



Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board held in public on **Friday, 31 January 2025** from **9.30am to 11.00am** held at rooms A1 and A2 of the Whittington Education Centre, Highgate Hill, London N19 5NF

Item	Time	Title	Action
Standing agenda items			
1.	0930	Welcome, apologies, declarations of interest <i>Julia Neuberger, Trust Chair</i>	Note
2.	0931	Patient Story <i>Sarah Wilding, Chief Nurse & Director of Allied Health Professionals</i>	Note
3.	0950	Draft minutes 29 November 2024 meeting <i>Julia Neuberger, Trust Chair</i>	Approve
4.	0952	Chair's report <i>Julia Neuberger, Trust Chair</i>	Note
5.	1000	Acting Chief Executive's report <i>Clare Dollery, Acting Chief Executive</i>	Note
Quality and safety			
6.	1010	Quality Assurance Committee Chair's report <i>Amanda Gibbon, Committee Chair</i>	Note
7.	1020	Maternity Incentive Scheme Y6 submission <i>Sarah Wilding, Chief Nurse and Director of Allied Health Professionals</i>	Approve
8.	1030	Improvement, Performance and Digital Committee Chair's verbal report <i>Junaid Bajwa, Committee Chair</i>	Note
9.	1035	Audit and Risk Committee Chair's verbal report <i>Rob Vincent, Committee Chair</i>	Note
Finance and Performance			
10.	1040	Integrated Performance Report <i>Jonathan Gardner, Chief Strategy, Digital and Improvement Officer</i>	Discuss
11.	1050	Finance and capital expenditure report <i>Terry Whittle, Acting Deputy Chief Executive and Chief Finance Officer</i>	Discuss

12.	1055	Charitable Funds Committee Chair's report <i>Amanda Gibbon, Committee Chair</i>	Note
13.	1100	Questions to the Board on agenda items <i>Julia Neuberger, Trust Chair</i>	Note
14.	1100	Any other urgent business <i>Julia Neuberger, Trust Chair</i>	Note



Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 29 November 2024

Present:	
Baroness Julia Neuberger	Non-Executive Director & Trust Chair
Dr Clare Dollery	Acting Chief Executive
Dr Junaid Bajwa	Non-Executive Director (via MS Teams)
Dr Charlotte Hopkins	Acting Medical Director
Amanda Gibbon	Non-Executive Director
Chinyama Okunuga	Chief Operating Officer
Nailesh Rambhai	Non-Executive Director
Baroness Glenys Thornton	Non-Executive Director (via MS Teams)
Rob Vincent CBE	Non-Executive Director
Terry Whittle	Acting Deputy Chief Executive & Chief Finance Officer
Sarah Wilding	Chief Nurse & Director of Allied Health Professionals
In attendance:	
Ruben Ferreira	Freedom to Speak Up Guarding (item 10)
Jonathan Gardner	Chief Strategy, Digital and Improvement Officer
Tina Jegede MBE	Joint Director of Inclusion & Nurse Lead, Islington Care Homes
Dr Aisling Lillis	Acute Medicine Consultant & Associate Medical Director of Quality Improvement & Clinical Excellence (item 2)
Liz O'Hara	Chief People Officer
Marcia Marrast-Lewis	Assistant Trust Secretary
Andrew Sharratt	Director of Communication & Engagement (via MS Teams)
Mirela Sidor	Patient Experience Manager (item 2)
Swarnjit Singh	Joint Director of Inclusion & Trust Company Secretary
Jennifer Spears	Lead Clinical Nurse Specialist, Palliative Care (item 2)
Antoinette Webber	Head of Patient Experience (item 2)
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. Apologies were noted for Professor Mark Emberton, non-executive director.
1.2	There were no new declarations of interest reported.
2.	Patient story
2.1	Sarah Wilding explained that, with the permission of Terry, this month's story covered the patient experience of Chris. Jennifer Spears outlined the following points:

- In October 2024, Chris was diagnosed with metastatic liver cancer while on Thorogood ward. He was discharged on 30 October but became more unwell, jaundiced and tired. Chris was re-admitted on 31 October and taken to the Mary Seacole North ward via the emergency department. Dr Ashling Lillis spoke with Chris that day, as there was recognition that he was suffering from multiple organ failure. Palliative care was discussed and the drainage of fluid on Chris's abdomen took place.
- During discussion of what was important to them, Chris and his partner, Terry, said they wanted to have a civil partnership ceremony, after being together for 50 years. Due to the poor prognosis for Chris's health, the Palliative care and ward team arranged for the civil partnership ceremony to take place on 1 November in a side room.
- On 4 November, a discussion was held with Chris and Terry on the preferred place of death, which Chris strongly stated should be his home. A request for an urgent package of care at home was then implemented.
- The equipment needed was not confirmed and Chris died on 7 November with Terry at his side.
- There was considerable learning from this case, including professionals recognising and sharing the risk of death with a patient being a key step to enabling a 'good death'; asking and empowering patients to confirm what was important for them at the end of life; and a need to improve the speed of response from the fast-track continuing healthcare process.

2.2

In discussion, Board members raised the following points:

- Sarah Wilding said that it was a privilege for healthcare professionals to be present at the end of the life of a patient and acknowledged the need to see where improvements could be made, particularly on the fast-track process.
- Amanda Gibbon thanked the Palliative care team, who she said had cared for a cousin of hers recently. She commented that she was passionate about end-of-life care and that, like maternity care, there was only one opportunity to get it right. She looked forward to hearing how issues with the fast-track process and equipment could be improved. The Chair concurred.
- Jennifer Spears commented that, when she was a community palliative care nurse, the process was much quicker than it is now.
- Liz O'Hara welcomed the kindness and compassion shown by the team and offered to provide them with support, if required. Dr Lillis fed back the need for psychological support and supervision for healthcare professionals involved in end-of-life care decisions with patients.
- Rob Vincent advocated for a system approach to ensuring that fast-track requests were expedited much more quickly.

The Board thanked the Palliative care team for bringing this patient experience story to the meeting and noted that work would take place to improve the time it took for fast-track requests to be implemented.

3.	Minutes of the previous meeting
3.1	The Board approved the draft minutes of the meeting held on 27 September 2024 as a correct record and noted the updated action log. There were no matters arising.
4.	Chair's report
4.1	<p>The Chair took the report as read and highlighted the visit to Whittington Health on 28 November by Caroline Clarke, NHS England's Regional Director for London, and the positive feedback received. She thanked executive directors for helping to ensure that it was a successful visit. The Chair also sought formal approval by Board members for the appointment of Glenys Thornton as the senior independent non-executive director.</p> <p>The Trust Board received and noted the Chair's report and agreed to appoint Glenys Thornton as the Senior Independent Director</p>
5.	Chief Executive's report
5.1	<p>Clare Dollery summarised her report and drew Board members' attention to the following issues:</p> <ul style="list-style-type: none"> • The Trust welcomed NHS England's Regional Director, Caroline Clarke, who met with the Chair, Acting Chief Executive and all executive colleagues. The topics discussed with Caroline Clarke included urgent and emergency care performance and the improvement measures that had been implemented; research and recruitment in the chemotherapy unit and the positive results achieved in the 2023 National Cancer Patient Experience Survey; the work of the haemoglobinopathy service and its place within in the organisation as an Anchor Institution; the programme of fire remediation work; and the Barnet 0-19 Service. • The consultation on the NHS 10 Year Plan was in progress and Whittington Health would submit an organisational response in due course. • Changes were planned to the NHS Operating Model with responsibility for performance transferred to NHS England (NHSE) and further details were expected. This would have implications for Integrated Care Boards (ICBs) who could potentially take on a strategic function. More would be made known in the New Year. • A number of key stakeholder meetings had taken place which included Joint Health Overview and Scrutiny Committee meetings and Health and Wellbeing Boards in Haringey and Islington. The Haringey Borough Partnership had met to discuss inclusion in health and the details of this meeting would be shared with inclusion colleagues at the Trust. • The NHS Staff Survey would close on 29 November. The Trust was expected to achieve a 43% response rate. • A Start Well briefing pack had been shared at a number of staff briefings led by Jonathan Gardner and Charlotte Hopkins. • The Trust had secured an additional £9m of capital from the NCL ICB, which would be used for fire remediation.

5.2	<ul style="list-style-type: none"> • Dr Raj Khasriya was congratulated for securing a prestigious Medical Research Council award of £1.4m to fund research into extended antibiotic treatment for chronic urinary tract infections. <p>During discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Amanda Gibbon congratulated Clare Dollery on the positive feedback received from Caroline Clarke. She queried whether the Trust’s response to the NHS 10 Year Plan consultation would be shared with Board members before submission to NHSE. • Jonathan Gardner confirmed that the deadline for responses to the national consultation was Monday 2 December 2024, and that the Trust’s draft response would be circulated to board members after the meeting. Any comments should be communicated to him by 1 December. <p>The Trust Board noted the Acting Chief Executive Officer’s report and agreed to feedback any comments on the Trust’s draft response to the NHS 10 Year Plan by 1 December 2024 to Jonathan Gardner.</p>
6.	North Central and East London public engagement
6.1	<p>Sarah Wilding apprised the Board of the latest developments with the public consultation led by North Central and East London Provider Collaborative (NCELPC) on proposals for a new interim model for inpatient child and adolescent mental health service, following the closure of Simmons House. She confirmed that the consultation started on 18 October and would close on 29 November 2024. Feedback from the consultation would be systematically reviewed and reported to a meeting of the NCELPC Board in January 2025.</p>
6.2	<p>Sarah Wilding reflected on the collaborative work undertaken between stakeholders during the consultative period and thanked Andrew Sharratt for his hard work to ensure a comprehensive engagement process.</p> <p>The Trust Board noted the report.</p>
7.	Quality Assurance Committee Chair’s report
7.1	<p>Amanda Gibbon presented the report for the meeting held on 13 November. She highlighted the following items, which the Committee had agreed to raise with the Trust Board:</p> <ul style="list-style-type: none"> • The Maternity services team were thanked for their significant work on the Maternity Incentive Scheme (MIS) submission and managing a cluster of incidents. The Committee noted the risk of achieving compliance in all MIS domains by the end of November. • The continuing work to mitigate ligature risks. • The progress achieved in sickle cell services in the emergency department and within a dedicated ward area, through implementation of an improvement plan. • The patient safety investigation incident report on community-acquired pressure ulcers highlighted the complex nature of managing pressure ulcers, especially in the community, and the ongoing issues around the supply of pressure relieving equipment.

<p>7.2</p> <p>7.3</p> <p>7.4</p>	<p>Amanda Gibbon highlighted the items from which the Committee took good assurance:</p> <ul style="list-style-type: none"> • Board Assurance Framework - Quality and Integration 2 entries. The Committee agreed that scores would remain the same and would be reviewed at the next meeting in January 2025. • The 2023/24 Research & Development Annual Report which outlined the significant work carried out in oncology. • The 2024/25 Q2 Quality governance report which included serious incidents, the patient safety incident response framework and issues with methicillin-resistant staphylococcus aureus and clostridium difficile cases. • The bi-annual adult safeguarding report, which highlighted the lack of a domestic violence adviser at the Trust. In the interim, the role would be supported by the Head of Vulnerable Adults. The Trust had also worked in partnership with the Violence Against Women Group at Islington Council. • The 2024/25 Q1 Learning from Deaths report – the Committee had a lengthy discussion on the Summary Hospital-level Mortality Indicator (SHMI) for the year to May 2024 which had increased to 1.0005. The Committee had received assurance that the cluster of deaths from strokes and respiratory illness had not contributed to the SHMI increase. • The Committee welcomed the comprehensive Religion and Belief Guide and noted that it would continue to be updated through engagement with staff. <p>Amanda Gibbon sought approval from the Board for the Committee’s recommendation to endorse the proposed change in the risk descriptor for the Quality 2 Board Assurance Framework entry, and also for the patient safety investigation incident report on pressure ulcers.</p> <p>During discussion, Tina Jegede advised that a joint sickle cell disease seminar took place between Whittington Health and University College London Hospitals (UCLH) on 20 November. The event was attended by patients, nurses, consultants and members from the voluntary sector.</p> <p>The Board noted the Chair’s assurance report for the Quality Assurance Committee meeting held on 13 November 2024 and approved:</p> <ol style="list-style-type: none"> i. the proposed change in the risk descriptor for the Quality 2 Board Assurance Framework entry; and ii. the patient safety investigation incident report on pressure ulcers.
<p>8.</p>	<p>Clinical Strategy Development</p>
<p>8.1</p>	<p>Charlotte Hopkins presented the report. She acknowledged the significant amount of work undertaken to create a framework to develop the strategy. Charlotte Hopkins explained that a value proposition had been developed from internal and external stakeholder engagement. In addition, a section titled ‘Whittington ways of working’ had captured the Trust’s research agenda, health innovations and community working. Proposed chapter headings for the strategy included frailty, women, children, long term conditions, urgent and emergency care, diagnostics, cancer and elective. The Trust’s brand was also</p>

8.2	<p>considered to be highly regarded internally and externally. Charlotte Hopkins emphasised the specialist services offered by the Trust, acknowledging its tertiary services and its ambitions for growth and research. Charlotte Hopkins highlighted next steps, which included systematic work with clinical groups towards the completion of the chapters.</p> <p>During discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> • Junaid Bajwa advised on the importance of engagement with primary care services. Amanda Gibbon suggested that primary care services could be incorporated with the population health agenda. • Rob Vincent suggested that, in the interests of the local population, and with the NHS 10 Year plan in mind, the pressures on finances and resources should be acknowledged. In response, Charlotte Hopkins advised that, on 18 December, a meeting would be held to look at the financial aspects of the clinical strategy, together with the effective use of resources. • Nailesh Rambhai queried whether the Trust had previously implemented a clinical strategy and whether there were areas of work that the Trust would be willing to set aside for other organisations to manage more effectively. In reply, Jonathan Gardner confirmed that this was first clinical strategy that had comprehensively engaged with internal and external stakeholders. He stated that the draft strategy was clear on areas of strength, specialities and specific focus. He confirmed that the Trust would navigate patients to pathways shared with other providers, including specialist organisations. • The Chair commented that the frailty section needed to reference end of life care more strongly and explain what was being done in that area. • Clare Dollery reported that, when the proposal to collaborate with UCLH was discussed by the Joint Health Overview and Scrutiny Committee, UCLH was described as expert specialists and Whittington Health as expert generalists. • She added that the Trust’s research team was proud to recruit patient participants to UCLH-based studies, which would allow such patients to access treatments that were not on offer at Whittington Health. <p>The Trust Board noted the progress made on the development of the clinical strategy and approved the next steps for engagement.</p>
9.	Workforce Assurance Chair’s Assurance Report
9.1	<p>Rob Vincent presented the report for the meeting held on 13 November 2024 at which the Committee took good assurance on the agenda items discussed. Rob Vincent drew the following items to the attention of Board members:</p> <ul style="list-style-type: none"> • The ongoing work taking place to implement the requirements of the Sexual Safety Charter. • The updates provided by the Estates & Facilities department on work taking place across the organisation. • The controls put in place to reduce temporary staffing expenditure, to attract new staff and to encourage staff retention. The Committee also discussed the impact of the reduction in overseas recruitment activity. • The good progress achieved in staff diversity recording for disability and ethnicity.

	<ul style="list-style-type: none"> The Committee welcomed the staff story which focussed on the communication campaign undertaken to help reduce incidents of violence and aggression. The Committee was informed that the campaign was developed to complement the launch of the Trust's Violence and Aggression policy. Assurance was provided regarding the support provided to staff who suffered incidents of physical and verbal abuse and insight was given on identifying patients who were likely to become violent. <p>The Trust Board noted the Committee Chair's report for the Workforce Assurance Committee meeting held on 13 November 2024.</p>
10.	Freedom to Speak up Guardian report
10.1	<p>Liz O'Hara took the report as read and introduced the Freedom to Speak up Guardian (FTSUG) to highlight its salient points. Ruben Ferriera drew Board members' attention to the following issues~:</p> <ul style="list-style-type: none"> Both locally and nationally, NHS staff still experienced problems raising issues with freedom to speak up guardians. The Trust regularly linked with the FTSUG at UCLH, which provided an opportunity for learning and supervision. The FTSUG and Guardian Champions had worked with colleagues from the Staff Health and Wellbeing team on the engagement roadshows initiative across various community sites. Their aim was to raise awareness about the importance of speaking up, provide staff with the confidence to voice concerns in a safe and supportive environment. The main themes identified from concerns raised included bullying and harassment, followed by worker safety and health and wellbeing. 48% of concerns raised were by ethnic minority staff. Training opportunities were made available across all staff groups and work continued to recruit speak up champions, particularly in areas where they were underrepresented.
10.2	<p>In discussion, Board members raised the following points:</p> <ul style="list-style-type: none"> Jonathan Gardner commented on the importance of raising patient and safety issues, as well as staff issues. Tina Jegede reflected on the high proportion of concerns raised by ethnic minority staff, particularly within nursing. She highlighted the importance of feedback to staff to provide assurance that their concerns were being addressed. <p>The Trust Board noted the six-monthly report from the Freedom to Speak Up Guardian.</p>
11.	Integrated Performance Report
11.1	<p>Jonathan Gardner took the report as read. Trust Board members raised the following points:</p> <ul style="list-style-type: none"> Amanda Gibbon welcomed the excellent diagnostic performance and the achievement of DMO1 targets.

	<ul style="list-style-type: none"> • Amanda Gibbon also queried the increase in outpatient follow-up appointments. In response, Chinyama Okunuga confirmed that this was case which placed the Trust in an unfavourable position, as elective activity was paid under a block contract arrangement. • Jonathan Gardner confirmed that, during October, elective activity had increased and there was a positive impact on reducing waiting lists. <p>The Trust Board noted the integrated performance report.</p>
12.	Finance & Capital Report
12.1	<p>Terry Whittle presented the month eight report and highlighted the following:</p> <ul style="list-style-type: none"> • The Trust was reporting a year-to-date deficit of £15.8m, which was £5.1m adverse to plan. • There was a shortfall in fully funding the 2024/25 national pay award, which was being discussed with the NCL ICB. • The deficit was also driven by a shortfall in elective activity as a result of junior doctors' industrial action. The Trust would continue to experience difficulty in rescheduling elective activity due to the closure of theatres 1 and 2 for ventilation works. • Agency staffing costs were £8.6m and there was work taking place to implement stronger controls to help reduce expenditure on temporary staff. • The Trust had delivered £8.2m of savings against a year-to-date target of £9.7m. • Income was £6.6m above plan and consisted of £3.5m of NHS clinical income and £1.2m non-NHS clinical income. • Capital expenditure to the end of October was £4.47m against a £3.99m plan. • Overall, the Trust's Better Payment Practice performance was 96.55% by volume and 92.92% by value, despite the cumulative deficit. <p>The Board noted the month eight finance and capital expenditure report.</p>
13.	Charitable Funds Committee Chair's report
13.1	<p>Amanda Gibbons presented the Committee Chair's report for the meeting held on 24 October 2024. She reported that the Committee considered and approved funding for the purchase two Accuvein handheld vein viewing systems for children and a proposal to purchase care boxes for staff for Christmas.</p> <p>The Board noted the Committee Chair's report for the meeting held on 24 October 2024</p>
14.	Questions from the public
14.1	There were no questions received.
15.	Any other business
15.1	Jonathan Gardner advised that another Michael Palin evening had been organised to take place in the New Year.

15.2	<p>The Chair highlighted the change in Non-Executive Director lead roles contained in the Chair's report to the Board. She explained that further changes were planned for the summer 2025, when Mark Emberton would take up the role of Chair of the Quality Assurance Committee. Amanda Gibbon would chair the meetings until then.</p>
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Trust Board, action log

29 November 2024 meeting

Agenda item	Action	Lead(s)	Progress
Acting chief executive report	Executive colleagues to provide any feedback to the NHS 10 Year Plan to Jonathan Gardner by 1 December 2024	All	Completed.
Medical appraisal and revalidation	Provide a follow up report on the progress of the recruitment of medical appraisers to the Workforce Assurance Committee	Acting Medical Director	Due at the February 2025 meeting of the Workforce Assurance Committee.
Integrated Performance Report	Carry out a deep dive on complaints at the next meeting of the Quality Assurance Committee	Chief Nurse and Director of Allied Health Professionals	Completed at the January 2025 Quality Assurance Committee meeting.

Welcome to the latest newsletter from Whittington Health Charity.

Whittington
Health Charity

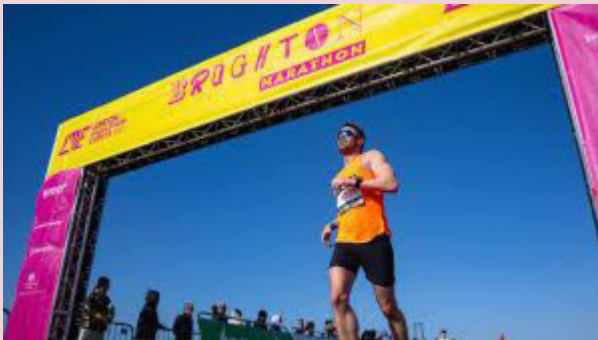
Thank you for supporting our Christmas Fair



We'd like to thank everyone who came along to our first Christmas Fair. We're delighted to tell you that the event raised over £700! Crucially, the event brought people together at the Hospital in a way that hasn't happened since before the Covid-19 pandemic. We look forward to making it bigger and better for 2025!

Challenge events for 2025

If you've made a commitment to getting fitter and healthier in 2025, or you want to raise funds for your patients and colleagues, then read on to find out more about the our challenge events.



Brighton Marathon

We have just two places left in the Brighton Marathon on 6 April 2025. This race is becoming increasingly popular each year, thanks to the route that offers a stunning coastal backdrop. [Get in touch](#) for more information.

The Big Half - London - 7 September 2025

This is an incredible opportunity to run part of the iconic London Marathon course on fully closed roads. The 13.1 mile course weaves through London from Tower Bridge to the iconic Cutty Sark in Greenwich.

For more information, [email us](#).





Snowdon by Night - multiple dates

How about climbing Snowdon by night? Standing at the summit by moonlight will be an unforgettable experience, as will seeing the sunrise from the mountain slopes as you descend.

For more information and to register, click [here](#).

London to Paris cycle ride - multiple dates available

Cycling from London to Paris is one of the great cycle experiences in Europe. Even better, the July dates coincide with the finale of the Tour de France in Paris!

For more information and to sign up, click [here](#).



We have many more challenges available

We now have a wide range of challenge events available - too many to list here! Go to our website [here](#) to find out more.

Or you can email us at fundraising.whitthealth@nhs.net and we'll find you the perfect fundraising activity.



Unwanted Christmas gifts

Have you received a gift that's not quite 'you'? If so, please consider donating it to the Charity so that we can use it as a raffle prize, or sell it on a Charity stall.

[Get in touch](#) to find out how you can donate your unwanted gifts.

Christmas wellbeing packs from Colleague Box

We understand that some colleagues haven't received their wellbeing boxes yet. We're very sorry if you're still waiting.

We were assured by the supplier that these would be sent out and received prior to Christmas. Unfortunately, an issue with their courier service has resulted in a delay. This is now being resolved and we expect all packs to be delivered next week.

We apologise for the inconvenience this has caused.

If you have any questions or you want to find out how you and your patients can fundraise, please get in touch at fundraising.whitthealth@nhs.net

Best wishes,

Sam, Katherine, Jo, Sydney & Lydia

Whittington Health Charity Team

<https://whittingtonhealthcharity.org>



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.	
Board Assurance Framework	All entries	
Report history	Report to each Board meeting held in public	
Appendices	1: Charity newsletter	

Chair's report

This report updates Board members on activities undertaken since the last Board meeting held in public on 29 November 2024.

I want to thank all staff and volunteers who worked during Christmas and the New Year for their hard work in delivering safe services and a good experience for our patients. I also recognise the considerable pressures that colleagues continue to face with a significantly increased demand for services, particularly in the urgent and emergency care pathway. Along with all Board members, I am most grateful to them for their dedication.

Private Board meetings, November and December 2024

The Board of Whittington Health held a private meeting on 29 November, where the items included updates on Simmons House, fire safety, the provision of community child and adolescent mental health services in North Central London, and a report from the Chair of the Finance and Business Development Committee for its meeting held on 24 October 2024. In addition, the private Board meeting considered a verbal report from the Chair of the Improvement, Performance and Digital Committee for its meeting held on 28 November 2024, along with a report on an outline business case for an electronic patient record. The private meeting of the Board held on 19 December 2024 reviewed items including the Chief Executive's report, fire safety, planning for winter, along with our normal monthly reports covering integrated performance and finances and capital expenditure.

Remuneration Committee meeting, November 2024

I chaired a meeting of the Remuneration Committee on 29 November. The items discussed included revised committee terms of reference, the 2024/25 pay award for Very Senior Managers, a six-month review of the appointment of a Chief People Officer, shared with University College London Hospitals NHS Foundation Trust, and an update on the recruitment and selection process for a substantive Chief Executive. In January 2025, the Remuneration Committee agreed to extend the secondment of the Acting Medical Director for a period of three months until 31 May 2025.

Change to Board Committee membership

I wanted to report a change in the non-executive membership of the Audit and Risk committee with effect from January 2025. I am very grateful to Nailesh Rambhai who has replaced Glenys Thornton as a committee member, for taking on this additional responsibility.

Charity newsletter

I am pleased to append to my report the first Charity newsletter for 2025.

Meetings

I have also participated in the following meetings and events:

- On 2 December 2024, I chaired a meeting of the partnership development committee-in-common between University College London Hospitals NHS Foundation Trust and Whittington Health NHS Trust.
- I attended corporate induction in January and December and held separate induction meetings with the Director of Estates and Facilities and the Director of Operations in our Surgery & Cancer Clinical Division.
- On 19 December 2024, I attended meetings of the Charitable Funds Committee and the Medical Committee.
- I have had weekly North Central London Health Alliance meetings.
- I attended the North Central London Integrated Care Board's Strategy and Development Committee meeting.
- On 8 January, I chaired a recruitment and selection panel for a Consultant in Child and Adolescent Psychiatry.
- On 10 January, Along with Clare Dollery, Acting Chief Executive, I met with Sarah Sackman MP.
- 1:1s with Executive team members and the Acting Chief Executive
- 1:1s with Non-Executive Directors



Meeting title	Trust Board – public meeting	Date: 31.01.2025
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 the Board meeting held in public on 29 November 2024.	
Purpose	Noting	
Recommendation	Board members are invited to note the report.	
BAF	All Board Assurance Framework entries	
Appendices	None	

Acting Chief Executive's report

Plan for Change

The Plan for Change published on 6 December 2024 set out the Prime Minister's milestones for a mission-led government. This includes building an NHS fit for the future through improving access to health and care services, including cutting waiting times; reducing early deaths from cancer, heart disease, stroke and suicide; and addressing the underlying drivers of ill-health and tackling health inequalities. The key enablers for the NHS were to move more care from hospital settings to closer to patients' homes; transforming analogue services to a digital basis; building the workforce needed for the future; and placing a greater emphasis on prevention rather than treatment.

Reforming Elective Care for Patients

On 6 January, NHS England published the NHS elective reform plan to support the aim in the Plan for Change to reduce waiting times. This guidance contains four key areas of focus: empowering patients through enhanced choice, control, and service standards for a smoother and more supportive care experience; reforming delivery by increasing productivity, ensuring consistency and adopting innovative practices to expand elective care capacity; delivering the right care in appropriate settings, with skilled healthcare professionals; and, having aligned funding and oversight by integrating funding, performance standards and local responsibilities to drive reform with regular oversight. There are three immediate actions for acute NHS trusts to take in 2025/26: assign a director to improve the experience of care and waiting; review operational process to enhance communication and information about waiting times; and provide customer care training to patient-facing, non-clinical staff and promote training on e-referral services. Key elective treatment goals set out are to ensure 65% of patients are waiting less than 18 weeks for treatment nationally by March 2026 and for individual NHS trusts to improve their current performance by a minimum of 5%.

Independent Commission for Social Care

The Department of Health and Social Care also announced on 3 January immediate investment and reforms to improve adult social care and to support the workforce. This package of support will help to deliver the government's Plan for Change aim on social care by helping to keep older people out of hospital and living at home, independently and for longer, and by helping more disabled people to receive home adaptations. Baroness Louise Casey will chair an independent commission into adult social care which will make recommendations to the Prime Minister for how to rebuild the adult social care system so that it meets current and future population needs.

NHS Planning Guidance:

NHS organisations have been told that the 2025/26 NHS Planning Guidance has been delayed and that it will be released in the New Year. Preparation for the release of the guidance is progressing, with business plans being developed.

Haringey Health and Wellbeing Board

I attended a meeting of the London Borough of Haringey's Health and Wellbeing Board on 28 November 2024 where the key item considered included the Haringey 2035 Vision which has been developed in partnership with stakeholders and seeks to ensure the borough is a place where all residents have an opportunity to thrive and where the quality of life in all areas every part of the borough is comparable to the cleanest, greenest and safest neighbourhoods. There were also an endorsement of the North Central London Integrated Care Board's Population Health and Integrated Care Strategy and an update on the Better Care Fund.

NCL Health Alliance

The NCL provider alliance's executive group met on 12 December. It discussed the winter pressures being experienced across the sector, received an update on the complex long term health conditions programme which would see the first cohort of 15 patients accessing the services through the South Islington primary care network on 13 December. The executive group also reviewed the potential to fund proposed spirometry hubs.

