

<u>MEETING</u> HEALTH OVERVIEW AND SCRUTINY COMMITTEE
<u>DATE AND TIME</u> THURSDAY 9TH JULY, 2020 AT 6.00 PM
<u>VENUE</u> VIRTUAL MEETING

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
1.	NORTH LONDON HOSPICE DRAFT QUALITY ACCOUNT 2019/20 <ul style="list-style-type: none"> • Director of Clinical Services, North London Hospice 	3 - 12

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Appendix 1

Minute Extract from Barnet Health Overview and Scrutiny Committee, 15 May 2019

AGENDA ITEM 12

- The Committee commended the Hospice for producing an accessible report that was easy to navigate.
- The Committee congratulated the Hospice on the increase in the completion of the falls paperwork since the last falls review and noted that 100% of reviews had been completed.
- The Committee was delighted that nursing staff have been recruited to the Community Teams via the Sustainability and Transformation Plan and that the Hospice also welcomed nursing and social work students and offered placements for undergraduate and post graduate doctors.
- Infection prevention and control was excellent with no cases of C.diff again during the year.
- The Committee was pleased to hear about the implementation of the 'Productive Ward' on the Inpatient Unit to improve ways of working leading to "Releasing Time to Care", enabling staff to spend more time with patients.
- The Committee noted that the number of new pressure ulcers had fallen from 78 to 63. This was partly attributed to the purchase of new mattresses in Spring 2018.
- The Committee noted that there had been an improvement to acceptable standards following the audit of both waste management and hand hygiene.
- The Committee was pleased that successful measures had been taken to address the problem of closed bed days down from 78 in 2017/18 to only 12.
- The reporting of 'near misses' had increased which indicated better awareness and surveillance. All 'near misses' had been 'low harm' or 'no harm'.
- The Committee complimented the Hospice on its training, educational and other initiatives to improve care for patients and allow staff to spend more time on direct patient care. These included:
 - Training 96 'Compassionate Neighbours'
 - Setting up Journal Clubs to share information on various topics
 - Introducing the One Page Patient Profile called 'Things to Know About Me' and a Dementia Chest to help staff care particularly for dementia patients
 - Implementing the use of magnets to identify patients needs and care risks at a glance
 - Running two Palliative Care courses for healthcare professionals
 - Inaugurating a Falls Group for community patients which will run four times a year to increase patient awareness about falls, why they happen and how to manage them
 - Training 25 volunteers for Bereavement support
 - The service user experience was positive with 237 written compliments received.
- The Committee was pleased to see that the 'Catching the Light' photography group had continued with much success.
- The Committee congratulated the Hospice on having approximately 950 volunteers.
- The Committee commented that non-medical prescribing was a positive step and was pleased to learn that patients would continue to be supported to die at home if that was their preference.

However:

- The Committee was concerned that the 'Infection, Prevention and Control Audits' had revealed areas of non-compliance including the need for improved treatment of lime scale, consistent completion of decontamination checklists and the correct labelling of sharps bins, but was reassured by the remedial action taken.

- Although there had been an improvement in the completion of bedrail risk assessments from the previous year, not all had been completed weekly in accordance with policy. The Committee noted that the Hospice had amended the policy to include risk assessments only being undertaken when a patient's condition changes.
- The Committee was disappointed that the target of a minimum 80% occupancy had not been met due to a shortage of Inpatient Unit nurses and doctors. However, a rota of doctor availability was being set up.
- The Committee noted that 12 complaints had been received, with 11 upheld and one partly upheld. There had also been 23 'concerns' raised by Users mainly relating to clinical care.
- The number of patient falls was of concern as it had risen from 53 to 62, despite the introduction of patient alarms and the purchase of low beds.
- Medication errors had increased to 40 this year, although below average compared with hospices of a similar size. The Committee was informed that the Hospice is now separating out non patient-related medication incidents from those directly affecting patients.
- The staffing issues were noted, including bullying, though this did not appear to be outside average figures.

