Board in common

Questions from the public

Tuesday 16 April 2024

Held in The Legends Room, Brentford Football Club, Brentford

This document summarises the questions put to the board in common for the meeting on 16 April 2024 and provides responses.

The questions have been grouped by theme and a single response provided where several questions were received on the same subject.

Question relating to the Health & Safety Report

Could you please clarify Item 11.2; The Health and Safety Annual Report, table 5 shows specific RIDDOR details reported for each Trust, ICHT shows a total of 6 Violence & Aggression incidents whereas the other Trusts have not experienced any. Is there any analysis behind these results that could help to make hospitals safer for staff and patients.

Tim Orchard, Chief Executive, ICHT said that I am concerned generally about violence and aggression and the situations our staff sometimes find themselves working in. We have a group at ICHT that I chair that specifically looks at the actions that we can take to try and reduce incidents of violence and aggression. There is something around being clear around expectations of behaviour from everybody, but we are also dealing with people in our emergency pathways that are not able to behave in an entirely rational way for a number of reasons, not all of which are in their control. We need to ensure that staff are trained to deescalate situations and to ensure the correct number of security staff are available.

Jonathan Reid, Chief Financial Officer, LNWH advised that there is also a classification issue in reporting and other areas are reporting slightly differently, one of the things we are looking at is ensuring all four trusts are reporting consistently in this area.

Question relating to the Redevelopment of St Marys

Could we have an update on the progress around the redevelopment of St Marys hospital.

Tim Orchard, Chief Executive, ICHT responded as you are aware we have been working very hard to try and accelerate progress on the St Marys site because we are so concerned about its general state, we have made quite good progress and are now looking towards the design of the hospital and planning permission to ensure we have the mechanisms in place when the next NHSE redevelopment money is available in 2030/31. We are hoping to get a decision on whether the NHSE New Hospitals Programme, Investment committee, will give us the first tranche of money to allow us to progress that work by the end of this month.

A further question around progress on refurbishment of both Charing Cross and Hammersmith Hospital refurbishment and if monies are not available what the plan will be and if monies are available what would the timescales be, there has also been admirable work undertaken around the planning for St Marys and will a similar exercise be undertaken for Charing Cross and Hammersmith Hospitals.

Tim Orchard, Chief Executive, ICHT responded that there will be the same process of engagement with local communities around the redevelopment of both sites. The main focus has been around St Mary's as this is the hospital most in need of redevelopment. There may potentially be the opportunity to do more sequential redevelopment of the other sites and it is expected that would be over a 10-year period.

Question relating to the EDI plans.

What are the plans around EDI in relation to disability and also is there disability representation on the Board currently.

Lesley Watts, Chief Executive, CWFT responded that many of our conversations discussed race, but we are also working hard to ensure we consider other protected characteristics, including physical disability and those disabilities we cannot see. We are focused on finding ways to express our commitment in all those areas. It was also noted that there is currently disability representation on the Board.

Question relating to the Imperial Diagnostics Centre

What plans are in place to provide a diagnostic centre at Imperial.

Tim Orchard, Chief Executive, ICHT responded that the report on Cancer Diagnostics written by Sir Mike Richards recommended that diagnostics centres should be built in the community to bring tests closer to the population. ICHT have recently opened a diagnostic centre in Wembley and another in Willesden there will be another one opened in Ealing and will be run by LNWH.

Question relating to the Digital & Data Committee Federated Data Platform

Requested further understanding on the 7 Federated Data Platform modules mentioned in the Digital & Data Committee Chairs report and what these mean for the four trusts in the APC and where communications with patients on this has been and what plans there are to comply with the NDG's guidance as this "deployment" goes ahead. Please also supply details of where the deployment has reached on the 7 modules/products and at which Trusts, and what patient information has been given, including about patient choice on care and use of data.

Post Meeting Response:
You will be aware that the FDP was a competitive national procurement run by NHS England and overseen by the Department of Health and Social Care, Treasury and Cabinet Office during 2023. For the duration of the procurement, NWL Acute Provide Collaborative has been clear that it would be adopting the FDP winner as our strategic data platform, to sit alongside our strategic electronic patient records system – Oracle/Cerner, which is the system that clinicians use on a day-to-day basis to manage patient care.

The NHS FDP is not an electronic patient record, it is software designed to enable NHS organisations to bring together operational data—currently stored in separate systems—to support staff in accessing the information they need in one safe and secure environment. This data could include the number of beds in a hospital, the size of waiting lists for elective care services, or the availability of medical supplies. The NHS FDP consists of a series of separate data platforms, which we refer to as ‘instances.’ Every hospital trust and Integrated Care Board (ICB) (on behalf of the Integrated Care System (ICS)) will have their own instance of the NHS FDP ensuring that data is kept as local as possible and only shared for appropriate purpose – that is what the “Federated” means in the name of the platform. NHS England is responsible for the national instances of the NHS FDP. Each NHS organisation with

an instance of the NHS FDP will have the ability to connect and share information between them when it is helpful and in accordance with data protection laws regarding personal information.

For example, prior to the implementation of the FDP, discharging a patient from hospital to a care setting involved updating or recording data in the Electronic Patient Record (EPR, such as Oracle Cerner), then printing it on paper or uploading it into Excel spreadsheets used by staff across various services. This process often resulted in hidden or delayed access to key updates and timely information, which could affect patient care. The NHS FDP uses existing data within the systems to significantly improve governance and handling of patient information for direct care purposes. We are not collecting any additional information but are integrating systems, processes, and aligning practices to better equip our staff and support faster and improved patient outcomes.

