

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

4.00 pm

Tuesday
18 April 2023

Council Chamber,
Havering Town Hall,
Romford

COUNCILLORS:

**LONDON BOROUGH OF BARKING &
DAGENHAM**

Councillor Munib Chowdhury
Councillor Donna Lumsden
Councillor Paul Robinson

**LONDON BOROUGH OF
WALTHAM FOREST**

Councillor Catherine Deakin (Chairman)

LONDON BOROUGH OF HAVERING

Councillor Patricia Brown
Councillor Christine Smith
Councillor Julie Wilkes

ESSEX COUNTY COUNCIL

Councillor Marshall Vance

LONDON BOROUGH OF REDBRIDGE

Councillor Sunny Brar
Councillor Beverley Brewer
Councillor Donna Lumsden
Councillor Bert Jones

EPPING FOREST DISTRICT COUNCIL

Councillor Kaz Rizvi
(Observer Member)

CO-OPTED MEMBERS:

Manisha Modhvadia, Healthwatch Barking &
Dagenham
Ian Buckmaster, Healthwatch Havering
Emma Friddin, Healthwatch Redbridge

For information about the meeting please contact:

Luke Phimister

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Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.



Essex County Council



NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

2. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Joint Committee will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

3 DISCLOSURE OF INTERESTS

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any point prior to the consideration of the matter.

4 MINUTES OF PREVIOUS MEETING (Pages 1 - 4)

To agree as a correct record the minutes of the meeting held on 10th January 2023

5 BHRUT AND NELFT TRUST UPDATE (Pages 5 - 22)

Report and appendix attached

6 BHRUT CQC INSPECTION (Pages 23 - 32)

Report and appendix attached

7 URGENT TREATMENT CENTRES (Pages 33 - 48)

Report and appendix attached

8 PRIMARY CARE ENHANCED ACCESS (Pages 49 - 62)

Report and appendix attached

Luke Phimister
Clerk to the Joint Committee

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
10 January 2023 (4.03 - 5.47 pm)**

Present:

COUNCILLORS

**London Borough of
Barking & Dagenham** Paul Robinson

**London Borough of
Havering** Patricia Brown, Julie Wilkes and Christine Smith

**London Borough of
Redbridge** Beverley Brewer, Sunny Brar

**London Borough of
Waltham Forest** Catherine Deakin

Essex County Council Marshall Vance

20 CHAIRMAN'S ANNOUNCEMENTS

The chairman reminded members of the actions to take in case of an emergency.

21 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received from Councillors Lumsden, Chowdury and Rizvi along with apologies from Ian Buckmaster.

22 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

23 MINUTES OF PREVIOUS MEETING

Councillor Robinson raised an issue that the minutes did not include members that were present at the meeting. It was accepted that this would be amended.

The minutes of the previous meeting held on 18th October were otherwise agreed as a correct record and were signed by the Chairman.

24 NHS NORTH EAST LONDON TRUSTS UPDATES

The Committee was presented with a NHS NEL Trust update from the Chief Executive Officer (CEO) of Barking, Havering and Redbridge University Hospitals Trust (BHRUT)

Members noted that the total number of patients waiting 18 months or longer had reduced since July to 124 from 472 and the CEO explained that the super clinics had been continued and had treated 81 women in 1 week. Members were pleased to note that the £14 million surgical hub at King George's Hospital had started construction with completion planned for spring 2024 but it could be used from as early as autumn 2023.

The CEO explained to the Committee that 2 more marketplaces had opened which included additional items such toys, clothes and free sanitary products for women which had helped over half a thousand residents during the recent cost of living crisis.

The CEO then updated members of the wait lists for BHRUT and BARTS. It was noted that BARTS had a higher wait list than BHURT as they had already reached 1500 occupied beds, which was the same as the peak of the previous winter. 70 new midwives were set to join BARTS in the coming months following the meeting. Relating to the forthcoming winter strikes, it was explained to members that nurses in BARTS that were part of the Royal College of Nursing would not take part in the winter strikes. The CEO ensured members that BHURT were continuing to develop contingency plans for possible winter strikes from nurses and ambulance workers which involved ensuring that patients that were arriving by private car or via a cab who would have normally have arrived by ambulance would be seen as quickly and without care being compromised. It was also explained to members that following previous strikes, there had not been an increase in walk-in patients which was encouraging.

The CEO then notified members that the BARTS project to reduce the amount of time heart attack patients spent in hospitals won the 2022 HSJ 'Acute Sector Innovation' award and the REACH programme had considerably reduced the number of attendees to the emergency department and the scheme will be rolled out to BHRUT across the winter.

In response to questions from members of the committee, it was stated that BHRUT had faced challenges with staffing and increasing hours as staff morale had been seen to drop after the COVID pandemic coupled with the ongoing cost of living crisis.

Members requested that a presentation on the work BHRUT was undertaking on cancer across BHRUT could be brought to a future meeting.

25 CARE QUALITY COMMISSION INPATIENT SURVEY 2021

The Committee were presented with a recent survey of in-patients at BHRUT.

Members were advised that the survey was conducted by the Care Quality Commission (CQC) and it asked patients who were 16 years or over who had stayed in hospital for at least 1 night. 1250 patients were invited with only 320 participating (28%). It was noted that many areas received worse rating compared to a 2020 surveys' data and work was under way to improve those services. It was explained that the main areas of criticism were surrounding increasing activities so patients aren't bored and patients being moved at night when the site is under pressure.

Members also noted that the maternity service at the Queens' Hospital in Romford facilitates 7000-8000 births a year but there were areas to improve as it was not adequate. The service has increased their staff since the previous review with most of the midwives UK trained but some are from overseas.

The Committee agreed for a follow up document on the number of GPs, the attendance at each clinic and the work they are doing.

26 NORTH EAST LONDON INTEGRATED CARE STRATEGY DEVELOPMENT

The Committee received a report on the North East London (NEL) Integrated Care Strategy (ICS) development.

It was explained that this was a draft document with 6 themes; Equity, Prevention, Personalisation, Co-product, High trust and Learning system. The document set out the current context including the intense pressures the ICS is facing. The timescale for the strategy had not enabled talks to be held with local residents, however, a 'big conversation' was going to be held in spring 2023.

27 LEARNING FROM LIVES AND DEATHS (LEDER) REPORT - PEOPLE WITH A LEARNING DISABILITY AND AUTISTIC PEOPLE

The Committee was presented with the Learning from Lives and Death (LEDER) report.

Members were disappointed to read that 49% of deaths of people with learning difficulties were described as 'avoidable'. On the other hand, members were pleased that autism had been included in the data and includes children and adults. It was explained that the average life expectancy of people with learning difficulties is lower than the general population.

The Committee agreed for a follow up report to be brought back.

Chairman



**OUTER NORTH EAST LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE, 18 MARCH
2023**

Subject Heading:	Trust update
Report Author:	Luke Phimister, Committee Officer, London Borough of Havering
Policy context:	Officers will give details on the trust update
Financial summary:	No financial implications of the covering report itself.

SUMMARY

BHRUT and NELFT officers will give updates on a number of areas of relevance to the Joint Committee.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented and makes any recommendations or takes any other action it considers appropriate.

REPORT DETAIL

The Joint Committee has asked for an update on the BHRUT and NELFT trusts. Further details are given on the attached presentation.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Trust updates

ONEL JHOSC April 2023

Barts Health

Barts Health update



Planned care recovery

- Our longest waiters of 2+ years are now almost cleared. A small number of cases remain due to complexity or patient choice to delay treatment.
- We have made strong progress on 78-week waiters; this was almost 4,500 in August '21 and would have reduced to under 200 at the end of March, however recovery has been impacted by the ongoing industrial action which has added a further 76 cases. Any long waiters who were cancelled are being re-booked by our hospital teams.

Urgent and Emergency Care

Performance against the 4 hours standard has been particularly challenged over winter, but has recovered to the 70% mark having dipped to low 60s during the most challenging period at the end of last year. We are currently 9 of 16 London Trusts on 4 hour performance.

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Group Operational Plan 2023/2024

We have submitted our plans to NHS England to deliver national targets against planned care recovery and UEC. This includes increasing elective activity to 109% of 2019/20 levels, as well reducing hospital occupancy to 92% and achieving 76% against the 4 hour ED standard.

