

North Mid update

Enfield Health and Wellbeing Board

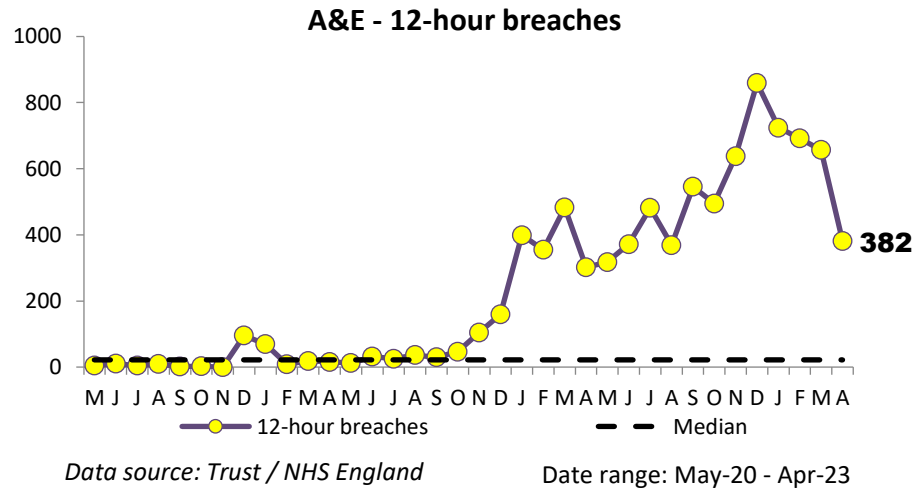
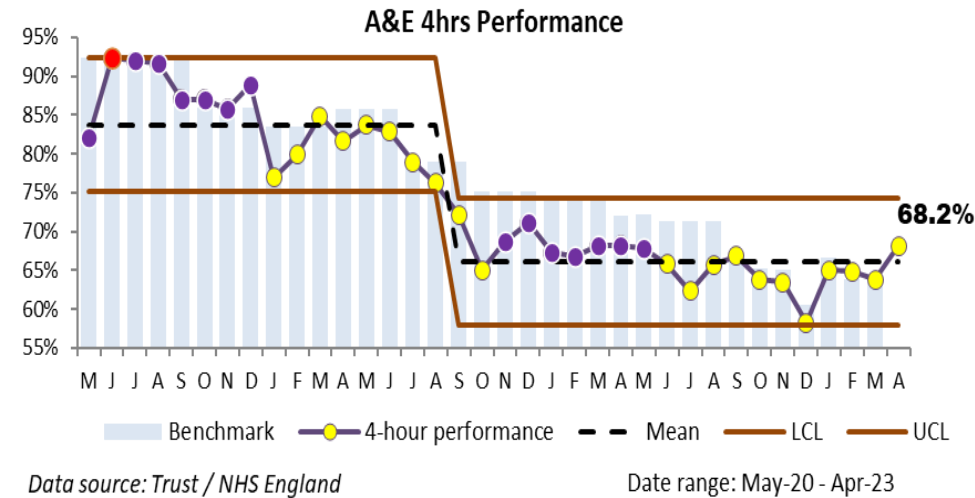
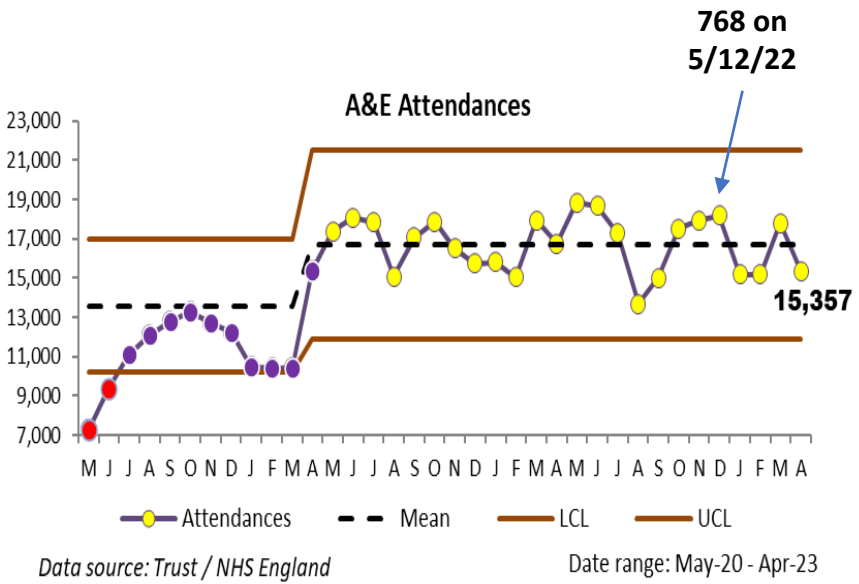
Dr Nnenna Osuji – Chief Executive

