

# Board in common

## Questions from the public

**Tuesday 17 January 2023, 9:00-12:00**

**Conference Hall, third floor, Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ**

This document summarises the questions put to the board in common for the meeting on 17 January and provides responses.

The questions have been grouped by theme and a single response provided where several questions were received on the same subject.

### **Issues affecting trusts across the acute collaborative**

Given the importance of vaccination for staff well-being and for the health of patients with whom staff interact, 50% and below for both Covid and flu, is a disappointing figure. What further processes are being undertaken to greatly increase uptake of all available vaccinations? On the basis of what we have learned for this year's uptake, what steps will be taken for a comprehensive and early vaccine campaign in 2023. If the public become aware of this low take-up, will this not deliver a very negative message in a context where vaccine uptake is vital to relieving pressures on the NHS, and the acute sector in particular?

Comprehensive vaccination plans were in place across the four Trusts and we agree that the uptake was disappointing. We are looking carefully at what lessons can be learnt to improve uptake this coming winter. It seems to be an issue across the NHS – our uptake rates in North West London were actually 4-5% higher than for the other ICSs in London uptake of staff vaccinations. We definitely need to continue to educate both staff and the public on the benefits of the vaccinations and to engage with staff groups with the lowest uptakes as early as possible in the next vaccination season.

Can the performance dashboards for the Collaboration please be put in the public domain in timely fashion? We really appreciate all that the staff of all four trusts are doing for patient care during the current crisis but it helps us all to understand the latest trends and to be able to hold those ultimately responsible to account.

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The performance data with these agreed metrics will be published on a monthly basis on each Trust's website.

- [Quality and performance monitoring – Chelsea and Westminster Hospital NHS Foundation Trust \(chelwest.nhs.uk\)](https://www.chelwest.nhs.uk)
- [How are we performing? | The Hillingdon Hospitals NHS Foundation Trust \(thh.nhs.uk\)](https://www.thh.nhs.uk)
- [Imperial College Healthcare NHS Trust | Monthly performance scorecard](https://www.lnwh.nhs.uk/quality-and-performance-report)
- <https://www.lnwh.nhs.uk/quality-and-performance-report>

Ambulance handover delays at LNWH are, at 57% of the total, so much worse than elsewhere in NW London. Is there a reason for this difference which has been identified? It is good to note efforts to share the burden of arriving ambulances.

LNWH has the greatest challenges in this performance area and mostly at its Northwick Park site. This site generally receives the highest number of ambulances in London and has high bed occupancy as a result. We have taken immediate action to address this such as:

- Additional beds have opened at all three LNWH sites
- We are fully using all our capacity at Northwick Park to get patients to the specialty wards faster.
- We have improved our grip on length of stay and are working more collaboratively with partners on discharge pathways. This is supported by new national funds to alleviate discharge delays.
- Our single point of access supports community providers to maximise the use of our SDEC services and we are working to enhance those into an Emergency Access Care Hub to reduce the volume of ambulances where safe to do so.
- We are currently planning our staffing of the SDEC facility at Northwick Park on an overnight basis (however obtaining the workforce to do this is a challenge).
- In the medium term we are planning to deliver 30 more beds on the Northwick Park site.
- Followed by our longer-term aim to build a critical care facility and liberate 2 large wards of space on the Northwick Park site.
- Between October and November LNWH performance improved but there is still more to do.

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In the report of the Board in Common Cabinet Meetings on p.355 the Collaboratives response to the Hewitt review of ICSs is mentioned. Can this be published please?

The Collaborative's response to the Hewitt review of ICSs will be reflected in the final report.

## **Issues relating to Imperial College Healthcare NHS Trust**

How will the public who have responded to the Elective Orthopaedic Centre consultation, be informed of the outcomes of this process i.e. how will these be publicised more widely, and how will questions raised by members of the public, or groups representing these, be answered in public?

If the proposals, in their final form, are accepted, how will the new hub be evaluated and how will this ongoing evaluation be made public?

We will publish the public consultation report on our websites as soon as it's ready in February and then the decision making business case at the beginning of March. We'll also publish accompanying news stories - setting out what we heard and how we're hoping to respond, together with clear next steps, including on the decision making process and opportunities for further feedback. There will be related news items in our various newsletters and we will email similar updates to all those who have responded to the consultation who have given us permission to keep them updated on the development.

The NWL ICB and Joint Health and Oversight Scrutiny Committee (JHOSC) and the North West London Integrated Care Board meetings where the DMBC is due to be formally discussed will be held in public.

[These steps have now all happened.]