Strike action

- In anticipation of the junior doctors strike in mid-March, we cancelled routine outpatient appointments and some other elective activity to ensure that our consultants could provide medical cover and keep our emergency departments safe.
- Operational planning is currently underway ahead of the 4-day industrial action taking place in April, and lessons learnt from the previous strike will be applied
- Communication materials for patients and our local community and faith groups have been prepared to ensure that they are aware of the impact to services

Barts Health update



Barts900: to mark the 900th anniversary of St Bartholomew's hospital this year, we celebrated with a staff party on Friday 25 March, a reception in the House of Commons, and major media features throughout the week. Highlights included:

- BBC Breakfast broadcasting live from the hospital featuring interviews with staff and patients.
- Our chief surgeon Steve Edmondson interviewed on ITV's Good Morning Britain alongside Glenn Hoddle, the former footballer whose life was saved at Barts five years ago.
- Plus stories in the Sunday Times and Times and London World.
- This includes a major fundraising campaigns to invest in a Clinical Research Facility at the Royal London and Breast Cancer Centre and St Bartholomew's, both of which will provide significant benefits to NEL patients

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Staff survey

- Our 2022 staff survey results contained some welcome developments. Colleagues reported a significant drop in physical violence, particularly at The Royal London and Newham, which suggests our violence reduction campaign is having an impact on patients and the public. Staff also say they are more valued and their voices are heard.
- Benchmarking against 124 other NHS acute trusts shows we tracked the national average on the key indicators, although our response rate was lower (37% compared to 44%).

BHRUT

Reducing our waiting lists

- We've had considerable success cutting our waiting lists and we have an ambitious plan to eliminate waits of more than a year by Christmas
- Our Elective Surgical Hub at King George Hospital (KGH) is one of eight in England, and the only one in London, to [receive accreditation](#)
- Sir David Sloman, Chief Operating Officer at NHS England, visited the hub and unveiled the [country's first robotic colonoscopy machine](#)
- We're pressing ahead with the next steps for a [new Community Diagnostics Centre](#) at Barking Community Hospital – it will provide a range of tests and scans, such as CT, and MRI

Urgent and emergency care (UEC)

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The number of patients leaving wards before noon each day is increasing (there was a 35% increase in January compared to the same time last year); and our drive to actively move patients out of A&E and onto wards has seen a rise of more than 20 per cent in the number being transferred

- This ongoing work is beginning to deliver results. Type 1 performance at Queen's (treating those patients with life threatening injuries or illness) was up 10% in January, compared with the year before
- Mental health patients continue to wait for long periods of time - in January, we had 335 patients whose average length of stay was 20 hours. 38 of them waited more than 36 hours to leave our Trust and move to a service better able to care for their needs. It was highlighted as a "significant issue of concern" by Care Quality Commission (CQC) inspectors
- Following their inspections in November, the CQC organised a quality summit to identify how all healthcare providers in north east London could work together to improve the provision of urgent and emergency care at our two hospitals

Senior leadership

- Louise Dark has joined us as Managing Director at King George Hospital

NHS ANNUAL STAFF SURVEY



2,980 completed the survey - 39% response rate

Encouraging improvements were seen in supporting work-life balance; staff involvement; providing clear objectives; and staff being able to make improvements – helped by initiatives such as cost-of-living and our shadow executive

Staff morale has gone down; more colleagues are thinking about leaving our Trust; and there was a reduction in the number of staff who would be happy with our standard of care if a friend or relative needed treatment

Improving staff experience: areas of focus

Reward and recognition: our staff do not feel they are recognised for good work

Support health and wellbeing: 38.2% staff feel burnt out; only 52.5% feel the Trust takes positive action on health and wellbeing (71.4% at the best organisations)

Career development: Improvement in development and appraisal scores, however 48.2% staff feel not given opportunities to develop their career

Morale and engagement: 36.7% say they often think about leaving (31.9% nationally and 23.2% at the best organisations)

How we will achieve this

- A new staff experience steering group, including clinical colleagues, shadow exec representative, staff network leads and trade union members to oversee actions, with all staff having the opportunity to engage with and inform our improvements
- A new 'peer to peer' recognition scheme launches shortly – certificates can be used for appraisals, revalidation and CVs
- Redesign of our corporate welcome
- Identify staff needs at different stages of their career within the Trust, and develop plans to support them – underpinned by, and aligned to, the NHS People Promise

FINANCE UPDATE



2022/23:

Income £800m; forecast £15m deficit

Focus: Getting better value from non-pay spend; reducing expensive agency staff spend by building a sustainable workforce; matching 2019/20 planned care activity, which we've achieved

In 12 months, reduced spend on high-cost temporary staff from £100m to £84m (£52m bank; £32m agency)

We've done well in reducing expensive medical temporary staff spend, however nursing is challenging

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2023/24:

Planning for £19m deficit (subject to regional and national challenge)

Our cost reduction plan focuses on three key things: establishing and maintaining the right size of the organisation; making pay rates more equitable and affordable; and getting even better value for money from our suppliers

We hope to be in a position soon where nine out of every ten colleagues will be employed directly by the Trust, with bank shifts meeting seasonal demand

We want to stop paying for high-cost agency nurses from May, to help address the inequalities this causes

KPIs

based on NHS England guidance for 23/24

NHSE national KPIs	Data	Actions
<p>Urgent and emergency care 76% for 4hr performance March 24 Reduction in general & acute bed occupancy to 92% or below</p>	<ul style="list-style-type: none"> Type 1 performance: 32.30% (increase from 29.44% in Dec'22) All types performance – 58.2% G&A occupancy rate – 92% at King George and 96% at Queens. Trust occupancy rate is 94% (as of 23/03/2023) 	<ul style="list-style-type: none"> UEC improvement plan Operation Snowball Focus on pre-midday discharges – 35% increase in January compared to same time last year System approach to reduce attendances of patients better treated elsewhere and long waits in ED, and consider resources needed in community, primary and mental health care to reduce length of stay
<p>Elective care Over 65 weeks by end Mar 24 System-specific activity target</p>	<ul style="list-style-type: none"> 6 patients have waited for more than 78 weeks 176 patients have waited over 65 weeks (as of 28/03/2023) 	<ul style="list-style-type: none"> On track to reduce 65 week waiters to zero by end Mar 24 Plan to clear patients waiting for 52 weeks by Christmas, ahead of the NHS England Mar'25 target Focus on increasing elective activity to 109% of 2019/20 levels
<p>Cancer Meet 75% faster diagnosis standard by Mar'24</p>	<ul style="list-style-type: none"> Unvalidated position for January is 49% 	<ul style="list-style-type: none"> Met from October 2021 to September 2022, however not from October 2022 Due to diagnosing and reporting capacity across all tumour groups (except breast and brain) Additional clinic capacity for breast, dermatology and gynaecology; daily monitoring of lung CT capacity; review of clinical engagement for our challenged tumour groups; regular assurance meetings with health partners across NEL
<p>Diagnostics 95% patients have a diagnostic test within 6 weeks by Mar'25</p>	<ul style="list-style-type: none"> Number of patients waiting over 6 weeks for a diagnostic examination is 711 	<ul style="list-style-type: none"> Issues with reporting capacity and staffing in some areas Significant investment in equipment; Community Diagnostic Centre at Barking Community Hospital Waiting list management training
<p>Maternity Reduce stillbirth, neonatal/maternal death, serious intrapartum brain injury</p>	<ul style="list-style-type: none"> Data is from March 2022 to February 2023: Maternal deaths – 1 Stillbirths – 35 Early neonatal deaths – 8 Late neonatal deaths – 3 	<ul style="list-style-type: none"> Joining the maternal medicine network Fetal surveillance Monitoring improvement work Implementation of the saving babies lives care bundle
<p>Workforce Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise</p>	<ul style="list-style-type: none"> The Trust vacancy rate for medics and nurses is 14.16% Our retention rates for medics and nurses is 15.12% We have projected a net growth of c400FTE for the next financial year 2023-24 across all staff groups and clinical groups 	<ul style="list-style-type: none"> The People Promise will underpin and strengthen our plans to improve staff experience in response to staff survey Recruitment and retention plans for each clinical group Senior intern team Ongoing recruitment of permanent staff Restructure of leadership to ensure fit for purpose

NELFT March 2023



Mental Health Capacity and Winter Pressures

NELFT and ELFT have Mental Health (MH) support in London Ambulance Service (LAS) cars to enable diversions direct to the crisis hub or signposting as needed. They are supporting approximately 10 patients per day to receive mental health care closer to home.

We continue to work with Queens and King Georges hospitals to improve our joint working, e.g. weekend MH staff at front door, reviewing capacity of our Psychiatric Liaison Teams, and have completed an audit on long MH waits in the emergency department.

Colleagues in Whipps Cross Hospital have shared that they are beginning to see a significant reduction in waiting times for MH patients in our emergency departments in February 2023. The average length of stay reduced by approximately 6 hours from January and the number of hours patients waited in A&E for onward care also showed reduction.

Barking & Dagenham

A cardiac service redesign workshop was held with patients, carers, staff and clinicians from across the sectors to inform the redesign and transformation programme.

Children's services, B&D NELFT have been selected to be the host organisation for a new pilot working with a London acute hospital to deliver focused Outreach support for Children with Excess Weight.

