



**Resources Department  
Town Hall, Upper Street, London, N1 2UD**

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## **AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE**

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Members of the Health and Care Scrutiny Committee are summoned to a meeting to be held remotely by Zoom on 4 March 2021 **at 7.00 pm.**

Link to meeting: <https://weareislington.zoom.us/j/98420012321>

Enquiries to : Peter Moore  
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Despatched : 24 February 2021

### Membership

#### **Councillors:**

Councillor Osh Gantly (Chair)  
Councillor Jilani Chowdhury (Vice-Chair)  
Councillor Tricia Clarke  
Councillor Roulin Khondoker  
Councillor Martin Klute  
Councillor Phil Graham  
Councillor Clare Jeapes  
Councillor Rakhia Ismail

### Substitute Members

#### **Substitutes:**

Councillor Anjna Khurana  
Councillor John Woolf  
Councillor Sara Hyde

#### **Co-opted Member:**

#### **Substitutes:**

**Quorum: is 4 Councillors**

1. Introductions
2. Apologies for Absence

**A. Formal Matters**

**Page**

3. Declaration of Substitute Members
4. Declarations of Interest

If you have a **Disclosable Pecuniary Interest\*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

**\*(a)Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.

**(b)Sponsorship** - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

**(c)Contracts** - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

**(d)Land** - Any beneficial interest in land which is within the council's area.

**(e)Licences-** Any licence to occupy land in the council's area for a month or longer.

**(f)Corporate tenancies** - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

**(g)Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5. Minutes of the previous meeting
6. Chair's Report

1 - 8

7. Public Questions

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

8. Health and Wellbeing update - If any

**B. Items for Decision/Discussion**

**Page**

9. UCLH Performance update

9 - 20

10. Camden and Islington Performance update

21 - 32

11. GP Surgeries Privatisation - verbal

12. COVID 19 Update

33 - 40

13. Scrutiny Review - Adult Paid Carers - witness evidence - verbal

14. Work Programme 2020/21

41 - 42

**C. Urgent non-exempt items (if any)**

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

**D. Exclusion of Press and Public**

To consider whether, in view of the nature of the remaining items on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

**E. Confidential / Exempt Items**

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**F. Urgent Exempt Items (if any)**

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be

agreed by the Chair and recorded in the minutes.

The next meeting of the Health and Care Scrutiny Committee will be on 15 April 2021  
**Please note all committee agendas, reports and minutes are available on the council's website:**  
[www.democracy.islington.gov.uk](http://www.democracy.islington.gov.uk)

# Public Document Pack Agenda Item 5

London Borough of Islington

## Health and Care Scrutiny Committee - Thursday, 21 January 2021

Minutes of the Virtual meeting of the Health and Care Scrutiny Committee held on Thursday, 21 January 2021 at 7.00 pm.

**Present:**           **Councillors:**           Gantly (Chair), Chowdhury (Vice-Chair), Clarke, Khondoker, Klute, Graham, Jeapes and Ismail

**Also Present:**           **Councillors**           Turan and Lukes

### Councillor Osh Gantly in the Chair

- 206    **INTRODUCTIONS (ITEM NO. 1)**  
The Chair introduced Members and officers to the meeting
- 207    **APOLOGIES FOR ABSENCE (ITEM NO. 2)**  
None
- 208    **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**  
None
- 209    **DECLARATIONS OF INTEREST (ITEM NO. 4)**  
None
- 210    **MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)**  
**RESOLVED:**  
That the minutes of the meeting of the Committee held on 26 November 2020 be approved and the Chair be authorised to sign them
- 211    **CHAIR'S REPORT (ITEM NO. 6)**  
None
- 212    **PUBLIC QUESTIONS (ITEM NO. 7)**  
The Chair outlined the procedure for Public questions
- 213    **HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 8)**  
None
- 214    **WHITTINGTON NHS TRUST QUALITY ACCOUNT (ITEM NO. 9)**  
Michelle Johnson, Director of Nursing Whittington Hospital and Jonathan Gardner Whittington NHS Trust were present for discussion of this item

During discussion the following main points were made –

## Health and Care Scrutiny Committee - 21 January 2021

- Noted that a new autism friendly map of the Whittington has been launched
- Volunteer support at community site and in patient homes
- Reduction in number of serious harm falls, and noted none in 2018/19 and one in 2019/20
- Quality and quantity of patient safety incidents reported has improved
- Trust has appointed a dementia specialist and a frailty consultant
- Increasing staff awareness and experiences of those with those with autism and learning disabilities
- Introduced a place of safety with Camden and Islington Foundation Trust at the Highgate wing
- Focusing on development of black Asian and minority ethnic staff has been prioritised
- Raising profile of research so that it can be embedded in patient care
- Staff wellbeing is being supported and improved
- Increasing medical, allied health professional, nursing and midwifery student placements and early years development training designed to support newly qualified nurses
- CQC report – rated as good and as outstanding for caring. Since last CQC inspection Trust dealt with challenges and demands for services. Community health services also rated as outstanding and across all domains of care the CQC found community health services good or outstanding
- Clinical research – research and development department continues to adapt and develop to provide highly-skilled and dedicated staffing to support the major areas of clinical research
- In 2019/20 Trust have carried out 120 quality improvement projects across the Trust by staff in a range of roles, one of which was to improve inpatient discharges
- Listening to patients and staff – 81% of staff felt that care of patients is the Trust's top priority, 56% of staff responded to staff survey – the highest ever, patients who received treatment for cancer rated Trust 9/10 for care, 100% of patients had all the information on their operations before it happened
- Priorities for 2020/21 – reducing harm from hospital acquired de-conditioning, improving communication between clinicians and patients, improving patient education in relation to human factors, improving blood transfusion care and treatment
- Staff had taken place in COVID related trials
- The CQC had identified that safety is an issue for the Trust, and that this would be a focus in future
- The Trust has been rated good for well led organisation and use of resources and its role in providing integrated care so that patients can be discharged in an orderly of efficient manner, and good work was taking place with partners
- Reference was made to research trials and involvement of BAME staff, and it was stated that this information could be provided following the meeting

- A Member referred to previous issues regarding bullying and harassment at the Trust, and it was stated that whilst it is recognised that there is still a problem in small areas, the situation was improving and the response to the staff survey at 56% had been positive. It was noted that it tended to be specific areas and groups that felt disadvantaged, and that the Trust were taking a number of measures to address this. These included development programmes, especially for BAME staff and nursing vacancies had reduced to 10%, which had reduced from 25% in the last few years. Work is also taking place with the NHS national lead on race equality, to strengthen staff support and networks. Training was also taking place with senior managers to improve the position
- In response to a question it was stated that one of the issues is that the NHS tended to be a hierarchical structure, and that whilst clinicians were experts in their medical field they often did not have managerial or leadership abilities and work is taking place in this regard, together with work with front line managers
- It was stated that whilst the Trust were experiencing higher levels of COVID patients than the first wave of the pandemic, and there was an issue of staff absence due to asymptomatic cases and self-isolation. Staff mental health and psychological support had been put in place, however it was felt that this would be needed more in future than at the present time
- In response to a question as to the availability of routine appointments, it was stated that this presented a challenge, and in December it had been decided to cancel routine appointments to deal with COVID, however as the Trust moved into recovery mode it is hoped to address the backlog and new demands. It was also stated that work is also taking place with cancer patients, and treatment is prioritised and essential cancer treatment had not stopped during the pandemic. Virtual appointments were also taking place successfully
- Members thanked the Trust for the good work that staff were doing during the pandemic

**RESOLVED:**

That the information requested above in relation to BAME staff taking place in clinical trials at the Whittington be circulated to the Committee

The Chair thanked Michelle Johnson and Jonathan Gardner for attending

**215 COVID 19 UPDATE (ITEM NO. 10)**

Councillor Sue Lukes, Executive Member for Community Safety and Pandemic Response, Stephen Taylor Interim Director of ASC Transformation and Jonathan O'Sullivan, Acting Director of Public Health were present, and outlined the presentation, copy interleaved

