

VIRTUAL MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

THURSDAY 9TH JULY, 2020

AT 6.00 PM

VENUE

VIRTUAL MEETING – PLEASE JOIN AT THIS LINK: <https://bit.ly/2NygVZS>

TO: MEMBERS OF HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Quorum 3)

Chairman: Cllr Alison Cornelius
Vice Chairman: Cllr Linda Freedman

Cllr Saira Don	Cllr Barry Rawlings
Cllr Golnar Bokaei	Cllr Alison Moore
Cllr Geof Cooke	Cllr Anne Hutton
	Cllr Lisa Rutter

Substitute Members

Arjun Mittra	Felix Byers	Lachhya Gurung
David Longstaff	Ammar Naqvi	Paul Edwards

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is **Monday 6 July 2020 at 10AM**. Requests must be submitted to tracy.scollin@barnet.gov.uk Tel 020 8359 2315.

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

Governance Service contact: tracy.scollin@barnet.gov.uk Tel 020 8359 2315

Media Relations Contact: Tristan Garrick 020 8359 2454

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 18
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer	
5.	Public Question Time (If Any)	
6.	Members' Items (If Any) <ul style="list-style-type: none"> • Member's Item in the name of Cllr Alison Moore 	19 - 22
7.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee <ul style="list-style-type: none"> • None. 	
8.	Coronavirus Update <ul style="list-style-type: none"> • Group Chief Medical Director, Royal Free London NHS Foundation Trust • Director of Public Health, London Borough of Barnet 	
9.	Royal Free London NHS Foundation Trust Update <ul style="list-style-type: none"> • Care Quality Commission (CQC) recommendations (Group Chief Medical Director, RFL NHS Foundation Trust) • Cerner Review (Group Chief Medical Director, RFL NHS Foundation Trust and Director of Performance, Planning and Primary Care, NCL CCG) 	23 - 24
10.	Alternative Provider Medical Services (APMS) and Cricklewood Walk In Service Update - TO FOLLOW <ul style="list-style-type: none"> • Interim Director of Commissioning, NCL CCG • Executive Managing Director, Barnet, NCL CCG 	
11.	North Central London Clinical Commissioning Group (NCL CCG) - TO FOLLOW <ul style="list-style-type: none"> • Executive Managing Director, Barnet, NCL CCG 	
12.	North London Hospice Draft Quality Account 2019/20 <ul style="list-style-type: none"> • Director of Clinical Services, North London Hospice 	25 - 72
13.	Adult Elective Orthopaedic Surgery Review	73 - 80

	<ul style="list-style-type: none">Regional Director of Specialised Commissioning, NHS England	
14.	Health Overview and Scrutiny Forward Work Programme TO FOLLOW	
15.	Any Other Items that the Chairman Decides are Urgent	

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Decisions of the Health Overview and Scrutiny Committee

11 May 2020

Members Present:-

AGENDA ITEM 1

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

Apologies for Absence

Cllr Barry Rawlings

1. MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):

The Chairman welcomed everyone to the virtual meeting of the Committee.

Matters arising from the Minutes of the meeting held on 24 February 2020:

- Agenda Item 8 – Article in *The Guardian* 19 February 2020. The Chairman noted that the Action Plan and Cerner Report are not yet available due to delays caused by the Covid-19 pandemic.
- Agenda Item 9 – Update on Surplus Land at Finchley Memorial Hospital. The Chairman noted that Cllr Hutton had attended a meeting on 19 March 2020 with Mr Eugene Prinsloo, who had confirmed that currently discussions are continuing about flats for key workers on the site. (P.8). The Chairman added that Mr Prinsloo would return to update the HOSC on 5 October following submission of an outline Planning Application which was due to be submitted in September.

Corrections to the Minutes of the meeting held on 24 February 2020:

- P.8 Para 2 Mr Prinsloo would return to the HOSC in 'October' rather than 'September'.

RESOLVED that the Committee approve the Minutes of the meeting held on 24 February 2020 as an accurate record subject to the above amendment.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies were received from Cllr Barry Rawlings.

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

Cllr Cooke declared a non-pecuniary interest: his daughter is employed by University College London Hospital and his wife's employment includes working on a contract with St George's Hospital.

Cllr Cornelius declared a non-pecuniary interest: she is a Council-appointed Trustee and Vice Chairman of Eleanor Palmer Trust which has a 33 bed Residential Care and Nursing Home, Canteloves House.

Cllr Don declared a non-pecuniary interest: she is the Registered Manager of Dillon Care Home.

