
**REPORT FOR: HEALTH & SOCIAL
CARE SCRUTINY SUB-
COMMITTEE**

Date of Meeting:	26 October 2015
Subject:	London North West Healthcare NHS Trust Update Report
Responsible Officer:	Simon Crawford Director of Strategy, LNWHT
Scrutiny Lead Member area:	Councillor Michael Borio, Policy Lead Member & Councillor Mrs Vina Mithani, Performance Lead Member
Exempt:	No
Wards affected:	All
Enclosures:	Appendix 1: First year as LNWHT - Priorities and Challenges

Section 1 – Summary and Recommendations

This report provides an update from London North West Healthcare Trust's (LNWHT) on the priorities and challenges faced during the first year as a new Trust; provides an update on the progress since the Care Quality Commission's (CQC) inspection in May 2014 which is incorporated into the planning for the CQC inspection taking place week commencing 19th October 2015; and lastly provides an update on preparing for winter pressures at Northwick Park Hospital Emergency Department.

Recommendations:

The Health and Social Care Sub Committee are asked to note the updates.

Section 2 – Report

1. First year as London North West Healthcare Trust - Priorities and Challenges

On the 1st October 2015 London North West Healthcare NHS Trust celebrated its first full year following the merger of Ealing Hospital and North West London Hospitals.

The new organisation was created on the strength of the considerable clinical opportunities that bringing together clinicians and services into a single entity would bring, especially to the 850,000 people of the three boroughs for whom the Trust is the main local provider of healthcare.

The vision of the Trust and focus of its ongoing development is to transform itself into an integrated care organisation combining services that span community, acute, specialist and tertiary healthcare; with a commitment to work with partners in health, social care and the community.

Ambitions so improve health outcomes and provide care closer to home that were central to Shaping a Healthier Future set continues to be important in shaping the direction of travel across northwest London. For the Trust this has meant the closure of A&E at Central Middlesex Hospital (CMH) and the closure of maternity services at Ealing Hospital (EH), both of which have been achieved safely. Facilities at Northwick Park Hospital (NPH) have been substantially improved through the building of a new A&E department and upgrading of theatres. November will see the opening of a new emergency admission facility and state of the art infectious disease unit.

An immediate and positive consequence of the merger has been the ability of the expanded medical teams to support seven day working and improve senior decision-making presence, in particular to support emergency cover

out of hours. This had been an increasing challenge for the legacy organisations.

As is the case across the NHS, the Trust is facing considerable pressures. Though we believe the organisation is better placed to address these as a larger organisation. Some issues are national such as the ongoing difficulties recruiting skilled staff, increasing demand for healthcare as people live longer and the annual challenge of winter.

The Trust has not been able to consistently achieve national performance standards for A&E, in particular at NPH, referral to treatment and cancer waiting times. Considerable clinical and operational resources continue to be focusing on these issues, supported by substantially improved information flows and more robust planning of capacity and demand. However, all three targets continue to present considerable challenges.

Locally, ongoing discussions are taking place with commissioners over the future of CMH and EH. In addition, the ambitious procurement agenda being pursued by local commissioners has resulted in the Trust losing activity and income and this is having an impact on the sustainability of the Trust's community services in general, and on the specialist services that are affected such as cardiology.

The Trust's financial deficit continues to be a significant cause of concern and focus of activity. Implementing the recommendations of the Royal College of Nursing on staffing ratios led to significant increases in spending across the Trust in 2014/15. Attendances in A&E and the associated admissions for emergency care also resulted in significantly higher costs for the Trust as additional beds were opened and extended opening hours were put in place for support services like diagnostics, pharmacy and senior consultants working hours.

However, the new leadership team that is now in place are focusing on the major opportunities that exist across the Trust. A critical review of the Trust's clinical strategy is underway in the context of the national agenda set by the Five Year Forward View. We recognise that hospital Trusts will play a fundamentally different role in the future as participants in integrated care models that are anchored in the community, involving a wide-range of partners. Key elements of the clinical strategy are expected to be:

- A centre of excellence and hub for the emergency pathway at NPH
- A local hospital and centre of excellence for elderly care and rehabilitation at EH
- A centre of excellence for elective surgery, and potential host site for regional rehabilitation and a national genomic testing facility at CMH
- A centre of excellence for local cancer services in northwest London
- An international centre of excellence for care, research and specialist training in the treatment of colorectal disease; and
- A major provider of healthcare education and training.

