Whittington Health NHS

ITEM: 12
PAPER: I

Trust Board

DATE: 26 September 2012

TITLE: Foundation Trust Application progress report including:
(i) Single Operating Model (SOM)
(ii) NCL confirmation of TFA progress RAG rating
(iii) FT programme risk register
(iv) FT membership recruitment update
(v) Post FT public consultation report

SPONSOR: Joe Liddane	**REPORT FROM:** Fiona Smith

PURPOSE OF REPORT and ACTIONs:

- To receive and ratify the Single Operating Model SHA submission
- To receive the FT programme risk register
- To receive the FT membership recruitment update report
- To receive the post FT public consultation report and agree final changes to the FT governance structure

EXECUTIVE SUMMARY :

- The Board was presented with the Single Operating Model new applicant FT compliance framework mandatory submission at the Board seminar in September. At its extraordinary meeting it gave delegated authority to the Chairman and CEO to sign the govenance statements on behalf of the Board. The signed SOM is attached at appendix 1a for Board ratification. Appendix 1b is a required email confirmation from NCL of TFA progress RAG rating and is consistent with previous RAG rating the Board has received previously.
- The FT programme steering group chaired by the Chairman will be meeting fortnightly from week commencing 8 October. In advance of this the board is presenetd at appendix 2 with the FT programme risk register. The FT programme steering group will focus on ensuring target risk ratings are achieved.
- The Board is required to ensure that FT membership recruitment is on target to achieve the target recruitment and that the membership reflects the diversity of the constitutional catchment population. The board is presented at appendix 3 with assurance that membership is on target and that diversity reflects the local community. It is advised of the recruitment activities that are planned over the autumn and winter and the events leading up to Council of Governor elections in spring 2013.
- The Board is presented with the post FT public consultation report at appendix 4. There are two suggested changes to the proposed FT governance and the board is asked to discuss and agree its position so that the constitution can be changed to reflect the post consultation governace regieme.

DECLARATION
In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information:

Implications for the NHS Constitution, CQC registration
Financial, regulatory and legal implications of proposed action
Risk management, Annual Plan/IBP
Moving Ahead – how does this report support any of the Trust's 5 Strategic Goals

Supporting Information

This paper gives an update to the Board on progress with the development of the Trust's Foundation Trust (FT) application.

1. General update

The Trust is in discussions with NCL and the CCGs to gain support for its integrated business plan and long-term financial model so that these organisations are able to support the trust's FT application through a convergence letter in October. The board will be updated on meetings that will be held in the week before the board meeting.

Work continues on the development of detailed PIDs that outlined the savings schemes that will deliver the cost improvement plans for the next five years.

The trust is required to submit several key documents and pieces of evidence to the Strategic Health Authority by 24 September so that they can review these in preparation for the readiness review meeting on 11 October. The board can be assured that this work is on track and all required submissions will be made available to the SHA on 24 September.

2. Single operating model (SOM)

With the advent of the NHS trust development authority the Department of health has issued an update of the single operating model for aspirant foundation trust's to complete. This new compliance regime mirrors the monitor compliance regime and covers aspects of clinical corporate and financial governance. The board delegated responsibility to the Chairman and Chief Executive for signing the September return. The completed return is attached at appendix 1a for the board to review and ratify. The single operating model also requires that the milestones included in the original tripartite formal agreement are also included and signed off by NCL. Appendix 1b provides the board with assurance that NCL has seen the trust's return and agreed the RAG rating of the trust progress against the TFA milestones.

ACTION: the board is asked to ratify this submission

3. FT programme risk register

The chairman has agreed to chair an FT programme steering group that will meet weekly from week commencing 8 October 2012. This group will focus on ensuring that the FT programme is delivered against each of the milestones, the FT target risk ratings are achieved as described in the attached FT programme risk register and that the actions related to the BGAF, HDD1, MQGF, the SHA quality Gateway review and the KPMG working capital independent review are delivered on time.

ACTION: the board is asked to receive and comment on the FT programme risk register

4. FT membership recruitment update

The board is required to ensure that FT membership recruitment is on target to achieve the target recruitment plan. It is also required to ensure that the membership reflects the ethnic diversity of the constitutional catchment population. The board is presented at appendix 3 with the assurance that the membership is on target and that the diversity reflects that of the local community.

Planned activities over the autumn and winter are described including the events leading up to the Council of governor elections in Spring 2013.

ACTION: the board is asked to receive and comment on the membership recruitment report

5. Post FT public consultation report

The post FT public consultation report is attached as appendix 4. This report describes the process and outcome of the formal consultation process, which was launched on 1 November 2011 and ended on 29 February 2012. The public consultation forms and essential component in engagement with service users and staff as part of the Whittington Health's application to become an NHS Foundation Trust.

A total of 177 replies to the consultation were received, more than a three fold increase on the 57 responses received to the previous foundation trust consultation exercise in 2007. Around 80 per cent of the respondents were either existing members and/or expressed an interest in becoming a member of the foundation trust.

The public consultation questionnaire included twelve questions. These are listed in the table below, together with a summary of the responses received:

1. Do you agree with our vision for the future of the organisation as a foundation trust?	75 per cent in favour
2. What do you think of the name 'Whittington Health NHS Foundation Trust'?	67 per cent supportive, but many feel the name was too long.
3. Do you agree that the membership arrangements are comprehensive and reasonable?	76 per cent agree.
4. Do you think that the proposed composition of the Council of Governors is appropriate and are the partner organisations we are suggesting the right ones?	65 per cent agree with proposed composition of the Council of Governors, but not the proposed partner organisations.

5. Do you agree with dividing up the public constituencies in two, Whittington Health North and Whittington Health South?	49 per cent agree with the proposal to split the constituency into north and south components, whilst 27 per cent said they did not want a divide. The remainder were unsure or did not have a view.
6. Is the proposal that the staff constituency be divided into four groups appropriate?	63 per cent agree.
7. Do you have suggestions as to how the council of governors might become engaged with the community it represents?	Common theme was that governors should 'get out and about more' and listen to their patients and service users.
8. Do you have any views on how Whittington Health foundation trust could work with other organisations to improve your health and that of the community?	A wide range of suggestions made, including working more closely with other local healthcare providers, voluntary organisations and the media.
9. How do you think we can create a more patient focused organisation?	A wide range of suggestions made, with transparency in service developments, and community liaison common themes.
10. Do you think you would benefit from being involved with the Whittington when it becomes a foundation trust?	49 per cent agree
11. Please tell us what you think are the most significant health problems that affect the health and wellbeing of people where you live.	More than half of the respondents cited alcohol/drug abuse as the most significant health problem affecting the health and wellbeing of people in their area; with each of the other health issues listed (obesity, smoking, access to healthcare, unemployment, stress and mental health) also receiving frequent mention.
12. Is there anything you would like to comment on which is not covered by these questions?	23 per cent responded with specific comments: 27 per cent of which were in praise of the Whittington; 49 per cent were around wider concerns e.g. privatisation, training, access to services (including A&E), with the remainder critical of Whittington Health and/or its proposal to become a foundation trust.

Council of governors' review

The council of governors were asked by the Chairman to review the initial findings of the consultation exercise and provide feedback and reccommendations to the Trust Board to assist the Trust Board to finalise its decisions regarding its application for foundation trust and its governance arrangements. Two significant themes emerge from the consultation that require the board to consider whether changes need to be made to the governance structures proposed within the FT constitution and these are as follows:

Theme 1: North/South constituency divide

Following the previous FT consultation in 2007, the Board agreed to include some new postcode areas within the public constituency. This was in recognition of the anticipated changes in patient flows in the future and to ensure that people who were interested in

being members of the Whittington FT were not disenfranchised. The postcodes included in the proposed public constituency are listed below:

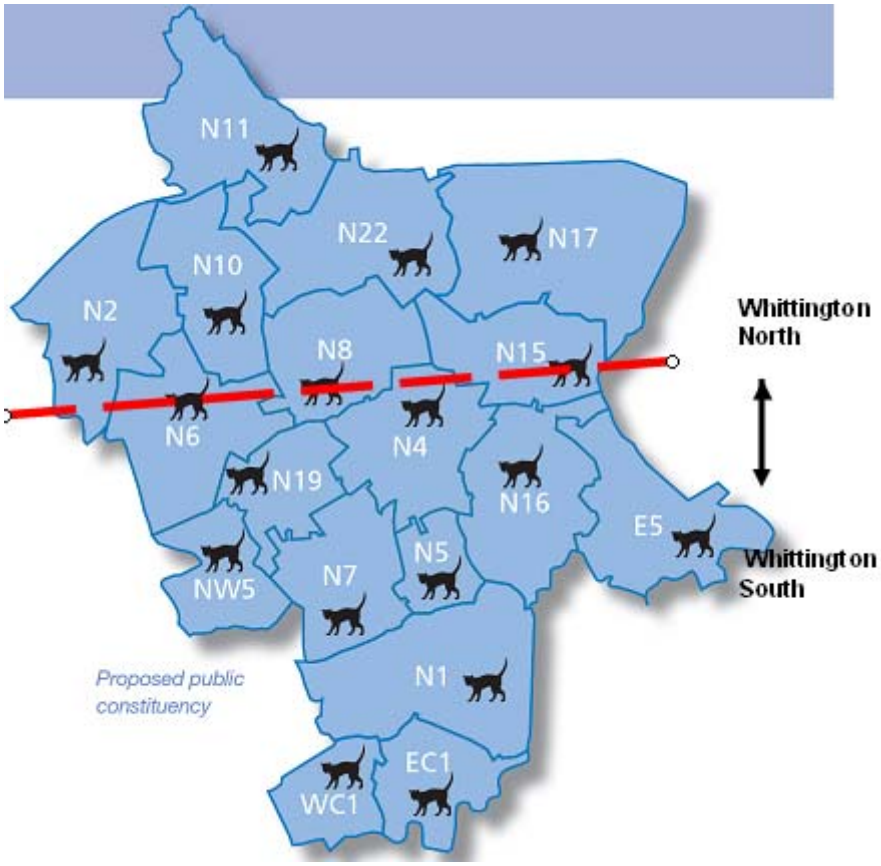
Post code areas included in the current public constituency

NW1	N3	E8
NW2	N9	E9
NW3	N12	EN5
NW4	N13	EN4
NW6	N14	
NW7	N18	
NW8	N20	
NW9		
NW11		

Under the proposals outlined in the public consultation, public membership would be open to:

- Anyone who has been a patient or service user of Whittington Health within the last five years.
- All residents of the London Boroughs of Islington and Haringey.
- Residents of some of the other electoral wards from surrounding boroughs.
- All staff, including volunteers, who have worked at the Whittington for at least a year (unless they choose to opt-out).

The area covered by the proposed new constituency would be divided into Whittington North and Whittington South, as illustrated in the map below:



Whittington Health proposed Public Consitutions

From the consultation we can see 49 per cent of respondents agree with the proposal to split the constituency into north and south components, however 27 per cent said they did not want a divide. The remainder were unsure or did not have a view.

The governors discussed whether the North South divide should be removed altogether. An alternative solution emerged during these conversations and that was whether the split should be changed to an East and West public constituency. This would ensure that the more deprived and ethnically diverse populations on the East side of the catchment had a greater opportunity of being represented through an elected governor. However there were also concerns that people in the east of the catchment would not stand for election and therefore would not be represented on the council of governors. The chairman advise the Council of governors that the trust has an obligation to raise awareness offer support and encourage nominations from each of its constituencies and that every effort would be made to achieve as many nominations as possible.

The CoG were unable to reach an overall consensus but agreed it is essential that the council's impact fully reflects its constituency and diversity of social background.

Action: the board is asked to consider whether the public constituency should

I. **be divided**
II. **divided north -south as it is now**
III. **divided east - west**

The board's decision will be reflected in the final constitution and the recruitment campaign for new governors begins in the autumn.

Theme 2: Governance

Several respondents to the public consultation suggested that membership of the council of governors should be opened up more widely e.g. to third sector representatives. Those in favour and those against shared concerns about the proposed breakdown of the representation, with some respondents favouring representation from voluntary bodies such as the Stroke Association, MacMillan nurses and the local hospice; others wanted to see more members of the public as governors; one respondent wanted more representation for the Islington PCT; also that closer links with local authorities over the provision of community services would be essential.