Operational update

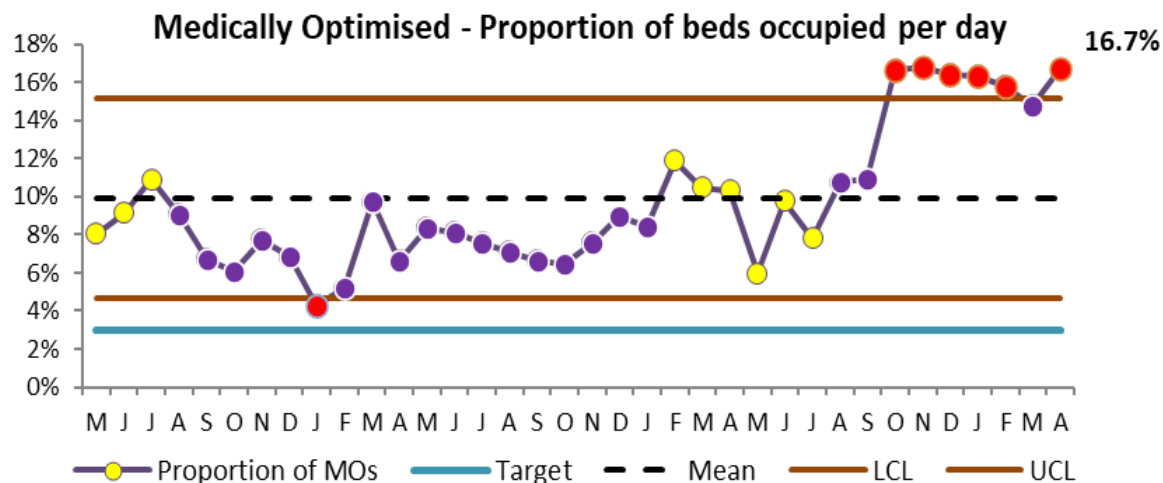
Urgent & Emergency Care



4hr Performance and ED Attendances

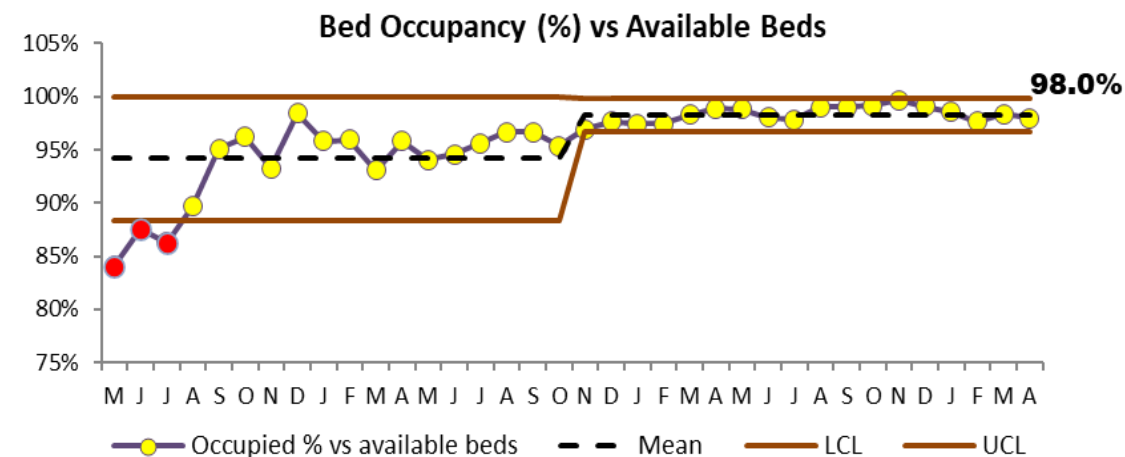


Bed occupancy and Medically Optimised patients



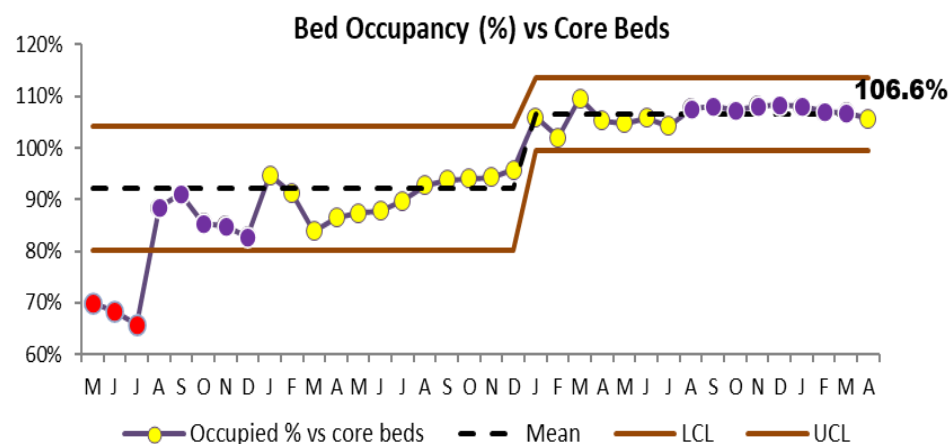
Data source: Trust / NHS England

Date range: May-20 - Apr-23



Data source: Trust / NHS England

Date range: May-20 - Apr-23



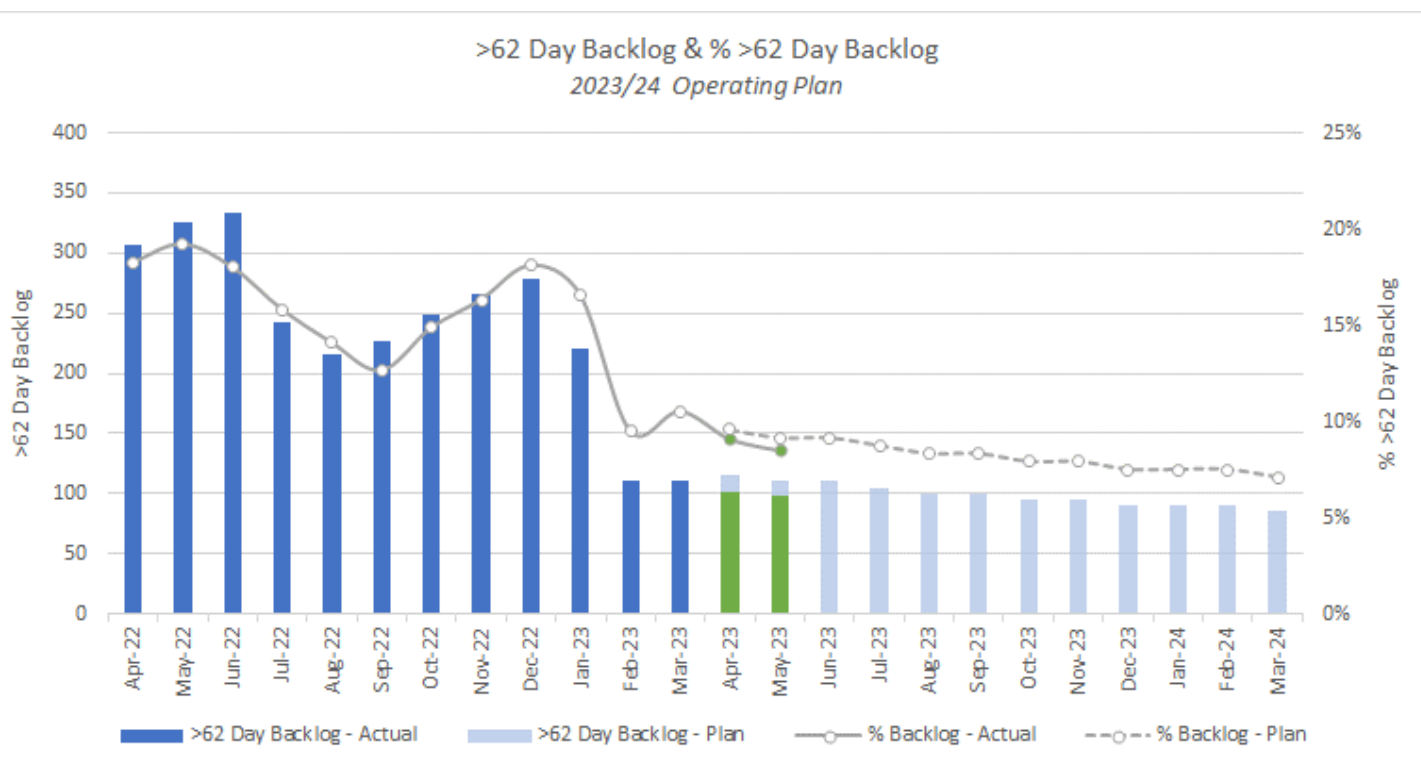
Data source: Trust / NHS England

Date range: May-20 - Apr-23

Cancer Waiting Times Standards



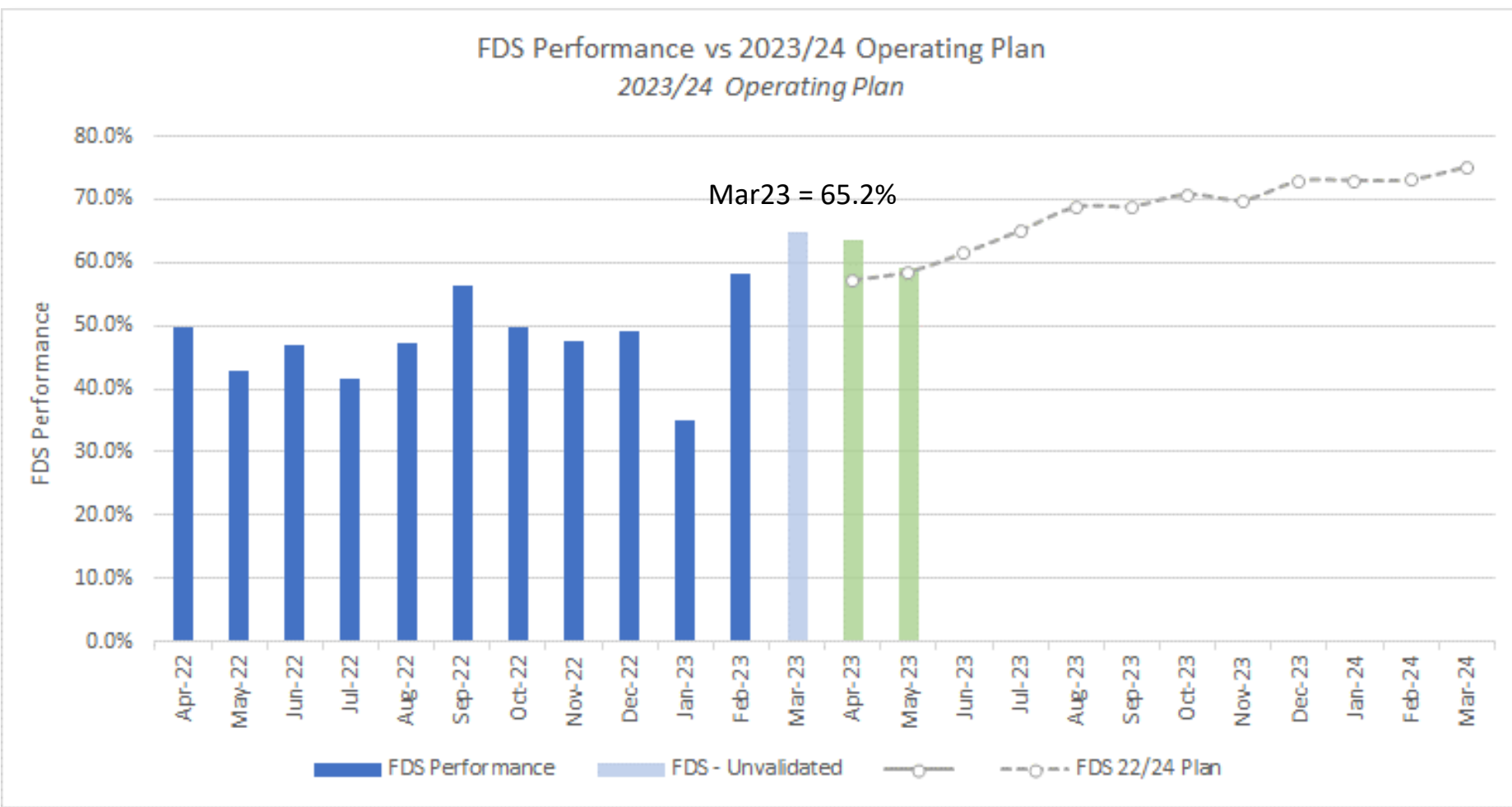
Cancer: 62 Day Backlog



07-May-23	Over 62 days	Change in last week	% of Total PTL
N Middlesex	98	-4	8.5%
Royal Free	397	+11	8.5%
Whittington	102	-1	8.5%
RNOH	14	+2	8.5%
UCLH	153	+2	9.4%

- There are currently 98 patients in the 62 Day Backlog, the lowest level reported by the Trust
- The Trust is delivering against the 2023/24 Operating Plan trajectory

Cancer: Faster diagnosis standard



- The Trust is reporting over 65% FDS performance in March, which is the highest ever level reported
- Project performance in Apr23 and May23 continues to be over 60% and above the Trust's Operating Plan trajectory
- There has been sustained improvement since Jan23
- Colorectal FDS performance has increased from 10% to over 50%

