Health and Social Care Scrutiny Sub-Committee

Minutes

29 November 2022

Present:

Chair:	Councillor Chetna Halai	
Councillors:	Govind Bharadia	Vipin Mithani
	Maxine Henson	Rekha Shah
Apologies received:	Julian Maw - Adviser	

13. Attendance by Reserve Members

RESOLVED: To note that no Reserve Members were in attendance.

14. Declarations of Interest

Councillor Maxine Henson declared a non-pecuniary disclosable interest in that she was mentioned in the reports.

15. Minutes

RESOLVED: That the minutes of the meeting held on 27 June 2022, be taken as read and signed as a correct record.

16. Public Questions

RESOLVED: To note that no public questions had been received.

17. Petitions

RESOLVED: To note that no petitions had been received.

18. References from Council and Other Committees/Panels

RESOLVED: To note that no references from Council or other committees/Panels had been received.

19. System Winter Plan

Members received a report from the Deputy Chief Executive of North West Hospitals. Mr Simon Crawford. The report and supporting appendix set out the progress made in preparation of the Trust's winter plans in recognition of the on-going emergency demand and pressures faced by acute Trust hospitals.

Members asked the following questions:

A Member asked if there was a follow up after the patient was directed to the community as detailed on page 16 of the agenda. It was explained that they working was done with patients and community or social services to confirm that care was in place before a patient was discharged. There were house visitations once a patient is discharged and an advance package of care for them to go back into the community.

A Member questioned about what would happen if the patient was alone. It was explained that an assessment of patient's dependencies would be made in advance, by health and social services and if house visits were required, they would be arranged in advance so there was a service in place which could give additional care and support.

The chair commented that it would be interesting to review the data at some point for future purposes. It was explained that in Northwick Park site in a week, 65 and 100 patients were discharged everyday over these different part pathways:

- Pathway 0, - would be those who could go home without a package of care,
- Pathway 1 - Community Package of care in their own home
- Pathway 2 - a typical low-level care - care homes or social services provision
- Pathway 3 – this was more complex.

There were discharge meetings with the local authority, with community providers as well, around talking and discussing the package of care needed, so there was a robust process in terms of engagement, assessments, chasing up care homes to assess a patient in terms of whether they could take them, given their care criteria. All that was done through daily escalated discharge calls between health, social care and A and R discharge statistics could be

shared with the Committee perhaps in future during a review of the Winter Plan.
It was agreed that a review of system plan would be beneficial.

Another Member asked about reports that patients were being discharged after 10pm. The Member was concerned about the impact on elderly patients. It was explained that it was not a policy or the intention to discharge patients late at night. Though there were exceptional cases, where patients had been discharged between 8 and 10pm. Efforts were made to discharge many patients by 5pm at the latest. In some cases, patients could still be around waiting for transport. It was the practice to avoid discharges after 5pm.

A member questioned about waiting times at the A&E and clarity was provided. It was confirmed that the standard waiting time was about 12 hours. Pre-covid such a wait would have been for a bed for a mental patient. It was explained that patients were waiting longer because the hospital was under pressure.

A member raised concerns about a particular case where a stroke patient was negatively impacted after driving themselves to the A&E due to the lateness of the ambulance and was subjected to a long wait that meant they missed their heart medication. Concerns were expressed about the incident and offers were made to make the necessary enquires if further details on the patient could be provided as this was not the performance the hospital was striving towards.

A member concern was raised about lack of waiting places for patients receiving Chemotherapy to recover. Simon explained that there was limited space in the Urgent Treatment Centre (UTC). They would be exploring options such as limiting number of relatives to try and create space, but it was difficult.

A Member questioned about reason for the significant growth in walks in at Northwick Park Hospital over the last three months as stated on page 22 off the agenda and what the situation was in other boroughs. It was explained that Northwick Park has the busiest it had gone up because of the introduction of same day emergency care and new pathways for frailty and diabetes and a direct booking referral system to divert patients from the UTC to alternative pathways. This was being done across various boroughs in North West London.

A Member questioned and explanations were provided about the demand monitoring process, and targets as detailed on page 23 of the agenda.

