious experts who could provide more information and advice, if needed.</p> <p>The Board noted the Committee Chair’s report for the meeting held on 23 September 2024 and agreed that any suggestions for inclusion in the Religion and Belief Guide be sent to the Joint Directors of Inclusion.</p>
<p>12. 12.1</p>	<p>Finance and capital expenditure report</p> <p>Terry Whittle took the report as read. He stated that the report covered the Trust’s financial performance for the period April 2024 to August 2024 and highlighted the following key points:</p> <ul style="list-style-type: none"> • The Trust reported a deficit of £13.8m, some £5.4m worse than plan. The variance was due to several factors including industrial action in late June and early July which was valued at £1.5m in lost income from cancelled elective activity and the additional pay costs incurred to cover shifts during the strike. Terry Whittle explained that NHSE had confirmed that additional pay costs would be reimbursed. However, lost income would not, with the assumption being made that NHS providers had time to recover cancelled activity. • Expenditure on temporary staffing represented approximately 4% of the Trust’s pay bill and was above national expectations. Non-pay overspends

12.2	<p>were driven by a combination of inflationary pressure and insufficient funding to meet rising costs.</p> <ul style="list-style-type: none"> • The Trust delivered £5.3m of savings against a year-to-date target of £6.9m. This was a marked improvement when compared with the same time in the previous year. In NCL, the Trust was currently ranked third out of 11 organisations for the delivery of financial efficiency savings. • The Trust was moderately behind its income plan for elective activity targets, due to lower activity during the Summer holiday period. It was anticipated that activity would recover during the second half of the financial year. • The Trust reported capital expenditure for the year-to-date of £3m against a plan of £2m. <p>Nailesh Rambhai reported that the Finance and Business Development Committee would hold a seminar in the following week to discuss the cost and usage of temporary staffing and the plans in development to reduce costs as well as the number of bank and agency staff.</p> <p>The Board noted the Trust’s financial performance as at the end of August.</p>
13.	Integrated Performance Report
13.1	<p>Jonathan Gardner presented the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • The increased demand for autism assessments continued to have a negative impact on children’s community waiting lists. • Sarah Wilding reported five incidents of clostridium difficile in August. • Referral to treatment waiting times had fallen from 65.9% to 64%. • The number of patients who had waited longer than 52 weeks for treatment had consistently fallen month-on-month, with a reduction from 396 to 349 in August. • It was expected that there would be no patients waiting for 78 weeks by the end of September. However, there were likely to be around 35 patients who had waited longer than 65 weeks . • Performance against the 62 and 31 day cancer referral to treatment metric had improved and there was a slight decrease against the 28 day performance indicator. • Dermatology referral times had increased over the summer period. • Emergency care reported a slight upward trajectory in terms of performance against the four-hour waiting standard and there were 113 12-hour trolley waits. • Theatre utilisation saw an increase to 77.2% in August, which was the best month for some time. • The level of positive response rates for the family and friends test continued to increase. • Response times to complaints deteriorated from 77.4% in July to 30.4% in August.

13.2	<ul style="list-style-type: none"> • There was a slight decrease in compliance with statutory and mandatory training from 79.4% to 78.3%, largely due to staff leave during the Summer. <p>In discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Sarah Wilding acknowledged the disappointing performance in complaints response times achieved in August and informed the Board that an improvement had been seen during September. • Chinyama Okunuga reported that £4m of funding had been released to address the long waiting lists for ADHD assessments, which were a national challenge. The Trust would expect to receive this funding allocation in October. • Amanda Gibbon queried whether the reduction of 12-hour trolley waits was sustainable. In response, Chinyama Okunuga explained that there had been some deterioration of the position during September and that performance was dependent on flow in the urgent and emergency care pathway. She confirmed that winter planning had started and that plans had been developed to support patients with mental health issues who presented in the emergency department. <p>The Trust Board:</p> <ul style="list-style-type: none"> • noted the report; and • agreed that a deep dive on complaints should be reported to the Quality Assurance Committee.
15.	Any other business
15.1	There were no items raised.
16	Questions from the Public
16.1	There were no questions submitted received.

Trust Board, action log

27 September 2024 meeting

Agenda item	Action	Lead(s)	Progress
National inpatient survey	Contact Mairead Griffin, Chief Nurse at the Royal Marsden Hospital to explore any potential points to learn from.	Chief Nurse	Completed
UCLH/WH collaboration	Explore the potential for cross-sector health and social care research with respective Directors of Social Services in Camden.	Chief Strategy, Digital and Improvement Officer	Conversations with the Public Health Director of Islington have started
Medical appraisal and revalidation	Provide a follow up report on the progress of the recruitment of medical appraisers to the Quality Assurance Committee	Acting Medical Director	Due at the next meeting of the Quality Assurance Committee
Religion and Belief Guide	Send any drafting amendments the Joint Directors of Inclusion	All	Completed – a revised version of the Guide was considered by the Quality Assurance Committee in November
Integrated Performance Report	Carry out a deep dive on complaints to be reported to the Quality Assurance Committee	Chief Nurse and Director of Allied Health Professionals	Due at the next meeting of the Quality Assurance Committee



Meeting title	Trust Board – public meeting	Date: 29.11.2024
Report title	Chair’s report	Agenda item: 4
Non-Executive Director lead	Julia Neuberger, Trust Chair	
Report authors	Swarnjit Singh, Trust Company Secretary, and Julia Neuberger	
Executive summary	This report provides an update and a summary of activity since the last Board meeting held in public on 27 September 2024.	
Purpose	Noting	
Recommendation	Board members are asked to note the report and to approve the appointment of Glenys Thornton as Senior Independent Director.	
Board Assurance Framework	All entries	
Report history	Report to each Board meeting held in public	
Appendices	None	

Chair's report

This report updates Board members on activities since the last Board meeting held in public.

I want to thank all staff and volunteers for their continued hard work in delivering safe services and a good experience for our patients. I recognise the considerable pressures that colleagues continue to face with demand for services and, on behalf of all Board members, I am very grateful to them.

September's private Board meeting

The Board of Whittington Health held a private meeting on 1 November, where the items included an update on cleaning standards, a finance report and a year-end forecast outturn, the integrated performance report and progress with delivery of our corporate objectives in quarter two. The Board also considered Chair's assurance reports from the Audit and Risk, Charitable Funds and Finance and Business Development Committees. In addition, a seminar was also held on 1 November where Board members discussed fire safety and received training on the Patient Safety Incident Response Framework training.

Annual General Meeting

I was pleased to attend the Trust's annual general meeting on 27 September as we considered our achievements in 2023/24 and looked forward to future priorities.

New non-executive director

On 14 October, Naomi Fulop attended her final meeting as a non-executive director on the Board of Whittington Health. She has been replaced, as the University College London-nominated Non-Executive Director, by Professor Mark Emberton. Naomi Fulop joined the Board of Whittington Health in October 2018 and was a passionate advocate for patient safety and patient experience. On behalf of all Board members, I would like to thank her for her service and wish her well. As a result of this change, a review of Non-Executive Director membership of our Board Committees has taken place and the current arrangements are set out below:

Board Committee	Chair	Committee members	
Audit & Risk	Rob Vincent	Amanda Gibbon	Glenys Thornton
Charitable Funds	Amanda Gibbon	Julia Neuberger	Nailesh Rambhai
Finance & Business Development	Nailesh Rambhai	Amanda Gibbon	Rob Vincent
Improvement, Performance & Digital	Junaid Bajwa	Nailesh Rambhai	Mark Emberton
Quality Assurance	Amanda Gibbon	Glenys Thornton	Mark Emberton
Remuneration	Julia Neuberger	Junaid Bajwa, Mark Emberton, Amanda Gibbon, Nailesh Rambhai, Glenys Thornton, Rob Vincent	
Workforce Assurance	Rob Vincent	Junaid Bajwa	Glenys Thornton
UCLH/WH Partnership Development C-I-C	Julia Neuberger	Glenys Thornton, Junaid Bajwa, Rob Vincent	

Non-Executive Director Champions and lead roles

In line with guidance issued by NHS England, I have reviewed the Non-Executive Director champion and lead roles. They are shown in the table below along with the relevant oversight committees.

Trust role/NED Champion	Non-Executive Director	Board or Committee(s)
Chair	Julia Neuberger	Trust Board
Vice-Chair	Amanda Gibbon	Trust Board
Senior Independent Director	Glenys Thornton	Trust Board
Maternity Board Safety	Glenys Thornton	Quality Assurance
Wellbeing Guardian	Rob Vincent	Workforce Assurance
Freedom to Speak Up	Rob Vincent	Workforce Assurance
Doctors' disciplinaries	Junaid Bajwa	Workforce Assurance
Hip fracture, falls and dementia	Amanda Gibbon	Quality Assurance
Learning from deaths	Mark Emberton	Quality Assurance
Safety and risk	Amanda Gibbon	Quality Assurance and Audit & Risk
End of life care	Mark Emberton	Quality Assurance
Health and safety	Amanda Gibbon	Quality Assurance
Children and young people	Glenys Thornton	Quality Assurance
Resuscitation	Mark Emberton	Quality Assurance
Cyber security	Junaid Bajwa	Improvement, Performance & Digital
Emergency preparedness, resilience and response	Amanda Gibbon	Quality Assurance
Safeguarding	Glenys Thornton	Quality Assurance
Counter Fraud	Rob Vincent	Audit & Risk
Procurement	Nailesh Rambhai	Finance & Business Development
Security management, violence and aggression	Rob Vincent	Audit and Risk
Additional NED Champion roles		
Estates	Rob Vincent	Finance & Business Development
Equality, diversity and inclusion	Glenys Thornton	Workforce Assurance and Quality Assurance

Meetings

I have also participated in the following meetings and events:

- 4 October, UCLH and Whittington Partnership Committee
- 9 October, a meeting with Caroline Clarke, NHS England's London Regional Director

- 11 October, on site catch up meetings
- 14 October, catch up with Glenys Thornton, non-executive director
- 14 October, corporate induction
- 16 October, NCL ICB Strategy and Development Committee
- 17 October, on site meetings
- 30 October, on site catch up meetings
- 1 November Board meeting and seminar
- 6 November and 14 November catch up meetings on site
- NCL Health Alliance meetings every Friday
- 1:1s with Executive team members and the Acting Chief Executive
- 1:1s with Non-Executive Directors
- Regular updates with David Cheesman and Sana Burley on the UCLH and Whittington Health Partnership Development Committee-in-Common



Meeting title	Trust Board – public meeting	Date: 29.11. 2024
Report title	Chief Executive report	Agenda item 5
Executive lead	Dr Clare Dollery, Acting Chief Executive	
Report authors	Swarnjit Singh, Trust Company Secretary, and Clare Dollery	
Executive summary	This report provides Board members with an update on key developments nationally, regionally and locally since the last Board meeting.	
Purpose	Noting	
Recommendation	Board members are invited to note the report.	
BAF	All Board Assurance Framework entries	
Appendices	1: Start Well briefing pack November 2024	

Acting Chief Executive's report

NHS Change – an NHS fit for the future

On 21st October, the Government and NHS launched NHS Change – branded as the biggest ever conversation about the future of the NHS, to obtain views, experiences and ideas which will shape a new 10 Year Health Plan for England. The key overarching message is that the NHS has been there for us for over 76 years but to make sure the NHS is here for the next 76 years, doing all it can to support the health of everyone, we need your help. The exercise is open to everyone, including members of the public, everyone who works in health and care in England and interested organisations. It will help shape the government's 10 Year Health Plan which will be published in spring 2025 and will be underlined by three significant shifts in healthcare: hospital to community; analogue to digital; and sickness to prevention. The Trust will be submitting an organisational response and encouraging staff to contribute as individuals. Resources for workshops to be held within the Trust are awaited.

Evolution of the NHS operating model

On 13 November the Trust received a letter from NHS England about the NHS operating model which details plans for the updated NHS oversight and assessment framework and a new NHS performance, improvement and regulation framework. It includes 4 actions to support system development that will:

- simplify and reduce duplication
- shift resources, time and energy to neighbourhood health
- devolve decision-making to those best placed to make changes
- enable leaders to manage complexity at a local level

This includes performance focus moving from the Integrated Care Board (ICB) to NHS England and shares new guidance on the insightful provider and ICS boards. NHS England will be holding a webinar on 22nd December to further elaborate on these changes.

North Central London Integrated Care Board Chair

The Secretary of State for Health and Social Care, Wes Streeting, has given approval to Paul Najsarek to become the new Chair of the North Central London Integrated Care Board (NCL ICB). Paul brings a wealth of experience, gained across over 30 years, predominantly in local government and healthcare settings, including a decade at Chief Executive level. Most recently he was Chief Executive at Ealing Council for six years until 2022. This experience will be invaluable in supporting the North Central London system.

Joint Health Overview and Scrutiny Committee

On 11 November, I attended a meeting of The London Borough of Islington's Joint Health Overview and Scrutiny Committee with David Probert, Chief Executive of University College London Hospitals NHS Foundation Trust (UCLH). We presented a summary of the UCLH/WH collaboration achievements to date and our future plans. There was a good and interactive discussion on the collaboration work. One area for follow up was a request for data and a possible future presentation on the virtual ward service.

Islington Health and Wellbeing Board

On 12 November, I attended The London Borough of Islington's Health and Wellbeing Board meeting where we discussed the future strategy and the consultation regarding the NHS ten year plan.

Haringey Borough Partnership

I chaired the Haringey Borough Partnership Executive Board meeting on 13 November which held a workshop on inclusion and health. I am grateful that Tina Jegede, Joint Director of Inclusion and Nadine Jeal Clinical Director for Adult Community Services attended and shared the work Whittington Health is taking forward as an anti-discriminatory organisation.

Start Well review briefing

On 6 November, the North Central London Integrated Care Board published independently prepared reports, which included an analysis of the consultation feedback received as part of the NCL review which seeks to improve the quality, access and outcomes for maternity, neonatal, and children and young people's services in the sector. The Start Well programme team are carefully reviewing the consultation feedback to take on board issues and suggestions, and to determine whether any changes need to be made to the proposals. Based on the feedback, they have identified some areas for more detailed work.

The Start Well team will develop a decision-making business case which will consider all the evidence and information gathered including clinical evidence; updated modelling; workforce, estates and financial information; and responses to our consultation. The business case will be considered by the North Central London ICB board, in conjunction with specialised commissioners from NHS England London regarding the neonatal services they commission, to inform a final decision about the proposals, in early 2025. No final decisions have been made yet on the future shape of maternity, neonatal and children's surgical services, and all current services continue to operate as normal. A separate appendix to this report provides further details.

UCL Health Alliance

The NCL provider alliance's executive group met on 13 November to note the developments with a key current initiative – tackling complex long term health conditions a go live plan for November in two pilot sites and a later implementation in a total of five primary care networks across the NCL system. In addition, the meeting discussed a proposal to establish sustainable Respiratory Diagnostic Hubs.

London CEOs' meeting

Whittington Health has been invited to deliver a presentation at the London's Chief Executives meeting on its diagnostic performance and to share learning on how the national diagnostic standard (DM01) was achieved. I am proud that the DM01 performance at the Trust has been delivered and thank all staff colleagues involved in achieving this outcome.

Caroline Clarke

On 28 November, the Trust will welcome NHS England's Regional Director, Caroline Clarke, who will meet the Chair and Acting Chief Executive and colleagues from

across the organisation. The visit will include innovation work in the urgent and emergency care pathway, improvements in patient experience seen in the outcome of the 2023 NHS adult inpatient survey and National Cancer Inpatient Experience Survey and through the collaborative work in oncology services with UCLH, our work to tackle health inequalities through the NCL Red Cell community service, the capital investment needed to upgrade our power and to ensure fire safety, and the Barnet 0-19 community services for people aged 0-19 in the London Borough of Barnet.

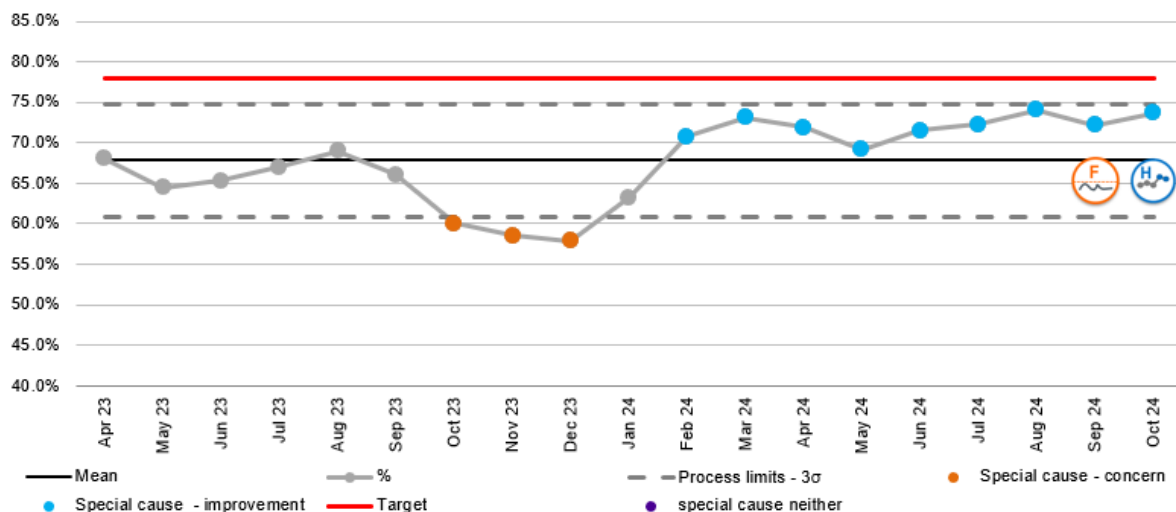
Capital Update

The Trust has been notified by NCL ICS of an additional £9 million of capital budget in 2024/25 for Fire Rectification works. The money will be utilised on upgrades to the fire alarm system, emergency lighting and general fire prevention measures in blocks A and L. This is extremely welcome news and is the result of strong partnership engagement with NCL colleagues since spring 2024.

Operational pressures and Emergency Department performance

Performance against the 4-hour access standard at Whittington Health remained above 70% for the fifth consecutive month, achieving 73.7% in October 2024. While the NCL sector has formally lifted the overnight postcode redirection, ongoing sector pressures persist, with regular step two diverts implemented to support other partner providers. In October, emergency department attendances increased to 9,208 from 8,903 in September, with a sustained daily average of 297 patients. In addition, the number of patients waiting over 12 hours for admission rose significantly to 340 in October, representing an increase of 171 patients in September. This figure surpasses the previous two months and is attributed to higher patient acuity, leading to longer ward stays.

4 Hour Performance April 2023 to October 2024- starting 01/04/23



CEO staff briefings

Since the 1 November Board meeting, an all-staff briefing was held on 14 November. The information shared and discussed covered awareness about November being Men’s Health Month; the fourth anniversary of the launch of the See Me First initiative to promote inclusion; the plans for Whittington Health to promote Data

security week from Monday, 25 November; the launch of the 2024 national adult inpatient survey; and the 2024 NHS staff survey.

Leadership Conference: The Power of Listening

Along with many senior staff, I was pleased to attend a leadership conference held on 20 November, which focused on the power of staff voice and how effective listening can transform leadership at Whittington Health. I am very grateful to our guest speaker, Cherron Inko-Tariah, Non-Executive at Homerton NHS Trust, Vice Chair of the Seacole Group, and author of *The Power of Staff Networks*, who shared her valuable expertise on building effective staff networks and amplifying employee voices.

2024 NHS Staff Survey

The 2024 NHS staff survey runs until Friday, 29 November and has been promoted widely across Whittington Health. The survey gives really important feedback to management on the issues affecting staff and is valued. As of 18 November, the survey response rate was 36.7%.

Vaccination against flu

As we approach the first cold weather this winter, Whittington Health has been providing the influenza vaccination to its staff. As of 21 November, 23.9% of staff had received the flu vaccination.

Crouch End Health Centre



I went to Crouch End Health Centre last week and met the district nursing team, and the practice development nurses for district nursing who told me about how they want to use technology to support district nurses give the best care and how well it works when they are co-located with other Trust teams like physio, therapies and Multi-Agency Care & Co-ordination, which all helping to integrate care. The picture above shows the Increasing Access to Psychological Therapies team who have collaborated with the London Borough of Haringey to support the mental and physical wellbeing of our clients through the 'Haringey walks' scheme in local parks.

Medicines safety week



I want to thank colleagues in the Whittington Health pharmacy team including Stuart Richardson, our Chief Pharmacist, for running a wonderful Medicines safety week last week. Each day had a different theme and it was my pleasure to join the team for the day focusing on medical gases. The photo (taken on ITU) shows Sheik our matron making sure an empty cylinder is returned to stores. This ensures all cylinders are ready for use to support patient care, correctly stored and it saves money because the cylinders have a per day charge whether they are full or empty.

Grant Funding Success

I am delighted to report that there has been a prestigious Medical Research Council funding award of £1.4m as part of their Developmental Pathway Funding Scheme. This will fund the EAT-UP: Extended Antibiotic Treatment in chronic UTI Patients; a phase II safety and efficacy trial. A multicentre trial is to start in January 2025. The principle investigator is Dr. Raj Khasriya is a consultant at Whittington Health and has been working to extend our understanding of recurrent infections. She is also a Senior Clinical Lecturer in the Department of Microbial Diseases at the Eastman Dental Institute, University College London.



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NCL Start Well programme update

Wednesday 6 November 2024

Purpose of this update



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Purpose

This update is to highlight that the full evaluation reports from the North Central London Start Well public consultation will be published today, Wednesday 6 November 2024. We also want to outline how this feedback will inform the work of the Start Well Programme going forwards and what the next steps are.

Key updates:

- Two independent reports summarising responses to the North Central London Integrated Care System (NCL ICS) consultation into proposed changes to maternity, neonatal and children's surgical services will be published on Wednesday 6 November 2024.
- All the feedback was collated and analysed by Opinion Research Service, an independent research company. They have produced two consultation reports, covering feedback received on:
 - maternity and neonatal services and Edgware Birth Centre;
 - children's surgery.
- The full independent reports follow on from the [interim feedback report](#) which was published in July, and which outlined the high-level emerging themes on the three elements of the consultation proposals.
- We would like to say thank you to everyone who took the time to share their views on the proposals, issues to consider, and alternative or additional suggestions to the proposals we described.

Our ambition for services



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Our collective ambition as a health and care system is to provide services that support the best start in life. We know that if we get this right, it will have a positive impact on health and wellbeing throughout people's life.

- We need to do this in the context of the changing and increasing complexity of people's health needs, a declining birth rate, designing services so we can consistently meet best practice clinical guidance, making sure our services are sustainable for the long-term, and providing the best environment for our staff to work in and thrive.
- We know there are unacceptable variations in health of residents and those that use our services. Some groups are more likely to live with poor health and have poorer health outcomes than others and may find it harder to access the right services at the right time. We want to reduce these inequalities in outcomes and access.
- That's why, in November 2021, we formally launched Start Well – a programme to review and improve maternity, neonatal, and children and young people's services.
- Between 11 December 2023 and 17 March 2024, we ran a comprehensive, widely publicised, and far-reaching public consultation. This was to seek views on proposals to change how and where some maternity, neonatal, and children's surgical services are provided.

Reminder: the proposals included in the consultation



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A 14-week public consultation was held from 11 December 2023 to 17 March 2024 to gain an understanding on the perspectives of patients, staff and members of the public in relation to proposed changes to maternity and neonatal care and children's surgical services.

The consultation included three areas:

1

Maternity and Neonatal Care:

The proposals include ensuring the same minimum level of neonatal care is provided across all NCL sites and significantly investing in services. To enable this, it was proposed to consolidate maternity and neonatal care across four sites compared to the current five. The two options that were consulted on were:

Option A: proposes closing services at **Royal Free Hospital** (*identified at consultation stage as the preferred option*)

Option B: proposes closing services at **Whittington Health**

Both options propose retaining services at **Barnet, North Mid and UCLH**, and significantly investing in services

2

Birth suites at Edgware Birth Centre: proposed the closure of the birthing suites while retaining ante and postnatal care at the site

3

Children's Surgery: Consolidation of some children's surgical activity – particularly for very young children (under the age of 5):

- **Centre of expertise for emergency and planned inpatient** care proposed to be at **GOSH** – this proposed the creation of a surgical assessment centre for improved emergency access
- **Centre of expertise for planned day case** surgery proposed to be at **UCLH**

We spent significant time developing the proposals with doctors, midwives, nurses, health professionals and families with lived experience of maternity, neonatal, and children's emergency and planned surgical services across north central London.

Consultation activities and reach



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- We received more than 3,000 individual responses, as well as contributions from interviews, focus groups, sessions with patients, staff and wider stakeholders.
- We worked hard to ensure NHS staff had lots of opportunities to give their views. We held 32 engagement sessions with colleagues across north central London and received 1,060 questionnaire responses from NHS staff.
- We also engaged with local stakeholders, including MPs, local councillors, council officers, the London Mayor and Greater London Authority Assembly Members, NHS trusts, Royal Colleges, professional bodies and education providers.



Nearly **9,000 website** views, of which **6,335 were individual users**

✓ **3,112 questionnaire responses, of which:**

✓ **2,031** came from members of the public

✓ **1,060** came from NHS staff

✓ **21** came from organisations

Programme team attendance at **199** different meetings or events, reaching just under **3,400 people**, of which:

32 were in depth staff feedback sessions with **over 470 participants**



26 were promotional drop ins at local hospital sites reaching nearly **600 people**



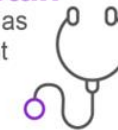
46 were sessions targeted at communities who have protected characteristics or face health inequalities reaching **503 people**

Example communities reached:

Orthodox Jewish community, Black and Asian women's groups, families with learning disabilities, women over the age of 35, women with experience of maternal medicine services, women living in areas of deprivation, people with experience of mental health problems, women and people with poor English proficiency

34 were in target geographies as identified by the interim integrated impact assessments reaching **582 residents**

8 were local GP meetings reaching **279 GP staff** across NCL as well as Brent and Harrow



9 were targeted close the Edgware Birth Centre, reaching **81 staff and residents**



What we heard: Maternity and neonatal services



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Agreement with challenges

- Broad **recognition of challenges facing services** and need for changes
- General agreement that **all neonatal units in NCL should offer at least level 2 neonatal care**

Less support for consolidation of services

Less support for consolidating maternity and neonatal services from five to four sites, with just under half of staff agreeing, and a quarter of service users. Concerns were raised around:

- Consolidation could increase in service pressures, disruption of effective working relationships, and issues with capacity, staffing, and quality of care
- Travel concerns: longer travel times, unreliable public transport, congestion, and increased travel costs.
- Respondents near Royal Free Hospital favoured continuing services there (Option B)
- Respondents near other hospitals supported Option A (keeping provision at Whittington Hospital)

Support based on proximity

Support for option A

- Seen as least disruptive given all sites within this option have a level 2 neonatal unit
- Importance of collocation with other services
- Strong existing links within the community services in the area
- Close working relationship between Whittington and UCLH
- Whittington Health services a wide area with deprived communities

Support for option B

- Strong feedback relating to maternal medicine pathways and the importance of specialties on site to manage high risk pregnancies
- Joined up working and consistent policies between Barnet and Royal Free
- Better quality buildings at Royal Free (compared to Whittington Health)
- Hospital of choice for diverse areas and caters for the need of the local Orthodox Jewish community

What we heard: Edgware Birth Centre and Children's surgery



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Edgware Birth Centre

Across all engagement activities, there was **broad recognition of the current challenges facing services and the need to make changes** and there was some **agreement with the proposal to close the birthing suites at EBC**, with many tending to cite the **low number of births** as the basis for supporting this proposal.

Agreement was not universal, and those that disagreed raised the following concerns:

- EBC provides good-quality care, with some disputing the data that implies a lack of demand for the service
- It will reduce patient choice (including for lower socio-economic populations, and those from Harrow and Brent), and that there is evidence to suggest that standalone midwife-led birth units are the safest option for low-risk births
- Any closure should be accompanied by enhancements to midwife-led birthing provision elsewhere (and as close to home as possible)
- The number of births might rise if the service was better publicised, or if a decision was taken to close maternity and neonatal services at the Royal Free Hospital

Children's surgery

- Most people agreed with the need to make changes to improve services and there was majority agreement from residents and patients that **the proposal to create two new 'centres of expertise' would benefit babies and young children**, and that, if created, the **planned inpatient and emergency surgery centre should be at Great Ormond Street Hospital for Children (GOSH)**, and the **day case centre should be at UCLH**
- However, there was more nuanced feedback from both staff and other stakeholders about the potential unintended consequences of the emergency and planned inpatient aspect of the care model
- There were also some alternative options proposed, such as considering pathways on an ODN footprint, the viability of which need to be considered in taking forward next steps

Responding to what we've heard



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The rich feedback has been shared will be an important part of our evidence base as we approach the next phase of our work and a decision is made on the future shape of services. Work is underway to consider whether any of the issues and concerns raised will materially change our proposals and for maternity and neonatal services proposals, the preferred option.

The work that was indicated in the last update in the summer is already underway, with the programme being supported by our **Clinical Reference Group, Finance Group and Patient and Public Engagement Group** and overseen by the **Programme Board**

Maternity and neonatal services

- Further work to refine the care model in relation to:
 - Maternal medicine pathways
 - Interventional radiology pathways
 - Antenatal and postnatal pathways
- Reviewing the patient flow modelling to ensure assumptions are robust and include the most recent data that is available
- Further exploring the impact on gynaecology services for the site that is proposed to no longer support intrapartum care
- Impact of any changes on out-of-hospital maternity care and community pathways

Edgware Birth Centre

- Understand the latest data about the birth numbers at the unit
- Work to describe further the midwifery-led offer at collocated birth centres should a decision be made to close the birthing suites
- Outlining how the space at the Birth Centre could be used to support maternity care for the local community should a decision be made to close the birthing suites

Children's surgery

- Start the work that would be needed to write a decision making case around the day case element of the proposal.
- Consider the next steps in relation to the emergency and planned inpatient activity, taking into account the range of feedback received and alternative options proposed

Next steps being taken forward



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Agree recommended option following feedback from consultation

- Review feedback from the consultation to understand materiality and if any changes are needed to proposals
- Update options appraisal evaluation with latest data and information
- Update integrated impact assessment in the context of feedback

Additional work to develop content for DMBC on the recommended option

- More detailed work to describe how the recommended option would be implemented, including:
 - A timeline
 - Programme structure during implementation
 - Risk register

Draft decision making business case (DMBC)

- Write DMBC – including response to consultation feedback – e.g., ‘you said, we did’
- A description of how the recommended option would be implemented

Governance and decision making

- ICB Board and NHSE London Region Specialised Commissioning are decision makers
- Decision making will be in public and the date of this will be published well in advance

The decision making business case



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Development of Business Case(s):

- Over the coming months we will develop a decision-making business case.
- This will bring together all the different evidence we need to consider when deciding the future shape of these services, including clinical evidence; population projections, health need and other modelling; workforce, estates and financial information; and the themes and issues highlighted by staff, patients, families, stakeholders and communities through the consultation.
- We will also show how we have responded to the feedback given as part of the consultation and any changes it has made to our thinking and planning.
- The business case will be considered by North Central London ICB board, in conjunction with specialised commissioners from NHS England London regarding the neonatal services they commission, to inform a final decision about the proposals.

No decisions have been made yet on the future shape of maternity, neonatal and children's surgical services, and all current services continue to operate as normal.

We will hold the decision-making meeting in public and are working towards that being held in early in 2025. The date of this meeting will be published well in advance.

We will continue to keep staff updated as we progress with the work needed to complete the final business case.

Once a decision on these services has been made there will be a significant planning period for implementing the changes. This will include clear communication and information for staff and patients, and ample notice given to everyone affected.



Meeting title	Trust Board – public meeting	Date: 29.11.2024
Report title	North Central and East London Provider Collaborative consultation	Agenda item: 6
Executive lead	Sarah Wilding, Chief Nurse and Director of Allied Health Professionals	
Report author	Swarnjit Singh, Trust Company Secretary	
Executive summary	<p>The public consultation being forward by the North Central and East London Provider Collaborative on proposals for a new interim model for inpatient child and adolescent mental health service and North Central and North East London. The deadline for feedback is 29 November. A website link to the consultation and more information on the interim model of care is provided below:</p> <p><u>new interim model of care for inpatient child and adolescent mental health services East London NHS Foundation Trust</u></p>	
Purpose	Noting	
Recommendation(s)	Board members are asked to note the consultation on the new interim model for inpatient child and adolescent mental health services in North Central and North East London.	
BAF	Quality 1 – well-led component	
Appendices	None	



Meeting title	Trust Board – public meeting	Date: 29.11.2024
Report title	Quality Assurance Committee Chair’s report	Agenda item: 7
Committee Chair	Amanda Gibbon, Non-Executive Director	
Executive leads	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals, Charlotte Hopkins, Acting Medical Director, Chinyama Okunuga, Chief Operating Officer	
Report authors	Marcia Marrast-Lewis, Assistant Trust Secretary and Swarnjit Singh, Trust Company Secretary	
Executive summary	<p>The Quality Assurance Committee met on 13 November 2024 and was able to take good assurance from the following items considered:</p> <ul style="list-style-type: none">• Board Assurance Framework - Quality and Integration 2 entries• 2023/24 Research & Development Annual Report• 2024/25 Q2 Quality governance report including serious incidents and PSIRF• 2024/25 Q2 Patient Experience Report• Bi-annual adult safeguarding report• Bi-annual children safeguarding report• 2023/24 Medicines optimisation annual report• Haematology Update• 2024/25 Q1 Learning from Deaths report• 2024/25 Q2 Maternity Board report• Religion and Belief Guide <p>Committee members took partial assurance from the following agenda items:</p> <ul style="list-style-type: none">• Patient Safety Incident Investigation (PSII) Community acquired pressure ulcers presentation.• 2024/25 Q2 Pressure ulcer update• Chair’s assurance report, Quality Governance Committee• Trust Risk Register• Ligature risk assessment report• PLACE performance & cleaning update• Fire action plan	

	<p>Following discussion, the following areas were agreed to be reported to the Trust Board:</p> <ol style="list-style-type: none"> 1. The Committee thanked the Maternity team for their significant work on the Maternity Incentive Scheme (MIS) submission and managing a cluster of incidents. The Committee also noted the risk of achieving compliance in all MIS domains by the end of November. 2. The continuing work to mitigate ligature risks. 3. The progress achieved in sickle cell services with implementation of the improvement plan while noting the further work required. 4. The patient safety investigation incident report on community acquired pressure ulcers.
Purpose	Noting
Recommendation	<p>Board members are asked to:</p> <ol style="list-style-type: none"> i. note the Chair's assurance report for the Quality Assurance Committee meeting held on 13 November 2024; ii. approve the proposed change in the risk descriptor for the Quality 2 Board Assurance Framework entry (see appendix 1); and iii. in line with the Trust's Patient Safety Incident Framework policy, approve the patient safety investigation incident report (see appendix 2).
BAF	Quality 1 and 2 entries and Integration 2 entry
Appendices	<ol style="list-style-type: none"> 1. Amended risk descriptor for Quality 2 BAF entry 2. PSII report on pressure ulcers in the community 3. Quarterly learning from deaths report

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	13 November 2024
Summary of assurance:	
<p>The Committee confirms to the Trust Board that it took good assurance from the following agenda items:</p> <p>Board Assurance Framework – Quality & Integration 2 entries The Committee reviewed the risks to the delivery of the Trust's quality and integration strategic objectives and agreed that the risk scores would remain the same. The Committee was informed that a discussion on a potential reduction of Quality 2 risk scores had taken place. However, it had been agreed to maintain the scores at their current level and continue to monitor improvements so that there was greater evidence of a sustained improvement in performance indicators before a review in January 2025. The Committee also discussed and agreed the change to the risk descriptor for the Quality 2 BAF entry which better reflected the current position.</p> <p>2023/24 Research & Development Annual Report The Committee reviewed the report, which outlined the research and development activities undertaken throughout the year and highlighted:</p> <ul style="list-style-type: none"> • The successful transfer of the research governance function to an in-house function. This had increased activity, capacity and capability and reduced the time needed to set up research studies. • There were 14 additional studies recruited in-year. One of the largest areas of recruitment was for liver studies, which had been minimal before the pandemic. • There was a marginal increase in funding received from the North Thames Clinical Research Network. • While commercial activity remained limited, arrangements established with University College London Hospitals NHS Foundation Trust in oncology had enabled Whittington patients to access treatments that were previously unavailable to them. • Results from the Patient Research Experience Survey showed positive feedback and enhanced patient experience through research participation. • The volume and diversity of published research remained robust, with the Belief Trial winning an award for its study on patients with thalassaemia who, as a result, required fewer blood transfusions. <p>The Committee learned that the Trust had been chosen for three commercial trials which were currently in the set-up phase. One of the trials would be led by an Allied Health Professional at Whittington Health which had not been done before and demonstrated good collaboration across different staff groups. There was also a growing focus, both locally and nationally, on reporting equality data for the recruitment and for more studies on health inequalities. The Trust had been successful in securing funding for research into the extended use of antibiotics for lower urinary tract symptoms and had progressed through to the second round of applications for Michael Palin studies.</p>	

Haematology services

The Committee received an update on the progress made against the Sickle Cell Improvement plan that followed the open letter from a patient group and the publication of the All Party Parliamentary Group report, 'No One's Listening'.

The Committee noted the following points:

- Significant improvement had been made with times to analgesia in ED.
- Ambulatory care and emergency department pathways were working well and were recognised as one of the 11 points of good practice in a recent peer review.
- A ward had been identified for haematology patients.
- A peer review revealed concerns about nursing staff attitudes to patient care.
- A significant expansion in the psychological offer had been made in paediatric and adult services which had helped to improve patient experience.
- There were ongoing issues related to understaffing in Consultant and a Clinical Nurse Specialist role.
- A risk had been raised around the decline in test turnaround times from 2 to 48 hours by HSL who had been contracted to provide the haemoglobinopathy diagnostic service.

The Committee was assured that recruitment to fill vacant posts would continue and that additional posts were needed to expand the Consultant care provided for this cohort of patients.

Q2 Quality Governance report

The Committee considered the report which provided an overview of patient safety, clinical effectiveness, quality improvement and assurance. The following aspects were highlighted:

- Three patient safety incident investigations (PSII) were declared in quarter two and a further PSII was declared on 8 November.
- There was one incident of methicillin-resistant staphylococcus aureus, bringing the total to three against a trajectory of zero.
- There were seven incidents of clostridium difficile bringing the total to eight against a trajectory of 22 for both hospital and community acquired infections. Improvement actions included better hand hygiene, early isolation, improved antimicrobial stewardship, and a refocus on cleaning.
- An overall amber rating was given for two National Clinical Audits on Care of Older People and Mental Health (Self Harm). The latter audit had been resubmitted and the results would be known in the New Year.
- The Trust was unlikely to achieve the targets set for pressure ulcers.
- An engagement meeting with the Care Quality Commission (CQC) was planned for 28 November 2024
- The Trust received two new National Patient Safety Alerts during Quarter two. Eight safety alerts remained open, and the patient safety team would follow up progress with the relevant departments.
- The number of patient falls per occupied bed days remained static, although there was evidence of better control. The number of falls recorded for moderate and serious physical and psychological harm remained low.

The Committee discussed progress of the Wayfinding strategy work which would improve patient access, attendance and experience and learnt that the Patient Experience team had worked with the Estates and Facilities department

and a charitable organisation to carry out a review of wayfinding throughout the hospital site, particularly for patients with sight difficulties.

Q2 Patient Experience Report

The Committee considered an overview of patient experience and was informed of the following key highlights:

- The results of the 2023 National Adult Inpatient Survey were published in August and found that the Trust had achieved an overall score of 8 up from 7.5 in the previous year. Inpatients in November would be surveyed for next year's report.
- Personalised feedback sessions had been arranged to secure the views and opinions of service users to inform improvement work being taken forward by the Outpatients Transformation team.
- A further 33 volunteers had been recruited bringing the total up to 89. The volunteers had contributed over 2,000 hours of their time during quarter two.
- There was a slight increase in complaints response times in quarter two compared to quarter one. There were also two Parliamentary & Health Service Ombudsman referrals - one was not upheld and the other was partially upheld.

The Committee noted that the overall Friends and Families Test position remained reasonable in terms of the 5% threshold for negative feedback. However, there were instances of poor feedback from patients in Outpatients and the Emergency Department related to waiting times, a lack of communication and delays. The issues were addressed by installing boards in outpatient waiting areas to inform patients of current waiting times, as part of the outpatient transformation initiative.

Safeguarding

The Committee reviewed the bi-annual safeguarding reports which provided a summary of work undertaken across adults and children's safeguarding for the first six months of the financial year.

The Committee was informed that the substantive post of Head of Vulnerable Adults had been filled. The Safeguarding team held a domestic abuse conference which had been attended by representatives from the Islington Violence Against Girls forum. Committee members welcomed the development of a Mental Health Strategy, co-authored by the Deputy Medical Director. As part of the strategy's priorities, several sub-groups would be established to explore areas such as suicide prevention, physical health, the administration of the Mental Health Act, and staff training. A Staff Allegations Policy had also been implemented.

The Committee received assurance that the Safeguarding Children's team had been stabilised with the appointments of a Named Nurse for Haringey and an interim Head of Children's Safeguarding.

Training compliance for the reporting period showed level 4 at 100%; level 3 at 84%, level 2 at 90% and level 1 at 89%. An audit schedule was in place with key areas of focus being alignment with the audit strategy for the year and children partnership priorities. It was noted that the level of patient acuity in

safeguarding cases had increased and that there were an increasing number of child suicides

The Committee was assured that the partnership between the Adults' and Children's Safeguarding teams remained positive. Committee members were also informed that a joint safeguarding children's review had been commissioned and the findings would be considered at the next meeting in January 2025.

2023/24 Medicines Optimisation Annual report

The Committee considered the annual report. The following summary was provided:

- Medicines safety features heavily with the Medicines Safety Group which had been aligned to the Patient Safety Incident Response Framework (PSIRF). There had been a noticeable increase in the level of medicines incident reporting and it was anticipated that reporting levels would continue to increase.
- An internal audit review had been carried out on controlled drugs which provided a rating of reasonable assurance.
- Risks related to medicines were actively managed through Clinical Divisions and the Pharmacy team.
- A series of digital solutions had been installed on drugs cabinets in theatres and in the intensive treatment unit to mitigate risks.
- A system of FP10 prescriptions has been implemented so that prescriptions could be directly accessed by patients from community pharmacies.
- Pharmacists continued to support the Trust's vaccination programmes.
- The Whittington Pharmacy Community-Interest-Company had filed its 2023/24 company accounts and annual report.

The Committee was assured that significant improvements had been made with the security of medicines at the Trust. These included the installation of swipe access across the organisation, patient drug lockers were provided with radio frequency identification controls dispensing with the need for keys, and electronic cabinets had been installed which would allow medicines to be available outside of normal working hours.

2023/24 Q4 Learning from deaths report

The Committee noted the following highlights:

- The Summary Hospital-level Mortality Indicator (SHMI) for the year to May 2024 had increased to 1.0005 and was still within the expected range.
- All structured judgement reviews (SJR) had been completed. The themes identified included missed opportunities for early palliative care and failure to escalate.
- Concerns had been raised around IV access when patients were difficult to cannulate.
- The review of the death of a 15-month old child had found that while their death was expected, communication between Consultants at Great Ormond Street Hospital and the Trust could have been better managed.
- The QAC heard about two specific reviews of deaths in patient groups - one COPD and the other stroke - where the SHMI was significantly above average and took assurance that there were no issues of concern.

- Other areas with a higher SHMI also had reviews completed for patents with stroke and heart failure. 15 stroke patients were referred to palliative care and were not accepted for referral on acute pathways. Cardiologists were currently in the process of reviewing heart failure patients. A report would be made available for the next Committee meeting.

The Committee sought clarification on the gradual increase in the SHMI from 0.89 to 1.0 over a few years. Committee members were informed that reasons were thought to be linked to the increased proportion of the population with long term and complex conditions, along with attendance and overcrowding in the ED has nationally been linked to higher mortality rates at a population level in general. Other contributory factors were thought to be around the depth of coding, in particular the recording of fewer co-morbidities (charlson score).

Patient-Led Assessment of the Care Environment (PLACE)

The Committee considered the outcome of the PLACE inspection carried out on 25 October 2024 by patients, staff, and the estates and facilities department.

The initial findings outlined:

- An 8.5% increase in the number of issues identified compared with the previous year, with 90% of all findings related to estates and facilities.
- Although there were identifiable improvements in cleaning and in the fabric of the building, there was still some way to go to achieve the national standards for Healthcare Cleanliness.
- While the catering provision was generally good, it was not always to everyone's taste.
- Some wards were cluttered and patient data was visible in some areas.

The Committee received assurance that an action plan had been developed and the final PLACE report and scores would be made available in the New Year.

Fire action plan

Committee members were informed on the outcome of the visits by the London Fire Brigade's (LFB) risk assessment team to look at A and L Block. An action plan had been developed in response to the verbal feedback provided and focussed on six areas: fire alarms, fire doors, fire dampeners, plant spaces, cavity walls and compartmentation. A full programme of work had been developed, and surveys and designs for replacement of the fire alarm system had also been undertaken.

The Committee was assured that fire watch wardens were deployed across the hospital site and that fire safety training had been refreshed, with compliance monitored routinely. In addition, fire risk assessments had been completed and evacuation protocols had been refreshed.

Maternity report

The Committee reviewed a quarterly summary of the work undertaken in the maternity department. The following key areas were discussed:

- Work to gather evidence for the Maternity Incentive Scheme (MIS) Year six submission was ongoing. The compliance timeframe covered the period 1 April to 30 November 2024. Committee members were informed of challenges being experienced in compliance with Safety Actions 4, 6 and 7. Committee members sought assurance that the Trust would achieve full

compliance within the timeframe and were informed that this was dependent on training compliance by all relevant staff. Assurance was given that steps would be taken to ensure that staff were made available to complete their training by the deadline.

- The perinatal quality surveillance model recorded three still births and two neonatal deaths which were being investigated through the perinatal mortality review tool framework. Duty of Candour requirements had been carried out for all these incidents. In addition, the Trust had requested external reviews from the regional team for assurance.
- Third and fourth degree tears were reviewed at risk meetings which did not identify any issues with the standard of care provided or problems with service delivery.
- The maternity department had achieved supernumerary status for the Labour Ward Co-ordinator as this was an essential MIS requirement.
- A restructure of the maternity department was underway. Staff had been consulted during July and August and the outcome letters had been issued in September, with changes being operationalised in November
- Work to improve the culture across the maternity teams had taken place and an action plan had been developed to take forward the next iteration of work.

The Committee thanked the maternity services team for the considerable work undertaken to achieve MIS compliance and to manage the cluster of recent incidents. The Committee also welcomed the ongoing investigations into the cluster of incidents.

Religion and Belief Guide

The Committee reviewed and welcomed the updated guide which had also been considered by the Trust Board at its 1 November meeting. One of the aims of the Guide was to support increased awareness and cultural competency of frontline staff to provide a sensitive, diverse and personal service to patients, their families and visitors.

2. Committee members took moderate assurance from the following agenda items:

Chair's assurance report, Quality Governance Committee

The Committee reviewed the report of the meeting held on 22 October 2024 where significant or reasonable assurance was taken from most of the items discussed. Committee members were apprised of the following points:

- Presentations were received from the Emergency and Integrated Medicine (EIM) and Surgery and Cancer Clinical Divisions. It was noted that the number of Duty of Candour statements had decreased in EIM and the number of overdue complaints had reduced from 40 to 15. The Surgery and Cancer Clinical Division was now up to date with their Duty of Candour requirements.
- Friends and Family Test (FFT) responses in Surgery and Cancer had achieved a 95.75% response rate within the stipulated timeframe.
- The National Cardiac Arrest Audit (NCAA) showed a low rate of cardiac arrests per 1000 hospital admissions at 0.26%, against a national average of 0.53%.
- Three PSII's had been declared in quarter one which involved a neonatal death, a spinal cord injury and a paediatric death.

- The CQC were assured with the improvement plan being implemented for the Barnet 0-19 service.
- A good presentation was delivered about Martha's Law implementation and the Trust would proceed with the implementation of Martha's Law with its own communication toolkit.
- Currently paediatrics was without a critical care outreach team, however the numbers of acutely unwell children in paediatrics were low and the adult critical care outreach team will provide cross cover.

