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| <b>Meeting</b>                                                                                                                                                                                                                                                                              | <b>Trust Board – Public meeting</b>                                                                                                                                                                                                                                               |
| <b>Date &amp; time</b>                                                                                                                                                                                                                                                                      | <b>29 April 2021: 9.30am to 11.00am</b>                                                                                                                                                                                                                                           |
| <b>Venue</b>                                                                                                                                                                                                                                                                                | <b>Whittington Education Centre, Room 7</b>                                                                                                                                                                                                                                       |
| <b>Non-Executive Director members:</b><br>Baroness Julia Neuberger, Chair<br>Deborah Harris-Ugbomah<br>Professor Naomi Fulop<br>Tony Rice<br>Anu Singh                                                                                                                                      | <b>Executive Director members:</b><br>Siobhan Harrington, Chief Executive<br>Kevin Curnow, Acting Chief Finance Officer<br>Dr Clare Dollery, Medical Director<br>Carol Gillen, Chief Operating Officer<br>Michelle Johnson, Chief Nurse & Director of Allied Health Professionals |
| <b>Attendees:</b><br>Councillor Janet Burgess MBE, Islington Council<br>Norma French, Director of Workforce<br>Jonathan Gardner, Director of Strategy, Development & Corporate Affairs<br>Dr Sarah Humphery, Medical Director, Integrated Care<br>Swarnjit Singh, Trust Corporate Secretary |                                                                                                                                                                                                                                                                                   |
| <b>Contact for this meeting:</b> <a href="mailto:jonathan.gardner@nhs.net">jonathan.gardner@nhs.net</a>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                   |

## AGENDA

| Item                  | Timing | Title and lead                                                                                                        | Action  |
|-----------------------|--------|-----------------------------------------------------------------------------------------------------------------------|---------|
| <b>Standing items</b> |        |                                                                                                                       |         |
| 1                     | 0930   | <b>Patient story</b><br><i>Michelle Johnson, Chief Nurse &amp; Director of Allied Health Professionals</i>            | Note    |
| 2                     | 0950   | <b>Welcome &amp; apologies</b><br><i>Julia Neuberger, Chair</i>                                                       | Verbal  |
| 3                     | 0951   | <b>Declaration of interests</b><br><i>Julia Neuberger, Chair</i>                                                      | Verbal  |
| 4                     | 0952   | <b>25 March 2021 public Board meeting draft minutes, action log, matters arising</b><br><i>Julia Neuberger, Chair</i> | Approve |
| 5                     | 0955   | <b>Chair's report</b><br><i>Julia Neuberger, Chair</i>                                                                | Note    |
| 6                     | 1005   | <b>Chief Executive's report</b><br><i>Siobhan Harrington, Chief Executive</i>                                         | Note    |

| Quality and safety |      |                                                                                                                                                                 |         |
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| 7                  | 1015 | <b>Annual Safeguarding children and adults declaration</b><br><i>Michelle Johnson, Chief Nurse &amp; Director of Allied Health Professionals</i>                | Approve |
| 8                  | 1020 | <b>Annual Eliminating mixed gender hospital accommodation declaration</b><br><i>Michelle Johnson, Chief Nurse &amp; Director of Allied Health Professionals</i> | Approve |
| Performance        |      |                                                                                                                                                                 |         |
| 9                  | 1025 | <b>Financial performance and capital update</b><br><i>Kevin Curnow, Acting Chief Finance Officer</i>                                                            | Review  |
| 10                 | 1035 | <b>Integrated performance report</b><br><i>Carol Gillen, Chief Operating Officer</i>                                                                            | Review  |
| Governance         |      |                                                                                                                                                                 |         |
| 11                 | 1045 | <b>Chair's report, Audit &amp; Risk Committee</b><br><i>Rob Vincent, Committee Chair</i>                                                                        | Note    |
| 12                 | 1055 | <b>2021/22 Strategic objectives</b><br><i>Jonathan Gardner, Director of Strategy, Development &amp; Corporate Affairs</i>                                       | Approve |
| 13                 | 1055 | <b>Questions to the Board on agenda items</b><br><i>Julia Neuberger, Chair</i>                                                                                  | Verbal  |
| 14                 | 1100 | <b>Any other business</b><br><i>Julia Neuberger, Chair</i>                                                                                                      | Verbal  |



**Minutes of the meeting held in public by the Board of Whittington Health NHS  
Trust on 25 March 2021**

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|--------------------------|-------------------------------------------------------|
| <b>Present:</b>          |                                                       |
| Baroness Julia Neuberger | Chair                                                 |
| Siobhan Harrington       | Chief Executive                                       |
| Kevin Curnow             | Chief Finance Officer                                 |
| Dr Clare Dollery         | Medical Director                                      |
| Professor Naomi Fulop    | Non-Executive Director                                |
| Amanda Gibbon            | Non-Executive Director                                |
| Carol Gillen             | Chief Operating Officer                               |
| Michelle Johnson MBE     | Chief Nurse & Director of Allied Health Professionals |
| Tony Rice                | Non-Executive Director (items 1-12)                   |
| Anu Singh                | Non-Executive Director                                |
| Baroness Glenys Thornton | Non-Executive Director                                |
| Rob Vincent CBE          | Non-Executive Director                                |
|                          |                                                       |
| <b>In attendance:</b>    |                                                       |
| Dr Junaid Bajwa          | Associate Non-Executive Director                      |
| Charlie David            | Patient Experience Manager (item 1)                   |
| Ruben Ferreira           | Freedom to Speak Up Guardian (item 9)                 |
| Jonathan Gardner         | Director of Strategy, Development & Corporate Affairs |
| Sarah Gillis             | CCU Consultant (item 1)                               |
| Louise Hayes             | Senior Sister and CCU Nurse (item 1)                  |
| Dr Sarah Humphery        | Medical Director, Integrated Care (items 1-12)        |
| Matthew Richards         | Patient (item 1)                                      |
| Yana Richens             | Director of Midwifery (item 8)                        |
| Andrew Sharratt          | Acting Director of Communication & Engagement         |
| Swarnjit Singh           | Trust Corporate Secretary                             |
| Helen Taylor             | Clinical Director (item 8)                            |
| Kate Wilson              | Deputy Director of Workforce                          |
|                          |                                                       |
| <b>Observer:</b>         |                                                       |
| Katy Corcoran            | Care Quality Commission Inspector                     |

| No.       | Item                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>1.</b> | <b>Patient experience story</b>                                                                                                                                                                                                                                                                                                                                                             |
| 1.1       | Michelle Johnson welcomed Matthew Richards and thanked him for joining the meeting to share with Board members his experience. He fed back the following points: <ul style="list-style-type: none"><li>• He was critically unwell with COVID-19 during the first wave of the pandemic in March/April 2020 and was treated on the Critical Care Unit (CCU) at Whittington Hospital</li></ul> |

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|           | <ul style="list-style-type: none"> <li>• His story had featured in a documentary shown on ITV on 16 March</li> <li>• He had a surreal memory of waking up in the CCU and not knowing where he was before learning that he had been at Whittington Hospital for 42 days</li> <li>• It was difficult to accept the length of time he had been treated and, initially, he thought it was part of a prank. Seeing significantly sick people around him in the CCU helped with acceptance of the situation</li> <li>• More significantly, he noted the impact of the virus with an inability to be able to do simple things such as wiping his forehead. At times, he felt like a child again and had to learn how to sit up, stand and walk again with the assistance of four physiotherapists. He also had to learn to speak again. This was a very depressing and emotional time</li> <li>• He recollected and was also told by staff that they had arranged a facetime call with his elderly parents in the Caribbean when he was in a coma</li> </ul> |
| 1.2       | Louise Hayes explained that it was rewarding for CCU staff to see patients who had progressed to recovery and gone home. This was testament to the CCU team's hard work. She highlighted the contact made with patients' relatives by CCU staff as vital communication put in place by the team. Sarah Gillis reported that there was additional investment being made in the CCU environment and asked Matthew whether he would be willing to feedback ideas for how that money could be used.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1.3       | <b>The Board thanked Matthew Richards for sharing his patient experience as a patient with COVID-19 in the CCU and noted he would work with the CCU team to feedback suggestions for the new CCU environment.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>2.</b> | <b>Welcome and apologies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2.1       | The Chair welcomed everyone to the first Whittington Health Board meeting to be held in public this calendar year, and in particular Katy Corcoran who was observing the meeting on behalf of the Care Quality Commission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2.2       | Apologies were noted for Norma French, Director of Workforce.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>3.</b> | <b>Declarations of interest</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3.1       | There were no new declarations reported.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4.</b> | <b>Minutes of the meeting held on 25 February 2021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4.1       | The Board agreed the minutes of the previous meeting as a correct record. The updated action log was noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>5.</b> | <b>Chair's report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5.1       | <p>The Chair delivered a verbal report, highlighting the following:</p> <ul style="list-style-type: none"> <li>• First of all, it was important to recognise the good outcome from the annual staff survey</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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|     | <ul style="list-style-type: none"> <li>• Secondly, congratulations to Siobhan Harrington for being recognised in the Health Service Journal's annual list of the top 50 CEOs in the NHS</li> <li>• The North Central London Provider Alliance was progressing with two meetings of its CEO design group held already and the proposal agreed that one area of its focus would be on staff health and wellbeing</li> <li>• A huge thanks from the Board to all staff who were delivering amazing care to patients in the hospital and in the local community</li> <li>• Great progress had been achieved on the rollout of the COVID-19 vaccine and also in tackling vaccine hesitancy</li> <li>• On 23 March, there was a ceremony of remembrance and reflection for all people who had lost their lives and suffered during the pandemic led by Siobhan Harrington with a reading delivered by Michelle Johnson. The event was really valued and strongly supported by staff</li> <li>• As Whittington Health moves forward with plans for the recovery of services as soon as possible, this will need to be balanced by the need to ensure that staff have time to rest and recover as they faced so much in the last year</li> </ul> |
| 5.2 | <b>The Board noted the verbal Chair's report.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 6.  | <b>Chief Executive's report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 6.1 | Siobhan Harrington welcomed the opportunity for staff to reflect on the year they had worked through and emphasised the need for people to take time off to recover.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 6.2 | As of today, while there were two COVID-19 positive patients at Whittington Health, it was important that people recognised that London remained in lockdown and people were still being admitted across the North Central London region with COVID-19. Siobhan therefore re-iterated the importance of adhering to social distancing guidelines and those on personal protective equipment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6.3 | <p>Board members were also alerted to the following:</p> <ul style="list-style-type: none"> <li>• Planning guidance was expected from NHS England and Improvement for 2021/22 shortly and was likely to include areas of focus such as the health and wellbeing of staff, care of COVID-19 patients and the vaccination programme, accelerating the restart of services, expanding primary care capacity, redesigning community urgent and emergency pathways, and working as a system</li> <li>• In terms of the local COVID-19 vaccination programme, 66% of all substantive staff had been vaccinated and this included 57% of substantive staff from a minority ethnic background. Vaccination Champions across the hospital and community sites and roving clinics were helping to spread the vaccination campaign for staff. In the community, Whittington Health staff were working with NHS colleagues to deliver second vaccinations to housebound and care home residents and to the local community</li> </ul>                                                                                                                                                                                                                |

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|     | <ul style="list-style-type: none"> <li>• The continuous year-on-year progress achieved in the annual NHS staff survey was welcomed. The survey response rate and staff engagement score were especially positive during the backdrop of the pandemic and staff fatigue against which the survey was conducted</li> <li>• The Communications team had worked excellently during the past year keeping staff and local people abreast of developments with the pandemic and sharing good advice. They had also developed a communication and engagement strategy in partnership with internal and external stakeholders and this was appended to the report</li> <li>• Three members of staff were recognised for demonstrating Whittington Health's values: first, Christine Ogundele, an Immunisation Specialist based at River Place; secondly, Eleni Christodoulou, Executive Assistant to the Director of Environment; and finally, Sandra Harding-Brown, Facilities Transformation and Operational Lead</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 6.4 | <p>In discussion, Board members highlighted the following:</p> <ul style="list-style-type: none"> <li>• Rob Vincent welcomed the communication and engagement strategy and highlighted the importance of supporting engagement with all local communities e.g. Bangladeshi. Jonathan Gardner provided assurance that Whittington Health continued to work with the London Borough of Haringey to establish meaningful engagement with local community groups, including message boards in a range of languages</li> <li>• Siobhan Harrington acknowledged the excellent work of staff drawn from three local trusts to provide paediatric services at the South hub. She was pleased to report that a joint message was sent out this week regarding the safe transition process to reopen the paediatric emergency and general inpatient wards at the Royal Free Hospital (RFH) and University College Hospital (UCH). Plans were agreed with confirmed dates for staff to return to their substantive places of work. The paediatric emergency departments and general inpatient wards would re-open at UCH from 9.00am on Thursday, 8 April and at the RFH from 9.00am on Monday, 12 April. A large public information campaign had now started in earnest to ensure that all parents and young people know where they can get urgent and emergency care if they need it</li> <li>• The Chair highlighted the work carried out with faith leaders in the London Borough of Islington, particularly help and assistance during the COVID-19 vaccination programme when places of worship were used for vaccinations. This local forum was an excellent vehicle for engagement with local faith communities</li> <li>• Glenys Thornton thanked the Communications team for an impressive communication and engagement strategy. She also thanked the senior leadership team for all their work during wave two and welcomed the moving COVID-19 remembrance ceremony held earlier in the week</li> </ul> |
| 6.5 | <p><b>The Board noted the Chief Executive's report and agreed the</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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|           | <b>communication and engagement strategy.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7.</b> | <b>Quality Assurance Committee Chair's report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 7.1       | Naomi Fulop thanked colleagues for the high quality of reports considered by Committee members and drew attention to the significant assurance taken from several items considered at the meeting held on 10 March. In particular, she highlighted the Ockenden review report which was being considered separately on the Board's agenda today and also the report on the second COVID-19 surge. The Chair commented that this was a really good report in terms of the areas of significant assurance reported to the Board.                                                                                                                                                                                                                                                                                                                                                |
| 7.2       | <b>The Board noted the report and the items on which Committee members took significant assurance.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>8.</b> | <b>Ockenden review</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 8.1       | Yana Richens explained the background to the Ockenden review of maternity services. The investigation, so far, had reviewed over 250 cases of the treatment and care received by expectant mothers at the Shrewsbury and Telford Hospitals NHS Trust. These cases included incidences of stillbirth, neonatal death, maternal death and severe complications in mothers and in newborn babies. She also outlined the immediate and urgent actions which arose from seven recommendations from the review. Yana Richens explained that Whittington Health had reviewed its practice against the seven immediate and urgent actions. The review identified that Whittington Health was compliant in five of the seven areas covering enhanced safety; staff training and working together; risk assessment through pregnancy; monitoring fetal wellbeing; and informed consent. |
| 8.2       | Board members received assurance that NHS England and Improvement had endorsed the Trust's self-assessment and that work was taking place in the two areas of partial compliance. These covered: listening to women and managing complex pregnancies. Yana Richens explained that engagement activity had taken place by listening to the views of women and their families and an advocate had been appointed to help with continued engagement work. For the second area, Helen Taylor also provided assurance that a named consultant would be in place for each expectant mother.                                                                                                                                                                                                                                                                                         |
| 8.3       | During discussion, Board members raised the following points: <ul style="list-style-type: none"> <li>• Amanda Gibbon commented that the Ockenden review made for sobering reading and congratulated Yana Richens and Helen Taylor for the assessment against the review's recommendations, which had been validated by NHS England and Improvement</li> <li>• Glenys Thornton re-iterated that the Trust came out of the review of urgent and immediate actions well and was interested to see how the advocate role developed</li> <li>• Siobhan Harrington thanked Yana Richens, Helen Taylor and also Beverleigh Senior, Director of Operations, for their work in</li> </ul>                                                                                                                                                                                              |





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|            | <b>visits to community sites and healthcare centres.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>10.</b> | <b>Workforce Assurance Committee Chair's report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10.1       | <p>Anu Singh reported the following highlights from the meeting held on 2 March:</p> <ul style="list-style-type: none"> <li>• Three members of staff, Paul Attwal, Beverleigh Senior and Delia Mills delivered a presentation on the work to develop, launch and promote the See Me First badge to reflect the NHS's diverse workforce and to promote the message behind the badge as originally expounded by Dr Martin Luther King</li> <li>• Committee members received significant assurance on the help, including practical guidance, information, advice as well as psychological support available to support staff health and wellbeing</li> <li>• The Committee received an update on the development of Whittington Health's four staff equality networks and the work they were taking forward. Committee members asked managers to actively support and encourage staff to attend staff equality networks' meetings and events</li> </ul>                                                                       |
| 10.2       | <b>Board members noted the report and the areas of significant assurance, particularly range of advice, help and psychological support provided to healthcare staff.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>11.</b> | <b>2020 NHS staff survey results</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 11.1       | <p>Kate Wilson took the report as read and drew Board members' attention to the following:</p> <ul style="list-style-type: none"> <li>• The 51% response rate, while lower than the previous year, was above the 45% national average for acute and community providers</li> <li>• Of the ten themes identified in the national survey, four areas had been identified for priority work in the next 12 months in corporate teams and in the integrated clinical service units: staff morale; equality, diversity and inclusion; health and wellbeing; safe environment – bullying and harassment</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11.2       | <p>During discussion, Board members raised the following issues:</p> <ul style="list-style-type: none"> <li>• Siobhan Harrington reminded Board members that, Professor Duncan Lewis had expected survey outcomes to get worse before they improved as the Trust embarked on its organisational culture initiatives. She welcomed the positive engagement score achieved in the survey and noted the work taking place to improve outcomes in the annual workforce race equality standard submission to NHS England and Improvement</li> <li>• Naomi Fulop welcomed the improvement in staff survey outcomes over the last few years and commented that the 51% response rate was testament to the commitment of staff during an exceptionally difficult year. She asked how the Trust was responding to feedback from staff who worked from home. In reply, Kate Wilson explained that the Trust was in a much better position than previously and cited the rollout of laptops to staff to support homeworking</li> </ul> |

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| 11.3               | <ul style="list-style-type: none"> <li>Michelle Johnson highlighted the feedback from staff on Covid-specific questions in the survey which showed that people working from home reported the highest satisfaction levels and that staff working on wards and those who had been redeployed had reported lower satisfaction levels</li> </ul> <p><b>The Board noted the outcomes from the 2020 NHS staff survey and the report. The Board also approved the recommendations agreed by the Trust Management Group in particular, that the four priorities for work would cover the areas of: equality, diversity and inclusion; staff morale; health &amp; wellbeing; and safe environment – bullying and harassment.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>12.</b><br>12.1 | <p><b>Financial performance and capital update</b></p> <p>Kevin Curnow explained that the Trust was on plan to achieve a £2.62m deficit at year-end, £400k worse than plan. He also advised that the Trust was reporting a breakeven position from April to September 2021, in line with guidance from NHS England and Improvement. The cash balance remained healthy at c. £75m. However, this included c. £25m-£30m package of advance block payments. The Trust had spent £8.7m of its £14.5m capital allocation and the slippage related to delays in the modular build for the new Whittington Education Centre. Kevin Curnow also highlighted two caveats which could impact on the year-end outturn: first, non-NHS income might not be funded and would represent a c. £400k shortfall; and secondly, confirmation was awaited that annual leave provisions worth c. £4.5m would be funded</p>                                                                                                                                                                                                                                                                                                      |
| 12.2               | <p><b>The Board noted the financial results at the end of March 2021.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>13.</b><br>13.1 | <p><b>Integrated performance report</b></p> <p>The report was taken as read. Carol Gillen alerted Board members to the following issues:</p> <ul style="list-style-type: none"> <li>Emergency department performance in February against the four hour access standard was good at 86.6%, above the London and North Central London performance levels</li> <li>Paediatric emergency department performance was 94.8% in February 2021</li> <li>There were three mental health 12 hour breaches: two for young people and one for an adult</li> <li>The two week wait cancer standard was not achieved in January 2021 with 91.4% against a target of 93%. Some patients were also cancelling and rescheduling appointments</li> <li>All patients who had waited more than 52 weeks for treatment since their referral were clinically-prioritised and plans going forward included the full utilisation of theatre capacity at Whittington Health, mutual aid within the North Central London sector and the use of independent sector service provision</li> <li>Staff appraisal rates and compliance with annual statutory and mandatory training requirements had been adversely impacted by</li> </ul> |