Health Inequalities

Integrated Performance Report



Health Inequalities

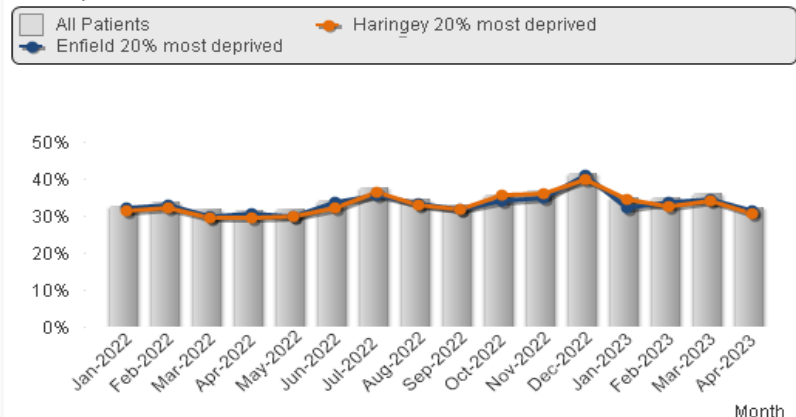
Integrated Performance Report

ED Attendances

Between Apr-21 and October-22, the percentage of patients waiting over 4 hours in ED from the most deprived areas of Enfield and Haringey is similar to the percentage of **all patients** waiting over 4 hours.

Deprivation does not appear to have a material impact on the length of time a patient spends in ED

A&E unplanned attendance over 4 hours

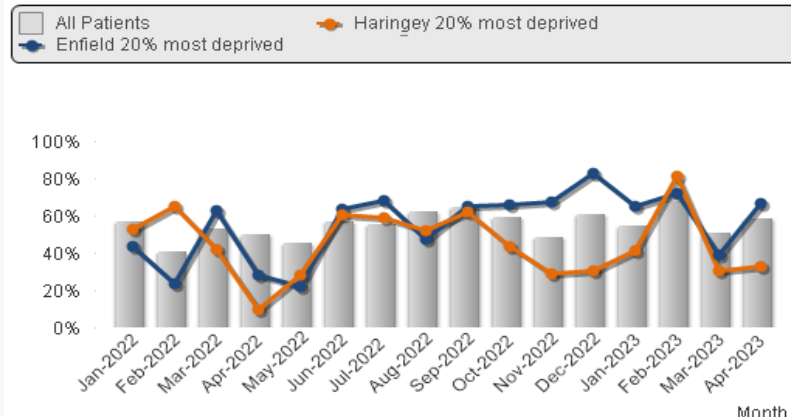


Cancer: 62 Day Performance

Whilst the numbers are small, and therefore the variation can be high, it appears patients from the most deprived areas in Enfield wait longer for cancer treatment when compared to all patients on a cancer pathway.

Deprivation appears to have an impact on cancer patients waiting times

Cancer Patients Treated After Day 62

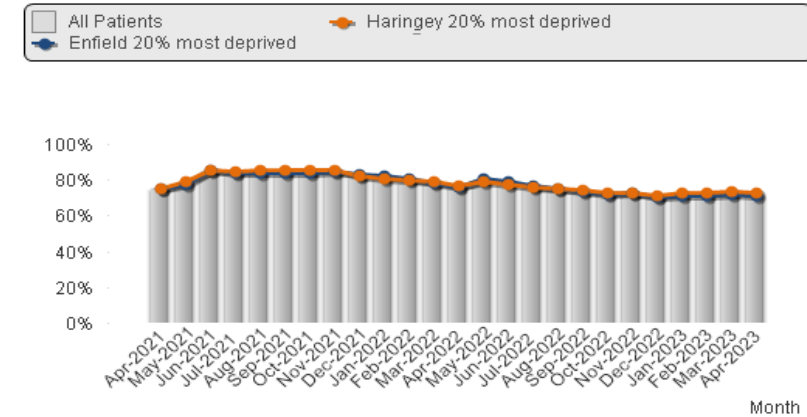


RTT: 18 Weeks Performance

Similar to ED Attendances, the percentage of patients waiting over 18 weeks from the most deprived areas of Enfield and Haringey is similar to the percentage of **all patients** waiting for treatment.

Deprivation does not appear to have a material impact on RTT waiting times

RTT Incomplete < 18 weeks



- NMUH has developed Core20 (most deprived quintile) metrics for cancer and maternity.
- NMUH will track ethnicity, gender and disability for selected areas such as patient experience using FFT. Locally the Trust has decided to also include services such as HIV and Sickle Cell.
- As the programme progresses, the aim is to understand the causes of disparity and work with partner organisations to improve access to health care

Development of Community Services

Our Journey

Pre-pandemic

Community-based midwifery, sexual health services in Echo clinics, George Marsh Centre for red cell disorder patients...

January 2021

Divisional leadership appointments to head up our growing community services division

May 2021

Canterbury Ward opens at Chase Farm Hospital

March 2022

Patient access service moves into community division for additional focus on

October 2020

0-19 services transfer from Enfield to North Mid

February 2021

Large scale community vaccination facility opens at Dugdale Centre

January 2022

Cape Town ward opens at Chase Farm Hospital

April 2023

34 patient care functions forming Enfield Community Services transfer to North Mid