In addition Members asked Fran Deane about the following:

1. Why there had been an increase in the number of falls? She responded that this depended on the cohort of patients at the time with some keen to be more independent.
2. Why the benchmarking data was not available for falls and medicines incidents to know how the NLH compare to other hospices? This information would be added to the table and forwarded to the Committee as soon as it was provided by Hospice UK.
3. Whether Homeless Action in Barnet was a stakeholder? She would check this and respond after the meeting. She was asked about the referral process for homeless people and responded that referrals are accepted and the NLH was working with providers so they understand how to refer.
4. How electronic patient record was working? Egton Medical Information Systems (EMIS) would be introduced this year as it interacts with GP records. It was also introducing 'Coordinate My Care' which helped to improve communication with Primary Care and the London Ambulance Service.
5. What is the timescale for the Carer Strategy? Currently the NLH was consulting carers to find out what they required.
6. What is the funding for the NLH as it appeared that Haringey provided more funding than Barnet? This was not the case as there were different funding models. She would provide further information after the meeting.

**`North London Hospice January 2020 Update
Response to Barnet Health and Overview Scrutiny Committee 2019 points
raised regarding North London Hospice's Quality Account 2018-19:**

- 1. The Committee was concerned that the 'Infection, Prevention and Control Audits' had revealed areas of non-compliance including the need for improved treatment of lime scale, consistent completion of decontamination checklists and the correct labelling of sharps bins, but was reassured by the remedial action taken.**

Response: Remedial action was completed post audit.

- 2. The committee was concerned with the bedrail risk and compliance with assessments for this risk. Although there had been an improvement in the completion of bedrail risk assessments from the previous year, not all had been completed weekly in accordance with policy. The Committee noted that the Hospice had amended the policy to include risk assessments only being undertaken when a patient's condition changes.**

Response: A re-audit is planned in 2020-2021 Audit Plan to monitor compliance with policy.

- 3. The committee was disappointed that the target of a minimum 80% occupancy had not been met due to a shortage of nurses and doctors on the Inpatient Unit. They noted a rota of doctor availability was being set up**

Response: Doctor availability rota is in place and we continue to monitor factors impacting on admission.

- 4. The committee noted that 12 complaints had been received, with 11 upheld and one partly upheld. There had also been 23 'concerns' raised by users relating to clinical care**

Response: no further comment

- 5. The committee noted that the number of patient falls was a concern as it had risen from 53 to 62. This was despite the introduction of patient alarms and the purchase of low beds**

Response: Patient falls is an area of continuous monitoring.

- 6. The committee noted that the medication errors had increased to 40 this year, although below average compared with hospices of a similar size. The**

In partnership with 

committee was informed that the Hospice is now separating non-patient related medication incidents from those directly affecting patients

Response: Medication errors is an area of continuous monitoring.

7. The committee noted the staffing issues, including bullying – although noted this did not appear to be outside of average figures

Response: Staff survey 2019 completed and will be reported in next year's Quality Account

Giselle Martin-Dominguez - Assistant Director Quality

Fran Deane - Director of Clinical Services

North London Hospice

	<p align="center">Barnet Health Overview and Scrutiny Committee</p> <p align="center">9 July 2020</p>
<p align="center">Title</p>	<p align="center">NHS Trust Quality Accounts 2019/20</p>
<p align="center">Report of</p>	<p>Head of Governance</p>
<p align="center">Wards</p>	<p>All</p>
<p align="center">Status</p>	<p>Pubic</p>
<p align="center">Urgent</p>	<p>No</p>
<p align="center">Key</p>	<p>No</p>
<p align="center">Enclosures</p>	<p>Appendix 1: Minute Extract, North London Hospice Quality Account (QA) HOSC May 2019 Appendix 2: Mid-year QA, North London Hospice</p>
<p align="center">Officer Contact Details</p>	<p>Tracy Scollin, Governance Officer Tracy.scollin@barnet.gov.uk Tel 020 8359 2315</p>
<p align="center">Summary</p>	
<p>This report presents the Quality Accounts from North London Hospice 2019/20. Health providers are required by legislation to submit their Quality Accounts to Health Scrutiny Committees for comment. The Committee is asked to scrutinise the Quality Accounts and to provide a statement to be included in the Account of each Health Service provider.</p> <p>A representative from North London Hospice will be in attendance on the evening to present the report and to respond to questions from the Committee. The Committee will then provide their comments to the North London Hospice, which they require to be included in full within the final version of the Quality Account.</p>	

