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 pecuniary interest in that she was mentioned in the report.

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.

Resolved Items

19. System Winter Plan

Members received a report from the Deputy Chief Executive of London North West Healthcare NHS Trust. 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 there was collaborative working in place with partners in community or social services to confirm that care was in place before a patient was discharged. There were home visits arranged 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 a 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 in a week, 65 to 100 patients were discharged everyday over the different discharge 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 as the patient and families to discuss the appropriate 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 clinical care criteria. All this was done through daily escalated discharge calls between health, social care and discharge statistics could be shared with the Committee perhaps in future.

It was agreed that a review of system plans would be beneficial.

Another Member asked about reports that patients were being discharged after 10 pm. 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 10 pm. Efforts were made to discharge most patients by 5pm at the latest. In some cases, patients could still be waiting for transport. It was the practice to avoid discharges after 5 pm wherever possible.

A member questioned about waiting times at the A&E and clarity was provided. It was confirmed that the standard waiting time was 4 hours to be seen and to be admitted from A+E within 12 hours. It was explained that patients were on times waiting longer than the 12-hour standard because the hospital was under continued pressure and admission to a bed was often dependent on other patients being discharged on a timely basis. Pre-covid such a wait over 12 hours would only have been for a bed for a patient requiring mental health bed.

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. Simon stated he was not aware of the case but commented there were cases of long waits for ambulances at peak periods and offered to make the necessary enquires if further details on the patient could be provided as this was not the performance the health service was striving to provide.

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 challenging at peak periods.

A Member questioned about reason for the significant growth in patient walks in at Northwick Park Hospital over the last three months as stated on page 22 of the agenda and what the situation was in other boroughs. It was explained that Northwick Park has often the busiest A+E department in London and attendances 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 also being done across other boroughs in North West London.

A Member questioned and explanations were provided about the Trust's system and processes for demand and performance monitoring against 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 monitoring performance against service standards including access 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 a smaller A+E department, with less staffing capacity and a constrained department size so it could on times feel more pressurised quickly but there were efforts not to overload the hospital and maintain a balance across the Trusts 2 A+E departments.

The Chair questioned about the efforts that 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 walking 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. Simon explained that staff were willing to do extra shifts due to goodwill and there had been success recruiting into new and innovative roles within the Trust.

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 this 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 the implementation of similar services and monitoring patients ‘review’ and feedback of the service.

The Chair thanked the Deputy Chief Executive of London North West Healthcare NHS Trust, Mr Simon Crawford for his report and answers.

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

20. LNWHT Strategy

Members received the report with an introduction from the Deputy Chief Executive of London North West Healthcare NHS Trust, 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 any issues, develop a focused response and actions.

- The strategy had been informed by extensive input from our employees, patients and the local population 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 new patient record system was implemented or would doctors access patients' 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 with every step of the patient's journey that would feed into bed management and share the discharge list everyday with partners. In future this 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 over 100% of pre-Covid levels. 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 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. Simon explained 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 the local population, improving the ethnicity representation of our staffing profile, access to 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. Simon explained lessons learned included, not to use external consultants to develop the Strategy, improve staff engagement, ensure there was clarity and effective communication on actions needed to deliver the strategy. Continued efforts were being made to address the impacts of the pandemic as part of the on-going strategy development and improvement.

In respect of CQC ratings of the Trust Simon commented that some of these for individual services or sites dated back to 2017 due to the infrequent nature of CQC inspections. The Trust was optimistic that such ratings were expected to improve once the CQC re-inspects. The Trust had recently been subject to a number of reviews and visits where, the Trust has performed 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 of the patient experience, staffing levels, interaction with patients, and address 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 an improving position and delivering a better service with improved patient feedback.

A Member asked that since the CQC rarely conducted inspections if there was a process of internal inspection. It was explained that there were quality reviews undertaken within the Trust that report into the Trust Board level Quality Committee, and the Trust Board received bi-monthly reports in terms of quality and key metrics it reviewed. These included areas such as; 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 utilised and when as the emergency department was under unrelenting pressure. It was explained that the beds had already been converted to additional non-elective emergency admission capacity and had been vital in supporting the Trusts response to emergency demand.

The Chair questioned if the success of the move was corroborated by feedback from patients and residents who may have had concerns about the increased travel time. It was explained that as St Marks is a national service where patients come locally and from all over the country, many of St Marks patients have chronic long term conditions requiring on-going treatment and support and where it is possible, patients will still be able to attend the site of their preference although all the most complex surgery cases requiring possible access to a critical care bed will still be undertaken at Northwick Park Hospital. The main benefit of moving to Central Middlesex was to provide protected capacity where the less complex operations can be planned and completed without risk of cancellation due to demand from emergency patients requiring theatre time. Planned procedures at CMH are now reliably delivered so people have waited less time because of the move than they otherwise would have. Mr Watson explained over 2,000 procedures have taken place successfully since the move to CMH and patient feedback has been very positive.

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 suites at CMH. It was explained that at Northwick Park there was a facility with six rooms, which were too small and no longer met the requirements for a modern effective endoscopy suite. There was not enough recovery space. For Northwick Park the Trust has plans to refurbish the existing department to create four modern appropriately sized rooms, meeting latest dignity and infection control standards. In addition the 5 new endoscopy suites being built at Central Middlesex, will give a net overall increase of 3 endoscopy suites in total which is necessary to support the increased referrals for endoscopies in line with National demand and capacity forecasts as well as local population growth 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 which 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 this currently conditional on the capital scheme that was outlined being progressed 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 would 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.

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

(Signed) Councillor Chetna Halai
Chair