In addition to supporting a group of newly-appointed clinical leaders who are bringing together colleagues from services across all sites, we have put in

place streamlined governance arrangements to ensure a more visible leadership presence and to more effectively hold ourselves to account for the care we deliver to patients.

The CQC inspection that is currently underway is being used as a further opportunity to critically assess where we need to improve as well as to identify the many areas of excellent practice and high quality care our clinical staff provide. The leadership will use the review to improve the focus on safety, quality and the patient experience: from ward to Board.

Alongside the improvement challenge we have set our clinical teams, a series of measures are in place to streamline the operational efficiency of the Trust. Key to this financial recovery programme is the ambition to become agency free coupled with an exciting transformation agenda. Using the full scope of our community and acute services, and working with partners, to develop fundamentally new ways of working that provide the best possible care to our patients and allow the Trust to thrive.

The completion of a new ward block adjacent to A&E at NPH, which opens in November, will provide additional bed capacity that will benefit A&E performance directly and ease pressure on site occupancy as a whole.

Strengthening relationships with our partners is a priority and we recognise that our long-term strategy needs to reflect the needs of a wide range of stakeholders. However, we also believe that our partners – including local authorities – have an important role to play in helping the Trust find solutions to the challenges of Shaping a Healthier Future, in particular over the future of the CMH and EH.

Appendix 1 summarises the challenges and priorities faced by LNWHT.

2. Progress on CQC action plan following inspection May 2014

2.1 Position

The North West London Hospitals NHS Trust was inspected in May 2014 under the new style CQC methodology. The overall provider report was rated as follows:

- **Safe:** Requires Improvement
- **Effective:** Requires Improvement
- **Caring:** Requires Improvement
- **Responsive:** Requires Improvement
- **Well Led:** Requires Improvement

The CQC will be inspecting the newly formed London North West Healthcare NHS Trust in October 2015; Ealing Hospital and Community services will be inspected for the first time under the new methodology.

2.2 Governance

Post inspection the Trust prepared an action plan which was shared with key stakeholders, however since that time as a result of the merger and leadership

changes at the Trust there has been poor internal governance and oversight of the delivery and implementation of the original action plan. Recent monthly governance submissions to the NHS Trust Development Agency (TDA) have been altered to reflect this finding.

New governance arrangements in the Trust (from August 2015) have been implemented to ensure greater oversight and assurance that the appropriate actions have been fully implemented or are actively being monitored for completion.

2.3 Preparation for 2015 Inspection

A TDA Mock Clinical Review took place in the Acute Hospitals on Friday 11 September 2015 and Community Mock Clinical Review took place on 1 October 2015. This was conducted in preparation for the 2015 inspection. In addition a key focus of the clinical reviews was to assess the degree to which the 2014 original improvement plan had been achieved and embedded in Practice.

The clinical review identified areas of good practice; this included the significant work that had been undertaken to encourage the reporting of incidents within the organisation, a point to be improved upon was that of sharing the learning from those incidents. Work continues to improve the governance structure and the “you said we did” notice boards for patients and relatives have been rolled out across all sites.

In the community the TDA clinical review praised the provision of end of life care, describing it as excellent within community settings. An area for action for the community services was to ensure that policies and guidelines are current and accessible.

2.4 Executive Actions

A paper was presented to the June Board 2015 listing the outstanding actions that needed to be taken and requiring executive oversight and management. The Trust was given a list of “**Must Do’s**” “**Should Do’s**” and **Compliance Actions**. Must do’s are linked to compliance actions and action must be taken, should do’s are recommendations and compliance actions are applied when the inspection team note and have **evidence of noncompliance with the Regulatory Standards** therefore a breach in compliance is identified and the providers are required to take action to address and return to being fully compliant as soon as possible.

