NHS
Whittington Health
NHS Trust

Trust Board meeting in Public Agenda

There will be a meeting of the Trust Board held in public on **Thursday, 20 March 2025** from **9.15am to 10.50am** held at rooms A1 and A2 of the Whittington Education Centre, Highgate Hill, London N19 5NF

Item	Time	Title	Action
		Standing agenda items	
1.	*0915*	Welcome, apologies, declarations of interest *Julia Neuberger, Trust Chair*	Note
2.	*0916*	Patient Story *Sarah Wilding, Chief Nurse & Director of Allied Health Professionals*	Note
3.	*0930*	Draft minutes 31 January 2025 meeting *Julia Neuberger, Trust Chair*	Approve
4.	*0932*	Chair's report *Julia Neuberger, Trust Chair*	Note
5.	*0940*	Acting Chief Executive's report *Clare Dollery, Acting Chief Executive*	Note
		Quality and safety	
6.	*0950*	Quality Assurance Committee Chair's report *Amanda Gibbon, Committee Chair*	Approve
		People	
7.	*1000*	Workforce Assurance Committee *Rob Vincent, Committee Chair*	Note
		Finance and Performance	
8.	*1010*	Charitable Funds Committee Chair's report *Amanda Gibbon, Committee Chair*	Note
9.	*1015*	Q3 2024/25 delivery of corporate objectives *Jonathan Gardner, Chief Strategy, Digital & Improvement Officer*	Note
10.	*1025*	Integrated Performance Report *Jonathan Gardner, Chief Strategy, Digital & Improvement Office*	Note
11.	*1035*	Finance and capital expenditure report *Terry Whittle, Acting Deputy Chief Executive & Chief Finance Officer*	Note

12.	*1045*	Questions to the Board on agenda items *Julia Neuberger, Trust Chair*	Note
13.	*1050*	Any other urgent business *Julia Neuberger, Trust Chair*	Note

Minutes of the meeting held in public by the Board of Whittington Health NHS Trust on 31 January 2025

Present:	
Baroness Julia Neuberger	Non-Executive Director & Trust Chair
Dr Clare Dollery	Acting Chief Executive
Dr Junaid Bajwa	Non-Executive Director (via MS Teams)
Amanda Gibbon	Non-Executive Director
Dr Charlotte Hopkins	Acting Medical Director
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:	
Vanessa Cooke	Director of Operations, Children & Young People Clinical Division
Jonathan Gardner	Chief Strategy, Digital and Improvement Officer
Tina Jegede MBE	Joint Director of Inclusion & Nurse Lead, Islington Care Homes
Liz O'Hara	Chief People Officer
Marcia Marrast-Lewis	Assistant Trust Secretary (via MS Teams)
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
Zara Warner	Deputy Associate Director of Nursing Children & Young People Clinical Division (item 2)
Antoinette Webber	Head of Patient Experience (item 2)
Alicia St Louis	Associate Director of Midwifery (item 7)

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, and Chinyama Okunuga, Chief Operating Officer.
1.2	It was noted that some Non-Executive Directors had a declared interest through membership of the Boards of University College London Hospitals NHS Foundation Trust and the Royal Free London NHS Foundation Trust. There were no new declarations of interest reported.

2.	**Patient story**
2.1	Sarah Wilding introduced the patient, Ms X, who attended the meeting to talk about her experience in the maternity department. Ms X outlined the following to Board members: • She explained that she was admitted to hospital suffering with pre-eclampsia and spent two and a half weeks as an inpatient before her son was born prematurely at 29 weeks. The baby remained in the Neonatal Intensive Care Unit (NICU) and Special Care Baby Unit (SCBU) for three months, receiving exceptional care. • Ms X expressed no concerns regarding the clinical care provided. Her Consultants were attentive and supportive and ensured her condition was carefully monitored. She felt assured that all the clinicians involved worked diligently to extend her pregnancy as safely as possible, aiming for the best outcome for both her and her baby. • Ms X reported that the most difficult aspect of her hospital stay was the environment on the antenatal and postnatal wards, along with the frequent bed moves. She explained that she was initially admitted to the antenatal ward but, after a few days, was advised that due to the severity of her condition she required care on a labour recovery ward. She spent one night on that ward, before being transferred back to a private room on the antenatal ward. While she appreciated having a private room, it was cold and uncomfortable. Ms X was moved to several other beds before eventually returning to Murray ward for monitoring. • During her time on the labour recovery ward, she witnessed the trauma of a patient whose triplets did not survive and saw the emotional toll it took on both the patient and staff. She felt the patient should have been afforded the dignity of a private room during such a difficult time. This experience was upsetting for Ms X, particularly as she was very unwell and in the final trimester of her pregnancy. • On this day, Ms X was returned to the antenatal ward, but her blood pressure was not monitored as frequently as it should have been, and she was not offered a meal or water. Her condition progressed rapidly thereafter as her waters broke and, after 24 hours, her son was safely delivered via caesarean section and was promptly transferred to the skilled care of the NICU team. • She was very grateful to all the staff involved in her care. She stated that she never had any concerns about the quality of care she received and felt confident that everyone did their utmost to provide the best possible treatment.
2.2	During discussion, Board members raised the following points: • Amanda Gibbon thanked Ms X for sharing her story which has raised two important points: first, combining women who needed antenatal care on wards with women who had already given birth might cause discomfort for those still expecting; and secondly, the issue of the patient who suffered the loss of her triplets and whether the staff did their best to maintain patient confidentiality. • Tina Jegede asked whether Ms. X had had the opportunity to provide feedback on her observations to staff during her time at the Trust. In response, Ms X explained that she had recorded her thoughts and

observations in her journal to help process the events of that difficult day. She shared that she felt a sense of guilt, acknowledging that while she was deeply impacted by what she had heard and witnessed, her own trauma was nothing compared to the suffering experienced by the grieving patient.

- Glenys Thornton wondered if one of the learning points was about the configuration of maternity services at the Trust which meant that patients would need to be moved around to receive different elements of maternity care.
- Clare Dollery advised that the Start Well strategic decision on the provision of maternity services in North Central London would shortly be made and it was hoped that the Trust could progress its plans for the redevelopment of maternity and neonatal services. In the meantime, she reported that charitable funding had enabled the refurbishment of parents' rooms in the neonatal unit. Ms X reflected that, during her time on the neonatal ward, the facilities needed refurbishment and that improvements made to the facilities would be hugely welcomed by parents that needed the space.
- Nailesh Rambhai suggested that the temperature and heating controls in side rooms on Murray ward should be reviewed as temporary measures such as storage heating were not a safe solution. Ms X added that the shower rooms and overall patient experience would be improved with dedicated areas for towels and mirrors.
- Terry Whittle asked whether any psychological support was offered to Ms X and she confirmed that she was offered counselling for the premature birth of her son, but not for the issues she had witnessed beforehand.
- Sarah Wilding offered Ms X the opportunity to walk around the maternity department with her to observe the steps that had been taken to implement and share the learning derived from her time as an inpatient.
- Ms X felt that communication between the labour recovery team and Murray ward could have been better managed, particularly as she was moved around frequently. She found the multiple moves across the department to be disorienting.

The Trust Board thanked Mrs X for her patient story and assured her that the issues highlighted would be actioned in due course.

The Trust Board agreed the following actions:

- **Review the arrangements for combining women with complicated pregnancies on labour recovery wards.**
- **Review the shower rooms on Murray and the labour-recovery wards.**
- **Review the temperature controls in the side rooms on Murray and the labour recovery wards**
- **Ensure the learning and feedback from Ms X was shared with staff.**
- **Bring back an update on the progress of the actions taken forward to a future Board meeting.**

3.	**Minutes of the previous meeting**
3.1	The Board approved the draft minutes of the meeting held on 29 November 2024 as a correct record and noted the updated action log. There were no matters arising.
4.	**Chair's report**
4.1	The Chair took the report as read. She highlighted the recent merger of the Royal Free London NHS Foundation Trust with the North Middlesex University Hospital NHS Trust which took place on 1 January 2025 and had been the subject of several recent discussions with the chairs of both organisations and the North Central London (NCL) Integrated Care Board (ICB).
4.2	In reply to a suggestion from Nailesh Rambhai on sharing the papers for the joint committee-in-common with University College London Hospitals NHS Foundation Trust, the Chair mentioned that significant progress had been achieved in strengthening relationships between the two organisations, which was underpinned by the collaborative work taking place on areas such as virtual wards, maternity services and in breast cancer services. She suggested that a future Board session to reflect on the joint collaborative working would be considered. **The Trust Board received and noted the Chair's report.**
5.	**Chief Executive's report**
5.1	Clare Dollery summarised her report and drew Board members' attention to the following issues: • NHS England (NHSE) had published guidance on NHS elective reform in line with its plan to reduce waiting times • The first draft of the 2025/26 operational planning guidance was received on 30 January. The guidance included high-level financial allocations from ICBs, which would help to inform the Trust's planning expectations for the 2025/26 period. The guidance reiterated the need to increase productivity to meet the demands of future patient services. • At a meeting of London's NHS Chief Executives, the London Ambulance Service reported a 25% increase in activity across the capital which was mirrored in the ongoing pressures being experienced in emergency departments during winter. There had been considerable discussion about the redistribution of ambulance traffic across the NCL sector which had been supported by the Royal Free London NHS Foundation Trust and by University College London Hospitals NHS Foundation Trust. There was also a focus on integrated neighbourhood teams in the future development of which it was hoped that the Trust would adopt an active role. • The Trust had participated in the complex long-term conditions initiative started by the NCL Health Alliance. The first cohort of patients had accessed the service through the South Islington primary care network. • Collaborative work between the Trust's multi-agency continuing care team, primary care services and Haringey Council had seen 2,000 patients in the last week.

	• The Chair, Jonathan Gardner and Clare Dollery had briefed Sarah Sackman, Member of Parliament for Finchley and Golders Green, on the operational pressures experienced in the emergency department. She was taken on a tour of the virtual ward and the emergency department which provided her with a clear view of a pressures faced by staff. Catherine West, Member of Parliament for Hornsey and Friern Barnet, had also been briefed. • Caroline Clarke, NHS England's Managing Director for the London region. had visited the urgency and emergency care and chemotherapy departments. She was also briefed on the work undertaken by the Trust as an anchor institution, sickle cell and the progress made with the Barnet 0-19 Service. • The Trust was proud that Mattie Asante-Owusu, the Trust's sickle cell community matron, was awarded an MBE in the King's New Years Honours list.
5.2	During discussion, Trust Board members raised the following points: • Nailesh Rambhai thanked colleagues for managing the Trust's response to the media report on corridor care at the main site and asked about the learning identified from having specific advertisements for corridor care staff. In response, Sarah Wilding explained that the Trust was historically an organisation which would engage additional staff to care for patients through bank shifts. She added that the Royal College of Nursing report issued in the same week had highlighted pressures NHS organisations were facing across England and their need to deliver care in corridors. Sarah Wilding emphasised that recruiting bank staff for such roles was a temporary measure and a last resort and that future advertisements would clarify that the need was for bank staffing shifts. • Glenys Thornton agreed that the recruitment of extra staff to care for patients in corridors was the correct course of action. She hoped that the publicity would help to support the Trust's discussions in negotiations with partner organisations, particularly around ambulance diversions. • Rob Vincent suggested that corridor care could be interpreted as an indication of the level of operational pressures in a busy emergency department and where ambulance diversions were having the greatest impact. • Rob Vincent also proposed that the Board hold a session at a future meeting to discuss the implications of the NHS's elective reform plan. In reply, Jonathan Gardner confirmed that this would take place at the February Board seminar as part of the horizon scanning item which would also cover the 2025/26 planning guidance **The Trust Board noted the Acting Chief Executive Officer's report.**
6.	**Quality Assurance Committee Chairs Assurance Report**
6.1	Amanda Gibbon took the report as read and highlighted the following items: • The significant pressures being experienced in the urgent and emergency care pathway.

	• The considerable work carried out by the Maternity services team to ensure that the Maternity Incentive Scheme (MIS) Year 6 submission was completed in time, and that the Trust was able to demonstrate compliance against all ten safety actions. • The London Ambulance Service project where senior clinicians attended category three and four calls with paramedics to review patients. This initiative had had a positive impact on the number of hospital conveyances, which had reduced by 35%. • The Committee received good assurance on the progress of actions taken to improve fire safety at the main hospital site. • The Patient Safety Incident Response Framework report was thoroughly discussed. The Committee was assured that effective systems were in place to ensure all incidents were reviewed promptly through daily morning triage meetings where detailed discussions took place and from which, lessons learned were shared efficiently. • The Health and Safety report had highlighted a significant increase in the number of violent and aggression incidents against frontline staff. The Committee took good assurance that extra security had been deployed in the emergency department. • There was an increase in the number of complaints received in November and December and the Committee would continue to monitor performance in responding to complaints within target timescales.
6.2	In discussion, the following points were made: • The Chair asked whether there was a link between the increase in incidents in the emergency department and the performance on complaint responses and whether this should be covered in a report to the Board or at a Board seminar. • In response, Sarah Wilding informed Board members that the increase in incidents of violence and aggression in the emergency department was due to be discussed by the Workforce Assurance Committee. She added that, due to the pressures across Trust services, there had been a noticeable increase in complaints regarding surgery and cancer services and the emergency department waiting times. Amanda Gibbon commented that the Quality governance team was also under pressure from staff absences through sickness. • Jonathan Gardner clarified that the vast majority of incidents were related to behaviours as well as to quality. The Board therefore needed an update on both aspects. More analysis would need to be undertaken to look at underlying factors. • Clare Dollery added that, historically, violent behaviour was typically associated with patients with mental health conditions. However, there had been a noticeable shift in the profile of patients likely to become abusive, with the number of such incidents increasing at many NHS organisations. • Glenys Thornton suggested that a listening event for staff could be arranged to help them deal with violence and aggression against staff. **The Board noted the Chair's assurance report for the Quality Assurance Committee meeting held on 15 January 2025 and agreed that**

	consideration would be given to including a patient story on violence and aggression at a future board meeting, along with holding a listening event for staff on violence and aggression incidents.
7.	**Maternity Incentive Scheme Year Six submission**
7.1	Sarah Wilding introduced the item. She acknowledged the hard work undertaken by the Maternity service team to ensure that the submission was made by the deadline. Alicia St Louis presented the report. She confirmed that the Trust was fully compliant with all ten safety actions and would now proceed to submit its MIS declaration to the North Central London Local Midwifery and Neonatal System and to NHS Resolution.
7.2	On behalf of the Board, the Chair congratulated the Maternity service team for their hard work to ensure compliance. **The Trust Board approved the Year 6 MIS submission**
8.	**Improvement Performance & Digital Committee Chair's Assurance Report**
8.1	Junaid Bajwa delivered a verbal report for the meeting held on 30 January 2025 and explained that the Committee took good assurance from the following items: • The Committee had commended the resilience and hard work of the Information Technology team, which highlighted the speed and efficiency of the team to restore services following the installation of a faulty patch. • Short and medium-term solutions were agreed for the upgrade of an electronic patient record system and a long-term solution was currently being worked on. • A demonstration of Ambient Voice Technology that listened to consultations and drafted clinic notes and letters, which were then uploaded to the electronic health record system and sent out to patients. This technology was expected to make significant savings. • A deep dive into the performance of rheumatology medical specialty which had demonstrated improvements made to reduce the number of patients who did not attend an appointment, waiting times and follow up appointments. **The Trust Board noted the verbal Chair's report for the meeting held on 30 January 2025.**
9.	**Audit Committee Chair's Assurance Report**
9.1	Rob Vincent delivered a verbal report for the meeting held on 29 January 2025, where he explained that the Committee took good assurance on the following items: • A good quality update from RSN's local counter fraud specialist who reported an increase in the number of referrals received demonstrating a good understanding and awareness of fraud by staff. • The review of the quarter 3 Board Assurance Framework and risk register. The Committee had also agreed that risk management should be considered in more detail at a future Board seminar.

	• The Committee approved the Trust's revised Standing Orders, Standing Financial Instructions and Scheme of Delegation which would be submitted to the Trust Board for final approval. • An internal audit progress report on the Data Security and Protection Toolkit (DSPT) received a rating of moderate assurance. In 2025/26, future reporting on the DSPT would be changed to the newly introduced Cyber Assessment Framework which would focus cyber security as well as information governance. • The internal audit team had also carried out a review of performance in the delivery of the cost improvement programme which received an overall rating of reasonable assurance • The Committee convened a separate meeting to consider the contract renewal of the Trust's internal auditors and had approved a contract extension of RSM as internal auditors for a three-year period. **The Trust Board noted the Committee Chair's verbal report for the Audit Committee meeting held on 29 January 2025.**
10.	**Integrated Performance Report**
10.1	Jonathan Gardner presented the report and highlighted the following key points: • During November and December 2024, adult community services had met expected key performance indicators. • The Haringey new birth visits team achieved a performance of 91.3% against a target of 95% during November and December. The Islington new birth visits team performed well at 96.8% against a target of 95%. • There were no reported incidents of grade four pressure ulcers within the community or hospital. There was an increase in grade three hospital acquired pressure ulcers. • There was one reported case of Methicillin-resistant Staphylococcus aureus bacteraemia arising from an existing contaminant. There were concerns around hospital acquired infections and a report would be brought to the February Board meeting on hospital acquired infections. • Compliance with the 18-week referral to treatment standard was a concern as performance had declined, largely as a result of appointment slot issues. • The number of patients who had waited 52 weeks or 78 weeks for treatment since referral had fallen from November to December. • Performance against the 28-day cancer faster diagnostic standard was 69.6% against a target of 75%. • There was an increase in 12-hour trolley waits in December and a decline from 70.8% to 67.9% in performance against the four-hour waiting time standard • Weekly elective and day case activity remained above plan. • Theatre utilisation had improved to 76% against a target of 85% • There was a small reduction in staff appraisal rates in December due to annual leave and winter pressures. The staff sickness rate was also above its 3.5% target. **The Trust Board noted the Integrated Performance Report**

11.	**Finance and Capital Expenditure Report**
11.1	Terry Whittle presented the month nine finance report and highlighted the following issues: • At the end of December, the Trust reported a year-to-date deficit of £19.2m, £5.8m adverse to plan. • The deficit was driven by pay overspends for substantive and temporary staff, an increase in non-pay costs and unfunded beds on Victoria ward. The Trust was working to recoup these costs from NCL ICB. • The Trust had achieved 90% of its cost improvement programme savings target. • Elective income performance was £0.4m better than plan as surgical activity was brought forward ahead of the planned theatre refurbishment. • Capital expenditure was £6.97m and the Trust was forecasting a total spend of £28m at the end of March. A total of £10.2m of extra capital funding had been received in November for fire rectification works
11.2	Nailesh Rambhai welcomed the good performance in efficiency savings for the current year which were expected to achieve £13m against a target of £16m. He was concerned that the 2025/26 target was estimated at £30m which could be a potential risk for the Trust. In response, Terry Whittle explained that planning guidance received had indicated a baseline efficiency target of 4% plus a 1% reduction in resources as new funding had been allocated to national staff pay awards. The proposed savings target would include a baseline of £20m plus an additional £10m of non-recurrent savings. **The Trust Board noted the finance and capital report.**
12.	**Charitable Funds Committee Chair's report**
12.1	Amanda Gibbons presented the Committee Chair's report for the meeting held on 19 December 2024. She reported that the following items were considered: • Improved governance around charitable funding activities which was evidenced by the approval of a new 2025-27 Grant Making Strategy. • The pro bono work undertaken by the House of Grey to redesign the parent room in the neonatal intensive care unit and a counselling room in the labour ward. • Two bids were approved: £23k to fund an innovative intervention of psychological support for patients with cancer; and £26k to extend the provision of holistic therapies for cancer patients. • A bid for £16.5k for a six-month pilot for a housing support worker to support the discharge of Haringey residents was declined. The Committee agreed that funding for this role should be discussed with NCL ICB system partners. **The Board noted the Committee Chair's report for the meeting held on 19 December 2024 and approved the Grant Making Strategy.**
13.	**Questions from the public**
13.1	There were no questions received.

14.	**Any other business**
14.1	There were no other items of business to discuss.

Trust Board, action log

31 January 2025 meeting

Agenda item	Action	Lead(s)	Progress
Patient Story	• Review arrangements for combining women with complicated pregnancies on labour recovery wards. • Review the aesthetics of shower rooms on Murray and labour-recovery wards. • Review the temperature controls in the side rooms on Murray and labour recovery wards • Ensure the learning and feedback from Mrs X was shared with staff. • Provide an update on the information governance breach • Bring back an update on the progress of the actions taken to the May Board meeting.	Sarah Wilding Terry Whittle Terry Whittle Sarah Wilding/Charlotte Hopkins Sarah Wilding Sarah Wilding	Updates on these are actions will be provided for the 21 May Board meeting in public.
QAC Chair's Assurance report	• Consider a patient story on violence and aggression at a future board meeting. • Consider arranging a listening event for staff on violence and aggression	Sarah Wilding Liz O'Hara	These actions will take place in Q1

Meeting title	**Trust Board – public meeting**	**Date: 20.03.2025**
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 31 January 2025.	
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	None	

Chair's report

This report updates Board members on activities undertaken since the last Board meeting held in public on 31 January 2025.

I want to start by thanking all staff and volunteers for their hard work in delivering safe and quality services and a good experience for our patients. I recognise the significant pressures that colleagues face with an increased demand for services, particularly in the urgent and emergency care pathway and, on behalf of the Board, I am most grateful to them for their dedication to our patients.

Chief Executive recruitment

Following a very competitive recruitment and selection process, Selina Douglas has been appointed as our new Chief Executive and accountable officer. Selina is currently Chief Executive at Leeds Community Healthcare NHS Trust, and has previously held the role of Executive Director of Partnerships for North East London NHS Foundation Trust. She is bringing hugely valuable experience from across the NHS, social care and the charity sector and I am excited that she is bringing that knowledge, expertise and enthusiasm to Whittington Health. A start date of 2 June 2025 has now been confirmed. In the interim, Dr Clare Dollery will continue as our Acting Chief Executive and, on behalf of all Board members, I want to thank Clare for the way in which she has led the organisation over the past few exceptionally busy and demanding months and for her commitment to Whittington Health and her continued wise and thoughtful leadership as we prepare to welcome Selina to Whittington Health. I know that Selina will be keen to get to know you all as soon as possible, I am sure you will show her the warm welcome for which Whittington Health is famous.

Remuneration Committee

In line with the recruitment of a new Chief Executive, the Remuneration Committee has agreed an extension to the acting arrangements for both the Acting Chief Executive and Acting Deputy Chief Executive to 31 May 2025. This ensure that we can keep continuity with the current arrangements in place.

Private Board meetings, January and February 2025

The Board of Whittington Health held private meetings on 31 January and 13 February. The items considered at these meetings included the embargoed initial findings from the 2024 NHS Staff survey; updates on Simmons House, fire safety, the provision of community child and adolescent mental health services in North Central London, reports from Board Committee Chairs - Finance and Business Development, Audit and Risk, Improvement, and Performance and Digital and Quality Assurance. In addition, the Board reviewed an update on the position in the urgent and emergency care pathway and the actions being taken to promote good infection prevention and control and to reduce the likelihood of healthcare acquired infections. The key item discussed at the February meeting was the draft 2025/26 business plan submission. In addition, the Board held a seminar on 13 February where the two items covered were horizon scanning and an update on the work taking place to tackle health inequalities for our patients.

UCLH/WH Partnership Development Committee-in-Common
On 3 February, I chaired a meeting of the partnership development committee-in-common between University College London Hospitals NHS Foundation Trust (UCLH) and Whittington Health NHS Trust met. The committee-in-common received an update on the excellent collaborative work taking place in haematology services since 2008 between both organisations. The meeting also reviewed and endorsed a 2025 communication plan and agreed that deep dives into workforce, public health and research and development would take place this year.

AAC recruitment
On 5 March, I took part in a recruitment panel for a Consultant post in Microbiology and on 19 March, I am due to take part in another recruitment panel for a Consultant role in Diabetes and Endocrinology and General Internal Medicine. I am also grateful for Amanda Gibbon participating in the recruitment panel for a Consultant in Critical Care Medicine on 13 March.

Other meetings
I have also participated in the following meetings and events:

- On 5 February 2025, I attended a meeting of the North Central London Integrated Care Board's Strategy and Development Committee.
- On 6 February, I took part in a meeting of NCL's Chairs and Chief Executives which focussed on 2025/26 business planning.
- I attended corporate induction on 10 February and 10 March to welcome new starters to Whittington Health.
- I took part in the All Staff briefing held on 19 February.
- On 25 February, I attended a meeting of the Medical Committee.
- I have had weekly North Central London Health Alliance meetings.
- 1:1s with Executive team members and the Acting Chief Executive
- 1:1s with Non-Executive Directors

Meeting title	**Trust Board – public meeting**	**Date: 20.03.2025**
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 31 January 2025.	
Purpose	Noting	
Recommendation	Board members are invited to note the report and the overarching governance document agreed for the NCL Health Alliance in appendix one.	
BAF	All Board Assurance Framework entries	
Appendices	1: NCL health Alliance overarching governance document	

Acting Chief Executive's report

NHS England leadership changes

Significant changes to the senior leadership team at NHS England have taken place with Amanda Pritchard, announcing her decision to stand down as Chief Executive at the end of this financial year. She was the first woman to have held this position and has led the NHS through the most challenging period of its history. Sir Jim Mackey will be taking over as Transition Chief Executive of NHS England and will work closely with Amanda for the next month before taking up post formally on 1 April. Other Directors including the Chief Finance Officer, Chief Operating Officer, Chief Delivery Officer and Medical Director are also stepping down.

On 13 March, the Prime Minister announced that the Government would legislate to formally abolish NHS England and to fully integrate it within the Department of Health and Social Care. On the same date, I attended an NHS leadership event hosted by NHS England for Chief Executives and Chairs to discuss the 2025/26 planning round. Significant cost savings in a number of areas are expected by quarter 3 2025/26 and Integrated Care Boards have been advised that they needed to reduce their running costs by 50%. Further developments are expected as the planning round continues for the next 2 weeks.

10-year Plan for the NHS

NHS England has been engaging and consulting across England on the new 10-year plan. This has included submissions from NHS organisations, the voluntary sector and the wider public. A national summit is planned in Spring 2025 to finalise the plan. The feedback themes received so far include the public being positive about the NHS being a universal service, available to everyone, free at point of use; the dedicated and hardworking staff, doing incredible work in difficult circumstances; and the NHS being there when people really need it, with emergency services saving lives every day. People have also fed back that they have experienced difficulty getting appointments; long wait times in A&E; and a lack of joined up care. The public feedback has also highlighted a need for improved access to appointments, especially in primary care services; a call for better co-ordination between different health and care services; and more investment in staff recruitment and retention; and a reductio in waste and inefficiency. Feedback provided from NHS staff has shown they are proud of the NHS, and of their colleagues; and feel they make a real difference for patients and their families. However, the challenges staff face cover staff shortages; inefficient systems; and poor working conditions.

2025/26 planning guidance

On 30 January, NHS England published the 2025/26 Priorities and Operational Planning Guidance, together with the detailed financial allocations for each Integrated Care System. This confirmed the national priorities for 2025/26 which are to reduce the time people wait for elective care; improve Accident & Emergency waiting times and ambulance response times; improve patients' access to general practice and improve access to urgent dental care; improve patient flow through mental health crisis and acute pathways; and improve access to children and young people's mental health services. In delivering the national priorities, integrated care systems are expected to support delivery of the immediate priorities and ensure the

NHS is fit for the future; live within the budget allocated, reducing waste and improving productivity; and maintain a collective focus on the overall quality and safety of services. Our operational, clinical, workforce, finance and performance teams have been working on a draft submission which was sent to the NHS North Central London (NCL) system in February. Following feedback and review discussions with NCL colleagues, Whittington Health will be submitting its revised 2025/26 plan in March following consideration by the board.

NCL Health Alliance

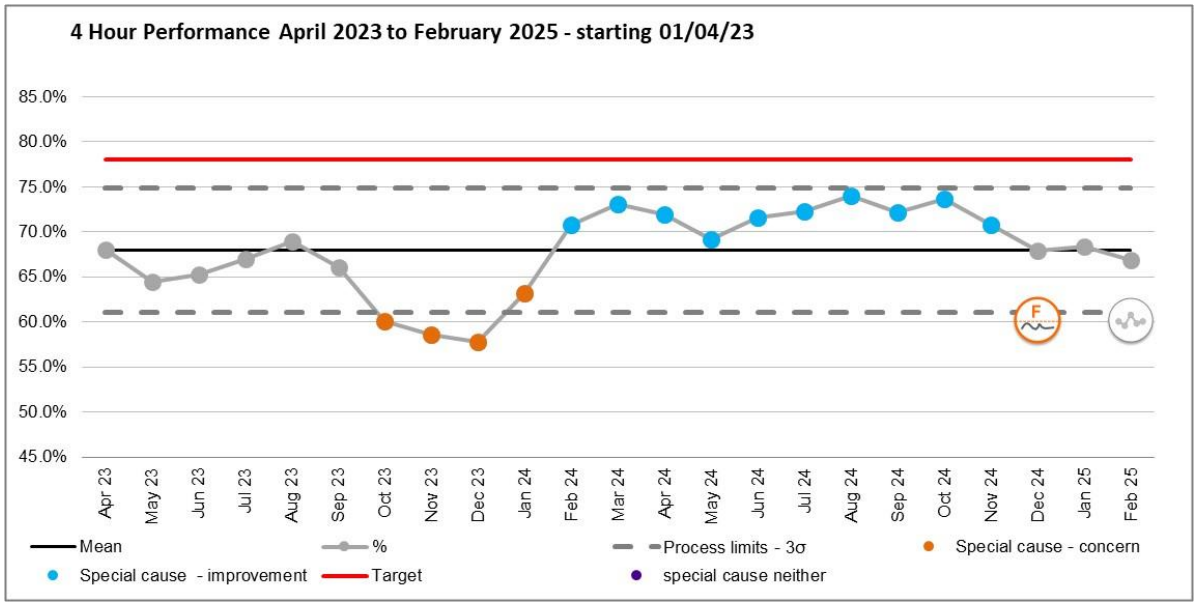
I attended two meetings of the NCL Health Alliance's Chief Executives' Group where the 2025/26 plans and resources needed for the complex long term conditions' programme along with an initiative planned for respiratory diagnostic hubs were discussed. The group has also considered their role in neighbourhood working. The NCL Health Alliance has also reviewed and updated its overarching governance document which replaced previous articles of association. It was approved by the NCL Health Alliance's Chief Executives' Group and had been agreed by respective NCL providers through Chair's action. The governance document is shown in appendix one.

Haringey and Islington borough partnerships

This month, Jonathan Gardner attended the Haringey Borough Partnership Executive on my behalf. He also attended the Islington Borough partnership Board meetings. As part of the forward plan for 2025/26, both Boards focussed on neighbourhood health teams. The NCL ICB presented proposals for integrated neighbourhood teams focussed on four pillars: a) creating community assets for health and well-being; b) outreach and early identification; c) targeted interventions and secondary prevention; and d) prompt action on rising risk. Whittington Health is working closely with the boroughs and the NCL ICB to co-design this work and is already an active participant in neighbourhood working particularly in relation to the established work of the multi-agency care coordination team.

Emergency Department

There have been significant pressures in emergency departments across England since early December, caused by a winter pressures, an upsurge in flu and respiratory infections and very high numbers of patients arriving either by ambulance or attending emergency departments themselves both at the Whittington Hospital and at adjacent providers who have needed to divert ambulances. The graph below shows that performance against the four-hour access standard at Whittington has dropped during January and February. There is an urgent and emergency care pathway and flow improvement plan in place to support Whittington Health to recover the four-hour access standard performance and reduce waiting times in the emergency department.



People-Led Assessment of the Care Environment (PLACE) inspection outcome
Whittington Health is disappointed with the PLACE report findings on hospital cleanliness and catering, published nationally. The PLACE inspection took place in October 2024 and the Trust is implementing our improvement plans. This matter will be considered in the update form the Quality Assurance Committee.

CEO staff briefings
All-staff briefings were held on 6 and 19 February and on 7 March. The topics covered included national apprenticeship week; the work of the Whittington Charity and the House of Grey design consultancy in helping to make improvements in maternity services through the refurbishment of the Betty Maunsell counselling room, the Labour ward staff room and the Neonatal Unit's family room. We also focused one CEO briefing around progress to equity discussing actions related to International Women's' Day on 8 March; a reverse job fair held on 6 March to provide opportunities for neurodivergent job seekers to showcase their skills, experiences, and personalities in unique ways, and leads to more authentic conversations with employers about what they could bring to a business and a shared event with Macmillan to learn from LGBTQIA+ patient experience of healthcare.

Long Service Awards
I had the privilege of attending our annual long service awards to acknowledge and celebrating and thanking our around 300 wonderful colleagues who have been with the Trust for ten or fifteen years. I am hugely proud that Whittington Health has the kind of welcoming family culture that means so many people work here for such a long time. Everyone at the events, from across our organisation, has had an extraordinary and unique story about their time here, and energy and enthusiasm for their futures with us. It was a honour to meet them including those who brought their families to the event and those who are themselves Whittington babies. Celebrations for those reaching their 20th and 25th anniversaries at the Trust will take place later this year.

Apprenticeships week

During National Apprenticeship Week, the Trust held a series of events, including a special apprenticeship information event in our Education Centre. This was a great opportunity to showcase the wide range of apprenticeship opportunities available across our organisation. We were fortunate to have colleagues like Reena (pictured below) sharing her story about how apprenticeships have helped her grow her skills. A huge thank you to our colleagues in Learning Development/Human Resources for making these opportunities possible, especially Nola Asare, Head of Talent & Development, (also pictured) and Hannah Francis, Organisational Development Co-ordinator, who have worked tirelessly to put together a week full of learning and inspiration.

Extra Mile Awards winners

- I want to congratulate the recipients of this month's Extra Mile Awards. Rose Martins in the Mobility and Seating Solution Service was cited for her work with our wheelchair users and I note that it was the wheelchair user group supported this nomination.
- Tina Kramer and Sharon Robinson in the Cardiac Rehabilitation Team were nominated for their compassionate and patient-centred approach which has transformed participants' lives. Sharon and Tina ensure the programme caters to people of all ages and abilities. Their ability to balance humour, professionalism, and compassion creates a space where everyone feels they belong.

Ramadan

I would like to say Ramadan Mubarak to all observant staff and to report that, on 13 March, I had the pleasure of attending an iftar meal with Junaid Bajwa, Non-Executive Director and Baronesses Glenys Thornton and Julia Neuberger, our Chair. This was organised by the Masala Network, a vibrant, multi-disciplinary community of scientists, entrepreneurs, and innovators who believe that diversity fuels breakthroughs in data and digital health. Their network includes leaders from the NHS, along with leading technology and life sciences companies, and investors. The event was also trying to raise awareness and funds for Project Pure Hope, a humanitarian initiative committed to working towards providing life-saving medical care and support to children who are victims of the Middle East conflict, regardless of their nationality, religion, or ethnicity.

Holi

Finally, I would also like to wish a very happy Holi to colleagues who are celebrating this Hindu festival of colour, love and spring which symbolises the victory of good over evil and marks the end of winter.

1. Document purpose

This document outlines the purpose, structure, function, and governance of the NCL Health Alliance (NCL HA). It builds on the previously approved member board documents[1] that established the Alliance and reflects the scope, function, and structure as approved by NHS England (NHSE) in 2024.
The updated sections are

- Board assurance
- Agreeing priorities
- Determining scope of decision-making powers
- Dispute resolution
- Exit and ongoing collaboration agreements
- Accountability arrangements

Should any material changes to the NCL HA be required, prior consultation and approval from NHSE may be necessary. Advice should be sought before implementing any such changes.

2. Introduction and context

The NCL Health Alliance is the multi-sector provider collaborative for North Central London. Its purpose is to enable effective partnership working to improve the outcomes and experience for the population it serves. The scope includes people across North Central London as well as people travelling in across the wider region and in some cases nationally to receive specialist care. The original Alliance Charter is included in the **Appendix 1**

Provider collaboratives are self-convening partnerships, driven by the need to span organisational boundaries that exist within the NHS. Guidance from NHS England published in 2021 set out the requirement for all acute and mental health providers to participate in at least one provider collaborative. This Alliance model maintains the sovereignty of all member organisations and establishes a protocol for the delegation of authority for some elements of collective decision making to the provider alliance for specific shared initiatives.

Established in 2021 as the UCL Health Alliance, the Alliance was formally recognised as a Provider Collaborative by the North Central London NHS Integrated Care Board. In 2023, it transitioned to become a division of UCL Partners, creating a unified innovation partnership for NCL to maximise collective impact on health outcomes.

As part of this transition, the Alliance was renamed the NCL Health Alliance, and UCL ceased to be a member organisation. This change also facilitated the closure of the company limited by guarantee and the establishment of a governance structure aligned with UCLP and NCL HA member organisations.

The Alliance enables NHS partners to collaborate on pressing health and care priorities, addressing the full pathway from prevention to treatment and integrating physical and mental health needs. It aims to deliver best value for taxpayers while helping member organisations sustain high-quality care within resource constraints. With UCL no longer a partner, research and education are no longer primary

[1] UCL Health Alliance – articles of association – May 2022
UCL Health Alliance Charter – October 2020
Member Board papers – Annual plan 22/23 - May 2022

priorities but remain integral to all programmes and will be referenced in the annual business planning process. Established by member boards and governing bodies, the NCL Health Alliance serves as the principal vehicle for system-level collaboration across North Central London

3. **NCL Health Alliance membership**

The member organisations of NCL HA include:

- Acute Providers
- Community Providers
- Mental Health Providers
- Primary care providers
- Specialist providers

The NCL Integrated Care System is a named partner organisation of NCL HA

The terms of reference for the NCL HA Executive Group (**appendix 2)** contains the up-to-date list of the member organisations.

4. **Board assurance**

As part of the development of NCL HA, UCL Partners became accountable for

- The recruitment, retention and line management of the Alliance core team
- Oversight of the finances related to the core team including invoicing, resource allocation and budgetary approval
- Oversight of the programme delivery by the Alliance team.
- Policies and procedures as it relates to programme delivery and core team appointments.
- Risk management as it relates to functions of the core team, programme delivery and participation in NCL HA activities by member organisations.

Member organisations retain responsibility for

- Clinical delivery of services within NCL HA programmes
- Performance and conduct of staff employed directly by those organisations
- Service and organisational performance including against constitutional standards.

The governance structure for providing regular board assurance on the delivery of agreed programmes of work and core team finances includes the following:

i. **Routine reporting** – monthly progress briefings circulated through the CEOs as part of the monthly NCL HA Executive meetings. Additionally, biannual reports are additionally shared with each member organisation's board and UCLPartners board.

ii. **Escalation -** robust arrangements for the timely escalation of programme delivery risks or participation concerns through the UCLP governance structure or to the Alliance Executive where appropriate via the Managing Director.

iii. **Participation**: All members are required to actively contribute to the strategic and operational decision-making, oversight, and direction of the Alliance. Members participate in monthly Alliance Executive meetings and collaborate on Alliance programmes, which serve as the primary drivers of joint action.