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|            | the pandemic and work was taking place to ensure they were back on an acceptable trajectory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 13.2       | <p>In discussion, Board members raised the following:</p> <ul style="list-style-type: none"> <li>• In reply to a question from Amanda Gibbon about the impact on community services from the likelihood of a further round of vaccination in quarter three, Carol Gillen explained that discussions had taken place with North Central London colleagues on the requirements for the vaccination team in quarter three of 2021/22. Plans were being developed in partnership with commissioners and primary care networks</li> <li>• Michelle Johnson reported feedback that some children's services had been adversely impacted by an unwillingness by some families to have health visitors make home visits during the pandemic</li> <li>• Michelle Johnson also explained that pressure ulcer cases had increased and that this reflected the number of patients who had been treated in the CCU</li> </ul> |
| 13.3       | <b>The Board noted the integrated performance report.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>14.</b> | <b>Charitable Funds Committee Chair's report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 14.1       | Jonathan Gardner highlighted the significant assurance taken by Committee members from the update on fundraising and charitable activities and the month ten finance report. He also explained that the Committee had had a fruitful discussion about an analysis of the charity's history, its future aspirations, and its strategic direction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 14.2       | <b>The Board noted the Charitable Funds Committee Chair's report for the meeting held on 10 March 2021.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>15.</b> | <b>Audit &amp; Risk Committee Chair's report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 15.1       | <p>Rob Vincent delivered a verbal report for the meeting held on 18 March and reported the following assurances:</p> <ul style="list-style-type: none"> <li>• Internal audit reports provided significant assurance following their attention to core financial systems and procurement</li> <li>• There was increased confidence that the high priority internal audit work programme for the remainder of 2020/21 would be completed by May</li> <li>• There was impressive progress by colleagues in implementing recommendations from a previous internal audit report on medicines management</li> <li>• There was a low, and declining, use of waivers where expenditure was entered into outside of standard protocols</li> <li>• The release of funds had been agreed in order to settle an outstanding dispute arising from the construction work on the Whittington Education Centre site</li> </ul>   |
| 15.2       | Rob Vincent also alerted Board members to issues where the Committee was not yet fully assured. These covered the remaining areas for completion in the 2020/21 internal audit plan and the sign off the final                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                               |                                                                                                                                                           |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15.3                          | <p>internal audit plan for 2021/22.</p> <p><b>Board members noted the verbal report for the Audit and Risk Committee meeting held on 18 March.</b></p>    |
| <p><b>16.</b></p> <p>16.1</p> | <p><b>Any other business</b></p> <p>There were no questions received from members of the public and there were no items of any other business raised.</p> |

DRAFT

## Action log, 25 March 2021 Public Board meeting

| Agenda item                          | Action                                                                                                                                                                                                                                              | Lead(s)            | Progress                                                                                                                                                      |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient story                        | Engage with Matthew Richards for patient feedback on suggestions to improve the CCU environment for patients                                                                                                                                        | Michelle Johnson   | Completed                                                                                                                                                     |
| Freedom to Speak Up Guardian (FTSUG) | Raise awareness of the FTSUG's role when visiting community sites and health centres                                                                                                                                                                | Siobhan Harrington | Completed                                                                                                                                                     |
| 2020 NHS staff survey                | Take forward work in the four priority areas: <ul style="list-style-type: none"> <li>• equality, diversity and inclusion</li> <li>• staff morale</li> <li>• health &amp; wellbeing</li> <li>• safe environment – bullying and harassment</li> </ul> | Norma French       | Completed - Integrated Clinical Service Units and corporate directorates are taking forward local plans which will be reviewed at performance review meetings |



|                                                   |                                                                                                                                                                                                                                                                                                                                             |                            |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Meeting title</b>                              | <b>Trust Board – public meeting</b>                                                                                                                                                                                                                                                                                                         | <b>Date:</b> 29 April 2021 |
| <b>Report title</b>                               | <b>Chair's report</b>                                                                                                                                                                                                                                                                                                                       | <b>Agenda item:</b> 5      |
| <b>Director lead</b>                              | Julia Neuberger, Chair                                                                                                                                                                                                                                                                                                                      |                            |
| <b>Report author</b>                              | Swarnjit Singh, Trust Secretary                                                                                                                                                                                                                                                                                                             |                            |
| <b>Executive summary</b>                          | In addition to the verbal report accompanying this item, this report provides a summary of activity since the March 2021 Board meeting.                                                                                                                                                                                                     |                            |
| <b>Purpose:</b>                                   | Noting                                                                                                                                                                                                                                                                                                                                      |                            |
| <b>Recommendation(s)</b>                          | Board members are asked to note the report.                                                                                                                                                                                                                                                                                                 |                            |
| <b>Risk Register or Board Assurance Framework</b> | Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation. |                            |
| <b>Report history</b>                             | None                                                                                                                                                                                                                                                                                                                                        |                            |
| <b>Appendices</b>                                 | None                                                                                                                                                                                                                                                                                                                                        |                            |



## Chair's report

This report provides an update to Board members since the last meeting held in public on 25 March 2021.

### COVID-19

I want to first thank all staff at the hospital site and in all our community locations for their continued hard work and professionalism in providing safe, high quality care for patients. I am also immensely proud of the hard work by Whittington Health staff in partnership with colleagues from other NHS organisations in helping to vaccinate local people in Haringey and Islington, particularly those residents who are in care homes or are housebound.

It is also really impressive to see so many more services restarting following the second wave of the pandemic. However, as we move forward, it remains important for all staff and visitors to the Trust to continue to follow the national guidance on maintaining social distancing, where possible, wearing appropriate personal protective equipment, and washing hands.

### Trust Board meetings

The schedule of Board meetings to be held in public during 2021/22 is as follows:

- 30 June
- 30 September
- 25 November
- 27 January 2022
- 30 March 2022

### External meetings

I attended several meetings with external partners, including the North London Partners in Health and Care (North Central London's integrated care system), the steering group for the North Central London Provider Alliance, and UCL Partners.

### Non-Executive Director reviews

Following communication from Sir Andrew Morris, Interim Chair of NHS Improvement, to all NHS provider chairs, arrangements are now being made for the appraisal of the Chair by the Senior Independent Director to be completed by 30 June 2021 and for all other Non-Executive Director appraisals to take place by the deadline of 30 September 2021.

### Consultant recruitment

On 13 April, I was part of the selection panel for recruitment to a Consultant Oncoplastic Breast Surgeon post.



|                                                   |                                                                                                                                                                                                               |                            |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Meeting title</b>                              | <b>Trust Board – public meeting</b>                                                                                                                                                                           | <b>Date:</b> 29 April 2021 |
| <b>Report title</b>                               | <b>Chief Executive's report</b>                                                                                                                                                                               | <b>Agenda item:</b> 6      |
| <b>Executive director lead</b>                    | Siobhan Harrington, Chief Executive                                                                                                                                                                           |                            |
| <b>Report author</b>                              | Swarnjit Singh, Trust Secretary                                                                                                                                                                               |                            |
| <b>Executive summary</b>                          | This report aims to provide Board members with updates on policy developments nationally and locally since the last Board meeting held in public. The report also celebrates the achievements of Trust staff. |                            |
| <b>Purpose</b>                                    | Note                                                                                                                                                                                                          |                            |
| <b>Recommendation</b>                             | Board members are invited to note the report and agree the communication and engagement strategy                                                                                                              |                            |
| <b>Risk Register or Board Assurance Framework</b> | All Board Assurance Framework entries                                                                                                                                                                         |                            |
| <b>Report history</b>                             | Report to each Board meeting held in public                                                                                                                                                                   |                            |
| <b>Appendices</b>                                 | None                                                                                                                                                                                                          |                            |



## **Chief Executive's report**

### **COVID-19**

On 25 March 2021, England's national Covid-19 pandemic alert moved from level 4 to level 3 reflecting the downward trend in the number of infections per day, a weekly case rate of less than 25 per 100,000 population and reduced deaths and intensive care unit admissions.

As of 20 April, Whittington Health has no COVID-positive inpatients, and ten inpatients who were post-infection. However, it remains vital that local people and our staff continue to adhere to the national advice and follow advice and guidance on personal protective equipment, social distancing and must stay outside when meeting others as part of the continued efforts to control the pandemic.

Over one year on from the first national lockdown in March 2020, I would like to express again my huge gratitude to our staff who have made so many sacrifices to care for patients in the community and in hospital during the last year.

### **Vaccination programme**

Along with local health and care partners, Whittington Health has continued its roll out of the COVID-19 vaccination programme across the hospital site and in local community settings. As of 20 April, 69% of all substantive Trust staff had been vaccinated. This includes 61% of all staff from a black, Asian or minority ethnic background. To help raise staff vaccination levels further, the Trust is in discussion with other NHS providers who have made excellent progress in this area.

### **Shielding**

On Wednesday, 31 March a very long period of shielding for those who are considered clinically extremely vulnerable came to a very welcome end. I was privileged to hear the experiences of my shielding colleagues at Whittington Health during a webinar with affected staff. The resilience of members of this group was inspiring. Equally, I also noted some of the adverse impacts that the pandemic has brought about and the feelings of isolation and sometimes guilt emanating from colleagues who have not been able to play the part in this pandemic that they would have liked. The Trust will ensure that support is available for all staff who were shielding so that they can have a safe and successful return to work.

### **2021/22 planning guidance**

The national planning guidance has been published with confirmation that the Trust's draft operational plan must be submitted by 6 May 2021, with final submissions due on 3 June. A key element of the planning guidance is the confirmation of a £1bn elective recovery fund paid directly to providers for the achievement of activity against nationally defined activity levels (measured by value, not volume) against a baseline determined from 2019/20 pre-pandemic activity levels. These start with payment in April 2021 for 70% of baseline period activity being delivered rising to 85% in July to September 2021. A copy of the full planning guidance can be accessed here <https://www.england.nhs.uk/publication/2021-22-priorities-and-operational-planningguidance>.

### **Health and social care appointments**

In late March, it was confirmed that Samantha Jones was appointed to the Prime Minister's policy unit as expert adviser for NHS transformation and social care delivery. Samantha is currently the Chief Executive of Operose Health Penrose and was previously the director of new care models at NHS England and Chief Executive of two NHS providers. In addition, Adrian Masters, will be the expert adviser on elective care recovery. Adrian is a former director of Monitor, NHS Improvement and Public Health England.

### **North Central London community services review**

This review is continuing with the Programme Board hearing last week about some of the emerging findings from stakeholder interviews, the cross-system survey and data analysis. These findings were subsequently reviewed and discussed in more detail at a stakeholder baseline workshop involving over 40 health and social care leaders from across North Central London. The key aim for the review is to be able to provide residents with a consistent and equitable core offer, that is delivered based on identified local needs and that is fully integrated into the wider health and care system. This core offer will ensure patient and service user outcomes are optimised, as well as ensuring our services are financially sustainable. A review of mental health services is also commencing, and the two reviews will run in parallel, with integrated workstreams.

A baseline report will be finalised at the end of May 2021. During May, work will also start to develop an outcomes framework for North Central London community services and the co-design of a core community services offer. Throughout June and July, a series of workshops will be hosted, involving clinical, professional and operational leads from across community services, primary care, mental health, acute services as well as service users.

### **Prerana Issar visit**

On 13 April, Whittington Health was delighted to receive a visit from Prerana Issar, NHS Chief People Officer. Areas of focus included the following where good learning and advice was shared: progress with the staff vaccination programme; the workforce race equality standard, staff survey outcomes, and support for our workforce as part of post-pandemic recovery. Accompanying Prerana on this visit were Jules Wendon, Critical Care Clinical Director at King's College Hospital NHS Foundation Trust, Andy Rhodes, Critical Care Clinical Director at St George's Healthcare NHS Trust and, Raees Lunat, Clinical Fellow.

### **Quality and safety operational performance**

The integrated performance report is later on today's agenda. Highlights include:

- **Emergency Department** – in March 2021, performance against the four-hour access standard was 87.6%, against the 95% target. The national average in March was 86.1%, the London average was 88.7% and the North Central London average was 86.1%. As with previous months during the pandemic, attendance numbers continue to be lower than last year. In March 2021, there were 8,890 attendances compared to 6,304 during March 2020. The Urgent Treatment Centre saw 3,388 attendances with performance at 96.5%. Paediatric services saw 2,977 attendances in March 2021 with performance at 93.1%

- **Cancer** – performance in February 2021 against the two week wait standard was 89% against a target of 93%; performance against the 62 day standard was 74.4% for February 2021, up from 65.9% in January 2021
- **Referral to Treatment** – at the end of March 2021, 1,324 patients had waited more than 52 weeks for treatment. All of these patients are of a low clinical priority, categorised as either p3 or p4. An action plan remains in place to help manage this backlog and includes ongoing clinical harm reviews; the full use of theatre capacity; and the use of available independent sector capacity
- **Workforce** – staff appraisal rates in March 2021 were at 67% against a target of 90%, an increase of 1% from the previous month. The staff sickness absence rate declined from 5.6% to 3.9% in February 2021

### **Recovery of acute, elective and community services**

The recovery programme is now well under way. The combined elective (inpatient and day case) is at 72% for April which is above the elective recovery trajectory (Operating plan) with outpatients at 76%, again above the recovery trajectory. We are making good progress in reducing the number of patients who have waited over 52 weeks – currently 202 patients less in April which is well ahead of plan. All diagnostics services have been switched on and imaging services, in particular, have made significant improvement in clearing its backlog.

In relation to the recovery of community services, a number of staff who had been redeployed to critical areas and to the vaccination programme have transitioned back to their service areas to support the recovery plan in those services. Some key volume services have switched on for face-to-face appointments as required. The Trust continues to also use the Attend Anywhere virtual consultation platform which will support the recovery timeline. There are some long waits in children and young people's services, particularly in autism and teams are working with other system players to address these long waits. Whittington Health is working with other North Central London providers from an elective and community perspective to provide mutual aid as part of the overall plan to reduce the backlog of patients waiting excessive lengths of time for treatment.

### **Financial performance**

I am pleased to report that Whittington Health delivered a small surplus of £50k for the 2020/21 financial year, a favourable variance of £3.9m against plan. I want to thank colleagues for their work in helping to deliver this successful outcome.

### **New elective orthopaedic network**

Following a consultation earlier this year, new arrangements started in North Central London on 19 April with the creation of an elective orthopaedic network. Patients will now receive care through one of two partnerships: University College London Hospitals NHS Foundation Trust (UCLH) and Whittington Health, or North Middlesex University Hospital NHS Trust and the Royal Free London NHS Foundation Trust, with the Royal National Orthopaedic Hospital delivering specialist care and treatment. Patients will have a choice between the two partnerships available. This collaboration will allow Whittington Health and UCLH to make the best use of our shared facilities and expertise, continue to offer outstanding orthopaedic care for our local population.

### **Ramadan and Vaisakhi**

During April, Whittington Health wished all Muslim staff, Ramadan Mubarak, as they celebrated a special month of spiritual reflection and revitalisation to mark the revealing of the Quran to the prophet Muhammed. In addition, colleagues from a Punjabi or Sikh background, were wished a happy Vaisakhi 2021, marking the beginning of a new year and harvest season.

### **Staff excellence awards**

This month's winners of our staff excellence awards are:

- **The Southern Paediatric Hub team** for their fantastic leadership and management of the temporary arrangements implemented in North Central London in response to the pandemic
- **Lynda Rowlinson, Head of Patient Experience**, for demonstrating our *compassionate* value. Her nominee highlighted that Lynda had shown empathy, care and compassion to the patients during a very difficult time. In particular, she came in during her own time all over the Christmas period to distribute messages to patients from families, due to the inability for relatives to visit loved ones. Lynda continued to come in and every weekend during January and February 2021 to support the clinical staff and to deliver messages to patients. She has gone the extra mile and, during an extremely difficult time on the wards, helped to keep patients connected with their families



|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Meeting title</b>           | <b>Trust Board – meeting in public</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Date: 29 April 2021</b> |
| <b>Report title</b>            | <b>Safeguarding Adults and Children Declaration 2021/22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Agenda item: 7</b>      |
| <b>Executive director lead</b> | Michelle Johnson, Chief Nurse and Director of Allied Health professionals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
| <b>Report authors</b>          | Karen Miller, Head of Safeguarding (Children), and<br>Therese Renwick, Head of Safeguarding (Adults)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
| <b>Executive summary</b>       | <ul style="list-style-type: none"><li>• Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national children standards and guidance to ensure that children, young people, and vulnerable adults are cared for in a safe, secure, and caring environment</li><li>• The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the two Heads of Safeguarding (adult and child) reports to the Chief Nurse</li><li>• A Safeguarding Annual Report is produced which is reviewed by the Trust Board (covers both children, young people, and vulnerable adults)</li><li>• Whittington Health is an active member of two local Safeguarding Children's Partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required</li><li>• The Trust is a member of the local safeguarding adults' partnerships in Haringey and Islington. The safeguarding audits are completed for both Boroughs.</li><li>• The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, the Prevent strategy and monitors Serious Case Review/Rapid review/Safeguarding Adult Review recommendations. Core safeguarding business has continued throughout the COVID-19 national emergency</li><li>• WH operates a Safer Recruitment Policy to ensure the workforce is appropriately safe to discharge its safeguarding responsibility</li></ul> |                            |
| <b>Purpose:</b>                | Approve the annual statement of assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
| <b>Recommendation(s)</b>       | The Board of Directors is asked to:<br><br>i. read and understand the Trust's responsibility for safeguarding children; and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |

|                                                   |                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                   | <ul style="list-style-type: none"> <li>ii. be assured that the Trust continues to follow statutory requirements (Children's Act 2004, Local Safeguarding Children Boards procedures and Pan London Safeguarding Children Procedures) to protect children at risk of abuse and neglect.</li> </ul>                                                                                |
| <b>Risk Register or Board Assurance Framework</b> | Board Assurance Framework risk Quality entry 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation |
| <b>Report history</b>                             | The responsibilities declared are contained within the joint Safeguarding Committee Terms of Reference                                                                                                                                                                                                                                                                           |
| <b>Appendices</b>                                 | None                                                                                                                                                                                                                                                                                                                                                                             |

## **Annual Safeguarding Declaration 2021-22**

### **1. Summary declaration**

- 1.1. Whittington Health NHS Trust (WH) is committed to achieving and maintaining compliance with national safeguarding standards and guidance to ensure that children, young people and adults are cared for in a safe, secure and caring environment.
- 1.2. The WH Safeguarding Children team works closely with the Safeguarding Adults lead to ensure a collaborative 'Think Family' approach exists to safeguard the entire population the Trust serves. This includes fully embedding strategies linked to protection from domestic abuse, child sexual exploitation and adhering to the Prevent strategy in protecting vulnerable groups from radicalisation. This approach also includes a focus on transition from child to adulthood which is often a period of increased vulnerability for young people.
- 1.3. Safeguarding and promoting the welfare of children and vulnerable adults is of paramount importance to the organisation. Their welfare is embedded across every part of the Trust and in every aspect of our work. The Trust has clear controls and arrangements in place through regular audit, review and quality improvement led by skilled and competent named professionals, supported and challenged by the Trust Board and Clinical Commissioning Groups.
- 1.4. The Board Director responsible for safeguarding is the Chief Nurse and Director of Allied Health Professionals. Joint Safeguarding Committee meetings are held quarterly with accountability to the Trust Board through to the Quality Assurance Committee. The committee reviews the Trust's responsibility across children and vulnerable adults.

### **2. Systems and processes**

- 2.1. Disclosure and Barring Service (DBS) checks (formally known as CRB) are carried out on all staff commencing employment. Staff working with children and/or vulnerable adults require an enhanced level of check.
- 2.2. A Designated Officer (currently the Head of Safeguarding Children post holder) is employed to investigate and advise regarding safety within the workforce.
- 2.3. The Designated Officer works closely with Local Authority Designated Officers (LADO) in Local Authorities Children's Social Care to escalate concerns regarding staff behaviour in respect of potential risks posed by their behaviour in relation to their employment.

### **3. Policies**

- 3.1. The Trust has clear up-to-date child protection and safeguarding adult's policies and systems which are reviewed regularly. These are overseen by the WH Quality Assurance Committee and Joint Safeguarding Committee, both of which report into the Trust Board.

- 3.2. The Trust has a specific process in place for following up children and young people who miss appointments and systems for identifying children where there are safeguarding concerns. A policy called 'Was Not Brought' Policy supports staff in this area.
- 3.3. Safeguarding training is a priority for all staff, with different levels of training depending on their role. Training is provided in accordance with the Safeguarding Children Intercollegiate Document (2019) and the Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). They are designed to ensure staff possess the correct knowledge, skills and competencies to carry out their duties in relation to safeguarding children and adults.