Havering

On 31 March 2023, the COVID-19 Vaccination Centre at the Liberty Shopping Centre in Romford will close. The centre opened on 1 March 2021 at the height of the Vaccination Programme, and has since provided over 308,000 vaccinations have become more routine, with boosters being provided to people most at risk in a similar way to flu jabs, there is less need for large, mass vaccination sites.

Work has begun in Havering to develop a healthy weight strategy with local stakeholders. A series of workshops took place in January/February 2023 to refine the local vision and set priority actions to address the causes of obesity.

Redbridge

The Admiral Nursing Model (Dementia) has been reviewed and we have relaunched the service at the beginning of February with a new admiral nurse in post. Working with the NEL ICB to obtain money from the Ageing Well fund to recruit a second Admiral Nurse to strengthen the Dementia Care offer to residents.

Redbridge Mental Health are working with NHS Cancer alliance to launch a project to increase the uptake on breast screening in women with serious mental illness.

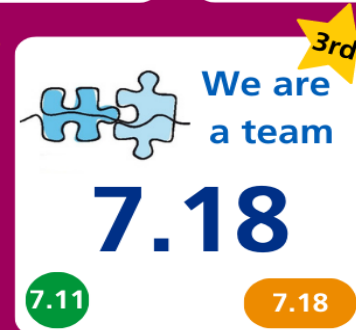


Staff survey highlights




2022 NHS Staff Survey Results Summary

53% of our staff completed the survey

68% of our staff would recommend working for us



Comparison to NELFT 2021 score

-  Improvement on 2021 score
-  No change in score
-  Drop from 2021 score



KPIs - CYP Access - IAPT

Organisation	Trajectory	Reporting Period													Trend
		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	
CYP - Total number of individual children and young people aged 0-18 receiving ONE or more contacts in the reporting period															
Barking and Dagenham	3185	2381	2432	2501	3132	3227	3375	3240	3245	3174	3056	2939	2815	2769	
Havering	3354	2780	2739	2805	2995	3053	3059	3039	3050	3032	3046	2976	2963	3016	
Redbridge	2523	2099	2076	2110	2411	2434	2394	2346	2344	2383	2397	2369	2361	2371	
Waltham Forest	3174	2539	2545	2655	3118	3115	3207	3145	3138	3200	3236	3325	3299	3341	
NHS North East London CCG	25392	19092	19202	19570	22005	22160	22400	21920	21830	21725	21815	21820	21705	21905	
IAPT- Access count (Monthly)															
Barking and Dagenham	442.8	357	369	429	296	413	432	361	384	326	394	431	311	381	
Havering	515.1	496	436	482	382	508	463	474	489	453	448	507	302	613	
Redbridge	542.4	307	347	474	376	458	417	455	420	400	353	486	341	645	
Waltham Forest	645.3	569	605	631	531	487	474	461	492	555	494	476	349	597	
NHS North East London CCG	4273.5	3920	4135	4570	3835	4375	4040	4145	4135	4095	4175	4735	3305	5015	
IAPT- Recovery															
Barking and Dagenham	50.00%	50.29%	49.65%	56.85%	48.72%	50.26%	54.26%	51.81%	54.87%	55.88%	52.80%	55.96%	50.36%	54.82%	
Havering	50.00%	50.44%	56.28%	50.00%	51.11%	51.05%	55.69%	52.54%	51.04%	52.31%	50.00%	50.86%	51.91%	52.40%	
Redbridge	50.00%	51.32%	47.95%	55.71%	54.64%	52.88%	47.80%	52.89%	50.21%	51.71%	51.02%	50.79%	51.09%	46.58%	
Waltham Forest	50.00%	58.31%	54.69%	59.78%	56.29%	54.58%	52.16%	50.00%	52.12%	57.24%	52.65%	53.75%	51.84%	51.66%	
NHS North East London CCG	50.00%	53.51%	53.24%	54.23%	53.01%	51.28%	52.27%	51.90%	52.01%	52.31%	50.99%	52.26%	52.17%	52.44%	
IAPT- The proportion of people that waited over 90 days from their first treatment to their second treatment appointment															
Barking and Dagenham	10.00%	34.01%	42.63%	34.91%	40.09%	42.36%	47.37%	30.88%	48.57%	46.78%	55.34%	52.77%	49.75%	38.89%	
Havering	10.00%	46.85%	50.59%	55.46%	52.11%	45.47%	48.73%	46.52%	38.32%	36.92%	30.46%	29.61%	32.61%	25.84%	
Redbridge	10.00%	33.88%	20.99%	11.51%	7.43%	8.18%	18.79%	21.99%	14.77%	17.60%	17.37%	14.29%	15.94%	25.75%	
Waltham Forest	10.00%	8.17%	11.03%	9.50%	14.59%	18.68%	13.62%	24.14%	25.09%	23.93%	26.20%	23.39%	17.82%	22.81%	
NHS North East London CCG	10.00%	21.27%	24.10%	22.62%	19.73%	22.59%	23.67%	20.00%	18.22%	20.05%	21.70%	18.41%	16.91%	19.36%	



KPIs - Perinatal - Dementia Diagnosis – SMI – EIP – OAP - ED

Organisation	Trajectory	Reporting Period													Trend
		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	
Perinatal access (proportion of births)															
Barking and Dagenham	3973	3.95%	4.46%	4.78%	4.83%	5.16%	5.61%	5.69%	6.01%	6.40%	6.39%	6.59%	6.49%	6.25%	
Havering	3423	6.69%	7.22%	7.83%	8.18%	8.65%	9.26%	9.35%	9.31%	10.00%	9.73%	9.73%	9.82%	9.68%	
Redbridge	4782	3.45%	3.87%	4.31%	4.58%	4.87%	5.08%	5.25%	5.33%	5.69%	5.65%	5.63%	5.75%	5.71%	
Waltham Forest	4700	5.15%	5.77%	6.28%	6.57%	6.66%	6.96%	6.93%	7.26%	7.90%	8.51%	8.53%	8.77%	8.82%	
NHS North East London CCG	31998	6.02%	6.19%	6.28%	6.39%	6.52%	6.63%	6.78%	6.95%	7.06%	7.23%	7.30%	7.34%	7.39%	
Dementia diagnosis rate															
Barking and Dagenham	66.67%	62.54%	62.49%	62.57%	58.44%	57.59%	58.74%	58.29%	58.71%	59.32%	58.26%	58.04%	58.59%	57.46%	
Havering	66.67%	50.34%	50.11%	50.09%	53.14%	52.73%	52.73%	52.74%	52.28%	52.64%	52.29%	52.24%	52.11%	52.60%	
Redbridge	66.67%	63.38%	63.21%	63.70%	63.68%	63.42%	63.53%	63.52%	61.79%	61.77%	61.14%	61.59%	60.72%	60.55%	
Waltham Forest	66.67%	65.22%	64.76%	64.53%	65.26%	64.80%	62.90%	62.48%	62.66%	62.34%	61.82%	64.54%	64.32%	63.83%	
NHS North East London CCG	66.67%	60.49%	60.27%	60.58%	60.27%	60.14%	59.98%	60.36%	59.99%	60.17%	59.59%	60.06%	59.50%	59.07%	
SMI Physical Health Checks :All six physical health checks undertaken (%) Quarterly Data only															
Barking and Dagenham	60.00%			37.29%			37.23%			37.23%			45.64%		
Havering	60.00%			37.86%			36.66%			36.66%			43.05%		
Redbridge	60.00%			37.97%			38.99%			38.99%			53.00%		
Waltham Forest	60.00%			42.50%			41.01%			41.01%			45.35%		
NHS North East London CCG	60.00%			45.42%			44.52%			44.52%			51.99%		
Early Intervention in Psychosis (EIP)-Waiting Times															
NHS North East London CCG	60.00%	63.89%	66.67%	72.22%	75.76%	78.13%	68.97%	70.97%	67.65%	72.22%	76.47%	78.13%	74.19%	70.00%	
Inappropriate Out of area placements															
NHS North East London CCG	0	45	85	50	50	65	85	145	215	65	70	85	75		
CYP Eating disorder - Routine cases - 4 week wait - Quarterly Data only															
NHS North East London CCG	95.00%			82.62%			86.02%			86.02%			90.44%		
CYP Eating disorder - Urgent cases - 1 week wait - Quarterly Data only															
NHS North East London CCG	95.00%			90.14%			91.38%			91.38%			97.67%		



As at month 11, the Trust is reporting;