We are also working up plans for on-going patient and public input – as well as staff input - to support further development and implementation of the proposal, assuming there is a decision to proceed. This will complement existing lay partner roles within the programme management/governance and again we will seek to involve those who have already responded to the consultation and who have said they are interested in being more involved

We will continue to be fully transparent about implementation as and when it goes ahead and, as well as a formal post project evaluation, we will provide updates, including key data, via existing trust, collaborative, system and national forums/channels.

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May we please have a summary of the plans for ophthalmic services in North West London and does the Board agree that ophthalmology services are currently under great strain and are an urgent priority for development?

We completely agree that ophthalmology is a really important area of work and are delighted to be working with the lay partners on an emerging improvement programme, also in partnership with community colleagues and the wider ICB.

From clinically-led work and discussions to date, we think the first priority is to expand diagnostic capacity and make it more easily accessible, especially in areas of high deprivation where there are greatest need for improved access.

We've been looking at clinical models for additional, targeted capacity and, following some recent discussions with our local authority and other partners, we're now gearing up for wider patient and public engagement and involvement so that we are ready to bring concrete proposals to a future board in common meeting.

Alongside this work, we're progressing widely shared plans for £9 million building works at the Western Eye triggered by fire risks that caused most services to be temporarily relocated to Charing Cross Hospital. We are very pleased we are also able to create an additional, third, operating theatre as part of these works that will help us reduce waiting times for planned care. Longer term, our intention remains to include the Western Eye in our wider redevelopment programme, with services relocated to another, purpose-designed facility within a redeveloped site.

The Strategic Imaging Asset Management strategic outline case notes that while the Trust has leading imaging staff, much of the equipment is outdated and then makes a detailed case for a certain type of financing to underpin procurement over the next 15 years. Why is so little space given to the likely future demand for imaging and trends in provision – see p.86 (e.g. with reports that GPs may soon have direct access to ultrasound) and why is future provision not being addressed at the Collaborative level for which the model seems very suitable?

The business case presented to the Board-in-Common refers to ICHT but looks to establish a single supplier framework for the North West London Imaging Network (NWLIN) (which includes all acute providers within the collaborative). This will provide the opportunity for other Trusts within the collaborative to 'opt-in' to the programme in the future.

Extensive work has been undertaken on planning for likely future demand for Imaging. The approach to planning future demand was developed collaboratively by the NWLIN and the outputs of this work have been used to model future demand in

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this business case. The numbers included in this business case are for ICHT only and are a subset of the model for the NWLIN.

The case acknowledges the risks involved in forecasting future demand for imaging services and will mitigate this risk by regularly updating the NWLIN planning and using the most up-to-date planning in subsequent versions of the business case.

The NWLIN and SIAM programme teams have looked to include trends in provision in the planning of future demand. In the given example, GPs in NW London currently have direct access to NOUS and these numbers are included in the baseline. If the level of GP direct access is increases and this drives increases in demand we will include this in further iterations of the demand plan and relevant business cases.

Another example of how we have included changing trends in imaging provision in our planning is shown when we have reduced the number of MRI scanners to be procured as part of this business case in lieu of those being provided as part of the NW London Community Diagnostics Centres Programme (reduced from 30 to 21 scanners).

In summary;

- the business case is specific to ICHT but looks to establish a framework for the NWLIN. Other Trusts within the collaborative can 'opt-in' to the programme in the future.
- the planning for future demand for imaging has taken place collaboratively within the NWLIN.
- the numbers included in this case are specific to ICHT and are a subset of the NWLIN plans.
- the planning includes assumptions on future trends for Imaging provision.
- the planning will be updated regularly and future versions of the business case will be updated.

Could more please be explained about the midwifery vacancy rates in bottom segment of the table on p.199? Are the numbers percentages or actuals? Even if some figures were not collected until April 2022 it is not easy to see why there is no data for ICHT.

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We don't currently record the data in the same way as other Trusts but ICHT have one of the lowest midwifery vacancy rates in the sector. In 2022 we set up a maternity taskforce which positively contributed to reducing our vacancy rate and in February 2023 we saw our midwifery vacancy rate reduce to 7.85%. Our maternity workforce strategy for 2023/24 and beyond, has clear objectives around midwifery recruitment and very importantly, a focus around reducing turnover.

## **Issues relating to London North West University Healthcare NHS Trust (LNWH)**

What function will the closed car park in front of Ealing Hospital be and how is the site redevelopment project progressing?

There has been no immediate closure of the main car park at Ealing hospital.

We now have an agreed Trust strategy for London North West University Healthcare NHS Trust as well as a site redevelopment strategy and have appointed a team of advisors to plan the development of a fit for purpose hospital at the Ealing site. Any updates on progress on this redevelopment plan will be shared in full consultation with key stakeholders.