The Committee noted the limited assurance taken by the QGC on the following items:

- The health and safety report highlighted the lack of data and information regarding staff health and safety and a greater emphasis on health and safety reporting (needlestick injuries and RIDDOR) would be included in the next report to the Committee.
- During quarter two, the Trust logged 577 Patient Advice and Liaison contacts, of which 64% related to concerns, and 36% related to requests for help or information, usually about difficulties cancelling or rearranging appointments. It was thought the difficulties contacting outpatient appointments related to the pause in the roll out of Net call.
- The Trust had been without a domestic violence advisor since before the pandemic, the oversight of this sat previously with the head of children's safeguarding. The current leadership of domestic violence is currently sitting with the head of vulnerable adults. 3% of all domestic violence referrals to London borough of Islington came from the Trust.

The Committee learned that there was an urgent need for more work around prevention and support for victims of domestic abuse. The preference was to have a dedicated role working with the local authority to identify funding streams and other pathways.

The Committee agreed that progress updates on domestic violence, the issues around Net call and Patient Advice and Liaison service contacts and complex IV access would be considered at a future meeting.

The Committee discussed the high vacancy rate in paediatric services and noted concerns about safety and quality. The problems had been discussed at performance reviews and teams continued to work collaboratively with the support of a paediatric Practice Development Nurse and the adult ED team to maintain safety.

Trust Risk Register

The Committee reviewed the risk register report which had been updated to show that 36 entries were scored at 15 or above and that there had been an increase in one risk entry in relation to paediatric emergency department safer staffing levels. The Committee discussed risk 1166 which related to verbal and physical abuse experienced by staff in the Emergency Department and noted an increase in such incidents. It was suggested that the risk should be reviewed in the context of the wider Trust, as the incidence of violence and aggression toward staff was becoming more widespread.

Community-Acquired Pressure Ulcers Patient Safety Incident Investigation

A presentation was delivered by the Clinical Director in the Adult Community Services Clinical Division on the outcome of a review into the incidence and care of pressure ulcers in the community. The review was carried out following an increase in the number of grade four pressure ulcers. The review found that factors which influenced the outcome of the deterioration of a patient were less about an individual healthcare practitioner administering care and more about the tools, technology and the external environment. This offered valuable learning into the challenges of pressure ulcer management and served as a foundation for a pressure ulcer improvement plan which would focus on quality and safety.

It was acknowledged that, due to the severity of a grade four pressure ulcer, it was not unreasonable to aim for a target of zero incidents. However, preventing the deterioration of a patient's condition in the community proved challenging, as skin issues were often identified only after treatment for a different condition had been provided. In addition, the Trust had limited control over the standard of care provided by agencies and carers but had provided training to some of them as part of the improvement plan.

The Committee was informed that a benchmarking exercise conducted by the team found that neighbouring Trusts did not consider non-concordance as an attributable factor in the occurrence of pressure ulcers. The Committee also received assurance that the ongoing equipment issues with NRS had been escalated to local authorities and would continue to be monitored.

Pressure Ulcer Update

The Committee was made aware of the progress made against the Pressure Ulcer Improvement Plan which contained targets to reduce the overall Trust-attributable pressure damage by 10% and full thickness pressure damage by 25% in 2024/25. The Committee noted the following points:

- There had been an increase in Trust-acquired pressure ulcers in the first two quarters of the year, both in numbers and severity.
- Hospital-acquired pressure ulcers had fluctuated with no major differences identified from the previous year's reports.
- The majority of incidents were found on Meyrick Ward, critical care and on Mercers Ward.
- A decrease in pressure ulcers acquired in the community between March and June 2024 reflected the work undertaken in the improvement plan. This was not sustained in quarter 2 which saw a significant increase in full thickness pressure ulcers.
- The themes identified related to the absence of a planned pressure ulcer prevention care plan, non-concordance by patients and carers, issues related to equipment, challenges in access to remote information technology platforms on community visits and an increased demand for medicines administration by district nursing.
- Several actions had taken place to improve performance and included improved functionality of the Careflow electronic patient record, more patient and carer engagement to address concordance issues and better monitoring of the provision and use of pressure ulcer equipment.

Assurance was provided that the Tissue Viability team would progress with the implementation of NHS England guidance. Committee members were informed that, given the challenges faced in quarters one and two, the Trust was unlikely to achieve the performance targets set.

Ligature risk assessment

Committee members were apprised of the progress achieved in the current programme of ligature risk assessments. They learnt that risks were identified in both of the Mary Seacole Wards and in the Emergency Department. The Committee welcomed the fact that 75% of risk assessments had been completed on the Seacole wards which identified the removal of simple anti-ligature issues and a refresh of the bathrooms. A specialist sub-contractor had been appointed to undertake specific work in the disabled toilets in the Emergency Department and this would be completed by the end of January 2025. The Committee was also informed that work to install barricade doors across eight different locations had been completed.

The Committee noted the work on risk assessments in all key areas, and that work would continue to address the remaining risk assessment locations and be finalised by the relevant Clinical Divisions.

3.

Present:

Amanda Gibbon, Non-Executive Director (Chair)
Mark Emberton, Non-Executive Director
Charlotte Hopkins, Acting Medical Director
Chinyama Okunuga, Chief Operating Officer
Swarnjit Singh, Joint Director of Inclusion & Trust Company Secretary
Baroness Glenys Thornton, Non-Executive Director
Sarah Wilding, Chief Nurse & Director of Allied Health Professionals

In attendance:

Dr Clare Dollery, Acting Deputy Chief Executive
Anne O'Connor, Associate Director of Quality Governance
Nicola Sands, Deputy Chief Nurse
Liam Triggs, Director Estates & Facilities
Marcia Marrast-Lewis, Assistant Trust Secretary
Isabelle Cornet, Director of Midwifery
Dr Sarah Gillis, Associate Medical Director Learning from Deaths
Emma Drasar, Consultant Haematologist
Stuart Richardson, Chief Pharmacist
Nikola Rikard, Head of Children's Safeguarding
Theresa Renwick, Head of Vulnerable Adults
Maameyaa Adabie, Associate Director of Nursing ACS Clinical division
Kathryn Simpson, Head of Research
Marta Caviola, Tissue Viability Nurse

Apologies

Kat Nolan-Cullen, Compliance and Quality Improvement Manager
Carolyn Stewart, Executive Assistant to the Chief Nurse

Appendix 1: Proposed changes to the Quality 2 entry's risk descriptor

Strategic objective and BAF risk entry	Principal risk(s)
Current Quality 2 entry – quality and safety of services	<p>Due to a lack of capacity, clinical attention and continuing pressures (e.g. industrial action), there is an inability to meet elective recovery and clinical performance targets, resulting in a deterioration in service quality and patient care such as:</p> <ul style="list-style-type: none"> • long delays in the emergency department and an inability to place patients to appropriate beds • patients not receiving the timely elective care they need across acute and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage
Proposed new Quality 2 entry– capacity and activity delivery	<p>Due to a lack of capacity and theatre ventilation works, there is an inability to meet elective recovery and clinical performance targets, resulting in a deterioration in service quality and patient care such as:</p> <ul style="list-style-type: none"> • significant delays in the emergency and urgent care pathway department and an inability to place patients to appropriate ward beds • patients not receiving the timely elective care they need across acute and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage

**A SYSTEMS REVIEW OF PRESSURE ULCERS / PRESSURE CARE
IN THE ADULT & COMMUNITY SERVICES (ACS)
INTEGRATED CARE SERVICE UNIT**

Authors

*PSIRF Project Lead & Independent Quality, Risk & Improvement Consultant
Human Factors Expert & Patient Safety Consultant*

INTRODUCTION

The management and prevention of Pressure Ulcers is a well-established clinical discipline in primary, secondary and tertiary care sectors. The Care Act 2014 recognises that pressure ulcers may indicate broader safeguarding issues such as abuse and more commonly neglect or self-neglect. All commissioners and providers of services working with adults have a responsibility to safeguard individuals from the risk of abuse or neglect and promote health and wellbeing. This includes the prevention and management of pressure ulcers, specifically:

- Care and support needs must be addressed by enabling patients to access appropriate services wherever possible in respect to promotion of tissue viability and associated risk factors.
- Additional support needs must be met by the timely provision of specialist assessments /risk assessments where required.
- Agency responses must be needs-led, with focus on the principles outlined in the Mental Capacity Act 2005 and the Human Rights Act 1998.
- Equality and diversity promotes equal opportunity for all, by giving individuals the chance to achieve their full potential free from prejudice and discrimination. Equality and Diversity must be valued and fully considered in all agency responses.

Under this national policy framework, and more specific clinical guidelines, such as the National Institute for Clinical Excellence (NICE) guidelines, the National Wound Care Strategy Programme 'Stop the Pressure' and the associated aSSKIN care bundle* NHS Trusts have developed their services in both the acute and community settings to ensure patients suffering, or at risk of pressure damage, receive optimal care and treatment to prevent, or promote healing of pressure related skin damage.

The aSSKIN bundle deserves some specific attention in this analysis as successful and consistent implementation of it has been found to be a key factor in successful prevention and treatment of pressure ulcers. (See Stephenson et al, 'National audit of pressure ulcer prevalence in England: a cross sectional study', 2021, Wounds UK, Vol 17, No 4). A more recent study looking at community-based care ('Implementing an adapted SSKIN bundle and visual aid in the community', McCoulough, 2016, Community Wound Care) identified the following key points for optimal care and outcomes:

- Formal and informal carers carry out most daily skin care, so need to understand skin integrity and pressure ulcers
- Carers need to be able to identify early stage non blanching erythema and know what immediate actions to take to prevent deterioration
- ASSKIN bundle to prevent pressure ulcers can be adapted for community use, supported by resources such as websites.
- Carers need training. This is the responsibility of all involved with the patient, including healthcare and local authority services.
- All services involved in community healthcare need to be involved in strategies to prevent pressure ulcers

This policy and guidance framework will set the context for this local analysis, which will utilise a 'systems approach' to understand the local care system.

*(*assess risk; skin assessment and skin care; surface; keep moving; incontinence and moisture; nutrition and hydration; and giving information or getting help.)*

SCOPE

This review has been commissioned by the Whittington Health, Adult & Community Services (ACS) Integrated Clinical Support Unit (ICSU) in response to longstanding concerns regarding the incidence of pressure ulcers that have either been acquired, or have deteriorated, in patients under the care of the ACS ICSU. It does not include patients who have acquired a pressure ulcer or have suffered a deterioration whilst receiving acute, inpatient care. The introduction of the new Patient Safety Incident Response Framework (PSIRF) at the Trust was felt to offer a fresh opportunity to look at the issue with a different lens, namely the human factors / systems approach endorsed by the PSIRF.

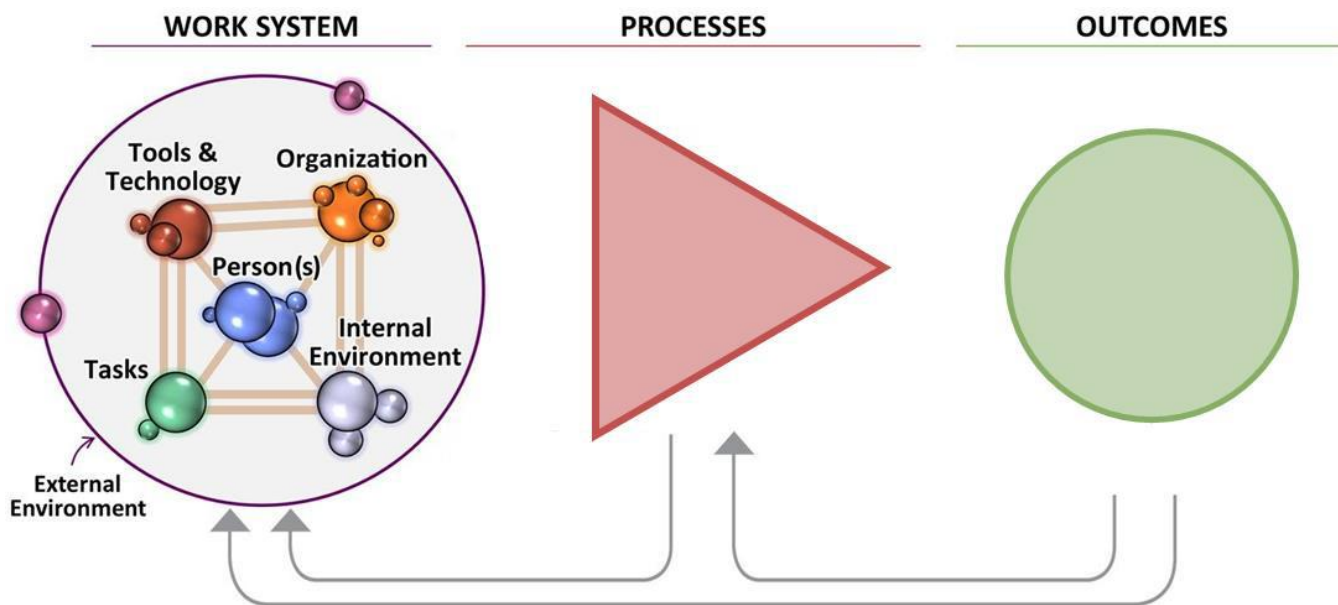
METHODOLOGY

As referred to above this review will utilise a human factors / systems approach relying primarily on the System Initiative Explorer for Patient Safety (SEIPS) model endorsed in the NHSE framework. The following fieldwork activities have been carried out to gather information and evidence to inform the analysis and review:

1. Retrospective review of all category 4 and 50% of category 3 pressure ulcers investigated during calendar year 2023 by the Trust under the (now obsolete) Serious Incident Framework / Root Cause Analysis methodology.
2. Review of the associated, current pressure ulcer improvement plan formulated in response to historic incident review findings and learning points.
3. Review of a thematic investigation into issues with provision of equipment through the contracted supplier, NRS.
4. Structured feedback, from facilitated discussion groups, from key members of the multi-disciplinary staff group, at 2 online workshop events facilitated by an Independent Human Factors Expert.
5. Semi-structured interviews with patients and carers who are currently receiving pressure area care under the District / Community Nursing team.
6. Focus group with key staff in relation to the hospital discharge process and impact on community care of pressure ulcers.
7. Review of coronial statements submitted to the local Coroner during the review period, for patients who died with pressure ulcers present.
8. Analysis of local data over a 5-year period utilising statistical process control (SPC) analysis.
9. Analysis of online feedback and reviews in relation to the community equipment provider (NRS).
10. Participant observation at the ACS pressure ulcer review group.
11. Review of key organisational policies and procedures.
12. Review of relevant national guidance and the wider policy framework.

The SEIPS explorer tool (NHSE) has been utilised, as illustrated below, initially to illustrate the care system in which pressure care is delivered currently. The analysis will then map the barriers and issues identified through the fieldwork activities onto the tool to consider how the elements of the system, and the whole system can lead to sub-optimal outcomes – specifically acquisition or deterioration of pressure ulcers.

The graphic below provides a simple overview of the SEIPS model.



It is important to stress the dynamic nature of the model, particularly the complex interactions between elements within the work system (to the left of the diagram) and especially factors in the external environment that the organisation may have little control or influence over.

The diagram below illustrates an overview of the work-system highlighting the key factors that have been identified from the field work and analysis in this review.

SEIPS Explorer – Overview of Key Factors

Tools & Technology

1. Pressure relieving equipment
2. Electronic patient record system (RiO)
3. Communication technology
4. Mobile technology devices
5. Work allocation system/ applications
6. Medical supplies & consumables
7. Transportation facilities

Organisational Factors

1. Capacity / staff availability
2. Procedures and policies
3. Education & training
4. Quality governance systems
5. Organisational structure
6. Culture & Sub-culture
7. Leadership style
8. Patient pathways / journey
9. Information access / flow
10. Capacity/demand
11. Discharge process / factors
12. Commissioning arrangements
13. Budgets & resources
14. Referral pathways & criteria

Person / People

1. Staff skill level / mix
2. Diversity of approach
3. Workload / stress
4. Qualifications / specialisms
5. Relationships (inter / intra team)
6. Morale
7. Patient factors
8. Family / Carers
9. Homecare / Social care
10. Other specialties (OT, Physio, Pharmacy etc)

Tasks

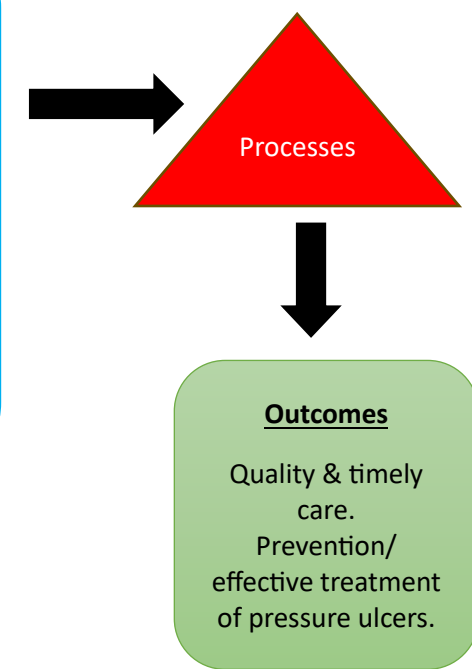
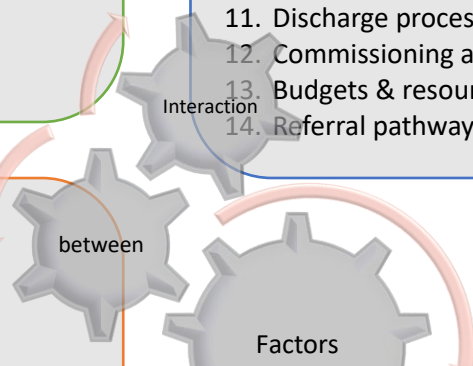
1. Nursing assessment
2. Ordering & delivery of equipment
3. Patient care (repositioning, wound care etc)
4. Patient & Carer Education
5. Staff training
6. Documentation and planning
7. Patient prioritisation / allocation
8. Referral to other services
9. Chasing / escalation of issues
10. Rapid reviews / SIF

Internal Environment

Office space / storage space
Patients' homes

External Environment

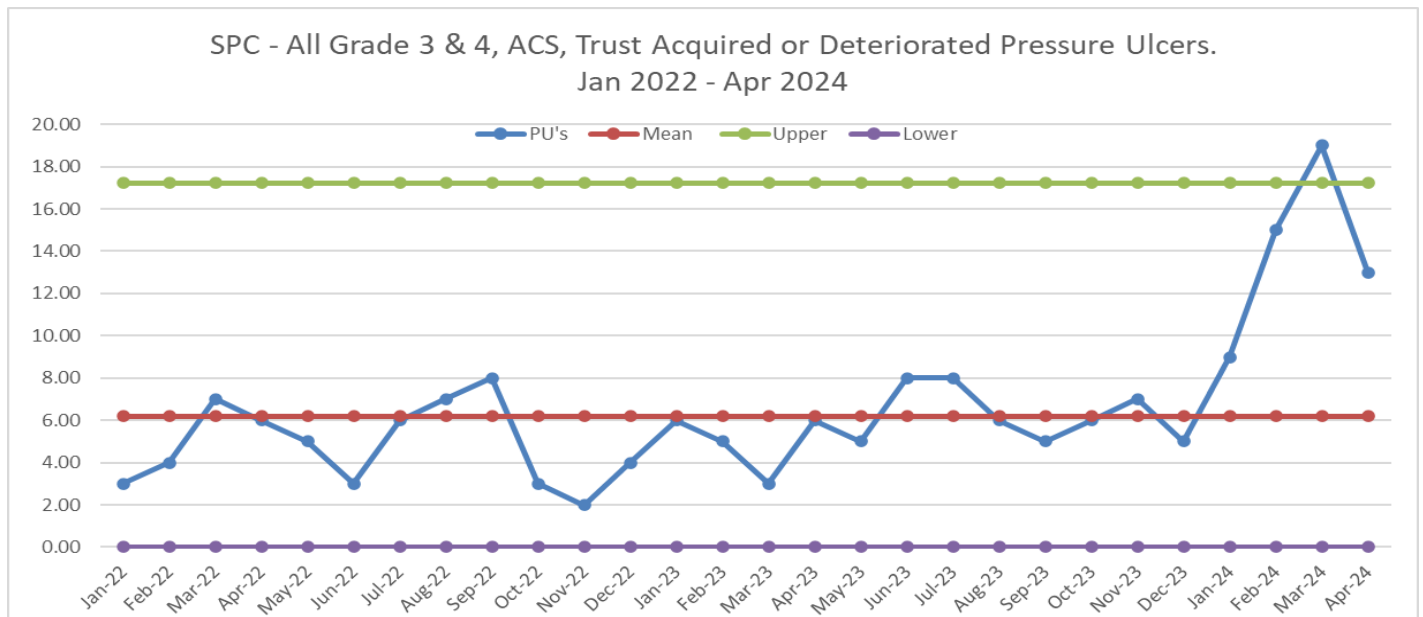
External agencies (ASC, Care Homes, Care Agencies)	Population demographics	Aging population / comorbidities
Socio-economic factors / deprivation	Housing availability & suitability	Transport networks / pressures
Climate / weather / seasonal	Equipment Suppliers / Market conditions	



FINDINGS

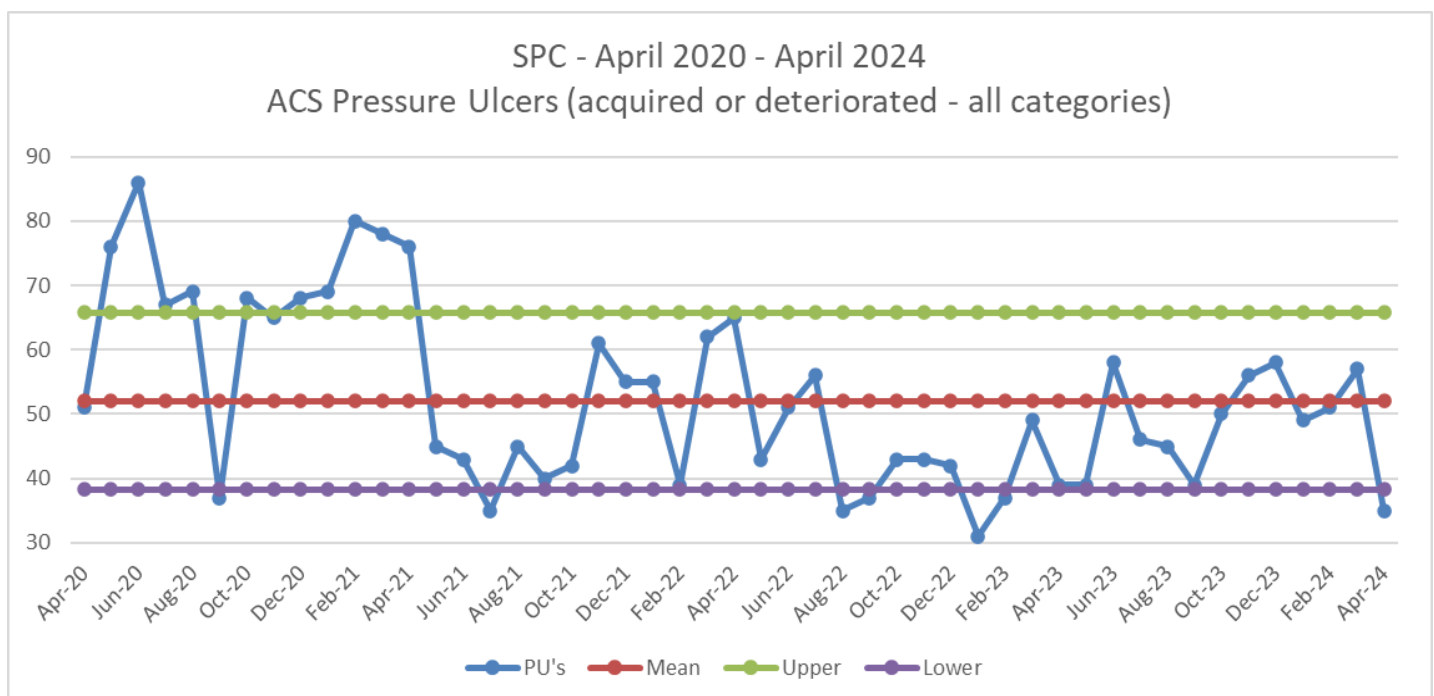
Data Analysis

The statistical process control (SPC) chart below shows the number of pressure ulcers acquired or deteriorated under the care of ACS services for calendar years 2022 & 2023:

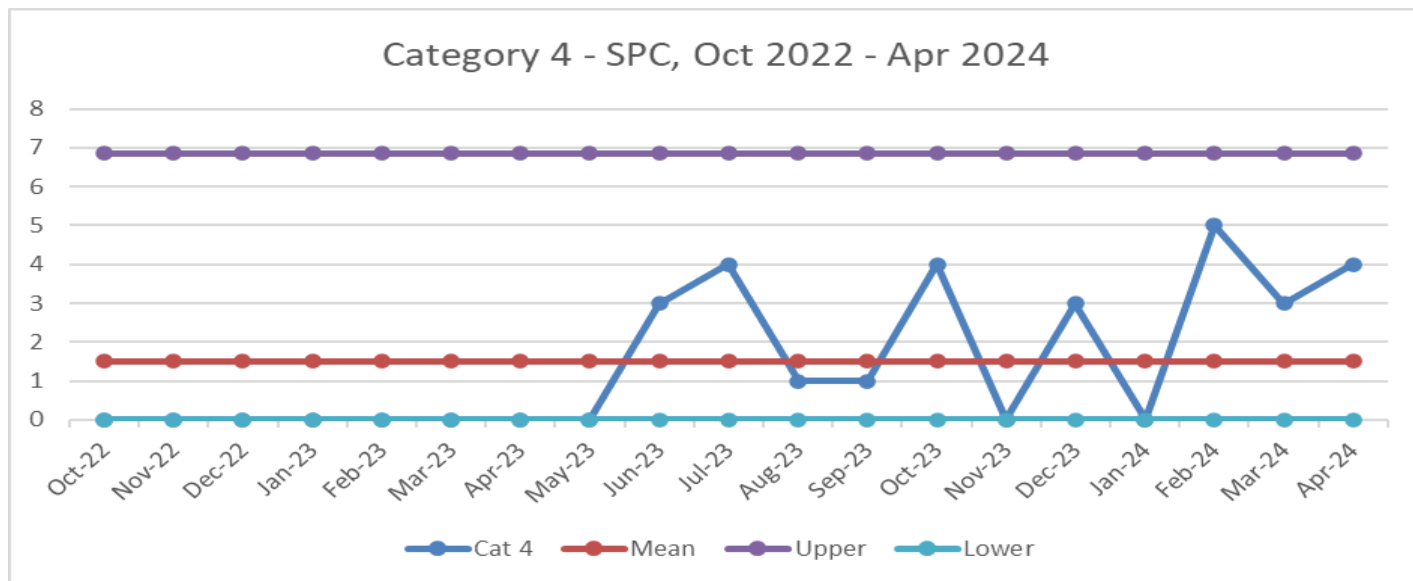


Whilst there is a high-level variance between periods, there is no special cause variation (5 or more consecutive data points outside the control limits) evident during this period. Therefore, no significant improvements, and no significant deterioration are evident in the data. However, clearly there has been a recent spike in February and March this year which should be monitored closely. The low sample size and high variance does reduce the power of the statistical tests to detect significant changes.

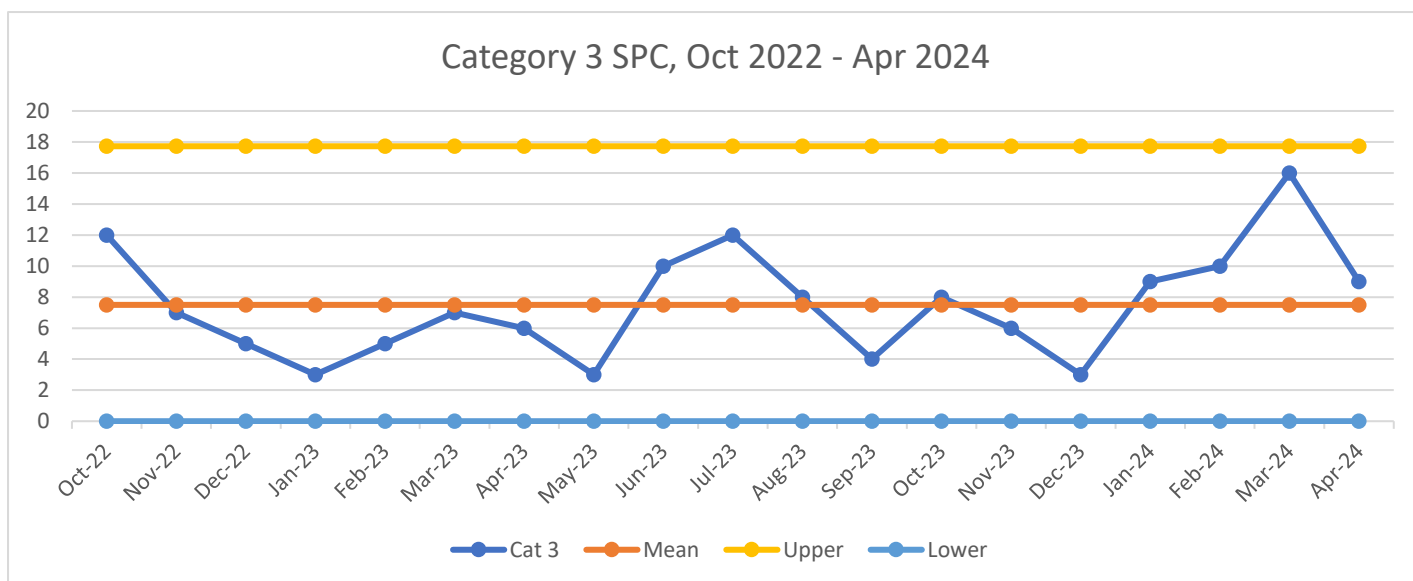
The SPC chart below looks at incidence over the longer period 2020– present (reliable data is not available prior to this):



Here there is only one period of significant variation (5 or more points above or below the control limits) back in late 2020 / early 2021, during the height of the COVID pandemic. Data from the period of this review, in comparison to the mean over this longer period, further reinforces the absence of any special cause variation – though the April 2024 data, encouragingly, indicates potential significant improvement in overall incidence (all categories). The greater sample size also increases the power and reliability of the statistical test.



Despite an overall decrease across all categories, there has been an increase in category 4 wounds which became more prevalent in May 2023 after 7 months of none reported. Despite a recent peak of 5 in February 2024 there is no special cause variation. As above, the low sample size, however, gives rise a high standard deviation and lack of statistical significance / reliability.



Similarly, category 3 wounds have also shown an increase above the mean from January 2024, peaking in March. Again, the relatively low sample size and high standard deviation from the mean gives rise to wide control limits, so again there is no statistically significant variance.

Considering this SPC analysis in the round, it should be recognised that all data sets exhibit a high level of variance / deviation from the mean. This can indicate a lack of process control and/or system instability. In the context of this review, this likely reflects the multitude of factors (illustrated in the SEIPS explorer) which the organisation may have varying, little, or no control over, but which impact on the outcome for each patient.

It is noteworthy that national comparator data is not available for community acquired pressure ulcers, so it is not possible to draw any comparisons across other organisations or more widely.

Historic Case Review

As referred to above, the historic case review utilised a sample of cases reviewed under the Serious Incident Framework, this included all category 4 pressure ulcers and half of all the category 3 pressure ulcers. All cases were reviewed utilising the Trust’s ‘72-hour report / case review’ tool and have been approved through the ACS pressure ulcer investigations group. Category 4 cases have also been reviewed by the Trust’s Serious Incident Executive Action Group (SIEAG – now called Whittington Improvement and Safety Huddle -WISH). A summary of the case details is provided below:

Number of Cases	18
Patient Age (mean/range)	Mean = 80.3, Range = 50 - 97
Gender Split %	67/33 Male/Female
Ethnicity Breakdown %	38/62 BME/White (British, Irish or other)

The gender demographics of the sample are not representative of the wider population within this age range - local government records show the gender split is around 2/3 female within this age range. Ethnicity is broadly in line with the Harringay and Islington Borough averages.

It is noteworthy that all investigation / 72-hour reports have only involved a single member of staff, from the nursing team and appear to be based solely on a review of the case notes.

A specific investigation into equipment provision issues via NRS was also reviewed and the findings are captured within this historic analysis.

A summary of the key factors identified in the investigation reports & recommendations, under the SIEPS explorer domains are provided below:

Tools & Technology	Person Factors
<ul style="list-style-type: none"> • Delays / Issues with provision, maintenance and installation of pressure relieving equipment (various) • Patient record system (Rio) – access & performance issues (especially temp staff) • Daily planning / scheduling software – limitations and unable to account for ‘real world’ restrictions • Limited space for equipment in patients’ homes • Inaccurate information – especially on NRS ordering system 	<ul style="list-style-type: none"> • Patient population generally elderly with significant comorbidities • Patient non-concordance issues • Family / Carers – non-concordance • Staff – delays in escalation (esp TVN & coordinators) • Staff – poor / absent documentation of care (esp wound images) • Staff – inadequate assessments • Staff – lack of knowledge of wound management / staging • Staff – insufficient training • Staff – issues with booking follow up visits • Staff – care plans not updated • Staff – care plans not followed (esp SSKIN) • Staff – not implementing Sepsis bundle • Staff – pt folders not always in place • Staff – untimely/absent referral to other services (TVN, dietetics, Physio etc) • Staff – lack of training / education to carers / patients

	<ul style="list-style-type: none"> • Staff – insufficient senior / more experienced support • Staff – lack of chasing / escalation of equipment • Staff – more timely safeguarding alerts • Staff – not checking equipment working / suitable • Staff – not adding patients to ‘concern list’ • Staff – insufficient time to complete Datix form / 72-hour review • Staff – poor communication between teams
Organisational Factors <ul style="list-style-type: none"> • Temporary staffing? • Equipment supplier contract / commissioning? 	Internal Environment <ul style="list-style-type: none"> • Patient homes – lack of space • Lack of office / storage space? (Dressings?)
Task Factors <ul style="list-style-type: none"> • Daily planner not always up to date • Ordering of equipment issues • Referrals to other services / specialties • Chasing & escalation – NRS, Social Care, TVN, GP, Pharmacy etc, time ‘lost’ due to this • Various administration and case management tasks not completed (see person factors also) • Inaccurate information – NRS especially regarding equipment not being delivered 	External Environment None identified

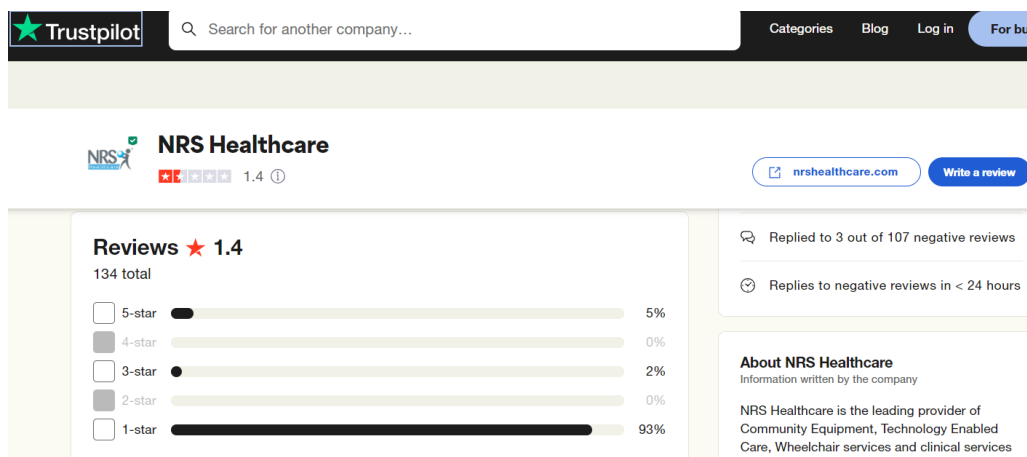
It is noteworthy that the majority of recommendations and learning focusses on the ‘Person’ factors, of which the majority relate to staff not doing various tasks or procedures, or to the required standard / level. The majority of ‘recommendations’ in the investigation report are, in truth, ‘findings’ and usually require staff to be reminded to do various things that appear to have been omitted, based on the information provided in the chronology / patient record; or undertake further training or refresher training. The terms ‘staff to ensure....’ or ‘team to ensure...’ are used with great frequency and most recommendations read as a list of reminders for staff to follow policy, process or escalate anything of concern sooner.

In summary, the focus of recommendations and learning is on individual staff, or staff teams, to ‘try harder’ and ‘ensure’ they do better in future. There is little or no evidence of any input from the wider staff team into the investigation reports and little or no consideration of the wider factors (both internal or external) that may contribute to sub-optimal outcomes within the wider system. There does not appear to be any curiosity or exploration as to ‘why’ trained and qualified staff were unable to provide optimal care in each particular case / circumstance. These recommendations have been categorised into strong, medium and weak based on their ‘system focus’ as illustrated below:

Strong	Medium	Weak
0	7	65

The specific investigation into equipment issues and delays from the new provider NRS, whose contract commenced in April 2023, provides a comprehensive review of incidents and issues identified. It is noted that the resulting recommendations and action plan (see appendix) has had some positive impact to date, which is hoped will continue. It is significant that this contract sits with a wider consortium of commissioners including other London based Trusts, ICB’s and Adult Social Care, who are also involved in monitoring the contract and are aware of the

issues raised more widely. It is noteworthy that the company has experienced issues more widely across its customer base as illustrated in the customer reviews on the Trust-Pilot website:



The review below typifies the issues raised most frequently by customers:

★☆☆☆☆ 15 Mar 2024

Still waiting

Over 6 weeks since my last review. No progress. This story is one of many. A company that isn't delivering what it's been contracted to should surely be held to account and have the contract terminated? The situation is scandalous.

My elderly vulnerable mother is still waiting for delivery of a bed that will ensure she's safe and comfortable at night.

NRS did arrive on my mother's doorstep recently and replaced her bed... with the wrong model that doesn't offer the safety features needed! So we're no further advanced.

Today the company turned up four hours early for an appointment. So early, that carers hadn't yet visited my mother to assist her out of bed. And so the saga continues.

NRS have also failed to collect a hoist that's never been used and is not needed. It's been awaiting collection for over 6 months. I daresay there will be someone somewhere who desperately needs it.

Date of experience: 15 March 2024

Current Pressure Ulcer Improvement Plan

A pressure ulcer improvement plan is currently in place which seems to focus mainly on the key themes arising from the investigations carried out under the SIF as detailed above. Unsurprisingly, the focus is primarily on improving staff skill and knowledge base, and increased governance around adherence to process and procedures. It is unclear if this action plan has gone through any consultation with the staff teams delivering frontline care, and it does not appear to utilise and Quality Improvement or other improvement methodology. Notably there is some confusion between aims, objectives, outputs and outcomes which generally are not SMART and well defined. A copy of the action plan is available in the appendices.

Whilst there is scope for improvement with the action plan it must be recognised that there may be some useful and practical actions within it that may improve reliability of elements of the system, particularly around the 'task' and 'person' factors. It is also noted that the action plan refers to a Trust improvement trajectory for a 50% reduction in category 3 and 4 pressure ulcers. It is unclear how this target was set, what evidence or assessment it was based on and more importantly if it is both realistic and achievable.

A review and update of this action plan, in consideration of this review and the PSIRF framework is recommended.

Feedback from Multi-disciplinary Staff Workshops

As described above, 2 multi-disciplinary workshops were held, for each of the main localities, Haringay and Islington, facilitated by the Human Factors Expert. Again, using the SEIPS explorer domains, a summary of the key feedback has been collated under these headings below:

<p>Tools & Technology</p> <ul style="list-style-type: none"> • Delays in equipment delivery or suitable equipment not available immediately • iPads not very compatible with Rio • Laptops cumbersome and heavy • Connectivity issues hinder timely recording / updating records – patients’ home wi-fi may not be appropriate or welcome • Mobile data tariffs often insufficient to meet needs of users • Temp staff may not have access to shared folders for complete information • Different ICT systems between agencies – no connectivity – delays in getting all information – pressure damage may have now occurred... • Task allocation system – not based on ‘work as done’ - doesn’t factor in for the many delays and issues affecting visits / care delivery 	<p>Person Factors</p> <ul style="list-style-type: none"> • Patients – many on end-of-life care – may not want uncomfortable bed / equipment in last days • Patient non-concordance with equipment/care (noise, uncomfortable, space constraints etc) • Discharge letters and care plans not always fully completed / checked • Many patients frailer / weaker after discharge – hard to comply with self-care, mobilisation etc • Patients not in, or able to answer, when equipment delivered
<p>Organisational Factors</p> <ul style="list-style-type: none"> • Funding (social care) – often insufficient to meet assessed needs • Staff shortages – delayed assessment & treatment • Communication – referral process and information often delayed, leading to delayed treatment • Lack of formal training process for patients and carers in prevention and management • Patients often discharged home without equipment in place (bed pressures) or home environment not suitable for equipment • Referral pathways – no direct referrals to DN service – have to go via GP – delays, complications and communication issues • Temp staffing – issues with continuity of care, patient familiarity • Staff skill mix – specialisms may disagree about aspects of care • Insufficient staff – not always 2 staff available for patient handling / lifting • Discharge letters and care plans not always fully completed / checked • Conflicting views between MDT specialties (esp physios, OT an DN’s) 	<p>Internal Environment</p> <p>Patients homes – may not be suitable for some equipment</p>

<ul style="list-style-type: none"> • TVN's – need more time to educate / empower staff – adds pressure to case mgt of both • Capacity /demand is a general issues across the whole organisation • 72-hour reports / case investigations severely delayed – may take 6 months! Delayed learning and actions. • Staff / team morale • High staff turnover / recruitment & retention challenges 	
<p>Task Factors</p> <ul style="list-style-type: none"> • Handover process – not always time to provide all patient details • Significant time and effort chasing up incomplete or insufficient information on referrals or discharge summaries • Dressings not always available (or provided on discharge) – have to order via GP and pharmacies – delays and communication issues, suboptimal dressings used in interim • Discharge planning from leaving hospital – scope to start sooner? • Various process and interaction issues especially regarding ordering of equipment and communication with NRS and patients / carers • Challenges coordinating visits with carers and scheduling for both DN's & Social Care 	<p>External Environment</p> <ul style="list-style-type: none"> • National shortages of some equipment • NRS – service issues and delays in response or delivery (action plan in place) • Cost of living pressures - mattresses not switched on to save electricity • Other agencies and carers – service pressures – hard to coordinate care / visits • Patient population – getting older and sicker • Care economy –shortage of nursing home places, home care not always best option • National difficulties recruiting experience, trained nurses and health care professionals • Local housing issues – insufficient provision or poor-quality housing • Significant pressure/demand on social care (resources / staffing) and limited personal budgets / direct payments • Shortages of / retention issues with home carers / social care staff • Increase in working hours across younger population – less able to care for elderly relatives • GP service pressures – insufficient time to look at all case details – delays in referral, assessment & response • Serious Incident Framework – overly bureaucratic / burdensome – learning focussed on individuals • Social Care – long gaps between last evening visits and morning visits

Feedback from the workshops was particularly illuminating, shedding a much brighter light onto the wider system factors impacting on the delivery of care. Some good examples of this is provided below:

“I think there's lots of learning (from investigations) but it's really recognising the staff who are doing the work are working as hard as they can”

“The system is just not designed at the moment to give everyone who needs the information the information that they need in a timely way without them having to make lots of phone calls, do lots of emails, especially when they have a high case-load”

“more and more complex patients are coming onto the caseload, a lot of patients are with very complex needs, prefer to be cared at home, or couldn't find placements for nursing homes”

“Time for admin tasks in between visits is not allocated like phone calls, sending emails, chasing up orders that isn't always allocated to the clinician. So that's that just adds to the pressure and demand”

“Sometimes we encounter cares who are not really trained in preventing pressure ulcers, so we provide the education during the time that we have but the wound is already there”

“It was clear that the home care provision wasn't enough, especially to meet the skin integrity, and when we do the assessments with the line of questioning we asked during our assessments, we tend to identify other shortfalls in the care provision”

Consideration of this feedback illustrates the prevalence of a multitude of diverse, interrelated, external, organisational and technological factors, and particularly the interplay between these, across the complex organisational landscape in which care is delivered.

The overall picture, from a helicopter view, is one of a highly pressured ‘whole system’ struggling to function in a very challenging socio-economic environment. In this context it is difficult to conceive that asking staff to ‘try harder’ and ‘do better’ will result in anything other than moral injury, disillusionment and staff retention issues.

This window on the wider system must also consider how much control the organisation / ICSU has over the various factors identified and also what can realistically be achieved, or what ‘good’ could realistically look like.

Patient Feedback

Semi-structured interviews were carried out with a selection of 5 patients and 1 carer provided by the District Nursing Team Manager. Each was asked broadly about their experiences of the service and more specifically what has gone well and what could be improved in future.

Feedback was generally very positive commending the team for compassionate and responsive care and helpful advice and assistance. Areas for improvement identified from this limited sample include:

- More continuity / consistency of care between different nurses. 2 patients expressed a preference for not having a different nurse every visit and were slightly confused with different techniques, practices, and different/varying advice from different nurses.
- Issues with equipment not fitting in the room well.
- Delays in equipment being fitted (grab rails in one case) - reducing mobility
- Issues with dressing to sacrum not staying in place delaying healing – only 2 visits a week to assist with this
- One patient experience delays in receiving the TVN assessment
- Delays in ordering and delivery of equipment (overlay mattress)
- Delays and frustration getting some supplies and having to go back to GP or pharmacy – ‘DN’s should be able to provide more things from their own stocks’
- One patient had made a formal complaint about the attitude of one nurse who they perceived to be aggressive and dictatorial about the use of the mattress. They did however commend the rest of the team for excellent and compassionate care

This feedback very much reflects the issues and pain points articulated by the staff teams in the workshops, mapped to the SEIPS domains above.

Positive feedback specifically included:

- Negative pressure wound therapy was very effective and beneficial.
- Care from the leg ulcer clinic was felt to be generally excellent.
- TVN input excellent.

- Air mattress effective.
- High protein dietary advice very helpful and effective.
- All equipment provided in good time and working properly.

One patient was particularly enthusiastic about the excellent care he received which he felt was so much better than being in hospital. He asked that it be highlighted that the service must not experience any budget cuts or be reduced in any way as it has improved his quality of life immensely.

Review of Coronial Statements

4 coronial statements were provided to the reviewer, each providing a detailed chronology of the care provided to the patient by the District Nursing team during the period specified by the inquest. The sources of information included the electronic patient record (RiO), Datix incident reports, records of initial patient referrals from other healthcare professionals, wound assessments, NRS equipment company records, conversations with care agencies, daily workload teleconference data and triage data. As is usual with Coronial statements, the focus is clearly on factual, documented case-based information.

The issues and challenges evident in these statements very much reflect the analysis and feedback above, identified in the other activities, specifically:

- Challenges with availability of equipment (especially mattresses & TOTO) and timely delivery to patients – also no/or delayed escalation
- Availability and standard of social care provision
- High-risk, frail and elderly patients with significant co-morbidities
- DN service capacity and delayed treatment, time pressures to properly complete documentation
- Supply and availability of dressings (though noted there are moves for more nurse prescribing and improving access / stocks)
- Difficulties uploading information to RiO – resorting to paper records which are easily mislaid
- No connectivity between information systems / information not available
- Consistent delivery of SSKIN bundle
- Email communication, especially volume and prioritisation issues
- Incomplete / lack of information through handover process between teams / shifts

Similarly to the historic case review, many of the improvements are focussed on reminding staff to ‘do better and try harder’ with little or no reflection of the human factors or system pressures that hamper staff from providing a good standard of care despite best efforts and intentions. There is, however, some reflection of external factors and the complexity of the wider care system, particularly in relation to communication between agencies and supply of equipment and dressings.