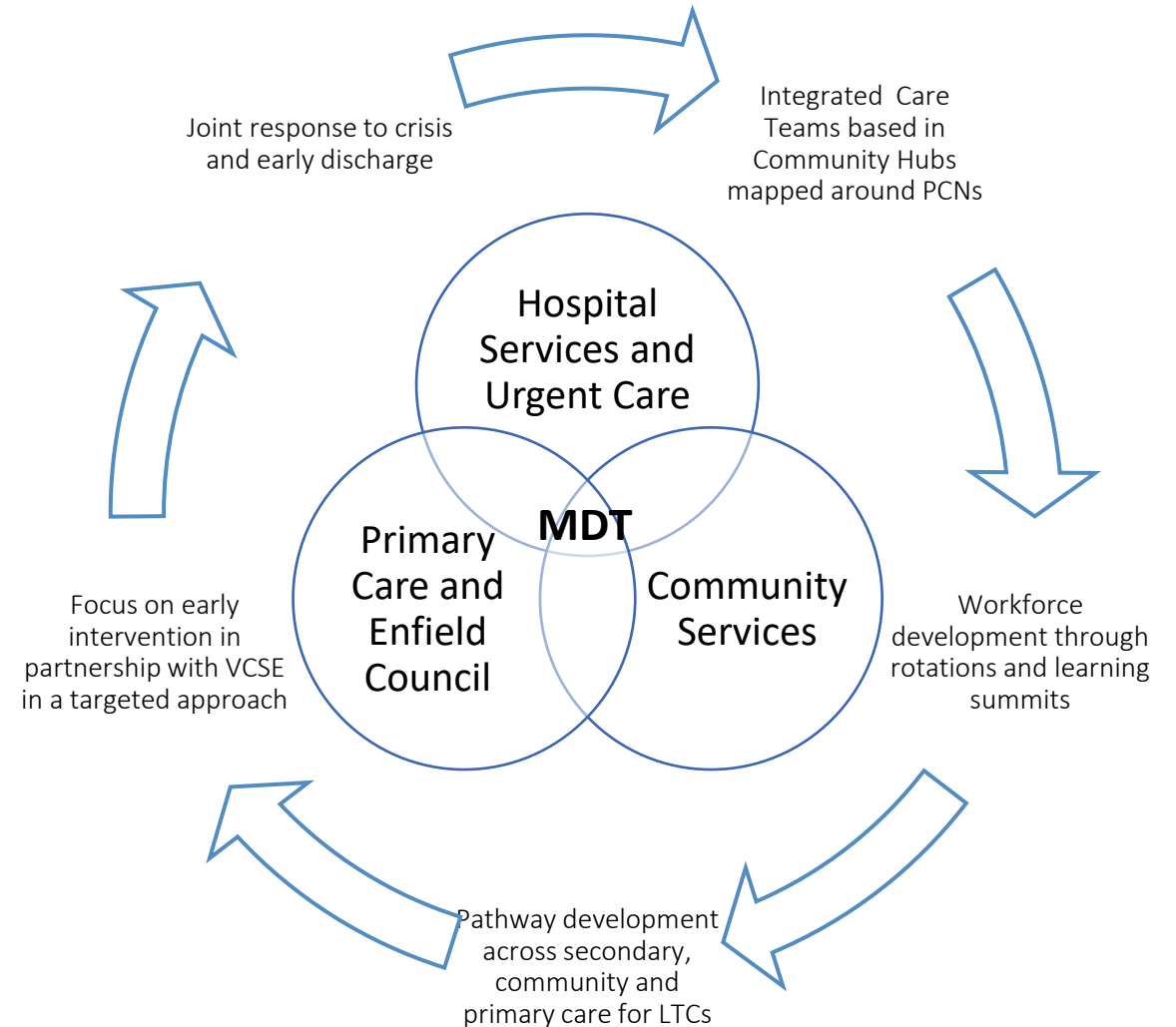
Welcome Event 3rd April 2023

- Key principles of transfer “lift and shift”
- Transitional arrangements in place
- Meeting the staff and teams
- Focus on service continuity, identifying gaps and developing recovery plans



Developing a Population-based Integrated Care Model

- Improving access for local people
- Opportunities for staff to develop and grow
- Strengthening focus on outcomes
- Working together with partners, stakeholders and the community
- Greater focus on prevention and early intervention



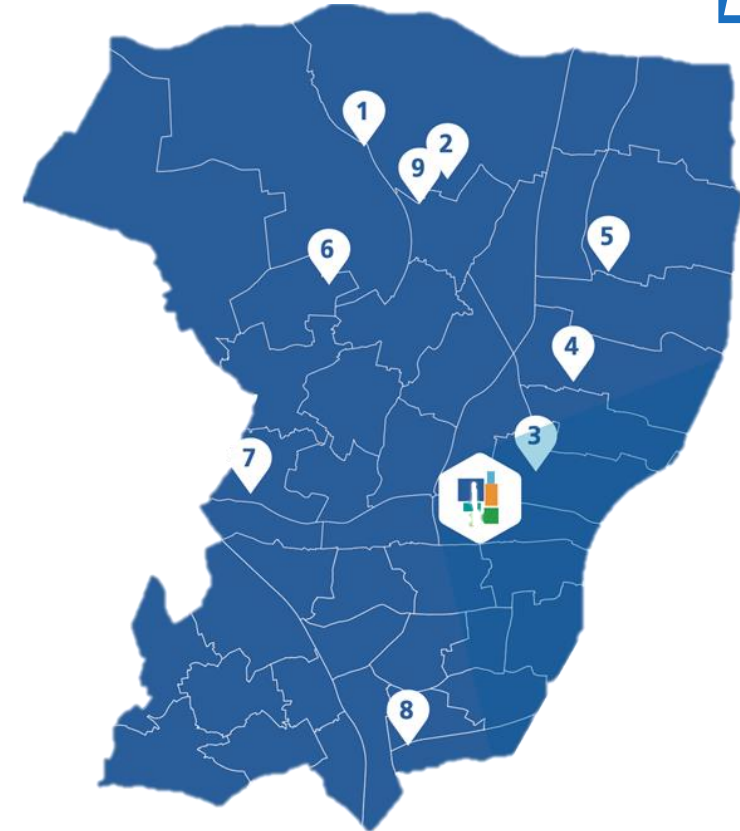
Current Services and North Mid Campus

ECS Adult Services

Magnolia Ward P2 Unit
 Enfield Rapid Access (includes D2A)
 CHAT
 Virtual Ward
 District Nursing
 Community Matrons
 Continence
 Diabetes
 Community Physio
 Bone Health & Fracture Liaison
 Speech and Language Therapy
 Nutrition and Dietetics
 MSK
 Pain Management
 Podiatry
 Post Covid Team
 Respiratory
 Heart Failure
 Lymphedema
 Tissue Viability
 Health Psychology
 Integrated Discharge Team

ECS CYP Services

School Age Immunisations
 Specialist School nursing
 Looked After Children Health Service
 Youth Justice Nursing
 Community Paediatric Service
 CDT Psychology Service
 CYP Physio
 CYP Occupational Therapy
 CYP Dietetics
 Pre-School SLT
 School Age Speech & Language Services
 CYP Safeguarding Team