North Middlesex University Hospital

On 1 January, the North Middlesex University Hospital NHS Trust merged into the Royal Free London NHS Foundation Trust group. Both trusts have been close partners since 2017 and Whittington Health looks forward to continuing to work collaboratively with these North Central London partners for the benefit of local residents.

Meeting with Catherine West MP

On 17 January, I was pleased to meet with Catherine West, MP for Hornsey and Friern Barnet. Amongst the issues covered was the current pressures in the urgent and emergency care pathway.

Regional Director's visit

On 28 November, the Trust welcomed NHS England's Regional Director, Caroline Clarke, who met the Chair and Acting Chief Executive and colleagues from across the organisation. The visit provided a fantastic opportunity to highlight the incredible work taking place across our hospital and community sites. A range of issues were discussed including the innovation work taking place in the urgent and emergency care pathway; improvements in patient experience seen in the outcome of the NHS adult inpatient survey; the National cancer inpatient experience survey through the collaborative work in oncology services with UCLH; the work to tackle health inequalities through the Red Cell community service; the capital investment needed to upgrade our power and fire safety; and the Barnet community services for people aged 0-19.

London CEOs' meetings

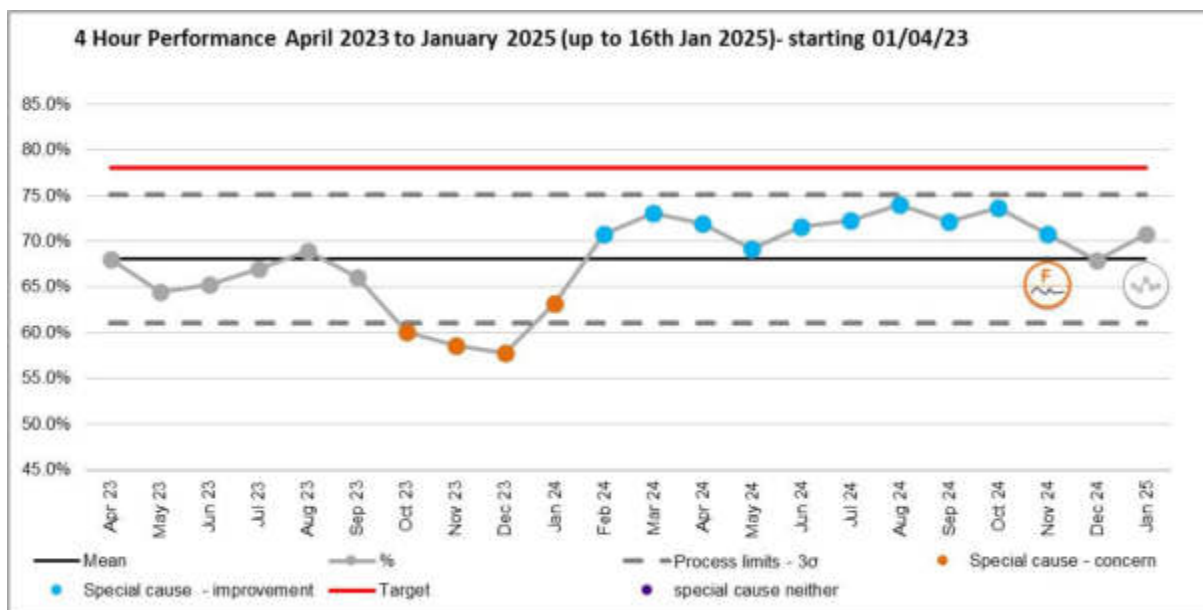
On 18 December 2024, I attended a meeting of London's NHS chief executives where the items discussed were the 25% increase this year in demand for the London Ambulance Service, the use of artificial intelligence and a core training offer for managers. The next meeting on 16 January covered integrated neighbourhood teams, an update on planning for 2025/26 and cyber security risks.

UCLH/WH Partnership Development Committee-in-Common

On 2 December, there was a positive face-to-face meeting of the partnership development committee-in-common between University College London Hospitals NHS Foundation Trust (UCLH) and Whittington Health NHS Trust. There were helpful updates on the excellent collaborative work taking place in the maternity pathway for elective caesarean section births and the work taking place to develop an oncology investment plan.

Emergency Department

There have been significant pressures in emergency departments across England since early December, caused by a winter upsurge in flu and respiratory infections and very high numbers of patients arriving either by ambulance or attending A&E themselves both at The Whittington Hospital and at adjacent providers who have needed to divert ambulances. Several trusts in England have had to declare critical incidents as a result. The graph below shows that performance against the four-hour access standard at Whittington Health remained around 70% during December and this performance has improved further during the first two weeks of January. The Evening Standard reported on 17 January that Whittington Health as having the fifth shortest A&E waiting times in the capital.



While Whittington Health's hospital has been experiencing very significant pressure in urgent and emergency care, in these circumstances, as an absolute last resort, it has been necessary to provide care in corridors. In common with other hospitals, where this is necessary additional staff have been brought in on a temporary basis to ensure that care can be delivered as safely and compassionately as possible to patients. The Trust has worked with partners across the health and care system to request mutual aid at times of worst pressures, to alleviate the impact, and ensure patients get care as quickly and safely as possible this winter. We apologise to any patient whose care has not met our usual high standards due to the exceptional level of demand and are grateful to all of our hardworking staff for their commitment during this period of extraordinary pressure.

Theatre ventilation works

Between January and mid-March 2025, work is taking place to replace the air handling unit in theatres 1 and 2. To help mitigate this impact of these works, lists have been moved to the day treatment centre theatres. In addition, weekend activity is planned.

New Uninterruptible Power Supply (UPS) System

I am pleased to report that Whittington Health has taken a significant step toward bolstering its information technology infrastructure with the successful installation of a new state-of-the-art UPS system. The new UPS system is designed to provide up to eight hours of uninterrupted power and its system safeguards against power outages and disruptions. Its capacity to protect both our hospital and community services helps to ensure that our organisation will remain unaffected during unforeseen power incidents. This increased resilience will help to guarantee that important systems, such as patient records, diagnostic tools and communication networks, can remain online even in challenging conditions.

Fire rectification

I am pleased to update that work is progressing with upgrades to our fire detection systems, and other fire mitigation measures, enabled by an additional £9 million of capital expenditure funding. This additional resource is being utilised on capital schemes in Blocks A and L, our former private finance private initiative estate. Alongside these works, our team has continued dialogue with London Fire Brigade, and the NHS England London regional team, to progress the case for additional investment in more extensive works required for rectification works and a productive workshop was held on 10 December to discuss these matters.

CEO staff briefings

An all-staff briefing was held on 12 December 2024 where the information shared included an update on the collaboration between Whittington Health and the London Ambulance Service (LAS) to help people to stay at home after accidents, giving them better care and taking pressure off busy emergency departments. Nurses and therapists from our community services are working with LAS drivers out of Edmonton Station, and they ride along to category 3 and 4 incidents and support patients by deploying rapid response or other services which has halved conveyancing of patients to hospital. The initiative covers Haringey and Tottenham. The briefing also saw an update on the outcome of the maternity patient experience survey and a helpful presentation from Lisa Carrie, Critical Care Outreach Team Nurse, on the implementation of Martha's Rule at the Trust. The next all-staff briefing took place on 9 January 2025 and the topics discussed included the renovation works taking place in theatres 1 and 2 and the forthcoming workshops to help further develop our new Clinical Strategy.

NHS Staff Survey

The 2024 NHS staff survey closed on Friday, 29 November and was promoted extensively across Whittington Health. I am pleased to report that the final response rate was 45%, which exceeded last year's outturn by 1.7% and I thank all staff who completed the survey and particularly colleagues in the organisational development team and across the Trust who helped to publicise the survey. The survey outcomes provide rich feedback on the issues that will be addressed by management teams in

the year to come. The survey results are currently embargoed and will be available in March 2025.

New Year's Honours List

I am delighted to announce that Matilda Asante-Owusu, Sickie Cell Community Matron at our organisation, was awarded an MBE in the King's New Years Honours list. She has dedicated 36 years of service to the NHS. During her early career working within haematology services, Matilda discovered her passion for supporting patients with sickle cell disorder after caring for a group of individuals living with the condition. This experience inspired her to specialise in this field, becoming the first Sickie Cell Community Matron - a role where she provides care to patients with sickle cell disorder in their homes.



Our teams support over 300 adults living with sickle cell disorder, and Matilda's work extends beyond Whittington patients to include patients who receive their care at UCLH and live in Camden.

I am also pleased to congratulate Marie Gabriel, Chair of the North East London Integrated Care Board, who was made a Dame Commander. She also sits on the Mayor of London's Health Board and is Co-Chair of the London People Board. In addition, Marie is the founding Chair of the NHS Race and Health Observatory.

Respiratory and Cardiology and Radiology services

I was delighted to visit our respiratory and cardiology team on 7 January. On 20 January, I also had the pleasure to visit our radiology service team and the picture overleaf shows one of our nuclear medicine scanners which is a part of our radiology department which is a collaboration with UCLH. I also spoke with staff in our busy X-ray ultrasound and CT areas and thanked them for their exceptional work to ensure as many patients as possible receive timely imaging and a diagnosis.



Inclusion workshop

I would like to thank Cherron Inko-Tarriah MBE who spoke at an event held on 16 January on delivering better patient care, development opportunities for staff and the importance of effective staff networks. She provided valuable insight which we will be taking forward in discussion with our four staff networks.

Extra Mile Awards winners

I want to congratulate the two recipients of January's Extra Mile Awards. The first winner is Lauren Miller, Emergency Department Nursing Administrator, who was cited for consistently going above and beyond her duties as the Nursing Administrator for our busy Emergency Department. The second award goes to both Siobhan Blackman and Kate Barnett, Wellbeing Champions for the Paediatric Audiology Team. Their citation recognised that Siobhan and Kate have been Wellbeing Champions for several years within the Barnet & Enfield Audiology team and that their commitment, enthusiasm and generosity were testament to the Trust's ICARE values, and the positive impact they have is palpable across the team.



Meeting title	Quality Assurance Committee	Date: 15th January 2025
Report title	Quarterly Learning from Deaths (LfD) Report Q2, 1 st July 2024 to 30 th September 2024	Agenda item: 4.2
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 2, 1st July 2024 to 30th September 2024, there were 105 adult inpatient deaths (excluding deaths in ED) reported at Whittington Health (WH) versus 103 in Q1 2024/25.</p> <p>8 adult structured judgement reviews (SJRs) were requested for Quarter 2 and 8 of these have been completed and presented at department mortality meetings. 42 non SJR mortality reviews were completed.</p> <p>There were no maternal deaths. Sadly a 2-year-old child died following discharge from Paediatric ED. This is being investigated via PSII and is due to go to inquest in 2025.</p> <p>The latest published Summary Hospital-level Mortality Indicator (SHMI) for the Whittington is for the data period August 2023 to July 2024 is 0.98 which remains in the expected range but is an improvement with a drop from 0.99. 75% of our deaths occurred in hospital vs 69% nationally. 57.9% of our provider spells were in deprivation quintiles 1 and 2 vs 43.2% nationally. The highest SHMI by diagnostic group was cancer of the bronchus; lung at 1.6. However, this remains in the expected range.</p>	
Purpose:	The paper summarises the key learning points and actions identified in the mortality reviews completed for Quarter 2, 1 st July 2024 to 30 th September 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 is due to be presented at Mortality Review Group tomorrow.	
Appendices	Appendix 1: NHS England Trust Mortality Dashboard Appendix 2: Newsletter	

1. Introduction

1.1 This report summarises the key learning identified in the mortality reviews completed for Quarter 2 of 2024/25. 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 2, 2024/25

There were 105 adult inpatient deaths (excluding deaths in ED) reported at Whittington Health (WH)

- 3.1 There was 1 neonatal death reported at Whittington Health, and 3 stillbirths and a death of 1 child.
- 3.2 There were no maternal deaths.
- 3.3 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)	25
Cavell	14
Cloudesley	10
Meyrick	13
ITU	11
Nightingale (respiratory)	5
Coronary Care Unit (Montuschi)	6
Thorogood	7
Victoria	0
Coyle	7
Mercers	2
Eddington	0
Cearns	0
Theatres Recovery	
Child/neonatal	2
Maternal	0
Total:	105

3.4 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	91	42	49
Paediatric Mortality Reviews	5	0	5
SJR	8	8	0

3.5 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)	2	
Cavell	1	
Cloudesley	1	
Meyrick	1	
ITU	1	
Nightingale	0	
Coronary Care Unit (Montuschi)	0	
Victoria	0	
Coyle	0	
Mercers	0	
ED	1	

Thorogood	0	
Theatres Recovery	0	
Other	1 (Neonates - Intensive Care)	1
Total:	9	1

Table 3: Reasons for deaths being assigned as requiring an SJR during Quarter 2, 2024/25

Criteria for SJR	Number of SJRs identified	Completed SJRs	Comments
Staff/clinician raised concerns about care			
Staff/Clinician/Medical Examiner raised concerns about care	1	1	
Family raised concerns about quality of care			
Death of a patient with Serious mental illness (SMI)	4	4	
Death in surgical patients			
Paediatric/maternal/neonatal/intra-uterine deaths			
Deaths referred to Coroner's office without proposed cause of death	1	0	1 - WISH review confirmed the need for full external oversight of PSII. PMRT will follow once the investigation is complete.
Deaths related to specific patient safety or QI work			
Death of a patient with a Learning disability	3	3	
Medical Examiner concern			
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	8	1

3.6 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.

3.7 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 105 inpatient adult deaths recorded in Quarter 2, 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 22 November 2024 (Week 47), 10,934 deaths were registered in England and Wales (including non-residents), a decrease from 11,046 in the previous week (Week 46). The number of deaths registered in Week 47 was 11.7% lower than the expected number (1,447 fewer deaths). In the week ending 22 November 2024, 13.2% of registered deaths involved influenza or pneumonia (1,438 deaths), while 1.2% involved coronavirus (COVID-19) (129 deaths).
- 4.4 The number of inpatient and ED deaths in Q2 2024/25 was 123.
- 4.5 There were three learning disability deaths and four deaths of patients with an SMI during Quarter 2.
- 4.6 The radial graph below compares all crude adult mortality rates (including ED deaths) for Whittington health 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)

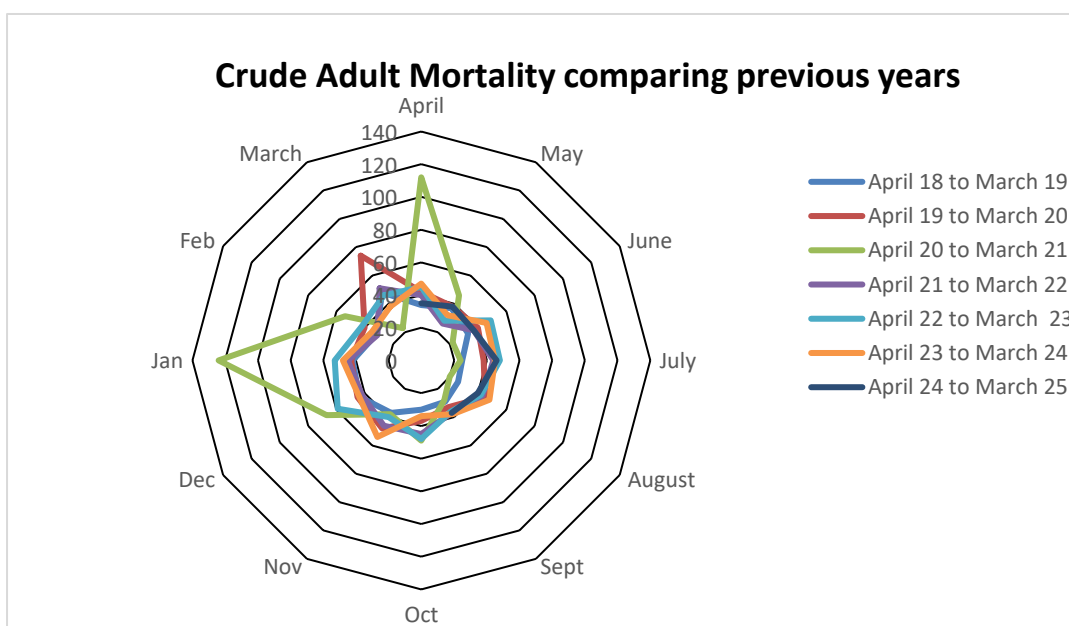


Table 4: Number of inpatient and ED deaths each month over the past 5 years

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	46
August	26	45	20	43	42	48	40
Sept	29	33	28	37	36	38	37
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)

The latest published Summary Hospital-level Mortality Indicator (SHMI) for the Whittington is for the data period August 2023 to July 2024 is 0.98 which remains in the expected range but is an improvement with a drop from 0.99 which was the previous figure.

6. Themes and learning from mortality reviews Quarter 2, 2024/2025

6.1 Management of patients with SMI (serious mental illness) - 4 people

Evidence of good End of life care (EOLC)

For a patient with advanced cancer and frailty after a fall:

- Collateral history sought
- Promptly consultant review and appropriate ceilings of care were set
- Early palliative care team involvement
- Regular communication with the family

A psychiatric inpatient was admitted from a mental health facility with a fracture and pneumonia. They had a comprehensive assessment with multiple specialties involved within the first four hours of admission, and there was a first review from palliative care within the first 24 hours of admission. The patient died within 48h of admission. It was communicated early to the family that this was likely a terminal admission, and this allowed for a period of parallel planning and a smooth transition to focusing on end-of-life care following a short period of medical treatment for pneumonia.

An elderly comorbid person with a serious mental illness was admitted in multiorgan failure. There was evidence of good and appropriate care received.

For the 2 patients who died after admission from a mental health unit their SJRs have been shared with the board lead for Learning from Deaths.

6.2 Management of patients with Learning Difficulties or autism

There were three deaths

The clinical team provided well-coordinated, timely and appropriate resuscitative efforts for a patient. Despite exhaustive efforts, the patient's underlying congenital heart disease was not amenable to treatment after resuscitation. The team handled end-of-life care with sensitivity, involving the patient's NOK in the decision-making process and with compassionate communication.

In another patient status epilepticus was managed well with good resuscitative care and protocol drugs. Early imaging showed likely metastatic disease related to a prior malignancy which was promptly recognised. There was early involvement of LD specialist team and SALT with clear care plans. There was also discussion with relevant specialists, and good involvement of palliative care.

In a patient with an acute abdomen there was a missed myocardial infarction in the first 24 hours. There should be a low threshold for referral to a specialist cardiac centre, however, the patient's primary problem was one of a surgical nature. Following multidisciplinary discussions they underwent a laparotomy. Sadly, they deteriorated further and died post-operatively.

6.3 Other adult deaths

In a patient with cancer, overall care and documentation were of a high standard. Good attention was paid to the communications with their family and there was good palliative care involvement.

6.4 Feedback highlighted from adult non SJR deaths were:

The importance for all teams to ensure that patients who have nonsurvivable problems to have appropriate DNACPR (do not attempt CPR) and TEP (treatment escalation plan) discussions early, and prompt referrals to palliative care, rather than waiting for another team to initiate. It is important for teams on call to flag patients early to their consultant where a high risk of imminent death is likely, and there is no discussion of DNACPR and TEP from the patient and family.

6.5 Neonatal, stillbirths and Paediatric Deaths

There were 3 stillbirths and 1 neonatal death and 1 child death.

Stillbirths

1 stillbirth where the cause was placental abruption. This case is under investigation via PSII (patient safety incident investigation)

1 stillbirth where the cause was placental abruption. The learning has focussed on the management of the postpartum haemorrhage (PPH).

1 stillbirth where the cause was chorioamnionitis. This case is being investigated by MNSI (maternity and newborn safety investigations) as it was an intrapartum death.

Neonatal death

1 Neonatal Death in a full-term baby the cause of death is unknown. This sad case is subject to an investigation by the coroner and MNSI.

Paediatric death

The child who died was 2 years old and died after likely sigmoid colon infarction secondary to a volvulus, after an earlier discharge from the paediatric Emergency Department. This is being investigated via PSII and is due to go to coroner's inquest in 2025.

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

Awaiting review regarding heart failure deaths.

9. Recommendation

- 9.1 QAC is asked to
- 9.2 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.
- 9.3 Be aware of the areas where further action is being taken to improve compliance data and the sharing of learning.

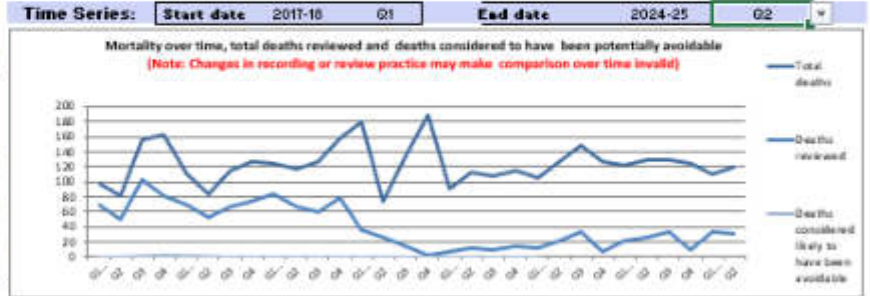
Appendix 1

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
36	33	10	10	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
120	110	30	32	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
230	501	62	61	0	0



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
1	1	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
3	1	1	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
5	8	2	7	0	0



Meeting title	Public Board	31-01-25
Report title	Nursing and Midwifery 6 monthly Safer Staffing Review Report (March - August 2024 data)	Agenda item: 6.2
Executive director lead	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
Report authors	Marielle Perraut, Assistant Chief Nurse Maria Lygoura, Lead Nurse for Safer Staffing and Roster Utilisation	
Executive summary	<ul style="list-style-type: none">• In line with National Quality Board (NQB) guidance (2016), The bi-annual Nursing and Midwifery Report outlines the Trust response to the statutory requirements to have safe Nursing and Midwifery staffing identified across the organisation.• This 6-month review report includes the following:<ul style="list-style-type: none">○ Nursing and Midwifery Establishment reviews undertaken in November 2024○ An update on actions from the last 6 monthly establishment review undertaken in Summer 2024○ The key findings from the 6 monthly Establishment Review of the Nursing and Midwifery workforce based on the Safer Nursing Care Tool (SNCT) and Mental Health Optimal Staffing Tool (MHOST) audits collected in August 2024 for all inpatient areas and Emergency Department (ED)• Where added investment requirements have been identified since the last review and supported in principle by the Deputy/Chief Nurses, the Divisions will progress these as part of their local operational actions/business planning. The rationale supporting the recommendations are included in the report narrative:<p>The Board is asked to note the areas across the organisation where it is recommended to increase the establishment.</p>	

	<p style="text-align: center;">Emergency and Integrated Medicine</p> <ul style="list-style-type: none"> ○ Endoscopy (for 3 rooms): 10.5 WTE (10 Band 5 RN, 0.5 Band 3 HCA). The service is currently using temporary staffing and unfunded posts to meet the service requirements. ○ Nightingale: 5.1 WTE Band 3 HCA The request is to add 1 HCA for both day and night shifts to support the 2 additional flex beds and the increase in patient acuity. Temporary staff are currently being used to safely staff the ward ○ Montuschi: 2.5 WTE Band 3 HCA. The increased requirement overnight is due to patient acuity and requirements for enhanced levels of nursing care. Temporary staff are currently being used to safely staff the ward <p style="text-align: center;">○ Children and Young People (CYP)</p> <ul style="list-style-type: none"> ○ Ifor Ward- 0.5 WTE band 7 Practice Development Nurse (PDN ○ To agree in principle with the additional staffing requirement associated with increased bed base from 15 to 17.
Purpose:	As per the National Quality Board (2016) (NQB) ‘Expectation 1: Right Staff’ and NHS Improvement (2018) , ‘The planning cycle’; this report seeks to assure Board and the public regarding the Trust’s compliance to the statutory requirements to have safe Nursing and Midwifery staffing across the organisation
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> (i) Review that due process was complied with in line with statutory requirements to review nursing and midwifery staffing levels bi-annually. (ii) Approve the recommendations made in this paper.
Risk Register or Board Assurance Framework	BAF risk Quality 1 - Failure to provide care which is ‘outstanding’ in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.

	BAF risk People 4- Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs.
Report history	<ol style="list-style-type: none"> 1. Establishment review meetings with Deputy Chief Nurse, Assistant Chief Nurse, Safer Staffing Lead Nurse, Associate Directors of Nursing and Midwifery (ADoN/M), Deputies, Matrons and nursing recruitment team, Eroster team: Across November 2024 2. QGC: 10-12-24 3. Nursing and Midwifery Leadership Group (NMLG): 23-12-24 4. EMT: 06-01-25 5. TMG: 14-01-25 6. QAC: 15-01-25 (<i>amendments following reviews and comments requested</i>) 7. Public Board 31-01-25

6 monthly Nursing and Midwifery Establishment Review Report

1. INTRODUCTION

This purpose of this report is to provide assurance to the Trust Board that the Trust's Nursing and Midwifery staffing levels are compliant with the Developing Workforce Safeguards [NHS Improvement \(2018\)](#) incorporating the [National Quality Board \(2016\)](#) (NQB) Standards for safe Nursing and Midwifery staffing.

- 1.1 The guidance sets out the key principles and tools that providers should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive services, including introducing the care hours per patient day (CHPPD) metric. The three NQB's expectations that form the basis to making staffing decisions are as below:



- 1.2 The Bi -Annual Nursing and Midwifery Establishment reviews were undertaken in November 2024 to review the Nursing and Midwifery requirements. The reviews also provide a progress overview of the outcomes from the previous Nursing and Midwifery establishment Reviews conducted in May 2024. It also reviews progress on recruitment for all additional safe staffing posts agreed through this process in line with the Trust business planning procedures.
- 1.3 Each Division was represented by their Associate Director of Nurse (ADoN) (or nominated deputy, with matrons and departmental leads in attendance where possible. All members of the Triumvirates and finance team are offered the opportunity to attend.
- 1.4 Safer staffing and skill mix reviews were undertaken in the following clinical areas based on Safer Nursing Care Tool (SNCT) audits undertaken across August 2024:
- Inpatient adult and children wards (EIM, S&C and CYP)
 - Emergency Department (ED) (EIM)

- Critical Care Unit (CCU) (S&C)
- NICU (CYP)
- Maternity services were assessed based on the Birthrate Plus report produced in November 2023 and national recommendations.
- Simmons House remains temporarily closed at time of report and is not included in the report.

The review process and data analysis systems provide a standardised approach to assure the Trust board that Nursing and Midwifery staffing is compliant with the required standards outlined in section 1.1.

Exploratory reviews have been undertaken in clinical areas that have currently no recognised national audit tools. Those establishment reviews were undertaken based on activity, acuity and E-Roster Theatres and Recovery (S&C)

- Day Treatment Centre- DTC (S&C)
- CCU Outreach Team (S&C)
- Chemotherapy suite and CNS teams (S&C)
- General Outpatients and Gynaecology outpatient (ACW)
- Endoscopy (EIM)
- Children Ambulatory care/Day Care and Outpatient (CYP)
- Health Visiting (CYP)
- School Nurses (CYP)
- Community services: the community safe staffing tool piloted last year has been paused. At the time of this report, there has been national communication that the audit tool will be relaunched in time to be included in the spring 2025 safer staffing review.

2. ESTABLISHMENT REVIEW PROCESS AND METHODOLOGY

- 2.1 As part of the bi- annual establishment review process, all inpatient areas completed a Safer Nursing Care Tool (SNCT) audit for 30 days during August 2024. This SNCT audit is mandated by the Developing Workforce Safeguards [NHS Improvement \(2018\)](#) and is used to inform the establishment review, alongside professional judgement, to establish safe staffing in the clinical areas.

The NQB recommend the use of other quality data sets to inform professional judgement including acuity and dependency tools, review of incident data, completion of key clinical processes such as health roster management, sickness/absence, quality indicators and user feedback.

Triangulation NQB methodology 2016 and 2018:



2.2 For this review, 6 months of key workforce data from 1st April 2024 to 31st September 2024 was collected and circulated in advance of the meetings with Locally held information to be completed by Divisions included the following metrics:

- All Workforce data including Vacancy, Turnover, Sickness, Mandatory Training, Appraisal Compliance, temporary staff expenditure (bank/agency)
- Establishment WTE for both funded and staff in post
- Local budgetary data, year to date (YTD) spend.
- Roster template and budget alignment information
- Roster KPIs including Care Hours Per Patient Day (CHPPD), Roster Lead Time compliance, Annual Leave percentage.
- Safer Nursing Care Tool (SNCT) inpatient validation audit data
- Red Shifts raised.
- Enhanced Care use information
- Healthcare support workers completion of Care Certificate
- Workforce profiles where available (including age and diversity data)
- Falls and Pressure Ulcer Data
- Complaints and Serious Incident data
- Staff undertaking the Professional Nurse/Midwife Advocate programme.
- Advanced and specialist level practitioners and services covered.
- Local/National Guidance/recommendations
- Successes to celebrate in last 6 months period.
- Action plans to prepare further reviews.

2.3 At the review meetings, detailed discussions on the data provided enabled all Divisions to highlight any areas of concern and to provide examples of innovation and good practice. Department roster template, finance and ESR alignment support review meetings are being undertaken. These outcomes were discussed to understand changes made to financial and rostering templates, and to ensure the changes continued to support patient safety alongside financial alignment.

Review of new ways of working, opportunities and change of skill mixes were discussed with consideration of roles such as:

- Nursing Associates

- Apprenticeship roles
- Advanced Practitioner roles
- Professional Nurse/Midwife Advocates

Further detailed workforce planning discussions will be held within the next Establishment Reviews (April-May 2025) to inform the business planning and business cases processes.