District Nursing SOP Review

A standard operating procedure for the District Nursing Service is in place which provides some useful contextual information to inform this review. For example, a summary of the service is articulated:

The ACS is integrated with Islington adult social care and operates in health centres, GP surgeries and council buildings, as well as providing care in patients homes. The ACS ICSU is led by a clinical director, an associate director of nursing, associate director of allied healthcare professionals, and a director of operations.

The local context also includes working alongside the North Central London (NCL) Clinical Commissioning Group (CCG) to bring efficient, affordable, and effective care closer to home. The NCL CCG comprises five north London boroughs – Barnet, Camden, Enfield, Haringey, and Islington. The District Nursing Service in Whittington Health serves the local communities of Haringey and Islington.

The SOP provides a comprehensive and structured protocol in relation to the services provided, referral process, access and criteria for acceptance, prioritisation and escalation, as well as detailed operational guidance for day to day running of the services.

How the operation of the SOP is monitored through operational performance metrics / measures, and other insights such as patient and staff feedback is less clear. Some limited anecdotal feedback has suggested that the district nursing teams may spend a disproportionate amount of time prioritising the administering and management of medications at the expense of pressure area care. This, however, would need further fieldwork to assess more formally. Other anecdotal feedback has suggested the application of an overly liberal criteria for acceptance leading to patients being accepted who may not be housebound and able to access primary and universal services.

Review of Training Provision

Semi structured discussion and information provided by the Trust Lead Tissue Viability Nurse Specialist has provided some useful insights into the availability and provision of pressure care training across the Trust. A wide range of training options are available including:

1. Full Pressure Ulcer Prevention (F2F, 6 hours) covering SSKIN & reporting, open to all clinicians via the Trust e-learning platform (elev8). This is the only SD to cover National Core Curriculum requirements.
2. Bite size E-learning for Health, Pressure Ulcer e-Learning (due to be updated in light of new guidance) – accessible anytime via elev8
3. Health Care Support Workers Pressure Ulcer F2F Skills day (6 hours) – practical day for all clinicians covering practical skills for implementing SSKIN (taught skin checks, emollients, how to reposition/offload, making up supplements, equipment etc). Staff must complete the elev8 ELFH module first. Booked via HCSW development team.
4. 1-hour SSKIN virtual slots on staff developmental programmes (new Band Nurses & AHP's 5s, International nurses, HCSW). Provided on request by the TVN Team.
5. Extra F2F sessions for teams bespoke on request for specific needs e.g. paediatrics, reablement carers team, ED & Critical Care
6. Basic training is covered within the induction training for all newly qualified clinical staff (not applicable to new staff who are qualified)

Training modules are based on current NHSE accredited guidance and curriculum with oversight from the Lead Nurse Specialist who is highly trained, qualified and experienced in all aspects of tissue viability nursing care. It is noteworthy that none of the training is mandatory, though the 2-day full competency module is 'core' for specific clinical staff. There is no central compliance or assurance data/information for tissue viability training. Monitoring sits at a local level with service and clinical management teams who can download data from elev8. There was also no formal mechanism for capturing learner feedback and suggestions for improvement.

With regard to temporary and agency (bank) staff, responsibility sits with the Nurse in Charge to check they are competent and have completed the necessary core training for the role. There were some concerns with compliance in this regard, though it was accepted that agencies are responsible for ensuring their staff have completed all required training. Temporary and agency staff can access the e-learning on elevate if required.

It is noted that new national guidance for categorisation of pressure ulcers and a different assessment tool (replacing Waterlow) is currently being rolled out across the NHS which may present some challenges and changes to training and practice going forward. It will also impact on recording and classification of incidents, particularly as all unstageable wounds will be classified as category 3 wounds henceforth.

Focus Group – Hospital Discharge

A small focus group was held with 3 key colleagues from acute services, 2 charge nurses and one senior therapist who have extensive experience in the discharge process. Discussion was focussed around what the challenges and

barriers are, and also what works well / are enablers to effective management, or prevention, of pressure ulcers post discharge from acute care. A summary of the key points is presented below using the SEIPS domains, challenges / barriers are highlighted in red, enablers in green:

<p>Tools & Technology</p> <ul style="list-style-type: none"> • Equipment provider felt to be 'inadequate' lots of issues ordering, installing, servicing and maintaining equipment – as described in other fieldwork above. (One nurse had to pause to take a call because a mattress had been delivered without the essential air pump). • 2 different information / pt record systems (Rio in community, Careflow on wards) ward staff can't access Rio and vice versa for DN's – this would solve a lot of communication / information access issues. 	<p>Person / People</p> <ul style="list-style-type: none"> • Many patients are readmitted reporting only having had 1 x weekly DN visits instead of 2 or 3 as planned. • Increase in need / demand – patients noticeably getting older, with more complex needs and increase in bariatric patients – all increase risk of pressure ulcers and need for support / management.
<p>Organisational</p> <ul style="list-style-type: none"> • Nightingale Ward is felt to have strong and robust procedures in this regard, largely due to good teamworking and visible and supportive leadership. • Referrals to DN's are usually comprehensive and accepted first time, all patients with pressure damage are provided with 2 weeks supply of dressings and a plan of care with TVN input when required. • TVN care plan only in place for cat 3 and 4 wounds – not seen for lower grade wounds. • Provision of equipment could be planned sooner in many cases with more MDT input to ensure needs are fully assessed. Equipment is ordered by therapist teams often without full knowledge of patient history, existing equipment, home environment, mobility levels etc. This often gets left until end of stay alongside other elements of care and discharge. • Patients should not be discharged without equipment in place, clear policy about this, feedback is it rarely happens. • Communication between DN's and Wards could be better in some cases. Patients often admitted with little or no information about care they have received in the community. • Burden of incident reporting for every PU is significant and (ironically) detracts from time / capacity to provide basic nursing care (including PAC). Concern this is just a 'data collection' exercise when challenged. • Wound photographs taken on discharge, uploaded, and handed over to DN's helps to ensure continuity of care post discharge 	<p>Internal Environment</p> <p>Patient homes – issues with equipment installation, space constraints / unsuitable housing.</p>

<ul style="list-style-type: none"> • Pressure to discharge ‘at pace’ can mean patients are not seen for, sometimes weeks, in community (discharge to assess patients now have a 2 week wait – should be same day!) – capacity of the service unable to meet demand at times. 	
<ul style="list-style-type: none"> • Discharge passports in place - scope to draw more attention to the section on pressure area care post-discharge. This is currently under review and planned for improvement. 	
<p>External Environment</p> <ul style="list-style-type: none"> • Significant workforce challenges with recruitment, retention, sickness / absence. National (and local) shortage of OT’s a significant factor in this also. • Ageing population, increase in bariatric patients – greater demand for care and services – demand outstripping supply. 	

Whilst this feedback broadly reflects the issue and challenges identified through the other activities it is noteworthy that the majority of both the barriers and enablers relate to organisational issues – particularly processes and procedures which are largely within the control of the organisation. There is also some useful detail around a range of factors that enable good outcomes, these may provide an opportunity to learn and spread good practice.

DISCUSSION

The various fieldwork activities presented above provide an interesting and insightful perspective on the wider care system in which Whittington Health, Adult & Community Services operate. The SEIPS model has proved to be a useful and practical methodology to illustrate the complexity of the system and the interrelations between its many components, sub-components, external and human factors.

The data analysis utilising SPC methodology provides an indication of system performance utilising the incidence of pressure ulcers as a performance measure. Overall, the analysis concludes there is no significant improvement or deterioration evident over the 12-month period of this review. However, there is some indication, when looking at recent incidences of category 3 and 4 wounds, of an increase, which if sustained could be significant. As with all datasets, analysis by sub-categories reduces sample size and the power of statistical tests to identify special cause variation, so caution should be exercised when considering this data, especially with such a high level of variance. This variance, when considered alongside the other fieldwork data, is indicative of a highly complex and challenged system with many elements outside the control of organisational processes.

Given the unreliability of sub-sets of data explained above, case-based investigations become a more useful means of assessing system performance when utilising a human factors / systems approach. The historic case reviews, however, utilised the Trusts ‘72-hour report / case review’ tool and process, which was developed from the NHS Serious Incident Framework (SIF) investigation guidance. As has been identified in the NHSE evaluation of the SIF and the subsequent development of the PSIRF, most of these investigations focussed on the actions of individual staff based on a chronological review of the case history, identifying gaps, errors and oversights in care. In all cases reviewed here, the investigation was conducted by a single member of staff with no evidence of discussion with the wider team. Unsurprisingly, the resultant learning and recommendations predominantly focussed on staff being reminded to follow policy/guidance, undergo further training, escalate concerns sooner and generally ‘try harder’ and ‘do better’. There is little or no consideration as to why trained, qualified, well intentioned, and motivated staff were unable to provide optimal care on this occasion, and, moreover, what barriers or challenges they faced that impacted on care delivery. A small number of system and process factors were alluded to in some of the

recommendations and learning points, these, however, were better articulated in the workshop discussion groups. The move to human factors / systems-based investigations under the PSIRF should mitigate this issue in future. It is also noted that every category 3 & 4 case reported had to undergo a full review under the SIF methodology, which was reportedly extremely burdensome on staff time / capacity. This may also have impacted on the standard and quality of these investigations and certainly the timeliness with many taking between 3 and 6 months to complete. The move to PSIRF and 'doing less, better' should reduce this risk going forward.

Feedback from the multidisciplinary workshops has provided an excellent source of information about the work system and human factors identified in the SEIPS explorer. The role of external, organisational and technological factors was particularly well articulated by the groups as detailed in the section above, which in many ways 'filled in the blanks' that were not covered by the historic case reviews/investigations. Here, the picture of a very complex work system with multiple, interrelated pressure points, constraints and adverse external factors was much more clearly illustrated, providing a wealth of contextual information to the multitude of 'person' factors that the SIF case investigations identified. Organizational factors broadly illustrated a number of sub-optimal processes in relation to information flow, communication and quality assurance. Capacity and demand (especially staff and resources) was also a key theme both intra and inter organisation. There may be some scope for some practical solutions to these through process re-design and flex of resources which are summarised in the conclusions below.

The impact of external factors was well articulated in the feedback provided in the workshops as illustrated above. These factors were extremely diverse and often reflected wider socio-economic pressures on the system such as housing, national workforce shortages, local authority budget pressures, ageing population / increase in comorbidities, transport / infrastructure issues and medical equipment supply pressures / market conditions. Again, this illustrates the complex and dynamic nature of the care system under review and importantly the multitude of factors that the organisation has little control or influence over. These issues were also articulated in other fieldwork activities such as patient / carer feedback and the discharge focus group.

The District Nursing operational SOP provides a clear and comprehensive protocol and specification for the service, including assessment criteria, services provided, access arrangements and day to day operational procedures and management processes. It is, however, unclear how the operational implementation of the SOP is monitored, for example, assessment criteria for acceptance of patients on caseloads. Some anecdotal feedback provided to the review suggests an overly liberal application of this is leading to significant numbers of patients being accepted on caseloads who could access more appropriate primary and universal services, thus creating more capacity for teams to focus on those in greatest need. This may be something for clinical and service managers to consider in future service planning and resource allocation.

Tissue viability training provision appears to be comprehensive, as well as proactive and responsive, with a good range of courses to meet the diverse needs across the clinical workforce. It is very positive that the TVN team provide bespoke training on demand to teams and groups of staff where a need is identified locally, and that external training is also provided to local authority carers and commissioned care agencies. There is, however, no robust central monitoring of tissue viability training compliance to ensure all staff requiring it have accessed the relevant courses. This is for local managers and those in clinical oversight roles to monitor – including ensuring temporary staff or bank staff who may work in other clinical areas. Additionally, there was no evidence of a process of learner feedback being used to inform future content, improvements and course reviews.

CONCLUSION

This review, using the SEIPS framework as a basis for understanding the 'works system' and external factors that impact on the incidence of pressure ulcers in ACS, illustrates the complex, multi-factorial and dynamic 'world' in which care is delivered. The reviewer would like to particularly draw attention to impact of the many external and internal factors that the ICSU (and the Trust) has little or no control over. This, above all else, should set the context for any future reviews, investigations and the resulting improvement / action plans.

Data on pressure ulcer incidence and prevalence collected currently must be used with caution and may not be an accurate measure of system performance, in and of itself, given the complexity of the care system and its many interrelated components. In this context, some thought must be given to ‘what good looks like’ for the organisation / ICSU, and what measures of success and performance would be both insightful, useful, and within the influence of the organisations capacity, resources and strategy going forward. As referred to in the introduction, prevention of pressure ulcers in the community is complex, and effective engagement of all stakeholders, including partner agencies, patients, carers and families is required for optimal outcomes and effective prevention.

It is timely that the Trust has now transitioned to the PSIRF which enables the utilisation of systems-based approaches to investigating incidents and wider performance and quality issues. As these approaches and methodologies become more embedded and socialised into the organisation and staff teams, there will be more opportunities to learn and improve in a more sustainable, proportionate, compassionate and inclusive manner. It should also allow more time and resource to be focused on improvements and learning and less on repetitive investigations.

It is also noteworthy that a wide range of issues relate to organisational process, particularly in regard to communication, reporting and sharing of information. Here, there may be significant scope for improvement work to examine these in more detail and identify improvements and efficiencies based on a ‘getting it right first time’ approach and reducing ‘waste’ (or ‘failure demand’). An approach such as ‘Lean’ may be worthy of consideration (see: <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Going-Lean-in-the-NHS.pdf>). The table below illustrates some broad examples of this within the wider Healthcare sector (taken from p6):

From a lean perspective there are seven types of waste:

Waste	Description	Health service examples
Correction (Defects)	Rework due to faulty processes Repeating things because correct information was not provided in the first place	<ul style="list-style-type: none"> • readmission because of failed discharge • adverse drug reactions • repeating tests because correct information was not provided
Waiting	People unable to process their work because they are waiting for people, equipment or information	<ul style="list-style-type: none"> • waiting for: <ul style="list-style-type: none"> – patients – theatre staff – results, prescriptions and medicines – doctors to discharge patients
Transportation	Moving materials unnecessarily	<ul style="list-style-type: none"> • staff walking to the other end of a ward to pick up notes • central equipment stores for commonly used items instead of items located where they are used
Overprocessing	Performing unnecessary processing steps that do not add value	<ul style="list-style-type: none"> • duplication of information • asking for patients’ details several times • repeated clerking of patients
Inventory	Too much work in progress or stock Information or patients waiting in a queue	<ul style="list-style-type: none"> • excess stock in storerooms that is not being used • patients waiting to be discharged • waiting lists
Motion	Unnecessary people motions, travel, walking and searching Things not within reach Things not easily accessible	<ul style="list-style-type: none"> • unnecessary staff movement looking for paperwork, eg drug sheets not put back in the correct place • storing syringes and needles at opposite ends of the room • not having basic equipment in every examination room
Overproduction	Producing more than is needed, or earlier than needed by the next process	<ul style="list-style-type: none"> • requesting unnecessary tests from pathology • keeping investigation slots ‘just in case’

We identify – and eliminate – these various kinds of waste by applying the five principles, as described on the following pages.

Summary of System Weaknesses

Consideration of the system factors identified through this analysis has highlighted the following key areas for consideration when planning any improvements and further actions to strengthen system reliability:

Tools & Technology

1. Different and disparate information systems across the Trust (and external) services (e.g. – RiO and Careflow) hindering access to important historic and contextual information for individual patients.
Temporary staff cannot access all work folders / drives.

2. The system for DN work allocation does not consistently account for real world pressures and delays ('work as done') leading to unrealistic and unachievable work / appointment schedules, creating stress and frustration for both staff and patients.
3. ICT systems may not be optimally configured or meet the needs of staff, especially when working remotely in the community and visiting patients in their homes. Mobile data tariffs and devices may need to be reviewed for adequacy and opportunities for improvement in liaison with frontline staff teams.

Organisational Factors

1. Performance and prevalence data, based on the raw number of pressure ulcers, may not provide a useful indication of system performance and factors impacting on the system outcomes. It is unclear what analysis the current improvement target (50% reduction in category 3 & 4's) is based on and how this will be achieved.
2. Current incident investigation methodology, utilising root cause analysis, has resulted in a hyper-focus on the actions of individuals rather than the wider system in which they operate. This has led to a dearth of recommendations requiring staff to 'try harder', undergo further training or being 'reminded' to follow various policies and processes.
3. A range of factors relate to issues such as information flow, inter-team / inter-specialty communication, administrative procedures, prioritisation, handover and workload allocation. Many of the issues raised arise from 'failure demand' (see: <https://medium.com/10x-curiosity/failure-demand-vs-value-demand-bbcbb5811c80>) – tasks and processes required due to not 'getting it right first time' or workflow errors & inefficiencies (incomplete information, untimely documentation or access to information, limited handover, errors 'upstream').
4. Referral pathways may lead to delays in assessment and treatment with many patients having to be referred via their GP which adds an additional layer of communication and bureaucracy
5. Gaps in quality assurance of essential documentation such as referrals, risk assessments, care plans, wound classifications, equipment orders.
6. The role of carers and family is important in prevention of pressure ulcers, the training and advice provided may not always be optimal or consistent.
7. There is a good range of training options for staff, though no mandatory training or central monitoring of training completion for required roles across the Trust, this responsibility sits with line managers at a local level. More governance and rigor could be considered in this regard as well as a mechanism for learner feedback and suggestions for improvement to content.
8. It is unclear how the criteria for acceptance on caseloads is applied, monitored and reviewed. An overly liberal approach could lead to unmanageable caseloads and low risk patients absorbing capacity required for higher risk cases.
9. There is no evidence, from information provided to the review, of incident data on pressure ulcers being utilised in triangulation with wider system performance metrics and information (such as capacity / demand, operational pressures, workforce performance, improvement / transformational plans, audit and compliance etc). There seems to be an over reliance on month-to-month occurrence figures which in isolation may be misleading.
10. All historic investigations and reviews provided to the review take a 'deficit model of learning' approach, looking at where things have gone wrong (incidents) and what could be done to improve. There does not appear to be any structured mechanisms for learning from excellence and good practice which could provide valuable learning and boost staff morale.
11. The process for improving provision and stocks of dressings has been recognised as an area for improvement and is being addressed and more nurse prescribers are being considered. This is encouraging and will hopefully lead to improvement for future monitoring and review.
12. The current improvement/action plan may not represent a systems-based approach. Some actions and objectives are not SMART and it does not appear to be based on any quality improvement methodology. This could be reviewed and incorporated into a wider, single, systems focussed action plan incorporating any other recommendations from other sources in consultation with frontline staff and key partners.
13. The directive to report all pressure ulcers as clinical incidents, including those present on admission, is extremely burdensome on staff time and serves no clear purpose in relation to system improvement and learning from incidents.

14. Capacity and demand is a general feature across the organisation, high caseloads and a significant reliance on temporary or bank staff
15. Discharge from acute care introduces a number of risks and highlights the need for timely and robust forward planning, especially around pressure care
16. Coordination of visits with social care / carers is challenging and complex for both parties, though mutually beneficial

People / Person Factors

1. Missing information on referrals, photographs not uploaded, care plans incomplete / inaccurate, delays / omitted documentation.
2. Inexperience – junior staff still developing skills and knowledge especially in relation to more complex patients, wounds and care plans.
3. Older, sicker population with increase in obesity increasing risk of pressure ulcers and increasing demand / pressure on services
4. Patient non-concordance – preventability of pressure ulcers? How is this reflected in data and improvement plans?

Internal Environment

1. Patients homes often not suitable for equipment and adaptations.
2. Storage / stocks of dressings and consumables may not always be adequate / optimal.

External Environment Factors

1. Significant issues have been identified with the equipment provider (NRS) and an action plan is in place which has resulted in some service improvements. Given the importance of timely provision, servicing, maintenance of equipment this is an important area of focus for providers and especially commissioners to monitor, and act promptly, if standards fall below an acceptable level of provision.
2. National shortages and difficulty recruiting to key roles – OT's, Physiotherapists, Nurses, Social Care / Homecare
3. Shortage of nursing home places – more older people cared for in their own homes with significant health needs and comorbidities

APPENDICES

1. NRS Action Plan

No.	Recommendation	Key Action(s)	Date complete	Responsible Lead(s)	Progress	Evidence of implementation
1	Contract Meetings to continue on a monthly basis	Meetings are in place and attended by all leads.	Completed July 2023	ACS Associate Director of AHP and Haringey Borough Lead	Updates are being given. Last meeting 27.11.23	Notes from meeting
2	Delays in urgent equipment such as pressure relieving equipment to be escalated asap.	Urgent escalations for essential equipment to be done by phone to customer services. If no resolution within 24 hours then senior management escalation to be made.	Completed already	All Service Managers	Escalations are taking place.	Emails
3	Letter of concern to be sent to Senior Contract Leads	Letter written on behalf to WH and sent to the contract leads for each borough for an urgent review.	August 2023	ACS Associate Director of AHP and Haringey Borough Lead	Letter sent in August 2023	Letter attached
4	Risk discussed at Clinical and Quality Meetings within each ICSU	Risk on ACS Risk Register CYP and EIM to also add to theirs	January 2024	ADON for all ICSU's	ACS have discussed the risk in CLAQ and it is on the risk register	CLA&Q meeting notes for ACS

2 Pressure Ulcer Improvement Plan

AIM	OBJECTIVES	OUTPUTS	OUTCOMES	MILESTONES AND DATES	AGREED KEY PERFORMANCE INDICATORS	CRITICAL DEPENDENCIES	RESOURCES REQD	RESPONSIBLE OWNER AND GOVERNANCE BODY	PROGRESS UPDATE
	(methods or the activities by which we' ll achieve the aims)	(the tangible products/services/facilities delivered)	(the desired changes)			ENABLERS			
1. Strategy									
Plans in place to reduce community attributable pressure ulcers	Agreed plans to be shared widely in all teams.	Service plans to address areas identified as needing improvement	20 to 30% overall numbers of community acquired pressure ulcers.	Services to complete implementation plan by Jan 2024	Keeping in line with Trust trajectory of reducing PU incidence of cat 3&4 by 50%	Community services to work closely with TVN and professional development team for implementation and improvement plans	Service managers to ensure adequate capacity to deliver plans	Teams to report to Pressure ulcer group (PUG) and Patient safety group (PSG)	
	Leads and service managers to monitor compliance with teams		50 % reduction in cat 4						
2. Assessment									

Teams to complete full assessment on first visit/admission to service	Documentation on RIO system to be accurate Identifying pressure ulcer risks	Risk assessments and care plans to be completed on RIO	Family/carers able to identify skin damage and escalate in a timely manner	All at risk patients identified on admission.	TVN link nurses within teams aware of all patients identified at risk	Training needs identified to be addressed.	Services to ensure adequate staffing levels to complete assessment	Service managers and leads to report to Risk managers
	Including MUST, Waterlow and SsKIN bundle		Reduction in deteriorating wound	Pressure ulcer education given to family/carers, admission. All forms signed and uploaded	Any other contributory factors identified addressed and documented clearly	All staff have evidence of PU training and competency assessed		TVN lead
			(healing/deterioration)	Timely referrals to specialist teams as needed (TVN, Dieticians, OT, physio)				
Wound photography included in assessment	All wounds photographed as part of initial assessment and reassessment	Wound photographs peer reviewed and discussed at handover/ during team meeting	Wound photographs for all wounds on initial assessment	All wound identified to have a clear images on RIO	Agreed classification of wound to enable appropriate care planning	Available equipment for all staff	Staff to have Trust approved IT equipment	Team managers
			Photographs for all wounds to indicate changes in wound		Right staff/right skill to be allocated to patient	Equipment to be checked and in good condition at all times	Images to be uploaded to RIO	Leads
						Teams to request IT		Link nurses

3.Care planning

All patients identified at risk of pressure ulcer damage have all appropriate and agreed care plans in place	Care plans agreed uploaded on RIO	Monthly caseload reviews to include review of care plans	Reduction in number of deteriorating pressure ulcers	At least 90% of all patients admitted onto caseload have agreed care plans in place	Improvement in management of PU	Required dressings in place	Support from Professional development with quarterly audits	Team managers
Pressure Ulcer Tuesday	All care plans agreed reviewed regularly and updated with changes in patients needs	Staff to link in with carers to ensure adherence to pressure ulcer prevention plan	Carers/family aware of skin damage and actions in place	Weekly monitoring of PU and identifying high risk patients	Staff attending aware of plan and treatment accordingly	Wound regularly monitored any signs of deterioration escalated on time and care plans amended as needed	Ensuring agreed plans are being implemented	Lead nurses
TVN links to be allocated protected time to review all PU on caseload weekly	Ensuring all patient equipment in place, care plans, risk assessments, referrals, TVN referrals and wound photography completed.	Any omissions identified to be addressed.	Timely detection of outstanding actions and assessments		Improvement in number of patients developing due to deterioration Cat3 and Cat4	Weekly protected time to be allocated	Adequate capacity in teams	TVN link nurses

		Staff will be allocated to complete outstanding actions	Reduction in number of deteriorating wounds		High risk patients identified and having plans in place to prevent skin damage	Back fill for TVN link nurses where needed making it possible for link nurses to concentrate on PU reviews	Support from TVN nurses and team managers	Service managers	
4.Equipment									
Pressure ulcer equipment needs identified to be ordered in line with agreed care plans	Equipment in place to support patient	All patients have required equipment in place on time	Patient having required equipment in place to mitigate possible deterioration or damage	Equipment to be in place to prevent damage or further deterioration	Any non concordance issues identified and escalated appropriately and documented in patients notes including signed non-concordance forms	Teams to liaise with NRS equipment supplies	Staff have training and access to NRS system	Team managers	
	Reasons for lack of equipment clearly documented and escalated	Carer/family aware of escalation process when faults detected		Delays and stock concerns to be escalated to company via escalation process and datix raised to highlight concern	Continue to encourage patients to engage with treatment/equipment	Escalate unavailable stock, delays in delivery or lack of replacement	All new Staff given the time complete training	Lead nurses	
									All qualified staff

5. Education and Training

All community staff to complete pressure ulcer training both face to face and on line training	Specialised training adopted to staff needs by TVN and PD team	Training needs identified per team	Staff equipped with knowledge, confidence and skills required to identify and plan treatment for patient at risk of developing	PU training to be part of induction for new staff	Teams to identify training needs/gaps at 121	Log of all staff who have not attend training in a year to be identified	Staff to be allocated time to attend PU training	Service managers	
	Review and ensure current training meets the needs of the service			6 monthly review of all training needs			Online training on Elv8 and TVN training	Lead nurses	
								PD team	
								TVN Service	

6. Quality and Risk

Learning from investigation community acquired Pressure ulcer to be shared in team	To ensure community acquired pressure ulcers are investigated	Improved investigation process and evidence of learning in line with PSIRF	Learning identified and shared in all teams.	Weekly investigation meeting to be attended by staff	Clear process of reporting in line with PSIRF and new Datix reporting system	Implementation of PSIRF embedded Trust wide	Staff educated on new system of investigation and sharing of learning	Risk management team	
			Plans implemented for areas of improvement	Improved system of reporting				Service managers	
								ADoN	
Increased staff knowledge & confidence in raising pressure ulcer	All staff to complete mandatory training	Evidence of safeguarding training in staff records	Evidence of increased confidence in raising safeguarding concerns	Jun-23	Mandatory training compliance	Staff allocated protected time to complete mandatory training	Rostering staff appropriately to accommodate training and	Safeguarding lead	

Safeguarding concerns	Pressure Ulcer Safeguarding Decision Tool is used for all community pressure ulcer patients and uploaded to electronic records	Safeguarding decision tool uploaded on patients record	Safeguarding risks identified and reported timely fashion	Yearly mandatory training review	Evidence of staff engagement in safeguarding drop in sessions		drop in sessions	Service managers / team leads	
		Staff attending weekly safeguarding drop in sessions						Risk management team	

References

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- National Wound Care Strategy & ASSKING Care Bundle, 2018, <https://www.nationalwoundcarestrategy.net/pressure-ulcer/>
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- 'Implementing an adapted SSKIN bundle and visual aid in the community', McCoulough, 2016, Community Wound Care.
- NHS England, Patient Safety Incident Response Framework and associated tools and guidance, 2022. <https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/>
- 'Failure vs Value Demand', Tom Connor, 2020, <https://medium.com/10x-curiosity/failure-demand-vs-value-demand-bbcbb5811c80>
- 'Going Lean in the NHS', NHS Improvement 2017, <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Going-Lean-in-the-NHS.pdf>



Meeting title	Quality Assurance Committee	Date: 13.112.024
Report title	Quarterly Learning from Deaths (LfD) Report Q1, 1 st April 2024 to 30 th June 2024	Agenda item: 4.8
Executive director lead	Dr Charlotte Hopkins, Executive Medical Director	
Report authors	Dr Sarah Gillis, Associate Medical Director LfD Gabrielle Akuffo, Project Lead for Learning from Deaths	
Executive summary	<p>During Quarter 1, 1st April 2024 to 30th June 2024, there were 103 adult inpatient deaths (excluding deaths in ED) reported at Whittington Health (WH) versus 110 in Q4 2023/24.</p> <p>9 adult structured judgement reviews (SJRs) were requested for Quarter 1 and 9 of these have been completed and presented at department mortality meetings.</p> <p>The Summary Hospital-level Mortality Indicator (SHMI) for the data period May 2023 to April 2024 at Whittington Health is 0.99 which is as expected but is a slight drop from the previous figure. The SHMI for the year to May 24 is 1.0005. 75% of these deaths occurred in hospital and 25% in the month subsequent to discharge. The mean depth of coding for our elective patients is the lowest of any trust, our depth of coding for non-elective patients is close to the mean level</p>	
Purpose:	The paper summarises the key learning points and actions identified in the mortality reviews completed for Q1, 1 st April 2024 to 30 th June 2024.	
Recommendation(s)	Members are invited to: <ul style="list-style-type: none">• 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 Quality and Safety Risk Register	
Report history	This has been presented at Mortality Review Group and Quality Governance Committee	
Appendices	Appendix 1: NHS England Trust Mortality Dashboard	

1. Introduction

1.1 This report summarises the key learning identified in the mortality reviews completed for Quarter 4 of 2023/24. This report describes:

- Performance against local and national expectations in reviewing the care of patients who have died whilst in this hospital. This report focuses on deaths of inpatients.
- The learning taken from the themes that emerge from these reviews.
- Actions being taken to both improve the Trust's care of patients and to improve the learning from deaths process.

2. Background

2.1 In line with the NHS Quality Board "National guidance on learning from deaths" (March 2017) the Trust introduced a systematised approach to reviewing the care of patients who have died in hospital.

<https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf>

2.2 The Trust requires that all inpatient deaths be reviewed. The mortality review should be by a consultant not directly involved with the patient's care.

A Structured Judgement Review (SJR) should be undertaken by a trained reviewer who was not directly involved in the patient's care, if the case complies with one of the mandated criteria 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) and autism.
- All inpatient deaths of patients with a severe mental illness (SMI) diagnosis. SMI is defined as schizophrenia, schizoaffective disorders, bipolar affective disorder, severe depression with psychosis. In addition to where these diagnoses are recorded in a patient's records, the use of Clozapine, Lithium and depot antipsychotic medication are indicative of these diagnoses.
- Deaths recommended by the Medical Examiner service as needing further review.
- 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 during elective surgical procedures.
- Deaths where learning will inform the provider's existing or planned improvement work, for example deaths where the patient had treatment relating to blood transfusion.
- All inpatient paediatric, neonatal, and maternal deaths are reviewed as per national guidance and included in this report.

3. Mortality Review Quarter 1, 2024/25

3.1 There were 103 adult inpatient deaths reported at Whittington Health versus 110 in Q4 of 2023/24.

3.2 There was 1 neonatal death reported at Whittington Health, and a death of 1 child.

3.3 There were no maternal deaths.

3.4 Table 1 shows the distribution of deaths by departments/teams.

Table 1: *Death by Department/Team*

Department/Team	Number of deaths
Acute Admissions Unit (Mary Seacole North and South)	24
Cavell	13
Cloudesley	7
Meyrick	13
ITU	12
Nightingale (respiratory)	12
Coronary Care Unit (Montuschi)	4
Thorogood	7
Victoria	7
Coyle	1
Mercers	3
Eddington	0
Cearns	0
Theatres Recovery	0
Child/neonatal	2
Maternal	0
Total:	105

3.5 Table 2a shows the total number of mortality reviews and SJRs required and how many of these reviews are outstanding.

Table 2a: *Total number of Mortality reviews and SJRs required.*

	Number of reviews required	Completed Reviews	Outstanding reviews
Adult Mortality Reviews	97	26	71
Paediatric Mortality Reviews	2	2	0
SJR	9	9	0

3.6 Table 2b provides a breakdown of SJRs required by department.

Table 2b: *SJRs required for each department/ team*

Department	Number of SJRs	Number outstanding
Acute Admissions Unit (Mary Seacole North and South)	3	
Cavell		
Cloudesley		
Meyrick	2	
ITU		
Nightingale		
Coronary Care Unit (Montuschi)	1	
Victoria	1	
Coyle		
Mercers		
ED	1	
Thorogood	1	
Theatres Recovery		

Other		
Total:	9	

Table 3: Reasons for deaths being assigned as requiring an SJR during Quarter 1, 2024/25

Criteria for SJR	Number of SJRs identified	Completed SJRs	Comments
Staff/clinician raised concerns about care			
Family raised concerns about quality of care			
Death of a patient with Serious mental illness	4	4	
Death in surgical patients			
Paediatric/maternal/neonatal/intra-uterine deaths			
Deaths referred to Coroner's office without proposed cause of death	3	3	
Deaths related to specific patient safety or QI work			
Death of a patient with a Learning disability	1	1	
Medical Examiner concern	1	1	
Serious Incident investigations			
Unexpected Death			
Concerns raised through audit, incident reporting or other mortality indicators			
Definite COVID-19 Health Care Acquired Infection (HCAI)			
Total including Neonatal Deaths	9	9	

3.7 Deaths requiring a structured judgement mortality review form (or equivalent tool) are reviewed by a second independent Clinician, not directly involved with the case. The case is then discussed in the department mortality meeting. Each SJR is fully reviewed to ensure all possible learning has been captured and shared.

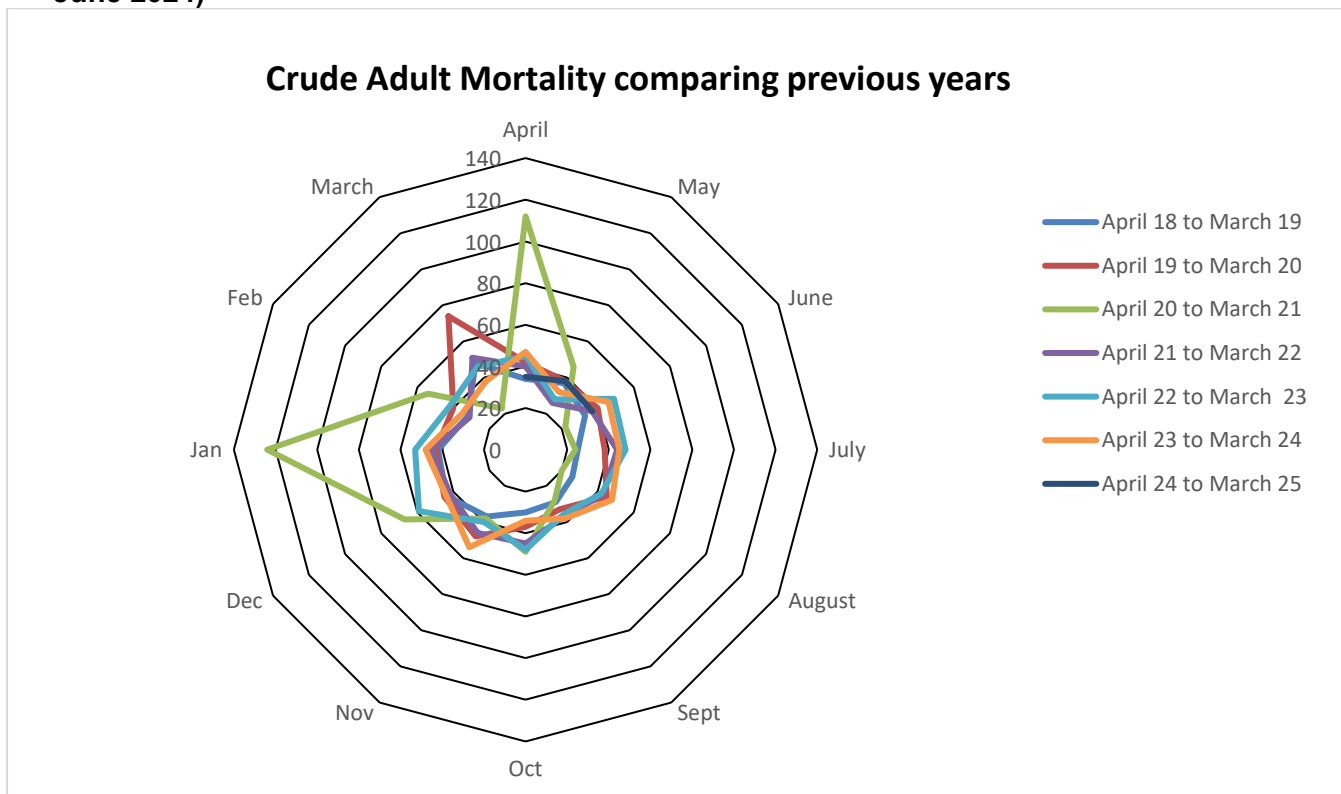
3.8 The aim of this review process is to:

- 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 patient's 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.

4. Mortality Dashboard

- 4.1 There were 103 inpatient adult deaths recorded in Quarter 1, 2024/25 at Whittington Health.
- 4.2 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.
- 4.3 In the week ending 6 September 2024 (Week 36), 10,060 deaths were registered in England and Wales (including non-residents), an increase from 8,040 in the previous week (Week 35). The number of deaths registered in Week 36 was 9.0% lower than the expected number (994 fewer deaths). In the week ending 6 September 2024, 11.6% of registered deaths involved influenza or pneumonia (1,171 deaths), while 1.1% involved coronavirus (COVID-19) (112 deaths).
- 4.4 The number of inpatient and ED deaths in Q1 2024/25 was 110.
- 4.5 There was one learning disability death during Quarter 1 and four deaths of patients with an SMI.
- 4.6 The radial graph below compares all crude adult mortality rates (including ED deaths) in the Whittington hospital in 2018-19, 2019-20, 2020-21, 2021-22, 2022-23 with the current year considered in this report 2024-25.

Graph 1: Crude Adult Mortality at Whittington Health comparing previous years (April 2018 - June 2024)



4.7 Table 4 reports the number of inpatient and ED deaths each month.

Table 4: Number of inpatient and ED deaths each month over the past 5 years

Month	April 18 to March 19	April 19 to March 20	April 20 to March 21	April 21 to March 22	April 22 to March 23	April 23 to March 24	April 24 to March 25
April	34	42	112	40	45	47	35
May	37	38	46	26	28	32	38
June	33	40	22	37	49	46	37
July	25	38	24	44	48	45	
August	26	45	20	43	42	48	
Sept	29	33	28	37	36	38	
Oct	30	37	49	45	48	34	
Nov	37	48	38	46	40	54	
Dec	44	45	67	42	59	44	
Jan	42	43	124	45	53	48	
Feb	32	40	54	31	42	35	
March	48	74	23	51	46	38	
Total	417	523	607	487	536	509	

5. Summary Hospital-level Mortality Indicator (SHMI)

5.1 The Summary Hospital-level Mortality Indicator (SHMI) for the data period May 2023 to April 2024 at Whittington Health is 0.99 which is as expected but is a slight drop from the previous figure.

6. Themes and learning from mortality reviews Quarter 1 of 2024/2025

6.1 Management of patients with SMI

In summary, for one patient there was good care provided during first 24hrs. However, there were missed opportunities to palliate in the following few days. They had a poor prognosis given clinical situation, co-morbidities, recent mental health admission >3months. There was a failure to escalate a desaturation appropriately by nursing staff and night SHO not receiving call due to handover. Their death was felt to be unavoidable, but subsequently feedback was given to nursing staff re appropriate escalation and SBAR call to SHO stating urgency of review required and feedback to resident doctors re urgency of review of desaturation even if DNACPR, WBCOC and a reminder to ask urgency of situation when receiving calls from nursing staff.

In another patient with dementia and schizophrenia there were concerns raised in the SJR regarding repeated courses of the same antibiotic and also lack of investigation regarding the cause of the infection. This was felt to have been made difficult by the presence of agitation. Despite concerns about aspiration pneumonia, there was a delay to SALT referral. It was felt by the reviewer that better contact with St Mungo's where they had previously resided, involvement of the dementia nurse, ensuring regular updates to the NOK and moving the patient to a COOP ward would have been beneficial. The patient should have been placed on a DOLs but this did not happen

In another patient with an SMI there was early and appropriate involvement with both palliative care and the psychiatry team

6.2 Management of patients with LD

This patient with severe respiratory disease and multi organ failure had a poor prognosis. Despite initial appropriate treatment, she continued to deteriorate and was palliated appropriately. She had early involvement from palliative care and support from our LD nurse

6.3 Other SJRs of adult patients concerns raised were:

Improved Access to Medical Interventions: Ensure timely access to necessary medical interventions, including IV access and advanced diagnostic procedures. Streamlining these processes can prevent delays in treatment.

Optimizing Medication Management: Regularly review and adjust medications to avoid adverse effects and interactions especially in relation to for diabetes management.

Senior Staff Led Pleural Procedures: In cases where significant pleural effusion is identified Earlier decision to put patient on palliative care.

Guidance for patients regarding leaving ward when at high risk of cardiac death.

Reminder that the aim in cardiac arrest should be to minimise time to first defibrillation to ensure best outcome.

Regular checks need to occur to ensure that emergency buzzers are working in all areas of the hospital.

A final illness was felt optimally managed through excellent multi speciality/professional acute care through to palliative care and safeguarding. A missed deep pelvic infection would have changed the antibiotic prescribed on previous discharge but would not have prevented the new infection leading to death as this was a multidrug resistant organism.

6.4 Neonatal deaths

There was one neonatal death. The cause of death was extreme prematurity (21+3). There was learning about improving collaborative working with the neonatal team for extremely premature babies. There would have been no change in outcome, but better support for staff could have been offered when dealing with difficult situations. It was also noted that there were ongoing issues with getting high quality interpreters out of hours.

6.5 Paediatric deaths

There were 4 deaths where Whittington paediatricians were involved in investigations. Two were twins who delivered prematurely at 23/40 abroad, whose review is awaited and there was a death of a child at GOSH with neuroblastoma whose review is also awaited.

There was a death of a 15-month-old child with complex congenital heart disease. At review it was found that there was poor communication between GOSH cardiology and WH professionals which meant WH did not have a good understanding of her poor prognosis. Had this been known, mum could have been better prepared for this outcome and this would have meant that when the child came to ED, the on-call Drs would not have followed the unexpected death pathway i.e. referral to coroner, which caused further distress. After discussion at JAR (Joint Agency Review), any child from GOSH with a complex cardiac condition who needs Community Care, should have a complex discharge meeting prior to discharge, with a named WH acute paediatric consultant, named GOSH cardiology consultant and community teams to ensure all relevant information re diagnosis, prognosis, and management is shared - this will ensure continuous communication between agencies.

7. Dissemination of Learning

- 7.1 This report is considered at the Mortality Review Group attended by the mortality leads from each specialty which allows them to disseminate onwards lessons.
- 7.2 Lessons from mortality reviews are included in the Trust-wide newsletter Safety Matters and specific cases have been the subject of patient safety forum presentations. A new brief newsletter is being trialled.
- 7.3 Teams hold mortality review meetings to discuss local cases and share wider learning between teams and jointly review cases.

8. Audit information presented at MRG

- 8.1 13 Deaths recorded as COPD. These were all reviewed by Louise Restrict, COPD lead. 8 were COPD deaths, they were early deaths, comorbid and frail, with a no of patients who had continued to smoke. 5 were not COPD deaths, some had COPD as a comorbidity. This was not felt to be a coding problem, but due to information put on MCCD. This audit information has been shared with the ME lead.
- 8.2 Deaths due to stroke. These were all reviewed by Phil Lee. Whittington is not commissioned for stroke services, and we do not have a stroke rehab service. There were 17 deaths in total. Their median age was 78 and their median LOS was 12 days. 15 had palliative care involved. 4 were NH residents. All patients were discussed with either HASU or neurosurgeons who advised on care and were not felt appropriate for thrombolysis. Please see appendix for further information which was presented at MRG by Phil Lee
- 8.3 Awaiting review regarding heart failure deaths.

Appendix 1

NHS Whittington Health: Learning from Deaths Dashboard - June 2024-25

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
37	38	8	15	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
110	123	32	3	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
110	501	32	87	0	0

Time Series: Start date 2017-18 Q1 End date 2024-25 Q1



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 (QTD) 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

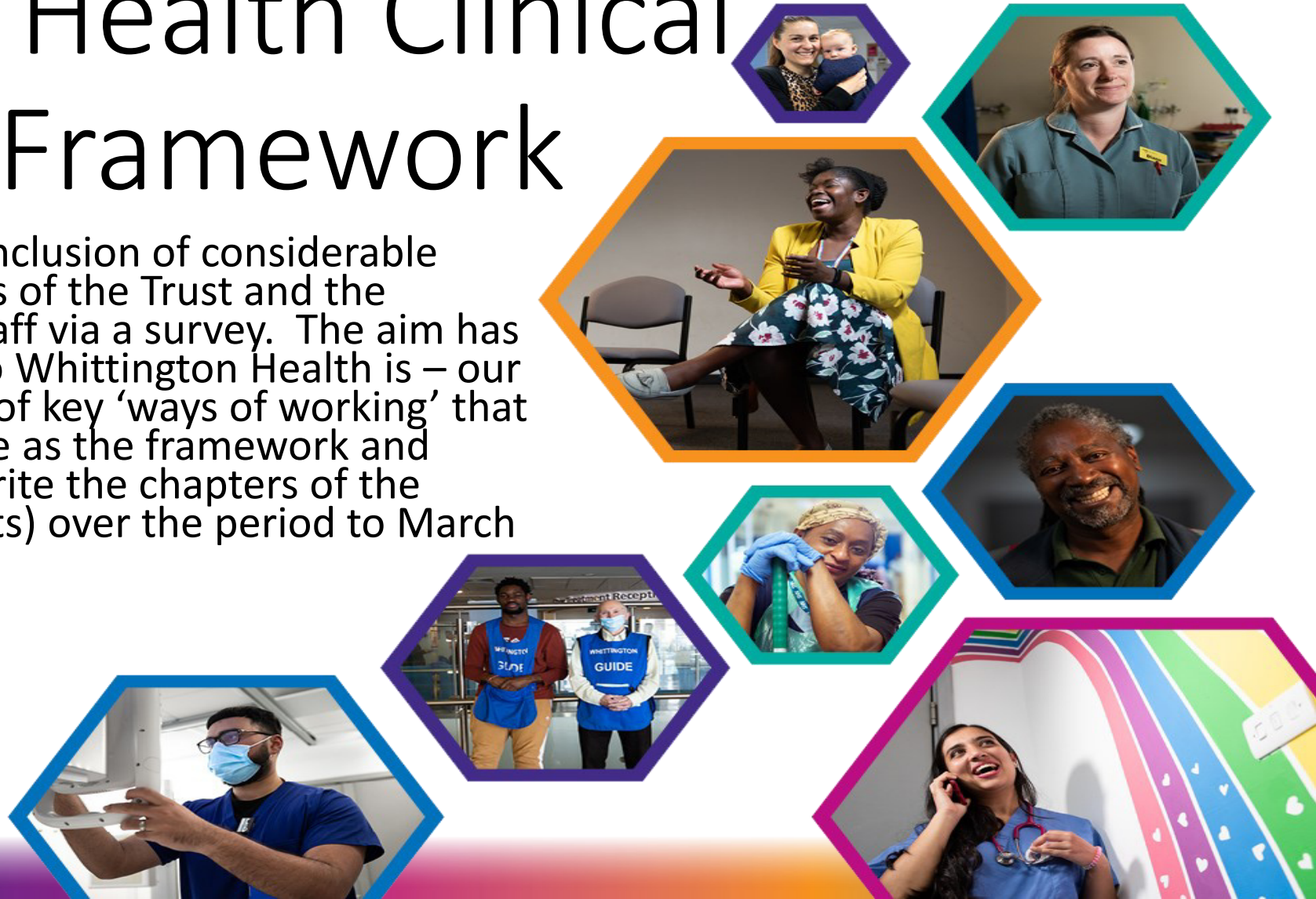
Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	1	0	1	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
1	0	1	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
2	8	2	7	0	0



Meeting title	Trust Board – public meeting	Date: 29.11.2024
Report title	Clinical Strategy Development Update	Agenda item: 8
Executive director lead	Charlotte Hopkins Interim Medical Director and Jonathan Gardner, Director of Strategy	
Report author	Helen Taylor, Deputy Director of Strategy	
Executive summary	<p>Over the last two months the engagement work in creating the proposed structure for developing the clinical strategy has been underway. This work has included a Trust wide questionnaire on the intranet and workshops with the clinical divisions.</p> <p>The purpose has been to develop:</p> <ul style="list-style-type: none">• a proposal for Whittington Health’s Value proposition,• to agree the key working principles that will be used by teams when developing their strategy ‘The Whittington Way’• Propose the ‘Chapters’ that will make up the strategy. <p>The chapters are grouped pathways to consider in the round for which a meaningful clinical strategy can be formed. They are not organisational form.</p> <p>If this is agreed by the board the next steps will be bringing together the cross organisational and clinical teams that will deliver the Chapters of care and use the Whittington Way framework to develop a clinical strategy and implementation plan.</p>	
Purpose	For noting and for the Board to provide feedback on the proposed Value Proposition statement, Whittington Way and the chapters outlined.	
Recommendation(s)	Board members are asked to provide feedback and approve the next steps of engagement .	
Board Assurance Framework	Quality 1 and 2 entries	
Report history	Executive team, Trust Management Group, Clinical Divisions	
Appendices	Appendix 1: Clinical Strategy Development November Update	

Whittington Health Clinical Strategy Framework

The two slides below show the conclusion of considerable engagement work with the leaders of the Trust and the external stakeholders as well as staff via a survey. The aim has been to create a statement of who Whittington Health is – our value proposition, alongside a set of key ‘ways of working’ that make us unique. We will use these as the framework and parameters for clinical teams to write the chapters of the strategy (co-designing with patients) over the period to March 2025.