1. Chase Farm Hospital and The Skye Unit, Enfield
2. **St Michael's Hospital**
3. Lucas House
4. Forest Primary Care Centre
5. Eagle House Surgery
6. Highlands Primary Care Centre
7. **Bowes Road Medical Centre**
8. **George Marsh Centre** (on St Ann's Hospital site)
9. Bay Tree House, Enfield
10. **North Middlesex University Hospital**, Sterling Way site (Trust HQ site)

Synergies with North Mid

Anticipated outcomes

- Improved quality of care for patients and families with easy access, and boundary-less pathways with a focus on outcomes
- Increased early help and preventative activities, informed by clinical expertise across the pathway
- Ownership of whole pathways enabling increased accountability and shared agreement of priorities
- Reduction in ED attendances and LOS across Hospital and Urgent Care services
- Enhanced dialogue and closer working relationships with primary care and VCSE enabling joint management of patients with LTCs

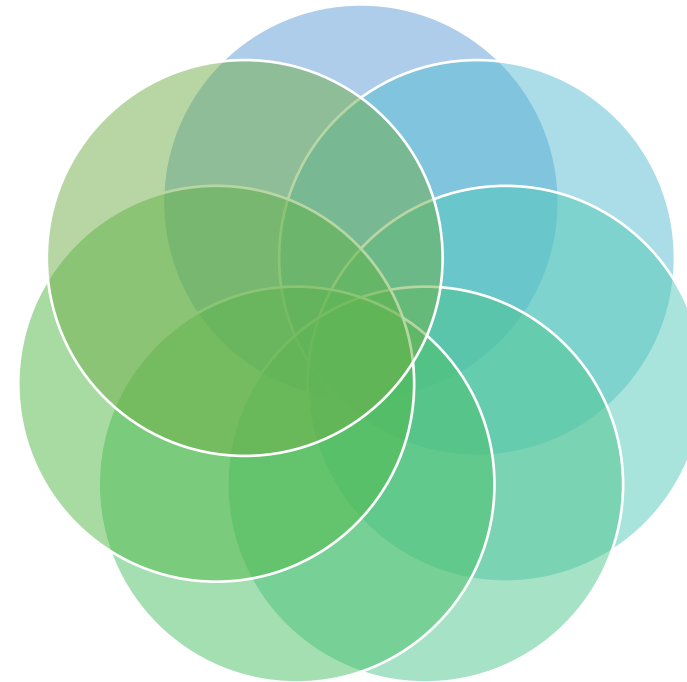
0-19 Services and midwifery:
Integrating as a fully wrapped offer
for CYP and families, aligned with
system priorities around Start Well

Care of the Elderly: Part of
integrated care pathway for Older
Adults facilitating early discharge
and keeping patients well at
home

Sexual Health and HIV: Enables
the services to offer early help
and increase reach of
preventative activities

Community Wards: Enabling
early discharge and developing a
step-up model from
community/primary care

Diabetes Services: Development
of an integrated stepped care
pathway with a focus on early
help aligned with system Living
Well priorities



Community paediatrics: Supporting
the CYP pathway and development
of a stepped care model

Cardiology at home e.g. ECG
Monitoring

Our priority areas

Developing a consistent, sustainable and resilient community model in Enfield

Building resilience in identified “fragile” services through integrated pathways

Preventing hospital admissions and improving managing patients in the community

Integrated services for children and young people in the community

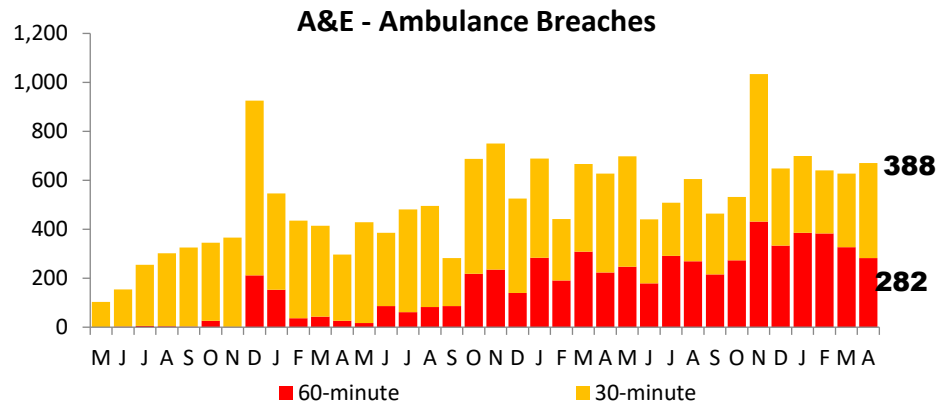
Thank you

Appendices

Urgent & Emergency Care

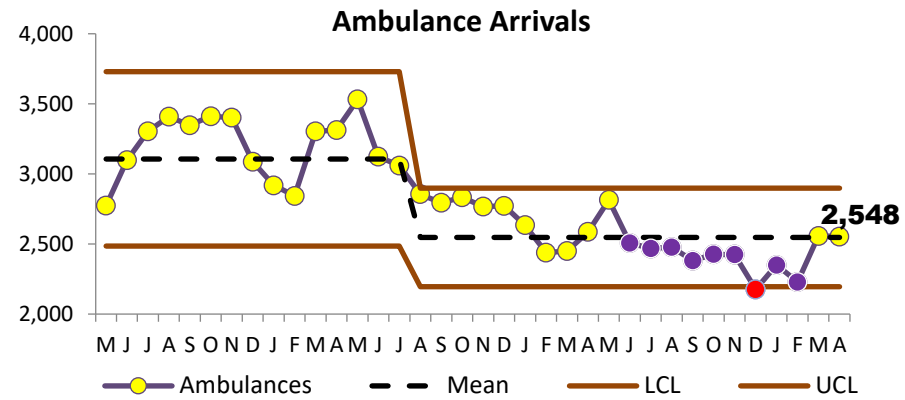


UEC: Ambulance Handovers & Arrivals



Data source: Trust / NHS England

Date range: May-20 - Apr-23



Data source: Trust / NHS England

Date range: May-20 - Apr-23

- The number of ambulance conveyances in April 2023 have been the second highest for over 12 months.
- Reduction in 60 minute handover from the peak during winter.