3. WORKFORCE KEY PERFORMANCE INDICATORS (KPI) FINDINGS

3.1 In September 2024, ESR reported that Whittington Health Nursing and Midwifery funded establishment represented 2035.31 WTE (1386.78 WTE Registered and 616.60 WTE Unregistered staff). This is a 2.1 % increase from April 2024 (+ 0.65% Registered and +4.2 % Unregistered).

In September 2024, the overall staff turnover shows a marginal improvement (10.38%) compared to April 2024 (10.94%) and has now been below the 13% target across all Divisions for both Registered (10.00%) and Unregistered staff 10.76%) since November 2023 (13.68%).

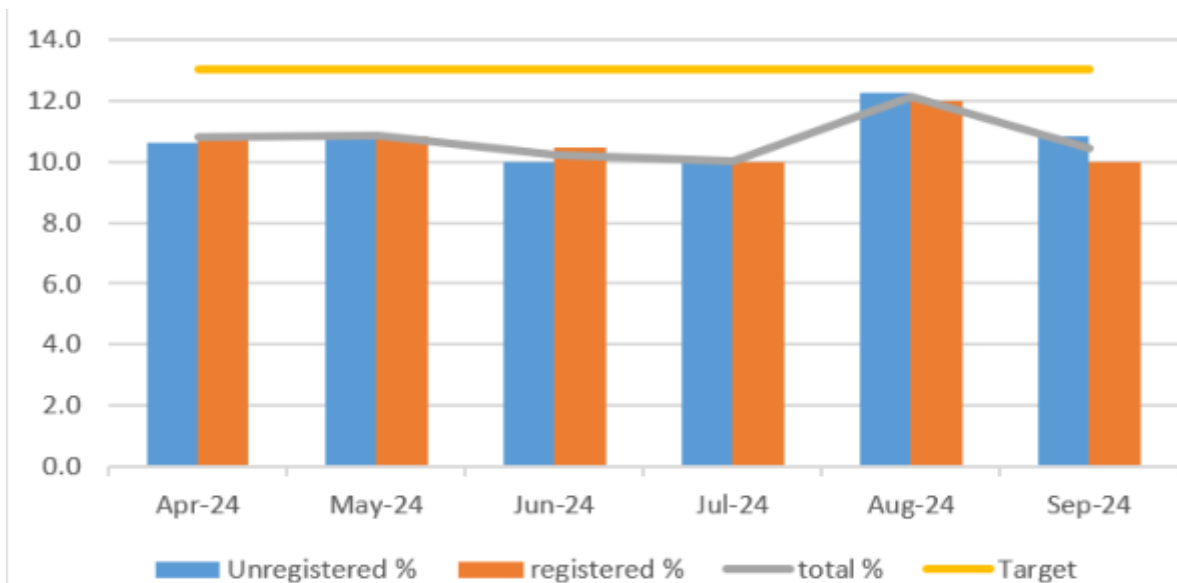


Table 1- Trust Registered/Unregistered Turnover April-Sept 24

Since April 2024, work is progressing across the North Central London Integrated Care System (NCL) to implement the band 2 to 3 uplift of the Health Care Assistant workforce. A working group has been set up, including HR and staff side partners to ensure complex financial, HR processes and governance are in place to enable us to proceed in the best interest of the staff and organisation.

3.2 Staff sickness related absence remains above the Trust target of 3.5% at 5.6% in September 2024, representing a 1% deterioration compared to April 2024. The themes remain the same as previous reports for long term sickness: mental health and musculoskeletal (MSK) disorders.

The average over the 6 months period shows a slightly higher average of sickness in Registered nurses than for Unregistered (5.1%Vs 4.7%)

Work remains in progress in partnership with HR and Occupational Health to support colleagues back to work.

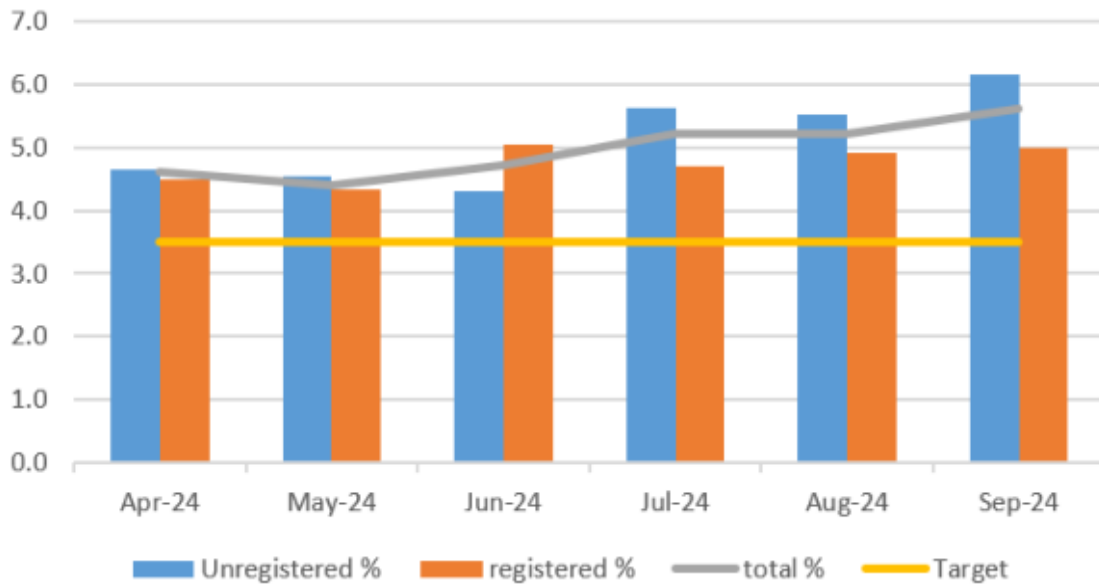


Table 2- Trust Registered/Unregistered Sickness April-Sept 24

3.3 The recruitment vacancy target (below 10%) has overall deteriorated from 9.5% in April 24 to 11.3% in September 24. The scores have markedly deteriorated for unregistered staff (above 15% in last 6 months period). In contrast, the registered workforce vacancy rate has remained under 10% with an overall of 5.5% in September 24.



Table 3- Trust Registered/Unregistered Vacancy April-Sept 24

3.4 Appraisal rates show performance below the current 85% target, at 80% overall, in September 24. This is an improvement from 77% in April 24.

Managers are encouraged to attend the appraiser training to be able to conduct meaningful appraisals going forward. Employees should also receive guidance on how to prepare their appraisal and think about their career progression and professional development.

3.5 Further detailed discussions on workforce data and KPIs will be held in the next Establishment Review meetings in April/May 2025

4. OUTCOME

4.1 The establishment reviews confirmed that, when nursing and midwifery levels are fully established with the recommended budgeted establishments, all areas meet the safer staffing standards except for the following recommendations

- **Emergency and Integrated Medicine (EIM): Endoscopy (for 3 rooms): 10.5 WTE (10 B5, 0.5 B3):**
Current establishment 14WTE. Workforce modelling uplift shows optimal establishment to be 24.5WTE. The service is currently unfunded posts to meet the service requirements. This expenditure would cease if the establishment reflected the activity and staffing demand.
- **Emergency and Integrated Medicine (EIM): Nightingale: 5.1 WTE Band 3**
Current deployment today's needs because of the increased patient acuity and lay out of ward that includes 9 single rooms.

It is also acknowledged that the ward has incorporated 2 additional flex beds into their "business as usual" bed base with no added funded establishment.

The safer staffing Lead Nurse also reviewed usage of the single rooms and supports an increase to the funded establishment to maintain safe staffing and patient safety.

The request is to add 1 HCA to both day and night shifts.

- **Emergency and Integrated Medicine (EIM): Montuschi: 2.5 WTE B3**
There is currently no budget to provide a HCA at night and temporary staff are currently used instead. The Division is not able to redeploy any of the Enhanced Care Team to Montuschi as they are allocated to higher risk areas.
- **Children and Young People (CYP): Ifor Ward: 0.5 WTE band 7 Practice Development Nurse (PDN) to support current 0.5 WTE in post.**
- **Children and Young People (CYP):** To agree in principle with the increased staffing associated with an increased bed base from 15-17. A business case is being written and the team will consult the Safer Staffing team to produce a safe workforce model and skill mix.

4.2 In addition, there are some Departments/Wards facing periodic pressures relating to staff absence due to sickness, turnover, vacancy and increased patient

acuity/enhanced care requirements. Temporary staff are used, where appropriate, to cover vacancies and to provide additional staff to maintain patient safety in the areas where the acuity and/or dependency of patients has increased.

4.3 Any additional post requested to provide ongoing safe staffing service expansion/increased patient acuity are reviewed as part of the business planning, vacancy and financial review processes following agreement in principle by the Chief Nurse.

5. RECOMMENDATIONS

- The proposed investments, detailed in the executive summaries and report narrative, are supported to progress through local business planning and business cases.
- The Nursing and Midwifery establishments will formally be reviewed again at the bi-annual-review in Spring 2025. The data collection and audits for this period will start in February 2025. All safe staffing metrics will continue to be monitored monthly via performance meetings, safe staffing governance meetings and upcoming rostering challenge meetings.
- All the establishment reviews are used as part of the tools to assess changing demand and capacity to advise on Divisions strategies. This ongoing work should inform some of the recommendations in the next establishment review.



Meeting title	Trust Board – public meeting	Date: 31.01.2025
Report title	Quality Assurance Committee Chair’s report	Agenda item: 6
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 author	Swarnjit Singh, Trust Company Secretary	
Executive summary	<p>The Quality Assurance Committee met on 15 January 2024 and received an update on the significant pressure being experienced across the organisation and especially in the urgent and emergency care pathway.</p> <p>Committee members were able to take good assurance from the following agenda items considered:</p> <ul style="list-style-type: none">• Maternity Incentive Scheme Year 6 submission update• London Ambulance Service project• Q4 Board Assurance Framework - Quality and Integration 2 entries• Fire safety• Patient Safety Incident Response Framework report• Q2 Learning from deaths report• Bi-annual nursing establishment review <p>The Committee took partial assurance from the following agenda items:</p> <ul style="list-style-type: none">• Bi-annual health and safety report• Risk Register report• Ligature risk assessment report• Safeguarding peer review• Deep dive into complaints performance• Patient-led assessment of the care environment <p>In addition, the Committee noted:</p>	

	<ul style="list-style-type: none"> • the Quality Governance Committee’s Chair’s assurance report for its meeting held on 10 December and the following areas of escalation which covered: <ul style="list-style-type: none"> ○ The fact that there had been three Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infections so far this year, against a target of zero ○ A significant spike in grade 4 pressure ulcers was observed in September within adult community services, largely caused by staffing challenges related to sickness and annual leave. ○ There were challenges with the storage and retrieval of off-site medical records which had been included on the risk register <p>In addition, the Committee noted that the update on mental health administration and the associated action plan had been deferred as an item for the last two meetings and agreed that it needed to be covered at the next meeting</p> <p>The Committee agreed that the following areas be brought to the Board’s attention:</p> <ol style="list-style-type: none"> 1. Considerable pressure continued to be experienced in the urgent and emergency care pathway and in the quality governance team. 2. The Committee reviewed the update on progress with the ten safety action areas required for the Maternity Incentive Scheme Year 5 submission and thanked the team for their considerable work to achieve compliance against all ten. The final date for submission of evidence is 8 March and Board approval is sought for the submission which is a separate item on today’s Board agenda. 3. There had been an alarming physical assault against a member of staff in the emergency department and this was part of a broader increase in violence and aggression being experienced by healthcare professionals in England. The Committee welcomed the increased Security team presence put in place in the emergency department and across the Trust.
Purpose	Noting
Recommendation	Board members are asked to note the Chair’s assurance report for the Quality Assurance Committee meeting held on 15 January 2025.
BAF	Quality 1 and 2 entries and Integration 2 entry
Appendices	<ol style="list-style-type: none"> 1. Q2 Learning from deaths report 2. Bi-annual nursing and midwifery review

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	15 January 2025
Summary of assurance:	
1.	<p>Urgent and Emergency Care (UEC) pathway</p> <p>The Chief Operating Officer provided Committee members with an update on the significant pressures being experienced and outlined the following points:</p> <ul style="list-style-type: none"> • The current UEC pathway pressure at Whittington Health was over and above normal winter period pressures and was caused in part, by the increase in cases of winter influenza in the community and also by ambulances being re-directed here due to the significant pressure being experienced by other NHS providers in North Central London (NCL). • A focus on discharges in the week before Christmas had helped with the flow of patients from the emergency department to available inpatient beds. However, the week commencing 23 December 2024 saw a considerable increase in patients with flu across NCL. • In the first full week of the New Year, there were a number of NCL system and London-wide calls in response to the London Ambulance Service receiving more calls across the capital than ever before, including during the Covid-19 pandemic. Whittington Health continued to be a collaborative system player and had provided mutual aid to the North Middlesex University Hospital for the last eight months to help it manage demand. • Discussions with NCL partners continued in order to implement a strategic approach to dealing with pressures in the system and both the Royal Free Hospital and University College London Hospital had agreed to take more ambulance divers to help with the situation. • On 6 January 2025, Whittington Health had engaged an independent provider of a bridging service for patients who did not meet the criteria to reside but needed a package of care at their home. The London Boroughs of Islington and Haringey had been informed of this development and there had also been a helpful improvement in the time taken for packages of care to be put in place by local authority partners. • Incidents of violence and aggression against staff had also continued. An increased presence by the Security team had been put in place to support mitigation.
2.	<p>The Committee confirms to the Trust Board that it took good assurance from the following agenda items:</p> <p>Maternity Incentive Scheme Year 5 submission update</p> <p>The Committee considered a report presented by the Director of Midwifery which detailed the progress achieved on compliance with the ten safety actions for NHS providers to complete to be eligible to receive a financial rebate. The Committee was assured with the update and noted that the Trust was fully compliant with safety actions 1, 2, 3, 7 and 8 and on track to be compliant with all of the other remaining safety actions by the submission date of 8 March 2025.</p> <p>The Director of Midwifery reported that, for safety action 5 (midwifery workforce), the supernumerary status of the Labour Ward Coordinator at the start of every</p>

shift, as well as the provision of one-to-one care in active labour are part of the Perinatal Quality Surveillance Model presented at every Quality Assurance Committee. For safety action 6 (Saving Babies Lives Care Bundle), the Committee noted that the North Central London Local Maternity and Neonatal System had confirmed that Whittington Health was meeting the requirements expected.

The Committee thanked the Maternity team for their hard work in achieving the compliance required. The MIS year 6 submission will be a separate agenda item at the 31 January 2025 public Board meeting and the Committee recommends that the submission is approved by the Board.

In addition, the Committee received an update on the rapid action reviews completed and the learning identified from patient safety incident investigations into incidents that took place in August and September 2024.

London Ambulance Service project

Committee members welcomed the update provided on the progress of an innovative collaboration project between the London Ambulance Service (LAS) and urgent response service across London. This project aimed to have a senior clinician (allied health professional or nurse) to join the specific Urgent Community Response (UCR) care to review category 3 and 4 calls and, where it was possible, seek to keep these patients at home and to reduce hospital conveyance as a result. In Haringey, the service runs from 0800 to 2000, seven days a week and is currently funded until March 2025, with the hope that future funding will be made available.

The Committee was informed that the project had had a positive impact. The evidence showed that, under previous arrangements, paramedics would, on average, convey up to 70% of patients to hospital when called out to category 3 and 4 calls. With a UCR clinician working with a paramedic, this number dropped to 33-35% meaning we are keeping an additional 35% of patients at home who would have been conveyed to hospital. On average, the team across Haringey and Enfield avoided between 30-40 conveyances per month.

There was good learning from the project as the reduction in conveyance was mainly due to factors such as good collaborative working, UCR clinicians had a understanding of local services and supporting paramedics to refer to appropriate services. UCR clinicians were also able to initiate referrals within their own teams to ensure rapid pick up of patients. This instilled paramedics and patients with the confidence to remain at home safely, resulting in less strain on emergency departments across London

The Committee Chair reported that Barnet Hospital had installed a physiotherapist at its emergency department's front door to review frail elderly patients and divert them appropriately, and this had worked well. The Chief Operating Officer added that Whittington Health was also involved working with LAS colleagues on an Integrated Care Centre where paramedics were able to speak to a consultant or other clinician about conveying a patient to hospital.

The Committee thanked the Adult Community Services team for the excellent collaborative work on this initiative and the progress achieved. The Committee also hoped that 2025/26 funding would be made available.

Q4 Board Assurance Framework (BAF) - Quality and Integration 2 entries

The Committee discussed the risks to the delivery of the Trust's quality and integration strategic objectives. It was agreed that the risk scores for these three entries would remain unchanged due to the current pressures being experienced.

The Committee approved the Q4 BAF entries.

Fire safety

The Director of Estates & Facilities set out the actions being taken following meetings with London Fire Brigade regarding the known risks of defective fire systems within Blocks A&L. He confirmed that

- as a proactive safety measure, a 24-hour Fire Watch had been deployed to manage identified fire risks within Blocks A and L. The Fire Watch presence is a response to the ongoing risk assessment and had been implemented as part of a comprehensive risk mitigation strategy.
- The security team had increased in size and also looked at fire risks as part of its regular patrols of the estate.
- Work had taken place with the London Fire Brigade's risk assessment team on an engineered misting solution which had been developed and advanced to the Royal Institute of British Architects' stage 4 (technical design stage).
- The additional £9.7m of capital expenditure received was being used to upgrade the fire alarm system in Blocks A&L for compartmentation work across the hospital; emergency lighting; and for the upgrade of the lifts to allow for vertical evacuation.

The Committee noted the update on the fire safety.

Patient Safety Incident Response Framework (PSIRF) update

The Associate Medical Director for Patient Safety provided a summary of PSIRF learning responses and the training delivered since the date of implementation, 1 April to 30 December 2024. The Committee learnt that, since the implementation of PSIRF, 10 patient safety incident investigations (PSII) had been declared by the Whittington Improvement and Safety Huddle (WISH) panel.

The Committee took assurance from the investigations and the respective learning from the incidents. Committee members were informed of the actions implemented after each incident which included recording them on Datix and developing action plans. The Committee noted that 136 staff had received PSIRF training covering system thinking and human factors, oversight and engaging patients, staff and families and that more staff had attended bite-sized workshops.

The Acting Medical Director provided assurance that the introduction of daily morning triage meetings which reviewed every incident reported on Datix in the previous 24 hours during the week and the previous 72 hours when Fridays and weekends were included. She explained that there was good representation from all Whittington Health's clinical divisions and other departments at these triage meetings where timely updates were provided, and incidents were appropriately escalated and categorised. In reply to a query from the Committee

Chair, the Acting Medical Director confirmed that the Trust was not an outlier on the number of PSIs declared.

The Committee noted the update on the Patient Safety Incident Response Framework and the assurances provided.

Q2 Learning from deaths report

The Associate Medical Director for Learning from Deaths drew attention to the following points contained in the report:

- Eight adult structured judgement reviews (SJRs) were requested for Quarter 2 and were completed and presented at department mortality meetings. 42 non SJR mortality reviews were also completed during this period. Four of the eight SJRs involved mental health patients. Three of the SJRs involved patients with a learning disability.
- There were no maternal deaths. However, sadly a young child died following discharge from the paediatric emergency department and a patient safety investigation (PSII) was taking place. The case was the subject of a Coroner's pre inquest hearing in January 2025.
- The latest published Summary Hospital-level Mortality Indicator (SHMI) for the Whittington covered data for the period August 2023 to July 2024 and was 0.98. This remained in the expected range but was a slight improvement from the previous figure of 0.99.
- 75% of our deaths occurred in hospital against 69% nationally.
- 57.9% of our provider spells were in deprivation quintiles 1 and 2 against 43.2% nationally.
- The highest SHMI by diagnostic group was cancer of the bronchus lung at 1.6 which also remained in the expected range.

Committee members noted the report and the key themes and learning points identified from mortality reviews completed which had been disseminated to staff.

Bi-annual nursing establishment review

In line with National Quality Board guidance, the Assistant Chief Nurse presented a six-monthly review (March – September 2024 data) of the nursing and midwifery staffing establishment. Additionally, the report detailed the outcome of safer staffing and skill mix reviews carried out in clinical areas using the Safer Nursing Care Tool, the BirthRate Plus assessment for maternity services and a summary of review meetings with all clinical divisions in October and November 2024. The Chief Nurse outlined the following key points for Committee members:

- In response to staff feedback on flexibility and health and wellbeing, an Artificial Intelligence-driven self-rostering and team-based rostering pilot was being implemented in April. If this went well, it would be rolled out across the organisation and align with other NCL trusts.
- Rostering and safer staffing processes had been strengthened through meetings held by the Safer Staffing Lead Nurse and ERoster Manager with clinical teams.
- Staff turnover had remained stable and stood at 10.38% in September 2024.
- Staff sickness absence was 5.6% above the Trust's 3.5% target.

	<p>The Committee welcomed the detailed review and received assurance that the staffing costs identified for the children and young people clinical division was already in its run rate and action was being taken to move some temporary staff to a substantive status.</p> <p>The Committee noted the bi-annual safer staffing review which it was agreed would be an appendix to the Committee Chair’s report to the Board.</p>
<p>3.</p>	<p>Committee members took moderate assurance from the following agenda items:</p> <p>Bi-annual health and safety report</p> <p>The Director of Estates & Facilities presented the report covering the period April to September 2024, which demonstrated compliance with key health and safety metrics and explained that there was currently a focus on security arrangements, violence and aggression incidents, and fire safety. He drew attention to the following headlines:</p> <ul style="list-style-type: none"> • There had been over 125 incidents during the six-month period. Incidents of violence and aggression against frontline staff remained high and the number of overall security incidents had increased. • There were six incidents covered by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) detailed in the appendix to the report. The majority of the incidents covered injuries from slips, trips and falls and sharp objects. • Performance against the 90% target for statutory and mandatory training requirements was 92% for fire safety; 90% for moving and handling; and 86% for conflict avoidance. • All fire safety risk assessments were being reviewed and updated. Current compliance was at 47% and this figure was expected to improve. <p>In reply to a question from the Associate Director of Quality Governance, the Director of Estates & Facilities provided assurance that the actions in response to the food safety alert on allergens would be completed in February 2025.</p> <p>The Committee noted the bi-annual health and safety report.</p> <p>Risk Register report</p> <p>The Committee reviewed the risk register report which showed that there were 41 entries scored at 15 or above: six of these entries awaited approval. Committee members were informed the five new risk entries covered issues such as pharmacy capacity for the increased Virtual Ward in Islington; new package of care restrictions impacting on the Virtual Ward and early discharges from hospital; the staff intranet’s content and aged platform; the management of non-clinical policies; and the replacement of the uninterruptible power supply to the pharmacy.</p> <p>The Committee noted the Risk Register report.</p> <p>Ligature risk assessment report</p> <p>The Committee reviewed a report which provided an update on the progress of the annual assessments, local mitigation and estates program in relation to</p>

ligature risk reduction. The Deputy Chief Nurse provided assurance that all the identified high-risk areas had been assessed and necessary actions agreed in each case. Committee members sought clarification on the timescales for completion of the ligature programme works.

The Committee noted the progress of the ligature risk assessments for high-risk areas and agreed that an action plan with agreed timescales for the delivery of works be brought to its next meeting.

Safeguarding peer review

The Committee discussed an independent peer review commissioned into the arrangements for safeguarding children to ensure continued compliance with statutory obligations and to provide assurance that effective systems and controls are in place within the Trust to deliver the strategic and organisational arrangements needed to safeguard children. At the time that the peer review was requested, gaps existed within the safeguarding staffing establishment.

The Committee welcomed the fact that the external reviewer took areas of good practice identified at Whittington Health as a learning opportunity for herself and noted that “the core standards of safeguarding are being primarily met”. The Committee also noted that the reviewer made 17 recommendations. The Chief Nurse and Director of Allied Health Professionals explained that the recommendations of the peer review report contained no surprises and commented that improvement was taking place. She added that some of the peer reviewer’s recommendations had already been implemented. The Acting Chief Executive thanked the Chief Nurse for her leadership on safeguarding and confirmed that an action plan in response to the recommendations would be robustly monitored.

The Committee noted the peer review into children’s safeguarding arrangements and agreed that a report on progress with implementation of its recommendations be brought to its July 2025 meeting.

Deep dive into complaints performance

The Deputy Chief Nurse presented the report which reported on the review of complaints for the period 1 December 2022 – 31 December 2024. She highlighted the following key points for Committee members:

- The emergency and integrated medicine clinical division received the highest number of complaints, followed by the surgery and cancer clinical division.
- There had been a steady increase in the number and complexity of complaints received.
- Performance against our internal 80% target continued to be affected by operational issues such as staffing levels, winter and emergency pressures, and outstanding historical complaints had also impacted on average performance. The average monthly performance figure responses for the period December 2022 to December 2024 was 60%; performance in December 2024 was at 67%.
- The top five themes for complaints received during this two-year period were: communication, medical care, staff attitude, delays, and nursing care.

Assurance was provided to the Committee Chair that a dedicated resource was in place to help the surgery and cancer clinical division with its complaints for 2.5 days each week. The Deputy Chief Nurse also confirmed that complainants' demographic data would be provided separately and included in future reports to the Committee. The Acting Chief Executive welcomed the improved performance in responding to complaints and acknowledged that further improvement was needed.

The Committee noted the deep dive in complaints for the period 1 December 2022 to 31 December 2024.

Patient-led assessment of the care environment (PLACE)

The Director of Estates & Facilities confirmed that the annual PLACE inspection took place on 23 October 2024 and that the inspection report would be publicly available on 20 February 2025. He reported the following to the Committee:

- An action plan had been developed in response to the areas of non-conformity identified. Over 60% of the identified actions related to the condition and fabric of the hospital.
- Assistance for patients with eating would be provided and the dietician service was also helping with menus

The Committee noted the update on the PLACE inspection and agreed that the PLACE report and action plan be brought to its March 2025 meeting.

4.

Present:

Amanda Gibbon, Non-Executive Director (Chair)
Mark Emberton, Non-Executive Director
Charlotte Hopkins, Acting Medical Director
Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes
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:

Anthony Antoniou, Haringey Urgent Response Operational Lead
Dr Clare Dollery, Acting Chief Executive
Anne O'Connor, Associate Director of Quality Governance
Phillip Lee, Associate Medical Director, Patient Safety
Marielle Perraut, Assistant Chief Nurse
Nicola Sands, Deputy Chief Nurse
Liam Triggs, Director of Estates & Facilities
Isabelle Cornet, Director of Midwifery
Dr Sarah Gillis, Associate Medical Director, Learning from Deaths
Carolyn Stewart, Executive Assistant to the Chief Nurse

Apologies

Clarissa Murdoch, Deputy Medical Director
Ruth Law, Associate Medical Director, Quality Improvement & Clinical Excellence

Maternity incentive scheme - Year 6 Guidance

Trust Name
Trust Code

This document must be used to submit your trust self-certification for the year 6 Maternity Incentive Scheme safety actions. A completed action plan must also be submitted for any safety actions which have not been met (tab C).

Please select your trust name from the drop-down menu above. The trust code will automatically be added below. Your trust name will populate each page. If the trust name box above is coloured pink please update it.

Tabs A - safety actions entry sheets (1 to 10) - Please select 'Yes', 'No' or 'N/A' to demonstrate compliance as detailed each element of the safety action. Please complete these entries starting at the top.

'N/A' (not applicable) is available only for set questions and may only be visible following a response to a previous question. The information which is added on these pages, will automatically populate onto tabs B & D which is the board declaration form.

Tab B - safety action summary sheet - This will provide you with a detailed overview of the information entered so far on the board declaration form and will outline on how many Yes/No/N/A and unfilled assessments you have. Please review any pages that show there are responses that require checking, or are showing as not filled in. This will feed into the board declaration sheet - tab D.

Tab C - action plan entry sheet - If you are declaring non-compliance with any safety actions, this sheet will enable your Trust to insert action plan details and bid for discretionary funding. If you are declaring full compliance, you do not need to complete this tab.

All action plans for non-compliant safety actions must be:

- Submitted on the action plan template in the Board declaration form.
- Specific to the safety action(s) not achieved by the Trust (these do not need to be added in numerical order).
- Details of each action should be SMART (specific, measurable, achievable, realistic and timely) and should include details of the funding requested (please enter 0 if no funding is required).
- Any new roles to be introduced as part of an action plan must include detail regarding banding and Whole Time Equivalent (WTE) with associated costs.
- Action plans must be sustainable - Funding is for one year only, so Trusts must demonstrate how future funding will be secured.
- Action plans should not be submitted for achieved safety actions.

If you require any support with this process, please contact nhsr.mis@nhs.net

Tab D - Board declaration form - This is where you can view your overall reported compliance with all of the maternity incentive scheme safety actions. This sheet will be protected and compliance fields cannot be altered manually.

If there are anomalies with the data entered, then comments will appear in the validations column (column I) this will support you in checking and verifying data before it is discussed with the Trust Board, ICB and before submission to NHS Resolution.