Whittington clinical value proposition

Whittington Health is fully embedded in the community providing trusted, holistic, integrated care tailored to the diverse needs of its local population and reducing inequalities. We are experts in generalist care for women, children, the elderly and those with chronic conditions, as well as having several tertiary services. From early diagnosis through collaborative partnerships, we navigate patients seamlessly to the right care. We focus on ambulatory, day-case work and provide excellent clinical education and training.

Whittington ways of working

- **Optimise innovative patient journeys** through partnering and co-design (UCLH, councils, patients, VCS, GPs etc)
- **Outcomes driven** through digital, data and a growing focus on research
- **Reduce inequalities** by improving outcomes and making services accessible to the local population
- **Keep patients well in the community** through supported self-management and prevention
- **Multi-disciplinary working** and integrating community, acute and mental health teams
- **Ambulatory and one-stop** pathways through innovation and being nimble



Themes / Chapter headings of the strategy

- **Frailty**
- **Women**
- **Children**
- **Long term conditions**
- **Urgent and emergency care**
- **Cancer**
- **Diagnostics**
- **Elective**



Appendices

The following appendices show the thinking behind the conclusions above. This just helps readers understand how many iterations and how much thinking has gone into getting to two slides above.

You will see different ideas and ways of thinking. But to be clear only the first two slides above will be shared with the trust as the strategy, so as not to confuse.

FIRST THOUGHTS: Whittington Health Value Proposition

Brand

Good reputation and strong brand.

Locally owned organisation.

Local affinity/friendly community feel for staff (family).

Excel in undergraduate and post graduate teaching for medicine, nursing, AHPs and clinical scientists.

Population and Patients

- Serve local population and local boroughs.
- Inclusive and agile.
- Address health inequalities.
- Co-design with patients.
- Provide with excellent quality and safe care.
- Opportunistic holistic approach to care

Delivery

- Excel in specialist generalist care.
- Provide the link through collaboration and partnership to complex care that patients need across the system.
- Deliver ambulatory one stop models/innovative models (ambulate when we can)
- Embedded MDT working
- Integrated care with acute, community and social care
- Work well between specialities

Workforce

Local workforce

Look after staff wellbeing. Build on strong teaching to develop the clinical MDT so that all professions can deliver care at the top of their license in innovative ways.

WH staff go above beyond to support and care for their patients

EXTERNAL ENGAGEMENT THOUGHTS

Brand

- Trusted Brand.
- Locally owned organisation.
- WH central player in community health delivery
- Key community provider deeply integrated into the local population's health needs.

Population and Patients

- Serve local population and local boroughs.
- Address health inequalities.
- Co-design with patients.
- Holistic approach
- Care provided from maternity, to early years to older population

Delivery

- Good outcomes, better than average for a population with the challenges and health inequalities faced. E.g. maternity and smoking cessation that

Workforce

Key employer for the local population with a role for the wider determinants of Health



WE DID A SURVEY AND THIS WAS THE RANKED PRIORITIES

1	Integrated pathways
2	Multidisciplinary team working
3	Addressing health inequalities
4	Population health led prioritisation
5	Early identification for self management
=6	Co-production with users
=6	Data-driven change
8	Research-led organisation
9	System working with North Central London
9	Quality improvement methodology for change
11	Early adopters of technology (e.g. IT, AI or Robotics)
12	Partnership working (e.g. with UCLH)

DIFFERENT DIVISIONS HAD DIFFERENT THOUGHTS ABOUT THE CHAPTERS

ACW Chapters

- UEC
- Cancer
- CYP
- Specialist services?
- Women and neonates and maternity
- Diagnostics

Enablers

- Digital integration
- Theatres
- Outpatients
- Sustainability
- Estates

ACS Chapters

- Integration
- Inequalities
- Outcomes
- Prevention access

} Whittington Way?

- Age/Frailty
- Start well/live well/age well
- Long term conditions
- Flow/Patient journey/care

EIM Chapters

- Not cancer but acute oncology
- Diagnostics
- Chronic disease/LTC
- Describe chapters in ways that patients understand-children, Front of house not UEC.
- Mental Health (drug and alcohol homelessness)
- Link Diagnostics and planned care e.g. Primary care diagnostic tests that required urgently and outcome is no further Tx required.

Surgery Chapters

- Liked the chapters in Morecambe bay
- Emphasis needed on getting OP right
- Diagnostics as a chapter
- Ambulatory care

Enablers

- Improved IT
- Easy referral pathways to our partners if require specialist care

CYP Chapters

- CYP and Families
- LTC (linked to transitional care too like the Olympic rings where there is cross over)
- Start Well, Live Well, Age Well (i.e. age related)
- Not community as one Bucket/Chapter.

AHP Chapters

- Quick easy access to care
- Simpler pathways to navigate.
- Clear links between services
- Joined up working across health and social care.
- Clear information
- Faster supportive care
- Access to mental health support.

(this was preferred to the chapter structure we have proposed)



External Engagement

The Whittington Way

- Deliver joined Physical and mental healthcare to patients (particular Children)
- Integrate with community teams and neighbourhood teams in primary care.
- Provide digital access to the population
- Address health inequalities
 - Address population health priorities: obesity, smoking cessation
- Use data and analytics to drive services and measure outcomes
- Population and integration research
- Secondary prevention key
- Innovative pathways to improve efficiency e.g. ambulatory care
- Collaborative goals with the system



Meeting title	Trust Board – public meeting	Date: 29.11.2024
Report title	Workforce Assurance Committee Chair's report	Agenda item: 9
Committee Chair	Rob Vincent, Non-Executive Director	
Executive lead	Liz O'Hara, Chief People Officer	
Report authors	Marcia Marrast-Lewis, Assistant Trust Secretary, and Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary, Liz O'Hara and Rob Vincent	
Executive summary	<p>Trust Board members are presented with the Workforce Assurance Committee Chair's report for the meeting held on 18 November 2024</p> <p>Areas of assurance:</p> <ul style="list-style-type: none">• Chief People Officer verbal report• Board Assurance Framework – People 1 and 2 entries• Risk Register• 2024/25 Quarter 2 corporate workforce information report• 2024/25 Quarter 2 Guardian of Safe Working report• People strategy deep dive – pillar one: attraction• Sexual safety charter update• Staff disability and ethnicity recording• Estates & Facilities department capital projects update• Temporary staffing and workforce controls• Freedom to Speak Up Guardian's report• Staff Story: patient/visitor violence and aggression communication campaign. <p>The Committee agreed to bring the following areas to the attention of the Board:</p> <ul style="list-style-type: none">• The work taking place to implement the requirements of the Sexual Safety Charter.• The updates provided by the Estates & Facilities department on work taking place.• The controls put in place to reduce temporary staffing expenditure.• The good progress achieved in staff diversity recording for disability and ethnicity.	
Purpose	Noting	
Recommendation(s)	Board members are invited to note the Committee Chair's report, particularly areas of significant assurance.	
BAF	People 1 and 2 entries	
Appendices	1: Guardian of Safe working report	

Committee Chair's assurance report

Committee name	Workforce Assurance Committee
Date of meeting	18 November 2024
Summary of assurance:	
1.	<p>The Committee is reporting significant assurance to the Board on the following matters:</p> <p>Chief People Officer's report</p> <ul style="list-style-type: none"> • The Committee received a verbal report from the Chief People Officer in which she highlighted key events and developments since the last meeting: She confirmed that expenditure on temporary staff had been an area of significant focus by the workforce team. • The Committee welcomed the appointment of Rusell Page as Temporary Staffing Manager. His role was to support the Trust to manage the use of bank and agency staffing. • A Leadership Forum event took place on 14 November and was a great success. It was attended by a guest speaker, Cherron Inko-Tariah , who focussed on the benefits of staff networks and listening to and empowering staff. <p>The Committee noted the verbal update</p> <p>Quarter 3 Board Assurance Framework (BAF) The Committee received the report which considered the risks to the delivery of the Trust's People strategic objective. The People one and two BAF entries had been reviewed and it was agreed that there would be no changes to risk scores to either entry. It was agreed that there would be close monitoring of a sustained improvement against performance indicators before a decision was made to review and potentially reduce the total risk score for the People one entry in quarter four.</p> <p>The Committee approved the quarter three 2024/25 BAF entries for the risks to the delivery of People strategic objectives and agreed that the scores for both entries remained unchanged.</p> <p>Risk register The Committee considered a report on the key changes to the risk register. Committee members noted the following:</p> <ul style="list-style-type: none"> • Risk 1564 for paediatric emergency department safer staffing had been increased. There were significant nursing vacancies within the paediatric department. Considerable work had been undertaken to mitigate risks arising from staff shortage including a collaboration between two clinical divisions – Emergency and Integrated Medicine and Children and Young People. A paediatric day nurse was in place to support both teams and a paediatric consultant had also been recruited and would join the team in the New Year. • Risk 1537 for the Barnet Healthy Child programme was still scored at 20, and while a number of improvement actions had taken place such as

appointments to key leadership roles, several vacancies in health visiting and school nursing teams were yet to be filled.

- Risk 1525 related the need for the domestic services to provide cleaning to a level compliant with national standards. The Committee was told that a robust recruitment strategy was in place along with a programme of support for existing and new staff.
- Risk 1549 covered staffing and the workload of the Children's Safeguarding team. Although, good improvements had been made, a risk remained around the stability of nursing within the team. An interim Safeguarding lead was in place and all statutory posts had been filled.
- Risk 1166 related to the risk to staff in the emergency department from by abuse from patients.

The Committee noted the Risk Register report.

Quarter two, Workforce Information report

The Committee was informed that:

- Sickness absence rates had increased from 4.1% in quarter one to 4.2% in quarter two and remained above the target of 3.5%.
- The vacancy rate decreased to 7.7%.
- Turnover rates remained under the 13% threshold in Q2 at 10.5%.
- Compliance with statutory and mandatory training requirements was 86%.
- Appraisal compliance stood at 78% against a target of 85%.
- Time to hire performance was better than target in both July and September.
- The number of employee relations cases had decreased, however, the average time to resolve cases had increased and was above target.

The Committee discussed the metrics that could be used to measure staff experience of the NHS to identify specific areas of concern. It was agreed that length of service and service area would be appropriate metrics to consider.

The Committee noted the Q2 Workforce information report.

Q2 Guardian of Safe Working Hours

The Committee received a report on the activities of the Guardian of Safe Working Hours which highlighted:

- 133 exception reports were lodged for the quarter and mainly related to workload pressures on resident doctors.
- 100 requests for paid overtime had been made.
- 112 reports were made by Foundation Year One Doctors, 12 by IMT/ST1 or ST2; 4 by Foundation Year Two Doctors; and five by Speciality Registrars.
- The majority of reports came from people working in general medicine and surgery.

- More exception reports were being received from psychiatry and trauma and orthopaedics staff and related to having to prepare for morbidity and mortality meetings.
- There were no immediate safety concerns identified.
- There were 25 whole time equivalent vacant positions.
- Fines were being spent on lunches and would be monitored at the junior doctors' forum.

The Committee was provided with assurance that there was exception reporting from people working in Child and Adolescent Mental Health Services for which the Trust was responsible.

The Committee was informed that accessing diversity data from exception reporting was not currently part of the data collection with the systems currently in place but would be considered for future reports. Benchmarking against other providers' reports would be included in the next report to the Committee.

Deep dive into People Strategy – pillar one attracting.

The Committee received a presentation on an update taking place on each of the five pillars of the People Strategy. The Committee learned that the first pillar covered attracting applicants and involved the following outcomes:

- Working through hard-to-recruit areas for both temporary and substantive posts.
- Becoming an employer of choice as an Anchor Institution.
- Gathering information to better understand and optimise what attracted potential job applicants.
- Capitalising on work with partner organisations by using existing collaborations to support recruitment at the Trust.

The Committee considered the Trust's role as an Anchor Institution and was informed that as an anchor institution Whittington Health was committed to the delivery of five strategic objectives which covered employment, procurement, community spaces to improve health and benefit the environment, reduced inequalities, and the provision of healthcare services to benefit the most deprived communities.

The Committee considered the next steps that would be taken to ensure that the Trust achieved its objectives in pillar one which included:

- A continued focus on development as an Anchor Institution.
- An understanding of the Trust's unique selling points through feedback from staff and from leavers.
- Ensuring that processes were efficient and streamlined

Committee members praised the collaboration with Ambitious for Autism, highlighting the Trust's key role in promoting work experience and job opportunities for local people with a disability. People on the programme had since secured permanent positions with the Trust, demonstrating its actions as an Anchor Institution.

It was also highlighted that it was crucial for the Trust to maintain its presence in the community as an employer of choice, ensuring that the Trust is well-positioned to promote opportunities at local schools and colleges and to take advantage of apprenticeship opportunities.

Sexual Safety.

The Committee received a presentation on the NHS Sexual Safety Charter and the approach the Trust would take to ensure that all ten of the principles were implemented. The Chief People Officer confirmed that she was the designated lead for this work and that NHS England's (NHSE) sexual misconduct policy and framework, published in October would be tailored for the organisation. NHSE had also released training which would be considered for rollout in Whittington Health. It was noted that two questions related to sexual misconduct were included in the 2023 NHS Staff Survey to provide additional insight into the extent of sexual misconduct across the NHS.

The Committee was assured on next steps. The Chief People Officer together with the Acting Medical Director would co-chair a task and finish group who would take forward work to implement the Charter. Membership of the group included appointees from various staff groups, including the Freedom to Speak Up Guardian, the Guardian of Safe Working Hours, the Director of Inclusion, the Communication team, professional clinical leads and trade union colleagues. The first meeting was scheduled to take place on 20 November. There were good opportunities to learn from other organisations who were further along implementation. It was also important to ensure that there was clarity around the significance of reporting. Consideration would be given to the ways in which data was gathered and that staff were clear on appropriate behaviours in the workplace.

The Committee was assured that the presence of the Acting Medical Director on the Task and Finish Group would ensure that all staff groups across the medical workforce were well informed on the issues going forward.

The Committee noted the update on the implementation of the Sexual Charter and would look forward to a further update on progress in due course.

Staff diversity monitoring

The Committee was updated on the progress achieved in reducing the level of unknown staff disability and ethnicity information through staff disclosure in the employee staff record. The Committee learned that a multi-pronged approach was taken to encourage staff disclosure at staff inclusion events; attendance at leadership meetings in clinical divisions and corporate departments; messaging via the intranet and a joint letter from the Chief People Officer and the Non-Executive Director lead for inclusion to all staff. The presentation delivered to the Committee showed a significant reduction in the unknown disability status of staff from 49.5% in 2021/22 to 30.3% in November 2024. There had also been a reduction in the unknown ethnicity

information for staff which had reduced from 24.3% in 2021/22 to 14.9% in November 2024.

The Committee welcomed the progress made across all staff groups. It was recognised that the data would allow meaningful statistical inferences to be drawn when the number of “unknowns” reduced to below 10%.

Estates, Facilities update

The Committee received and noted an update from the Director of Estates and Facilities which covered the following areas:

- Retail redevelopment: the current retail outlets required an update and were being reviewed by Estate leads working with a consultant to gain stakeholder feedback to develop a plan for outlets which met the requirements of staff, patients and visitors. Plans were in development to secure a convenience store and to provide a kiosk for the Trust’s Charity. Preliminary work was planned to start imminently and the main redevelopment project would be undertaken in 2025. A refresh of the N19 restaurant had already begun. Work was also taking place to update the kitchen.
- The condition and upkeep of the estate: a six-facet survey was undertaken in late 2023 which identified a need to improve the condition of the Trust’s infrastructure assets. A maintenance strategy had also been developed to support this work.
- Support services initiative: there would be a focus on decluttering in December across the organisation.

Committee members raised the need for refurbishment in some staff rest rooms.

Temporary Staffing Update

The Committee received an update on performance against temporary staffing controls that were put in place to reduce pay expenditure. The following measures had been put in place:

- The appointment of a Temporary Staffing Lead who began working at the Trust in mid-October.
- The number of off framework agencies used by the Trust had been reduced to one.
- The terms of reference of the Vancy Control Panel had been revised to ensure tighter controls were placed on substantive and temporary recruitment.

The Committee noted a decrease in agency spending, accompanied by an increase in bank spending. Assurance was provided that greater attention would be given to reducing engagement for posts that attracted a high agency pay rate. In addition, a review of alternative providers would be conducted with the aim of filling vacant positions and reducing a reliance on temporary staff.

Freedom to Speak Up Report

The Committee reviewed the report which highlighted:

- The Trust received more reported concerns for quarters one and two compared to the same period in the previous year. This demonstrated good staff engagement and visibility of the Guardian.
- Good collaboration with the Head of Staff Wellbeing and Staff Engagement and the Organisational Development team was helping to communicate effectively with staff.
- Freedom to Speak Up training was available for colleagues and it was recognised that more could be done to increase training numbers particularly with new members of staff.
- 48% of concerns reported to the Guardian were from ethnic minority staff.
- Reports were mainly about behaviours, bullying harassment, worker safety and staff wellbeing.
- Nursing staff were the main staff occupational group that raised concerns.

Staff Story – violence and aggression communication campaign

The Committee welcomed Monet Hawkins, Senior Communications and Engagement Officer, who delivered a presentation about the communication campaign undertaken to help reduce incidents of violence and aggression. She explained that the presentation was developed to complement the launch of a Violence and Aggression policy. The presentation was developed from research carried out at the Trust which found that, during 2022/23, there were 581 incidences of violence against staff which occurred mainly in the emergency department. The campaign was targeted at patients and visitors to impress upon them that Whittington Health would not tolerate any form of violence or aggression directed at staff or patients. It was also important to assure staff that the new policy was in place for their protection.

The Committee was informed that consideration was given to the potential impact a strategically placed poster could have in a tense situation and whether key messages could reduce the risk of violence. A research study into violence in emergency departments was highlighted. The study had identified triggers for violent and aggressive behaviour which included lack of progress or long waiting times, and a dehumanising environment.

A series of posters had been created with a supportive theme, aimed at offering help and promoting respect for staff, to use within the Trust's sites. In addition, advertisements had been taken out in the local press, explaining that patients who became abusive could lose their ability to receive healthcare services at the Trust.

Committee members were informed that research into the impact on staff on the receiving end of abuse showed that they became desensitised and sometimes did not report incidents on Datix, as it was felt that the abuse was perceived as "part of the job". Anecdotal evidence also suggested that staff did not feel assured that there were consequences for perpetrators.

Assurance was provided to Committee members that the Communications team had made significant efforts to ensure all staff were informed about the Violence and Aggression policy through a comprehensive campaign. This

	<p>included messaging via posters, screen savers and publication on the intranet.</p> <p>The Committee discussed the desensitisation of the workforce to acts of violence and aggression and agreed that staff should be encouraged to report all incidences on Datix. There was a recognition that more work was needed to equip staff with de-escalation strategies. It was noted that incidents of racism was seldom reported through Datix. The Committee was assured that that the Trust was participating in Operation Cavell which aimed to increase the prosecution of people who assaulted NHS workers and volunteers.</p> <p>Committee members thanked Monet Hawkins for the professionalism of her approach, and the empathy she had demonstrated, with both staff and upset patients and carers.</p>
<p>2.</p>	<p>Present: Rob Vincent, Non-Executive Director (Committee Chair) Junaid Bajwa, Non-Executive Director Charlotte Hopkins, Acting Medical Director Liz O’Hara, Chief People Officer Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes Chinyama Okunuga, Chief Operating Officer Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary Glenys Thornton, Non-Executive Director Terry Whittle, Chief Finance Officer & Acting Deputy Chief Executive Sarah Wilding, Chief Nurse and Director of Allied Health Professionals</p> <p>In attendance: Joanne Bronte, Acting Deputy Director of HR Operations Deborah Choudhury, Business Manager to Chief People Officer Eliana Chrysostomou, Acting Assistant Director of Learning and Organisational Development Clare Dollery, Acting Chief Executive Marcia Marrast-Lewis, Assistant Trust Secretary Monet Hawkins, Senior Communications and Engagement Officer Reuben Ferriera, Freedom to Speak Up Guardian Charlotte Pawsey, Deputy Director of Workforce Zara Sayer, Guardian of Safe Working Hours Helen Taylor, Clinical Director, Acute Patient Access, Clinical Support Services Women’s Health Eva Tinka, Head of Staff Wellbeing and Staff Engagement Liam Triggs, Director of Estates and Facilities Serena Wilshire, Acting Senior HR Business Partner</p>



Meeting title	Workforce Assurance Committee	Date: 18 Nov 2024
Report title	Guardian of Safe Working Hours Report Q2 2024/25	Agenda item: 8
Executive director lead		
Report author	Dr Zara Sayar Guardian of Safe Working Hours (GoSWH)	
Executive summary	<ul style="list-style-type: none">• This report covers a short period of intermittent industrial action by most resident doctors. A deal was agreed to end industrial action in Sept 2024.• High levels of acuity and high doctor patient ratios are the main reasons for ER submissions.• Nationally there are lower than previous numbers of junior doctors available to fill bank and agency shifts which leaves on-call teams very stretched.• The GoSWH has continued to work with the postgraduate department, rota coordinators and the Junior Doctors Forum (JDF) during this period.	
Purpose:	<ul style="list-style-type: none">• To provide assurance to the Board that Junior Doctors are working safe hours in accordance with the 2016 <i>Terms and Conditions of Service for NHS Doctors and Dentists in Training</i>.	
Recommendation(s)	The Board is asked to note this report.	
Risk Register or Board Assurance Framework	NA	
Report history	NA	
Appendices	NA	

Guardian of Safe Working Hours (GoSWH) Report Q4 2023-2024

1. Introduction

- 1.1. This report is presented to the Board with the aim of providing context and assurance around safe working hours for Whittington Health junior doctors.
- 1.2. In August 2016 the new Terms and Conditions (TCS) were introduced for doctors in training. There are clear guidelines of safe working hours and adequate supervision. Trainees submit an 'exception report' (ER) if these conditions are breached. The 2016 TCS has more recently been amended in 2019.
- 1.3. ERs are raised by junior doctors where day to day work varies significantly and/or routinely from their agreed working schedule. Reports are raised electronically through Allocate's E-Rota system. The educational/clinical Supervisor for the individual doctor and the GoSWH receives an alert which prompts a review of the ER and requires the supervisor to meet with the trainee to discuss the events leading to the ER and to take appropriate action to rectify. Such action may include time off in lieu or payment for additional hours worked. They are also asked to review the likelihood of a further exception recurring and address this with the trainee. Where issues are not resolved or a significant concern is raised, the GoSWH may request a review of the doctors' work schedule. The GoSWH, in conjunction with the Medical Workforce team, reviews all exception reports to identify whether a breach has occurred which incurs a financial penalty. The GoSWH will levy a fine to the department employing the doctor for those additional hours worked.
- 1.4. In line with the 2016 TCS a Junior Doctors Forum (JDF) has been jointly established with the GoSWH and the Director of Medical Education. It is co-chaired by the GoSWH and the Chief Registrars. The Forum meets on an alternate monthly basis and continues to have good attendance and engagement well above other local Trusts. Meetings are current a hybrid of a face to face and virtual meeting.

2. High level data

Number of doctors / dentists in training (total): 200

Number of doctors / dentists in training on 2016 TCS (total): 200

Job planned time for guardian: 1 programmed activity

Admin support provided to the guardian (if any): as required from MD office

Amount of job-planned time for educational supervision: N/A

3. Exception reports (with regard to working hours)

3.1. Between the 1st July and the 30th Sept 2024 there have been a total of 133 ERs raised. The table below gives details on where exceptions have been raised and the responses to deal with the issue raised.

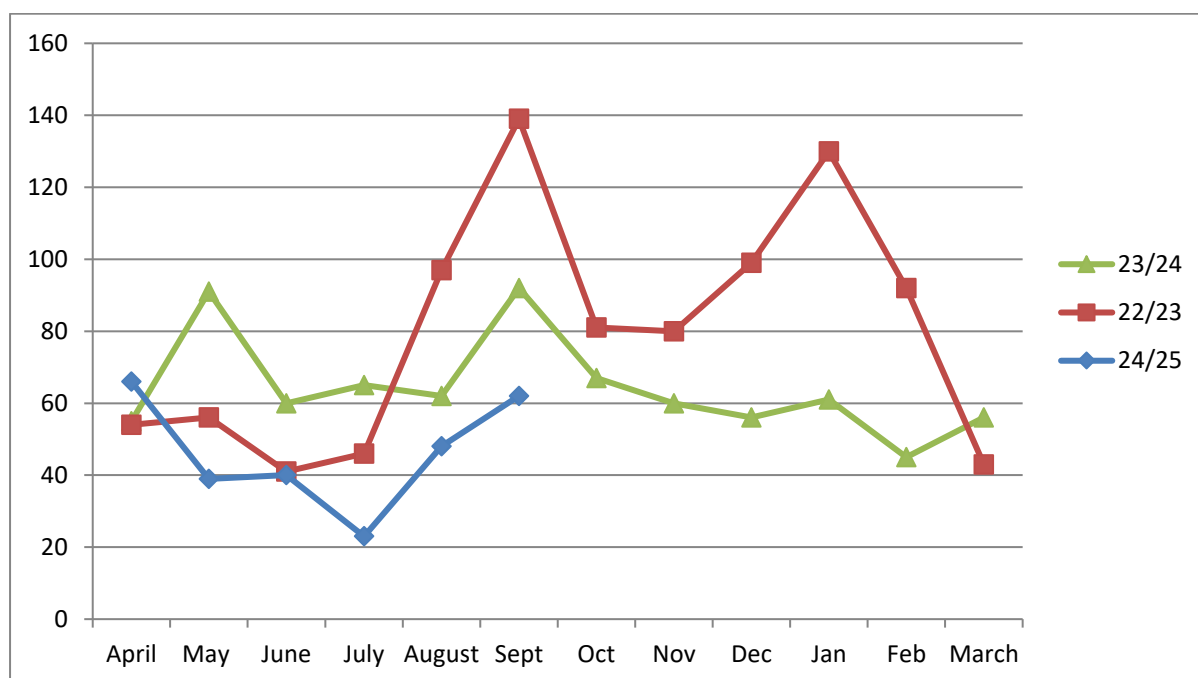
Table 1: Exception reports raised and responses

2024		July	Aug	Sept	Total
Reports	Grand Total	23	48	62	133
	Closed	23	48	34	105
	Open	0	0	28	28
Individual doctors / specialties reporting	Doctors	8	21	25	54
	Specialties	3	5	8	16
Immediate concern		0	1	0	1
Nature of exception	Hours/Rest/pattern	23	47	61	131
	Education/Training/service support	0	1	1	2
Additional hours	Total hours	23.5	44.5	70.25	138.25
Response	Agreed	23	48	34	105
	Not Agreed/Not yet actioned	0	0	28	28
Agreed Action (<i>'No action required' is the only response available for 'education' exception reports</i>)	Time off in lieu (hrs)	0	13	8	21
	Payment for additional hours (hrs)	23	32	25	80
	No action required (ERs)	0	1	1	2
	Other/Pending (ERs)	0	2	28	30
Grade	Foundation year 1	23	42	47	112
	Foundation year 2	0	1	3	4
	IMT/ST1 or ST2	0	2	10	12
	GP Specialty Registrar	0	0	0	0
	Specialty Registrar	0	3	2	5
Exception type (<i>more than one type of exception can be submitted per exception report</i>)	Work Load	18	33*	31	82
	Pt/Dr ratio too high	4	8	14	26
	Rota gaps	0	1	1	2
	Late running WR	0	0	2	2
	Deteriorating patient	0	5	14	19
	M&M preparation	0	1	3	1
	Educational	0	0	0	0
Specialty	General Medicine	21	15	32	68
	General Surgery incl urology	2	18	16	36
	T&O	0	6	4	10
	Paediatrics	0	0	0	0

Anaesthetics/ITU	0	1	0	1
Radiology	0	0	0	0
Psychiatry	0	6	4	10
Obstetrics and gynaecology	0	0	0	0
Accident and emergency	0	2	6	8
Histopathology and micro	0	0	0	0
Ophthalmology	0	0	0	0

*includes two high work load submissions due to having to attend induction for EPMA

Graph 1: Exception reports over three years by Month



3.2. The number of ERs submitted per month is very variable throughout the year and year on year. This includes the change over period for junior doctors making TOIL less applicable as the doctors are rotating.

3.3. There has been an increase in reporting from Psychiatry trainees.

3.4. There has been a number of ER relating to preparation for Morbidity and Mortality meetings and further data is being collected on this to monitor the situation. The appropriate consultant has been contacted to see if any help is required.

3.5. Two ER were submitted for workload reasons relating to having to attend induction when they were supposed to be on the wards. This situation will continue to be monitored.

Immediate safety concerns

3.6. There was one immediate safety concern raised (ISC) over the three-month period. This was reviewed in a timely fashion and was inappropriately submitted.

Work Schedule reviews

3.7. No work schedule reviews were requested in this quarter although the GoSWH has met with Lantum who are overhauling the rotas for all teams throughout the Whittington Hospital and a plan is in place to support this.

4. Establishment and Vacancy data

4.1 It has been confirmed that all bank staff are currently Whittington Health employees. All bank shifts documented above are therefore carried out by doctors already working within the Trust. Bank and agency usage increased to cover periods of industrial action.

Table 2: Bank and agency usage Q2

ICSU	Bank		Agency		Locums Nest		Total	
	Hours	Cost (£)	Hours	Cost (£)	Hours	Cost (£)	Hours	Cost (£)
Emergency and integrated medicine	-	-	2738	153022	7992*	442172	10733	595194
Surgery and cancer	-	-	628	39512	2437*	159487	3065	198999
ACW	244	9773	-	-	2023	155706	2267	165479
Children and young people	-	-	-	-	1388	83283	1388	83283
ACW: Access centre clinical support and women's health *includes associate specialists								

Vacancies

4.2 There were a total of 25 vacant posts for this quarter.

Table 3: Vacancies per speciality Q2

Speciality	Current vacancies
General Medicine	2 WTE vacant ST3+ 5 WTE vacant SHO (includes 1 GP)
General Surgery inc urology and T&O	2 WTE vacant ST3+
Obstetrics and Gynaecology	2 WTE vacant ST3+ 2 WTE vacant SHO (includes 1 GP)
Emergency medicine	1 WTE ST3+ 1 WTE vacant SHO (GP)
Paediatrics (inc NICU)	2 WTE ST3+ 1 WTE SHO
Anaesthetics inc ITU	2 WTE ST3+ 2 WTE SHO
Radiology	2 WTE SHO

Microbiology and Haematology	1 WTE vacant ST3+
Psychiatry	Nil

5. Fines and payment Exception Reports (with regard to working hours)

- 5.1. For this quarter a total of 155 hours 17 mins to be re-paid either in time off in lieu (TOIL) or pay for additional hours worked. It would not be appropriate for TOIL accrued in one specialty to be rolled over to another specialty.
- 5.2. Currently, these hours equate to a total of approximately £2550.16 has been paid to the junior doctors directly.
- 5.3. The junior doctors have requested that GoSWH fines money is transferred to the post-graduate centre to pay towards lunch provisions for teaching. The finance department is facilitating the movement of this money.
- 5.4. No money was transferred over the time period – a meeting has been organised between the GoSWH, the finance team, HR and post-graduate team to further understand when money is transferred and to ensure the accuracy of the data.

Table 4: Breakdown of fines by ICSU

ICSU	Amount of Fine to Doctor (£)	Amount of Fine to Guardian (£)
Emergency and Integrated Medicine	-	-
Surgery and Cancer	-	-
Children and Young People	-	-

6. Next steps

- 6.1. GoSWH to continue to ensure all remaining open ERs are signed off in a timely fashion. Changes made to the contract in 2019 enables the GoSWH to action outstanding ERs at 30 days.
- 6.2. The GoSWH to ensure that the ER fine money is transferred to the postgraduate centre as per the request of the junior doctors.
- 6.3. GoSWH has attended a national GoSWH conference and is now part of the national and pan-London group for communication.
- 6.4. GoSWH to continue to work with ICSU leadership teams, rota coordinators and the bank office, to try to reduce the need for ERs by working to fill rota gaps whenever possible.

6.5. GoSWH to work with medical staffing to address issues with supervisors in Psychiatry not being on the Allocate software to sign off ER. In the interim, GoSWH is signing these out. This is ongoing.

7. Conclusions

7.1. This quarter's report shows a steady ER numbers.

7.2. The majority of ER continues to be seen in the EIM ICSU. This is likely to reflect the ongoing high levels of patient acuity in this area.

7.3. Primary events leading up to exceptions are issues due to workload and times when there is very minimal staffing on the wards due to rota gaps, on-call commitments and sickness.

7.4. There are still very low levels of reporting in certain specialities, e.g. anaesthetics, radiology etc. and at higher grades. Attempts are being made to increase engagement and there has been some improvement. This is a well-recognised issue nationally. The GoSWH continues to promote ER in these areas.

8. Recommendations

8.1. Workforce Assurance Committee is asked to note this report and inform the board in line with national guidance for GoSWH reports.



Meeting title	Trust Board – public meeting	Date: 29.11.2024
Report title	Freedom To Speak Up Guardian Report (April 2024 - September 2024)	Agenda item: 10
Executive lead	Liz O'Hara, Chief People Officer	
Report author	Ruben Ferreira, Freedom to Speak Up Guardian	
Executive summary	This paper provides: <ul style="list-style-type: none">• A brief overview of the work of the Freedom To Speak Up Guardian (FTSUG) from April 2024 to September 2024 and Q1 and Q2 Data• Updates and summaries on the National Guardian Office (NGO) including the FTSU Case Data Annual Report 2023-2024 report.	
Purpose:	The report provides information about Freedom to Speak Up across Whittington Health with information covering the period April 2024 to September 2024.	
Recommendation(s)	The Trust Board is asked to: <ul style="list-style-type: none">• encourage and promote with managers and senior leaders to engage with Freedom to Speak Up• support the implementation of Freedom to Speak Up training to all staff.• support the recruitment of Speak Up Champions specially in services where they are not present.• build a culture of safety and encouragement regarding raising concerns of any kind.	
Risk Register or Board Assurance Framework	BAF entry 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.	
Report history	Trust Management Group	
Appendices	1: FTSU Case Data Annual Report 2023-2024	



1. Introduction

- 1.1. The Freedom to Speak Up Guardian (FTSUG) role was created because of Sir Robert Francis' Freedom to Speak Up Review recommendations, published in February 2015. Freedom to Speak Up Guardians are expected to work with trust leadership teams to create a culture where staff can speak up to protect patient safety and empower workers. In addition to providing a safe and impartial alternative channel for workers to speak up to, they identify themes and provide challenges to their organisation so that they can work proactively to tackle barriers to speaking up.
- 1.2. The National Guardian Office (NGO) works to make speaking up become business as usual in health. The office leads, trains and supports a Freedom to Speak Up Guardians network in England and provides learning and challenges on speaking up matters to the healthcare system. Since the establishment of the NHS National Guardian's Office in 2016 following the recommendation of the Francis Review, there is now a wide-ranging network of more than 900 Freedom to Speak Up Guardians in England supporting workers in 514 organisations in primary and secondary care, the independent sector and national bodies.

2. Brief National Overview / National Guardian Office reports

- 2.1. The **Annual Data Report** from the NGO is comprehensive and covers cases reported to Freedom to Speak Up guardians from April 1, 2023, to March 31, 2024. The data, derived from non-identifiable information submitted by guardians to the National Guardian Office, reveals significant trends and insights.
- 2.2. The Freedom to Speak Up guardians handled over 30,000 cases this year, a 27.6% increase from last year, reflecting efforts to build trust and encourage open communication in organisations. Around 80% of people who gave feedback said they would speak up again. However, 4% of cases, about 1,285, indicate that individuals still experience negative consequences for speaking up. Guardians themselves also face detriment for their role, which is concerning. A key focus is to protect guardians from mistreatment. Many cases involve inappropriate behaviours (38.5%) and worker safety or wellbeing concerns (32.3%), which affect healthcare quality and safety. Issues like harassment, bullying, and abuse are still underreported, especially in healthcare settings where culture impacts patient safety.

3. Brief overview of the Whittington Health NHS Trust Freedom to Speak Up Guardian and Speak Up Network

- 3.1. The Freedom to Speak Up Guardian has initiated a closer and more active collaboration with the Freedom to Speak Up (FTSU) Guardians at University College London Hospitals NHS Foundation Trust (UCLH). This partnership aims to provide continuous support and foster shared learning between the two Trusts, creating a stronger foundation for addressing concerns. Additionally, this collaboration allows both Trusts to benefit from peer support, creating a network where FTSU Guardians can exchange best practices and strategies for dealing with challenges more effectively.
- 3.2. The Guardian actively participates in key educational initiatives, including preceptorship study days, Newly Qualified Nurses Orientation Training, the Health Care Support Worker (HCSW) Development Programme, and medical education

inductions. Through these engagements, the Guardian educates attendees on the safe and confidential means of raising concerns, elevating the visibility of FTSU. Additionally, the Guardian remains involved in the corporate induction day for new starters, and in instances of unavailability, Speak Up Champion steps in to provide coverage, further promoting their role and expanding their experience.

- 3.3. The FTSU Guardian and Human Resources (HR) Business Partners continue to collaborate closely, listening to and supporting colleagues in particular areas of concern.
- 3.4. The collaboration between the FTSUG, Head of Wellbeing and Staff Engagement and the Organisational Development (OD) team remains integral, fostering continuous learning and action on concerns received. This partnership enables the Trust to address cultural behaviours, bullying, harassment, and detriment in a serious, committed, and constructive manner, contributing to ongoing improvement in services and staff experience. Additionally, the Freedom to Speak Up Guardian continues to play a key role in de-escalating conflicts, enhancing communication at both individual and team levels, supporting the OD team in mediations, conflict resolutions, facilitated conversations and listening events.
- 3.5. In collaboration with the Head of Wellbeing and Staff Engagement, the Guardian and the Speak Up Champions are actively participating in the Roadshows Engagement initiative across various community sites within the Trust. Their presence aims to raise awareness about the importance of speaking up, providing staff the confidence to voice concerns in a safe and supportive environment. As a direct result of these efforts, the number of concerns being raised by staff has increased, indicating that the initiative positively encourages people to speak up. Furthermore, the roadshow initiative has led to a noticeable rise in applicants expressing interest in becoming Speak Up Champions within the Community. This shows that more staff members are becoming aware of the importance of speaking up and are motivated to promote a culture of raising concerns safely across the Trust.

4. Speak Up Champions' role and activity.

- 4.1. Freedom to Speak Up Champions are vital in raising awareness and ensuring workers understand the importance of speaking, listening, and following up.; signposting, discussing concerns with workers, and providing details of speaking up routes as stated in their organisation's Freedom to Speak Up Policy; promoting a positive speaking up culture by supporting their organisation in welcoming and celebrating speaking up. The National Guardian's Office recommends a clear distinction between the roles of Champion and Guardian. Only Freedom to Speak Up guardians, having received National Guardian's Office training and registered on the NGO's public directory, should handle speaking up cases. This ensures quality and consistency in how workers are supported when speaking up.
- 4.2. The Guardian provides supervision and support to strengthen the Network of Speak Up Champions, which currently comprises 45 Champions, with over half being from a black and minority ethnic background (BAME). New Champions are actively sought to ensure continuity when some leave the Trust or the role.

- 4.3. The Guardian regularly holds Network and one-to-one meetings with FTSU Champions, offering support and collecting valuable feedback from various areas. Contrary to previous trends of staff disengagement in raising concerns, there is now a noticeable increase in engagement and a rise in concerns. To further encourage this positive trend, the Guardian collaborates with Champions to visit teams and services throughout the Trust, actively listening to individuals, identifying barriers, and promoting a safe culture for raising concerns, enhancing overall engagement, visibility, and awareness of FTSU.
- 4.4. Our Speak Up Network and the Trust Communication Team played a pivotal role in raising the visibility of Freedom to Speak Up through a series of impactful initiatives, particularly during Speak Up Month. Committed Champions within the Network supported the Guardian championing 'Green Wednesday', a stall in the Hospital Atrium every Wednesday of October and Screen savers to enhance awareness. The Speak Up Network is a driving force, emphasising the importance of promotion, visibility, education, and encouragement in cultivating a robust FTSU culture within our organisation. Their unwavering commitment significantly fosters an environment where everyone can safely voice concerns.
- 4.5. We will expand our Speak Up Network by training six additional Champions, each representing diverse services, professions, and cultural backgrounds. This ongoing recruitment and training initiative is pivotal in supporting areas lacking representation within the Network. Active and strategic recruitment increases awareness and knowledge about Freedom to Speak Up. It contributes to a cultural shift, fostering an environment where Speaking up is business as usual. Our continued priority is to ensure at least one Champion per ward, reinforcing our commitment to a widespread and representative FTSU culture.

5. Local concerns raised Q1 and Q2 (April 2024 to September 2024)

- 5.1. During the current reporting period, from April 2024 to September 2024 (covering Quarters 1 and 2), the Freedom to Speak Up Guardian received 44 initial concerns requiring action, marking a slight increase compared to the previous reporting period (Q1 and Q2 of 2023), when 38 concerns were raised. Notably, only one of these concerns was submitted anonymously, highlighting growing confidence among staff to speak up openly. Since the appointment of our current Guardian in Q3 and Q4 of 2019, more than 450 concerns have been raised by staff across the organisation. Each concern represents a valuable opportunity for reflection and improvement, highlighting our commitment to listening, learning, and continually improving as an organisation. We are committed to appreciating and encouraging staff members to raise any issues they encounter, as this helps us create a healthier and better work environment, leading to a better quality of care.
- 5.2. Table one shows cases received in Q1 and Q2 by Integrated Clinical Service Units (ICSU) and Corporate Directorates. There has been a significant increase in concerns raised within Children and Young People Services compared to previous quarters. The Guardian is collaborating closely with the Head of Wellbeing and Staff Engagement and other leaders to ensure these concerns are addressed, appropriate support is provided, and necessary actions are taken. This increase is a positive reminder that raising concerns is crucial to fostering a healthy, supportive workplace culture.

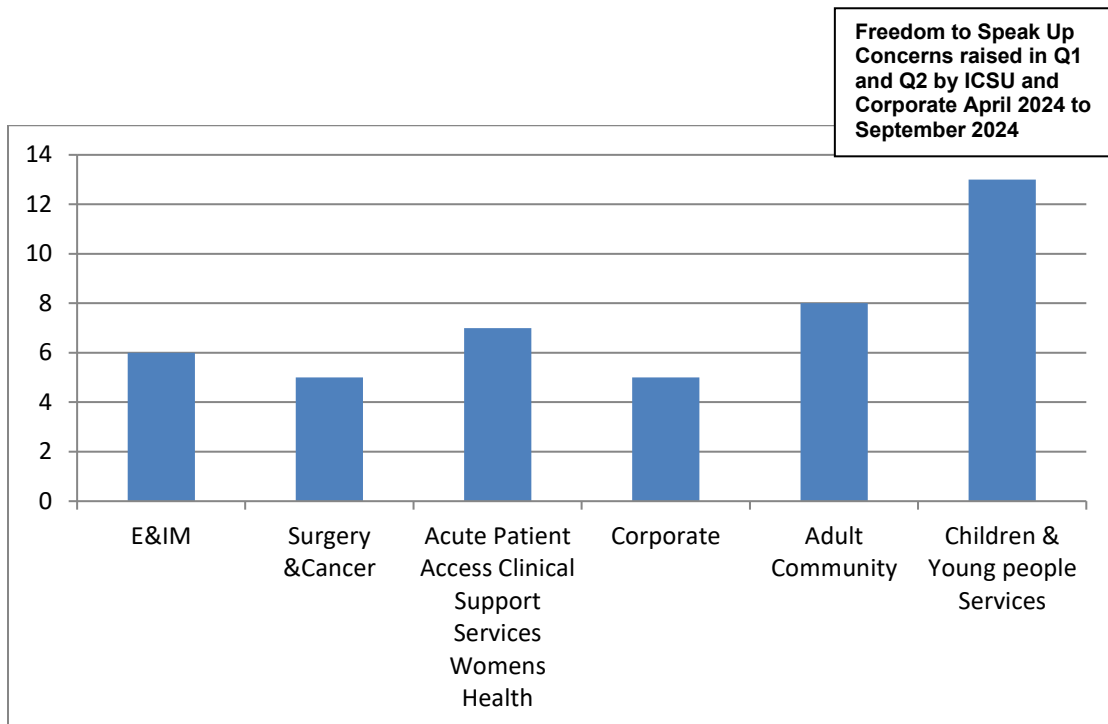


Table one: Freedom to Speak Up Concerns raised in Q1 and Q2 by ICSU and Corporate in April 2024 to September 2024

- 5.3. Table Three provides an in-depth overview of the themes raised during Q1 and Q2 of 2024. One key change in this reporting period was the reclassification of the category previously titled 'Attitudes and Behaviours.' In line with guidelines from the National Guardians Office, this category has now been split into two more specific classifications: 'Bullying and Harassment' and 'Elements of Inappropriate Attitudes or Behaviours.' This change was implemented to provide a clearer, more nuanced understanding of the concerns being reported. By doing so, we can better address the underlying issues and provide more tailored responses to the concerns raised.
- 5.4. Bullying and harassment emerged as the category with the highest number of concerns raised during this period, reflecting the importance of continue to address workplace dynamics and ensuring a respectful, inclusive environment for all staff. Following this, concerns related to 'Worker Safety and Wellbeing' also featured prominently, underscoring the need for continued focus on our workforce's physical and mental health. Additionally, there was a significant increase in concerns related to 'Service Changes,' which reflects the challenges faced during organisational transitions. Lastly, concerns about 'Elements of Inappropriate Attitudes or Behaviours' were also notable, pointing to the need for ongoing learning and reinforcement of professional standards across the Trust.