To note:

1. Patients are not left on ambulances even if there isn't space
2. London Ambulance Service and ED staff work together to manage patients before treatment space is available. Ambulances can be released through 'cohorting' where one ambulance crew stays with patients brought in by a number of ambulances
3. Clinical handover takes place for all patients with a face to face senior medical assessment even if there is no space to transfer into the assessment hub so that treatment and investigations can be started

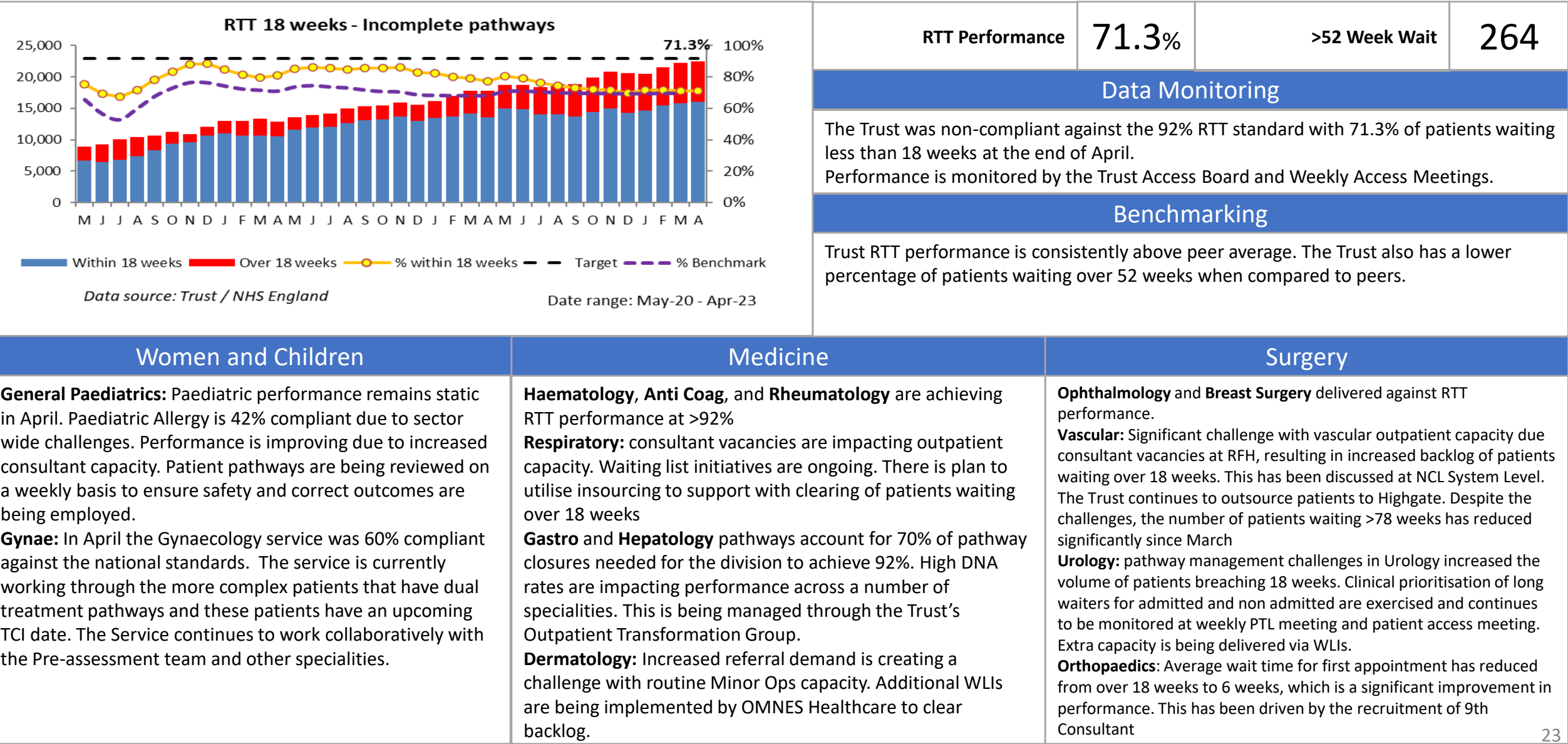
Referral to Treatment

Integrated Performance Report



Referral to Treatment: 18 Week Standard

Integrated Performance Report



Referral to Treatment: Long Waiting Patients

Integrated Performance Report

Trust Operating Plan 2023/24 – 65 Week Wait Trajectory

The table below highlights the Trust’s operating plan for long waiting patients in 2023/24. The Operating Plan sets the ambition that zero patients will wait over 65 weeks by the February 24.

Trajectory	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
RTT >52 Weeks	264	236	217	205	198	190	166	157	116	247	217	182
RTT >65 Weeks	86	73	68	65	46	42	35	75	52	42	34	0

There are currently 62 patients waiting over 65 weeks and 260 patients waiting over 52 weeks

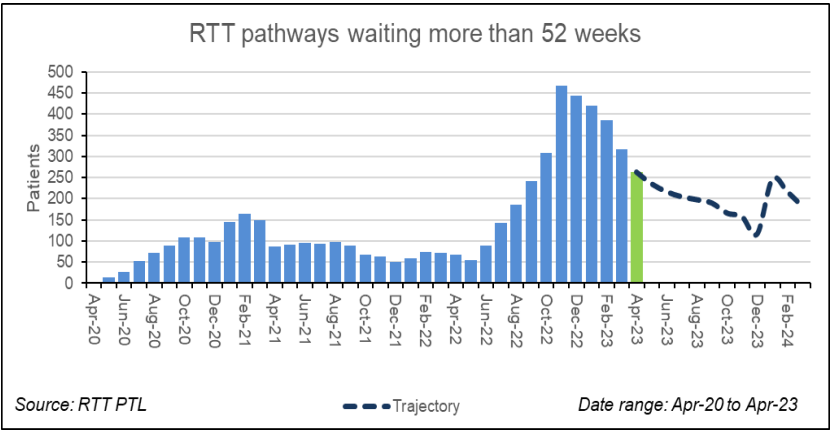
Trust Operating Plan 2023/24 – 78 Week Wait Trajectory

The majority of patients in the 78 week cohort are within the Vascular Service. Vascular services at the RF have significant clinical capacity challenges. Despite the challenges, the number of patients waiting over 78 weeks has reduced significantly.