Upon completion of your submission please add electronic signatures into the allocated spaces within this page. Signatures of both the Trust's Chief Executive Officer (CEO) and Accountable Officer (AO) of the Integrated Care System (ICS) will be required in Tab D in order to confirm compliance as stated in the board declaration form with the safety actions and their sub-requirements. Both signatures will show that they are 'for and on behalf of' the trust name, rather than the ICS. The signatories will be signing to confirm that they are in agreement with the submission, the declaration form has been submitted to Trust Board and that there are no external or internal reports covering either 2023/24 financial year or 2024/25 that relate to the provision of maternity services that may subsequently provide conflicting information to your Trust's declaration. Any such reports should be brought to the MIS team's attention before 3 March 2025

Any queries regarding the maternity incentive scheme and or action plans should be directed to nhsr.mis@nhs.net

Technical guidance and frequently asked questions can be accessed in the year 6 MIS document:

[MIS-Year-6-v1.1-20240716.pdf \(resolution.nhs.uk\)](#)

The Board declaration form must be sent to NHS Resolution via nhsr.mis@nhs.net between 17 February 2025 and 3 March 2025 at 12 noon. An electronic acknowledgement of Trust submissions will be provided within 48 hours from 3 March 2025.

Submissions and any comments/corrections received after 12 noon on 3 March 2025 will not be considered.

This document will not be accepted if it is not completed in full, signed appropriately and dated.

Please do not send evidence to NHS Resolution unless requested to do so.

Version Name: MIS_SafetyAction_2025

Safety action No. 1

Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?

From 8 December 2023 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have all eligible perinatal deaths from 2 April 2024 onwards been notified to MBRRACE-UK within seven working days? (If no deaths, choose NA)	Yes
2	For at least 95% of all deaths of babies who died in your Trust from 8 December 2023, were parents' perspectives of care sought and were they given the opportunity to raise questions?	Yes
3	Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 2 April 2024 been started within two months of each death? This includes deaths after home births where care was provided by your Trust.	Yes
4	Were 60% of the reports published within 6 months of death?	Yes
5	Have you submitted quarterly reports to the Trust Executive Board on an ongoing basis? These must include details of all deaths from 8 December 2023 including reviews, any themes identified, and consequent action plans.	Yes
6	Were quarterly reports discussed with the Trust maternity safety and Board level safety champions?	Yes

Safety action No. 2

Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Was your Trust compliant with at least 10 out of 11 MSDS-only Clinical Quality Improvement Metrics (CQIMs) by passing the associated data quality criteria in the “Clinical Negligence Scheme for Trusts: Scorecard” in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2024?	Yes
2	Did July's 2024 data contain a valid ethnic category (Mother) for at least 90% of women booked in the month? Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001)	Yes

Safety action No. 3**Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?**

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Was the pathway(s) of care into transitional care which includes babies between 34+0 and 36+6 in alignment with the BAPM Transitional Care Framework for Practice jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies?	Yes
2	Or Is there a Transitional Care (TC) action plan signed off by Trust and LMNS Board for a move towards the TC pathway (as above) based on BAPM framework for babies from 34+0 with clear timescales for implementation and progress from MIS Year 5.	N/A
Drawing on insights from themes identified from any term admissions to the NNU, undertake at least one quality improvement initiative to decrease admissions and/or length of stay.		
3	By 6 months into MIS year 6, register the QI project with local Trust quality/service improvement team.	Yes
4	By the end of the reporting period, present an update to the LMNS and safety champions regarding development and any progress.	Yes

Safety action No. 4

Can you demonstrate an effective system of clinical workforce planning to the required standard?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
a) Obstetric medical workforce		
1	Has the Trust ensured that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas following an audit of 6 months activity: Locum currently works in their unit on the tier 2 or 3 rota OR They have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual review of Competency Progression (ARCP)? OR They hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums?	Yes
2	Has the Trust implemented the RCOG guidance on engagement of long-term locums and provided assurance that they have evidence of compliance	Yes
3	Has the Trust monitored their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/roles-responsibilities-consultant-report/ when a consultant is required to attend in person.	Yes
4	Were the episodes when attendance has not been possible reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.	Yes
Do you have evidence that the Trust position regarding question 3 & 4 has been shared:		
5	At Trust Board?	Yes
6	With Board level safety champions?	Yes
7	At LMNS meetings?	Yes
b) Anaesthetic medical workforce		
8	Is there evidence that the duty anaesthetist is immediately available for the obstetric unit 24 hours a day and they have clear lines of communication to the supervising anaesthetic consultant at all times? In order to declare compliance, where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1) - Representative month rota acceptable.	Yes
c) Neonatal medical workforce		
9	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of medical staffing? And is this formally recorded in Trust Board minutes?	Yes
10	If the requirements are not met, Trust Board should agree a workforce action plan and evidence progress against any workforce action plan developed previously to address deficiencies.	N/A
11	Was the above workforce action plan shared with the LMNS?	N/A
12	Was the above workforce action plan shared with the ODN?	N/A
d) Neonatal nursing workforce		
13	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of nursing staffing?	Yes
14	If the requirements are not met, Trust Board should agree a workforce action plan and evidence progress against any workforce action plan developed previously to address deficiencies.	N/A
15	Was the above workforce action plan shared with the LMNS?	N/A
16	Was the above workforce action plan shared with the ODN?	N/A

Safety action No. 5

Can you demonstrate an effective system of midwifery workforce planning to the required standard?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months (in line with NICE midwifery staffing guidance), during the maternity incentive scheme year six reporting period. It should also include an update on all of the points below.	Yes
2	Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed in the last three years? Evidence should include: A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated. If this process has not been completed due to measures outside the Trust's control, evidence of communication with the BirthRate+ organisation (or equivalent) should demonstrate this.	Yes
3	Can the Trust Board evidence midwifery staffing budget reflects establishment as calculated? Evidence should include: <ul style="list-style-type: none"> • Meeting midwifery staffing recommendations from Ockenden and evidence of the funded establishment being compliant with outcomes of birthrate+ or equivalent calculations. • Where Trusts are not compliant with a funded establishment based on the above, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls. • Where deficits in staffing levels have been identified, the plan to address these findings must be shared with the local commissioners. • Details of planned versus actual midwifery staffing levels to include evidence of mitigation/escalation for managing a shortfall. • The midwife to birth ratio • The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives. 	Yes
4	Evidence from an acuity tool (may be locally developed), local audit, and/or local dashBoard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator on duty at the start of every shift . An escalation plan should be available and must include the process for providing a substitute co-ordinator in situations where there is no co-ordinator available at the start of a shift.	Yes
5	A workforce action plan should be produced detailing how the maternity service intends to achieve 100% supernumerary status for the labour ward coordinator which has been signed off by the Trust Board and includes a timeline for when this will be achieved. Completion of the workforce action plan will NOT enable the Trust to declare compliance with this sub-requirement.	N/A
6	Evidence from an acuity tool (may be locally developed), local audit, and/or local dashBoard figures demonstrating 100% compliance with the provision of one-to-one care in active labour	Yes
7	A workforce action plan detailing how the maternity service intends to achieve 100% compliance with 1:1 care in active labour has been signed off by the Trust Board and includes a timeline for when this will be achieved. Completion of the workforce action plan will enable the Trust to declare compliance with this sub-requirement.	N/A

Safety action No. 6

Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have you agreed with the ICB that Saving Babies' Lives Care Bundle, Version 3 is fully in place or will be in place, and can you evidence that the Trust Board have oversight of this assessment? (where full implementation is not in place, compliance can still be achieved if the ICB confirms it is assured that all best endeavours – and sufficient progress – have been made towards full implementation, in line with the locally agreed improvement trajectory.)	Yes
2	Have you continued the quarterly QI discussions between the Trust and the LMNS/ICB (as commissioner) from Year 5, and more specifically be able to demonstrate that at least two quarterly discussions have been held in Year 6 to track compliance with the care bundle? These meetings must include agreement of a local improvement trajectory against these metrics for 24/25, and subsequently reviews of progress against the trajectory.	Yes
3	Have these quarterly meetings included details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element.	Yes
4	Is there a regular review of local themes and trends with regard to potential harms in each of the six elements.	Yes
5	Following these meetings, has the LMNS determined that sufficient progress have been made towards implementing SBLCBv3, in line with a locally agreed improvement trajectory?	Yes
6	Is there evidence of sharing of examples and evidence of continuous learning by individual Trusts with their local ICB, neighbouring Trusts and NHS Futures where appropriate?	Yes

Safety action No. 7

Listen to women, parents and families using maternity and neonatal services and coproduce services with users

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Evidence of MNVP engagement with local community groups and charities prioritising hearing from those experiencing the worst outcomes, as per the LMNS Equity & Equality plan.	Yes
2	<p>Terms of Reference for Trust safety and governance meetings, showing the MNVP Lead as a member (Trusts should work towards the MNVP Lead being a quorate member), such as:</p> <ul style="list-style-type: none"> • Safety champion meetings • Maternity business and governance • Neonatal business and governance • PMRT review meeting • Patient safety meeting • Guideline committee 	Yes
3	<p>Evidence of MNVP infrastructure being in place from your LMNS/ICB, such as:</p> <ul style="list-style-type: none"> • Job description for MNVP Lead • Contracts for service or grant agreements • Budget with allocated funds for IT, comms, engagement, training and administrative support • Local service user volunteer expenses policy including out of pocket expenses and childcare cost 	Yes
4	<p>If evidence of funding support at expected level (as above) is not obtainable, there should be evidence that this has been formally raised via the Perinatal Quality Surveillance Model (PQSM) at Trust and LMNS level, and discussed at ICB Quality Committee as a safety concern due to the importance of hearing the voices of women and families, including the plan for how it will be addressed in response to that escalation is required.</p>	
5	Show evidence of a review of annual CQC Maternity Survey data, such as the documentation of actions arising from CQC survey and, if available, free text analysis, such as an action plan.	Yes
6	Has progress on the coproduced action above been shared with Safety Champions?	Yes
7	Has progress on the coproduced action above been shared with the LMNS?	Yes

Safety action No. 8

Can you evidence the following 3 elements of local training plans and ‘in-house’, one day multi professional training?

From 2 April 2024 until 30 November 2024

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
Can you demonstrate the following at the end of 12 consecutive months ending 30 November 2024?		
Fetal monitoring and surveillance (in the antenatal and intrapartum period)		
1	90% of Obstetric consultants?	Yes
2	90% of all other obstetric doctors (commencing with the organisation prior to 1 July 2024) contributing to the obstetric rota (without the continuous presence of an additional resident tier obstetric doctor)	Yes
3	For rotational medical staff that commenced work in obstetrics on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	Yes
4	90% Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives). Maternity theatre midwives who also work outside of theatres?	Yes
Maternity emergencies and multiprofessional training		
5	90% of obstetric consultants	Yes
6	90% of all other obstetric doctors (commencing with the organisation prior to 1 July 2024) including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows, foundation year doctors and GP trainees contributing to the obstetric rota	Yes
7	For rotational medical staff that commenced work in obstetrics on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	Yes
8	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres) and bank/agency midwives	Yes
9	90% of maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum).	Yes
10	90% of obstetric anaesthetic consultants and autonomously practising obstetric anaesthetic doctors	Yes
11	90% of all other obstetric anaesthetic doctors (commencing with the organisation prior to 1 July 2024) including anaesthetists in training, SAS and LED doctors who contribute to the obstetric anaesthetic on-call rota. This updated requirement is supported by the RCoA and OAA.	Yes
12	For rotational anaesthetic staff that commenced work in obstetrics on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	Yes
13	At least one emergency scenario is to be conducted in the clinical area, ensuring full attendance from the relevant wider professional team, including theatre staff and neonatal staff	Yes
Neonatal basic life support (NBLs)		
14	90% of neonatal Consultants or Paediatric consultants covering neonatal units	Yes
15	90% of neonatal junior doctors (commencing with the organisation prior to 1 July 2024) who attend any births	Yes
16	For rotational medical staff that commenced work in neonatology on or after 1 July 2024 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	Yes
17	90% of Neonatal nurses (Band 5 and above)	Yes
18	90% of advanced Neonatal Nurse Practitioner (ANNP)	Yes
19	90% of midwives (including midwifery managers and matrons, community midwives, birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives)	Yes

Safety action No. 9

Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Are all Trust requirements of the Perinatal Quality Surveillance Model (PQSM) fully embedded?	Yes
2	Has a non-executive director (NED) has been appointed and is visibly working with the Board safety champion (BSC)?	Yes
3	Is a review of maternity and neonatal quality and safety undertaken by the Trust Board (or an appropriate trust committee with delegated responsibility) at every meeting using a minimum data set, and presented by a member of the perinatal leadership team to provide supporting context.	Yes
4	Does the regular review include a review of thematic learning informed by PSIRF, themes and progress with plans following cultural surveys or equivalent, training compliance, minimum staffing in maternity and neonatal units, and service user voice feedback.	Yes
5	Do you have evidence of collaboration with the local maternity and neonatal system (LMNS)/ICB lead, showing evidence of shared learning and how Trust-level intelligence is being escalated to ensure early action and support for areas of concern or need, in line with the PQSM.	Yes
6	Ongoing engagement sessions with staff as per year 5 of the scheme. Progress with actioning named concerns from staff engagement sessions are visible to both maternity and neonatal staff and reflects action and progress made on identified concerns raised by staff and service users from no later than 1 July 2024.	Yes
7	Is the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level Safety Champions at a Trust level (Board or directorate) meeting quarterly (at least twice in the MIS reporting period)?	Yes
8	Evidence in the Trust Board minutes that Board Safety Champion(s) are meeting with the Perinatal leadership team at a minimum of bi-monthly (a minimum of three in the reporting period) and that any support required of the Trust Board has been identified and is being implemented.	Yes
9	Evidence in the Trust Board (or an appropriate Trust committee with delegated responsibility) minutes that progress with the maternity and neonatal culture improvement plan is being monitored and any identified support being considered and implemented.	Yes

Safety action No. 10

Have you reported 100% of qualifying cases to the Maternity and Newborn Investigation (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have you reported of all qualifying cases to MNSI from 8 December 2023 to 30 November 2024.	Yes
2	Have you reported of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 until 30 November 2024.	Yes
3	Have all eligible families received information on the role of MNSI and NHS Resolution's EN scheme	Yes
4	Has there been compliance, for all eligible cases, with regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour?	Yes
5	Has Trust Board had sight of Trust legal services and maternity clinical governance records of qualifying MNSI/ EN incidents and numbers reported to MNSI and NHS Resolution.	Yes
6	Has Trust Board had sight of evidence that the families have received information on the role of MNSI and NHS Resolution's EN scheme?	Yes
7	Has Trust Board had sight of evidence of compliance with the statutory duty of candour?	Yes
8	Have you completed the field on the Claims reporting wizard (CMS), whether families have been informed of NHS Resolution's involvement, completion of this will also be monitored, and externally validated.	Yes

Section A : Maternity safety actions - Whittington Hospital NHS Trust

Action No.	Maternity safety action	Action met? (Y/N)
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	Yes
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Yes
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	Yes
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Yes
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes
6	Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	Yes
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users	Yes
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	Yes
9	Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?	Yes
10	Have you reported 100% of qualifying cases to the Maternity and Newborn Investigation (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?	Yes

Maternity Incentive Scheme - Year 6 Board declaration form

Trust name
 Trust code

All electronic signatures must also be uploaded. Documents which have not been signed will not be accepted.

	Safety actions	Action plan	Funds requested	Validations
Q1 NPMRT	Yes		-	
Q2 MSDS	Yes		-	
Q3 Transitional care	Yes		-	
Q4 Clinical workforce planning	Yes		-	
Q5 Midwifery workforce planning	Yes		-	
Q6 SBL care bundle	Yes		-	
Q7 Patient feedback	Yes		-	
Q8 In-house training	Yes		-	
Q9 Safety Champions	Yes		-	
Q10 EN scheme	Yes		-	
Total safety actions	10	-		<input type="text"/>
Total sum requested			-	

Sign-off process confirming that:

- * The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets standards as set out in the safety actions and technical guidance document and that the self-certification is accurate.
- * The content of this form has been discussed with the commissioner(s) of the trust's maternity services
- * There are no reports covering either **this year (2024/25) or the previous financial year (2023/24)** that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration. Any such reports must be brought to the MIS team's attention.
- * If declaring non-compliance, the Board and ICS agree that any discretionary funding will be used to deliver the action(s) referred to in Section B (Action plan entry sheet)
- * We expect trust Boards to self-certify the trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of Board governance which will be escalated to the appropriate arm's length body/NHS System leader.

**Electronic signature of Trust
Chief Executive Officer (CEO):**

	<input type="text"/>
For and on behalf of the Board of Name:	Whittington Hospital NHS Trust
Position:	<input type="text"/>
Date:	<input type="text"/>

**Electronic signature of
Integrated Care Board
Accountable Officer:**

**In respect of the Trust:
Name:
Position:
Date:**

	<input type="text"/>
In respect of the Trust:	Whittington Hospital NHS Trust
Name:	<input type="text"/>
Position:	<input type="text"/>
Date:	<input type="text"/>



Meeting title	Trust Board – public meeting	Date: 31.01.2025
Report title	Maternity Incentive Scheme (MIS) Year 6 Submission	Agenda item: 7
Executive lead	Sarah Wilding, Chief Nurse and Director of Allied Health Professionals	
Report authors	Isabelle Cornet, Director of Midwifery, Rhonda Flemming and Helen Taylor, Joint Clinical Directors, ACW Clinical Division and Carolyn Paul, Obstetric Lead	
Executive summary	<p>Obstetric incidents can be catastrophic and life-changing for families, with related claims representing the Clinical Negligence Scheme for Trusts' (CNST) biggest area of spend nationally supporting families who have experienced such incidents. Of the clinical negligence claims notified to NHS Resolution in 2021/22 nationally, obstetrics claims represented 12 per cent of clinical claims by number but accounted for 62 per cent of the total value of new claims; almost £6 billion.</p> <p>The Maternity Incentive Scheme supports and incentivises Trusts who to take proactive action to improve maternity safety. It sets out ten safety actions which Trusts have to evidence compliance within order receive a financial rebate.</p> <p>The Declaration Form for the submission was published by NHS Resolution at the end of September 2024, and the submission date is 12 noon on 3 March 2025.</p> <p>The submission update for Whittington Health NHS Trust, with the details in Declaration Form attached as Appendix 1:</p> <ul style="list-style-type: none">• Safety Action 1: Fully compliant• Safety Action 2: Fully compliant• Safety Action 3: Fully compliant• Safety Action 4: Fully compliant• Safety Action 5: Fully compliant• Safety Action 6: Fully compliant• Safety Action 7: Fully compliant • Safety Action 8: Fully compliant<ul style="list-style-type: none">○ Action Plan established and approved at the Quality Assurance Committee to ensure 90% of Obstetric rotational medical staff that commenced working at the Trust on or after	

	<p>1 July 2024 are compliant with the Maternity Emergencies and multiprofessional training within a maximum of six months from starting at the Trust.</p> <ul style="list-style-type: none"> ○ Action Plan established and approved at the Quality Assurance Committee to ensure 90% of Obstetric rotational medical staff that commenced working at the Trust on or after the 1 July 2024 are compliant with the fetal monitoring and surveillance training within a maximum of six months from starting at the Trust. ● Safety Action 9: Fully compliant <ul style="list-style-type: none"> ○ In addition to the previous reports to board, future reports will include greater detail about the action points flowing out of the Board Safety Champion’s meetings with the Perinatal leadership team and that any support required of the Trust Board has been identified and is being implemented. ● Safety Action 10: Fully compliant
Purpose	Approval and sign-off the submission of the MIS Year 6 Declaration Form to NCL LMNS and NHS Resolution by 3 March 2025. The LMNS sign-off is scheduled for the 10 February 2025.
Recommendation(s)	Board members are For Trust Board to approve and sign-off the submission of the MIS Year 6 Declaration Form to NCL LMNS and NHS Resolution by 3 March 2025.
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	<ul style="list-style-type: none"> ● Maternity Clinical Governance and Safety Champion Meeting – MIS Update at every Maternity Clinical Governance and Safety Champion Meeting. Latest on 14 December 2023. ● ACW ICSU Board, MIS Update at every ACW ICSU Board – latest on 19 December 2024. ● Quality Governance Committee, 22 October and 10 December 2024. ● Quality Assurance Committee, 15 January 2025. ● TMG, 28 January 2025.
Appendix	Appendix 1 – MIS Year 6 Board Notification Form For WH Submission Final.



Whittington Health NHS Trust

Performance Report

January 2024
Month 9 (2024-2025)



Community - Performance Dashboard

Indicator	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024-2025	Activity
IAPT Moving to Recovery	50.0%	48.1%	51.9%	54.9%	49.2%	48.1%	56.9%	54.2%	49.5%	48.4%	43.0%	52.0%		50.1%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	91.9%	93.8%	93.0%	95.7%	94.4%	94.6%	95.0%	94.4%	96.9%	96.9%	97.0%		95.7%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	83.3%	84.7%	75.6%	87.4%	78.7%	79.6%	88.1%	72.7%	76.6%	77.6%	79.1%	81.0%	80.5%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	76.1%	88.2%	85.4%	84.2%	90.0%	100.0%	100.0%	91.7%	100.0%	92.3%	100.0%	85.7%	92.9%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	70.3%	71.3%	72.8%	43.8%	76.3%	72.4%	69.9%	78.3%	87.3%	71.8%	85.6%	77.3%	73.6%	
ICTT - % GAS Scores improved or remained the same at Discharge	>70%	91.5%	90.3%	83.1%	53.6%	84.1%	83.5%	93.1%	95.4%	90.9%	90.4%	89.9%	91.2%	87.3%	
REACH - % BBIC Scores improved or remained the same at Discharge	>75%	100.0%	80.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%	

Community Performance Dashboard

- All services are meeting the outcomes indicator showing an improvement for the overall year to date

Adult Community - Waiting Times

Indicator (Routine Appointments)	Target	Target Weeks	Oct-24	Nov-24	Dec-24	Average Wait (Latest Month)	No. of Patients Seen
Community Matron	>95%	6	100.0%	84.2%	100.0%	0.9	19
Adult Wheelchair Service	>95%	8	100.0%	100.0%	100.0%	2.3	35
Community Rehabilitation (CRT)	>95%	12	60.8%	69.1%	75.5%	12.1	49
ICTT - Other	>95%	12	81.1%	85.2%	72.8%	7.6	92
ICTT - Stroke and Neuro	>95%	12	15.8%	23.1%	33.3%	13.5	9
Home-based Intermediate Care Service	>95%	-	62.3%	61.1%	62.2%	5.5	45
Paediatric Wheelchair Service	>95%	8	66.7%	100.0%	100.0%	5.1	3
Bladder and Bowel - Adult	>95%	12	71.4%	71.8%	77.1%	8.1	240
Musculoskeletal Service - CATS	>95%	6	35.7%	35.3%	39.1%	9.8	473
Musculoskeletal Service - Routine	>95%	6	39.9%	37.4%	45.0%	8.2	915
Nutrition and Dietetics	>95%	6	90.2%	90.7%	93.5%	2.5	92
Podiatry (Foot Health)	>95%	6	26.2%	30.1%	19.7%	12.7	345
Lymphodema Care	>95%	6	45.5%	63.3%	47.8%	7.4	23
Tissue Viability	>95%	6	100.0%	100.0%	100.0%	1.2	52
Cardiology Service	>95%	6	98.9%	96.1%	100.0%	0.9	109
Diabetes Service	>95%	6	98.2%	95.0%	94.6%	4.1	130
Respiratory Service	>95%	6	96.9%	98.5%	92.2%	2.4	64
Spirometry Service	>95%	6	98.6%	100.0%	100.0%	3.9	60
Integrated MDT	>95%	6	97.5%	92.9%	83.2%	3.0	107
Self-Management	>95%	6	69.4%	70.0%	-	-	0
Covid	>95%	6	96.3%	93.5%	100.0%	2.0	22
Indicator (Urgent Appointments)							
Adult Wheelchair Service	>95%	2	100.0%	50.0%	100.0%	1.0	2
Community Rehabilitation (CRT)	>95%	2	44.1%	32.1%	44.0%	11.3	25
ICTT - Other	>95%	2	0.0%	0.0%	9.1%	7.0	22
ICTT - Stroke and Neuro	>95%	2	13.3%	37.5%	13.3%	4.5	15
Home-based Intermediate Care Service	>95%	2	88.0%	88.0%	91.3%	1.1	103
Musculoskeletal Service - CATS	>95%	2	47.8%	66.7%	55.2%	2.4	29
Musculoskeletal Service - Routine	>95%	2	27.2%	61.1%	34.3%	3.1	99
Nutrition and Dietetics	>95%	2	100.0%	100.0%	100.0%	0.0	1

Adult Community Waiting Times

Podiatry: Access criteria are being reviewed with the ICB to align with NCL services. High demand persists, but initiatives like slot filling and Patient-Initiated Follow-Up (PIFU) are gradually reducing wait times. Challenges include national recruitment issues and staff absences.

Community Rehab – CRT: 278 referrals are awaiting first appointments (18+ weeks). Telephone triage and postcode-allocated clinics are being implemented for stroke and neuro patients to manage long waits.

ICTT – Other: 61 referrals are awaiting first appointments (18+ weeks). Allied Health Professions (AHP) job plans are under review to ensure staff efficiency and address performance issues.

ICTT – Stroke: 24 referrals are awaiting first appointments (18+ weeks). A new assessment pathway has been implemented, with qualified AHPs conducting initial assessments. Job planning is ongoing to optimise capacity.

MSK Routine: Wait times improved significantly, dropping from 15.8 weeks in November 2023 to 8.2 weeks in December 2024. Staff absences may affect figures for December/January.

MSK CATS: Wait times peaked at 12 weeks in September 2024 but reduced to 9.8 weeks by December, reflecting steady backlog reduction. Improved staffing levels since December 2024 are expected to sustain this trend.

GIRFT funding for MSK CATS and Physio will support with backlog management for Feb and March 25.

Overall: All services show improving trends despite challenges, with notable progress in reducing backlogs and wait times. The overall average waiting time has reduced for all services. Year to date the average wait from referral to first attendance year to date has moved from **52.5 days** to **33.1 days** against a target of under **42 days**

Children's Community – Waiting Times

Indicator (Routine Appointments)	Target	Target Weeks	Oct-24	Nov-24	Dec-24	Average Wait (Latest Month)	No. of Patients Seen
CAMHS	>95%	4	63.2%	54.0%	63.7%	9.6	215
Community Children's Nursing	>95%	6	93.4%	96.9%	93.8%	1.3	80
Community Paediatrics - Haringey	>95%	18	59.0%	48.5%	60.0%	15.0	35
Community Paediatrics - Islington	>95%	18	81.8%	94.1%	100.0%	3.5	13
Haringey - SCT	>95%	20	0.0%	0.0%	0.0%	69.0	22
Islington SCT (0-5s)	>95%	20	6.3%	13.0%	10.0%	58.9	20
CLA Initial Assessments - Haringey	>95%	4	100.0%	100.0%	100.0%	2.5	4
CLA Initial Assessments - Islington	>95%	4	75.0%	58.3%	85.7%	2.4	14
Occupational Therapy - Barnet	>95%	18	100.0%	100.0%	100.0%	6.1	22
Occupational Therapy - Haringey	>95%	18	95.0%	72.0%	100.0%	9.5	28
Occupational Therapy - Islington	>95%	18	88.9%	63.6%	100.0%	7.5	8
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	84.6%	80.0%	4.5	5
Paediatrics Nutrition and Dietetics - Islington	>95%	12	93.3%	100.0%	100.0%	7.0	6
Physiotherapy - Barnet	>95%	18	100.0%	100.0%	100.0%	3.7	19
Physiotherapy - Haringey	>95%	18	100.0%	100.0%	100.0%	5.9	43
Physiotherapy - Islington	>95%	18	100.0%	100.0%	100.0%	3.4	57
PIPS	>95%	12	100.0%	90.9%	82.4%	4.6	17
SALT - Barnet	>95%	18	74.1%	61.4%	67.7%	16.2	96
SALT - Camden	>95%	6	43.2%	57.1%	62.5%	5.8	40
SALT - Haringey	>95%	13	45.9%	70.7%	84.2%	12.8	57
SALT - Islington	>95%	13	79.5%	75.6%	66.7%	10.8	30
SALT - MPC	>95%	18	88.9%	100.0%	100.0%	3.1	16
School Nursing - Haringey	>95%	12	98.1%	96.9%	100.0%	1.3	197
School Nursing - Islington	>95%	12	96.3%	99.1%	98.5%	1.5	65
Indicator (Urgent Appointments)							
CAMHS	>95%	2	100.0%	100.0%	100.0%	0.7	2
Community Children's Nursing	>95%	1	100.0%	100.0%	100.0%	0.0	5
SALT - Barnet	>95%	6	93.3%	100.0%	85.7%	2.6	7
SALT - Haringey	>95%	2		50.0%			0
Indicator	Target		Current Month		Previous Month	2023-2024	
Haringey New Birth Visits - % Seen Within 2 Weeks	>95%	Nov	89.8%	87.3%	91.3%		
Islington New Birth Visits - % Seen Within 2 Weeks	>95%	Nov	95.4%	93.6%	96.8%		

Children's Community Waits

Child and Adolescent Mental Health Services (CAMHS)

100% of children and young people presenting in mental health crisis were seen well within the target of 2 weeks for urgent appointments.

The average waiting time shown for routine appointments is for all CAMHS teams, including children and young people waiting for a neurodevelopmental assessment. The majority of teams are seeing children and young people within 4-8 weeks of referral. We have received additional investment from health commissioners to support a reduction in the longest waiting times and additional clinics are now in operation. Investment has also enabled the service to maintain CAMHS provision in schools and Early Years settings to maintain increased accessibility of services.

Haringey Community Paediatrics

Waiting times for first appointments have been longer in the last 3 months while the team has prioritised reducing waiting times for review appointments. The team continue to review and triage referrals, ensuring urgent referrals are prioritised.