Cllr Hutton declared a non-pecuniary interest: 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. MEMBER'S ITEM IN THE NAME OF CLLR GEOF COOKE - DEPLOYMENT OF DEFIBRILLATORS IN BARNET (Agenda Item 6):

The Chairman invited the following to the meeting:

- Dr Tamara Djuretic - Director of Public Health, London Borough of Barnet (LBB)
- Cllr Caroline Stock - Chairman, Barnet Health and Wellbeing Board (HWBB)

Cllr Cooke's Member's Item and a written response from Dr Djuretic were received. Cllr Cooke thanked Dr Djuretic for her report and welcomed the recommendation that defibrillators be installed in Barnet's public libraries. Cllr Cooke suggested that defibrillators be installed throughout the Borough including encouraging private owners to install them in private premises. After the rollout to public libraries he suggested that other venues should be sought for installation of defibrillators such as shopping centres and the Arts Depot.

Dr Djuretic noted that the priority would be public libraries but this would commence when the Covid-19 pandemic ceased to be urgent. She would then work with the British Heart Foundation (BHF) and other voluntary organisations to take this forward and she would report back to a future meeting. The first step would be a feasibility study on providing defibrillators at Barnet's public libraries.

Cllr Stock reported that she had discussed this matter with Dr Djuretic and had received a list of defibrillators in the Borough from the London Fire Brigade. A member of staff at Hendon Town Hall was fully trained in their use and Middlesex University had a full crash team. The Health and Wellbeing Board was also focusing on this important issue.

RESOLVED that the Committee noted the report and verbal update.

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

RESOLVED that the Committee noted the Minutes of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) held on Friday 31 January 2020.

8. CORONAVIRUS UPDATE (Agenda Item 8):

The Chairman invited the following to the meeting:

- Dr Tamara Djuretic – Director of Public Health, London Borough of Barnet
- Ms Dawn Wakeling - Executive Director, Adults and Health, London Borough of Barnet
- Dr Chris Streater – Group Chief Medical Officer, Royal Free London NHS Foundation Trust

Dr Djuretic presented her slides on the Coronavirus pandemic in Barnet. She reported that Barnet has a high infection rate with currently 1250 confirmed cases. Scientific research showed that around 1% of the population has Covid-19 which would mean there are around 4000 cases in Barnet. The peak of the pandemic had been reached in Barnet by the end of March 2020. At the end of the week beginning 20 April, 277 deaths had been registered in Barnet with Covid-19 as the primary cause. In the last week, there had been only a small number of new cases, despite an increase in testing across the Borough. In Barnet 52 Care Settings had been affected although no new cases or deaths had been reported in the last few days.

Dr Djuretic reported that Barnet had been able to secure a good stock of Personal Protective Equipment (PPE) locally and had also joined the West London Alliance Framework which provided regular deliveries of PPE. Dr Djuretic commented that even though the experience of lockdown had been devastating for everyone, there were some positive outcomes which should be preserved. Self-care had been well promoted and care for vulnerable residents had been provided promptly, including those being shielded and homeless people. The voluntary sector had also stepped up very well. Another positive point was the increase in awareness around infection control.

Dr Djuretic added that further guidance was awaited on social distancing from Public Health England (PHE). Barnet Council would undertake full risk assessments to enable services to be restored to their full functions. Local Authorities had been asked to scale up testing in Care Settings and the introduction of a national portal had been announced just prior to the HOSC meeting, on which Dr Djuretic awaited further information. She noted that she is a representative on the Testing and Contact Tracing National Working Group. Contact tracing was due to commence on 18 May led by NHS Test and Trace and, London, the London Coronavirus Response Cell for incidents in specific settings, with local Directors of Public Health having oversight of this process.

A Member stated he had read that vulnerable people, including those in Care Homes, had been approached by GPs to encourage them to agree a 'Do Not Attempt to Resuscitate' (DNAR) Order. This would mean that those patients would not be considered for hospital treatment if they became ill. He awaited a response to an enquiry that he had sent to the Clinical Commissioning Group (CCG). He felt this was a concern considering the large elderly population in Barnet. Dr Djuretic reported that anecdotally all patients, in either care homes or hospitals, who exhibit Covid-19 symptoms are given a choice: one of the questions put to them being about resuscitation. Ms Wakeling noted that she would forward a response to the Member's question, which she had received late that afternoon from the CCG. This stated that all GPs had been asked to initiate

Advanced Care Planning discussions, which were to be led by the patients and their families where appropriate. The National Institute for Health and Care Excellence (NICE) had issued guidelines to all Care Staff about this on 4 April.

