London Borough of Islington
Health and Care Scrutiny Committee - Tuesday, 10 March 2020

Minutes of the meeting of the Health and Care Scrutiny Committee held on Tuesday, 10 March 2020 at 7.30 pm.

Present: **Councillors:**   Gantly (Chair), Turan (Vice-Chair), Chowdhury, Clarke and Hyde

Councillor Osh Gantly in the Chair

142   INTRODUCTIONS (ITEM NO. 1)
The Chair introduced Members and officers to the meeting

143   APOLOGIES FOR ABSENCE (ITEM NO. 2)
Councillors Klute, Khondoker and Calouri

144   DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)
None

145   DECLARATIONS OF INTEREST (ITEM NO. 4)
None

146   MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)
RESOLVED:
That the minutes of the meeting of the Committee held on 30 January 2020 be confirmed and the Chair be authorised to sign them

147   CHAIR'S REPORT (ITEM NO. 6)
The Chair stated that the order of business would be as per the agenda

148   PUBLIC QUESTIONS (ITEM NO. 7)
The Chair outlined the procedures for Public questions and fire evacuation

A member of the public referred to a leaflet that had been circulated from the NIHE regarding patients consent. The Chair stated that this should be referred in the first instance to the JOHSC

149   HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 8)

It was stated that there was no report that evening as the Board has not met. The next meeting of the Health and Wellbeing Board is on 25 March

150   UCLH PERFORMANCE UPDATE - PRESENTATION (ITEM NO. 9)

Health and Care Scrutiny Committee - 10 March 2020

Simon Knight, Director of Planning and Performance, UCLH was present for discussion of this item, and made a presentation to the Committee

During consideration of the report the following main points were made –

- Performance against key targets – Infection targets, Patient surveys, Referral to treatment times, Cancer waiting times, Waiting times in the Emergency Department, Delayed transfer of care
- Strategic Developments – In October 2019 the new £1OO m Royal National ENT and Eastman Dental Hospitals were opened. It is one of the biggest specialist centres in Europe for dental, ear, nose and throat and balancing services and will carry out more than 200,000 appointments per year
- The EPIC new electronic health record system will give a one patient single electronic patient record, there will be new end user technology and IT infrastructure, and training programmes and people readiness
- MRSA – There have been four cases of MRSA up to December this year against a threshold of one. Careful investigations has shown that there were no lapses in care identified in the first two cases. The third case was a contaminated blood culture which identified lessons for staff learning. The fourth case is awaiting a post infection review
- Closridium difficile – 57 cases of C diff as at end of December 2019, against a year to date threshold of 64. 11 of these have been successfully appealed and 33 cases are under review. There have been so far no lapses in care by the Trust. There were 13 community onset hospital acquired cases. Therefore worst case position is currently 57 cases against the year to date threshold of 64
- UCLH fared second best in the 2018 NHS Trust inpatient survey
- Referral to treatment time – UCLH did not meet the standard in 2019. Performance remained above the national average until March 2019 when the new electronic records system was launched. The new system will ultimately deliver benefits for patients. However some technical and booking issues that arose during the go-live period resulted in RTT challenges. Improvements to the RTT data quality through technical fixes, manual validations, and enhancing booking efficiency are improving performance
- Diagnostic waits within 6 weeks – UCLH paused reporting of diagnostics waiting times during April to August 2019 due to issues with data quality after going live with the new electronic health records system. Recovery plans are in place, with additional activity being carried out in imaging and endoscopy
- Referral to treatment time % of patients waiting less than 18 weeks – UCLH did not meet the standard in 2019. Performance remained above the national average until March 2019 when we launched the new electronic health records system. The new system will ultimately deliver benefits for patients, however some technical and booking issues that arose during the go live period resulted in RTT challenges. The RTT data quality has improved through technical fixes, manual validation, and enhanced booking efficiency. These actions are improving performance
- Access to timely cancer care - % of patients seen within 14 days of referral – Sustained performance against the two week standard with the exception of 2018/19 Q4 and 2029/20 Q1. Breast and gynaecology were significantly below the standard which drove performance during these quarters
- Access to timely cancer care - % of patients treated within 31 days of decision to treat – UCLH met the standards in most months of the year. Urology has continued to maintain flexible surgical capacity arrangements both in house and with the private sector to maintain short waits for robotic prostatectomy treatments

