

Decisions of the Health Overview and Scrutiny Committee

9 July 2020

Members Present:-

Cllr Alison Cornelius (Chairman)
Cllr Linda Freedman (Vice Chairman)
Cllr Golnar Bokaei
Cllr Geof Cooke
Cllr Saira Don
Cllr Anne Hutton
Cllr Alison Moore
Cllr Barry Rawlings
Cllr Lisa Rutter

1. MINUTES (Agenda Item 1):

Matters arising from the Minutes of the meeting held on 11 May 2020:

- Agenda Item 8 Pages 3 & 4 – The Chairman confirmed that the Executive Director, Adults and Health, had assured her that she had responded to the Members' queries.
- Agenda Item 11 Page 9 Bullet Point 5 – The Chairman reported that the Royal Free London NHS Foundation Trust Quality Account 2019-20 would include the total number of cases of C.Diff for the year, including Quarter 4 which was 30. This brought the final number to 87 cases, an increase of 33 cases on the previous year.
- Agenda Item 13 Page 13 - The Health and Wellbeing Board meeting referred to by Cllr Stock would take place on 23 July 2020 at 09:00 hrs.

Corrections to the Minutes of the meeting held on 11 May 2020:

- Agenda Item 3 Page 2 – 'Cllr Don is the Registered Manager of Dillon Care' rather than 'Dillon Care Home'

RESOLVED that the Committee approve the Minutes of the meeting held on 11 July 2020 as an accurate record subject to the above amendment.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies were received from Cllr Golnar Bokaei who would be late joining the meeting.

3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

Cllr Hutton declared a non-pecuniary interest by virtue of the fact that she is a Trustee of Barnet Carers Centre.

4. REPORT OF THE MONITORING OFFICER (Agenda Item 4):

None.

5. PUBLIC QUESTION TIME (IF ANY) (Agenda Item 5):

None.

6. MEMBERS' ITEMS (IF ANY) (Agenda Item 6):

Member's in the name of Cllr Moore – Mental Health provision in Barnet during the pandemic.

The Chairman invited the following to the meeting:

- Dawn Wakeling, Executive Director, Adults and Health, London Borough of Barnet
- Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet

Cllr Moore thanked the Executive Director, Adults and Health, for the details of mental health services that she had circulated to Members. Cllr Moore added that specifically housing issues, and dealing with housing providers, are her concern where underlying mental health issues create problems for residents and their neighbours. This had been exacerbated by the period in lockdown and she was seeking a report with suggestions for how Barnet Council and mental health services can work with Barnet Homes and Members to resolve these complex issues.

The Chairman reported that she had discussed this with the Executive Director, Adults and Health, who had offered to run a Seminar about housing issues for Members in the autumn. In addition, the Chairman noted that the Director of Public Health had agreed to attend the October HOSC to provide an update on the Suicide Prevention Plan.

Cllr Moore responded that she is concerned about the interface between housing and mental health but the session would be welcome.

The Executive Director, Adults and Health added that she would be happy to discuss Cllr Moore's requirements further outside the meeting and to explore how to make improvements. She suggested a report at a future meeting from the CCG, Barnet Enfield and Haringey Mental Health Trust (BEHMHT) and Primary Care, with council leads on housing to try to pick up on the issues.

RESOLVED that the Committee noted the Member's Item.

7. MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Agenda Item 7):

None.

8. CORONAVIRUS UPDATE (Agenda Item 8):

The Chairman invited the following to the meeting:

- Dr Chris Streater, Group Chief Medical Director, Royal Free London NHS Foundation Trust
- Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet
- Cllr Caroline Stock, Chairman, Health and Wellbeing Board, London Borough of Barnet

Dr Djuretic spoke to her presentation which provided an update on the Local Outbreak Control Plan which Local Authorities have been asked to produce in order to prevent local outbreaks and manage any that arise. Barnet has been selected as one of the Best Practice Groups which also included Camden, Hackney and Newham. The Group is bound by guiding principles agreed at a national level and underpinned by legislation.

