Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

22 May 2024

Meeting held at Committee Room 6 - Civic Centre, High Street, Uxbridge UB8 1UW

	Committee Members Present: Councillors Nick Denys (Chair), Reeta Chamdal (Vice-Chair), Tony Burles, Farhad Choubedar (In place of Kelly Martin), Philip Corthorne, June Nelson and Sital Punja (Opposition Lead) **Also Present**: Clinton Beale, Stakeholder Engagement Manager (North West), London Ambulance Service NHS Trust Piers McCleery, Director of Strategy and Planning, Royal Brompton and Harefield Hospitals - Guy's and St Thomas' NHS Foundation Trust Chris Reed, Hillingdon Group Manager, London Ambulance Service NHS Trust Lisa Taylor, Managing Director, Healthwatch Hillingdon Patricia Wright, Chief Executive, The Hillingdon Hospitals NHS Foundation Trust **LBH Officers Present**: Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)
3.	**APOLOGIES FOR ABSENCE** *(Agenda Item 1)* Apologies for absence had been received from Councillor Kelly Martin (Councillor Farhad Choubedar was present as his substitute).
4.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
5.	**MINUTES OF THE MEETING HELD ON 21 FEBRUARY 2024** *(Agenda Item 3)* **RESOLVED: That the minutes of the meeting held on 21 February 2024 be agreed as a correct record.**
6.	**MINUTES OF THE MEETINGS HELD ON 9 MAY 2024** *(Agenda Item 4)* **RESOLVED: That the minutes of the meeting held on 9 May 2024 be agreed as a correct record.**
7.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 5)* **RESOLVED: That all items of business be considered in public.**
8.	**HEALTH UPDATES** *(Agenda Item 6)* The Chair welcomed those present to the meeting.

The Hillingdon Hospitals NHS Foundation Trust (THH)

Ms Patricia Wright, Chief Executive at THH, advised that she had provided the Committee with a comprehensive update at its meeting in January 2024. The Trust's 2022-2026 Strategy had set out six priorities and Ms Wright had spoken to Members about the objectives that the organisation had hoped to achieve during the current year. In the final quarter of 2023/2024, the Trust had rated its performance against its objectives for each area of the Strategy as follows:

- Quality - deliver consistent high quality, safe and compassionate care;
- People - be a great place to work and an exemplar employer;
- Performance - we will deliver the right care at the right time for our patients;
- Finance - maximise resources available for the benefit of patient care;
- Strategic Programme - progress delivery of our strategic programmes; and
- Partnerships - be an active system partner leading strategic change.

The focus for the year had been on staff and patients whilst not losing sight of performance. Ms Wright believed that the 2023/2034 Quality Account report had highlighted good performance in relation to falls and ulcers. However, it was noted that, following the CQC inspection in August 2023, the final inspection report in February 2024 had revised the rating for THH's maternity services from 'Good' to 'Requires Improvement'. It was noted that maternity services nationally had seen a change in the acuity of individuals having babies who needed more support for their complex health care needs. Furthermore, it had been recognised that THH had not been as sensitive to the local population's needs as they could have been. The growth of diversity in the community meant that there was more evidence on the difference in outcomes for black and minority ethnic (BAME) women and THH needed to be clearer about patient communication. Longer appointments were now regularly scheduled at the start of the maternity pathway. Work had started to address these needs as well as the issues raised in the Ockenden Maternity Review report and, to this end, a Maternity Voices Partnership had been set up. The level of scrutiny and the standard of care had been much higher since the Ockenden report.

Members were disappointed with the performance of maternity services and queried what had been learnt from the CQC inspection and what action was being taken to improve the service. Ms Wright assured the Committee that the CQC report had included a lot of positive messages and that the 'Safe' and 'Well Led' domains had been reviewed and an improvement plan had been put in place. Consideration was being given to what people needed to be able to improve the patient experience and conversations would be undertaken with a variety of individuals who had / would have contact with the service.

Ms Wright noted that, although the staff engagement response rate had increased by around 8%, the Trust's scores were not as good as would have been liked and should have been better. She felt that there had been an improvement at THH.