- Access to timely cancer care - % of patients treated within 62 days of referral – like other major cancer centres, UCLH has historically struggled to meet the target that 85% of patients with cancer should begin their first treatment within 62 days of an urgent GP referral. UCLH passed the standard for the first time in September, and maintained this in October and November. UCLH continues to work closely with referring hospital trusts to speed up patients movement through the healthcare system
- A&E access times – waiting times continue to be challenged, as has been the case for many Trusts. Close work is taking place between partners in Camden and Islington to address the multi-factorial issues through the A&E delivery Board. This oversees the joint system improvement plan to deliver actions that will have maximum impact on improving processes within UCLH, as well as increasing discharges an admissions avoidance in the community.
- Key actions include introducing an expanded area for Rapid Access and Treat of patients arriving via ambulance to reduce the time very sick patients wait to be seen. To improve bed availability several measures have been introduced – 12 beds made available at Queens Square for patients with neurological conditions, 6 additional flow co-ordinators in the wards to help with faster discharge, a pilot of a more efficient way of cleaning beds on the acute medical unit. UCLH has also worked closely with mental health partners on a number of measures to reduce delays and 12 hour mental health trolley breaches. A safe space for patients has been introduced by Camden and Islington with 3 beds
- Delayed transfer of care in 2019 – Camden and UCLH have improved shared understanding of demand for out of hospital services, shared with Islington. Good joint working with Camden on discharge to assess pathways and starting to replicate in other boroughs. Improved collaborative working with external partners to identify and resolve external delays. Evergreen (step down ward) will close on 27 March. CCG partners are working to provide additional step down service
- Significant financial challenges – in 2019/20 the Trust is forecasting defecit of £39.4m before sustainability and financial recovery funding of £25.2m a net deficit of £14.2m. The financial challenge for 2020/21 is unprecedented. There are costs relating to strategic programmes such as – second year of electronic records system, full year revenue costs of opening the new Royal National Ear, Nose and Throat hospital, and the costs of opening the Phase 4 building which will ultimately incorporate Proton Beam Therapy. These costs were planned but now coincide with a national requirement for all Trusts and STP's to be moving at a faster pace on a trajectory to a break even position. The Trust is working closely with the London NHSE/I team and with its STP partners to plan to close the gap between what is being required of the Trust
- In response to a question it was stated that whilst the costs of EPIC were high it was felt that this would be beneficial in the long term. The cost was estimated to be paid back in 4 years and would improve quality of care, and communication with patients. There would be a more integrated system and medical staff would have all the information in one place
- A Member enquired as to the impact of coronavirus on waiting times for operations. UCLH responded that planning is taking place to delay patient appointments or have telephone appointments. There was also the possibility of staff contracting coronavirus and not being able to come into work, and patients would not be admitted with coronavirus unless being treated for this
- In response to a question UCLH stated that they did not feel well prepared if the number of coronavirus cases increase substantially as predicted, and there may be problems with the provision of beds, particularly intensive care beds, and shortages of staff, however there is a need to see how things develop and whether beds can be opened up, however a lot depended on

staffing levels available. UCLH stated that there are no plans to restrict visiting at present

- A Member enquired whether there are contingency plans in place to recruit staff to deal with the coronavirus situation. UCLH stated that there are no plans at the moment however the spread of coronavirus will lead to staff absences, and there will be contingencies in place to use back office staff with clinical experience and recruit staff who had left/retired back into the system
- Reference was made to the projected financial deficit and that this could me made worse due to the impact of coronavirus. UCLH stated that it was rumoured that the Government were intending to fund additional costs as a result of coronavirus, however it was not clear if this would cover loss of income
- A Member enquired as to the Proton Beam installation and it was stated that at present it is scheduled for October but this could be delayed until March. UCLH stated that they would inform the Committee following the meeting if this would be a 24 hour service
- A Member also enquired as to whether UCLH were experiencing problems with hospital transport and UCLH responded that they used a company called GS4 and whilst there had initially been problems there had been a recent improvement in performance. The Patient Governors on the Trust Board were constantly reviewing the position and challenging for improvements to the service. It was not felt that there were better existing providers at present, however it is often waiting times that appeared to be the problem for patients
- In response to a question about eligibility criteria for the use of transport UCLH stated that they would send details of these to Members following the meeting

RESOLVED: That UCLH provide details of the eligibility criteria for patient transport and whether the Proton Beam would be a 24 hour service to Members

The Chair thanked Simon Knight for attending

151   SCRUTINY REVIEW - ADULT PAID CARERS - DRAFT RECOMMENDATIONS (ITEM NO. 10)
Nikki Ralph, Jon Tomlinson and Ray Murphy, Housing and Adult Social Care were present for discussion of this item

The draft recommendations were laid round, together with some proposed amendments from Councillor Hyde

RESOLVED:
That the draft recommendations be noted and that any further amendments be notified to the Scrutiny Clerk and Chair for consideration and final approval at the next meeting

152   WORK PROGRAMME 2019/20 (ITEM NO. 11)
RESOLVED:
That the report be noted

MEETING CLOSED AT 8.30p.m.

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Chair