#### **4. Assurance**

- 4.1. The Chief Nurse holds the position as Executive Lead for safeguarding children and adults and the Heads of Safeguarding professionally reports to the Chief Nurse.
- 4.2. A Safeguarding Annual Report is produced which is reviewed by the Trust Board. This report covers both children and vulnerable adults.
- 4.3. Whittington Health is an active member of two local safeguarding children's partnerships in Haringey and Islington. The Section 11 audits into safeguarding compliance across the Trust are completed as required.
- 4.4. The Trust is a member of the local safeguarding adult's partnerships in Haringey and Islington and attends the annual Board challenge sessions.
- 4.5. The WH Joint Safeguarding Committee meets quarterly to discuss all matters pertaining to safeguarding, domestic abuse, Prevent and monitors serious case review recommendations, this has continued throughout the Covid-19 national emergency.

#### **5. Declaration**

- 5.1. This summary provides the trust Board with assurance that the trust is meeting its statutory requirements in relation to safeguarding children in its care.





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|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Meeting title</b>           | <b>Trust Board - public meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Date: 29 April 2021</b> |
| <b>Report title</b>            | Eliminating Mixed Gender Hospital Inpatient Accommodation Statement of Assurance 2021-22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Agenda item: 8</b>      |
| <b>Executive director lead</b> | Michelle Johnson, Chief Nurse & Director of Allied Health Professionals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |
| <b>Report author</b>           | Breeda McManus, Deputy Chief Nurse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |
| <b>Executive summary</b>       | <p>This paper provides an annual statement of assurance that patients who require inpatient/day case care are cared for in single gender accommodation.</p> <p>Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The Trust are committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable.</p> <p>Patients who are admitted to hospital or come in for a planned day case will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area.</p> <p>There are some exceptions to this. Sharing with people of the opposite gender will happen sometimes. This will only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained.</p> <p>During the COVID-19 pandemic, there may be occasions of high activity and levels of infection prevention and control isolation (trust working within a Major Incident) which may mean that patients are moved to meet their clinical needs and a risk assessment is made on whether single gender accommodation is temporarily suspended. Privacy and dignity will be maintained.</p> |                            |
| <b>Purpose:</b>                | To review and approve this paper.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
| <b>Recommendations</b>         | The Board of Directors is asked to agree:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |

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|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                         | <ul style="list-style-type: none"> <li>i. The statement of assurance prior to its publication on the Trust's internet and intranet;</li> <li>ii. any monthly reporting of breaches are contained within the Trust Board Performance report as reported to commissioners; and</li> <li>iii. consideration is given to the needs of patients when the Trust is operating within a major incident due to the COVID-19 pandemic.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Risk Register or Board Assurance Framework (BAF)</b> | <p>Board Assurance Framework risk <b>Quality 1</b> - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.</p> <p><b>Quality entry 2</b> - Lack of capacity, due to second wave of Covid-19, or winter pressures results in long delays in the Emergency Department, inability to place patients who require high dependency and intensive care, and patients not receiving the care they need across hospital and community health services.</p> <p><b>Quality 4</b> - Lack of capacity, due to second wave of Covid-19, or winter pressures results in long delays in the Emergency Department, inability to place patients who require high dependency and intensive care, and patients not receiving the care they need across hospital and community health services</p> |
| <b>Report history</b>                                   | The information in this report is presented at the relevant Committee of the Board (Trust Board Performance Report, Quality, Audit & Risk)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Appendices</b>                                       | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## **Eliminating Mixed Gender Hospital Inpatient Accommodation Statement of Assurance 2021-2022**

### **1. Introduction**

- 1.1 Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Whittington Health NHS Trust is committed to providing every patient with same gender accommodation because it helps to safeguard their privacy and dignity when they are often at their most vulnerable. Patients who are admitted to hospital will only share the room or ward bay where they sleep, with members of the same gender, and same gender toilets and bathrooms will be close to their bed area. Sharing with members of another gender will only happen by exception based on clinical need (for example where patients need specialist care or equipment is needed such as in the high dependency cardiac care unit (Montuschi Ward) and critical care unit or when patients choose to share for instance in chemotherapy or thalassaemia unit) or through agreement between staff and patient based on patient dignity.
- 1.2 The term 'gender' is used in this statement to refer to an individual's sense of themselves and is based on an understanding of gender as a biopsychosocial developed aspect of identity. Gender describes a part of a person's identity which is wider than their biological or legal sex.
- 1.3 The Trust recognise that some patients (referred to as trans gender) may have changed or be in the process of changing the gender they live in from one gender to another, and/or may not identify as male or female.
- 1.4 The Trust is responsible for ensuring that all patients and relatives/carers as appropriate are aware of the guidance and are informed of any decisions that may lead to the patient being placed in, or remaining in, mixed gender accommodation.
- 1.5 Decisions to mix will be based on the patient's clinical condition and not on constraints of the environment or convenience of staff.

### **2. What does this mean for patients**

- 2.1 Other than in the circumstances set out above, patients admitted to the hospital can expect to find the following:
  - The ward bed bay will only have patients of the same gender
  - The toilet and bathroom will be just one gender, and will be close to the bed area
  - It is possible that there will be patients of different genders on the same ward but they will not share the sleeping area. Patients may have to cross a ward corridor to reach the bathroom, but patients will not have to walk through differently gendered areas

- Patients may share some communal space, such as day rooms or dining rooms, and it is very likely that they will see patients of other genders as they move around the hospital (e.g. on way to X-ray or the operating theatre)
- It is probable that visitors of another gender will come into the ward or bay this may include patients visiting each other
- It is almost certain that nurses, doctors and other staff of all genders will care for patients
- If personal assistance is required (e.g. hoist or adapted bath) then patients may be taken to a “unisex” bathroom used by people of all genders, but a member of staff will be with the patient, and other patients will not be in the bathroom at the same time
- Patients who have undergone or are undergoing a process of gender transition (transgender) will be accommodated in the bay appropriate for the gender they are currently living in, there will be no requirement to show legal recognition in this gender
- Where there is reason to believe that a trans gender patient may be more comfortable being accommodated with patients of another gender or in a side room, this will be discussed with them privately and an agreement arrived at between patient and staff. Knowledge of a patient’s history of transition will not automatically lead to this question being raised where there would otherwise be no question over where a patient should be accommodated
- Patients who do not identify as male or as female will necessarily not be accommodated with other patients of the same gender or alone, but will be accommodated with either male or female patients as based on agreement between the patient and staff
- Where a patient is unable to contribute to the decision being made about their accommodation, the advice of family or carers will be sought where possible, and a decision made based on available indicators (name, manner of dress, etc.) where advice is not available, until such time as the patient can contribute to the decision being made.

### **3. Statement of assurance**

- 3.1 The Whittington will not turn patients away just because a “right gender” bed is not immediately available.
- 3.2 The Board is committed to on going delivery of single gender accommodation.
- 3.3 To ensure that there is an on going process in place to measure patient experience of single gender accommodation performance is provided to the Trust Board (contained within the Integrated Performance Report).
- 3.4 For people who sleep in shared spaces with people of the same gender, Trust staff will do everything possible to ensure dignity and privacy.

- 3.5 To ensure there is a process to track other mechanisms for determining patient experience of single gender accommodation, e.g. through patient complaints/concerns/comments.
- 3.6 Episodes of mixed gender accommodation breaches for non-clinical reasons will be reported to the Clinical Commissioning Group (CCG) through monthly performance reports and reviewed at the trust Quality Assurance Committee meeting.
- 3.7 To provide information leaflets for patients on single gender accommodation and ensure they are used by staff in discussions with patient.
- 3.8 Delivery of single gender accommodation will always be considered when planning any new or refurbished estate development scheme.
- 3.9 If care should fall short of the required standard, the Trust will report it.
- 3.10 There is an internal monitoring process to ensure the Trust does not misclassify any reports.
- 3.11 The trust will publish results within the Integrated Performance Report presented to the Trust Board
- 3.12 Where there are rare occurrences of gender mixing for non clinical reasons, a process exists to investigate the reason and take remedial actions as required to prevent future occurrence (reported as clinical incidents). This may occur during the major incident period of the COVID-19 Pandemic.
- 3.13 The relevant Trust policies will refer to requirement to delivering single gender.
- 3.14 The Trust believes that delivering single gender accommodation should be the norm. Mixing will only occur by exception for reasons of clinical justification or patient choice.
- 3.15 If mixing does occur, staff will attempt to rectify the situation as soon as possible, whilst safeguarding the patient's dignity and keeping the patient informed about why the situation occurred and what is being done to address it (with an indication of how long this will take).
- 3.16 Issues of privacy/dignity and single gender accommodation are included in mandatory staff training and induction and the trust provides training to support the elimination of mixed gender accommodation and to promote the protection of privacy and dignity.
- 3.17 The Trust will ensure all staff are aware of the guidance and how they manage requirements around recognising, reporting and eliminating mixed-sex breaches

3.18 The Trust will ensure there are no exemptions from the need to provide high standards of privacy and dignity at all times.

#### **4. Recommendations**

4.1 The Board of Directors is asked to agree:

- i. The statement of assurance prior to publication on the Trust's internet and intranet;
- ii. any monthly reporting of breaches is contained within the Trust Board Performance Report as reported to commissioners; and
- iii. consideration is given to the needs of patients when the Trust is operating within a major incident due to the COVID-19 pandemic.



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|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Meeting title</b>                              | <b>Trust Board – public meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Date:</b> 29.04.2021 |
| <b>Report title</b>                               | <b>Month 12 Finance Report 2020/21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Agenda item:</b> 9   |
| <b>Executive director lead</b>                    | Kevin Curnow, Chief Finance Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
| <b>Report author</b>                              | Finance Team                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| <b>Executive summary</b>                          | <p>The Trust is reporting an actual surplus of £0.05m for the year 2020/21. This is a favourable variance to plan of £3.9m.</p> <p>Cash at end of March was £61.5m. The higher than average cash balance is due to the NHS moving away from the payment by results (PBR) methodology and on to an agreed block arrangement where we receive a month's block in advance.</p> <p>Capital spend for 2020-21 was £21.3m This includes spend relating to North Central London Sustainability Transformation Partnership allocation of £14.5m, approved COVID capital and technical adjustments relating to Managed Equipment Service (MES) contract. The Trust has fully utilised its Capital Resource Limit during 2020-21.</p> |                         |
| <b>Purpose:</b>                                   | To discuss the year-end financial performance for 2020-21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |
| <b>Recommendation(s)</b>                          | To note the financial performance for 2020-21, recognising the better than planned performance was due to non-recurrent measures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |
| <b>Risk Register or Board Assurance Framework</b> | Sustainability entries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |
| <b>Report history</b>                             | Trust Management Group, 27 April 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |
| <b>Appendices</b>                                 | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |



## Financial Performance 2020-21

The Trust is reporting an actual surplus of £0.05m and a favourable variance to plan of £3.9m. Included in the income over performance is £9.9m relating to additional pension contribution offset by corresponding expenditure on pay.

|                                                                                               | Annual Plan<br>£'000 | Full year Actuals<br>£'000 | Variance<br>£'000 |
|-----------------------------------------------------------------------------------------------|----------------------|----------------------------|-------------------|
| Operating income from patient care activities                                                 | 325,040              | 350,041                    | 25,001            |
| Other operating income                                                                        | 35,646               | 44,988                     | 9,342             |
| Employee expenses                                                                             | (251,789)            | (269,355)                  | (17,566)          |
| Operating expenses excluding employee expenses                                                | (104,767)            | (121,587)                  | (16,820)          |
| <b>OPERATING SURPLUS / (DEFICIT)</b>                                                          | <b>4,130</b>         | <b>4,086</b>               | <b>(44)</b>       |
| FINANCE COSTS                                                                                 |                      |                            |                   |
| Finance income                                                                                | 6                    | 6                          | (0)               |
| Finance expense                                                                               | (2,044)              | (1,857)                    | 187               |
| Public Dividend Capital dividends payable/refundable                                          | (6,059)              | (6,019)                    | 40                |
| <b>NET FINANCE COSTS</b>                                                                      | <b>(8,097)</b>       | <b>(7,870)</b>             | <b>227</b>        |
| <b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>                                                  | <b>(3,967)</b>       | <b>(3,784)</b>             | <b>182</b>        |
| Add back all Income & Expenditure (I&E) impairments/(reversals)                               | 0                    | 3,961                      | 3,961             |
| Remove capital donations/grants I&E impact                                                    | 80                   | 87                         | 7                 |
| Remove net impact of consumables donated from other Department of Health & Social Care bodies |                      | (213)                      | (213)             |
| <b>Adjusted financial performance surplus/(deficit)</b>                                       | <b>(3,887)</b>       | <b>51</b>                  | <b>3,937</b>      |

## Capital expenditure

Capital expenditure for 2020-21 was £21.3m. This includes spend relating to North Central London Sustainability Transformation Partnership allocation of £14.5m, approved COVID capital and technical adjustment relating to Managed Equipment Service (MES) contract.

## Cash

Cash at end of M12 was £61.5m. Better than planned cash position is due to additional payments received in March relating to annual leave and redistribution of funds from North London Partners Integrated Care System (ICS).

## Impairment

Included in our 2020-21 performance is an impairment of £3.96m (net of adjustment against revaluation reserves) as our external valuers assessment of some of the capital additions made to the Trust estate were made to maintain the value of the estate rather than enhance it. The impact of impairments is excluded when measuring the financial performance of the Trust.





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|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Meeting title</b>           | <b>Trust Board – public meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Date: 29 April 2021</b> |
| <b>Report title</b>            | <b>Integrated performance report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Agenda Item: 10</b>     |
| <b>Executive director lead</b> | Carol Gillen, Chief Operating Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
| <b>Report authors</b>          | Paul Attwal, Head of Performance, and Alexander Campbell, Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| <b>Executive summary</b>       | <p><b>Areas to draw to Board members' attention are:</b></p> <p><b>Emergency Department (ED) four hours' wait:</b><br/>During March 2021 performance against the 4 hour access standard was 87.6%, against the target of 95%. The national average in March was 86.1%, the London average was 88.7% and the NCL average was 88.9%. Attendance numbers continue to be lower than the previous year. March 2021 saw 8,890 attendances compared to 6,304 during March 2020. Urgent Treatment centre saw 3,388 attendances with a performance of 96.5% and Paediatrics saw 2,977 attendances. Paediatrics performance was 93.1% for March 2021.</p> <p><b>Cancer</b><br/>Compliance against the national cancer standards has not been achieved since April 2020. 62 day performance was at 74.4% for February up from 65.9% in January 2021. The 2 week wait (2ww) standard was not achieved in February 2021 with 89% against a target of 93%.</p> <p><b>Referral to Treatment: 52 + week waits</b><br/>At the end of March 2021 there were 1324 patients waiting more than 52 weeks for treatment. All patients currently waiting over 52 weeks are of clinical low priority and are categorised as either priority 3 or priority 4.<br/>Action plan to manage backlog:<br/><ol style="list-style-type: none"><li>1. Ongoing clinical harm reviews on all +52 week waiters</li><li>2. Fully utilise theatre capacity at Whittington Health</li><li>3. Utilise Independent Sector capacity available to Whittington Health</li></ol></p> <p><b>Workforce</b><br/>Appraisal rates for March 2021 are at 67% against a target of 90%, an increase of &lt;1% from the previous month. There was a positive reductions in staff sickness from 5.6% to 3.9%</p> |                            |

|                                                   |                                                                                                                                           |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
|                                                   |                                                                                                                                           |
| <b>Purpose:</b>                                   | Review and assurance of Trust performance compliance                                                                                      |
| <b>Recommendation(s)</b>                          | That the Board takes assurance the Trust is managing performance compliance and is putting into place remedial actions for areas off plan |
| <b>Risk Register or Board Assurance Framework</b> | The following BAF entries are linked: Quality 1; Quality 2; Quality 3; People 1; and, People 2.                                           |
| <b>Report history</b>                             | Trust Management Group                                                                                                                    |
| <b>Appendices</b>                                 | None                                                                                                                                      |



# Whittington Health

NHS Trust

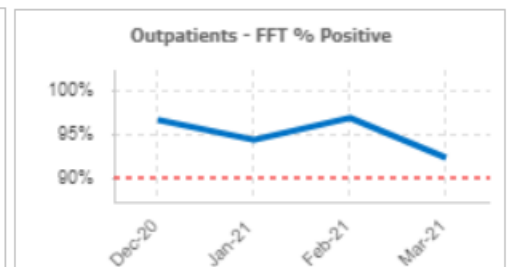
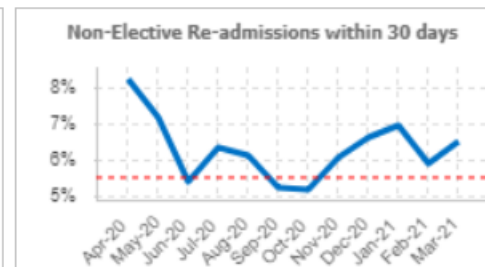
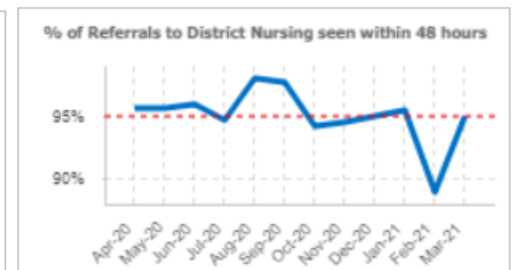
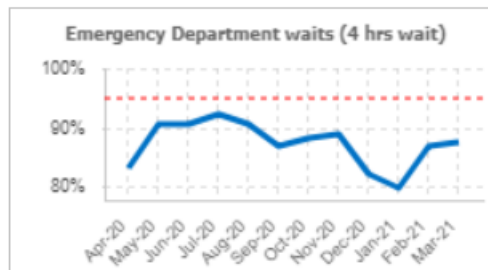
Performance Report  
April 2021

Month 12 (2020 – 2021)



## Summary

| Category    | Indicator                                                      | 20_21 Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | 2020-2021 |   |
|-------------|----------------------------------------------------------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|---|
| ED          | Emergency Department waits (4 hrs wait)                        | >95%         | 83.1%  | 90.6%  | 90.7%  | 92.1%  | 90.5%  | 86.9%  | 88.2%  | 88.8%  | 82.2%  | 79.8%  | 86.9%  | 87.6%  | 87.4%     | ! |
| Cancer      | Cancer - 14 days to first seen                                 | >93%         | 85.5%  | 89.5%  | 94.5%  | 97.3%  | 96.0%  | 94.8%  | 98.2%  | 95.5%  | 98.1%  | 91.4%  | 89.0%  |        | 94.8%     |   |
| Cancer      | Cancer - 62 days from referral to treatment                    | >85%         | 77.4%  | 83.3%  | 55.3%  | 69.7%  | 80.8%  | 79.5%  | 75.6%  | 66.7%  | 77.8%  | 65.9%  | 74.4%  |        | 73.0%     | ! |
| Admitted    | Non Elective Re-admissions within 30 days                      | <5.5%        | 8.25%  | 7.17%  | 5.41%  | 6.32%  | 6.12%  | 5.23%  | 5.21%  | 6.06%  | 6.60%  | 6.93%  | 5.88%  | 6.49%  | 6.17%     | ! |
| Admitted    | Delayed Transfers Of Care % of Occupied Bed Days               | <2.4%        | 0.6%   | 0.1%   | 0.1%   |        | 0.1%   |        |        |        |        |        |        |        | 0.1%      |   |
| Access      | RTT - Incomplete % Waiting <18 weeks                           | >92%         | 79.9%  | 71.6%  | 56.1%  | 46.8%  | 53.1%  | 60.3%  | 69.4%  | 71.2%  | 69.3%  | 67.8%  | 67.6%  | 69.8%  | 65.6%     | ! |
| Outpatients | Outpatients - FFT % Positive                                   | >90%         |        |        |        |        |        |        |        |        | 96.6%  | 94.3%  | 96.9%  | 92.3%  | 95.8%     |   |
| Community   | Community - FFT % Positive                                     | >90%         |        |        |        |        |        |        |        |        | 100.0% | 98.0%  | 99.3%  | 99.6%  | 99.2%     |   |
| Staff       | Staff - FFT % Recommend Care                                   | >70%         |        |        |        |        |        | 79.0%  |        |        | 73.3%  |        |        | 77.3%  | 74.8%     |   |
| Community   | % seen <=2 hours of Referral to District Nursing Night Service | >80%         | 94.7%  | 96.3%  | 94.3%  | 92.3%  | 94.3%  | 98.2%  | 93.5%  | 93.6%  | 84.9%  | 90.0%  | 95.8%  | 92.5%  | 93.5%     |   |
| Community   | % seen <=48 hours of Referral to District Nursing Service      | >95%         | 95.7%  | 95.7%  | 96.0%  | 94.7%  | 98.1%  | 97.7%  | 94.3%  | 94.5%  | 95.1%  | 95.5%  | 87.5%  | 93.0%  | 95.1%     |   |
| Community   | Haringey New Birth Visits - % seen within 2 weeks              | >95%         | 96.3%  | 93.6%  | 97.3%  | 93.6%  | 92.8%  | 96.8%  | 97.0%  | 93.9%  | 94.7%  | 95.1%  | 96.6%  |        | 95.2%     |   |
| Community   | Islington New Birth Visits - % seen within 2 weeks             | >95%         | 95.8%  | 96.8%  | 95.5%  | 93.4%  | 92.6%  | 92.1%  | 98.7%  | 93.3%  | 93.8%  | 96.5%  | 97.0%  |        | 95.1%     |   |