Members were advised that THH had ended the financial year in a balanced position but had declared a deficit due to a technical issue. THH had used learning from the introduction of Cerner at other Trusts in North West London (NWL) to effectively implement the new system. All four Acute Provider Collaborative (ACP) Trusts in NWL were now using the same patient record system and would have access across all records. The ACP had been in place since 2022 and work was progressing at pace in relation to things such as the strategy for working together. Ms Wright would bring this back to a future meeting of the Health and Social Care Select Committee.

It was noted that the new hospital programme had received full planning permission and was ready to go but had been delayed whilst the governance process had been worked through.

Although 78½% of patients in the Emergency Department (ED) had been seen within the four hour target (and this had been sustained during April 2024), this figure had dropped off during May 2024. A plan to maintain this level of performance had been put in place and Ms Wright was determined to stick to it and deliver the required results. It was noted that the number of complaints received by the Trust had also now dropped off.

The ED continued to see peaks and troughs in attendance figures. Although there were usually around 350 attendances per day, recently this had increased up to 500 per day. It was recognised that these increases had arisen for a variety of reasons including THH being a receiving hospital for Heathrow Airport (not just the local population).

With regard to partnerships, the work of Hillingdon Health and Care Partners (HHCP) had been progressing at pace. Ms Wright noted that HHCP had created two GP hubs which, it was hoped, would reduce the number of people attending the ED who thought that would mean that they would be seen quicker than if they waited for a GP appointment. Although she was unable to speak in detail about GPs, Ms Wright advised that they ensured that patients were seen in the most appropriate environment as quickly as possible. The GP hubs had created greater primary care capacity.

Since 2007, the national standard for Accident and Emergency (A&E) was that 95% of patients would wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. This standard had been seen as a milestone towards returning to the 98% standard. Currently, the target for this national standard was 78%, although it was recognised that it was not always appropriate to move patients on within four hours.

Members asked that the information provided by witnesses / partners for discussion the meeting be provided earlier to give them a chance to read and digest it.

Ms Wright advised that THH had been regularly meeting with Healthwatch Hillingdon (HH) and noted that the organisation had a statutory right to enter the hospital and had been welcomed in to review issues such as patient experience in the ED. The patient experience leaflets had been checked by the Patient Experience Group (PEG) and catering and cleaning had been reviewed. There was much more that could be done including using incidents and complaints to improve the service received by patients but younger voices / perspectives were still needed on the PEG.

In the Trust's 2023/2024 Quality Account report, reference had been made to readmission with no target or comparison data. Ms Wright advised that the report could still be modified and noted that she would need to check why there were no figures from 2021/22 onwards on page 70 and why the DNA data was not available.

Complex health issues had been a thread that ran through Hillingdon Hospital and linked to issues such as demographics, lifestyle, diet and race specific illnesses. The Trust needed to change and adapt to meet patients' needs.

With regard to staffing, Ms Wright advised that there were strict rules specifying that

agencies had to be accredited and the staff that they provided had to be trained appropriately. To help fill any vacancies, THH had increased the number of bank staff that it had available. Over the last twelve months, the number of bank and agency staff that had been used had been high as they had been brought in to cover industrial action and staff training on the new patient record system. As there was currently a national shortage of midwives, this had been filled with agency staff where needed. Every effort had been made to ensure that no area was entirely staffed with agency staff and an active recruitment campaign was ongoing with 20 international midwifes recently appointed. Theatre nurses worked in the maternity theatres (not midwives) and effort would be needed to recruit more maternity support workers to share the care of patients with midwives.

The Trust was in the process of rolling out DrDoctor within the maternity department. This patient engagement platform was used by clinicians to make data driven decisions, enable patients to book appointments and provide remote care. Ms Wright would provide the Democratic, Civic and Ceremonial Manager with further information about the rollout of DrDoctor for distribution to the Committee.

It was recognised that frailty affected people of all ages. Consideration had been given to how patients could be segmented so that the frailty service could target frail patients so that tests were undertaken in a more timely fashion. The interventions that had been put in place (e.g., rapid CT scan, etc) had been effective in getting patients home more quickly. A unit was available for those individuals who needed additional tests over a 72 hour period and very effective work had been undertaken with CNWL and the local authority to identify those individuals who did not need to be in hospital so that the system could be unblocked.