A key feature of the Alliance's operation is the leadership role of Chief Executives in guiding these programmes. This provides visible and accessible senior leadership to the communities within the Alliance membership, shaping and delivering shared priorities. Additionally, this model strengthens board-level assurance by creating a direct line of sight from board-level leaders to the programmes across the Alliance.

2. **Information governance**

The core Alliance team will operate under the information governance policies of UCLPartners and will not hold any patient identifiable information. All performance information concerning commissioned services will be within the governance of member organisations and the ICB.

Any staff working to deliver Alliance work programmes (for activities directly related to patient care,) will be hosted/employed by a member organisation and not UCLPartners. These staff will therefore be subject to the mandatory training, policies and procedures of the employing organisation.

3. **Agreeing Priorities for the Alliance**

The process of identifying priorities for the Alliance will be addressed through the annual business planning cycle. During this process, the Alliance Executive—including the UCLPartners CEO and ICB leadership—will agree on the scope of priorities that require collaboration between providers at the system level.

These priorities will be translated into clear objectives, with each programme assigned a CEO lead. The objectives for the upcoming year will undergo scrutiny and ratification by the Alliance Executive group before the business plan is submitted for authorisation by member boards, the UCLPartners board, and other relevant governing bodies where necessary.

These objectives will be developed into programme level plans, specifying:

- Leadership arrangements: the responsible CEO lead, clinical leads and operational leads.
- High level deliverables: to achieve within the coming 12-18 months.
- Benefits: which can be expected in four domains: (1) financial; (2) quality, safety and outcomes; (3) access and (4) health and workforce inequalities.
- Resourcing arrangements: both those devolved within the member organisations as well as any central resource requirement.
- Governance: highlighting governance arrangements outside of the Alliance, such as into the ICB.
- Programme evaluation: highlighting the approach being taken to evaluate and review the outcomes of the programme/project

This process of prioritisation, programme level planning and approvals is an important feature for how the resource and workforce arrangements are determined.

4. **Determining scope of decision-making powers**

The scope of activities and decision-making powers are directly controlled through the member organisation chief executives and the UCLPartners CEO. This includes the ability to design and establish the requisite changes to Alliance governance arrangements.

The annual business plan will include a clear specification of deliverables for each financial year. This plan will require approval from member CEOs and UCL Partners, following the internal governance arrangements specific to their respective organisations.

Once the business plan is finalised and approved, the Alliance Executive Group will be empowered to act and make decisions necessary to deliver the plan. However, certain decisions—such as those involving commissioning—may require additional approval through the Integrated Care Board (ICB) or other relevant bodies.

5. **Exclusions**

The following exclusions were agreed as part of the establishment of the original Health Alliance and remain in place with the reconfiguration of the governance structures without further engagement through all members and the re-engagement and approval of NHSE.

i. Prevent the Alliance (as a part of UCLPartners) taking on provision of CQC licensed services, for example through the direct employment of staff responsible for patient care or ownership of premises used for patient care.

ii. Prevent the Alliance (as part of UCLPartners) being used as a vehicle to transact large contract values for the provision of CQC licensed services, without first re-engaging with NHSE; this does not prevent the Alliance agreeing that a member can function as a lead provider to fulfil this purpose and is consistent with the NHSE guidance for collaboratives to consider governance models that are not mutually exclusive.

iii. Prevent the Alliance (as part of UCLPartners) being used for a vehicle for avoiding the incursion of taxes (such as VAT) which would otherwise be borne by member organisations.

6. **Inclusions**

During the initial formation of the Alliance corporation, a series of explicit inclusions was established to define its functions. The following list highlights the elements that the NCL HA Executive Group and the UCLPartners Executive have determined remain relevant to the ongoing function of the NCL Health Alliance. This list is;

I. Ensure the powers enable the Alliance to make decisions concerning the optimal configuration of service provision, insofar as these are endorsed by the ICB/NHSE and are within the scope of deliverables set out in the annual Alliance Business Plan or otherwise agreed unanimously by members.

II. Ensure the powers enable the Alliance to agree the use of new care models including lead provider arrangements, to achieve optimal provision of both patient facing and corporate services.

III. Ensure the powers enable the Alliance to agree to the optimal usage of finances made available for innovation, education and transformation and enable UCLPartners to function as the organisation responsible for financial administration of these resources, where it represents best value for the member organisations.

IV. Recognise the role of the annual business plan in setting out the scope of objectives pertaining to the priorities which members ascribe to the Alliance and do not require further processes for individual board level authorisations.

It remains important that each member organisation has an equal voice in the decision-making process for the Alliance. The scope of decisions is therefore also linked to the voting arrangements as set out in the Terms of Reference for the NCL HA Executive group **(Appendix 2)** through which the Alliance agree a specific course of action.

7. **Dispute resolution**

Any disputes within the Alliance will be approached through the spirit of collaboration, recognising that failing to work effectively together is to fail both staff and the populations served. The following steps are recognised as a reasonable path of escalating effort to reconcile major differences:

- **Managing Director**: to function as the initial point of contact for members of the Alliance Executive in highlighting potential differences and acting early and swiftly to reach agreement. The Managing Director is ultimately accountable to the UCLPartners CEO.

- **UCLPartners CEO:** in instances where there is a perceived or actual conflict of interest for the Managing Director, or the Managing Director is not able to find a satisfactory agreement within a satisfactory time frame.

- **Chair and Vice chair of NCL HA Executive Group:** depending on the topic in question, the Chair and Vice Chair will function as a point of escalation from the Managing Director where there are issues which have the potential to endure or create a barrier to improving patient care.

- **External mediation:** where the previous steps have not been successful in reconciling differences, there is an option for commissioning expert external mediation to support resolution.

8. **Funding model**

The funding model for the Alliance is expected to comprise two key elements:

1. **Member Subscriptions**: Contributions from member organisations to support core functions and initiatives.

2. **External Funding**: Resources sourced from outside the Alliance membership, either to establish specific functional capabilities across member organisations or to act as a vehicle for delivering on an external contract specification

A central principle of resourcing delivery through the Alliance is to establish the most effective model for providers to collaborate with each other and with partner organisations. This approach aims to achieve meaningful impact on priorities best addressed at the NCL level.

The primary resource for collective action comes from the contributions of provider organisations to the Alliance's work programmes. These contributions represent the most significant portion of the resources dedicated to achieving shared objectives.

The subscription costs are required to cover the pay, non-pay and corporate overheads related to the employment of the core team. As appropriate additional programme related costs may also be applied to member organisations. The specifics of the financial arrangements will be negotiated on a 3 yearly basis and will be approved by the CEO of UCLPartners and the NCL HA Executive Group. The responsibility for the management and use of the annual budget will be the Alliance Managing Director, and accountability will be held by the UCLPartners CEO.

Where additional funds, investment or external grants are awarded to NCL HA, they will typically be held and managed through UCLPartners.

9. **Exit process and ongoing collaboration**

If a member organisation wishes to withdraw from the Alliance, the following provisions are in place:

- A member organisation must give 6 months' notice in writing to the Chair of the Alliance Executive group and the UCLPartners CEO. This must include a proposal to cover the membership fees due for the duration of the existing subscription agreement.

- The Alliance Executive Group and UCLPartners board then confirm in writing the exit process and date that the membership will terminate.

Current legislation requires all acute and mental health trusts to be part of a provider collaborative therefore any acute or mental health organisation leaving the Alliance must ensure that they become part of an alternative formal provider collaborative.

Even if a member organisation chose to withdraw from the Alliance, the duty to collaborate in the service of patients and the population we collectively serve will remain. It is therefore a principle for the Alliance to sustain collaborative working relationships with any member having left the Alliance. This principle will be realised primarily through the ongoing involvement of all organisations in the Alliance programme. It would however not be possible to maintain any form of material decision making rights for departed members through the Alliance Executive Group.

If existing Alliance members form a new organisation through merger the following will occur

- The newly merged organisation will propose their plan on how the organisations will be represented going forward if it would present a material change.

- The original organisations remain committed to their individual subscription responsibilities for the duration of the relevant agreement.

10. **Accountability arrangements**

It is important that there is clarity as to the respective roles and responsibilities of the member organisations, the organisation executives, the UCLPartners and its CEO to ensure that the Alliance can create and deliver its priorities and objectives.

The arrangements in the accountability framework below set out how members and partners (UCLPartners and NCL ICB) set the direction for the Alliance, using national and local priorities as well as a wider spectrum of government policy to create priorities and objectives.

Organisation/Role	**Scope of responsibilities**	**Accountability**
Member organisations	Individually the responsibilities are defined in Trust constitutions and commissioning contracts subject to the relevant CQC licence.	Board of directors NCL ICB

	For NCL HA each member organisation is responsible for approving the annual business plan and delegating responsibility for oversight and implementation to the Chief Executives. Member organisations are also responsible for delegating financial approval in relation to NCL HA activity in line with organisational SFIs.	NHSE
Member Chief Executives	Individually these are defined in the powers specified by member organisations. For NCL HA each CEO has responsibility for contributing to the development of the annual business plan and supporting oversight and delivery of the plan once approved by relevant member boards.	Member boards
UCLPartners ELT	The organisational responsibilities are defined in UCLPartners' articles of association. For NCL HA, UCLPartners' board has a responsibility to approve the annual business plan as it pertains to organisational business delivery	UCLPartners Board
UCLPartners Chief Executive	Individual responsibility is defined in the powers as set out by UCLPartners governance articles For NCL HA the CEO has a responsibility for contributing to the development of the annual business plan and overseeing the Alliance team which is responsible for delivery of the plan once approved by member organisations	UCLPartners Board
NCL ICB	Responsible for holding member organisations to account for delivery of services, contracts and commissions	NHSE and DHSC

Within the scope of this accountability framework, it is useful to consider the arrangements for designing and delivering any major patient service changes. The role of the Alliance in this scenario is circumscribed to the development of options and recommendations concerning new care models, optimal clinical pathways and the case for change. Decisions concerning the commissioning of any new care models or clinical pathways will be the responsibility of the ICB for most NHS services, recognising where relevant the retained duties within NHSE.

APPENDIX 1: Alliance Charter

***Delivery at pace**: the ethos of the partnership will be to deliver results and prove itself by getting things done, and fix things as we go to deliver*

patient/service user, staff and tax payer benefits

2. ***Collaboration as the default:*** *we will only 'opt out' where an existing binding contract precludes us from participation*

3. ***Devolution****: we will be biased towards devolving delivery accountability to individual partners to act on behalf of the overall partnership*

4. ***Sovereignty****: all partner boards will remain sovereign and will delegate authority for collective decision making to the provider alliance for an agreed agenda of shared initiatives*

5. ***Mutual support****: we will expect each partner to act on behalf of the system/resident and taxpayer interest even when that is not in individual institutional benefit but the quid pro quo is that we will strive to "keep each other whole"/we will work to ensure no partner fails*

6. ***No duplication and shared resources****: ICS- HQ workstreams and Provider Alliance- delivery work should be stepped-up and stepped-down in lockstep –we will avoid duplication and be clear about accountability. We should seek to share resources across partner organisations to enable health services, education and research to be focused on the population we serve. A number of people will have different roles / 'wear different hats' and we will use this to be as efficient as possible.*

7. ***Embedded with the system team:*** *Same set of people in the room wherever we can (e.g., transparency between ICS HQ & Provider Alliance Board)*

8. ***Data and analysis****: we will make data-driven decisions and monitor our performance.*

9. ***Honest and transparent****: we do difficult things, we talk about difficult things, we are direct and transparent with each other*

10. ***Learning system****: we have an ethos of 'continuous improvement' adopting a QI approach. Innovation and the spreading of proven best practice will be key.*

Appendix 2 - Terms of Reference for NCL HA Executive Group

North Central London Health Alliance (NCL HA) Executive Committee

Terms of Reference

Purpose

The NCL Health Alliance (NCL HA or the 'Health Alliance') Executive Committee has delegated authority from the UCL Partners Board on all NCL HA matters subject to the exceptions detailed in the NCL HA Board terms of reference. The overall purpose of the committee is to deliver the NCL HA annual business plan which aims to address system-level priorities.

Duties and responsibilities

- To advise the UCL Partners Board on the strategic direction of the NCL HA and provide assurance that the objectives and work plan align with the UCL Partners strategic priorities
- To lead the delivery of the NCL HA business plan
- To agree and oversee the delivery of the NCL HA annual objectives and work programmes
- To ensure the annual objectives appropriately cover all relevant aspects of health services, education and research
- To ensure health care services objectives focus on delivery across physical and mental health care, from prevention to complex tertiary treatment to address health inequality and access to treatment and care
- To be responsible for agreeing programme level CEO, clinical and operational leadership arrangements
- To seek assurance from individual member organisations about the mitigation plans for matters concerning risk to programme delivery
- To inform UCLP board of any matters concerning risks to programme delivery (UCLP board do not hold accountability for individual provider performance and may where necessary escalate concerns to external statutory bodies)

The group will receive regular updates on strategic priorities from the Chief Executives concerning the portfolios they lead on behalf of the wider Health Alliance.

The group will receive reports from system leaders on issues and programmes of work that would benefit from a collective Health Alliance approach and receive reports and proposals from innovation and transformation partners.

Core Membership

- Chair (role to be occupied on a rotational basis for a term of two years)
- Vice chair (role to be occupied on a rotational basis for a term of two years, following which the individual will take the chair)
- Chief Executives for the Partner NHS Trusts
- North London Foundation Trust
- Tavistock and Portman NHS Foundation Trust
- Central and North West London NHS Foundation Trust

- Central London Community Healthcare NHS Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Great Ormond Street Hospital NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- University College London Hospitals NHS Foundation Trust
- Royal Free London NHS Foundation Trust - including group and site CEOs
- Whittington Health NHS Trust
- North Middlesex University Hospitals NHS Trust
- Lead for the GP Provider Alliance

In attendance

- NCL ICB Accountable Officer
- NCL ICB Executive Director of Transformation and Performance
- NCL HA Joint Executive Leads
- NCL HA Managing Director
- Chief Medical Officer representative
- Chief Nursing Officer representative
- Chief Financial Officer representative

Deputies may attend at the discretion of the NCL HA Chair but will not count towards the quorum.

N.B. Neither the Chair or Vice Chair shall also sit as members of the UCLP board. The chair and vice chair are appointed following an expressions of interest process led by the Managing Director and UCLP CEO.

Quorum and expected attendance

The meeting is considered quorate if the following people are present

- 50% of the core membership

Frequency of Meetings

Meetings will be held monthly. An annual meeting will be scheduled to which non-executive representatives from each of the partner NHS Trusts and GP Provider alliance will be invited. This will provide non-executive scrutiny from partners and assurance to partner Boards that the health alliance is making progress against its objectives and business plan.

Agenda, Administrative Support and Reporting Arrangements

- Administrative support for the meetings will be provided by a nominated Company Secretary from the providers, this will include taking minutes, and recording actions
- The agenda will be set by the NCL HA Chair and Alliance Director, based on emerging issues for discussions and the forward look schedule for the meeting
- The agenda, minutes and relevant papers will be circulated electronically five working days in advance of the meeting
- Members have been chosen as either their organisational representative, direct employees of the NCL HA or NCL ICB leaders
- The NCL HA Executive committee is a subcommittee of the UCL Partners Board
- The Terms of Reference will be approved by the UCL Partners Board and reviewed at regular intervals

Date of Terms of Reference Version Control: Created 13 September 2022 Updated 19 February 2025	
Reviewed by	**UCL Partners Board**
Approved by	**UCL Partners Board**
Required Review Frequency	**Annually**

Meeting title	**Trust Board – public meeting**	**Date: 20 March 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	Marcia Marrast-Lewis, Assistant Trust Secretary	
Executive summary	The Quality Assurance Committee met on 12 March 2025 and was able to take good assurance from the following agenda items considered: • Q4 Board Assurance Framework - Quality and Integration 2 entries • Children and Young People Services including Barnet 0-19 Service and Simmonds House • Q3 Quality report • Q3 Patient Experience report • Patient Safety Incident Response Framework report • Maternity Board report • Fire Action Plan update The Committee took partial assurance from the following agenda items: • PLACE report • Risk Register report • Pressure ulcer report • Infection prevention update • Ligature risk assessment report • Mental Health Administration In addition, the Committee noted: • the Quality Governance Committee's Chair's assurance report for its meeting held on 11 February 2025 and the following areas of escalation which covered: o The increasing numbers of patients presenting with mental illness and the length of time to repatriate these patients. o Increasing incidents of violence, aggression and security incidents against staff in the emergency department.	

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	○ High levels of short-term sickness across staff groups impacting the resilience of teams. ○ General winter pressures and the impact on performance The Committee agreed that the following areas be brought to the Board's attention: 1. Urgent and emergency care pressures and the increasing incidents related to violence, aggression and pressure ulcers. 2. The Patient-Led Assessment of the Care Environment (PLACE) report 3. Progress with the fire safety action plan.
Purpose	Noting
Recommendation	Board members are asked to: • note the Chair's assurance report for the Quality Assurance Committee meeting held on 12 March 2025; and • approve the proposed change in wording for the Quality 2 BAF entry descriptor to reflect challenges in meeting cancer targets due to the level of demand.
BAF	Quality 1 and 2 entries and Integration 2 entry
Appendices	1. Board Assurance Framework – Quality 2 entry change 2. PLACE report 3. Q3 patient safety report

Committee Chair's Assurance report

Committee name	Quality Assurance Committee
Date of meeting	12 March 2025
Summary of assurance:	

1. Emerging Issues

Never event

The Committee was apprised of one never event that took place on 11 March related to a wrong sided block when a right sided supraclavicular block was performed for left sided surgery. Full duty of candour was carried out with the patient. A patient safety incident investigation would be carried out and findings will be shared with surgical teams.

Waiting List Issues on the Urology Pathway

The Committee was informed that some new waiting list issues have emerged as a result of the current improvement work in outpatients. The issues were being worked through and a detailed report would be brought to the Committee meeting.

Urgent and Emergency Care

Urgent and emergency care has seen continued high levels of demand since the last report to the Committee. Operational pressures in the emergency department were exacerbated by ambulance diversions and by infection prevention and control restrictions as a result of winter flu and Covid-19.

2. The Committee confirms to the Trust Board that it took good assurance from the following agenda items:

Award winning Quality Improvement Project - Breathlessness

Committee members welcomed the update from the Head of Clinical Psychology on an innovative Quality Improvement project working with breathlessness. The focus of the project was to design and deliver a psycho-educational intervention to identify and reduce frightening breathlessness and increase confidence in patients to develop coping mechanisms. The Committee learnt that patients spiralled quickly into panic and anxiety during breathless episodes which had wide ranging impact on the quality of their lives and their mental health. Patients with breathlessness would often attend urgent and emergency care departments when they medically did not need to come to hospital, or they would resist the need to seek medical attention which would often worsen physical symptoms.

The project developed two tools using patient and colleague feedback. The first tool, "Living with Breathlessness Scale" measured the fear of breathlessness against the confidence in managing breathlessness and was used before and after the intervention to measure its effectiveness. The tool was designed to help patients uncover their fears and contributory factors and beliefs that underpinned their concerns. The second tool helped patients to understand the difference between breathlessness and low oxygen, the latter of which required medical treatment. The tool clearly outlined the different approaches needed to treat or manage the symptoms of both conditions.

The Committee welcomed the positive impact both interventions had on patients, which greatly reduced the fear and anxiety experienced by patients

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from 77% to 27%. Confidence increased from 40% to 74%. The Team would now look at the impact on the use of hospital resources, admissions, and length of stay.

The Committee thanked Sarah Lunn for her presentation on the excellent work to support patients with ongoing breathlessness.

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. The BAF risk scores remained unchanged however an amendment to the Quality 1 descriptor was made to include cancer targets.

The Committee approved the Q4 BAF for the Quality and Integration 2 entries and the proposed change in wording for the Quality 2 BAF entry descriptor to reflect challenges in meeting cancer targets due to the level of demand subject to the inclusion of appropriate mitigating actions.

CYP update including Barnet 0-19 Service and Simmons House
The Committee received an update on progress of the transfer of the Barnet 0-19 Service from Solutions for Health to the Trust in April 2024. The Committee were informed that:

- The backlog of new birth visits had been cleared. All babies are now seen within 30 days.
- The Healthy Child programme was fully operational, the team was working collaboratively with school nurses to ensure that all safeguarding issues were addressed.
- A number of risks had been reduced as objectives were delivered and improvements to the service made.
- Workforce vacancy rates have been reduced and a significant number of posts previously covered by temporary and interim staff have now been substantively filled.

The Committee was assured that the Service continued to work collaboratively with neighbouring Islington and Haringey Councils to ensure consistent standards of care across North London.

The Committee was apprised of latest developments in relation to Simmons House. The North Central London (NCL) public engagement report was published in February. The staff consultation process was in the final stages and would conclude imminently.

Q3 Quality Governance report
The Committee considered the report which provided an overview of patient safety, clinical effectiveness, quality improvement and assurance. The following aspects were highlighted:

- There were two incidents of falls recorded for moderate and above physical harm in November and December. The Committee agreed that this was an area that required additional support.
- The incidence of pressure ulcers in Q3 had reduced in October and November but increased in December.

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	• Four patient safety incident investigations (PSII) were declared in quarter three. Patient safety incidents increased considerably in December 2024 due to a rise in incidents recorded under the security and mental health categories • There were three deteriorating patient events. One related to a neonatal incident which was undergoing a PSII; a sudden deterioration of a community patient and a patient on the virtual ward. All incidents were undergoing investigation. • Medication incidents have remained within normal limits. There was one moderate incident in which the patient recovered with no harm. • The majority of patient safety alerts had been closed. • Heart failure audit indicated that the Trust was an outlier and was aligned to the Summary Hospital-level Mortality Indicator (SHMI) which also placed the Trust as an outlier. The audit found the lack of capacity as the main issue, however there was a business plan in process to recruit an additional consultant. • 75 out of 284 policies (26.4%) were out of date and require review. 22.5% were non-clinical policies, 11% were clinical and 2.3% operational policies. **Q3 Patient Experience Report** The Head of Patient Experience presented an overview of patient experience for Q3 2024/25, key highlights included: • The Trust maintained a Friends and Family Test (FFT) score above the 85% NHS benchmark at 91.49% for positive responses. An increase of 1,970 response on the previous quarter was recorded. The Trust was an outlier for negative responses at 5.21%, above the 5% NHS benchmark. • An improvement for positive response rates for maternity services (combined) at 99.44% and 0.37% for poor or very poor responses. • Positive responses for ED were 79.69% and a score of 14.14% for poor and very poor responses which correlated with winter pressures. • Positive response rates for inpatient areas were 92.28% for positive and 3.61% for negative responses, below the 5% NHS benchmark. There has been an increase in the number of FFT surveys received at 1,995. • The Trust received 156 compliments thanking 212 areas and/or individuals. • 73 complaints requiring a response during the quarter were received • The performance figure for Q3 was 69%, a slight improvement on Q2. The three main themes identified from complaints ranged from communication, medical care and staff attitude. • During Q3 the Trust logged 639 Patient Advisory Liaison (PALS) contacts. 400 (63%) related to concerns and 239 (37%) related to requests for help or information. PALS received 1,257 telephone calls compared to 1,299 in the same quarter in 2023-24 • Welcome boards were installed in outpatients, women's diagnostic unit, Critical Care Unit (CCU), Ifor ward, Infusion Unit and Children's ED. Volunteers will update the boards on a monthly basis. • 25 new volunteers were recruited which took the total number of active volunteers to 95.

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Patient Safety Incident Response Framework (PSIRF) update

The Associate Medical Director, Patient Safety provided a summary of PSIRF learning responses since the last report to the Committee. The report highlighted:

- Four PSIIs were declared in Q3. One was a maternity incident relating to a pre term delivery.
- The second PSII related to a patient with what appeared to be a soft tissue injury. The Coroner has since ruled that the patient died of natural causes.
- The third related to a patient who presented to our ED with mental health concerns.
- A never event with a wrong sided block was reported.
- A number of common themes arising from the increased incidence of violence and aggression against staff and security in the emergency department were related to patients with mental illness. Increased visibility of security officers has made a difference to the safety and wellbeing of staff.
- A number of inquests have been concluded, no prevention of future deaths report were issued against the Trust. The Coroner did however mention the issues related to the delivery of pressure relieving equipment from NRS which was felt to be contributory factor in the death of a patient.

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

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.

Mental Health Administration report

The Committee received a report which provided a summary of the numbers of mental health patients who were treated at the Trust during Q3. The breakdown of patients was noted as follows:

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	• 27 patients attended A&E under Section 136 of the Mental Health Act • 2 patients attended A&E under Section 135 • 30 patients attended A&E under Section 2 • 3 patients attended A&E under Section 3 • 520 patients attended A&E informally. • 7 patients were admitted under Section 5/2 of the Mental Health Act • 30 patients were admitted under Section 2 • 15 patients were admitted under Section 3 • 43 patients were admitted informally. Committee members observed the rise in patients presenting at A&E and being admitted. They were informed that there is significant pressure on mental health beds across London, with access to beds outside of London being relatively easier. The Committee was informed that focussed work was in progress that would look at the best models of care for mental health patients that came to the Trust. A detailed report would be submitted to the next Committee meeting. **Maternity Services Quarterly Board Report – Q3 2024/25** The Director of Maternity Services provided a summary of the work undertaken in the maternity department for quarter 3. The following points were highlighted: • The Maternity Incentive Scheme compliance submission was made on 18 February. • Whittington maternity services have been ranked in the top five London Trusts for three sections out of ten in CQC patient survey. • The perinatal mortality review tool recorded five pregnancy losses before 22 weeks. There were six terminations before 22 weeks. • The 3rd and 4th degree tears as well as the Massive Obstetric Haemorrhage cases are reviewed at the weekly maternity Multi-Disciplinary Team Risk review meeting. • The restructure of the maternity unit was implemented on 11 November 2024. Recruitment of specialist roles have been completed. The Committee requested that a detailed report on massive obstetric haemorrhage, 3rd and 4th degree tear and the number of pre-term births in December 2025 be brought to the next meeting. **The Committee noted the Q3 maternity report.**
3.	**Committee members took moderate assurance from the following agenda items:** **Patient Led Assessments of Cleanliness and the Environment (PLACE) report** The Director of Estates & Facilities presented an update on the findings of the PLACE 2024 assessment that took place in early October 2024 and published on 20 February 2025. He reported the following to the Committee: • There was a slightly improvement of 3% for cleanliness. • Organisation food increased by 12% which related to food and ward food, menus, choice, meal timings, ordering system, hygiene, facilities, communal feeding areas and signage.

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	• Condition, Appearance & Maintenance of the hospital site increased by 4% • The taste of food decreased by 3%, included sampling/tasting and options appraisal. • Ward food decreased by 22%. Including food service, hydration, service delivery including clinical and non-clinical teams • Privacy, dignity and wellbeing decreased by 5%. This covered single sex facilities, ward-based entertainment area and systems, private ward, base rooms for clinical conversation and compliant Health Building Notes (HBN) ward bays. • Dementia decreased by 6%. Related to signage, artwork, dementia friendly walls and flooring colours. • Disability decreased by 3% related to accessibility and signage. The Committee learnt that, while scores increased for organisational food, condition and cleanliness, the Trust was below the national average for each score and the Trust was in the bottom five percentile nationally. The Committee welcomed the following steps to improve the Trust's position: • The development and implementation of action plans for cleaning and catering • Develop and implement a patient facing building condition five-year capital improvement plan which would be front loaded to commence work as soon as funding is made available. • Establish a task and finish group comprised of senior clinical and operational leads to start work in April 2025 and prioritise action plans into one holistic action plan to monitor progress. The Committee acknowledged that standards had slipped during the pandemic and that a concerted effort would need to be made by all staff to change the culture to improve the Trust's position nationally. The Committee was assured that cleaning teams possessed the skills and knowledge needed to reinforce action plans and coach, mentor and supervise colleagues to deliver plans. In addition, a wholesale shift in catering would transition from a "back of house" model to a more modern hosting service. This would ensure improved menu options and seven beverage rounds. Condition and appearance surveys of the fabric of the building would shortly take place which would produce a RAG rated action plan from which to prioritise the work in line with capital investment available. **The Committee noted the PLACE report.** **Risk Register report** The Committee reviewed the risk register report which showed 40 risks ≥15 on the risk register, 34 of which were fully approved and six were awaiting approval. There were two new 15+ risks • 1605 - Lack of anaesthetic resource to adequately support elective activity • 1592 - Public website - risk due to age of platform and content Two high risks were decreased: • 919 - Risk of ineffective anti-barricade devices as anti-barricade doors had been installed in high risk areas

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- 515 - Increasing number of deteriorating pressure ulcer incidence in the community
  515 was not accepted as a decrease by the committee

There was one closed 15+ risks related to a shortage of complex needs seating.

The Committee noted the Risk Register report.

Pressure Ulcer Update

The Committee received a report on the progress made to reduce the incidence of attributable pressure damage by 10%, and full thickness pressure damage by 25% in 2024/2025. The report highlighted the following:

- There was an overall reduction in pressure ulcers in Q3 compared to Q2.
- An increased number of wards had reported 100+ days of being pressure ulcer free. An increased number of categories 2 and 3 pressure ulcers were reported in December within the hospital and the community. There were no category 4 reported during this period.
- Clinical areas with the highest incidence of pressure damage in Q3 were found in the Critical Care Unit (12), Meyrick ward (7), and Cloudesley ward (7).
- 26 pressure ulcers were reported in Haringey Central, Islington Central and Islington North, no category 4 pressure ulcers were reported.
- Themes emerging from investigations were related to:
  - Insufficient documented pressure ulcer prevention care planning;
  - Delays in performing initial skin assessments on admission or following transfer
  - Junior staff reporting lack of experience/clinical judgement on when to escalate patients for specialist input
  - Patient and carer engagement/concordance challenges with planned preventative strategies
  - Delays in the delivery of specialist equipment.
- The pressure ulcer improvement plan was managed through clinical divisions and pressure ulcer group who would maintain rigour and traction of actions.

The Committee was assured that continued efforts would be made to achieve targets and would look forward to receiving further reports.

Infection Prevention and Control (IPC) update

The Head of Infection Prevention and Control (IPC) presented a report which outlined the actions taken to address the increase in healthcare acquired infections raised by the UK Health Security Agency (UKHSA). The Committee was informed that the following actions had been implemented:

- Unannounced weekly inspections of areas were carried out by teams from senior nursing, infection control and estates and facilities. Inspections focussed on routine cleaning and decontamination of the healthcare environment and shared equipment.
- The re-introduction of an annual deep cleaning schedule and rota for decontamination of equipment in clinical areas.
- Review of outstanding maintenance issues, such as snagging problems, damage to estates, and run-down flooring conditions in clinical areas.

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	• Review and relaunch of equipment cleaning operating procedure outlining the responsibilities of both facilities cleaning and clinical staff. • Increased visibility of Facilities Supervisors to monitor standards of cleaning/hygiene in all areas. • Review and relaunch of the Hand Hygiene policy, emphasising practice such as bare below the elbow and appropriate use of personal protective equipment. • Relaunch the "Back-to-the-Floor" initiative for four weeks from 12 February with an emphasis on hand hygiene, cleaning, and IPC audits for in-patient areas. • Review of IPC training and education staff at all levels with a focus on standard precautions, hand hygiene, cleaning, decontamination and waste disposal. • Review of MRSA suppression compliance, delivery and screening. The Committee was assured that progress had been made against a large proportion of the actions. Infection prevention teams were also provided with oversight of antibiotic prescribing to monitor pathology sensitivity. **The Committee noted the report and agreed that future reports should be submitted to the Trust Board for assurance.** **Ligature risk assessment report** The Committee reviewed a report which provided an update on the progress of the annual assessments, local mitigation and estates program in relation to ligature risk reduction. The Chief Operating Officer provided assurance the programme of risk assessment would continue for the remainder of the year and into the next. All the identified high-risk areas had been assessed and necessary actions agreed in each case. The Director of Estates and Facilities provided assurance that work to the estate had progressed in line with the governance and policy processes in place. The programme would be updated with next year's work subject to the availability of funding. One supplier had been retained which would streamline process and support the work moving into 2025/26. **The Committee noted the progress of the ligature risk assessments for high-risk areas.**
4.	**Present:** Amanda Gibbon, Non-Executive Director (Chair) Mark Emberton, Non-Executive Director Charlotte Hopkins, Acting Medical Director Chinyama Okunuga, Chief Operating Officer Swarnjit Singh, Joint Director of Inclusion & Trust Company Secretary Baroness Glenys Thornton, Non-Executive Director Sarah Wilding, Chief Nurse & Director of Allied Health Professionals Clarissa Murdoch, Deputy Medical Director **In attendance:** Dr Clare Dollery, Acting Chief Executive

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	Phillip Lee, Associate Medical Director, Patient Safety Isabelle Cornet, Director of Midwifery Liam Triggs, Director of Estates & Facilities Isabelle Cornet, Director of Midwifery Betty Njuguna, Associate Director of Nursing & Islington Borough Lead Carolyn Stewart, Executive Assistant to the Chief Nurse Marcia Marrast-Lewis, Assistant Trust Secretary Antoinette Webber, Head of Patient Experience Menard Ong-Ryan, Head of Infection Prevention and Control Evanne Munnelly, Staff Nurse Mary Seacole North Neil Jones, Pathology Operations Manager **Apologies** Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes Nicky Sands, Deputy Chief Nurse

Meeting title	**Quality Assurance Committee**	**Date: 12.03.2025**
Report title	**2024/25 Q4 Board Assurance Framework**	**Agenda item: 2.1**
Executive leads	• Quality entries: Sarah Wilding, Chief Nurse and Director of Allied Health Professionals, Charlotte Hopkins, Acting Medical Director, and Chinyama Okunuga, Chief Operating Officer • Integration 2 entry: Jonathan Gardner, Chief Strategy, Digital & Improvement Officer and Senior Information Risk Owner	
Report author	Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary and executive risk leads	
Executive summary	Committee members are presented with the 2024/25 Board Assurance Framework (BAF) at the end of quarter four for the Quality 1 and 2 and Integration 2 entries. At its meeting in January, Quality Assurance Committee members agreed that it would be premature to review and amend the scores for either Quality entry due to the pressures being experienced. That situation remains unchanged. No change is risk score is being recommended to for the Integration 2 entry at this stage. An amendment to the risk descriptor for the Quality 2 entry is also proposed with new wording shown in bold and blue below: Due to a lack of capacity and theatre ventilation works, there is an inability to meet elective recovery and clinical performance targets, resulting in a deterioration in service quality and patient care such as: • significant delays in the emergency and urgent care pathway department and an inability to place patients to appropriate ward beds • patients not receiving the timely elective care they need across acute and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage	

	• **Demand on cancer services and not meeting key cancer performance indicators.**
Purpose	Approval
Recommendations	Committee members are invited to: i. review and discuss the Q4 BAF for the Quality and Integration 2 entries; ii. confirm the scores for respective entries; and iii. approve the proposed change in wording for the Quality 2 BAF entry descriptor to reflect challenges in meeting cancer targets due to the level of demand.
Appendices	1: Q4 2024/25 Board Assurance Framework – Quality and Integration 2 entries

Appendix 1: 2024/25 Quarter 4, Board Assurance Framework – Quality and Integration 2 entries

Strategic objective and BAF risk entry	Principal risk(s)	Current score			Target score	Lead director(s)
		C	L	R		
Quality 1 – quality and safety of services	Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources and a lack of a quality improvement focus, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation	4	5	20	4	Chief Nurse / Medical Director
Quality 2 – capacity and activity delivery	Due to a lack of capacity and theatre ventilation works, there is an inability to meet elective recovery and clinical performance targets, resulting in a deterioration in service quality and patient care such as: • significant delays in the emergency and urgent care pathway department and an inability to place patients to appropriate ward beds • patients not receiving the timely elective care they need across acute and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage • **Demand on cancer services and not meeting key cancer performance indicators.**	4	5	20	4	Chief Operating Officer / Chief Nurse / Medical Director

Strategic objective and BAF risk entry	Principal risk(s)	Current score			Target score	Lead director(s)
		C	L	R		
Integration 2 – population health and activity demand	Local population health and wellbeing deteriorates because of a lack of available investment in, or focus on ongoing care and prevention work, and due to unsuccessful collaboration with local sector health and social care partners, resulting in continued high demand for services which is insufficiently met	4	3	12	8	Chief Strategy, Digital & Improvement Officer & SIRO

Quarter four, 2024/25 Board Assurance Framework

Quality entries

Strategic objective		**Deliver outstanding safe, compassionate care in partnership with patients**
Executive leads		Chief Nurse and Director of Allied Health Professionals; Medical Director; Chief Operating Officer
Oversight committees		Quality Governance Committee, Trust Management Group, Quality Assurance Committee
Principal risks	**Quality 1**	Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients and families, due to errors, or lack of care or lack of resources and a lack of a quality improvement focus, results in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation
	Quality 2	Due to a lack of capacity and theatre ventilation works, there is an inability to meet elective recovery and clinical performance targets, resulting in a deterioration in service quality and patient care such as: • significant delays in the emergency and urgent care pathway department and an inability to place patients to appropriate ward beds • patients not receiving the timely elective care they need across acute and community health services • patients on a diagnostic and/or treatment pathway at risk of deterioration and the need for greater intervention at a later stage

Risk scores (I (Impact) L (Likelihood) S (Score))

Risk	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Target
	C	L	S	C	L	S	C	L	S	C	L	S	
Quality 1	4	5	20	4	5	20	4	5	20	4	5	20	4
Quality 2	4	5	20	4	5	20	4	5	20	4	5	20	4

Controls and assurances

Key controls	Assurances	Tier
Maintain expanded rapid response services across adult community and children and young people's services and re-start other community services in a safe way, prioritising the vulnerable and maintain as much business as usual as possible to prevent escalation of other illnesses	• The weekly executive team meeting is alerted to any areas of concern	• 1st
	• Trust Management Group monitors the delivery of targets for elective, emergency department, outpatient, and community services each month.	• 1st
	• Quality Governance Committee reviews the risk register at each meeting	• 1st
	• The Quality Assurance Committee reviews the risk register at each meeting	• 2nd
Work with partners in the system to manage flow and demand to ensure patients are in the right place to receive care	• The monthly Trust Management Group (TMG) meeting reviews the elective recovery dashboard key performance indicators for Whittington Health and North Central London (NCL) partners	• 1st
	• Weekly NCL Operational Implementation Group	• 2nd
Partner with service users to deliver our quality, safety, and patient experience priorities, with a focus on protecting people from infection and implement actions from the CQC inspection report	• The bi-monthly 'CQC preparedness steering group reviews progress with delivery of the Trust's Care Quality Commission (CQC) actions.	• 1st
	• The Quarterly Quality Assurance report is reviewed by the Quality Assurance Committee	• 2nd
	• Clinical and national audit findings, (compliance with Getting it Right First Time and National Institute of Clinical Excellence guidance) are reported to Quality Assurance Committee on a quarterly basis, along with any identified actions within the quarterly quality report	• 2nd
	• Quality Account priorities (monitoring of priorities is included within the quarterly quality report presented to Quality Assurance Committee	• 2nd
	• CQC Relationship Assurance meetings	• 3rd
	• Peer review visits	• 3rd