The council of governors did not agree that Governor seats should be allocated to third sector representatives as they believed that they represent a small group of the local population and there may be potential conflicts of interest.

The CoG were concerned to ensure that local and disabled representation is maintained and whether one of the governor seats should be allocated to ensure disability group representation.

Action: the board is asked to consider whether:

I. **The Council of governors should include a third sector appointed governor**
II. **A public / patient governor seat should be specifically allocated to a governor with disabilities**

The board's decisions will now be reflected in the finalised FT constitution.

SELF-CERTIFICATION RETURNS
Organisation Name:
Whittington Hospital
Monitoring Period:
July 2012
NHS Trust Over-sight self certification template

Returns to som@london.nhs.uk by 18th September 2012

TFA Progress

Jul-12

Whittington Hospital

Select the Performance from the drop-down list

	TFA Milestone (All including those delivered)	Milestone Date	Due or Delivered Milestones	Future Milestones	Comments where milestones are not delivered or where a risk to delivery has been identified
1	TFA Agree new ICO payment mechanisms that might be reflected in 2012/13 contract	Dec-11	Fully achieved but late		The LTFM is now constructed and the Board received first draft assumptions in January. The IBP is partially complete with the remaining parts to be ready by the end of February as HDD 1 will start and finish in
2	TFA First draft Foundation Trust Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) approved by ICO Trust Board & submitted to NHS London	Jan-12	Fully achieved but late		The LTFM is now constructed and the Board received first draft assumptions in January. The IBP is partially complete with the remaining parts to be ready by the end of February as HDD 1 will start and finish in
3	TFA Public consultation finishes	Jan-12	Fully achieved in time		
4	TFA Draft LTFM	Feb-12	Fully achieved but late		Revised date of w/c 26th March 2012
5	TFA Progress update on agreement of new ICO payment mechanisms that might be reflected in 2012/13 contract (	Feb-12	Fully achieved in time		
6	TFA ICO Historic Due Diligence part one undertaken	Mar-11	Fully achieved but late		Not started because Monitor have not allocated a firm of accountants. Delayed to April 2012
7	TFA Revised IBP to SHA	Mar-11	Fully achieved in time		
8	TFA Return of signed Accountability Agreement	Mar-11	Fully achieved in time		
9	TFA BGAF - Self Assessment	Mar-11	Fully achieved in time		
10	TFA Board Development and Performance Monitoring Programme	Mar-11	Fully achieved in time		
11	TFA Start of Safety & Quality gateway review start	Mar-11	Fully achieved in time		
12	TFA BGAF - action plans	Apr-12	Fully achieved in time		
13	TFA Working Capital - Self Assessment/action plans	Apr-12	Fully achieved but late		Self assessment completed in May 2012. Action plans being revised to reflect revised working capital assessment following new implied efficiency requirements.
14	TFA Monitor Quality Governance Framework independent assessment and action plans	May-12	Fully achieved in time		

15	TFA Formal submission of IBP and LTFM including enabling strategies	Jun-12	Fully achieved in time		
16	AA Trust BGAF action plan and Trust Quality Governance action plan updated post independent review and approved by Trust Board	Jun-12	Fully achieved but late		MQGF action plan and actions required post SHA Quality Gateway to be amalgamated and presented to the Trust Board in Sept 2012.
17	AA Constitution - legal opinion obtained and approved by Trust Board	Jun-12	Fully achieved in time		
18	TFA HDD1	Jul-12	Fully achieved but late		Deloittes are undertaking HDD1 and are due to complete by mid June. HDD1 report will be presented to June TB.
19	AA Revised LTFM received by SHA	Aug-12		On track to deliver	
20	AA SHA Interview with commissioners	Sep-12		Risk to delivery within timescale	SHA advised that this will be actioned by them at an appropriate point
21	AA SHA - Board interviews/Audit Committee observation /Trust Board Observation	Sep-12		On track to deliver	
22	AA Monitor Board self certification assessment and action plans	Sep-12		On track to deliver	
23	AA SHA Quality & Safety Gateway Review completed/Observation of Finance & Development committee	Oct-12		On track to deliver	
24	AA SHA Readiness review meeting (Gateway 2)	Oct-12		On track to deliver	
25	TFA NHSL agrees to commencement of ICO Historic Due Diligence part two/HDD2 action plans	Oct-12		On track to deliver	
26	TFA IBP/LTFM updated for SHA B2B (SHA Gateway 3)	By 31st October 2012		On track to deliver	
27	TFA CIPs/Downside & Mitigations/Commissioner convergence letter	By 31st October 2012		On track to deliver	
28	AA SHA Interview with commissioners/Interview with lead HDD reviewer/Gain view of CQC.	By 31st October 2012		On track to deliver	
29	TFA Trust Agree Working Capital Facility	'By 30th November 2012		On track to deliver	
30	TFA Successful SHA Board to Board (Gateway 4)	'23rd November 2012		On track to deliver	
31	TFA SHA CMG/CIC (SHA Gateway 5)	'5/18 December 2012		On track to deliver	
32	Submission to DH, including SHA NHSFT Applicant Support form.	1st January '13		On track to deliver	

NHS Trust Governance Declarations : 2012/13 In-Year Reporting

Name of Organisation:	Whittington Hospital	Period:	July 2012

Organisational risk rating

Each organisation is required to calculate their risk score and RAG rate their current performance, in addition to providing comment with regard to any contractual issues and compliance with CQC essential standards:

Key Area for rating / comment by Provider	Score / RAG rating*
Governance Risk Rating (RAG as per SOM guidance)	G
Financial Risk Rating (Assign number as per SOM guidance)	G
Contractual Position (RAG as per SOM guidance)	G

*** Please type in R, A or G**

Governance Declarations

NHS Trusts must ensure that plans in place are sufficient to ensure compliance in relation to all national targets and including ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections, CQC Essential standards and declare any contractual issues.

Supporting detail is required where compliance cannot be confirmed.

Please complete sign **one** of the two declarations below. If you sign declaration 2, provide supporting detail using the form below. Signature may be either hand written or electronic, you are required to print your name.

Governance declaration 1

The Board is satisfied that plans in place **are sufficient** to ensure continuing compliance with all existing targets (after the application of thresholds), and with all known targets going forward. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections (including the Hygiene Code) and CQC Essential standards. The board also confirms that there are no material contractual disputes.

Signed by:		Print Name:	
on behalf of the Trust Board	Acting in capacity as:		
Signed by:		Print Name:	
on behalf of the Trust Board	Acting in capacity as:		

Governance declaration 2

For one or some of the following declarations Governance, Finance, Service Provision, Quality and Safety, CQC essential standards or the Code of Practice for the Prevention and Control of Healthcare Associated Infections the Board cannot make Declaration 1 and has provided relevant details below.

The board is suggesting that at the current time there is **insufficient assurance available** to ensure continuing compliance with all existing targets (after the application of thresholds) and/or that it may have material contractual disputes.

Signed by :		Print Name :	Joe Liddane
on behalf of the Trust Board	Acting in capacity as:		Chairman
Signed by :		Print Name :	Yi Mien Koh
on behalf of the Trust Board	Acting in capacity as:		CEO

If Declaration 2 has been signed:

Please identify which targets have led to the Board being unable to sign declaration 1. For each area such as Governance, Finance, Contractual, CQC Essential Standards, where the board is declaring insufficient assurance please state the reason for being unable to sign the declaration, and explain briefly what steps are being taken to resolve the issue. Please provide an appropriate level of detail.

Target/Standard:	**All cancers: 31 day wait for second or subsequent treatment**
The Issue :	**Existing database under further development to enable accurate reporting against this target**
Action :	**1. Data base functionality has been updated in Sept 2012** **2. Cancer team adapting processes in order to populate database. Data will be reported to the Trust Board in October 2012.**

Target/Standard:	
The Issue :	
Action :	

GOVERNANCE RISK RATINGS

Whittington Hospital

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)
See separate rule for A&E

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Threshold	Weighting	Historic Data: Qtr to Dec-11	Historic Data: Qtr to Mar-12	Historic Data: Qtr to Jun-12	Current Data: Jul 12	Current Data: Aug-12	Current Data: Sep-12	Current Data: Qtr to Sep-12	Comments where target not achieved
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	Yes	Yes	Yes	Yes			Yes	
			Referral information	50%									
			Treatment activity information	50%									
	1b	Data completeness, community services: *(may be introduced later)*	Patient identifier information	50%		Yes	Yes	Yes	Yes			Yes	
			Patients dying at home / care home	50%		Yes	Yes	Yes	Yes			Yes	
	1c	Data completeness: identifiers MHMDS		97%	0.5	Yes	Yes	Yes	Yes			Yes	
	1c	Data completeness: outcomes for patients on CPA		50%	0.5	Yes	Yes	Yes	Yes			Yes	
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	Yes	Yes			Yes	
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes			Yes	
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	Yes			Yes	
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	Yes	Yes	Yes	Yes			Yes	
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising:	Surgery	94%	1.0								Database under development
			Anti cancer drug treatments	98%									
			Radiotherapy	94%									
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer	85%	1.0	Yes	Yes	No	Yes			Yes	There are a small number of patients on the 62 day pathway which means that a breach has a large effect on the percentage for the month. A number of actions have been put in place to ensure that non-clinical delays are minimised and urology MDT discussion took place regarding patient on incorrect pathway.
			From NHS Cancer Screening Service referral	90%									
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes			Yes	
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals	93%	0.5	Yes	Yes	Yes	No			No	
			for symptomatic breast patients (cancer not initially suspected)	93%									
	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	Yes	Yes	No	Yes			Yes	Performance of 94.46% achieved in Qtr to June 2012. Performance improved in July.
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge	95%	1.0	N/a	N/a	N/a	N/a			Yes	
			Having formal review within 12 months	95%									
	3g	Minimising mental health delayed transfers of care		≤7.5%	1.0	N/a	N/a	N/a	N/a			Yes	
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	N/a	N/a	N/a	N/a			Yes	
	3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	N/a	N/a	N/a	N/a			Yes	
	3j	Category A call –emergency response within 8 minutes		75%	1.0	N/a	N/a	N/a	N/a			Yes	
	3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	N/a	N/a	N/a	N/a			Yes	
Safety	4a	Clostridium Difficile	Are you below the ceiling for your monthly trajectory	*Enter contractual ceiling*	1.0	Yes	No	Yes	Yes			Yes	
	4b	MRSA	Are you below the ceiling for your monthly trajectory	*Enter contractual ceiling*	1.0	Yes	Yes	Yes	Yes			Yes	
		CQC Registration											
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	No			No	
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	No	No	No			No	
	C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0	No	No	No	No			No	
				TOTAL		**0.0**	**1.0**	**2.0**	**0.5**	**0.0**	**0.0**	**0.5**	

RAG RATING :

GREEN	**= Score of 1 or under**
AMBER/GREEN	**= Score between 1 and 1.9**
AMBER / RED	**= Score between 2 and 3.9**
RED	**= Score of 4 or above**

Overriding Rules - Nature and Duration of Override at SHA's Discretion

			Historic Data: Qtr to Dec-11	Historic Data: Qtr to Mar-12	Historic Data: Qtr to Jun-12	Current Data: Jul 12	Current Data: Aug-12	Current Data: Sep-12	Current Data: Qtr to Sep-12	Comments where target not achieved
i)	Meeting the MRSA Objective	Greater than six cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective	N/a	N/a	No	No				
ii)	Meeting the C-Diff Objective	Greater than 12 cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective Reports important or signficant outbreaks of C.difficile, as defined by the Health Protection Agency.	N/a	N/a	No	No				
iii)	RTT Waiting Times	Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter The non-admitted patients 18 weeks waiting time measure for a third successive quarter The incomplete pathway 18 weeks waiting time measure for a third successive quarter	No	No	No	No				
iv)	A&E Clinical Quality Indicator	Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.	No	No	No	No				
v)	Cancer Wait Times	Breaches either: the 31-day cancer waiting time target for a third successive quarter the 62-day cancer waiting time target for a third successive quarter	No	No	No	No				
vi)	Ambulance Response Times	Breaches either: the category A 8-minute response time target for a third successive quarter the category A 19-minute response time target for a third successive quarter	N/a	N/a	N/a	N/a				
vii)	Community Services data completeness	Fails to maintain the threshold for data completeness for: referral to treatment information for a third successive quarter; service referral information for a third successive quarter, or; treatment activity information for a third successive quarter	No	No	No	No				
viii)	Any Indicator weighted 1.0	Breaches the indicator for three successive quarters.								
		Number of Overrides Triggered	***0.0***	***0.0***	***0.0***	***0.0***	***0.0***	***0.0***	***0.0***	