- An income and expenditure adverse position of £0.1m reflecting;
 - A continuation of expenditure pressures on the Acute care Pathway, particularly across Home Treatment Teams
 - High Acuity of Mental Health Patients with the use of Agency to manage this clinical risk and waiting lists.
 - High levels of agency usage which appears to be slightly above last year's which when taken together with the increase in the annual leave accrual of £7.0m is giving rise to a £11.7m overspend against pay profiled budgets. Analysis shows that a significant proportion of this relates to medical locum cost across the whole Trust being used to cover substantive vacancies and some new service developments being commissioned.
 - The impact of the April 2022 pay award, including arrears, and the application of the funding to the budgets. This equates to c£15.6m for the full year
 - Vacancy management and further agency controls to mitigate higher use of agency in other areas which are starting to show signs of reducing the agency run rate.
 - Non recurrent schemes to offset efficiency plans c£4.6m including the use of slippage from new developments



Board Assurance Framework

BOARD ASSURANCE FRAMEWORK DASHBOARD

#	Risk title	Primary risk type (Responsible committee)	Risk tolerance (Target score)	Residual (current) score	Change in score since last review	Next forecast score movement
1	Quality of services	Quality (Quality & Safety)	Outside tolerance (5)	4 x 5 = 20	↔ (20)	↓ May 23
2	Influenza, COVID-19, and public health incidents/outbreaks	Quality (Quality & Safety)	Outside tolerance (6)	5 x 3 = 15	↔ (15)	↓ May 23
3	Financial objectives	Financial (Finance & Investment)	Within tolerance (5)	21 x 5 = 105	↓ (10)	↑ May 23
4	Workforce	People (People & Culture)	Outside tolerance (12)	4 x 4 = 16	↔ (16)	↓ May 23
5	Culture	People (People & Culture)	Within tolerance (12)	2 x 4 = 8	↔ (8)	↔ No change forecast in next 2yrs
6	Systems & partnerships	Reputational (Audit & Risk)	Within tolerance (10)	3 x 3 = 9	↔ (12)	↓ May 24
7	Digital Strategy delivery	Financial (Finance & Investment)	Outside tolerance (9)	3 x 4 = 12	↔ (12)	↓ Jan 24
8	St George's development	Financial (Finance & Investment)	Outside tolerance (12)	4 x 4 = 16	↔ (16)	↓ Sep 23
9	Financial objectives – capital	Financial (Finance & Investment)	Within tolerance (8)	2 x 4 = 8	↔ (8)	↑ May 23

Appetite tolerance key:	Current risk score key:
Current score is outside tolerance	High (15-25)
Current score is inside tolerance	Significant (8-12)
	Moderate (5-6)
	Low (1-4)

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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 18 MARCH 2023

Subject Heading:

BHRUT CQC Inspection

Report Author:

Luke Phimister, Committee Officer,
London Borough of Havering

Policy context:

Officers will give details on a recent CQC
inspection

Financial summary:

No financial implications of the covering
report itself.

SUMMARY

BHRUT officers will give details on a number of areas of relevance to the Joint Committee.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented and makes any recommendations or takes any other action it considers appropriate.

REPORT DETAIL

The Joint Committee has asked for information from BHRUT on the recent CQC inspection. Further details are given on the attached presentation.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

CARE QUALITY COMMISSION INSPECTION NOVEMBER 2022

Matthew Trainer

Chief Executive

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JHOSC

18 April 2023



OVERVIEW

- **November 2022:** The Care Quality Commission (CQC) visited King George and Queen’s hospitals to inspect our Emergency Departments (EDs) at both sites, and medical wards and Radiology at King George Hospital (KGH)
- Some of our ratings have changed, including our urgent and emergency care services being rated Inadequate - this is not unexpected as we responded to an incredibly challenging winter
- We remain Requires Improvement overall
- There are improvements we need to make to our own processes; however in their report, the CQC also accepted the issues they highlighted at our Trust are made worse by pressures in primary care, adult social care and community care within the wider system
- Inspectors highlighted the number of patients with mental health needs waiting for long periods of time in A&E cubicles due to shortages of mental health beds elsewhere as a “significant issue of concern”
- They also expressed concern about delays in establishing if patients had been adversely affected after we’d discovered several thousand people waiting for routine radiology investigations had been left off waiting lists – all patients delayed have now been seen and all harm reviews have been completed
- We’re pleased the CQC found that our focus on building stability into the leadership team, and developing a model of inclusive leadership, was “beginning to positively impact the culture across the organisation”
- They also praised our staff for treating patients with compassion and kindness, in difficult circumstances

TRUST RATINGS

Our overall rating remains Requires Improvement (RI)

Changes include:

- Queen’s Hospital now rated RI for Responsive
- The Trust is now rated RI for Well-led

Rating for acute services/acute trust

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	Safe	Effective	Caring	Responsive	Well-led	Overall
King George Hospital	Requires Improvement →← Jan 2023	Good →← Jan 2023	Good →← Jan 2023	Requires Improvement →← Jan 2023	Requires Improvement →← Jan 2023	Requires Improvement →← Jan 2023
Queen's Hospital	Requires Improvement →← Jan 2023	Good →← Jan 2023	Good →← Jan 2023	Requires Improvement ↓ Jan 2023	Requires Improvement →← Jan 2023	Requires Improvement →← Jan 2023
Overall trust	Requires Improvement →← Jan 2023	Good →← Jan 2023	Good →← Jan 2023	Requires Improvement →← Jan 2023	Requires Improvement ↓ Jan 2023	Requires Improvement →← Jan 2023



Rating for King George Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement ↓ Jan 2023	Not rated	Not rated	Not rated	Not rated	Not rated
Services for children & young people	Requires improvement Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Requires improvement Jan 2020	Good Jan 2020	Requires improvement Jan 2020
Critical care	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
End of life care	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
Surgery	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018
Urgent and emergency services	Inadequate ↓ Jan 2023	Not rated	Good ↔ Jan 2023	Inadequate ↓ Jan 2023	Requires Improvement ↔ Jan 2023	Inadequate ↓ Jan 2023
Outpatients	Requires improvement Jan 2020	Not rated	Good Jan 2020	Requires improvement Jan 2020	Requires improvement Jan 2020	Good Jan 2020
Diagnostic imaging	Good Jan 2023	Not rated	Good Jan 2023	Requires Improvement Jan 2023	Requires Improvement Jan 2023	Requires Improvement Jan 2023
Overall	Requires Improvement ↔ Jan 2023	Good ↔ Jan 2023	Good ↔ Jan 2023	Requires Improvement ↔ Jan 2023	Requires Improvement ↔ Jan 2023	Requires Improvement ↔ Jan 2023

To note, diagnostic imaging did not previously stand alone as a service

Rating for Queen's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Services for children & young people	Requires improvement Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Critical care	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
End of life care	Good Jan 2020	Good Jan 2020	Good Jan 2020	Outstanding Jan 2020	Outstanding Jan 2020	Outstanding Jan 2020
Outpatients and diagnostic imaging	Good Mar 2017	Not rated	Good Mar 2017	Requires improvement Mar 2017	Good Mar 2017	Good Mar 2017
Surgery	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018
Urgent and emergency services	Inadequate ↓ Jan 2023	Good Jan 2020	Requires Improvement ↓ Jan 2023	Inadequate ↓ Jan 2023	Requires Improvement ↔↔ Jan 2023	Inadequate ↓ Jan 2023
Maternity	Requires improvement Oct 2021	Good Jun 2018	Good Jun 2018	Good Jun 2018	Requires improvement Oct 2021	Requires improvement Oct 2021
Overall	Requires Improvement ↔↔ Jan 2023	Good ↔↔ Jan 2023	Good ↔↔ Jan 2023	Requires Improvement ↓ Jan 2023	Requires Improvement ↔↔ Jan 2023	Requires Improvement ↔↔ Jan 2023

OUR MUST DO ACTIONS

Emergency Departments at both KGH and Queen's hospitals

Both EDs moved from RI to Inadequate for Safe and Responsive

This resulted in an overall rating of Inadequate

- **Ensure that personal privacy and dignity of patients is maintained, including those located in the corridors outside the ED**
When we need to use this space, patients receive cooked meals and regular drinks; we ensure the correct equipment and nurses are located there; and it is closed off to people using it as a thoroughfare.
- **Improve oversight of the time taken to triage patients arriving in ED from the UTC run by PELC**
The patient administration systems used differ at each organisation, and so we're meeting with PELC weekly to identify new ways of working to provide better oversight and support a better overall patient experience
- **We must ensure all patient records are accessible to admitting wards and there is no possibility of duplication of medications**
A review of our processes has been undertaken. A training need was identified, and this has now been addressed
- **We must ensure that medications are prescribed and administered in a timely manner**
We have a dedicated pharmacist at Queen's. The addition of an Omnicell drugs cabinet at KGH means ED staff have quicker and easier access to medication. And we are looking to increase the number of band 5 nurses at both sites

Radiology at KGH

The service has changed from Good to being rated RI for responsive and Well-led

- **We must ensure there is adequate information for radiology staff on the role of the radiation protection supervisors (RPSs) as well as the right support and structure for RPSs to fulfil their roles**

A robust communications and engagement plan has been developed and is being implemented