Haringey Health Visiting

In Quarter 3 2024/25 (October to December) the service completed 91.5% of new birth visits within the 14 day target. The target is 95% and the service closely tracks this vital activity.

Reasons for visits not being completed within 14 days include:

- **30** babies who were in hospital at 14 days (including **8** still not yet discharged), this is **3.9%** of all new birth visits due
- **21** babies were in Beis Brucha at 14 days. This represents **2.7%** of all new birth visits due
- **1.9%** of visits were late for other reasons, including late notifications of new births

An update on waiting times for children and young people's therapy services will be provided in next month's report

Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance
HCAI C Difficile	<22	Dec	0	0	15	
Actual Falls	400	Dec	30	37	306	
Category 3 or 4 Pressure Ulcers	64	Dec	32	14	222	
Medication Errors causing serious harm	0	Dec	0	0	0	
MRSA Bacteraemia Incidences	0	Dec	1	1	5	
Patient Safety Incident Investigations	N/A	Dec	2	2	8	
VTE Risk Assessment %	>95%	Dec	95.4%	95.1%	95.6%	
Mixed Sex Accomodation Breaches	0	Dec	12	6	103	
Summary Hospital Level Mortality Indicator (SHMI)	1	September 2023 - August 2024	0.97		0.97	

Category 3 or 4 Pressure Ulcers - Target 0

December Performance – 32 Pressures Ulcers on 27 Patients

This is a worsening of 18 compared to 14 in November 2024.

Category 3 = 32

Category 4 = 0

Issues: In the hospital setting there were 14 category 3 pressure ulcers developed on 12 patients; this occurred across 6 clinical areas. In the community setting there were 18 category 3 pressure ulcers developed on 15 patients, with a nominally higher incidence in the Haringey borough. Staffing constraints and clinical acuity have been identified as the main contributory factors in December 2024.

Actions:

- EIM have appointed a Quality Matron and a Matron for Pressure Ulcers to help focus improvement work on the medical and care of the elderly wards.
- Changes have been made to the format of electronic pressure ulcer prevention care plans to ensure they are more patient specific.
- ACS are progressing through the divisions systems-based pressure ulcer improvement plan and have had no category 4 pressure ulcers since October 2024.

MRSA Bacteraemia

December Performance – 1

This is the same as in November 2024 when there was also 1.

Issues: There was one hospital attributable case of MRSA Bloodstream Infection (BSI). MRSA #5 for the trust was a patient who acquired MRSA on the skin and the BSI is likely a contaminant from their skin.

Actions: An after-action review identified that there is a need to remediate gaps in staff training in relation to undertaking blood cultures to reduce likelihood of reoccurrence. Refresher training is under way.

Responsive - Access

Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance
Cancer - 62 Days Combined Treatments	>85%	Nov	61.8%	64.2%	63.9%	
Cancer - % Pathways Received a Diagnosis Within 28 Days of Referral	>75%	Nov	69.6%	71.2%	68.9%	
Cancer - 31 Days to First & Subsequent Treatment	>96%	Nov	93.8%	94.7%	94.5%	
DM01 - Diagnostic Waits (<6 Weeks)	>99%	Dec	92.4%	95.5%	93.9%	
RTT - Incomplete % Waiting <18 Weeks	>92%	Dec	64.5%	65.4%	65.5%	
Referral to Treatment 18 Weeks - 52 Week Waits	0	Dec	252	306	3489	
% Seen <=48 Hours of Referral to District Nursing Service	>95%	Dec	98.8%	100.0%	96.7%	
% Of Rapid Response Urgent Referrals Seen Within 2 Hours of Referral		Dec	63.1%	57.4%	67.2%	

What the Data Tells Us	Issues	Actions and Mitigations
<p>Referral to Treatment Incomplete % Waiting <18 Week – Target 92%</p> <p>December Performance – 64.5%</p> <p>This is a worsening of 0.9% compared to November’s performance of 65.4%.</p>	<ul style="list-style-type: none"> Compliance with the 18-week standard continues to decline, largely due to recent changes in Appointment Slot Issue (ASI) management and the Trust’s focus on reducing the backlog of patients waiting over 65 weeks. As a result there has been a continued improvement of those over 52 weeks. 	<ul style="list-style-type: none"> Risks remain in the delivery of compliance against the targets in the following services: Lower Urinary Tract Syndrome (LUTS), General Surgery, and Orthopaedics. The LUTS service remains a risk to achieving compliance against required standards. The Trust is working with NCL to mitigate.
<p>Referral to Treatment 18 Weeks - 52 Week Waits – Target 0</p> <p>December Performance – 252</p> <p>This is an improvement of 54 compared to November’s performance of 306.</p> <p>At the end of December there were 2 patients waiting over 78 weeks.</p>		
<p>DM01: Diagnostic Waits <6 Weeks – Target 99%</p> <p><i>Percentage of patients waiting less than 6 weeks for 15 key diagnostic tests and procedures.</i></p> <p>December Performance – 92.4%</p> <p>This is a worsening of 3.1% compared to November’s performance of 95.5%.</p>	<ul style="list-style-type: none"> DM01 performance remains consistent with imaging remaining compliant. Neurophysiology remains non-compliant but is expected to achieve compliance soon. Significant improvements have been made, particularly in the number of patients over the past 13 weeks. Sleep studies are also non-compliant, but due to the small number of cases, this issue is considered recoverable. 	<ul style="list-style-type: none"> Capacity review of Neurophysiology and review of long-term plans for the service are being discussed within NCLs local health care system.

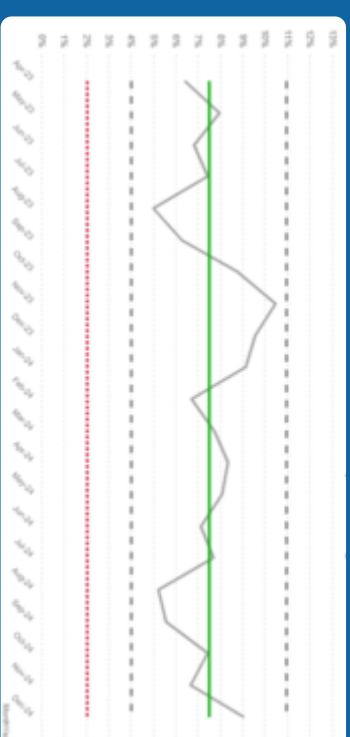
Responsive - Access

What the Data Tells Us	Issues and Actions
<p>Cancer: 28-Day Faster Diagnosis Standard (FDS) - Target >75% November Performance – 69.6%</p> <p>This is a worsening of 1.6% compared to October’s performance of 71.2%. The breast, lung and upper GI services all performed above 75% with colorectal & haematology achieving 70%</p> <ul style="list-style-type: none"> • Gynaecology performance of 60.9% was a decline from 67.3% in October • Skin performance improved to 53.8% from 52.8% in October • Urology performance improved to 45.3% from 30.2% in October 	<ul style="list-style-type: none"> • The Gynaecology service will go live with the Endometrial Assessment pilot in February. This will support the Rapid Access Clinics, reduce the demand for hysteroscopy and support the improvement of FDS performance. • The Lower GI service had a few vacancies (2x clinical research fellow and 2x Senior Clinical Fellow). Interviews have taken place, and four candidates have been offered positions. To mitigate the service is trying to put on additional capacity, but the service is dependent on ex-employees working on Bank. • The Skin service is currently booking out at 16 days for first appointment and has continued to reduce the wait time for 1st appointment. Insourcing (18 weeks) will commence in February to support the suspected cancer pathway as well as the urgent and routine pathways. • In December the Urology service launched a results letter template to discharge patients straight from MRI.
<p>Cancer: 31 Days to First & Subsequent Treatment - Target >96% November Performance – 93.8%</p> <p>This is a worsening of 0.9% compared to October’s performance of 94.7%.</p> <ul style="list-style-type: none"> • Breast Performance 83.3%. • Gynaecology performance 66.7% 	<ul style="list-style-type: none"> • We are progressing tighter management of the surgical patients for the breast service. • In September, the NCL Cancer Alliance agreed funding to increase the Trust’s cancer admin workforce by 3 WTE Multidisciplinary Team coordinators/Trackers. This is expected to enable the Trust to have greater grip of its cancer Patient Treatment List and validation processes. 2 WTE started on 2nd January and 1 WTE is due to start in role in February.
<p>Cancer: 62-Day Combined Treatments - Target >85% November Performance – 61.8%</p> <p>This is a worsening of 2.4% compared to October’s performance of 64.2%. The Trust reported 19.5 breaches against the 62-day standard in November.</p> <ul style="list-style-type: none"> • Breast performance of 50% improved from 28.6% in October • Haematology performance of 28.6% declined from 80% in October • Lung performance of 60% improved from 53.8% in October • Upper GI performance of 55.6% stayed the same in November from October • Urology performance of 57.1% improved from 52.9% in October 	<ul style="list-style-type: none"> • The breast service has undertaken a review of the booking rules for surgical patients, to ensure these patients are booked for surgery in a timelier manner. These tighter surgical rules have streamlined the surgical bookings. The Breast Pain pathway pilot will also be going live in February which will support the front of the pathway. • As part of plans to deliver the 49-day Lung pathway the Trust has audited the turn around times for patients requiring CT/Chest at the Trust site and the Community Diagnostic Centre. The medium wait time for scans has come down to 5 days (with an extra day for reporting). A meeting with the NCL Cancer Alliance was held on the 14th November 2024 to discuss possible options for the Cancer Alliance supporting the implementation of EBUS. Support and approval given from Lung ERG in December 24 to proceed with funding support for the machine and equipment.

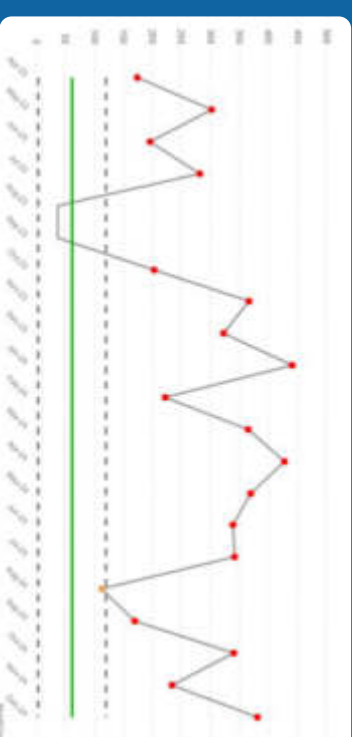
Responsive - Emergency Care

Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance
Las Patient Handover Times - 30 Mins	0	Dec 139	90	818		
Las Patient Handover Times - 60 Mins	0	Dec 10	3	52		
% Streamed to an Onsite Service	>7.5%	Dec 6.0%	4.9%	4.2%		
Median Wait for Treatment (Minutes)	< 60 min	Dec 110 Mins	107 Mins	92 Mins		
% Of ED Attendance Seen by Clinician Within 60 Mins of Arrival		Dec 32.4%	33.2%	37.5%		
Median Time From Arrival to Decision to Admit		Dec 04:51	03:57	04:18		
12 Hour Trolley Waits in ED	0	Dec 381	233	2713		
Total ED Attendances in Dept for More Than 12 Hours (Arrival to Dept)		Dec 848	680	5946		
% Of ED Attendances Over 12 Hours From Arrival to Departure	<2%	Dec 9.0%	6.6%	7.2%		
ED Waits (4 Hrs Wait)	>95%	Dec 67.9%	70.8%	71.5%		
% Left ED Before Being Seen		Dec 9.4%	9.3%	8.6%		
% ED Re-Attendance Within 7 Days		Dec 10.0%	9.7%	10.1%		

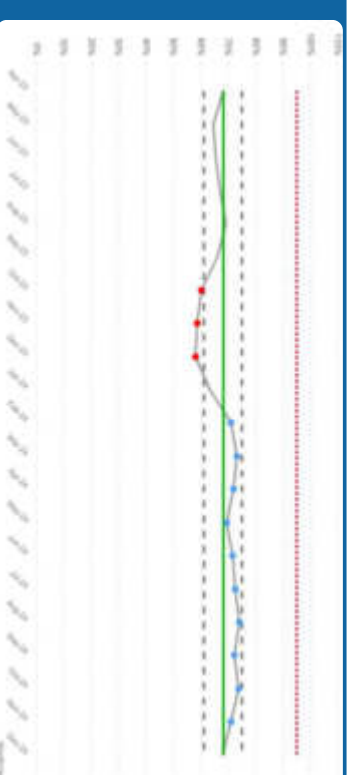
ED Attendances Over 12 Hours



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% December Performance – 9% This is a worsening of 2.4% compared to 6.6% in November.</p>	<ul style="list-style-type: none"> Formal overnight postcode redirection lifted, however continued pressures within the NCL sector with regular Step 2/3B diverts put in place to support other Trusts. 5B redirects overnight impacting on capacity within the ED. There is still a high number of out of borough conveyancing. Increased number of MH presentations to the ED with longer length of stay awaiting Mental Health beds. Discharge bottlenecks into the community which impact on wider hospital flow. <p>Whittington position and impact:</p> <ul style="list-style-type: none"> A total number of attendances of 9,388 for December this is an increase of 86 patients in comparison to November. Increased number of LAS conveyances, 91 more in December in comparison to November. Increased acuity resulting in longer length of stay on the wards Influx of respiratory presentations, flu, covid, RSV contributing to some closed beds at times. Increase in out of borough attendances causing discharge delays due to Social Services. Consecutively for 3 months we have seen an increase in paediatric activity, we saw an increase of 102 children in the month of December. 	<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 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 Same day emergency care (SDEC) established with further reviews underway. 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. New Paediatric Emergency Medicine consultant started in post. <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. Rapid Assessment and Treatment model embedded with senior registrar or consultant assessing patients at the front door Clinical Decision Unit trial commenced in September and proving beneficial to support flow, criteria to be reviewed. This has been intermittent due to conversion to beds to support increased decisions to admits in ED <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 Early system escalation for discharges working with community partners, social care, mental health providers and councils. Monthly Patient Flow Programme chaired by the Chief Operating Officer. Focus on criteria not met to reside and reducing long lengths of stay. Increased virtual ward capacity. Opened 4 additional beds on Thorogood ward to meet winter pressure demands. Introduced a pilot of Minerva – company that provides bridging for packages of care for patients on P1 pathways. 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> December Performance – 381 This is a worsening of 148 compared to 233 in November.</p>		
<p>Emergency Department Waits (4 hrs wait) - Target >95% <i>No. of patients treated within 4 hours of arrival in ED.</i> December Performance – 67.9% This is a worsening of 2.9% compared to 70.8% in November.</p>		
<p>LAS Handovers - Target 0 <i>Number of Ambulance Handover delays of greater than 30 minutes and 60 minutes.</i> December Performance (30 mins) – 139 This is a worsening of 49 compared to 90 in November. December Performance (60 mins) – 10 This is a worsening of 7 compared to 3 in November.</p>		
<p>Median Wait for Treatment - Target <60 <i>Time from arrival to seeing a doctor or nurse practitioner.</i> December Performance – 110 Minutes This is a worsening of 3 minutes compared to 107 in November.</p>		

Activity

Indicator	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Activity
ED Attendances		8704	8364	9562	8958	9522	9125	9386	8258	8903	9208	9302	9388	
ED Admission Rate %		10.6%	10.2%	10.3%	9.6%	9.9%	9.7%	9.7%	10.2%	10.9%	12.9%	14.4%	11.7%	
Elective and Daycase		2179	2244	2217	2461	2576	2231	2596	2201	2280	2599	2492	2199	
Emergency Inpatients		1598	1557	1746	1556	1727	1563	1714	1570	1644	1946	2046	1805	
GP Referrals to an Acute Service		8704	9498	9058	10220	9941	8918	9903	8809	9449	10796	10474	8724	
% Of GP Referrals Completed via eRS		67.0%	69.0%	63.2%	55.6%	55.8%	54.5%	51.2%	51.2%	50.3%	49.8%	45.3%	37.6%	
Maternity Births	320	229	206	237	227	218	192	218	212	218	225	243	228	
Maternity Bookings	377	310	288	301	308	275	246	275	231	242	309	268	249	
Outpatient DNA Rate % - New	<10%	12.0%	13.0%	11.7%	11.5%	11.5%	11.7%	11.6%	12.2%	11.7%	11.5%	11.0%	11.4%	
Outpatient DNA Rate % - FUp	<10%	9.7%	10.9%	10.4%	10.2%	9.7%	10.4%	10.4%	10.8%	10.4%	10.3%	10.3%	10.4%	
Outpatient New Attendances		10684	10463	10236	11378	11252	9797	11374	9176	9648	10840	10257	8855	
Outpatient FUp Attendances		18943	17504	17259	18319	18982	17500	20171	16594	17793	20020	18327	16678	
Outpatient Procedures		6444	6034	6299	7394	7388	6233	7267	5761	5285	6512	5740	5162	

GP Referrals

December Performance – 8,724

This is a decrease of 1,750 compared to November's performance of 10,474.

It an increase of 2,171 compared to 6,553 in December's 2023

% of GP Referrals Completed via eRS

December Performance – 37.6%

This is a decrease of 7.7% compared to November's performance of 45.3%.

It a decrease of 29.7% compared to 67.3% in December's 2024.

Robotic Process Automation (RPA) software is currently being utilised to manage the eRS referral backlog outside of the eRS platform. As a result, there has been a decline in the number of GP referrals completed via eRS.

Activity Highlights

Maternity Births December Performance – 228

This is a worsening of 15 compared to November's performance of 243, and a worsening of 9 compared to 237 in December 2023.

ED Attendances December Performance – 9,388 (Daily Average Attendance 303)

This is an increase of 86 Compared to November's performance of 9,302 (Daily Average Attendance 310), and an increase of 477 compared to 8,911 in December 2023.

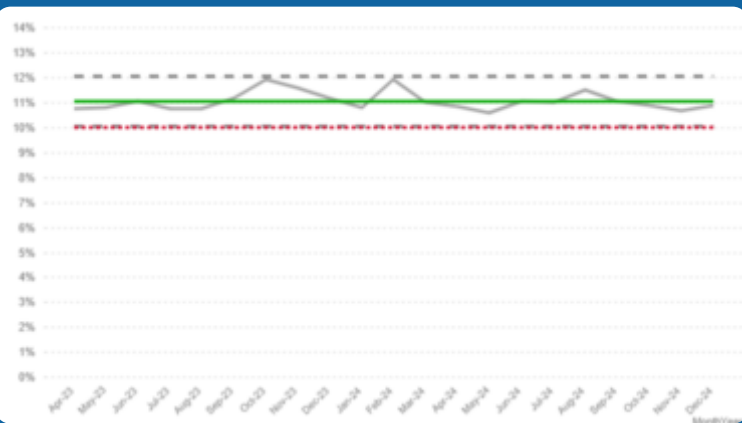
DNA Rates December 2024:

Acute DNA rate for December was 10.9%, this is a worsening of 0.2% compared to November's performance of 10.7%.

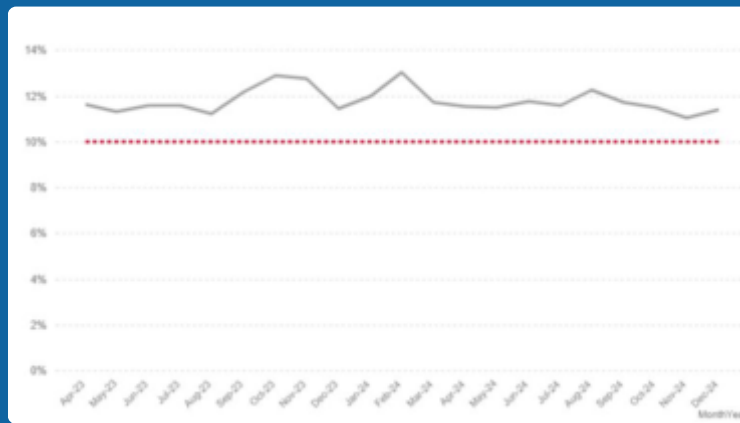
Outpatient DNA rate for new appointments was 11.4% for December, this is a worsening of 0.4% compared to November's performance of 11%.

Outpatient DNA rates for follow-up appointments was 10.4% for December, this is a worsening of 0.1% compared to November's performance of 10.3%.

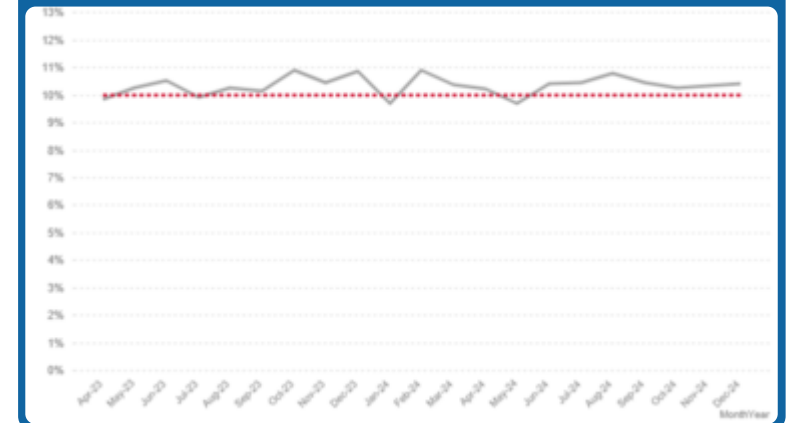
Acute DNA % Rate



Outpatient DNA % Rate - New



Outpatient DNA % Rate – Follow-Up



Activity – Activity and Forecasts

Activity Highlights

Outpatient First Appointments: There were 13,745 Firsts Appointments in the last 4 weeks of December 2024, this is 116% of 19/20 levels.

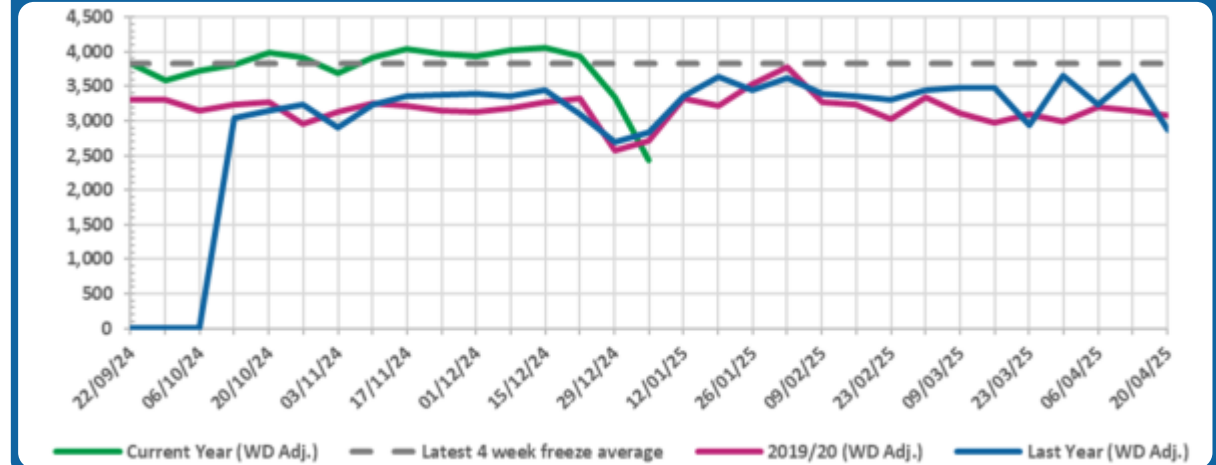
Outpatient Follow-up Appointments: There were 10,540 Follow-up appointments in the last 4 weeks of December 2024, this is 93% of 19/20 levels.

Follow-up activity is in line with productivity improvements.

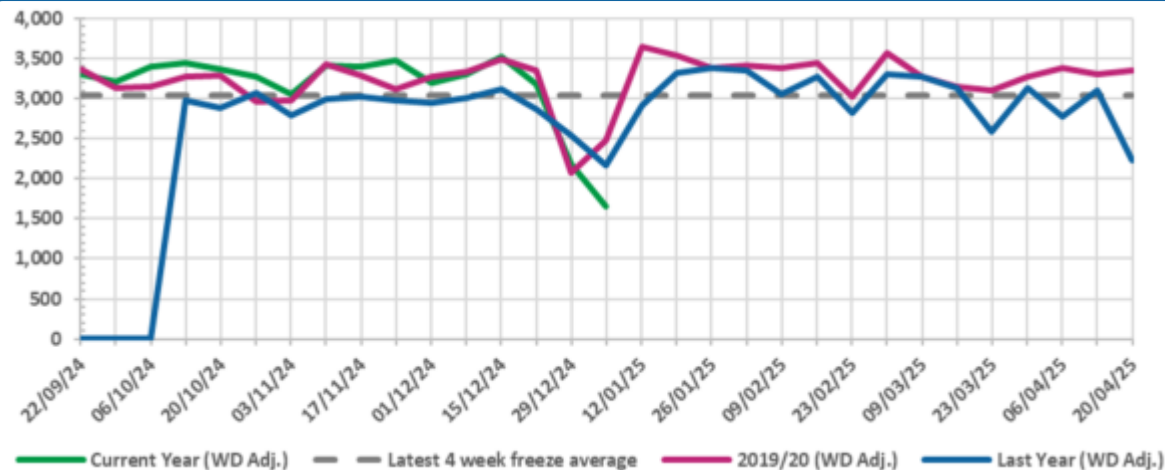
Elective Activity: There were 1,750 cases in the last 4 weeks of December 2024, this is 136% of weekly plan for 2024/25.

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

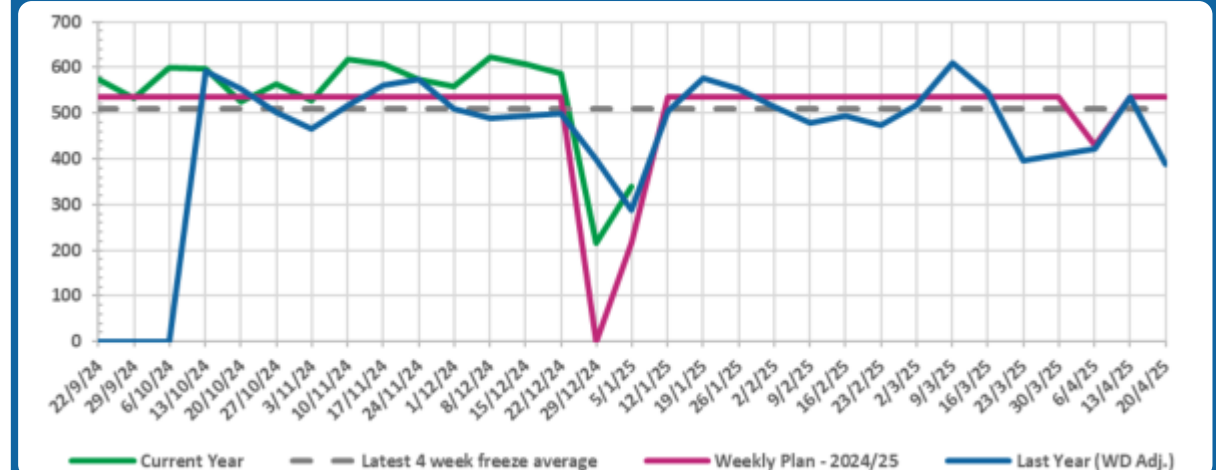
Weekly Outpatient First Attendances



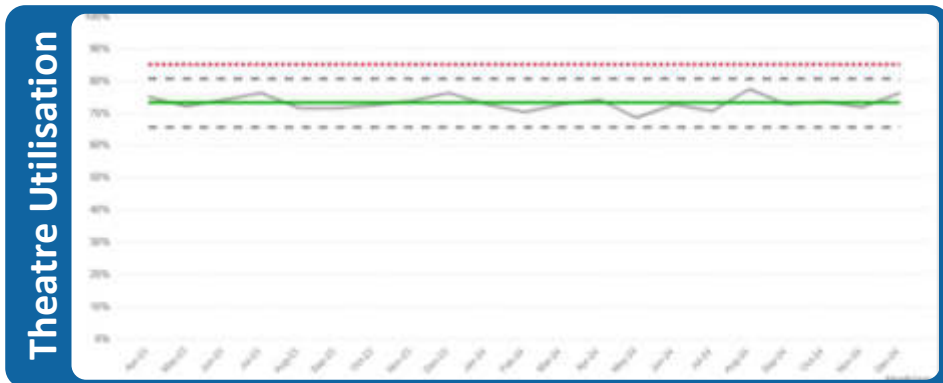
Weekly Outpatient Follow-up Attendances



Weekly Elective Activity



Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance	
Cancelled Ops Not Rebooked <28 Days	0	Nov	7	6	26		
Hospital Cancelled Operations	0	Nov	26	15	108		
Theatre Utilisation	>85%	Dec	76.0%	71.6%	72.8%		
Community DNA % Rate	<10%	Dec	6.9%	7.1%	7.1%		
Acute DNA % Rate	<10%	Dec	10.9%	10.7%	10.9%		
Outpatients New:Follow Up Ratio	2.3	Dec	1.88	1.79	1.78		
Non Elective Re-Admissions Within 30 Days	<5.5%	Dec	3.5%	4.0%	3.7%		
Rapid Response - % Of Referrals With an Improvement in Care		Dec	74.4%	68.9%	71.7%		



Theatre Utilisation - Target 85%

Percentage of available Theatre time used for elective procedure.

December Performance – 76%

This is an improvement of 4.4% from November’s performance of 71.6%.