FINANCIAL RISK RATING

Whittington Hospital

Insert the Score (1-5) Achieved for each Criteria Per Month

Criteria	Indicator	Weight	Risk Ratings 5	4	3	2	1	Reported Position: Year to Date	Reported Position: Forecast Outturn	Normalised Position*: Year to Date	Normalised Position*: Forecast Outturn	
Underlying performance	**EBITDA margin %**	25%	11	9	5	1	<1	3	3	3	3	
Achievement of plan	**EBITDA achieved %**	10%	100	85	70	50	<50	4	5	3	4	
Financial efficiency	**Net return after financing %**	20%	>3	2	-0.5	-5	<-5	3	4	3	3	
	I&E surplus margin %	20%	3	2	1	-2	<-2	3	3	2	2	
Liquidity	**Liquid ratio days**	25%	60	25	15	10	<10	3	2	3	2	Does not in facility whic
Weighted Average		**100%**						**3.1**	**3.2**	**2.8**	**2.7**	
Overriding rules									3		3	
Overall rating								**3**	**3**	**3**	**3**	

Overriding Rules :

Max Rating	Rule					
3	Plan not submitted on time	No				
3	Plan not submitted complete and correct	No				
2	PDC dividend not paid in full	No				
2	One Financial Criterion at "1"					
3	One Financial Criterion at "2"			3		3
1	Two Financial Criteria at "1"					
2	Two Financial Criteria at "2"					

* Trust should detail the normalising adjustments made to calculate this rating within the comments box.

FINANCIAL RISK TRIGGERS

Whittington Hospital

Insert "Yes" / "No" Assessment for the Month

	Criteria	Historic Data			Current Data				Comments where risks are triggered
		Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12	
1	Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	No			No	
2	Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	No	No	No	No				
3	Working capital facility (WCF) agreement includes default clause								
4	Debtors > 90 days past due account for more than 5% of total debtor balances	Yes	Yes	Yes	Yes			Yes	The most significant element which contributes towards ths level of outstanding debt over 90 days relates to NHS Islington and NHS Haringey, which reflects ongoing issues which the Trust have had over the last 12-18 months. While no formal disputes have been raised for any of the invoices, securing payment for outstanding debts continues to require significant effort.
5	Creditors > 90 days past due account for more than 5% of total creditor balances	No	Yes	Yes	Yes			Yes	The deterioration in performance in respect of NHS payables relates to pass through payments payable to NCL which are currently on hold. Payments are currently being withheld because of the level of outstanding debts owed by NCL to the Trust, and to maintain some equilibrium in terms of cash balances.
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No			No	
7	Interim Finance Director in place over more than one quarter end	No	No	No	No			No	
8	Quarter end cash balance <10 days of operating expenses	Yes	No	No	No			No	
9	Capital expenditure < 75% of plan for the year to date	Yes	No	Yes	Yes			Yes	

CONTRACTUAL DATA

Whittington Hospital

Insert "Yes" / "No" Assessment for the Month

Criteria	Historic Data			Current Data				Comments where reds are triggered
	Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12	
Are the prior year contracts* closed?	Yes	Yes	Yes	Yes			Yes	
Are all current year contracts* agreed and signed?	Yes	Yes	No	No			Yes	Heads of Terms agreed May 2012. Contract Signed August 2012
Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	No	Yes			Yes	ED under-performance against Qtr 1 target
Are there any disputes over the terms of the contract?	No	No	No	No			No	
Might the dispute require SHA intervention or arbitration?	No	No	N/a	N/a			No	
Are the parties already in arbitration?	No	No	N/a	N/a			No	
Have any performance notices been issued?	No	No	Yes	No			No	ED under-performance against Qtr 1 target
Have any penalties been applied?	No	No	No	No			No	

QUALITY

Whittington Hospital

Insert Performance in Month

	Criteria	Unit	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Comments on Performance in Month
1	SHMI - latest data	Ratio	-	-	0.7	-	-	0.7	-	-	0.7	-	-	0.7	Latest published data. Indicator relates to rolling year. Whiitington Health continues to have the best perfromance in the country.
2	Venous Thromboembolism (VTE) Screening	%	90.86%	91.11	91.11	91.22	91.16	91.3	91.27	91.36	95.37	95.12	96.71	95.31	On target
3a	Elective MRSA Screening	%	89	89.6	90.8	88.6	88.4	89.3	85	87.2	77.4	81.8	80.5	80.1	
3b	Non Elective MRSA Screening	%	92.1	92.9	91.2	93.7	90.8	91.9	91	93	92.4	84	82.4	79.9	
4	Single Sex Accommodation Breaches	Number	0	0	0	0	0	0	0	0	0	0	1	7	Zero breaches in acute. Breaches occurred in local authority community accommodation, (managed by health under section 75 agreement) following decision to admit by the local authority.
5	Open Serious Incidents Requiring Investigation (SIRI)	Number	8	11	10	9	10	10	6	19	6	11	16	16	
6	"Never Events" in month	Number	0	0	0	1	0	0	1	0	0	2	0	0	
7	CQC Conditions or Warning Notices	Number	0	0	0	0	0	0	0	0	0	0	0	0	
8	Open Central Alert System (CAS) Alerts	Number	0	0	0	2	0	0	0	0	0	0	0	0	
9	RED rated areas on your maternity dashboard?	Number	1	1	0	0	0	1	1	1	1	1	1	0	
10	Falls resulting in severe injury or death	Number	1	1	0	0	0	0	2	1	1	0	0	1	SI investigation underway
11	Grade 3 or 4 pressure ulcers	Number	0/6	1/4	2/5	1/6	0/2	0/9	4/3	1/5	1/5	2/4	0/7	1/8	Acute/Community
12	100% compliance with WHO surgical checklist	Y/N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
13	Formal complaints received	Number	45	27	26	51	31	33	41	50	49	62	37	59	Managed through Patient Experience Group
14	Agency as a % of Employee Benefit Expenditure	%	4.79	4.29	5.74	4.46	4.92	3.65	5.69	7.11	5.46	6.65	5.07	5.77	CIP programme in place to reduce agency expenditure and reported to Trust Board
15	Sickness absence rate	%	3.2	3.3	3.1	3.3	3.3	3.1	2.9	2.9	2.8	3.2	2.9	2.7	On target
16	Consultants which, at their last appraisal, had fully completed their previous years PDP	%	-	-	-	-	-	-	-	-	-	-	-	94	Rolling annual figure

Board Statements

Whittington Hospital

July 2012

For each statement, the Board is asked to confirm the following:

	For CLINICAL QUALITY, that:	Response
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the SHA's Provider Management Regime (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Yes
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	Yes
	For FINANCE, that:	**Response**
4	The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.	Yes
5	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	Yes
	For GOVERNANCE, that:	**Response**
6	The board will ensure that the trust remains at all times compliant with has regard to the NHS Constitution.	Yes
7	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner.	Yes
8	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of it occurring and the plans for mitigation of these risks.	Yes
9	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes
10	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant GRR; and a commitment to comply with all known targets going forwards.	Yes
12	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	No
13	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.	Yes
14	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Yes
15	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes

	Signed on behalf of the Trust:	*Print name*	*Date*
CEO		**Yi Mien Koh**	**18/09/2012**
Chair		**Joe Liddane**	**18/09/2012**

Notes

Ref	Indicator	Details
Thresholds	The SHA will not utilise a general rounding principle when considering compliance with these targets and standards, e.g. a performance of 94.5% will be considered as failing to achieve a 95% target. However, exceptional cases may be considered on an individual basis, taking into account issues such as low activity or thresholds that have little or no tolerance against the target, e.g. those set between 99-100%.	
1a	Data Completeness: Community Services	Data completeness levels for trusts commissioned to provide community services, using Community Information Data Set (CIDS) definitions, to consist of: - Referral to treatment times – consultant-led treatment in hospitals and Allied Healthcare Professional-led treatments in the community; - Community treatment activity – referrals; and - Community treatment activity – care contact activity. While failure against any threshold will score 1.0, the overall impact will be capped at 1.0. Failure of the same measure for three quarters will result in a red-rating. **Numerator:** all data in the denominator actually captured by the trust electronically (not solely CIDS-specified systems). **Denominator:** all activity data required by CIDS.
1b	Data Completeness Community Services (further data):	The inclusion of this data collection in addition to Monitor's indicators (until the Compliance Framework is changed) is in order for the SHA to track the Trust's action plan to produce such data. This data excludes a weighting, and therefore does not currently impact on the Trust's governance risk rating.
1c	Mental Health MDS	Patient identity data completeness metrics (from MHMDS) to consist of: - NHS number; - Date of birth; - Postcode (normal residence); - Current gender; - Registered General Medical Practice organisation code; and - Commissioner organisation code. **Numerator:** count of valid entries for each data item above. (For details of how data items are classified as VALID please refer to the data quality constructions available on the Information Centre's website: www.ic.nhs.uk/services/mhmds/dq) **Denominator:** total number of entries
1d	Mental Health: CPA	**Outcomes for patients on Care Programme Approach:** • Employment status: **Numerator:** the number of adults in the denominator whose employment status is known at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting, in a financial year. Include only those whose assessments or reviews were carried out during the reference period. The reference period is the last 12 months working back from the end of the reported month. **Denominator:** the total number of adults (aged 18-69) who have received secondary mental health services and who were on the CPA at any point during the reported month. • Accommodation status: **Numerator:** the number of adults in the denominator whose accommodation status (i.e. settled or non-settled accommodation) is known at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. Include only those whose assessments or reviews were carried out during the reference period. The reference period is the last 12 months working back from the end of the reported month. **Denominator:** the total number of adults (aged 18-69) who have received secondary mental health services and who were on the CPA at any point during the re • Having a Health of the Nation Outcome Scales (HoNOS) assessment in the past 12 months: **Numerator:** The number of adults in the denominator who have had at least one HoNOS assessment in the past 12 months. **Denominator:** The total number of adults who have received secondary mental health services and who were on the CPA during the reference period.
2a-c	RTT	Performance is measured on an aggregate (rather than specialty) basis and trusts are required to meet the threshold on a monthly basis. Consequently, any failure in one month is considered to be a quarterly failure. Failure in any month of a quarter following two quarters' failure of the same measure represents a third successive quarter failure and should be reported via the exception reporting process. Will apply to consultant-led admitted, non-admitted and incomplete pathways provided. While failure against any threshold will score 1.0, the overall impact will be capped at 2.0. The measures apply to acute patients whether in an acute or community setting. Where a trust with existing acute facilities acquires a community hospital, performance will be assessed on a combined basis. The SHA will take account of breaches of the referral to treatment target in 2011/12 when considering consecutive failures of the referral to treatment target in 2012/13. For example, if a trust fails the 2011/12 admitted patients target at quarter 4 and the 2012/13 admitted patients target in quarters 1 and 2, it will be considered to have breached for three quarters in a row.
2d	Learning Disabilities: Access to healthcare	Meeting the six criteria for meeting the needs of people with a learning disability, based on recommendations set out in Healthcare for All (DH, 2008): a) Does the trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients? b) Does the trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria: - treatment options; - complaints procedures; and - appointments? c) Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities? d) Does the trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff? e) Does the trust have protocols in place to encourage representation of people with learning disabilities and their family carers? f) Does the trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports? Note: trust boards are required to certify that their trusts meet requirements a) to f) above at the annual plan stage and in each month. Failure to d
3a	Cancer: 31 day wait	31-day wait: measured from cancer treatment period start date to treatment start date. Failure against any threshold represents a failure against the overall target. The target will not apply to trusts having five cases or less in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter.. Will apply to any community providers providing the specific cancer treatment pathways
3b	Cancer: 62 day wait	62-day wait: measured from day of receipt of referral to treatment start date. This includes referrals from screening service and other consultants. Failure against either threshold represents a failure against the overall target. The target will not apply to trusts having five cases or less in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter. Will apply to any community providers providing the specific cancer treatment pathways. National guidance states that for patients referred from one provider to another, breaches of this target are automatically shared and treated on a 50:50 basis. These breaches may be reallocated in full back to the referring organisation(s) provided the SHA receive evidence of written agreement to do so between the relevant providers (signed by both Chief Executives) in place at the time the trust makes its monthly declaration to the SHA. In the absence of any locally-agreed contractual arrangements, the SHA encourages trusts to work with other providers to reach a local system-wide agreement on the allocation of cancer target breaches to ensure that patients are treated in a timely manner. Once an agreement of this natu
3c	Cancer	Measured from decision to treat to first definitive treatment. The target will not apply to trusts having five cases or fewer in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter. Will apply to any community providers providing the specific cancer treatment pathways.
3d	Cancer	Measured from day of receipt of referral – existing standard (includes referrals from general dental practitioners and any primary care professional).Failure against either threshold represents a failure against the overall target. The target will not apply to trusts having five cases or fewer in a quarter. The SHA will not score trusts failing individual cancer thresholds but only reporting a single patient breach over the quarter. Will apply to any community providers providing the specific cancer treatment pathways. Specific guidance and documentation concerning cancer waiting targets can be found at: http://nww.connectingforhealth.nhs.uk/nhais/cancerwaiting/documentation