- Page 31
- **We must ensure that a clinical harm review is completed as soon as possible regarding the accuracy of patient tracking list (PTL) data for diagnostic imaging patients**
This has been completed

Medical care at KGH

The service has changed from Good to RI

- **The service must ensure that all patient records and assessments are completed accurately and in a timely manner, and action plans must be clearly identified**
We have started undertaking CRABEL audits – these are audits of medical records looking at a range of criteria including legibility, dates, and GMC stamps

HOW WE'RE RESPONDING

- We're focusing on addressing the 'Must Do' and 'Should Do' actions from the CQC to help improve patient care – detailed improvement plan developed and reviewed monthly
- Opened our Surgical Assessment Unit at Queen's to take surgical patients out of ED
- Opened our larger Same Day Emergency Care (SDEC) at Queen's to improve flow out of ED
- Daily discharge target for every ward, including weekends – monitored three times a day; focus on increasing pre-midday discharges
- Working with system colleagues to improve care for patients with mental health needs waiting too long in our EDs
- Fixed the issue that caused the problem with our diagnostic waiting list. We organised additional capacity for MRI, CT scans and non-obstetric ultrasounds and all patients who experienced a delay have now been seen
- All harm reviews have been completed
- We're carrying out a thorough review of the way data is collected to ensure all our systems are working properly and reporting accurately



**OUTER NORTH EAST LONDON JOINT HEALTH
OVERVIEW AND SCRUTINY COMMITTEE, 18 MARCH
2023**

Subject Heading:

Urgent Treatment Centres

Report Author:

Luke Phimister, Committee Officer,
London Borough of Havering

Policy context:

Officers will give details on urgent
treatment centres

Financial summary:

No financial implications of the covering
report itself.

SUMMARY

NHS and PELC officers will give details on a number of areas of Urgent Treatment Centres which are of relevance to the Joint Committee.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented and makes any recommendations or takes any other action it considers appropriate.

REPORT DETAIL

The Joint Committee has asked for information on Urgent Treatment Centres from a CQC report. Further details are given on the attached presentation.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.



North East London

Partnership of East London Co-operatives (PELC) – Care Quality Commission reports

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Outer North East London Joint Overview and Scrutiny Committee
Tuesday 18 April 2023

Chetan Vyas
Director of Quality

Steve Rubery
PELC Chief Executive

Context and Background

- The **Partnership of East London Cooperatives (PELC)** is a not-for-profit organisation delivering urgent care at four Urgent Treatment Centres across the Barking and Dagenham, Havering and Redbridge (BHR) geographical footprint
- PELC has been operating in North East London for more than 10 years, and has been involved in the provision of the Urgent Treatment Centres (UTCs) in BHR, previously Urgent Care Centres (UCC), since 2014/5
- PELC provided the UCC service at King George Hospital from 2011, and in July 2018, stepped into support Barking, Havering and Redbridge University Hospitals NHS Trust in providing the UCC service at Queen's Hospital
- A formal procurement process for the four UTCS began in 2019, with the contract awarded to PELC in January 2020 and the new service mobilised in July 2020 during the COVID pandemic
- The Urgent Treatment Centres provided by PELC are located at King George Hospital, Queen's Hospital, Harold Wood Polyclinic (Havering) and Barking Community Hospital

Care Quality Commission findings

- Latest CQC inspections took place in November 2022
- All sites were rated as inadequate, and enforcement actions were issued
- Key findings from the report are:
 - **Staff treated people with compassion, kindness, dignity and respect**
 - The CQC was not assured that PELC was providing safe care to people, particularly those with potentially serious conditions
 - **Insufficient procedures and processes to ensure learning from incidents and complaints.** There were not clear systems in place to demonstrate improvements when things went wrong
 - **The effectiveness and appropriateness of care was routinely reviewed, and care and treatment were delivered according to evidence-based guidelines.** However, targets specified by commissioners were not being met
 - **Insufficient procedures to ensure there was effective staffing**
 - **Patients were not able to access care and treatment at the service in a timely way**
 - **Leaders did not have the capacity and skills** to deliver high-quality, sustainable care
 - There were **some clear responsibilities, roles and systems of accountability to support good governance** and management. **Lines of accountability** and designated decision-making authority were unclear
 - **PELC lacked a clear vision and credible strategy** to deliver high quality care and promote good outcomes for patients through the services.

Action taken by the Care Quality Commission

Rating Domain	Queens	King Georges	Barking	Harold Wood
	Inadequate	Inadequate	Inadequate	Inadequate
Safe				
Effective				
Caring				
Responsive				
Well-led				

Regulation Breaches/Enforcement Actions	Key Themes
<i>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</i>	<ul style="list-style-type: none"> • Waiting Times for assessment • 4hr Standard • Management of incidents –response times • Pathways – chest pain, urine retention
Regulation 17 HSCA (RA) Regulations 2014 Good governance	<ul style="list-style-type: none"> • Streamer and navigator role • ED Handovers – time to handover, delays • Clarity of organisational objectives and how these were reflected in meetings – duplication of process • Risk Management processes • Patient Engagement • Poor performance not managed • Not sufficiently addressing bullying and harassment
Regulation 18 HSCA (RA) Regulations 2014 Staffing	<ul style="list-style-type: none"> • Rota fill and workforce planning

Actions undertaken by PELC following the inspection

PELC took immediate actions to address clinical safety concerns identified by the CQC:

- **Provide clinical oversight of the waiting areas in order to identify unwell or deteriorating patients.** A Clinical Oversight Co-Ordinator post was established at pace, initially when shifts were uncovered. Streamers go out into the waiting area in person to call the next patient so they can view those waiting. A clinical oversight checklist was implemented to evidence checks.
- **Registration processes were changed to ensure patients are pre-registered immediately on arrival to enable accurate measurement of the arrival time to initial clinical assessment (ICA).** Extended concierge rota (pre-registration) to 24/7 to measure time of arrival. Increased the number of administrative staff on duty during the period of 10pm-8am to enable consistent pre-registration.
- **Monitoring of time from arrival to ICA at all four sites 24/7** to measure against the 15 minute ICA standard. Daily performance huddle established to monitor this.
- **Developed a new ICA Model to deliver 15 min ICA standard.** ICA co-located with concierge; Streamers supported to rapid stream rather than undertake a full triage at first contact (PUSH for 5) to deliver effective ICA including change of streaming location to support; new rapid assessment process developed to assess and treat high risk priority patients.

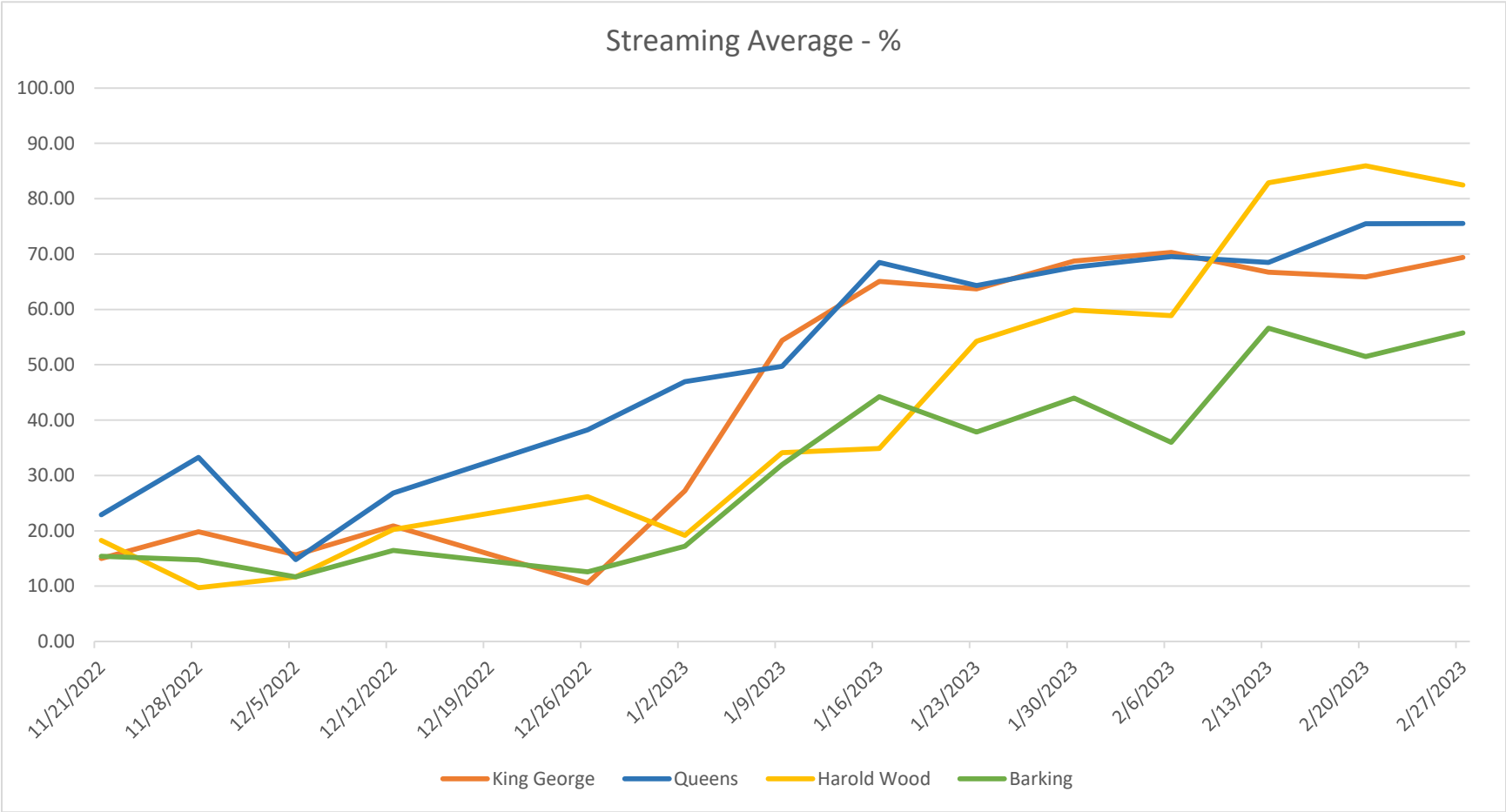
Actions taken by NEL ICB to support improvements at PELC