Cllr Stock reported that the Health and Wellbeing Boards (HWBBs) have been asked by the government to work with the public to prevent and help resolve outbreaks. Two informal webinars had been held so far with community groups that are considered at higher risk of infection. The first webinar had been with Head Teachers and which 60 people had attended. The second webinar had been with the Faith Forum. Cllr Stock added that the HWBB would like to be kept informed about any areas that they should address.

Dr Djuretic added that Local Authorities have powers to impose local lockdowns and more details are awaited on this. She stated that London is fortunate in having the Public Health England London Corona Response Cell (PHE LCRC) which is providing help with contact tracing in Barnet. The PHE LCRC has also published a series of action cards for prevention and management of outbreaks in various settings.

Dr Djuretic added that the work to support vulnerable people continues, including supporting them to self-isolate and providing information on testing. Barnet has been part of the national Best Practice Group Network and contributed to a guide for Care Settings, people with dementia, learning disabilities and mental ill health as well as places of worship. Barnet has implemented a Communications strategy to support its Outbreak Control Plan. This includes raising awareness on NHS Test and Trace, and focuses on houses of multiple occupancy (HMO) and landlords, as HMOs have been shown to be a risk in some areas.

Dr Djuretic reported that Local Authorities, GPs and others are expected to assist with data sharing during an outbreak and adopting a proactive approach in line with the requirements set out by the Secretary of State for Health.

A Member enquired what the data from NHS Test and Trace showed so far for Barnet. Dr Djuretic responded that Barnet has received notice of around 70 people testing positive for Coronavirus since Test and Trace began. In Barnet over 80% of cases and contacts had been traced, including those in Care Settings. Dr Djuretic added that she would share more data with the HOSC, when available.

A Member asked whether recent reports that the Test and Trace technology did not work were true. Dr Djuretic noted that the NHS application that had been piloted on the Isle of Wight had been found to be not as effective as telephone contact tracing, so it had not been launched nationally. The Government would be investigating a new Test and Trace App further from September.

A Member asked why Barnet has been chosen as part of the Best Practice Group. Dr Djuretic responded that this was probably because Barnet has managed the pandemic response well so far and the fact that it has a large number of Care Settings and is an outer London Borough. Barnet is leading on a Best Practice Group Network toolkit for Care Settings and places of worship, Camden is leading on transport and Newham and Hackney have been asked to provide guides on engaging with Black, Asian and Minority Ethnic (BAME) communities.

A Member commented that small clusters of infections had been reported to Members and wondered whether any causes had been identified. Dr Djuretic noted that this is an area that the Council would be focusing on much more. Some outbreaks were associated with Care Settings whereas outbreaks in Golders Green and Childs Hill appear to have spread in the community. Anecdotal evidence has suggested some community and religious festivals had caused infection rates to rise. Barnet has tried to improve social distancing in such areas, with some success, and now has only very few cases scattered around the borough. Currently there are almost no cases in Care Settings, despite testing being in place.

A Member asked what, as a School Governor, she should be vigilant about from September. Dr Djuretic responded that the team has ensured that schools are informed and well equipped, with risk assessment tools in place. Seminars were ongoing to support overall health and wellbeing as schools reopen. The schools have strong links with the Public Health team and support is available.

The Chairman noted that she had put the following questions to Dr Chris Streater. Dr Streater responded:

1. How many people with Covid-19 had been admitted to the Trust's hospitals in May and June?
 - There had been 73 hospital admissions of patients with Covid-19 (tested positive on swab test within two days of admission) during May and June in Barnet Hospital and the Royal Free Hospital.
2. How many people had been discharged having been successfully treated in May and June?
 - 8621 patients during May and June across all specialties. 250 patients had a primary diagnosis of Covid-19 and 214 of these had been discharged home. Of the remaining 36 patients, some remain in hospital and some had passed away.
3. How many people have died of Covid-19 in the Trust's hospitals in May and June?
 - Below 36; the total mortality across the specialties in May and June was 210 patients. In a normal year the mortality rate would be around 170 per month. This does not mean that mortality decreased. There were fewer elderly patients attending A&E during this period.
4. How does the mortality rate for May and June this year compare with the same months in 2019?
 - There was a 2.7% mortality rate in May and June 2020 and a 2.2% rate in 2019. There are currently only 2 patients in Barnet Hospital with Covid-19.

