

<u>MEETING</u> HEALTH OVERVIEW AND SCRUTINY COMMITTEE
<u>DATE AND TIME</u> MONDAY 6TH FEBRUARY, 2017 AT 7.00 PM
<u>VENUE</u> HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
11	UPDATE ON WINTER PRESSURES	3 - 12

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	<p align="center">Barnet Health Overview and Scrutiny Committee</p> <p align="center">6th February 2017</p>
<p align="center">Title</p>	<p>Winter pressures at the Royal Free London NHS Foundation Trust</p>
<p align="center">Report of</p>	<p>Head of external affairs and stakeholder engagement Royal Free London NHS Foundation Trust</p>
<p align="center">Wards</p>	<p>All</p>
<p align="center">Status</p>	<p>Public</p>
<p align="center">Key</p>	<p>No</p>
<p align="center">Urgent</p>	<p>No</p>
<p align="center">Enclosures</p>	<p>Appendix A - Winter pressures at the Royal Free London NHS Foundation Trust and wider health and social care network</p>
<p align="center">Officer Contact Details</p>	<p>Ian Lloyd Head of external affairs and stakeholder engagement Royal Free London NHS Foundation Trust 020 7472 6665</p>

<h2>Summary</h2>
<p>This report from the Royal Free London NHS Foundation Trust describes some of the challenges across the whole health economy, some of the reasons behind them and the measures put in place, overseen by the A&E delivery board, to tackle them.</p>

<h2>Recommendations</h2>
<p>1. That the Committee note the report.</p>

1. WHY THIS REPORT IS NEEDED

- 1.1 As stated in the committee's forward work programme, the committee is receiving an update paper from the Royal Free NHS Foundation Trust on winter pressures.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The report provides the Committee with the opportunity to be briefed on this matter and provide an update on pressures and challenges faced by the Trust and ways to tackle these.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 The views of the Committee in relation to this matter will be considered by the Health Overview and Scrutiny Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

“To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.”

5.5 Risk Management

5.5.1 There are no risks.

5.6 Equalities and Diversity

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7 Consultation and Engagement

5.7.1 This paper provides an opportunity for the Committee to be updated on the pressures and challenges faced by the Trust.

6. BACKGROUND PAPERS

6.1 None.

Appendix A

Winter pressures at the Royal Free London NHS Foundation Trust and wider health and social care network

Background

In line with the rest of the NHS, the Royal Free London NHS Foundation Trust (RFL) is experiencing a very challenging winter.

Increasing demand for services, especially through our Emergency Departments, higher volumes of sicker patients with complex conditions, pressure on community, social care and staffing have all impacted on A&E performance. RFL hospitals are running at full capacity.

Through all of this, our staff have been working extremely hard to ensure patient experience is still good. According to our most recent Friends and Family test scores, 78% of patients who visit our A&E departments would recommend them.

This paper describes some of the challenges across the whole health economy, some of the reasons behind them and the measures put in place, overseen by the A&E Delivery Board (made up of RFL and Barnet Clinical Commissioning Group and other stakeholders), to tackle them.

Demand for A&E

The A&E departments at the Royal Free London are coming under increasing pressure with growing attendances – this is not just a winter phenomenon.

The A&E department at the Royal Free site was designed to see 60,000 patients a year. In 2015/16 there were 102,956 attendances and this is on track to be at least matched in 2016/17.

At the Barnet Hospital site A&E in 2015/16 there were 118,609 attendances and this is on track to be at least matched in 2016/17.