- The ICB held a rapid quality review meeting with PELC and the CQC on 5 December 2022, and PELC moved from routine quality surveillance to enhance quality surveillance
- A PELC Assurance Group has been set up and meets fortnightly, seeking assurance from PELC about improvements made with their CQC action plan and PELC specific organisational matters – this reports into the NEL Quality, Safety and Improvement Committee
- Contract meetings have been re-instated. They were stood down during Covid as per NHSE guidance. The first meeting took place on 22 March 2023
- Members of the ICB quality team now attend internal PELC meetings to gain assurance and support improvement
- A BHR System Urgent and Emergency Care Programme Board has been developed to enable urgent and emergency care interface/ pathway improvements to improve the experience for local residents
- The Good Governance Institute has been commissioned to undertake a governance review of PELC and make recommendations for improvement

PELC CQC – Improvements

- Improvements made to 15 min streaming target. Increased from between 15%-25% in Nov 2022 up to between 55%-85% in February 2023 with a continued upward trajectory.

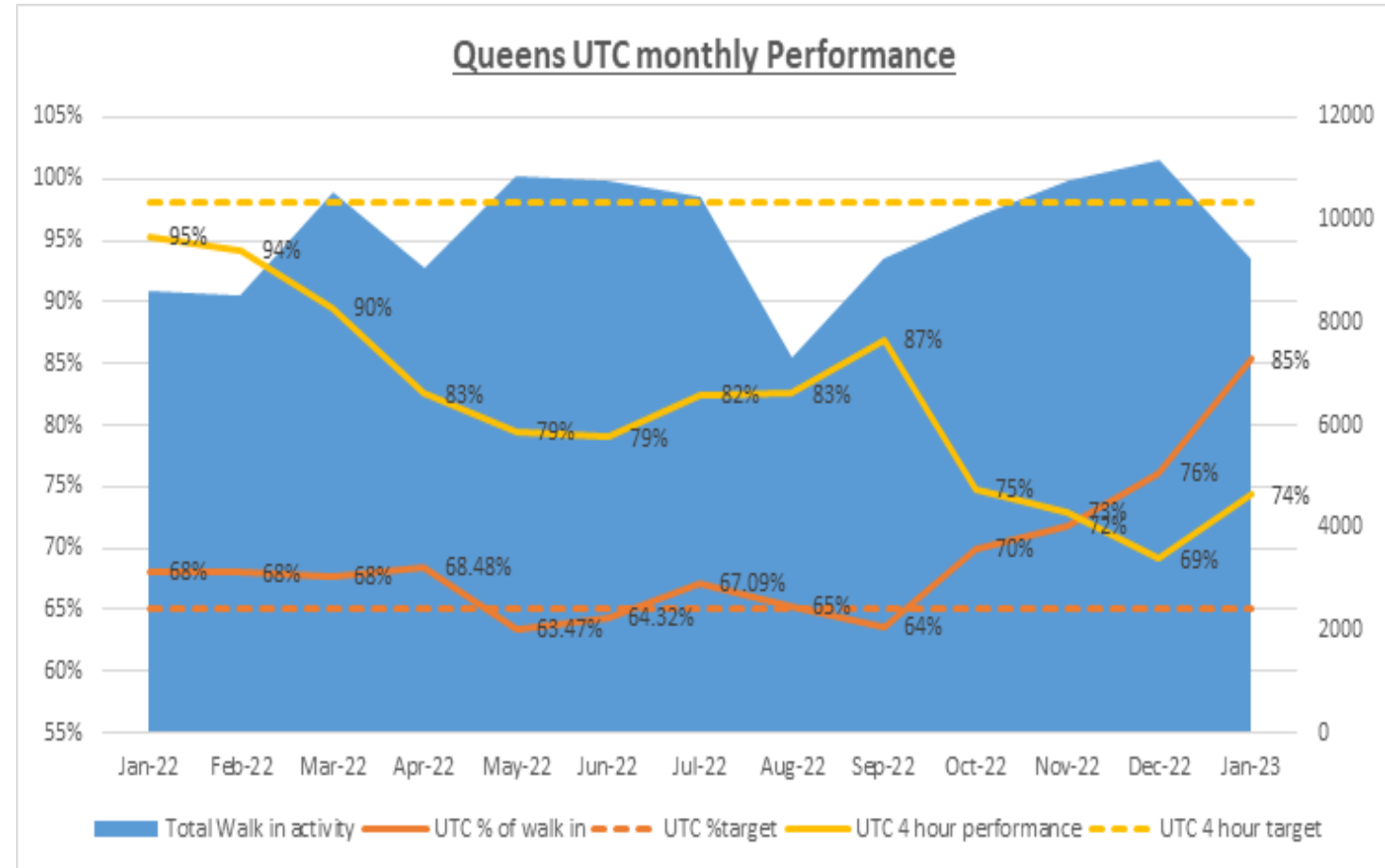
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PELC CQC - Improvements

4 hour performance:

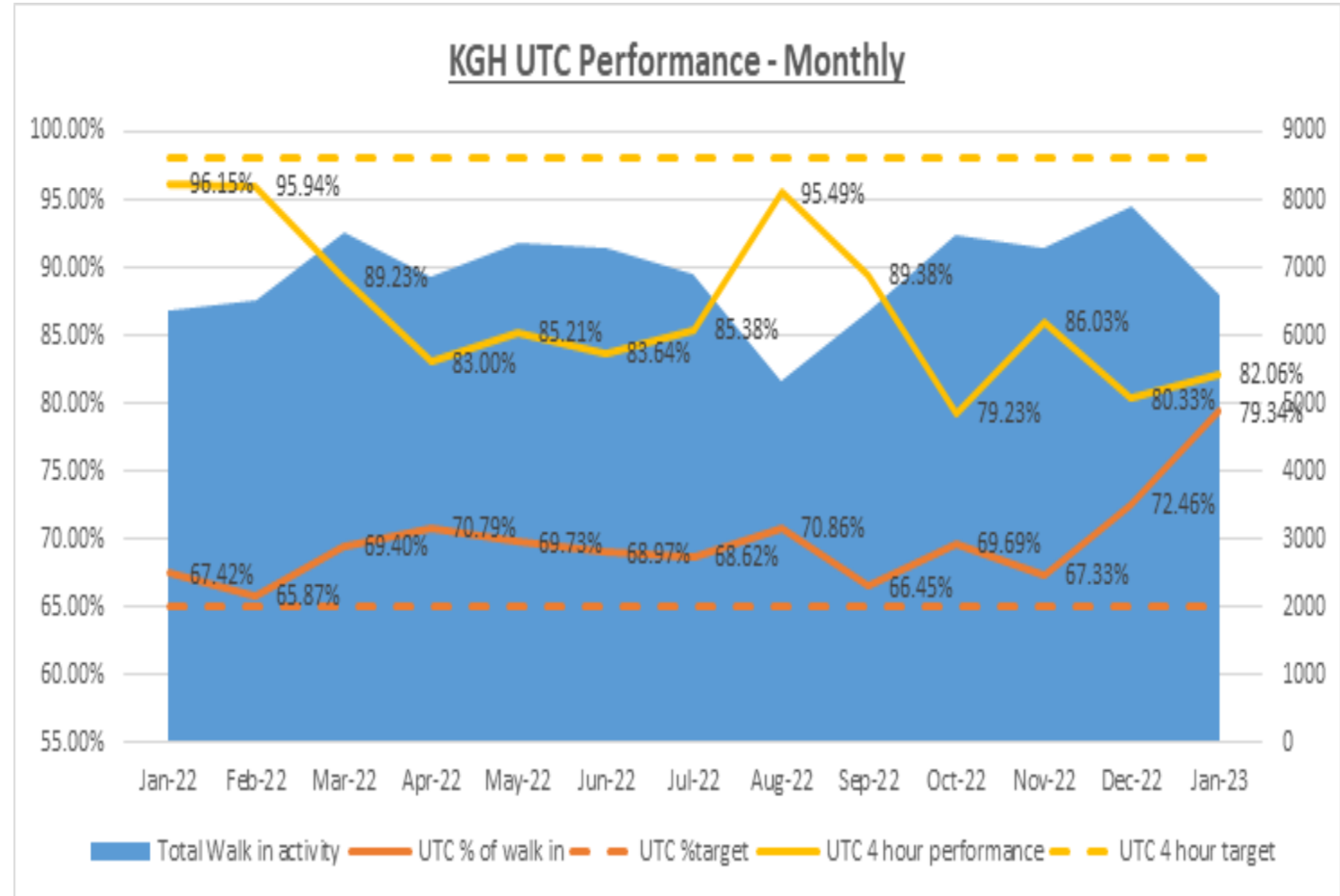
- In October ED changed the criteria for handovers to:
 - only accept patients meeting the right to reside criteria
 - only accept patients handed over in person to ED (previously suitable patients could self-transfer to ED)
- Since this change the proportion of walk-ins seen within the UTCs have steadily increased with the UTC walk in utilisation as high as 85% at Queen's in January.
- UTC now have an Rapid Assessment GP to undertake to assess and undertake high level diagnostics prior to physical transfers to ED.
- This reduces significant pressure on ED as under the new model the UTCs contribute to reducing journey time when referred to speciality or ED, as well as increasing discharges from UTC.
- However this has had a negative impact on UTC 4 hour performance due to the increased time for diagnostics and patient transfers and the fact that this function (previously undertaken in ED) has had to be staffed by moving clinicians from the UTC.