The Chairman and Committee commended and thanked the Trust and its staff for their hard work. They commented that it was heartening to see the reduction currently in the rate of Coronavirus infections and the excellent care that patients had received as presented on the excellent recent BBC programme about the Royal Free Hospital during the pandemic.

The Chairman asked about delays to general patient care because of Covid-19. Dr Streater responded that this had been difficult and the priority is to deal with patients

who need urgent treatment, then to deal with the backlog, ensuring that this is done safely. Most urgent cancer operations and heart surgery had been carried out during the outbreak in other London hospitals. Some patients remain on the waiting list and work is ongoing; the Trust can only work at around 60% capacity but life-threatening conditions have been prioritised. There have been delays in endoscopy procedures so there will be delays in some cancer diagnoses and the Trust is working hard to resolve this.

RESOLVED that the Committee noted all three verbal reports.

9. **ROYAL FREE LONDON NHS FOUNDATION TRUST UPDATE (Agenda Item 9):**

The Chairman invited to the meeting:

- Dr Chris Streater, Group Chief Medical Director, Royal Free London NHS Foundation Trust

Care Quality Commission (CQC) Recommendations Update

Dr Streater reported that 8 out of 11 'Must Do Actions' as stated in the CQC report had been completed. The remaining three (two in Maternity and one in Critical Care) had possibly now been completed but data is not yet available due to the audit being stood down during the Covid-19 outbreak. Dr Streater noted that the data should be ready by the end of August and he hoped more of the 'Must Do's' would be completed by the next HOSC meeting in October.

Dr Streater noted that out of 82 'Should Do's', 36 had not been confirmed as completed but full data would follow.

RESOLVED that the Committee noted the verbal update. **Cerner Review**

The Chairman invited to join the discussion:

- Paul Sinden, Director of Performance, Planning and Primary Care, North Central London Clinical Commissioning Group (NCL CCG)

Dr Streater reported that previously out of 50% of the 11,000 letters, the only harm to patients had been the delay. No 'moderate' or 'severe' harm had been found. Around 97.5% of the letters had since been reviewed, with no 'moderate' or 'severe' harm caused. Dr Streater added that all the letters are being released to patients and the Trust is ensuring that it picks up on any actions.

Dr Streater commented that as a result of the review it became clear that some of the outpatient activity may not add value, given that no harm resulted in the letters not being sent. The Trust has received positive feedback on telephone and video consultations and has learnt through Covid-19 to modernise its appointments.

Mr Sinden reported that the Trust has been open about this failing and its Clinical Working Group had devised a shared approach for reviewing the letters.

The Chairman asked whether preventative measures were in place so that this error did not reoccur. Mr Sinden confirmed that early on the Trust and Cerner had carried out a root cause analysis for this reason, in order that this would not happen again.

RESOLVED that the Committee noted the written report and verbal update.

10. ALTERNATIVE PROVIDER MEDICAL SERVICES (APMS) AND CRICKLEWOOD WALK IN CENTRE UPDATE (Agenda Item 10):

The Chairman invited the following to the meeting:

- Paul Sinden, Director of Performance, Planning and Primary Care, NCL CCG
- Daniel Morgan, Interim Director of Commissioning, NCL CCG
- Kay Matthews, Executive Managing Director, NCL CCG
- Dr Charlotte Benjamin Vice Chairman, Barnet Health and Wellbeing Board and Vice Chairman, NCL CCG

Alternative Provider Medical Services (APMS)

Mr Sinden reported that the GP Contract had been due to end on 30 June 2020 but had been extended to March 2021 due to the disruption with Covid-19. The procurement for the new service would begin in September so that it will be in place from April 2021. Mr Sinden added that he will notify the Chairman when the contract is awarded so that he can report back to the Committee.

Cricklewood Walk in Service (WIC)

Mr Morgan reported that the WIC Contract had been due to end in June 2020. Barnet and Brent CCGs had carried out a 3-month engagement exercise with stakeholders, the outcome of which determined that it would be best to close the WIC. The CCG has transferred some financial resources from the WIC into the existing GP Practice to increase appointment capacity. Mr Morgan noted that the CCG has written to all patients to encourage them to register with a local GP Practice and to make them aware of locally available services.