Notes

Ref	Indicator	Details
3e	A&E	Waiting time is assessed on a site basis: no activity from off-site partner organisations should be included. The 4-hour waiting time indicator will apply to minor injury units/walk in centres.
3f	Mental	7-day follow up: **Numerator**: the number of people under adult mental illness specialties on CPA who were followed up (either by face-to-face contact or by phone discussion) within seven days of discharge from psychiatric inpatient care. **Denominator:** the total number of people under adult mental illness specialties on CPA who were discharged from psychiatric inpatient care. All patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care must be followed up within seven days of discharge. Where a patient has been transferred to prison, contact should be made via the prison in-reach team. Exemptions from both the numerator and the denominator of the indicator include: - patients who die within seven days of discharge; - where legal precedence has forced the removal of a patient from the country; or - patients discharged to another NHS psychiatric inpatient ward. For 12 month review (from Mental Health Minimum Data Set): **Numerator:** the number of adults in the denominator who have had at least one formal review in the last 12 months. **Denominator:** the total number of adults who have received secondary mental health services during the reporting period (month) who had spent at least 12 mor For full details of the changes to the CPA process, please see the implementation guidance Refocusing the Care Programme Approach on the De
3g	Mental Health: DTOC	**Numerator:** the number of non-acute patients (aged 18 and over on admission) per day under consultant and non-consultant-led care whose transfer of care was delayed during the month. For example, one patient delayed for five days counts as five. **Denominator:** the total number of occupied bed days (consultant-led and non-consultant-led) during the month. Delayed transfers of care attributable to social care services are included.
3h	Mental Health: I/P and CRHT	This indicator applies only to admissions to the foundation trust's mental health psychiatric inpatient care. The following cases can be excluded: - planned admissions for psychiatric care from specialist units; - internal transfers of service users between wards in a trust and transfers from other trusts; - patients recalled on Community Treatment Orders; or - patients on leave under Section 17 of the Mental Health Act 1983. The indicator applies to users of working age (16-65) only, unless otherwise contracted. An admission has been gate-kept by a crisis resolution team if they have assessed the service user before admission and if they were involved in the decision-making process, which resulted in admission. For full details of the features of gate-keeping, please see Guidance Statement on Fidelity and Best Practice for Crisis Services on the Department of Health's website. As set out in this guidance, the crisis resolution home treatment team should: a) provide a mobile 24 hour, seven days a week response to requests for assessments; b) be actively involved in all requests for admission: for the avoidance of doubt, 'actively involved' requires face-to-face contact unless it can be d c) be notified of all pending Mental Health Act assessments; d) be assessing all these cases before admission happens; and e) be central to the decision making process in conjunction with the rest of the multidisciplinary team.
3i	Mental Health	Monthly performance against commissioner contract. Threshold represents a minimum level of performance against contract performance, rounded down.
3j-k	Ambulance Cat A	For patients with immediately life-threatening conditions. The Operating Framework for 2012-13 requires all Ambulance Trusts to reach 75 per cent of urgent cases, Category A patients, within 8 minutes. From 1 June 2012, Category A cases will be split into Red 1 and Red 2 calls: • Red 1 calls are patients who are suffering cardiac arrest, are unconscious or who have stopped breathing. • Red 2 calls are serious cases, but are not ones where up to 60 additional seconds will affect a patient's outcome, for example diabetic episodes and fits. Ambulance Trusts will be required to improve their performance to show they can reach 80 per cent of Red 1 calls within 8 minutes by April 2013.
4a	C.Diff	Will apply to any inpatient facility with a centrally set C. difficile objective. Where a trust with existing acute facilities acquires a community hospital, the combined objective will be an aggregate of the two organisations' separate objectives. Both avoidable and unavoidable cases of C. difficile will be taken into account for regulatory purposes. Where there is no objective (i.e. if a mental health trust without a C. difficile objective acquires a community provider without an allocated C. difficile objective) we will not apply a C. difficile score to the trust's governance risk rating. Monitor's annual de minimis limit for cases of C. difficile is set at 12. However, Monitor may consider scoring cases of <12 if the Health Protection Agency indicates multiple outbreaks. Where the number of cases is less than or equal to the de minimis limit, no formal regulatory action (including scoring in the governance risk rating) will be taken. If a trust exceeds the de minimis limit, but remains within the in-year trajectory for the national objective, no score will be applied. If a trust exceeds both the de minimis limit and the in-year trajectory for the national objective, a score will apply. If a trust exceeds its national objective above the de minimis limit, the SHA will apply a red rating and consider the trust for escalation. If the Health Protection Agency indicates that the C. difficile target is exceeded due to multiple outbreaks, while still below the de minimis, the SHA
4b	MRSA	Will apply to any inpatient facility with a centrally set MRSA objective. Where a trust with existing acute facilities acquires a community hospital, the combined objective will be an aggregate of the two organisations' separate objectives. Those trusts that are not in the best performing quartile for MRSA should deliver performance that is at least in line with the MRSA objective target figures calculated for them by the Department of Health. We expect those trusts without a centrally calculated MRSA objective as a result of being in the best performing quartile to agree an MRSA target for 2012/13 that at least maintains existing performance. Where there is no objective (i.e. if a mental health trust without an MRSA objective acquires a community provider without an allocated MRSA objective) we will not apply an MRSA score to the trust's governance risk rating. Monitor's annual de minimis limit for cases of MRSA is set at 6. Where the number of cases is less than or equal to the de minimis limit, no formal regulatory action (including scoring in the governance risk rating) will be taken. If a trust exceeds the de minimis limit, but remains within the in-year trajectory for the national objective, no score will be applied. If a trust exceeds both the de minimis limit and the in-year trajectory for the national objective, a score will apply. If a trust exceeds its national objective above the de minimis limit, the SHA will apply a red rating and consider the trust for escalation

Appendix 1b

From: Grimshaw, Andrew [mailto:Andrew.Grimshaw@nclondon.nhs.uk]
Sent: 18 September 2012 15:19
To: Smith Fiona (THE WHITTINGTON HOSPITAL NHS TRUST)
Cc: Harrison Sophie (THE WHITTINGTON HOSPITAL NHS TRUST); Kennedy, Sylvia
Subject: RE: FTP 2012 03 28 TRUST Instructions TFA - SELF CERTIFICATION RETURNS V1

Hi Fiona

Yes I can confirm that this is as we discussed and we agree the overall RAG ratings and text below.

Andrew

Andrew Grimshaw
Deputy Director, Provider Development
NHS North Central London
5th Floor, Drummond Street / Hampstead Road wing
Stephenson House

0207 685 6265
www.ncl.nhs.uk

From: Smith Fiona (THE WHITTINGTON HOSPITAL NHS TRUST) [mailto:fiona.smith25@nhs.net]
Sent: 18 September 2012 15:14
To: Grimshaw, Andrew
Cc: Harrison Sophie (THE WHITTINGTON HOSPITAL NHS TRUST)
Subject: FW: FTP 2012 03 28 TRUST Instructions TFA - SELF CERTIFICATION RETURNS V1

Dear Andrew

Please see attached our SOM submission . Following our conversation please can you confirm that NCL approve the commentary ion the box below on the RAG rating for our TFA progress

Many thanks

Fiona

The Trust has RAG Rated the TFA Risk to Future delivery as Amber/Red (Red, Green etc)

The Trust has RAG Rated the Accountability Agreement Delivery as Amber/Green (Red, Green etc) **** for those Trusts who have Accountability Agreements in place ****

This also needs to include the rationale behind this RAG rating using the RAG Rating Criteria on Page 4 of these instructions.

Comments on TFA Overall Delivery	HDD1 delayed as Monitor did not allocate a firm of accountants in time to commence against the Trust's TFA timeline which pushed out all dependant milestones.
Comments on Accountability Agreement	*The Trust is in continuing negotiations with NCL Cluster and CCGs to agree the convergence letter – although progress has been made there remains some risk to the level of support the commissioners can provide in the letter at this stage.*

Risk ID	FT project	Description of Risk	Like-lihood	Impact	Initial risk	Key Controls (measures in place to reduce likelihood and consequences)	Positive Assurance of controls	Gaps in controls assurance	Like-lihood	Impact	Residual Risk Rating	Action plan and progress report	Date of Review of Action Plan and Progress report	Target Risk Rating (Level of acceptable risk)	Lead
1.1	**Membership**	**If** we do not actively engage our membership during the lead up to authorisation **then** our membership may decline	3	4	**12**	Membership officer in post. Engagement Plan updated and provisional budgets agreed for 12/13	Regular membership updates to Trust Board - next due in Sept 2012		1	4	**4**	Governor elections scheduled for Q4 2012/13	01/01/2013	**4**	**FS**
1.2		**If** we cannot encourage 60 members to stand for governor **then** we will not be able to demonstrate robust election processes	4	4	**16**	Membership officer in post. Engagement Plan updated and provisional budgets agreed for 12/13	Shadow Governors to act as champions in engagement. Promotional material being developed.		3	4	**12**	Recruitment plan and budget as part of 12/13 planning.	Monthly from Nov 2012	**8**	**FS**
2.1	**Board Governance**	**If** there is a change in legislation **then** it may result in changes to the process or legal documentation	4	2	**8**	Close monitoring of progress of Health Act Updates received from Monitor, DH or SHA when changes are made	Board Development Plan and CoG induction and training		3	2	**6**	Continue to monitor updates from SHA, DH and Monitor.	Quarterly	**8**	**Corporate sec.**
3.1	**Submission of IBP**	**If** we do not have a dedicated resource **then** the IBP may not be of sufficient quality	3	4	**12**	Dedicated resources in place.	On track with TFA/AA targets		2	4	**8**	Regular meetings of FT team. Monthly meetings of Chariman lead FT steering group	Monthly	**3**	**FS**
3.2		**If** we cannot produce a robust workforce plan **then** the IBP will not withstand Monitor testing	3	4	**12**	Workforce Strategy to TB in March 2012	Workforce Committee	Pathway models and workforce implications in progress; Consistency between the CIP and IBP workforce submissions to be ensured throuout the process. Market Share Growth to be factored.	3	4	**12**	Baseline activity mapped to workforce, marginal increases required to manage demographic growth calculated and wte reductions associated with productivity KPIs outlined. Workforce Plan to be updated once IBP/LTFM completed - Sept 2012	Monthly through CIP PMO	**4**	**Mbo**
3.3		**If** we cannot get support from NCL in relation to market share growth strategy **then** future years financial risk ratings may be at risk in the LTFM	3	5	**15**	Commissioner support through contract Commissioner convergence letter - October 2012	ICO strategy aligned with commissioner QIPP plans. Substitution opportunity offers NCL method for reducing expenditure	Fully worked up growth strategy yet to be agreed with NCL and included in LTFM	3	5	**15**	Scoping with divisions completed and PIDs being developed. To gain commissioner support by end Sept 2012.	01/09/2012	**4**	**FS**
3.4		**If** we cannot produce a robust 5-year CIP **then** the IBP will not withstand SHA testing	4	5	**20**	Detailed three year CIP and outline later two years in development. To be fully risk assessed against deliverability and quality impact by Sept 2012. .	Three years CIP identified and PIDs in place. Reference costs reduction targets to reduce expenditure	5-year CIP requires continuing refinement CIP PMO to be established PID development continuing	3	5	**15**	CIP PIDS being finalised	01/09/2012	**5**	**MDS**
4.1	**Implement recommendations from Stage 1 HDD - finance**	If HDD actions not delivered then not able to meet HDD2	2	5	**10**	HDD Action plan	Report to FT prog steering group	HDD1 actions need embedding	2	5	**10**	Action plan to be monitored through FT programme Board	Sep-12	**5**	**RM**
5.1	**CCG Support**	**If** we do not have capacity to engage meaningfully with CCGs, **then** we are less likely to obtain their written support in the convergence letter.	3	4	**12**	Commercial and business development manager post established	Recruitment under way	Commercial and business development manager post to be recruited to	2	4	**8**	Recruitment to vacant post by Dec 2012	01/12/2012	**4**	**FS**
5.2		**If** there is a delay in reducing our reference costs and communicating this to CCG **then** they will continue to query the value for money of our services.	3	4	**12**	Cost Improvement Plan to target reduction in reference costs. Meetings being held with CCGs	CIP Board and Finance report to Trust Board		3	4	**12**		Monthly	**3**	**MDS**