Safe

Caring

Effective

Responsive

Well Led

| Indicator                                                 | 20_21 Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | 2020-2021 | Performance |
|-----------------------------------------------------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-------------|
| Admissions to Adult Facilities of pts under 16 yrs of age | 0            | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         |             |
| HCAI C Difficile                                          | <16          | 0      | 0      | 3      | 2      | 1      | 0      | 3      | 0      | 1      | 2      | 0      | 0      | 12        |             |
| Actual Falls                                              | 400          | 30     | 35     | 21     | 20     | 30     | 22     | 21     | 19     | 30     | 34     | 18     | 27     | 307       |             |
| Category 3 or 4 Pressure Ulcers                           | 0            | 21     | 12     | 6      | 21     | 2      | 10     | 13     | 9      | 6      | 14     | 14     | 21     | 149       |             |
| Medication Errors causing serious harm                    | 0            | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 1         |             |
| MRSA Bacteraemia Incidences                               | 0            | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 0      | 1      | 2         |             |
| Never Events                                              | 0            | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1         |             |
| Serious Incidents                                         | N/A          | 2      | 1      | 0      | 3      | 1      | 0      | 1      | 3      | 3      | 1      | 2      | 0      | 17        |             |
| Mixed Sex Accommodation Breaches                          | 0            | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         |             |
| Hospital Standardised Mortality Ratio (HSMR)              | 100          | 153.5  | 123.3  | 80.2   | 87.7   | 51.6   | 86.7   | 90.2   | 71.3   | 84.0   |        |        |        | 89.9      |             |
| Summary Hospital Level Mortality Indicator (SHMI)         | 1.14         |        |        | 0.90   |        |        | 0.88   |        |        |        |        |        |        |           |             |



\*\*\*Target has not been achieved for the past three months



| Indicator and Definition                                                                                                                                                                                                                                                                                         | Commentary and Action Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Named Person & Date<br>Performance will Recover                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Category 3 or 4 Pressure Ulcers, Unstageable, Deep Tissue Injury and Devise Related Pressure Ulcers reported in</b></p> <p><b>Pan Trust Standard</b><br/>10% reduction in the total number of attributable PUs during 2020/21 compared to 2019/20 including a breakdown of Pressure Ulcers by category</p> | <p><b>Variance against Plan:</b></p> <p><b>Total Trust numbers of reported Pressure Ulcers in March 2021:</b></p> <p>81 (+ 19 deep tissue injury's) A total number of 63 patients were affected. There were 18 medical device related pressure ulcers (MDRPU).</p> <p><b>Breakdown :</b><br/>           Category 2: 41 (18 in hospital &amp; 23 in community). 4 MDRPU.<br/>           Category 3: 20* (6* in hospital &amp; 15 in community). 5 MDRPU<br/>           Category 4: 1 (community)<br/>           Unstageable: 18* (3* in hospital, 15 in community). 4 MDRPU<br/>           DTI: 19 (6 in hospital &amp; 13 in community). 4 MDRPU</p> <p>3 pressure ulcers (1 x category 3 and 2 x unstageable) reported in March are delayed reports from January/February 2021 from CCU Covid-19 patients. This will be assimilated correctly in the annual pressure ulcer data.</p> <p>There has been a decrease in pressure ulcer incidence within the hospital setting, but an increase within the community teams. This data also includes some pressure ulcers included in February's data set which have subsequently deteriorated.</p> <p>The reduction in hospital acquired pressure ulcers is mainly attributable to the reduced number of Covid patients and the reduced need for proning. In CCU only 3 patients developed a total of 6 pressure ulcers/deep tissue injury's in March and 3 pressure ulcer/patients were delayed reports from previous months (compared to 35 pressure ulcers / 9 patients in February 2021). 5 pressure ulcers are attributable to the Emergency department this month, skin assessment on review in ED noted the patients skin was intact but on assessment to ward area pressure damage was noted. Further investigation is required to determine if the assessment was recorded inaccurately which led to the discrepancies and if there were any other causative factors which may have led to skin damage in ED.</p> <p>In Adult Care Services (ACS) there have been 54 new pressure ulcers (49 in February) and no change in DTIs. 38 pressure ulcers &amp; 9 DTIs in the Haringey borough and 16</p> | <p><b>Named Person:</b> Lead Specialist Nurse – Tissue Viability</p> <p><b>Time Scale to Recover Performance:</b> Ongoing monitoring</p> |



pressure ulcers and 4 DTIs in the Islington borough. Of significance is that eleven patients developed more than 2 pressure ulcers. 2 patients developed multiple wounds in March, both cases need further review and investigation but early findings show some issues with social service provision and potential gaps in DNS provision. A detailed review and findings will be shared with all professionals involved.

**Action to Recover:**

Due to the level of activity and some residual business continuity challenges as a result of the pandemic the ability to complete the normal standard of investigation has been affected, so it is currently difficult to draw specific themes at this point but this is being addressed as a priority. The pressure ulcer investigation tool is to be changed to a more user friendly version, and there is a requirement for ICSUs to monitor and address gaps in pressure ulcer investigation in their divisions.

Work is being undertaken to review how the pressure ulcer data is being reported and managed to improve the accuracy of data processed from the Trust Datix system and reduce error and duplication which remains a challenge. The ICSU leads, DDON, Governance & Tissue Viability Team are meeting regularly to identify and act on areas for change.

Weekly Microsoft Teams training on pressure ulcer categorisation is being undertaken weekly during April to improve knowledge of staff in identifying early signs of pressure damage and categorising pressure damage correctly.

The Trust is planning to launch the new role of the Pressure Ulcer Ambassador which will provide peer leadership and support the improvement of pressure area care at ward level.

Other actions taken to ensure continued improvement are as follows:

- Ongoing increased visibility of the Tissue Viability team and Bed contract supplier Nurse Specialists in hospital wards supporting clinical judgement in pressure ulcer prevention and equipment selection.
- Pressure ulcers are remaining a key priority in ICSU governance meetings, where key learning is discussed and disseminated.
- 














The Trust Pressure Ulcer Group function is being reviewed and planned to be relaunched in April 2021 to provide more robust structure to support a pressure ulcer prevention strategy in the trust.



|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>MRSA Bacteraemia Incidences</b> | <b>Variance against Plan:</b><br>Both MRSA bacteraemia (BSI) were determined as avoidable, due to non-compliance with the MRSA policy: <ul style="list-style-type: none"> <li>• Lack of insertion / removal / care of cannula documentation</li> <li>• Lack of VIP score documentation</li> <li>• Delayed suppression therapy</li> </ul> Recommendations to avoid recurrence focus on education and re-audit practices. <ul style="list-style-type: none"> <li>• Trust wide MRSA education</li> <li>• Trust wide VIP / cannula care education</li> <li>• Trust wide review of electronic reporting</li> </ul>                                                                                                                                                                                                                              | <b>Named Person</b> Lead Nurse<br>Infection Protection Control<br><br><b>Timescale to recover</b> |
| <b>Harm Free Care</b>              | Harm Free care which was a figure extracted from the Safety Thermometer (ST) Data will be taken off the dashboard.<br><br>All data collection for the ST ceased in March 2020. There is not currently a replacement with a new similar national data collection programme thought there was an intention to nationally produce such data directly extracted from hospital statistics. The pandemic might have delayed the implementation.<br><br>The new NHS Patient Safety Strategy (July 2019) among other, incorporates the replacement of the NRLS and STEIS with the Patient Safety Incident Management System (PSIMS) and Patient Safety Incident Response Framework (PSIRF). The Patient Safety Collaboratives (PSCs) will be supporting organisations to adopt a measurement for improvement approach and local measurement plans. |                                                                                                   |





| Indicator                                                    | 20_21 Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | 2020-2021 | Performance                                                                         |   |
|--------------------------------------------------------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-------------------------------------------------------------------------------------|---|
| ED - FFT % Positive                                          | >90%         |        |        |        |        |        |        |        |        | 86.0%  | 89.0%  | 87.6%  | 84.5%  | 86.6%     |  | ! |
| ED - FFT Response Rate                                       | >15%         |        |        |        |        |        |        |        |        | 9.9%   | 10.8%  | 11.1%  | 10.1%  | 10.4%     |  | ! |
| Inpatients - FFT % Positive                                  | >90%         |        |        |        |        |        |        |        |        | 98.6%  | 99.0%  | 98.0%  | 94.6%  | 96.6%     |  |   |
| Inpatients - FFT Response Rate                               | >25%         |        |        |        |        |        |        |        |        | 8.3%   | 4.8%   | 12.6%  | 17.6%  | 11.2%     |  | ! |
| Maternity - FFT % Positive                                   | >90%         |        |        |        |        |        |        |        |        | 99.1%  | 100.0% | 100.0% | 100.0% | 99.6%     |  |   |
| Maternity - FFT Response Rate                                | >15%         |        |        |        |        |        |        |        |        | 9.3%   | 2.8%   | 8.2%   | 3.9%   | 6.0%      |  |   |
| Outpatients - FFT % Positive                                 | >90%         |        |        |        |        |        |        |        |        | 96.6%  | 94.3%  | 96.9%  | 92.3%  | 95.8%     |  |   |
| Outpatients - FFT Responses                                  | 400          |        |        |        |        |        |        |        |        | 295    | 123    | 32     | 26     | 476       |  |   |
| Community - FFT % Positive                                   | >90%         |        |        |        |        |        |        |        |        | 100.0% | 98.0%  | 99.3%  | 99.6%  | 99.2%     |  |   |
| Community - FFT Responses                                    | 1500         |        |        |        |        |        |        |        |        | 85     | 149    | 270    | 285    | 789       |  |   |
| Staff - FFT % Recommend Care                                 | >70%         |        |        |        |        |        | 79.0%  |        |        | 73.3%  |        |        | 77.3%  | 74.8%     |  |   |
| Complaints responded to within 25 or 40 working days         | >80%         | 100.0% | 100.0% | 75.9%  | 88.5%  | 85.0%  | 81.5%  | 66.7%  | 77.8%  | 80.0%  | 85.7%  | 76.2%  | 83.3%  | 80.3%     |  |   |
| Complaints (including complaints against Corporate division) | N/A          | 1      | 1      | 29     | 26     | 20     | 27     | 18     | 9      | 15     | 7      | 21     | 24     | 198       |  |   |

! \*\*Target has not been achieved for the past three months



| Indicator and Definition                                | Commentary and Action Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Named Person & Date<br>Performance will Recover                                                                                                                                                                                       |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ED - FFT % Positive Response and Response Rate :</b> | <p><b>Variance against Plan:</b> Positive responses remain below the target of 90%; however, 86.6% is much improved from the 2019-20 average of 82% (Pre-Covid ED had set a step change target of 85%). This is quite a remarkable achievement to show this level of improvement from Dec 2020-March 2021 given these months covered the 2<sup>nd</sup> surge peak of the pandemic.</p> <p>Although response rates are 5% down on pre-Covid performance, this is to be expected given the demands within ED during the pandemic 2<sup>nd</sup> surge.</p> <p><b>Action to Recover:</b> To revert back to monthly progress meetings between service leads and Patient Experience team. Digitalised feedback to be further developed and advanced</p> | <p><b>Named Person:</b> Head of Patient experience</p> <p><b>Time Scale to Recover Performance:</b> to be confirmed once progress meetings back in place</p>                                                                          |
| <b>Inpatients FFT Response Rate :</b>                   | <p><b>Variance against Plan:</b> Response rates are 7% below pre-Covid performance and 14% below target; however, this was unexpected during pandemic 2<sup>nd</sup> surge and also to note that national reporting was paused from March 2020 until December 2020 and low rates have been expected nationally.</p> <p><b>Action to Recover:</b> The patient experience team have been working with services to roll out new FFT questions and support the move to increased digitalised reporting. Volunteers are being recruited to upload paper responses for clinical services.</p>                                                                                                                                                             | <p><b>Named Person:</b> Head of Patient experience</p> <p><b>Time Scale to Recover Performance:</b> To see a month on month step change in Q1 and then review time scale to target as services begin recovery phase from pandemic</p> |
| <b>Community FFT Responses:</b>                         | <p><b>Variance against Plan:</b> The number of responses is well below the target of 1500; however, numbers are increasing month on month since national reporting recommenced in December 2020. In context, Pre-Covid response average for 2019-20 was 822 to September 2019</p> <p><b>Action to Recover:</b> The patient experience team have been working with services to roll out new FFT questions and support the move to increased digitalised reporting. Volunteers are being recruited to upload paper responses for clinical services.</p>                                                                                                                                                                                               | <p><b>Named Person:</b> Head of Patient experience</p> <p><b>Time Scale to Recover Performance:</b> To see a month on month step change in Q1 and then review time scale to target as services begin recovery phase from pandemic</p> |



|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                   |
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| <b>Maternity FFT Response Rate</b> | <p><b>Variance against Plan:</b> The low response rate for maternity services is in part due to the impact of the pandemic as for all services; however, this has been exacerbated by staff vacancies in roles with responsibility for co-ordinating the FFT programme in midwifery, especially in ante &amp; postnatal care.</p> <p><b>Action to Recover:</b> The midwifery service far exceeded the target of 15% for response rate pre-Covid, with an average of 46% April-September 2019-20. Now that the key vacancies have been recruited to it is expected that recovery will be swift with support from the Patient Experience team.</p> | <p><b>Named Person:</b> Head of Patient experience</p> <p><b>Time Scale to Recover</b><br/> <b>Performance:</b> To see a month on month step change in Q1 and then review time scale to target as services begin recovery phase from pandemic</p> |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



|                                                             |              | Safe   |        | Caring |        | Effective |        | Responsive |        | Well Led |        |        |        |           |             |
|-------------------------------------------------------------|--------------|--------|--------|--------|--------|-----------|--------|------------|--------|----------|--------|--------|--------|-----------|-------------|
| Indicator                                                   | 20_21 Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20    | Sep-20 | Oct-20     | Nov-20 | Dec-20   | Jan-21 | Feb-21 | Mar-21 | 2020-2021 | Performance |
| Hospital Cancelled Operations                               | 0            |        |        |        |        | 0         | 1      | 9          | 1      | 2        | 0      | 0      | 1      | 14        |             |
| Cancelled ops not rebooked < 28 days                        | 0            |        |        |        |        | 0         | 0      | 0          | 0      | 0        | 0      | 0      | 0      | 0         |             |
| Urgent Procedures Cancelled > once                          | 0            |        |        |        |        | 0         | 0      | 0          | 0      | 0        | 0      | 0      | 0      | 0         |             |
| Theatre Utilisation                                         | >85%         | 38.51% |        | 50.94% | 59.68% | 71.25%    | 70.32% | 73.57%     | 78.02% | 75.64%   | 66.74% | 51.97% | 69.22% | 69.88%    |             |
| Breastfeeding Initiated                                     | >90%         | 90.8%  | 91.4%  | 93.4%  | 90.7%  | 91.4%     | 93.2%  | 91.5%      | 93.0%  | 87.0%    | 92.6%  | 90.2%  | 93.2%  | 91.5%     |             |
| Mortality rate per 1000 admissions in-months                | 14.4         | 42.0   | 14.8   | 5.8    | 5.8    | 4.7       | 5.5    | 9.4        | 6.7    | 11.9     | 28.2   | 11.7   | 4.2    | 11.3      |             |
| Community DNA % Rate                                        | <10%         | 8.9%   | 8.6%   | 8.9%   | 9.0%   | 8.9%      | 8.3%   | 7.7%       | 7.3%   | 7.7%     | 7.1%   | 6.7%   | 6.6%   | 8.0%      |             |
| Community Services - Provider Cancellations                 | <8%          | 22.9%  | 8.9%   | 7.6%   | 8.1%   | 6.5%      | 6.5%   | 6.6%       | 6.7%   | 8.5%     | 17.8%  | 7.5%   | 6.0%   | 9.3%      |             |
| Acute DNA % Rate                                            | <10%         | 8.6%   | 6.9%   | 7.0%   | 8.3%   | 9.2%      | 8.9%   | 8.8%       | 8.7%   | 8.5%     | 8.4%   | 7.7%   | 8.3%   | 8.3%      |             |
| % e-Referral Service (e-RS) Slot Issues                     | <4%          | 72.1%  | 77.9%  | 49.7%  | 37.7%  | 33.2%     | 39.2%  | 31.1%      | 28.7%  | 33.9%    | 27.4%  | 30.3%  | 44.2%  | 36.6%     |             |
| Outpatients New:FUp Ratio                                   | 2.3          | 2.28   | 2.25   | 2.28   | 2.21   | 2.13      | 2.09   | 2.03       | 1.96   | 1.95     | 2.03   | 1.91   | 1.93   | 2.07      |             |
| Delayed Transfers Of Care % of Occupied Bed Days            | <2.4%        | 0.6%   | 0.1%   | 0.1%   |        | 0.1%      |        |            |        |          |        |        |        | 0.1%      |             |
| Non Elective Re-admissions within 30 days                   | <5.5%        | 8.25%  | 7.17%  | 5.41%  | 6.32%  | 6.12%     | 5.23%  | 5.21%      | 6.06%  | 6.60%    | 6.94%  | 5.88%  | 6.52%  | 6.18%     |             |
| Rapid Response - % of referrals with an improvement in care |              | 84.4%  | 85.3%  | 88.5%  | 87.6%  | 88.6%     | 84.1%  | 84.0%      | 83.3%  | 85.3%    | 83.2%  | 85.8%  | 81.4%  | 85.0%     |             |

\*\*Target has not been achieved for the past three months



| Indicator and Definition                          | Commentary and Action Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Named Person & Date<br>Performance will Recover                                                                          |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Theatre Cancellations On The Day :</b>         | <b>Variance against Plan:</b><br>There was a single cancellation on the day due to not be able to obtain MRSA result. The clinical team did not want to proceed due to the patient needing an implant. The patient was rebooked and underwent the procedure at Highgate Hospital the following week.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Named Person:</b> General Manager Surgery & Cancer<br><br><b>Time Scale to Recover</b><br><b>Performance:</b> Ongoing |
| <b>Theatre Utilisation % Rates :</b>              | <b>Variance against Plan:</b><br>Although utilisation has improved since Feb 21 and is on an upward trend utilisation still remains a challenge within the theatre setting. The key challenges currently are; <ul style="list-style-type: none"> <li>• Cancellation due to patient choice at the last minute and unable to replace patients due to covid guidelines and isolation.</li> <li>• Patients unable to adhere to isolation.</li> <li>• The concern patients have with the ongoing covid situation is resulting in a reduction in the pool of patients ready for surgery in the immediacy.</li> </ul> <b>Action to Recover:</b> <ul style="list-style-type: none"> <li>• Reinitiated Theatre User Group meeting for May 21</li> <li>• 6 week booking targets for POA to minimise risk of on the day cancellations</li> </ul> | <b>Named Person:</b> General Manager Surgery & Cancer<br><br><b>Time Scale to Recover</b><br><b>Performance:</b> Ongoing |
| <b>Non Elective Readmissions within 30 days :</b> | <b>Variance against Plan:</b> 214 patients were readmitted in this period giving a 6.49% readmission rate. The Emergency and Integrated Medicine ICSU has the largest number and percentage of readmissions. Prior work on readmissions between December and February suggests the increase relates to readmission of patients with COVID-19 some of whom have intentionally been discharged with home oxygen saturation monitoring with advice to return if they deteriorate. This pathway was pioneered by Whittington Health and has been rolled out across London.<br><br><b>Action to Recover:</b> Associate Medical Director for Clinical Effectiveness to review readmissions                                                                                                                                                  | <b>Named Person:</b> Medical Director<br><br><b>Time Scale to Recover</b><br><b>Performance:</b> Ongoing                 |



