

# Board in common

## Questions from the public

Tuesday 18 October 2022, 9:30 – 11.30am

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 18 October and provides responses.

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

## Governance of the board in common and the acute collaborative

[Will individual trusts hold their own board meetings? How will the board in common handle stakeholder engagement and ensure that the public still has a voice?](#)

Individual Trusts no longer have individual routine board meetings other than their individual annual general meetings, but will meet as a board in common.

The governance around this decision was presented previously and agreed:

- at the public trust board meetings of the four trusts in July and August this year
- at the Council of Governors meetings of the two foundation trusts in July and August this year
- by the North West London Integrated Care Board
- by NHS England (London)

The board in common meetings include both non-executive and executive director representation and is equal for each of the individual organisations. Therefore, all members can make decisions on behalf of the acute collaborative, while only board members who belong to individual trusts will make decisions for their specific organisations.

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Each of the four trusts will continue to hold individual annual general / members meetings.

Each of the trusts also continues to undertake their own comprehensive stakeholder engagement programmes.

For the two Foundation Trusts, meetings with the Members and the Council of Governors continue as before and the Council of Governors will continue to hold NEDs to account.

On behalf of patients at your first meeting in public, I would like to welcome the Board and note that we would like to see greater participation and collaboration with patients. We wish you well in your incredibly important task.

We're grateful for the welcome and look forward to working with our partners and communities.

### How will the board in common maintain transparency and engage with members of the public?

We remain fully committed to ensuring transparency and to engaging patients, staff and the public in our work at every level.

In terms of transparency, we are including more trust-level data and information in the board in common chief executive reports and making sure that it's very easy to find trust level information on each of the trust's websites. The board in common meetings will also be including summaries from all of the trust committees and from the cabinet meetings

In terms of public engagement, we believe the collaborative will help all of us to improve what we do. Each trust has been building its patient and public involvement activities and we are now able to make the most of our more collaborative ways of working to share best practice and combine activities where appropriate. We're including more information about all of our engagement and involvement activities in our board in common papers too, to help raise awareness and understanding of the range of opportunities and impacts.

We're also talking to stakeholders and bringing key engagement and patient experience leads together across our trusts to see what more we can do collectively, including looking at additional opportunities, from extending lay partner opportunities to holding more 'town hall' style meetings to answer questions.

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### What evidence is there that forming the acute collaborative has made a positive difference?

Current data shows that north west London's acute trusts are performing the best in London and are amongst the best in the country.

Earlier in the financial year, north west London was ranked third in London in terms of its response and return to pre-Covid activity levels but is now ranked first.

North West London has regained 100% of its pre-Covid activities across the collaborative, accelerating performance across our boroughs.

Our Trusts have worked together to support each other in delivering elective activity and managing the growth in managing demand.

### How does the Chair allocate his week between the four trusts, the collaboration board, and other NHS responsibilities?

The Chair works regularly at each of the sites at Chelsea and Westminster, Hillingdon, London North West and Imperial College Healthcare Trusts. He has staff engagement sessions where he can hear directly from staff and see current services first hand. He does these engagement sessions at least once a week and rotates them across the four Trusts. The latest sessions are detailed in the Chair's report to the Board in Common.

The Chair has routine meetings (individually and as a group) with the four Vice Chairs and four Chief Executives as well as meeting with senior executives of all four Trusts. The Chair also meets fortnightly with the Chair of the NHS North West London Integrated Care System and regularly with Local Authority and other key stakeholders.

### Where can the public find details of the of non-executive board members and their qualifications.

The biographies of the board members are on the websites of each trust and on the North West London Acute Provider Collaborative [website](#).

## Issues affecting trusts across the acute collaborative

### What are the current vacancy rates for midwives across the four trusts?

In August, the midwifery vacancy rates were as follows:

- Imperial College Healthcare NHS Trust: 15%

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- Chelsea and Westminster Foundation Trust: 16%
- London North West University Healthcare NHS Trust: 19%
- The Hillingdon Hospitals Foundation Trust: 20%

### What steps will be taken to improve access to Central Middlesex Hospital, given its location and the poor access to public transport to this site from Hillingdon in particular?