Freedom to Speak Up themes April 2024 – September 2024

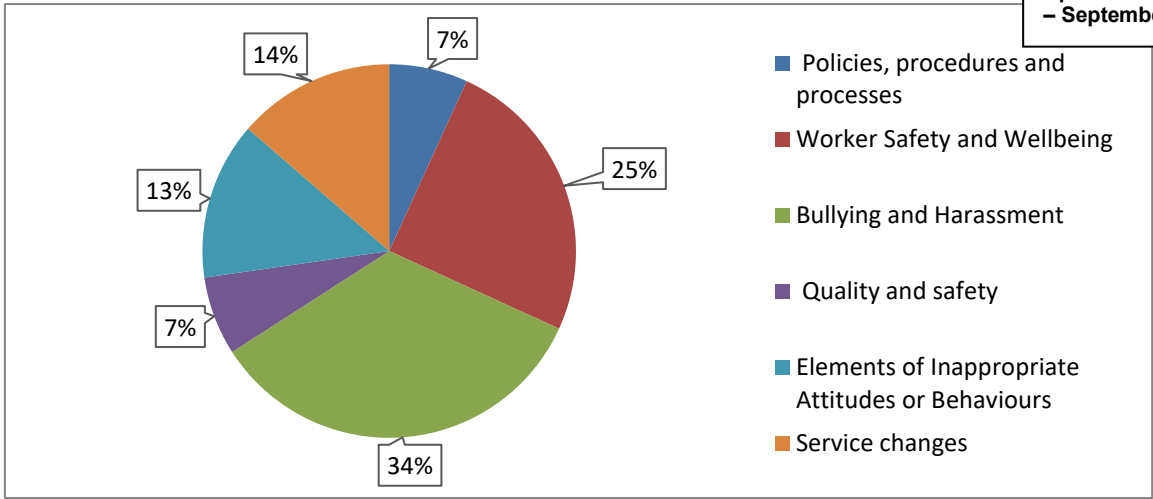


Table three: Freedom to Speak Up themes April 2024 – September 2024

5.5. Table four presents the ethnic background of staff raising concerns from April 2024 to September 2024. An important observation is that 48% of individuals raising concerns identify as Black and Asian Minority Ethnic (BAME). The FTSU Guardian, in collaboration with the Joint Directors for Race, Equality, Diversity & Inclusion, See me First ambassadors and Staff Networks, is committed to reflecting on and learning from known barriers to speak up. The ongoing efforts include increasing visibility and knowledge about FTSU and promoting the recruitment of Speak Up Champions. Furthermore, 36% of concerns were raised by individuals identifying as White British, while 21% were from different White backgrounds.

Ethnicity of staff raising concerns April 2024 – September 2024

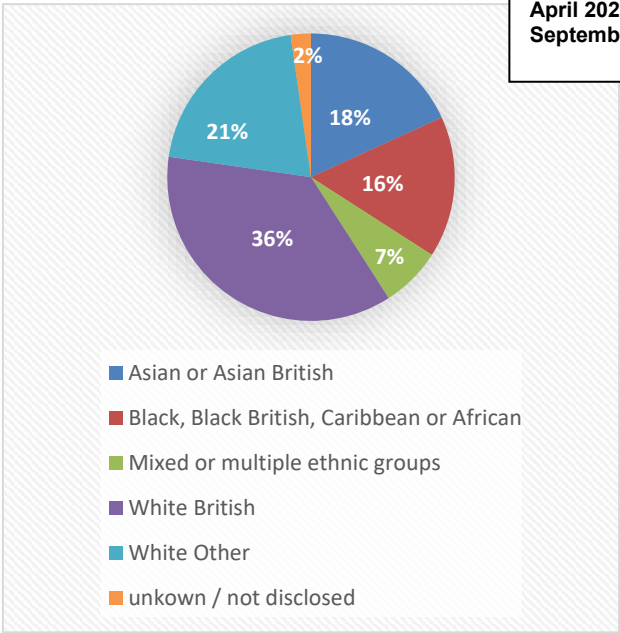


Table four: Ethnicity of staff raising concerns April 2024 – September 2024

5.6. Table five shows the number of cases raised by professional groups in Q1 and Q2. These new professional/worker group categories are informed by Freedom to Speak Up Guardians feedback and based on NHS Digital's National Workforce data set. The Guardian will increase visibility and engagement with staff in Estates and Facilities, as there has been a noticeable decline in concerns raised by this group, which historically voiced issues more frequently.

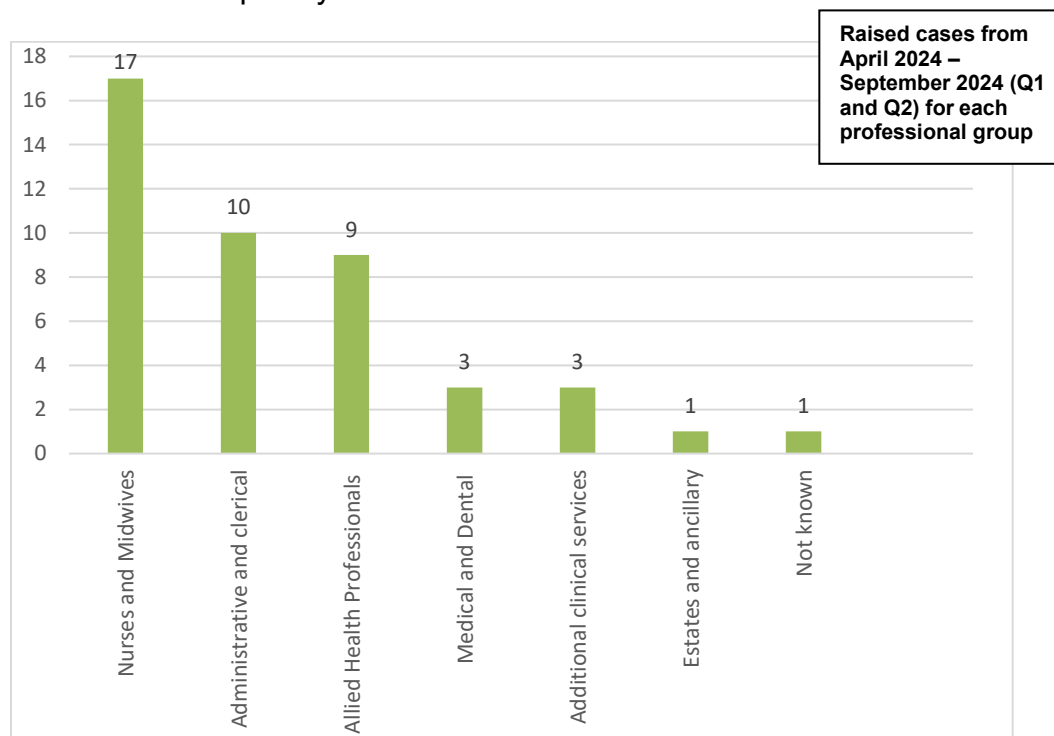


Table five: Raised cases from April 2024 – September 2024 (Q1 and Q2) for each professional group

6. Feedback regarding FTSU support in the Trust

- 6.1. The FTSUG received some important and encouraging feedback. As a result of speaking up, a group of professionals saw a significant change in their workplace. In such a fast-paced environment, they were not feeling heard. Finding space and time to provide managers and leaders their concerns was vital. As a result, some solutions were put in place that significantly impacted this group's wellbeing and safety, improving the quality of care in the service. The group shared with the Guardian: *"Things have been moving along well after you stepped in and we are hoping for even more improvements. We would organise ourselves and give you updates but for now, we would like to extend out our gratitude to you for your support."*
- 6.2. Another feedback provided was regarding the support given to a person to raise concerns directly with a manager. The Guardian offered help, supporting a facilitated conversation. Afterwards, the person shared: *"I felt in very safe hands with you, very heard and understood. Thank you for creating that environment where we could be honest and say hard things to each other without the emotion getting in the way. You have really helped a lot."*
- 6.3. Two more colleagues provided feedback after speaking up. One said: *"I just wanted to say thank you for your time earlier today. I very much appreciate the way you dealt with*

my stressed and emotional state and thank you for giving me the opportunity to voice my concerns." And another one: "It was very rewarding to learn that the matters raised with you are being escalated and will hopefully be addressed in the future. Thank you for your support and taking these concerns seriously. It is much appreciated. I am glad the Trust has a Freedom to Speak Up Guardian. It felt comfortable raising this with you, so thank you. Good to know you are there for such matters.

7. Priorities for the next six months

The Guardian has identified several priorities for the next six months to re-enable staff engagement regarding raising concerns, and they include:

- In light of the identified challenges and opportunities for improvement in the speaking-up culture within the NHS, it is imperative to prioritise the implementation of Freedom to Speak Up in Health Care in England Programme training for all staff. For the next 6 months, we aim to share **Speak Up** - Core FTSU training for all (available E-learning page) shared with all staff. And integrate the Listen Up – FTSU training for all line and middle managers into their training program. Finally, until the end of next financial year, we aim to implement the **Follow Up** – FTSU training for all senior leaders including executive board members and Non-Executive Directors.
- Continue regular weekly visits to community and hospital sites to maintain ongoing visibility of Freedom to Speak Up. Ensure that the FTSU Guardian is accessible and approachable during these visits to foster a culture of Trust and openness. The Guardian will continue to participate in the Community Roadshow to enhance visibility and proximity.
- Continue supporting the recruitment of Speak Up Champions, focusing on areas not yet covered by the Network, being our main goal by the end of financial year, to recruit at least one Speak Up Champion per Clinical Ward, Finance and IT.
- Training a New cohort of Champions in November 2024.
- Provide support and raise the FTSU profile in all the Staff Networks.
- Use the findings from the 2023/24 Freedom to Speak Up data to identify areas where further work is needed, especially with Medical and Dental workers.

8. Recommendations

- Encourage prompt engagement from senior staff members, including executives and Senior managers, in addressing concerns raised through the FTSU. Engagement with the Guardian should occur within five working days and follow up to the person raising concerns, no longer than 15 days after initial contact. Timely responses are significant in de-escalating problems, improving the quality of care, and enhancing the overall wellbeing of staff members.
- Foster a culture where senior leaders prioritise listening to and addressing concerns raised by staff, reinforcing the message that every voice matters. This proactive engagement sets a positive tone for the entire organisation, signalling a commitment to continuous learning, improvement, and prioritising the wellbeing of both staff and patients.
- Support the recruitment of Speak Up Champions until the end of financial year, and acknowledge the importance of providing protected time (within job roles) for the Advocates to support their colleagues.

Culture is a patient safety issue

A SUMMARY OF SPEAKING UP TO FREEDOM TO SPEAK UP GUARDIANS

1 April 2023 – 31 March 2024



**National
Guardian**

Freedom to Speak Up

July 2024

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About the National Guardian's Office

The National Guardian's Office works to make speaking up become business as usual to effect cultural change in the NHS.

The office leads, trains and supports a network of Freedom to Speak Up guardians in England and provides learning and challenge on speaking up matters to the healthcare sector, including through its Speak Up Reviews.

The role of Freedom to Speak Up guardians and the National Guardian were established in 2016 following the events at Mid-Staffordshire NHS Foundation Trust and recommendations from Sir Robert Francis' Freedom to Speak Up Inquiry.

There are now over 1,200 Freedom to Speak Up Guardians in NHS primary and secondary care and independent sector organisations, national bodies and elsewhere that ensure workers can speak up about any issues impacting on their ability to do their job.

www.nationalguardian.org.uk

Foreword



This year Freedom to Speak Up guardians have handled more cases than ever before. Over 30,000 cases have been raised with them - a 27.6 per cent increase on last year.

This is credit to the efforts made by guardians to foster trust and break down barriers to speaking up within their organisations. Four fifths of those who gave feedback to their guardian about their speaking up experience, said that they would speak up again.

There remains a persistent number of cases where guardians indicate that the person speaking up to them may be experiencing detriment for speaking up. As a percentage, this remains at 4 per cent, but given the increase in numbers, this equates to 1,285 cases.

Freedom to Speak Up guardians are often the last opportunity for an organisation to put something right. Recent high-profile cases highlight the negative reputational impact which mistreating people for speaking up can have on organisations. And yet these stories persist, that the organisation was more interested in its reputation than in listening to the concerns or acting on them. And there is no more chilling example than the crimes of Lucy Letby which are the focus of the current Thirlwall Inquiry.

I am hearing increasingly of instances of guardians facing detriment themselves for doing the very job that they have been employed to do: speaking truth to power and having the courage to have difficult conversations. While I hope that these are outliers, mistreating a guardian for raising concerns cannot be tolerated. A priority for me is to see how we might seek further protection of Freedom to Speak Up guardians from detriment for doing their role.

People come to their guardians for a number of reasons. Nearly two in every five cases (38.5%) involved an element of inappropriate behaviours and attitudes. This matters because we know that working environments effect quality and safety; they impact on staffing, on retention, and ways of working. In healthcare, we are in the relationships business: every interaction - whether patient, family member, or colleague - makes a difference to lives and outcomes. Culture is a patient safety issue.

We are seeing an increase in cases raised which involved an element of worker safety or wellbeing - one in every three cases raised (32.3%) compared with one in every four cases (27.6%) in 2022/23. Worker safety is of increasing significance when we consider that three quarters of respondents to the NHS Staff Survey who had experienced physical violence said that they or a colleague reported it, but that only half who had experienced harassment, bullying or abuse said the incident was reported.

The [Freedom to Speak Up National Policy](#) encourages workers to speak up – and yet guardians tell us there is a disconnect between listening to concerns and actions

being taken. As one guardian said: *“Speaking up is becoming more common in the workplace ... but the next phase of the process, actually hearing and appreciating a concern and following up is a concern in itself.”*

All Freedom to Speak Up guardians should be reporting to their boards and senior leadership teams regularly. For organisations wishing to problem sense issues before issues become crises, this will be a matter of good practice. There are organisations which have been on the wrong end of news stories, but whose board reports from their guardians have signalled the oncoming storm well in advance.

I would urge all leaders to use this information as a springboard for asking curious questions.

- What are people coming to your Freedom to Speak Up Guardian about?
- What are you doing about what they are hearing?
- How can you better address workers’ concerns?
- How does this data compare with your staff survey and other speaking up data?
- How can you improve confidence in speaking up through all available routes and your response to it?
- Who are you not hearing from and what more can you do to ensure that you do?
- Do your Freedom to Speak Up guardian(s) have the time, resources and support they need?

My final message is for our new government. If we are to truly make speaking up business as usual in healthcare, we need to address the feeling that when people speak up, nothing happens as a result. For many of our healthcare leaders there is a frustration that they themselves have been escalating concerns about safety, staffing, infrastructure, cyber security, resources, and yet their pleas for support have been met with silence.

If we do not listen, a dangerous vacuum of apathy is created, where important matters go unsaid. As one guardian reported: *“staff are very reluctant to give their names as speaking up is not encouraged or they do not get it resolved, so get tired of raising the same issues over and over again.”*



Dr Jayne Chidgey-Clark
National Guardian for the NHS

Introduction

Listening to the voices of workers is essential for a safe and effective healthcare for workers, patients, and the public. Freedom to Speak Up guardians provide an opportunity for organisations to learn from these voices which may not otherwise be heard. They work to ensure that concerns are addressed and support their organisations in fostering a culture of openness and improvement.

Freedom to Speak Up guardians are required to report non-identifiable information on the cases they receive both locally to their boards and senior leadership and to the National Guardian's Office.¹ This information is essential in helping us understand the impact of the Freedom to Speak Up Guardian role.

This report summarises the data shared by guardians about the speaking up cases they received between 1 April 2023 and 31 March 2024.

The vital role of Freedom to Speak Up guardians

In 2023/24, a record number of cases were raised with guardians, highlighting their critical role in supporting workers to speak up when they do not feel able to in other ways. They ensure that people who speak up are thanked, that the issues they raise are responded to, and make sure that the person speaking up receives feedback on the actions taken. Guardians also work proactively to support their organisation to tackle barriers to speaking up.

There are now over 1,200 Freedom to Speak Up guardians in NHS primary and secondary care and independent sector organisations, national bodies and elsewhere that ensure workers can speak up about anything which has an impact on their ability to do their job.

Many of the cases raised with guardians highlight the pressures on the healthcare system. People have spoken up about systemic matters, in particular staffing levels and the impact this is having on wellbeing as well as other issues including incivility between colleagues, and patient safety concerns.

This report amplifies these voices of those workers, bringing them together to form a national picture of who is speaking up to guardians and what they are speaking up about.

Using data for improvement

The National Guardian's Office shares this data with NHS England to incorporate the data guardians share with us into the [Model Health System](#). This allows leaders of healthcare organisations to compare this speaking up data with other metrics, to inform reflections on organisational culture and plans for improvement. Our joint guidance with NHS England on [Freedom to Speak Up](#) gives some suggestions of sources of data to help inform these conversations.

¹ The National Guardian's Office sets this [requirement](#) for all guardians as outlined in national guidance. The Care Quality Commission evaluates this reporting when assessing organisations it regulates as part of its [assessment framework](#).

Numbers tell part of the story. Behind these case numbers are the very human experiences of workers wanting to do their best for their patients and colleagues. We continue to share stories in our [100 Voices](#) initiative which showcase the difference which Freedom to Speak Up can make to people, patients and organisations

Headlines 2023/24

TOTAL CASES



32,167 cases

were raised with
Freedom to Speak Up Guardians
In 2023/24

The highest number of cases recorded – a 27.6% increase from 2022/23.

PATIENT SAFETY AND QUALITY

18.7% of cases raised included an element of patient safety/quality

a marginal drop compared to 2022/23 (19.4%).



BULLYING AND HARRASSMENT

19.8% of cases reported included an element of bullying or harassment.

A 2-percentage point fall compared to 2022/23.



WORKER SAFETY AND WELLBEING

One in every three cases raised (32.3%) involved an element of worker safety or wellbeing.

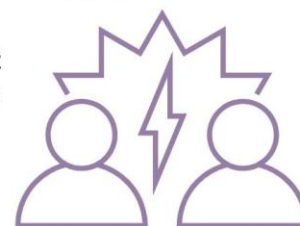
An increase from one in every four cases (27.6%) in 2022/23.



INAPPROPRIATE BEHAVIOURS

Two in every five cases (38.5%) involved an element of inappropriate behaviours and attitudes.

The most reported theme in 2023/24.



ANONYMOUS CASES

The percentage of cases which were raised anonymously is ten percent (9.5%).

This was similar to the percentage raised anonymously in 2022/23 (9.4%).



DETRIMENT

Detriment for speaking up was indicated in 4.0% of cases.

This is the same as in 2022/23.



FEEDBACK



Four-fifths (79.8%) of those who gave feedback said they would speak up again.

PROFESSIONAL GROUPS



Workers from a range of professional groups spoke up to Freedom to Speak Up Guardians.

Nurses and midwives accounted for the biggest portion (28.3%) of cases raised.

Total cases

Freedom to Speak Up guardians reported receiving 32,167 speaking up cases in 2023/24, a 27.6 per cent increase from 25,209 cases reported in 2022/2023 (Figure 1).

In total, over 133,000 cases have now been reported to guardians since their establishment in 2016.

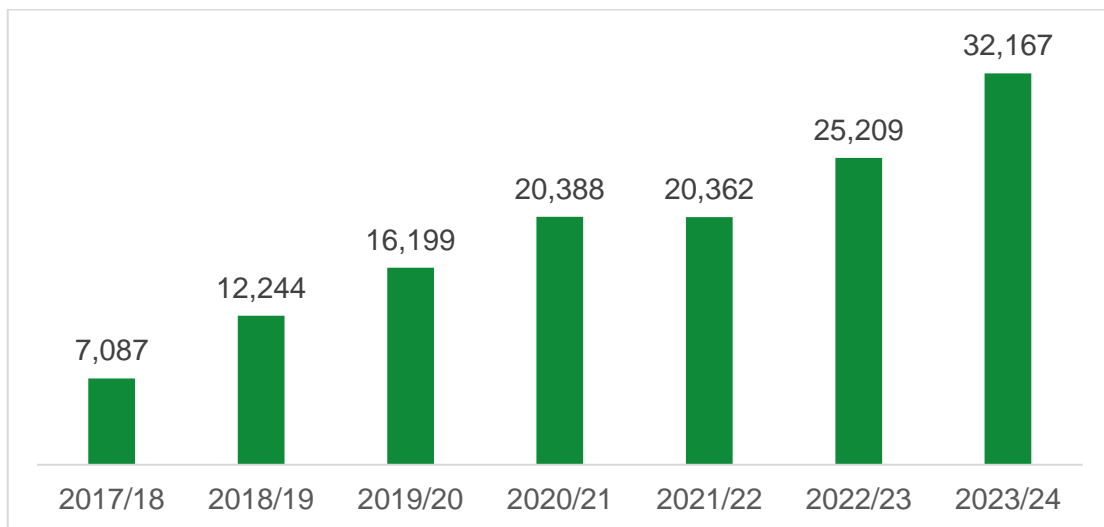


Figure 1. Total cases raised with Freedom to Speak Up guardians

October to November (or quarter 3 of the financial year) has had the highest number of cases every year since 2018/2019, which may be due to the awareness raising which takes place during Speak Up Month every October. 2023/24 was no different. In fact, Q3 2023/24 saw the highest number of cases (9,138) raised with Freedom to Speak Up guardians in a single quarter since we started collecting this data in 2016/17.

Who is speaking up to Freedom to Speak Up guardians?

The Freedom to Speak Up Guardian role was first introduced into NHS trusts and has expanded to other types of organisations since then. In April 2020, there were 555 Freedom to Speak Up guardians on the National Guardian’s Office’s directory and most of them (73.2%, 406) were supporting NHS trusts. By March 2024, the number of Freedom to Speak Up guardians had increased to 1,188, with just over a third (34.4%, 409) supporting NHS trusts.

There has been an increase in the number of organisations with guardians that are not NHS trusts. Much of this growth was within primary medical services with a fifth (21.8%) of registered guardians now representing this sector (see Figure 2, below). These figures include guardians that support Primary Care Networks, GP Federations, GP practices, dentists, pharmacies and opticians.

Notwithstanding this diversity in the range of organisations supported by today’s Freedom to Speak Up Guardian network, most cases reported in 2023/24 were raised with Freedom to Speak Up guardians supporting NHS trusts (90.8%, 29,204 cases) (see **Figure 2**, below). This is likely in part because of its earlier establishment in NHS trusts; the role is far more embedded in those organisations.

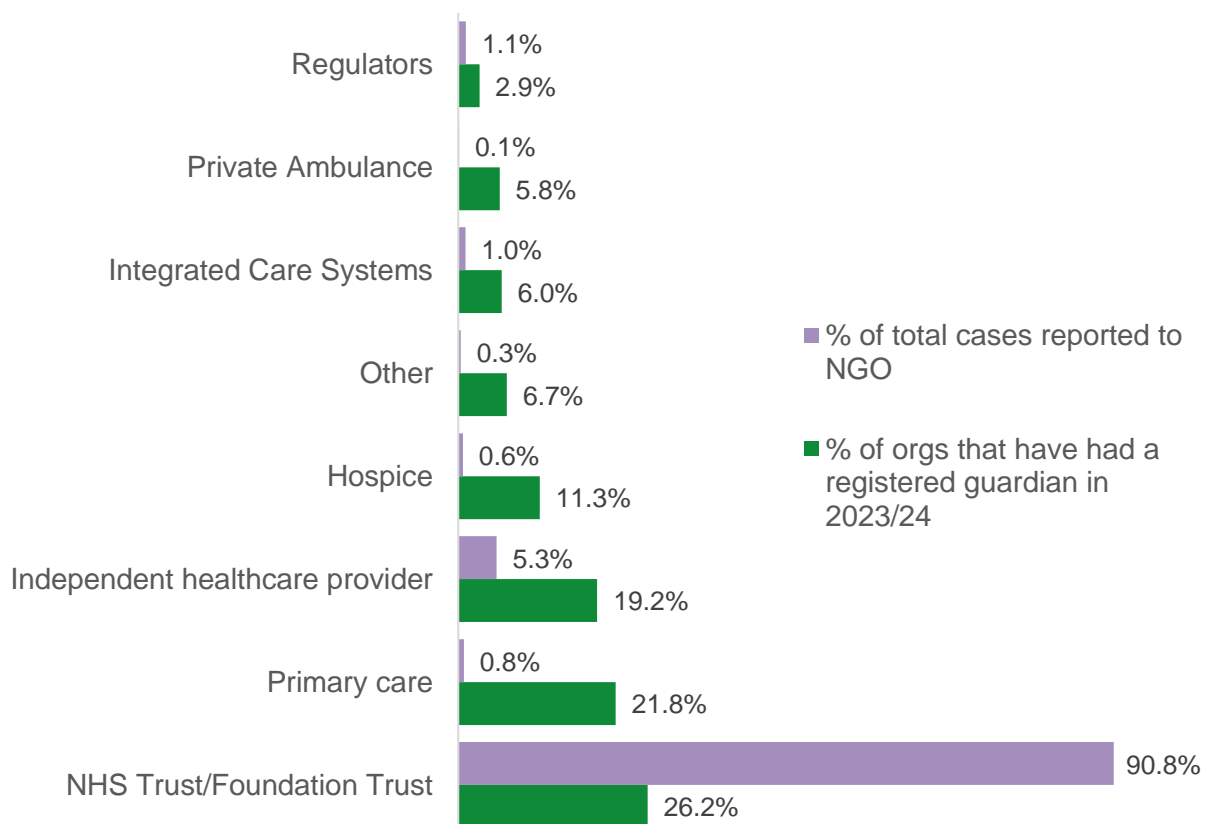


Figure 2. Proportion of total cases represented by organisation type for 2023/24

In 2023/24, 230 organisations of those registered on the National Guardian’s Office directory did not submit any data and 27 NHS trusts did not submit data for either one or two quarters.

Non-submission affects our understanding of the implementation of the guardian role and our ability to support, lead, and train guardians. It also affects workers' confidence in the effectiveness of the guardian route in their organisation and limits the understanding of the speak up landscape for system partners.

The National Guardian’s Office will work with regulators to review how we monitor compliance with data submissions in 2024/25.

NHS trusts

On average, NHS trusts reported 36.3 cases in each quarterly submission². The maximum number of cases reported by an organisation in a single quarter was 142 however there were also six occasions when Freedom to Speak Up guardians reported that zero cases³ had been raised. All NHS trusts submitted data at least twice in 2023/24.

The average number of cases submitted by NHS trusts has increased for all types of organisations compared to 2022/23 (see Figure 3, below).

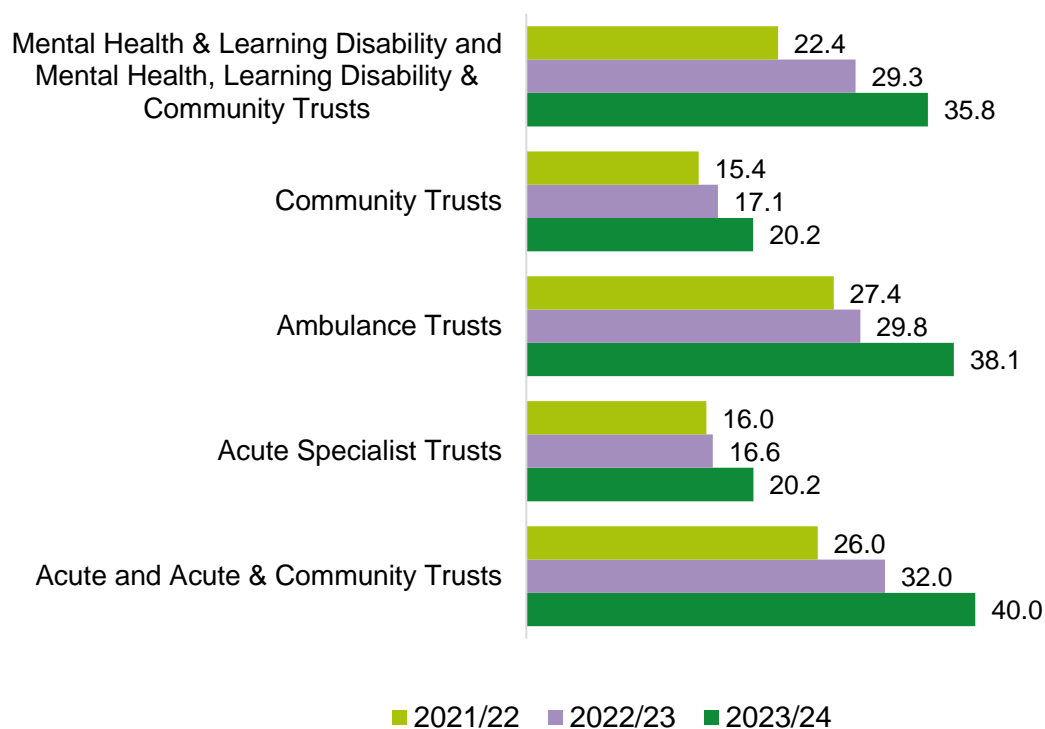


Figure 3. Average number of cases per submission by organisation type

² A submission is a quarterly submission by an organisation, this is not an average for the whole year. We have used this approach due to organisations not submitting in every quarter.

³ When a quarterly data submission was completed but with zero reported cases. This is different to where a quarterly data submission was not completed and the number of cases is unknown.

In 2023/24, more cases were raised with Freedom to Speak Up guardians in acute and acute/community combined trusts (see Figure 3, above) compared to other organisation types. Ambulance trusts submitted an average of 38.1 cases per quarter in 2023/24, an increase from 29.8 cases in 2022/23.⁴

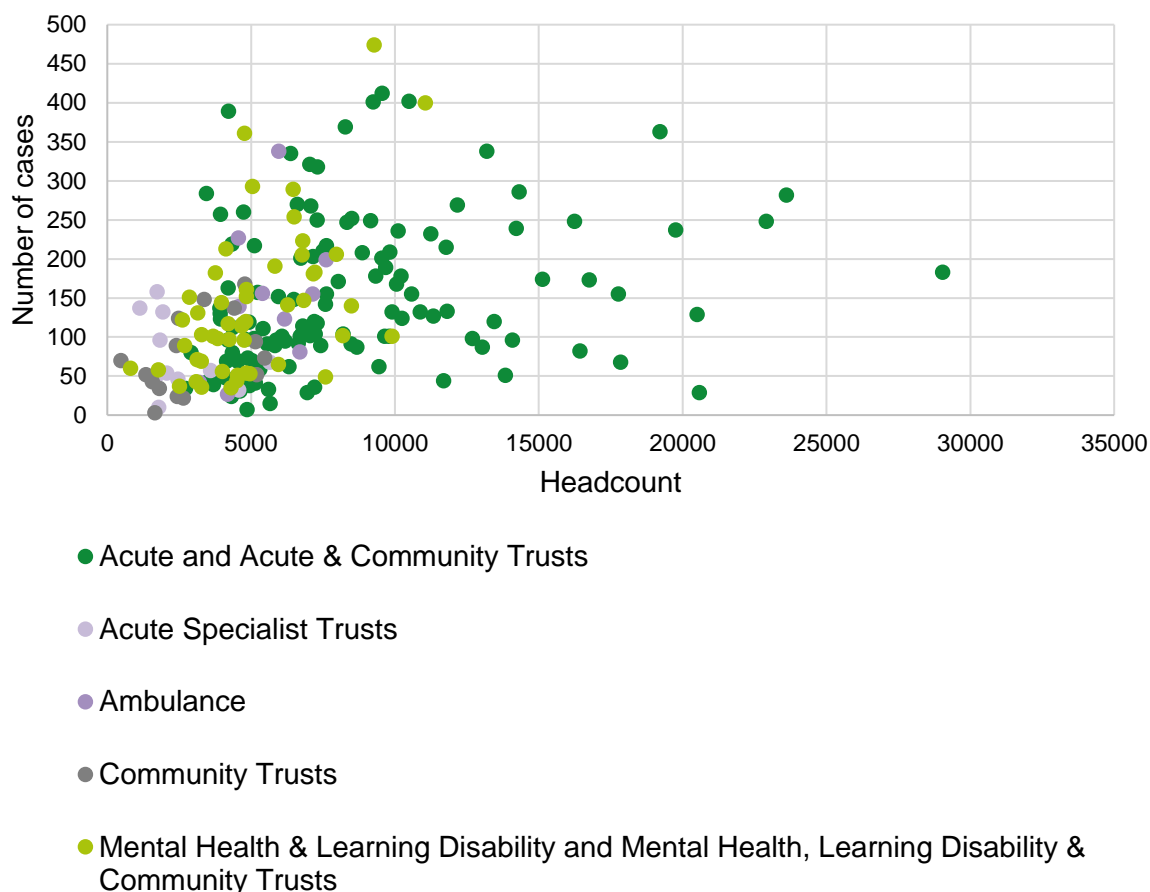


Figure 4. Headcount and total cases raised for NHS Trusts in 2023/24

There is a low relationship between the size of an organisation and the number of cases submitted (Figure 4, above), and organisations with a larger number of workers do not necessarily have more cases. There is more variability in how many cases the acute and acute & community trusts submit, while other sectors are more clustered together.

Acute specialist trusts had the highest average number of cases per 1,000 workers (33.0), while acute and acute & community trusts had the lowest average number of cases per 1,000 workers (17.5) (see Table 1, below).

⁴ In March 2023, the National Guardian’s Office published [Listening to Workers](#) – the report following its Speak Up review of NHS ambulance trusts in England. The increase in the number of cases raised with guardians suggests that our Speak Up review of ambulance trusts in England, published in February 2023, along with the resulting cultural improvement efforts, may have raised awareness of the guardians.

Sector	Average cases per 1,000 workers (headcount) (2023/24) ⁵
All Trusts	20.2
Acute and Acute & Community Trusts	17.5
Acute Specialist Trusts	33.0
Ambulance Trusts	26.8
Community Trusts	25.1
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	27.5

Table 1, Average cases per 1,000 workers by NHS sector

Other organisations

There was an increase in cases reported by organisations other than NHS trusts in 2023/24. Nine per cent (9.2%, or 2,963) of cases were from organisations which were not NHS trusts compared to nearly eight per cent (7.9% or 1,990) in 2022/23.

The largest portion of these cases were raised with Freedom to Speak Up guardians in independent healthcare providers (1,710 cases) (see Table 2, below), a 97 per cent increase from 867 cases in 2022/23. The remaining cases were raised with Freedom to Speak Up guardians across a range of organisation types: National bodies (including arm's-length bodies and regulators), integrated care systems and hospices.

Sector	Total cases submitted (2023/24)	Average cases per submission (2023/24)
Independent healthcare providers	1,710	5.8
National bodies	341	10.7
Integrated care systems (inc. Integrated care boards)	322	3.0
Primary care services	245	0.9
Hospices	203	0.9

Table 2. Average cases per submission for organisations other than NHS trusts

In 2023/24, 409 organisations other than NHS trusts submitted data for at least one quarter however they were still less likely to report data to the NGO, despite national guidance. A reluctance to submit figures can be for several reasons, from fear of identifying those that speak up in small organisations, to perceived reputational damage in commercial organisations that provide NHS services.

To combat this reticence, the National Guardian's Office publish only high-level, summary figures which are non-identifiable and emphasise that there is no optimum number of cases. A high or low number does not necessarily indicate a healthier speaking up culture. For example, a relatively high number of cases could be due to an organisation having invested more in raising awareness and its Freedom to

⁵ [NHS workforce statistics - NHS England Digital](#)

Speak Up Guardian route. Low numbers could be a sign of a culture where line managers deal with concerns swiftly and where learning, not blaming, is the norm.

We will work with Freedom to Speak Up guardians in organisations which are not trusts to support them in reporting this information and to better understand the barriers to reporting data.

By January 2024, Integrated Care Boards (ICBs) were expected to have guardian arrangements in place, however there are still seven (17%) ICBs without a registered guardian on the National Guardian's Office's directory. The National Guardian's Office will work with NHS England to improve compliance of Freedom to Speak Up arrangements in ICBs and will reach out to those organisations that do not yet have a guardian in place to see what support may be required.

Ratings

The Care Quality Commission (CQC) regulates and inspects many of the organisations with Freedom to Speak Up guardians, both NHS and independent providers. The CQC gives one of four ratings to services they regulate: outstanding, good, requires improvement, and inadequate.

On average, Freedom to Speak Up guardians in lower rated NHS trusts received more speaking up cases each quarter. This trend has been observed since 2019/20 (see Figure 5, below)

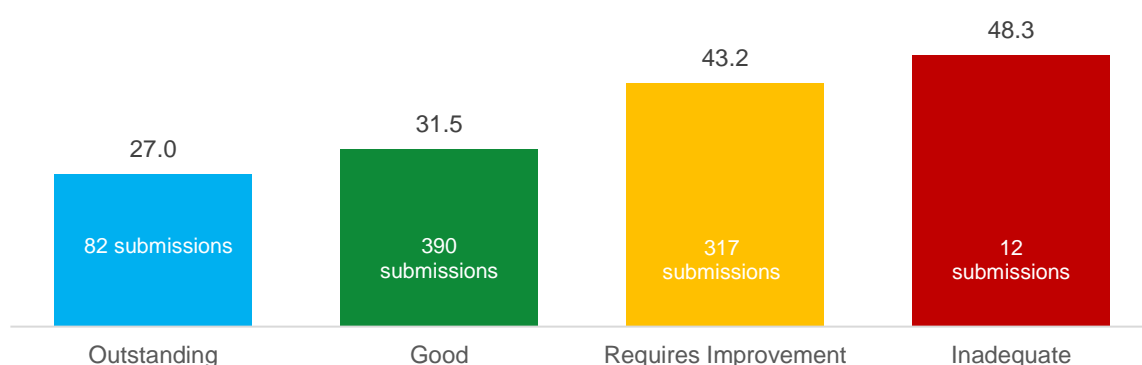


Figure 5 Average number of cases raised by NHS Trusts in 2023/24⁶ – by latest CQC overall rating⁷

Professional/Worker Groups

Registered nurses and midwives accounted for the biggest portion of cases (28.3%) raised with Freedom to Speak Up guardians in 2023/24(see figure 6, below). Data from NHS Digital⁸ showed that in February 2024, 27.9 per cent of workers in NHS hospital and community health services were registered nurses and midwives. While

⁶ A submission is a quarterly submission by a trust. In total, there were 805 submissions by NHS Trusts with CQC ratings. Data has been separated in this way due to some organisations not submitting data for all four quarters.

⁷ CQC ratings correct as of 10th April 2024

⁸ [NHS Workforce Statistics - February 2024 \(Including selected provisional statistics for March 2024\) - NHS England Digital](#)

these groups are not directly comparable, it suggests that the proportion of cases raised with guardians by this professional group is representative of their share of the workforce.

Administration and clerical staff accounted for the second largest portion of cases (21.3%, or 6,856 cases), a similar proportion to their share of the workforce (18.6%) in NHS hospital and community health services.

In last year’s annual data report⁹ we highlighted that additional clinical services (support to doctors, nurses & midwives, support to ambulance staff and support to scientific, therapeutic & technical staff) workers were potentially under-represented when examining the proportion each worker group that had raised cases with guardians. Encouragingly, in 2023/24, a greater proportion of cases were raised by this group this year (11.3%, or 3,632 cases up from 9.8% in 2022/23) (see Figure 6 below). Additional clinical services represent 21.2 per cent of the NHS workforce.¹⁰

Potentially of more concern is the smaller proportion of medical and dental workers (6.1%, or 1,955 cases) who are speaking up to Freedom to Speak Up guardians. This group represents 10.5 per cent of the NHS workforce, a higher proportion than those workers who are using their Freedom to Speak Up guardians as a route to speak up. The NHS Staff Survey 2023¹¹ also highlighted that medics confidence in speaking up has continued to deteriorate, particularly for raising clinical practice concerns and feeling that they will be addressed.

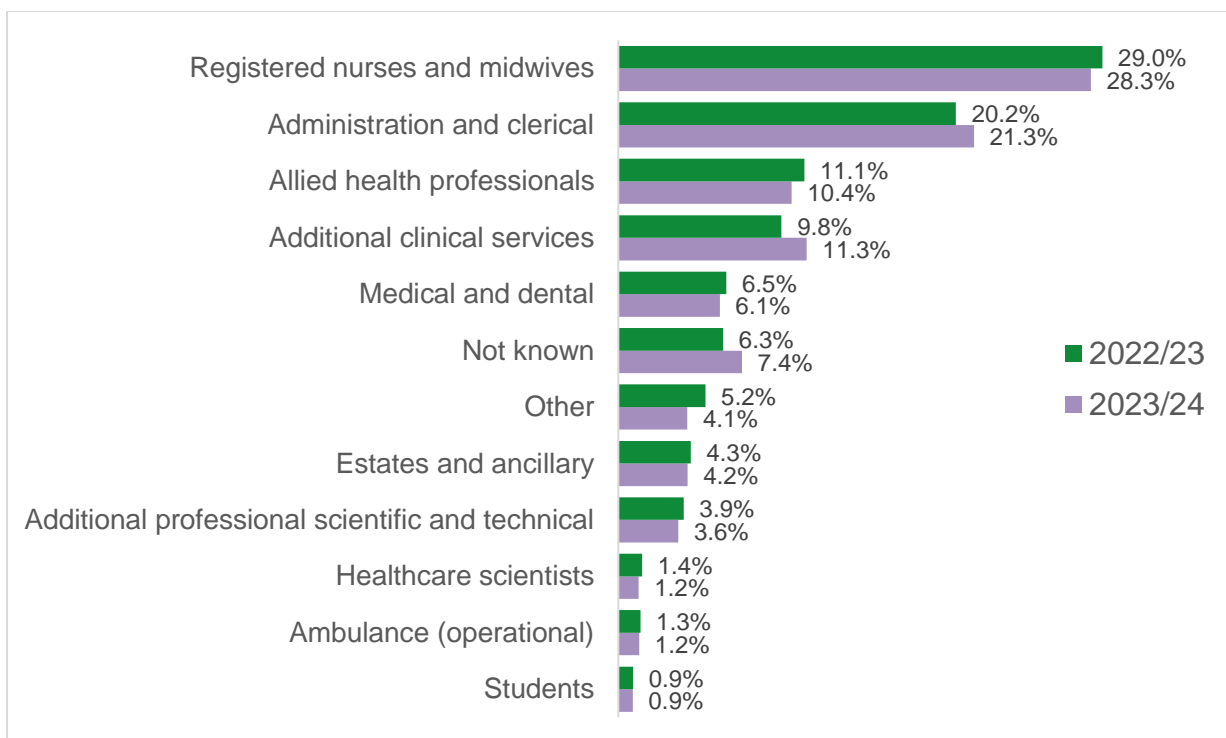


Figure 6, Proportion of cases raised by professional/worker group for 2022/23 and 2023/24

⁹ [202223-Annual-Data-Report.pdf \(nationalguardian.org.uk\)](https://www.nationalguardian.org.uk/2022/23-Annual-Data-Report.pdf)

¹⁰ [NHS Workforce Statistics - February 2024 \(Including selected provisional statistics for March 2024\) - NHS England Digital.](https://www.nhs.uk/workforce-statistics)

¹¹ [Working together to improve NHS staff experiences | NHS Staff Survey \(nhsstaffsurveys.com\)](https://www.nhs.uk/working-together-to-improve-nhs-staff-experiences)

How are workers speaking up to Freedom to Speak Up guardians?

People speak up openly, confidentially, or anonymously to their Freedom to Speak Up Guardian.

When workers speak up openly, their identity is known to all involved. Speaking up confidentially means the worker reveals their identity on the condition that it will not be disclosed further without their consent unless legally required. In contrast, no one knows their identity when someone speaks up anonymously.

Workers speaking up anonymously may be an indicator that speaking up arrangements or culture need improvement. For instance, workers may choose to speak up anonymously because they are concerned about detriment for speaking up.

Anonymous reporting

The percentage of cases raised anonymously with Freedom to Speak Up guardians in 2023/24 was 9.5 per cent (3,046 cases), similar to the 9.4 per cent (2,366 cases) in 2022/23. Before this, there was a downward trend from 2017/18, when 17.7 per cent of cases were anonymous (1,254 cases). However, this trend has levelled out since 2022/23 (see Figure 7, below).

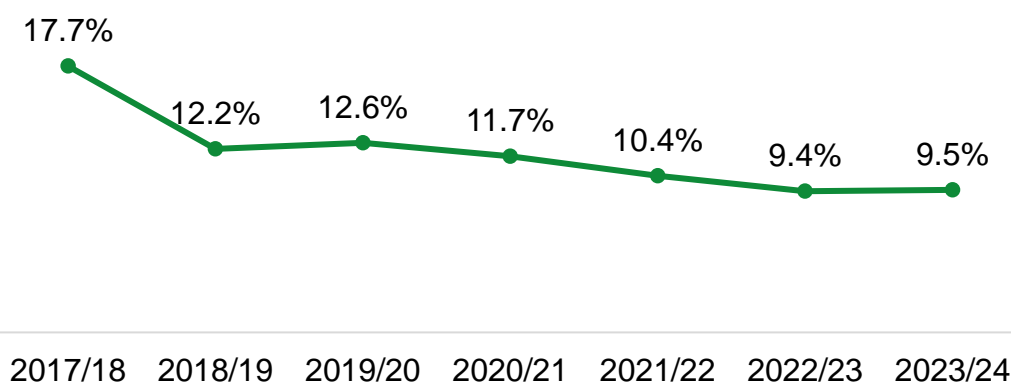


Figure 7. Proportion of cases reported anonymously by year

Some guardians told us about the introduction of new methods to support anonymous reporting such as an anonymous app, anonymous reporting and feedback forms. However, they also acknowledge the challenges for organisations in investigating anonymous cases due to limited information and the difficulty in providing feedback.

What are workers speaking up about?

Workers speak up to Freedom to Speak Up Guardians about a range of topics.

In 2023/24, cases were reported to the NGO against four categories: patient safety/quality, worker safety or wellbeing, inappropriate attitudes and behaviours and bullying or harassment. A case may include elements of more than one category. Guardians are asked to select all categories that apply for each case. Please see our Recording Cases and Reporting Data¹² guidance for further information on these categories. Guardians can and do record additional and more granular themes locally, as suitable for their organisation.

Of the 32,167 cases raised with Freedom to Speak Up guardians in 2023/24 cases involving an element of inappropriate behaviours and attitudes were most reported, followed by cases involving an element of worker safety or wellbeing (see Figure 8, below).

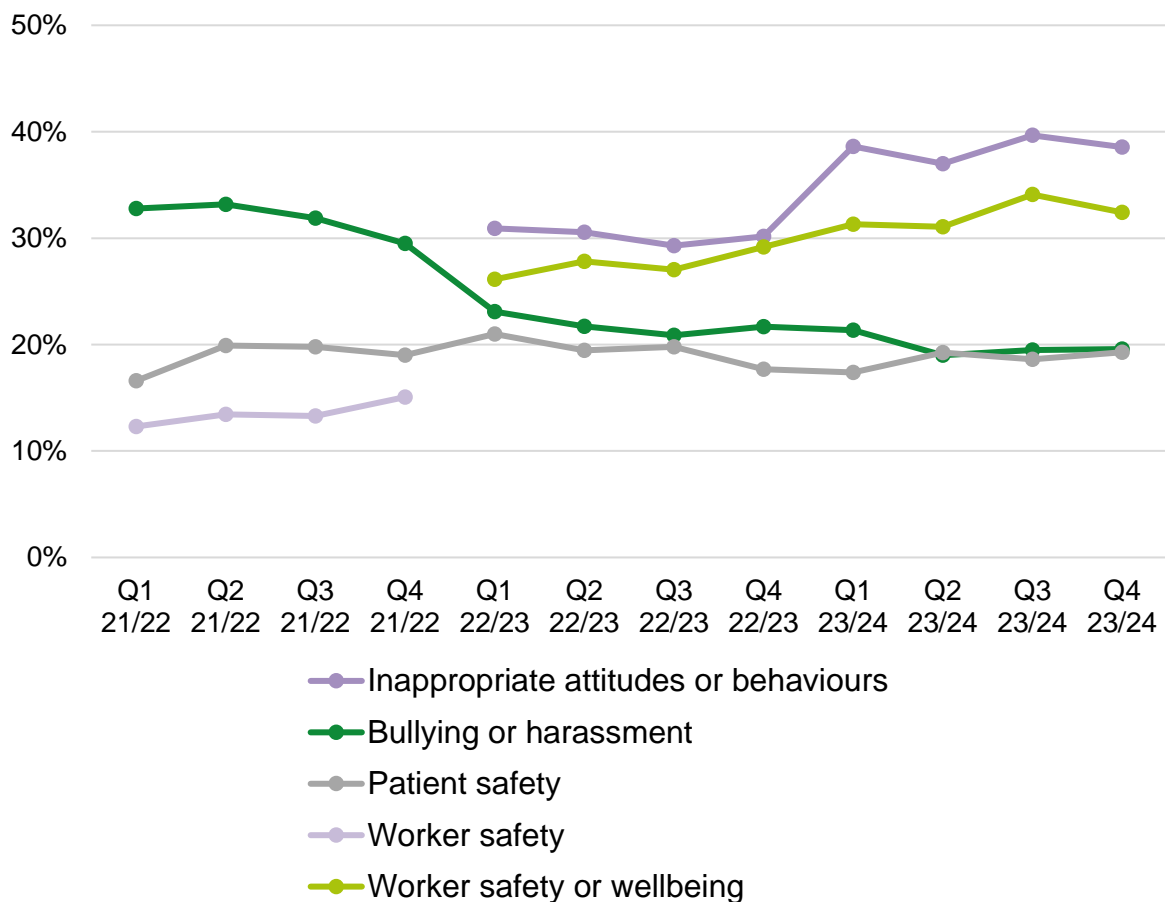


Figure 8. Percentage of cases raised with Freedom to Speak Up guardians – by quarter

¹²[Recording Cases and Reporting Data \(nationalguardian.org.uk\)](https://nationalguardian.org.uk) (February 2024)

Worker safety or wellbeing

The National Guardian's Office introduced a new reporting category of worker safety in 2021/22 and 14 per cent (13.5% or 2,757) of cases were reported against this category. The category was further amended to 'worker safety or wellbeing' in 2022/23 and 27 per cent of cases (27.6%, or 6,955 cases) were reported against this new category, more than double compared to the worker safety cases reported the previous year. It cannot be inferred if the increase was solely due to the inclusion of wellbeing cases or if there has also been an increase in the volume of worker safety cases. In 2023/24 this has increased again with a third of cases (32.3% or 10,404 cases) reported as including an element of worker safety or wellbeing.