Issues:

- Under booking of theatre lists, particularly specialties facilitating late booking for urgent cases
- Audit of early finishes highlighted specialties to be targeted.
- Suboptimal compliance with notice period for highlighting potential fallow lists

Actions:

- Limiting slots left open for urgent cases following multidisciplinary review meetings.
- Facilitate allocating fallow lists to specialties to allow cohorting of clinically urgent cases
- Implementing strategy to add 1 case to lists repeatedly finishing early from audit results

Hospital Cancelled Operations - Target 0

November Performance – 26

This is a worsening of 11 from October’s performance of 15.

Issues:

- Anaesthetic staff sickness with widespread impact of influenza
- Challenged anaesthetic establishment due to retirement and delayed start of newly recruited members
- Increased incidence of complication of influenza leading to high ED and hospitalisation rates limiting bed availability, particularly Critical care

Actions:

- Request support from partner organisations for anaesthetic staff to undertake additional sessions at Whittington Hospital
- Organise additional temporary staff to back fill sickness absence to support theatre lists

Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance
ED - FFT % Positive	>90%	Dec 80.7%	76.3%	82.1%		
ED - FFT Response Rate	>15%	Dec 7.5%	8.4%	8.1%		
Inpatients - FFT % Positive	>90%	Dec 93.9%	90.2%	93.4%		
Inpatients - FFT Response Rate	>25%	Dec 17.4%	22.5%	18.9%		
Maternity - FFT % Positive	>90%	Dec 100.0%	98.2%	98.3%		
Maternity - FFT Response Rate	>15%	Dec 14.0%	17.3%	23.4%		
Outpatients - FFT % Positive	>90%	Dec 89.2%	89.2%	91.0%		
Outpatients - FFT Response Rate	400	Dec 212	344	2657		
Community - FFT % Positive	>90%	Dec 96.8%	96.3%	94.6%		
Community - FFT Response Rate	1500	Dec 596	962	7701		
Complaints Responded to Within 25 or 40 Working Days	>80%	Dec 66.7%	66.7%	70.6%		
Complaints (Including Complaints Against Corporate Division)		Dec 21	21	252		

Friends and Family Test (FFT)

December Performance – 92%

Trust wide FFT performance sits at 91.75% for positive responses above the NHS 85% benchmark, in line with the previous month. Negative response rates were 5.12% above the NHS 5% benchmark seeing a slight increase. All divisions remain above the 85% NHS benchmark for positive responses.

ED: 81% a slight decrease of 1% and 13% for negative, in line with the previous month.

Maternity: remained above the NHS benchmark for positive and negative, for the past 12 months. During December scores sat at 100% positive and 0% negative.

Outpatients: 89. % positive and 10% negative an increase of 2% on last month. Outpatient feedback related to delays, imaging and staff attitude.

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

December Performance – 66.7%

This was the same as in November's when the performance was also 66.7%.

There were 21 complaints received where a response was required in December 2024.

Severity of complaints: 4% (1) was designated 'high' risk, 48% (10) were designated 'moderate' risk & 48% (10) were designated as 'low risk'.

Themes: The themes from the complaints due a response in December 2024 remained consistent with previous months (Communication, Medical care, and Delay). The divisions and complaints team continue to work together to address these.

Of the 14 complaints that have closed, 2 (14%) were 'upheld', 10 (71%) were 'partially upheld', and 3 (15%) were 'not upheld', meaning that 81% of the closed complaints in December 2024 were upheld in one form or another, broadly in line with previous months.

Indicator	Target	Current Month	Previous Month	2024-2025	Variation	Assurance	
Appraisals % Rate	>85%	Dec	78.2%	78.8%	78.2%		
Mandatory Training % Rate	>85%		85.8%	85.7%	86.7%		
Permanent Staffing WTEs Utilised	>90%		93.7%	93.3%	92.3%		
Staff Sickness Absence %	<3.5%	Nov	4.5%	4.3%	4.2%		
Staff Turnover %	<13%	Dec	9.8%	10.2%	10.7%		
Vacancy % Rate Against Establishment	<10%	Dec	6.3%	6.7%	7.7%		
Average Time to Hire	<=63	Dec	64	58	60		
Safe Staffing Alerts - Number of Red Shifts		Dec	2	0	9		
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		Dec	10.1	10.4	8.2		

Appraisals % Rate - Target >85%

December Performance – 78.2%

This is a worsening of 0.6% from November’s performance of 78.8%

Issue: Winter pressures and the festive period means there is less capacity in teams to conduct appraisals.

Actions: The Organisational Development team have redesigned and relaunched appraisal guides and appraisal training for managers and staff making it more frequent and accessible to support the completion of appraisals at a high standard.

Staff Sickness Absence % - Target <3.5%

November Performance – 4.5%

This is a worsening of 0.2% from October’s performance of 4.3%

Issue: Marginal increase from the previous month which aligns with start of the winter viruses' season.

Actions: Continue to monitor the position, support managers to support their staff safely and quickly back to work, continued comms offering Flu vaccinations.

Average Time to Hire – Target <63

December Performance – 64

This is a worsening of 6 from November’s performance of 58.

Issue: Although an increase of 6 days from November, performance is 1 day above the Trust’s KPI.

Actions: Review stages within the process to establish what has impacted performance and assess whether mitigation is required.



Meeting Title	Trust Board – public meeting	Date: 31.01.2025
Report Title	Integrated Performance Report	Agenda item: 10
Executive lead	Jonathan Gardner, Chief Strategy, Digital and Improvement Officer	
Report authors	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 December 2024 there were 0 HCAI C Difficile infections and 1 MRSA Bacteraemia bringing the total number of MRSA Bacteraemia's to 5 for the year (April 2024 – March 2025).</p> <p>Emergency Care Flow During December 2024 performance against the 4-hour access standard was 67.9%. There were 381 12-hour trolley breaches in December 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 69.9% in November 2024 against the standard of 75%. This is a worsening of 1.6% compared to 71.2% in October 2024. 31-Days to First and Subsequent Treatment performance was at 93.8% for November 2024 against a target of 96%. This is a worsening of 0.9% compared to 94.7% in October 2024 62-Day Combined Treatments performance was at 61.8% for November 2024 against a target of 85%. This is a worsening 2.4% compared to 65.4% in October 2024. At the end of December 2024, the Trust's position against the 62-day backlog was 76 patients.</p> <p>Referral to Treatment: 52+ Week Waits Performance against 18-week standard for December 2024 was 64.5%, this is a worsening of 0.9% from November's performance of 65.4%. The Trust position against the 52-week performance has improved from 306 patients waiting more than 52-weeks for treatment in November 2024 to 252 in December 2024. The Trust had 15 patients waiting over 65 weeks and 2 patients waiting over 78-weeks at the end of December 2024.</p> <p>Complaints Complaints Responded to Within 25 or 40 Working Days has remained at 66.7% for December 2024 and 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 December 2024 were at 78.2%, this is a worsening of 0.6% from November's performance of 78.8%. Work continues to support service areas to improve overall compliance.</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
Board Assurance Framework	The following BAF entries are linked: Quality 1; Quality 2; People 1; People 2.
Report history	28 January, Trust Management Group
Appendix	1: Integrated Performance Report



CFO Message

Finance Report Month 9 (December)

Trust is reporting a deficit of £19.2m at end of December. This is £5.8m adverse to plan.

The Trust is reporting a year-to-date deficit of £19.2m at the end of December, £5.8m adverse to plan (£5.0m adverse variance at month 8).

In December, the Trust reported a favourable £2.7m clinical income variance. This is a combination of additional non-recurrent funding received and non-recurrent prior-year benefits. Elective income performance was £0.4m better than plan, in-line with trend, plus surgical activity brought forward prior to planned theatre refurbishments from January.

Operating expenditure was £3.4m adverse to plan in December. Temporary staffing expenditure continues to be the principal risk to plan delivery. Increases in substantive WTE pay costs are not offset by a corresponding reduction in temporary staffing costs.

A summary of items impacting the year-to-date position include:

- Pay overspends relating to:
 - Enhanced care - £0.9m
 - Ward general overspends - £1.6m
 - Domestic & portering overspend - £0.6m
 - Unfunded pay pressures of - £0.9m
 - Unfunded UEC bed capacity - £0.8m; and
 - Additional costs in emergency care due to NMUH diverts - £0.3m
- Agency staff costs (£10.9m) represent 4.16% of total pay costs and the national cap is 3.2%.
- Non-Pay overspends driven by:
 - Increased pathology tests - £1.8m
 - Clinical supplies - £0.6m
 - Legal fees - £0.4m
 - Planned and reactive maintenance - £1.1m
 - Additional Chemotherapy activity driving increased spend on block element of high-cost drugs - £0.7m
- Unfunded Industrial action impact of £0.7m (impact on ERF).
- The Trust delivered £11.3m of savings against a year-to-date target of £12.5m (90% of target).

Cash of £45.44m as at end of M9

The Trust's cash balance on 31st December was £45.44m, which is £2.42m favourable to plan.

Capital expenditure for 2024-25 is £12.2m

Capital expenditure to the end of December was £6.97m (exc. IFRS16) against a £6.44m programme.

**Better Payment
Practice
Performance –
94.35% for non-
NHS by value**

Overall, the Trust's BPPC is 96.46% by volume and 93.63% by value. The BPPC for non-NHS invoices is 96.69% by volume and 94.35% by value.

**Forecast for
2024-25**

The Trust is continuing to forecast delivery of plan (£10.82m deficit) for 2024-25. The Trust cannot sustain year-to-date overspends reported for the full year without adversely impacting on plan achievement. A recovery of temporary staffing expenditure and receipt of additional funding (e.g., UEC and pay award pressures) are essential to deliver the annual plan.

Summary of Income & Expenditure Position – Month 9

	In Month			Year to Date			Annual Budget
	Plan	Actual	Variance	Plan	Actual	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
Income							
NHS Clinical Income	26,944	28,491	1,547	243,554	250,718	7,165	324,476
High Cost Drugs - Income	962	1,141	179	8,568	9,624	1,056	11,386
Non-NHS Clinical Income	1,704	1,832	128	15,333	16,886	1,553	20,443
Other Non-Patient Income	2,273	2,709	436	20,453	22,326	1,873	27,271
Elective Recovery Fund	4,323	4,763	440	46,995	47,697	702	62,343
	36,206	38,936	2,730	334,902	347,251	12,349	445,920
Pay							
Agency	0	(317)	(317)	(644)	(10,011)	(9,366)	(739)
Bank	(161)	(2,363)	(2,202)	(2,437)	(21,334)	(18,897)	(2,920)
Substantive	(27,809)	(26,576)	1,233	(249,670)	(230,431)	19,240	(333,003)
	(27,970)	(29,256)	(1,286)	(252,751)	(261,775)	(9,024)	(336,662)
Non Pay							
Non-Pay	(6,989)	(8,844)	(1,855)	(70,127)	(77,094)	(6,968)	(86,294)
High Cost Drugs - Exp	(883)	(1,094)	(210)	(7,951)	(9,574)	(1,622)	(10,602)
	(7,872)	(9,937)	(2,065)	(78,078)	(86,668)	(8,590)	(96,896)
EBITDA	363	(257)	(620)	4,073	(1,192)	(5,265)	12,362
Post EBITDA							
Depreciation	(1,546)	(1,707)	(160)	(13,926)	(15,469)	(1,544)	(18,471)
Interest Payable	(69)	(73)	(4)	(623)	(652)	(30)	(830)
Interest Receivable	177	203	26	1,594	2,625	1,031	2,125
Dividends Payable	(506)	(506)	0	(4,551)	(4,550)	1	(6,068)
P/L On Disposal Of Assets	0	0	0	0	0	0	0
	(1,944)	(2,083)	(139)	(17,506)	(18,047)	(541)	(23,244)
Reported Surplus/(Deficit)	(1,581)	(2,340)	(759)	(13,433)	(19,239)	(5,807)	(10,882)
Impairments	0	0	0	0	0	0	0
IFRS & Donated	(5)	(5)	0	(45)	(42)	3	(60)
Reported Surplus/(Deficit) after Impairments and IFRIC12	(1,586)	(2,345)	(759)	(13,478)	(19,282)	(5,804)	(10,942)

- The year-to date deficit is £19.2m (excluding donated asset depreciation and impairments), £5.8m worse than planned.
- December performance is £0.8m worse than the forecast. Elective income was £0.4m better than plan, offset by continued pay overspends on temporary staff. Retrospective agency costs for Barnet 0-19 services (£0.25m) were accounted for during December.
- A total of £3.1m non-recurrent benefits are included in the December position (YTD £11.1m).

2.0 Income and Activity Performance

2.1 Income Performance – December

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	2,038	253	15,834	17,915	2,080
Elective	1,926	2,132	205	21,154	21,641	488
Non- Elective	5,153	5,839	686	45,714	46,166	452
Critical care	482	1,049	567	4,274	5,455	1,181
Outpatients	4,240	4,442	203	45,848	46,338	490
Direct access	1,240	1,222	(18)	13,640	13,400	(240)
Community	6,754	6,754	0	60,782	60,782	0
Other clinical income NHS	6,327	6,157	(170)	44,876	48,647	3,771
NHS Clinical Income	27,906	29,632	1,726	252,122	260,343	8,221
Non NHS clinical income	1,704	1,832	128	15,333	16,886	1,553
Elective recovery fund (ERF)	4,323	4,763	440	46,995	47,697	702
Income From Patient Care Activities	33,933	36,227	2,294	314,449	324,925	10,476
Other Operating Income	2,273	2,709	436	20,453	22,326	1,873
Total	36,206	38,936	2,730	334,902	347,251	12,349

- Income was £12.3m over plan year to date. £8.2m NHS clinical income, £1.6m non-NHS clinical income, £0.7m ERF overperformance and £1.9m other operating.
- £8.2m NHS clinical income is driven by £1.3m SDF/MHIS monies, £0.9m drugs overperformance, £0.8m industrial action, £0.7m community services review, £0.7m CDC, £0.6m performance related (chemo, devices and imaging), £0.5m foundation trust income (mainly cancer alliance income), £0.3m dental, £1.1m various additional ICB income streams. There is a corresponding expenditure offset for this income overperformance.
- £1.6m non-NHS clinical income is driven by £1.6m local authority income from £0.5m Barnet therapies, £0.5m Barnet 0-19, £0.5m start for life.
- £1.9m other operating income is driven by £0.4m education & training income, £0.3m research & development, £0.2m HSL pathology and other miscellaneous corporate services income.

2.2 Elective recovery fund (ERF) – December

- Trust is estimated to have overperformed by £0.7m 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 £0.4m overperformance due to £0.5m in month overperformance and £0.1m reduction 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	1,351	1,610	259	14,848	15,792	945
EL	8,037	552	674	122	6,060	5,766	(294)
OP First	24,412	1,713	1,820	106	18,397	18,584	188
OP Procedure	10,202	707	660	(47)	7,691	7,554	(137)
Grand Total	62,343	4,323	4,763	440	46,995	47,697	702

ERF Income by Division

Division	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	524	648	124	5,765	6,004	239
CYP	6,326	434	547	113	4,770	5,493	723
EIM	20,484	1,451	1,926	475	15,432	17,575	2,143
S&C	27,744	1,902	1,642	(260)	20,920	18,625	(2,295)
Corp	144	12	(0)	(12)	108	0	(108)
Grand Total	62,343	4,323	4,763	440	46,995	47,697	702

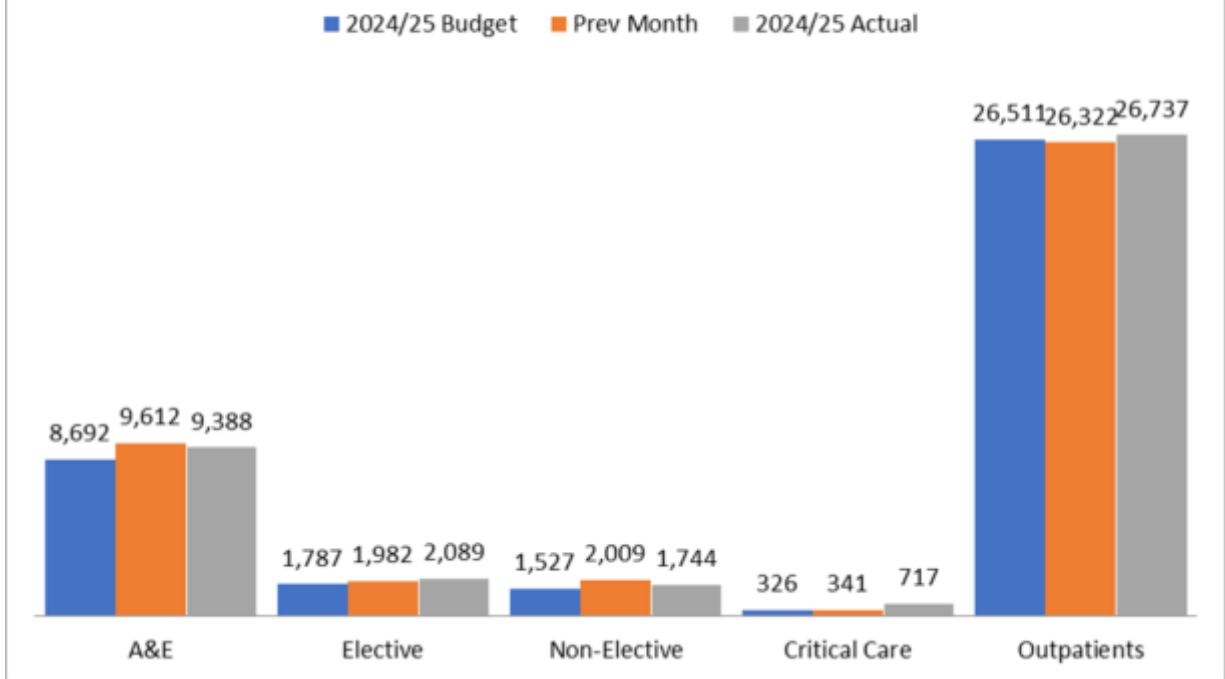
2.3 Activity Performance – December

- Activity overperformed against plan in all areas, except for 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	9,388	696	8%	77,105	82,051	4,946	6%
Elective	1,787	2,089	302	17%	19,643	21,226	1,583	8%
Non-Elective	1,528	1,745	217	14%	13,557	14,757	1,200	9%
Critical care	326	717	391	120%	2,894	3,913	1,019	35%
Outpatients	28,529	30,821	2,292	8%	309,872	315,854	5,982	2%
Direct Access	102,110	90,256	(11,853)	(12%)	1,123,206	1,070,351	(52,855)	(5%)

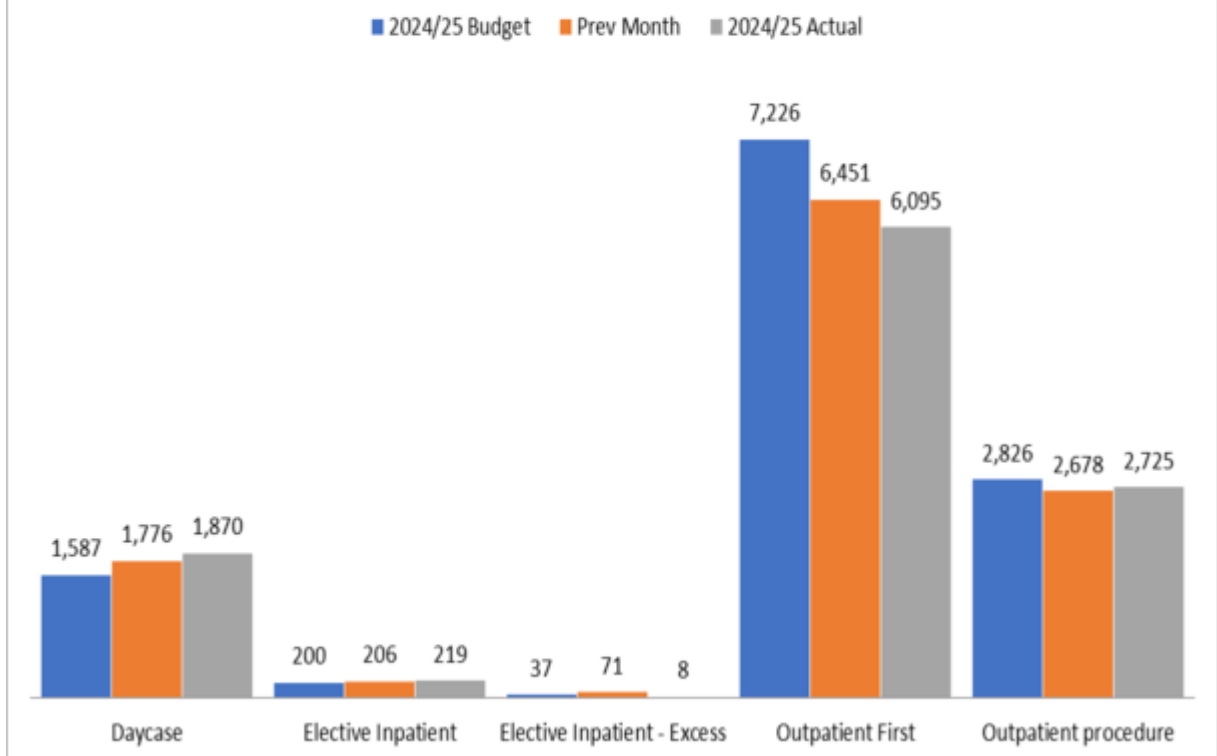
- Activity higher than November (adjusted for working/calendar days) in elective inpatients and outpatients. Outpatient performance will be improved when late outcoming activity coded. A&E and non-elective showed a slight drop in activity compared to November adjusted for calendar days.
- Non elective inpatients and A&E continue to be significantly higher than plan and run rate. Both are under block income arrangements and therefore no additional income to the Trust.

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



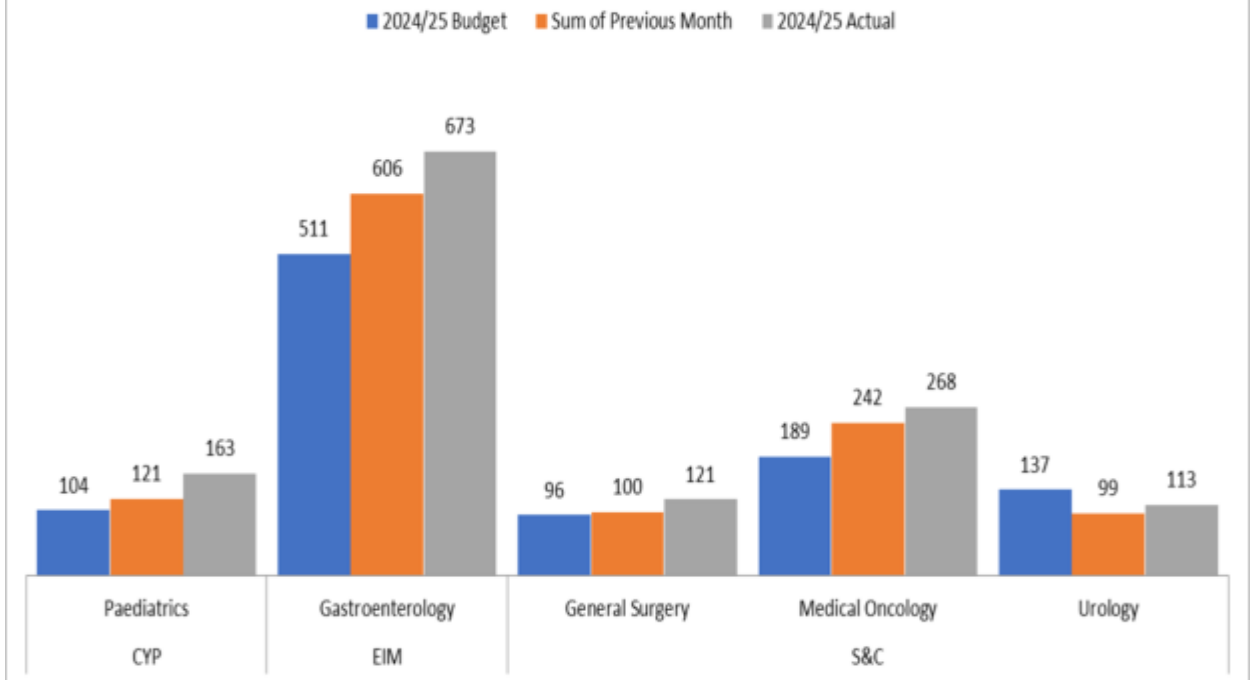
- ERF inpatient activity is over plan, with underperformance in outpatients. Although outpatient underperforming, performance will be improved when late outcoming activity coded.

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



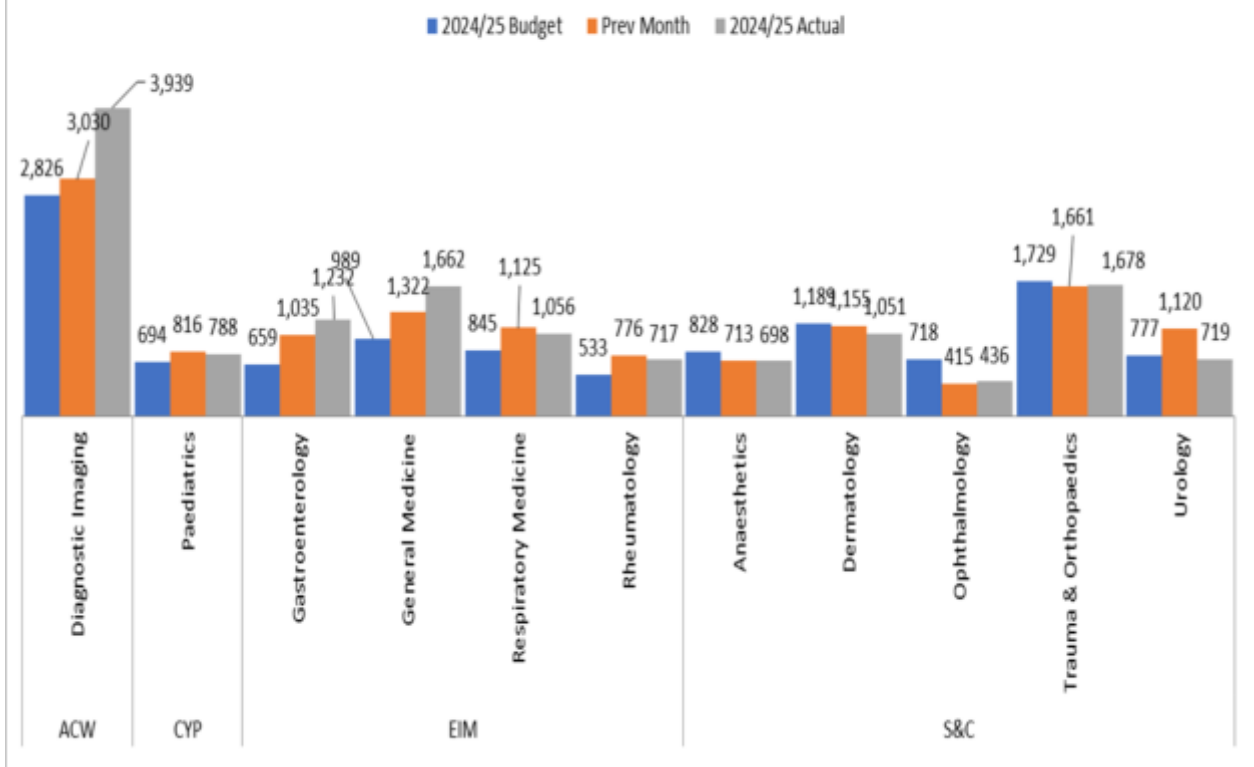
- Elective inpatient overperformance driven mainly by gastroenterology, paediatrics, medical oncology and general surgery with offset in urology.

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



- Outpatients overall underperforming, with significant overperformance in EIM and underperformance in S&C.