Below is an update on the Trust position in respect of all the compliance actions that must have been addressed in advance of the 2015 inspection.

Core Services	Compliance Actions	Action to date
A&E	There were inadequate staffing levels to provide safe care to patients within major’s treatment area in the A&E department	Staffing levels very good in A&E, now compliant
Critical Care	Very little information was systematically collected on the safety and quality of care and treatment provided within critical care	Unit now submits to ICNARC and data is displayed on the unit
	Medical staffing levels were very low in	New Consultant lead and

	critical care. A large number of positions were filled by locums and clinical fellows. The trainees in the department were very junior and unable to take on many tasks independently	staffing has improved.
Surgery	There were a lack of up to date protocols and guidelines for staff to work from within surgery	Work underway to ensure all trust policies are in date and include up to date evidence based practise
	There were low numbers of middle grade doctors in general surgery	There are on-going challenges recruiting Dr's to St Marks and actions are in place to address this. We have also introduced a new role, a Senior Nurse Role commonly known as Red coats to address the known gap in middle grade Dr's.
Maternity	The maternity service did not respond to complaints in a timely manner, nor did it actively seek women's feedback on the maternity pathway.	Management of complaints much improved, with CEO focus to improve the quality and timeliness of responses. Further work has taken place to gather direct feedback from patients and more action has been agreed to address the latest findings. A new post created of Quality & Patient Experience Manager.
	Lack of escalation processes in Maternity.	Policy was reviewed July 2015, and amended version due to be ratified imminently and uploaded on intranet. Daily safety huddles introduced from May 2015 aimed at matching safe staffing level with patient demands.
	Women who use maternity services were not protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of: Having their individual needs met as comfort checks on the postnatal ward were not regular.	Comfort checks take place 6 hourly on post natal ward, collated and reported on monthly, there are 31 beds with 5 midwives and 3 MCA's, in the day and in the evening 4 midwives and 2 MCA's the area is adequately staffed.
	Having their safety and welfare ensured because behaviour and attitudes of some midwives towards women fell below expectations	Maternity services established a strategy for compassion, quality and safety in practise, regular meetings held and a card given. Enhanced customer care training is now within mandatory training. Further work planned in light of recent survey feedback. The department is also delivering on the outcomes of two independent maternity reviews that were commissioned

		by the division.
Children	The design of the ward meant that many areas were not observable from the nurses' station, or the reception desk, which posed a safety risk when children were playing in the ward	Ward refurbishment complete and now providing an excellent patient environment.
	The ward appeared clean, but it was cluttered which meant thorough cleaning could not be achieved.	Mock inspections have taken place, with appropriate follow up actions taken and deep clean. Further mock review planned on completion of refurbishment
	The treatment room and store room doors on the ward were left open, potentially allowing access to children.	All staff now aware of importance and appropriate locks etc. in place
	Blood samples were on a shelf in the open area of Jack's Place awaiting collection, because the pneumatic tube system to take samples to the lab was out of order	Staff aware and senior staff clear on holding to account for practises of all professionals
	Not all equipment in the ward was on the trust's asset register, which was why service dates had been overlooked.	All equipment in this area compliant. Work underway to ensure equipment is compliant across trust.
	Some electrical equipment did not have PAT testing dates, and trust records showed that on the children's ward 24% of equipment had passed their due date for servicing	As above all compliant in this area.
Neonatal Unit	Fridge in the Neonatal unit was iced up and there were gaps in temperature recording	Mock inspections have taken place, pharmacy have updated policies and practices and are undertaking frequent audits to ensure sustained compliance.