During the presentation the following main points were made –

## Health and Care Scrutiny Committee - 21 January 2021

- Adult Social Care – Winter Care plan includes distribution and reporting on distribution of infection control funding, support to roll out vaccine supporting providers with guidance, ensuring access to PPE by providers, supporting providers with testing ability, promoting use of flu vaccine, supporting reopening of day/respice services where possible, and working to prevent hospital admissions and supporting safe hospital discharges
- Older Peoples Care Homes/Domiciliary Care – Following a period of relative stability in care homes increase in number of COVID cases. Staffing levels have remained relatively stable. In domiciliary care there are relatively low numbers of residents with confirmed COVID cases and not COVID related deaths, and staffing rates have stabilised
- COVID testing is being rolled out to domiciliary staff and providers feedback is testing kits and staff tested is increasing. No shortage of PPE reported
- Mental Health Learning and Disabilities Care Homes – there are 3 learning disabilities care homes and 5 mental health care homes in Islington and over recent months there have been small number of residents and staff cases identified via routine testing in these settings. There have been no COVID related deaths in mental health or learning disabilities care homes in Islington. Staffing levels remain stable
- Care Homes vaccination programme – ASC supporting local health partners, and contributing to vaccination roll out for priority groups, and by 15 January residents in all older people’s care homes and extra care housing will have been offered their first COVID vaccine. Webinars were taking place for staff
- Health – COVID cases in Islington – as of 11 January 2021 there are a total 9053 laboratory confirmed cases in Islington
- Of the cases with an ethnicity record 62% are white and 38% BAME, similar to borough profile. Overall there are slightly more females who have been confirmed positive. Infection rates are higher in the most deprived and lowest in least deprived areas. In the past 3 weeks rate of testing has been highest amongst other ethnic and Bangladeshi groups, and lowest amongst other black. In the past 3 weeks the testing rates have been highest amongst 20-59 year olds
- In response to a question as to the take up of vaccinations amongst the community, particularly some BAME communities, it was stated that it was hoped that this would improve once it is seen that the vaccine is not harmful and safe uptake will improve
- Second walk in testing centre established at Sobell Centre, and sites for asymptomatic testing set up
- Local contact tracing is continuing and went live in November and there is a call handling team who work 9-7, 7 days a week and the success rate is 83%. There has been increase in cases since 24 December
- Roll out of COVID 19 vaccination begin at end of December and will be ramped up over the coming weeks. All residents in older people’s care homes and extra care scheme have been offered the vaccine and there are 2 primary care centres giving vaccinations at Bingfield and Hanley Road practices. Local hospitals are vaccinating health and care workers

those in hospitals and those in priority groups visiting for appointments. The Business Design Centre will be the largest vaccination site from February, and it is expected some pharmacies will be giving vaccines

- Protection of care homes, domiciliary social care and NHS – supporting providers to implement the latest infection control guidance and best practices, routing testing of residents and staff, no admission of residents who have tested positive for COVID 19, and still infectious into care homes
- In relation to whether there was enough vaccine supply in the borough, it was stated that there had been issues with supply, however it is hoped that these had now been resolved and more vaccine would become available
- Discussion took place as to difference between lateral flow and PCR tests and that is important that if a person is symptomatic they should go the Government website and follow the instructions for testing
- Noted that community engagement, faith leaders and BAME forum is taking place to encourage take up of vaccinations, and there had been an increase of 20% in take up from December to January
- In response to vaccinations as to sheltered accommodation residents, it was stated that residents would be dealt with in priority order, as there were often residents in sheltered accommodation in their 60's with no health problems
- Health – Noted that since the publication of the report there had been a decrease of approximately a third in infections, and there were currently 1350 confirmed cases, however this is still higher than at any point since mid -December. There had been a reduction across all age groups
- There had been an increase in COVID deaths and it was expected that this would continue into the next few weeks at least
- Reference was made to the increase in positive tests amongst the Bangladeshi and other black communities, however this could be as a result of increased testing
- A Member stated that it would be useful if Members could be provided with a ward breakdown of infection rates, and it was stated that whilst this could be provided it was an ever-changing position, however more work needed to be undertaken to see where infections were taking place such as in the workplace and travelling as restrictions were not as great as the first national lockdown. The Executive Member Health and Social Care stated that the GOV.UK website detailed the number of infections per postcode

**RESOLVED:**

That details of infection rates by ward be circulated to Members

The Chair thanked Councillor Lukes, Stephen Taylor and Jonathan O'Sullivan for attending

## Health and Care Scrutiny Committee - 21 January 2021

Emma Stubbs, Senior Commissioning Officer, Public Health was present, together with Barney McGee, Lisa Luhman and Liz McGrath of Better Lives, and outlined the presentation and report (copies interleaved)

During discussion the following main points were made –

- Islington experiences some of the greatest levels of substance misuse related harm in London, with detrimental impacts on health services, crime and community safety and social care needs
- Better Lives the adult drug and alcohol recovery service has been operation since April 2018 and during COVID lockdown the focus was on ensuring residents could access or continue to access the critical elements of their care. Post lockdown other types of remote support was offered however it has been difficult to sustain progress due to changing nature of the pandemic
- Increasing numbers in treatment – COVID gave an opportunity to draw people into treatment, particularly opiate users, who may have chosen to decline previous treatment
- Support has been extended to rough sleepers with better outreach, training other frontline staff, partnership working, rapid access, establishing a single point of contact, harm reduction
- Issues identified throughout the COVID – feedback from Better Lives – residential rehab and inpatient detox closures or access severely restricted which limited available treatment options, pressure on local pharmacies, reduction in availability of other services, staffing resources, safeguarding issues
- Increase in reported cases of domestic violence and abuse and safeguarding
- Opportunities identified as a result of COVID – rapid expansion of virtual and remote interventions, use of MS Teams/Zoom, more flexible approach to services, review traditional ways of working, different approaches to care, building on improved partnership working, continuation of Family Support Service
- Borough performance – numbers seeking support for their opiate use is increased as a consequence of the reduced availability of street purchased drugs. During lockdown marked reduction in numbers of people presenting for support around their alcohol, and whilst these numbers are increasing, commissioners are working with the service to encourage greater numbers into treatment
- Next steps – planning for future waves of COVID, delivering flu vaccinations to staff and vulnerable service users, ensuring critical face to face interventions are reinstated safely, provider led work streams, commissioning the new support funded programme to provide drug and alcohol support to rough sleepers, equality impact assessments for any new approaches to delivering support
- 85% of service users in June 2020 indicated experience of service as good or very good during first lockdown. Increase in number of people remaining in treatment for 12 months or more, and a decrease in number of service users leaving treatment. Challenges – support

services outside of drug and alcohol services, closing or moving online, and a significant number of service users do not have equipment or desire to access online support

- Borough Performance – Contract management – during initial stages of COVID formal contract monitoring was suspended to allow the service to focus on delivering the critical elements of care, but these have now been reinstated and efforts are being made to develop a post COVID way of working. The service is able to report a relatively low number of COVID deaths amongst their current population
- In response to a question it was stated that COVID had presented opportunities to engage users and to work with partners in a collective way to support users of the service
- In response to a question as to whether additional staff could be employed in order to cope with additional users of the service, it was stated that there were limited resources but the service model did allow tiered support
- Noted that there had been a reduction in staff available during COVID, and work had taken place with service users to provide alternative options, and there had been an increase in the number of volunteers who could assist with collection of medication and prescriptions
- It was stated that the illegal supply of street drugs had started to increase back towards pre COVID levels, however it is hoped that lessons learnt would enable the service to continue to increase service users, and in particular address rough sleeping. Statistics showed that at present the service only engaged with 40% of opiate users and the challenge is to find the remaining 60% and encourage them into treatment

The Chair thanked Emma Stubbs, Lisa Luhman, Liz McGrath and Barney McGee for attending

**217**      **PERFORMANCE UPDATE - QUARTER 2 (ITEM NO. 12)**

Councillor Nurullah Turan, Executive Member Health and Social Care, and Jonathan O’Sullivan, Director of Public Health were present for discussion of this item

RESOLVED:

That the report be noted

The Chair thanked Councillor Turan and Jonathan O’Sullivan for attending

**218**      **SCRUTINY REVIEW - ADULT PAID CARERS - WITNESS EVIDENCE (ITEM NO. 13)**

RESOLVED:

That the witness evidence be noted

**219**      **WORK PROGRAMME 2020/21 (ITEM NO. 14)**

RESOLVED:

**Health and Care Scrutiny Committee - 21 January 2021**

That the work programme be noted

MEETING CLOSED AT 9.20 p.m,

Chair

## UCLH NHS Foundation Trust

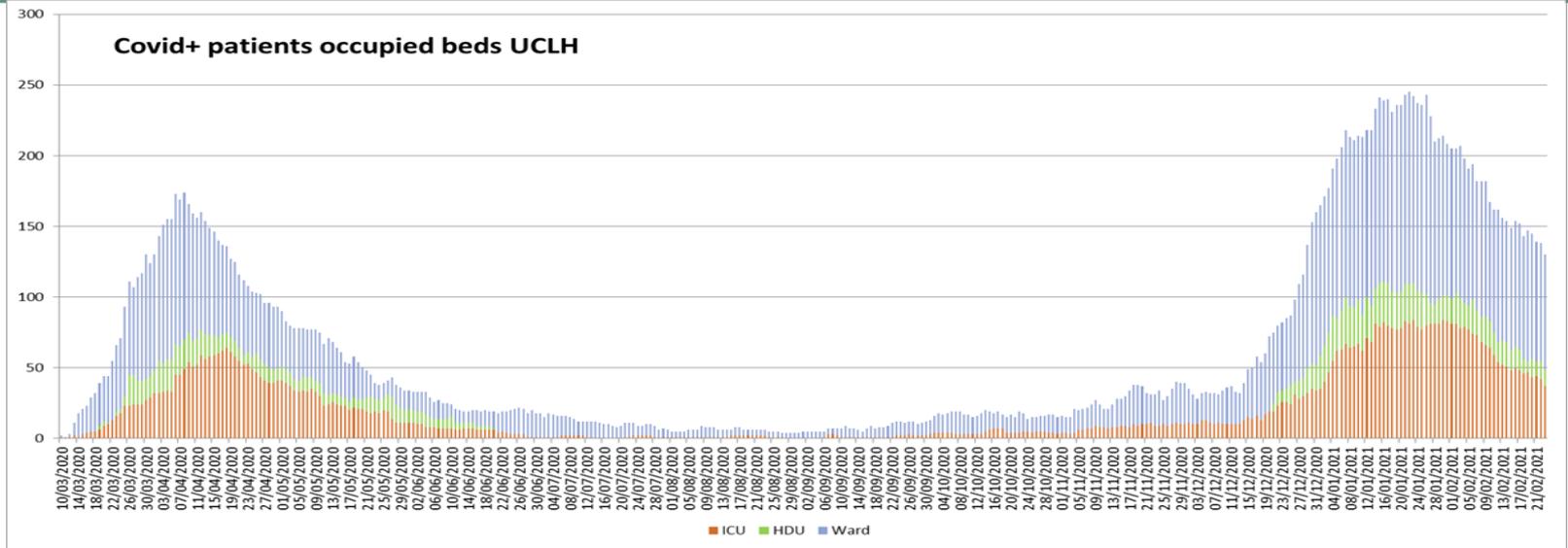
### Update on performance and management of Covid-19 for Islington HSC

Flo Panel-Coates, Chief Nurse (and executive EPRR lead)  
Alex Gregg, Head of Performance

## Performance against key targets

- Covid-19
- Impact on waiting for treatment
- Cancer waiting times
- Waiting times in our emergency department
- Strategic developments
- Financial position

## Covid-19: an unprecedented demand for beds



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- There are normally 62 intensive care beds at UCLH. The trust created another 61 beds outside the normal intensive care area.
- At the peak of the second wave we had 118 patients (85 were Covid) in ICU
- We opened a further 34 beds outside ICU where non-invasive ventilation (CPAP) could be provided.
- In the first wave up to 170 beds were occupied by Covid patients. In the second wave over 250 beds were occupied.
- We have had over 1,500 Covid admissions.
- In the first wave (up to end August) there were 186 deaths. In the second wave there have been 211 to date.

# Covid-19: an amazing clinical and operational response



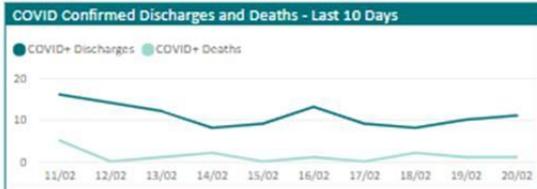
## COVID Reporting - UCLH Daily SITREP

Snapshot Dtm | 21 Feb 2021 08:12:00  
Last Refresh Dtm | 21 Feb 2021 09:21:01

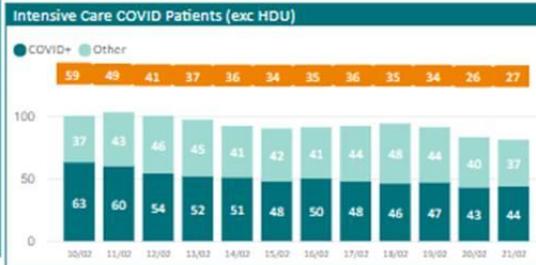
ED Area Type	Admitted from ED	Discharged from ED	Total
UCH ED Majors	42	90	132
UCH ED UTC	4	93	97
<b>Total</b>	<b>46</b>	<b>183</b>	<b>229</b>



	COVID Positive	Other
Admissions - Last 24 Hours	6	82
Discharges - Last 24 Hours	11	85
Deaths - Last 24 Hours	1	1
COVID Deaths - All	392	0



Capacity Type	COVID+	Other	Total	Infectious
HDU	11	16	27	6
ICU Mech Vent	33	13	46	22
ICU Neonatal	1	25	26	0
ICU NIV	6	9	15	1
ICU Non Vent	5	15	20	4
Ward Bay Bed	56	401	457	21
Ward Side Room	27	163	190	15
<b>Total</b>	<b>139</b>	<b>642</b>	<b>781</b>	<b>69</b>



Ward Name	COVID+	Infectious
UCH T07 CV SURGE	25	15
UCH T09 NORTH (T09N)	19	14
NHNN C4 NUFFIELD WARD	9	8
UCH T08 NORTH (T08N)	14	8
UCH T03 INTENSIVE CARE	10	7
UCH T09 SOUTH (T09S)	17	6
UCH P03 CV	6	4
EGA E03 MCU	2	1
MCC H02 AMBULATORY	1	1
NHNN C1 SURGICAL ITU	2	1
OFF UCLH@HOME	3	1
UCH T01 ENHANCED CARE	2	1
UCH T08 SOUTH (T08S)	1	1
<b>Total</b>	<b>139</b>	<b>69</b>

Professional Group	COVID+	Isolating	COVID Potential	Sick Other	Total
Add Prof Scientific and Tech...	0	8	3	5	16
Additional Clinical Services	2	32	8	50	92
Administrative and Clerical	4	3	1	36	44
Allied Health Professionals	0	3	1	9	13
Estates and Ancillary	0	13	0	4	17
Healthcare Scientists	0	0	0	0	0
Medical and Dental	1	4	3	14	22
Nursing and Midwifery Regis...	3	91	10	103	207
<b>Total</b>	<b>10</b>	<b>154</b>	<b>26</b>	<b>221</b>	<b>411</b>

Site	Oxygen Usage (L/min)	Change in % Prev Day	% of Total Capacity
NHNN	628	1.80%	21.00%
UCH	615	0.60%	12.00%

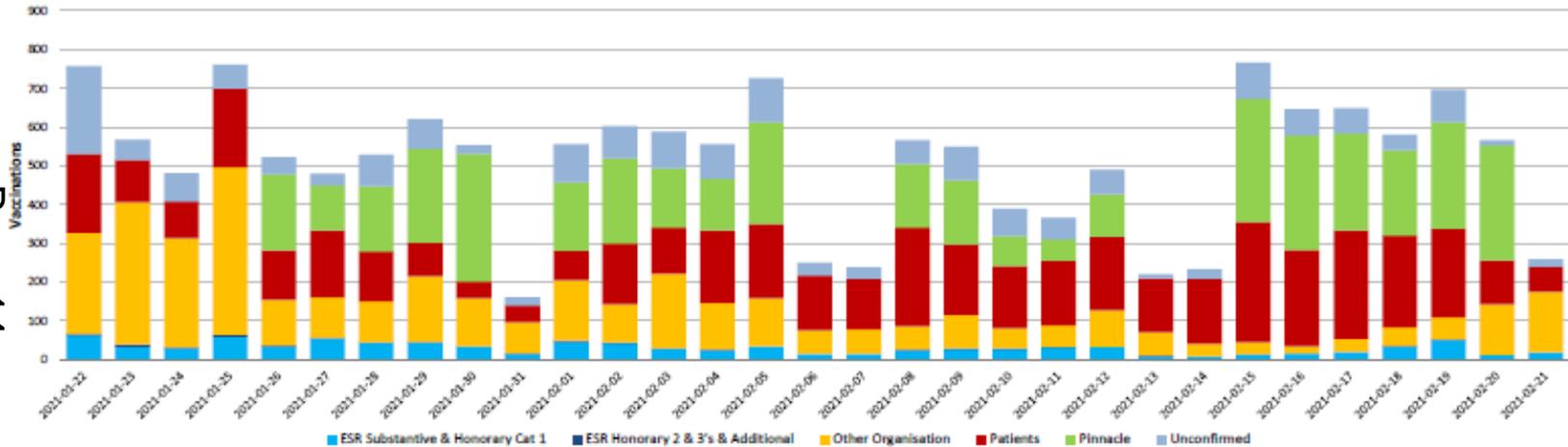
## Covid-19: contributing to knowledge about Covid-19