Action: Executive Director, Adults and Health

A Member enquired whether GPs are visiting Care Homes in person during the pandemic. She noted that she is aware of Care Home residents who may not have capacity to express their need to see a GP. Ms Wakeling responded that in-person visits from GPs during the pandemic are not standard practice as this poses increased risks. Barnet Council had distributed 100 Ipads to care homes for remote consultations. GPs are also conducting telephone consultations and Barnet Council is trying to ensure that Care Home residents get full access to healthcare. However, Ms Wakeling added that should there be instances where residents would have been better served by face-to-face consultations and had not been offered this, it would be helpful if this could be fed back. Ms Wakeling would ask the CCG to respond to the Member's question on patients who do not have the capacity or communication skills to ask for a face-to-face GP appointment.

Action: Executive Director, Adults and Health

Dr Djuretic reported that a Member had previously asked about pandemic 'flu planning. A Pandemic Flu Exercise had taken place on 11 March which was also the date that the Coronavirus pandemic was declared by the World Health Organisation (WHO). This was a partnership exercise involving about 60 people. Its main aims were to test both the internal and partnership 'commander control' arrangements. It looked at the communication lines, mutual aid plans and the provision of scientific advice. A report had been drafted about lessons learnt, which included clarifying decision making, following national guidelines and establishing scientific advice. Clarity regarding communication and the importance of transparency had also been discussed. The group had also focussed on updating business continuity plans and considered critical and non-critical services and staff redeployment, which has worked well. Lessons had been learnt on excess deaths planning and voluntary and community sector engagement.

A Member asked whether the learning from this outbreak would be used if there were a second phase. Dr Djuretic stated that there are different clinical features of Covid-19 to what is usually seen in influenza viruses, with the challenge of a possible overactive immune system in some patients and the problems posed by some individuals with the disease being asymptomatic. She added that Dr Streather would cover the clinical aspects of the disease in his update but that the epidemiology of Covid-19 is still not fully understood. Unlike influenza, it appears that children are not usually affected and are not transmitters of Covid-19 and the disease is more prevalent in the elderly. Usually a vaccine could easily be developed for influenza, unlike with Covid-19, and it is unclear whether long-lasting immunity occurs after an episode of Covid-19. The Public Health Team is keeping updated on the national guidelines and ensuring that these are implemented.

Dr Streather responded to questions received from the Chairman prior to the meeting:-

1. How many people with Covid-19 have been admitted to the Trust's hospitals?
 - 1365 over the first four calendar months of 2020: 601 in Barnet Hospital (BH) and 764 at the Royal Free Hospital (RFH). That however is an underestimate of the number of people as testing is not 100% reliable: only approximately 70% of people with Covid-19 will have a positive first swab test.

2. How many people have been admitted for other reasons and contracted Covid-19 in hospital?
 - Possibly 44 but these were swab-negative on arrival, then later became swab-positive, but may have had Covid-19 from arrival. Of these 27 patients were at BH, with positive swabs 14 days after admission and 17 patients at the RFH.
3. How many patients had been discharged having been treated successfully for Covid-19?
 - 1331: 631 from BH and 730 from RFH.
4. How many have died of Covid-19 in the Trust's hospitals?
 - 312 out of 1365 patients who had a positive swab test had died. This may be an underestimate as some patients had had imaging of the lungs typical of Covid-19, yet were swab negative.
5. How does the mortality rate this year up to the end of April compare with 2019?
 - In 2019, 621 people died in the first four months of the year: 271 at the RFH, 349 at BH and one at Chase Farm Hospital (CFH). For the same period in 2020, 1055 patients had died making a total of 434 more deaths, which were most probably attributable to Covid-19.

The Chairman asked whether the number of people attending A&E had reduced since the outbreak of Coronavirus. Dr Streather responded that over the past three weeks patients had again begun to arrive with other diagnoses, but this remained far below the numbers prior to Covid-19, at around 40% of the usual figures.

The Chairman asked about the supply of PPE to the Trust. Dr Streather reported that this had been sufficient, and the Trust had never run out or had to ration supplies. He added that only a small number of members of staff in A&E and the Critical Care Unit had caught Covid-19.