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



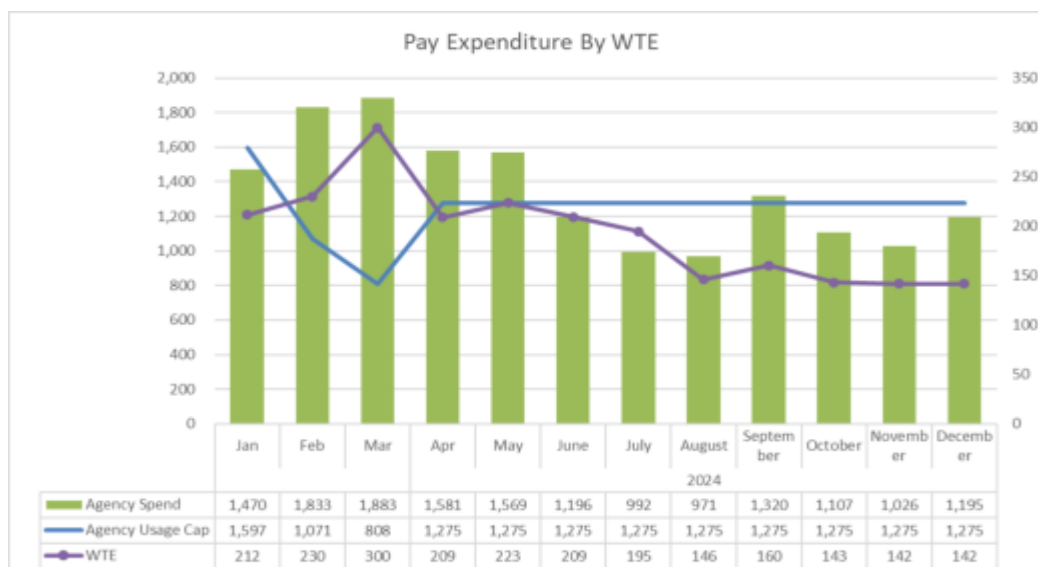
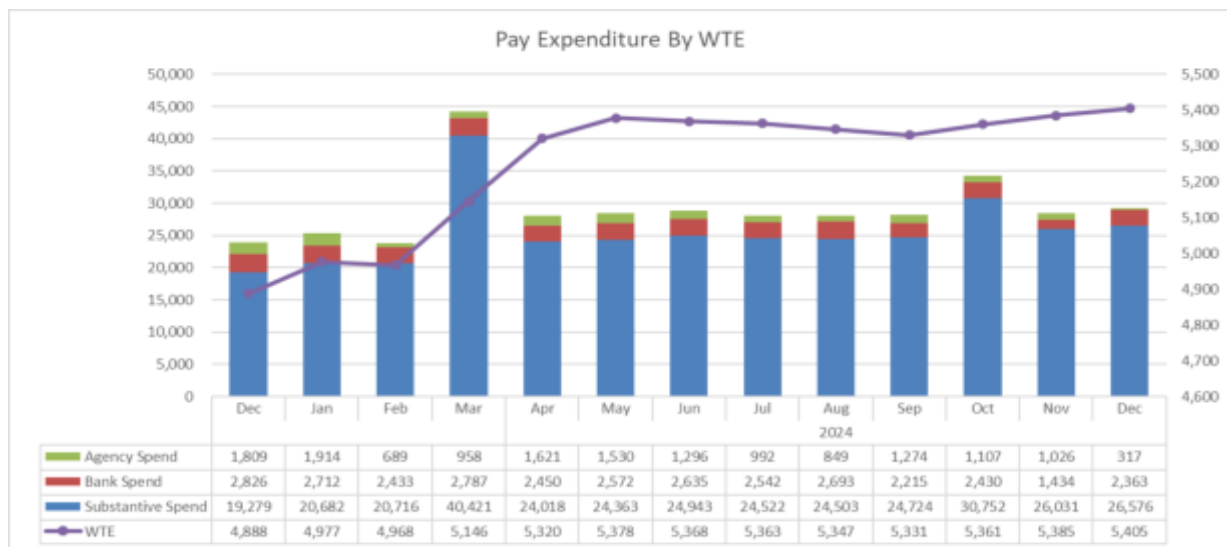
3. Expenditure – Pay & Non-pay

3.1 Pay Expenditure

Pay expenditure for December was £29.2m. This was an increase of £0.7m from the November position.

- The main drivers of the increase in pay were winter pay expenditure (£0.35m) and retrospective agency charge relating to Barnet 0-19 service (£0.25m).
- Substantive pay costs are increasing due increased establishment fill-rate (+39 WTE 3-month average), without a corresponding reduction in temporary staff usage and cost.

	2024-25									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mov'nt
Agency	1,581	1,569	1,196	992	971	1,320	1,107	1,026	1,195	169
Bank	2,442	2,579	2,740	2,542	2,693	2,215	2,430	2,432	2,363	(69)
Substantive	23,407	23,748	24,211	23,853	23,811	23,879	32,792	27,623	26,252	(1,371)
Total Operational Pay	27,430	27,897	28,147	27,387	27,475	27,414	36,330	31,080	29,810	(1,271)
Non Operational Pay Costs	658	567	727	669	569	800	(2,041)	(2,590)	(554)	2,036
Total Pay Costs	28,089	28,464	28,874	28,056	28,044	28,213	34,289	28,490	29,256	766



Agency spend excludes non-recurrent benefits included in corporate central

3.2 Non-pay Expenditure

Non-pay spend decrease excluding high-cost drugs of £0.5m mainly relates to the following:

- Increase in reactive maintenance of £0.3m.
- Release of non-recurrent benefits of £0.4m in month.
- VAT benefit of £0.6m received in month.
- Increased clinical supplies of £0.1m

Non-Pay Costs	2024-25									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mov^t
Supplies & Servs - Clin	4,096	4,170	4,063	4,109	3,775	3,290	4,529	4,470	4,582	113
Supplies & Servs - Gen	394	417	390	87	347	280	412	477	404	(73)
Establishment	291	295	354	332	269	272	230	209	197	(11)
Healthcare From Non Nhs	82	115	99	113	103	80	92	56	137	82
Premises & Fixed Plant	2,164	2,411	1,780	2,163	1,999	2,242	2,550	2,217	2,547	330
Ext Cont Staffing & Cons	140	230	192	220	301	141	217	147	141	(6)
Miscellaneous	1,660	1,409	804	852	1,006	2,184	1,008	1,796	824	(972)
Chairman & Non-Executives	11	11	11	11	11	11	11	11	11	(1)
Non-Pay Reserve	0	0	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	9,382	8,844	(538)

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	Nov	Dec	Mov^t
Ambulance Contract	190	171	189	163	196	197	162	181	199	19
Other Expenditure	125	162	(472)	(804)	(64)	557	86	18	(636)	(654)
Audit Fees	9	12	15	14	13	14	13	(122)	13	135
Provision For Bad Debts	(54)	(112)	(190)	(14)	(304)	137	(509)	408	333	(75)
Cnst Premium	765	674	765	761	766	765	768	769	765	(4)
Fire Security Equip & Maint	9	5	12	4	3	12	11	2	13	11
Interpretation/Translation	42	12	31	27	24	40	41	38	38	0
Membership Subscriptions	141	144	121	141	122	124	148	47	149	102
Professional Services	354	263	228	494	168	161	188	290	(51)	(341)
Research & Development Exp	3	2	1	1	2	82	4	1	1	(0)
Security Internal Recharge	10	11	10	15	32	20	(35)	0	0	0
Teaching/Training Expenditure	62	62	94	46	42	72	126	163	(3)	(166)
Travel & Subs-Patients	3	4	1	3	3	2	4	1	3	2
Work Permits	0	0	0	0	0	0	0	0	0	0
Write Down Of Inventories	0	0	0	0	0	0	0	0	0	0
Total Non-Pay Costs	1,660	1,409	804	852	1,006	2,184	1,008	1,796	824	(972)

3.3 Cost Improvement Programme (CIP)

The CIP target for 2024-25 is £16.6m. As at M9, £13.0m has been identified (80% of the target). This is a reduction of £0.2m since M8. 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 64% 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 4. The 25/26 full year effect of the identified recurrent schemes is £7.0m (42% 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%	127	(1,959)	6%
CHILDREN & YOUNG PEOPLE	3,073	1,846	1,333	3,179	106	103%	1,867	(1,206)	61%
EMERGENCY & INTEGRATED MEDECINE	2,729	432	253	685	(2,044)	25%	1,268	(1,461)	46%
SURGERY & CANCER	2,565	494	67	561	(2,004)	22%	1,231	(1,334)	48%
ACW	2,928	207	600	808	(2,120)	28%	250	(2,678)	9%
DIVISIONS TOTAL	13,381	3,042	2,675	5,716	(7,665)	43%	4,744	(8,637)	35%
CORPORATE SERVICES	1,671	575	886	1,460	(211)	87%	1,045	(626)	63%
ESTATES AND FACILITIES	1,547	813	180	993	(554)	64%	928	(619)	60%
CENTRAL	0	274	4,579	4,853	4,853	0%	274	274	0%
TRUST TOTAL	16,599	4,704	8,320	13,024	(3,575)	78%	6,992	(9,607)	42%

CORPORATE									
CHIEF OPERATING OFFICER	87	7	0	7	(80)	8%	7	(80)	8%
FINANCE	270	270	513	783	513	290%	270	0	100%
IM&T	426	95	222	317	(109)	74%	552	126	130%
MEDICAL DIRECTOR	119	61	54	115	(4)	97%	62	(57)	52%
NURSING & PATIENT EXPERIENCE	295	0	23	23	(272)	8%	0	(295)	0%
TRUST SECRETARIAT	166	137	12	149	(17)	90%	137	(29)	82%
WORKFORCE	308	4	61	66	(242)	21%	18	(290)	6%
CORPORATE TOTAL	1,671	575	886	1,460	(211)	87%	1,045	(626)	63%

Trust is reporting actual CIP delivery of £11.3m against a YTD target of £12.5m, i.e. a YTD shortfall of £1.2m (10% of the YTD target). Overall, there is additional £1.3m forecast over performance against non-recurrent schemes identified.

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	1,565	32	211	243	(1,322)	380	(1,706)	18%
CHILDREN & YOUNG PEOPLE	3,073	2,305	1,379	977	2,356	51	3,154	81	103%
EMERGENCY & INTEGRATED MEDECINE	2,729	2,047	110	251	361	(1,685)	596	(2,133)	22%
SURGERY & CANCER	2,565	1,924	0	62	63	(1,861)	89	(2,476)	3%
ACW	2,928	2,196	127	721	848	(1,348)	951	(1,977)	32%
DIVISIONS TOTAL	13,381	10,036	1,649	2,222	3,871	(6,165)	5,170	(8,211)	39%
CORPORATE SERVICES	1,671	1,253	388	1,160	1,548	294	1,845	174	110%
ESTATES AND FACILITIES	1,547	1,160	707	180	887	(273)	1,137	(410)	73%
CENTRAL	0	0	0	4,952	4,952	4,952	6,227	6,227	0%
TRUST TOTAL	16,599	12,449	2,743	8,514	11,257	(1,192)	14,379	(2,220)	87%

CORPORATE									
CHIEF OPERATING OFFICER	87	65	5	0	5	(60)	7	(80)	8%
FINANCE	270	203	203	860	1,063	860	1,130	860	419%
IM&T	426	320	40	236	276	(44)	355	(71)	83%
MEDICAL DIRECTOR	119	89	38	29	66	(23)	115	(4)	97%
NURSING & PATIENT EXPERIENCE	295	221	0	23	23	(198)	23	(272)	8%
TRUST SECRETARIAT	166	125	103	12	115	(10)	149	(17)	90%
WORKFORCE	308	231	0	0	0	(231)	66	(242)	21%
CORPORATE TOTAL	1,671	1,253	388	1,160	1,548	294	1,845	174	110%

4.0 Statement of Financial Position (SoFP)

The net balance on the Statement of Final Position as of 31st December 2024 is £217.24m, £2.35m lower than at 30th November, as shown in the table below.

Statement of Financial Position as at 31st December 2024	2023/24 M12	2024/25 M08	2024/25 M09	Movement in
	Balance	Balance	Balance	Month
	£000	£000	£000	£000
NON-CURRENT ASSETS:				
Property, Plant And Equipment	219,465	218,848	219,565	717
Intangible Assets	5,701	4,861	4,686	(176)
Right of Use Assets	43,136	44,847	44,414	(433)
Assets Under Construction	40,916	37,745	37,482	(263)
Trade & Other Rec - Non-Current	561	500	498	(3)
TOTAL NON-CURRENT ASSETS	309,779	306,802	306,645	(157)
CURRENT ASSETS:				
Inventories	1,090	1,359	1,371	12
Trade And Other Receivables	27,135	24,090	23,777	(314)
Cash And Cash Equivalents	68,549	46,386	45,443	(943)
TOTAL CURRENT ASSETS	96,774	71,835	70,590	(1,245)
CURRENT LIABILITIES				
Trade And Other Payables	(92,997)	(77,786)	(80,587)	(2,801)
Borrowings: Finance Leases	235	(1,025)	(1,025)	0
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)	(618)	(615)	4
Other Liabilities	(5,470)	(7,767)	(6,409)	1,358
TOTAL CURRENT LIABILITIES	(103,379)	(91,683)	(93,122)	(1,439)
NET CURRENT ASSETS / (LIABILITIES)	(6,605)	(19,847)	(22,532)	(2,684)
TOTAL ASSETS LESS CURRENT LIABILITIES	303,174	286,954	284,114	(2,841)
NON-CURRENT LIABILITIES				
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,508)	(1,450)	(1,450)	0
Borrowings: Finance Leases	(3,498)	(2,474)	(2,389)	85
Borrowings: Right of Use Assets	(38,824)	(40,722)	(40,311)	411
Provisions for Liabilities & Charges	(22,827)	(22,729)	(22,729)	0
TOTAL NON-CURRENT LIABILITIES	(66,657)	(67,375)	(66,879)	496
TOTAL ASSETS EMPLOYED	236,516	219,579	217,235	(2,345)
FINANCED BY TAXPAYERS EQUITY				
Public Dividend Capital	137,948	137,948	137,948	0
Retained Earnings	16,743	(194)	(2,539)	(2,345)
Revaluation Reserve	81,826	81,826	81,826	0
TOTAL TAXPAYERS EQUITY	236,516	219,579	217,235	(2,345)

The most significant movements in the month to 31st December 2024 were as follows:

NON-CURRENT ASSETS

Non -Current assets closed at £306.65m at 31st December 2024, a net decrease of £0.16m from previous month due the following:

- Capital expenditure for owned assets £1.56m
- Monthly depreciation: Owned assets (£1.28m)
- Monthly depreciation: Right of Use assets (£0.43m)

CURRENT ASSETS

Current assets closed at £70.59m in December 2024, a net decrease of £1.25m from the previous month. Principal movements comprised Trade and other receivables (decrease of £0.31m mainly trade debtors and Cash decrease of £0.94m as analysed below).

CURRENT LIABILITIES

Current liabilities increase by £1.44m in month. Trade and other payables increase by £2.80m in month predominantly deferred income arising from quarterly payment which partly offset by a decrease in other liabilities £1.36m in month (release of LDA deferred income £1.36m)

NON-CURRENT LIABILITIES

Non-Current liabilities closed at £66.88m in December 2024, a net decrease of £0.50m from previous month due predominantly to the repayment of Right of Use finance lease liabilities and other finance lease liabilities.

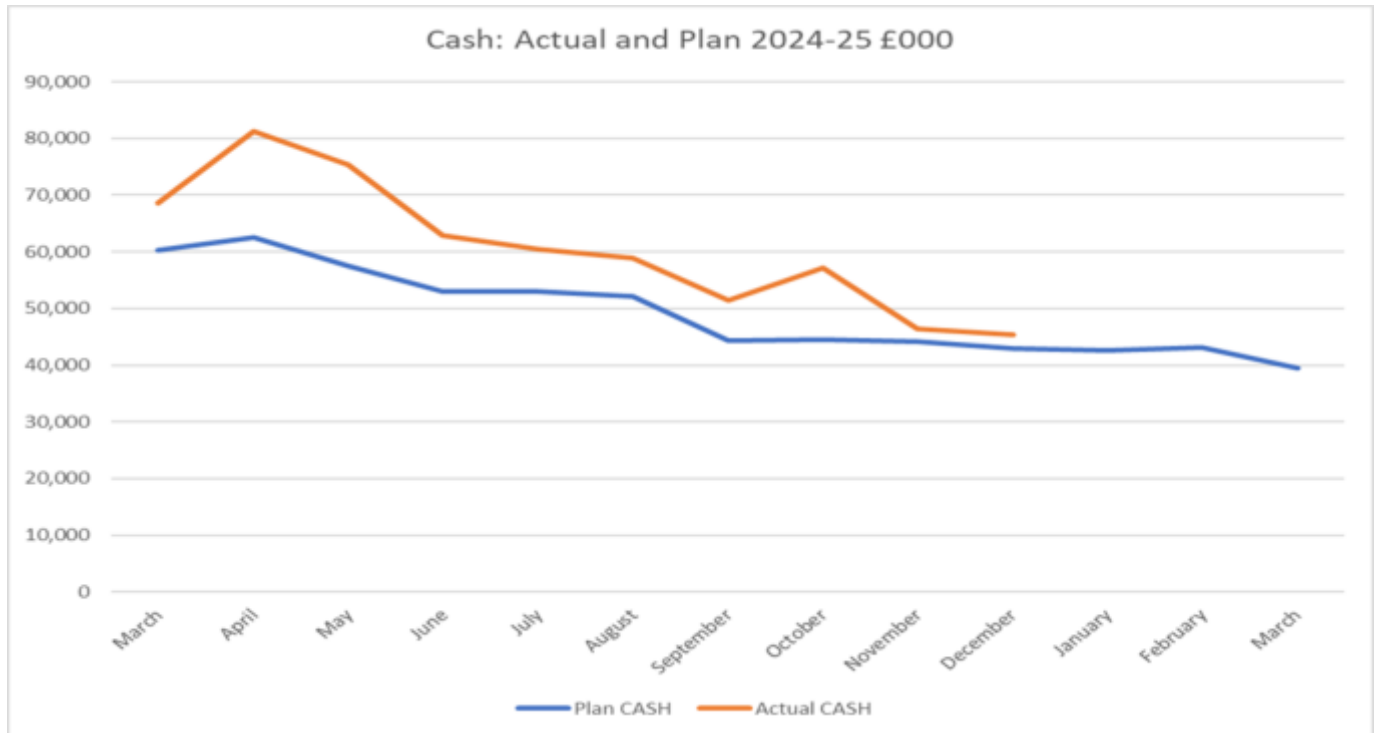
RETAINED EARNINGS

Retain Earnings closed at (negative) (£2.54m) in December 2024, a net (deterioration) of (2.35m) from the previous month. This resulted from December's reported deficit.

Statement of Cashflows at 31st December 2024	YTD
	£'000
Cash flows from operating activities	
Operating (deficit)	(16,704)
Non-cash income and expense:	
Depreciation and amortisation	15,512
(Increase)/decrease in receivables	3,358
(Increase)/decrease in inventories	(281)
Increase/(decrease) in trade and other payables	(7,290)
Increase/(decrease) in other liabilities	939
Increase/(decrease) in provisions	(145)
Net cash generated from / (used in) operations	(4,611)
Cash flows from investing activities	
Interest received	2,625
Purchase of property, plant and equipment and investment property	(13,716)
Net cash generated from/(used in) investing activities	(11,091)
Loans from Department of Health and Social Care - repaid	(58)
Capital element of lease liability repayments	(3,699)
Interest paid	(34)
Interest element of lease liability repayments	(579)
PDC dividend (paid)/refunded	(3,034)
Net cash generated from/(used in) financing activities	(7,404)
Increase/(decrease) in cash and cash equivalents	(23,106)
Cash and cash equivalents at start of period	68,549
Cash and cash equivalents at end of period	45,443
Cash balance per SOFP	45,443

CASH

The Trust's cash balance at 31st December was £45.44m, which, whilst £2.42m favourable to Plan, is a reduction of 0.94m from November's closing.



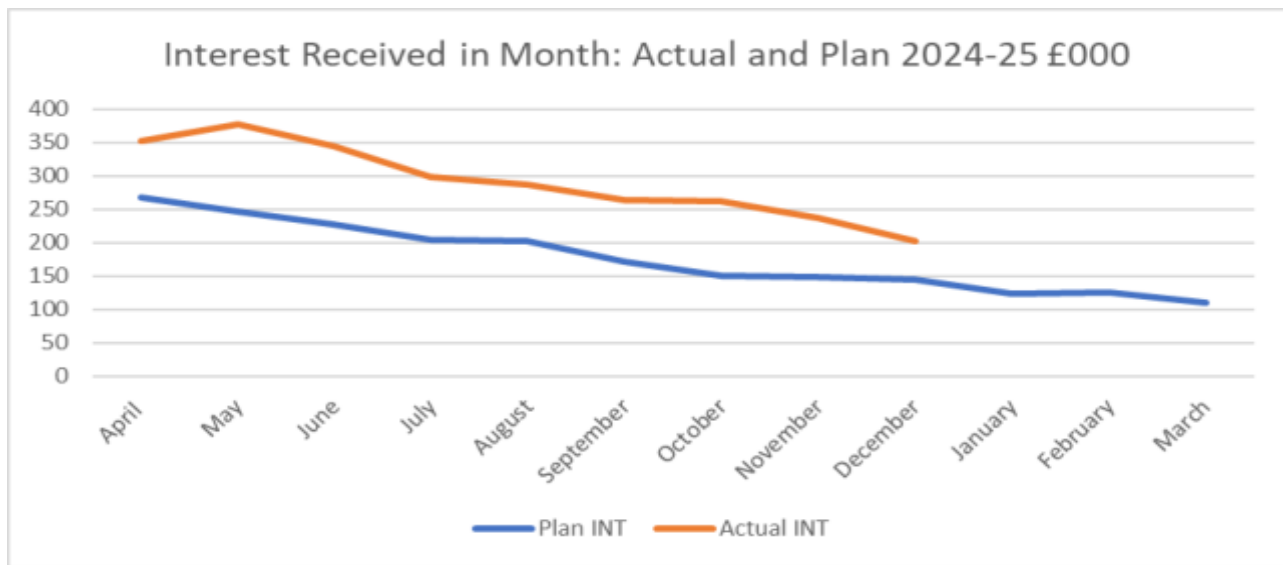
The in-month reduction of £0.94m was due to the following factors:

- Deficit in month £2.35m
- VAT late receipts of November received in Dec (£1.1m)

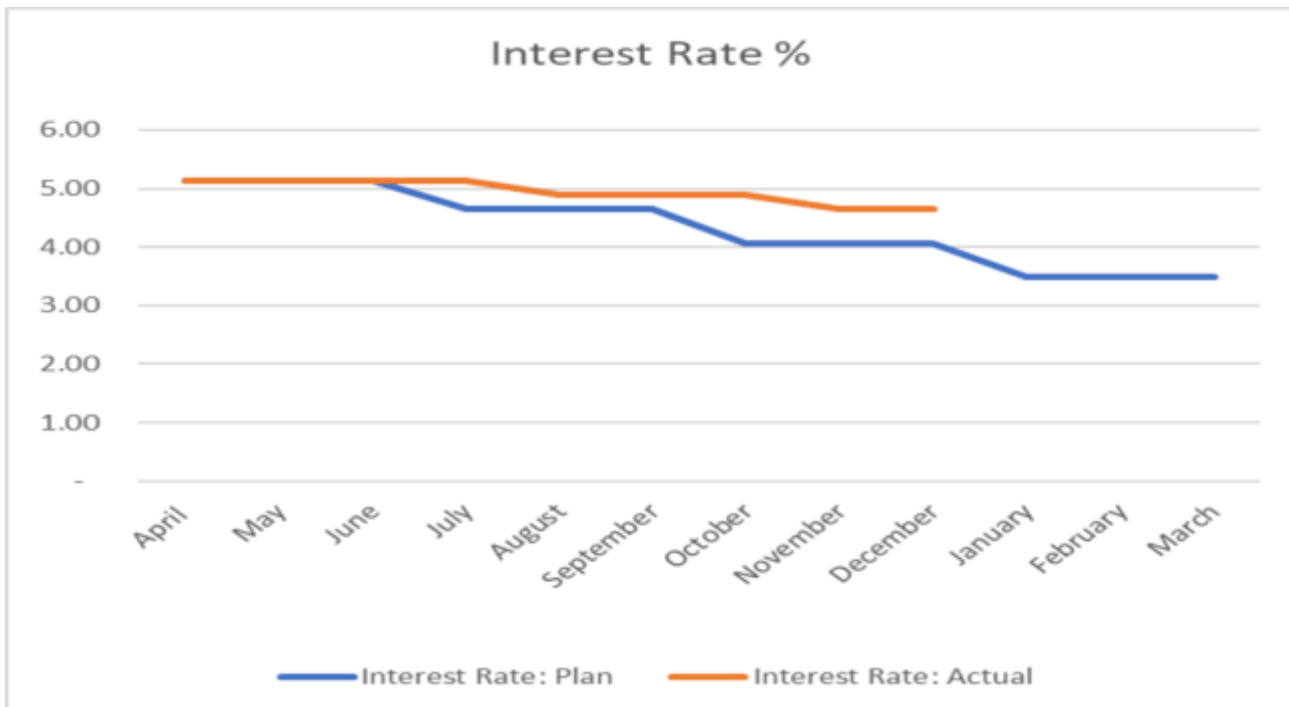
The 2024/25 Plan encompasses a reduction of £20.60m of cash over the 12 months to 31st March 2025. The award in November of a further £10.06m of capital allocation (which is not cash-backed) will further constrain the cash position. The Trust closely monitors its actual and forecast cash position against Plan.

Interest Received

The interest received year-to-date of £2.63m remains favourable to Plan, by £0.86m. 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 reduced by 0.25% on 1st August, and a further 0.25% on 1st November.



5.0 Capital Expenditure

An increase of £10.06m capital allocation was confirmed by NCL ICB during November 2024, the total internal funding allocation for 2024/25 increasing to £22.30m. The additional allocation during November requires a very significant proportion of the capital programme to be delivered within the final quarter of the financial year.

Capital Summary Month 9 : 31st December 2024												
	Allocation					In Month			Year to Date			31st March 2025
	Original	Subsequent Allocation	Total Allocation	Transfers between Functions	Total Programme	In-Month Programme per M8 forecast meetings	Actual	Variance	Programme	Actual	Variance	Forecast outturn
Estates	2,835	4,990	7,825	(2,300)	5,681	625	811	186	2,273	1,993	(280)	4,258
Strategy	5,800	6,679	12,479	2,300	14,779	903	599	(304)	3,687	4,277	590	15,890
ICT	400	400	800		644	0	71	71	192	132	(60)	400
Equipment	400		400		400	0	50	50	192	96	(96)	956
ICSUs	200		200		200	0	0	0	96	71	(25)	200
Contingency	600		600		600	0	0	0	0	401	401	600
Total Owned Assets	10,235	12,069	22,304	0	22,304	1,528	1,530	3	6,440	6,970	530	22,304
PDC funded	72		72		72	0	0	0	0	0	0	72
Total PDC funded	72	0	72	0	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	234	5,714		5,714	0	0	0	2,740	3,558	818	4,092
Total Right of Use	5,480	234	5,714	0	5,714	0	0	0	2,740	5,180	2,440	5,714
Total	15,787	12,303	28,090	0	28,090	1,528	1,530	3	9,180	12,150	2,970	28,090

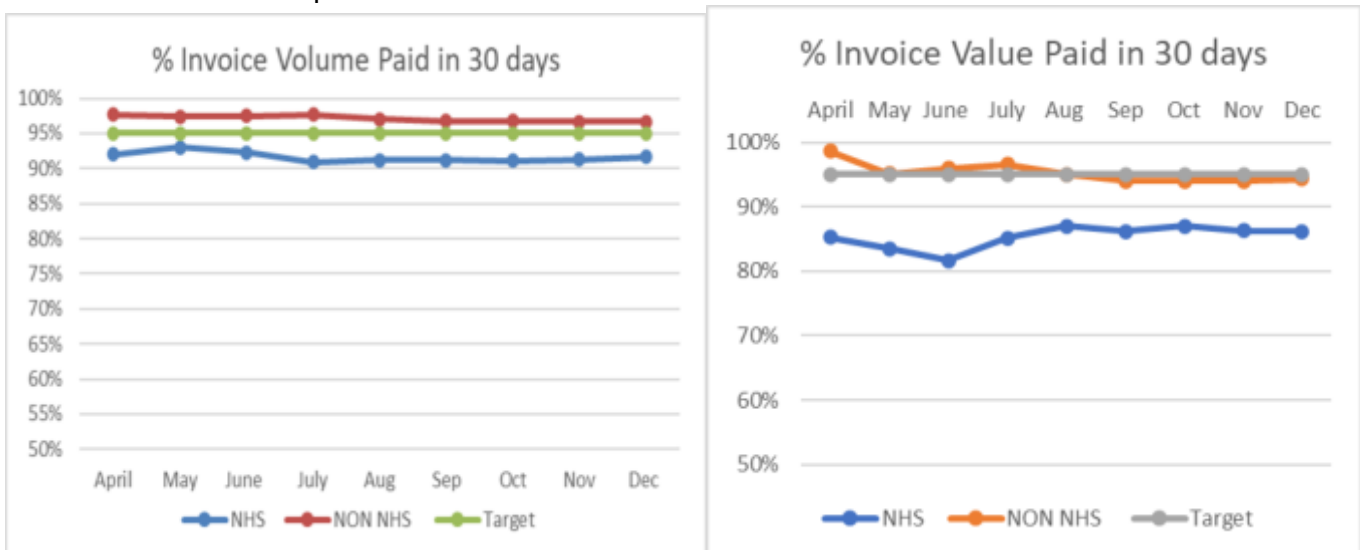
The total Capital year to date spend £12.15m against cumulative programme of £9.18m. This is comprised of Estates £1.99m, Strategic Projects £4.28m ICSUs, ICT, Equipment and Contingency total £0.70m. The Strategic Projects expenditure of £4.28m is principally comprised of: Mortuary £1.36m, Power Upgrade £1.39m and Fire Remediation £1.39m.

Key risk and mitigation in the 2024/25 Capital Programme:

- **Delivery:** £15.94m forecast expenditure in the three months from January to March 2025, presenting challenges for capital resource management at a time of year when the hospital is at its busiest. This requires an average capital run-rate for delivery of owned assets of £5.31m per month from January to March.
- **Review and control:** The capital forecast is reviewed ever fortnight with the functional heads, and the forecast for the remainder of the year is now phased by month. Projects will be reviewed for progress over each of the final three months and reprioritised as necessary to enable the Trust to deliver its programme.

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 96.46% by volume and 93.63% by value. The BPPC for non-NHS invoices is 96.69% by volume and 94.35% by value. The charts below show performance for the last nine months.