PELC CQC – Improvements

4 hour performance:

The profile of increased utilisation of walk-ins is also seen within KGH UTCs, and the UTC walk in utilisation was as high as **80.33%** at KGH in January 2023.



PELC CQC – Improvements (Patient Engagement and Feedback Improvements)

Key theme :

Patient engagement at the organisation was not well developed. There was no patient representative on the Council, and the organisation had not yet developed working relationships with its local patient groups.

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Improvement actions planned/ started:

- PELC are in the process of recruiting a patient representative for its internal meetings
- Viewpoint machines have been installed at all sites so people attending can feedback on their experience immediately. This allows PELC to rapidly identify areas for improvement
- PELC have implemented 'You said, we did' posters at their sites which tell people the improvements that have been made as a result of feedback.
- The PELC website is being updated to include patient feedback

PELC CQC – Improvements (Complaints learning)

Key complaint themes identified from complaint investigations include:

- Staffing attitude particularly communication with patient
- Lack of clarity of information available to patients about UTC processes
- Long delays to be streamed or see a doctor
- Missed identification of patients serious presenting condition

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Improvement actions started or plan

- PUSH for 5 is being implemented to support delivery of the 15 minute streaming standard
- Continuous development of clinical pathways to help staff to confidently escalate has started
- Staffing is identified as a risk and there are controls in place to mitigate the risk (refer to slide 3)
- Professional standards have been developed and will be implemented soon
- Reminders sent to whole organisation with regards to attitude and behaviour through Safety Matters Newsletter, CEO weekly update and individual cases managed through line management

PELC CQC – Improvements (Incidents learning)

Key themes from incident reported relates to the following:

- Inadequate staffing to complete streaming
- Staffing behaviour-Inappropriate behaviour from staff toward staff
- Staff leaving for break without informing management
- Delay in escalation of patient's condition as required
- Delay in streaming– breached 60 mins
- Clinicians having issues/resistance from ED/ specialties (BHRUT) accepting rapid assessment patients
- Some streamers are making streaming outcome decisions without seeing the patients, or doing any observations.
- Inaccurate observations checks are being reported.

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Improvement actions planned/ started:

- PUSH for 5 is being implemented to support delivery of the 15 minute streaming standard
- Development of pathways to help staff to confidently escalate has started
- Staffing is identified as risk and there are controls in place for the risk
- Internal professional standards have been developed and will be implemented soon
- Daily performance meetings to discuss themes for streaming delays and take action
- Working with BHRUT Clinical and Operational teams to identify solutions to resolve issues with transfer of patients to ED / Specialties
- Streaming audit to be completed to identify themes for learning
- Weekly deep dive to identify learning from more than 60 minutes streaming breaches

Next Steps

- Good Governance Institute have been commissioned to undertake a Governance review - ToR agreed and plan is to complete in 4 weeks with recommendations
- Review of PELC CQC action as a critical friend to test their internal assurance processes
- Continuation of fortnightly Assurance meeting to test improvements and sustainability
- A round table between ICB, BHRUT and PELC to discuss pathway improvements and to the actions to meet the 76% trajectory is scheduled for 5 April.

Partnership working

- BHRUT CQC assessment published 10 February 2023

	Safe	Effective	Caring	Responsive	Well-led	Overall
King George Hospital	Requires Improvement ↔ Feb 2023	Good ↔ Feb 2023	Good ↔ Feb 2023	Requires Improvement ↔ Feb 2023	Requires Improvement ↔ Feb 2023	Requires Improvement ↔ Feb 2023
Queen's Hospital	Requires Improvement ↔ Feb 2023	Good ↔ Feb 2023	Good ↔ Feb 2023	Requires Improvement ↓ Feb 2023	Requires Improvement ↔ Feb 2023	Requires Improvement ↔ Feb 2023
Overall trust	Requires Improvement ↔ Feb 2023	Good ↔ Feb 2023	Good ↔ Feb 2023	Requires Improvement ↔ Feb 2023	Requires Improvement ↓ Feb 2023	Requires Improvement ↔ Feb 2023

- Urgent and Emergency Care interface issues/ pathway discussions will be taken through the BHR UEC Place Improvement Board, which will also include other partners
- Ambition is to improve BHR system working through this Improvement Board

- King George

Urgent and emergency services	Inadequate ↓ Feb 2023	Not rated	Not rated	Inadequate ↓ Feb 2023	Requires Improvement ↔ Feb 2023	Inadequate ↓ Feb 2023
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- Queen's

Urgent and emergency services	Inadequate ↓ Feb 2023	Good Jan 2020	Requires Improvement ↓ Feb 2023	Inadequate ↓ Feb 2023	Requires Improvement ↔ Feb 2023	Inadequate ↓ Feb 2023
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OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 18 MARCH 2023

Subject Heading:	Primary Care Enhanced Access
Report Author:	Luke Phimister, Committee Officer, London Borough of Havering
Policy context:	Officers will give details on the primary care enhanced access
Financial summary:	No financial implications of the covering report itself.

SUMMARY

NEL NHS officers will give details on a number of areas of primary care enhanced access which are of relevance to the Joint Committee.

RECOMMENDATIONS

1. That the Joint Committee scrutinises the information presented and makes any recommendations or takes any other action it considers appropriate.

REPORT DETAIL

The Joint Committee has asked for information on primary care enhanced access. Further details are given on the attached presentation.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.



**North East London
Health & Care
Partnership**



North East London

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Enhanced Access to Primary Care – Survey of NEL Primary Care patients and actions

ONEL JOSOC 18 April 2023

Enhanced Access to Primary Care Update

- From October 2022, Primary care networks (PCNs) were required to offer patients a new 'enhanced access' model of care, allowing all patients to access primary care services from 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. This change has happened across England.
- This replaced the current Extended Hours and Extended Access services and marks a shift in the way out-of-hours non-urgent services are provided across north east London.

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To support PCNs with engaging their patient populations last summer we ran a north east London wide survey to collect people's views on the timings of appointments, distance they would be willing to travel to appointments, how they want to book appointments, as well as their preferences on the types of services offered out of hours and health professionals they could be seen by. We had over 38,000 responses.

- Findings were shared with all PCNs and used to help their shape plans to best meet the needs of patients
- The service has now been running for 6 months, and approximately 120,000 appointments have been made available through this model of care from GPs, nurses and other health care professionals
- PCNs have reviewed take-up of the service and where necessary, adapted their service model accordingly to ensure that the service provides maximum benefit for patients.

What did the NEL ICB survey show in Redbridge?

Preferred services out of hours:

1. Urgent same day appointments
2. Routine booked appointments
3. Screenings (for things like smear tests)
4. Vaccinations and immunisations
5. Health checks
6. Physiotherapy
7. Medication reviews

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Preferred booking route:

1. Ringing the GP practice was the preferred method of booking (45%)
2. Booking online (41%)
3. Dedicated phone line (14%).