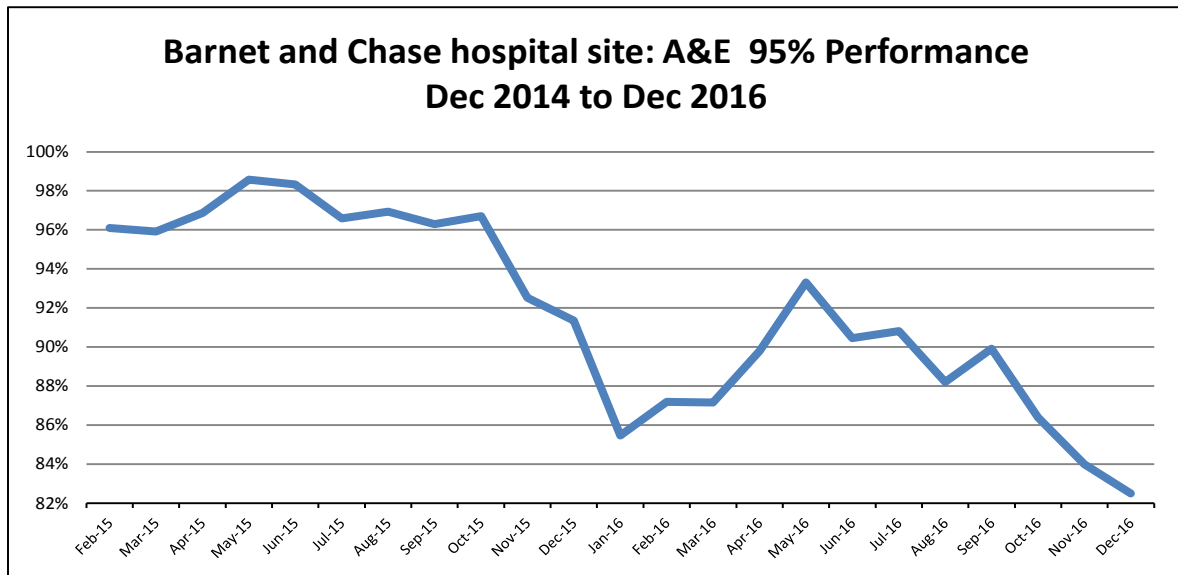
Since the Royal Free London acquired Barnet Hospital in 2014 and 2016, attendances at Barnet's A&E have increased by 8.2% (from 110,759 in 2014 to 119,798 in 2016).

In the same period, attendances at the Royal Free Hospital A&E have increased by 8.6% (from 97,699 to 106,133).

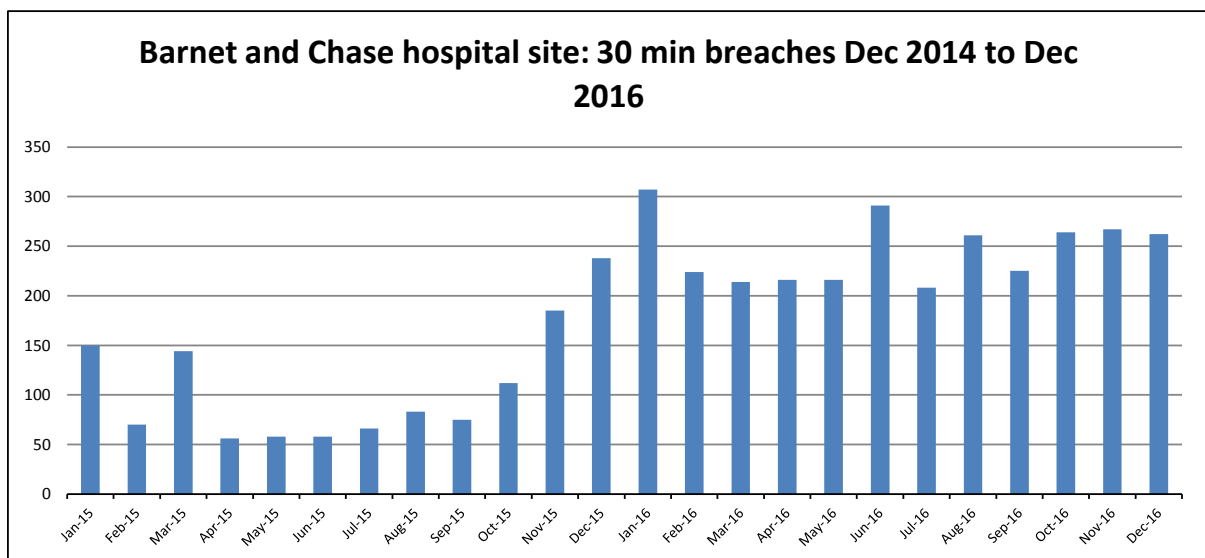
A&E performance

A&E performance has been affected. The target of seeing and discharging/admitting 95 per cent of patients in 4 hours has not been achieved this financial year and since August 2016 has fallen below 90 per cent.