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| Indicator                                                           | Target   | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | 2020-2021 | Performance |   |
|---------------------------------------------------------------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-------------|---|
| Emergency Department waits (4 hrs wait)                             | >95%     | 83.1%  | 90.6%  | 90.7%  | 92.1%  | 90.5%  | 86.9%  | 88.2%  | 88.8%  | 82.2%  | 79.8%  | 86.9%  | 87.6%  | 87.4%     |             | ! |
| ED Indicator - median wait for treatment (minutes)                  | <60 mins | 25     | 36     | 43     | 55     | 55     | 54     | 43     | 47     | 47     | 35     | 39     | 58     | 45        |             |   |
| Ambulance handovers waiting more than 30 mins                       | 0        | 8      | 7      | 13     | 11     | 8      | 23     | 8      | 22     | 19     | 7      | 4      | 13     | 143       |             | ! |
| Ambulance handovers waiting more than 60 mins                       | 0        | 0      | 0      | 0      | 0      | 2      | 3      | 3      | 9      | 5      | 1      | 1      | 2      | 26        |             | ! |
| 12 hour trolley waits in A&E - Non Mental Health                    | 0        | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 2      | 10     | 0      | 0      | 12        |             |   |
| 12 hour trolley waits in A&E - Mental Health                        | 0        | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 3      | 1      | 3      | 0      | 8         |             |   |
| Cancer - 14 days to first seen                                      | >93%     | 85.5%  | 89.5%  | 94.5%  | 97.3%  | 96.0%  | 94.8%  | 98.2%  | 95.5%  | 98.1%  | 91.4%  | 89.0%  |        | 94.8%     |             |   |
| Cancer - 14 days to first seen - breast symptomatic                 | >93%     | 71.4%  | 85.2%  | 95.5%  | 97.1%  | 93.3%  | 94.1%  | 100.0% | 100.0% | 100.0% | 91.3%  | 60.0%  |        | 93.3%     |             |   |
| Cancer - 62 days from referral to treatment                         | >85%     | 77.4%  | 83.3%  | 55.3%  | 69.7%  | 80.8%  | 79.5%  | 75.6%  | 66.7%  | 77.8%  | 65.9%  | 74.4%  |        | 73.0%     |             | ! |
| Cancer ITT - Reallocated Breach Performance for 62 Day Pathways     | >85%     | 73.3%  | 80.0%  | 54.3%  | 70.0%  | 81.3%  | 73.0%  | 68.6%  | 65.5%  | 74.7%  | 62.2%  | 68.9%  |        | 69.9%     |             | ! |
| Cancer ITT - % of Pathways sent before 38 Days                      | >85%     | 60.0%  | 33.3%  | 18.2%  | 40.0%  | 66.7%  | 20.0%  | 66.7%  | 76.9%  | 64.3%  | 36.4%  | 50.0%  |        | 49.4%     |             | ! |
| Cancer - % Pathways received a Diagnosis within 28 Days of Referral |          | 75.6%  | 70.2%  | 86.7%  | 86.8%  | 82.2%  | 86.3%  | 82.0%  | 78.8%  | 81.9%  | 71.3%  | 83.0%  |        | 81.1%     |             |   |
| Cancer - 31 days to first treatment                                 | >96%     | 95.5%  | 94.4%  | 96.8%  | 100.0% | 100.0% | 96.8%  | 95.8%  | 96.7%  | 97.6%  | 100.0% | 100.0% |        | 97.7%     |             |   |
| Cancer - 31 days to subsequent treatment - surgery                  | >94%     | 100.0% |        | 100.0% |        |        |        |        |        |        |        |        |        | 100.0%    |             |   |
| Cancer - 62 Day Screening                                           | >90%     | 100.0% |        | 0.0%   |        |        | 100.0% | 100.0% | 100.0% | 66.7%  | 100.0% | 66.7%  |        | 81.6%     |             |   |
| DM01 - Diagnostic Waits (<6 weeks)                                  | >99%     | 33.2%  | 34.3%  | 49.9%  | 67.1%  | 85.7%  | 89.0%  | 95.6%  | 94.5%  | 92.5%  | 68.7%  | 82.0%  | 83.5%  | 72.1%     |             | ! |
| RTT - Incomplete % Waiting <18 weeks                                | >92%     | 79.9%  | 71.6%  | 56.1%  | 46.8%  | 53.1%  | 60.3%  | 69.4%  | 71.2%  | 69.3%  | 67.8%  | 67.6%  | 69.8%  | 65.6%     |             | ! |
| Referral to Treatment 18 weeks - 52 Week Waits                      | 0        | 6      | 36     | 83     | 187    | 273    | 360    | 386    | 379    | 507    | 793    | 1213   | 1324   | 5547      |             | ! |
| % seen <=2 hours of Referral to District Nursing Night Service      | >80%     | 94.7%  | 96.3%  | 94.3%  | 92.3%  | 94.3%  | 98.2%  | 93.5%  | 93.6%  | 84.9%  | 90.0%  | 95.8%  | 92.5%  | 93.5%     |             |   |
| % seen <=48 hours of Referral to District Nursing Service           | >95%     | 95.7%  | 95.7%  | 96.0%  | 94.7%  | 98.1%  | 97.7%  | 94.3%  | 94.5%  | 95.1%  | 95.5%  | 88.9%  | 95.0%  | 95.3%     |             |   |
| Haringey New Birth Visits - % seen within 2 weeks                   | >95%     | 96.3%  | 93.6%  | 97.3%  | 93.6%  | 92.5%  | 96.8%  | 97.1%  | 93.9%  | 94.7%  | 95.1%  | 95.8%  |        | 95.2%     |             |   |
| Islington New Birth Visits - % seen within 2 weeks                  | >95%     | 95.8%  | 96.8%  | 95.6%  | 93.4%  | 92.6%  | 92.1%  | 98.7%  | 93.3%  | 93.8%  | 96.5%  | 97.0%  |        | 95.1%     |             |   |



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| Indicator and Definition      | Commentary and Action Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Named Person & Date<br>Performance will Recover                 |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| ED - 4 Hour Wait Performance: | <p>Variance against Plan:<br/><b>ED performance</b><br/>The overall A&amp;E performance for March was 87.6% a slight improvement on the previous month and just below the London average of 88.7%. Daily performance was variable, ranging between 81% and 92%.</p> <p><b>Inflow of patients</b><br/>There were a total of 8890 attendances for the month, a 40% increase when compared to the previous month and same period last year. Only 20% of all the presentations were LAS conveyances with 41% of the patients conveyed requiring admission. Eighty-three percent (83%) of all conveyances were handed over within 30 minutes of arrival. Acuity remains high with 55% of all attendances in March treated in Majors, a 10% increase when compared to same period last year.</p> <p>ED flow was challenged across different stages of the patient journey particularly the outflow of those who required admission; 83% were assessed within 15 minutes of arrival and 51% were seen for treatment within 60 minutes. 1401 patients were admitted which is just under 16% and 32% of all patients were discharged within 2hrs.</p> <p>The time to treat for these patients has been stable for a long time and remained under 60 minutes with the exception of the last two weeks in March again linked to the volume of attendances and high acuity. Fifty-nine percent (59%) of all patients with DTA were admitted within 4 hours of arrival with the remaining DTA's spending on average 8.5 hours in the department.</p> <p>Overall performance in Majors was just under 82% for the month, with Adult Majors remaining the most challenged area in the department (71%), particularly the admitted pathway. The main breach cause was bed management, delay in specialist opinion and completion of treatment. UTC's performance remained stable throughout the month with an average of 97%. The majority of the breaches were due to delay in assessment followed by completion of treatment.</p> | <b>Named Person:</b> General Manager, Emergency and Urgent Care |



|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|                                                          | <p><b>Paediatric</b><br/>The overall performance for the department was 93.1%, with the majority of the breaches (93%) occurring in Majors. Clinical breach followed by delay in completion of treatment and delay in assessment were the three main causes for the breaches in paediatrics.</p> <p><b>Mental Health</b><br/>The volume of MH presentations remained stable over the last 3 months, however we saw an increase in March for this cohort of patients particularly in walk in presentations. Acuity was also high with the majority of breaches reported as delay in completion of treatment. The length of stay for these patients improved when compared to the previous month; those who did not require admission or transfer spent on average 5.5 hours in the department and those who required transfer to another trust spent 6 hours in the department, two and a half hours less. Forty-nine percent (49%) of all adult MH attendances in March breached compared to 11% breaches for the Paediatric MH presentations. There were no 12-hr mental health breaches reported for the month.</p> <p><b>Action to Recover:</b></p> <ul style="list-style-type: none"> <li>• To continue to promote an environment for early bed allocation and reducing the length of stay admitted patients spend in the Emergency Department.</li> <li>• To continue to encourage, maintain and drive early assessment of admitted patients by the accepting specialty.</li> <li>• The use of SDEC pathways including direct to AEC from 111 for certain diagnosis'. This will include both medical and surgical patients.</li> <li>• To improve the collaboration between AEC and EMU to maximise the usage of AEC and the Emergency Medical Unit and standardise pathways across both areas.</li> </ul> | <p><b>Time Scale to Recover</b><br/><b>Performance:</b> Review monthly</p>                                                                   |
| <p><b>Ambulance Hand Overs more than 30 minutes:</b></p> | <p><b>Variance against Plan:</b> There were 13 x over 30 minute breaches in March.</p> <p><b>Action to Recover:</b> Ongoing action to recovery and better utilisation of all areas of the emergency department, such as, using the Urgent Treatment Centre as extended majors when Red and Green Major's areas are congested.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>Named Person:</b> General Manager, Emergency and Urgent Care</p> <p><b>Time Scale to Recover</b><br/><b>Performance:</b> June 2021</p> |





|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ambulance Hand Overs more than 60 minutes:</b> | <p><b>Variance against Plan:</b> There were 2 x over 60 minutes breaches in March</p> <p><b>Action to Recover:</b> Early escalation of LAS handover delays when the department is at capacity, including response from the wider team to ensure capacity is created to facilitate LAS offload.</p> <p>Ongoing action to recovery and better utilisation of all areas of the emergency department such as using the Urgent Treatment Centre as extended majors when Red and Green major's areas are congested.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>Named Person:</b> General Manager, Emergency and Urgent Care</p> <p><b>Time Scale to Recover Performance:</b> June 2021</p>          |
| <b>Cancer Performance</b>                         | <p><b>62 day standard/reallocated breach &amp; transfer by day 38</b></p> <p><b>Variance against Plan</b><br/>Performance was 74.4% against standard of 85% for Feb 2021 62 days</p> <p>Urology had the majority of the breaches due to patients delaying diagnostics during the second pandemic. Prostate surgery was on pause from the end of December to early March.</p> <p>The colorectal patient was a breach inherited from The Princess Alexandra Hospital for whom we were offering cross regional support.</p> <p>Remaining breaches were delayed diagnostics (due to Covid), patient pathway complexity and patient choice.</p> <p><b>Action to recover:</b></p> <ul style="list-style-type: none"> <li>• Introducing a daily validation of patients from day 0-40 from end April '21.</li> <li>• Review Cancer Access policy to clarify process for patient management in line with NCL – meeting 22/04/21.</li> <li>• Manage increase in breast demand by utilising network funded additional capacity.</li> <li>• Post 2<sup>nd</sup> Covid 19 wave concentrate on patients being referred in timely manner to treatment centres for all new referrals.</li> </ul> | <p><b>Named Person:</b> Interim Assistant General Manager, Cancer and Breast</p> <p><b>Time Scale to Recover Performance:</b> May 2021</p> |
| <b>DM01 Diagnostics</b>                           | <p><b>Update</b><br/>Performance against the national diagnostic waiting target for March 2021 has not been achieved; Performance was 83.5% against the 99% target; which is a slight increase from February.</p> <p>Imaging diagnostics are now fully operational and will support an improvement in performance in the coming months.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Named Person:</b> Head of Performance</p> <p><b>Time Scale to Recover Performance:</b> Ongoing</p>                                   |



|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <p><b>Referral to Treatment:</b><br/> <b>Incomplete % waiting &lt; 18 weeks</b><br/> <b>52 + week waits</b></p> | <p><b>Update</b><br/> Performance against the national standards for referral to treatment incomplete pathways below 18 weeks for March 2021 has not been achieved with performance at 69.78%.</p> <p>At the end of March 2021 there were 1324 patients waiting more than 52 weeks for treatment, an increase from January 2021. The majority of patients are waiting for surgery and the ICSU has an ongoing plan to support compliance by the end of the financial year.</p> <p>All patients who are breaching 52 weeks are considered priority 3s and 4s. Priority 3 is a patient who will be seen within 3 months and a Priority 4 is a patient who will be seen in over 3 months.</p> <p><b>Action to Recover:</b><br/> Recovery plan in development in line with National Guidance to reduce backlog in particular patients who are higher risk P2 and also long waiters + 52 weeks<br/> Harm reviews being undertaken by clinicians to ensure that patients are managed appropriately.</p> | <p><b>Named Person:</b> Head of Performance</p> <p><b>Time Scale to Recover</b><br/> <b>Performance:</b> Ongoing</p> |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
















Safe

Caring

Effective

Responsive

Well Led

| Indicator                                                  | 20_21 Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | 2020-2021 | Performance                                                                         |   |
|------------------------------------------------------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-------------------------------------------------------------------------------------|---|
| Appraisals % Rate                                          | >90%         | 65.9%  | 65.8%  | 62.3%  | 63.9%  | 63.8%  | 60.8%  | 63.1%  | 65.9%  | 67.0%  | 66.6%  | 66.2%  | 66.8%  | 64.9%     |  | ! |
| Mandatory Training % Rate                                  | >90%         | 80.4%  | 79.9%  | 80.5%  | 81.5%  | 82.7%  | 82.6%  | 82.4%  | 78.7%  | 76.0%  | 75.6%  | 76.2%  | 76.6%  | 79.4%     |  | ! |
| Permanent Staffing WTEs Utilised                           | >90%         | 88.5%  | 88.4%  | 88.9%  | 89.0%  | 88.3%  | 87.6%  | 88.3%  | 88.3%  | 88.3%  | 88.6%  | 89.0%  | 89.1%  | 88.5%     |  | ! |
| Staff FFT % recommended work                               | >50%         |        |        |        |        |        | 65.1%  |        |        | 66.3%  |        |        | 68.6%  | 66.3%     |  |   |
| Staff FFT response rate                                    | >20%         |        |        |        |        |        | 14.2%  |        |        | 50.6%  |        |        | 6.6%   | 23.8%     |  |   |
| Staff sickness absence %                                   | <3.5%        | 6.66%  | 5.00%  | 4.00%  | 3.68%  | 3.56%  | 3.76%  | 3.78%  | 4.00%  | 4.22%  | 5.62%  | 3.98%  |        | 4.39%     |  | ! |
| Staff turnover %                                           | <13%         | 9.7%   | 9.2%   | 9.1%   | 10.4%  | 9.1%   | 11.6%  | 11.5%  | 11.2%  | 10.0%  | 9.9%   | 10.0%  | 9.9%   | 10.1%     |  |   |
| Vacancy % Rate against Establishment                       | <10%         | 11.5%  | 11.6%  | 11.1%  | 11.0%  | 11.7%  | 12.4%  | 11.7%  | 11.7%  | 11.7%  | 11.4%  | 11.0%  | 10.9%  | 11.5%     |  | ! |
| Average Time to Hire (Days)                                | <63 Days     | 73     | 73     | 76     | 70     | 66     | 70     | 95     | 69     | 59     | 58     | 58     | 62     | 69        |  |   |
| Nursing Staff Average % Day Fill Rate - Nurses             |              |        |        | 100.2% | 96.4%  | 91.2%  | 91.6%  | 82.0%  | 83.4%  | 88.3%  | 89.7%  | 89.4%  | 85.0%  | 89.0%     |  |   |
| Nursing Staff Average % Night Fill Rate - Nurses           |              |        |        | 93.1%  | 93.6%  | 95.0%  | 97.1%  | 91.0%  | 88.7%  | 94.1%  | 93.2%  | 100.3% | 95.5%  | 94.1%     |  |   |
| Safe Staffing Alerts - Number of Red Shifts                |              |        |        | 2      | 1      | 2      | 5      | 4      | 3      |        |        | 19     | 16     | 52        |  |   |
| Safe Staffing - Overall Care Hours Per Patient Day (CHPPD) |              |        |        | 10.0   | 11.8   | 10.5   | 10.2   | 10.3   | 10.9   | 10.4   | 9.2    | 10.7   | 10.9   | 10.4      |  |   |



\*\*Target has not been achieved for the past three months



| Indicator and Definition                                                                                            | Commentary and Action Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Named Person & Date<br>Performance will Recover                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Appraisals % Rate: 66.8%</b><br><br>Target 90%                                                                   | <b>Variance against Plan: - 23.2%</b><br><br><b>Action to Recover:</b><br>This has increased 1% from last month and equates to 170-260 appraisals required per month for the next 4-6 months. For the next 6 weeks, whilst ESR is still being used to record appraisals, the L&D Team will continue to support recording. After the new Learning Management System (LMS) has been implemented it should be easier for managers to use.<br>It is suspected that, whilst the pandemic may have slowed down the progress with undertaking appraisals, more have been completed than recorded, because of the challenges with using ESR; when it is easier to record on the new system being implemented, there is likely to be a significant updating of appraisal dates into the new, more intuitive system. | <b>Named Person:</b> Assistant Director of Learning and OD<br><br><b>Time Scale to Recover Performance:</b> 4-6 months<br><br>The new LMS is in the process of being implemented and whilst there has been a technical hitch, it is anticipated that a solution will soon enable progress to be made.                                                         |
| <b>Mandatory Training % Rate: 76.6%</b><br><br>Target 90%                                                           | <b>Variance against Plan: -13.4%</b><br>This has increased 0.4% since the last report, however remains low because of changes to the refresher frequency for Infection Control and Fire training.<br><br><b>Action to Recover:</b><br>A more user-friendly intuitive learning platform is in the process of being implemented with support from the IT Directorate and learning and development leads (medical, clinical skills, integrated and L&OD) across the Trust. This will enable users to undertake separate modules on mobile devices e.g. whilst travelling, taking short modules in gaps, etc. to save time.                                                                                                                                                                                    | <b>Named Person:</b> Assistant Director of Learning and OD<br><br><b>Time Scale to Recover Performance:</b> 6-9 months<br><br>The new learning system is being implemented although slightly delayed. The need to recover from increased frequency of Fire and Infection refreshers will prolong recovery. Longer may be needed if the pandemic is prolonged. |
| <b>Staff Friends and Family Test</b><br><br>Target: quarterly improvement for:<br><br><b>Advocacy for Work: 69%</b> | <b>Variance against Plan – Work: +2.3%</b> (improvement on last quarter)<br><b>Variance against Plan – Care: +3%</b> (improvement on last quarter)<br><br><b>Action to Recover:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Named Person:</b> Assistant Director of Learning and OD<br><br><b>Time Scale to Recover Performance:</b>                                                                                                                                                                                                                                                   |





