The Chairman enquired whether there is a large backlog of people waiting for treatment due to the outbreak. Dr Streather confirmed that there is, adding that he is involved in work across London to prioritise patients during the recovery phase. There has been centralisation of heart surgery to the Heart Hospital and Harefield Hospital, where the most urgent cases can be treated. Around 250 cancer patients per week are being seen in dedicated London hospitals that have no A&E Departments, so there should be far less risk of them being infected by Covid-19. The next challenge is to increase the number of patients being seen, including those on long waiting lists, such as for cataract surgery and joint replacements.

A Member asked what percentage of the Covid-19 tests produce 'false negative' results. Dr Streather responded that about 30% on initial testing currently are false negatives but this reduced with further testing. Symptoms, as well as the test, are considered, and a 'safety first' approach is taken with all patients entering hospital.

A Member enquired how this is managed as the public are concerned about mixing with Covid-19 patients. Dr Streather reported that the Trust tries to separate patients at A&E and even those with no Covid-19 symptoms are treated as though they might have the disease. He stressed that it is important that people still attend A&E if they need to. Currently patients are not stopped from walking into A&E though social distancing is maintained. There remains a risk to anyone going in to A&E but with fewer people attending it is easier to maintain good social distancing. Patients who might have Covid-19 are treated with caution on all three of the Trust's sites.

A Member asked whether the 'flu and anti-pneumonia injections that were offered for over 60-year-olds two years ago might help protect against Covid-19. Dr Streather responded that this unfortunately would not protect against Covid-19 due to a different bacterium being involved.

The Chairman thanked Dr Djuretic, Dawn Wakeling and Dr Streather for joining the meeting.

RESOLVED that the Committee noted the verbal reports.

9. ROYAL FREE LONDON NHS FOUNDATION TRUST UPDATES ON THE CERNER REVIEW AND CQC REPORT (Agenda Item 9):

The Chairman invited to the meeting:

- Dr Streather – Group Chief Medical Officer, Royal Free London NHS Foundation Trust

Cerner Review

Dr Streather reported that further to the update that Caroline Clarke, Group Chief Executive, Royal Free London (RFL) NHS Foundation Trust, gave at the February HOSC, 15,000 letters out of 22,000 had been sent to GPs. By the time of the Covid-19 outbreak doctors had reviewed 11,000 of the letters and assessed 'harm' to patients. So far, no 'moderate' or 'severe' harm had been found because of the incident. A lot of 'low' harm had been found and those actions had been dealt with. There had been a delay due to Covid-19 but the process had begun again three weeks ago and a further 4000 letters had been reviewed. The CCG and GP Leadership in Barnet and other relevant Boroughs had been informed about the progress so far and had been told that the Trust would release all 22,000 letters since in the 50% examined so far, no 'moderate' or 'severe' harm had been found. The Trust had discussed the Review with the Clinical Quality Review Group at Barnet CCG and with GP Clinical Leaders. Dr Streather added that the error is reprehensible and the Trust has apologised.

Care Quality Commission (CQC) Report Update

Dr Streather reported that the CQC follow up inspection due in July had been postponed due to Covid-19. The inspection was likely to go ahead towards the end of 2020 or in the Spring of 2021. Regular meetings between the Trust and the CQC would continue. Dr Streather reported that Cllr Zinkin, a Governor of the Trust, had asked it to make a correction in the previous year's Quality Account in that the Trust had underplayed the improvements that were needed prior to the next CQC inspection.

The Chairman noted that the CQC inspection is mentioned in the current draft Quality Account 2019/2020. The CQC had made 93 recommendations: 11 'Must Do Actions', 6 of which had been completed and 5 due to be achieved by mid 2020/21. Out of 82 'Should Do Actions', 44 had been done with 38 remaining. The Chairman asked why the measures were taking so long to be implemented. Dr Streather responded that the delays were due to a requirement for recruitment or capital. Also, the data were slightly out of date and all the 'Must Do Actions' are either completed or have a firm plan. The Trust is in dialogue with the CQC about some of the 'Should Do Actions' and these are not compulsory (it was recommended that 90% are completed). Dr Streather offered to update the HOSC again in the future.

RESOLVED that the Committee noted the verbal updates.

10. DEPARTMENT OF HEALTH: QUALITY ACCOUNTS - A GUIDE FOR OVERVIEW AND SCRUTINY COMMITTEES (Agenda Item 10):

RESOLVED that the Committee noted the Department of Health's Guide.