3. Preparing for Winter Pressures at Northwick Park Hospital Emergency Department

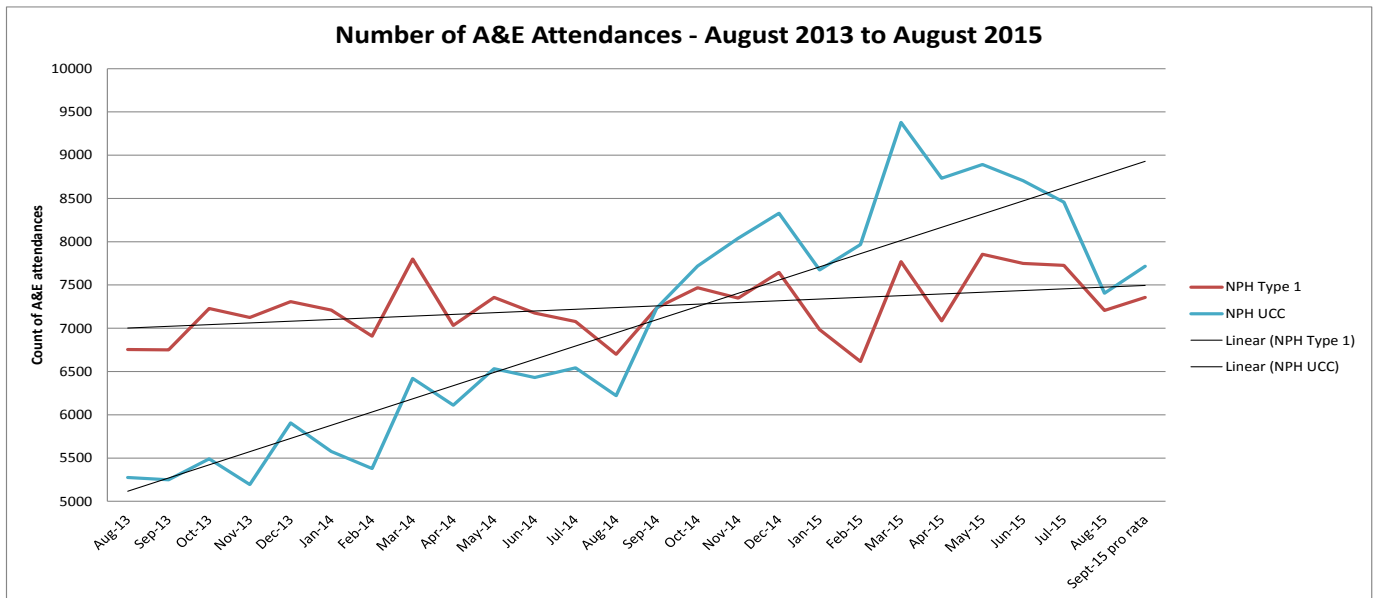
3.1 Background

The Emergency Department (ED) at Northwick Park Hospital is an exceptionally busy environment. Attendances have grown steadily as indicated in the below graph.

Monthly urgent care centre (UCC) type 3 attendances have increased from an average of 5200 per month (Aug 2013), peaking at 9400 in March 2015 and an average between 7000-8000 per month over the last 4 months.

Monthly A&E type 3 attendances have increased from an average of 6700 per month (Aug 2013) to an average of 7500 per month over the last 4 months i.e. 250 per day.