Mr Morgan reported that the CCG had been asked whether without the WIC there would be alternatives to A&E. Mr Morgan confirmed that the CCG had set up an Integrated Care Partnership Board and one of the key work-streams was a focus on Same-Day Access for Barnet residents. A Member asked whether there would be a gap in Same-Day Access and why Same-Day Access not been made more of a priority. Ms Matthews noted that the case had been well made to close the Cricklewood WIC and the model in its current form was outmoded. Covid-19 had resulted in transforming how Primary Care Services were delivered including remote triage and online consultations. This innovation in service delivery would be built into the model for Same Day Access. Ms Matthews agreed to bring this back to a future HOSC for discussion.

A Member enquired whether Same-Day Access will become easier for patients who wish to see a specific GP. Ms Matthews responded that GPs had rapidly implemented remote triage and digital systems such as e-consult which would take patients straight to the best practitioner for their needs.

Dr Benjamin reported that since the pandemic GPs' work had gone from around 15% to around 90% of consultations being undertaken remotely using a digital platform. This has enabled a huge increase in Same Day Access for patients and for those patients without digital access the phone lines are much freer.

A Member asked how vulnerable patients such as those who are hard of hearing, or with English as a second language, are being supported. Dr Benjamin noted that the CCG is aware of this group of patients. Language Line provides 3-way telephone calls and is very effective. It is recognised that remote consultations do not suit all patients particularly elderly and vulnerable patients so the model will be adapted to ensure that it supports the needs of these groups of patients.

RESOLVED that the Committee noted the written and verbal reports.

**11. NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP (NCL CCG)
(Agenda Item 11):**

The Chairman invited the following to the meeting:

- Kay Matthews, Executive Managing Director, NCL CCG
- Dawn Wakeling, Executive Director Adults and Health, LBB
- Dr Charlotte Benjamin, Vice Chairman, Barnet Health and Wellbeing Board and Vice Chairman, NCL CCG
- Colette Wood, Director of Primary Care, NCL CCG
- Ian Porter, Executive Director of Corporate Services, NCL CCG

Merger of CCGs

Mr Porter presented his slides on the merger of the five CCGs which is part of the NHS Long Term Plan. The merger went live on 1st April 2020.

Mr Porter reported that the purpose of merging the CCGs is to optimise the balance between NCL-level and Borough-level services. NCL CCG has a single Governing Body with two elected representatives from each Borough. Barnet's representatives are Dr Charlotte Benjamin and Dr Clare Stephens. Cllr Caroline Stock attends regular meetings with CCG representatives – with a lead health and social care member from the five NCL local authorities attending meetings of the CCG Governing Body.

Mr Porter noted that the Covid-19 pandemic had meant integrated care working between key partners had accelerated. Many partners had fed back that although this had been a challenging time, they did not want to lose some of the positive changes that had resulted. Engagement with the public remains key – with ten community representatives currently being recruited to support the CCG's committee working.

The CCG would be tackling health inequalities and also its budget deficit which stood at £59million prior to the pandemic. The budgets for 2020/21 had been set by the legacy CCGs. Prior to the merger, budgets had been agreed with funding for services commissioned on a Borough basis. Mr Porter noted that the CCG would not disinvest from that but any new investment will be applied differently across the NCL CCG. Emergency legislation remains in place with NHS England (NHSE) currently taking

control of significant elements of the CCG budget during the Covid-19 response. Further guidance is expected at the end of July.

Mr Porter noted that four voting members sit on the new Governing Body who previously sat on the Barnet CCG Governing Body: Ian Bretman, who was previously a lay member on Barnet CCG, and would be the designated lay member for patient engagement and involvement and Claire Johnstone, Registered Nurse, who was previously on the Governing Body for Barnet and Enfield CCG. The two newly elected GP Members for Barnet also previously sat on the Barnet CCG Governing Body i.e. Dr Charlotte Benjamin and Dr Clare Stephens.

The Chairman asked whether the different governance system in Barnet (Committee System as opposed to Cabinet) could cause any problems for the new CCG. Mr Porter responded that a key aim of the Local Authority representation is to help ensure strong partnership working between health and social care – and the provision of local authority perspectives on key issues. They are non-voting members who provide insight for the decision-making process so the different governance structures would not be an issue.