Preferred times:

1. Weekday evenings after 6:30pm was the preferred time – 37%
2. Saturdays - 14%
3. Weekday mornings before 8am - 5%
4. Sundays – 3%

Distance / Time travelled:

Most people would prefer to travel **no more than 2 miles or 30 minutes** to their appointment, although 21% said they would be willing to travel anywhere in the borough.

Preferred appointment type:

1. Face to face 78%
2. Happy with any appointment type 16%
3. Telephone 10%
4. Video call 6%
5. Online 3%

Preferred health professional:

1. GP – 69%
2. Any health professional who can help with their needs – 51%
3. Nurse – 20%

*For some survey questions participants could pick multiple options so not all figures will add up to 100%

How have GP services been changing in Redbridge?

There are 6 PCNs in Redbridge and all of them offering a mix of routine GP, Nurse, Health Care Assistant, Pharmacist and Physician Associate appointments between 6.30pm to 8pm Monday to Friday and 9am to 5pm Saturday. These appointments are a mix of face to face, online and telephone appointments and based in central locations across the borough:

- **New Cross Alliance PCN** - delivered from Fullwell Cross Medical Centre and Newbury Park Heath Centre.
- **Seven Kings PCN** - delivered from Doctors House Surgery and Palms Medical Centre
- **Fairlop PCN** - delivered from Shrubberies Medical Centre and likely Kenwood Gardens Health Centre
- **Cranbrook PCN** – delivered from Gants Hill Medical Centre
- **Loxford PCN** – delivered from Loxford Health Centre
- **Wanstead & Woodford PCN** – delivered from Shrubberies Medical Centre and Glebelands Medical Centre

Patients can book these appointments through their registered practice or via a central call centre

What did the NEL ICB survey show in B&D?

Preferred services out of hours:

1. Urgent same day appointments
2. Routine booked appointments
3. Screenings (for things like smear tests)
4. Vaccinations and immunisations
5. Health checks
6. Physiotherapy
7. Medication reviews

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Preferred booking route:

1. Ringing the GP practice was the preferred method of booking (54%)
2. Booking online (36%)
3. Dedicated phone line (11%).

Preferred times:

1. Weekday evenings after 6:30pm was the preferred time – 35%
2. Saturdays - 14%
3. Weekday mornings before 8am - 6%
4. Sundays – 3%

Distance / Time travelled:

Most people would prefer to travel **no more than 2 miles or 30 minutes** to their appointment, although 24% said they would be willing to travel anywhere in the borough.

Preferred appointment type:

1. Face to face 79%
2. Happy with any appointment type 16%
3. Telephone 9%
4. Video call 5%
5. Online 5%

Preferred health professional:

1. GP – 67%
2. Any health professional who can help with their needs – 49%
3. Nurse – 18%

How have GP services been changing in Barking & Dagenham

There are 6 PCNs in Barking & Dagenham all of them offer a mix of routine GP, Nurse, Health Care Assistant and Pharmacist appointments between 6.30pm to 8pm Monday to Friday and 9am to 5pm Saturday. These appointments are a mix of face to face, online and telephone appointments and based in central locations across the borough:

- **East PCN** - delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue
- **East One PCN** - delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue
- **New West PCN** - delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue
- **North PCN** – delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue
- **Central PCN** – delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue
- **West One PCN** – delivered from Broad St Medical Centre, Barking Hospital or Parsloes Avenue

Patients are able to book these appointments through their registered practice or via a central call centre

What did the NEL ICB survey show in Havering?

Preferred services out of hours:

1. Urgent same day appointments
2. Routine booked appointments
3. Screenings (for things like smear tests)
4. Vaccinations and immunisations
5. Health checks
6. Physiotherapy
7. Medication reviews

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Preferred booking route:

1. Ringing the GP practice was the preferred method of booking (47%)
2. Booking online (40%)
3. Dedicated phone line (12%).

Preferred times:

1. Weekday evenings after 6:30pm was the preferred time – 36%
2. Saturdays - 11%
3. Weekday mornings before 8am - 5%
4. Sundays – 2%

Distance / Time travelled:

Most people would prefer to travel **no more than 2 miles or 30 minutes** to their appointment, although 29% said they would be willing to travel anywhere in the borough.

Preferred appointment type:

1. Face to face 79%
2. Happy with any appointment type 19%
3. Telephone 9%
4. Video call 4%
5. Online 3%

Preferred health professional:

1. Any health professional who can help with their needs – 61%
2. GP – 59%
3. Nurse – 23%

*For some survey questions participants could pick multiple options so not all figures will add up to 100%

How have GP services been changing in Havering?

- From 1 October 2022 the four Primary Care Networks (PCNs) in Havering have been providing 'enhanced access' model of care, offering a more standardised offer to patients.
- The 'enhanced access' service is for core routine GP services, with PCNs providing a mix of services such as immunizations, smear clinics, GP appointments, health checks, diabetic foot checks etc.
- Appointments are delivered by a multi-disciplinary team of healthcare professionals.
- There will be more integrated offer with urgent care, with any unused slots on the day being made available to NHS111
- Locations and timings:
 - North PCN – Petersfield Surgery, 6.30pm to 10pm (Mon to Fri), 9am to 5pm (Saturday)
 - South PCN – Rosewood Medical Centre, 6.30pm to 10pm (Mon to Fri), 9am to 5pm (Saturday)
 - Crest PCN – Raphael House, 6.30pm to 9pm (Mon to Fri), 9am to 5pm (Saturday)
 - Marshalls PCN – Practice based and Raphael House, 6.30pm to 8pm (Mon to Fri), 9am to 5pm (Saturday)

What did the NEL ICB survey show in Waltham Forest?

Preferred services out of hours:

1. Urgent same day appointments
2. Routine booked appointments
3. Screenings (for things like smear tests)
4. Vaccinations and immunisations
5. Health checks
6. Physiotherapy
7. Medication reviews

Preferred booking route:

1. Ringing the GP practice was the preferred method of booking (45%)
2. Booking online (43%)
3. Dedicated phone line (11%).

Preferred times:

1. Weekday evenings after 6:30pm was the preferred time – 37%
2. Saturdays - 14%
3. Weekday mornings before 8am - 5%
4. Sundays – 3%

Distance / Time travelled:

Most people would prefer to travel **no more than 2 miles or 30 minutes** to their appointment, although 23% said they would be willing to travel anywhere in the borough.

Preferred appointment type:

1. Face to face 75%
2. Happy with any appointment type 18%
3. Telephone 9%
4. Video call 7%
5. Online 4%

Preferred health professional:

1. GP – 67%
2. Any health professional who can help with their needs – 55%
3. Nurse – 23%

*For some survey questions participants could pick multiple options so not all figures will add up to 100%

How have GP services been changing in Waltham Forest

There are 7 PCNs in Waltham Forest all of them offer a mix of routine GP, Nurse, Health Care Assistant and Pharmacist appointments between 6.30pm to 8pm Monday to Friday and 9am to 5pm Saturday. These appointments are a mix of face to face, online and telephone appointments and based in central locations across the borough:

- **E4 PCN** - delivered from Chingford Medical Centre
- **Forest 8 PCN**
 - Forest Integrated Health PCN**
 - Leyton Collaborative PCN**
 - South Leytonstone PCN**
 - Walthamstow Central PCN**
 - Walthamstow West PCN**

All patients from the PCNs above can access services from the following sites:

- Triangle House Medical Centre
- Kings Head Medical Practice
- The Forest Surgery
- Queens Road Medical Centre
- Addison Road Medical Practice
- Higham Hill Medical Centre
- The Orient Practice

Next steps for developing same day access into primary care

What are our system ambitions for same day access?

- Create a system which is responsive at the first contact and provides a 24/7 responsive and flexible service for urgent care needs
- Utilise all community settings and expand the offer to patients where GP intervention is not required
- Develop a clear understanding of what the NEL offer is and tailor the communication with local people

What success will look like for our staff

- An ability for staff to better manage demand due to more appropriate demand for services
- Greater confidence when signposting residents and being able to help get the patient to the right place first time
- A greater sense of satisfaction in their role

NEL same day access design principles

- Have a truly integrated approach, with all services having joint access to medical records and appointments
- Local services that are designed by and for local communities and residents and meet their needs and priorities
- A consistent urgent same day offer across NEL to reduce confusion and ensure parity of access

System priorities

- A single interface between primary care and secondary care which enables direct booking across the system
- An integrated single point of access giving people the choice to access wider primary care settings and roles other than a GP
- Locally curated comms and health education which utilises a more creative approach via schools and local communities, combined with post intervention education
- System demand modelling supported by more joined up data and use of digital integration

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