Where guardians told us about the themes of cases pertaining to the worker safety and wellbeing category, staffing levels and increased workloads were the two most common. This reflects the known system pressures across the healthcare sector.

Freedom to Speak Up guardians also identified poor communication and incivility as other themes that can affect the wellbeing of staff.

In the 2023 NHS Staff Survey, over 50,000¹³ workers said they have been the target of at least one incident of unwanted behaviour of a sexual nature from patients and members of the public and 25,000 from colleagues. Furthermore, almost 80,000 workers said they had experienced physical violence and only 73.6 per cent of the incidents had been reported. Some guardians identified the need to tackle sexual safety and violence as key learning from speak up cases. Actions being taken by organisations included committing to NHS England's sexual safety charter¹⁴ and raising awareness of the impact of violence towards workers from patients¹⁵.

Patient safety and quality

In 2023/24, 19 per cent of cases (18.7% or 6,006 cases) involved an element of patient safety and quality, a similar proportion as reported in 2022/23 (19.4% or 4,893 cases).

Examples of cases that workers raised with Freedom to Speak Up guardians about patient safety or quality included:

- Staffing pressures; workloads, extended waiting lists
- Lack of medication and equipment
- Unsafe working practices
- Ineffective handovers at the end of shifts
- Unsafe supervision where too many new starters are working at one time
- Lack of mental health training for workers to be able to support patients with mental health conditions when they use acute services.

¹³ [Working together to improve NHS staff experiences | NHS Staff Survey \(nhsstaffsurveys.com\)](#)

¹⁴ [NHS England » Sexual safety in healthcare – organisational charter](#)

¹⁵ Guardians may record sexual safety cases against multiple reporting categories, bullying and harassment, worker safety or wellbeing, and inappropriate attitudes and behaviours. NGO guidance encourages guardians to be led by the perception of the person who is speaking up.

In the 2023 NHS Staff Survey, worker confidence in raising concerns about unsafe clinical practice was at its lowest since 2019¹⁶. The proportion of patient safety cases raised with guardians has remained consistent, making up about a fifth of all cases raised in NHS trusts (5,484, 18.8% in 2023/24) for the last four years. With confidence in raising clinical concerns declining, it is more important than ever that all workers know how to contact their Freedom to Speak Up Guardian if they feel they cannot speak up in other ways.

Inappropriate attitudes or behaviours

The National Guardian's Office introduced a new reporting category of inappropriate attitudes and behaviours in April 2022. In 2023/24 almost two fifths of cases (38.5% or 12,389) were reported against this category making it the most reported theme. This is an increase of 8 percentage points to 2022/23 when 30.2 per cent of cases (7,608) were reported.

Workers reported a range of behaviours to Freedom to Speak Up guardians under the inappropriate attitudes and behaviours category, including incivility, favouritism, shouting, swearing and belittling of workers. Cultural issues such as attitudes towards internationally educated nurses and discrimination towards protected characteristics were also raised with guardians in the last year.

Inappropriate attitudes and behaviours were reported about workers at all levels of organisations, including managers and leaders. In the 2023 NHS Staff Survey 9.1 per cent of respondents said they had personally experienced discrimination at work from managers, team leaders or other colleagues.

Many guardians also referred to the link between inappropriate attitudes and behaviours and the need for a wider culture change within their organisations.

Freedom to Speak Up guardians told us about local initiatives that have been launched to address inappropriate attitudes and behaviours, such as:

- Listening events
- Workshop on creating an inclusive workplace
- Joint working across departments
- Training: civility in the workplace¹⁷, cultural awareness, anti-racism, microaggression awareness, unconscious bias
- Strategies: Anti-racism strategies, cultural improvement plans, behavioural frameworks, zero tolerance policies.

Bullying or harassment

The proportion of cases reported to Freedom to Speak Up guardians under the category 'bullying or harassment' decreased in 2022/23 when the National Guardian's Office introduced the new reporting category of 'inappropriate attitudes and behaviours'.

¹⁶ [Working together to improve NHS staff experiences | NHS Staff Survey \(nhsstaffsurveys.com\)](#)

¹⁷ [Home | Civility Saves Lives](#)

Bullying and harassment cases have declined again this year. In 2023/24, 20 per cent of cases (19.8%, or 6,369) reported included an element of bullying or harassment, a two percentage point fall compared to 2022/23 (21.8%, or 5,491).

In the 2023 NHS Staff Survey only half (51.8%) of workers experiencing harassment, bullying or abuse at work¹⁸ said that themselves or a colleague had reported the incident, this is a small improvement from the 2022 survey where 49.8 per cent said that these incidents were reported.

Examples of bullying and harassment cases reported to Freedom to Speak Up guardians included intimidating behaviours, humiliation, discrimination, and inadequate support at work. There is large cross-over with the types of cases raised within the inappropriate attitudes and behaviours category because the National Guardian's Office guidance recommends a broad interpretation of bullying and harassment, with a focus on the perceptions of the person bringing the case.

Bullying and harassment cases, as for inappropriate attitudes and behaviours, were raised by workers about colleagues, managers and senior leaders. Guardians told us that many of the workforce relationship issues stemmed from poor communication and leadership, and that early intervention was key to resolution.

Other themes

Freedom to Speak Up guardians are asked to provide brief details of the main themes arising out of the cases raised with them. In most cases the main themes were aligned with the four reporting categories, however, some other themes were also identified.

Equality, diversity and inclusion (EDI)

Workers had raised cases with guardians about the lack of reasonable adjustments for workers with disabilities and other long-lasting health conditions, or the time taken to implement these adjustments. Equality between worker groups was also raised with a disparity in conditions between permanent and temporary staff being highlighted at one organisation.

Some guardians told us that training on EDI and unconscious bias had been rolled out in response to cases raised. Others recognised that more training is needed within their organisations to help raise awareness of protected characteristics. Specifically mentioned was the need for improved awareness of religious festivals, disabilities and neurodiversity.

Policies and processes

Many cases raised with guardians involve the perceived inconsistent application of policies and procedures, with reference to the transparency and fairness of

¹⁸ [Working together to improve NHS staff experiences | NHS Staff Survey \(nhsstaffsurveys.com\)](#) 25.2 per cent of workers had experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public, 9.9 per cent from managers and 17.7 per cent from other colleagues.

recruitment processes. Other policies that workers had raised issues about included flexible working policies, inductions and exit interviews.

Guardians noted that improved clarity around HR policies and processes may help to reduce the volume of HR issues being raised with Freedom to Speak Up guardians.

Detriment

Disadvantageous and/or demeaning treatment for speaking up (often referred to as 'detriment') may include being ostracised, given unfavourable shifts, being overlooked for promotion, or moved from a team. Freedom to Speak Up guardians told us that the fear of detriment remains a barrier to people speaking up and can stop people from raising issues with their managers. Some guardians gave examples of detriment that had occurred at their organisations, such as workers being intimidated for raising safety issues. Worker had left organisations due to detriment.

Detriment for speaking up was indicated in 4 per cent of cases (1,285 cases), the same as in 2022/23 (4.0%, 997 cases). Although the total numbers of cases indicating detriment has increased, the overall proportion of cases has stayed constant at 4 per cent. This is in part due to the increase in total number of cases submitted to Freedom to Speak Up guardians.

In 2021/22 the proportion of cases involving detriment had started to increase for the first time since Freedom to Speak Up guardians were established. This year the proportion has stayed the same as the previous year but remains higher than 2020/21 levels (3.1%) as shown in Figure 9, below.

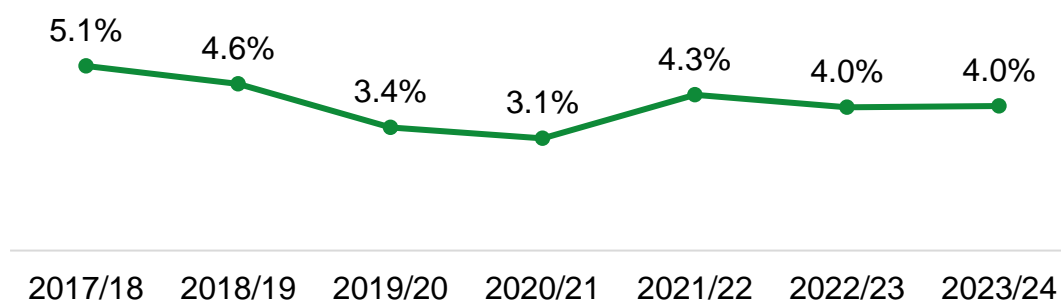


Figure 9. Proportion of cases that indicated detriment for speaking up – by financial year

The proportion of cases indicating detriment was highest in quarter two this year at 4.3 per cent (325 cases). This may be in part due to the high-profile reporting of the Lucy Letby case. Despite the negative experiences people had when speaking up, it highlighted the impact of not being listened to, and may have encouraged people to go to their Freedom to Speak Up Guardian despite previously fearing detriment.

Feedback

Feedback is an important part of the speaking up process. Feedback should be sought from workers about their speaking up experience. This feedback can then be used for learning and improvement within organisations.

Would you speak up again?

Freedom to Speak Up guardians ask those they support whether, given their experience, they would speak up again. In 2023/24, 8,441 feedback responses were received by guardians (see Table 14 in Annex).

In most cases where feedback was provided, workers answered 'Yes' (79.8%). This was slightly lower than previous years (83.2% in 2022/23 and 85.1% in 2021/22) (see Figure 10, below).

The proportion of respondents who answered Maybe (9.0%) and I don't know (8.5%) increased compared to the previous year (Maybe 7.5% in 2022/23 and I don't know 6.3% in 2022/23).

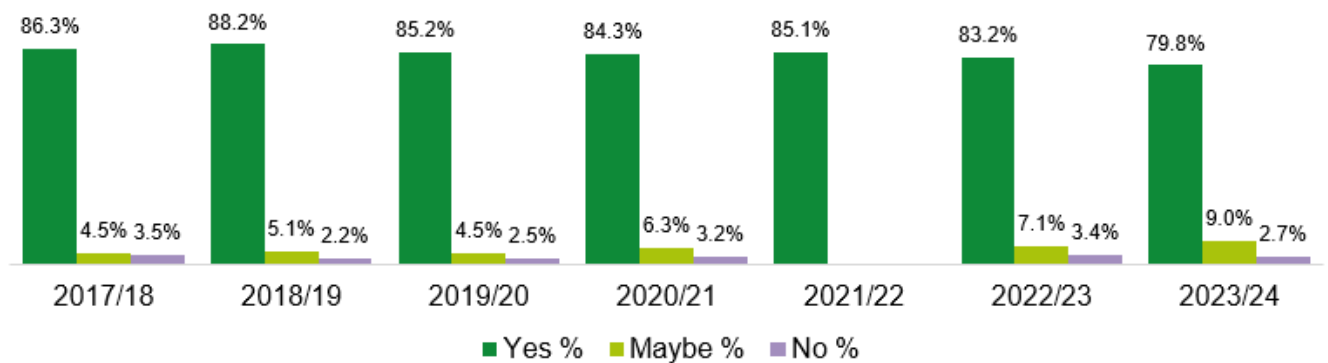


Figure 10. Proportion of workers that responded, yes, no, and maybe to 'Given your experience, would you speak up again?'¹⁹

Feedback themes

Feedback received from workers about their experiences of using the Freedom to Speak Up Guardian provision was overwhelmingly positive. Workers described feeling empowered after speaking up and said they would encourage others to use the Freedom to Speak Up service if they were struggling with raising a concern.

"They found the process helpful, the service approachable and allowed them the thinking space to be able to make good decisions and tackle future concerns on their own."

- Worker feedback

¹⁹ Figures for No and Maybe are not available for 2021/22

However, there was a sense of futility in many of the comments, with frustration with outcomes and lack of feedback from the organisation being a theme. The importance of listening up was emphasised with the need for effective communication featuring strongly in learning comments.

“There is an increase in exit interviews being asked for to allow staff on leaving to raise concerns that they feel would otherwise be ignored.”

- Freedom to Speak Up Guardian

Listening Up

Workers reported feeling listened to and supported by Freedom to Speak Up guardians, however, some people who said that they would not speak up again were unhappy with the outcomes because responses from managers were ineffective or change did not happen. All of this gave a sense that some workers felt speaking up was futile and their concerns would not be heard.

“The support of the guardian is an essential starting point to understand the concerns but the active listening from managers is more important. Listening up is key and needs to be strengthened.”

- Freedom to Speak Up Guardian

In some instances, workers had already raised concerns through other internal routes, but these had not been listened to or actioned in a timely manner. Guardians reported that poor communication from line managers regularly played a part in concerns being brought to guardians as an alternative route to speak up. Some workforce relationship issues also stemmed from poor communication from managers, with early intervention being identified as key to resolution, particularly for behavioural issues.

Better support and training must be available for managers to give them confidence to have difficult conversations and the skillset to listen up and resolve team conflicts more effectively. There is a need for listening up to be further embedded and understood by both managers and leaders²⁰.

One guardian acknowledged that involving the Executive Team while promoting Speak Up month had been successful in going some way to addressing workers' feelings that speaking up was futile.

“Staff want leaders to be more proactive in dealing with cases where issues are brought to their attention.”

- Freedom to Speak Up Guardian

²⁰ [Training - National Guardian's Office](#) – The National Guardian's Office have developed Listen Up training for managers at all levels

Case handling

Where workers' cases had been listened to, taken seriously, and were investigated, it was crucial that processes happened in a timely way and people were kept informed. There was a fear about taking a case further and entering a formal process.

Cultural concerns can be difficult to resolve through transactional, formal processes and cannot be treated the same as standard concerns. Instead, informal ways of addressing broader concerns should be used and in a timely manner, with a focus on communication over procedure.

“HR processes are taking too long and create unnecessary stress for individuals involved”

- Freedom to Speak Up
Guardian

One guardian noted that standardised processes were not always the best way to proceed with cases, for example, not always defaulting to mediation for resolution of behavioural issues. However, others noted that there can be huge variance in the way speak up concerns are received and responded to, which can create unnecessary follow up and admin for the guardian.

Some cases can be difficult to progress, especially if multiple people or organisational processes are involved. Guardians said that this was a known issue but can be difficult to improve whilst maintaining confidentiality across processes.

A guardian's role is person-centred and requires strong partnership working at all levels within an organisation to identify appropriate contacts and escalation routes as sources of support for anything that might be spoken up about.

Next steps

As the National Guardian's Office, we will continue to amplify the voices of workers and showcase the hard work and indispensable role of guardians. We will do so with the new government, with whom we have shared this report, and we look forward to discussing what we need to do to improve the Speak Up culture in the NHS.

The following are further specific steps we will be taking:

1. We will use the findings from the 2023/24 Freedom to Speak Up data to identify areas where further work is needed to better inform the national speaking up landscape. This will include, but is not limited to, engaging with:
 - a. Freedom to Speak Up Guardians to better understand how feedback is being sought from workers that speak up and how response rates could be improved
 - b. Medical and Dental workers through engagement with their professional bodies to better understand what may be causing the reduction in confidence in speaking up across this group and improve their engagement with Freedom to Speak Up guardians
 - c. Organisations that are not submitting data to better understand what the barriers to submission are.
2. We will continue to upload NHS Trust data to the Model Health System. We will also hold a learning event on the use of the Model Health System for guardians in 2024/25.
3. The National Guardian's Office are launching a new data collection system in 2025/26. In the next year this will give us an opportunity to work with Freedom to Speak Up guardians and other stakeholders to review the quality of the information that we collect and identify areas for improvement. This will include examining:
 - a. Clarity of current reporting categories
 - b. Potential to collect additional data which could further illustrate the impact of Freedom to Speak Up guardians and that can inform us about equality, diversity and inclusion
 - c. How we report the data that we collect (including suppression of small numbers and benchmarking).
4. Data is essential for informed decision making, allowing leaders to analyse trends, identify opportunities and mitigate risks. The effective use of data also promotes a culture of transparency, providing visibility into overall performance and culture of the organisation. We will work with leadership teams to support them to effectively use their organisation's data. This includes through:
 - a. Board and leadership development sessions
 - b. A webinar for guardians on the effective use of data.

5. We will work with regulators to:
 - a. Review our processes for organisations that are not submitting data to support them to do so consistently
 - b. Regularly educate regulatory staff in how to use data to better understand what a good speaking up culture looks like.
6. We will also use learning and feedback captured through the data collection to shine a light on the importance of listening up during Speak Up month in October 2024.

This report is more than an overview of speaking up data. It is a strong call to all leaders to listen and take action; to ensure that every worker feels safe to speak up and confident that their concerns will be addressed. Our healthcare system and the safety and quality of the care it delivers depends on our ability to listen and respond effectively to all voices: workers (the focus of this report) as well as patients, families and carers.

Annex

Table 3. Overall figures

Quarter	Number of cases raised with Freedom to Speak Up Guardians, as reported to the NGO
Total 2017/18	7,087
Q1 (Apr – Jun 2017)	1,447
Q2 (Jul – Sep 2017)	1,515
Q3 (Oct – Dec 2017)	1,939
Q4 (Jan – Mar 2018)	2,186
Total 2018/19	12,244
Q1 (Apr – Jun 2018)	2,500
Q2 (Jul – Sep 2018)	2,651
Q3 (Oct – Dec 2018)	3,634
Q4 (Jan – Mar 2019)	3,459
Total 2019/20	16,199
Q1 (Apr – Jun 2019)	3,531
Q2 (Jul – Sep 2019)	3,764
Q3 (Oct – Dec 2019)	4,486
Q4 (Jan – Mar 2020)	4,418
Total 2020/21	20,388
Q1 (Apr – Jun 2020)	5,212
Q2 (Jul – Sep 2020)	4,927
Q3 (Oct – Dec 2020)	5,334
Q4 (Jan – Mar 2021)	4,915
Total 2021/22	20,362
Q1 (Apr – Jun 2021)	4,876
Q2 (Jul – Sep 2021)	4,557
Q3 (Oct – Dec 2021)	5,705
Q4 (Jan – Mar 2022)	5,224
Total 2022/23	25,209
Q1 (Apr – Jun 2022)	5,488
Q2 (Jul – Sep 2022)	6,146
Q3 (Oct – Dec 2022)	6,947
Q4 (Jan – Mar 2023)	6,628
Total 2023/24	32,167
Q1 (Apr – Jun 2023)	6,836
Q2 (Jul – Sep 2023)	7,548
Q3 (Oct – Dec 2023)	9,138
Q4 (Jan – Mar 2024)	8,645

Table 4. Comparison by size of organisation

Size	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Small (less than 5,000 staff)	3,088	5,450	7,003	7,097	6,391	6,302	7,839
Medium (5,000 to 10,000 staff)	2,960	5,100	7,004	9,860	9,835	13,048	15,244
Large (more than 10,000 staff)	1,039	1,648	2,117	3,147	3,567	5,833	9,071
Not Set	-	46	75	234	569	26	13
Total	7,087	12,244	16,199	20,388	20,362	25,209	32,167

Table 5. Comparison by type of organisation

Type	2019/20	2020/21	2021/22	2022/23	2023/24
NHS trusts	16,032	19,560	19,122	23,219	29,204
Other organisations	167	828	1,240	1,990	2,963
Total	16,199	20,388	20,362	25,209	32,167

Table 6. Comparison by CQC ratings

Rating	2017/18	2018/19	2019/20	2020/21	2021/22*	2022/23	2023/24
Outstanding	626	1,331	1,511	2,390	-	2,811	2,357
Good	3,057	5,199	9,078	10,403	-	12,402	12,646
Requires Improvement	3,103	5,414	5,271	6,333	-	7,133	13,716
Inadequate	297	300	264	459	-	882	579
Unknown/Not regulated by CQC/No rating	4	-	75	803	-	1,981	2,869
Total	7,087	12,244	16,199	20,388	20,362	25,209	32,167

*Ratings comparison was not calculated in 2021/22

Table 7. Cases by professional group (2023/24)

Professional group	2022/23 Cases	2022/23 %	2023/24 Cases	2023/24 %
Additional clinical services	2,465	9.8%	3,632	11.3%
Additional professional scientific and technical	988	3.9%	1,154	3.6%
Administration and Clerical	5,099	20.2%	6,856	21.3%
Allied Health Professionals	2,809	11.1%	3,342	10.4%
Ambulance (operational)	334	1.3%	400	1.2%
Estates and ancillary	1,093	4.3%	1,335	4.2%
Healthcare Scientists	357	1.4%	391	1.2%
Medical and Dental	1,631	6.5%	1,955	6.1%

Registered nurses and midwives	7,313	29.0%	9,109	28.3%
Students	222	0.9%	278	0.9%
Not known	1,583	6.3%	2,385	7.4%
Other	1,315	5.2%	1,330	4.1%
Total	25,209	-	32,167	-

Table 8. Anonymous cases

Quarter	Numbers recorded	% of cases reported
Total 2017/18	1,254	18%
Q1 (Apr – Jun 2017)	266	18%
Q2 (Jul – Sep 2017)	292	19%
Q3 (Oct – Dec 2017)	308	16%
Q4 (Jan – Mar 2018)	388	18%
Total 2018/19	1,491	12%
Q1 (Apr – Jun 2018)	285	11%
Q2 (Jul – Sep 2018)	254	10%
Q3 (Oct – Dec 2018)	436	12%
Q4 (Jan – Mar 2019)	516	15%
Total 2019/20	2,037	13%
Q1 (Apr – Jun 2019)	449	13%
Q2 (Jul – Sep 2019)	510	14%
Q3 (Oct – Dec 2019)	516	12%
Q4 (Jan – Mar 2020)	562	13%
Total 2020/21	2,379	11.7%
Q1 (Apr – Jun 2020)	644	12.4%
Q2 (Jul – Sep 2020)	634	12.9%
Q3 (Oct – Dec 2020)	532	10.0%
Q4 (Jan – Mar 2021)	569	11.6%
Total 2021/22	2,120	10.4%
Q1 (Apr – Jun 2021)	532	10.9%
Q2 (Jul – Sep 2021)	451	9.9%
Q3 (Oct – Dec 2021)	674	11.8%
Q4 (Jan – Mar 2022)	463	8.9%
Total 2022/23	2,366	9.4%
Q1 (Apr – Jun 2022)	607	11.1%
Q2 (Jul – Sep 2022)	613	10.0%
Q3 (Oct – Dec 2022)	599	8.6%
Q4 (Jan – Mar 2023)	547	8.3%
Total 2023/24	3,046	9.5%
Q1 (Apr – Jun 2023)	643	9.4%
Q2 (Jul – Sep 2023)	682	9.0%
Q3 (Oct – Dec 2023)	880	9.6%
Q4 (Jan – Mar 2024)	841	9.7%

Table 9. Patient safety/quality cases

Quarter	Numbers recorded	% of cases reported
Total 2017/18	2,266	32%
Q1 (Apr – Jun 2017)	464	32%
Q2 (Jul – Sept 2017)	529	35%
Q3 (Oct – Dec 2017)	614	32%
Q4 (Jan – Mar 2018)	659	30%
Total 2018/19	3,523	29%
Q1 (Apr – Jun 2018)	772	31%
Q2 (Jul – Sep 2018)	811	31%
Q3 (Oct – Dec 2018)	992	27%
Q4 (Jan – Mar 2019)	948	27%
Total 2019/20	3,732	23%
Q1 (Apr – Jun 2019)	860	24%
Q2 (Jul – Sep 2019)	985	26%
Q3 (Oct – Dec 2019)	996	22%
Q4 (Jan – Mar 2020)	891	20%
Total 2020/21	3,668	18.0%
Q1 (Apr – Jun 2020)	973	18.7%
Q2 (Jul – Sep 2020)	931	18.9%
Q3 (Oct – Dec 2020)	948	17.8%
Q4 (Jan – Mar 2021)	816	16.6%
Total 2021/22	3,838	18.8%
Q1 (Apr – Jun 2021)	809	16.6%
Q2 (Jul – Sep 2021)	907	19.9%
Q3 (Oct – Dec 2021)	1,129	19.8%
Q4 (Jan – Mar 2022)	993	19.0%
Total 2022/23	4,893	19.4%
Q1 (Apr – Jun 2022)	1152	21.0%
Q2 (Jul – Sep 2022)	1195	19.4%
Q3 (Oct – Dec 2022)	1374	19.8%
Q4 (Jan – Mar 2023)	1172	17.7%
Total 2023/24	6,006	18.7%
Q1 (Apr – Jun 2023)	1,188	17.4%
Q2 (Jul – Sep 2023)	1,452	19.2%
Q3 (Oct – Dec 2023)	1,700	18.6%
Q4 (Jan – Mar 2024)	1,666	19.3%

Table 10. Worker safety or wellbeing cases²¹

Quarter	Numbers recorded	% of cases reported
Total 2021/22	2,757	13.5%
Q1 (Apr – Jun 2021)	600	12.3%
Q2 (Jul – Sep 2021)	612	13.4%
Q3 (Oct – Dec 2021)	758	13.3%
Q4 (Jan – Mar 2022)	787	15.1%
Total 2022/23	6,955	27.6%
Q1 (Apr – Jun 2022)	1,434	26.1%
Q2 (Jul – Sep 2022)	1,709	27.8%
Q3 (Oct – Dec 2022)	1,879	27.0%
Q4 (Jan – Mar 2023)	1,933	29.2%
Total 2023/24	10,404	32.3%
Q1 (Apr – Jun 2023)	2140	31.3%
Q2 (Jul – Sep 2023)	2346	31.1%
Q3 (Oct – Dec 2023)	3116	34.1%
Q4 (Jan – Mar 2024)	2802	32.4%

Table 11. Bullying or harassment cases

Quarter	Numbers recorded	% of cases reported
Total 2017/18	3,206	45.0%
Q1 (Apr – Jun 2017)	566	39.0%
Q2 (Jul – Sept 2017)	630	42.0%
Q3 (Oct – Dec 2017)	929	48.0%
Q4 (Jan – Mar 2018)	1,081	49.0%
Total 2018/19	4,969	41.0%
Q1 (Apr – Jun 2018)	1,046	42.0%
Q2 (Jul – Sep 2018)	1,104	42.0%
Q3 (Oct – Dec 2018)	1,489	41.0%
Q4 (Jan – Mar 2019)	1,330	38.0%
Total 2019/20	5,813	36.0%
Q1 (Apr – Jun 2019)	1,373	39.0%
Q2 (Jul – Sep 2019)	1,364	36.0%
Q3 (Oct – Dec 2019)	1,631	36.0%
Q4 (Jan – Mar 2020)	1,445	33.0%
Total 2020/21	6,131	30.1%
Q1 (Apr – Jun 2020)	1,456	27.9%
Q2 (Jul – Sep 2020)	1,563	31.7%
Q3 (Oct – Dec 2020)	1,636	30.7%
Q4 (Jan – Mar 2021)	1,476	30.0%
Total 2021/22	6,471	31.8%
Q1 (Apr – Jun 2021)	1,599	32.8%

²¹ Wellbeing added to reporting category in 2022/23

Q2 (Jul – Sep 2021)	1,512	33.2%
Q3 (Oct – Dec 2021)	1,819	31.9%
Q4 (Jan – Mar 2022)	1,541	29.5%
Total 2022/23	5,491	21.8%
Q1 (Apr – Jun 2022)	1,268	23.1%
Q2 (Jul – Sep 2022)	1,335	21.7%
Q3 (Oct – Dec 2022)	1,451	20.9%
Q4 (Jan – Mar 2023)	1,437	21.7%
Total 2023/24	6,369	19.8%
Q1 (Apr – Jun 2023)	1460	21.4%
Q2 (Jul – Sep 2023)	1434	19.0%
Q3 (Oct – Dec 2023)	1782	19.5%
Q4 (Jan – Mar 2024)	1693	19.6%

Table 12. Inappropriate attitudes or behaviours cases

Quarter	Numbers recorded	% of cases reported
Total 2022/23	7,608	30.2%
Q1 (Apr – Jun 2022)	1,696	30.9%
Q2 (Jul – Sep 2022)	1,878	30.6%
Q3 (Oct – Dec 2022)	2,035	29.3%
Q4 (Jan – Mar 2023)	1,999	30.2%
Total 2023/24	12,389	38.5%
Q1 (Apr – Jun 2023)	2 639	38.6%
Q2 (Jul – Sep 2023)	2 793	37.0%
Q3 (Oct – Dec 2023)	3 624	39.7%
Q4 (Jan – Mar 2024)	3 333	38.6%

Table 13. Cases involving perceived detriment

Quarter	Numbers recorded	% of cases reported
Total 2017/18	361	5.0%
Q1 (Apr – Jun 2017)	97	7.0%
Q2 (Jul – Sept 2017)	72	5.0%
Q3 (Oct – Dec 2017)	100	5.0%
Q4 (Jan – Mar 2018)	92	4.0%
Total 2018/19	564	5.0%
Q1 (Apr – Jun 2018)	117	5.0%
Q2 (Jul – Sep 2018)	133	5.0%
Q3 (Oct – Dec 2018)	177	5.0%
Q4 (Jan – Mar 2019)	137	4.0%
Total 2019/20	544	3.0%
Q1 (Apr – Jun 2019)	133	4.0%
Q2 (Jul – Sep 2019)	122	3.0%
Q3 (Oct – Dec 2019)	161	4.0%

Q4 (Jan – Mar 2020)	128	3.0%
Total 2020/21	632	3.1%
Q1 (Apr – Jun 2020)	143	2.7%
Q2 (Jul – Sep 2020)	136	2.8%
Q3 (Oct – Dec 2020)	180	3.4%
Q4 (Jan – Mar 2021)	173	3.5%
Total 2021/22	856	4.2%
Q1 (Apr – Jun 2021)	179	3.7%
Q2 (Jul – Sep 2021)	192	4.2%
Q3 (Oct – Dec 2021)	256	4.5%
Q4 (Jan – Mar 2022)	229	4.4%
Total 2022/23	997	4.0%
Q1 (Apr – Jun 2022)	216	3.9%
Q2 (Jul – Sep 2022)	196	3.2%
Q3 (Oct – Dec 2022)	342	4.9%
Q4 (Jan – Mar 2023)	243	3.7%
Total 2023/24	1,285	4.0%
Q1 (Apr – Jun 2023)	264	3.9%
Q2 (Jul – Sep 2023)	325	4.3%
Q3 (Oct – Dec 2023)	358	3.9%
Q4 (Jan – Mar 2024)	338	3.9%

Table 14. Feedback received, responses to 'would you speak up again?'

Quarter	Feedback received	Yes	No	Maybe	Don't Know
Total 2022/23	7,204	5,995	244	512	453
% of total	-	83.2%	3.4%	7.1%	6.3%
Q1 (Apr – Jun 2022)	1,626	1,357	59	118	92
Q2 (Jul – Sep 2022)	1,792	1,529	52	125	86
Q3 (Oct – Dec 2022)	1,991	1,662	84	156	89
Q4 (Jan – Mar 2023)	1,795	1,447	49	113	186
Total 2023/24	8,441	6,734	231	759	717
% of total	-	79.8%	2.7%	9.0%	8.5%
Q1 (Apr – Jun 2023)	1,753	1,349	51	135	218
Q2 (Jul – Sep 2023)	1,939	1,593	70	94	182
Q3 (Oct – Dec 2023)	2,416	1,863	62	278	213
Q4 (Jan – Mar 2024)	2,333	1,929	48	252	104



Meeting Title	Trust Board – public meeting	Date: 29.11.2024
Report Title	Integrated Performance Report	Agenda Item: 11
Executive lead	Jonathan Gardner, Chief Strategy, Digital and Improvement Officer	
Report Owner	Paul Attwal, Head of Performance, Jennifer Marlow, Performance Manager	
Executive Summary	<p>Board members should note that all metrics are shown in summary, but only certain measures have been highlighted for further analysis and explanation based on their trajectory, importance, and assurance.</p> <p>Infection Prevention and Control During October 2024, there were 4 HCAI C Difficile infections bringing the total to 14 against a target of less than 22 for the year (April 2024 – March 2025). There were no MRSA Bacteraemia in October 2024</p> <p>Emergency Care Flow During October 2024, performance against the 4-hour access standard was 73.7%, which is lower than the NCL average of 74.2% and the London average of 75% but is above the national average of 73%. There were 340 12-hour trolley breaches in October 2024. <i>*12-hour trolley breaches show the numbers of patients who waited longer than 12 hours to be admitted to the ward following a decision to admit (DTA)</i></p> <p>Cancer 28 Day Faster Diagnosis was at 71.6% in September 2024 against the standard of 75%. This is an improvement of 5% compared to 66.6% in August 2024. 31-days to First and Subsequent Treatment performance was at 100% for September 2024 against a target of 96%. This is an improvement of 2.2% compared to 97.8% in August 2024 62-day Combined Treatments performance was at 61.8% for September 2024 against a target of 85%. This is a worsening 1.9% compared to 63.7% in August 2024. At the end of October 2024, the Trusts position against the 62-day backlog was 72 patients.</p> <p>Referral to Treatment: 52+ Week Waits Performance against 18-week standard for October 2024 was 64.3%, this is an improvement of 2.2% from September's performance of 62.1%. The Trust position against the 52-week performance has worsened from 316 patients waiting more than 52-weeks for treatment in September 2024 to 349 in October 2024. The Trust had 24 patients waiting over 65 weeks and 0 patients waiting over 78-weeks at the end of October 2024.</p>	

	<p>Complaints Complaints Responded to Within 25 or 40 Working Days has improved from 70% in September 2024, to 74.2% in October 2024, but remains below the required standard of 80%. The Complaints Team continue to work closely with the Divisions to support with the completion of these and all complaint investigations.</p> <p>Workforce Appraisal rates for October 2024 were at 78%, this is a worsening of 1.2% from September's performance of 79.2%. Work continues to support service areas to improve overall compliance.</p> <p>Additional information around budget workforce shows stronger grip around management of staffing numbers.</p>
Purpose:	Review and assurance of Trust performance compliance
Recommendation	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; People 1; and, People 2.
Report history	Trust Management Group

Whittington Health NHS Trust

Performance Report

November 2024
Month 7 (2024-2025)



Community - Performance Dashboard

Indicator	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	2024-2025	Activity
IAPT Moving to Recovery	50.0%	45.2%	52.5%	48.1%	51.9%	54.9%	49.2%	48.1%	56.9%	54.2%	49.5%	48.4%		51.0%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	90.4%	96.6%	91.9%	93.8%	93.0%	95.7%	94.4%	94.6%	95.0%	94.4%	96.9%		95.2%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	74.8%	72.0%	83.3%	84.7%	75.6%	87.4%	78.7%	79.6%	88.1%	72.7%	76.6%	77.6%	80.6%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	94.1%	83.3%	76.1%	88.2%	85.4%	84.2%	90.0%	100.0%	100.0%	91.7%	100.0%	92.3%	92.5%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	73.9%	70.4%	70.3%	71.3%	72.8%	43.8%	76.3%	72.4%	69.9%	78.3%	87.3%	71.8%	71.8%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	95.3%	88.9%	91.5%	90.3%	83.1%	53.6%	84.1%	83.5%	93.1%	95.4%	90.9%	90.4%	86.6%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	50.0%	50.0%	100.0%	80.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	
Hackney Smoking Cessation: % who set quit date & stopped after 4 weeks	>45%		56.1%			54.5%									

Community Performance Dashboard

All services for October continue to meet and exceeded their established targets, with the exception of IAPT, where reporting is delayed by one month.

IAPT performance is currently below target; however, the year-to-date average remains above target, reflecting overall compliant performance. Efforts are being made to address the current shortfall and ensure that the service stays on track to meet annual objectives.

Adult Community - Waiting Times

Indicator (Routine Appointments)	Target	Target Weeks	Aug-24	Sep-24	Oct-24	Average Wait (Latest Month)	No. of Patients Seen
Community Matron	>95%	6	100.0%	97.3%	100.0%	1.3	20
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.5	80
Community Rehabilitation (CRT)	>95%	12	53.8%	66.7%	60.8%	19.6	51
ICTT - Other	>95%	12	98.3%	93.2%	81.1%	10.3	217
ICTT - Stroke and Neuro	>95%	12	15.4%	7.7%	18.8%	18.3	16
Home-based Intermediate Care Service	>95%		62.2%	62.2%	63.5%	4.6	52
Paediatric Wheelchair Service	>95%	8	75.0%	100.0%	66.7%	6.4	3
Bladder and Bowel - Adult	>95%	12	55.5%	79.3%	71.4%	10.1	220
Musculoskeletal Service - CATS	>95%	6	37.2%	36.9%	35.7%	10.4	613
Musculoskeletal Service - Routine	>95%	6	40.3%	38.7%	39.9%	9.7	1523
Nutrition and Dietetics	>95%	6	96.6%	94.9%	90.8%	3.2	142
Podiatry (Foot Health)	>95%	6	22.4%	25.9%	26.2%	12.3	515
Lymphoedema Care	>95%	6	68.0%	60.0%	45.5%	6.9	22
Tissue Viability	>95%	6	100.0%	100.0%	100.0%	1.1	63
Cardiology Service	>95%	6	100.0%	100.0%	98.9%	1.7	93
Diabetes Service	>95%	6	94.4%	91.7%	98.2%	3.9	113
Respiratory Service	>95%	6	100.0%	85.7%	96.9%	2.8	64
Spirometry Service	>95%	6	100.0%	100.0%	98.6%	2.3	72
Integrated MDT	>95%	6	88.7%	91.1%	97.5%	1.7	200
Self-Management	>95%	6	38.5%	71.0%	69.4%	4.0	36
Covid	>95%	6	95.5%	93.8%	96.3%	2.1	27
Indicator (Urgent Appointments)							
Adult Wheelchair Service	>95%	2	100.0%		100.0%	0.4	6
Community Rehabilitation (CRT)	>95%	2	52.2%	32.4%	45.5%	19.9	33
ICTT - Other	>95%	2	4.5%	3.4%	0.0%	8.6	14
ICTT - Stroke and Neuro	>95%	2	25.0%	33.3%	16.7%	3.9	12
Home-based Intermediate Care Service	>95%	2	86.8%	84.2%	87.8%	1.6	98
Musculoskeletal Service - CATS	>95%	2	68.8%	50.0%	47.8%	2.1	23
Musculoskeletal Service - Routine	>95%	2	61.9%	30.7%	26.7%	3.0	146

Adult Community Waiting Times

Podiatry: The department continues to face high demand for its services. Initiatives such as slot filling and Patient-Initiated Follow-Up (PIFU) are helping to gradually reduce waiting times. However, an increase in referrals has led to a growing number of new patients requiring care, alongside the need to manage routine follow-up appointments. These pressures are compounded by long-term staff absences, which have further challenged the team's capacity to meet demand effectively.

Bladder and Bowel Service: The service remains fragile, but recovery efforts are making strong progress. Target achievement has significantly improved, rising from 54.8% to 71.4%. Active implementation of recovery plans is ongoing, with a focus on further stabilising the service and enhancing its overall performance.

ICTT Stroke and Neuro/ICTT Other: Performance across stroke and neuro services remains below expectations, primarily due to long-term vacancies and persistent performance management challenges. However, all vacant positions have now been successfully filled, and efforts to redesign the service delivery model are actively underway, aiming to drive significant improvements in overall performance.

Islington Community Rehab (IILT Stroke and Neuro): Recovery rates for Occupational Therapy (OT) and Physiotherapy (PT) remain slow. However, Speech and Language Therapy (SLT) has shown notable improvement, supported by short-term assistance from agency staff. To accelerate progress, a service manager with a proven track record of implementing successful recovery programmes has been appointed to lead this critical recovery work.

MSK Routine: The service continues to make significant progress in reducing backlogs. Average wait times have improved from 15.8 weeks in November 2023 to 9.7 weeks in October 2024. However, the team is currently managing the effects of both short and long-term staff absences, which could impact wait time figures for November and December.

MSK CATS: The CATS service saw a slight increase in wait times to 12 weeks in September, largely due to extended staff leave over the summer. However, activity levels rebounded in October, bringing average wait times down to a stable 10.4 weeks. Year-on-year data reflects steady progress in reducing the backlog, and the service remains on a positive trajectory. With a projected increase in staffing and new patient capacity starting in November, further improvements are expected.

Recovery planning and task-and-finish groups are actively underway for all other services currently classified as red.

Children's Community – Waiting Times

Indicator (Routine Appointments)	Target	Target Weeks	Aug-24	Sep-24	Oct-24	Average Wait (Latest Month)	No. of Patients Seen
CAMHS	>95%	4	52.5%	57.0%	60.5%	9.2	215
Community Children's Nursing	>95%	6	78.9%	76.3%	93.3%	1.6	75
Community Paediatrics - Haringey	>95%	18	66.7%	63.6%	59.0%	14.7	61
Community Paediatrics - Islington	>95%	18	100.0%	100.0%	81.8%	5.6	11
Haringey - SCT	>95%	20	0.0%	0.0%	0.0%	58.6	24
Islington SCT (0-5s)	>95%	20	14.3%	22.7%	6.3%	63.0	16
CLA Initial Assessments - Haringey	>95%	4	100.0%	100.0%	100.0%	1.8	5
CLA Initial Assessments - Islington	>95%	4	71.4%	30.0%	75.0%	3.2	12
Occupational Therapy - Barnet	>95%	18	100.0%	100.0%	100.0%	7.0	25
Occupational Therapy - Haringey	>95%	18	100.0%	96.4%	95.0%	13.9	20
Occupational Therapy - Islington	>95%	18	20.0%	73.3%	88.9%	13.6	9
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	100.0%	100.0%	8.2	6
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	100.0%	93.3%	9.1	15
Physiotherapy - Barnet	>95%	18	100.0%	100.0%	100.0%	6.0	25
Physiotherapy - Haringey	>95%	18	100.0%	100.0%	100.0%	5.6	89
Physiotherapy - Islington	>95%	18	100.0%	100.0%	100.0%	3.7	57
PIPS	>95%	12	100.0%	100.0%	100.0%	3.7	21
SALT - Barnet	>95%	18	64.2%	54.2%	74.5%	13.0	102
SALT - Camden	>95%	6	44.1%	44.7%	44.2%	27.5	43
SALT - Haringey	>95%	13	51.0%	47.0%	45.8%	18.4	96
SALT - Islington	>95%	13	77.8%	89.1%	78.9%	9.3	38
SALT - MPC	>95%	18	84.6%	100.0%	88.9%	5.6	9
School Nursing - Haringey	>95%	12	96.7%	99.2%	98.1%	1.0	214
School Nursing - Islington	>95%	12	100.0%	100.0%	96.3%	1.5	80
Indicator (Urgent Appointments)							
CAMHS	>95%	2	100.0%	100.0%	100.0%	0.4	8
Community Children's Nursing	>95%	1	100.0%	100.0%	100.0%	0.0	4
SALT - Barnet	>95%	6	83.3%	66.7%	93.3%	2.5	15
Indicator	Target	Current Month	Previous Month	2023-2024			
Haringey New Birth Visits - % Seen Within 2 Weeks	>95%	Sep	89.2%	94.1%	92.3%		
Islington New Birth Visits - % Seen Within 2 Weeks	>95%	Sep	96.8%	99.4%	97.6%		

Children's Community Waits

Autism Assessments

Sustained increased demand for assessments continue to have an impact on waiting times in Haringey and Islington.

In October, the North Central London Integrated Care Board (NCL ICB) confirmed a significant increase in recurrent funding across five local boroughs. This investment is designed to transform the assessment pathway and greatly enhance capacity for these essential services.

For Whittington Health, this funding will specifically target reducing waiting times for children aged 0-11 in Haringey and 0-18 in Islington. In addition to boosting capacity, clinicians are implementing key changes to the assessment pathway, ensuring families can access timely and effective support.

There is further work required to address the backlog of children and young people waiting for an assessment. Service leads continue to work with commissioners to highlight this important work.

Therapy waiting times

Plans are underway to increase appointment availability within the Barnet and Haringey children and young people's therapy services. This additional capacity, supported by non-recurrent funding from the Integrated Care Board (ICB), will prioritise providing appointments and interventions for those who have experienced the longest wait times.

Whittington Health and other local providers are collaborating with the NCL ICB to develop a sustainable long-term plan for therapy services across North Central London.

Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance
HCAI C Difficile	<22	Oct	4	2	14	
Actual Falls	400	Oct	37	29	242	
Category 3 or 4 Pressure Ulcers	64	Oct	28	31	176	
Medication Errors causing serious harm	0	Oct	0	0	1	
MRSA Bacteraemia Incidences	0	Oct	0	1	3	
Patient Safety Incident Investigations	N/A	Oct	0	1	4	
VTE Risk Assessment %	>95%	Oct	95.7%	95.9%	95.8%	
Mixed Sex Accommodation Breaches	0	Oct	11	5	85	
Summary Hospital Level Mortality Indicator (SHMI)	1	July 2023 - June 2024	0.99		0.99	

Category 3 or 4 Pressure Ulcers - Target 0

October Performance – 28 Pressures on 22 Patients

This is an improvement of 3 compared to 31 in September 2024.

Category 3 = 26 and Category 4 = 2

Issues: There was one category 3 in the hospital setting on a surgical patient. There was 25 category 3 and two category 4 pressure ulcers on 21 patients in the community setting. Both category 4 and fifteen category 3 pressure ulcers occurred in the Haringey borough. Patient and carer engagement remains a key challenge.

Actions:

- The continued implementation of the Trust pressure ulcer improvement plans is underway, focusing on enhancing prevention, early detection, and management strategies to reduce incidents and improve patient care.
- Bitesize **SSKIN** training is being delivered across Adult Community Services from October to December 2024, aimed at enhancing staff knowledge and skills in pressure ulcer prevention through targeted, concise learning sessions.
- Senior leadership provides oversight of Adult Community Services pressure ulcer incidents through weekly pressure ulcer improvement meetings, ensuring strategic guidance and proactive action to drive continuous improvements in prevention and care.
- A Quality Improvement Lead and a Quality Matron with a dedicated focus on pressure ulcer prevention and management have been appointed in EIM, strengthening the team's ability to drive targeted improvements in care quality and outcomes.

HCAI C Difficile

October Performance – 4

A worsening compared to 2 reported in September 2024.

Issues: In October 2024, there were 4 Hospital-Onset Healthcare-Associated (HOHA) C. difficile cases and 1 Community-Onset Healthcare-Associated case. Notably, 2 of the HOHA cases were identified on the same ward, prompting a review meeting to investigate and address the situation.