The chair questioned about the reports of residents finding it difficult to get GP appointments as not all surgeries were operating extended hours. It was explained that CCG was responsible for GP contracts and implementing service and success to GP appointments. The same issue was being experienced at the Urgent Treatment Centre that relied on GPs to run the service. There were capacity constraints, and it could be due to staffing issues. The report from the emergency care board was that there was good utilisation of the available GP appointments especially on Saturdays.

A Member commented that from her experience, Northwick Park Hospital was better than Ealing Hospital. It was explained that Ealing Hospital was on a smaller site, small staffing capacity and smaller departments so it could feel more pressurised quickly there were efforts not to overload the hospital and maintain a balance across departments.

The Chair questioned about the efforts were being made to reduce non-emergency walks in and was enough being done to engage newly arrived communities to increase use of primary care rather than working into the A&E which they may do in the communities they come from abroad. It was explained that more could be done to encourage GP registration and reduce fear of attending and communicate that registration was not necessary to access services. A lot had been done through communication in the communities.

A Member asked what plans were there to increase hospital staffing and could fuller use not be made of pharmacies. It was agreed that pharmacies were a good resource, and the Communities Team were best placed to discuss this. Staff were willing to do extra shifts due to goodwill and there had been success recruiting into new and innovative pathways.

The Chair asked if there was enough robust evidence that the remote emergency access co-ordination hub reach model would not place vulnerable individuals at greater risk and what risk mitigating measures would be in place if this was going to be trialled? It was explained that there was a Consultant led patient assessment service and other risks would be mitigated by applying lessons learned from where the model had been successfully implemented such as in bath, from implementation of similar services and monitoring patients 'review of the service.

The Chair thanked the Deputy Chief Executive of North West Hospitals. Mr Simon Crawford for his report and answers.

RESOLVED: That the progress made in preparation of the Trust's Winter Plans be noted.

20. LNWHT Strategy

Members received the report with an introduction from the Deputy Chief Executive of North West Hospital. Mr Simon Crawford. The report and supporting appendix set out the progress with the Trust's development of its new five-year strategy with the following highlights:

- A three phased approach had been adopted to help build a strategy to overcome the critical obstacles facing LNWH; diagnose, focused response and actions.

- The strategy had been informed by extensive input from our employees, local population and employees and input was gathered through online events, in person events and a multilingual community survey. A diverse

set of respondents completed the survey which showed they valued the latest treatments, improved timeliness of follow ups and results.

Members asked the following questions:

A Member questioned if more administrative staff would be needed when the system was implemented or would doctors access patient's information directly. It was explained that the information would be on an electronic system and easy to access. A completely integrated process that would be updated every step of the patient's journey that would feed into bed management and share the discharge list everyday with partners. In future would reduce the demand for administrative resources but create different roles.

The chair questioned how implementation of the strategy would affect the backlog and waiting lists. It was explained that the backlog was already being dealt with and the Trust was already delivering more activity month on month than it was Pre Covid, there were more elective operations, more first outpatients and diagnostic activity, national targets were yet to be achieved but activity was at 100%. There was a lot being done to reduce inefficiencies, improve effectiveness, quality, and communication. This should lead to more outpatient appointments, diagnostic testing, and elective care on operations.

A Member asked and received clarity on the diversity of the survey response statistics. It was explained that efforts were made to increase representation from underrepresented groups through community partners which led to a significant increase.

The Chair asked about the timing for training staff for the new systems and the challenges facing the Trust in the attraction, support, and retention of staff. overall vacancy rates compare favourably with other Trusts in North north-west London, they were not significantly better, but neither were they significantly worse, at staff retention. A big focus in the Strategy was the health and wellbeing of staff and support and career development. Improvement was needed with staff retention and there were efforts being made such as recruiting staff from local population, improving the ethnicity representation of our staffing profile, apprenticeships, and development programmes collaborative appointments for more senior staff such as secondment, training or joint working or joint appointments so that staff do not necessarily need to leave the Trust to get that experience.