Members asked about patients being left in corridors at Hillingdon Hospital. Ms Wright advised that the Emergency Department (ED) was not big enough so there were times when patients were “cohorted” in the corridor under the supervision of a nurse or London Ambulance Service (LAS) staff. Mr Chris Reed, Hillingdon Group Manager at LAS, advised that Hillingdon did not use corridors as much as other hospitals in London and that patients were never left on their own, they always had a clinician with them.

Risk assessments were undertaken when wards were full to identify capacity in alternative wards or to change the bed configuration. This approach was often used during winter pressures. Complaints during the winter had increased from around 25 per month to 45 per month. Although these complaints were mostly in relation to ED (this level had now dropped), there had also been complaints in relation to the implementation of the electronic patient record system as it had had a slow start. Ms Wright recognised that the Trust needed to do more.

<u>The London Ambulance Service NHS Trust (LAS)</u>
Mr Chris Reed, Hillingdon Group Manager at LAS, advised that he was proud of the performance of the LAS and of the Hillingdon Group staff who had produced good work which had resulted in positive outcomes. Members congratulated Mr Reed on the results of the annual staff survey which had improved on the previous year.

Mr Reed thanked the Chief Executive at THH as the Trust had been impacted by changes that had been made by the LAS in relation to things such as the stroke pathway and the 45 minute drop off target. Patients identified as FAST-positive had previously been transported to Northwick Park Hospital. However, an app had been

	introduced in the last couple of weeks which had enabled LAS staff to talk directly to a consultant to determine the best course of action to be taken for an individual patient to ensure that the system was not clogged up unnecessarily. Mr Reed advised that he would provide an update on this initiative at a future meeting. Although the LAS had been centralised, local managers had been given more autonomy so that bespoke care could be provided for patients. Members were advised that the LAS vehicles were out 24/7 and that intelligent resourcing had been used to ensure that staff weren't brought in on overtime unnecessarily when there were no vehicles available for them to use. The Hillingdon Group had vehicles on standby in strategic locations across the Borough, resulting in Hillingdon vehicles being the quickest in London to reach their destination, with a response time of 7 minutes and 5 seconds for Category 1 calls. The frailty unit in Hillingdon had been receiving very positive feedback. Although the handover could sometimes take time, it was more important to ensure that patients received the most appropriate care. Members asked about the impact on the LAS of the 'Right Care, Right Person' initiative introduced by the Metropolitan Police Service. Mr Reed advised that he was pleased overall with the support provided by the police. There were times when police presence could exacerbate a difficult situation but police officers were quick to attend when patients assaulted LAS staff. In the next couple of months, a new LAS mental health car would be located in Hanwell and staff were being asked for expressions of interest in manning it. Although the clinical hub had been created, the mental health car would be able to build on this experience. Mr Reed would provide Members with an update on the mental health car initiative at a future meeting. Mr Reed noted that the LAS received a number of inappropriate calls from members of the public that could be diverted to alternative care pathways but that this did not detract from patients in their hour of need and that compassion and empathy continued to be paramount. However, where appropriate, patients could be diverted to alternative pathways including: the stroke unit, district nurse, midwife, rapid response team and frailty team. LAS staff had been provided with guidelines on what each service would take and training days were held every nine weeks to ensure that the LAS correctly referred patients to alternative pathways with clinician to clinician handovers. The Committee was advised that staff sickness had recently been attributable mostly to stress and musculoskeletal issues. Since Covid, a wellbeing hub had been established with quotas for physiotherapy, psychotherapy, etc, and a robust sickness absence policy had been introduced. Sickness absence data was constantly monitored and the associated trends identified. With regard to recruitment and retention, turnover had stabilised somewhat and Mr Reed noted that there were more LAS staff available now and that he would provide the Democratic, Civic and Ceremonial Manager with the statistics for circulation to the Committee. Meetings were held twice each week to look at resourcing and vacancies / gaps could be covered using overtime (whilst ensuring that the working time directive was not breached). However, it was challenging to get the more experienced staff to stay in a particular role as there were now more career options available both within and outside of the LAS. Mr Clinton Beale, Stakeholder Engagement Manager at the LAS, advised that the Trust had just changed to a new record management system which could read information from all of the hospital systems across London. Over the next couple of months, the

Transfer of Care project would be trialled, putting all LAS data into the hospital system.