Risk ID	FT project	Description of Risk	Like-lihood	Impact	Initial risk	Key Controls (measures in place to reduce likelihood and consequences)	Positive Assurance of controls	Gaps in controls assurance	Like-lihood	Impact	Residual Risk Rating	Action plan and progress report	Date of Review of Action Plan and Progress report	Target Risk Rating (Level of acceptable risk)	Lead
6.1	**Stakeholder Support**	**If** we do not become more responsive to NCL and CCGs **then** they may not support us going forward	3	4	**12**	Monthly FT meetings with NCL and CCGs. Regular contract meetings with NCL and CCG representatives. Transformation Board established. Alignment of strategies. Primary care and marketing strategy CEO/Medical Director visits to primary care.	Engagement Plan developed for approval at audit committee in Sept 2012	Primary care and marketing strategy to be developed	3	4	**12**	Primary care and marketing stratgey to be developed	01/11/2012	**4**	**GB**
6.2		**If** we do not engage staff in our strategy and vision **then** we will not meet the requirements of the Board Governance Assurance Framework	4	4	**16**	Organisational Development plans Value mapping events with staff Leadership Development Engagement plan Monthly Chair's meeting with staff CEO staff briefings Medical committee	Staff engagement plan		3	4	**12**	Engagement plan to be operationalised	Monthly	**6**	**MBo**
7.1	**Council of Governors**	See risk 1.2													
9.1	**Quality Governance**	**If** the CQC impose conditions on our services **then** it will be harder to pass quality governance test	2	4	**8**	CQC self-assessments Embedding quality and risk systems	CQC self assessment reports Internal Audit reports Quality and risk report		2	4	**8**	Programme of self-assessments Patient safety walkabouts by executive and NEDs Visible leadership by senior nursing team Incident reporting and implementation of improvement action plans	Monthly	**4**	**BS**
9.2		**If** we do not have quality embedded and deliver the MQGF plan, **then** we will not pass the SHA quality gateway review or Monitor assessment	3	5	**15**	Quality strategy and quality account developed and to TB in March. Quality Committee (sub committee of TB) to oversee quality governance and monitoring in place and chaired by NED. MQGF action plan in place.	Quality Committee MQGF independent report	MQGF action plan to be delivered to reduce score to Zero by end April 2013.	2	5	**10**	MQGF action plan underway. Meetings with NHS London quality lead arranged and information provided on assessment will be used for implementation plan Quality Account outcome measures and overall quality metrics have been agreed. Quality Governance Committee (subcommittee of Quality Committee) is progressing Monitor Quality Governance Action Plan and developing action plan in response to feedback from NHS London	Monthly through Quality strategy Group	**5**	**CIC**
10.1	**Board Development**	If we do not deliver BGAF action plan in relation to Board Development, then Board may not demonstrate capacity to undertake role.	2	4	**8**	BGAF action plans. Board Development plan	Board self certification. HDD2		2	4	**8**	Action plans in place and to be monitored through FT steering group	Monthly	**4**	**Corp Sec**
10.2		**If** the Board perform badly at the SHA Board to Board, **then** the application to the DH may be delayed	3	5	**15**	Programme of education seminars currently in place	SHA 1:1 interview feedback	Mock B2B to be commissioned	2	5	**10**	Board development timetable scheduled into NED diaries for rest of year. Briefing pack developed as required. Action plan as a result of Mock B2B to be developed	Monthly	**5**	**YMK / corp sec**
11.1	**A Little Bit of FT Everywhere**	**If** we do not encourage FT behaviours now, **then** we will not get the business in the right place prior to achieving FT status.	3	4	**12**	Temperature checks at ToB, EC and Divisional Boards		Feedback methodology required	3	4	**12**	Monthly temperature checks to be taken and responded to.	Monthly	**6**	**All Directors**
12.1	**SHA Assessment process**	**If** there is any failure in programme management **then** the delivery against deadlines may be affected	3	5	**15**	Programme of FT application	Monthrly report to FT steering group and TB		2	4	**8**	Lead director identified from within existing WTEs . Other directors identified for key pieces of work for the application	Monthly	**4**	**All Directors**
13.1	**Monitor Assessment process**	No risks identified at present													

Appendix 3

Foundation Trust Membership Recruitment Update Report
September 2012

1. Promotion of foundation trust

1.1. Foundation Trust online

The Trust has many pages relating to our Foundation Trust plans on the external internet site. Since September 2011, we have had a combined **9,805** views of all our foundation trust pages.

1.2. FT film

The foundation trust film is on our website, intranet, social media and YouTube. The film is also played at staff events, public events and also emailed. The Whittington Health public website has two FT related links on the homepage. The first is 'getting to Foundation Trust status', the second is 'Whittington Health Foundation Trust film. The combined number of hits to these film pages is **1,294**.

1.3. Social media coverage

We now have **2,087** Facebook 'friends and likes' (including the Whit Tington, Whittington Hospital and Whittington Health pages); and **964** followers on Twitter.

The use of social media is a big part in our membership campaign as it allows us to connect and engage with a number of staff and the public in an informal way - it also allows us to respond instantaneously to any questions and feedback

We put out regular FT messages on our Facebook pages. We engage with members of the public and other key stakeholders, including the local council, commissioning groups and journalists, both local and national. Social media is a unique tool for communication, which ensures 'real time' communication and response, which is invaluable for our planning and FT activity.

Local and national journalists are amongst our key followers.

1.4. Staff

Staff have been kept informed via weekly bulletins and in the Whittington Express on a monthly basis. The monthly CEO staff briefings and medical committee have the FT application as a standing agenda item.

1.5. Recruitment and promotion events

Over the summer, the foundation trust membership manager and governors have attended various festivals, events, health centres and public spaces to raise awareness of FT plans and to recruit more FT members.

Community events/spaces:
Lauderdale House Arts and Crafts Fair
Highgate Fair
Whittington Park Festival
Wood Green Shopping Centre

Health Centres:
River Place Health Centre
Holloway Road Health Centre

Hornsey Central Health Centre
Michael Palin Speech and Language Clinic
Northern Health Centre
Bounds Green Health Centre
The Laurels Health Centre
Lordship Lane Health Centre
Clerkenwell GP Practice
Highgate Group Practice
Lauderdale House GP event

More attendances at health centres and community spaces planned for the rest of the year.

2. Membership

2.1. Membership

Currently we have a total of **5270** members. We need another 730 to reach the 6,000 members target by the end of December 2012.

In order to achieve this target, various recruitment events and visits are being planned across the boroughs, specifically focussing in on areas which are under-represented, for example in postcodes N11, N12, N13, N14 etc.

An FT membership warmth map is attached as an appendix, which highlights areas which have a low membership representation and areas which have high membership representation.

We have developed a membership pack to send out to current and new members, including those who have expressed an interest in becoming a Governor and we are quality assuring the legacy list of members (from 2007) against PAS to reduce the risk of contacting deceased patients. Once this piece of work has been completed in October, the membership pack will be posted or emailed.

2.2. Patient recruitment:

Work is being underatken on PAS and on RIO to collate all patients/service users in the last year in order to mass mail the membership flyer so that more patients sign up as members. PAS and RIO contact spreadsheets will be sent to the Demographics Batch Service for the contacts to exclude deceased patients.

2.3. Targeting of BME groups:

We have targeted areas with high BME populations in visiting health centres. Wood Green shopping centre was chosen for a weekend-long recruitment drive in response to the high numbers of BME communities in the surrounding areas.

Health fairs are being planned in conjunction with community health teams, the NHS health check group called Health-Smart, Whittington Health translators and with Whittington Health's Imam. Small health fairs based at BME community venues or faith centres with health tests such as cholesterol, BMI checks etc. to attract people to come to the event which will then be used to recruit BME members. Health events will be arranged from October through to December.

The ethnic breakdown of foundation trust members (from September 2011 – August 2012) is attached as an appendix.

2.4. Recruiting young people:

Over summer, educational facilities have been shut. We will be attending University open days from October onwards. There are also plans for clinical consultants to attend and speak at school assemblies. Schoolchildren will then be asked to fill out the members form.

2.5. Increasing numbers of male members:

Our catchment population has an approximately 55:45% split of female:male. Currently two thirds of our membership is female. There is an inherent problem across the country in engaging men to take an interest in health, which is reflected in the interest we receive on membership recruitment drive events.

We aim to recruit at Arsenal and Tottenham Hotspurs football grounds to raise the numbers of male members.

3. Governors and elections

3.1. Governor resources

Governors now have their own password-protected area on the Whittington website which holds training resources, tools and useful documents specifically for governors. This facility was launched in July. It is also possible for governors to upload documents onto the area (through the foundation trust membership manager) for other governors to view and share.

3.2. Recruiting potential governors

In November, advertising material will go out in the press, social media and via mass mailings to encourage members of the community to stand as Whittington Health governors. Many of our shadow governors have expressed that they will be standing down at the next election (potentially six out of the 15 patient/public governor slots). Staff will also be asked to come forward to stand as staff governors. Currently, there is only one out of four staff governor seats that is taken up. The BME health fairs will be a way to access community leaders to encourage them to stand. There will also be a targeting of advertising to Black and Asian-interest press/media. We will also use radio to advertise.

A pack called '*So You Want to be a Governor*' has been prepared for those interested. Altogether, it is intended that there will be at least 60 members to stand as governors.

3.3. Elections

Elections will be held in February 2013. There are 6 Whittington Health South patient governor seats, 6 Whittington Health North patient governor seats, 5 Whittington Health South public governor seats, 5 Whittington Health North public governor seats and 4 staff governor seats. Joe Liddane will host a governor information session in January for interested people to come along and ask questions.

Appendix 3a

FT recruited members warmth map

Members have been recruited in all postcodes. However the Trust must ensure that each area is well represented in the membership to increase the diversity of the membership ensuring all communities are represented.