Key controls	Assurances	Tier
	• Delivery of Patient Experience Strategy annual implementation plan presented to Patient Experience Group (PEG)	• 1st
	• Annual and bi-annual reports are produced for complaints, claims and legal cases, medicine optimisation, health and safety safeguarding and infection prevention and control presented to Quality Assurance Committee	• 2nd
	• Staff wellbeing is a priority for the Trust, offering resources to meet physical, social, and emotional wellbeing needs to keep staff and patients safe	• 1st
	• TMG confirmed changes to COVID-19 testing in line with national guidance	• 1st
	• Rollout of staff and patient COVID-19 and flu vaccination uptake reported monthly to TMG (in season)	• 1st
	• NCL Operational Implementation Group and Clinical Advisory Group	• 2nd
Incident reporting and action plans monitored to ensure learning and incidents, risks and complaints entered on Datix system	• Incident reporting policies monitoring of progress of the national patient safety strategy and response framework roll out.	• 1st
	• Weekly incident review meeting with Integrated Clinical Service Units (ICSU) risk managers	• 1st
	• Trust Risk Register reviewed by Quality Governance Committee, Quality Assurance Committee, Audit & Risk Committee and Trust Board	• 2nd
Mortality review group learning from deaths process and reporting	• Quarterly Learning from deaths report to Quality Assurance Committee;	• 2nd
Continued use of the full integrated performance report to monitor all areas of quality and activity	• Considered each month by TMG and by the Trust Board	• 1st & 2nd
	• Reviewed monthly by respective ICSU Boards and committees e.g. Infection prevention and control and drugs and therapeutics	• 1st
Project Phoenix Quality Improvement drive now on	• Trust Learn, Innovate and Improve group meetings	• 1st

Key controls	Assurances	Tier
Tracker in place to monitor progress against the Quality Account priorities on a quarterly basis, with updates to the relevant sub-groups	• Updates on Quality Account priorities provided quarterly to patient safety, patient experience and clinical effectiveness groups and to the Quality Governance Committee	• 1st
Level 1 Quality Impact Assessments (QIAs) for service/pathway changes are monitored by operational managers and clinical managers. Level 2 QIAs (deemed moderate to high risk) are reported and approved by Medical Director and Chief Nurse at the QIA panel	• QIA panel	• 1st
	• QIAs are reported to the Quality Governance Committee and the Quality Assurance Committee	• 1st • 2nd
Well-led external review	• Review commissioned and draft report delivered by Deloitte LLP	• 1st

Integration

Strategic objective		**Integrate care with partners and promote health and wellbeing**
Executive leads		Chief Executive; Director of Strategy and Corporate Affairs
Oversight committees		Trust Management Group, Quality Assurance Committee; Trust Board
Principal risk	**Integration 2**	Local population health and wellbeing deteriorates, because of a lack of available investment in, or focus on ongoing care and prevention work, and due to unsuccessful collaboration with local sector health and social care partners, resulting in continued high demand for services which is insufficiently met

Risk scores (I (Impact) L (Likelihood) S (Score))

Risk	**Quarter 1**			**Quarter 2**			**Quarter 3**			**Quarter 4**			**Target**
	I	**L**	**S**	**I**	**L**	**S**	**I**	**L**	**S**	**I**	**L**	**S**	
Integration 2	4	3	12	4	3	12	4	3	12	4	3	12	8

Controls and assurances

Key controls	**Assurances**	**Tier**
Participation in NCL Population Health and Health Inequalities Committee	• Chief Executive and Director of Inclusion	• 1st
Implement locality leadership working plans through close liaison with Islington and Haringey councils	• Three Islington Leadership teams in place, and a single leadership team in Haringey in place and meeting monthly • Monthly Borough Partnership Boards attended by CEO and Chief Strategy Officer • Monthly Haringey, Start Well, Live Well, Age Well and Place Boards Place board chaired by the Director of Strategy and service leads attend other boards Islington and Haringey Overview & Scrutiny Committees meet ad hoc to consider any issues	• 1st • 3rd • 3rd • 3rd •
Progress Anchor Institution work and population health work – Director of Strategy leading on	• National anchor institution learning network • Haringey and Islington borough partnership *monthly* • Haringey neighbourhoods and inequalities board *monthly*	• 1st • 1st • 2nd

Key controls	Assurances	Tier
an action plan around the key areas of employment, procurement, buildings, environment, partnerships. Participation in various groups in Haringey and Islington – to progress local employment, engage in regeneration schemes, support the green agenda and to promote the London Living wage	• Islington Health and Social care academy *quarterly* • Islington London Living Wage working group *two weekly* • Annual report to the Trust Board on population health	• 2nd • 2nd • 2nd • 2nd
Our population health report and anchor institution work reports to the Quality Assurance Committee every six months and Board every year.	• Trust Management Group • Quality Assurance Committee • Trust Board	• 1st • 2nd • 2nd
We have created an inequalities dashboard and now report on waiting times by ethnicity in our annual report.	• Yearly report to Board	• 2nd

Gaps in controls and assurances

Gaps	Mitigating actions	Completion date
None identified		

Assurance definitions:	
Level 1 (1st tier)	Operational (routine local management/monitoring, performance data, executive-only committees)
Level 2 (2nd tier)	Oversight functions (Board Committees, internal compliance/self-assessment)
Level 3 (3rd tier)	Independent (external audits / regulatory reviews / inspections etc.)

The following principles outline the Board's appetite for risk:

Risk category	Risk Appetite level based on GGI matrix	Indicative risk appetite range
Quality (patient safety, experience & clinical outcomes)	Cautious	3 - 8
Finance	Cautious / Open	3 - 10
Operational performance	Cautious	3 - 8
Strategic change & innovation	Open / Seeking	6 - 15
Regulation & Compliance	Cautious	3 - 8
Workforce	Cautious	3 - 8
Reputational	Cautious / Open	3 - 10

Risk scoring matrix (Risk = Consequence x Likelihood (C x L))

	Likelihood				
	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Scores obtained from the risk matrix are assigned grades as follows:

1-3	Low risk	8-12	High risk
4-6	Moderate risk	15-25	Extreme risk

Trust-wide review and escalation of strategic risks

Trust Board Assurance Framework (BAF)

Decision to escalate to BAF as a strategic risk

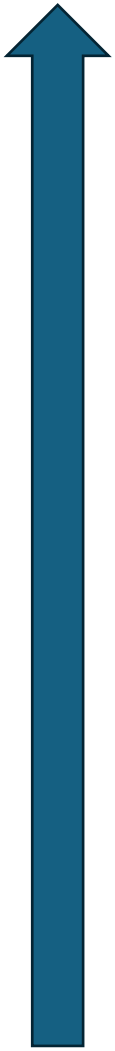
Audit and Risk Committee	*Improvement Performance and Digital Committee*	*Finance and Business Development Committee*	*Quality Assurance Committee*	*Workforce Assurance Committee*

Trust Management Group – *reviews and recommends risks scored above 16 for escalation to the BAF*

Risks for escalation to the BAF

Quality Governance Committee	**People Committee**	**Clinical Divisions' Boards**	**Innovation & Digital Transformation Group**	**Estates Programme Board**	**Learn, Innovate and Improve meetings**	**Financial Improvement Board**

Patient Safety Group Patient Experience Group Clinical Effectiveness Group Safeguarding Committee Infection Prevention & Control Committee Health and Safety Committee Mortality Review Group Drugs and Therapeutics Committee Medicines Safety Group Quality Improvement / Research End of Life Care Group ICSU Quality Board Whittington Improvement Safety Huddle	Partnership Group Health and Wellbeing Group Staff equality networks Nursing & Midwifery Group Allied Health Professionals Group	Estates Steering Group PFI Management Group Digital Programme Board Procurement Steering Group Capital Monitoring Group Investment Group Income and Costing Steering Group Better Value Delivery Board



Meeting title	**Quality Assurance Committee**	**Date:** 12 March 2025
Report title	PLACE 2024 Update	**Agenda item:** 5.6
Executive director lead	Terry Whittle - CFO	
Report author	Liam Triggs - Director of Estates, Facilities and Capital Projects	
Executive summary	This report provides an update on the ' Patient-Led Assessments of the Care Environment (PLACE) 2024 findings published on the 20th February 2025	
Purpose:	Update on an issue	
Recommendation(s)	Support the continued improvement workstream within the Estates & Facilities departments.	
Risk Register or Board Assurance Framework	It is recommended that the assurances contained within this paper are recognised.	
Report history	N/A	
Appendices	*N/A*	

Completing the front sheet

1. Executive summary

1.1 This paper provides an update on the findings of PLACE 2024

2. PLACE 2024 findings

2.1 Organisation Average vs National Average

WH in year Position

3 areas improved and 5 decreased during the 2024 Assessment

Positives Areas

- **Cleanliness** - 3% increased.
- **Organisation Food** –12% increased. Holistic position for the Food service provision including 'Food' and Ward Food' element plus menus, choice, meal timings, ordering system, hygiene, facilities, communal feeding areas, signage.
- **Condition, Appearance & Maintenance** – 4% increased

Negatives Areas

- **Food** – 13% decreased. Sampling/tasting, options appraisal.
- **Ward Food** – 22% decreased. Including Food service, hydration, service delivery including clinical and non-clinical teams
- **Privacy, Dignity & Wellbeing** – 5% decreased. Single sex facilities, ward-based entertainment area/system, private ward base rooms for clinical conversation, compliant HBN ward bays.
- **Dementia** – 6% decreased. Signage, artwork, walls and flooring colours DF.
- **Disability** – 3% decreased. Accessibility and signage

PLACE Assessment areas - Quantity breakdown

Condition, Appearance & Maintenance	65
Cleanliness	55
Food	35
Dementia	5
Disability	3
Wellbeing	1

Year on Year Trend Vs National Average.

	Cleanliness		Condition Appearance and Maintenance	
	WH	National Average	WH	National Average
2018	97.50%	98.47%	94.56%	94.33%
2019	98.78%	98.60%	96.35%	96.44%
2022	93.62%	98.01%	93.89%	95.79%
2023	89.72%	98.10%	85.83%	95.90%
2024	92.94%	98.31%	90.32%	96.36%

	Food		Privacy, Dignity and Wellbeing	
	WH	National Average	WH	National Average
2018	90.06%	90.17%	89.18%	84.16%
2019	91.01%	92.19%	84.17%	86.09%
2022	89.31%	90.23%	71.70%	86.08%
2023	93.11%	90.09%	76.57%	87.50%
2024	79.65%	91.31%	71.07%	88.22%

	Dementia		Disability	
	WH	National Average	WH	National Average
2018	89.37%	78.89%	91.27%	84.19%
2019	73.71%	80.70%	77.46%	82.52%
2022	80.00%	80.60%	78.82%	82.49%
2023	79.27%	82.50%	80.03%	84.30%
2024	75.79%	83.66%	76.73%	85.20%

3. Recommendations (Next steps)

a. Develop a comprehensive Action Plan to drive improvements in the noted areas, noting learnings from the 2023 inconsistencies in process.
b. Improve Governance and collaboration between E&F and Clinical divisions to drive sustain improvement
c. Holistically review service solutions currently in place within scoped areas to ensure optimum patient focus solutions are being delivered, especially within cleaning (1) and catering (2). Focus areas 1. Deep Cleaning, Agreed IPC protocols, Roles and Responsibilities linked to cleaning elements. 2. Menus & Ordering, Cooking methodology & locality, Food choice/taste, Holistic service delivery, & roles and responsibilities.
d. Review and implement a fabric condition based rolling refurbishment plan.
e. Clutter – align Dump the Junk days within PLACE 2025 dates.
f. Reactive task review via Estates Helpdesk requires a specific workstream.
g. Develop and implement a Patient facing building condition capital improvement programme within the EFD 5yr investment plan.

4. Risk Register or Board Assurance Framework reference

4.1 All linked to individual risks are on the Risk Register.

5. Report history

5.1 Update papers to be presented to ETM & TMG at an agreed frequency.

Meeting title	**Quality Assurance Committee**	**Date: 12TH March 2025**
Report title	**Patient Experience Report: Q3 2024/2025**	**Agenda item: 4.3**
Executive director lead	Sarah Wilding, Chief Nurse and Director of Allied Health Professionals	
Report author	Nicola Sands Deputy Chief Nurse Antoinette Webber, Head of Patient Experience	
Executive summary	This paper provides an overview of patient experience and covers Q3 2024/25, key highlights include: **FFT** • Overall, the Trust maintained a score above the 85% NHS benchmark at 91.49% for positive responses during the start of Q3 with 7,311 responses received, an increase of 1,970 on the previous quarter (Q2 5,341). We were an outlier for negative responses at 5.21% above the 5% NHS benchmark. • **Maternity** - Q3 saw an improvement for positive response rates for maternity services (combined) at 99.44% and 0.37% for poor or very poor responses. • **ED** - Positive responses rates sit at 79.69% (Oct 76% and Nov 76% Dec 80.50%) and a score of 14.14% for poor and very poor responses (Oct 13%, Nov 17% and Dec 12.50%). • **Inpatient** - Positive response rates for inpatient areas sits at 92.28% for positive and 3.61% for negative responses below the 5% NHS benchmark. There has been an increase in the number of surveys received at 1,995. **Compliments** • The Trust received 156 compliments thanking 212 areas/or individuals. **Complaints** • 73 complaints requiring a response during October (31), November (21) and Dec (21). • The performance figure for Q3 was 69%, a slight improvement on Q2. Performance in October was 74%, and 67% for both November & December. The three main themes identified from complaints during Q3 were as follows: ▪ 18 complainants raised concerns about 'communication' ▪ 15 complainants raised concerns about 'medical care'	

- 7 complainants raised issues about 'attitude'

PALS

During Q3 the Trust logged 639 PALS contacts. Of the contacts received, 400 (63%) related to concerns and 239 (37%) related to requests for help/information, broadly in line with Q2. PALS received 1,257 telephone calls compared to 1,299 in the same quarter in 2023-24, seeing a small decrease of 42.

Engagement

- **National Inpatient Survey 2023 -** During the month of November the Deputy Chief Nurse, supported by the patient experience team, Nutrition and Dietetics, Facilities and ward managers undertook weekly ward walks raising awareness of the upcoming National Adult Inpatient Survey 2024. The walks were designed to review the inpatient welcome to the ward boards, the cleanliness of the environment, availability of food outside of mealtimes and food storage, alongside face-to-face patient conversations where the patient experience team asked patients a series of questions related to our areas of improvement following the national adult inpatient 2023 survey and to raise awareness of the learning that has taken place.

- **English as a second language** – our third focus group was undertaken via an online survey translated in the top five languages. The survey asks patients a series of questions related to their experience as an inpatient, outpatient and in general. The survey was shared with external and internal stakeholders including on the Trusts social media sites. Due to low response rates recorded in December, the survey closing date was extended to the end of January 2025. The results will be presented to the Patient Experience Group, (PEG) and Quality Governance Committee (QGC).

- **North London Sight Loss Council** – during October in collaboration with North London Sight Loss Council, our patient experience, communications and facilities teams, undertook a building site review identifying areas for improvement around access and signage for our patients who are partially sighted or blind. The review came following a patient story to trust board from a visually impaired patient which brought about learning and the introduction of yellow nosing on all our stairs within the main hospital. All feedback has been shared with our coms team as part of their strategy focusses on signage. Key findings listed a lack of consistency with font, size, colour and poor positioning of signage.

	Team update • **Welcome boards** –welcome boards for our outpatients, women's diagnostic unit (WDU), Critical Care Unit (CCU), Ifor ward, Infusion Unit and Children's ED has now been completed and installed in the relevant areas. Volunteers will support these being updated monthly. • **Inpatient Ward leaflets** – in other languages. Following feedback from our national adult inpatient survey 2022, we introduced an inpatient leaflet for each adult inpatient ward, which provides information on sleep well packs, who to speak to if you are concerned, carers charter and how to obtain meals outside of mealtimes. The inpatient ward leaflets are available in our top 5 languages, Turkish, Spanish, Albanian, Portuguese, Arabic and Romanian. All translated leaflets have now been uploaded Inpatient Ward Leaflets and on our public facing webpage Inpatient Ward Leaflets **Good news story** • **Local knitting group** – supplied us with 30 twiddle muffs, which was shared with care of older people wards and ED. Each single use twiddle muff had a very personal message from the knitters to the patient, with one saying, "Made by Jane, it brought me joy making this, I hope it brings you joy". **Volunteering** • During Q3, we recruited 25 new volunteers, taking the total number of active volunteers to 95. • Volunteers' Christmas lunch – as a token of appreciation and with the support of our Charities team, the Voluntary Services team organised a well-received Christmas lunch for the Trust volunteers. During the event, volunteers were presented with "I have volunteered for" year services pins. The pins are available for those who have volunteered for 1yr, 5 yrs, 10 yrs and 20 yrs alongside a certificate of appreciation for their commitment to our patients.
Purpose:	Update Committee members
Recommendation(s)	Members are asked to note the contents of the report.
Risk Register or Board Assurance Framework	Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse

	impact upon staff retention and damage to organisational reputation.
Report history	This report brings together all patient experience elements that have been reported to the Quality Governance committee in one report

1. Introduction

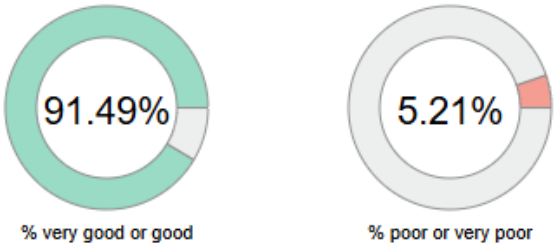
The Patient Experience quarterly report demonstrates our commitment to continuous learning, improvement, and advancing patient experience. This report provides a systematic analysis of intelligence from patient experience, including key performance metrics, as well as themes and trends for Q3 2024-2025.

2. Patient Experience

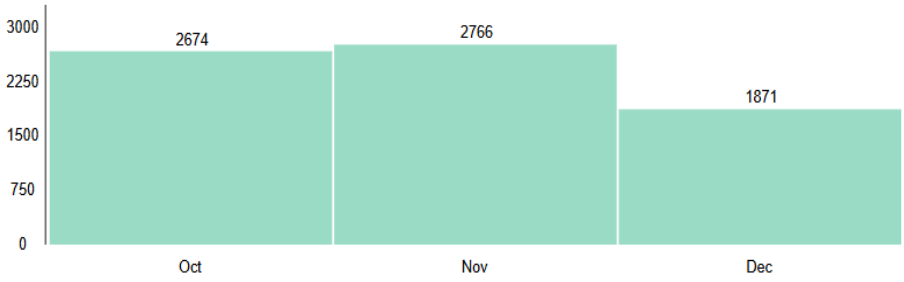
2.1 Friends and Family Test (FFT)

Overall, the Trust maintained a score above the 85% NHS benchmark at 91.49% for positive responses during Q3 with 7,311, responses received. We were above the 5% NHS benchmark for negative responses at 5.21%.

Percentages of Very good/good and poor/very poor
(FFT - All, 1 Oct 2024 to 31 Dec 2024)



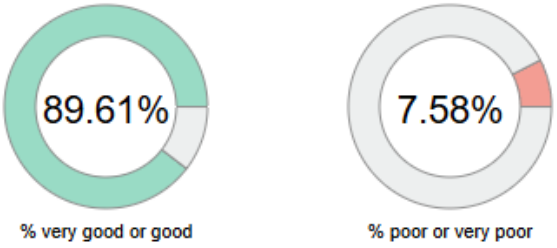
Number of surveys completed each month
(FFT - All From 1 Oct 2024 to 31 Dec 2024)
7311 Surveys



2.1.2 Outpatients

Outpatient's departments received a total of 818 FFT responses, remaining above the 85% NHS benchmark for positive responses at 89.61% and above the 5% for negative at 7.58%.

Percentages of Very good/good and poor/very poor
(FFT - Outpatient, 1 Oct 2024 to 31 Dec 2024)

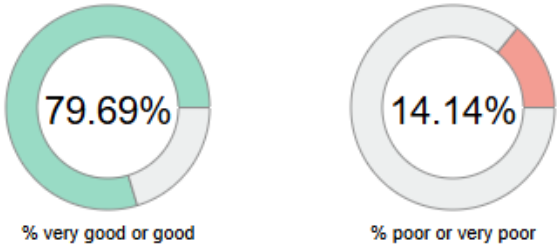


Themes – 11 negative comments received, which centred on Dr's poor care, the imaging department, specifically a lack of compassion and poor attitude of receptionist staff. 859 positive comments received related to Paeds and Outpatients which spoke to calm, friendly, organised and efficient staff and praise for staff listening.

2.1.3 Emergency Department

Our ED experienced a rise in responses in comparison to the start of Q2, with 1,344 responses received an increase of 109 on Q2. Positive response rates sit at 79.69% (Oct 82.32%, Nov 76.33% and Dec 80.5%) and a score of 14.14% for poor and very poor responses (Oct 13.05%, Nov 16.63% and Dec 12.5%).

Percentages of Very good/good and poor/very poor
(FFT - ED, 1 Oct 2024 to 31 Dec 2024)

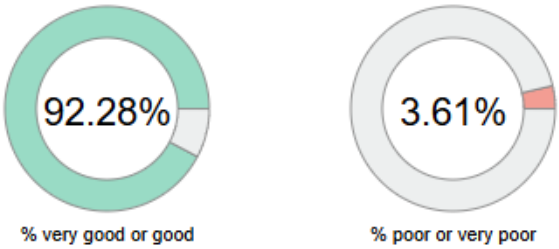


Themes – 297 negative comments received, themes related to long waits, empathy for the staff and corridor care. 932 positive comments received, themes praised staff for being efficient, reassuring, kind and professional.

2.1.4 Inpatient

Positive response rates for inpatient wards sat at 92.28% and 3.61% for negative responses below the 5% NHS benchmark. There has been an increase of 264 surveys received in Q3 (1,995).

Percentages of Very good/good and poor/very poor
(FFT - Inpatient, 1 Oct 2024 to 31 Dec 2024)



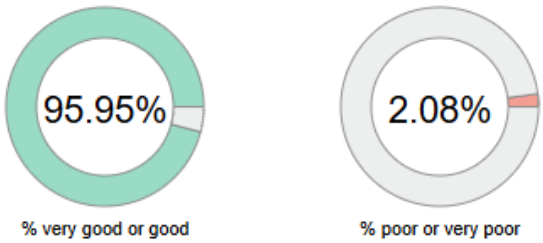
Themes – 408 negative comments received, general themes related to environment being cold, noisy, ward loud, lights too bright and lack of timely/appropriate pain relief. Positive

comments (1,624) centred on approachable, caring staff, calm and efficient. One patient stated that they felt included in their care.

2.1.5 Community

Community services received a total of 2,590. Positive response rates sat at 96% an increase of 2% on Q2 and poor or very poor was 2%, below the NHS benchmark.

Percentages of Very good/good and poor/very poor
(FFT - Community, 1 Oct 2024 to 31 Dec 2024)

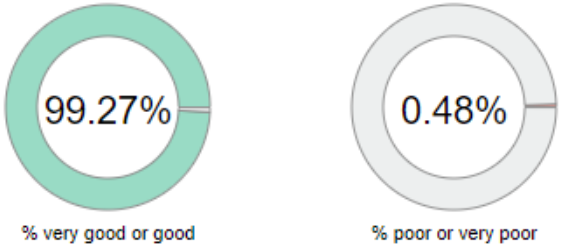


Themes – Negative comments (335) general themes were "sessions too crowded" or session was long. Positive comments (2,207) received spoke to good communication and staff (Adults SLT) with many comments for (Barnet 0-19 School nursing), praising staff, helpful information and (Barnet Child Integrated Therapy) for useful information, clear and nicely presented information.

2.1.6 Maternity

October and November saw an improvement for positives responses rates for maternity services (combined|) at 99% and 0.48% for poor or very poor responses.

Percentages of Very good/good and poor/very poor
(Maternity Combined, 1 Oct 2024 to 30 Nov 2024)



Themes - Negative themes related to staff failing to show compassion, delays and poor information. Cellier ward – negative feedback related to the environment, "the facilities require attention particularly the toilets/shower" and "ward too cold" or "too hot". Positive themes centred on informative staff, calming and professional.

Action: - during Q3, 11 new surveys were created of which 5 were FFT's. In December, meeting took place with the Outpatients Reception Team Leader and the Service Manager for Acute Patient Access Support Services, to identify why response rates are low and how the patient experience team can support with the increase of the FFTs responses.
Volunteers continue to provide additional support with the collection of FFT's.

		PATIENT EXPERIENCE DASHBOARD	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
FFT	Overall Positive experience	Emergency and Integrated Medicine (EIM)	80%	77%	78%	86%	87%	88%	86%	88%	89%	92%	89%	89%	83%	86%
		Children and Young People (CYP)	95%	97%	97%	98%	95%	97%	98%	98%	95%	97%	96%	98%	96%	95%
		Surgery and Cancer (S&C)	95%	95%	96%	94%	91%	95%	94%	95%	96%	96%	95%	95%	95%	95%
		Adult Community Services (ACS)	94%	92%	91%	90%	91%	90%	91%	92%	91%	90%	89%	92%	93%	97%
		cess Clinical Support & Women's Health (AC	92%	89%	95%	91%	95%	95%	95%	93%	95%	93%	90%	92%	91%	94%
		Trust	89%	87%	89%	91%	90%	92%	91%	92%	93%	93%	91%	92%	91%	92%
	Overall Negative Experience	Emergency and Integrated Medicine (EIM)	13%	17%	8%	10%	7%	9%	8%	7%	7%	5%	7%	8%	11%	8%
		Children and Young People (CYP)	2%	1%	0%	1%	1%	1%	1%	0%	1%	1%	1%	0%	1%	3%
		Surgery and Cancer (S&C)	2%	1%	2%	3%	4%	2%	2%	3%	3%	2%	3%	3%	3%	3%
		Adult Community Services (ACS)	3%	4%	3%	6%	6%	5%	5%	5%	5%	5%	5%	4%	4%	1%
		cess Clinical Support & Women's Health (AC	5%	6%	2%	6%	4%	3%	4%	5%	5%	6%	8%	6%	7%	6%
		Trust	7%	8%	7%	6%	5%	5%	5%	5%	5%	4%	5%	5%	6%	5%
FFT Focussed areas	Overall Positive experience	ED	73%	70%	83%	83%	85%	84%	78%	81%	82%	89%	83%	83%	76%	81%
		Maternity	99%	98%	98%	99%	99%	98%	96%	98%	99%	97%	97%	100%	98%	100%
		Outpatients	86%	86%	90%	90%	88%	92%	93%	93%	90%	92%	88%	89%	89%	89%
	Overall Negative Experience	ED	19%	23%	11%	13%	10%	12%	15%	11%	13%	7%	13%	13%	17%	13%
		Maternity	1%	2%	0%	1%	0%	1%	3%	1%	1%	2%	2%	0%	1%	0%
		Outpatients	9%	6%	4%	5%	8%	5%	7%	5%	9%	6%	9%	8%	8%	10%
Complaints Performance	Complaints	Emergency and Integrated Medicine (EIM)	57%	60%	50%	89%	50%	91%	67%	85%	82%	60%	100%	100%	67%	100%
		Children and Young People (CYP)	50%	0%	100%	60%	50%	100%	100%	100%	50%	100%	100%	67%	50%	50%
		Surgery and Cancer (S&C)	17%	8%	67%	60%	63%	30%	64%	58%	60%	33%	55%	40%	60%	29%
		Adult Community Services (ACS)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	67%	100%
		cess Clinical Support & Women's Health (AC	33%	100%	38%	40%	60%	80%	75%	75%	100%	17%	63%	80%	100%	83%
		Corporate	N/A	0%	N/A	N/A	100%	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A
		Estates & Facilities	N/A	100%	100%	100%	50%	N/A	100%	0%	100%	N/A	0%	100%	N/A	N/A
		Trust	45%	30%	62%	66%	61%	71%	73%	76%	77%	47%	70%	74%	67%	67%

2.2 National Surveys

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services. The NPSP is commissioned by the Care Quality Commission (CQC), the independent regulator of health and adult social care in England.

2.2.1 Maternity 2024

Published nationally on 28th November, demonstrated a decrease of 3% response rate (37% 2024 – 40% 2023). 110 respondents out of 300 have completed the survey. Ethnicity response rate this year has improved and 48% of respondents gave birth to their first baby (2023 – 52%).

The average response rate for all trusts – 41%. In comparison with other trusts, we have scored "about the same in 49 questions (2023 – 44 questions), better than expected in 2 questions (2023 – 0 questions) and somewhat worse" in 3 questions (2023 - 0 questions).

Top five scores (questions)

Question	Our score 2024	Our score 2023	National Average
Section 3 - Postnatal Care: Care in the ward after birth Qd6. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	9.3	8.7	6.5
Section 3 - Postnatal Care: Care in the ward after birth Qd7. Do you think your healthcare professionals did everything they could to help manage your pain in hospital after the birth?	8.6	7.7	7.6
Section 2 Labour & Birth: Staff caring for you Qc19. After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	7.3	6.1	6.2
Section 3 - Postnatal Care: Care in the ward after birth Qd3. If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?	7.9	6.7	7.1
Section 3 - Postnatal Care: Care at home after birth Qf5. Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?	8.5	6.8	7.7

Bottom five scores (questions)

Question	Our score 2024	Our score 2023	National Average
Section 1 Antenatal Care: During your pregnancy Qb14. During your pregnancy did midwives provide relevant information about feeding your baby?	6.0	6.0	7.1
Section 4 Complaints: Qf19. At any point during your maternity care journey, did you consider making a complaint about the care you received?	5.4	New question	6.4
Section 2 Labour and Birth: Staff caring for you Qc17. Thinking about your care during labour and birth, were you treated with respect and dignity?	8.5	8.4	9.1
Section 2 Labour and Birth: Staff caring for you Qc12. If you raised a concern during labour and birth, did you feel that it was taken seriously?	7.6	7.5	8.1
Section 3 - Postnatal Care: Care at home after birth Qf12. Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?	7.7	8.1	8.2

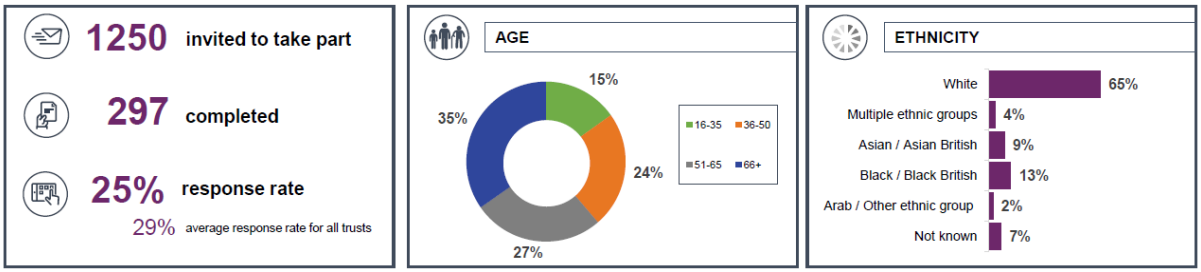
2.2.2 Urgent and Emergency Care 2024 (UEC)

As part of the NPSP, the Urgent & Emergency Care (UEC) Survey first iteration was in 2003, and since 2012 it has been a biannual survey. CQC use results from the survey to build an understanding of the risk and quality of services and those who organise care across an area.

The UEC looks at the experiences of people who attended Type 1 or Type 3 urgent & emergency care (UEC) services. The 2024 survey involved 120 trusts with a Type 1

accident and emergency (A&E) department and was published nationally on 21st November 2024. The full CQC benchmark report can be found here

Who took part in the survey – we have seen a response rate of 25% (297), this is an increase of 10% on our last survey in 2022, where we received a response rate of 15% (183). Ethnicity response rates this year has also improved for respondents who are Black or Asian, including 1% who are intersex, and an increase of 5% for the respondents aged 16-35.



In comparison to other Trusts, we have seen an improvement from our 2022 results, including no questions where we scored "somewhat worse than expected, worse than expected or much worse than expected."

	2024	2022
About the same	26	29
Better than expected	2	3
Somewhat better	2	4
Worse	0	1

Our results show that against all other trust nationally, we scored about the same for 26 and better for 4. **We are in the top 5 for 4 sections out of a possible 11 (in our region) and we are not in the bottom five for any section.** The table below shows our ratings alongside other NCL trusts and both best and worst performers.

Top five scores (questions)

Question	Our score 2024	National Average
Section 4 Interactions with doctors and nurses Q20. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	7.2	6.1
Section 2 Waiting Q15. While you were waiting, were you able to get help with your condition or symptoms from a member of staff?	6.5	5.6
Section 5 Your care and treatment Q26. If you needed help to take medication for any pre-existing medical conditions, did staff help you?	8.1	7.3
Section 8 Information to support recovery at home Q36. Before you left A&E, did hospital staff give you information on how to care for your condition at home?	7.5	6.8
Section 5 Your care and treatment Q30. Do you think the hospital staff helped you to control your pain?	6.8	6.1

Bottom five scores (questions)

Question	Our score 2024	National Average
Section 1 Arrival Q7. Were you told why you had to wait with the ambulance crew?	5.8	6.2
Section 7 Hospital environment and facilities Q32. While you were in A&E, were you able to get food or drinks?	5.9	6.2
Section 8 Information to support recovery at home Q37. To what extent did you understand the information you were given on how to care for your condition at home?	8.3	8.6
Section 8 Information to support recovery at home Q38. From the information you were given by hospital staff, did you feel able to care for your condition at home?	8.2	8.4
Section 3 Privacy Q25. Were you given enough privacy when being examined or treated?	8.8	8.6

Section	Score	Best and worst performers
Section 1 – Arrival	5.8 – top 5 Below the national average 6.2	Royal Free – 4.9 (bottom 5) North Mid – 6.1 (top 5) Best performer - St Georges 6.3 Worst performer - Barking, Havering & Redbridge 4.8
Section 2 - Waiting	5.8 – top 5 Above the national average for all questions	 Best performer - Guys & Tommy 6.2 Worst performer - Croydon Health 4.3
Section 3 – Privacy	7.9 Above the national average for all questions	Royal Free – 7.4 (bottom 5) UCLH – 8.4 (top 5 Best performer - Moorfields 8.8. Worst performer - Croydon Health 6.9.
Section 4 – Interactions with doctors and nurses	8.1 -somewhat better than expected) Above the national average for all questions	UCLH – 8.1 (top 5) Best performer - Homerton 8.5 Worst performer - Barking, Havering & Redbridge 6.7
Section 5 – Your care and treatment	7.6 – better than expected Above the national average for all questions	 Best performer - Guys & Tommy 8.0 Worst performer - Croydon Health 6.0
Section 6 – Communication about tests	8.1 – top 5 Above the national average for both questions	UCLH 8.2 Best performer - Guys & Tommy 8.3 Worst performer - Barking, Havering & Redbridge 6.7
Section 7 – Hospital and environment	6.9 Above the national average for 1 question (feeling safe) and below for 1 (able to get food/drink)	North Mid – 5.8 (bottom 5) Royal Free – 5.7 (bottom 5) UCLH – 7.1 (top 5) Best performer - Moorfields 8.0 Worst performer - Croydon health 5.6
Section 8 – Information to support recovery	7.3 – top 5	UCLH 7.7 Best performer - Moorfields 8.0
	Above the national average for 2 questions, below for 2.	Worst performer - Barking, Havering & Redbridge 6.1
Section 9 – Support and care after leaving A&E	7.9 Above the national average 8.3	UCLH 8.2 (top 5) North Mid – 7.0 (bottom 5) Best performer - Homerton– 8.4 Worst performer - Barking, Havering & Redbridge 5.4
Section 10 – Respect & dignity	8.7 Above the national average for both questions	UCLH – 9.0 (top 5) North Mid – 7.8 (bottom 5) Best performer – Moorfields -9.4 Worst performer - Barking, Havering & Redbridge 7.4
Section 11 – Overall experience	7.8 up 1 Above the national average 7.3	UCLH 8.2 (top 5) Royal Free 6.5 (bottom 5) North Mid 6.7 (bottom 5) Best performer - Moorfields 8.5 Worst performer - Lewisham& Greenwich 6.4

2.2.2 The National Survey Programme

- 2024 Children and young people: fieldwork July – October 2024, publication March 2025 (TBC)
- 2024 Adult inpatients: fieldwork January – April 2025, publication August 2025 (TBC)

2.3 Compliments and Complaints

2.3.1 Compliments

Compliments - in Q3 the Trust received 156 compliments thanking 212 areas/or individuals.

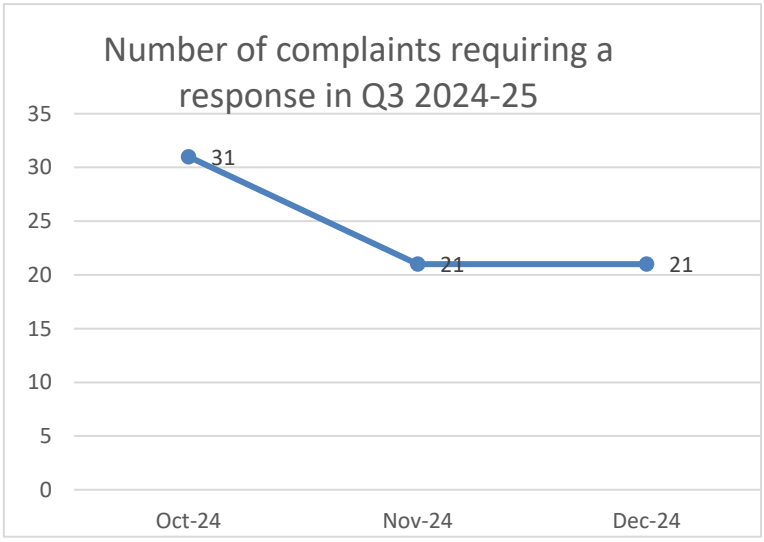
The compliments in October & November were received for:

- E&IM 59 (38%)
- S&C 45 (29%)
- ACW 22(14%)
- ACS 19 (12%)
- CYPS 11 (7%).