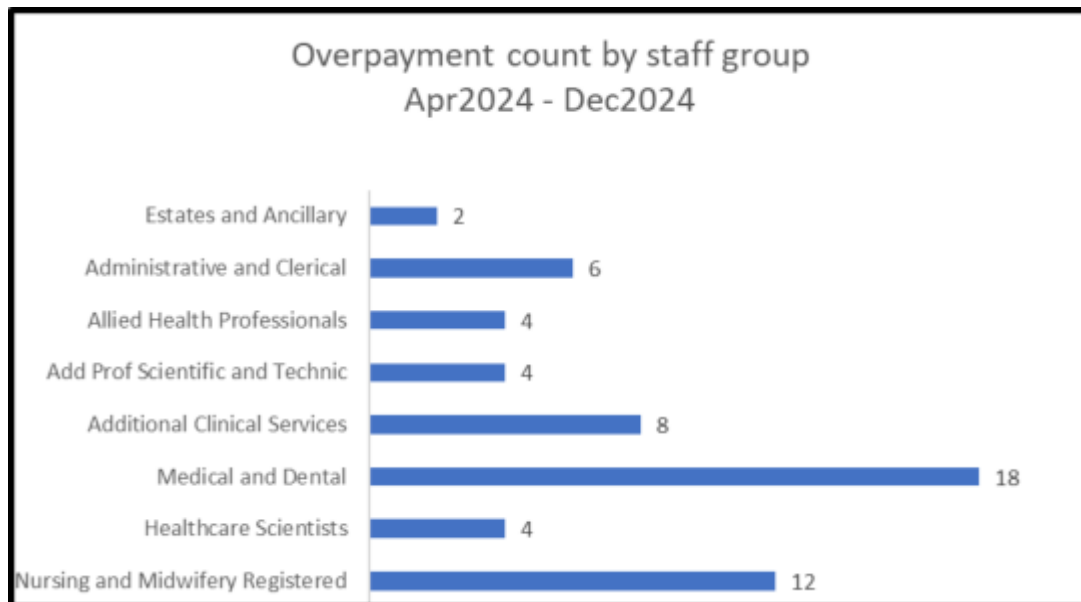
5.0 Salary Overpayments

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 30.12.24, the numbers are 58 overpayments totalling £75,209.

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 £1,242 (12 month rolling average).



Meeting title	Trust Board – public meeting	Date: 31.1.2025
Report title	Finance Report December (Month 9) 2024/25	Agenda item: 11
Executive director lead	Terry Whittle CFO	
Report author	Finance Team	
Executive summary	<p>The Trust is reporting a year-to-date deficit of £19.2m at the end of December, £5.8m adverse to plan (£5.0m adverse variance at month 8).</p> <p>Trust is reporting actual CIP delivery of £11.3m against a YTD target of £12.5m, i.e. a YTD shortfall of £1.2m (10% of the YTD target). Overall, there is additional £1.3m forecast over performance against non-recurrent schemes identified.</p> <p>Capital expenditure to the end of December was £6.97m (exc. IFRS16) against a year-to-date plan of £6.44m.</p> <p>The Trust's cash balance on 31st December was £45.44m, which is £2.42m favourable to plan.</p>	
Purpose:	To note financial performance.	
Recommendation(s)	To note the financial performance for December.	
Risk Register or Board Assurance Framework	BAF risks S1 and S2	
Report history		
Appendices		

Whittington Health Charity



Whittington
Health Charity

Grant-making strategy April 1, 2025 – March 31, 2027
Recommendations for consideration by the CFC

Executive Summary

Whittington Health Charity's 2023-2025 grant-making strategy represented a leap forward in our grant-making as a Charity. It sought to establish our priorities as a grant-making organisation and incentivise fewer but larger charitably-funded projects. It provided us with more impactful projects and compelling stories to share with our donors and enabled charitable funds to achieve greater returns on investment.

Since its inception, it has helped us to establish clear parameters for our grant-making and allowed us to identify high and low levels of need. In this document, we will outline some of the elements of our strategy that we recommend remain, as well as changes we recommend implementing in the future, building on the lessons of the last two years.

Beyond 2025

The current grant-making strategy has helped categorise and focus applications received by the Charity. As our grant-making and impact grows, our aim is to further streamline the process and ensure charitable funds are being put to best use.

We want to ensure that the concept of addressing health inequalities – and tackling inequity of access - is woven throughout our grant-making. This attempt to address imbalances may take different forms – enabling all people living with Parkinson's in Haringey and Islington to have access to a Parkinson's CNS, funding research into pain management in the local Turkish population, or ensuring our in-patient facilities are of favourable standard when compared to other hospitals in London. The justification for this is informed in large part by the clear need in our local communities to address the significant disparities in access to care and outcomes. The NCL population health strategy and the national CORE20Plus5 programme shed light on the urgent need to improve health outcomes for our populations with the most inequality, deprivation, and the poorest outcomes. The goal is for every project that we support to address equity of access to healthcare and equity of experience.

The Charity has also reviewed how we fund staff-wellbeing, and how we can best offer meaningful, long-term support to staff. Our recommendation that we prioritise long-term projects and campaigns aims to maximise return on investment and reflects a sector-wide shift towards long-term staff wellbeing funding. In addition, in moving away from providing Christmas vouchers and towards wellbeing packs, we

will be able to demonstrate our impact to donors more effectively, in turn incentivising further giving, in contrast to the funding of gift vouchers or one-off away days.

Our aim is to remove any doubt about the types of projects that are eligible for charitable funding, allowing the CAG and CFC to focus on the merits of each application. There is a particular need to focus on the staff wellbeing objective in particular, as data from our assessment process has shown that staff wellbeing applications have the lowest approval rate of any objective, indicating that there is some confusion among applicants around what is and is not eligible for charitable funding (see appendix Item 1 for the full statistics).

We aim to ensure that committee members are able to spend their time considering the strength of an application, not its eligibility. Furthermore, rejected applications have the potential to damage the Charity's relationships with Trust staff; the more clarity we can provide at the outset, the better we can manage expectations.

Background and the current grant-making process

The Charity awards grants in five categories:

- State-of-the-art equipment and technology
- Enhancing the health environment
- Patient and community wellbeing
- Staff wellbeing
- Innovation and education

A variation on these categories was implemented in 2021. Prior to implementation, the Charity did not categorise its grant-making.

Any Whittington Health staff member can apply for funding from the Charity via the grant [application form](#), saved on the Intranet. The applicant must specify one or more categories when they apply for funding.

Each objective has a minimum value.

Grants of <£3,000 are reviewed monthly by the Charity Advisory Group.

Grants of £3,000 or more are reviewed by the Charitable Funds Committee when it meets quarterly.

Recommendations

Grant focus changes

- We have chosen to keep our overall objectives very similar. However, we have removed minimum amounts for grants, as in some cases we have found them to be restrictive. Small projects can have a large impact, and imposing those restrictions may deter smaller applications.

- We've removed the 'small grants' objective. In the past two years, it's only been used 6 times (representing about 6% of applications), and we feel that our categories have proven to be general enough to cover every potential project. Additionally, with the abolition of minimum amounts, this objective becomes redundant.
- We have reevaluated how we will fund staff wellbeing. A separate document detailing this approach can be found as appendix item 2.

Approvals process

- We are proposing that applications of up to £199.99 can be decided by the Grants Officer with sign off from the Head of Charity. These applications, once approved, will be shared with the Charity Advisory Group at the scheduled monthly meetings. This will allow the Charity Advisory Group to focus on larger applications and reduce the amount of time spent discussing smaller applications.
- The CAG will continue to review applications of £200-£2,999.99

Application windows and process

- A series of themed application drives (as discussed at May 2024 CFC meeting) will launch in April 2025 to encourage applications in a variety of areas. This will include calls for applications in areas such as innovation, mental health, and patient experience, with the aim of encouraging new, innovative applications in areas that directly align with Trust priorities.
 - The Charity will use these opportunities to develop potential new funding partners to assist in the assessment process and provide financial support.
 - Larger grant-makers, both within the NHS (Royal Free, Maudsley) and outside, typically operate entirely in a 'timed window' manner. I.e. they will accept applications for funding in a particular category for a limited period. They remain closed for applications outside of such windows.
- Applications now must also be signed off by the relevant ICSU finance manager before being submitted to the Charity. This step is intended to curb applications for funding that should be covered by the Trust. We have informally adopted this step already and a significant number of requests to the Charity have instead been met by the Trust.
- Applicants in receipt of £10,000 and above will be required to complete a final project update [form](#). This will ensure that we fulfil our responsibility to donors to detail how funds were spent and provide insight into how the Charity can improve the application and funding process.
- The application form will be updated with an additional question asking applicants to assess if and how their project addresses health inequalities. It is important we begin to gather this information so that we can more effectively measure the impact of any future changes to the process.

- Additionally, a question will be added to gather information on applicants' satisfaction with the application process.

Proposed grant-making objectives for 1 April 2025 to 31 March 2027:

1. Fund the purchase of state-of-the-art equipment and technology to deliver measurable improvements to patient care

CATEGORY = State-of-the-art equipment and technology

GUIDE SPEND = £100,000 over 2 years

- Projects should focus on delivering long-lasting, sustainable change through the purchase of state-of-the-art equipment and technology
 - E.g. State-of-the-art scanner in maternity – which is quicker, thus allowing more patients to be seen and improving the patient experience by reducing the scan duration
 - E.g. Cutting-edge wearable devices for Parkinson's patients that measure movement and medication. The monitors remotely alert the care team about potential issues, leading to better outcomes and fewer and shorter hospital admissions.
- Applicants are responsible for securing the necessary approvals for use before applying to the Charity for funding.

2. Deliver projects across multiple Trust sites that provide sustainable improvements to the health environment

CATEGORY = Enhancing the health environment

GUIDE SPEND = £350,000 over 2 years

- Funding applications to enhance the health environment for the benefit of patients and staff. The improvements must:
 - Be sustainable, with a low carbon footprint
 - Demonstrably have an impact on patient experiences (e.g. a redevelopment of a courtyard on the hospital site to turn it into a green space, accessible by patients from multiple wards, including the Care of Older People Ward and ICU)
- Although projects in this area may benefit staff, this objective is not intended to fund the improvement of staff-only spaces.

3. Fund projects that improve patient experience and promote access to health services - particularly projects targeting vulnerable and underserved communities

CATEGORY = Patient and community wellbeing

GUIDE SPEND = £150,000 over 2 years

- Funding hospital- and community-focused projects in Haringey, Islington and beyond
- Projects must seek to expand and/or improve the provision of healthcare services, with a focus on patient groups and communities that suffer disproportionately from poor health outcomes, experiences and/or poor access to healthcare
 - o E.g. The creation of sensory bags containing eye masks, mindfulness activities, stress balls and ear defenders for young people with autism who are attending hospital appointments with the aim to reduce stress for children in an overstimulating setting.
 - o E.g. A project to co-design and pilot a pain-management group with the local Turkish-speaking community across East and Central Haringey when traditional pain management groups were experiencing poor outcomes.
- The projects should look to deliver long-term, sustainable change

4. Deliver measurable and sustainable improvements to staff wellbeing

CATEGORY = Staff wellbeing

GUIDE SPEND = £150,000 over 2 years

- Applications in this area must be applied for via a specific staff wellbeing application form.
- We will focus on funding projects in four areas:
 - o The annual Staff Awards event.
 - o Staff Wellbeing and Engagement Campaigns – restricted to applications from the Staff Wellbeing and Engagement team.
 - o Funding for a non-monetary benefit during the Christmas period.
 - o Long-term projects that improve the wellbeing of staff. Projects requesting funding for refreshments alone will not be acceptable.
- For further clarification, please see the Staff Wellbeing Policy on the Charity intranet page.
- Staff wellbeing projects must still meet one or more of the impact goals; i.e. the wellbeing of staff has a direct impact on the care provided to patients
 - o E.g. The Menopause Café has signposted staff to resources for managing adverse symptoms, helping to reduce staff absences and minimise the extent to which patient care is adversely affected by the mental wellbeing of staff (impact goals = more patients treated, improved patient outcomes and improved patient experience)

5. Fund projects that deliver innovative solutions to enhance the care provided to patients

CATEGORY = Innovation and education

GUIDE SPEND = £100,000

- Projects should focus on approaching challenges in innovative ways, such as making changes to care pathways that allow for one or more impact goals to be met, or innovative approaches to the training of staff.
 - o E.g. Funding the Parkinson's walking football group, which brings together over 50 participants to build community, and improve mental and physical wellbeing.
- Pilot projects, otherwise 'unfundable', such as a social prescription pilot, would also qualify for support under this objective.
- Applications for the funding of specific posts need to be clearly 'over and above' and all other avenues of funding must have been explored prior to submitting an application to the Charity. These avenues may include the submission of a business case to the Trust or an application to an external charity funder, such as Parkinson's UK.
 - o The Charity will provide support to Trust staff members when seeking external funds for pump priming posts on the condition that, a) the funds are routed through the Charity, and b) the Trust has confirmed that they will continue to fund the post at the conclusion of the grant period, if applicable.

Summary

This represents £850,000 of funding over two years.

From a practical standpoint, little will change in the application process, however, the new strategy and relevant changes will be communicated internally via the Charity's all staff newsletter, intranet page, screensavers and social media. The Grants Officer will be available to respond to any queries that may arise.

A representative from the Charity will continue to attend Corporate Inductions and present at team/area meetings to outline the grant-making approach and application process. We will meet with ICSU fund sponsors to communicate the changes and better equip them to assess the merits of the applications at their point of sign-off.

Considerations, risks, and discussion points for the CFC

Do we foresee any issues with limiting what we will fund for staff wellbeing, and how will we mitigate any negative reaction from staff regarding changes to staff wellbeing funding?

We anticipate and appreciate that there may be queries from staff regarding the limitations around funding for staff wellbeing projects.

To mitigate this, we will work with the communications team to develop a communication plan to alert staff ahead of the launch of the strategy. Extensive and

early communication, beginning in autumn 2024, paired with clear funding guidance, should mitigate any issues that arise.

As with our communications supporting the funds consolidation project in 2022, the focus will be on the positive announcement, rather than the move away from Christmas vouchers. The latter will be acknowledged, but it will be contextualised.

The Grants Officer will be available to answer any specific questions from staff.

What is the capacity of the Charity team? Are there limitations to the projects that can be funded?

As we are a small team, there will be an upper limit to the projects that we are able to fund from both financial and practical standpoints. All funding is dependent on our fundraising success, and with much of our team working across both fundraising and project delivery, it is important we are realistic with the projects we undertake.

With the addition of two new team members (the Grants Officer in January 2024 and the Community Fundraising Officer in September 2024), we have greatly increased our fundraising and project management capabilities.

Closing comments

Our initial grant-making strategy, covering 2023-2025, has made a significant impact in how we steward, promote, and understand the grants that we fund. It's been cited as an example of best practice in the sector. We have taken many lessons from this period, and this strategy aims to implement them going forward.

Not only do we aim to be responsive, reactive grant-makers that reflect the needs of the Trust, but our new strategy and associated plans, such as the themed application drives and the revived Whittington Art Group, show that we can be innovative, positive change-makers across the Trust.

Appendix

Item 1

<i>Details of number of approved applications by objective, 2023-2025 (as of August 2024)</i>	
Objective	Percentage of applications approved
1. Fund the purchase of state-of-the-art equipment and technology to deliver measurable improvements to patient care	100%
2. Deliver projects across multiple Trust sites that provide sustainable improvements to the health environment	100%
3. Fund projects that improve and promote access to health services - particularly projects targeting vulnerable and underserved communities	90%
4. Deliver measurable and sustainable improvements to staff wellbeing	75%
5. Fund projects that deliver innovative solutions to enhance the care provided to patients	82%
Small Grants Programme	83%

Item 2

Whittington Health Charity

Staff Wellbeing funding policy 2025-27



Summary

Whittington Health Charity is committed to supporting staff wellbeing throughout the Trust. This paper is intended to clarify our policy on funding of staff wellbeing projects and remove any uncertainty about projects that Whittington Health Charity will and will not fund. We aim to make the process clear and streamlined for applicants and the Charity Advisory Group and Charitable Funds Committee, who assess applications.

Applications for staff wellbeing projects tend to be for smaller amounts – in comparison to other applications - and are typically to fund the purchase of refreshments for team events, or away days. We believe that sustainable, long-term investments in staff wellbeing projects would enable charitable funds to have greater impact. As a small grant-making organisation, we aim to make every pound raised go as far as possible, and to support staff wellbeing in an efficient, impactful, and

long-term way. Ensuring that we have a clear approach to staff wellbeing will allow us to move away from the smaller, ad-hoc projects we're funding now.

The Charity recognises that staff wellbeing plays an integral part in patient outcomes, therefore we will commit £150,000 over between 2025-2027 towards projects in this area.

Please see our more detailed [guidance](#) on what we will/won't fund.

Proposal

Whittington Health Charity will consider staff wellbeing funding applications for funding in the following categories:

- 1. Staff awards**
 - a. We will continue to support the Staff Awards: a commitment of roughly £60,000 over the two-year period.
- 2. Staff Wellbeing and Engagement Campaigns**
 - a. Staff-wide celebrations for holidays and cultural celebrations such as National Stress Awareness Month, Mental Health Awareness Week, Black History Month, etc.
 - b. The Charity has allocated £10,000 for funding in this area, and funds *must* be applied for by the Staff Wellbeing and Engagement team.
 - i. The Charity will work with the team to calendarize such celebrations, apply for and secure funding for all events in the upcoming financial year.
 - c. We are unable to fund one off team events, including away days or team building exercises.
 - i. In exceptional cases, when a major gift has been received from a donor who expressly wishes to support such an activity (as happened in 2023 with a major donor who gave a five-figure gift), we will consider funding such projects.
- 3. Staff Support at Christmas**
 - a. The Charity will provide funding towards a non-monetary benefit during the Christmas period.
- 4. Innovative, long-term staff wellbeing projects**
 - a. Applications in this category should have an enduring impact across multiple teams.
 - b. Allows us to still fund projects that don't fall under the above categories, but that still achieve our aim of supporting sustainable staff wellbeing.
 - c. Refreshments will be covered, given they are part of a wider project, do not represent more than 50% of the bid requested, and are healthy.
 - d. We cannot fund events or refreshments to which staff are contractually obliged to attend.

- e. Example of an acceptable application: A project that gives staff an opportunity to create a mosaic bench outside of a health centre, for both staff and patients to enjoy.
- f. Example of an unacceptable application: Funding for refreshments at a staff away day.

All staff wellbeing funding must be applied for using the specific Staff Wellbeing Charity Application Form. Applications that are submitted on the general application form will not be accepted.

See our ['will fund/won't fund document'](#) for further details.

Reasons for change

- Since implementing our initial grant-making strategy in 2023, we have received 29 applications in this area, with 9 of these being applications for refreshments or one-off team events. In total, we have funded £119,927 worth of projects, including the Staff Awards. Our target spend of £150,000 represents an increase in Staff Wellbeing funding, however, we foresee receiving fewer applications, but for larger and more costly projects.
- We want to ensure there is absolute clarity for both applicants and decision-makers regarding what charitable funds can be put towards. This aims to save time and ensure that CAG and CFC spend their time assessing the merits of applications, not debating whether a project is or is not something we fund.
- The decision to move away from Christmas vouchers will bring us in line with other NHS Charities. After consulting with several NHS Charities, the decision was reached that vouchers did not pass the public perception test.

Risks, Benefits and Queries

Do we foresee any issues with limiting what we will fund for staff wellbeing?

We understand that limiting what the Charity will fund around staff wellbeing may pose some risks, as staff have come to expect that certain projects will be funded. The funding of team away days and refreshments for meetings has been done on an inconsistent basis. This new approach will at least bring clarity. Our reasoning and requirements will be made clear to all potential applicants.

How will we communicate these changes to staff?

When the new grant-making strategy is implemented, we will ensure that the website and FAQ page is fully updated, along with a post on Noticeboard about the changes. We will also send out a dedicated email to all staff. The Grants Officer will continue

to be available to respond to any queries from potential applicants. We will continue to attend and present at team meetings and the corporate induction session.

If we receive a high volume of queries regarding the changes, the Grants Officer can host a Q&A webinar.

Any other foreseeable issues?

We will ensure that the Charity Advisory Group and the Charitable Funds Committee are fully briefed on all changes.

Item 3

<i>Details of charitable spending by objective, 2023-2025 (as of August 2024)</i>		
Objective	Amount Spent	Target Spend over 2 years
1. Fund the purchase of state-of-the-art equipment and technology to deliver measurable improvements to patient care	£43,096	£100,000
2. Deliver projects across multiple Trust sites that provide sustainable improvements to the health environment	£210,991	£200,000
3. Fund projects that improve and promote access to health services - particularly projects targeting vulnerable and underserved communities	£77,168	£150,000
4. Deliver measurable and sustainable improvements to staff wellbeing	£121,177	£200,000
5. Fund projects that deliver innovative solutions to enhance the care provided to patients	£45,222	£150,000
Small Grants Programme	£1,650	£200,000



Meeting title	Trust Board – public meeting	Date: 31.01.2025
Report title	Charitable Funds Committee Chair’s Assurance report	Agenda item: 12
Committee Chair	Amanda Gibbon, Non-Executive Director	
Executive lead	Jonathan Gardner, Chief Strategy, Improvement and Digital Officer	
Report author	Swarnjit Singh, Trust Company Secretary	
Executive summary	<p>At its 19 December 2024 meeting, the Charitable Funds Committee:</p> <ul style="list-style-type: none">• approved a bid for £23k to fund an innovative intervention of psychological support for patients with cancer• approved a bid for £26k to extend the provision of holistic therapies for cancer patients.• received and noted the month eight finance report.• discussed the Charity report and approved the 2025-27 Grant Making Strategy (see appendix 1). <p>There were no items covered at this meeting for which the Committee is reporting limited assurance to the Trust Board</p> <p>The areas that Committee members agreed to bring to the attention of the Board are:</p> <ol style="list-style-type: none">1. The considerable work that had gone into the development of the Grant Making Strategy; and2. The finance report showed that donations and grants accounted for 92% of the Charity’s income; and3. The Committee discussed and declined a bid for £16.5k for a six-month pilot for a housing support worker to support the discharge of Haringey residents due to feedback about how the pilot could be set up and a need to discuss funding with integrated care system partners.	
Purpose	Approval of Grant Making Strategy	
Recommendation(s)	Board members are invited to note the Chair’s assurance report for the Charitable Funds Committee meeting held on 19 December 2024 and to endorse the 2025-27 Grant Making Strategy	
Appendices	1: 2025-27 Grant Making Strategy	

Committee Chair's Assurance report:	Charitable Funds Committee
Date of meeting	19 December 2024
Summary of assurance:	
1.	<p>The Committee can report good 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>The C Factor Group The Committee supported a bid for £23,412 (including VAT) from the Cancer Care Psychology Service (Clinical Health Psychology Service) & Macmillan Information & Support Service in the Surgery & Cancer Clinical Division to provide psychosocial support to patients through The C Factor Group.</p> <p>Committee members were informed that The C-Factor was an innovative and award-winning group intervention for people with cancer which addressed the emotional impact of cancer through the arts and storytelling. This form of psychological support for Whittington cancer patients, which started in 2018, is not offered in any other NHS trust. The bid covered the costs for six courses over three years (each course comprises eight 2.5-hour sessions and covers three years of support for up to 90 patients). Committee members welcomed the positive feedback from cancer patients on the psychological support provided.</p> <p>The Committee agreed the bid for The C-Factor Group to provide psychological support for cancer patients.</p> <p>Extension of holistic therapies The Committee received a helpful presentation which set out the case for a bid for £26,455 (including VAT) to extend the funding of holistic therapies for cancer patients for 12 months. The bid from the Surgery & Cancer Clinical Division explained that this service will form part of the enhanced business case being presented to the Trust's Investment Committee in 2025, and that this additional funding was sought now to ensure that the work could continue whilst consideration of the business case took place. The Committee was informed that as part of the holistic and personalised care needs of our cancer patients, the service was committed to continuing to look at improved quality of life outcomes for our patient population. This bid covered the provision of therapeutic massage and scar therapy and acupuncture appointments for cancer patients.</p> <p>During discussion, Committee members raised points regarding access to this service and whether it could be made by a referral from a Clinical Nurse Specialist, monitoring take-up of the service by deprivation and ethnicity and the effectiveness of acupuncture treatment.</p> <p>The Committee approved the bid to extend holistic therapies for cancer patients and agreed that monitoring arrangements would be put in place to report on patients accessing the service and that a patient leaflet for the service should clarify that it was not a therapy endorsed by the National Institute for Health and Care Excellence but could be of assistance to some cancer patients.</p>

Housing Support Worker

The Committee reviewed a bid from the Emergency and Integrated Medicine and Adult Community Services Clinical Divisions for £16,500 to fund for six months a Specialist Housing Support Worker role at Whittington acute site to trial a new way of working to reduce discharge delays for Haringey residents with complex housing needs who experience health inequalities and delayed discharges due to the complexity of their needs. These delays had significantly impacted on acute flow in the hospital. The Committee was informed that:

- reducing discharge delays for this vulnerable patient group with complex housing needs would see them discharged from an acute ward sooner and reduce the risks of deconditioning, iatrogenic infection and deterioration of health and enable them to return to their lives more quickly.
- earlier discharges from hospital would significantly improve patient experience and avoiding them being medically well but waiting in hospital for a home to be discharged to. By having a specialist housing advisor onsite 2.5 days a week, support would be provided to this vulnerable patient group to make informed choices about housing options and ensure they meet their needs and will also improve patient experience
- during a six-month period in 2024, there were 799 bed days of delay due to complex housing needs for Haringey patients alone. It was hoped to mirror the success of similar projects in mental health units where delays had been reduced by 50% and freed up additional bed days to treat medically unwell patients.

In discussion, Committee members highlighted points covering the possibility of alignment and options for the service to be hosted with the Citizens Advice or and Shelter and their housing experience to make the role and service effective, the need for further discussion with the North Central London Integrated Care Board and local authority partners, and to look at whether there was an opportunity to support such a role from Better Care Fund resources.

The Committee welcomed the bid but did not approve it due to concerns about the location and set up of the service and the need for further discussions with NHS and local authority system partners.

2024/25 Month eight financial report

The Committee received a report which provided a financial overview of the Charity's funds to the end of November 2024 and a breakdown of its fund balances. The key headlines noted by Committee members included the following:

- Reported Income to November 2024 of £534k with Expenditure to November 2024 of £898k which resulted in a consumption of Charitable Funds of £364k before investment gains.
- The investment portfolio's performance is reported quarterly and shows a gain of £31k from 1st April 2024 to 30th September 2024
- The total funds balance at 30 November 2024 is £1,622k
- Donations & grants contributed £493k (92%) of total income. A proportion of this related to three grants, two from the Stuttering Foundation of America for £94k and the other from NHS Charities Together for £75k.
- Both the income and expenditure figures included a Gift in Kind amount of £120k, relating to the refurbishment of various rooms in NICU, fetal medicine and the Labour ward.

The Committee noted the month eight Charity finance report.

Charity report, including 2025-27 Grant Making Strategy

The Committee discussed the Charity report covering September and November 2024 and received the following updates on these key issues:

- Discussions were continuing with the Pears Foundation on the bid for funding support for the courtyard garden for patients. The next step was for a presentation from the design team and structural experts in quarter four.
- Following an extensive consultation with patients, families, community stakeholders and staff, the final designs for the health hub garden at Tynemouth Road had been confirmed.
- Fundraising would begin January 2025 for improvements to lfor ward. Fortnightly meetings were taking place with clinical stakeholders and the case for support had been developed through the input and feedback received from patients and their families.
- Parkinson's UK had agreed to fund a Band 7 Clinical Nurse Specialist post for two years and had invited Whittington Health to submit a business case for funding for a Band 6 role. The Charity had supported an application to the Roald Dahl Marvellous Children's Charity for a Transition Nurse post.
- The project to transform the Labour ward staffroom, Betty Mansell Counselling room and the Neonatal Intensive Care Unit's Family room had been completed. The new rooms were open for patients from 2 December. The House of Grey design studio had provided design and project management support and these improvements.
- The Charity had worked with Colleague Box to provide Christmas wellbeing packs for staff. An update on this initiative would be provided at the next Committee meeting.
- Sydney Ramunno, Grants Officer, had led on the development of a new grant-making strategy for 2025-27. This significant piece of work seeks to build on the successes of the 2023-25 strategy and further refine the Charity's grant-making to achieve greater impact and incentivise greater giving. The key recommendations for the changes in the updated strategy covered the removal of a minimum amount for grants, the removal of the 'small grants' objective and re-evaluation of how staff wellbeing would be funded.

The Committee noted the Charity report and agreed the recommendations for the 2025/27 Grant Making Strategy.

2.

Attendance:**Present:**

Amanda Gibbon, Non-Executive Director (Committee Chair)
Clare Dollery, Acting Chief Executive
Charlotte Hopkins, Acting Medical Director
Julia Neuberger, Non-Executive Director
Nailesh Rambhaj, Non-Executive Director
Tony Rice, Independent Member
Terry Whittle, Acting Deputy Chief Executive and Chief Finance Officer
Sarah Wilding, Chief Nurse and Director of Allied Health Professionals

In attendance:

Vivien Bucke, Business Support Manager
Casey Galloway, Macmillan Personalised Care Project Manager
Ellen Kyriacou, Charity Accountant
Martin Linton, Assistant Director Financial Services
Sam Lister, Head of Charity
Katherine Mobey, Fundraising Manager
Sydney Ramunno, Grants Officer

Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary

Apologies:

Jonathan Gardner, Chief Strategy, Digital and Improvement Officer

Lydia Sawyer, Community Fundraising Officer