As part of the work to develop a proposal for consultation, the project team working on the orthopaedic centre have completed an exercise to examine travel times across all boroughs. Preliminary data indicates that Central Middlesex Hospital would offer the best option for such a centre across the whole geographical area.

However, we appreciate that travel from some areas is likely to present a challenge and encourage members of the public to participate in the consultation. This issue will be taken into consideration to inform any final decisions around the centre.

It's important to remember that patients will only need to attend Central Middlesex Hospital for the surgical operation itself. All pre-operative and post-operative care will continue to happen at the local hospital where it's currently provided.

### How will the acute collaborative trusts' ratings under the NHS operating framework change under the current rules now that the oversight will be done by two separate bodies?

The NHS Oversight Framework outlines the approach to oversight and describes how Integrated Care Boards (ICBs) will work alongside NHS England to provide effective, proportionate oversight for quality and performance across the NHS.

Each trust is allocated to a support segment which is overseen by the Integrated Care Board (ICB) through their trust level system oversight meetings. The oversight framework describes the segment and the scale and nature of support needs in each segment.

Improvement to ratings for trusts in mandated support segments 3 and 4 will ordinarily occur when it can be demonstrated that exit criteria have been met in a way that is sustainable and the oversight framework describes the process.

NHS England regional teams will lead the oversight of ICBs on delivery against the domains in the NHS Oversight Framework and ICBs will lead the oversight of NHS providers, assessing delivery against these domains. ICBs will consult with their NHS England regional team about any areas of concern identified, specific support

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requirements and, where necessary, issues requiring formal intervention by NHS England.

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

Given the recent closure of the community paediatric audiology service, what resources is Imperial College Healthcare investing to address the increased demand for paediatric audiology and under what timescales? What follow-up services do young people receive?

Paediatric audiology services have been decommissioned in the community, resulting in the Imperial College Healthcare audiology department receiving large numbers of referrals.

The Trust has established additional sessions to address some of the additional demand and is working with the Integrated Care Board to explore how these services can be recommissioned.

For patients waiting to be seen, a robust clinical harm and prioritisation process is in place which means that, although there is a long waiting list, patients are being treated in clinical priority order.

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

Will a maternity unit return to Ealing Hospital, and why is a diagnostic hub being proposed for a building formally used as a maternity block?

There are no plans for a maternity unit to return to Ealing Hospital.

The decision to close the maternity unit at Ealing involved considering a range of factors, including workforce availability and ensuring a sustainable number of births at each north west London maternity service. These factors remain the case now and apply to both in-patient children's services and the maternity unit.

As the questioner notes, however, we are making substantial investments at Ealing, including the proposal to place a community diagnostic centre hub on the site. We have made significant improvements to the intensive care unit and are redeveloping the site's theatres and recovery. Most recently, our first patients came through the newly refurbished catheter lab on the site. Ealing has a bright future, and we're excited to work with our communities to provide a wide range of excellent services there.

## **Issues relating to The Hillingdon Hospitals NHS Foundation Trust (THHFT)**

**Will there be an opportunity for Hillingdon governors to interact with Hillingdon non-executive directors on local issues?**

Yes. We continue to hold Council of Governors meetings for the Foundation Trusts in the acute collaborative. We're currently considering how we might replicate something similar to this model for the trusts that do not have foundation status in the acute collaborative.

**How can dietary requirements across multiple religious and ethnic communities be accommodated at Hillingdon (with a particular example relating to a patient from the Jain community)? Do patients know how to request a specific diet?**

There is an extensive menu available for many groups and for the diverse needs of patients at THHFT, and we monitor the situation regularly.

We'll provide feedback to the team on the specific example relating to the Jain community and will undertake work on how to make the choices more understandable and available to patients.