"I just wanted to thank you for all showing me such kindness and giving me such great care during my recent admission with appendicitis. Every member of the team brought their own ray of sunshine into my room and helped me on my way to recovery. There is so much written and said about the NHS services these days. I only have great things to say about all of you and the care and compassion you showed me. With huge respect and gratitude."

Complaints

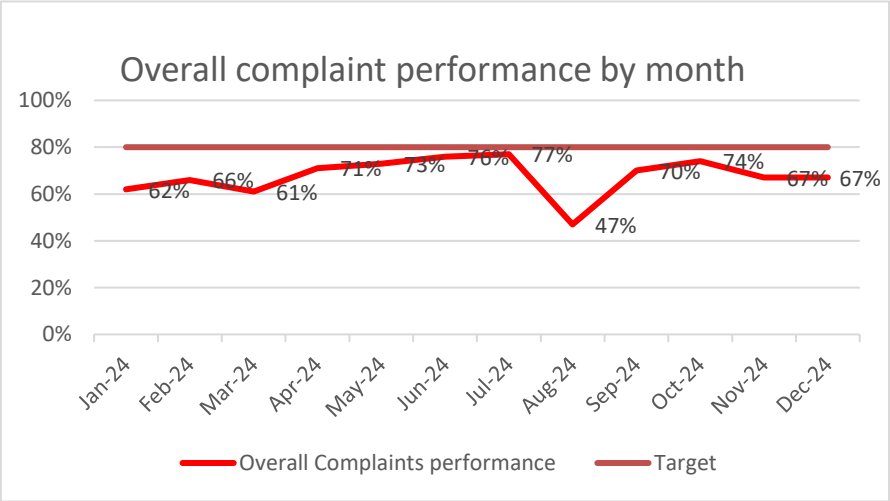
The Trust received 73 complaints requiring a response during Q3, all were shared with the relevant ICSUs. A small number of these cases (6) were subsequently de-escalated, following contact by the ICSU with the complainant to address the concerns. These de-escalated cases did not need a written response from the Chief Executive.



Complaint response timescales

As per Q2 performance against our internal 80% target has continued to be adversely affected during Q3 due to pressures including, OPEL 4, and a number of historical complaints. The performance figure for Q3 was 69%, a slight improvement on Q2. The performance against the 80% target can be seen in the chart below.

The Trust target for complaints requiring a response is set at 80% irrespective of whether the response is due within 25 or 40 working days. Of the complaints requiring a response in Q3 the performance sits at 69%. Performance in October was 74%, and 67% for both November & December.



Of the complaints that closed during Q3 16% (8) were fully upheld, 68% (35) were partially upheld and 16% (8) were not upheld, meaning that 84% of complaints were upheld in one form or another.

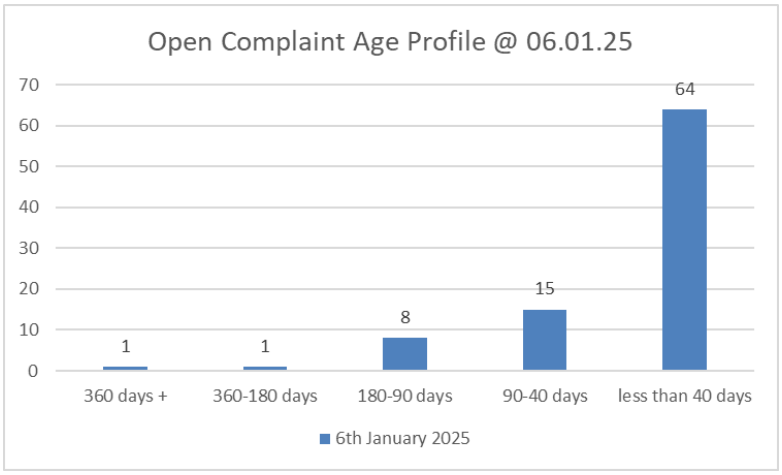
The three main themes identified from complaints during Q3 were as follows:

- 18 complainants raised concerns about 'communication'
- 15 complainants raised concerns about 'medical care'
- 7 complainants raised issues about 'attitude'

Acknowledgement performance

Of the complaints received during Q3, 99% were acknowledged within the required 3 working days, exceeding the Trust target of 90%.

Complaint backlog



The adjacent chart gives a summary of open complaints awaiting a response and shows a number the age profile of outstanding complaints @ 6th January 2025. The PALS & Complaints team work closely with colleagues to manage the complaints, including the backlog, both for the oldest and more recent complaints.

Complaints Training

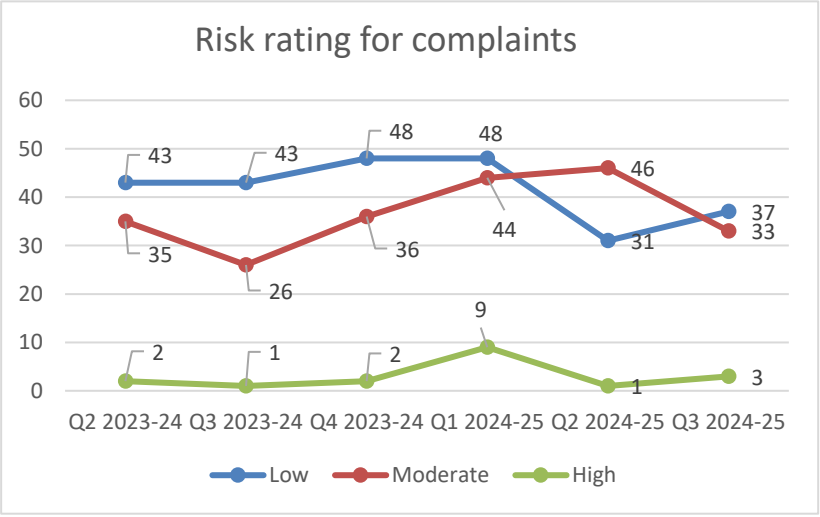
Complaints training is provided to staff on how to investigate a complaint and the importance of calling patients to introduce themselves, clarify any concerns raised, and potentially de-escalate the complaint. This is now a requirement under the revised Trust Complaints Policy.

The PALS & Complaints team have reviewed and updated the training materials and delivered a face-to-face training sessions in November & December, which was attended by 16 members of staff. Further monthly training sessions are scheduled for Q4. A session on Complaints was delivered during the Band 7 development day on 4th December 2024.

The complaints handling training sessions supports improvements in the standard of investigations being conducted, responses being drafted, and action plans being highlighted in complaint responses. Individual training continues to be provided on a 1:1 basis through virtual or face-to-face as and when required.

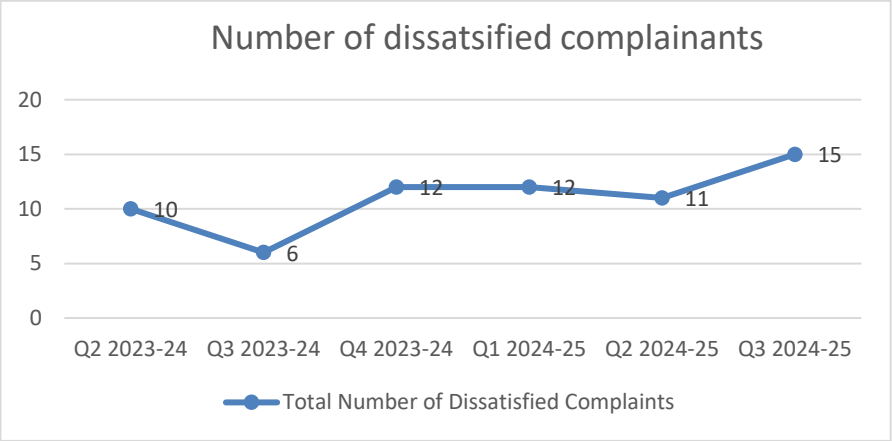
Risk-rating

The adjacent chart shows the risk rating for complaints in Q3 2024-25 against the volumes for previous quarters.



Dissatisfied complaints

The chart below shows the number of 'dissatisfied' complainants who asked for further comment or clarification during Q3, and for the previous quarters.



Learning from complaints

All complaints that are upheld require actions taken to be outlined in the complaint response, which is shared with the complainant and then logged on Datix to demonstrate any learning that has been identified. By way of example, we received a complaint about the care provided to a palliative patient approaching the end of his life at home.

A specialised bed/mattress arrived late with no safety bars (which the patient had in hospital), poor interaction between palliative care and District Nursing staff, poor stoma care, and staff arriving to administer care after the patient died.

As a result of the complaint, teaching for district nurses around stoma care reviewed, monthly round table discussions between Palliative Care & District Nursing to review what support is needed by families and ensure both services working collaboratively. For end-of-life patients joint palliative and district nursing assessments to be arranged at the point of referral.

Parliamentary & Health Service Ombudsman & Local Government Ombudsman

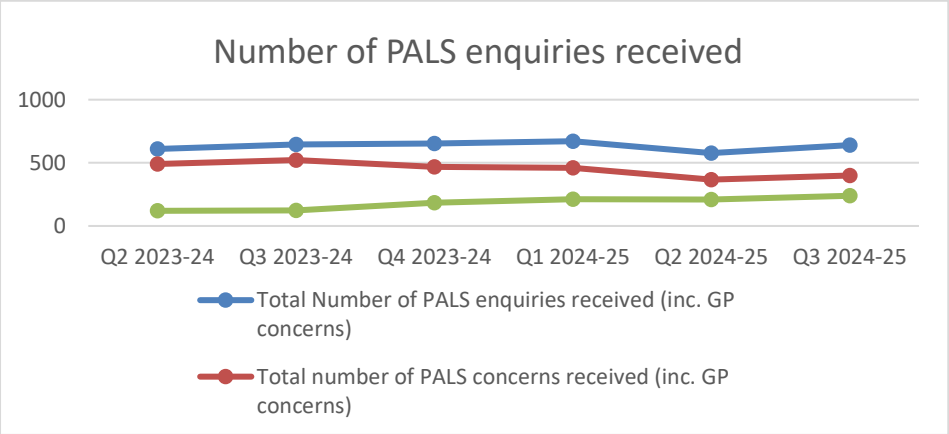
We received one final decision (for E&IM) confirming the complaint was 'partially upheld'. An apology letter & Action Plan were requested. The letter and action plan have been sent. We also received a provisional decision relating to Maternity & NICU and are now awaiting the final decision.

2.4 Patient Advice and Liaison Service (PALS)

PALS

During Q3 the Trust logged 639 PALS contacts. Of the contacts received, 400 (63%) related to concerns and 239 (37%) related to requests for help/information, broadly in line with Q2.

With effect from 1st October 2024, concerns raised by GP Practices have been migrated to the GP Queries generic mailbox, monitored by our Primary Care Customer Relations Co-ordinator who sits under the Chief Operation Officer (COO).



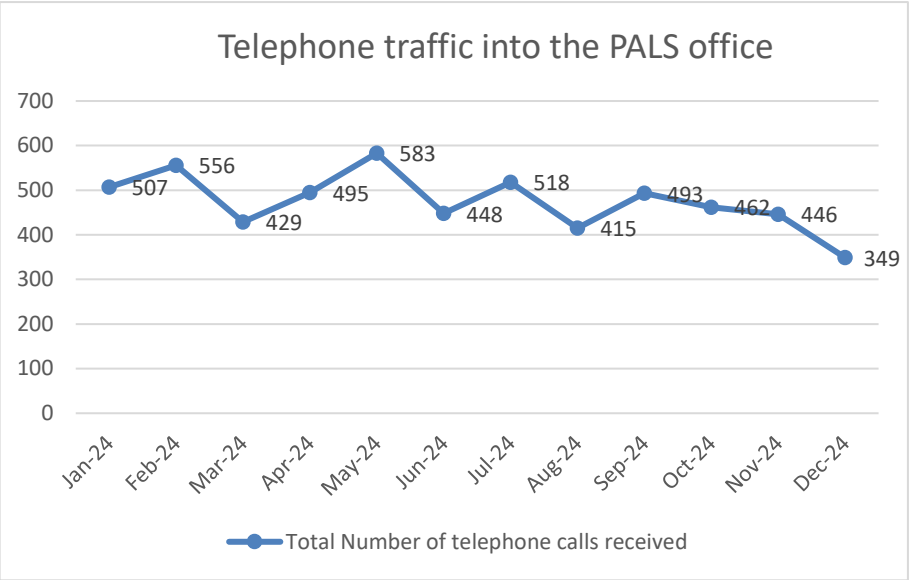
During Q3 the PALS & Complaints team continued to resolve issues through prompt intervention without the need for a formal complaint investigation. PALS concerns are received largely via email or telephone, although a walk-in service is also available.

The pressure on the PALS service remains very high, particularly around appointment delays, changes & cancellations, and not being able to contact services directly. All concerns or requests for information are shared promptly with the relevant service.

As of Q1 the PALs team have tracked the number of enquiries that fall outside of their remit and relate to appointments or not being able to contact services. The analysis here shows that around 60% of the traffic received into the PALS team are where patients, carers or relatives have been unable to contact a service directly, either because emails are not answered, or telephone calls are not answered, or voicemail boxes are full.

As seen in previous periods the most common themes raised in the PALS concerns related to ‘communication ‘delays and ‘appointments. These themes are broadly in line with previous quarters.

The chart below (fig 7) shows the telephone traffic into the PALS main telephone number by month from January 2024. In Q3 PALS received 1,257 telephone calls compared to 1,299 in the quarter in 2023, a small decrease of 42. Some of the calls will be follow-up calls to existing concerns or requests for information, so not all will result in a new PALS concern (or complaint). However, each call is reviewed and actioned.



The email volume received into the generic PALS mailbox is difficult to determine as all emails are shared amongst the team members, the volume is broadly in line with the telephone call volumes. Again, not all emails relate to new concerns and will not necessarily result in a new PALS concern or complaint. However, as with telephone calls, all emails are reviewed, distributed to the appropriate area and actioned.

2.5 Voluntary Service

Volunteering continues to be a good way to support our patients and our community to get involved in improving our patients' experience. During Q3, we recruited 25 new volunteers, taking the total number of active volunteers to 95.

2.6 Engagement

The 2023-25 Patient Experience and Engagement Strategy focuses on identifying what the Trust will work to achieve over the next three years. It outlines the commitments we are making to improve patient and carer experience and enhance opportunities for meaningful engagement. As an organisation we are committed to providing patients with the best possible experience of care by:

1) enabling our patients and carers to work with us to improve patient experience
2) supporting and empowering our staff to improve patient experience
3) working alongside our local partners to improve patient experience

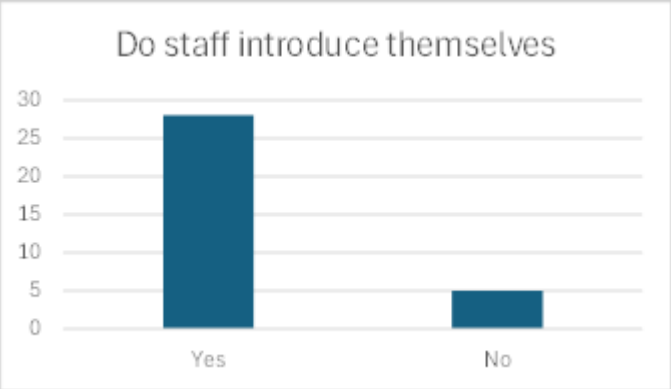
Ambition 2: To increase patient involvement and participation throughout the Trust at all levels.

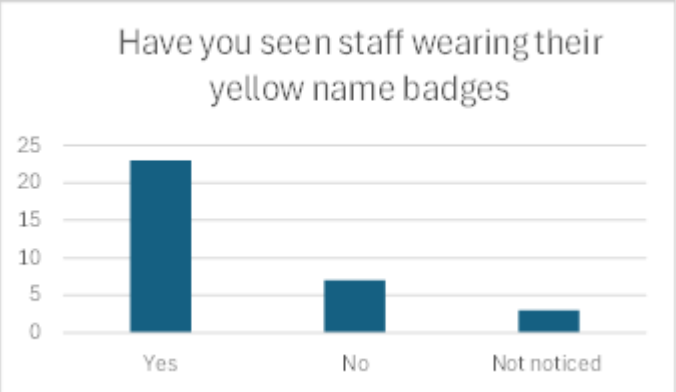
National Inpatient Survey 2023 – during the month of November the Deputy Chief Nurse, supported by the patient experience team, Nutrition and Dietetics, Facilities, the ward manager or ward sister undertook weekly ward walks. The walks were designed to review the inpatient welcome to the ward boards, the cleanliness of the environment, availability of food outside of mealtimes and food storage, alongside face-to-face patient surveys where the patient experience team ask patients a series of questions related to our areas of improvement following the national adult inpatient 2023 survey.

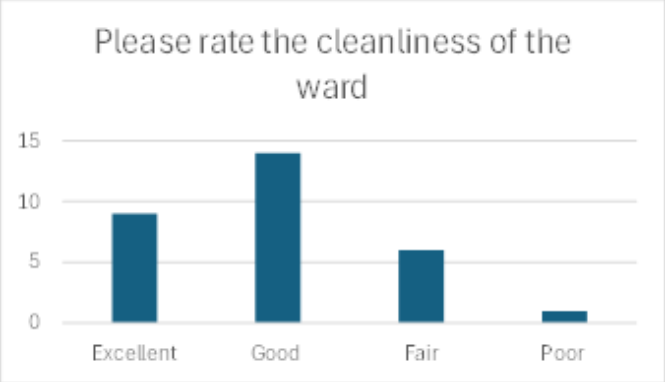
Our patients told us the areas we should focus on, were:

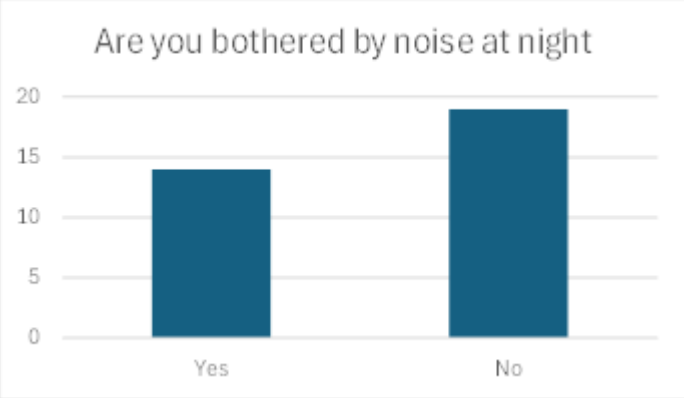
1. Making it easy for patients to get food outside of mealtimes
2. Making them feel comfortable and safe to talk to staff about their worries and fears
3. The length of time they had to wait to get a bed following an unplanned admission
4. The cleanliness of their hospital room or ward

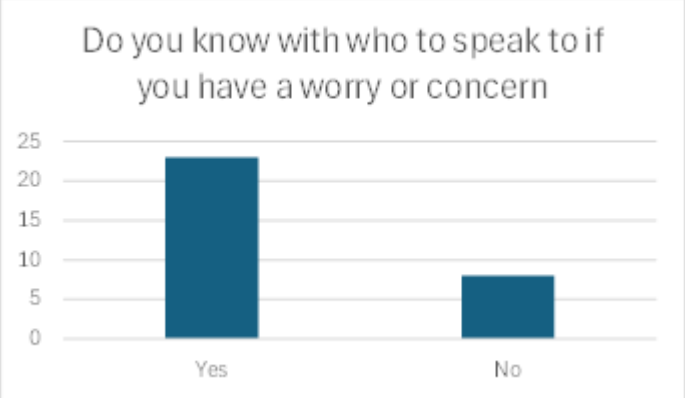
5. The quality of information patients receive whilst on a waiting list for planned care











English as a second language – our third focus group was undertaken via an online survey translated in the top five languages. The survey asks patients a series of questions related to their experience as an inpatient, outpatient and in general. The survey was shared with external and internal stakeholders including on the Trusts social media sites. Due to low response rates recorded in December, the survey closing date was extended to the end of January 2025.

Action - the results will be presented to the Patient Experience Group and Quality Governance Committee in our Q4 reports.

North London Sight Loss Council – during October and supported by North London Sight Loss Council, we undertook a building site review. The review was the result of a patient story to Trust Board. The story was from a visually impaired patient which brought about learning and improvements with the introduction of yellow nosing on the steps within the main hospital.

Feedback following the review related to the different fonts, sizes and colours used throughout the hospital, and the lack of consistency between areas with signage and flooring which impacts on those with a sight impairment. All feedback has been shared with our communications team, as part of their strategy focusses on signage.

Action –Next steps will include further initiatives with North London Sight Loss Council to develop a vision awareness training session for senior staff and volunteers. Having staff members and volunteers undertake visual awareness training supports our journey to help local people live longer, healthier lives and contributes to our delivery of a better patient experience.

Inpatient Ward leaflets – in other languages. Following feedback from our national adult inpatient survey 2022, we introduced an inpatient leaflet for each adult inpatient ward, which provides information on sleep well packs, who to speak to if you are concerned, carers charter and how to obtain meals outside of mealtimes. The inpatient ward leaflets are available in our top 5 languages, Turkish, Spanish, Albanian, Portuguese, Arabic and Romanian.

Action:

All translated leaflets have now been uploaded Inpatient Ward Leaflets and on our public facing webpage Inpatient Ward Leaflets

Patient Story

We are committed to hearing and listening to our patients' using stories. This can promote change and an opportunity to put staff in the patient's shoes and provide an in-depth look at current working practices and systems. Stories can come from an array of sources, such as feedback, complaints, compliments, patient/staff conversations or focus groups.

This quarters patient story was a heartwarming story of a patient who was end of life. When the patient and his partner were asked what was important to them, they said they would like to have a civil partnership wedding which was not lawful when they first started dating near 50 years ago. The End of Life (EOL) doctors worked with Islington Registrar office to ensure that their wishes were met.

The patient spoke of a conversation he had with one of our medical students named “Harry” who they had asked to be present at the ceremony. The staff spoke of the “**find Harry**” exploration with a number of staff trying to locate this student. They had a civil partnership only a few days before his death surrounded by family, staff and of course Harry.

“Many thanks, yet again for organising this. It was a wonderful experience. We were so delighted that so many Whittington staff were able to celebrate this with us.”

What this means for our patients?
Putting patients at the centre of the work we do, ensures that the care we provide fits the whole person. Allowing patients to tell their story provides an opportunity for us to hear what it is like to receive care from our organisation, share successes and implement learning.

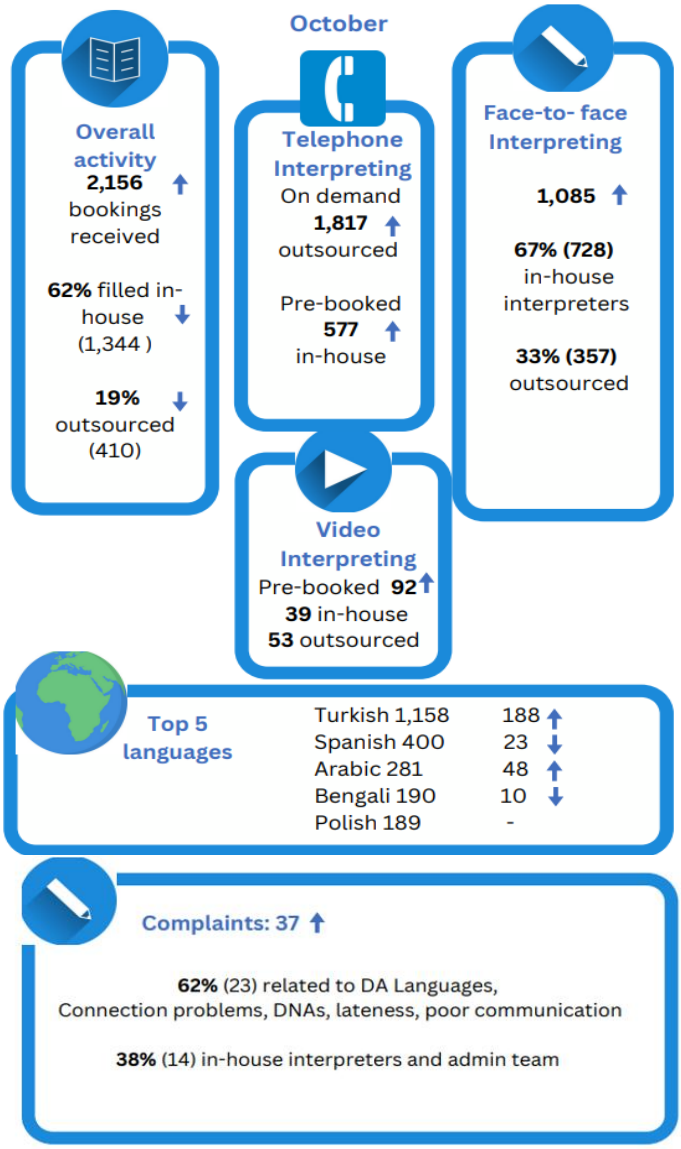
You said, we did…. sharing what we do with feedback is key to demonstrating learning and listening, updating our patients, carers, and visitors on how we have made improvements following their feedback, which is a fundamental component to good patient experience.

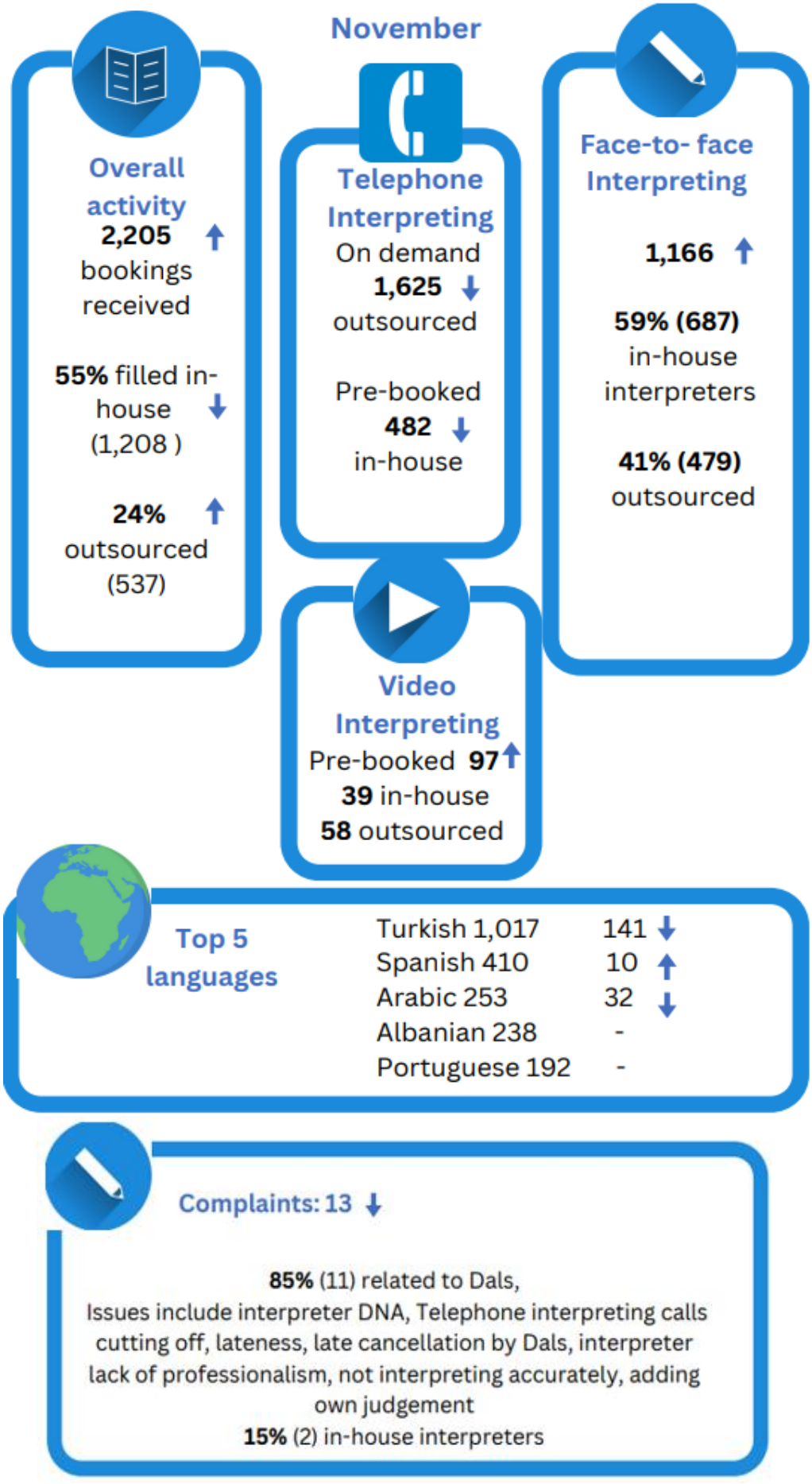
3. Good news story

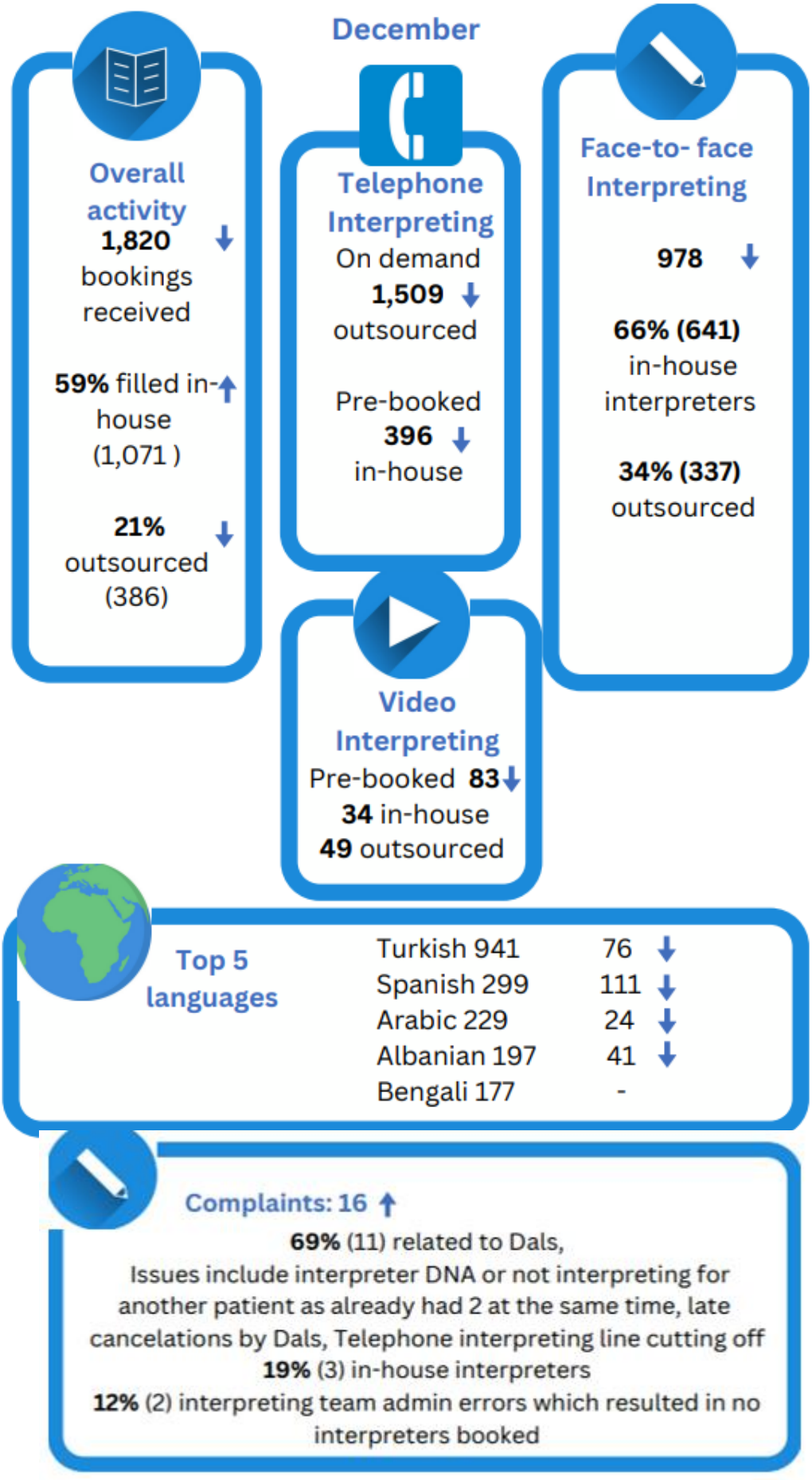
Volunteers' Christmas lunch – as a token of appreciation and with the support of our Charities team, the Voluntary Services team organised a well-received Christmas lunch for the Trust volunteers.

During the lunch, our Associate Director of Quality Governance presented of Certificates of Appreciation and years of service pin badges to several volunteers. Volunteers were commended for the number of hours donated, which exceeded 10.000 for the period April – December 2024.

4. Interpreting Services




November
Overall activity
2,205 bookings received
55% filled in-house (1,208)
24% outsourced (537)
Telephone Interpreting
On demand
1,625 outsourced
Pre-booked
482 in-house
Face-to- face Interpreting
1,166
59% (687) in-house interpreters
41% (479) outsourced
Video Interpreting
Pre-booked 97
39 in-house
58 outsourced
Top 5 languages
Turkish 1,017 141
Spanish 410 10
Arabic 253 32
Albanian 238 -
Portuguese 192 -
Complaints: 13
85% (11) related to Dals,
Issues include interpreter DNA, Telephone interpreting calls cutting off, lateness, late cancellation by Dals, interpreter lack of professionalism, not interpreting accurately, adding own judgement
15% (2) in-house interpreters


December
Overall activity
1,820 bookings received
59% filled in-house (1,071)
21% outsourced (386)
Telephone Interpreting
On demand
1,509 outsourced
Pre-booked
396 in-house
Face-to- face Interpreting
978
66% (641) in-house interpreters
34% (337) outsourced
Video Interpreting
Pre-booked 83
34 in-house
49 outsourced
Top 5 languages
Turkish 941 76
Spanish 299 111
Arabic 229 24
Albanian 197 41
Bengali 177 -
Complaints: 16
69% (11) related to Dals,
Issues include interpreter DNA or not interpreting for another patient as already had 2 at the same time, late cancelations by Dals, Telephone interpreting line cutting off
19% (3) in-house interpreters
12% (2) interpreting team admin errors which resulted in no interpreters booked

Meeting title	**Trust Board – public meeting**	**Date: 20.03.2025**
Report title	**Workforce Assurance Committee Chair's report**	**Agenda item: 7**
Committee Chair	Rob Vincent, Non-Executive Director	
Executive lead	Liz O'Hara, Chief People Officer	
Report authors	Marcia Marrast-Lewis, Assistant Trust Secretary, and Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary, Liz O'Hara and Rob Vincent	
Executive summary	Trust Board members are presented with the Workforce Assurance Committee Chair's report for the meeting held on 10 February 2025. **Areas of assurance:** • Chief People Officer verbal report • Board Assurance Framework – People 1 and 2 entries • Risk Register including a report on Children's safeguarding review • 2024/25 Quarter 3 corporate workforce performance report • 2024/25 Quarter 3 Guardian of Safe Working report • People strategy update on Pillar 2 • Apprenticeships • Whitting staff wellbeing team – year one • Medical Appraisal; and revalidation • Staff Story: refurbishment of the parents' room in neonatal intensive care unit The Committee agreed to bring the following areas to the attention of the Board: • Work was continuing to reduce expenditure on temporary staffing. • The second pillar of the People Strategy – staff retention • Work taking place to improve the take up of apprenticeships. • The shortage of medical appraisers at the Trust. • The high standard of refurbishment of the parents' room in the neonatal intensive care unit. • The contribution of the health and wellbeing team in its first year was to be lauded.	
Purpose	Noting	
Recommendation(s)	Board members are invited to note the Committee Chair's report, particularly areas of significant assurance.	
BAF	People 1 and 2 entries	
Appendices	1: Guardian of Safe working report	

Committee Chair's assurance report

Committee name	Workforce Assurance Committee
Date of meeting	10 February 2025
Summary of assurance:	

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

Chief People Officer's report

The Committee received a verbal report from the Chief People Officer in which she highlighted key events and developments since the last meeting:

- Operating planning guidance had stipulated that every NHS organisation reduce agency staffing by 30% and bank staff by 10%. The Committee was assured that a number of controls had been put in place to reduce the incidence of escalated rates and provide incentives to improve recruitment to substantive posts.
- Focussed work would continue to accelerate the reduction of temporary staff to make a material difference to pay expenditure for bank and agency staff.
- The reduction of temporary staff expenditure was expected to save the Trust approximately £8m per year.
- The Trust was an outlier in London and would have to show early improvement.

In discussion the Committee noted that the majority of Bank staff were already employed substantively at the Trust but took on extra shifts through the Bank. A smaller proportion of staff were dedicated Bank staff. Agency staff were used in areas that could not be filled with bank staff. The Committee also considered the split between agency and Bank staff and found that broadly, nursing and medical ratios were split 80:20 bank to agency, for non-clinical staff it was 95:5 and for allied health professions it was 50:50. This indicated that permanent contracts were less attractive than temporary contracts.

The Committee noted the verbal update

Quarter 4 Board Assurance Framework (BAF)

The Committee received the report which considered the risks to the delivery of the Trust's People strategic objective. The People one and two BAF entries had been reviewed and it was agreed that there would be no changes to risk scores to either entry. It was agreed that scores would be reviewed in more detail.

The Committee approved the quarter three 2024/25 BAF entries for the risks to the delivery of People strategic objectives and agreed that the scores for both entries remained unchanged.

Risk register

The Committee considered a report on the key changes to the risk register. Committee members noted the following high risks:

- Risk 1537 Barnet 0-19 was scored at 20. Since the last review of the risk register good progress had been made with performance against KPIs and recruiting to vacant posts. It was expected that scores would be reduced at the next review.
- 1525 – failures in domestic services, which related to the level of competency, training and leadership within domestic teams. The score would remain the same.
- 1533 – specialist knowledge in IT which was scored at 16.
- 1605 – Anaesthetic resource – Had recruited 2 new posts does not bring up to net. Up to 15 but need 19. Have had a further round of recruitment but unsuccessful. The is a plan but it is slow. Joint appointments with UCLH but has not been impactful.
- 1564 – paediatric safer staffing related to nursing on paediatric wards which had a 38% vacancy rate which had since reduced to 20% since the last review of the risk.
- 1430 – staffing vacancies resulting in low capacity within community rehabilitation team.
- 1166 – risk to emergency staff of violence and aggression as a result of long waiting times. Security had been increased in the emergency department which has helped and improved confidence of staff in the department.

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The Committee discussed the long-term effects of violence and aggression on staff which was a growing problem. Apart from an increased presence of security officers in the emergency department, staff could access support through the Wellbeing Team or Occupational Health. The Committee agreed that a deep dive into violence and aggression at the Trust should be carried out for discussion at a future meeting. The Committee received assurance that the Trust's response to acts of violence or aggression would always be proportionate but would closely follow policies and standard operating procedures in place.