The Trust is forecasting to have 6 patients waiting over 78 weeks at the end of May23;

- Vascular = 5 patients
- Orthopaedics = 1 patient

Trust Operating Plan 2023/24 – 52 Week Wait Trajectory



- The number of patients waiting over 52 weeks reduced to 260, which is below the Trust’s Operating Plan trajectory

Elective Recovery & Productivity

Integrated Performance Report



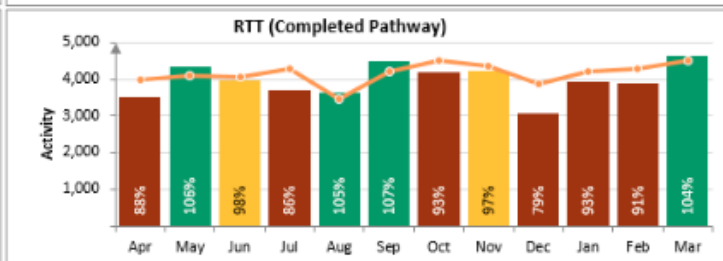
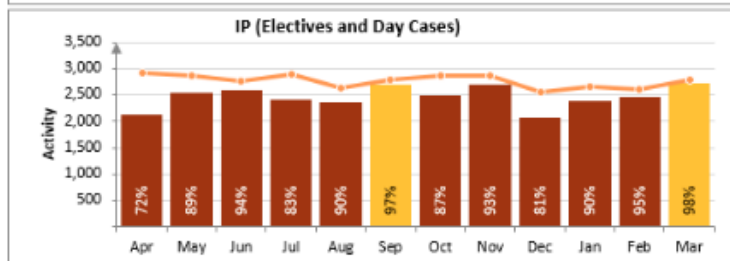
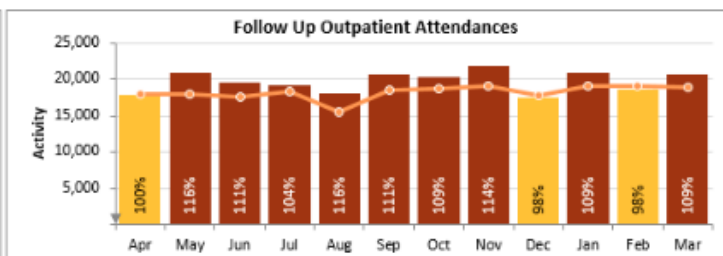
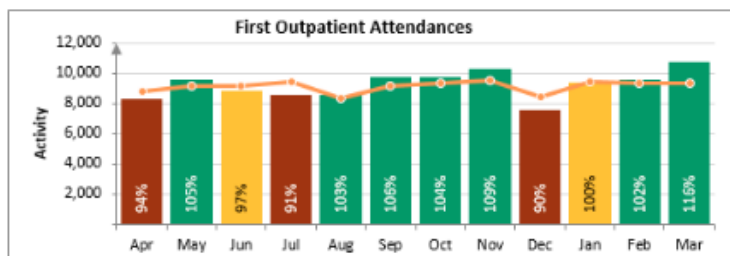
Elective Recovery: Inpatient, Day Case, and Outpatients

Integrated Performance Report

2022/23: Activity Plan

Trust Level Summary														
Specific Acute Only														
Report Date: 31/03/2023														
OP		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
First Outpatient Attendances	Plan (22/23)	8,745	9,115	9,130	9,417	8,300	9,176	9,366	9,481	8,415	9,387	9,349	9,293	109,174
	Actual (22/23)	8,254	9,551	8,835	8,541	8,544	9,718	9,739	10,292	7,573	9,388	9,530	10,782	110,747
	Actual as % of Plan	94%	105%	97%	91%	103%	106%	104%	109%	90%	100%	102%	116%	101%
Follow Up Outpatient Attendances	Plan (22/23)	17,971	18,051	17,664	18,365	15,534	18,611	18,678	19,022	17,766	19,128	19,031	18,987	218,808
	Actual (22/23)	17,890	20,855	19,608	19,159	17,997	20,739	20,390	21,775	17,486	20,938	18,641	20,712	236,190
	Actual as % of Plan	100%	116%	111%	104%	116%	111%	109%	114%	98%	109%	98%	109%	108%
IP		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
IP (Electives and Day Cases)	Plan (22/23)	2,933	2,867	2,772	2,910	2,632	2,797	2,868	2,883	2,561	2,668	2,606	2,791	33,288
	Actual (22/23)	2,117	2,546	2,610	2,415	2,368	2,710	2,485	2,695	2,086	2,395	2,466	2,731	29,624
	Actual as % of Plan	72%	89%	94%	83%	90%	97%	87%	93%	81%	90%	95%	98%	89%
RTT		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
RTT (Completed Pathway)	Plan (22/23)	4,004	4,087	4,053	4,277	3,465	4,218	4,512	4,348	3,883	4,195	4,283	4,495	49,822
	Actual (22/23)	3,529	4,329	3,988	3,694	3,632	4,494	4,187	4,221	3,064	3,922	3,894	4,655	47,609
	Actual as % of Plan	88%	106%	98%	86%	105%	107%	93%	97%	79%	93%	91%	104%	96%

■ Actual (22/23) — Plan (22/23)



Data Monitoring

The table and chart highlight the Inpatient and Day Case, and Outpatient activity levels forecast in 22/23 against 19/20 baseline.

Inpatient & Day Case

- The Trust achieved 89% of planned activity levels in 2022/23 and 88% of plan in Apr23. However, as activity is retrospectively input by the Divisional and Clinical Teams, it is expected that activity levels will increase further in Apr23. The Trust is performing similar to NCL peers.

Outpatient Activity

- First Appointments:** 101% planned activity levels in 2022/23 and 89% of plan in Apr23. The Trust is performing below NCL peers.
- Follow-Up Appointments:** 108% of planned activity levels 2022/23 and 88% of plan in Apr23. The Operating Plan states that Trusts should reduce follow-up activity by 15% compared to 19/20 baseline. The Trust is performing more Follow-up Appointments compared to NCL peers. However, increases in PIFU has reduced follow-up rates in Apr23.