11. NHS TRUST QUALITY ACCOUNTS 2019/20 (Agenda Item 11):

Royal Free London NHS Foundation Trust Quality Account 2019-20

The Chairman invited to the meeting:

- Dr Streater – Group Chief Medical Officer, Royal Free London NHS Foundation Trust

The Committee scrutinised the Draft Royal Free London NHS Foundation Trust Quality Account 2019/20 and wished to put on record the following comments:

- The Committee was pleased to see positive outcomes and a lower mortality rate in Chronic Obstructive Pulmonary Disease in the Royal Free Hospital.
- The Committee commended the Trust on its specialist training courses on understanding the needs of patients with dementia and learning difficulties who have no mental capacity. The CQC has found improvements in urgent and emergency care for these patients across all three hospital sites. Understanding the needs of someone with no mental capacity, for example advanced dementia, is very difficult and challenging. Whilst it is pleasing that the Trust has Dementia-friendly Wards, it is important to ensure that staff are fully trained to understand how to care for patients with advanced dementia regardless of which Ward the patients are in, especially as it can also be difficult with staff changing shifts.
- The Committee was impressed that the Trust held an interactive workshop with the Chickenshed Theatre Company and over 100 members of staff had completed an innovative Study Day.
- The Committee was pleased to see the use of tele dermatology and high quality photographic work at the Trust, reducing the need to travel to larger hospitals and helping with capacity.
- The Committee congratulated the Liver Transplant Team at the Royal Free Hospital, which has one OrganOx machine, for their quick-thinking decision to 'borrow' a second machine from the University Hospitals Birmingham NHS Foundation Trust so that they could keep two livers 'alive' while performing two liver transplants in quick succession.
- The Committee thanked the Trust for the reduction in gaps in the data and the improved accessibility of the report. There are helpful explanations of the charts and the 'lollipop' chart presentation is much more accessible for people who are not used to viewing detailed data, making benchmarking much easier than in previous reports.

- The Committee noted the stabilisation in the C.Diff infection rate although there is some variability since April 2019. However, this is lower than benchmarked organisations. The Committee also noted the explanation that more C.Diff was being detected due to robust measures taken and a more sensitive test being used. The new ways of working in general are clearly demonstrated in this report and the Committee hoped the Trust will continue to develop the report in this way in future. It is helpful to understand the depth beneath some of the stories.
- The Committee congratulated the Patient and Risk and Resuscitation Team for winning a National Patient Safety Award for developing and pioneering a kidney care 'Streams' app in conjunction with Google Health.
- It was noted that 'Joy in Work' was launched in June 2019. This showed positive outcomes from 4 out of 15 teams showing a 50% increase in the 'good day' measure. The link between staff satisfaction is directly linked to staff retention, less sickness/absence and improved patient experience.
- The Committee applauded the aim to have zero 'never events', zero trust-attributed MRSA cases and to remain below the mandated threshold for C.Diff as three of the priorities for improvement in 2020/21, as the Trust acknowledged that there is a continuing problem in this area.
- Members were pleased that the number of patients' valid NHS Numbers recorded in A&E were up from 95.7% in 2018/19 to 97.1% in 2019/20.
- The Committee noted that between Oct 2018 and Sept 2019, the risk of mortality was lower than expected for the case mix of the Royal Free and they were ranked 8th out of 129 non- specialist acute Trusts.

However:

- Concern was expressed that the Trust failed to achieve their aim of zero 'Never Events' by the end of March 2020 but unfortunately had had six.
- The Committee noted that the report mentions a Review into the importance of quality data but there is no indication as to how that Review is progressing or a completion date.
- The Committee noted that the number of Reviews of 'Learning from Deaths' was down considerably from the previous year.
- The Committee was disappointed to note that SMART targets were discussed last year but these still haven't been taken up in relation to quality of data. The quality of data is most important, particularly in relation to research projects, and it is frustrating that this still hasn't been included despite it being requested. The Committee would like to know when Electronic Patient Records (EPR) would be available throughout the Trust as many patients are transferred between hospitals.
- With regard to Chronic Obstructive Pulmonary Disease, it was noted that the length of stay and re-admissions are higher than national figures.