The winner of the FDP procurement was a company that Chelsea and Westminster has been collaborating with since 2021 which has given us a head start deploying the software and allowed NWL to become a national development partner. Healthcare professionals have been working alongside technical experts to ensure that the development addresses real staff needs and enhances our delivery of a better service for patients.

Currently, the NHS FDP does not have any products that interface directly with the public, and there are no plans to create one. The public can continue to use the NHS App to manage appointments and their conditions. Our objective is to improve the quality and timeliness of information available through the NHS App, which can be achieved via the by linking the NHS FDP software with the NHS App.

The NHS FDP will provide trusts and ICBs (on behalf of ICSs) with core capabilities and nationally developed products to support five key NHS priorities, along with NHS England's objective to improve services for patients:

1. Elective recovery – To expedite patient treatments, reduce the backlog of people waiting for appointments or treatments, maximize capacity, support patient readiness, and use innovation to streamline care. As an example, when using the tool, Theatre utilisation may go up as much as 8%. We also anticipate improvement in wait times for preoperative assessment where thanks to the automated pre assessment questionnaire, we have been able to liberate capacity in clinic and are now seeing the most unwell patients earlier in their pathway (moved from 15-day average to 33 days prior to having surgery).

2. Care coordination (joining up care) – To ensure that health and care organisations and multidisciplinary teams have access to necessary

information to support the patient, enabling coordinated care across NHS services. As an example, the Cancer tool is supporting the delivery of the Cancer performance standards. Chelsea and Westminster have the second highest Urgent Cancer Referrals out of local partners - an increase of 27% when compared to 2019/20 volumes. Despite this increase, the trust has been consistent in the delivery of the Faster Diagnosis standard during 2023/24 as well as managing to improve the 62-day treatment standard.

3. Vaccination and immunisation – To ensure fair and equal access to vaccinations and uptake across different communities.

4. Population health management (planning NHS services) – To help local trusts, ICBs, and NHS England proactively plan services to meet the needs of their populations.

5. Supply chain management (getting the best value for the NHS) – To allocate resources where needed most and buy smarter for the best value for money.

A suite of nationally commissioned products will support each of these use cases. For NWL, we are currently focusing on the deployment of seven products under the Elective Recovery and Care Coordination core capabilities:

- Inpatients 360: Supports the management of elective waitlists, including theatre allocation, pre-operative assessment, and pathway validation.
- Outpatients 360: Consolidates lists managed in silos into a single point of information to manage appointments, text message outputs, validation, and expedited access to care.
- Cancer 360: Integrates four different systems to equip multidisciplinary teams with tools to manage patients from referral to discharge in near real-time.
- Timely Care Hub: Manages pathways within hospitals from Emergency Departments to discharge/transfer, supporting early task escalations.
- Optica: Manages patient pathways requiring community support, ensuring timely access to discharge information, developed by the NHS in the North East to run on the FDP.
- Virtual Wards: Coordinates activities for patients who no longer need a hospital bed but require monitoring, integrating EPR information with remote monitoring technology.
- Surgical Hub Centre: Coordinates patients needing specific sector-based operations, supporting the Elective Orthopaedic Centre within NWL.

These improvements aim to enhance current processes at both trust and sector levels, supporting healthcare professionals in managing information across inpatient, outpatient, and cancer pathways, and coordinating care more effectively.

For additional information on the NHS FDP, please visit the supplementary resources here. To learn more about our privacy and confidentiality practices, please visit the NHS FDP Privacy and Confidentiality page here. The NHS Federated Data Platform engagement portal also provides an opportunity for you to (click here):

Register your interest in taking part in future NHS FDP engagement activity.
Leave feedback on any aspect of the NHS FDP programme.
Ask a question.

Question relating to the GP Access Hubs

Are the acute trusts aware of the ICB initiative to impose same day access hubs for GP access and that the feedback from campaigners is that a significant number of patients may attend A&E and Urgent treatment centres and not attend the hubs?

Lesley Watts, Chief Executive, CWFT said that we have been working with partners, particularly GPs, to increase access for patients to same day and urgent primary care. The access hubs form part of these proposals. It is very important to all of us that we explore ways of making it easier for patients to see our primary care and community colleagues. This also ensures that only those patients who need to be seen in our acute units come to hospital.

Question relating to the Board in Common patient story.

Regarding the Patient story I was concerned around the area of patient choice and it was noted that the patient had to be quite proactive to ensure their follow up consultation did take place and quite often patients are not aware of when they should receive a follow up appointment and who they can contact if they don't receive one and I have experienced problems in this area.

Patricia Wright, Chief Executive, THHFT responded around the general issue of patient choice, in this particular case the patient was given choice but had a strong view to be treated in her local Trust. Patients do have to be offered choice by their general practitioner and increasingly that can be in an acute trust or be provided in the community clinic or non-NHS provider, and that is an important step towards ensuring there is quicker treatment nearer to home.

Tim Orchard, Chief Executive, ICHT apologised for any difficulties experienced in outpatient follow-up appointments. This is one area that is being looked at to ensure patients are receiving communications at the right time and in the right way and there are a number of mitigations in place to ensure information is received. Nobody should be dropped from the list for one missed appointment and contact should be made with the consultant or secretary if there are any problems with appointments. In the medium term there will be a more robust system in place.

Also asked if it would be possible to include a summary of the patient story prior to the next Board in Common meeting.

This will be considered for future meetings.