- **CPAP device:** A breathing aid that can help keep Covid-19 patients out of intensive care was approved for use in the NHS in March. This was a UCL/UCLH/Mercedes-AMG device.
- **Quick to open clinical trials:** by 7 April we had opened 9 clinical trials into Covid-19 and by 1 May we had opened 24 clinical trials in total.
- **UCLH a main test site for the Oxford vaccine:** In May we started trialling the Oxford vaccine
- **Key partner in the post-hospital Covid study:** In July we launched the PHOSP-COVID study, the largest study in the world to understand and improve the health of survivors after hospitalisation from COVID-19
- In July, a new UCL and UCLH-led study found that **neurological complications of COVID-19** can include delirium, brain inflammation, stroke and nerve damage.
- **UCLH study pinpoints loss of smell as key symptom:** A UCL and UCLH study found in October that acute loss of sense of smell should be considered as a criterion for self-isolation, testing and contact tracing for Covid-19.
- In October, UCLH announced it was taking part in a first-of-its kind clinical trial led by scientists at UCL to evaluate the use of **'real time' viral genomic data** to reduce the spread of COVID-19 within hospitals.
- **UCLH doses first patient in the world in monoclonal antibody trial:** On Christmas Day we announced the opening of the new Vaccine Research Centre with two new clinical trials looking at whether monoclonal antibodies could work as a treatment for Covid-19

# Covid-19: contributing to the vaccination effort

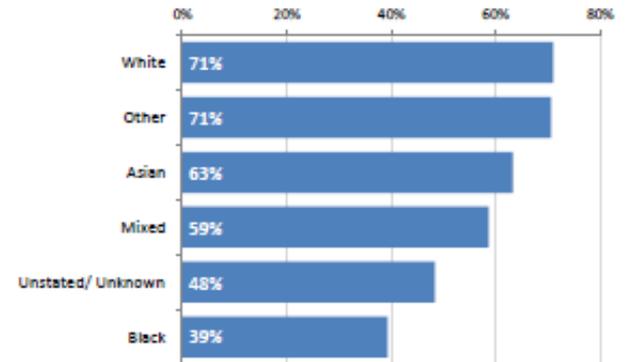
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Vaccination first doses delivered at UCLH vaccination sites - by date and reporting group

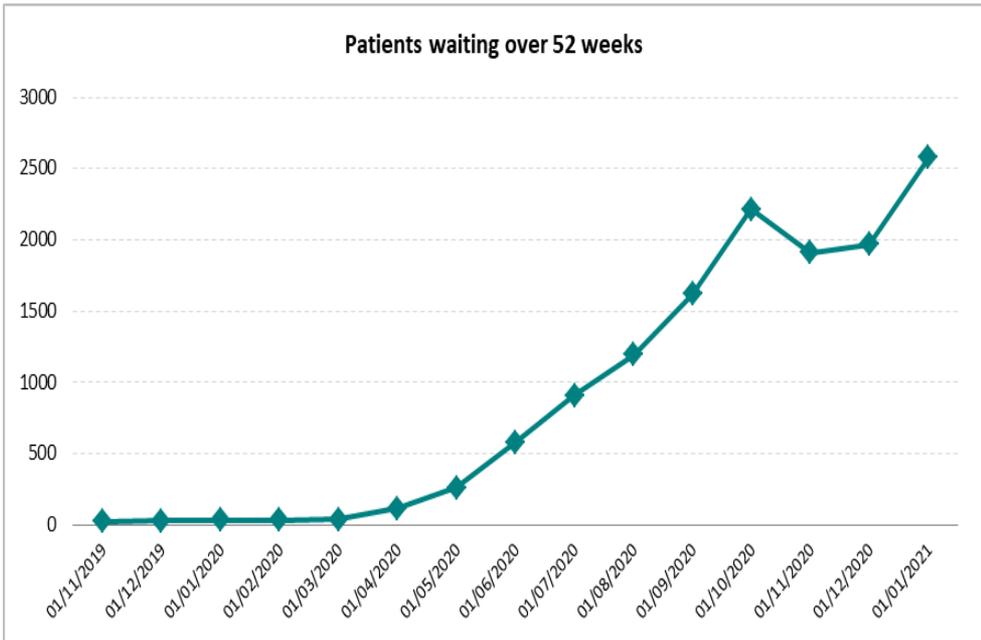
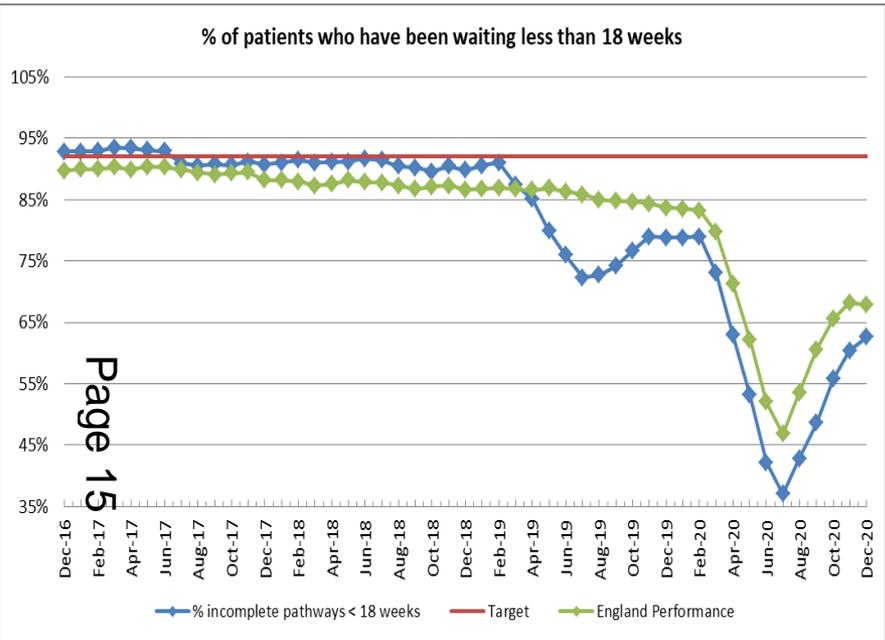


- UCLH has vaccinated 30,000 people
- At least 74% of our front-line staff have been vaccinated
- We are working hard to reach those groups that are not taking up the vaccine as much as others