Actions: All patients have received appropriate treatment, and post-infection reviews have been initiated for each case. Samples have been sent for ribotyping, confirming that the two cases on the same ward are unrelated, indicating no transmission. A multi-disciplinary team is involved to ensure that proper processes were followed and to identify any potential lessons learned for future prevention and care.

Responsive - Access

Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance
Cancer - 62 Days Combined Treatments	>85%	Sep	61.8%	63.7%	63.6%	
Cancer - % Pathways Received a Diagnosis Within 28 Days of Referral	>75%	Sep	71.6%	66.6%	69.1%	
Cancer - 31 Days to First & Subsequent Treatment	>96%	Sep	100.0%	97.8%	95.2%	
DM01 - Diagnostic Waits (<6 Weeks)	>99%	Oct	96.0%	94.9%	93.8%	
RTT - Incomplete % Waiting <18 Weeks	>92%	Oct	64.3%	62.1%	65.7%	
Referral to Treatment 18 Weeks - 52 Week Waits	0	Oct	349	316	2931	
% Seen <=48 Hours of Referral to District Nursing Service	>95%	Oct	94.1%	98.0%	96.2%	
% Of Rapid Response Urgent Referrals Seen Within 2 Hours of Referral		Oct	60.3%	68.3%	69.1%	

What the Data Tells Us	Issues	Actions and Mitigations
<p>Referral to Treatment Incomplete % Waiting <18 Week – Target 92%</p> <p>October Performance – 64.3%</p> <p>This is an improvement of 2.2% compared to 62.1% September.</p>	<ul style="list-style-type: none"> Compliance with the 18-week standard has improved in October, reflecting recent changes in ASI management and the Trust's renewed focus on reducing the backlog of patients waiting over 65 weeks. These efforts have contributed to a positive shift in performance and are expected to support continued progress. 	<ul style="list-style-type: none"> Actions are in place to ensure capacity through to December 2024 is prioritised to manage over 65-week patients. Risks remain in the delivery of compliance against the targets in the following services: Lower Urinary Tract Syndrome, General Surgery, and Orthopaedics. The backlog in LUTS has begun reduce, however it remains a risk.
<p>Referral to Treatment 18 Weeks - 52 Week Waits – Target 0</p> <p>October Performance – 349</p> <p>This is a worsening of 33 compared to 316 in September.</p> <p>At the end of October there were 24 patients waiting over 65 weeks and none over 78 weeks.</p>	<ul style="list-style-type: none"> Not all services met the 65-week standard of zero breaches by the end of September. The Trust has implemented a recovery plan aimed at achieving compliance by the end of December, in line with other providers within NCL. 	
<p>DM01: Diagnostic Waits <6 Weeks – Trust planned target 95%</p> <p><i>Percentage of patients waiting less than 6 weeks for 15 key diagnostic tests and procedures.</i></p> <p>October Performance – 96%</p> <p>This is an improvement of 1.1% compared to 94.9% in September.</p>	<ul style="list-style-type: none"> Performance continues to meet expected standards, with imaging consistently remaining within compliance parameters. The agreed target of 95% has been achieved ahead of the end of the financial year. Significant improvements have been made in neurophysiology, though it remains non-compliant. Compliance is expected to be achieved by the end of December 2024. Sleep studies have shown progress, achieving a performance rate of 93.33% in October. 	<p>A capacity review of Neurophysiology, along with a review of the long-term plans for the service, is currently underway within the NCL local healthcare system.</p>

What the Data Tells Us

Cancer: 28-Day Faster Diagnosis Standard (FDS) - Target >75%
September Performance – 71.6% This is an improvement of 5% compared to August’s performance of 66.6%.
 Breast, Haematology, Lung and Upper GI tumour groups all achieved above 80% for September

- Colorectal and Gynaecology both performed above 72% for September and improved performance from August
- Dermatology performance for September improved to 60.6% from 50.4% in August
- Urology performance improved in September to 34.3% from 31% in August

Cancer: 31 Days to First and Subsequent Treatment - Target >96%
September Performance – 100% This is an improvement of 2.2% compared to August’s performance of 97.8%.
 All reporting tumour groups achieved 100%

Cancer: 62-Day Combined Treatments - Target >85%
September Performance – 61.8% This is a worsening of 1.9% compared to August’s performance of 63.7%.
 Haematology and Dermatology tumour groups both achieved above 85% for performance for September

- Breast performance declined to 57.9% in September from 78.6% in August.
- Colorectal performance improved to 50% in September from 45.5% in August
- Gynaecology performance improved to 55.6% in September from 20% in August
- Lung performance improved to 62.5% in September from 10% in August
- Upper GI performance declined to 33.3% in September from 100% in August
- Urology performance improved to 53.8% in September from 45.5% in August






















Issues and Actions

- Dermatology - Waiting times for first appointments have remained challenging since August, largely due to capacity reduction within the clinical team and a high volume of referrals. To address this, the service continues to conduct regular demand and capacity meetings aimed at optimising core capacity within the weekly schedule. Furthermore, insourcing solutions are being actively explored to reduce waiting times and aid in service recovery. Weekend Working List Initiatives (WLI) were implemented throughout September to provide additional support and mitigate delays.
- In September, the Gynaecology department launched NCL-funded weekend Waiting List Initiatives (WLI) to enhance the early stages of the patient pathway. This initiative aims to streamline processes and improve performance against the 28-day Faster Diagnosis Standard (FDS), ensuring timely and efficient patient care.
- Urology – Discussions are ongoing to conduct a comprehensive review of the prostate pathway, with a focus on enhancing efficiency, streamlining processes, and improving overall performance outcomes.

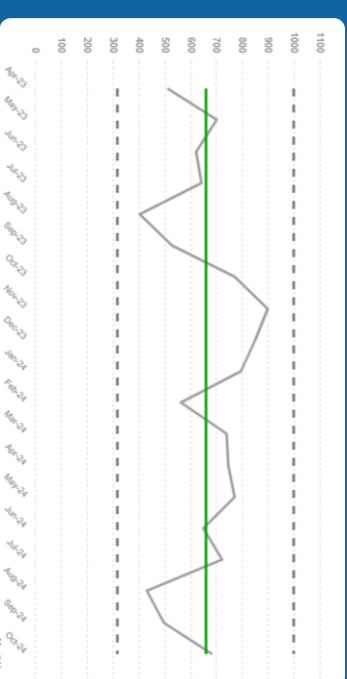
- The continued review and refinement of surgical booking rules for patients is yielding early improvements in 62-day performance, demonstrating progress in optimising scheduling practices to enhance patient care timelines.

- The breast service has conducted a thorough review of booking rules for surgical patients to ensure surgeries are scheduled more promptly and efficiently. The implementation of these refined rules has significantly streamlined the surgical booking process. In September, there were four breaches, all involving complex cases, highlighting the service's focus on addressing challenging scenarios while improving overall scheduling practices.
- Gynaecology - The NCL Cancer Alliance has approved funding for additional sessions and the necessary equipment to pilot the Pipelle/ultrasound model. This innovative initiative aims to strengthen the early stages of the care pathway, enhancing both 62-day performance metrics and overall patient care outcomes.
- As part of efforts to deliver the 49-day Lung Pathway, the Trust conducted an audit of turnaround times for patients requiring CT/Chest imaging at both the Trust site and the Community Diagnostic Centre. The median wait time for scans has improved to 5 days, with an additional day for reporting. Plans are in place to further reduce this to 3 days by the end of 2024. In November 2024, the Trust held discussions with the NCL Cancer Alliance to explore options for supporting the implementation of EBUS, with a potential launch date in January 2025. These initiatives underscore the Trust’s commitment to enhancing pathway efficiency and patient outcomes.
- Urology performance continues to face challenges due to workforce capacity constraints and the impact of staff annual leave. To address these issues and enhance service delivery, targeted measures are being implemented, including workforce planning and operational adjustments, to ensure sustained improvements in performance and patient care.

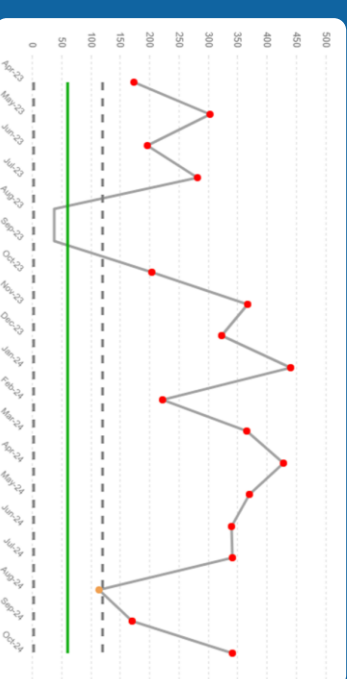
Responsive - Emergency Care

Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance
Las Patient Handover Times - 30 Mins	0	87	53	589	 	
Las Patient Handover Times - 60 Mins	0	4	2	39	 	
% Streamed to an Onsite Service	>7.5%	5.9%	5.2%	3.8%	 	
Median Wait for Treatment (Minutes)	< 60 min	83 Mins	90 Mins	87 Mins	 	
% Of ED Attendance Seen by Clinician Within 60 Mins of Arrival		41.5%	39.8%	38.9%		
Median Time From Arrival to Decision to Admit		03:51	04:28	04:18		
12 Hour Trolley Waits in ED	0	340	169	2099	 	
Total ED Attendances in Dept for More Than 12 Hours (Arrival to Dept)		680	429	4480		
% Of ED Attendances Over 12 Hours From Arrival to Departure	<2%	7.4%	5.5%	7.1%	 	
ED Waits (4 Hrs Wait)	>95%	73.7%	72.2%	72.1%	 	
% Left ED Before Being Seen		7.2%	8.9%	8.4%		
% ED Re-Attendance Within 7 Days		10.3%	10.8%	10.2%		

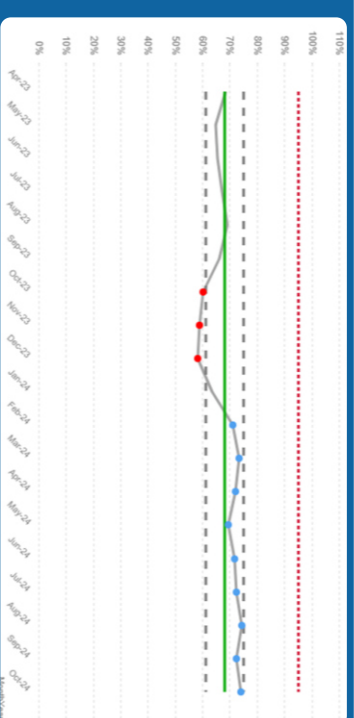
ED Attendances Over 12 Hours



12-Hour Trolley Waits in ED



ED 4-hour Waits



Responsive - Emergency Care

What the Data Tells Us	Issues	Actions and Mitigations
<p>% of ED Attendances Over 12 Hours - Target <2% October Performance – 7.4% This is a worsening of 1.9% compared to 5.5% in September.</p>	<ul style="list-style-type: none"> Formal overnight postcode redirection lifted, however continued pressures within the NCL sector with regular Step 2 diverts put in place to support other Trusts. High number of out of borough conveyancing. Discharge bottlenecks into the community which impact on wider hospital flow. <p>Whittington position and impact:</p> <ul style="list-style-type: none"> Attendances increased by 302 in the month of October in comparison to September. Increased number of LAS conveyances, 146 more in October in comparison to September. Increased acuity resulting in longer length of stay on the wards Increase in out of borough attendances causing discharge delays due to Social Services. Consecutively for 2 months we have seen an increase in paediatric activity, we saw an increase of 254 children in the month of October. 	<p>UEC improvement plan developed which focusses on Inflow, ED Assessment and Outflow ED improvement working group established. Focus on:</p> <ul style="list-style-type: none"> Improving streaming pathways to Urgent Treatment Centre (UTC), Primary Care and working with GP liaison to engage with Primary Care partners. GP tendering completed and gone out to provide increased GP provision in the UTC. Increased collaboration and streaming to Ambulatory Emergency Care (AEC) to improve pathways. New triage process within AEC started. ED SDEC up and running with a 12-week review in place to look at numbers and any amendments to be made to the pathways Paediatric and UTC focus on consistently achieving greater than >92%. Senior decision maker been put into paediatrics up until 9pm to support safety and performance. <p>ED Assessment and Management:</p> <ul style="list-style-type: none"> Focussed work with START/Frailty on admission avoidance and utilising ambulatory care for this cohort of patients. RAT model embedded with senior registrar or consultant assessing patients at the front door CDU trial commenced in September and proving beneficial to support flow, criteria to be reviewed. <p>Specialty Review, Discharge, Flow and Admission:</p> <ul style="list-style-type: none"> Consultant cover into the evenings within paediatrics. Improve specialty response times and escalations, started to meet with specialties to set expectations and agree timings. ED Summit completed in November, actions to be taken away and discussed with individual teams. Early system escalation for discharges working with community partners, social care, mental health providers and councils. Monthly Patient Flow Programme chaired by the COO. Focus on criteria not met to reside and reducing long LOS. Increased virtual ward capacity. Long Length of Stay review meetings revamped with a focus on reducing number of patients who do not meet the criteria to reside to 40. Exploring locations for a discharge lounge
<p>12-Hour Trolley Waits in ED - Target 0 <i>No. of patients who waited longer than 12 hours to be admitted to the ward following decision to admit.</i> October Performance – 340 This is a worsening of 171 compared to 169 in September.</p>		
<p>Emergency Department Waits (4 hrs wait) - Target >95% <i>No. of patients treated within 4 hours of arrival in ED.</i> October Performance – 73.7% This is an improvement of 1.5% compared to 72.2% in September.</p>		
<p>LAS Handovers - Target 0 <i>Number of Ambulance Handover delays of greater than 30 minutes and 60 minutes.</i> October Performance (30 mins) – 87 This is a worsening of 34 compared to September's performance of 53. October Performance (60 mins) – 4 This is a worsening of 2 compared to 2 in September.</p>		
<p>Median Wait for Treatment - Target <60 <i>Time from arrival to seeing a doctor or nurse practitioner.</i> October Performance – 83 Mins This is an improvement of 7 mins compared to 90 in September.</p>		

Indicator	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Activity
ED Attendances		8592	8911	8704	8364	9562	8958	9522	9125	9386	8258	8903	9208	
ED Admission Rate %		10.8%	11.4%	10.6%	10.2%	10.3%	9.6%	9.9%	9.7%	9.7%	10.2%	10.9%	12.9%	
Elective and Daycase		2407	1908	2179	2244	2217	2461	2576	2231	2596	2201	2280	2600	
Emergency Inpatients		1674	1777	1598	1557	1746	1556	1727	1563	1714	1570	1644	1954	
GP Referrals to an Acute Service		8861	6553	8703	9496	9053	10204	9715	8635	9609	8582	9158	10332	
% Of GP Referrals Completed via eRS		64.9%	67.3%	67.0%	69.1%	63.2%	55.8%	57.9%	57.4%	53.9%	53.6%	53.3%	54.0%	
% e-Referral Service (e-RS) Slot Issues	<4%	69.6%	71.9%	68.9%	69.4%	77.6%	82.7%	78.9%	83.1%	87.4%	86.4%	84.8%	89.8%	
Maternity Births	320	256	237	229	206	237	227	218	192	218	212	218	225	
Maternity Bookings	377	271	245	310	288	301	308	275	246	275	231	242	309	
Outpatient DNA Rate % - New	<10%	12.8%	11.5%	12.0%	13.0%	11.7%	11.5%	11.5%	11.7%	11.6%	12.2%	11.7%	11.5%	
Outpatient DNA Rate % - FUp	<10%	10.5%	10.9%	9.7%	10.9%	10.4%	10.2%	9.7%	10.4%	10.5%	10.8%	10.5%	10.3%	
Outpatient New Attendances		11752	9294	10681	10463	10233	11377	11249	9796	11370	9160	9614	10656	
Outpatient FUp Attendances		18766	15793	18943	17503	17254	18317	18981	17489	20164	16584	17736	19699	
Outpatient Procedures		6411	5534	6444	6034	6299	7394	7388	6233	7255	5748	5257	6234	

GP Referrals

October Performance – 10,332

This is an increase of 1,174 compared to September's performance of 9,158.

It an increase of 1,572 compared to 8,760 in October's 2023.

% e-Referrals Appointment Slot Issues (ASI) - Target <4%

October Performance – 89.8%

This is an increase of 5% compared to September's performance of 84.8%.

It an increase of 28.6% compared to 61.2% in October's 2023.

Due to the implementation of the RPA software, which bypasses eRS for data quality purposes, there has been an increase in the percentage of non-compliance. However, this change has enabled patient referrals to be directly transferred onto the patient waiting list, ensuring safer and more timely management of cases.

Activity Highlights

Maternity Births October Performance – 225

This is an increase of 7 compared to September’s performance of 218, and a decrease of 41 from 266 in October 2023.

ED Attendances October Performance – 9,208 (Daily Average Attendance 297)

This is an increase of 305 Compared to September’s performance of 8,903 however the daily average has remained consistent during September and October 2024 (Daily Average Attendance 297). There has been an increase of 436 from 8,772 in October 2023 (Daily Average Attendance 283).

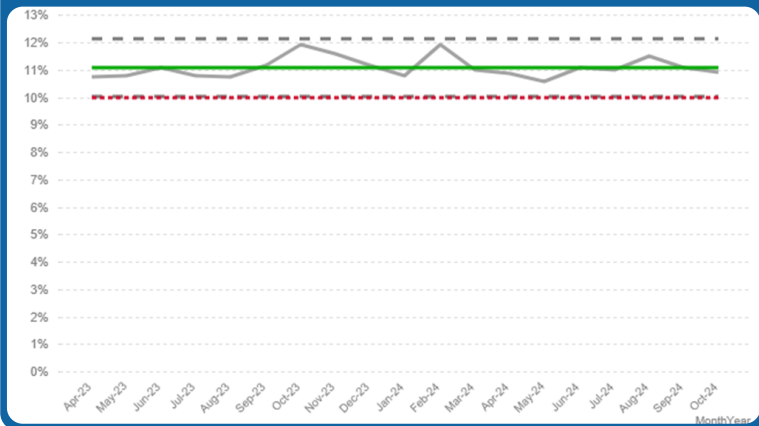
DNA Rates October 2024:

Acute DNA rate for October was 10.9%, this is an improvement of 0.2% from September’s performance of 11.1%.

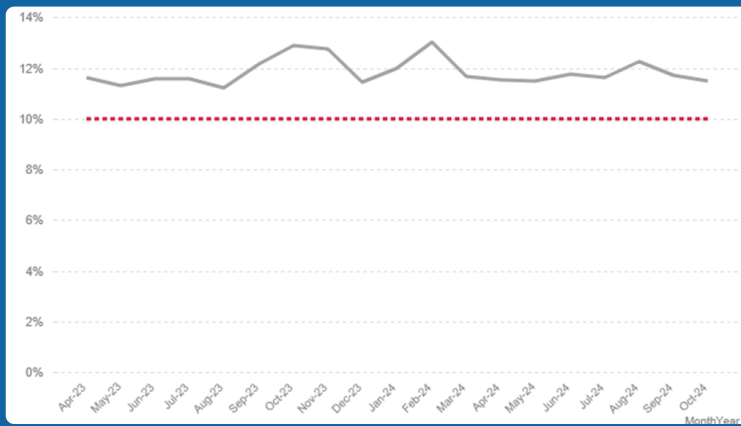
Outpatient DNA rate for new appointments was 11.5% for October, this is an improvement of 0.2% from September’s performance of 11.7%.

Outpatient DNA rates for follow-up appointments was 10.3% for October, this is an improvement of 0.2% from September’s performance of 10.5%.

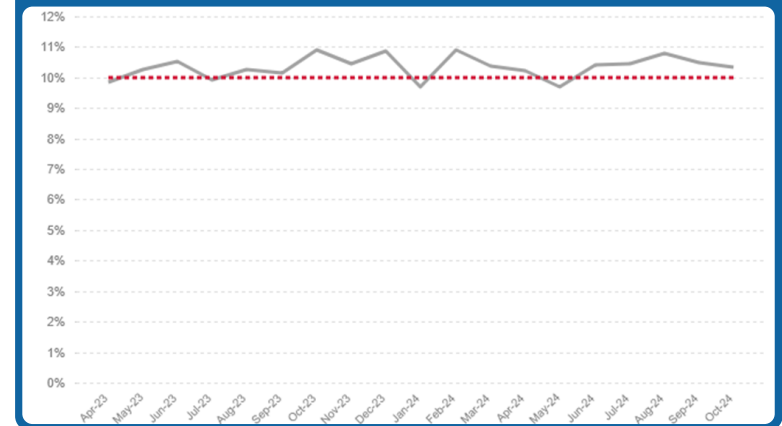
Acute DNA % Rate



Outpatient DNA % Rate - New



Outpatient DNA % Rate – Follow-Up



Activity – Activity and Forecasts

Activity Highlights

Outpatient First Appointments: There were 14,833 Firsts Appointments in the last 4 weeks of October 2024, this is 118% of 19/20 levels.

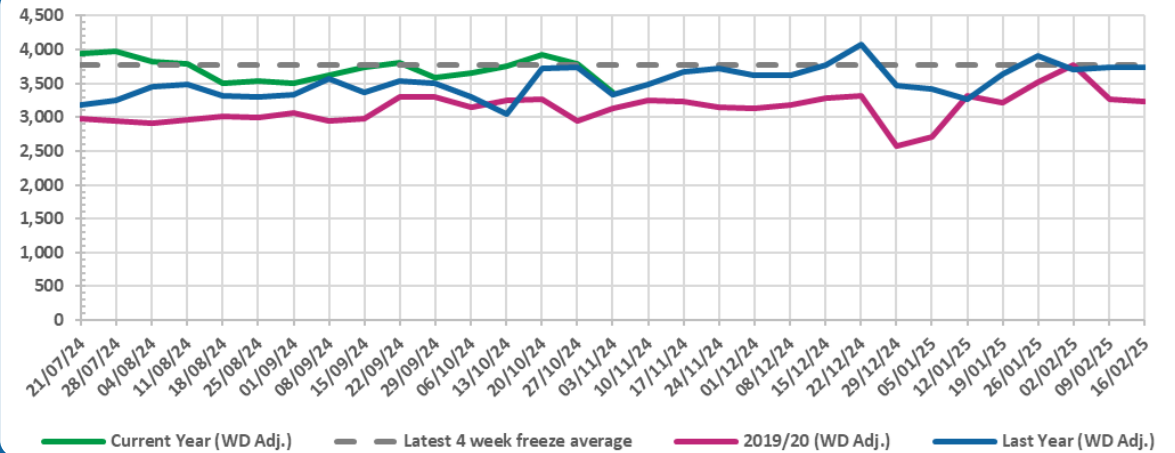
Outpatient Follow-up Appointments: There were 12,470 Follow-up appointments in the last 4 weeks of October 2024, this is 100% of 19/20 levels.

Follow-up activity is in line with productivity improvements.

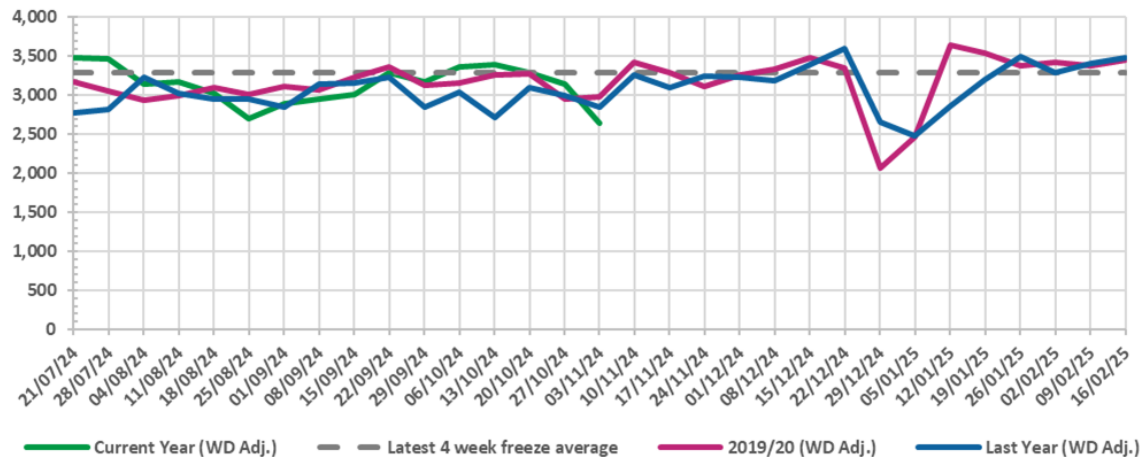
Elective Activity: There were 2,193 cases in the last 4 weeks of October 2024, this is 102% of weekly plan for 2024/25.

Please note that data is for elective activity only and does not include diagnostic activity.

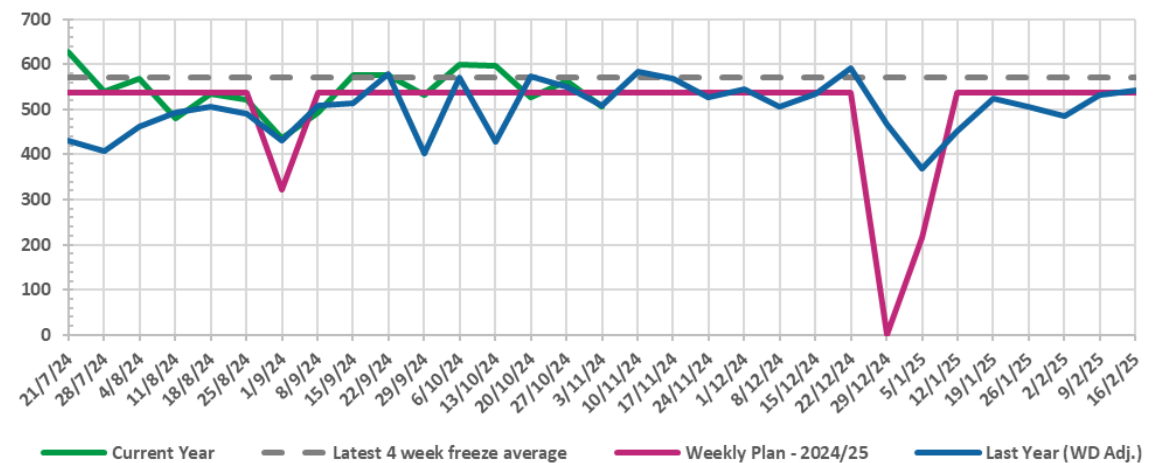
Weekly Outpatient First Attendances



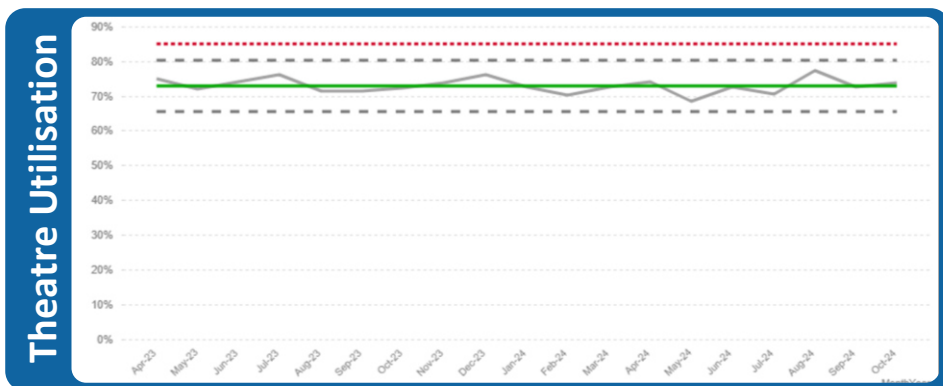
Weekly Outpatient Follow-up Attendances



Weekly Elective Activity



Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance
Cancelled Ops Not Rebooked <28 Days	0	Sep	2	0	13	
Hospital Cancelled Operations	0	Sep	7	2	67	
Theatre Utilisation	>85%	Oct	73.6%	72.6%	72.7%	
Community DNA % Rate	<10%	Oct	7.1%	7.2%	7.1%	
Acute DNA % Rate	<10%	Oct	10.9%	11.1%	11.0%	
Outpatients New:Follow Up Ratio	2.3	Oct	1.85	1.84	1.76	
Non Elective Re-Admissions Within 30 Days	<5.5%	Oct	4.0%	3.4%	3.7%	
Rapid Response - % Of Referrals With an Improvement in Care		Oct	74.0%	71.8%	71.7%	



Theatre Utilisation - Target 85%

Percentage of available Theatre time used for elective procedure.

October Performance – 73.6%

This is an improvement of 1% from September’s performance of 72.6%.

Issues:

- Improved utilisation has been achieved through focused booking support, allowing each specialty to meet targets independently of scheduling meetings.
- Urology and dental lists have seen an increase in the number of cases due to the successful outcomes of the above meetings.
- A strategy to enhance the coordination of emergency theatres has effectively minimised disruptions to elective lists, improving overall theatre efficiency and patient care.

Actions:

- A thorough review of theatre debrief summaries is being conducted to identify recurring themes and insights, which will inform strategies to further optimise theatre utilisation and operational efficiency.
- The electronic theatre dashboard is reviewed weekly to spot emerging patterns, enabling real-time adjustments and more effective resource management.
- The formation of a theatre user group, alongside strategically placed message boards in theatres, promotes RAG-rated utilisation reports, celebrating achievements and fostering a culture of continuous improvement by encouraging and recognising positive outcomes.

Hospital Cancelled Operations - Target 0

September Performance – 2

This is a worsening of 2 from August’s performance of 0.

Issues: In September, the Trust experienced two case cancellations due to anaesthetic sickness on the day. To mitigate this in the future, the Trust is implementing contingency plans, including increasing cross-cover arrangements for anaesthetic staff and exploring strategies to minimise disruption, ensuring that patient care remains consistent and surgical schedules are maintained.

Actions: The Trust is currently recruiting additional staff to expand our anaesthetic team. Once fully staffed, this will significantly reduce the impact of short-notice absences and improve our resilience to daily fluctuations in staffing, ensuring more consistent and reliable service delivery.

Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance
ED - FFT % Positive	>90%	Oct 82.8%	83.3%	83.2%		
ED - FFT Response Rate	>15%	Oct 8.4%	7.7%	8.2%		
Inpatients - FFT % Positive	>90%	Oct 93.4%	93.6%	93.9%		
Inpatients - FFT Response Rate	>25%	Oct 21.9%	19.1%	18.6%		
Maternity - FFT % Positive	>90%	Oct 100.0%	97.2%	98.2%		
Maternity - FFT Response Rate	>15%	Oct 28.8%	20.9%	25.7%		
Outpatients - FFT % Positive	>90%	Oct 89.3%	89.2%	91.4%		
Outpatients - FFT Response Rate	400	Oct 196	295	2101		
Community - FFT % Positive	>90%	Oct 94.9%	93.5%	94.1%		
Community - FFT Response Rate	1500	Oct 965	766	6143		
Complaints Responded to Within 25 or 40 Working Days	>80%	Oct 74.2%	70.0%	71.4%		
Complaints (Including Complaints Against Corporate Division)		Oct 31	30	210		

Friends and Family Test (FFT)

October Performance – 92%

Trust wide FFT performance sits at 92.39% for positive responses above the NHS 85% benchmark, a slight increase of 1% on the previous month. Negative response rates were 4.88% below the NHS 5% benchmark. All divisions remain above the 85% NHS benchmark for the 9th month.

ED: 82.59% and 12.95% for negative a very slight improvement in September

Maternity: 100% positive an increase of 3% and 0% negative a huge success

Outpatients: 89.29% positive an increase of 1% and 7.65% negative a decrease of 2% on last month.

Outpatient feedback related to delays and cleanliness.

Complaints Responded to Within 25 or 40 Working Days - Target >80%

October Performance – 74.2%

This is an improvement of 4.2% from September's performance of 70%.

There were 31 complaints received where a response was required in October 2024.

Severity of complaints: 2% (1) was designated 'high' risk, 49% (15) were designated 'moderate' risk and 49% (15) were designated as 'low risk'.

Themes: The themes from the complaints in October 2024 remained consistent with previous months communication, medical care, and attitude. The divisions and complaints team continue to work together to address these.

Of the 23 complaints that have closed, 5 (22%) were 'upheld', 15 (65%) were 'partially upheld', and 3 (13%) were 'not upheld', meaning that 87% of the closed complaints in October 2024 were upheld in one form or another, in line with previous months.

Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance
Appraisals % Rate	>85%	Oct	78.0%	79.2%	78.1%	
Mandatory Training % Rate	>85%	Oct	86.2%	86.2%	87.0%	
Permanent Staffing WTEs Utilised	>90%	Oct	92.8%	92.3%	92.0%	
Staff Sickness Absence %	<3.5%	Sep	4.1%	3.9%	4.0%	
Staff Turnover %	<13%	Oct	10.3%	10.5%	10.9%	
Vacancy % Rate Against Establishment	<10%	Oct	7.2%	7.7%	8.0%	
Average Time to Hire	<=63	Oct	59	64	60	
Safe Staffing Alerts - Number of Red Shifts		Oct	2	2	7	
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		Oct	4.5	10.5	7.7	

Appraisals % Rate - Target >85%

October Performance – 78%

This is a worsening of 1.2% from September’s performance of 79.2%

Actions: Expand the availability of appraisal training for both managers and staff to enhance engagement, foster a culture of continuous development, and drive higher completion rates. Actively promote the training to encourage widespread participation and emphasise its benefits.

Mandatory Training % Rate - Target >85%

October Performance – 86.2%

This is the same as September’s performance of 86.2%

Actions: The Learning and Development (L&D) team has been proactively facilitating statutory and mandatory training clinics to assist staff in completing their required training. Additionally, they have collaborated with training leads to organise frequent refresher sessions tailored to demand, ensuring compliance and enhancing staff readiness.

Staff Sickness Absence % - Target <3.5%

October Performance – 4.1%

This is a worsening of 0.2% from September’s performance of 3.9%

Issue: Absence rates continue to fluctuate as we approach the winter months, potentially impacting service delivery.

Actions: The HR Business Partnering team is offering targeted sickness management sessions to managers, providing dedicated support to help staff return to work and ensuring sickness absence is managed effectively. This initiative aims to improve the timely and compassionate management of employee health, promoting a healthier workforce and minimising disruption to service delivery.

Workforce Budget – Plan Vs Actual

Workforce Plan Vs WTE

Information showing key variants of our workforce plan and actuals. On average the workforce plan is higher than the budgeted Whole Time Equivalent (WTE) by around 106 WTE. This inflates our favourable variance against plan in external reporting.

Workforce Plan	Apr	May	Jun	Jul	Aug	Sept	Oct
Agency	211.5	211.5	211.5	211.5	211.5	211.5	211.5
Bank	575.46	575.46	575.46	575.46	575.46	575.46	575.46
Substantive	4,676.10	4,676.10	4,676.10	4,671.10	4,671.10	4,671.10	4,671.10
Total	5,463.06	5,463.06	5,463.06	5,458.06	5,458.06	5,458.06	5,458.06

Actual WTE (Ledger)	Apr	May	Jun	Jul	Aug	Sept	Oct
Agency	208.88	223.39	209.37	194.58	145.87	160.22	143.27
Bank	511.4	526.37	520.76	524.93	544.01	505.62	497.05
Substantive	4,601.41	4,629.54	4639.29	4644.36	4658.1	4665.94	4721.41
Total	5,321.69	5,379.30	5369.42	5363.87	5347.98	5331.78	5361.73



Meeting title	Trust Board – public meeting	Date: 29.11.2024
Report title	Finance Report September (Month 7) 2024/25	Agenda item: 12
Executive lead	Terry Whittle CFO	
Report author	Finance Team	
Executive summary	<p>The Trust is reporting a deficit of £15.8m at the end of October which is £5.1m worse than plan.</p> <p>Trust delivered £8.2m of savings against a year-to-date target of £9.7m for October (85% of target).</p> <p>Capital expenditure to the end of October was £4.47m (excluding IFRS16) against a cumulative plan of £3.99m.</p> <p>The Trust's cash balance at end of October was £57.11m, which is £12.68m favourable to plan.</p>	
Purpose:	To note financial performance.	
Recommendation(s)	To note the financial performance for October.	
Risk Register or Board Assurance Framework	BAF risks S1 and S2	
Report history	Trust Management Group	
Appendices	None	



CFO Message

Finance Report M7

Trust is reporting a deficit of £15.8m at end of October. This is £5.1m adverse to plan.

The Trust is reporting a year-to-date deficit of £15.8m at the end of October, £5.1m adverse to plan, (£0.3m improvement in month).

In month 7, the Trust actioned the national pay awards settlement and this is included in the pay spend for the month.

Key drivers impacting year to date adverse performance are:

- Pay overspend relating to:
 - Enhanced care - £0.8m
 - Ward general overspends - £1.3m
 - Domestic overspend - £0.4m
 - Unfunded pay pressures of - £0.5m; and
 - Unfunded UEC bed capacity - £0.43m
 - Additional costs in emergency care due to NMUH diverts - £0.2m
- Agency staff costs (£8.6m) represent 4.2% of total pay costs and the national cap is 3.2%.
- Non-Pay overspends driven by:
 - Increased pathology tests - £1.2m
 - Clinical supplies - £0.4m
 - Legal fees and PFI dispute cost - £0.4m
 - Planned and reactive maintenance - £0.9m
 - Additional Chemo activity driving increased spend on block element of high-cost drugs - £0.5m
- Unfunded Industrial action impact of £0.7m (impact on ERF).
- The Trust delivered £8.2m of savings against a year-to-date target of £9.7m (85% of target).
- Income was £6.6m above plan consisting of £3.5m NHS clinical income and £1.2m non-NHS clinical income.

Cash of £57.11m as at end of M7

The Trust's cash balance on 31st October was £57.11m, which is £12.68m favourable to plan.

Capital expenditure for 2024-25 is £12.2m

Capital expenditure to the end of October was £4.47m (exc. IFRS16) against a £3.99m plan.

Better Payment Practice Performance – 93.55% for non-NHS by value

Overall, the Trust's BPPC is 96.55% by volume and 92.92% by value. The BPPC for non-NHS invoices is 96.79% by volume and 93.55% by value.

Forecast for 2024-25

The Trust is continuing to forecast delivery of plan (£10.82m deficit) for 2024-25 but cannot sustain the year-to-date overspends reported for the full year without adversely impacting on plan achievement.

Summary of Income & Expenditure Position – Month 7

	In Month			Year to Date			Annual Budget £'000
	Plan	Actual	Variance	Plan	Actual	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
Income							
NHS Clinical Income	32,636	32,795	158	189,634	193,149	3,516	324,476
High Cost Drugs - Income	962	1,156	194	6,666	7,165	499	11,386
Non-NHS Clinical Income	1,981	2,304	323	11,925	13,210	1,285	20,443
Other Non-Patient Income	2,772	2,977	205	15,908	17,084	1,176	27,271
Elective Recovery Fund	6,718	7,039	321	37,397	37,554	157	62,343
	45,070	46,270	1,201	261,530	268,163	6,633	445,920
Pay							
Agency	0	(1,107)	(1,107)	(644)	(8,668)	(8,024)	(739)
Bank	(234)	(2,430)	(2,196)	(2,114)	(17,538)	(15,423)	(2,920)
Substantive	(27,576)	(30,752)	(3,176)	(186,508)	(177,824)	8,684	(320,819)
	(27,810)	(34,289)	(6,479)	(189,266)	(204,029)	(14,763)	(324,478)
Non Pay							
Non-Pay	(15,137)	(9,086)	6,051	(63,150)	(58,869)	4,281	(98,478)
High Cost Drugs - Exp	(883)	(1,145)	(262)	(6,184)	(7,109)	(925)	(10,602)
	(16,021)	(10,231)	5,789	(69,334)	(65,978)	3,356	(109,080)
EBITDA	1,239	1,750	510	2,930	(1,845)	(4,774)	12,362
Post EBITDA							
Depreciation	(1,546)	(1,813)	(267)	(10,833)	(12,048)	(1,215)	(18,471)
Interest Payable	(69)	(72)	(3)	(484)	(506)	(22)	(830)
Interest Receivable	177	260	83	1,240	2,185	945	2,125
Dividends Payable	(506)	(528)	(22)	(3,540)	(3,561)	(21)	(6,068)
P/L On Disposal Of Assets	0	0	0	0	0	0	0
	(1,944)	(2,153)	(209)	(13,617)	(13,930)	(313)	(23,244)
Reported Surplus/(Deficit)	(705)	(404)	301	(10,688)	(15,775)	(5,087)	(10,882)
Impairments	0	0	0	0	0	0	0
IFRS & Donated	(5)	(5)	0	(35)	(33)	2	(60)
Reported Surplus/(Deficit) after Impairments and IFRIC12	(710)	(408)	301	(10,723)	(15,807)	(5,085)	(10,942)

- The Trust is reporting a YTD deficit of £15.8m (excluding donated asset depreciation and impairments) against a planned deficit of £10.7m. This is £5m worse than plan.
- Year to date position includes impact of shortfall of pay awards of £0.7m.
- Included in the year-to-date position is non-recurrent benefit of £4.8m.

2.0 Income and Activity Performance

2.1 Income Performance – October

Income	In Month Income Plan	In Month Income Actual	In Month Variance	YTD Income Plan	YTD Income Actual	YTD Variance
	£000's	£000's	£000's	£000's	£000's	£000's
A&E	1,785	1,994	209	12,322	13,849	1,527
Elective	2,600	2,594	(5)	16,852	16,891	39
Non-Elective	5,153	5,807	654	35,574	35,344	(230)
Critical care	482	356	(126)	3,326	3,917	591
Outpatients	5,597	5,535	(62)	36,464	36,367	(97)
Direct access	1,678	1,567	(110)	10,868	10,729	(139)
Community	6,754	6,754	0	47,275	47,275	0
Other clinical income NHS	9,551	9,343	(207)	33,620	35,944	2,324
NHS Clinical Income	33,599	33,951	352	196,300	200,315	4,015
Non NHS clinical income	1,981	2,304	323	11,925	13,210	1,285
Elective recovery fund (ERF)	6,718	7,039	321	37,397	37,554	157
Income From Patient Care Activities	42,298	43,293	995	245,623	251,079	5,456
Other Operating Income	2,772	2,977	205	15,908	17,084	1,176
Total	45,070	46,270	1,201	261,530	268,163	6,633

- This year's final cost uplift factor of 3.9% has now been reflected in the budgeted and actual positions. This is a £14m increase for the year, with £8.1m year to date.
- Income was £6.6m over plan year to date. £4m NHS clinical income, £1.3m non-NHS clinical income, £0.2m ERF overperformance and £1.2m other operating.
- £4m NHS clinical income is driven mainly by £0.8m industrial action, £0.5m community services review, £0.5m drugs overperformance, £0.3m foundation trust income, £0.2m performance related (chemo, devices and imaging), £2m various additional ICB income streams. All this income overperformance is offset by additional expenditure.
- £1.3m non-NHS clinical income is driven by £1.4m local authority income. Mainly CYP, £0.5m Barnet therapies, £0.4m Barnet 0-19, 0.4m start for life and £0.2m PIPs.
- £1.1m other operating income is driven by £0.3m research & development, £0.2m HSL pathology, £0.2m education & training income and other miscellaneous corporate services income.

2.2 Elective recovery fund (ERF) – October

- Trust is estimated to have overperformed by £0.2m against an estimated elective income target of 104% of 2019/20 performance. The position is based on early data and an adjustment for outpatient un-outcome estimate. In month £0.3m overperformance due to £0.2m in month underperformance and £0.1m improvement for previous months.
- Both inpatients and outpatients are slightly over plan. Significant overperformance in EIM division (gastroenterology) and CYP division offset by significant underperformance in S&C division.

ERF Income by POD

POD	Annual Plan £000's	In Month Income Plan £000's	In Month Income Actual £000's	In Month Income Variance £000's	YTD Income Plan £000's	YTD Income Actual £000's	YTD Income Variance £000's
DC	19,691	2,140	2,186	46	11,830	12,376	547
EL	8,037	872	783	(89)	4,827	4,382	(445)
OP First	24,412	2,684	2,944	260	14,620	14,735	115
OP Procedure	10,202	1,023	1,126	103	6,121	6,061	(60)
Grand Total	62,343	6,718	7,039	321	37,397	37,554	157

ERF Income by ICSU

	Annual Plan £000's	In Month Income Plan £000's	In Month Income Actual £000's	In Month Income Variance £000's	YTD Income Plan £000's	YTD Income Actual £000's	YTD Income Variance £000's
ACW	7,645	835	874	38	4,593	4,654	61
CYP	6,326	678	806	128	3,801	4,460	659
EIM	20,484	2,184	2,562	377	12,251	13,719	1,468
S&C	27,744	2,937	2,797	(139)	16,669	14,721	(1,948)
Corp	144	84	(0)	(84)	84	0	(84)
al	62,343	6,718	7,039	321	37,397	37,554	157

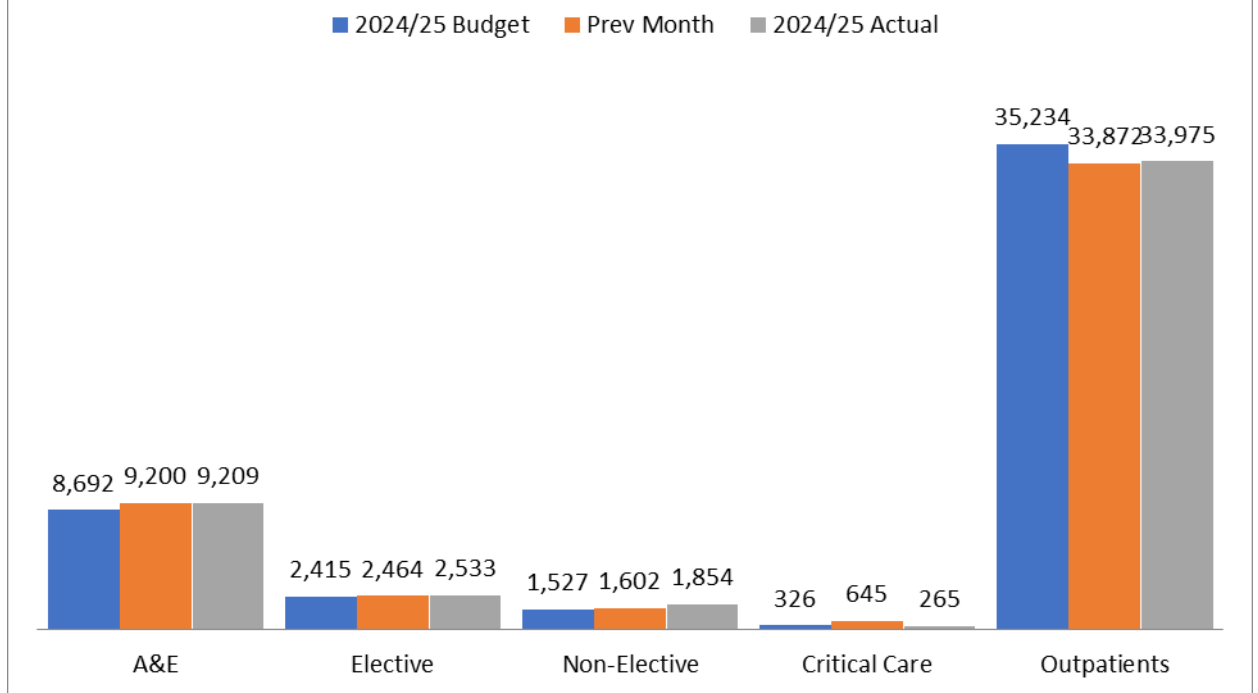
2.3 Activity Performance – October

- Activity overperformed against plan in all areas, except for critical care and direct access (pathology).