- The Committee noted the reduction in the use of Agency staff and the continuing use of Bank staff whilst recognising that permanent recruitment is an ongoing national issue.
- The Committee requested that data be presented in a way that is easier to digest for the lay person. The Performance Indicator data was found to be illuminating and the graphics interesting but clarity was required relating to whether 'high' or 'low' was a positive indicator or not. The direction of historical trends needs to be clear and exactly what the target is for.
- The Committee enquired why so many clinical pathways had been designed and yet still awaited digitisation.
- The Committee requested reassurance regarding infection control, especially given the current pandemic, but noted that all staff are adhering to the Trust's Infection Control policies.
- The Committee was disappointed to see there were 54 cases of C Diff in 2018/19 when the National average is 12 and that there are 87 (57 + Quarter 4) cases this year, which is an increase again on the previous year.
- The national waiting time standard required Trusts to treat, admit or discharge 95% of patients within four hours. The Committee was disappointed that the Trust had substantially missed this target by only achieving an average of 83.2%, which was also worse than the 87.4% achieved the previous year.
- The Committee requested that all acronyms must be in the glossary and should be written in full the first time they are used in the report. The Quality Account is still not always written in easily accessible language.
- The Committee was disappointed that in 2019 the 'Friends and Family Test', as to whether staff would recommend the Trust as a provider of care for their family or friends, was down from 73% to 71% which continued the downward trend of the past three years.
- National targets require 93% of GP cancer referrals to be seen within two weeks. The Committee was disappointed that the Trust only achieved 90.9% of its targets for all cancers and 89% for breast cancer. The Trust also did not meet the first definitive treatment within 62 days of an urgent GP referral, achieving only 80.7%.
- It was noted that the CQC had some criticism of written policies relating to care for patients with dementia which were not easy for staff to access.
- The Committee expressed great concern that out of the 11 'Must Do' Actions, which were part of the 93 recommendations in the CQC Report, only six had been done with five due to be achieved by mid 2020-2021 and that out of the remaining 82 recommendations, which were 'Should Do' Actions, only 44 had been done leaving 38 which the Trust anticipated would only be completed in full by the 3rd quarter of 2021.

The chairman thanked Dr Streater for joining the meeting.

RESOLVED that the Committee would forward their comments for inclusion in the final Quality Account by 13 May.

Central London Community Healthcare NHS Trust Quality Account 2019-20

The Chairman invited to the meeting:

- Kate Wilkins – Assistant Lead for Quality, Central London Community Healthcare (CLCH) NHS Trust

Ms Wilkins reported that the CQC would be publishing their report for 2019/20 in the next few weeks so it would be too late to be included in the Quality Account. The CQC report had been delayed due to Covid-19. She would share the CQC Report with the Committee when she received it.

The Committee scrutinised the Draft Central London Community Healthcare NHS Trust Quality Account 2019-20 and wish to put on record the following comments:

- The Committee thanked CLCH for producing an interesting, clearly laid out report which was easy to read.
- The Committee praised the 'Freedom to Speak Up' initiative and was impressed with the number of new contacts that had been received and hoped that this had shown positive outcomes in terms of staff satisfaction.
- The Committee congratulated the Trust for launching their Academy where staff can learn together gaining skills, knowledge, academic accreditation and professional support enabling them to grow and develop their career.
- The Committee was impressed that the Trust, during its inspection by the CQC, also managed to set up one of the first Covid-19 testing centres in the country at the Parsons Green Health Centre.
- The Committee noted that the Trust's Community End of Life Care grading had improved from 'Requires Improvement' to 'Good'.
- The Committee commended the Trust for the positive strategy 'Learning From Deaths' that it had put in place and noted that this had been put on hold due to the Covid-19 pandemic, but looked forward to seeing this important work being restarted as soon as possible.
- The Committee was pleased that CLCH had taken over responsibility for providing adult community services in Hertfordshire, and that the transition had been smooth, which was a credit to the staff of the Trust.
- The Committee was delighted that since the introduction of Quality Development Unit (QDU) accreditation two years ago, eight teams have been awarded QDU status with nine more teams in the process of completing the QDU Excellence Standards.
- The aims of the four 'Campaigns' were noted and the Committee is looking forward to seeing further positive outcomes.

- Regarding the Falls assessment in the Parkinson's Unit at Edgware Community Hospital, the Committee was pleased to see that the findings identified 'no areas for improvement' and only recommended that the 'current standard of care' be continued.
- The Committee was pleased to hear that the number of shared governance quality councils had doubled and particularly the initiative that looked at improving pressure ulcer care in Care Homes in Barnet by developing a resource pack which has led to increased staff confidence in recognising ulcers.
- The Committee was impressed that category 3 & 4 pressure ulcers were down from five last year to one in 2019-2020 and that category 2 were down from 57 to 44, although the target is zero. The table showing the results was well set out and easy to read.