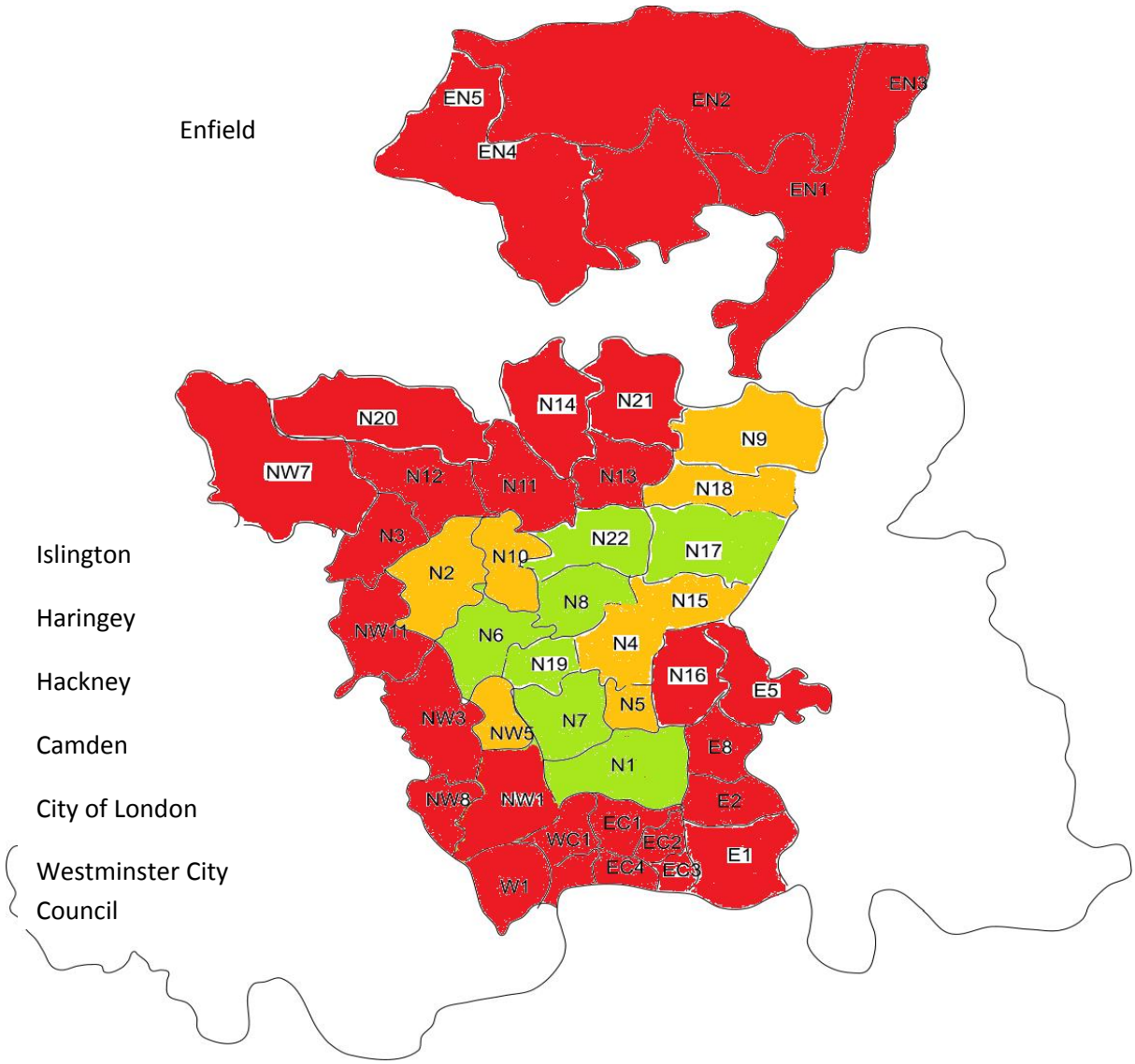
This will provide a greater opportunity to recruit individuals interetsed in election to the Council of Governors and acheiving an elected body that truly reflects the diversity of the catchment population.

Key:

Red – More to be recruited in this postcode – representative of **under 1%** of total (new members)

Amber – Fair number of members in this postcode – representative of between **1-4.99%** of total (new members)

Green – Majority of members in this postcode – representative of **over 5%** of total (new members)



Appendix 3b

Membership diversity

The Board is required to ensure that the membership recruitment strategy ensures members recruited reflect the ethnic diversity in its consitutional populations.

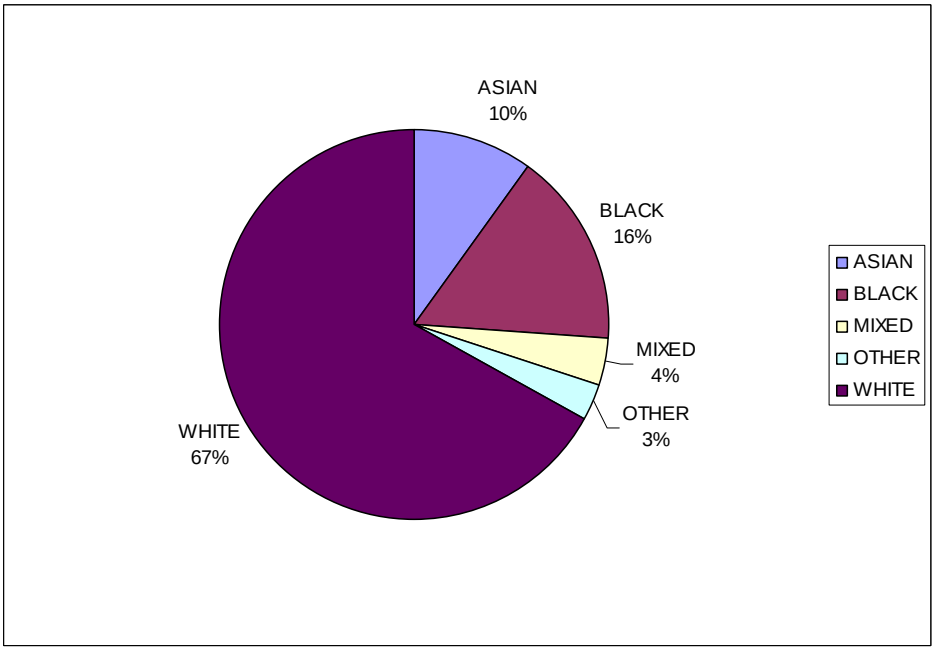
The ethnic diversity of the local population is described in the membership strategy and the table below reminds the Board of this.

Table 2. Ethnic group composition of public constituency by borough[1]

Borough/PCT	White/White British	Mixed	Asian/Asian British	Black/Black British	Other
Islington	72.7%	3.8%	9.4%	10.1%	3.9%
Haringey	66.4%	4.4%	9.5%	15.9%	3.8%
Barnet	71.4%	3.5%	13.7%	7.1%	4.3%
Camden	69.9%	3.7%	14.2%	7.3%	4.8%
Hackney	62.7%	4.2%	11.0%	18.2%	4.0%

Analysis of the current membership demonstrates that the ethnicity (as members describe) of our membership correlates to the ethnicity of the local population and this can be seen in the pie chart below:

Diagramme 1 Current membership self described ethnicity



The membership recruitment campaign will ensure this correlation continues.

[1] Source – ONS estimates mid 2009

Appendix 4

Foundation Trust
Post Consultation Report
September 2012

Index

Introduction

This report describes the process and outcome of the formal consultation process, which was launched on 1 November 2011 and ended on 29 February 2012. The public consultation forms and essential component in engagement with service users and staff as part of the Whittington Health's application to become an NHS Foundation Trust.

This report provides assurance that:

- Robust public consultation has been undertaken;
- Staff and stakeholder views are reflected in the proposed FT governance arrangements.

This document should be read in conjunction with the Trust's Membership Strategy. Both provide public assurance of the Trust's continued commitment to increase and support its membership, responde to its member's views and engage in the wider cultural change and social responsibility that come with as part of acheiving NHS foundation trust status.

1. Background

1.1 Name of applicant Trust

Whittington Health (officially The Whittington Hospital NHS Trust)

1.2 Area served by the Trust

Whittington Health was launched on 1 April 2011 as an NHS organisation. It comprises the Whittington Hospital NHS Trust and community health services of NHS Islington and NHS Haringey. In May 2011 Whittington Health was commissioned to also provide Haringey's children's health services.

As an integrated care organisation (ICO), Whittington Health delivers acute and community services for adults and children, primarily to the residents of Islington and Haringey but also providing acute services to other London boroughs.

Whittington Health serves a catchment population of around 440,000 people and this is expected to grow by 8.8 per cent over the next 10 years. The ICO employs over 4,000 staff across the acute hospital site, 16 health centres and several administrative and clinical premisis across the two boroughs.

Whittington Health receives 86 per cent of referrals for acute services from Haringey and Islington GPs. It also receives a significant number of referrals from Camden, Barnet and Hackney, and is the main provider of acute services for the two prisons within Islington.

The wider area of London served and the Islington and Haringey communities are diverse in both socio-economic status and ethnicity, ranging from areas of great affluence to some of the highest deprivation levels in the country. Public health profiles for Islington and Haringey, when benchmarked nationally, show that both areas are challenged by income deprivation, drug misuse, violent crime and child poverty.

Disease prevalence and health inequalities within Islington and Haringey are above the national average. The community served suffers from obesity, alcohol and smoking related diseases in common with its population profile.

1.3 Contact details of person responsible for the consultation

Fiona Smith
Director of Planning and Programmes
FT Project office
Level 1 Highgate Wing
Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Tel: 0207 288 3721
Fax:0207 288 5068
Email: fiona.smith25@whittington.nhs.uk

2. About the public consultation

2.1 Context

The current consultation builds on the work of the previous consultation exercise undertaken in 2007, the aim of which was gain the views of local people and staff on the Trust's strategic plans and governance structures as an FT and to recruit at least 4,000 public and patient members of the Whittington Hospital NHS Trust from a catchment population at the time of of approximately 300,000. The original application to become a foundation trust was put on hold pending the outcome of a review of London health services. Following the initial exercise the consultation was adapted to reflect the views of local people and the legacy membership totalled 4,053 which had elected its Council of Governors (CoG). The Trust Board took the decision to continue to main, support and involve the membership and CoG in the intervening period to this application.

Following the development of the Integrated Care Organisation (ICO) the Trust Board reinstated its FT application. Whittington Health's vision is to be an outstanding provider of high quality, joined up healthcare to local people, working in partnership with GPs, councils and local providers. Becoming a foundation trust will bring more empowerment to our patients, service users and local people and help us be more responsive to individual and local healthcare needs.

Having developed its stratgic plan, proposed govenance strucures and draft constitution an important part of the consultation exercise therefore was to generate interest in foundation trust membership within the new, larger ICO community. The Trust revised its membership target is to increase public and patient membership to a minimum of 6000 by December 2012 in preparation for obtaining FT status in 2013, increasing to a minimum of 6500 by the first anniversary of obtaining foundation trust status, and to a minimum of 7000 at year 3. These targets reflect the need to have the right balance between population size, representation of the individual constituencies served and the a membership that wishes to be actively engaged and personally involved in the work of the only ICO in the sector. In addition the 4000 staff members, including volunteers, who have worked at Whittington Health for at least a year, will automatically become members of the foundation trust unless they choose to opt out.

The recruitment of interested parties to the new council of governors will commence in autumn of 2012, with elections timed for January 2013. The newly elected council of governors will provide an invaluable resource to support, lead and develop a committed membership base, building on the feedback received during the public consultation exercise.

2.2 Dates of public consultation

Started	Finished
Thursday 1 November 2011 (date)	Wednesday 29 February 2012

2.3 Consultation documentation

Information about the public consultation was disseminated in a number of ways:

- **Legacy members**

A copy of the consultation document was sent to each of the 4,200 legacy members, either by mail or email (depending on the member's stated preference). Members were advised that they could opt out of membership if they no longer wished to be an FT member. Following this exercise, 87 members were removed from the database: 40 of whom had moved away from the area, 6 were deceased, 2 had asked to be removed due to ill health, and the remainder had returned the correspondence reason.

- **Local partners and stakeholders**

The consultation document was distributed to over 500 partner and stakeholder organisations. Information about our plans for becoming a foundation trust was disseminated to over 250 voluntary sector groups across the constituency area, either by email or post. Many of these organisations focus on BME, disability and mental health issues.

- **On-line and social media**

Web based versions of the full and summary consultation documents (including an online reply form) were published on the Whittington Health public website. The website has two FT related links on the homepage: one to 'Getting to Foundation Trust status', and the other to the 'Whittington Health Foundation Trust film'. The combined number of hits to these pages during the consultation period was **1,588**.