Activity	In Month Activity Plan	In Month Activity Actual	In Month Variance	In month Activity Diff%	YTD Activity Plan	YTD Activity Actual	Activity Diff	YTD Activity Diff%
A&E	8,692	9,209	517	6%	60,002	63,362	3,360	6%
Elective	2,415	2,534	119	5%	15,651	16,671	1,020	7%
Non-Elective	1,528	1,854	326	21%	10,550	11,018	468	4%
Critical care	326	265	(61)	(19%)	2,252	2,806	554	25%
Outpatients	37,901	38,169	268	1%	246,565	247,585	1,020	0%
Direct Access	138,148	120,820	(17,328)	(13%)	894,961	867,352	(27,609)	(3%)

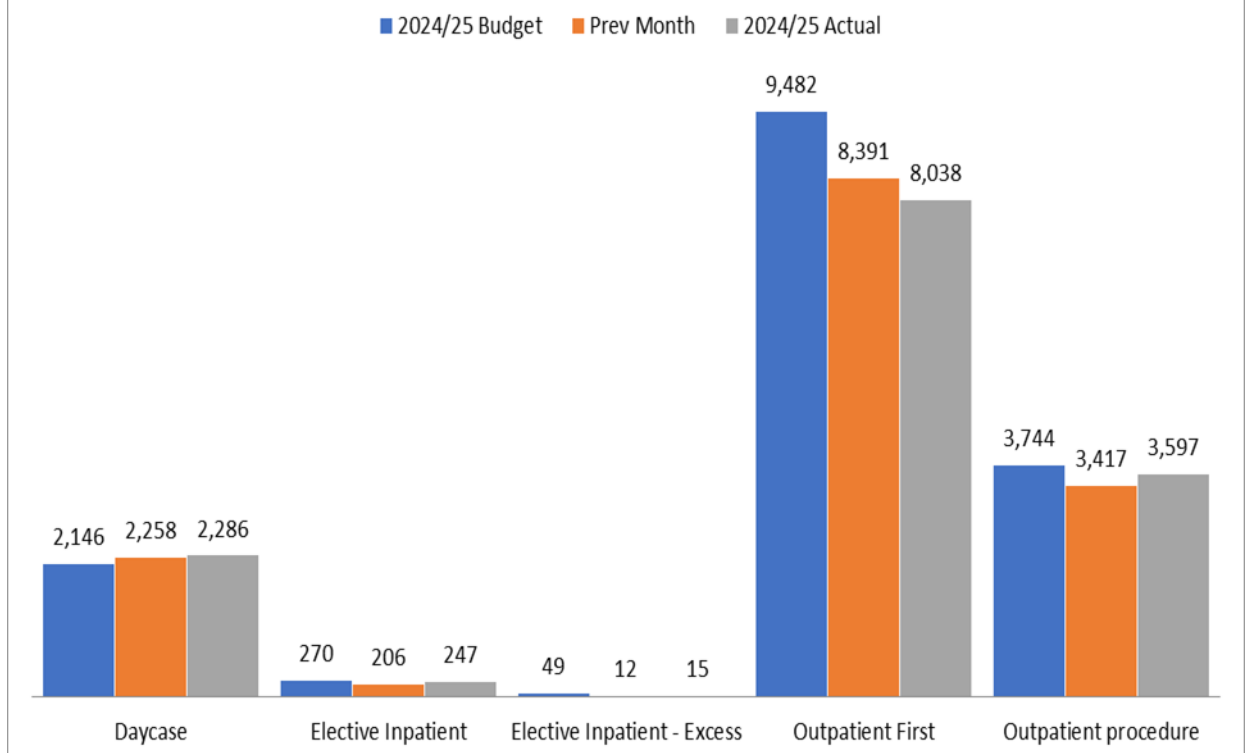
- Activity higher than September (adjusted for working/calendar days) in A&E, non- elective and elective inpatients and outpatients.
- Non elective inpatients significantly increased (17%) compared to September. There has also been significant increase in A&E activity over the previous two months. Both activities are under block income arrangements and therefore there is not any increase in income. Both activities are currently similar 2019/20 levels, which is the basis for the income block amounts.

October 2024/25 activity vs plan and previous month - Summary



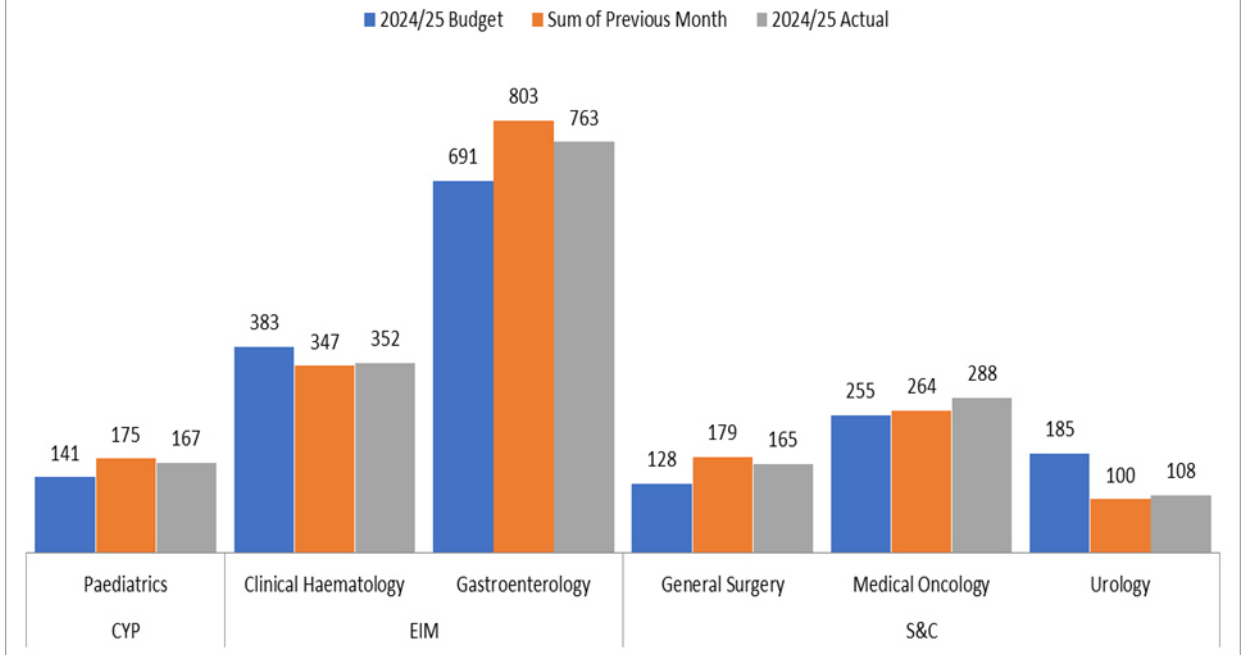
- ERF inpatient activity is over plan, with underperformance in outpatients. Although outpatient underperforming, performance will be improved when late outcoming activity coded.

October 2024/25 activity vs plan and previous month - ERF activity



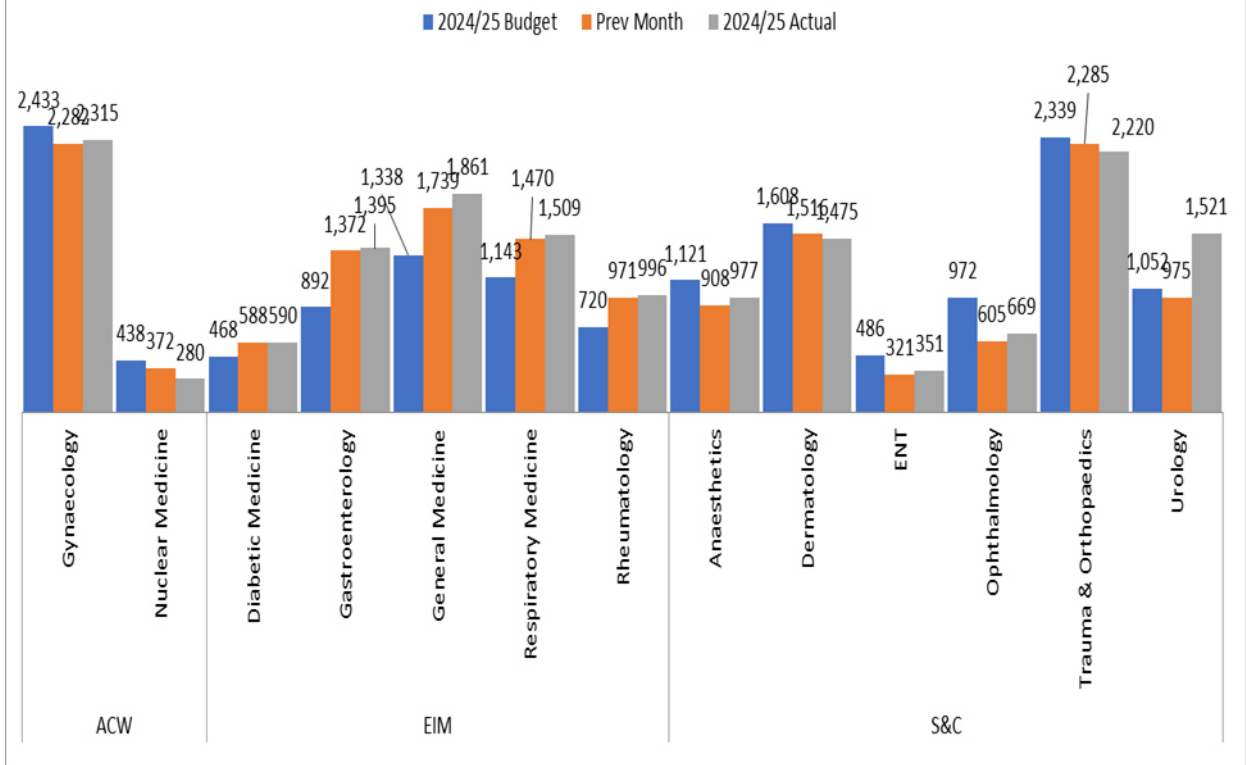
- Elective inpatient overperformance driven mainly by gastroenterology, general surgery and medical oncology, with offsets in clinical haematology and urology.

October 2024/25 activity vs plan and previous month - Elective inpatients



- Outpatients overall underperforming, with significant drivers in surgery and cancer.

October 2024/25 activity vs plan and previous month - Outpatients



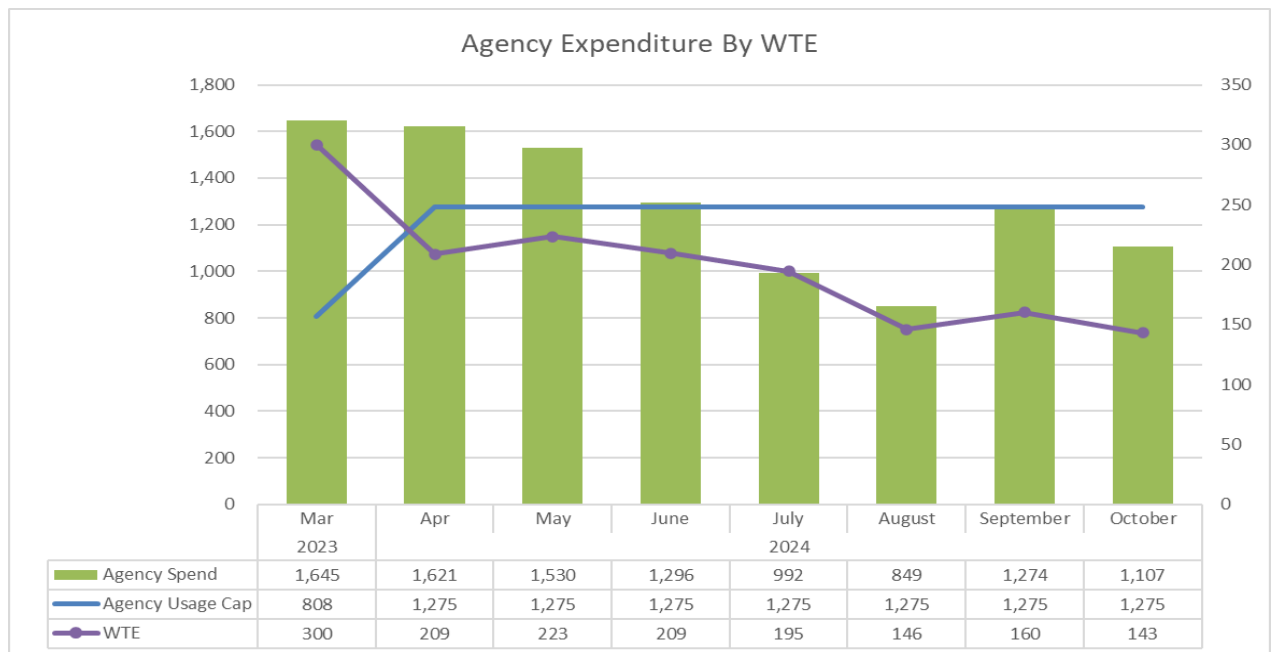
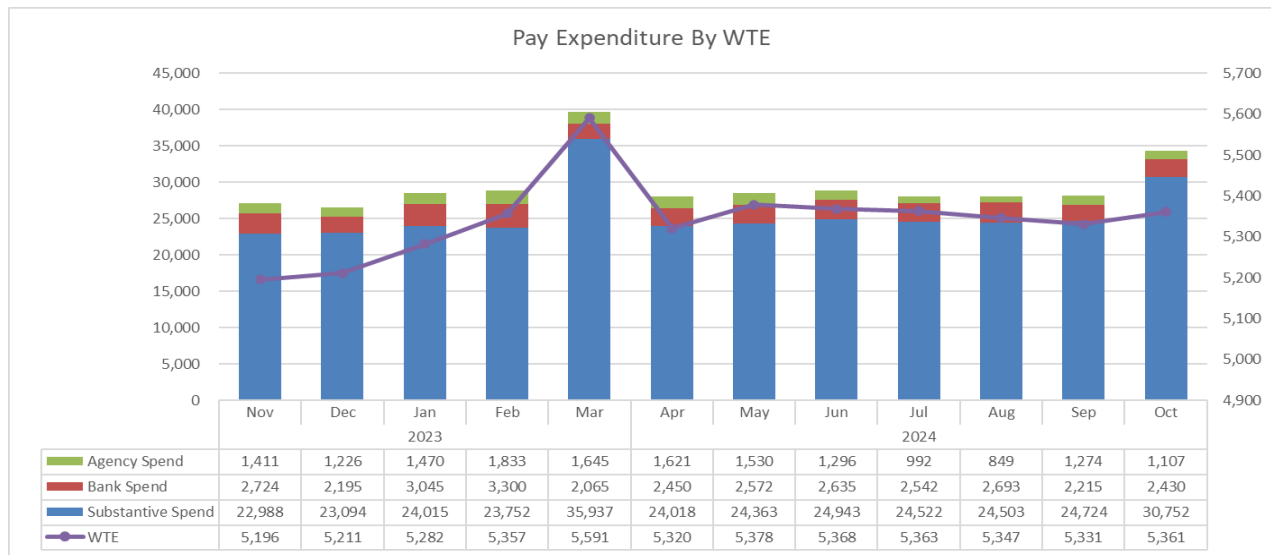
3. Expenditure – Pay & Non-pay

3.1 Pay Expenditure

Pay expenditure for October was £34.2m. This was an increase of £6m from the September position.

- The main drivers of the increase in pay were the pay awards which included pay arrears backdated to 1st April. The overall bank and agency remained in line with trend.

	2023-24				2024-25						
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	MoV^t
Agency	1,470	1,833	1,883	1,581	1,569	1,196	992	971	1,320	1,107	(213)
Bank	3,079	3,308	2,039	2,442	2,579	2,740	2,542	2,693	2,215	2,430	215
Substantive	23,906	23,844	24,353	23,407	23,748	24,211	23,853	23,811	23,879	32,792	8,914
Total Operational Pay	28,456	28,985	28,275	27,430	27,897	28,147	27,387	27,475	27,414	36,330	8,916
Non Operational Pay Costs	74	(100)	11,372	658	567	727	669	569	800	(2,041)	(2,840)
Total Pay Costs	28,530	28,885	39,647	28,089	28,464	28,874	28,056	28,044	28,213	34,289	6,076



3.2 Non-pay Expenditure

Non-pay spend (inclusive of high cost drugs) for October was £10.2m, a £1.7m increase from September spend. The increase excluding high-cost drugs of £0.5m mainly relates to the following:

- Non-recurrent benefit of £0.7m
- Increase in reactive maintenance costs of £0.3m
- Increase in pathology costs due to higher cost of reagents for new covid test of £0.1m
- The movement in clinical supplies relates to non-recurrent benefits in Month 6 of £994k.

Non-Pay Costs	2024-25							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Mov [^] t
Supplies & Servs - Clin	4,096	4,170	4,063	4,109	3,775	3,290	4,529	1,240
Supplies & Servs - Gen	394	417	390	87	347	280	412	131
Establishment	291	295	354	332	269	272	230	(42)
Healthcare From Non Nhs	82	115	99	113	103	80	92	12
Premises & Fixed Plant	2,164	2,411	1,780	2,163	1,999	2,242	2,550	308
Ext Cont Staffing & Cons	140	230	192	220	301	141	217	76
Miscellaneous	1,660	1,409	804	852	1,006	2,184	1,008	(1,176)
Chairman & Non-Executives	11	11	11	11	11	11	11	0
Non-Pay Reserve	0	0	0	0	0	0	0	0
Total Non-Pay Costs	8,836	9,058	7,693	7,886	7,810	8,500	9,049	549

Excludes high-cost drug expenditure and depreciation.

Included in miscellaneous is CNST premium, Transport contract, professional fees, and bad debt provision.

Miscellaneous Expenditure Breakdown

Miscellaneous Breakdown	2024-25							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Mov [^] t
Ambulance Contract	190	171	189	163	196	197	162	(35)
Other Expenditure	125	162	(472)	(804)	(64)	557	86	(472)
Audit Fees	9	12	15	14	13	14	13	(1)
Provision For Bad Debts	(54)	(112)	(190)	(14)	(304)	137	(509)	(646)
Cnst Premium	765	674	765	761	766	765	768	4
Fire Security Equip & Maint	9	5	12	4	3	12	11	(2)
Interpretation/Translation	42	12	31	27	24	40	41	1
Membership Subscriptions	141	144	121	141	122	124	148	24
Professional Services	354	263	228	494	168	161	188	27
Research & Development Exp	3	2	1	1	2	82	4	(77)
Security Internal Recharge	10	11	10	15	32	20	(35)	(54)
Teaching/Training Expenditure	62	62	94	46	42	72	126	53
Travel & Subs-Patients	3	4	1	3	3	2	4	1
Work Permits	0	0	0	0	0	0	0	0
Write Down Of Inventories	0	0	0	0	0	0	0	0
Total Non-Pay Costs	1,660	1,409	804	852	1,006	2,184	1,008	(1,176)

3.3 Cost Improvement Programme (CIP)

The CIP target for 2024-25 is £16.6m. As at M7, £12.7m has been identified (77% of the target). This is an improvement of £0.3m since M6. Identified CIP value includes 80% of ideas in progress, i.e. schemes that teams are working on, but have not yet been finalised and signed off (e.g., contract or workflow change, or quality impact assessed).

Currently 67% of the identified schemes are non-recurrent, this is an outlier compared to North Central London peers and has been a focus area. A conversion from non-recurrent to recurrent is expected during quarter 3. The 25/26 full year effect of the identified recurrent schemes is £5.6m (34% of the target).

Divisions	24/25 CIP Target '£000	2024/25 IN YEAR EFFECT					2025/26 FULL YEAR EFFECT		
		Recurrent '£000	Non- Recurrent '£000	Total '£000	Variance to target '£000	% of target	Full Year Effect '£000	Variance to target '£000	% of target
ADULT COMMUNITY	2,086	63	421	484	(1,602)	23%	125	(1,961)	6%
CHILDREN & YOUNG PEOPLE	3,073	1,511	1,058	2,570	(503)	84%	1,533	(1,540)	50%
EMERGENCY & INTEGRATED MEDECINE	2,729	430	253	683	(2,046)	25%	1,267	(1,462)	46%
SURGERY & CANCER	2,565	53	67	120	(2,445)	5%	211	(2,354)	8%
ACW	2,928	233	600	833	(2,095)	28%	303	(2,625)	10%
DIVISIONS TOTAL	13,381	2,289	2,400	4,689	(8,692)	35%	3,438	(9,943)	26%
CORPORATE SERVICES	1,671	344	1,429	1,773	102	106%	516	(1,155)	31%
ESTATES AND FACILITIES	1,547	813	180	993	(554)	64%	928	(619)	60%
CENTRAL	0	704	4,579	5,283	5,283	0%	717	717	0%
TRUST TOTAL	16,599	4,151	8,588	12,738	(3,861)	77%	5,600	(10,999)	34%

Divisions	24/25 CIP Target '£000	Recurrent '£000	Non- Recurrent '£000	Total '£000	Variance to target '£000	% of target	Full Year Effect '£000	Variance to target '£000	% of target
CORPORATE									
CHIEF OPERATING OFFICER	87	7	24	31	(56)	35%	7	(80)	8%
FINANCE	270	0	777	777	507	288%	0	(270)	0%
IM&T	426	170	222	392	(34)	92%	328	(98)	77%
MEDICAL DIRECTOR	119	61	54	115	(4)	97%	62	(57)	52%
NURSING & PATIENT EXPERIENCE	295	0	163	163	(132)	55%	0	(295)	0%
STRATEGY & IMPROVEMENT	166	102	12	114	(52)	69%	102	(64)	61%
WORKFORCE	308	4	176	181	(127)	59%	18	(290)	6%
CORPORATE TOTAL	1,671	344	1,429	1,773	102	106%	516	(1,155)	31%

Trust is reporting actual CIP delivery of £8.2m against a YTD target of £9.6m, i.e. a YTD shortfall of £1.4m (15% of the YTD target). Out of the schemes in plan, there is £0.3m slippage in delivery.

Divisions	24/25 CIP Target '£000	2024/25 YTD DELIVERY					24/25 FORECAST DELIVERY		
		YTD CIP target '£000	YTD Actuals Recurrent '£000	YTD Actuals Non- Recurrent '£000	YTD Actuals Total '£000	YTD Variance to target '£000	Forecast '£000	Forecast Variance	% of target
ADULT COMMUNITY	2,086	1,217	23	175	198	(1,019)	414	(1,672)	20%
CHILDREN & YOUNG PEOPLE	3,073	1,793	532	600	1,132	(661)	2,545	(528)	83%
EMERGENCY & INTEGRATED MEDECINE	2,729	1,592	81	247	328	(1,264)	608	(2,121)	22%
SURGERY & CANCER	2,565	1,496	0	59	59	(1,437)	120	(2,445)	5%
ACW	2,928	1,708	94	480	574	(1,134)	771	(2,157)	26%
DIVISIONS TOTAL	13,381	7,806	730	1,562	2,291	(5,514)	4,459	(8,922)	33%
CORPORATE SERVICES	1,671	975	123	955	1,078	103	1,972	301	118%
ESTATES AND FACILITIES	1,547	902	415	180	595	(307)	987	(560)	64%
CENTRAL	0	0	0	4,272	4,272	4,272	4,975	4,975	0%
TRUST TOTAL	16,599	9,683	1,268	6,968	8,236	(1,447)	12,393	(4,206)	75%

Divisions	24/25 CIP Target '£000	YTD Actuals Recurrent '£000	YTD Actuals Non- Recurrent '£000	YTD Actuals Total '£000	YTD Variance to target '£000	% of target	Forecast '£000	Forecast Variance	% of target
CORPORATE									
CHIEF OPERATING OFFICER	87	51	4	0	4	(47)	31	(56)	35%
FINANCE	270	158	0	712	712	555	976	706	361%
IM&T	426	249	31	179	210	(39)	392	(34)	92%
MEDICAL DIRECTOR	119	69	29	29	58	(12)	115	(4)	97%
NURSING & PATIENT EXPERIENCE	295	172	0	23	23	(149)	163	(132)	55%
STRATEGY & IMPROVEMENT	166	97	59	12	72	(25)	114	(52)	69%
WORKFORCE	308	180	0	0	0	(180)	181	(127)	59%
CORPORATE TOTAL	1,671	975	123	955	1,078	103	1,972	301	118%

4.0 Statement of Financial Position (SoFP)

The net balance on the Statement of Final Position as of 31st October is £220.71m, £0.41m lower than 30th September 2024, as shown in the table below:

Statement of Financial Position as at 31st October 2024	2023/24 M12 Balance	2024/25 M06 Balance	2024/25 M07 Balance	Movement in Month
	£000	£000	£000	£000
NON-CURRENT ASSETS:				
Property, Plant And Equipment	219,465	220,100	218,924	(1,177)
Intangible Assets	5,701	4,879	4,709	(170)
Right of Use Assets	43,136	45,701	45,270	(430)
Assets Under Construction	40,916	36,266	37,217	950
Trade & Other Rec - Non-Current	561	559	522	(37)
TOTAL NON-CURRENT ASSETS	309,779	307,506	306,642	(864)
CURRENT ASSETS:				
Inventories	1,090	1,386	1,396	10
Trade And Other Receivables	27,135	20,959	21,055	96
Cash And Cash Equivalents	68,549	51,535	57,122	5,587
TOTAL CURRENT ASSETS	96,774	73,880	79,573	5,693
CURRENT LIABILITIES				
Trade And Other Payables	(92,997)	(81,794)	(86,179)	(4,385)
Borrowings: Finance Leases	235	749	834	85
Borrowings: Right of Use Assets	(4,370)	(4,370)	(4,370)	0
Borrowings: Dh Revenue and Capital Loan - Current	(116)	(116)	(116)	0
Provisions for Liabilities and Charges	(661)	(635)	(783)	(148)
Other Liabilities	(5,470)	(4,840)	(6,090)	(1,250)
TOTAL CURRENT LIABILITIES	(103,379)	(91,006)	(96,704)	(5,697)
NET CURRENT ASSETS / (LIABILITIES)	(6,605)	(17,126)	(17,130)	(4)
TOTAL ASSETS LESS CURRENT LIABILITIES	303,174	290,379	289,511	(868)
NON-CURRENT LIABILITIES				
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,508)	(1,450)	(1,450)	0
Borrowings: Finance Leases	(3,498)	(3,498)	(3,498)	0
Borrowings: Right of Use Assets	(38,824)	(41,536)	(41,126)	410
Provisions for Liabilities & Charges	(22,827)	(22,778)	(22,729)	49
TOTAL NON-CURRENT LIABILITIES	(66,657)	(69,262)	(68,803)	459
TOTAL ASSETS EMPLOYED	236,516	221,117	220,709	(408)
FINANCED BY TAXPAYERS EQUITY				
Public Dividend Capital	137,948	137,948	137,948	0
Retained Earnings	16,743	1,344	935	(408)
Revaluation Reserve	81,826	81,826	81,826	0
TOTAL TAXPAYERS EQUITY	236,516	221,117	220,709	(408)

The most significant movements in the month to 31st October 2024 are summarised as follows:

NON-CURRENT ASSETS

Non -Current assets closed at £306.64m in October 2024, a net decrease of £0.84m from previous month due the following:

- Capital expenditure for owned assets £0.98m
- Monthly depreciation (£1.81m): Owned assets £1.38m, Right of Use assets £0.43m

CURRENT ASSETS

Current assets closed at £79.57m in October 2024, a net decrease of £5.69m from the previous month. Principal movements comprised Trade and other receivables (increase of £0.10m mainly trade debtors and Cash increase of £5.59m as analysed below).

CURRENT LIABILITIES

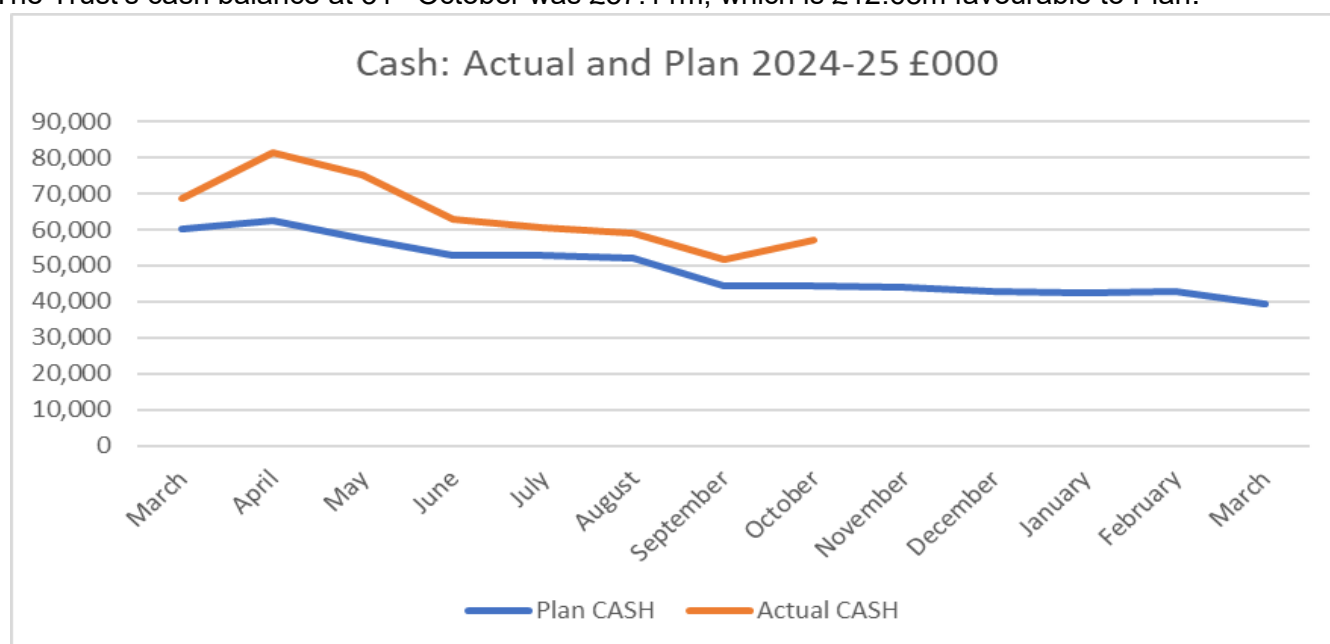
Current liabilities increased by £5.70m in month. Trade and other payables increase by £4.39m in month and other liabilities increased by £1.25m in month, predominantly deferred income arising from quarterly payment.

NON-CURRENT LIABILITIES

Non-Current liability closed at £68.80m in September 2024, a net decrease of £0.46m from previous month due predominantly to the repayment of Right of Use finance lease liability for October 2024 £0.41m.

CASH

The Trust's cash balance at 31st October was £57.11m, which is £12.68m favourable to Plan.



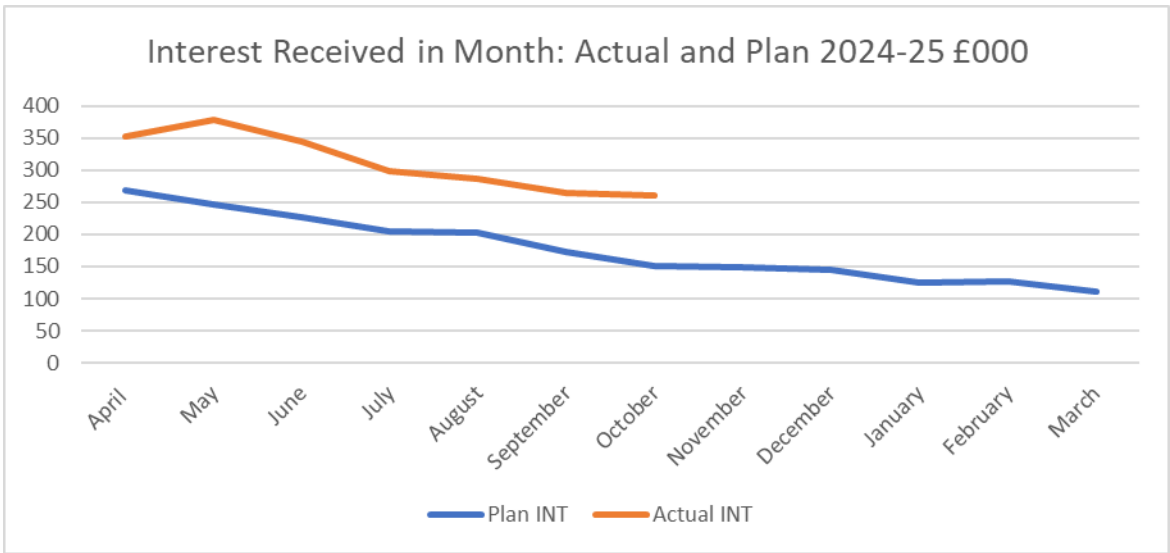
The closing cash balance was £5.59m higher in-month due to the following factors:

- Deficit in month £0.41m
- Education contract income £5.56m for Quarter 3, including two months in advance.
- Pay award income £5.56m including in-advance receipt of pay award income £1.55m.
- Increase in Capital Trade and Other Payables £1.11m

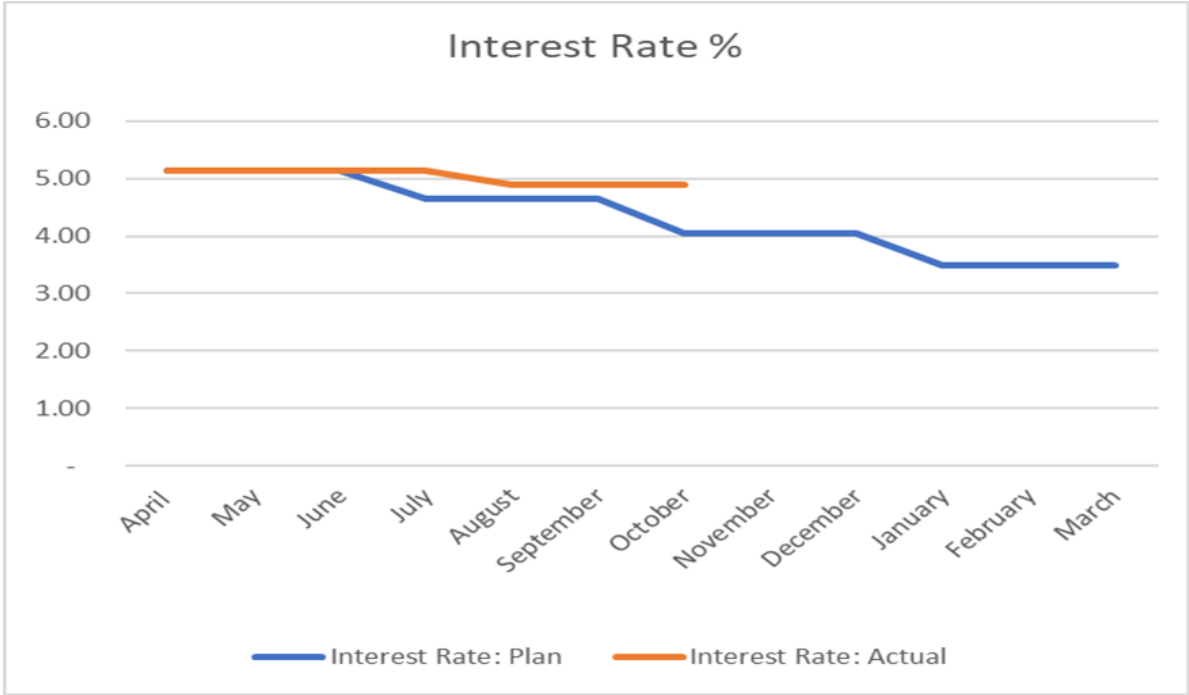
The 2024/25 Plan encompasses a reduction of £20.60m of cash over the 12 months to 31st March 2025. The Trust closely monitors its actual and forecast cash position against Plan.

Interest Received

Year-to-date interest received of £2.19m is favourable to Plan by £0.71m. The Plan was set in anticipation of interest rates peaking around Month 6-7 of the 2024-25 financial year, with anticipated rate reductions factored in for July, October and January.



The plan incorporates an interest rate reduction of 0.49% effective from 1st July. The actual interest rate reduction of 0.25% took effect on 1st August. Following the Bank of England’s rate reduction decision on 6th November, the interest rate which the Trust receives will decrease from 4.89% to 4.64% at the start of November.



5.0 Capital Expenditure

The confirmed allocation for 2024/25 is £12.25m, which reflects a significant reduction from previous years.

However, the plan is still overprogrammed, meaning the additional allocation mainly reduces the over-commitment rather than creating additional flexibility. The phasing of the Plan is as follows:

- Q1: 10%
- Q2: 20%
- Q3: 30%
- Q4: 40%
- Total: 100%

Notwithstanding the increase in Plan phasing from the commencement of the third quarter, capital expenditure for owned assets remained broadly in line with Plan during the month of October.

Capital Summary Month 7 : 31st October 2024

	Allocation			Programme			In Month			Year to Date			Forecast outturn
	Original	Subsequent	Total	Proceed at Risk	Transfers	Total programme	Plan	Actual	Variance	Plan	Actual	Variance	
Estates	2,835	2,010	4,845	500	(1,600)	3,745	309	187	(122)	1,339	817	(522)	3,995
Strategy	5,800		5,800	3,200	1,600	10,600	522	564	42	2,262	3,100	838	10,400
ICT	400		400			400	36	14	(22)	156	59	(97)	400
Equipment	400		400			400	36	37	1	156	71	(85)	200
ICSUs	200		200			200	18	32	14	78	44	(34)	200
Contingency	600		600			600	0	146	146	0	379	379	600
PDC funded	72		72			72	0	0	0	0	0	0	72
RoU assets (new leases)	0		0			0	0	0	0	0	1,622	1,622	1,622
RoU assets (remeasures)	5,480		5,480			5,480	0	0	0	0	3,551	3,551	3,858
Total	15,787	2,010	17,797	3,700	0	21,497	921	980	59	3,991	9,643	5,652	21,347

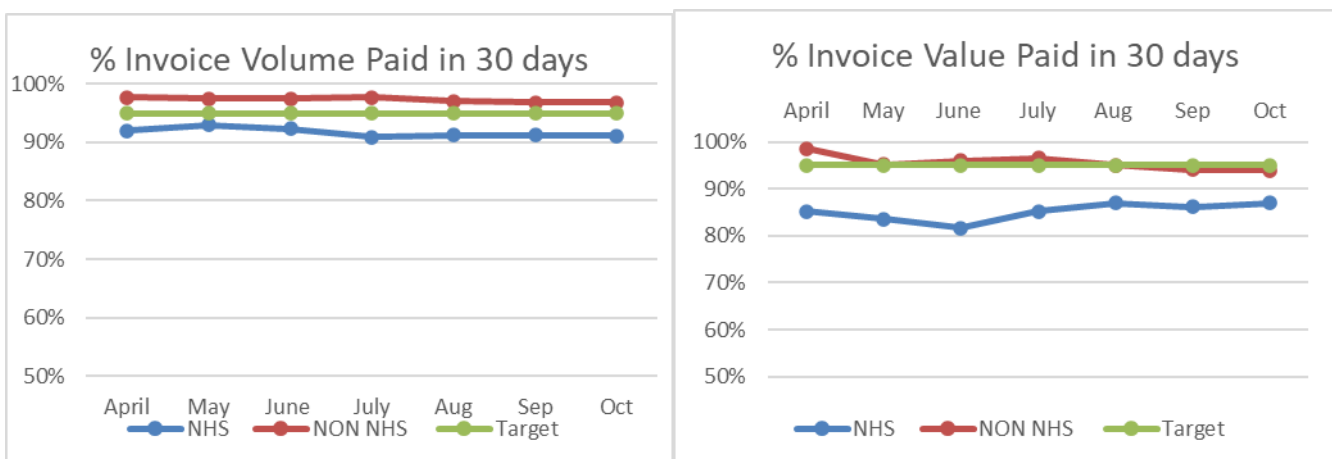
The current year-to-date expenditure at 31st October (excluding IFRS16 Right of Use assets) is £4.47m against the cumulative plan of £3.99m. This is comprised of Estates £0.82m, Strategic Projects £3.10m ICSUs, ICT, Equipment and Contingency total £0.55m. The Strategic Projects expenditure of £3.10m is comprised of: Mortuary £0.77m, Power Upgrade £1.325m and Fire Remediation £1.01m. The Contingency expenditure of £0.38m is comprised of Estates salaries £0.16m, Pathology overrun £0.1m, Pharmacy aseptic isolator £0.1m and Theatres upgrade £0.1m.

Key Risks Identified in the 2024/25 Capital Plan:

- Over-allocation:** The capital plan exceeds the allocated funding, including the following essential projects as approved at September CMG:
 - C Block LV Intake Panel:** £0.40m (Risk Register Score: 20)
 - K Block Ventilation and Window Improvement:** £0.88m (Risk Register Score: 20)
- Uncompleted 2023/24 Projects:** Capital projects that remain uncompleted from 2023/24 and will incur further costs in 2024/25 pose a risk to the plan.
- PACS Procurement Project:** The Trust is expected to allocate £0.40m for this NCL-wide project, but it does not have a separate allocation, adding further pressure on the core capital allocation.

Better Payments Practice Code – Monitoring for 2024/25

The Trust is signed up to the NHS commitment to improve its Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms. Overall, the Trust’s BPPC is 96.55% by volume and 92.92% by value. The BPPC for non-NHS invoices is 96.79% by volume and 93.55% by value. The charts below show performance for the seven months year-to-date.



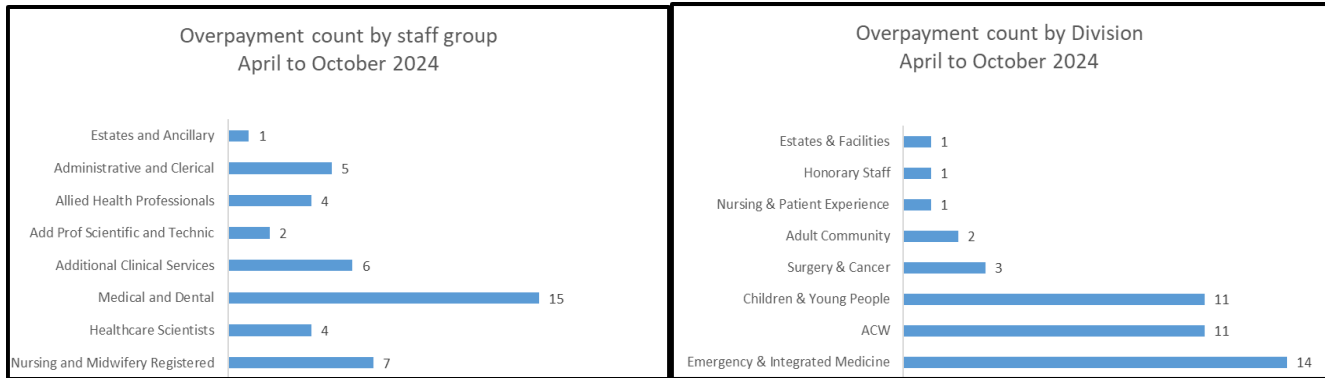
Salary Overpayments

Salary overpayments occur when a member of staff is inadvertently paid more than they are entitled to receive. If the individual is in post when the overpayment comes to light, it is deducted from subsequent salary payments. If the individual has left the Trust's employment, the Trust invoices the individual and pursues the debt in the same way as any other debtor. These scenarios are to be avoided, as they consume resources which would otherwise be available to the Trust to spend caring for its patients.

Total overpayments to employees present and former

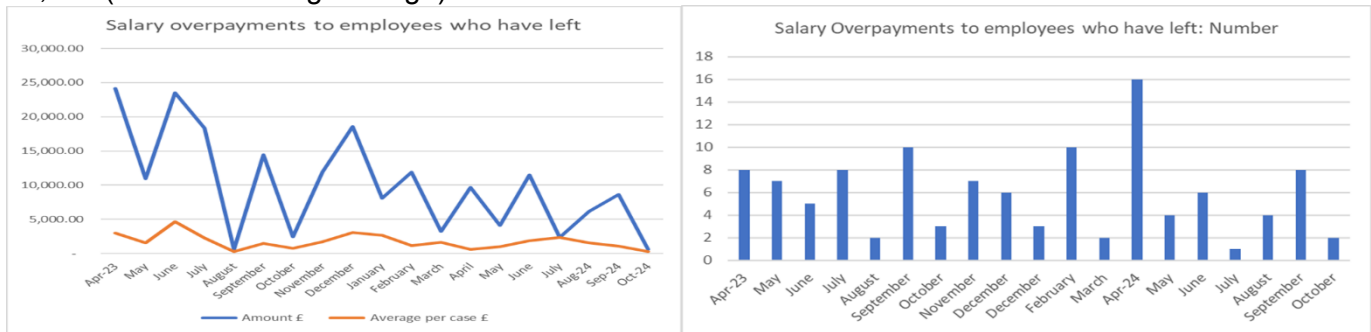
For the period 1.4.2023 to 31.3.2024, there were a total of 97 overpayments totalling £282,522. For the period 1.4.2024 to 30.9.24, the numbers are 41 overpayments totalling £42,383.

Overpayments by Staff Group and Division are as follows:



Overpayments to former employees

Salary overpayments to employees who have left are averaging 6 cases per month with an average value of £1,402 (12 month rolling average).





Meeting title	Trust Board – public meeting	Date: 29.11.2024
Report title	Charitable Funds Committee Chair’s Assurance report	Agenda item: 13
Committee Chair	Amanda Gibbon, Non-Executive Director	
Executive lead	Jonathan Gardener, Chief Strategy, Improvement and Digital Officer	
Report author	Marcia Marrast-Lewis, Assistant Trust Company Secretary	
Executive summary	<p>An extraordinary meeting of the Charitable Funds Committee was held on 24 October 2024 to consider the following items:</p> <ul style="list-style-type: none">• A bid for charitable funds to purchase two Accuvein handheld vein viewing systems• A proposal to purchase care boxes for staff for Christmas. <p>There were no items covered at this meeting for which the Committee is reporting limited assurance to the Trust Board</p>	
Purpose	Noting	
Recommendation(s)	Board members are invited to note the Chair’s assurance report for the Charitable Funds Committee meeting held on 24 October 2024	
Appendices	None	

Committee Chair's Assurance report:	Charitable Funds Committee
Date of meeting	24 October 2024
Summary of assurance:	
1.	<p>The Committee can report significant assurance to the Trust Board in the following areas:</p> <p>Applications for Funding The Committee reviewed and approved the following bids for charitable funding:</p> <p>Two Accuvein Handheld Vein Viewing Systems The Committee was informed that the Accuvein system would vastly improve the identification of veins in children and reduce the stress and anxiety of cannulation and blood testing.</p> <p>The Committee agreed the bid for the Accuvein handheld viewing system, subject to approval by the Medical Devices Committee.</p> <p>Wellbeing packs for staff for Christmas The Committee discussed options for a Christmas gift scheme for staff which included:</p> <ul style="list-style-type: none"> • The refurbishment of staff rooms to support staff wellbeing. The drawback to this proposal was that it would be too costly and involved to do effectively and may not meet staff expectations. • Wellbeing packs delivered to staff at their work site. This option would prove difficult due to challenges around storage and delivery. To deliver these to staff individually the cost of postage and packing would need to be added to the overall cost for the delivery of each item. • Hampers for teams which would also have logistical and storage issues and there would be concerns about ensuring that staff in the community were sufficiently and fairly covered. <p>The Committee agreed that the purchase of wellbeing packs was the best replacement for gift vouchers issued previously. The wellbeing packs would be branded with the Charity's logo and staff would be given the opportunity to select a pack or donate the value of the pack back to the Charity. In addition, the Charity would carry out an assessment of the impact of this initiative on improved staff wellbeing.</p> <p>The Committee received assurance that while additional resource might be needed to administer the application process, the risk of duplicate applications would be mitigated.</p> <p>The Committee approved charitable funding for the purchase of Christmas staff wellbeing boxes together with the cost of postage and packing that would not exceed £15 per box.</p>
2.	<p>Attendance:</p> <p>Present: Amanda Gibbon, Non-Executive Director (Committee Chair) Clare Dollery, Acting Deputy Chief Executive</p>

Jonathon Gardner, Chief Strategy, Digital and Improvement Officer
Nailesh Rambhai, Non-Executive Director
Terry Whittle, Chief Finance Officer
Charlotte Hopkins, Acting Medical Director

In attendance:

Vivien Bucke, Business Support Manager
Ellen Kyriacou, Charity Accountant
Martin Linton, Assistant Director Financial Services
Sam Lister, Head of Charity
Marcia Marrast-Lewis, Assistant Trust Secretary
Katherine Mobey, Fundraising Manager
Sydney Ramunno, Grants Officer

Apologies:

Tony Rice, Independent member
Swarnjit Singh, Trust Company Secretary
Sarah Wilding, Chief Nurse and Director of Allied Health Professionals
Julia Neuberger, Non-Executive Director