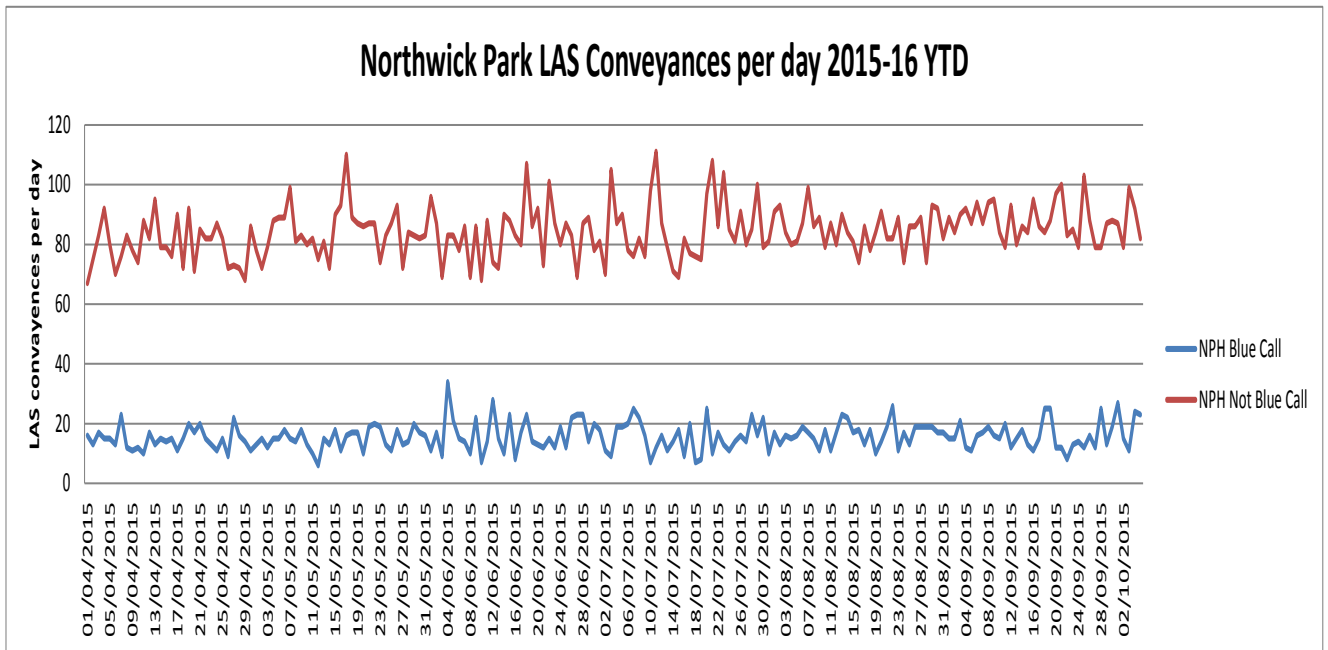
The department has recently been relocated within the hospital and benefits from a new purpose built department with streamlined access to a number of supporting services and inpatient wards.



There are a number of factors for this increase in activity, including:

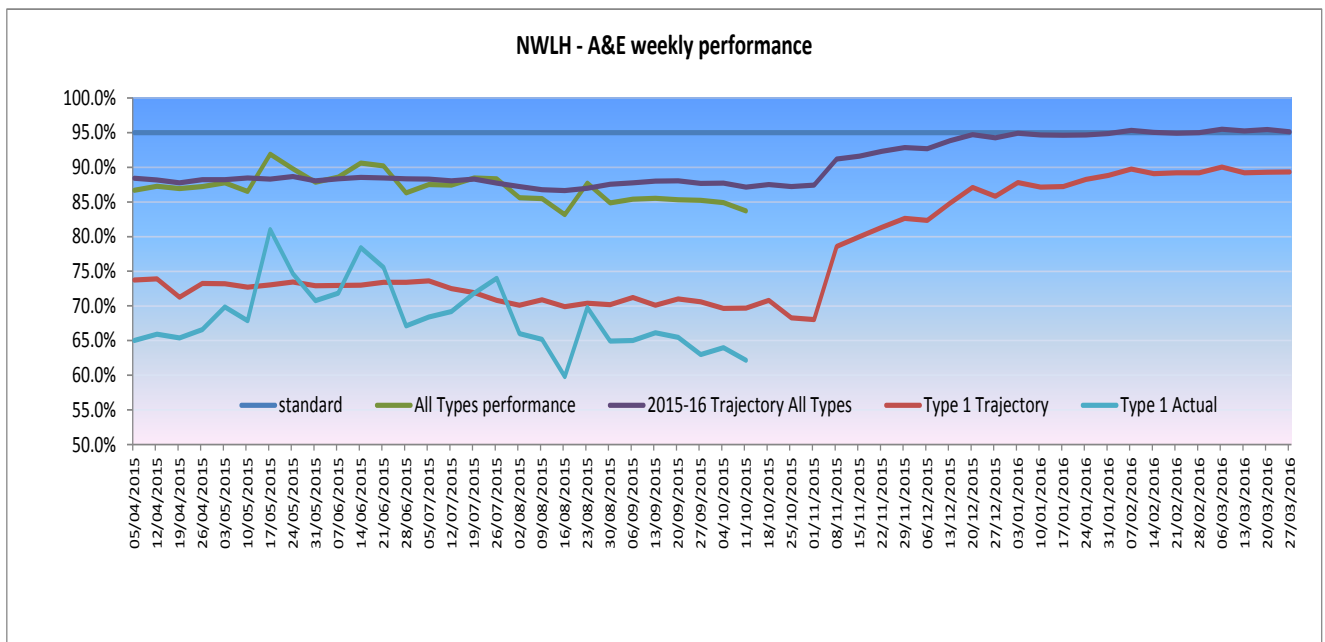
- The local demographics and age profile of Harrow residents i.e. aging population, increased co-morbidities, working population reliance on 24/7 services as a place of safety when other health and social care services are not available
- Increased complexity of presentation to ED
- Limited access to primary care across seven days
- Limited access to social care across seven days
- Public education on local services and awareness of how and when to access
- Harrow CCG commissioning a 24/7 UCC on site where previously a reduced hours service was operational
- The impact of the London Shaping a Healthier Future Programme i.e. relocation of ED departments across London and wider hospital services