Known vaccinations for UCLH staff - first dose by ethnicity



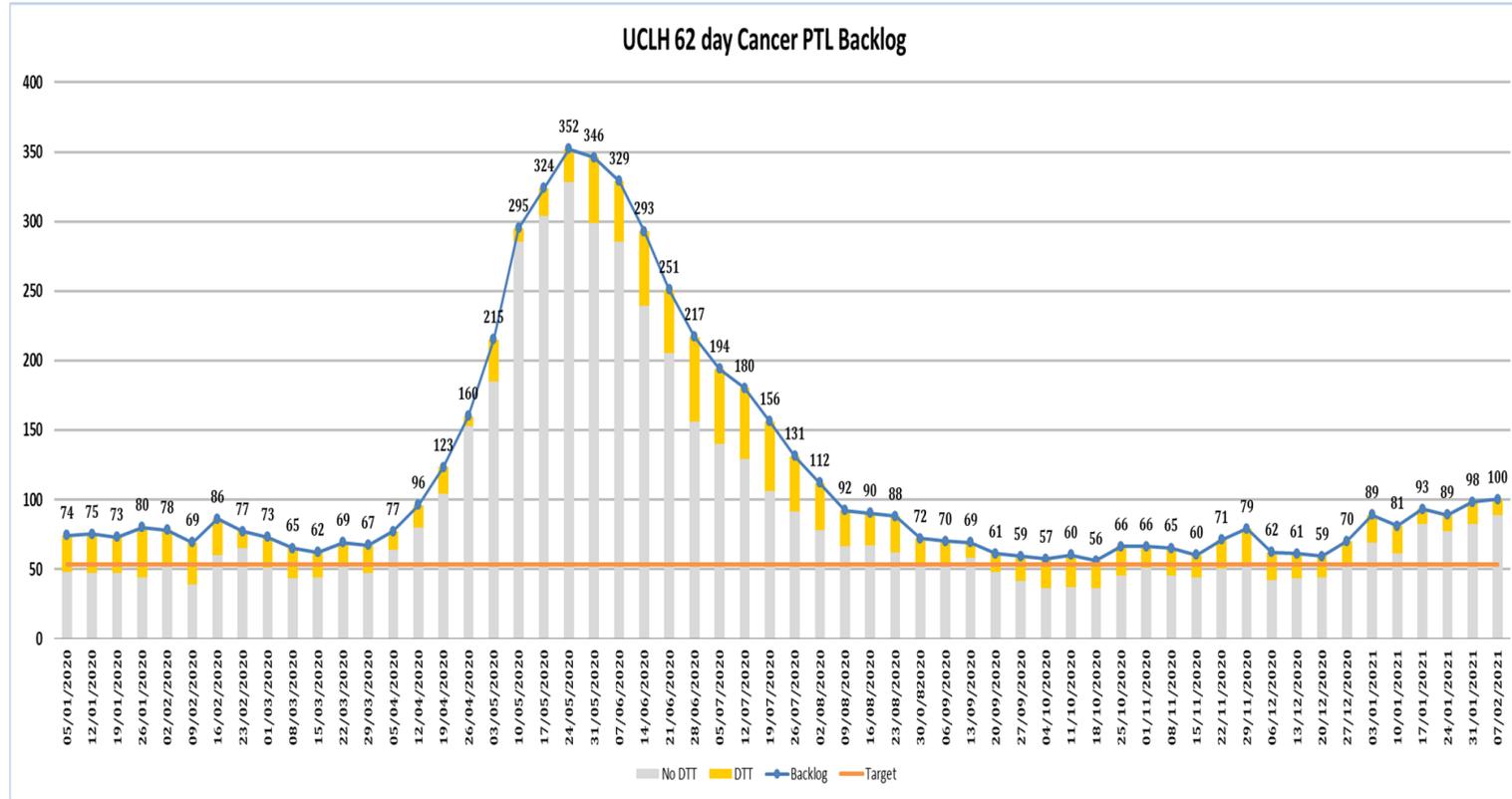
# Impact on waiting times for treatment



- Impact of Covid-19 on waiting times for treatment have been significant
- Nationally we are managing patients based on clinical priority
- UCLH is helping neighbouring trusts whose patients are experiencing longer waits for treatment
- There has been a significant rise in patients waiting over 52 weeks (now over 2,500)
- There have also been much longer waits for diagnostics

# Impact on waiting times for cancer care

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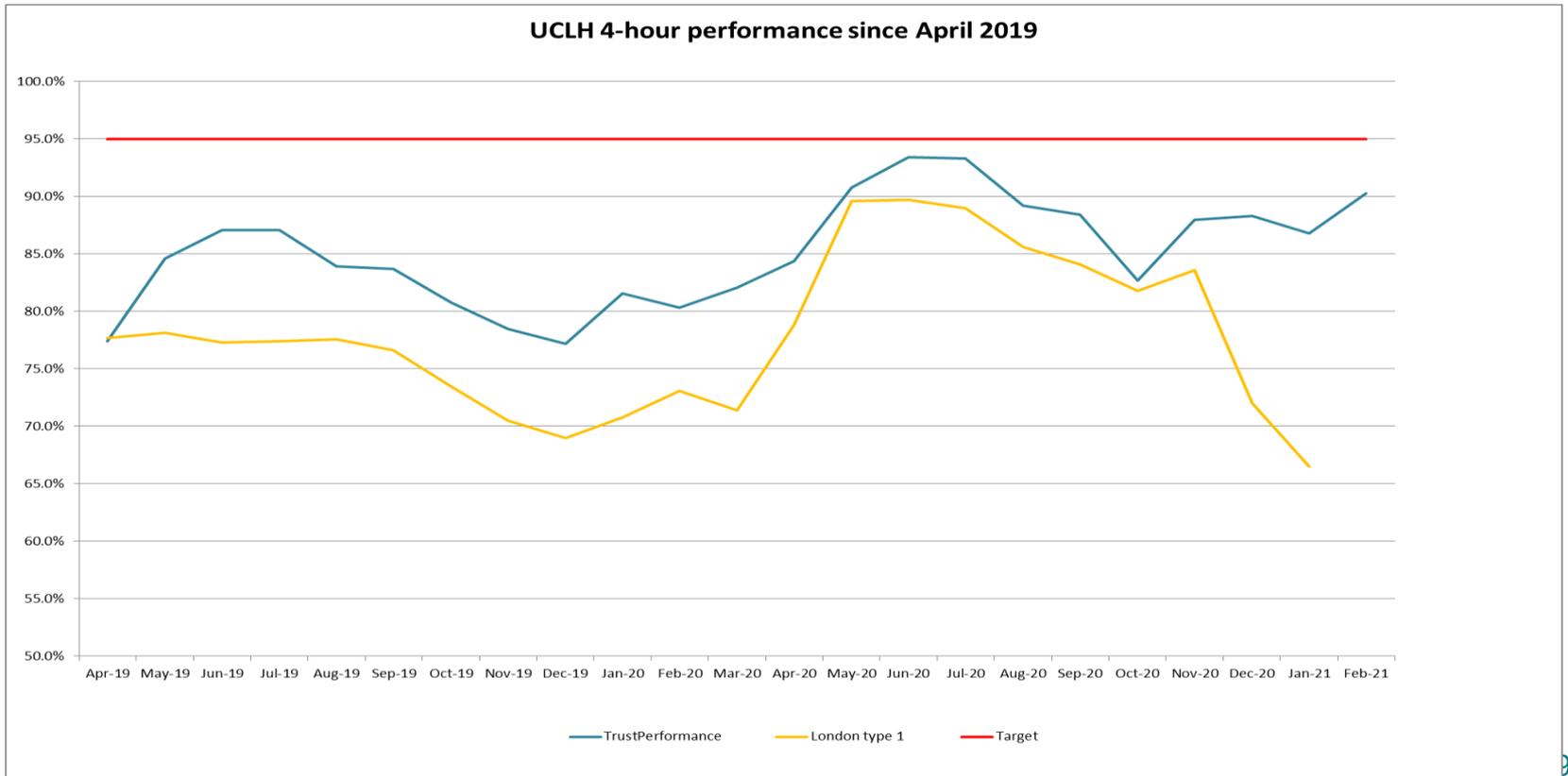
- There have been longer waits for cancer due to the pandemic.
- The impact on those waiting for longer than 62 days for treatment was much more significant in the first wave than the second, when we were able to keep many more outpatient and diagnostic services open.
- Urgent cancer surgery has continued throughout both surges.



# Impact on waiting times for A&E

Type 1 performance	Q4 17-18	Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	Q1 20-21	Q2 20-21	Q3 20-21
UCLH	86.0%	84.3%	85.0%	85.3%	81.9%	83.1%	85.0%	78.9%	73.3%	89.7%	84.9%	75.5%
London	81.0%	82.7%	82.6%	81.3%	77.3%	86.1%	77.2%	71.1%	71.8%	86.0%	86.3%	78.3%

UCLH 4-hour performance since April 2019



## Strategic developments



Located on the corner of Huntley Street and Grafton Way, our new building is the Grafton Way Building. It will be home to one of only two NHS proton beam therapy (PBT) centres in the UK – the other centre is now open at The Christie in Manchester. In the floors above the PBT centre we are developing Europe’s largest blood disorder treatment centre and a short stay surgical service.

## Significant financial challenges

In 2020/21 following discussion with the NCL sector, the trust is forecasting a £6.2m deficit on a control total basis at year end (£1.4m adverse to plan of a £4.8m deficit).

This position is based on the following:

- An increase in the amount of annual leave owed to staff, who have been unable to take time off (-£6.2m)
- Recognition of reduced consumable spend and better than anticipated recovery of other income (+£4.8m)

Within the forecast the trust is anticipating an underspend of £11.9m on its strategic growth projects, mostly because of a delay to the Grafton Way Building. However, we are committed to returning any unspent funding to the NCL sector for re-distribution to support other providers in the system.

The trust is also forecasting additional COVID costs, £4.2m higher than plan, which are provisionally agreed to be funded by the NCL sector.