The Committee considered the outcome of a peer review of the safeguarding children's arrangements at the Trust. The review was undertaken to ensure that that Trust was compliant with the statutory requirement under Section 11 of the Children Act (2004) following a period of instability in the team and shortly after the Trust took over the Barnet 0-19 service. The peer review identified 17 key recommendations which would be taken forward and monitored through the Children's Safeguarding Committee with oversight by the Quality Assurance Committee.

The Committee noted the report

Quarter three, Workforce Information report

The Committee was informed that:

- Sickness absence rates had decreased slightly from Q2 from 4.6% to 4.2% but remained above Trust targets.
- The vacancy rate decreased from 7.7% to 6.3%

- Turnover rates decreased 10.5% between the end of September to the end of December 2024 to 9.9%.
- Compliance with statutory and mandatory training requirements was 86%.
- Appraisal compliance remained the same at 78% against a target of 85%.
- Time to hire performance rose to 63.5 days against a trajectory of 62 days.
- The number of employee relations cases had decreased, by 31 cases to 64 from Q2
- The time taken to resolve cases had increased to an average of 175 days in Q3 against a trajectory of 90 days. Of the 12 cases that were closed 4 were grievances and 8 were disciplinaries. An improved in the time to resolve cases was expected in Q4 as the new disciplinary policy became embedded.

The Committee discussed the steps that the Trust would take to improve on time to resolve cases. The Committee learned that the time to resolve process was led by HR business partners as the Trust was without a dedicated employee relations team. A renewed focus on restorative justice would examine different strategies to improve the efficiency of the disciplinary process at both informal and formal stages. Furthermore, enhancing training and providing better support for managers could help de-escalate situations before the disciplinary process became necessary.

The Committee noted the Q3 Workforce information report.

Q3 Guardian of Safe Working Hours

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

- 117 exception reports were lodged for the quarter and mainly related to workload pressures on resident doctors. The number of reports were slightly lower than the previous quarter which was thought to be related to the lower number of whole-time equivalent vacancies. Increase reporting was noted paediatrics and psychiatry.
- 127 hours of overtime was repaid either in time of in lieu or pay for additional hours worked.
- 91 reports were made by Foundation Year One Doctors, 15 by IMT/ST1 or ST2; eight by Foundation Year Two Doctors; and three by Speciality Registrars.
- The majority of reports came from people working in general medicine and surgery.
- There was one immediate safety concern raised which was reviewed in a timely manner.
- There were 13 whole time equivalent vacant positions.
- Fines were being spent on lunches and would be monitored at the junior doctors' forum.

	The Committee observed that there was a national decline in the number of resident doctors which could impact the availability of bank and agency doctors, particularly during periods of high operational pressures. **The Committee noted the report** **Deep dive into People Strategy – pillar two retention.** The Committee received a presentation on an update taking place on each of the five pillars of the People Strategy. The Committee learned that the second pillar covered the recruitment and retention of staff and involved the following outcomes: • there was a positive correlation between the age of the employee and the length of employment at the Trust • the highest number of staff with one to five years of service that were likely leave between were in band 3 group of staff • staff turnover had reduced. • The top five reasons for leaving included work-life balance promotion and return to education. • Age groups were evenly split across the workforce. • A new starter survey had been launched the findings of the survey would be considered at the next committee meeting. The Committee welcomed the establishment of a working group who would identify potential areas across the trust to trial "stay conversations". The Committee agreed that stay conversations could be enhanced with discussions around internal mobility which was found to influence decisions to leave the organisation. Committee members recommended that the data should be broken down by ethnicity to identify whether there were any emerging trends related to leavers and those that were promoted. **The Committee noted the report** **Apprenticeships.** The Committee received a presentation on apprenticeships at the Trust. The Committee learned that apprenticeship programmes had been first introduced at the Trust in 2017 and were funded by the apprenticeship levy. Since 2018 the Trust had recruited 164 apprentices, with 148 still currently enrolled in a course. The majority of new recruits were nursing associates. The Trust offered a wide range of apprenticeships from GCSE to Masters' level and staff were not limited to courses within their job roles. Staff feedback has been positive, with time and balancing work, study and home being areas of challenge. Other challenges included: • encouraging managers to advertise vacancies as apprenticeship roles as there was a preference to recruit a qualified person over a person needing training and support. • A reduction in salary as apprentices were paid less while they were training

- Managers may not permit time off to study due to service needs and funding for backfill was not available.
- Maths and English requirement may turn off well qualified staff who are unwilling to undertake the tests.
- Apprenticeships were restricted to certain visa holders.

The Committee was assured that the Trust has consistently utilised most of the levy during the financial year which would be lost if not used. The Trust is aiming to increase the enrolment of level two and three apprenticeships to increase utilisation of the level.

The Committee discussed the tension between the study requirements of nurse apprentices and service needs against financial and workforce constraints. The Committee also noted that apprenticeships were traditionally offered for junior roles, who were more likely to be targeted over senior roles. There were indications that funding for level seven apprenticeships (masters' level) could be withdrawn but this had yet to be confirmed by the government.

The Committee noted the update on apprenticeships at the Trust.

Staff Wellbeing one year on

Eva Tinka delivered a presentation on the progress of staff wellbeing at the Trust. She highlighted the following:

- The overarching wellbeing priorities for staff were quickly developed and agreed.
- There was a strong shift in the provision of services that were proactive, preventative and which offered early intervention.
- A robust governance framework was developed that would provide assurance that staff well being was making a difference.
- Staff engagement had been enhanced, significant work had been undertaken to ensure that mental health, psychological and emotional support was available to staff.
- A strong staff well being brand was developed which was easily identifiable by staff.
- Leadership advocacy had been improved with demonstrable support by leaders and managers.
- A number of reflective sessions had been held over the last year. Over 1k staff had been supported.
- Peer to peer support with over 65 trained mental health first aiders.
- Trauma practitioner training would shortly be rolled out. Trauma management sessions had been well attended.
- Health eating has been well promoted, a fruit and vegetable stand has been set up in the main foyer of the hospital site on two days per week.
- Staff have been positive and reported that they feel cared.

Medical appraisal and revalidation

Doctor Sola Makinde presented a report on the shortage of medical appraisers at the Trust. The Committee learnt that all doctors who are not in an NHS England recognised training programme must complete an annual

appraisal to demonstrate and record that they comply with the GMC 'Good Medical Practice Framework for appraisal and revalidation'. Each annual appraisal is reviewed at revalidation, which usually takes place once every five years. The shortage of appraisers has been attributed to natural staff attrition, an increase in part time working, long term sickness and a developing trend for appraisers to undertake fewer appraisals per calendar year due to workload commitments. Currently, there were 100 doctors at the Trust who did not have an appraiser.

The Committee recognised that the shortage of medical appraisers was an important workforce issue. They welcomed the interim measures that had been put in place which included:

- Ensure that the Clinical Directors and Director of Operations of each ICSU are made aware that medical appraisal is an essential function and that they are required to maintain an appropriate ratio of appraisers to connected doctors within the ICSU.
- Recruit and retain as many appraisers as possible.
- The allocation of a budget in 2025 for appraiser training and refresher training for existing appraisers.
- It was also noted that the number of appraisers at the would be highlighted as part of the business planning round discussions.

The Committee noted its concern in relation to the shortage of medical appraisers at the Trust and welcomed the actions taken.

Staff Story – Refurbishment of the parents' room in the neonatal intensive care unit.

The Committee welcomed Adesegun Oremule, Lead nurse Matron, Neonatal Intensive Care Unit, who delivered a presentation about the refurbishment of the parents' room in the Neonatal Unit. Ade explained that the parents room needed urgent attention and was not an aesthetically pleasing place for the parents of babies who were in the neonatal unit. The room was likened to a scene from an Alfred Hitchcock movie, which did not accord with the specialist care babies received in the neonatal unit.

A management trainee joined the team on NICU who together with Ade quickly identified the parents' room for refurbishment. A bid was put forward for charitable funding and together with the support of the Charity approached House of Gray who redesigned the parents' room and counselling room on the labour ward. The upgrade of the parents' room had been completed to a very high standard and has received the plaudits of parents and staff who have seen and made use of the space.

Ade contended that the new room has made a material difference to the experience of parents in NICU and has in someway help parents to cope with the stress of managing their sick babies who were likely to spend a considerable length of time as an inpatient.

The Committee thanked Ade for the presentation at the meeting.

2.	**Present:** Rob Vincent, Non-Executive Director (Committee Chair) Junaid Bajwa, Non-Executive Director Charlotte Hopkins, Acting Medical Director Liz O'Hara, Chief People Officer Chinyama Okunuga, Chief Operating Officer Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary Glenys Thornton, Non-Executive Director Terry Whittle, Chief Finance Officer & Acting Deputy Chief Executive Sarah Wilding, Chief Nurse and Director of Allied Health Professionals **In attendance:** Joanne Bronte, Acting Deputy Director of HR Operations Deborah Choudhury, Business Manager to Chief People Officer Eliana Chrysostomou, Acting Assistant Director of Learning and Organisational Development Clare Dollery, Acting Chief Executive Marcia Marrast-Lewis, Assistant Trust Secretary Charlotte Pawsey, Deputy Director of Workforce Eva Tinka, Head of Staff Wellbeing and Staff Engagement Adesegun Oremule, Lead nurse Matron, Neonatal Intensive Care Unit, Tina Jegede, Joint Director of Inclusion and Lead Nurse, Islington Care Homes

Meeting title	**Workforce Assurance Committee**	**Date: 10/02/25**
Report title	**Guardian of Safe Working Hours Report Q3 2024/25**	**Agenda item: 8**
Executive director lead		
Report author	Dr Zara Sayar Guardian of Safe Working Hours (GoSWH)	
Executive summary	• High levels of acuity and high doctor patient ratios are the main reasons for ER submissions. • Nationally there are lower than previous numbers of resident doctors available to fill bank and agency shifts which leaves on-call teams very stretched. • The GoSWH has continued to work with the postgraduate department, HR, rota coordinators and the Resident Doctors Forum (RDF) during this period.	
Purpose:	• To provide assurance to the Board that Resident Doctors are working safe hours in accordance with the 2016 *Terms and Conditions of Service for NHS Doctors and Dentists in Training*.	
Recommendation(s)	The Board is asked to note this report.	
Risk Register or Board Assurance Framework	NA	
Report history	NA	
Appendices	NA	

Guardian of Safe Working Hours (GoSWH) Report Q3 2024-2025

1. Introduction

1.1. This report is presented to the Board with the aim of providing context and assurance around safe working hours for Whittington Health resident doctors.

1.2. In August 2016 the new Terms and Conditions (TCS) were introduced for doctors in training. There are clear guidelines of safe working hours and adequate supervision. Trainees submit an 'exception report' (ER) if these conditions are breached. The 2016 TCS has more recently been amended in 2019.

1.3. ERs are raised by resident doctors where day to day work varies significantly and/or routinely from their agreed working schedule. Reports are raised electronically through Allocate's E-Rota system. The educational/clinical Supervisor for the individual doctor and the GoSWH receives an alert which prompts a review of the ER and requires the supervisor to meet with the trainee to discuss the events leading to the ER and to take appropriate action to rectify. Such action may include time off in lieu or payment for additional hours worked. They are also asked to review the likelihood of a further exception recurring and address this with the trainee. Where issues are not resolved or a significant concern is raised, the GoSWH may request a review of the doctors' work schedule. The GoSWH, in conjunction with the Medical Workforce team, reviews all exception reports to identify whether a breach has occurred which incurs a financial penalty. The GoSWH will levy a fine to the department employing the doctor for those additional hours worked.

1.4. In line with the 2016 TCS a Resident Doctors Forum (RDF) has been jointly established with the GoSWH and the Director of Medical Education. It is co-chaired by the GoSWH and the Chief Registrars. The Forum meets on an alternate monthly basis and continues to have good attendance and engagement well above other local Trusts. Meetings are current a hybrid of a face to face and virtual meeting.

2. High level data

Number of doctors / dentists in training (total): 223
Number of doctors / dentists in training on 2016 TCS (total): 223
Job planned time for guardian: 1 programmed activity
Admin support provided to the guardian (if any): as required from MD office
Amount of job-planned time for educational supervision: N/A

3. Exception reports (with regard to working hours)

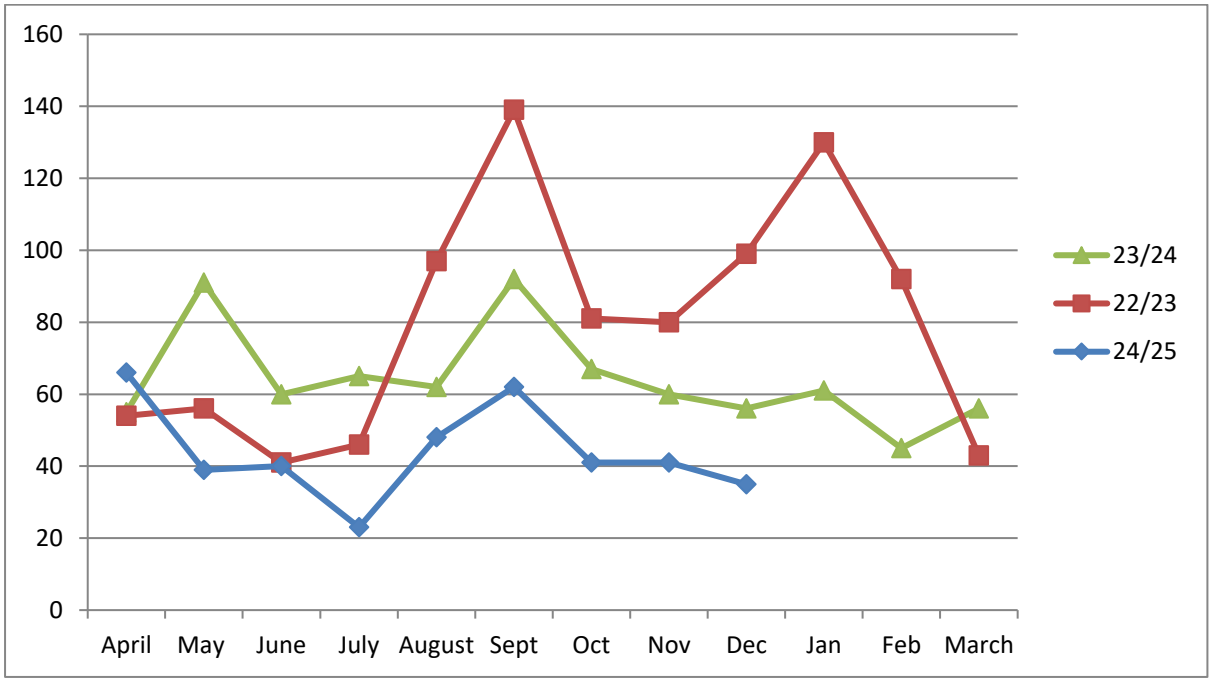
3.1. Between the 1st October and the 31st December 2024 there have been a total of 117 ERs raised. The table below gives details on where exceptions have been raised and the responses to deal with the issue raised.

Table 1: Exception reports raised and responses

2024		Oct	Nov	Dec	Total
Reports	Grand Total	41	41	35	117
	Closed	41	41	10	92
	Open	0	0	25	25
Individual doctors / specialties reporting	Doctors	20	23	15	58
	Specialties	6	8	8	22
Immediate concern		0	1	0	1
Nature of exception	Hours/Rest/pattern	39	39	34	112
	Education/Training/service support	2	2	1	5
Additional hours	Total hours	41	45	40	126
Agreed Action *('No action required' is the only response available for 'education' exception reports)*	Time off in lieu (hrs)	2	3	3	8
	Payment for additional hours (hrs)	36	35	7	78
	No action required (ERs)	3	3	0	6
	Other/Pending (ERs)	0	0	0	0
Grade	Foundation year 1	35	25	31	91
	Foundation year 2	1	7	0	8
	IMT/ST1 or ST2	4	7	4	15
	GP Specialty Registrar	0	0	0	0
	Specialty Registrar	1	2	0	3
Exception type *(more than one type of exception can be submitted per exception report)*	Work Load	26	17	23	66
	Pt/Dr ratio too high	5	6	8	19
	Rota gaps	1	7	0	8
	Late running WR	1	0	0	1
	Deteriorating patient	4	8	3	15
	Other*	1	0	0	1
	Educational	2	3	1	6
Specialty	General Medicine	15	19	18	52
	General Surgery incl urology	16	9	11	36
	T&O	4	2	2	8
	Paediatrics	0	2	1	3
	Anaesthetics/ITU	0	0	0	0
	Radiology	0	0	0	0

	Psychiatry	4	2	0	6
	Obstetrics and gynaecology	0	1	0	1
	Accident and emergency	2	6	3	11
	Histopathology and micro	0	0	0	0
	Ophthalmology	0	0	0	0
*Clocks went back					

Graph 1: Exception reports over three years by Month



3.2. The number of ERs submitted per month is very variable throughout the year and year on year. Overall, the numbers of ERs submitted this quarter were lower – this may be related to the lower number of WTE vacancies.

3.3. There has been a continued increase in reporting from Psychiatry and Paediatric trainees.

Immediate safety concerns

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

Work Schedule reviews

3.5. There was one work schedule review requested for the general surgical registrar rota which is still in progress. The question of over-payment has arisen and is being clarified. GoSWH continues to receive feedback about Lantum who are

overhauling the rotas for all teams throughout the Whittington Hospital and a plan is in place to support this.

4. Establishment and Vacancy data

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

Table 2: Bank and agency usage Q3

ICSU	Bank		Agency		Locums Nest		Total	
	Hours	Cost (£)	Hours	Cost (£)	Hours	Cost (£)	Hours	Cost (£)
Emergency and integrated medicine	-	-	1585.25	102 561	6156.5	416,273	7741.75	518834
Surgery and cancer	-	-	1028	75 852	2114.48	175867	3142.48	251719
ACW	125	7405	-	-	1232.09	119805	1357.09	127210
Children and young people	-	-	-	-	932	73509	932	73509
ACW: Access centre clinical support and women's health *includes associate specialists								

Vacancies

4.2 There were a total of 13 vacant posts for this quarter which translates as a 6.3 WTE deficit.

Table 3: Vacancies per speciality Q3

Speciality	**Current vacancies**
General Medicine	4 SHO
General Surgery inc urology and T&O	1 ST3+
Obstetrics and Gynaecology	1 ST3+
Emergency medicine	2 SHO
Paediatrics (inc NICU)	2 ST3+ 1 SHO
Anaesthetics inc ITU	1 SHO
Radiology	Nil
Microbiology and Haematology	Nil
Psychiatry	1 SHO

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

5.1. For this quarter a total of 127 hours 29 mins to be re-paid either in time off in lieu (TOIL) or pay for additional hours worked. It would not be appropriate for TOIL accrued in one specialty to be rolled over to another specialty.

5.2. Currently, these hours equate to a total of approximately £2457.70 has been paid to the resident doctors directly.

5.3. The resident doctors have requested that GoSWH fines money is transferred to the post-graduate centre to pay towards lunch provisions for teaching. The finance department is facilitating the movement of this money.

Table 4: Breakdown of fines by ICSU

ICSU	Amount of Fine to Doctor (£)	Amount of Fine to Guardian (£)
Emergency and Integrated Medicine	79.01	115.77
Surgery and Cancer	119.16	143.04
Children and Young People	-	-

6. Next steps

6.1. GoSWH to continue to ensure all remaining open ERs are signed off in a timely fashion. Changes made to the contract in 2019 enables the GoSWH to action outstanding ERs at 30 days.

6.2. The GoSWH to ensure that the ER fine money is transferred to the postgraduate centre as per the request of the request of the resident doctors. This continues to be reviewed at the RDF.

6.3. GoSWH has emailed GoSWH at University College London, Royal Free Hospital and North Middlesex Hospital to share quarterly reports to see how the numbers from the Whittington compare across North Central London (no response). GoSWH also joined the national whataspp group to ensure actions taken I line with other trusts nationally.

6.4. GoSWH to continue to work with ICSU leadership teams, rota coordinators and the bank office, to try to reduce the need for ERs by working to fill rota gaps whenever possible.

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

is signing these out. This is ongoing. Additionally, medical staffing are in the process of ensuring fines are coming from the correct trust when issued.

6.6. GoSWH now meeting HR and finance every two months to review data and any issues relating to the reports submitted.

6.7. GoSWH reports are being presented at the medical committee and feedback taken from medical staff is incorporated into the reports.

7. Conclusions

7.1. This quarter's report shows a steady but overall lower numbers of ER likely related to fewer vacancies.

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

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

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

8. Recommendations

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

Meeting title	**Trust Board – public meeting**	**Date: 20 March 2025**
Report title	**Charitable Funds Committee Chair's Assurance report**	**Agenda item: 8**
Committee Chair	Amanda Gibbon, Non-Executive Director	
Executive lead	Jonathan Gardner, Chief Strategy, Improvement and Digital Officer	
Report authors	Marcia Marrast-Lewis, Assistant Trust Secretary, and Swarnjit Singh, Trust Company Secretary	

Executive summary	A meeting of the Charitable Funds Committee was held on 26 February 2025 to consider the following items:
	• Month 9 2024/25 finance report including fund balances
	• Charity budget
	• Charity report
	• Four Applications for funding
	  ○ Adult Community Services, CAMHS Northern Health Centre Refurbishment
	  ○ Adult Community Services, Parkinson's Walking Football
	  ○ Surgery & Cancer, ITU Away day
	  ○ Unrestricted General Funds – Staff Awards
	
	There were no items covered at this meeting for which the Committee is reporting limited assurance to the Trust Board
	
	The areas that Committee members agreed to bring to the attention of the Board are:
	1. The approval of the Charity budget and stretch target underlined by the Charity Strategy, with the lack of a significant endowment.
	2. Major projects that are underway included the garden at Tynemouth Road, the ITU Sanctuary (Dementia Garden) and paediatrics project
	3. Following consideration, the outcomes of the four bids for charitable funding.	

Purpose	Noting	
Recommendation(s)	Board members are invited to note the Chair's assurance report for the Charitable Funds Committee meeting held on 26 February 2025	
Appendices	None	

Committee Chair's Assurance report:	Charitable Funds Committee
Date of meeting	26 February 2025

Summary of assurance:

1. **The Committee can report good assurance to the Trust Board in the following areas:**

2024/25 Month nine financial report

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

- Reported Income to November 2024 was £580k
- Expenditure to November 2024 of £893k which resulted in a consumption of charitable funds of £313k, before movements in the investment portfolio were considered.
- The investment portfolio's performance is reported quarterly and showed a gain of £8k from 1 April 2024 to 31 December 2024
- The total fund balance at 31 December 2024 was £1.65m.
- Donations & grants contributed £537k (92%) of total income.
- Both the income and expenditure figures included a gift-in-kind amount of £120k, relating to the refurbishment of various rooms in the neo-natal intensive care unit, foetal medicine unit and the labour ward.

The Committee noted the month nine Charity finance report.

Charity Budget

The Committee was informed that, following a review of past income and expenditure, which also considered current fund-raising targets, considerable work had taken place to develop a budget for the year ahead. The budget included the following:

- Total forecast income was estimated at £812k, with a stretch target of £1.022m.
- Fundraising costs (including salaries, training, and professional development) were estimated at £277k.
- Charitable activities were estimated at £681k.
- Governance costs were calculated at £63k.

The Committee approved the forecast budget.

Charity report

The Committee reviewed a report which detailed all significant charity activity during December 2024 and January 2025. The following issues were highlighted:

- Considerable efforts were made during the Christmas period to engage local schools and businesses, to help raise the charity's profile and, hopefully, position it as the local charity of choice.
- Fundraising for Ifor ward had so far raised £25k, against a target of £150k. The Charity team were working with grateful families on fundraising events, including a quiz night, an auction and a coffee event.
- Discussions were ongoing with a major donor for the Sanctuary garden project. The Committee was informed that £250k had been raised so far for the project. The total costs were estimated to be around £600k and final costs would be confirmed once surveys and preparatory work were completed. The cost of the Royal Institute of British Architects (RIBA) 3 scope of work was estimated

to be in the region of £65k. The Committee agreed that the Charity would underwrite the costs which would enable the Charity team to raise the remainder of the funds needed to complete the project.
- Work was due to begin on the Tynemouth Road garden in the following week
- Another post for a Band 6 nurse had been agreed by Parkinson's UK. Once the appointment was made, the funding would be released.
- A £1m legacy pledge was received for the Michael Palin Centre, together with a £10k per year commitment from the same donor.
- An offer to host an event at Downing Street for the Michael Palin Centre had been received. In addition, a night with Michael Palin event was scheduled to take place on 31 March at Cadogan Hall.
- The development of the charity pods initiative had been delayed. The pods would serve as an office and drop-in centre for the public.
- A survey of around 17,000 subscribers to the Charity had been carried out and a full report of the findings would be made available at the next meeting.
- The refurbished parents room and labour ward staff room funded solely by charitable funds feature in the current edition of Elle Decoration.

The Committee noted the Charity report and agreed that charitable funds would underwrite the costs of the RIBA 3 scope of work for the Sanctuary Garden project.

Applications for Funding
The Committee reviewed the following bids for charitable funding:

Child and Adolescent Mental Health Services (CAHMS) Northern Health Centre Refurbishment for £60k
The Committee considered a bid for £60k to carry out refurbishment work to the designated physical space for CAHMS at the Northern Health Centre. The aim of the refurbishment was to create a more therapeutic environment that would enhance the clinical work, and vastly improve patient experience. The Committee discussed the merits of the bid and agreed that efforts should be made to fund raise part of the cost of the work before a revised application was made to the Charitable Funds Committee. It was also agreed that the cost of repainting and reflooring were core NHS expenses and should therefore be met by the Trust, and not from charitable funds. The Committee acknowledged that a significant proportion of the refurbishment was specific to the needs of neurodivergent children and young people who would benefit from a different environment.

The Committee agreed that:
- **the current application would not be approved**
- **a revised bid application was needed for a more modest amount.**
- **a portion of the costs should be met by fund raising activities undertaken by the applicants.**

Parkinson's Walking for Football
The Committee considered a bid for £10k to fund the annual cost of the Parkinson's Walking Football Programme which is run over 46 weeks during the year. The Committee learned that the sessions are for people with Parkinson's who self-refer or are directly referred by a health care professional. The sessions were held at the Arsenal Community Hub at the Emirates stadium with support from Arsenal in the Community coaches. Tottenham Hotspur Football Club were also supporting with the second cohort of patients.

	The Committee was informed that the Charity would undertake some fundraising activity with the Arsenal Football Club which would also help to raise the profile of the Charity and the Trust. **The Committee approved the bid for £10k to fund the Parkinson's Walking Football programme for one year.** **Surgery & Cancer Intensive Treatment Unit (ITU) away day** The Committee reviewed a bid from the Surgery and Cancer Clinical Division for £11,740 to fund an away day for staff. The Committee agreed that charitable monies were not usually used to meet the cost of a staff away day, however the money was donated to the Critical Care Unit by the wife of a former patient with the express wish that it should be used to support the wellbeing of staff in the ITU. **The Committee approved the bid, subject to the negotiation of a lower price for the rental of rooms, the confirmation of final costs and the number of attendees.** **Staff awards ceremony** The Committee considered a bid for £36k to fund the cost of the annual Staff Awards event to held at the Royal College of Physicians later in the year. The Committee was informed that efforts were made to secure sponsors in the local area which were unsuccessful, as donors had demonstrated a reluctance to fund projects related to staff wellbeing. The Committee agreed that support for staff awards would benefit patients in the longer term and that the bid was justifiable. **The Committee approved the bid.**
2.	**Attendance:** **Present:** Amanda Gibbon, Non-Executive Director (Committee Chair) Charlotte Hopkins, Acting Medical Director Jonathan Gardner, Chief Strategy, Digital and Improvement Officer 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 Ellen Kyriacou, Charity Accountant Martin Linton, Assistant Director Financial Services Sam Lister, Head of Charity Katherine Mobey, Fundraising Manager Sydney Ramunno, Grants Officer **Apologies:** Clare Dollery, Acting Chief Executive Lydia Sawyer, Community Fundraising Officer Julia Neuberger, Non-Executive Director Nailesh Rambhai, Non-Executive Director Swarnjit Singh, Joint Director of Inclusion and Trust Company Secretary

NHS Whittington Health NHS Trust

Meeting title	**Trust Board – public meeting**	**Date: 20 March 2025**
Report title	**2024/25 Quarter three delivery of Corporate Objectives**	**Agenda item: 9**
Director leads	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals, Charlotte Hopkins, Acting, Medical Director, Chinyama Okonuga, Chief Operating Officer (Quality entries); Liz O'Hara, Chief People Officer, (People entries); Jonathan Gardner, Chief Strategy, Digital and Improvement Officer, (integration entries); and Terry Whittle, Chief Finance Officer (sustainability entries),	
Report author	Jonathan Gardner	
Executive summary	Board members are presented with the quarter three outcomes for performance indicators linked to the delivery of Whittington Health's annual corporate objectives (see appendix 1).	
Purpose	Noting	
Recommendation	Trust Board members are asked to receive and note the outcomes against performance indicators for delivery of Whittington Health's corporate objectives in quarter three 2024/25.	
BAF	All entries	
Report history	Trust Management Group, Executive team	
Appendices	1: Q2 delivery of corporate objectives	

2024/25 objectives QUARTER THREE UPDATE

Deliver outstanding safe and compassionate care in partnership with patients

Exec: Chief Nurse / MD

Committee: Quality

worse
better
Same

Key metrics	Target	Score	RAG
SHMI score	1.14	0.97 Sept 2023 – Aug 2024	↔
Readmission rate	5.5%	3.82%	↑
Pressure ulcers grd. 4 and 3	64	Average per month 38 in q3. Spike In December 2024	↓

Key metrics	Target	Score	RAG
RTT	92%	64.5	↓
ED 4hr	95%	67.9%	↓
FFT % satisfaction	90%	91.7%	↑
PALS response	80%	66.7%	↓

Key metrics	Target	Score	Direction and RAG
48hrs DN referral	95%	97.6%	↑
2hr referral	N/A	96.7%	↑

Deliver Safe & Effective Care – continuous improvement in safety culture & delivery of best practice care

- Implement the new NHS Patient Safety Incident Response Framework (PSIRF)
- Develop Mental Health key priorities
- Implement national maternity services recommendations and local priorities

- The Trust CQC peer reviews programme has been refreshed. Chemotherapy unit, ED, Paeds ED and Meyrick ward reviewed
- The Trust is now in the third quarter of embedding PSIRF. Since changing to LFPSE (Nov 2023) under PSIRF, incident reporting has increased from 2047 patient safety incidents in Qtr3 23/24 to 2395 patient safety incidents in Qtr3 24/25. Duty of Candour has been on the Trust risk register since April 2023 and was closed in January 2025 as it is no longer a risk to the Trust. Any outstanding DOC are now being managed well within the ICSUs. Four PSIIs (Patient Safety Incident Investigation) were declared in Qtr3 which included one Never Event for a wrong sided block. Triage meetings are held daily
- Complaints: Although performance against responding to complaints within the agreed timeframe remains below the 80% target at 69% in Q3 this is an increase of 4% on Q2 (65%). Focused meetings with the ICSU's, DCN and the complaints team has helped with an improvement on performance, alongside changes to the policy around the de-escalation of complaints.
- FFT – The trust maintained a score above the NHS 85% benchmark at 91%, achieving 92% in Dec 2024. ED saw a rise in the number of responses received and reached 86% in Dec for "good or very good" responses rates. Negative themes remain to be centred on waiting times, cleanliness, and staff attitudes. Volunteers continue to support FFT
- The incidence of pressure ulcers in Q3 has reduced compared to Q2, with a demonstrable reduction in category 4 pressure ulcers, and increased number of wards reporting 100 days+ pressure ulcer free.
- MENTAL HEALTH – Five sub-groups have been developed to sit under the Trust Mental Health Steering Group; Reducing Restrictive Practice; Mental Health training; Mental Health Act Administration; physical health needs of mental health patients; suicide prevention. These groups meet regularly and are working across the Trust to improve the experience of patients
- Maternity-Achieved MIS Year 6 – the timeframe for data analysis was until the 30th November 2024. It has gone through the Trust's governance pathway.
- CQC Patient Survey 2024 – outcome at the end of November 2024 – 3 out of 10 sections the maternity unit is in the top 5 Trusts for London (Antenatal Check Ups, Triage Evaluation and Assessment and Postnatal Care on the wards after birth.

Improve performance for better patient experience and outcomes

- 78% four hour target
- Deliver cancer standards Improve communication

- After steady improvement in Q2 A&E 4 hour performance has dipped due to winter pressures in Q3. Work on process improvements SDEC and CDU specialty response times and Boarding continues, skill mix and out of hours operational support strengthened
- Cancer standards are beginning to improve across the board with challenges in dermatology.
- Complete overhaul of outpatient processes in urology is leading to large improvements in DNA rates and utilisation of clinics
- Improvements in theatre activity has led to a gradual reduction in over 65 week waits
- Wider RTT targets have been harder to improve due to large numbers of patients on the 'slot issues' list being brought onto the proper waiting list.

Improve population health & address health inequalities

- Improve ethnicity data collection /Publish waiting times deprivation/ethnicity

- Stage 2 of the QI project in CDC to improve the ethnicity recording is expected to start in March. This involves Sonographers asking about ethnicity at the point of care following a training session.
- Disaggregated data has been available in the Health Equity dashboard, training on using the dashboard was provided at ICSU boards and will continue through the operational school to increase its usage in service monitoring and improvement plans.
- Following the completion of the Population Health Report, the steering group has been focussing on tracking progress of projects included the strategic action plan.

Empower support and develop engaged staff

↔

Exec: Workforce Director / COO

Committee: WAC

worse
better
Same

Key metrics	Target	Score	Direction and RAG
Turnover rate	13%	9.8%	
Vacancy rate	10%	6.3%	
Appraisal rate	85%	78.2%	
Mandatory training	85%	85.8%	

Key metrics	Target	Score	Direction and RAG
Staff Sickness	3.5%	5.13%	

Key metrics	Target	Score	Direction and RAG
Relative likelihood of disciplinary for BAME	*1*		
% staff recommending WH as place to work	65%		

Objective	Progress last quarter
Improve Staff Engagement & Wellbeing • Develop the People Strategy further and deliver improvement plan to improve staff working lives • Deliver equalities & inclusion programmes to actively tackle disparities in staff experience	• **Staff Engagement Roadshow**: The Staff Engagement Roadshow, launched after a successful pilot, delivers staff support services directly to teams, enhancing inclusion and fostering a sense of belonging across all service areas especially those that were otherwise far to reach. • **Specialist Psychological Support**: Established a partnership with Health City to provide expert support for complex psychological issues, such as trauma from global conflicts, and with Haringey Talking Therapies to deliver tailored wellbeing webinars for staff. • **Leadership Development**: Introduced in-house training for leaders to facilitate impactful reflective sessions, fostering a supportive environment for staff wellbeing. • **Menopause Support**: Launched a monthly Menopause Café, funded by the Whittington Charity for 2024/2025, offering a safe space for discussion and peer support. • **Health Eating**: Introduced the "five a day" healthy eating fruit and veg stall to Whittington Hospital – this is in over 20 NHS hospitals and has great feedback. • The second cohort of the Band 8a plus BME development programme ran in October. • The Trust published its statutory annual Public Sector Equality Duty report for 2023/24. The report was presented at the Workforce Assurance Committee in September 2024 and then to the Trust Board on 1 November 2024. It is accessible on both the Trust's intranet and internet sites. • In partnership with the Health and Wellbeing team, we have taken part in the roadshows at community services' sites. • The Inclusion Team is providing ongoing training for managers and staff regarding the implementation of the Disability and Reasonable Adjustment Guidelines and practical support from the Inclusion Lead when requested.
Recruit, develop and retain talent • Deliver recruitment and retentions strategies for our hard to recruit clinical workforce; • Provide comprehensive leadership development programmes and support	• The Trust has been successful in using the NCL reservists to help with Estates and Facilities recruitment challenges • Support has been undertaken for sickness absence clinics to support the existing workforce and ensure managers are supported to look at the whole workforce picture, impacting on retention • Development of 'Managers Passport' to commence, providing leadership and people management skills to new managers • Staff Survey ran between September & November with an additional local question on to gather feedback around staff engagement and retention • Adopted flexible working policy and implemented eLearning • Continued use of apprenticeships to support leadership and career development **National Apprenticeship week celebrated at Whittington Health to promote "Grow our Own" Raising awareness across all staff bands (clinical, admin, support).** • Highlighting personal and professional growth benefits and share success stories of staff advancing through apprenticeships from level 2 (GCSE) to Level 7 (master's level) • Using apprenticeships as a retention strategy to improve job satisfaction and reduce turnover. **Partnership/Engagement Activities with Islington/NCL Partners to promote Widening Participation/Inclusion** • Focusing on bridging gaps and formulating/creating opportunities for young adults and unemployed individuals in underserved/underrepresented communities. By partnering with Islington Council in Q2 we attended an event focused on increasing participation in apprenticeships, training, and employment pathways into the Whittington and showcasing the potential opportunities for this group • Promoting Joint Initiatives with Local Stakeholders including work experience/ work shadowing and paid work placements

Actively collaborate to deliver integrated, joined up care for our communities

↔

Exec: Director of Strategy / COO

Committee: Board

worse
better
Same

Objective	Progress last quarter

Drive new models of place-based care in the community and edge of hospital
• Lead and expand NCL virtual ward and remote monitoring programme
• Expand and improve new adult and CYP models of care in localities with our local partners
	• Virtual ward capacity has expanded from 28 to 44 beds reducing reliance on traditional inpatient settings and easing pressure on general wards. The breakdown includes:
	  • Islington Complex Virtual Ward: 6 (in collaboration with UCLH)
	  • Haringey Virtual Ward : 10
	  • Islington Virtual Ward:12
	  • Remote monitoring:16
	• Currently working on a respiratory pathway including step up from community , Heart failure and frailty and includes referrals from ED, SDEC, and UCR, reducing unnecessary admissions.
	• Preparing to go live with Whittington -Barnet SOP which will enable patients to be referred to the virtual ward in the borough where they live - aiming for April once SOP ratifed
	• We are moving into Phase 2 of the Integrated Front Door model with meetings arranged with ILDP and OT leads to further support the IFD aims to provide timely, holistic, and coordinated care, supporting residents to live independently. It focuses on prevention, early intervention, and crisis management through a multidisciplinary team delivering personalized care plans and assessments.