- There is a large variation in the number of London Ambulance Service conveyances. YTD 15/16 the average number of conveyances is 100. However the below graph indicate the variation in daily activity the ED experiences which has an effect on daily performance to support the safe delivery of the national 95% of patients seen in ED within 4 hours.



3.2 4 hour 95% trajectory:

To support the delivery of the 95% target, the Trust has agreed with CCGs commissioners a trajectory. This is being monitored daily and discussed at the Brent and Harrow System Resilience Board where joint plans and mitigations are developed to support system performance.



A range of factors are impacting this delivery, including:

- Delays in the impact of the CCG and Social Care Better Care Fund Plans
- Medically fit for discharge and delayed transfers of care are increasing across health and social care within Brent and Harrow
- Availability and access to community beds including respite beds, nursing home and residential home placements across health and social care
- Response from health and social care partner organisations to deliver elements of their pathways to the scale and pace required across 7 days
- Pathway delays between ED and specialty services

3.3 Preparing for Winter Pressures at Northwick Park Hospital Emergency Department:

The following actions will support the Trust this winter:

- Daily whole system teleconference focusing on medically fit for discharge and delayed transfers of care across Brent and Harrow including a single information sheet issued daily to ally required stakeholders
- Launch of the 2 week Breaking The Cycle programme to improve system working internally and externally to remove blockages in the system between 9-22 November 2015
- Increased bedded capacity at Northwick Park through:
 - Modular beds open 23 November 2015 adding an additional 48 new beds into the site. These beds will comprise of additional short stay assessment and medical beds
 - Reallocation of medical and surgical bed base to improve the efficiency of patient treatment through increased separation of medical and surgical beds which aims to reduce medical outliers on surgical wards
 - Increased mortuary capacity through a refurbishment completed by December 2015.
- Continued implementation of the ED Remedial Action Plan agreed with CCG commissioners which is monitored in the monthly System Resilience Board and actions worked upon at the fortnightly operational sub group
- Trust pathway changes including:
 - Continuation of the Care Pathway to support flow through the Northwick Park ED
 - Revised decision to admit pathways process between ED and specialties
 - Nurse led discharge bundles
 - Continuation of the Ambulatory Emergency Care Pathway to support increased flow of appropriate ambulatory day case activity to be treated away from the ED

- Improving site discharge flow through the expansion of the discharge lounge within September 2015.
- Discussions with CCGs as required on flexing admission criteria to community rehabilitation beds
- Joint working with Brent and Harrow CCGs to transfer appropriate medical fit patients to short stay step down beds

3.4 Implications to partner organisations – CCG and Social Care:

Partner organisations are aware of the need to support the delivery the 4 hour ED target across CCGs and Social Care responsible pathways. There are a number of implications that partners will need to be mindful of during the upcoming winter period, including:

- Requirement to act on pathway patients in a timely process to avoid delayed transfers of care
- Consideration to the impact of time delays for social care panel sign off

Section 3 - Statutory Officer Clearance

Not Required

Ward Councillors notified:	NO
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Section 4 - Contact Details and Background Papers

Contact: Simon Crawford, Director of Strategy, simon.crawford1@nhs.net ,
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Background Papers: None