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Camden and Islington  
NHS Foundation Trust

# Camden and Islington NHS Foundation Trust Quality Report 2019/20

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Agenda Item 10

Your partner in  
care & improvement



# Our Focus

The safety and quality of the care we deliver at Camden and Islington NHS Foundation Trust is our utmost priority. Here we focus on three areas that help us to deliver high quality services:

Patient Safety

How well the care provided works  
(Clinical Effectiveness)

How patients experience the care  
they receive (Patient Experience)

# Performance in 2019/20

PATIENT SAFETY		Achievement
Priority 1	Promote safe and therapeutic ward environments by preventing violence	
Priority 2	Strengthen further Risk Management and Care Planning including overall risk issues in acute ward patient groups	
Priority 3	Improve service user safety and staff wellbeing in community-based teams	
PATIENT EXPERIENCE		
Priority 4	Building a just and learning Culture	
Priority 5	Agree and Implement a revised patient experience strategy	
Priority 6	Improve signposting for welfare support for service users	
CLINICAL EFFECTIVENESS		
Priority 7	Improve dementia care	
Priority 8	Continue progress with Patient flow	
Priority 9	Improve Service Users' physical health care	

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# Performance in 2019/20

## Patient Safety - Achievements:

SafeWards: The Trust worked with Bright Charity to provide staff training and to support implementation

Implemented Reducing Restrictive Practice (RRP) Training

Drafted core training for managers to ensure that staff are supported with complex risk assessment and management, clinical supervision and appropriate lessons learnt process post incident

Revised the Zoning Protocol to strengthen the section on clients of concern and in particular maintaining the safety of clients awaiting MHAs

Majority of core skills have maintained the target 80% compliance level, despite the pandemic

# Performance in 2019/20

Patient Experience – Achievements:

OD has been working closely with wellbeing to focus on supporting leadership and staff throughout the first wave of COVID-19

Trust engaged with Leeds University to provide support in delivering a Patient Experience strategy fit-for-purpose

Service user representation is now integral to a number of key Trust committees including the Finance Programme and Quality Boards

# Performance in 2019/20

## Clinical Effectiveness – Achievements:

C&I remain in the top three best performing CCGs for dementia diagnosis prevalence across London

Patients with dementia are offered an ongoing service. This provides a single point of contact for the service user and their carer (s) and a regular review

Reduced the number of long stayers on wards, and also the length of time these patients stay on the wards

Embedded our physical health screening tool in patients' electronic care-notes

Increased the number of patients whose physical health we screen

# Other Achievements

We received a rating of Good overall following a CQC well-led inspection in 2019

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Continued to invest significantly in our Quality Improvement (QI) programme - 24 successful projects completed in the last year

Almost a fifth of bands 8a and 9 roles are now filled by BAME staff – a rise of 4.5% on the previous year

# Patient Experience Strategy

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‘There is a real appetite to improve the way in which service user experience is gathered, analysed and used to improve services.’ – Leeds Beckett Report

‘There is a lot of good practice across the Trust representing a good foundation for a strong Service User and Carer experience strategy.’ – Leeds Beckett Report

# Patient Experience Strategy – Areas for Improvement

Improve gathering of Patient Experience data

Describe what good practice looks like at a service level

Ensure that results from FFT etc. have an impact on service improvement

More assertive focus on capturing and sharing patient experience

# Trust Focus for 2021/22

Closer focus on suicide prevention

Expanding our peer workforce

Refreshing our Clinical Strategy

Improving the quality of our community facilities

# Summary

We have made significant improvements

We have more to do – new priorities for 2020/21

We are focused on reviewing our Clinical Strategy

We will continue to make sure that service users/ carer's and families are central to everything we do

We will continue to promote diversity and inclusion

We are a learning organisation

# Thank you for listening and any questions?



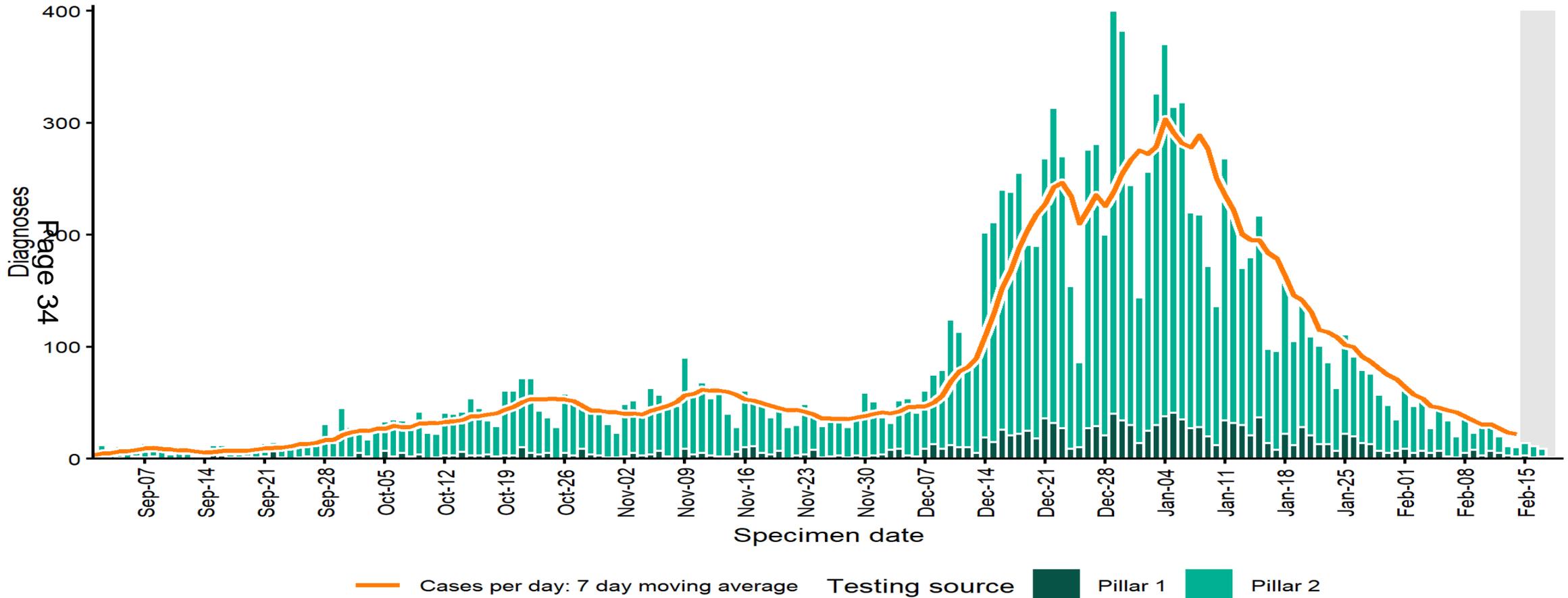
# COVID-19 update

Date: 22<sup>nd</sup> of February 2021

Islington Public Health

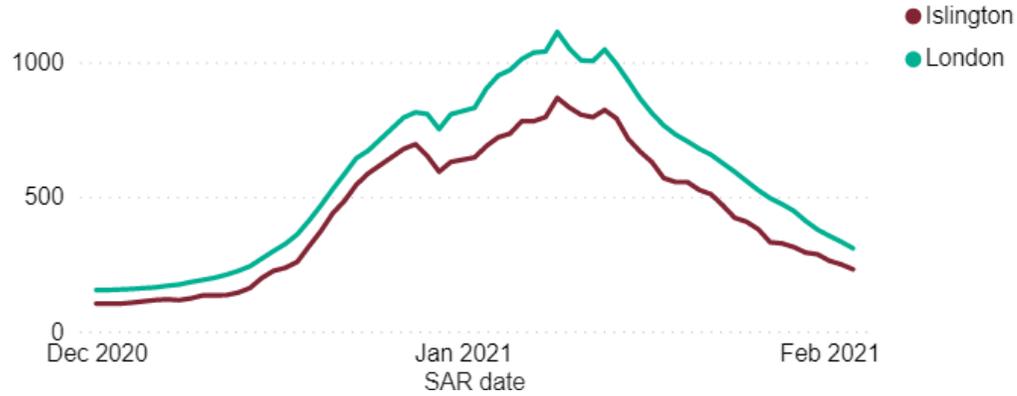
Knowledge, Intelligence, and Performance Team