Recommendations

- 1. That noting the requirement of the North London Hospice to produce Quality Accounts 2019/20, the Committee provides a statement which they require to be included in full within the final version of its Quality Account.**

1. WHY THIS REPORT IS NEEDED

- 1.1 Quality Accounts are annual reports to the public from providers of NHS Healthcare Services about the quality of services they provide, mirroring providers' publication of their financial accounts. There is an obligation for providers of NHS Healthcare Services in England, whether they are NHS bodies, private or third sector organisations to publish an annual Quality Account. Providers are exempt from reporting on any Primary Care or NHS Continuing Health Care Services.
- 1.2 The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the Healthcare Services they offer, and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. The visible product of this process – the Quality Account – is a document aimed at a local, public readership. This both reinforces transparency and helps persuade stakeholders that the organisation is committed to quality and improvement. Quality Accounts therefore go above and beyond regulatory requirements which focus on essential standards.
- 1.3 If designed well, the Accounts should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.
- 1.4 Quality Accounts will be published on the NHS Choices website and providers will also have a duty to:
 - Display a notice at their premises with information on how to obtain the latest Quality Account; and
 - Provide hard copies of the latest Quality Account to those who request one.
- 1.5 The public, patients and others with an interest in their local provider will use a Quality Account to understand:
 - Where an organisation is doing well and where improvements in service quality are required;
 - What an organisation's priorities for improvement are for the coming year; and
 - How an organisation has involved service users, staff and others with an interest in the organisation to help them evaluate the quality of their services and determine their priorities for improvement.

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- 1.6 Commissioners and healthcare regulators, such as the Care Quality Commission (CQC), will use Quality Accounts to provide useful local information about how a provider is engaged in quality and tackles the need for improvement.

2. REASONS FOR RECOMMENDATIONS

- 2.1 This Committee has been given the opportunity to comment on Quality Accounts before they are published as it is recognised that they have an existing role in the scrutiny of local Health Services, including the on-going operation of and planning of services.
- 2.2 The powers of overview and scrutiny in relation to the NHS enable committees to review any matter relating to the planning, provision and operation of Health Services in the area of its local authority. Each local NHS body has a duty to consult the local Overview and Scrutiny Committees on any proposals it may have under consideration for any substantial development of the Health Service in the area of the Committees' local authorities, or on any proposal to make any substantial variation in the provision of such service(s).

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 The duty is on the providers to submit the accounts to the Health Overview and Scrutiny Committee for comments. In order for the committee to discharge its scrutiny role effectively, it is recommended that the committee provide comments.

4. POST DECISION IMPLEMENTATION

- 4.1 The Health Overview and Scrutiny Committee is asked to scrutinise the Quality Accounts and to provide a statement to be included in the Account of each Health Service provider.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 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

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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 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

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 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.4.3 NHS bodies and certain other bodies who provide health services to the NHS are required by legislation to publish Quality Accounts drafts of which must be submitted to the Health OSC for comment in accordance with section 9 of the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended.

5.4.4 The National Health Service (Quality Accounts) (Amendment) (Coronavirus)

Regulations 2020 have amended the timelines for producing the quality accounts within the National Health Service (Quality Accounts) Regulations 2010.

So that they should be provided to the Overview and Scrutiny Committee later than 30 days beginning with 1st April “(1A) But if the draft relevant document is for the reporting period ending on 31st March 2020 the provider may provide a copy of it to the appropriate Overview and Scrutiny Committee later than 30 days beginning with 1st April following the end of the reporting period.”.

Also that date for publication has been extended to after 30th June

5.4.5 The Council’s Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

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“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 Corporate Parenting

5.7.1 None in the context of this report.

5.8 Consultation and Engagement

5.8.1 Each local NHS body has a duty to consult the local overview and scrutiny committee on any proposals it may have under consideration for any substantial development of the health service in the area of the committees' local authorities, or on any proposal to make any substantial variation in the provision of such service(s).

5.9 Insight

5.9.1 None in the context of this report.

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6. BACKGROUND PAPERS

- 6.1.1 Health Overview and Scrutiny Committee – 15 May 2019 – The Committee provided their comments on each of the Trusts'/Hospice's Quality Accounts:
[Agenda for Health Overview and Scrutiny Committee on Wednesday 15th May, 2019, 7.00 pm](#)