Harefield Hospital (Guy's and St Thomas' NHS Foundation Trust (GST))

Mr Piers McCleery, Director of Planning & Strategy at Harefield Hospital, advised that Royal Brompton and Harefield NHS Foundation Trust (RBH) had merged with GST three years ago to create economies of scale on sub-specialisation and was now part of a larger clinical group which had a £2.6bn turnover. Although it was a real challenge, sub-specialisation had resulted in better outcomes and attracted significant clinical talent. Coming together with GST had been a challenge but meant that the Trust now did over three thousand cardiac surgeries each year which provided a significant basis for research and attracted amazing clinicians. A strategy was being put together to reflect the unique selling point of having this depth of knowledge in relation to cardiac and critical care.

A new trial had been taking place at Royal Brompton Hospital using microwave energy to destroy lung cancers in hard-to-reach locations in the lungs. This had been a world first. Previously, when a biopsy had been taken manually, it had to be at least 20mm and had resulted in a 65% survival rate. The new robotic system was more precise meaning that tumours could be as little as 6mm and resulted in a 95% survival rate at 5 years. The business case was being concluded for the robot to be used for lung cancer surgery to be undertaken at Harefield Hospital. Proposals were also underway for the robot to be used for cardiac surgery in the next year, subject to the technology being approved for use in Europe for this purpose.

Over the last year, Harefield Hospital had undertaken the largest number of heart transplants. Work was also underway to look at the economies of increasing the number of lungs that could be accepted for transplant by introducing new technology. However, work would still need to be undertaken to establish how these development could be financed.

Members were advised that the wait list for cardiac surgery (P2) was currently at around 6-8 weeks due to the sheer number of referrals and their complexity (against a target of 4 weeks). However, patients on the wait list were provided with an app so that they could provide an update on their status during their wait. It was noted that, although the size of the wait list was a concern, this volume had been reflected nationally.

A new patient record system had been introduced at the Trust called Epic that would enable research to be undertaken in the future. Previously, around 50% of the data on a typical pathway had come from outside the Trust in the form of scanned letters, pdfs, etc. This data needed to have a structured form so that it could be combined with Epic. As staff were still learning the basics of Epic, is was taking longer to do things than before but this was expected to change in the near future.

With regard to resourcing, it was noted that there was not enough of a long term strategy for staffing to be able to get upstream. Further work was being undertaken with colleges to develop technical roles which could also go out into private practice. As it was so hard to recruit and retain staff, it was important to be more creative about portfolio activities. A lot of work had been undertaken at GST in relation to the recruitment of Allied Health Professionals (AHPs) technical roles but it was too early to determine the resultant numbers. This would need to be replicated at RBH, specifically targeting the cohorts where there were problems filling roles.

Members were advised that Harefield Hospital held an annual open day for sixth forms in the Borough but there was no methodical follow up undertaken afterwards. In addition, as it had been hard to recruit physiotherapists, work had ben undertaken with Brunel University to set up an MSc on cardio physiology (Mrs Derval Russell had been involved in setting this up). It was hoped that these students would come to work at RBH once qualified.

Concern was expressed about the impact of RBH being absorbed into GST. Mr McCleery advised that there was a risk that RBH would be slower with its finances / invoice payments but that all of the clinicians were every bit as good as each other. However, the £1.7bn GST merger had brought with it a certain type of management where there was little encouragement for staff to show initiative. That said, GST's rules based approach had been a good thing to introduce at RBH and had proved enduring through audits.