The use of social media was an important part of the campaign, helping to connect and engage with a staff, members of the public and local/national media in an informal way. Whittington Health had **1,888** Facebook 'friends and likes' (including the Whit Tington, Whittington Hospital and Whittington Health pages); and **764** followers on Twitter during the consultation. Local and national journalists are amongst our key followers.

- **Local media**

Information was widely disseminated to local media including: Ham & High; Islington Gazette; Hornsey Journal; Camden New Journal; Islington Tribune; Islington Life; Irish Post; Haringey People. This included a press release about the launch of the consultation and advertorials about related events (including the foundation trust open event and annual general meeting). A local Turkish newspaper ran a small piece about the consultation.

- **Promotional video**

A new short FT film is available on the Whittington Health website, intranet, Facebook, twitter and YouTube. The film describes the Whittington Health's ICO services and explains the rationale for becoming a foundation trust. The film has been shown at member recruitment events. A subtitled version of the film was shown on screens in the Accident & Emergency and Out-patient departments at the Whittington Hospital during the consultation. The film is used still at membership recruitment events.

- **Alternative formats**

The consultation document was written in English, with details of how to obtain the information in other languages and/or to seek assistance with interpreting published in Turkish, Somali, Spanish, Chinese and French inside the back cover. No such requests were received.

The consultation document was also available in large print and other formats on requests, such as audiotapes, large print and other languages. (No such requests were received).

- **Staff engagement**

All staff were emailed at the start of the launch and provided with details of the consultation and the link to the FT film and all consultation documentation on the intranet. The FT application was a standing agenda item at the monthly CEO staff briefings and medical committee. Members of

staff were invited to open evenings and special information events throughout the consultation period.

2.4 Public meetings

Over the course of the consultation period governors and senior executives attended several public meetings and events at local community venues, providing a forum for discussion for over 2600 people:

Venue	**Date of event**	**Number of public contacts (approx)**
Annual General Meeting	28.09.2012	21
Highgate Society	28.10.2011	80
Islington Annual Children's Conference	15.11.2011	200
Islington Business Forum	16.11.2011	20
Middlesex University	16.11.2011	15
Queenswood Health Practice	19.11.2011	200
Defend the Whittington Hospital Coalition meeting	23.11.2011	55
Mental Health Resource Centre	23.11.2011	7
Open Evening for staff and public	23.11.2011	13
Holloway Road Virgin Active recruitment mornings	26.11.2011 and 07.01.2012	70
Archway Christmas Market	26.11.2011	250
Haringey LINk	09.01.2012	13
Christmas carols in Highgate	15.12.2011	750
N19 open evening	25.01.2012	80
Council of Asian People	30.01.2012	16
Deaf People's drop in centre	08.02.2012	7
St Gabriel's homeless community centre	09.02.2012	11
Islington Chinese Community Group	09.02.2012	20
Holloway Road Health Centre	13.02.2012	30
Hornsey Central Health Centre	15.02.2012	55
London Metropolitan University	20.02.2012	50
River Place Health Centre	21.02.2012	50
Lordship Lane Health Centre	24.02.2012	50
N19 visitors' stalls	22.02.2012 and 23.02.2012	55
Wood Green road show	13.02.2012 – 19.02.2012	500
Total		**2617**

Open events

At the open event held at the Whittington Hospital, staff and shadow governors led table discussions with patients, members of the public and staff on the foundation trust plans. This event attracted approximately 80 local people. The event included a presentation from the Chairman and from the Director of Planning and Programmes.

The Trust's annual general meeting was also held during the consultation period. The focus of the meeting was therefore on the foundation trust application, membership, and the benefits of wider governance. 21 members of the public attended.

Public road shows

A road show event at Wood Green shopping centre, run on behalf of Whittington Health, generated 30 consultation responses on the stand and 273 applications for membership, just under half of which were from black and ethnic minority groups.

2.5 Other local stakeholders

Elected representatives

A copy of the consultation document was sent to local councillors and MPs, together with membership application packs that the MPs were asked to display in their surgeries. The Chairman and CEO met with local MPs Jeremy Corbyn, Emily Thornberry, and David Lammy during the consultation.

Health committees

The Haringey Overview and Scrutiny Committee received an update on Whittington Health's journey to FT status on 20 February 2012 and the Islington Overview and Scrutiny committee was given an update at its meeting on 19 March 2012. A report on progress was circulated to members of the North Central London Joint Overview and Scrutiny Committee (JHOSC) for information.

Community agencies

The membership team also briefed representatives of local community agencies from Haringey Age Concern, the Haringey Somali Association, and the African Caribbean Leadership Council. Each organisation was given full details of the consultation and opportunities for membership and invited to participate as they felt appropriate.

The Islington Disability Network, the umbrella organisation for the borough the Trust to the Islington Deaf Club, which was visited in February 2012.

In January, Whittington Health's Director of Strategy & Deputy Chief Executive gave an update to members of the Haringey LINk Board on Whittington Health's consultation and its proposed application to become a foundation trust. Members of the Board were invited to support the application, including providing assistance to recruitment of new members.

Educational establishments

During the consultation staff and governors visited the local higher educational establishments, the Middlesex University and the London Metropolitan University. The membership team also briefed local secondary schools, including the Hornsey School for Girls, and St Aloysius Roman Catholic School.

Local pressure groups

At the start of the consultation period in November 2011, a local pressure group, the Defend the Whittington Hospital Coalition (DWHC) launched a campaign against the foundation trust proposal. The Director of Planning and Programmes met members of the coalition in December to respond to their concerns. Before the end of the consultation on 23 February the DWHC circulated a note to its members, requesting that they register their opposition to the Trust's proposal to become a foundation trust. This resulted in responses (around 20) opposed to the foundation trust proposal in the last few days of the process.

2.6 Staff consultation

Staff have been kept informed about the consultation and what foundation trust means for them in a number of ways:

- Weekly bulletins
- Articles in the Whittington Express
- Monthly CEO staff briefings
- Medical committee updates
- UNISON partnership meetings attended by directors.
- Consultation stand located in N19 staff canteen over a period of a week, attended by the Chairman, non-executive directors and senior executives, who circulated with around 150 staff over the lunch periods.

2.7 Foundation trust displays

Displays about the foundation trust consultation and FT membership were put in patient and visitors areas of the Whittington Hospital and community health centres. Volunteers were given special training about what becoming a foundation trust means and encouraged to distribute consultation booklets to visitors and patients.

3. Responses received

3.1 Overview of respondents

Volume

A total of 177 replies to the consultation were received, more than a three fold increase on the 57 responses received to the previous foundation trust consultation exercise in 2007. Around 80 per cent of the respondents were either existing members and/or expressed an interest in becoming a member of the foundation trust.

The majority of responses received were in hard copy format, sent either by post or completed at consultation events. One quarter of the total responses were submitted electronically.

Membership applications

Many of the respondents to the consultation also completed membership applications. The application form captures information about the gender, age, ethnic background, geographical location and patient/public status of respondents.

Gender

The breakdown of membership applications by gender was 66 per cent female, 34 per cent male.

Age

40 per cent of the applicants were aged between 14 and 44; 40 per cent between 45 and 64 and 20 per cent are aged 65 and above.

Ethnic background

The ethnic breakdown of applicants is detailed below.

Ethnic group	Number	Ethnicity as described by member
White	311 (56%)	English, Irish, Welsh, British, Anglo-Irish, Irish-British, 'mixed', Australian, Australian-Greek, Greek Cypriot, Brazilian, French, Turkish, Swedish
Mixed	16 (3%)	Irish/Pakistani, White/Chinese/Caribbean, English/Turkish
Asian	66 (12%)	Indian, Chinese, Sri Lankan, Philipino
Black	119 (22%)	African, African-Caribbean, Caribbean, British Guyanese
Other	25 (5%)	Greek, Turkish Cypriot, Japanese
Not disclosed	12 (2%)	
Total new members	549 (100%)	

Geographic location

Applications received cover all postcode areas within the proposed public constituencies, with an even spread of the distribution across those postcodes most local to the hospital.

3.2 Overview of responses

The public consultation questionnaire included twelve questions. These are listed in the table below, together with a summary of the responses received:

1. Do you agree with our vision for the future of the organisation as a foundation trust?	75 per cent in favour
2. What do you think of the name 'Whittington Health NHS Foundation Trust'?	67 per cent supportive, but many feel the name was too long.
3. Do you agree that the membership arrangements are comprehensive and reasonable?	76 per cent agree.

4. Do you think that the proposed composition of the Council of Governors is appropriate and are the partner organisations we are suggesting the right ones?	65 per cent agree with proposed composition of the Council of Governors, but not the proposed partner organisations.
5. Do you agree with dividing up the public constituencies in two, Whittington Health North and Whittington Health South?	49 per cent agree with the proposal to split the constituency into north and south components, whilst 27 per cent said they did not want a divide. The remainder were unsure or did not have a view.
6. Is the proposal that the staff constituency be divided into four groups appropriate?	63 per cent agree.
7. Do you have suggestions as to how the council of governors might become engaged with the community it represents?	Common theme was that governors should 'get out and about more' and listen to their patients and service users.
8. Do you have any views on how Whittington Health foundation trust could work with other organisations to improve your health and that of the community?	A wide range of suggestions made, including working more closely with other local healthcare providers, voluntary organisations and the media.
9. How do you think we can create a more patient focused organisation?	A wide range of suggestions made, with transparency in service developments, and community liaison common themes.
10. Do you think you would benefit from being involved with the Whittington when it becomes a foundation trust?	49 per cent agree
11. Please tell us what you think are the most significant health problems that affect the health and wellbeing of people where you live.	More than half of the respondents cited alcohol/drug abuse as the most significant health problem affecting the health and wellbeing of people in their area; with each of the other health issues listed (obesity, smoking, access to healthcare, unemployment, stress and mental health) also receiving frequent mention.
12. Is there anything you would like to comment on which is not covered by these questions?	23 per cent responded with specific comments: 27 per cent of which were in praise of the Whittington; 49 per cent were around wider concerns e.g. privatisation, training, access to services (including A&E), with the remainder critical of Whittington Health and/or its proposal to become a foundation trust.

3.3 Support from health care stakeholders

Partner organisations

Formal letters of support for the Whittington Health FT application have been received from:

- North Central London NHS cluster and the Community Care Groups within it.
- Royal Free Hampstead Foundation Trust.
- Camden and Islington NHS Foundation Trust.
- Central and North West London Foundation Trust.
- Barnet, Enfield and Haringey Mental Health Trust.

Camden and Islington NHS foundation trust's letter of support included a formal response to the consultation questions. On governance, the trust confirmed its willingness to continue as a partner organisation represented on the council of governors; and to collaborate on some aspects of community engagement, e.g. 'governor surgeries,' integrated care pathways, and tackling patients concerns substance misuse and mental health care issues. It suggested a smaller-sized council might be more effective and focused.

Barnet, Enfield and Haringey Mental Health Care Trust also gave assurance of its willingness to work closely with Whittington Health to support the services provided on the St Ann's site.

3.4 Support from voluntary organisations and community groups

The Islington Pensioners' Forum requested several consultation documents for members. In addition to their overwhelming support for the foundation trust application, and for Whittington Health's efforts to consult and communicate. In particular, forum members made a number of useful suggestions of ways to improve healthcare in the community and become a more patient focused organisation:

- Holding monthly meetings and social events for members
- Streamlining the provision of ancillary and social services; including services that provide social and intellectual stimulation to the lonely and elderly.
- Reorganisation of the district nursing service.
- Arranging governor visits to patients.
- Seeking feedback from patients about their visit each time they attend appointments.

The Lordship Lane tissue viability unit was singled out for special praise.

Members of the Islington Deaf Club were very interested in finding out more about the newly formed Whittington ICO and ways to access services in the community. The group made a number of suggestions for ways to improve the way in which services are provided to deaf people. These included:

- Producing a leaflet explaining the provision of deaf people's services, and including a text number on all information and correspondence.
- Improved training of staff on deaf awareness and in lip reading skills.

- Provision of C.O.W equipment that links up remotely to interpreter services.

4. Whittington Health's response to the public consultation

Council of governors' review

The council of governors were asked by the Chairman to review the initial findings of the consultation exercise and provide feedback and reccommendations to the Trust Board to assist the Trust Board to finalise its decisions regarding its application for foundation trust and its governance arrangements.