The Chairman asked about equality of funding across the Boroughs in the new CCG. She mentioned that Barnet has more Care Homes than the other Boroughs in NCL, for example. Mr Porter responded that the merger provides an opportunity to look at providing funding differently. Health inequalities work had been carried out and this has highlighted significant inequalities for the northern Boroughs, so this was currently being reviewed.

A Member pointed out a typo on Slide 5, where Barnet population was noted as the same as Enfield. He also asked whether, given its bigger population than the other Boroughs, two representatives for each Borough provided fair representation. Mr Porter apologised for the typo. He added that the representation had been debated and it had been agreed, through the formal setting of the CCG's Constitution, to continue with two representatives per Borough. These represented not only each Borough, but also the NCL as a whole.

Primary Care Networks (PCNs)

Ms Wood presented on the current work in Barnet around PCNs. She reported that there are seven PCNs in Barnet which are geographically aligned and are well established. The focus for PCNs in the next year in Barnet will be:

- Enhanced healthcare service to Care Homes
- Structured medication reviews. Additional clinical pharmacists have been recruited by each PCN to work in GP Practices
- Early cancer diagnosis

Ms Wood reported that the PCN's individual projects, such as enhanced dementia services, are testing their models with a view to rolling them out Borough-wide and, if successful, via the Integrated Care Partnership Board (ICP). The ICP Task and Finish Groups are led by Primary, Community and Acute Trust Clinicians.

Ms Wood presented details of Extended Access Hubs in Barnet offering different numbers of appointments depending on the population. For 2019-20, the utilisation rate was 79%. Work was currently being undertaken to look at how utilisation could be improved.

Dr Benjamin reported that during the Covid-19 period PCNs had worked together to offer mutual aid and support to each other. She added that her PCN is looking at dementia services and ways to support patients, their families and carers, decrease hospital admissions and make dementia less daunting overall. Some data is awaited but, if successful, the model would be rolled out across Barnet.

A Member asked where the Urgent Care Centres are in Barnet. Ms Wood responded that there is one in Barnet Hospital and one in the Royal Free Hospital.

The Chairman asked the Executive Director, Adults and Health, to report on the PCNs from a Local Authority perspective.

The Executive Director, Adults and Health, reported that Barnet Council has worked closely with partners, beginning with Burnt Oak PCN. The Council had ensured that PCN colleagues knew how to make referrals for council and other key services, such as housing and BOOST.

The Council has also been involved with the PCNs in developing social prescribing. The Council and CCG are working to support the dementia PCN work by developing a Borough-wide strategy for dementia. Barnet Council is also working on the Integrated Discharge Team set up as part of the pandemic response, to facilitate faster discharge from hospital and to make pathways clearer for residents.

The Executive Director, Adults and Health, added that the Council is also working with the CCG, Primary Care and Community Health on a model offering in-reach into Care Homes. The Barnet Public Health Team is offering advice to Care Homes seven days a week and has a dedicated PPE operation for Care Homes. Further details on the integration programme will be presented to a future HOSC.

The Chairman asked for more information about Hubs and how appointments could be better distributed. Ms Matthews responded that due to Covid-19 and the radical transformation it had caused, some time was needed to review this as the prior actions may no longer be relevant.

It was agreed that the CCG and Executive Director, Adults and Health, would report back to the HOSC at the next meeting on winter planning, including Primary Care access: and the Integrated Care Partnership work programme including the Care Homes Project. Ms Matthews noted that it would be too soon for a further update on the NCL CCG.

RESOLVED that the Committee noted the slides and verbal updates.

12. NORTH LONDON HOSPICE DRAFT QUALITY ACCOUNT 2019/20 (Agenda Item 12):

The Chairman invited the following to the meeting:

- Fran Deane, Director of Clinical Services, North London Hospice
- Assistant Director of Quality, North London Hospice

Ms Deane thanked the Committee for their patience in allowing the NLH to bring the Quality Account 2019-20 later in the year to the Committee due to the Covid-19 pandemic.