|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Advocacy for Care: 77%</b>                                                                                                                | <p>Advocacy for work is improving and is likely to be at least in part related to the various culture programmes, staff Networks and listening events and attention to staff welfare through the Caring for Those Who Care programme.</p> <p>Advocacy for care has increased by 3%. The Trust works with staff through listening forums and Partnership Group to respond to concerns.</p> | <p>This is likely to continue to be improved as the pandemic eases.</p>                                     |
| <b>Permanent Staffing WTEs Utilised: 89.1%</b><br><br><b>Target: 90%</b>                                                                     | <b>Variance against Plan: 0.9%</b><br><br><b>Action to Recover:</b> WTEs utilisation remains largely steady and unfluctuating, currently 0.9% under target as covid recovery continues                                                                                                                                                                                                    | <b>Named Person:</b> Deputy Director of Workforce<br><br><b>Time Scale to Recover Performance:</b> May 2021 |
| <b>Vacancy Rates: 10.9%</b><br><br><b>Target: 10%</b>                                                                                        | <b>Variance against plan: 0.9%</b><br><br><b>Action to recover:</b> For the third consecutive month the Vacancy rate has reduced showing a steady decrease with an aim to be compliant by May 21                                                                                                                                                                                          | <b>Named Person:</b> Deputy Director of Workforce<br><br><b>Time Scale to Recover Performance:</b> May 2021 |
| <b>Time to hire: 62 days</b><br><br>Time taken from resignation/creation of new post to confirmed start date<br><br><b>Standard:</b> 63 days | <b>Variance against plan:</b> N/A<br><br><b>Action to recover:</b> Time to hire continues to be under Trust 63 day target, rates have been maintained over previous four months.                                                                                                                                                                                                          | <b>Named person:</b> Deputy Director of Workforce<br><br><b>Timescale to recover performance:</b> N/A       |
| <b>Turnover: 9.9%</b><br><br><b>Standard:</b> 12.5%                                                                                          | <b>Variance against plan:</b> N/A<br><br><b>Action to recover:</b> Turnover continues in the right direction and below Trust 13% threshold.                                                                                                                                                                                                                                               | <b>Named person:</b> Deputy Director of Workforce<br><br><b>Timescale to recover performance:</b> N/A       |
| <b>Sickness: 3.98% (Feb 21)</b><br><br><b>Target: 3.5%</b>                                                                                   | <b>Variance against plan: 0.48%</b><br><br><b>Action for recovery:</b> Absence remains above Trust target, however has shown significant decrease from January (5.62%) and continues to be reported and monitored on a daily basis to understand impact of covid related and other absences.                                                                                              | <b>Named person:</b> Deputy Director of Workforce<br><br><b>Timescale to recover performance:</b> May 2021  |



|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <p><b>Safer Staffing</b></p> <p><b>Aim for:</b> Zero Red shifts</p> <p>Trust CHPPD 8.5</p> | <p><b>Variance against Plan:</b></p> <p>There has been an improvement in the number of Red shifts although it remained increased from the baseline level. 15 Red shifts occurred in EIM wards (5-Nightingale, 5-Cloudesley) and 1 in CCU. Most Red shifts were a result of staff sickness, enhanced Care requirement and unfilled vacant shifts.</p> <p>Trust wide Care Hours per Patient Day (CHPPD) in March 2021 was 10.94. Average CHPPD across the adult wards only is 9.3. While bed occupancy returns to baseline, acuity of the patients and enhanced care remains high. CHPPD at Lfor Children's Ward is returning to baseline and average national figure. Lfor ward hosted a higher number of CAMHS patients resulting in increased requirement for 1:1 care with RMNs or/and HCAs.</p> <p><b>Action to Recover:</b></p> <ul style="list-style-type: none"> <li>• Senior Staff continue to monitor the number of the Red shifts and address high risk staffing issues as recommended in the Staffing Escalation policy.</li> <li>• Recruitment is ongoing for all nursing staff.</li> <li>• Lead nurse for safer staffing to monitor the activity of the wards and assess effectiveness of staff deployment.</li> <li>• Bespoke staffing reviews are been undertaken.</li> </ul> | <p><b>Named person:</b> Lead nurse for Safer Staffing</p> <p><b>Timescale to recover performance:</b> Ongoing</p> |
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## Appendix 1. Community Performance Dashboard

| Indicator                                                              | 20_21 Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | 2020-2021 | Performance                                                                           |
|------------------------------------------------------------------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|---------------------------------------------------------------------------------------|
| IAPT Moving to Recovery                                                | >50%         | 39.2%  | 52.3%  | 44.8%  | 50.3%  | 49.8%  | 48.6%  | 45.8%  | 46.0%  | 46.9%  | 47.5%  | 44.6%  |        | 46.7%     |    |
| IAPT Waiting Times for Treatment (% < 6 wks)                           | >75%         | 93.6%  | 93.8%  | 92.3%  | 91.8%  | 95.3%  | 94.8%  | 95.7%  | 94.5%  | 94.6%  | 96.2%  | 92.2%  |        | 94.0%     |    |
| Haringey - 8wk Review % carried out before child aged 8 weeks          | N/A          | 85.4%  | 81.5%  | 79.9%  | 86.0%  | 87.0%  | 79.6%  | 83.5%  | 84.6%  | 86.1%  | 80.3%  | 89.2%  |        | 83.7%     |    |
| Haringey - HR1 % carried out before child aged 15 months               | N/A          | 76.0%  | 78.8%  | 77.3%  | 67.7%  | 63.6%  | 69.8%  | 72.6%  | 73.1%  | 73.8%  | 69.2%  | 82.2%  |        | 73.0%     |    |
| Haringey - HR2 % carried out before child aged 30 months               | N/A          | 71.7%  | 73.4%  | 73.8%  | 75.5%  | 67.8%  | 66.5%  | 66.9%  | 58.4%  | 69.5%  | 70.1%  | 68.2%  |        | 69.3%     |    |
| Islington - 8wk Review % carried out before child aged 8 weeks         | N/A          | 90.6%  | 90.4%  | 93.8%  | 93.3%  | 89.5%  | 83.0%  | 91.4%  | 89.8%  | 93.9%  | 87.6%  | 95.7%  |        | 90.8%     |    |
| Islington - HR1 % carried out before child aged 15 mths                | N/A          | 74.2%  | 80.5%  | 73.9%  | 83.6%  | 82.6%  | 85.7%  | 75.4%  | 78.2%  | 83.1%  | 82.6%  | 81.3%  |        | 80.1%     |    |
| Islington - HR2 % carried out before child aged 30 mths                | N/A          | 80.5%  | 81.3%  | 83.8%  | 77.6%  | 76.6%  | 75.8%  | 82.3%  | 79.0%  | 82.4%  | 80.7%  | 82.1%  |        | 80.2%     |    |
| % of MSK pts with a significant improvement in function (PSFS)         | >75%         |        | 100.0% | 60.0%  | 87.5%  | 96.0%  | 96.2%  | 88.1%  | 88.2%  | 94.4%  | 100.0% |        | 100.0% | 91.6%     |    |
| % of Podiatry pts with a significant improvement in pain (VAS)         | >75%         | 100.0% |        | 100.0% | 100.0% | 100.0% | 100.0% | 92.3%  | 100.0% | 100.0% |        |        |        | 97.4%     |    |
| ICTT - % Patients with self-directed goals set at Discharge            | >70%         | 75.7%  | 71.3%  | 70.8%  | 71.2%  | 71.9%  | 75.4%  | 80.5%  | 81.7%  | 74.8%  | 83.6%  | 70.7%  | 81.8%  | 76.3%     |    |
| ICTT - % GAS Scores improved or remained the same at Discharge         | >70%         | 96.4%  | 97.4%  | 94.1%  | 88.1%  | 89.1%  | 91.0%  | 92.6%  | 92.1%  | 94.4%  | 92.2%  | 93.6%  | 91.7%  | 93.4%     |    |
| REACH - % BBIC Scores improved or remained the same at Discharge       | >75%         | 83.3%  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 111.1% | 87.5%  | 85.7%  | 66.7%  | 100.0% | 100.0% | 95.8%     |    |
| Nutrition and Dietetics - % Weight Loss Achieved at Discharge          | >65%         |        |        | 33.3%  |        | 100.0% |        | 85.7%  | 66.7%  | 100.0% | 100.0% |        |        | 78.9%     |  |
| Nutrition and Dietetics - % Weight Maintained or Gained at Discharge   | >70%         |        |        | 100.0% | 100.0% |        |        | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 83.3%  | 97.2%     |  |
| Hackney Smoking Cessation: % who set quit date & stopped after 4 we... | >45%         |        |        | 58.9%  |        |        | 67.1%  |        |        | 59.3%  |        |        |        | 61.6%     |  |
| Islington Self-Management - Average Increase in PAM Score              | >=9          |        |        |        |        |        |        |        |        |        |        |        |        |           |  |
| Haringey Self-Management - Average Increase in PAM Score               | >=9          |        |        |        |        |        |        |        |        |        |        |        |        |           |  |



| Indicator and Definition           | Commentary and Action Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Named Person & Date<br>Performance will Recover     |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Children's community waiting times | <p><b>Overall summary and actions to recover:</b></p> <ol style="list-style-type: none"> <li> <b>HaringeyHaringey Community Paediatrics (Social Communication Team)</b><br/>           Covid-19 continues to impact on waits for the autism diagnosis service. WH CYP leads are involved in work across NCL to address long waits – this is a challenge for all boroughs. At a local level we continue to provide additional assessments each month to increase the appointments available. We continue to prioritise children for assessment – e.g. children in care and those moving to secondary school.         </li> <li> <b>Haringey Speech and Language Therapy</b><br/>           Covid-19 continues to exacerbate existing challenges in the SLT service. There are waits for initial assessment and to access therapy provision. In early years there are significant numbers of under 5s waiting for early years therapy provision following an initial assessment. In mainstream schools there are approximately 400 children waiting to receive input from the SLT service and a further 300 who will receive some input. Commissioners are aware of the challenges and are raising concerns within NCL CCG and Haringey Council about the impact this is having on CYP.         </li> </ol> <p><b>Islington</b></p> <ol style="list-style-type: none"> <li> <b>Islington LAC</b><br/>           There has been an increase in waiting time for initial health assessment as a result of the overall increase in young people placed out of borough. The team are not currently able to visit all young people face to face, where appropriate virtual assessments are being used.         </li> <li> <b>Islington Additional Needs and Disability Service (Autistic Spectrum disorder)</b><br/>           Currently demand is outstripping capacity within this service. The overall waiting time this month has dropped to 43 weeks due to an increase in clinics. We will continue to use a blend of virtual and face to face appointments.         </li> <li> <b>Islington Speech and Language Therapy (SALT)</b><br/>           The level of complexity within mainstream schools has increased, with educational health and care plan doubling since the special education needs         </li> </ol> | <p><b>Named person:</b> Director Operations CYP</p> |





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|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                       | <p>reforms. The commissioner led therapy review is now complete which has presented a number of options for delivering the statutory workload.</p> <p><b>5. Islington Occupational Therapy</b></p> <ul style="list-style-type: none"> <li>There is a significant rise in the waiting time for OT due to maternity leave which we have been unable to cover with agency. The service is now on the risk register and overseas recruitment options are being explored.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |
| <b>Adults community waiting times</b> | <p><b>Overall summary and actions to recover:</b><br/>Some of the Adult Community Service waiting times have been affected by the second surge in Covid. Some Services were partially stood down or fully stood down according to risk. A phased recovery has commenced, and the following services will require additional focus to reduce the waiting times.</p> <p><b>Podiatry (81.5%)</b><br/>All staff back from redeployment High risks clinics continued during second surge and face to face clinics restarted on April 6<sup>th</sup>. NCL Recovery Monies will expedite recovery, reaching a normal 95% target within 3 – 4 months.</p> <p><b>Nutrition and Dietetics (89.6%)</b><br/>High risk enteral feeding service continued during 2<sup>nd</sup> surge, but remaining service paused. All staff returned from redeployment and clinics restarting in April. Expected recovery within 2- 3 months.</p> <p><b>Bladder and Bowel (91.7%)</b><br/>Service mainly paused. All redeployed staff will return by the end of April. Clinics to restart mid-April. Anticipated recovery by June/July.</p> <p><b>Community Rehabilitation ICTT (78.7%), CRT (93.8%) &amp; REACH Intermediate Care (85.2%)</b><br/>Community Rehabilitation Services are reporting ongoing increased demand and complexity related to post-COVID patients requiring rehabilitation and psychology support. These patients are requiring longer, more intensive therapy and this is impacting on overall waiting times. Group classes for patient at risk of falls are paused and this support is being provided through domiciliary assessments as appropriate.</p> <p><b>MSK CATS (20.5%) &amp; MSK Routine (48%)</b><br/>The MSK services was almost fully paused except for high-risk patients. High volume service with large numbers of backlog. Mutual aid provided by UCLH (connect Health)</p> | <b>Named person:</b> Director of Ops, ACS |



|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
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|  | <p>and recovery monies provided by NCL. All redeployed staff will return by the end of early May due to ongoing vaccination programme support. The use of the Attend Anywhere virtual consultation platform has been widely adopted and will support recovery; however, service and patients will return to face to face for first appointments as soon as allowable. Service expects to be fully recovered by September /October</p> <p><b>Respiratory 26.2% (not Spirometry)</b><br/>All delays in respiratory are due to the Pulmonary Rehabilitation service. Virtual spirometry has commenced with a view to small face to face groups starting up next month.</p> <p><b>Action to recover Respiratory :</b></p> <ul style="list-style-type: none"><li>• Service redesign to enable talk before walk will enable faster recovery</li><li>• Clinic slot utilisation report will support greater efficiency</li></ul> |  |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|



## Appendix 2. Community Waiting Times Dashboard

| ROUTINE REFERRALS                 |             |              |        |        |        |                |                 | URGENT REFERRALS |              |        |        |        |                |                 |
|-----------------------------------|-------------|--------------|--------|--------|--------|----------------|-----------------|------------------|--------------|--------|--------|--------|----------------|-----------------|
| SERVICE                           | % Threshold | Target Weeks | Jan-21 | Feb-21 | Mar-21 | Avg Wait (Mar) | No. of Pts Seen | % Threshold      | Target Weeks | Jan-21 | Feb-21 | Mar-21 | Avg Wait (Mar) | No. of Pts Seen |
| CAMHS                             | >95%        | 8            | 71.6%  | 68.4%  | 77.2%  | 12.2           | 92              | >95%             | 2            | 83.3%  | 100.0% | 100.0% | 0.5            | 4               |
| Child Development Services        | >95%        | 12           | 100.0% | 100.0% | 100.0% | 2.7            | 8               | >95%             | -            |        |        |        | -              | 0               |
| IANDS                             | >95%        | 18           | 82.1%  | 77.3%  | 77.5%  | 10.5           | 169             | >95%             | 2            |        |        |        | -              | 0               |
| Community Children's Nursing      | >95%        | 2            | 93.0%  | 92.0%  | 92.4%  | 0.7            | 79              | >95%             | 1            | 100.0% | 100.0% | 100.0% | 0.1            | 34              |
| Community Paediatrics Services    | >95%        | 18           | 78.9%  | 70.1%  | 74.8%  | 15.2           | 147             | >95%             | 1            |        |        |        | 15.2           | 0               |
| Family Nurse Partnership          | >95%        | 12           | 100.0% | 100.0% | 100.0% | 0.6            | 3               | >95%             | -            |        |        |        | -              | 0               |
| Haematology Service               | >95%        | 12           |        |        | 100.0% | 0.4            | 2               | >95%             | -            |        |        |        | -              | 0               |
| Looked After Children             | >95%        | 4            | 93.3%  | 83.3%  | 80.0%  | 6.2            | 15              | >95%             | 2            |        |        |        | -              | 0               |
| Occupational Therapy              | >95%        | 18           | 82.4%  | 75.0%  | 100.0% | 6.9            | 12              | >95%             | 2            |        |        |        | -              | 0               |
| Physiotherapy                     | >95%        | 18           | 100.0% | 100.0% | 95.0%  | 4.5            | 40              | >95%             | 2            |        |        |        | -              | 0               |
| PIPS                              | >95%        | 12           | 100.0% | 100.0% | 100.0% | 1.7            | 14              | >95%             | -            |        |        |        | -              | 0               |
| School Nursing                    | >95%        | 12           | 95.5%  | 98.8%  | 94.0%  | 3.7            | 301             | >95%             | -            |        |        |        | -              | 0               |
| Speech and Language Therapy       | >95%        | 8            | 88.8%  | 87.3%  | 48.1%  | 11.1           | 81              | >95%             | 2            | 25.0%  | 0.0%   | 0.0%   | 10.9           | 9               |
| Bladder and Bowel - Children      | >95%        | 12           |        |        |        | -              | 0               | >95%             | -            |        |        |        | -              | 0               |
| Community Matron                  | >95%        | 6            | 100.0% | 100.0% | 94.4%  | 1.4            | 18              | >95%             | 2            |        |        |        | -              | 0               |
| Adult Wheelchair Service          | >95%        | 8            | 100.0% | 100.0% | 100.0% | 1.6            | 32              | >95%             | 2            |        |        |        | -              | 0               |
| Community Rehabilitation (CRT)    | >95%        | 12           | 86.5%  | 87.8%  | 93.6%  | 3.3            | 125             | >95%             | 2            | 78.8%  | 85.7%  | 80.0%  | 1.4            | 40              |
| ICTT - Other                      | >95%        | 12           | 89.8%  | 95.0%  | 87.8%  | 3.7            | 82              | >95%             | 2            | 78.7%  | 87.5%  | 75.4%  | 1.6            | 118             |
| ICTT - Stroke and Neuro           | >95%        | 12           | 81.5%  | 80.8%  | 78.7%  | 6.5            | 47              | >95%             | 2            | 65.9%  | 57.7%  | 61.4%  | 2.4            | 57              |
| Intermediate Care (REACH)         | >95%        | 6            | 70.4%  | 76.4%  | 85.9%  | 2.8            | 78              | >95%             | 2            | 75.6%  | 90.5%  | 80.9%  | 1.2            | 89              |
| Paediatric Wheelchair Service     | >95%        | 8            | 100.0% | 33.3%  | 100.0% | 2.8            | 3               | >95%             | 2            |        |        |        | -              | 0               |
| Bladder and Bowel - Adult         | >95%        | 12           | 98.2%  | 96.1%  | 91.7%  | 2.8            | 96              | >95%             | 2            |        |        |        | -              | 0               |
| Musculoskeletal Service - CATS    | >95%        | 6            | 55.9%  | 82.0%  | 20.2%  | 12.4           | 252             | >95%             | 2            | 22.7%  | 32.0%  | 12.5%  | 4.4            | 40              |
| Musculoskeletal Service - Routine | >95%        | 6            | 81.4%  | 88.7%  | 47.6%  | 8.6            | 286             | >95%             | 2            | 15.8%  | 35.0%  | 22.6%  | 3.2            | 31              |
| Nutrition and Dietetics           | >95%        | 6            | 96.7%  | 80.8%  | 89.6%  | 1.6            | 134             | >95%             | 2            |        |        | 100.0% | 0.1            | 1               |
| Podiatry (Foot Health)            | >95%        | 6            | 90.4%  | 89.6%  | 81.4%  | 3.6            | 167             | >95%             | 2            |        |        | 100.0% | 1.4            | 1               |
| Lymphoedema Care                  | >95%        | 6            | 100.0% | 100.0% | 100.0% | 1.6            | 14              | >95%             | -            |        |        |        | -              | 0               |
| Tissue Viability                  | >95%        | 6            | 92.5%  | 100.0% | 97.5%  | 1.4            | 81              | >95%             | 2            |        |        |        | -              | 0               |
| Cardiology Service                | >95%        | 6            | 100.0% | 100.0% | 95.5%  | 3.0            | 22              | >95%             | 2            |        | 0.0%   |        | -              | 0               |
| Diabetes Service                  | >95%        | 6            | 94.3%  | 100.0% | 100.0% | 4.0            | 56              | >95%             | 2            |        |        |        | -              | 0               |
| Respiratory Service               | >95%        | 6            | 81.3%  | 39.4%  | 26.7%  | 39.9           | 105             | >95%             | 2            |        |        |        | -              | 0               |
| Spirometry Service                | >95%        | 6            | 97.1%  | 100.0% | 96.3%  | 1.4            | 54              | >95%             | 2            |        |        |        | -              | 0               |