Performance has been particularly challenging at Barnet Hospital – since the beginning of January it has averaged 77%.



One contributing factor at Barnet Hospital is that it receives patients from two ambulance services – London Ambulance Service and East of England Ambulance Service. Not infrequently there can be multiple ambulances arriving from both these services at the same time. This can impact on ambulance handover times.

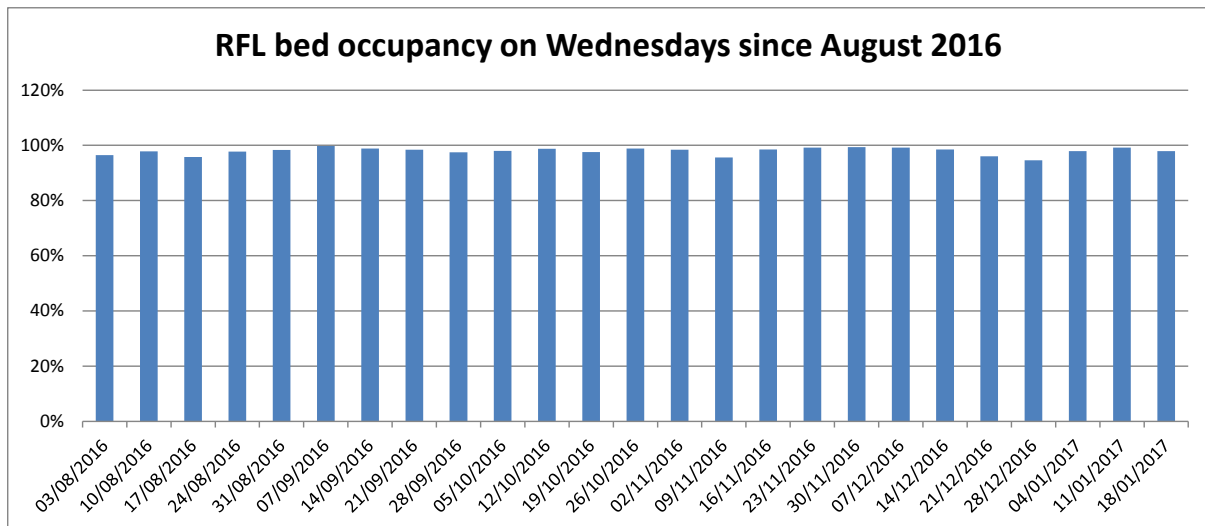


Impact on hospital wards

A&E performance could be a barometer of flow throughout the whole hospital right through to discharge.

Our A&E departments are seeing more patients who are sicker and therefore a greater number need admitting to a hospital bed.

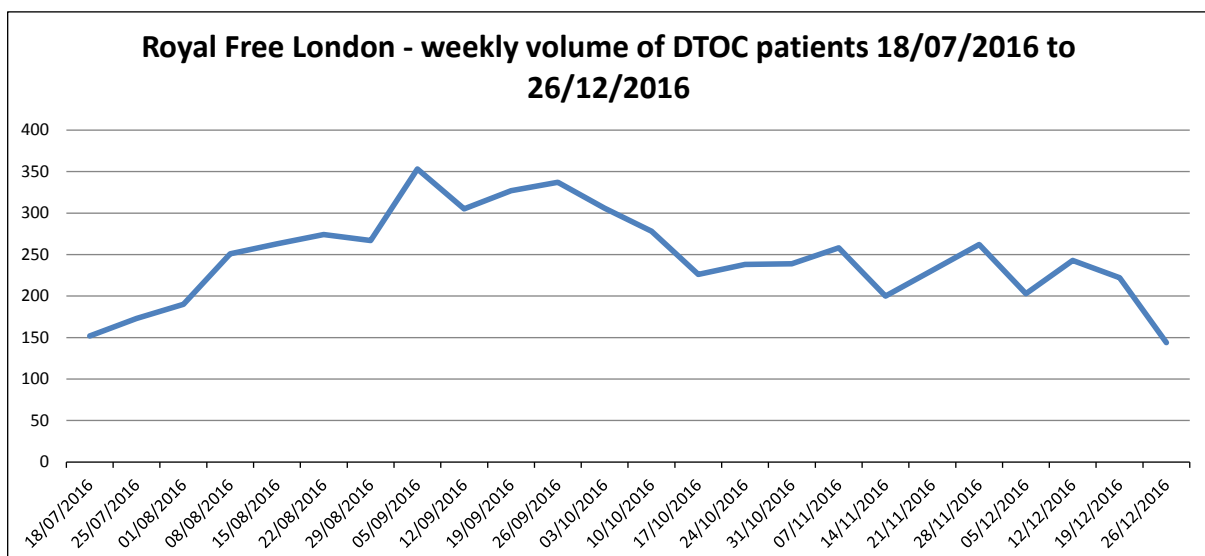
Consequently bed occupancy at the trust is high, at Barnet and at the Royal Free, and this can impact on A&E breaches (patients waiting longer than the target of 4 hours).