However:

- The Committee was disappointed that most patients had rated the quality of the food and presentation as 'poor' but understand that there will be more information on improving food for patients next year and look forward to hearing about these developments.
- The Committee noted that the percentage of patients' valid NHS number was only 93.9% at the Trust's Walk In Centres and asked that the Trust work to improve on this figure.
- The Committee was disappointed that the outcome of the Sentinel Stroke National Audit Programme had commented that 'many patients are still left without specialist psychological support' and that 'a focus is required on assessments and outcomes six months after a stroke to highlight the needs of patients, their families and carers over the longer term'.
- Under the UNICEF Baby Friendly Initiative Staff Audit, the action recommended that all staff be trained on a mandatory two-day Breastfeeding Management course and that 'greater awareness was required on breastfeeding positioning, attachment and hand expressing and the importance of not advertising formula milk'.
- The Committee expressed great concern that under the Commissioning for Quality and Innovation (CQUIN) and Local Incentive Scheme Payment Frameworks, CLCH failed in the CQUIN 'Staff Flu Vaccinations' to achieve 80% uptake of flu vaccinations by CLCH frontline clinical staff working in Barnet and also failed in the CQUIN 'Local Wound Care' to increase improvement in the number of 'assessed' wounds which have failed to heal after four weeks. These two failures resulted in a loss of income of £204,873.04 from Barnet CCG.
- The Committee noted that between April 2019 and February 2020 two deaths of patients were subjected to both a case record review and an investigation.
- The Committee commented that CLCH's remit was over a wide geographical area and it was unclear which parts of the report were relevant to Barnet.

- The Committee commented that not all the targets were Specific, Measurable, Achievable, Relevant and Time-bound (SMART) targets.
- The Committee was concerned that the target of 8% for Staff Vacancy and Turnover rates was not achieved again this year and that the Sickness/Absence rate was even higher than the previous year.

The chairman thanked Ms Wilkins for joining the meeting.

RESOLVED that the Committee would forward their comments for inclusion in the final Quality Account by 11 June 2020.

12. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 12):

The Chairman reported that the July HOSC meeting might be reinstated or an alternative date set. She explained that the North London Hospice had deferred submission of its Quality Account due to Covid-19 but a further meeting would be necessary when the Quality Account becomes available and other items which were not delayed would also be included.

RESOLVED that the Committee noted the Forward Work Programme.

13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 13):

The Chairman invited to the meeting:

- Cllr Caroline Stock - Chairman of Barnet Health and Wellbeing Board (HWBB)
- Dr Tamara Djuretic – Director of Public Health, London Borough of Barnet (LBB)

Cllr Stock reported that the HWBB had not met since the Covid-19 pandemic but that she was speaking to Dr Djuretic on a weekly basis. Dr Charlotte Benjamin, Vice Chairman of Barnet's HWBB had been appointed as Vice Chairman of the new North Central London Clinical Commissioning Group (NCL CCG) and reported that it was working well. The NCL CCG had been set up since 1 April 2020, replacing Barnet's CCG, and an initial meeting of the Governing Body had already been held. Dr Clare Stevens is also on both Barnet's HWBB and the NCL CCG. Each of the HWBB Chairmen from the five Boroughs of Barnet, Enfield, Haringey, Islington and Camden could also attend each CCG meeting.

Cllr Stock informed the Committee that, due to the Covid-19 outbreak, funding had become fairer across the five Boroughs as it had become evident that Barnet had insufficient funding given its large number of Care Homes. As the system moves into the recovery phase, the CCG had agreed that careful consideration needs to be given to local variations. A Member noted that in a few weeks' time it would be helpful to find out where Barnet sits within the wider scope of the new NCL CCG and to try to ensure that funding in future is transparent and fair.

Dr Djuretic reported that the main meetings of the NCL CCG would begin in two weeks' time and there would be a workshop. Directors of Adult Social Care as well as Directors

of Public Health for the five Boroughs will be representatives on the NCL CCG and Dr Djuretic is also a member of the Oversight Group.

It was agreed that great efforts should be made via the HWBB to make sure resources are being distributed as fairly as they should be. Dr Djuretic added that there were some developments currently around Care Settings with work across the new NCL CCG to provide multidisciplinary in reach service for all Care Settings in Barnet supported by colleagues from CLCH. It is hoped that a model would be in place in the next few weeks. Cllr Stock commented that this issue could be added to the agenda of the HWBB in July and then she would report back to the Committee.

Action: Cllr Stock

Cllr Stock informed the Committee that Sarah D'Souza and Ruth Donaldson had left Barnet CCG where they were joint Directors of Commissioning and have been replaced by Daniel Morgan. Collette Wood is in charge of Transformation at Barnet.