## Appendix 2. Community Waiting Times Dashboard

### Haringey

| ROUTINE REFERRALS                 |             |              |        |        |        |                |                 | URGENT REFERRALS |              |        |        |        |                |                 |
|-----------------------------------|-------------|--------------|--------|--------|--------|----------------|-----------------|------------------|--------------|--------|--------|--------|----------------|-----------------|
| SERVICE                           | % Threshold | Target Weeks | Jan-21 | Feb-21 | Mar-21 | Avg Wait (Mar) | No. of Pts Seen | % Threshold      | Target Weeks | Jan-21 | Feb-21 | Mar-21 | Avg Wait (Mar) | No. of Pts Seen |
| CAMHS                             | >95%        | 8            |        | 100.0% |        | -              | 0               | >95%             | -            |        |        |        | -              | 0               |
| Child Development Services        | >95%        | 12           | 100.0% | 100.0% | 100.0% | 2.7            | 8               | >95%             | -            |        |        |        | -              | 0               |
| IANDS                             | >95%        | 18           | 100.0% | 75.0%  | 100.0% | 3.9            | 6               | >95%             | 2            |        |        |        | -              | 0               |
| Community Children's Nursing      | >95%        | 2            | 88.2%  | 100.0% | 94.4%  | 0.6            | 18              | >95%             | 1            | 100.0% | 100.0% | 100.0% | 0.1            | 10              |
| Community Paediatrics Services    | >95%        | 18           | 73.6%  | 57.1%  | 73.5%  | 16.0           | 117             | >95%             | 1            |        |        |        | 16.0           | 0               |
| Family Nurse Partnership          | >95%        | 12           |        | 100.0% | 100.0% | 1.1            | 1               | >95%             | -            |        |        |        | -              | 0               |
| Haematology Service               | >95%        | 12           |        |        | 100.0% | 0.0            | 1               | >95%             | -            |        |        |        | -              | 0               |
| Looked After Children             | >95%        | 4            | 100.0% | 75.0%  | 100.0% | 1.5            | 3               | >95%             | -            |        |        |        | -              | 0               |
| Occupational Therapy              | >95%        | 18           | 80.0%  | 71.4%  | 100.0% | 7.7            | 10              | >95%             | 2            |        |        |        | -              | 0               |
| Physiotherapy                     | >95%        | 18           | 100.0% | 100.0% | 95.0%  | 4.5            | 40              | >95%             | 2            |        |        |        | -              | 0               |
| PIPS                              | >95%        | 12           | 100.0% | 100.0% | 100.0% | 1.7            | 14              | >95%             | -            |        |        |        | -              | 0               |
| School Nursing                    | >95%        | 12           | 100.0% | 100.0% | 94.5%  | 3.9            | 238             | >95%             | -            |        |        |        | -              | 0               |
| Speech and Language Therapy       | >95%        | 8            | 83.7%  | 80.0%  | 35.6%  | 12.2           | 59              | >95%             | 2            | 25.0%  | 0.0%   | 0.0%   | 11.5           | 6               |
| Bladder and Bowel - Children      | >95%        | -            |        |        |        | -              | 0               | >95%             | -            |        |        |        | -              | 0               |
| Community Matron                  | >95%        | 6            | 100.0% |        | 100.0% | 1.6            | 5               | >95%             | 2            |        |        |        | -              | 0               |
| Adult Wheelchair Service          | >95%        | 8            | 100.0% | 100.0% | 100.0% | 1.7            | 30              | >95%             | 2            |        |        |        | -              | 0               |
| Community Rehabilitation (CRT)    | >95%        | 12           | 100.0% | 100.0% |        | -              | 0               | >95%             | 2            |        |        |        | -              | 0               |
| ICTT - Other                      | >95%        | 12           | 89.3%  | 94.9%  | 87.0%  | 3.8            | 77              | >95%             | 2            | 77.0%  | 88.4%  | 78.2%  | 1.5            | 110             |
| ICTT - Stroke and Neuro           | >95%        | 12           | 87.5%  | 80.0%  | 76.7%  | 6.7            | 43              | >95%             | 2            | 65.0%  | 54.5%  | 62.3%  | 2.2            | 53              |
| Intermediate Care (REACH)         | >95%        | 6            | 100.0% |        |        | -              | 0               | >95%             | 2            |        |        | 100.0% | 1.4            | 1               |
| Paediatric Wheelchair Service     | >95%        | 8            | 100.0% | 33.3%  | 100.0% | 2.8            | 3               | >95%             | 2            |        |        |        | -              | 0               |
| Bladder and Bowel - Adult         | >95%        | 12           | 100.0% | 100.0% | 92.2%  | 2.9            | 51              | >95%             | 2            |        |        |        | -              | 0               |
| Musculoskeletal Service - CATS    | >95%        | 6            | 65.5%  | 92.0%  | 17.4%  | 12.7           | 132             | >95%             | 2            | 20.0%  | 33.3%  | 11.5%  | 4.3            | 26              |
| Musculoskeletal Service - Routine | >95%        | 6            | 80.0%  | 87.7%  | 47.8%  | 8.6            | 157             | >95%             | 2            | 23.1%  | 44.4%  | 12.5%  | 3.8            | 16              |
| Nutrition and Dietetics           | >95%        | 6            | 93.9%  | 78.7%  | 88.2%  | 1.6            | 76              | >95%             | 2            |        |        | 100.0% | 0.1            | 1               |
| Podiatry (Foot Health)            | >95%        | 6            | 95.2%  | 96.0%  | 85.7%  | 3.3            | 70              | >95%             | 2            |        |        |        | -              | 0               |
| Lymphodema Care                   | >95%        | 6            | 100.0% | 100.0% | 100.0% | 2.2            | 5               | >95%             | -            |        |        |        | -              | 0               |
| Tissue Viability                  | >95%        | 6            | 94.7%  | 100.0% | 97.4%  | 1.2            | 38              | >95%             | 2            |        |        |        | -              | 0               |
| Cardiology Service                | >95%        | 6            | 100.0% | 100.0% | 100.0% | 1.8            | 10              | >95%             | 2            |        |        |        | -              | 0               |
| Diabetes Service                  | >95%        | 6            | 96.3%  | 100.0% | 100.0% | 4.6            | 30              | >95%             | 2            |        |        |        | -              | 0               |
| Respiratory Service               | >95%        | 6            | 75.0%  | 70.0%  | 63.0%  | 18.5           | 27              | >95%             | 2            |        |        |        | -              | 0               |
| Spirometry Service                | >95%        | 6            | 97.1%  | 100.0% | 96.2%  | 1.4            | 53              | >95%             | 2            |        |        |        | -              | 0               |



## Appendix 2. Community Waiting Times Dashboard

### Islington

|                                   | ROUTINE REFERRALS |              |        |        |        |                |                 | URGENT REFERRALS |              |        |        |        |                |                 |
|-----------------------------------|-------------------|--------------|--------|--------|--------|----------------|-----------------|------------------|--------------|--------|--------|--------|----------------|-----------------|
| SERVICE                           | % Threshold       | Target Weeks | Jan-21 | Feb-21 | Mar-21 | Avg Wait (Mar) | No. of Pts Seen | % Threshold      | Target Weeks | Jan-21 | Feb-21 | Mar-21 | Avg Wait (Mar) | No. of Pts Seen |
| CAMHS                             | >95%              | 8            | 71.6%  | 66.3%  | 74.0%  | 13.8           | 77              | >95%             | 2            | 83.3%  | 100.0% | 100.0% | 0.5            | 4               |
| Child Development Services        | >95%              | 12           |        |        |        | -              | 0               | >95%             | -            |        |        |        | -              | 0               |
| IANDS                             | >95%              | 18           | 82.8%  | 77.3%  | 76.0%  | 11.1           | 154             | >95%             | 2            |        |        |        | -              | 0               |
| Community Children's Nursing      | >95%              | 2            | 93.3%  | 89.9%  | 96.2%  | 0.6            | 53              | >95%             | 1            | 100.0% | 100.0% | 100.0% | 0.1            | 21              |
| Community Paediatrics Services    | >95%              | 18           | 90.0%  | 91.3%  | 78.3%  | 10.5           | 23              | >95%             | 1            |        |        |        | 10.5           | 0               |
| Family Nurse Partnership          | >95%              | 12           | 100.0% | 100.0% | 100.0% | 0.4            | 2               | >95%             | -            |        |        |        | -              | 0               |
| Haematology Service               | >95%              | 12           |        |        |        | -              | 0               | >95%             | -            |        |        |        | -              | 0               |
| Looked After Children             | >95%              | 4            | 100.0% | 100.0% | 71.4%  | 10.4           | 7               | >95%             | 2            |        |        |        | -              | 0               |
| Occupational Therapy              | >95%              | 18           |        | 100.0% |        | -              | 0               | >95%             | -            |        |        |        | -              | 0               |
| Physiotherapy                     | >95%              | 18           | 100.0% |        |        | -              | 0               | >95%             | -            |        |        |        | -              | 0               |
| PIPS                              | >95%              | 12           |        |        |        | -              | 0               | >95%             | -            |        |        |        | -              | 0               |
| School Nursing                    | >95%              | 12           | 90.0%  | 93.1%  | 87.1%  | 4.3            | 31              | >95%             | -            |        |        |        | -              | 0               |
| Speech and Language Therapy       | >95%              | 8            | 88.9%  | 100.0% | 100.0% | 1.9            | 1               | >95%             | 2            |        |        | 0.0%   | 3.9            | 1               |
| Bladder and Bowel - Children      | >95%              | 12           |        |        |        | -              | 0               | >95%             | -            |        |        |        | -              | 0               |
| Community Matron                  | >95%              | 6            |        | 100.0% | 100.0% | 0.0            | 12              | >95%             | 2            |        |        |        | -              | 0               |
| Adult Wheelchair Service          | >95%              | 8            |        |        |        | -              | 0               | >95%             | 2            |        |        |        | -              | 0               |
| Community Rehabilitation (CRT)    | >95%              | 12           | 87.3%  | 87.0%  | 94.0%  | 3.3            | 117             | >95%             | 2            | 76.7%  | 85.7%  | 80.0%  | 1.4            | 40              |
| ICTT - Other                      | >95%              | 12           | 100.0% |        | 100.0% | 3.1            | 1               | >95%             | 2            | 100.0% | 71.4%  | 33.3%  | 2.5            | 6               |
| ICTT - Stroke and Neuro           | >95%              | 12           |        |        | 100.0% | 6.0            | 1               | >95%             | 2            | -      | 50.0%  | 0.0%   | 12.0           | 1               |
| Intermediate Care (REACH)         | >95%              | 6            | 70.7%  | 76.7%  | 85.1%  | 2.9            | 74              | >95%             | 2            | 76.1%  | 90.1%  | 81.9%  | 1.2            | 83              |
| Paediatric Wheelchair Service     | >95%              | -            |        |        |        | -              | 0               | >95%             | -            |        |        |        | -              | 0               |
| Bladder and Bowel - Adult         | >95%              | 12           | 96.7%  | 92.6%  | 90.7%  | 2.8            | 43              | >95%             | 2            |        |        |        | -              | 0               |
| Musculoskeletal Service - CATS    | >95%              | 6            | 46.7%  | 72.7%  | 22.6%  | 12.1           | 115             | >95%             | 2            | 25.0%  | 30.0%  | 7.7%   | 4.7            | 13              |
| Musculoskeletal Service - Routine | >95%              | 6            | 81.6%  | 88.0%  | 46.5%  | 8.8            | 114             | >95%             | 2            | 0.0%   | 27.3%  | 35.7%  | 2.4            | 14              |
| Nutrition and Dietetics           | >95%              | 6            | 100.0% | 83.9%  | 90.7%  | 1.6            | 54              | >95%             | 2            |        |        |        | -              | 0               |
| Podiatry (Foot Health)            | >95%              | 6            | 85.0%  | 84.6%  | 77.2%  | 3.9            | 92              | >95%             | 2            |        |        | 100.0% | 1.4            | 1               |
| Lymphoedema Care                  | >95%              | 6            | 100.0% | 100.0% | 100.0% | 1.3            | 8               | >95%             | -            |        |        |        | -              | 0               |
| Tissue Viability                  | >95%              | 6            | 89.7%  | 100.0% | 97.4%  | 1.6            | 39              | >95%             | 2            |        |        |        | -              | 0               |
| Cardiology Service                | >95%              | 6            | 100.0% | 100.0% | 91.7%  | 3.9            | 12              | >95%             | 2            |        | 0.0%   |        | -              | 0               |
| Diabetes Service                  | >95%              | 6            | 83.3%  | 100.0% | 100.0% | 3.3            | 23              | >95%             | 2            |        |        |        | -              | 0               |
| Respiratory Service               | >95%              | 6            | 87.5%  | 22.7%  | 14.7%  | 46.9           | 75              | >95%             | 2            |        |        |        | -              | 0               |
| Spirometry Service                | >95%              | 6            |        |        | 100.0% | 1.3            | 1               | >95%             | 2            |        |        |        | -              | 0               |



## Children's Community Waits Performance

| SERVICE                                             | ROUTINE REFERRALS |              |        |        |        |                |                 | URGENT REFERRALS |              |        |        |        |                |                 |
|-----------------------------------------------------|-------------------|--------------|--------|--------|--------|----------------|-----------------|------------------|--------------|--------|--------|--------|----------------|-----------------|
|                                                     | % Threshold       | Target Weeks | Jan-21 | Feb-21 | Mar-21 | Avg Wait (Mar) | No. of Pts Seen | % Threshold      | Target Weeks | Jan-21 | Feb-21 | Mar-21 | Avg Wait (Mar) | No. of Pts Seen |
| CAMHS                                               | >95%              | 8            | 71.6%  | 68.4%  | 77.2%  | 12.2           | 92              | >95%             | 2            | 83.3%  | 100.0% | 100.0% | 0.5            | 4               |
| Community Children's Nursing - Haringey             | >95%              | 2            | 66.7%  | 100.0% | 66.7%  | 1.0            | 3               | >95%             | 1            |        |        |        | -              | 0               |
| Community Children's Nursing - Islington            | >95%              | 2            | 95.4%  | 91.6%  | 93.4%  | 0.7            | 76              | >95%             | 1            | 100.0% | 100.0% | 100.0% | 0.1            | 34              |
| Community Paediatrics - Haringey (SOC)              | >95%              | 18           | 23.5%  | 6.3%   | 25.0%  | 44.9           | 28              | >95%             | 1            |        |        |        | -              | 0               |
| Community Paediatrics - Haringey (NDC)              | >95%              | 18           | 96.2%  | 100.0% | 89.7%  | 11.6           | 29              | >95%             | 1            |        |        |        | -              | 0               |
| Community Paediatrics - Haringey (Child Protection) | >95%              | 18           | 100.0% | 100.0% | 100.0% | 0.7            | 54              | >95%             | 1            |        |        |        | -              | 0               |
| Community Paediatrics - Haringey (Other)            | >95%              | 18           | 100.0% | 50.0%  | 40.0%  | 45.2           | 5               | >95%             | 1            |        |        |        | -              | 0               |
| Community Paediatrics - Islington                   | >95%              | 18           | 94.7%  | 90.9%  | 78.3%  | 10.5           | 23              | >95%             | 1            |        |        |        | -              | 0               |
| Family Nurse Partnership - Islington                | >95%              | 12           | 100.0% | 100.0% | 100.0% | 0.4            | 2               | >95%             | -            |        |        |        | -              | 0               |
| Haematology Service - Islington                     | >95%              | 12           |        |        | 100.0% | 0.4            | 2               | >95%             | -            |        |        |        | -              | 0               |
| IANDS                                               | >95%              | 18           | 100.0% | 100.0% | 100.0% | 5.5            | 9               | >95%             | 2            |        |        |        | -              | 0               |
| IANDS - SCT                                         | >95%              | 20           | 26.3%  | 3.2%   | 22.6%  | 24.8           | 31              | >95%             | 2            |        |        |        | -              | 0               |
| Looked After Children - Haringey                    | >95%              | 4            | 100.0% | 80.0%  | 100.0% | 1.6            | 6               | >95%             | 2            |        |        |        | -              | 0               |
| Looked After Children - Islington                   | >95%              | 4            | 90.9%  | 85.7%  | 66.7%  | 9.3            | 9               | >95%             | 2            |        |        |        | -              | 0               |
| Occupational Therapy - Haringey                     | >95%              | 18           | 82.4%  | 75.0%  | 100.0% | 6.9            | 10              | >95%             | 2            |        |        |        | -              | 0               |
| Occupational Therapy - Islington                    | >95%              | 18           | 42.9%  | 66.7%  | 41.7%  | 19.1           | 12              | >95%             | 2            |        |        |        | -              | 0               |
| Paediatrics Nutrition and Dietetics - Haringey      | >95%              | 12           | 100.0% | 100.0% | 100.0% | 3.0            | 7               | >95%             | -            |        |        |        | -              | 0               |
| Paediatrics Nutrition and Dietetics - Islington     | >95%              | 12           | 100.0% | 100.0% | 100.0% | 3.7            | 17              | >95%             | -            |        |        |        | -              | 0               |
| Physiotherapy - Haringey                            | >95%              | 18           | 100.0% | 100.0% | 95.0%  | 4.5            | 40              | >95%             | 2            |        |        |        | -              | 0               |
| Physiotherapy - Islington                           | >95%              | 18           | 100.0% | 100.0% | 95.1%  | 4.9            | 41              | >95%             | 2            |        |        |        | -              | 0               |
| PIPS                                                | >95%              | 12           | 100.0% | 100.0% | 100.0% | 1.7            | 14              | >95%             | -            |        |        |        | -              | 0               |
| SALT - Haringey                                     | >95%              | 14           | 72.0%  | 87.0%  | 66.7%  | 8.8            | 30              | >95%             | 2            | 50.0%  | 0.0%   | 0.0%   | 18.3           | 4               |
| SALT - Islington                                    | >95%              | 14           | 95.7%  | 96.0%  | 88.6%  | 9.2            | 44              | >95%             | 2            |        |        |        | -              | 0               |
| SALT - MPC                                          | >95%              | 18           | 100.0% | 100.0% | 100.0% | 6.4            | 16              | >95%             | 2            |        |        |        | -              | 0               |
| School Nursing - Haringey                           | >95%              | 12           | 100.0% | 100.0% | 94.9%  | 3.5            | 277             | >95%             | -            |        |        |        | -              | 0               |
| School Nursing - Islington                          | >95%              | 12           | 87.0%  | 92.9%  | 83.3%  | 5.7            | 24              | >95%             | -            |        |        |        | -              | 0               |



### Appendix 3. Cancer Performance - 62D and 2WW by Tumour Group

#### Cancer - 62D Performance by Tumour Group

| Indicator                                  | 20_21 Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | 2020-2021 | Performance |
|--------------------------------------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-------------|
| Breast                                     | >85%         | 100.0% | 100.0% | 75.0%  | 58.8%  | 100.0% | 50.0%  | 75.0%  | 54.5%  | 70.0%  | 75.0%  | 100.0% |        | 73.3%     |             |
| Gynaecological                             | >85%         | 0.0%   | 0.0%   | 0.0%   | 50.0%  | 100.0% | 100.0% | 100.0% | 0.0%   | 0.0%   | 0.0%   | 100.0% |        | 24.0%     |             |
| Haematological (Excluding Acute Leukaemia) | >85%         | 100.0% |        | 85.7%  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |        |        | 96.7%     |             |
| Lower Gastrointestinal                     | >85%         | 0.0%   | 0.0%   | 46.2%  | 66.7%  | 80.0%  | 25.0%  | 100.0% | 85.7%  | 100.0% | 80.0%  | 71.4%  |        | 68.0%     |             |
| Lung                                       | >85%         | 50.0%  | 100.0% | 42.9%  | 100.0% | 100.0% | 0.0%   | 75.0%  | 66.7%  | 40.0%  | 33.3%  | 100.0% |        | 60.6%     |             |
| Other                                      | >85%         |        |        |        |        |        |        |        |        |        | 100.0% |        |        | 100.0%    |             |
| Skin                                       | >85%         | 100.0% | 100.0% | 100.0% | 100.0% | 95.2%  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |        | 99.2%     |             |
| Testicular                                 | >85%         |        | 100.0% | 100.0% |        |        |        |        |        | 100.0% |        |        |        | 100.0%    |             |
| Upper Gastrointestinal                     | >85%         |        | 100.0% |        |        | 40.0%  | 100.0% | 100.0% |        | 100.0% | 0.0%   | 75.0%  |        | 72.2%     |             |
| Urological (Excluding Testicular)          | >85%         | 50.0%  | 100.0% | 0.0%   | 66.7%  | 0.0%   |        | 0.0%   | 28.6%  | 66.7%  | 66.7%  | 33.3%  |        | 38.8%     |             |