Collaborate with providers and system • Use UCLH joint board committee to drive new pathways to improve care and resilience • Actively participate in the Integrated Care System & UCL Health Alliance to support delivery of agreed system priorities, and work to create clear inequality objectives	• The population health annual report has been published along with our strategic action plan that aligns with NCL population health strategy. • We are working closely with the UCL Health Alliance on the Long Term Conditions programme with primary care. Director of Strategy is on the programme board along with our Clinical Director for Adult Community Services. • Joint response with UCLH clinical teams as part of development of Start Well Decision Making Business Case (DMBC) - setting out current joint pathways eg elective c-section and fetal medicine and future developments such as planned inductions developing a formal pre-term pathway between Whittington and UCLH (to allow seamless transfers between sites and reduce the distance for patients to travel) • Joint response with UCLH planned for procurement of new NCL MSK model with WH as lead provider • UCLH@home virtual ward (which is provided by WH's community teams) has expanded from 23 to 28 beds one month ahead of plan and is now operating at full establishment • New Joint Nursing, midwifery & AHP Board with UCLH will meet for first time on 24th April with a focus on workforce, ward accreditation, research and resourcing.

Transform and develop sustainable and innovative services

Exec: Finance Director / COO

Committee: TMG

worse
better
Same

Key metrics	Target	Score	RAG
% CIP delivery against target	Annual Target 100% (£16.6m) Target at end of Q2 50% (£8.3m)	£13m forecast at Q3 (78%) £11.3m delivered at Q3 (90%)	
Average beds used	197	243	
Financial position	Annual Plan (£10.8m deficit) Plan to end of Q2 (£10m deficit)	Forecast £13.1m at Q3	
Capital spend against plan	Annual Plan is £19.8m, Q2 plan £3m	£28.2m forecast at Q3	

Key metrics	Target	Score	RAG
Average LOS Non-elective	5.5	6.43	
% super stranded pts	18%	23.9%	
Elective activity against recovery plan (volume)	104% of 2019/20	Q3 108%	
Theatre utilisation	>85%	73.5%	

Objective	Progress since last quarter
Create focused improvement drive to deliver best value • Prioritise three areas for improvement: flow / outpatients / electives • Develop & deliver a robust multi-year productivity & cost improvement plan to reduce underlying deficit and move towards financial sustainability • Deliver in year financial targets	• Flow: winter has been challenging to show continued improvement / Outpatients: Urology pilot successfully reducing re-work and removing 200+ patients from the list / Elective: 37% increase in activity for Dec and Jan over last year. • The Trust has developed a FY25 CIP programme and at Q3 was forecasting £13.02m (78%) vs. £16.6m target. Cumulative delivery up to Q3 was £11.3m (90%) vs. £12.5m target. The CIP programme is focusing on 25/26 schemes during Q4 in addition to closure of the gap for FY25. The Trust is forecasting a £13.1m deficit which has been agreed with the NCL system at month 10, this is £2.3m worse than the annual plan annual plan. The main driver of the adverse forecast is temporary staff expenditure.
Deliver year one priorities of green plan	• New power transformer installed and commissioned into service. The unit is a key enabler for our Green Plan targeting a 4.5 tonne CO_2 reduction. • Whittington Health 'Green Group' established to promote environmental initiatives and engage new schemes. Intranet landing page live Whittington Green Group • Capital bids submitted to NHS Net Zero to fund decommissioning of NO_2 manifold, x 17 anaesthetic machines (retrofit cylinder use); and x4 EV charger and Solar Panel (community sites) schemes.
Deliver estate transformation plans • Power rectification • PFI rectification ~ finalise fire remediation business case & explore / secure funding • Maternity and Neonates redevelopment: secure system support & agree funding strategy ~ phase 1 delivery & phase 2 planning	• Phase 1 of Power Infrastructure Project delivered. Energy Centre planning application submitted to Islington Council, demolition application submitted for old Boiler House and chimney. • Fire Rectification Outline Business Case submitted to NHSE June 24, £9m funding agreed FY25 (fire alarm upgrade & other works). • Maternity and Neonatal RIBA stage 2 design works (1:200) delivered. NCL ICS capital envelope agreed for Start Well project (programme subject to ICB Board decision end March).
Improve business intelligence and drive digital transformation • Strengthen BI to drive improvement • Implement of digital strategy year 3 priorities	• Business intelligence – following dashboards are now live: Community Health Visiting, 8x Community Service Specific dashboards , Health Equality, Casenotes, IM&T, FOI, Theatres, POA dashboard • Technical Services - Move the Trust off legacy PSTN telephony services, Mobile telephony move to new contracts, Migration of IT systems from Vmware to Nutanix solution, Implementation on new Powerscale file archive system, Thorogood UPS replacement, Start of W11 upgrade project • Patient Systems - Rio and SCR upgrades, Vitals functionality extended for management of cannulas, Introduced digital care plan with structured documentation for skin integrity nutrition, falls etc. Vitals live in AEC following move to ED style white board, Helicon Heart data moved into EDMS using RPA, Remedial work on Rio alerts into CareCentric

Meeting Title	**Trust Board – public meeting**	**Date: 20 March 2025**
Report Title	**Integrated Performance Report**	**Agenda Item: 10**
Executive lead	Jonathan Gardner, Chief Strategy, Digital and Improvement Officer	
Report Owner	Paul Attwal, Head of Performance, Jennifer Marlow, Performance Manager	
Executive Summary	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. **Infection Prevention and Control** During February 2025 there were 3 HCAI C Difficile infections and 0 MRSA Bacteraemia bringing the total number of MRSA Bacteraemia's to 6 for the year (April 2024 – March 2025). **Emergency Care Flow** During February 2025 performance against the 4-hour access standard was 66.8%, which is lower than the NCL average of 74.6%, the London average of 73.7% and the national average of 73.4%. There were 325 12-hour trolley breaches in February 2025. **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)* **Cancer** **28-Day Faster Diagnosis Standard (FDS) January Performance – 54.8%** This is against the standard of 75%. The current unvalidated position February 2025 is 75.3% **31 Days to First & Subsequent Treatment January Performance – 93%** This is against the standard of 96%. The current unvalidated position February 2025 is 95.2% **62-Day Combined Treatments January Performance – 72.6%** This is against the standard of 85%. The current unvalidated position February 2025 is 71.1% At the end of February 2025, the Trust's position against the 62-day backlog was 57 patients. **Referral to Treatment: 52+ Week Waits** Performance against 18-week standard for February 2025 was 62.7%, this is a worsening of 0.3% from January's performance of 62.4%. The Trust position against the 52-week performance has improved from 291 patients waiting more than 52-weeks for treatment in January 2024 to 248 in February 2025. The Trust had 37 patients waiting over 65 weeks and zero patients waiting over 78-weeks at the end of February 2025.	

	Complaints Complaints Responded to Within 25 or 40 Working Days has improved from 59.5% in January 2024, to 64.1% in February 2025 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. **Workforce** Appraisal rates for February 2025 were at 76.3%, this is a worsening of 1.3% from January's performance of 77.6%. Workforce continues to support service areas to improve overall compliance. Additional information around budget workforce shows stronger grip around management of staffing numbers.
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	Quality 1; Quality 2; People 1; and People 2.
Report history	Trust Management Group
Appendices	1: Integrated Performance Report 2: Cancer performance

Whittington Health NHS Trust

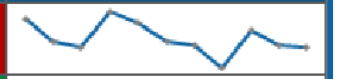
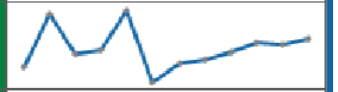
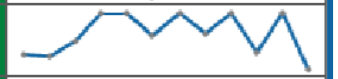
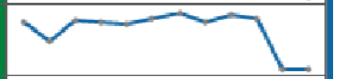
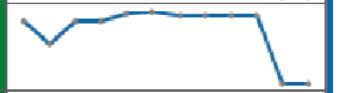
Performance Report

March 2024

Month 11 (2024-2025)

Community - Performance Dashboard

Whittington Health NHS Trust

Indicator	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	2024-2025	Activity
IAPT Moving to Recovery	50.0%	54.9%	49.2%	48.1%	56.9%	54.2%	49.5%	48.4%	43.0%	52.0%	48.5%	47.9%		49.8%	
IAPT Waiting Times for Treatment (% < 6 wks)	>75%	93.0%	95.7%	94.4%	94.6%	95.0%	94.4%	96.9%	96.9%	97.0%	96.3%	96.1%		95.8%	
% of MSK pts with a significant improvement in function (PSFS)	>75%	75.7%	87.4%	78.7%	79.6%	88.1%	72.7%	76.6%	77.6%	79.1%	81.0%	80.8%	82.1%	80.7%	
% of Podiatry pts with a significant improvement in pain (VAS)	>75%	85.4%	84.2%	90.0%	100.0%	100.0%	91.7%	100.0%	92.3%	100.0%	85.7%	100.0%	80.0%	92.3%	
ICTT - % Patients with self-directed goals set at Discharge	>70%	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%	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%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.8%	

Community Performance Dashboard

- The IAPT service narrowly missed the 50% target for the previous 3 months. However, efforts are underway to address this shortfall and ensure improvement moving forward.
- The MSK service continues to maintain strong performance in their outcome measures.
- The Podiatry service is consistently maintaining its outcome measures.
- ICTT (now IILT) are achieving self directed goals at discharge.
- ICTT (now IILT) and REACH (now HART) are both achieving their outcome scores at discharge.

Please note there has been a delay in obtaining the ICTT data for January and February due to how the data is collated, this is being investigated

ICARE EQUITY

Adult Community - Waiting Times

Whittington Health NHS Trust

Indicator (Routine Appointments)	Target	Target Weeks	Dec-23	Jan-24	Feb-24	Average Wait (Latest Month)	No. of Patients Seen
Community Matron	>95%	6	100.0%	93.8%	100.0%	1.8	21
Adult Wheelchair Service	>95%	8	100.0%	98.1%	98.3%	1.4	60
Community Rehabilitation (IILT)	>95%	12	78.3%	77.6%	71.1%	11.5	38
Community Rehabilitation (ICTT)	>95%		46.1%	46.9%	46.2%	11.8	3685
Home-based Intermediate Care Service	>95%		90.9%	92.8%	88.9%	3.5	81
Paediatric Wheelchair Service	>95%	8	100.0%	100.0%	60.0%	6.9	5
Bladder and Bowel - Adult	>95%	12	41.1%	49.7%	41.4%	13.5	152
Musculoskeletal Service - CATS	>95%	6	24.7%	30.0%	32.0%	13.3	488
Musculoskeletal Service - Routine	>95%	6	34.4%	34.3%	28.9%	19.0	1417
Nutrition and Dietetics	>95%	6	97.7%	94.2%	96.8%	2.9	154
Podiatry (Foot Health)	>95%	6	29.6%	31.2%	42.2%	10.4	450
Lymphodema Care	>95%	6	21.4%	36.8%	53.8%	6.5	13
Tissue Viability	>95%	6	97.9%	100.0%	100.0%	2.1	50
Cardiology Service	>95%	6	98.3%	91.9%	95.9%	2.5	73
Diabetes Service	>95%	6	100.0%	90.1%	79.7%	3.9	128
Respiratory Service	>95%	6	33.7%	70.4%	57.6%	6.1	66
Spirometry Service	>95%	6	100.0%	100.0%	100.0%	3.5	71
Integrated MDT	>95%	6	92.8%	83.4%	94.1%	1.9	169
Self-Management	>95%	12		95.2%	85.7%	6.5	14
Covid	>95%	6	62.5%	75.8%	85.0%	2.9	20
Indicator (Urgent Appointments)							
Adult Wheelchair Service	>95%	2	100.0%				0
Community Rehabilitation (IILT)	>95%	2	42.9%	45.0%	38.5%	9.7	13
Community Rehabilitation (ICTT)	>95%		63.3%	65.8%	71.2%	1.5	476
Home-based Intermediate Care Service	>95%	2	89.7%	92.9%	89.4%	0.9	85
Musculoskeletal Service - CATS	>95%	2	25.0%	11.1%	50.0%	2.4	4
Musculoskeletal Service - Routine	>95%	2	57.8%	60.1%	59.2%	2.3	103
Nutrition and Dietetics	>95%	2	100.0%	100.0%			0

Adult Community Waiting Times

Podiatry: The service faces persistent sickness levels and recruitment challenges, which is having an impact on staffing, however March has seen improvements. The greatest pressure is in where long waits persist. To address this, we are reallocating some patients to Physiotherapy by funding a physiotherapist. Additionally, stricter application of clinical access and home visiting criteria is beginning to show improvements.

Community Rehab: CRT currently has 320 referrals awaiting first appointments (18+ weeks), an increase of 26 from last month. To manage the long waits, telephone triage and postcode-allocated clinics for stroke and neuro patients have been implemented. These new working patterns have just been introduced, and we anticipate seeing improvements next month.

ICTT – Other: Currently there are 42 over 18-week waiters awaiting first appointments, a decrease from 61 last month. A review of Allied Health Professions (AHP) job plans is underway to enhance staff efficiency and address performance challenges.

ICTT – Stroke: A comprehensive report has identified 108 patients waiting for first appointments, including 1 patient waiting over 30 weeks. Agency staff have been requested and an urgent recovery plan has been implemented. We expect this process to take 2-3 months.

MSK Routine: Waiting times have improved with 80.7% seen within six weeks (up from 56.3%), and the average wait reduced to 4.5 weeks. 600 additional first appointments were funded by a GIRFT project in February 2025 to boost performance. However, staffing challenges (long-term sickness, unpaid leave, and vacancies) led to fewer patients seen than expected. The total waiting list continues to grow due to increased referrals from Haringey and Islington, potentially impacting future wait times.

MSK CATS: Waiting times have improved, with 76.1% seen within six weeks (up from 31.9%) and an average wait of 4.5 weeks. 396 additional first appointments were funded by a GIRFT project in February 2025 to enhance performance through extra weekend and weekday clinics.

ICARE EQUITY

Children's Community – Waiting Times

Indicator (Routine Appointments)	Target	Target Weeks	Dec-23	Jan-24	Feb-24	Average Wait (Latest Month)	No. of Patients Seen
CAMHS	>95%	4	50.9%	45.2%	51.8%	15.3	280
Community Children's Nursing	>95%	6	98.3%	57.1%	58.9%	4.2	73
Community Paediatrics - Haringey	>95%	18	94.8%	95.7%	91.9%	5.7	37
Community Paediatrics - Islington	>95%	18	100.0%	100.0%	92.3%	6.3	13
Haringey - SCT	>95%	20	0.0%	0.0%	0.0%	53.0	27
Islington SCT (0-5s)	>95%	20	0.0%	32.0%	7.4%	47.0	27
CLA Initial Assessments - Haringey	>95%	4	83.3%	62.5%	62.5%	6.1	8
CLA Initial Assessments - Islington	>95%	4	80.0%	92.3%	83.3%	3.3	6
Occupational Therapy - Barnet	>95%	18	80.0%	100.0%	100.0%	7.9	39
Occupational Therapy - Haringey	>95%	18	94.1%	100.0%	100.0%	8.0	19
Occupational Therapy - Islington	>95%	18	66.7%	5.0%	18.8%	23.3	32
Paediatrics Nutrition and Dietetics - Haringey	>95%	12	100.0%	100.0%	93.3%	5.9	15
Paediatrics Nutrition and Dietetics - Islington	>95%	12	100.0%	100.0%	100.0%	4.5	13
Physiotherapy - Barnet	>95%	18	100.0%	100.0%	97.5%	7.8	40
Physiotherapy - Haringey	>95%	18	100.0%	98.9%	98.2%	5.9	56
Physiotherapy - Islington	>95%	18	100.0%	97.1%	98.3%	5.2	59
PIPS	>95%	12	100.0%	100.0%	100.0%	2.9	6
SALT - Barnet	>95%	18	51.9%	69.3%	86.3%	9.3	117
SALT - Camden	>95%	6	71.7%	42.9%	46.2%	12.0	52
SALT - Haringey	>95%	13	34.4%	24.5%	26.6%	17.9	79
SALT - Islington	>95%	13	76.9%	64.9%	91.3%	6.9	23
SALT - MPC	>95%	18	89.5%	82.1%	100.0%	4.3	39
School Nursing - Haringey	>95%	12	98.6%	93.0%	97.0%	2.6	67
School Nursing - Islington	>95%	12	96.9%	100.0%	87.5%	3.8	56
Indicator (Urgent Appointments)							
CAMHS	>95%	2	88.2%	75.0%	100.0%	0.9	10
Community Children's Nursing	>95%	1	100.0%	100.0%	100.0%	0.1	6
SALT - Barnet	>95%	6	100.0%	100.0%	100.0%	2.6	8
SALT - Haringey	>95%	2			50.0%	6.9	2

Indicator	Target	Current Month		Previous Month	2023-2024
Haringey New Birth Visits - % Seen Within 2 Weeks	>95%	Jan	94.2%	91.4%	91.6%
Islington New Birth Visits - % Seen Within 2 Weeks	>95%	Jan	93.6%	94.7%	96.5%

Children's Community Waits

Autism Assessments:

Sustained increased demand for assessments continue to have an impact on waiting times in Haringey and Islington. Here are the detailed figures for January:

	Haringey 0-5s	Haringey 5-11s	Islington 0-5s	Islington 5-11s
Average weeks between referral and completion of assessment	67	81	69	111
Total number of CYP waiting to start an assessment	397	459	295	700

Significant additional investment into these services has been made by North Central London Integrated Care Board (NCL ICB). This recurrent funding will enable transformation of the pathway and increase capacity for assessments. Within the Trust, work over the last 3 months has focused on recruiting to new roles, increasing the number of assessments provided using bank staffing and setting up contracts with private providers for additional assessments using investment received in 2024/25. Leads from Trust services are working with other providers across NCL to make changes to the assessment pathway.

Managers and clinical leads from Haringey and Islington services are meeting regularly to progress Trust wide developments, sharing ideas, and agreeing on pathway redesigns. There is focus on four areas to develop service operations:

- Supporting family's knowledge and understanding of their child's needs through improving access to information/and training.
- Internal demand and capacity planning – better data to support trajectory forecast.
- Strengthening connections between the Trusts and services within the boroughs to best support children and ensure their needs are met sooner.
- Developing digital tools – implement AI products into assessment processes and embed a digital assessment pathway option.

This work will support a reduction in waiting times for children and families which will deliver improvements in experience. Further investment and transformation will be required to ensure the backlog of children and young people waiting for an assessment is addressed.

Safe

Indicator	Target	Current Month		Previous Month	2024-2025	Variation	Assurance
HCAI C Difficile	<22	Feb	3	3	20		F
Actual Falls	400	Feb	31	12	349	H	
Category 3 or 4 Pressure Ulcers	64	Feb	24	43	331	L	
Medication Errors causing serious harm	0	Feb	0	0	0		P
MRSA Bacteraemia Incidences	0	Feb	0	1	6	L	
Patient Safety Incident Investigations	N/A	Feb	1	1	10		
VTE Risk Assessment %	>95%	Feb	94.5%	95.9%	95.6%	L	P
Mixed Sex Accomodation Breaches	0	Feb	6	20	129	L	
Summary Hospital Level Mortality Indicator (SHMI)	1	Oct 23 - Sep 24	0.97	0.97	0.98		

Category 3 or 4 Pressure Ulcers - *Target 0*

February Performance - 24

This is a decrease of 19 Compared to January's performance of 43

Category 3 = 19

Category 4 = 5

Issues: The factors contributing to this issue are multifaceted, including complex comorbidities, non-compliance with care plans, and caregivers' insufficient skills in managing or preventing pressure ulcers within community settings.

Actions: The Pressure Ulcer Improvement Programme continues with a series of quality improvement projects across the Trust. A service-level improvement plan has been implemented, informed by the findings of patient safety incident investigations.

HCAI C Difficile – Target <22

February Performance – 3

Issues: There were three hospital-onset hospital-associated (HOHA) cases of C Difficile in February. None were linked to time and place.

Actions: All patients received appropriate treatment, and PIRs have been commenced for each case. Samples sent to UKHSA reference lab for ribotyping. MDTs are involved to ensure appropriate processes are followed and discussions are held to help identify any gaps in practice and pinpoint learnings. PIRs are still ongoing and findings from these will be shared and disseminated to the respective MDTs.

Responsive - Access

Indicator	Target	Current Month		Previous Month	2024-2025	Variation	Assurance
Cancer - 62 Days Combined Treatments	>85%	Jan	72.4%	78.1%	66.2%	L	F
Cancer - % Pathways Received a Diagnosis Within 28 Days of Referral	>75%	Jan	54.9%	72.7%	67.9%	L	F
Cancer - 31 Days to First & Subsequent Treatment	>96%	Jan	93.0%	96.2%	94.5%	L	?
DM01 - Diagnostic Waits (<6 Weeks)	>99%	Feb	96.5%	93.7%	94.1%	H	F
RTT - Incomplete % Waiting <18 Weeks	>92%	Feb	62.7%	62.4%	65.2%		
Referral to Treatment 18 Weeks - 52 Week Waits	0	Feb	291	248	4028		
% Seen <=48 Hours of Referral to District Nursing Service	>95%	Feb	98.9%	96.0%	96.9%	H	P
% Of Rapid Response Urgent Referrals Seen Within 2 Hours of Referral		Feb	69.7%	73.7%	67.9%	L	

What the Data Tells Us	Issues	Actions and Mitigations
Referral to Treatment Incomplete % Waiting <18 Week – *Target 92%* **February Performance – 62.72** This is an improvement of 0.32% compared to January's performance of 62.4%.	• Compliance with the 18-week standard has stabilised and work is in place to improve performance in line with national requirements going in to 2025/26 • The 52-week position has worsened, this is due to unexpected tip-ins from the Urology service.	• Additional clinics have been established to reduce the Urology backlog. A plan is in place which should address the backlog.
Referral to Treatment 18 Weeks - 52 Week Waits – *Target 0* **February Performance – 291** This is a worsening of 43 compared to January's performance of 248. At the end of February there were 37 patients waiting over 65 weeks and 0 over 78 weeks.		
DM01: Diagnostic Waits <6 Weeks – Target 99% *Percentage of patients waiting less than 6 weeks for 15 key diagnostic tests and procedures.* **February Performance – 96.5%** This is an improvement of 2.8% compared to January's performance of 93.7%.	• Improvements in Imaging and Endoscopy have continued which has contributed to the increase in performance. • Main areas of non-compliance are Neurophysiology and Sleep Studies. • Neurophysiology although non-compliant has made improvements in the last few months and was 65.8% in February 2025.	• Although the backlog is relatively small, Sleep Studies are working with system partners in North Central London to developing an action plan to improve capacity.

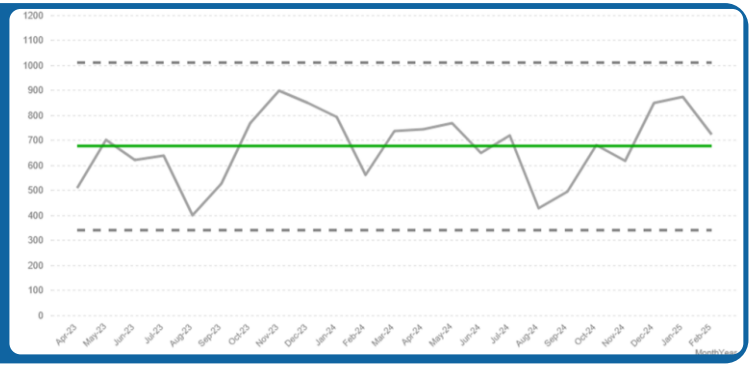
Responsive - Access

What the Data Tells Us	Issues and Actions
Cancer: 28-Day Faster Diagnosis Standard (FDS) - *Target >75%* **January Performance – 54.9%** This is a worsening of 17.8% compared to December's performance of 72.7%. Haematology, Lung, Dermatology, and Upper GI services all performed above 75% • Breast performance 37.8% and Breast Symptomatic 35.9% • Colorectal performance 55.6% • Gynaecology performance 52.6% • Urology performance 39%	• Due to reduced capacity within the One-Stop Breast service caused by annual leave and bank holidays, the booking time for first appointments increased to 60 days. To mitigate this, the service introduced Saturday sessions from January to March 2025. This additional capacity has successfully reduced the booking time to 17 days, and February's FDS performance is expected to improve to 85%. • In April 2025, a second Colorectal straight-to-test nurse will begin clinical activity. All current registrar vacancies have been filled and new AI-based rostering software will be implemented. This will provide additional capacity and further support FDS performance. • In December 2024, the Urology service launched a results letter template to discharge patients directly from MRI. This initiative is expected to improve performance starting in February 2025. • Theses initiatives have already led to improvements, with February 2025 performance expected to be 74%.
Cancer: 31 Days to First & Subsequent Treatment - *Target >96%* **January Performance – 93%** This is an improvement of 3.2% compared to December's performance of 96.2%. Haematology, Lung, Upper GI, and Urology services all performed at 100% • Breast performance 92.9% • Colorectal performance 87.5% • Dermatology performance 80%	• The colorectal service is continuing to develop a pathway to expedite the pre-assessment of surgical patients within the joint surgical pathway at UCLH to improve patient pathways and performance.
Cancer: 62-Day Combined Treatments - *Target >85%* **January Performance – 72.4%** This is a worsening of 5.7% compared to December's performance of 78.1%. Breast, Gynaecology, Haematology, and Dermatology services all performed above 85% • Colorectal performance 62.5% • Lung performance 64.3% • Upper GI 60% • Urology 58.3%	• The Trust has followed a sector wide trend of a slight decline in performance for January 2025 owing to reduced clinical and surgical activity throughout the Christmas period • Lung service performance continues to be impacted by delays to EBUS at UCLH. Ongoing discussions with the Cancer Alliance are on-going to establish whether the alliance can provide funding to support 50% of the role of EBUS at the Trust.

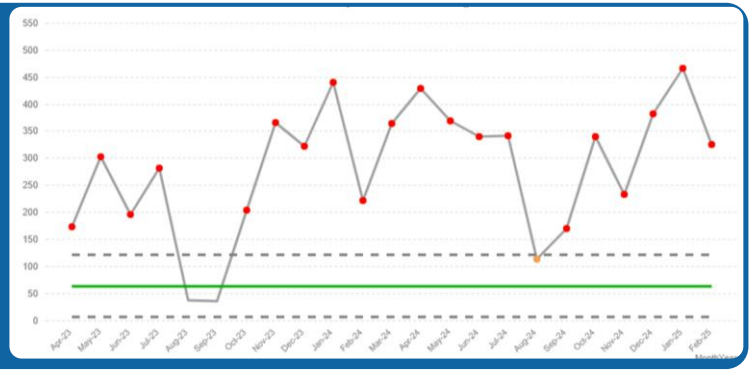
Responsive - Emergency Care

Indicator	Target	Current Month		Previous Month	2024-2025	Variation	Assurance
Las Patient Handover Times - 30 Mins	0	Feb	121	172	1111	L	F
Las Patient Handover Times - 60 Mins	0	Feb	9	27	88	L	F
% Streamed to an Onsite Service	>7.5%	Feb	7.0%	6.3%	4.6%	H	F
Median Wait for Treatment (Minutes)	< 60 min	Feb	110 Mins	100 Mins	94 Mins	H	F
% Of ED Attendance Seen by Clinician Within 60 Mins of Arrival		Feb	33.9%	36.1%	37.1%	L	
Median Time From Arrival to Decision to Admit		Feb	04:59	04:26	04:21	H	
12 Hour Trolley Waits in ED	0	Feb	325	466	3504	L	F
Total ED Attendances in Dept for More Than 12 Hours (Arrival to Dept)		Feb	722	849	7543	L	
% Of ED Attendances Over 12 Hours From Arrival to Departure	<2%	Feb	8.8%	9.6%	7.6%		F
ED Waits (4 Hrs Wait)	>95%	Feb	66.8%	68.4%	70.8%		F
% Left ED Before Being Seen		Feb	10.3%	9.5%	8.8%	H	
% ED Re-Attendance Within 7 Days		Feb	10.5%	9.6%	10.1%	H	

ED Attendances Over 12 Hours



12-Hour Trolley Waits in ED



ED 4-hour Waits

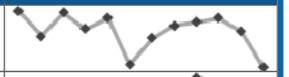
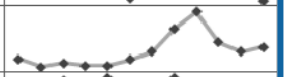
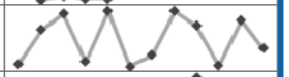
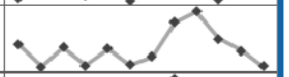
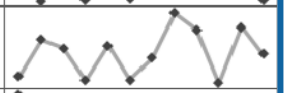
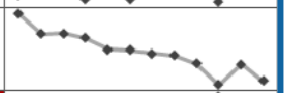
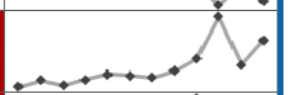
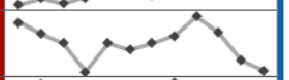
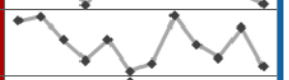
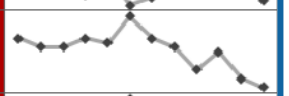
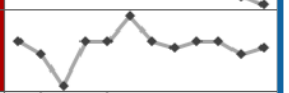
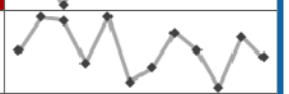
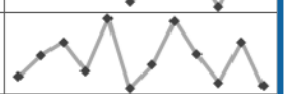
Responsive - Emergency Care

Whittington Health NHS Trust

What the Data Tells Us	Issues	Actions and Mitigations
% of ED Attendances Over 12 Hours - *Target <2%* **February Performance – 8.8%** This is an improvement of 0.8% compared to January's performance of 9.6%. **12-Hour Trolley Waits in ED - *Target 0*** *No. of patients who waited longer than 12 hours to be admitted to the ward following decision to admit.* **February Performance – 325** This is an improvement of 141 compared to January's performance of 466. **Emergency Department Waits (4 hrs wait) - *Target >95%*** *No. of patients treated within 4 hours of arrival in ED.* **February Performance – 66.8%** This is a worsening of 1.6% compared to January's performance of 68.4%. **LAS Handovers - *Target 0*** *Number of Ambulance Handover delays of greater than 30 minutes and 60 minutes.* **February Performance (30 mins) – 121** This is a worsening of 51 compared to January's performance of 172. **February Performance (60 mins) – 9** This is an improvement of 18 compared to January's performance of 27. **Median Wait for Treatment - *Target <60*** *Time from arrival to seeing a doctor or nurse practitioner.* **February Performance – 110 minutes** This is a worsening of 10 minutes compared to January's performance of 100 minutes.	• Formal overnight postcode redirection lifted, however continued pressures within the NCL sector with regular diverts. • Royal Free group model divert implemented however impact and full application not quite realised in reducing diverts to the Whittington • Increased number of Mental Health presentations to the ED with longer length of stay awaiting Mental Health beds. • Discharge bottlenecks into the community which impact on wider hospital flow. **Whittington position and impact:** • A total number of attendances of 8215 a reduction of 846 compared to January (9061) • Reduction in the number of ambulances in February (1491) by 215 compared to January (1706) • Increased acuity resulting in longer length of stay on the wards • Influx of respiratory presentations, flu, covid, RSV contributing to closed beds • Increase in out of borough attendances causing discharge delays due to Social Services. • Significant staff sickness levels due to impact of Winter and seasonal flu • Reduction in 12-hour breach position	• UEC improvement plan developed which focusses on Inflow, ED Assessment and Outflow ED improvement working group established. Focus on: • Improving streaming pathways • GP tendering completed to provide increased GP provision in the UTC. • ED Same day emergency care (SDEC) continues with further reviews underway. • Paediatric and UTC focus on consistently achieving greater than >92%. Senior presence in paediatrics to support safety and performance. ED Assessment and Management: • 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 however this has been intermittent due to conversion to beds to support flow Specialty Review, Discharge, Flow and Admission:. • 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 and Minerva pilot continues • Introduced a pilot of Minerva – company that provides • Focus on-performance overnight

ICARE EQUITY

Activity

Indicator	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Activity
ED Attendances		9562	8958	9522	9125	9386	8258	8903	9208	9302	9389	9061	8215	
ED Admission Rate %		10.3%	9.6%	9.9%	9.7%	9.7%	10.2%	10.9%	12.9%	14.4%	11.7%	10.9%	11.3%	
Elective and Daycase		2217	2461	2576	2231	2596	2201	2280	2599	2493	2203	2529	2329	
Emergency Inpatients		1746	1556	1727	1563	1714	1570	1644	1946	2046	1804	1696	1561	
GP Referrals to an Acute Service		9068	10232	9951	8954	10041	8967	9651	11053	10536	8865	10607	9782	
% Of GP Referrals Completed via eRS		63.1%	55.5%	55.7%	54.1%	50.0%	49.7%	48.5%	47.7%	44.8%	36.7%	44.4%	38.4%	
% e-Referral Service (e-RS) Slot Issues	<4%	77.6%	82.7%	78.9%	83.1%	87.4%	86.4%	84.8%	89.8%	98.5%	130.7%	94.1%	112.7%	
Maternity Births	320	237	227	218	192	218	212	218	225	243	228	202	193	
Maternity Bookings	377	301	308	275	246	275	231	242	309	268	249	292	237	
Outpatient DNA Rate % - New	<10%	11.7%	11.5%	11.5%	11.7%	11.6%	12.2%	11.7%	11.5%	11.0%	11.4%	10.8%	10.6%	
Outpatient DNA Rate % - FUp	<10%	10.4%	10.2%	9.7%	10.4%	10.4%	10.8%	10.4%	10.3%	10.4%	10.4%	10.2%	10.3%	
Outpatient New Attendances		10240	11380	11254	9798	11377	9179	9653	10845	10264	8958	10702	10010	
Outpatient FUp Attendances		17263	18322	18989	17509	20177	16601	17812	20049	18382	16923	18983	16733	
Outpatient Procedures		6299	7393	7389	6237	7273	5763	5292	6521	5747	5178	5894	5109	

GP Referrals

February Performance – 9,782

This is an increase of 825 compared to January's performance of 10,607.

It an increase of 282 compared to 9,500 in February's 2023

% of GP Referrals Completed via eRS

February Performance – 38.4%

This is a decrease of 6% compared to January's performance of 44.4%.

It a decrease of 30.6% compared to 69% in February's 2024

There has been a significant decrease in the number of GP referrals completed via eRS, this is due to the use of RPA software that has been put in place to help consolidate and reduce the referral backlog within the Trust.

Activity - Highlights

Whittington Health NHS Trust

Activity Highlights

Maternity Births February Performance – 193

This is a decrease of 9 compared to January's performance of 202 and a decrease of 13 from February 2024.

ED Attendances February Performance – 9,061 (Daily Average Attendance 324)

This is a decrease of 328 compared to January's performance of 9,389 (Daily Average Attendance 303), and an increase of 697 from February 2024.

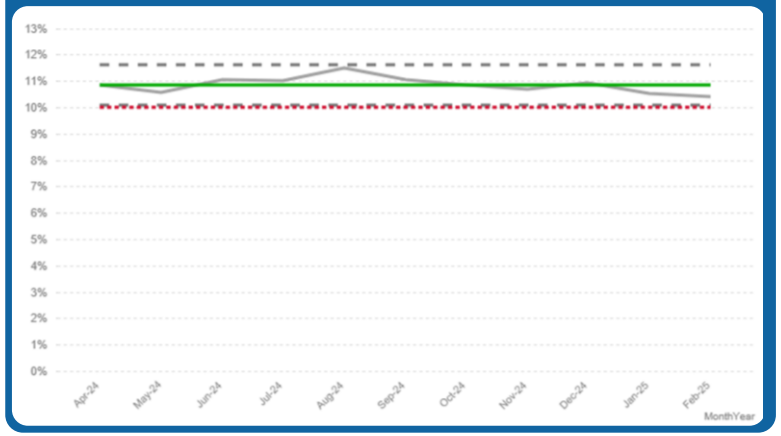
DNA Rates February Performance:

Acute DNA rate for February was 10.4%, this is an improvement of 0.1% from January's performance of 10.5%.

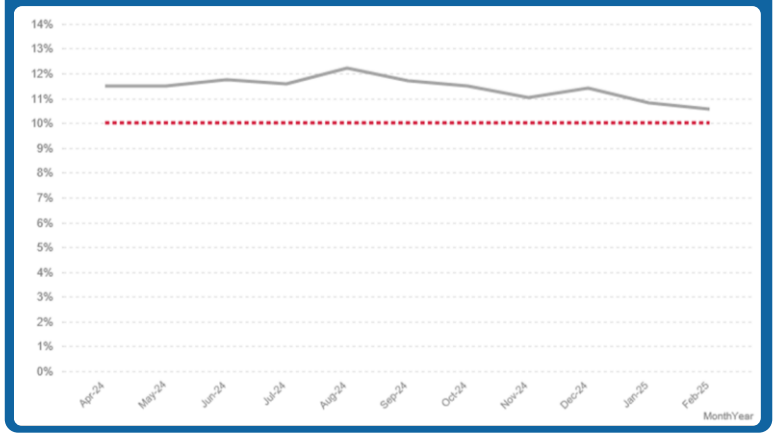
Outpatient DNA rate for new appointments was 10.6% for February, this is an improvement of 0.2% from January's performance of 10.8%.

Outpatient DNA rates for follow-up appointments was 10.3% for February, this is a worsening of 0.1% from January's performance of 10.2%.

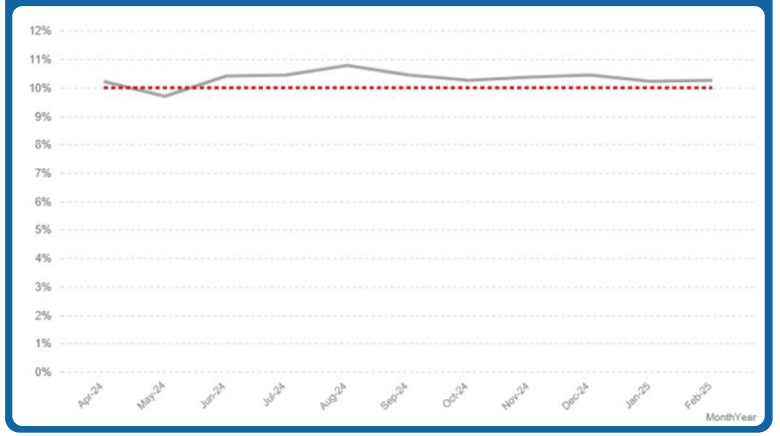
Acute DNA % Rate



Outpatient DNA % Rate - New



Outpatient DNA % Rate – Follow-Up



ICARE EQUITY

Activity – Activity and Forecasts

Activity Highlights

Outpatient First Appointments: There were 16,185 First Appointments in the last 4 weeks of February 2025, this is 126% against 19/20 levels.