# Islington epidemic curve: September to February

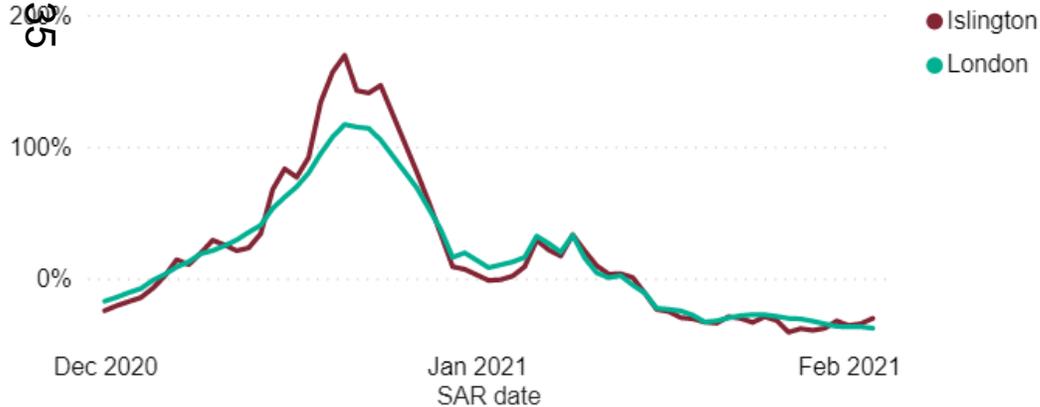


# COVID19 in Islington – New cases

Case rate: weekly case rate per 100,000 (all ages)



Case rate change: 7-day change in case rate (all ages)



## This week 8th of Feb to 14th of Feb

Last week 1<sup>st</sup> February to 7<sup>th</sup> February



**New cases in the latest week**

**156** ▼

**Last week 288**

**Rate of weekly cases (per 100,000)**

**64.3** ▼      **93.6** ▼

**All ages**      **60+**

**Last week 118.8**      **Last week 190.6**

**Wards with highest infection rates this week *Top 3:***

Hillrise (190.9 per 100,000)

St Georges (115.6)

Barnsbury (86.7)

***Rising:*** 1/17 wards increased compared to last week

**Rate of cases by age (7 day rolling average per 100,000) 14th of February**

0-15	16-29	30-44	45-64
57 ▼	52 ▼	66 ▼	66 ▼
<b>60+</b>			
94 ▼			

**Direction of travel compared to 8<sup>th</sup> of February**

**Case rate ethnicity:**

- Regionally people in the **other Asian population** have had consistently high case rates over the past 4 weeks. In Islington the distribution of weekly cases by ethnicity shows the highest proportions from a non white background are people from a Black background and from Asian communities although absolute numbers are small.
- Regionally case rates amongst all ethnic minorities are declining as they are in Islington too.

**Positive tests (%)**

**Positive tests in the latest week**

**4.1%** ▼      **6.2 %**

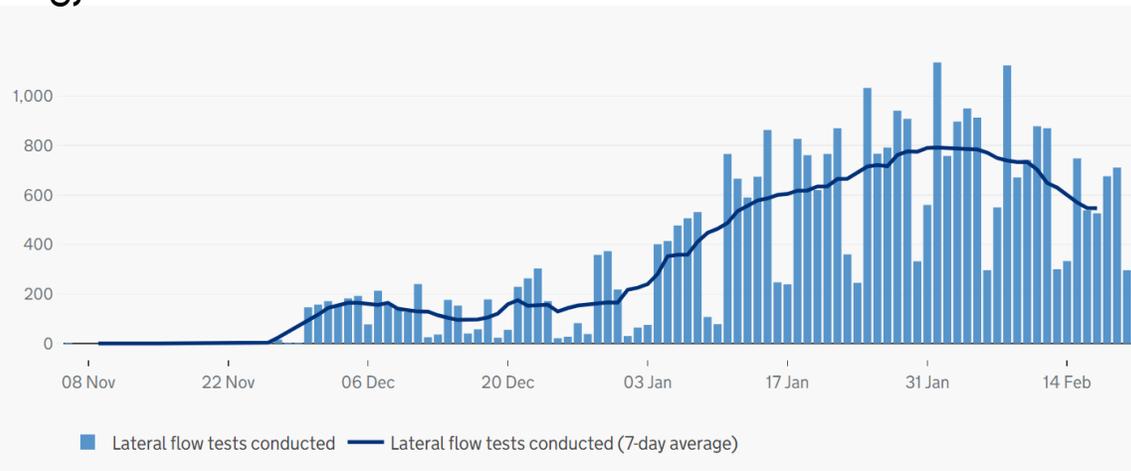
**Last week 7.3%**      **London**

# COVID19 testing - residents

Tests: daily individuals tested per 100,000 population - 7-day moving average



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This week 8th of Feb to 14th of Feb  
Last week 1<sup>st</sup> February to 7<sup>th</sup> February



## PCR Tests

Tests this week

**5,428** ▼

Last week **5,570**

Rate of tests per day (per 100,000)

**269.6** ▼

Last week **284.1**

Testing rate by age this week  
Highest among 45+ population  
Lowest among under 18 year olds

Ethnicity  
Of those with a recorded ethnicity  
PCR testing was highest rate in  
Black population and Other and  
lowest in the White population.

## Lateral Flow Device Tests

Tests this week

**4,950** ▼

Last week **5,553**

Rate of tests per day (per 100,000)

**285** ▼

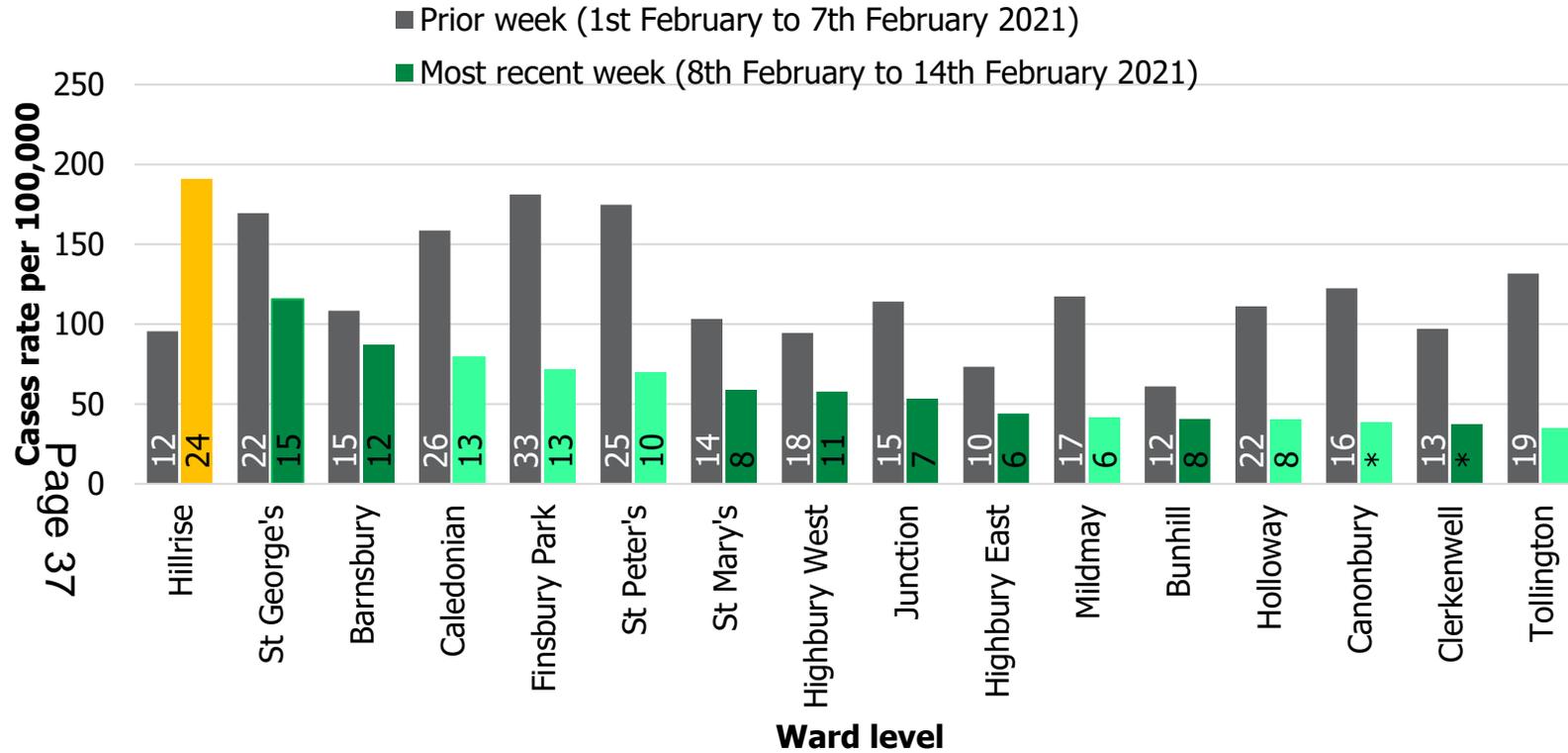
Last week **320**

Positivity rate  
**0.5%** (24 positives)