A Member raised concerns that the impact of Covid-19 had on hospital staff especially doctors and nurses could not be underestimated. It was horrific experiencing frontline work during the pandemic and burnout would be a real issue. It was explained that staff were provided with access to health and well-being counselling and psychological services too. There were also some bespoke initiatives in place to try and alleviate some of the pressure and impact on staff.

The Chair asked if there were any key learnings from previous strategies were applied to this strategy especially maternity services. Lessons learned included, not to use external consultants, staff engagement, clarity on actions

needed to deliver the strategy. Efforts were being made to address the impacts of the pandemic. Some ratings dated back to 2017 due to infrequent nature of CQC inspections. The ratings were expected to improve once the CQC inspects. The Trust had recently been subject to an academic review after the Auckland Review of Kent and the recommendations made thereafter, the Trust came out of that extremely well, mainly as a result of all the improvements that had been put in place over the last 18 months such as the recruitment of many new senior staff into the leadership of the Trust. Also, there had been a lot of focus on the improvement of maternity services over the past 18 months to improve the quality, staffing levels, interaction with patients, and language barriers. As a result, there was now an increase in referrals and mothers booking in at Northwick Park so the maternity service was in a much stronger position and delivering a better service.

A Member asked that since the CQC rarely conducted inspections if there was a process of internal inspection. It was explained that there was a quality Committee, and the board that received monthly reports in terms of quality, key metrics it reviewed
A&E performance, waiting lists, risks, lesson learned from incidents and benchmarking against other Trusts and external support was sought if particular concerns were identified.

The chair thanked the Deputy Chief Executive for the reports and commended the identified improvements.

RESOLVED: That the progress with the Trust's strategy development be noted.

21. Update on St Mark's Hospital - Relocation of Services

Members received an introduction to the report by Mr Simon Crawford, the Deputy Chief Executive, London North West University Healthcare NHS Trust and a presentation from Mr John Watson, the divisional director of operations for St Mark's services.

Members asked the following questions:

A Member questioned how the c50 in-patient beds released at NPH would be targeted and when as the emergency departments was under unrelenting pressure. It was explained that the beds were converted to additional non-elective emergency admission capacity.

The chair questioned if the success of the move was corroborated by feedback from residents who may have had concerns about the increased travel time. It was explained that as St Marks was a national service, patients came locally, and from all over the country. Often, chronic patients were treated with long term conditions, for whom Northwick Park was a preference, where it was possible, people were allowed to attend the site of their preference, the main benefit of moving to Central Middlesex was to protect that capacity, so people have waited less time because of the move than they otherwise would have.

The Chair questioned about the expected net impact of the additional capacity that would be created by the £10m capital redevelopment, for five new endoscopy rooms. It was explained that At Northwick Park had a facility with six rooms, which were too small and no longer met the requirements for a big endoscopy suite. There was not enough recovery space. The overall scheme would result in only Four rooms at Northwick as a result, more rooms were being built at Central Middlesex, an additional 5 overall as a trust we go up by three rooms in total because we got two rooms at Ealing as well, and we already have two rooms at say, a match and, as I said earlier, this was based on some population modelling.

The Chair questioned about the terms of the importance of JAG accreditation for endoscopy services. It was explained that JAG was a national accreditation system for endoscopy services involved inspection of physical facilities, the way the service was run and patient feedback. The Trust now had full accreditation for Central Middlesex hospital and for Northwick Park hospital conditional on the capital scheme that was outlined over the course of the next 12 months. Every other element of the Trust's services had been reinspected and has passed the accreditation. The Trust was awaiting a date from JAG for inspection of the Ealing service and £350,000 had been spent refurbishing the units and full accreditation was expected by early 2023.

The chair commended the significant results and asked if this success which had reduced waiting times be applied to address inefficiencies and replicated across the Trust. It was explained that the Transformation Team, was looking at different pathways to improve services such as plans to develop the Central Middlesex Hospital as a high volume, low complex site for elective orthopaedic centre.

RESOLVED: That the success of the move of non-complex St. Mark's surgery and supporting services to Central Middlesex Hospital in response to Covid-19 be noted.

22. Any Other Business

There was none.

(Note: The meeting, having commenced at 6.30 pm, closed at 8.30 pm).

(Signed) Councillor Chetna Halai
Chair