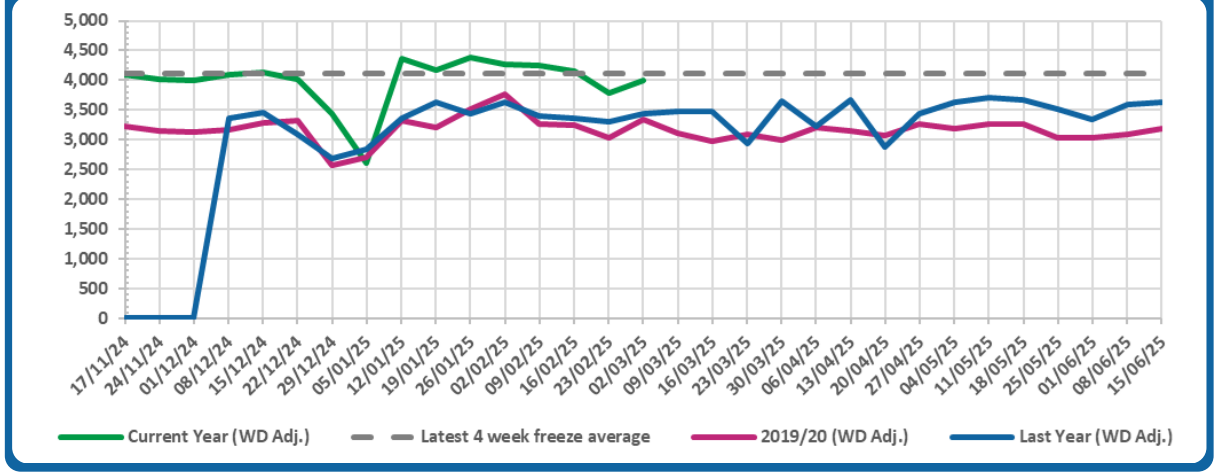
Outpatient Follow-up Appointments: There were 12,499 Follow-up appointments in the last 4 weeks of February 2025, this is 93% against 19/20 levels.

Follow-up activity is in line with productivity improvements.

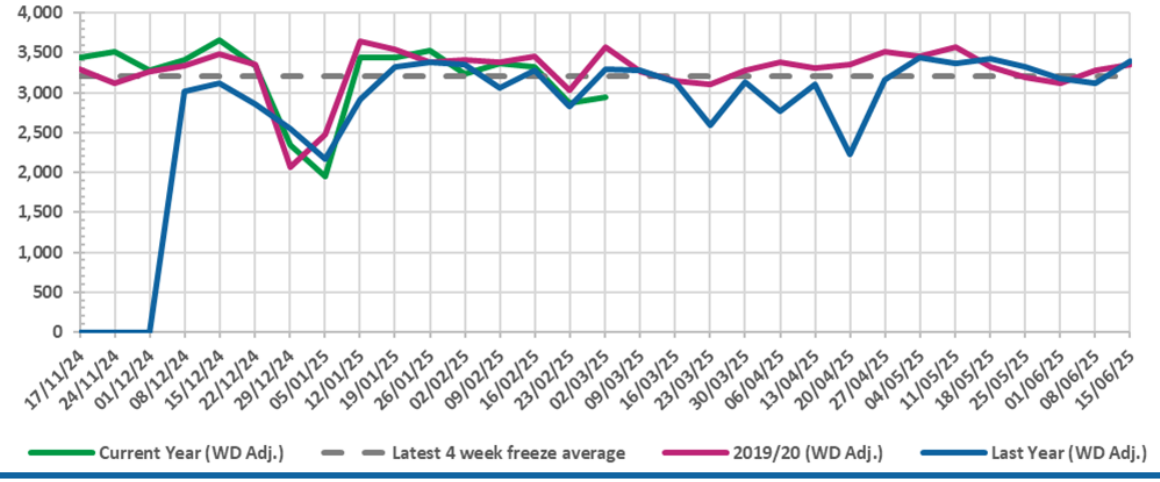
Elective Activity: There were 2,304 cases in the last 4 weeks of February 2025, this is 107% against the weekly plan for 2024/25.

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

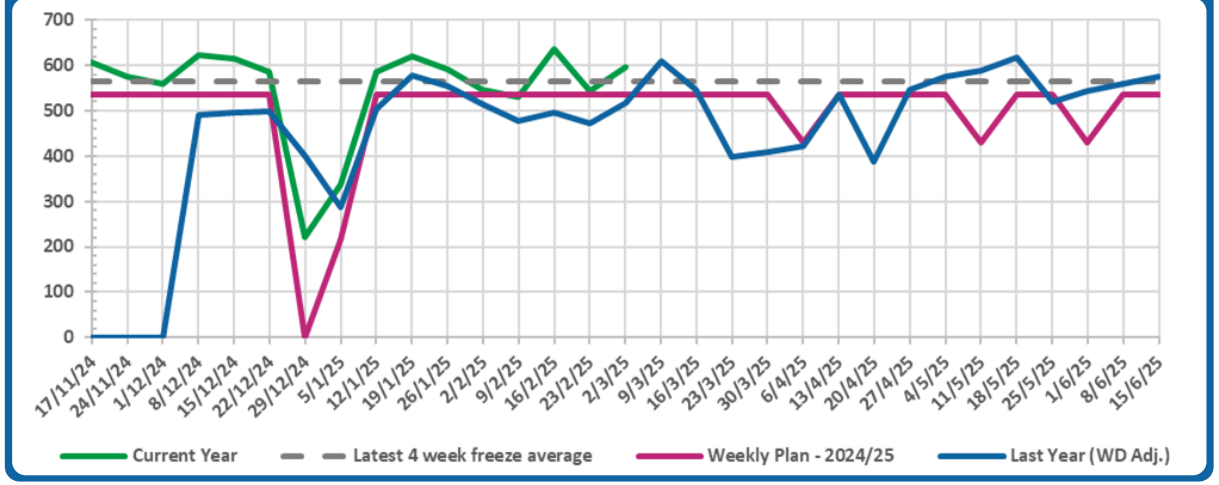
Weekly Outpatient First Attendances



Weekly Outpatient Follow-up Attendances



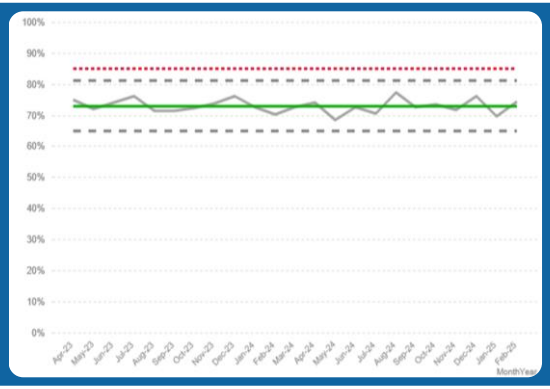
Weekly Elective Activity

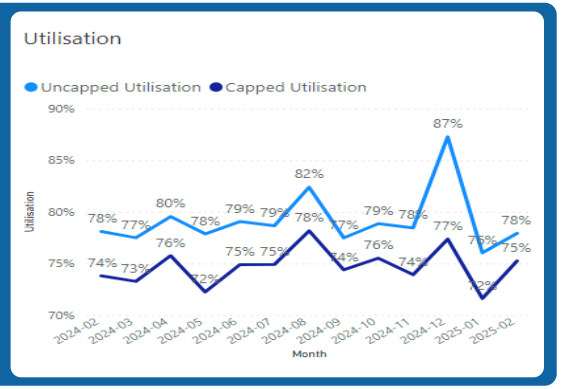


Effective

Indicator	Target	Current Month		Previous Month	2024-2025	Variation	Assurance
Cancelled Ops Not Rebooked <28 Days	0	Jan	3	4	33		F
Hospital Cancelled Operations	0	Jan	8	11	127	L	F
Theatre Utilisation	>85%	Feb	74.3%	69.6%	72.6%	H	F
Community DNA % Rate	<10%	Feb	6.7%	7.0%	7.1%		P
Acute DNA % Rate	<10%	Feb	10.4%	10.5%	10.9%		F
Outpatients New:Follow Up Ratio	2.3	Feb	1.67	1.77	1.77		
Non Elective Re-Admissions Within 30 Days	<5.5%	Feb	3.8%	2.7%	3.6%	H	P
Rapid Response - % Of Referrals With an Improvement in Care		Feb	74.4%	70.5%	71.8%	H	

Theatre Utilisation





Theatre Utilisation - Target 85%

Percentage of available Theatre time used for elective procedure.

February Performance – 74.3%

This is an improvement of 4.7% from January's performance of 69.6%.

Issues:

- Additional capacity opened at weekends to support completion of low complexity cases with long wait times have artificially decreased utilisation.
- Primary drivers of consistently lower utilisation: Breast, Urology and Dental services will receive focussed support.

Actions:

- There is an improvement focus within specialities that have suboptimal utilisation with an aim of achieving required target. Specialties include Breast; Dental; and Urology.
- Optimise booking rules; Weekly feedback of utilisation data; Booking in advance of MDT.
- Other areas of focus include promoting timely start with "golden patient" highlighted to ensure early send at 08:15 and first patient is Day case to avoid delays due to bed issues and reducing early finish, feedback to surgeon and service and correlate with cases booked.

Hospital Cancelled Operations - Target 0

January Performance - 8

This is an improvement of 3 from December's performance of 11.

Issues: Cancellations have been impacted by anaesthetic workforce vacancies, over-running lists and reduced bed base capacity in the trust.

Actions: Continued review and analysis of cancellations to ensure compliance with standard agreed process with appropriate mitigation of risk and troubleshooting.

Caring

Indicator	Target	Current Month		Previous Month	2024-2025	Variation	Assurance
ED - FFT % Positive	>90%	Feb	76.6%	73.2%	80.9%		
ED - FFT Response Rate	>15%	Feb	8.9%	8.3%	8.2%		
Inpatients - FFT % Positive	>90%	Feb	93.2%	95.0%	93.6%		
Inpatients - FFT Response Rate	>25%	Feb	20.9%	18.1%	19.0%		
Maternity - FFT % Positive	>90%	Feb	94.8%	100.0%	98.3%		
Maternity - FFT Response Rate	>15%	Feb	10.2%	15.2%	21.6%		
Outpatients - FFT % Positive	>90%	Feb	91.5%	88.2%	90.7%		
Outpatients - FFT Response Rate	400	Feb	142	271	3070		
Community - FFT % Positive	>90%	Feb	95.9%	93.9%	94.6%		
Community - FFT Response Rate	1500	Feb	837	1196	9734		
Complaints Responded to Within 25 or 40 Working Days	>80%	Feb	64.1%	59.5%	68.6%		
Complaints (Including Complaints Against Corporate Division)		Feb	39	37	328		

Friends and Family Test (FFT)

February Performance – 90%

Trust wide FFT performance sits at 90.35% for positive responses above the NHS 85% benchmark, in line with the previous month. Negative response rates were 5.8% above the NHS 5% benchmark seeing a slight decrease in January.

ED: 76% an increase of 3% and 14% for negative, a decrease of 6%.

Maternity: remained above the NHS benchmark for positive and negative, for the past 12 months. During February scores sat at 95% positive and 3% negative.

Outpatients: 91% positive an increase of 3% and 5% negative a decrease of 4% on the previous month. Outpatient feedback related to delays, cleaning and poor staff attitudes.

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

February Performance – 64.1%

This is an improvement of 4.6% from January's performance of 59.5%.

There were 39 complaints remain outstanding for February where a response was required.

Severity of complaints: 44% (17) were designated 'moderate' risk & 56% (22) were designated as 'low risk'.

Themes: The main themes from the complaints due a response in February 2025 remained consistent with previous months (Medical care, Communication and Nursing Care). The divisions and complaints team continue to work together to address these.

Of the 25 complaints that have closed, 4 (16%) were 'upheld', 15 (60%) were 'partially upheld', and 6 (24%) were 'not upheld', meaning that 76% of the complaints closed in February 2025 were upheld in one form or another.

Well Led

Indicator	Target	Current Month		Previous Month	2024-2025	Variation	Assurance
Appraisals % Rate	>85%	Feb	76.3%	77.6%	77.9%		
Mandatory Training % Rate	>85%	Feb	86.5%	85.9%	86.6%		
Permanent Staffing WTEs Utilised	>90%	Feb	93.6%	93.6%	92.6%		
Staff Sickness Abscence %	<3.5%	Jan	5.5%	5.1%	4.3%		
Staff Turnover %	<13%	Feb	9.7%	10.7%	10.6%		
Vacancy % Rate Against Establishment	<10%	Feb	6.4%	6.4%	7.4%		
Average Time to Hire	<=63	Feb	57	60	60		
Safe Staffing Alerts - Number of Red Shifts		Feb	2	0	11		
Safe Staffing - Overall Care Hours Per Patient Day (CHPPD)		Feb	9.8	10	8.5		

Appraisals % Rate - *Target >85%*

February Performance – 76.3%

This is a worsening of 1.3% from January's performance of 77.6%

Issue: Winter pressures mean there is less capacity for staff and managers to complete appraisals this quarter.

Actions: The Learning and Organisational Development team are continuing to offer appraisal training to managers and staff more frequently to support appraisal completion.

Staff Sickness Absence % - *Target <3.5%*

January Performance – 5.5%

This is a worsening of 0.4% from December's performance of 5.1%

Issue: The Trust is continuing to see the impact of seasonal illnesses on staff absences.

Actions: Work continues to support departments and divisions in managing and reducing staff absences. Hotspot areas are being reviewed to further provide additional support, ensuring appropriate and effective returns to work.

Staff Turnover % - *Target <13%*

February Performance – 9.7%

This is an improvement of 1% from January's performance of 10.7%

Issue: To maintain a continued reduction in staff turnover.

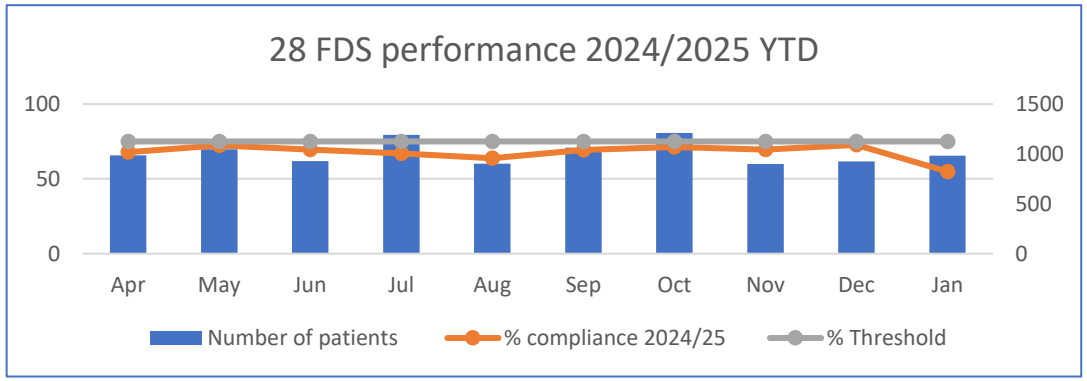
Actions: Work continues to improve the implementation of the workforce strategy in relation to retention and the monitoring of the staff turnover progress.

Whittington Health NHS Trust

ETM Cancer Performance Report (January 25)

7/3/2025

Cancer – Performance Summary

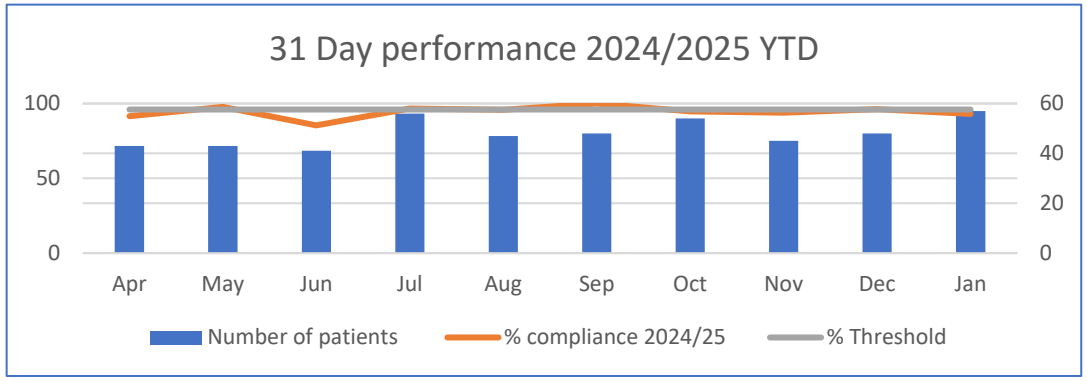


28-Day Faster Diagnosis Standard (FDS) January Performance – 54.8%

Provisional signs in February show significant improvement

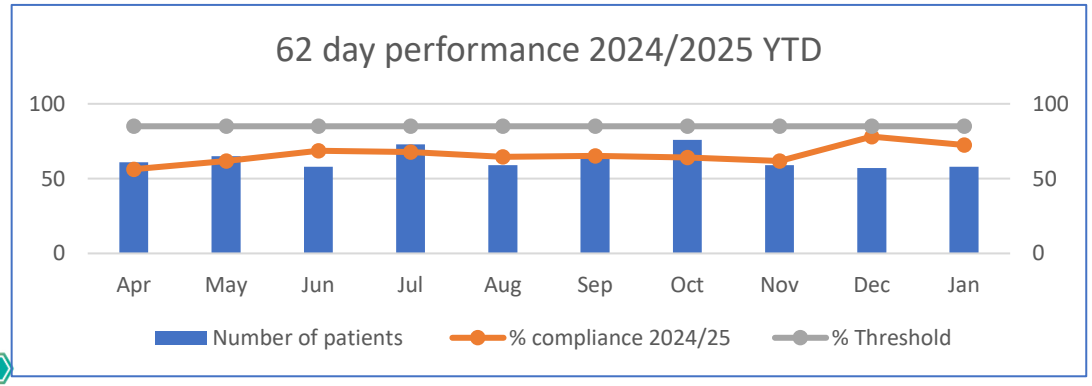
Key Areas of focussed improvement:

- Breast performance – extra clinics to create more capacity
- Skin performance – insourcing to create extra clinic capacity
- Urology performance – discharge straight from MRI pathway implemented and focus on reducing the number of steps on the prostate pathway to enable patients to move to the next stage in a timely manner.



31 Days to First & Subsequent Treatment January Performance – 93%

Provisional signs in February show improvement



62-Day Combined Treatments January Performance – 72.6%

Provisional signs in February show that this improvement is sustained

Cancer Improvement - Summary

Key Updates

- In sourcing has started for Dermatology to create more capacity with a positive impact with a reduction in first appointment
- Breast pain pathway – Standard operating procedure (SOP) has been approved
- Gynae diagnostic pathway - Endometrial Assessment Pathway to commence shortly after new equipment is procured

The Trust has set an overall compliance ambition to achieve the national minimum of 75% performance against the 62-Day pathway standard and 80% against the Faster Diagnosis Standard by March 2026. To ensure progress toward these targets, performance will be closely monitored at the cancer site level throughout the year. Regular assessments and data reviews will be conducted to identify trends, address challenges, and implement targeted interventions where necessary. This approach aims to drive continuous improvements in patient pathways, optimise diagnosis and treatment timelines, and enhance overall cancer care outcomes.

Meeting title	**Trust Board – public meeting**	**Date: 20/3/2025**
Report title	**Finance Report December (Month 11) 2024/25**	**Agenda item: 11**
Executive director lead	Terry Whittle CFO	
Report author	Finance Team	
Executive summary	The Trust is reporting a year-to-date deficit of £15.7m at the end of February, £1.5 adverse to plan (£0.2m favourable variance in month). Trust is reporting actual CIP delivery of £13.2m against a YTD target of £15.2m, i.e. a YTD shortfall of £1.9m (12% of the YTD target). Capital expenditure to the end of February was £13.7m (exc. IFRS16) against a £13.2m plan. The Trust's cash balance on 28th of February was £36.41m, which is £6.64m adverse to plan.	
Purpose:	To note financial performance.	
Recommendation(s)	To note the financial performance for February.	
Risk Register or Board Assurance Framework	BAF risks S1 and S2	
Report history	Monthly report	
Appendices	1: Finance report	

Trust is reporting a deficit of £15.7m at end of February. This is £1.5m adverse to plan.

The Trust is reporting a year-to-date deficit of £15.7m at the end of February, £1.5m adverse to plan (£0.2m favourable variance in month).

In February, the Trust reported a favourable £3.9m clinical income variance. This is mainly due to non-recurrent funding of £2.3m received to support system mutual aid and additional winter costs.

Elective income performance was £0.4m better than plan in February.

Operating expenditure was £4.4m adverse to plan in February. 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
  - Domestics & portering overspend - £0.9m
- Agency staff costs (£11.9m) represent 3.7% of total pay costs and the national cap is 3.2%.
- Non-Pay overspends driven by:
  - Increased pathology tests - £2m
  - Clinical supplies - £0.7m
  - Legal fees - £0.4m
  - Planned and reactive maintenance - £1m
  - Additional Chemotherapy activity driving increased spend on block element of high-cost drugs - £0.5m
- The Trust delivered £13.2m of savings against a year-to-date target of £15.2m (87% of target).

Cash of £36.41m as at end of M11

The Trust's cash balance on 28th February was £36.41m, which is £6.64m adverse to plan.

Capital expenditure for 2024-25 is £18.98m

Capital expenditure to the end of February was £13.7m (exc. IFRS16) against a £13.4m plan.

Better Payment Practice Performance – 94.57% for non-NHS by value

Overall, the Trust's BPPC is 96.55% by volume and 93.82% by value. The BPPC for non-NHS invoices is 96.80% by volume and 94.57% by value.

Forecast for 2024-25	Trust is forecasting to deliver £13.13m deficit for 2024-25. The risks to delivering forecast outturn include unresolved payment for inpatient CAMHS service.

Summary of Income & Expenditure Position – Month 11

	In Month			Year to Date			
	Plan	Actual	Variance	Plan	Actual	Variance	Annual Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income							
NHS Clinical Income	27,019	30,514	3,495	297,523	314,087	16,563	324,476
High Cost Drugs - Income	894	884	(10)	10,424	11,760	1,336	11,386
Non-NHS Clinical Income	1,704	1,900	196	18,740	20,765	2,025	20,443
Other Non-Patient Income	2,273	2,912	639	24,998	28,624	3,626	27,271
Elective Recovery Fund	5,037	5,463	426	57,068	59,124	2,056	62,343
	36,926	**41,673**	**4,747**	**408,754**	**434,360**	**25,606**	**445,920**
Pay							
Agency	(102)	(728)	(626)	(1,133)	(11,916)	(10,783)	(1,164)
Bank	(339)	(2,987)	(2,648)	(3,596)	(26,918)	(23,322)	(3,757)
Substantive	(27,383)	(26,528)	854	(303,748)	(283,185)	20,563	(331,502)
	(27,824)	**(30,244)**	**(2,420)**	**(308,477)**	**(322,019)**	**(13,541)**	**(336,424)**
Non Pay							
Non-Pay	(6,149)	(8,043)	(1,894)	(83,328)	(94,182)	(10,854)	(86,365)
High Cost Drugs - Exp	(883)	(948)	(64)	(9,718)	(11,690)	(1,972)	(10,602)
	(7,032)	**(8,991)**	**(1,959)**	**(93,046)**	**(105,872)**	**(12,826)**	**(96,966)**
EBITDA	**2,069**	**2,437**	**368**	**7,231**	**6,469**	**(761)**	**12,529**
Post EBITDA							
Depreciation	(1,564)	(1,678)	(114)	(17,074)	(18,826)	(1,752)	(18,638)
Interest Payable	(69)	(73)	(4)	(761)	(798)	(37)	(830)
Interest Receivable	177	164	(13)	1,948	2,988	1,040	2,125
Dividends Payable	(506)	(506)	0	(5,563)	(5,562)	1	(6,068)
P/L On Disposal Of Assets	0	0	0	0	0	0	0
	(1,962)	**(2,093)**	**(130)**	**(21,449)**	**(22,198)**	**(749)**	**(23,411)**
Reported Surplus/(Deficit)	**107**	**345**	**238**	**(14,219)**	**(15,729)**	**(1,510)**	**(10,882)**
Impairments	0	0	0	0	0	0	0
IFRS & Donated	(5)	(4)	1	(55)	(49)	5	(60)
Reported Surplus/(Deficit) after Impairments and IFRIC12	**102**	**341**	**239**	**(14,274)**	**(15,778)**	**(1,505)**	**(10,942)**

- The year-to date deficit is £15.7m (excluding donated asset depreciation and impairments), £1.5m worse than planned.
- February performance is £0.2m better than the forecast mainly due to non-recurrent funding received for UEC and pay awards.
- Elective income was £0.4m better than plan, offset by continued pay overspends on temporary staff.
- £1.6m of non-recurrent benefits are included in the February position (YTD £13m).

2.0 Income and Activity Performance

2.1 Income Performance – February

Income	In Month Income Plan £000's	In Month Income Actual £000's	In Month Variance £000's	YTD Income Plan £000's	YTD Income Actual £000's	YTD Variance £000's
A&E	1,612	1,792	180	19,232	21,669	2,437
Elective	2,263	2,282	19	25,680	26,555	875
Non-Elective	4,655	4,924	270	55,522	55,620	98
Critical care	435	187	(248)	5,191	6,104	912
Outpatients	4,918	5,256	338	55,684	58,140	2,456
Direct access	1,459	1,383	(76)	16,557	16,313	(244)
Community	6,754	6,754	0	74,289	74,289	0
Other clinical income NHS	5,817	8,819	3,002	55,793	67,157	11,364
NHS Clinical Income	**27,913**	**31,398**	**3,485**	**307,947**	**325,846**	**17,899**
Non NHS clinical income	1,704	1,900	196	18,740	20,765	2,025
Elective recovery fund (ERF)	5,037	5,463	426	57,068	59,124	2,056
Income From Patient Care Activities	**34,653**	**38,761**	**4,108**	**383,756**	**405,736**	**21,980**
Other Operating Income	**2,273**	**2,912**	**639**	**24,998**	**28,624**	**3,626**
Total	36,926	41,673	4,747	408,754	434,360	25,606

- Income was £25.6m over plan year to date. £17.9m NHS clinical income, £2m non-NHS clinical income, £2.1m ERF overperformance and £3.6m other operating.

- £17.9m NHS clinical income is driven mainly by £6.6m system funding, £1.5m SDF/MHIS monies, £1.3m prior year income, £1.1m community services review, £1.1m drugs overperformance, £0.8m industrial action, £0.7m CDC, £0.5m performance related (chemo, devices and imaging), £1.1m foundation trust income (mainly cancer alliance income), £0.3m dental, £2.9m various additional ICB income streams. Additional income is offset by additional expenditure.

- £2m non-NHS clinical income is driven by £2m local authority income. Mainly CYP, £0.7m barnet therapies, £0.5m Barnet 0-19, 0.6m start for life.

- £3.6m other operating income is driven by £1.5m education & training income, £0.4m research & development, £0.2m HSL pathology and other miscellaneous corporate services income.

2.2 Elective recovery fund (ERF) – February

- Trust is estimated to have overperformed by £2.1m 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 £0.3m in month overperformance and £0.1m improvement for previous months.

- Year to date, both inpatients and outpatients are over plan. Overperformance in EIM division (gastroenterology) and CYP division offset by underperformance in S&C division.

- In month all overperformance in EIM and ACW offset by CYP and S&C underperformance.

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	1,588	1,700	112	18,024	19,283	1,259
EL	8,037	648	757	109	7,356	7,029	(327)
OP First	24,412	1,976	2,197	222	22,348	23,591	1,242
OP Procedure	10,202	824	808	(16)	9,339	9,221	(118)
Grand Total	62,343	5,037	5,463	426	57,068	59,124	2,056

ERF Income by ICSU

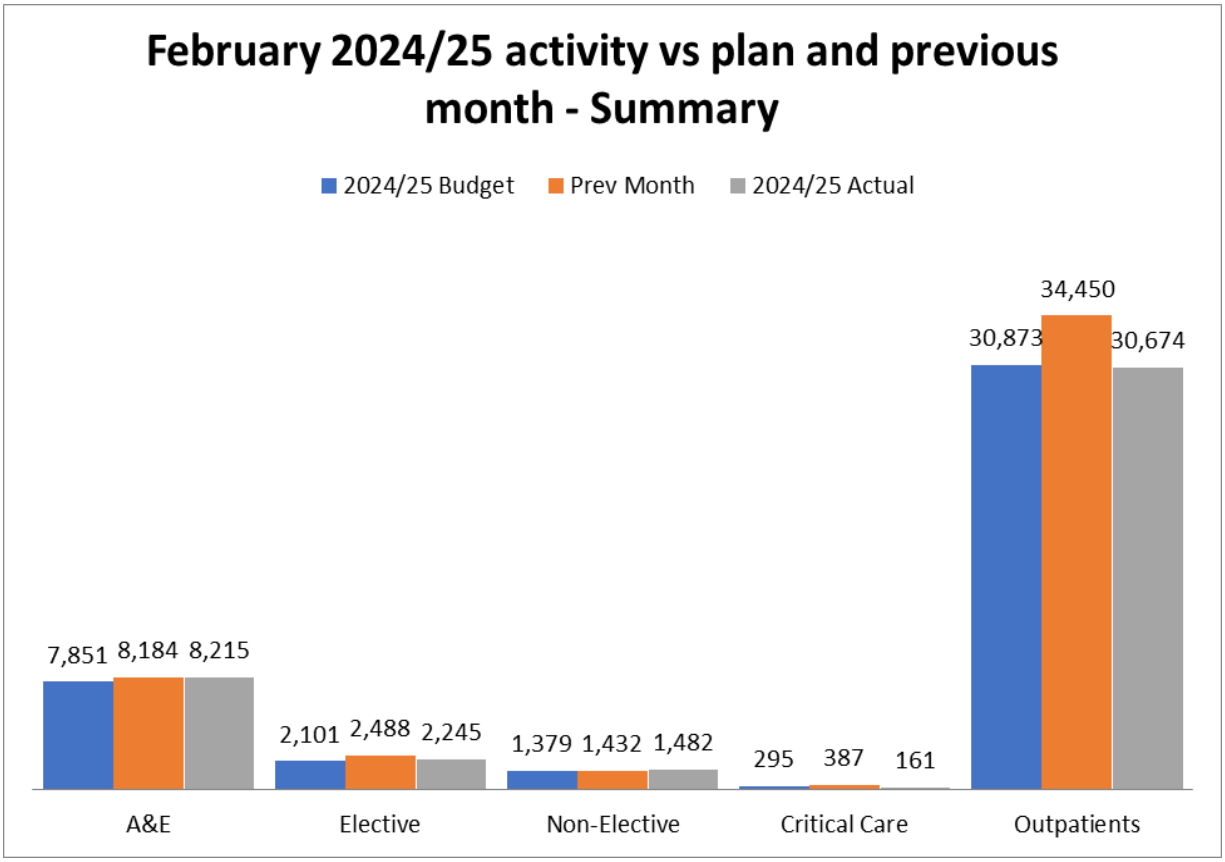
ICSU	Annual Plan £000's	In Month Income Plan £000's	In Month Income Actual £000's	In Month Income Variance £000's	YTD Income Plan £000's	YTD Income Actual £000's	YTD Income Variance £000's
ACW	7,645	617	811	194	6,998	7,450	452
CYP	6,326	510	505	(5)	5,791	6,652	862
EIM	20,484	1,661	2,067	407	18,753	21,941	3,188
S&C	27,744	2,237	2,080	(157)	25,395	23,081	(2,314)
Corp	144	12	(0)	(12)	132	0	(132)
Grand Total	62,343	5,037	5,463	426	57,068	59,124	2,056

2.3 Activity Performance – February

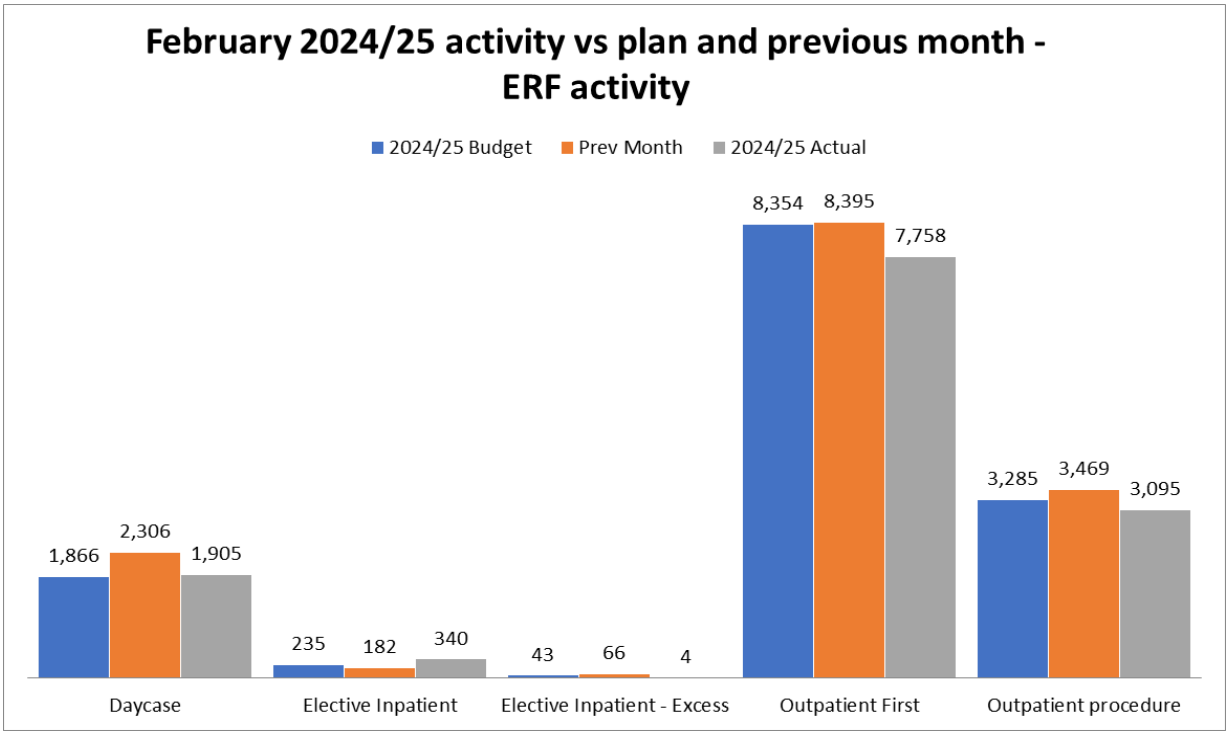
- Activity overperformed against plan in all areas, except for critical care direct access (pathology).

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	7,851	8,215	364	5%	93,648	99,328	5,680	6%
Elective	2,101	2,247	146	7%	23,846	26,040	2,194	9%
Non-Elective	1,380	1,483	103	7%	16,465	17,806	1,341	8%
Critical care	295	161	(134)	(45%)	3,515	4,484	969	28%
Outpatients	33,215	34,663	1,448	4%	376,302	393,460	17,158	5%
Direct Access	120,129	109,089	(11,040)	(9%)	1,363,464	1,302,378	(61,086)	(4%)

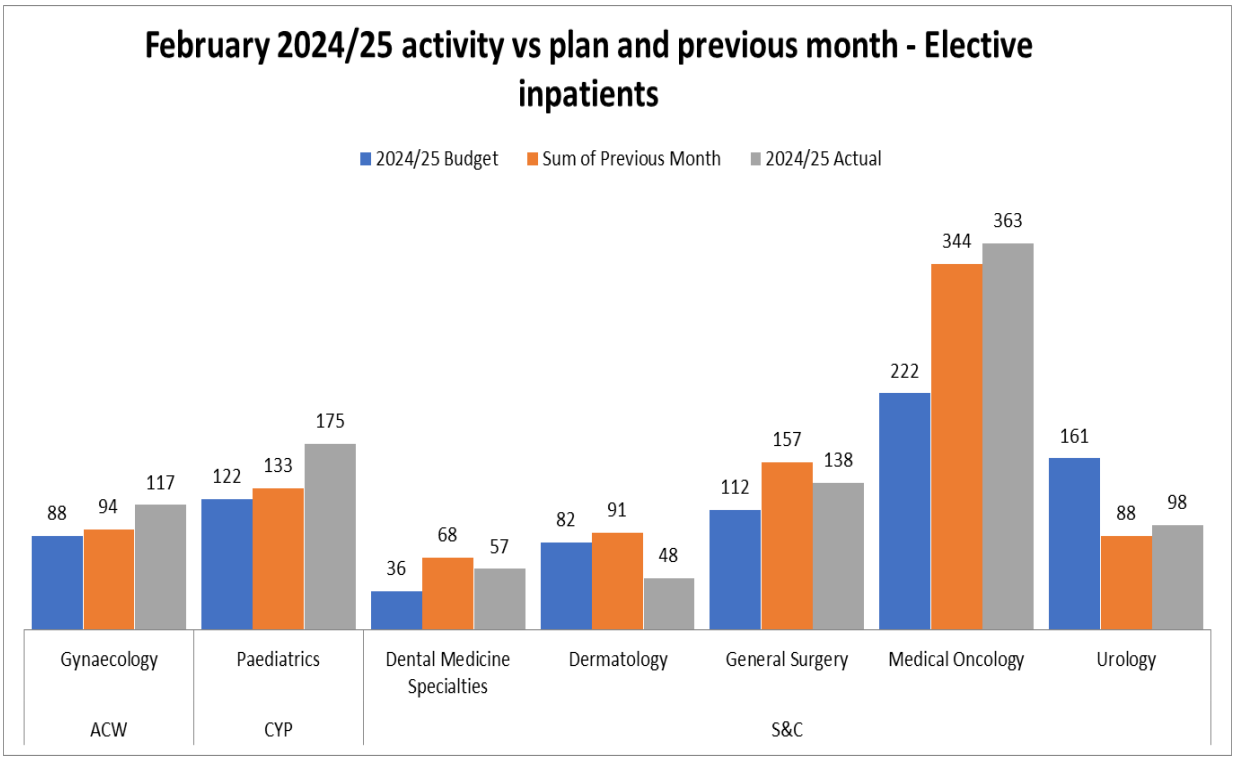
- Activity lower than January (adjusted for working/calendar days) across all areas, except for A&E and non-elective. Outpatient performance will be improved when late outcoming activity coded



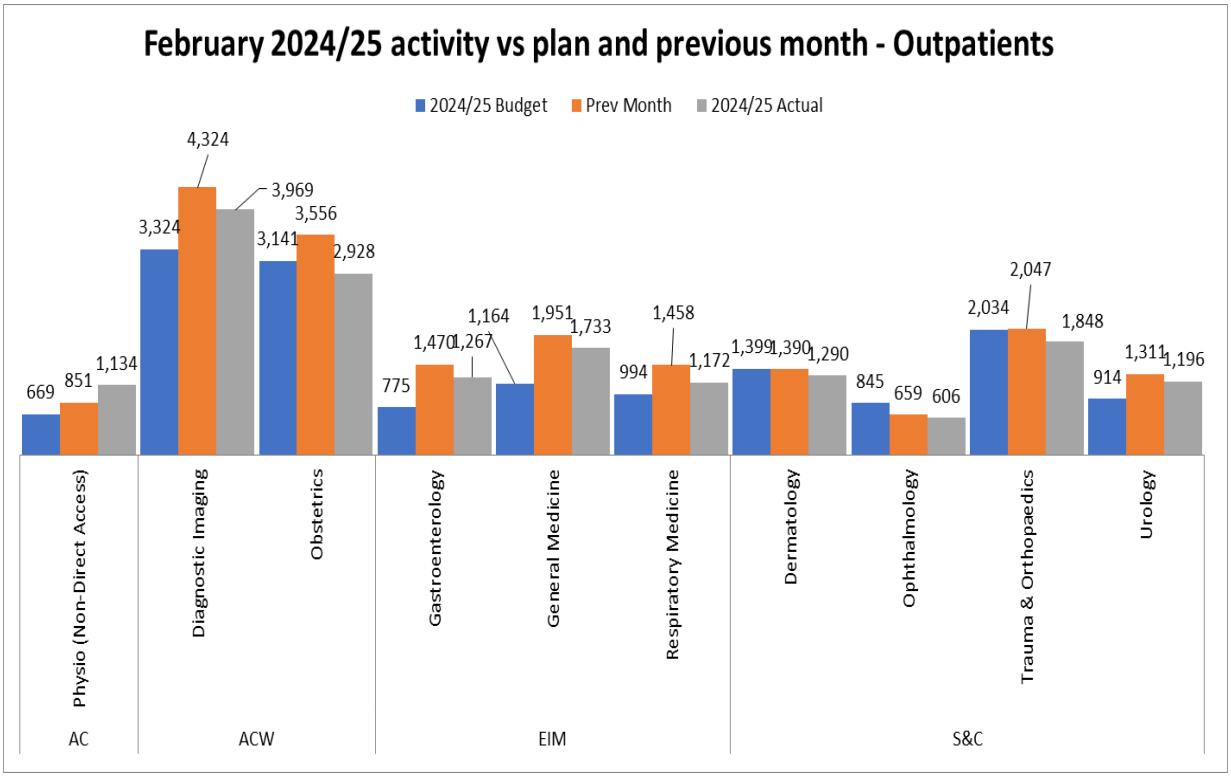
- ERF inpatient activity is over plan, with underperformance in outpatients. Although outpatient underperforming, performance will be improved when late outcoming activity coded.