#### Cancer - 2WW Performance by Tumour Group

| Indicator              | 20_21 Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | 2020-2021 | Performance |
|------------------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-------------|
| Breast                 | >93%         | 82.4%  | 96.8%  | 88.2%  | 98.6%  | 98.5%  | 98.7%  | 99.4%  | 99.0%  | 100.0% | 86.8%  | 67.0%  |        | 94.1%     |             |
| Childrens              | >93%         |        | 50.0%  |        |        |        | 100.0% |        | 100.0% | 100.0% |        | 100.0% |        | 85.7%     |             |
| Gynaecological         | >93%         | 87.7%  | 98.3%  | 97.3%  | 95.8%  | 93.2%  | 88.6%  | 100.0% | 95.5%  | 97.3%  | 85.2%  | 94.7%  |        | 94.3%     |             |
| Haematological         | >93%         | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 94.4%  | 100.0% | 100.0% | 86.4%  | 100.0% | 100.0% |        | 96.7%     |             |
| Lower Gastrointestinal | >93%         | 75.8%  | 72.9%  | 98.6%  | 93.9%  | 93.5%  | 90.9%  | 98.2%  | 89.2%  | 96.6%  | 93.2%  | 94.0%  |        | 92.7%     |             |
| Lung                   | >93%         | 100.0% | 100.0% | 85.7%  | 71.4%  | 85.7%  | 100.0% | 87.5%  | 100.0% | 100.0% | 83.3%  | 100.0% |        | 94.4%     |             |
| Skin                   | >93%         | 100.0% | 99.2%  | 99.5%  | 99.4%  | 98.1%  | 98.2%  | 99.5%  | 99.4%  | 99.5%  | 98.6%  | 98.8%  |        | 99.0%     |             |
| Upper Gastrointestinal | >93%         | 50.0%  | 61.4%  | 83.8%  | 100.0% | 97.2%  | 93.8%  | 96.4%  | 96.9%  | 100.0% | 82.6%  | 87.5%  |        | 90.1%     |             |
| Urological             | >93%         | 100.0% | 82.5%  | 89.2%  | 96.9%  | 90.2%  | 84.4%  | 94.4%  | 92.1%  | 94.8%  | 97.4%  | 100.0% |        | 93.9%     |             |



## Appendix 4. Trust Level Activity

| Category    | Indicator                                     | 20_21 Target | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Activity |
|-------------|-----------------------------------------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
| ED          | ED Attendances                                | 8285         | 4028   | 5703   | 6399   | 7124   | 7260   | 7731   | 7995   | 7887   | 7748   | 6409   | 6304   | 8890   |          |
| ED          | ED Admission Rate %                           |              | 16.6%  | 16.0%  | 16.2%  | 17.6%  | 16.4%  | 15.6%  | 15.8%  | 17.3%  | 19.4%  | 21.8%  | 19.4%  | 15.9%  |          |
| Community   | Community Face to Face Contacts               |              | 20599  | 22918  | 27360  | 31803  | 29164  | 35707  | 39636  | 41827  | 37330  | 31251  | 31015  | 37942  |          |
| Admissions  | Elective and Daycase                          |              | 411    | 590    | 1162   | 1520   | 1374   | 1695   | 1784   | 1653   | 1550   | 976    | 1165   | 1730   |          |
| Admissions  | Emergency Inpatients                          |              | 1340   | 1523   | 1653   | 2015   | 1925   | 1925   | 2045   | 2119   | 2184   | 2135   | 2024   | 2280   |          |
| Referrals   | GP Referrals to an Acute Service              |              | 1753   | 3123   | 6574   | 9394   | 9177   | 10863  | 11544  | 11078  | 9403   | 8852   | 9855   | 12586  |          |
| Referrals   | % of GP Referrals that were completed via ERS |              | 53.0%  | 65.4%  | 78.9%  | 83.8%  | 84.6%  | 85.1%  | 89.2%  | 87.7%  | 84.1%  | 83.3%  | 85.9%  | 88.0%  |          |
| Referrals   | % e-Referral Service (e-RS) Slot Issues       | <4%          | 72.1%  | 77.9%  | 49.7%  | 37.7%  | 33.2%  | 39.2%  | 31.1%  | 28.7%  | 33.9%  | 27.4%  | 30.3%  | 44.2%  |          |
| Maternity   | Maternity Births                              | 320          | 265    | 247    | 260    | 297    | 307    | 294    | 309    | 289    | 289    | 285    | 290    | 332    |          |
| Maternity   | Maternity Bookings                            | 377          | 399    | 413    | 392    | 382    | 382    | 454    | 441    | 411    | 418    | 397    | 359    | 391    |          |
| Outpatients | Outpatient DNA Rate % - New                   | <10%         | 11.1%  | 8.3%   | 8.2%   | 9.4%   | 9.8%   | 9.3%   | 8.7%   | 8.8%   | 8.9%   | 8.8%   | 7.9%   | 8.9%   |          |
| Outpatients | Outpatient DNA Rate % - FUP                   | <10%         | 7.2%   | 6.1%   | 6.2%   | 7.6%   | 8.8%   | 8.7%   | 8.9%   | 8.7%   | 8.2%   | 8.2%   | 7.6%   | 7.8%   |          |
| Outpatients | Outpatient New Attendances                    |              | 5900   | 5988   | 7241   | 7954   | 7119   | 8614   | 8909   | 9096   | 8488   | 7049   | 7622   | 8837   |          |
| Outpatients | Outpatient FUP Attendances                    |              | 13423  | 13488  | 16540  | 17558  | 15136  | 17961  | 18048  | 17827  | 16586  | 14336  | 14581  | 17044  |          |
| Outpatients | Outpatient Procedures                         |              | 2892   | 3304   | 4483   | 5246   | 5022   | 5702   | 5755   | 5743   | 5358   | 4315   | 4620   | 5759   |          |







|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Meeting title</b>                                    | <b>Trust Board – public meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Date:</b> 29 April 2021 |
| <b>Report title</b>                                     | <b>Audit &amp; Risk Committee Chair's Assurance report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Agenda item:</b> 11     |
| <b>Executive director lead</b>                          | Kevin Curnow, Chief Finance Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
| <b>Report author</b>                                    | Swarnjit Singh, Trust Corporate Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |
| <b>Executive summary</b>                                | <p>In addition to the verbal update provided at the March Board meeting, this report details areas of assurance from the items considered at the Audit and Risk Committee meeting held on 18 March 2021.</p> <p><b>Areas of significant assurance:</b></p> <ul style="list-style-type: none"><li>• Internal audit reviews on core financial systems and procurement</li><li>• Completion of the remainder of 2020/21 internal audit plan and recommendations tracker</li><li>• The release of funds to settle an outstanding dispute arising from the construction work on the Whittington Education Centre site</li></ul> <p><b>Areas of moderate assurance:</b></p> <ul style="list-style-type: none"><li>• Approval for the final 2021/22 internal audit plan</li></ul> <p>The Committee also noted reports on the board assurance framework and an update from external auditors. The Committee also approved the corporate risk register and the draft 2021/22 counter fraud plan. Committee members reviewed and approved the updated standing orders and standing financial instructions. Finally, Committee members welcomed the low, and declining, use of waivers where expenditure was entered into outside of standard protocols.</p> |                            |
| <b>Purpose:</b>                                         | Noting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |
| <b>Recommendation(s)</b>                                | Board members are invited to note the Chair's assurance report for the meeting held on 18 March 2021 for which a verbal report was provided at the March Board meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |
| <b>Risk Register or Board Assurance Framework (BAF)</b> | All                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
| <b>Report history</b>                                   | Public Board meetings following each Committee meeting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |
| <b>Appendices</b>                                       | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |

## Committee Chair's Assurance report

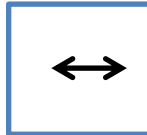
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|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Committee name</b>        | Audit and Risk Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Date of meetings</b>      | 18 March 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Summary of assurance:</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>1.</b>                    | <p><b>The Committee can report significant assurance to the trust Board in the following areas:</b></p> <p><b>Internal audit reviews on core financial systems and procurement</b><br/>           Committee members welcomed the conclusion of significant assurance with some improvement required conclusion from the internal audit review of core financial systems. This was a marked improvement from last year. Overall, the review had revisited areas identified in last year's review and looked at accruals with a review of on-call and overtime payments. Of the six low and one advisory recommendation made by internal auditors, four had already acted upon by the Finance team. The Committee commended the Finance team on the speed on action of recommendations and having made great strides since last year congratulated and thanked the team on this achievement.</p> <p>The Committee also welcomed the outcome of the internal audit review of procurement systems. The report had concluded there was significant assurance in place with some improvement required. The overall view was that there were strong procurement arrangements and good practice in place which were comparatively stronger than at other providers and. Committee members discussed one high priority recommendation and noted that that this was a unique case, involving the sale of a piece of land to Camden &amp; Islington NHS Foundation Trust, and that there was no impact on Whittington Health.</p> <p><b>Increased confidence that the high priority internal audit work programmed for the remainder of 2020/21 would be completed by May</b><br/>           Committee members noted a report from Grant Thornton which confirmed that the internal audit review of patient experience would start with field work taking place in late March and early April. The internal audit review of the data security and protection toolkit would be reviewed in late April as the timeline was being pushed back to June and reviewing earlier did not add value. Grant Thornton were also able to confirm that other outstanding internal audit reviews due would be completed in May.</p> <p><b>Recommendations tracker</b><br/>           The Committee acknowledged the impressive progress by colleagues in implementing recommendations from a previous internal audit review report on medicines management.</p> <p><b>Whittington Education Centre Deed of Settlement</b><br/>           The Committee noted the explanation for this claim which related to delays in the erection of the new modular build education centre and agreed to recommend that the Trust Board approved the deed for settlement agreed with the provider.</p> |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. | <p><b>The Committee is reporting moderate assurance to the Board on the following matters:</b></p> <p><b>2021/22 Internal audit plan</b><br/> The Committee noted progress with finalising the internal audit plan. Feedback from Committee members on the plan and on specific areas for inclusion included the following:</p> <ul style="list-style-type: none"> <li>• System working – boundaries or planning from a risk perspective</li> <li>• The need for some audit reviews to commence early in the financial year</li> <li>• Psychological and physical pressures of work, due to Covid-19 impact and lower resilience in staff, resulting in deteriorating behaviours, culture, morale and psychological wellbeing</li> <li>• The reconfiguration of pathways or services, due to Covid-19</li> <li>• Service transformation and contributions to the annual savings plan</li> <li>• The stopping or delay of existing transformation projects</li> </ul> <p>The updated plan would be circulated to Committee members for approval.</p> |
| 3. | <p><b>Attendance:</b></p> <p><b>Present:</b><br/> Rob Vincent, Non-Executive Director (Committee Chair)<br/> Amanda Gibbon, Non-Executive Director<br/> Glenys Thornton, Non-Executive Director</p> <p><b>In attendance:</b><br/> Vivien Bucke, Business Support Manager<br/> Andy Conlon, Grant Thornton<br/> Kevin Curnow, Chief Finance Officer<br/> Stephen Dunham, Assistant Finance Director – Financial Services<br/> Clare Dollery, Medical Director<br/> Jonathan Gardner, Director of Strategy, Development &amp; Corporate Affairs<br/> David Kirkham, NHS Graduate Management Trainee<br/> Gillian Lewis, Associate Director of Quality Governance<br/> Steve Lucas, KPMG<br/> Fleur Nieober, KPMG<br/> Ciaran McLaughlin, Grant Thornton<br/> Phil Montgomery, Procurement Business Partner<br/> Raphael Atoyebi, Grant Thornton<br/> James Shortall, Local Counter Fraud Specialist, BDO</p> <p><b>Apologies:</b><br/> Swarnjit Singh, Trust Secretary</p>                                                                            |



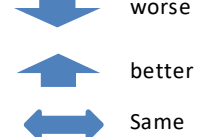
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|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Meeting title</b>                   | <b>Trust Board – public meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Date: 29 April 2021</b> |
| <b>Report title</b>                    | <b>2021/22 Strategic objectives</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Agenda item: 12</b>     |
| <b>Executive director lead</b>         | Jonathan Gardner, Director of Strategy, Development & Corporate Affairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |
| <b>Report author</b>                   | Jonathan Gardner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
| <b>Executive summary</b>               | <p>Board members are asked to note that, following review, Whittington Health's four strategic objectives relating to Quality, People, Integration and Sustainability have not changed.</p> <p>The underpinning corporate objectives have been revised to align and meet all requirements of the new 2021/22 planning guidance and system developments.</p> <p>The Trust's Management Group has also discussed revised business plans for our integrated clinical service units.</p> <p>Board members are asked to comment on the metrics they would like to see presented each quarter.</p> |                            |
| <b>Purpose</b>                         | Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |
| <b>Recommendations</b>                 | <p>Board members are asked to:</p> <ul style="list-style-type: none"><li>i. approve the continuation of Whittington Health's four strategic objectives for 2021/22;</li><li>ii. approve the corporate objectives which have been revised in the light of the 2021/22 planning guidance;</li><li>iii. provide feedback on the metrics to be presented each quarter to show progress on delivery of both the corporate and strategic objectives; and</li><li>iv. note a summary of the planning guidance which is for reference after the objectives.</li></ul>                                |                            |
| <b>Board Assurance Framework entry</b> | All Board Assurance Framework entries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
| <b>Report history</b>                  | Quarterly report to the Trust Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |
| <b>Appendices</b>                      | one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |

# Deliver outstanding safe and compassionate care in partnership with patients



Exec: Chief Nurse / MD

Committee: Quality



| Key metrics                     | Target        | Score | RAG |
|---------------------------------|---------------|-------|-----|
| SHMI score                      |               |       |     |
| Readmission rate                | 5.5%          |       |     |
| Pressure ulcers<br>grd. 4 and 3 | Reduce<br>10% |       |     |
| FFT % satisfaction              | 90%           |       |     |

| Key metrics                      | Target | Score | RAG |
|----------------------------------|--------|-------|-----|
| RTT                              | 92%    |       |     |
| ED 4hr                           | 95%    |       |     |
| Adult community<br>metrics green | ↑      |       |     |
| Child community                  | ↑      |       |     |

| Key metrics        | Target | Score | Direction<br>and RAG |
|--------------------|--------|-------|----------------------|
| PALS response time | 80%    |       |                      |

| Objective                                                                                                                                                                                                                                                                                                                                  | Progress in last quarter |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Complete CQC action plan and improving trust safety rating to “good”</b> <ul style="list-style-type: none"> <li>Key areas:-</li> <li>Embedding role and function of learning from deaths with the implementation of medical examiners</li> <li>Learning from serious incidents and never events</li> <li>Medicine management</li> </ul> |                          |
| <b>Develop an effective Better Never Stops programme, incorporating actions from previous CQC inspections and focused on maintaining CQC readiness and following our QI strategy</b>                                                                                                                                                       |                          |
| <b>Deliver on Year 2 objectives of 3 year quality priorities</b>                                                                                                                                                                                                                                                                           |                          |
| <b>Deliver on Year 3 objectives of the Patient Experience Strategy</b>                                                                                                                                                                                                                                                                     |                          |
| <b>Maintain expanded rapid response services across adult and CYP and re-start other community services in a safe way, prioritising the vulnerable and improving inequalities</b> <ul style="list-style-type: none"> <li>Monitor against Equality Delivery System 2 (EDS2) patient outcomes</li> </ul>                                     |                          |
| <b>Deliver our part in the roll-out of the COVID-19 vaccine to staff and public</b>                                                                                                                                                                                                                                                        |                          |
| <b>Re-start and recover planned care</b> in a ‘covid-protected’ safe way, prioritising with the system those most urgently in need, reducing inequalities, and recovering backlogs as soon as possible <ul style="list-style-type: none"> <li>Ensuring COVID-19 IPC requirements do not restrict access or equality</li> </ul>             |                          |

# Empower support and develop engaged staff



Exec: Workforce Director / COO

Committee: WAC

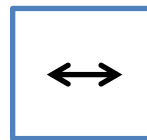
| Key metrics        | Target | Score | Direction and RAG |
|--------------------|--------|-------|-------------------|
| Turnover rate      | 10%    |       |                   |
| Vacancy rate       | 10%    |       |                   |
| Appraisal rate     | 90%    |       |                   |
| Mandatory training | 90%    |       |                   |

| Key metrics                               | Target | Score | Direction and RAG |
|-------------------------------------------|--------|-------|-------------------|
| # teams doing 'team journey'              | Tbc    |       |                   |
| Likelihood BAME candidate being appointed |        |       |                   |
| Staff FFT/Pulse response rate             |        |       |                   |

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

| Objective                                                                                                                                                                                                                                                    | Progress last quarter |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Protect our staff</b> by following National infection control and prevention guidance and using the right Personal Protective Equipment (PPE) with special focus on supporting vulnerable staff                                                           |                       |
| <b>Continually improve our culture</b> in line with the People Plan by implementing the Cultural and WRES/WDES action plans focussing on engagement and bullying and harassment Promote inclusive, compassionate leadership, accountability and team working |                       |
| <b>Work with NCL</b> to continually improve recruitment, talent management and occupational health                                                                                                                                                           |                       |
| <b>Support staff recovery</b> through mental health work, celebrations, and time to reflect and recuperate                                                                                                                                                   |                       |
| <b>Develop and support clinical leads and middle managers</b> , and improve professional standards and ways of working – hospital and community – PDN and CNS leadership development                                                                         |                       |
| <b>Roll-out agile working</b> and ensuring that we support working safely in offices, at home and clinical environments                                                                                                                                      |                       |
| <b>Staff Networks</b> - Resourcing and supporting staff networks                                                                                                                                                                                             |                       |

# Integrate care with partners and promote health and well-being



Exec: Director of Strategy / COO

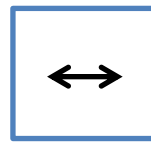
Committee: Board

| Key metrics                    | Target | Score | RAG |
|--------------------------------|--------|-------|-----|
| DTOC rate                      | 2.5%   |       |     |
| Ortho hub project status       | Green  |       |     |
| Paeds south hub project status | Green  |       |     |
| Oncology collaboration status  | Green  |       |     |

| Key metrics                | Target   | Score | RAG |
|----------------------------|----------|-------|-----|
| Community reconfig project | Green    | Amber |     |
| Percentage of staff local  | Trend up |       |     |
| Dermatology project        | Green    |       |     |

| Objective                                                                                                                                                                                                                                                                                                                                                   | Progress last quarter |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Expand and improve the new model of care in localities</b> with our primary care, PCN, council and voluntary sector partners to proactively care for vulnerable people in the community                                                                                                                                                                  |                       |
| <b>Play our role as an anchor institution to prevent ill-health and empower self-management</b> by making every contact count, engaging with the community, becoming a source of health advice and education and <b>tackling inequalities</b> , including inequalities facing people with learning disabilities and/or Autism and serious mental ill-health |                       |
| Deliver the <b>orthopaedic hub</b> with UCLH, a <b>joint oncology</b> model with UCLH, and a <b>joint dermatology</b> model with NMUH, support system changes in <b>paediatrics</b> , work with <b>C&amp;I on development of new hospital</b>                                                                                                               |                       |
| <b>Shape and steer borough partnerships, ICS board and Provider Alliance, develop response to community review</b>                                                                                                                                                                                                                                          |                       |

# Transform and develop financially sustainable innovative services



Exec: Finance Director / COO

Committee: TMG

| Key metrics                        | Target       | Score | RAG |
|------------------------------------|--------------|-------|-----|
| % CIP delivery against target      | 100% (£9.2m) |       |     |
| Average beds used                  | 197          |       |     |
| Financial position                 | On plan      |       |     |
| Capital spend against plan         | On plan      |       |     |
| Average LOS Non-elective           | 4            |       |     |
| Predicted versus actual discharges |              |       |     |

| Key metrics                             | Target | Score | RAG |
|-----------------------------------------|--------|-------|-----|
| % super stranded pts                    | 18%    |       |     |
| Elective activity as per phase 3 letter |        |       |     |
| Theatre utilisation                     | >85%   |       |     |
| Virtual vs face to face outpatients     |        |       |     |
| Fast follower project status            | Green  |       |     |
| Maternity project status                | Green  |       |     |
| Estates transformation plan             | Green  |       |     |

| Covid                                                                                              | Suggested Deliverables |
|----------------------------------------------------------------------------------------------------|------------------------|
| • Transform maternity and neonatal services including starting refurbishment and models of care    |                        |
| • Transform outpatients including virtual by default                                               |                        |
| • Continue to build on our strengths in community dentistry and our outstanding community services |                        |
| • Design financial recovery plan with system partners to achieve financial sustainability          |                        |
| • Deliver in year financial targets                                                                |                        |
| • Deliver community estate transformation plans (Tynemouth Road)                                   |                        |
| • Complete fast follower, create a new digital strategy and deliver agile working                  |                        |
| • Conclude PFI deal and begin rectification of PFI                                                 |                        |
| • Full realisation of new WEC facilities to develop education and research                         |                        |