Getting our patients home

It is becoming increasingly difficult to discharge patients home or to a home environment. We know that a significant number of patients no longer need to be in hospital beds. Patients who are medically fit to leave can remain in hospital for different reasons.

This is multifactorial and we are working hard to improve our internal mechanisms – such as discharging patients before lunch and reducing delayed transfers of care (DTOCs). We are also working collaboratively with colleagues from Barnet Clinical Commissioning Group (CCG) – our lead commissioners – and Barnet Council to create new programmes such as “discharge to assess” which supports the earlier transfer of patients from a hospital bed to an alternative care setting for their ongoing needs assessments or home more quickly with care and rehabilitation support provided in the patients home.



A whole health and social care network response

One example of how partners across health and social care are working together to meet these challenges is the A&E Delivery Board, a collaboration between the RFL our CCGs, ambulance services, social care and other key stakeholders.

The delivery board which meets monthly is implementing a recovery plan to help improve performance and patient experience. The north central London health economy has a daily teleconference to work through winter pressures.

What are we doing to address these challenges?

At the Royal Free London, the Safer, Faster, Better programme has been launched to, improve patient 'flow' through hospital, speed up the discharge process and ensure patients are aware and have access to other services such as walk-in and urgent care centres. Some key elements of the programme are:

- Increase the use of ambulatory care (same day emergency care) which means patients do not need to be admitted
- Increased provision of enablement services and 'discharge to assess' beds which enable patients to move of hospital to undergo assessments and receive support with decisions about their future care
- Implementing the SAFER bundle to improve patient flow and prevent unnecessary waiting for patients on all wards
- Opening an adult assessment unit, an emergency department-led clinical decisions unit and a surgical admissions area at Barnet Hospital. These will all enable the hospital to treat patients more quickly and improve patient experience.
- Introduced 'red and green days' to help staff identify when patients require an action to progress their care
- Twice daily 'board rounds' and 'ward rounds' to identify any obstacles to patients being discharged
- Senior (consultant) presence from all specialties in A&E to speed up decision-making process
- Monthly 'back to the floor' weeks where all non-essential meetings are cancelled to enable staff to support wards
- Reduction in elective programme (excluding cancer and urgent treatment)

In addition, the Royal Free Hospital Emergency Department is in the process of being redeveloped and expanded and this is due to be completed in spring 2018. The redevelopment will include a new 23-hour assessment unit as well as a rapid assessment and treatment area, a larger resuscitation area and a diagnostic hub, which includes x-ray and CT scanning services. The plans also include the redevelopment of the urgent care centre and the provision of a dedicated paediatric emergency department.

- **Community response**

There are a number of schemes which have been put in place by Barnet CCG to manage demand and change attendance patterns. This includes a new tool to help care homes

identify deteriorating patients so they can take action to prevent hospital admission; supporting service users to take control of their own care; opening up additional GP slots on evenings and weekends; direct access primary care appointments between 6pm-8pm exclusively for Barnet Hospital Emergency Department; and additional GP support at Barnet Hospital.

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