Theme: North/South constituency divide

Following the previous consultation exercise, the Board agreed to include some new postcode areas within the public constituency. This was in recognition of the anticipated changes in patient flows in the future and to ensure that people who were interested in being members of the Whittington FT were not disenfranchised. The postcodes currently included are listed below:

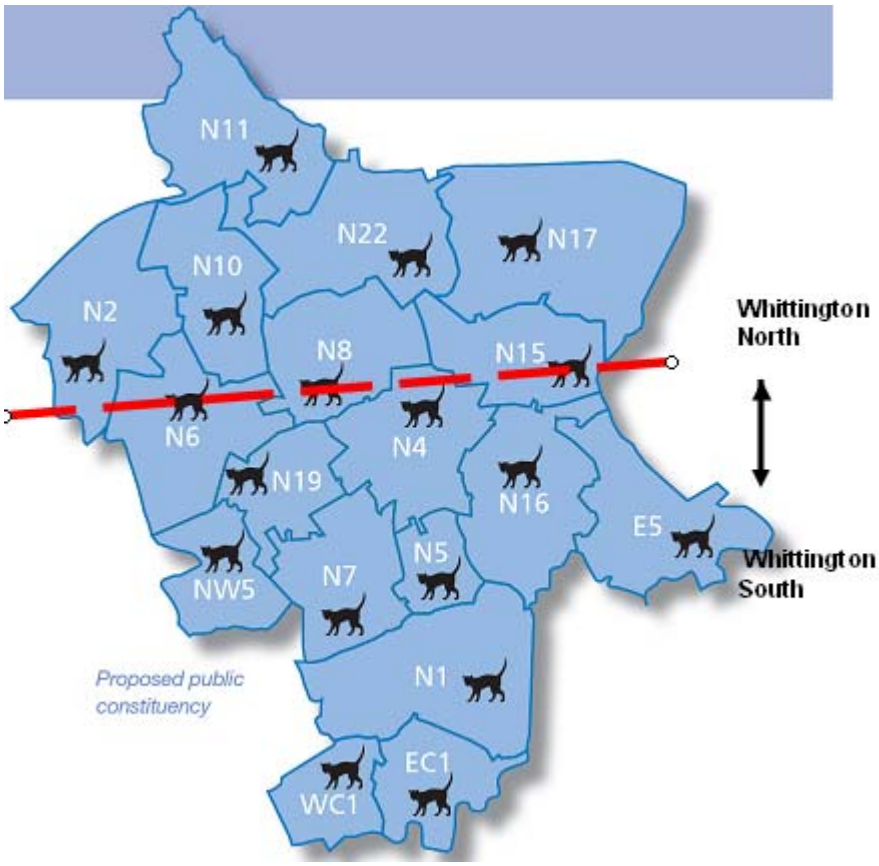
Post code areas included in the current public constituency

NW1	N3	E8
NW2	N9	E9
NW3	N12	EN5
NW4	N13	EN4
NW6	N14	
NW7	N18	
NW8	N20	
NW9		
NW11		

Under the new proposals outlined in the public consultation, public membership would be open to:

- Anyone who has been a patient or service user of Whittington Health within the last five years.
- All residents of the London Boroughs of Islington and Haringey.
- Residents of some of the other electoral wards from surrounding boroughs.
- All staff, including volunteers, who have worked at the Whittington for at least a year (unless they choose to opt-out).

The area covered by the proposed new constituency would be divided into Whittington North and Whittington South, as illustrated in the map on the next page:



Whittington Health proposed Public Consitutions

The governors discussed whether the North South divide should be removed altogether or whether the split should be changed to East and west in order to ensure that the more deprived and ethnically diverse populations on the East side of the catchment had a greater opportunity of being represented through an elected governor. The CoG were unable to reach an overall consensus but agreed it is essential that the council's impact fully reflects its constituency and diversity of social background. The Board will therefore give this issue consideration before finalising the constitution and the recruitment campaign for new governors begins in the autumn.

Theme: Governance

Several respondents to the public consultation suggested that membership of the council of governors should be opened up more widely e.g. to third sector representatives. Those in favour and those against shared concerns about the proposed breakdown of the representation, with some respondents favouring representation from voluntary bodies such as the Stroke Association, MacMillan nurses and the local hospice; others wanted to see more members of the public as governors; one respondent wanted more representation for the Islington PCT; also that closer links with local authorities over the provision of community services would be essential.

The council of governors did not agree that Governor seats should be allocated to third sector representatives as they believed that they represent a small group of the local population and there may be potential conflicts of interest.

The CoG were concerned to ensure that local and disabled representation is maintained.

Theme: Engaging with the community

Respondents to the consultation suggested a number of ways in which governors could increase its engagement with the local community, examples of which are listed below.

- Shadowing community health services and working with GPs; speaking to patients groups, carers and patient health professionals in local surgeries, mobile blood services, children's services, libraries, and community associations and the like.

- Through the media e.g. writing weekly newspaper columns.

- Through social network updates, regular newsletters, suggestion boxes, questionnaires, help lines and the Whittington website.

- In face to face meetings with patients, including informal social gatherings, public surgeries and specialist forums and focus groups: in A & E and through unannounced visits to wards.

This feedback will be used to inform future CoG development

Theme: Improved, patient- focused healthcare in the community

The consultation also raised a number of issues about the ways in which Whittington Health could take its work forward as an integrated care organisation. Respondents were asked for their views about the way in which the Whittington Health foundation trust might work with other organisations to improve healthcare provision and create a more patient focused organisation. Respondents' views may be broadly summarised as follows:

- Increase facilities in areas of shortage, including alternative therapies
- Work with schools and training providers to promote health awareness and preventative action
- Work more closely with local voluntary groups and charities e.g. Age UK, carers' organisations, etc and improve communications
- Reorganise the district nursing service and liaise more closely with patients following discharge from hospital.
- Encourage the local media to promote health improvement activities
- Communicate with other local hospitals and ensure information is shared efficiently
- Create more services and jobs, employing well trained, dedicated individuals and promoting good staff morale
- More use of interpreters to help communicate with staff.
- Ensure all care assistants are fully trained.
- Avoid unnecessary bureaucracy
- Seek regular feedback from patients. through mystery shopping exercises and surveys of newly discharged patients
- Improve transparency around performance and patient feedback, regular newsletters etc making fully use of mobile and internet technology

- Work with carers of patients and other patient representatives
- Improve signage around the hospital; and name badges for staff
- Acute specialist nurses to engage in liaising with the community clinical specialist (Surgery/social service (Mental Health/Learning Disabilities) to transfer and follow up the progress of the patients after discharge especially those who have continuing health needs.
- Review parking charges for disabled visitors

These views will be taken into account as part of the implementation of Whittington Health's five year strategy and in the development of new servives to ensure the best healthcare for people in the local area. All stakeholders will be kept informed as the organisation moves forward.

5. Information for the Secretary of State / Regulator

5.1 The number of written / formal responses received was considered to be a good response in comparison to the number of consultation documents distributed across the catchment area.

5.2 During the public meetings the Trust spoke to around 2500 members of the public, few of whom fully understood what a foundation trust was and/or the difference between an NHS Trust and a foundation trust and required an explanation. Many people took the consultation document away with them to read further before making any comment, which accounts for the lower number of responses received compared with the number of contacts with members of the public.

5.3 Throughout the consultation the Trust has actively pursued its membership recruitment strategy. Since the launch of the publication in November 2011 to date (1 September 2012) the Trust has achieved a membership of 5270 public and patient members. The Trust believes this demonstrates the public support of its intention to become a Foundation Trust.

5.4 Contact details for further details and provision of copies of responses for further scrutiny:

Fiona Smith
Director of Planning and Programmes
FT Project office
Level 1 Highgate Wing
Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Tel: 0207 288 3721
Fax:0207 288 5068

Email:fiona.smith25@whittington.nhs.uk

Staff engagement, involvement and wider culture change

6.1 How have staff members been given ample opportunity to play an active part in the dialogue and deliberations around the NHSFT application? Where have staff dialogue and views influenced the broad HR 'strategy', which in turn supports the service development plans and organisational goals for the Trust?

Response

- All staff CEO briefing at launch of consultation.
- FT standing item at monthly CEO updates and at medical committees
- New FT film available on Intranet and shown at staff events
- Managerial briefings throughout the consultation period
- Volunteer members of staff have received special training about the FT process and consultation
- Staff invited to public consultation events
- Special consultation event for staff in N19 canteen, attended by Governors and senior executives.

6.2 Staff meetings through the consultation period:

Date	**Meeting**	**Numbers attended (approx)**
3 November	CEO briefing to staff	50
14, 28 and 30 November	Volunteers trained and consulted	7
23 November	Open evening for staff and public	13
1 December	CEO Briefing	40
1 December	Medical committee	35
5 January	CEO Briefing	60
1 February	CEO Briefing	35
16 February	Staff lunchtime event	150
Total		**390**

6.3 How did (and for the future 'how will') the organisation ensure effective staff involvement and participation in shaping cultural change and service development and delivery, and in embracing social partnership in its broadest sense?

- Through staff meetings;
- Partnership Meetings;
- Specially designed training programmes;
- Regular newsletters and updates from the Trust on its service developments and delivery to all staff and partners;
- Events organised around developing the Trust's values and implenting its strategy

6.4 How has the organisation engaged with (and how will it continue to engage with) clinicians in determining the future direction of service provision, and how have the outcomes of such discussions been analysed from a cost/benefit perspective and integrated into the service development plans outlined in the Business Plan?

The Trust established a clinical directorate structure to ensure that clinicians are involved in the strategic planning for the organisation. Each specialty has a clinical lead that is responsible for ensuring that the specialty considers emerging health policy when determining service development and investment opportunities.

At the next level, clinical directors are appointed to jointly manage with a manager the specialties within their clinical division. Above this sits the Divisional Direct and Director of Operations for each Division who take overall operational responsibility for the day to day running of the Division, developing innovative care changes and implementing the Trusts clinical strategy.

Job planning is undertaken by Divisional Directors and the Directors of Operations and commences with each specialty undertaking a collective job plan to ensure consideration is given to strategic planning for each service and to identify the resources required for future service improvement. Divisional directors are full members of the Executive Committee, and the Medical Director is an executive director on the Trust Board.

During the planning stage for the future development of Whittington Health services, clinical user groups were established and clinicians form part of these groups. As the implementation of the modernisation and expansion of services continues clinicians will remain an integral part of the working groups.

6.5 How is the Trust developing/managing new (and existing) relationships with local health organisations and other local networks, social care, good citizenship and social responsibility, and playing a role in the wider community?

Much of the detail of the Trusts existing partnerships and joint ventures and how the Trust will continue to develop local networks with health care, social care and voluntary organisations is available in section 2 of the integrated business plan.

Whittington Health continues to look at ways to enhance local recruitment and to encourage people in the local area to apply for jobs within the organisation. One way that it will continue to do this is through the Camden Job Shop which supports a cross-borough health employment partnership to significantly increase the take up of vacancies by disadvantaged, local, unemployed people.

Whittington Health will continue to build on its work with Islington Borough Council to promote careers in health to 14-19 year olds. Staff 'ambassadors' across a wide range and levels of jobs commit to educational activities aimed at giving students an insight into the types of occupations available within the NHS; events may include delivering talks to students at schools and giving guided tours of their departments.

This approach will contribute towards a successful recruitment strategy and will encourage students into one of the health professions and help reduce vacancies in occupations where there is a shortage of suitable staff.

The Trust is an active particpent with the Borough Councils in the local sustainability agenda and has reciprocal membership on each organisation’s Carbon Reduction Group.

6.6 What is the degree of 'integration' of first-rate HR practice in all the main functions of the organisation (operational, strategic and clinical) – with a view to demonstrating that good HR practice and thinking is present in the wider organisation and not only in the specialist HR function itself?

Described in section 8 of the Trust's Integrated Business Plan.

6.7 How has the organisation demonstrated its commitment to unlocking the potential of all staff and enabling all staff to progress their skills and careers through lifelong learning and development?

Described in section 8 of the Trust's Integrated Business Plan.