Mr McCleery assured Members that Harefield Hospital was able to undertake surgery that others in the group were unable to with a scale that supported transplants. The hospital was able to have the space for beds that they couldn't get in central London. The Kings team had been looking at regenerating heart tissue and the clinician championing this would be invited to attend a future meeting of the Committee. Development at Harefield Hospital was also thought to be more economical as a refurb there would cost in the region of £3½-4k per m^2 whereas at Royal Brompton Hospital, it would cost £12-14k per m^2. Harefield also had great transport links to the rest of the country.

Members were advised that GST had a huge amount of estate. Acord ward at Harefield Hospital was a modular build which had been created in 2012 so was now overdue for replacement. A master plan had been developed which had identified all of the building works that were needed at Harefield Hospital. The financing for new ward replacements would likely come from a limited amount of capital, philanthropy and investment. GST could also sell the land and then lease it back over 40+ years, but this could be seen as a burden.

<u>Healthwatch Hillingdon (HH)</u>

Ms Lisa Taylor, Managing Director at HH, advised that the organisation had introduced a new reporting system and had started a TikTok account. Between January 2024 and May 2024, HH had received 161 enquiries / feedback through the information and sign posting system. The top three issues raised with HH were:

1. access to phlebotomy at Hillingdon Hospital;
2. access to GP appointments; and
3. admin and access to medical records.

Members were advised that some residents had been referred to POWER for advocacy advice. A campaign in relation to GP access was currently underway with more than one hundred responses received to date. Further work would be undertaken to increase this response rate.

Ms Taylor noted that HH had also been working with Central and North West London NHS Foundation Trust (CNWL) to interview Riverside patients over the last six months. Around 40 patients had been interviewed and feedback had been received from the carers focus group. An improvement plan bad been developed and a review would be undertaken after a year to establish what progress had been made against this plan.

	HH had been successful in bidding for funding in relation to improvements for children's mental health and wellbeing. More than 100 responses had been received and more targeted engagement work was being undertaken. Recommendations would be coproduced to help improve access to services. Other work undertaken included HH supporting place inspections at THH. Community engagement and outreach work had been undertaken and the organisations had been working with Brunel in relation to research. Its social media presence was being developed as this format was increasingly being used by residents to engage with HH. HH currently had 13 active volunteers but still needed active Board members. Ms Taylor would forward details of the Board member role / person specification and how to apply to the Democratic, Civic and Ceremonial Manager for circulation to the Committee for wider advertising. The HH shop in the Pavilions had closed and consideration was currently being given to locating the organisation at the Civic Centre as part of the long term plan. In the meantime, working remotely had offered Ms Taylor the opportunity to spend more time in the community and raise HH's profile. Ms Taylor noted that HH was looking at undertaking a review of pharmaceutical services. In addition, further work would be undertaken on the maternity unit and ED at Hillingdon Hospital. Mental health would also continue to be a focus. The Chair advised that, at the Committee's next meeting, consideration would be given to its work programme for the year and it was suggested that Ms Taylor provide further information on any topics that might tie in with the work of HH. With regard to GP access, it was suggested that this be focused around the issues that had been faced by some in relation to digital appointment bookings. There had been some residents who had requested a face-to-face appointment but been told that they had to have a digital appointment first. Some residents had said that there was "no point" in contacting their GP for an appointment (so where were they going instead?) or had ended up travelling to the surgery as they could not get through on the telephone. PATCHES had also proved difficult to use which had resulted in some patients attending the ED instead as they wanted to talk to someone face-to-face. Ms Taylor advised that the NHS had been very clear that there was patient choice but that there were concerns that GP practices were not necessarily giving that choice. Concern was expressed that there were residents with complex health issues that had been struggling to get a GP appointment. Older people were more likely to give up trying to get an GP appointment if they were unable to access the GP more easily. It appeared that GPs seemed to prefer online appointments as they could see more patients using this format rather than seeing them in person. Ms Taylor advised that GPs often preferred face-to-face appointments and that Mr Richard Ellis, Joint Local Borough Director at North West London Integrated Care Board, might be able to provide data to support this. It was noted that the new GP hub in Ruislip had relieved some pressure on the ED at Hillingdon Hospital but there were still problems with accessing GPs. Ms Taylor advised that the hub was still relatively new so it was difficult to know if it was making a significant difference (the hubs in Uxbridge and Hayes were not yet open). The NHS still needed to do more work in promoting the hubs and the services provided therein. It was important that feedback was solicited while plans for the Uxbridge and Hayes hubs were being developed so that the patient voice could influence the way that the hubs would work.