She added that the Carers Strategy, the new clinical database and the work on non-medical prescribing had been carried forward to next year due to the pandemic. Also, the upgrading of the Inpatient Unit bathroom had had to be placed on hold but instead the NLH is proposing to review the delivery of some of its health and wellbeing services. A 6-month post had been created to review the NLH's virtual response to health and wellbeing and to work on setting up groups to support patients in the community.

Ms Deane reported that Covid-19 had accelerated some of the NLH's learning and development opportunities with nearly 2000 learners having attended online courses.

There was a delay in presenting full data due to the introduction of the new clinical database, Egton Medical Information Systems (EMIS) going live in January. Full data would be available in 2021.

Ms Deane noted that a Director of People has been recruited and this post has been beneficial with the introduction of a People Strategy and clear direction to develop the workforce.

The Committee scrutinised the draft North London Hospice Quality Account 2019-20 and wished to put on record the following comments:

- The Quality Account was well presented and easy to navigate with an interesting mixture of information and including a 'Patient Story' demonstrated the ethos of the Hospice.
- The Committee was delighted to see that three of last year's 'Priorities for Improvements' will continue again this year, as Members felt that they were of great importance: the Carer's Strategy, training on Non-Medical Prescribing and ongoing development of Egton Medical Information Systems (EMIS). EMIS was considered of vital importance providing the Hospice with access to patients' records and information sharing as 96% of GP Practices in Barnet, Enfield and Haringey are on the same system. (P.6-9)
- The Committee praised the progress made on the 'Productive Ward in the Inpatient Unit' to improve and initiate new ways of working thereby enabling nurses to spend more time with patients. (P.10)
- The Committee noted that a Priority for 2021 'IPU Bathroom Spa Experience' aimed to improve the current facility by adding new blinds, a privacy curtain as well as creating a small changing area and expressed disappointment that the facility was currently closed due to Coronavirus social distancing recommendations. (P.13)
- The Committee was glad that the Audit of the Dementia-Friendly Environment had been rated 'Good' and looks forward to hearing how work progresses on the few potential improvements which were identified. (P.16)
- The Committee was pleased that there were positive results in the Audit of Five Priorities of Care following the introduction of electronic documentation in January 2020 as part of the EMIS project. (P.17)

- The Committee noted that the Resuscitation Council had recommended the purchase of two additional pieces of equipment, although the review of the resuscitation trolley equipment met the standards. (P. 17)
- The Committee was pleased that the Hospice had trained another 50 people as 'Compassionate Neighbours' to add to the 96 who underwent training last year and that students continued to be welcomed as well as 40 young adults considering a career in healthcare who had attended two successful Summer Schools. (P.21 and P24)
- The Committee congratulated the 'Catching the Light' Photography Group on holding its first exhibition with over 100 people attending who had had the opportunity not only to view but also to purchase some of the exhibits. (P.21)
- The Committee was impressed that all sections of Key Performance Indicator 1 regarding patients' and relatives' views on how staff treat patients were even higher than last year. (P. 29)
- The Committee was delighted to hear that the number of patient related falls was down from 62 to 45 this year, showing a positive trend since the introduction of patient alarms and the purchase of low beds in IPU last year. (P. 36)
- The Committee congratulated the Hospice on developing an Action Plan to learn from near misses and recognising these as an opportunity to prevent further incidents. (P.36)
- The Hospice was complimented on achieving zero cases of Clostridium Difficile (C.Diff) again this year. (P.37)

However:

- The Committee was most concerned at the low levels of compliance recorded during the Hand Hygiene Audits completed for IPU, the Health and Wellbeing Centre and George Marsh Premises at 84%, 83% and 69% respectively, especially at the time of a Coronavirus pandemic. (P.15)
- The Committee was disappointed that under the heading Audit of Fall Paperwork in IPU, 20% of falls risk assessment reviews occurred late or were overdue. (P16)
- Great concern was expressed that the Audit of Waste Management found several areas of non-compliance: the external clinical /infectious waste stores are not always locked and the sharps bins were not always correctly labelled or closed when full. (P.17)
- The Committee was saddened to learn that the number of volunteers had decreased from 950 last year to 830 this year as they play such a vital role in augmenting the staff. (P.20)
- The Committee noted that there had been a huge increase in 'closed bed days' this year, 160 compared to 12 in 2018/19, which was due to extensive fire and safety work being carried out in the bedrooms. The Hospice confirmed that the work was now complete and the number of 'closed bed days' was back down to the normal level. (P.26)

