

## **Health, Adult Social Care and Social Inclusion Policy and Accountability Committee:**

### **Response to Imperial College Healthcare NHS Trust - Quality Account 2017/18**

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NHS bodies and certain other bodies which provide health services to the NHS are required by legislation to publish Quality Accounts, drafts of which must be submitted to the London Borough of Hammersmith & Fulham's Health, Adult Social Care and Social Inclusion Policy and Accountability Committee (HASCSIPAC) for comment, in accordance with section 9 of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010, as amended.

The Council's HASCSIPAC received the following reports from the Trust throughout 2016/17, followed by a brief summary of key points noted during this past year:

- i) Clinical Service Improvements – Proposed new Pathways for Acute Medicine and Chest Pain Patients;
- ii) Sustainability and Transformation Plan (STP) and Strategic Outline Case Part 1 (SOC1) – general overview, involving all local NHS trusts; and
- iii) Accident and Emergency Service Performance November 2016-March 2017.

It was noted that before the introduction of the new pathway, patients would be admitted and wait several days before seeing a specialist doctor. The aim of the new pathway was to ensure that delays, evident in some specialisms such as cardiology, were reduced and that the patient accessed appropriate treatment more efficiently. Removal of an acute medical assessment stage would maintain the same level of intervention but without any delay. The Committee welcomed assurances provided by the Trust that service variations required by the new pathway would not result in a decrease in the number of beds (which would remain static) and the confirmation that there would be no bed closures.

The Committee was informed that staff rotas would become more robust as a result of the changes, as removing any delay to specialist treatment meant greater long term resilience for service delivery and patient care. Given the current uncertainties, the Committee considered that this was positive improvement, safeguarding workforce stability.

In March 2017, the Committee received a detailed presentation on the STP, SOC 1 and an update on the latest situation on plans for the Charing Cross Hospital site. The Committee reiterates its opposition to the proposal for the replacement of the current Charing Cross Hospital with a 'local hospital' on the same site. And so it will be interested in scrutinising the SOC Part 2 proposals, which it understands will relate to the proposed redevelopment of the Charing Cross site, later in 2017.

As part of an annual consideration of the Trust's winter resilience performance, the Committee received A&E service performance figures for November 2016 to March 2017. The Committee noted the operational challenges such as the refurbishment at St Mary's and Charing Cross, as part of on-going improvements to the model of

care, together with significant changes to improve urgent care centres. An increase of Type 1 cases at Charing Cross was cause for concern, however, the Committee acknowledged that the level of demand caused significant pressure on the service, with the Trust unable to meet the national standard to see, treat and discharge 95% of patients that present to an urgent or emergency care setting within 4 hours.

Members of the Committee highlighted additional concerns around the length of waiting time, particularly at Western Eye Hospital, where waiting times of up to five hours had been experienced. The Committee would welcome closer analysis of public health education provision, which might potentially address this, together with a better understanding of how to achieve greater efficiencies around triage and initial assessments.

The Committee was disappointed that the waiting time targets had not been met. However, it welcomed the fact that the Trust had plans in place to improve its performance, particularly at the Charing Cross A&E. And members of the Committee commended the work of staff working in emergency care settings, understanding that the service had faced high levels of demand during this period. The Committee will be interested in receiving a further report on A&E waiting times later in 2017 to see what impact these changes have made.

The Committee welcomes the opportunity to comment on the Draft Quality Account for 2016/17 and understands that the Trust faces further challenges in the coming year. The Committee welcomes the high level of commitment demonstrated by NHS health colleagues, both administrators and clinicians, in the Trust, to provide the best care possible to the residents of Hammersmith and Fulham and looks forward to further engagement and co-operation with the Trust in order to achieve this.

**Councillor Rory Vaughan**

Chair, Health, Adult Social Care and

Social Inclusion, Policy and Accountability Committee

22<sup>nd</sup> May 2017