Last week **0.5%**

Highest LFD testing rate in Black  
population, Other and White  
population. Lowest in Asian  
communities  
Highest testing rates amongst 45-59  
and 19-29 and lowest amongst school  
children

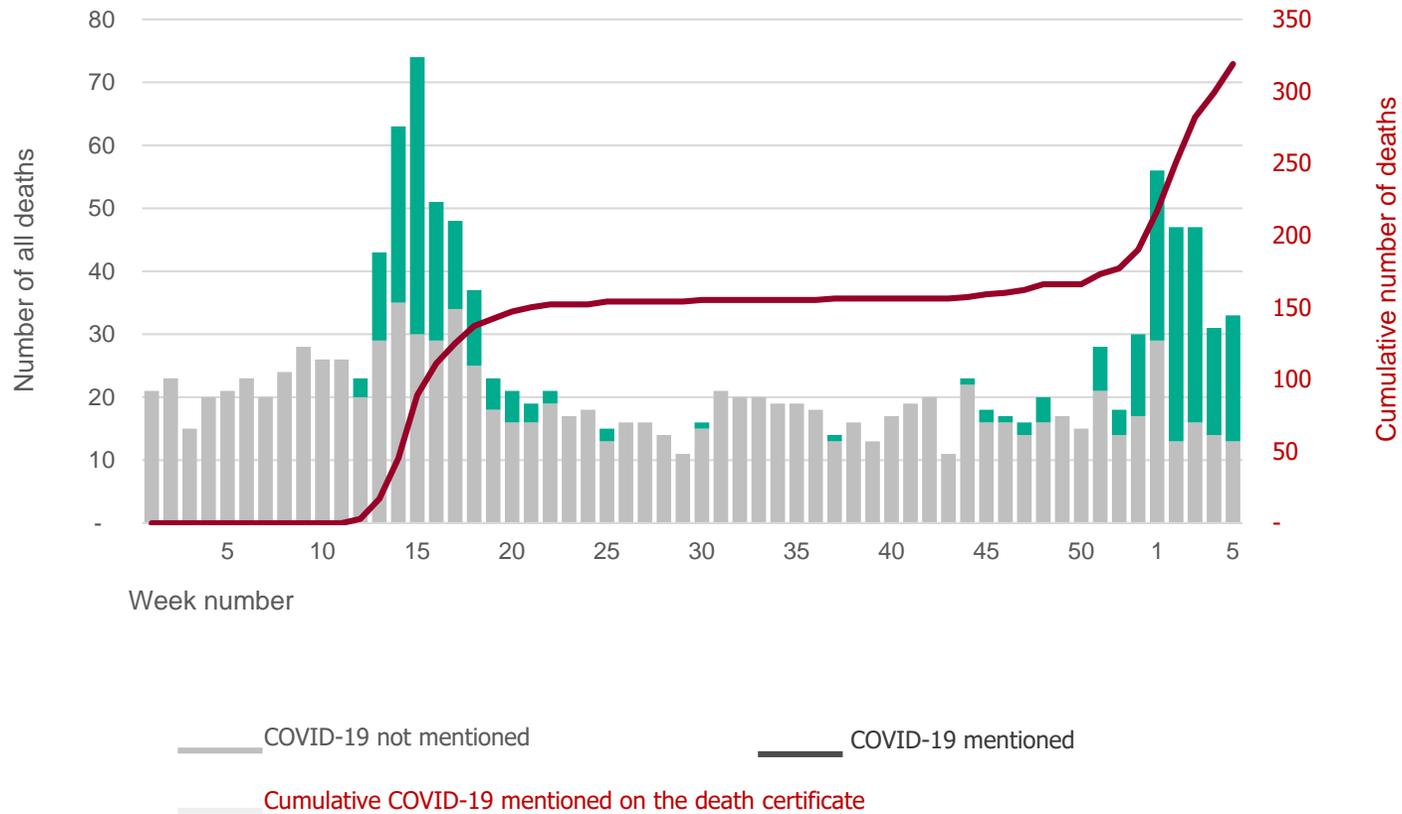
# Cases by ward



- 15/16 wards saw a decrease with 7 of these seeing a significant decrease (denoted in lighter shade of green).
- Hillrise saw an increase compared to the previous week, but the numbers are small and likely to be a fluctuation in a downward trend.

**Note:** Small numbers have been suppressed with \*

# Deaths from COVID: deaths that occurred up to 5th of February but were registered up to 13<sup>th</sup> of February



- Total of 319 deaths with COVID19 mentioned on death certificate
- Latest week of data shows 17 deaths same as the previous week
- 8 more deaths overall (excess deaths) seen this week compared to the 2015-19 average for the week

## About Public Health Knowledge, Intelligence and Performance team

Public Health KIP team is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health KIP team undertake epidemiological analysis on a wide range of data sources.

Page 36 of our profiles, as well as other data and outputs can be accessed on the Evidence Hub at: <http://evidencehub.islington.gov.uk>

## About COVID-19 information for schools data pack

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

© Camden and Islington Public Health KIP team [PHASS@islington.gov.uk](mailto:PHASS@islington.gov.uk)

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## **HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2020/21**

### **Agenda Despatch Date – 8 July 2020**

#### **16 JULY 2020**

1. Health and Wellbeing Board update – Situation report
2. Work Programme 2020/21
3. Scrutiny Review – Draft Report – Adult Paid Carers- Consideration of extending scrutiny to cover issues relating to COVID 19 – Deaths of residents in care homes, sheltered accommodation, PPE, deaths of staff, Payments for carers/domiciliary staff, Impact on BAME staff in all sectors
4. Performance update – Quarter 4
5. COVID 19 update
6. Moorfields Quality Account

### **Agenda Despatch Date – 2 September 2020**

#### **10 SEPTEMBER 2020**

1. Scrutiny Review – Adult Paid Carers – witness evidence
2. Health and Wellbeing update – situation report
3. Work Programme 2020/21
4. COVID 19 update
5. Scrutiny Review GP Surgeries – 12 month report back

### **Agenda Despatch – 07 October 2020**

#### **15 OCTOBER 2020**

1. Health and Wellbeing update
2. Work Programme 2020/21
3. Healthwatch Annual Report/Work Programme
4. COVID 19 update
5. Merger of CCG's
6. Hospital backlog – Elective surgery

### **Agenda Despatch – 18 November 2020**

#### **26 NOVEMBER 2020**

1. Scrutiny Review Adult Paid Carers – witness evidence
2. Health and Wellbeing Update
3. Work Programme 2020/21
4. Islington Safeguarding Board Annual Report
5. Performance indicators – Quarter 1
6. COVID 19 update
7. Scrutiny Review – consideration of topic 2020/21

## **Agenda Despatch – 13 January 2020**

### **21 JANUARY 2021**

1. Scrutiny Review – Adult Paid Carers – witness evidence
2. Health and Wellbeing update
3. Work Programme 2020/21
4. Performance update – Quarter 2
5. COVID 19 update
6. Whittington NHS Trust – Quality Account/Performance update
7. Alcohol and Drug Abuse – Update

## **Agenda Despatch – 24 February 2020**

### **4 MARCH 2021**

1. Health and Wellbeing update
2. Work Programme 2020/21
3. UCLH Performance update
4. COVID 19 update
5. Scrutiny Review Adult Paid Carers – Final Report
6. Camden and Islington Mental Health Trust - Performance update

## **Agenda Despatch – 7 April 2021**

### **15 APRIL 2021**

1. COVID update
2. Work Programme 2020/21
3. Annual Health Public Report
4. Executive Member Health and Social Care – Annual Report
5. London Ambulance Service - Performance update

## **Agenda Despatch – 21 April 2021**

### **29 APRIL 2021**

1. Health and Wellbeing update
2. Work Programme 2020/21
3. Moorfields NHS Trust – Performance update
4. Performance update – Quarter 3
5. Progress Report – Merger of CCG's
6. Health Inequalities – Report of CCG

## **JUNE 2021**

**Quarter 4 Performance update/Council Targets 2021/22  
Health Inequalities Scrutiny Review – SID/Presentation**