- In the graph for Key Performance Indicator 2, the Committee was concerned to see a decline in whether patients and relatives feel involved as much as they want to be in decisions about care and treatment and a decline in Key Performance Indicator 3 whether patients and relatives would recommend the service to family or friends. The decline in satisfaction in both Key Performance Indicators 2 and 3 was particularly noticeable in the Health and Wellbeing and Palliative Care Support Services, with the Community Team having slightly mixed results. (P.30 and 32)
- The Committee was disappointed that the number of complaints had increased from 12 last year to 19 this year with 16 being upheld. (P.33)
- The Committee was alarmed at the upward trend in 'Patient Safety' reported incidents from 352 in 2017/18 to 367 in 2018/19 and to 489 in 2019/20. (P.35)
- The number of pressure ulcers reported had increased from 63 in 2018/19 to 124 this year. The Committee was concerned that this upward trend should not continue, despite the frailty of many of the patients, and suggested that it would be helpful if the Hospice divided the total of 124 into the various categories of pressure ulcers so that it could be clearly seen how many of the ulcers were either Category 3 or 4 or if some fell into the lower categories. (P.36)
- The Committee noted that there had been an increase in medication errors but was relieved that the Hospice was taking this matter seriously and had already put several measures in place and had also developed an action plan for future improvement in 2020/21. (P.36)

A Member asked whether there were any communication problems with carers such as language barriers. Ms Deane responded that the NLH uses an interpreter service which is currently by video or telephone.

A Member noted that as a Trustee of Barnet Carers Centre she is keen for organisations in the Borough to liaise with each other to avoid duplication of work. Ms Deane reported that she would bring back details of organisations that the NLH had held a working party with around the Carers Strategy. Also, if there has not been a conversation with the Barnet Carers Centre she would arrange for this to be facilitated.

Action: Ms Deane

The Chairman reported that Pam Clinton, Chief Executive of the NLH, has announced her retirement. She asked Ms Deane to pass on to Pam the Committee's thanks for her hard work during her time at the Hospice. She noted that Declan Carol would be taking over from August 2020.

RESOLVED that the Committee noted the Quality Account 2019/20 and will provide comments on it in writing to the Governance Officer by 22 July.

13. ADULT ELECTIVE ORTHOPAEDIC SURGERY REVIEW (Agenda Item 13):

The Chairman invited to the meeting:

- Will Huxter, Executive Director of Strategy, NCL CCG

Mr Huxter presented his slides. He reported that there would be two partnerships (north and south). The most relevant one for Barnet is that between the Royal Free London NHS Foundation Trust and the North Middlesex Hospital, with the Inpatient Unit at Chase Farm Hospital. The Royal National Orthopaedic Hospital is also in Barnet.

Mr Huxter reported that some changes had been made to the public consultation due to Covid-19, with some of the discussions being held virtually. Several meetings had been held, seeking views of Barnet residents and professionals. The results of the consultation will be published in early August, including a Health Inequalities Impact Assessment. A JHOSC meeting will be held across the five North Central London Boroughs in September (held on 4 September), as well as a meeting of the Governing Body. The service would begin to be implemented following this, subject to the decision of the CCG Governing Body.

Mr Huxter reported that he would probably be able to report back to HOSC in October with further details on the implementation plan from the Trusts.

RESOLVED that the Committee noted the written and verbal update.

14. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 14):

The Chairman reported that the following would be added to the Forward Plan:

October 5 2020:

- Adult Orthopaedic Surgery Review Update
- Services in Finchley Memorial Hospital
- Cllr Moore's Member's Item
- Suicide Prevention Plan Update
- Winter pressures 2020
- Services currently available in GP Practices, Hubs and Walk in Centres
- Flu Vaccinations

Update on APMS – December or February 2021.

RESOLVED that the Committee noted the Forward Plan.

15. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 15):

The meeting finished at 9.03pm