	Although CNWL had not been able to send a representative to attend this meeting, the Trust had provided a report which had been included on the agenda. This report had indicated that there had been an improvement in CAMHS wait times. There had been a reduction in the number of enquiries received by HH in relation to CAMHS. Although the triage system had seemingly reduced the wait time, it was still unclear what the wait time was from triage to treatment. Ms Taylor noted that HH had received feedback from parents that services such as P3 had made a positive difference to their children. A second tranche of mental health practitioners had been introduced in schools in Hillingdon so there had been improvements made but there were also gaps that had been identified. **RESOLVED: That:** **1. Ms Wright provide the Committee with an update on the progress of the ACP at a future meeting;** **2. Ms Wright provide the Democratic, Civic and Ceremonial Manager with further information about the rollout of DrDoctor for distribution to the Committee;** **3. Mr Reed provide an update on the stroke app initiative at a future meeting;** **4. Mr Reed provide Members with an update on the mental health car initiative at a future meeting;** **5. Mr Reed provide the Democratic, Civic and Ceremonial Manager with the statistics for total number of staff and recruitment / retention figures for circulation to the Committee;** **6. RBH be asked to invite the Kings team to attend a future meeting of the Committee to talk about the initiative that they had been working on to regenerate heart tissue;** **7. Ms Taylor forward details of the Board member role / person specification and how to apply to the Democratic, Civic and Ceremonial Manager for circulation to the Committee for wider advertising;** **8. Mr Richard Ellis, Joint Local Borough Director at North West London Integrated Care Board, be asked to provide data to support the suggestion that GPs often preferred face-to-face appointments; and** **9. the discussion be noted.**
9.	**CABINET FORWARD PLAN MONTHLY MONITORING** *(Agenda Item 7)* Consideration was given to the Cabinet Forward Plan. **RESOLVED: That the Cabinet Forward Plan be noted.**
10.	**WORK PROGRAMME** *(Agenda Item 8)* Consideration was given to the Committee's Work Programme. Members agreed that they would cancel the meeting on 19 June 2024 and schedule a new meeting for a date in October 2024. The Chair advised that he and the Labour Lead had recently met with Ms Sandra Taylor, the Council's Corporate Director of Adult Social Care, in relation to the upcoming CQC inspection. Ms Taylor would be providing the Chair and Labour Lead with information in relation to the CQC inspection which would then be shared with Members of the Committee.

	The CQC was currently at Westminster undertaking an inspection and it was likely that the Hillingdon inspection would take place around July 2024 with the resultant report being available within a couple of months. It was agreed that the Cabinet Member for Health and Social Care and the Corporate Director of Adult Social Care be asked to attend the Health and Social Care Select Committee in either October or November 2024. Consideration was given to possible review topics. It was agreed that Members of the Committee would forward ideas for possible topics to the Democratic, Civic and Ceremonial Manager before the next Committee meeting (by 12 July 2024). The Committee would then look to shortlist one major review topic and up to three single meeting review topics. **RESOLVED: That:** **1. the meeting schedule for 19 June 2024 be cancelled and the report due to be considered at that meeting be rescheduled for an alternative meeting;** **2. the information in relation to the upcoming CQC inspection be circulated to Members of the Committee;** **3. a new meeting date be scheduled for October 2024;** **4. the Cabinet Member for Health and Social Care and the Corporate Director of Adult Social Care be invited to provide an update at the meeting in October or November 2024;** **5. Members forward suggestions for review topics to the Democratic, Civic and Ceremonial Manager by 12 July 2024; and** **6. the Work Programme, as amended, be agreed.**
	The meeting, which commenced at 6.30 pm, closed at 9.20 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on nohalloran@hillingdon.gov.uk. Circulation of these minutes is to Councillors, officers, the press and members of the public.