- Elective inpatient overperformance driven mainly by medical oncology, paediatrics and gynaecology with significant offset in dermatology and urology



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



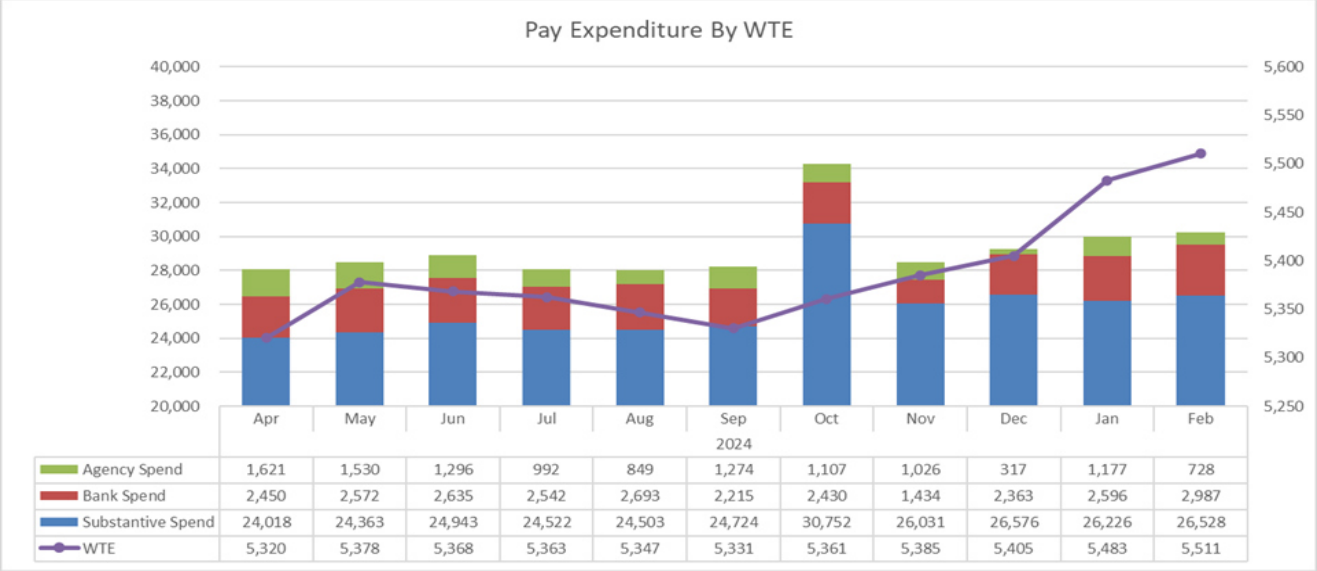
3. Expenditure – Pay & Non-pay

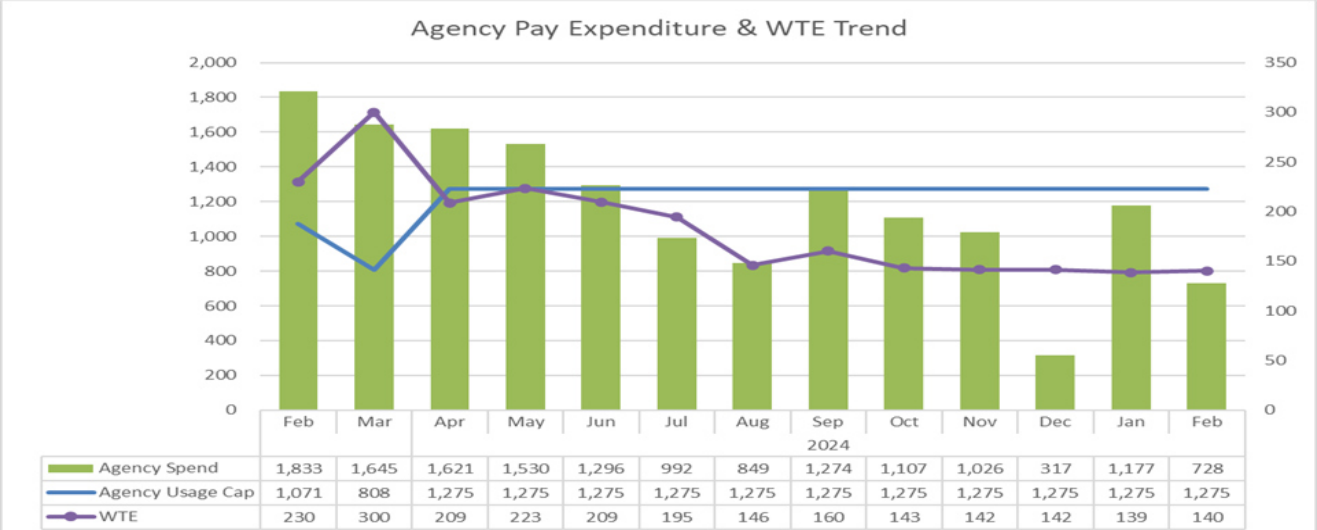
3.1 Pay Expenditure

Pay expenditure for February was £30.2m. This was an increase of £0.2m from the January position.

- The main drivers of the increase in pay were backdated domestics bank costs of £350k.
- Substantive pay costs continue to rise due increased establishment fill-rate (+31 WTE 3-month average), without a corresponding reduction in temporary staff usage and cost.

	2024-25						
	Sep	Oct	Nov	Dec	Jan	Feb	Mov^t
Agency	1,274	1,107	1,026	317	1,177	728	(449)
Bank	2,215	2,430	1,434	2,363	2,596	2,987	391
Substantive	24,724	30,752	26,031	26,576	26,226	26,528	302
Total Operational Pay	**28,213**	**34,289**	**28,490**	**29,256**	**29,999**	**30,244**	**245**
Non Operational Pay Costs	800	(2,041)	(2,590)	(554)	304	(47)	(352)
Total Pay Costs	**29,013**	**32,248**	**25,900**	**28,702**	**30,304**	**30,197**	**(107)**





Agency spend excludes non-recurrent benefits included in corporate central

3.2 Non-pay Expenditure

Non-pay spend excluding high-cost drugs decrease of £0.9m mainly relates to the following:

- Increase in utilities of £200k, legal fees of £168k and consultancy of £70k
- Increase in release of non-recurrent benefits of £1m in month.
- Reduction in bad debt provision of £655k.

	2024-25											
Non-Pay Costs	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mov^t**
Supplies & Servs - Clin	4,096	4,170	4,063	4,109	3,775	3,290	4,529	4,470	4,582	4,066	3,716	(350)
Supplies & Servs - Gen	394	417	390	87	347	280	411	477	404	306	352	47
Establishment	291	295	354	332	269	272	230	209	197	375	337	(38)
Healthcare From Non Nhs	82	115	99	113	103	80	92	56	137	97	80	(17)
Premises & Fixed Plant	2,164	2,411	1,780	2,163	1,999	2,242	2,550	2,217	2,547	2,458	2,263	(195)
Ext Cont Staffing & Cons	140	230	192	220	301	141	217	147	141	164	306	142
Miscellaneous	1,660	1,409	804	852	1,006	2,184	1,008	1,796	824	1,559	988	(571)
Chairman & Non-Executives	11	11	11	11	11	11	11	11	11	11	11	0
Non-Pay Reserve	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Pay Costs	**8,836**	**9,058**	**7,692**	**7,886**	**7,810**	**8,500**	**9,049**	**9,382**	**8,844**	**9,035**	**8,052**	**(983)**

Excludes high-cost drug expenditure and depreciation.
Included in miscellaneous is CNST premium, Transport contract, professional fees, and bad debt provision.

Miscellaneous Expenditure Breakdown

	2024-25											
Miscellaneous Breakdown	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mov^t**
Ambulance Contract	190	171	189	163	196	197	162	181	199	224	184	(41)
Other Expenditure	125	162	(472)	(804)	(64)	557	86	18	(636)	(198)	34	232
Audit Fees	9	12	15	14	13	14	13	(122)	13	13	13	(0)
Provision For Bad Debts	(54)	(112)	(190)	(14)	(304)	137	(509)	408	333	164	(655)	(819)
Cnst Premium	765	674	765	761	766	765	768	769	765	765	754	(11)
Fire Security Equip & Maint	9	5	12	4	3	12	11	2	13	8	5	(3)
Interpretation/Translation	42	12	31	27	24	40	41	38	38	(6)	54	60
Membership Subscriptions	141	144	121	141	122	124	148	47	149	126	128	1
Professional Services	354	263	228	494	168	161	188	290	(51)	289	348	58
Research & Development Exp	3	2	1	1	2	82	4	1	1	1	2	1
Security Internal Recharge	10	11	10	15	32	20	(35)	0	0	41	0	(41)
Teaching/Training Expenditure	62	62	93	46	42	72	126	163	(3)	128	120	(8)
Travel & Subs-Patients	3	4	1	3	3	2	4	1	3	3	1	(2)
Work Permits	0	0	0	0	0	0	0	0	0	0	0	0
Write Down Of Inventories	0	0	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**	**1,559**	**988**	**(571)**

3.3 Cost Improvement Programme (CIP)

The CIP target for 2024-25 is £16.6m. As at M11, £12.5m has been identified (75% of the target). 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).

£2m of non recurrent savings will be converted to recurrent savings in Quarter 4. The impact of which will take the 25/26 full year effect of the identified recurrent schemes to £7m (42% of the target). The 25/25 FYE currently stands at £5.3m (32%). This is a decrease of £728k in FYE reported last month mainly due to ideas that will commence in 25/25.

		2024/25 IN YEAR EFFECT					2025/26 FULL YEAR EFFECT		
Divisions	24/25 CIP Target '£000	Recurrent '£000	Non-Recurrent '£000	Total '£000	Variance to target '£000	% of target	Full Year Effect '£000	Variance to target '£000	% of target
ADULT COMMUNITY	2,086	63	421	484	(1,602)	23%	127	(1,959)	6%
CHILDREN & YOUNG PEOPLE	3,073	1,846	1,328	3,173	100	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	25	288	313	(2,252)	12%	107	(2,458)	4%
ACW	2,928	518	324	842	(2,086)	29%	463	(2,465)	16%
DIVISIONS TOTAL	**13,381**	**2,884**	**2,614**	**5,498**	**(7,883)**	**41%**	**3,833**	**(9,548)**	**29%**
CORPORATE SERVICES	1,671	545	874	1,419	(252)	85%	561	(1,110)	34%
ESTATES AND FACILITIES	1,547	813	180	993	(554)	64%	928	(619)	60%
CENTRAL	0	0	4,579	4,579	4,579	0%	0	0	0%
TRUST TOTAL	**16,599**	**4,242**	**8,248**	**12,489**	**(4,110)**	**75%**	**5,322**	**(11,277)**	**32%**
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	54	222	276	(150)	65%	56	(370)	13%
MEDICAL DIRECTOR	119	61	54	115	(4)	97%	62	(57)	52%
NURSING & PATIENT EXPERIENCE	295	12	12	23	(272)	8%	12	(284)	4%
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**	**545**	**874**	**1,419**	**(252)**	**85%**	**561**	**(1,110)**	**34%**

Trust is reporting actual CIP delivery of £13.2m against a YTD target of £15.2m, i.e. a YTD shortfall of £1.9m (12% of the YTD target).

		2024/25 YTD DELIVERY					24/25 FORECAST DELIVERY		
Divisions	24/25 CIP Target '£000	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	1,912	42	281	322	(1,590)	380	(1,706)	18%
CHILDREN & YOUNG PEOPLE	3,073	2,817	1,690	1,194	2,885	68	3,149	76	102%
EMERGENCY & INTEGRATED MEDECINE	2,729	2,502	139	253	392	(2,110)	424	(2,305)	16%
SURGERY & CANCER	2,565	2,351	5	65	70	(2,281)	303	(2,262)	12%
ACW	2,928	2,684	540	304	844	(1,840)	881	(2,047)	30%
DIVISIONS TOTAL	**13,381**	**12,266**	**2,416**	**2,097**	**4,513**	**(7,753)**	**5,137**	**(8,244)**	**38%**
CORPORATE SERVICES	1,671	1,532	486	1,278	1,763	231	1,917	246	115%
ESTATES AND FACILITIES	1,547	1,418	849	180	1,029	(390)	1,137	(410)	73%
CENTRAL	0	0	0	5,967	5,967	5,967	6,789	6,789	0%
TRUST TOTAL	**16,599**	**15,216**	**3,750**	**9,521**	**13,272**	**(1,944)**	**14,980**	**(1,619)**	**90%**
CORPORATE									
CHIEF OPERATING OFFICER	87	80	6	0	6	(74)	7	(80)	8%
FINANCE	270	248	248	973	1,221	973	1,243	973	460%
IM&T	426	391	49	252	301	(89)	314	(112)	74%
MEDICAL DIRECTOR	119	109	46	29	74	(35)	115	(4)	97%
NURSING & PATIENT EXPERIENCE	295	270	12	12	23	(247)	23	(272)	8%
TRUST SECRETARIAT	166	152	125	12	138	(14)	149	(17)	90%
WORKFORCE	308	282	0	0	0	(282)	66	(242)	21%
CORPORATE TOTAL	**1,671**	**1,532**	**486**	**1,278**	**1,763**	**231**	**1,917**	**246**	**115%**

4.0 Statement of Financial Position (SoFP)

The net balance on the Statement of Final Position as of is £220.74m, £0.34m higher than 31st January 2025, as shown in the table below.

Statement of Financial Position as at 28th February 2025	2023/24 M12 Balance	2024/25 M10 Balance	2024/25 M11 Balance	Movement in Month
	£000	£000	£000	£000
NON-CURRENT ASSETS:				
Property, Plant And Equipment	219,465	218,524	217,554	(970)
Intangible Assets	5,701	4,526	4,366	(160)
Right of Use Assets	36,114	36,959	36,527	(433)
Assets Under Construction	40,916	40,591	43,950	3,358
Trade & Other Rec-Non-Current	561	520	554	33
TOTAL NON-CURRENT ASSETS	**302,757**	**301,121**	**302,950**	**1,829**
CURRENT ASSETS:				
Inventories	1,090	1,385	1,242	(143)
Trade And Other Receivables	27,135	33,007	32,089	(917)
Cash And Cash Equivalents	68,549	37,064	36,415	(649)
TOTAL CURRENT ASSETS	**96,774**	**71,455**	**69,746**	**(1,709)**
CURRENT LIABILITIES				
Trade And Other Payables	(92,997)	(80,609)	(81,392)	(783)
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)	(617)	(603)	14
Other Liabilities	(5,470)	(6,129)	(5,636)	493
TOTAL CURRENT LIABILITIES	**(103,379)**	**(92,866)**	**(93,142)**	**(275)**
NET CURRENT ASSETS / (LIABILITIES)	**(6,605)**	**(21,411)**	**(23,396)**	**(1,984)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**296,152**	**279,710**	**279,554**	**(156)**
NON-CURRENT LIABILITIES				
Borrowings: Dh Revenue and Capital Loan - Non-Current	(1,508)	(1,450)	(1,450)	0
Borrowings: Finance Leases	(3,498)	(2,303)	(2,218)	86
Borrowings: Right of Use Assets	(31,802)	(32,878)	(32,466)	411
Provisions for Liabilities & Charges	(22,827)	(22,682)	(22,682)	0
TOTAL NON-CURRENT LIABILITIES	**(59,635)**	**(59,313)**	**(58,816)**	**497**
TOTAL ASSETS EMPLOYED	**236,516**	**220,397**	**220,738**	**341**
FINANCED BY TAXPAYERS EQUITY				
Public Dividend Capital	137,948	137,948	137,948	0
Retained Earnings	16,743	623	964	341
Revaluation Reserve	81,826	81,826	81,826	0
TOTAL TAXPAYERS EQUITY	**236,516**	**220,397**	**220,738**	**341**

The most significant movements in the month to 28th February 2025 were as follows:

NON-CURRENT ASSETS

Non-Current assets closed at £302.95m at 28th February 2025, a net increase of £1.83m from previous month due the following:

- Capital expenditure for owned assets £3.35m
- Monthly depreciation: Owned assets (£1.27m)
- Monthly depreciation: Right of Use assets (£0.43m)

CURRENT ASSETS

Current assets closed at £69.75m in February 2025, a net decrease of £1.71m from the previous month. Principal movements comprised Trade and Other Receivables decrease £0.92m and Cash decrease of £0.65m as analysed below).

CURRENT LIABILITIES

Current liabilities increased by £0.28m in month. An increase of £0.78m in Trade and Other Payables is partly compensated by a £0.49m decrease in Deferred Income.

NON-CURRENT LIABILITIES

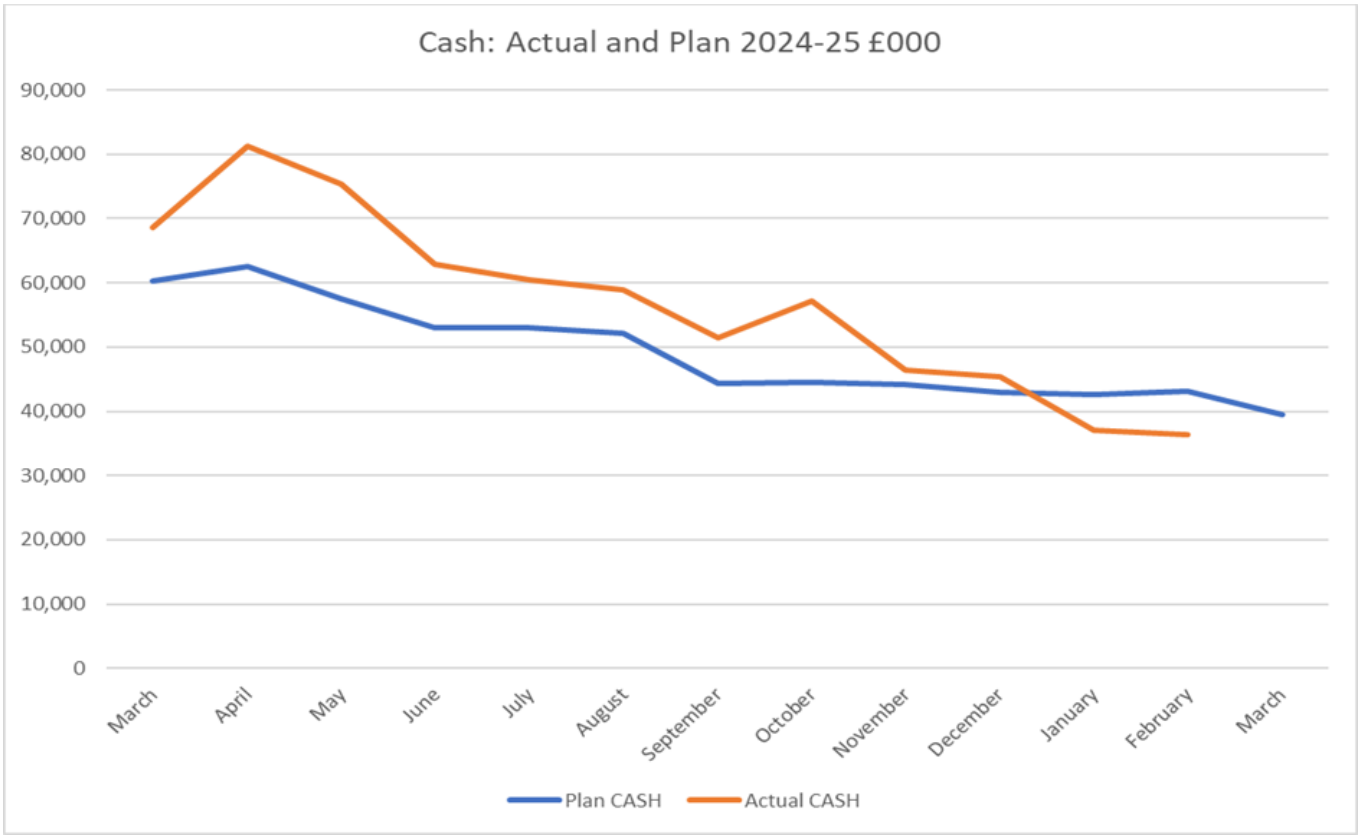
Non-Current liabilities closed at £58.82m in February 2025, a net decrease of £0.50m from previous month due predominantly to the repayment of Right of Use finance lease liabilities and other finance lease liabilities.

RETAINED EARNINGS

Retain Earnings closed at £0.96m in February 2025, a net increase from the previous month by £0.34m equating to February's reported surplus.

CASH

The Trust's cash balance at 28th February was £36.41m, which is £6.64m adverse to Plan, and a reduction of £0.649m from January's closing.



The in-month movement was due to the following factors:

Factors leading to lower than planned cash balance

- The year-to-date additional ICB income reported as part of the Month 10 in-month surplus was not received as cash during February and is expected in March.

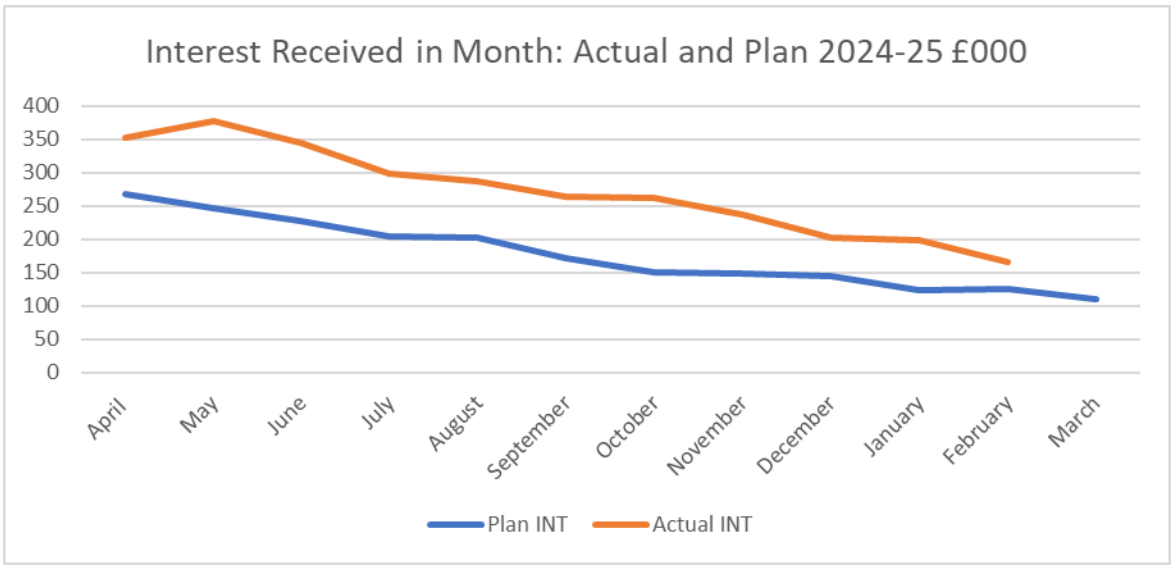
Factors leading to higher than forecast cash balance

- NHS England Education income relating to 3 months received in February: £4.35m
- NHS Resolution payments over first ten months of financial year, not applying at months 11 or 12: £0.98m
- In-month reported surplus of £0.3m.

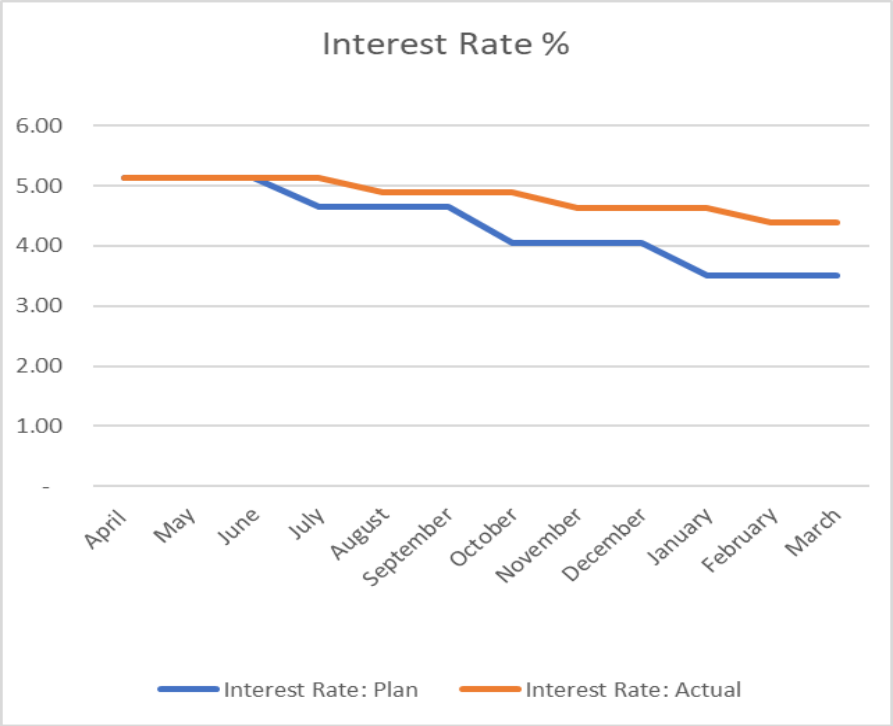
The 2024/25 Plan encompasses a reduction of £20.60m of cash over the 12 months to 31st March 2025. The in-year award of an additional £12.07m of capital allocation (non-cash-backed) was not encompassed in the Plan and has constrained the cash position. January was the first month in a few years that the Trust has closed with less than 30 days' cash, and February follows a similar pattern (the February figure is 28 days). The further receipts initially expected during February are now expected in March, with a corresponding increase in cash days. The Trust forecasts and closely monitors its cash position against Plan.

Interest Received

The interest received year-to-date of £2.99m remains favourable to Plan, by £0.97m. 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, a further 0.25% on 1st November, and will reduce by a further 0.25% on 1st February.



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 program to be delivered within the final quarter of the financial year.

	Allocation					In Month			Year to Date			31st March 2025	Future Months
	Original	Subsequent Allocation	Total Allocation	Transfers between Functions	Total Programme	In-Month Programme per M10 forecast meetings	Actual	Variance	Programme	Actual	Variance	Forecast outturn	M12
Estates	2,835	3,879	6,714	(2,300)	4,414	1,014	1,139	125	3,800	3,670	(130)	4,414	3,194
Strategy	5,800	7,790	13,590	2,300	15,890	2,723	1,863	(860)	8,803	8,996	193	15,890	6,106
ICT	400	0	400		400	113	60	(53)	361	229	(132)	400	171
PACS	0	400	400		400	0	0	0	0	0	0	400	0
Equipment	400		400		400	0	146	146	236	243	7	400	157
ICSUs	200		200		200	69	29	(40)	165	114	(51)	200	89
Contingency	600		600		600	22	36	14	22	487	465	600	113
Total Owned Assets	**10,235**	**12,069**	**22,304**	**0**	**22,304**	**3,941**	**3,274**	**(667)**	**13,387**	**13,739**	**352**	**22,304**	**9,831**
PDC funded	72	300	372		372	0	63	63	0	63	63	372	309
Total PDC funded	**72**	**300**	**372**	**0**	**372**	**0**	**63**	**63**	**0**	**63**	**63**	**372**	**309**
RoU assets (new leases)	0		0		0	0	0	0	0	1,622	1,622	1,622	300
RoU assets (remeasures)	5,480		5,480		5,480	0	0	0	2,740	3,558	818	3,858	0
Total Right of Use	**5,480**	**0**	**5,480**	**0**	**5,480**	**0**	**0**	**0**	**2,740**	**5,180**	**2,440**	**5,480**	**300**
Total	**15,787**	**12,369**	**28,156**	**0**	**28,156**	**3,941**	**3,337**	**(604)**	**16,127**	**18,982**	**2,855**	**28,156**	**10,440**

The total Capital year to date spend £18.98m against cumulative programme of £16.13m. This is comprised of Estates £3.67m, Strategic Projects £9.00m, ICSUs, ICT, Equipment and Contingency total £1.07m, IFRS leases (new addition & measurement) & PDC funding £5.24m.

The Strategic Projects expenditure of £9.00m is principally comprised of: Mortuary £1.75m, Power Upgrade £2.96m and Fire Remediation £3.85m.

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

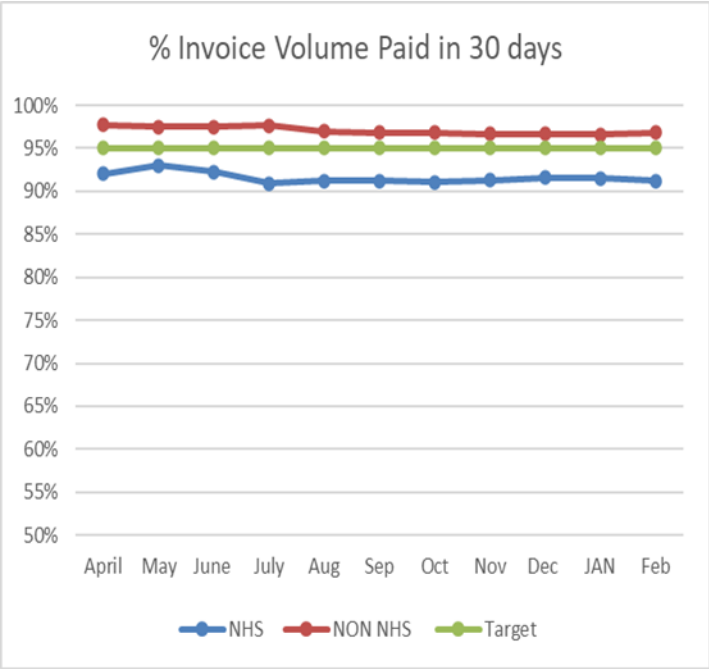
- **Delivery Challenges:** A forecast expenditure of £10.49 million is anticipated for March 2025. Concentrating such significant spending in the final month poses challenges for capital resource management, especially during the hospital's peak operational period.

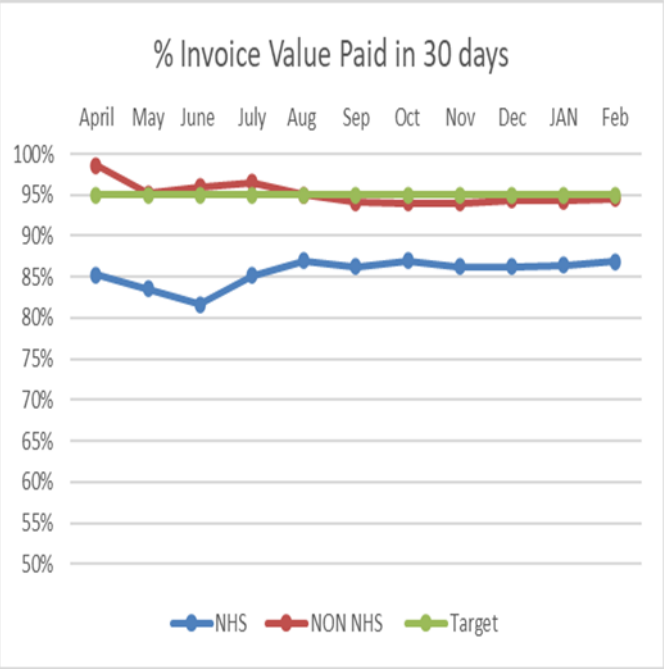
- **Review and control:** The capital forecast undergoes fortnightly reviews with functional heads. These sessions ensure that the forecast for the remainder of the year is phased appropriately by month. Projects are assessed for progress during each of the final two months and will be reprioritized as necessary to ensure the Trust meets its programme objectives.

- **Mitigation Strategy:** Minor works capital items totaling £0.88 million have been reclassified from revenue to capital and accounted for within Estates capital expenditure. If no additional allocations or slippage within the current capital allocation materialise, these items will be reverted back to revenue expenditure to maintain financial balance.

Better Payments Practice Code – Monitoring for 2024/25

The Trust is signed up to the NHS commitment to improve its Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms. Overall, the Trust's BPPC is 96.55% by volume and 93.82% by value. The BPPC for non-NHS invoices is 96.80% by volume and 94.57% by value. The charts below show performance for the last eleven months.





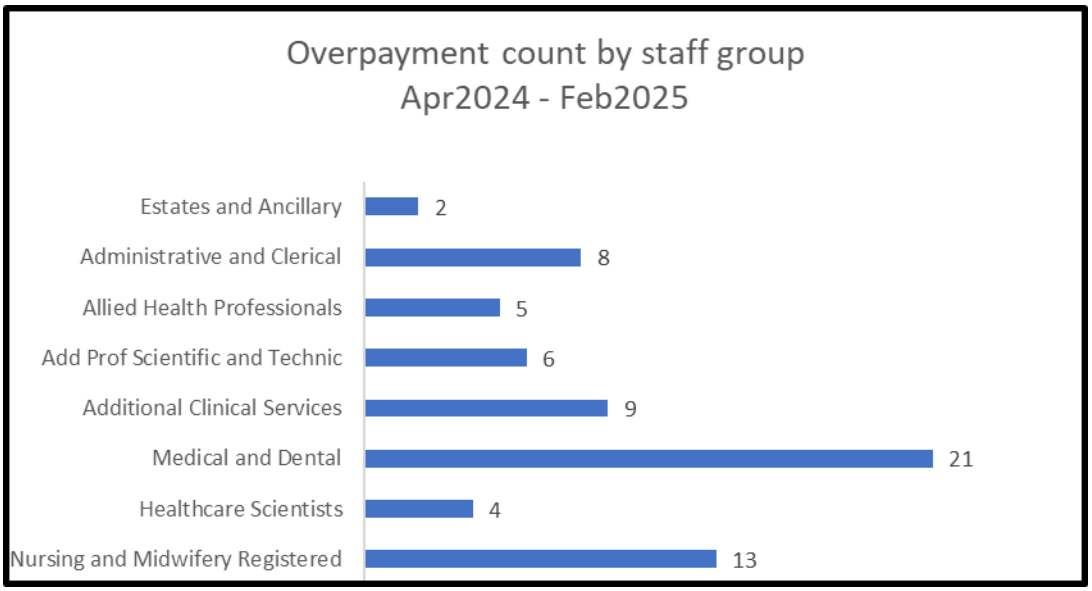
5.0 Salary Overpayments

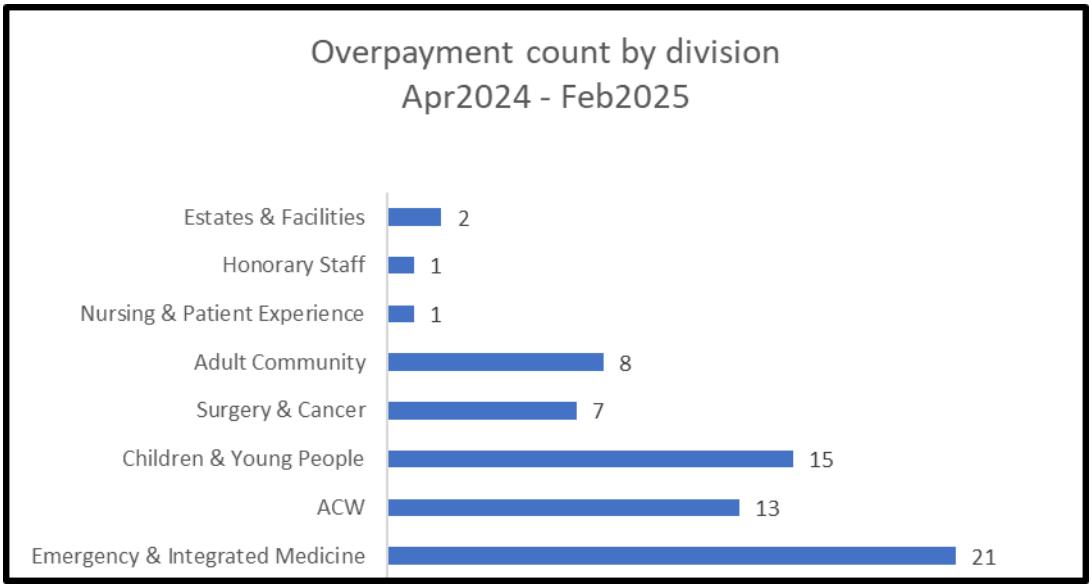
Salary overpayments occur when a member of staff is inadvertently paid more than they are entitled to receive. If the individual is in post when the overpayment comes to light, it is deducted from subsequent salary payments. If the individual has left the Trust's employment, the Trust invoices the individual 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 totaling £282,522. For the period 1.4.2024 to 28.02.2025 the numbers are 68 overpayments totaling £97,928.

Overpayments by Staff Group and Division are as follows:





Overpayments to former employees

Salary overpayments to employees who have left are averaging 5 cases per month with an average value of £1,342 (12 month rolling average).