Cllr Stock also mentioned that Dr Charlotte Benjamin was happy with the updated computer systems for GPs which make online consultations easier.

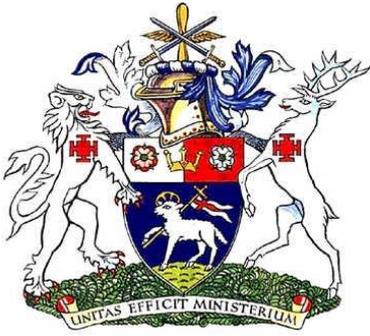
RESOLVED that the Committee noted the update.

The meeting finished at 9.46 pm

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Health Overview and Scrutiny Committee

9 July 2020



Title	Member's Item
Report of	Chairman, Health Overview and Scrutiny Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Tamara.Djuretic@Barnet.gov.uk Tamara Djuretic Director of Public Health

Summary

A Member's Item was received in the name of Cllr Alison Moore.

Officers Recommendations

1. That a Member's Item in the name of Councillor Alison Moore be noted.
2. That the HOSC provides instructions to officers.

1. WHY THIS REPORT IS NEEDED

- 1.1 Cllr Alison Moore has requested a Member's Item on the following matter:

Mental Health provision during the pandemic.

In light of concerns raised by residents with a range of councillors, this Member's Item seeks an update on what support has been available during the Covid 19 lockdown for those in Barnet with mental health issues, particularly where these are potentially exacerbated by the crisis, and the number of cases that have arisen in Barnet.

It also seeks to understand how effectively local health providers and the council been able to support those with mental health issues within the community during the Covid-19 lockdown period and how well have they been able to work with Barnet Homes and local RSLs, as well as Mind and other community organisations, to resolve the situation where cases involve noise nuisance, disturbance and tenancy problems.

2. REASONS FOR RECOMMENDATIONS

2.1 That a Member's Item in the name of Cllr Alison Moore be noted.

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

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 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

5.1.1 In Barnet's Wellbeing strategy 2015-2020 included in Barnet's vision is the following:

- Preparing for a healthy life

- Wellbeing in the community

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 **Corporate Parenting**

5.7.1 None.

5.8 **Consultation and Engagement**

None

5.9 **Insight**

None

6. **BACKGROUND PAPERS**

6.1 None

Royal Free London NHS Foundation Trust - Cerner Update for Barnet Health Overview Scrutiny Committee 9th July 2020

Paul Sinden, Executive Director of Performance

29th June 2020



1. Introduction

In January 2020 Royal Free London NHS Foundation Trust (RFL) were informed by Cerner of an issue with the automated process responsible for the distribution of both first and follow up outpatient summary letters. This resulted in the delayed delivery of over 27,000 outpatient clinic letters, covering appointments from June 2019 to mid-January 2020 to GPs and other parties.

The letters not distributed were from all specialties at Barnet Hospital and Chase Farm Hospital, and amounted to 21% of outpatient clinic letters distributed from these sites between June 2019 and January 2020.

The Cerner process problem was fixed in mid-January 2020 and the problem has not recurred.

The initial actions undertaken to address the problem included:

- The Trust declaring a serious incident;
- Communications were sent out to GP practices by the Trust;
- The Trust put in place daily checkpoint calls with Cerner to review and identify the root cause and to determine an accurate position status and scale of the incident (the problem ceased in January 2020);
- The Trust undertook an initial analysis of relevant incidents reported as moderate harm. From this review 20 patients had been identified with some harm, however, the harm was not related to the letters being delayed. An analysis of low harm entries on Datix (the national reporting system in the NHS for reporting serious incidents) was also undertaken;
- A clinical task and finish group was established, chaired by the Medical Director of Chase Farm Hospital, with the following focus:
 - Assess the risk of clinical harm with reviews to be completed by the end of March 2020 with progress monitored through clinical quality review meetings with the CCG. This process was underway but was interrupted by the outbreak of the COVID-19 pandemic (see below);
 - Agree the process for distributing the letters not sent between June 2019 and January 2020, with actions in letters for appointments prior to December 2019 being initiated by the Trust. A significant proportion of letters were for information only. Letters from December 2019 and January 2020 were sent directly to general practices as they contained contemporary actions. This process was agreed by the Trust with clinical leads from the CCG.

Prior to the COVID-19 pandemic, the Trust undertook harm reviews on 11,000 clinic letters and found no moderate or severe harm (categories used to describe the level of harm received by the patient) due to the delay. During the initial stages of the COVID-19 pandemic, harm reviews had been paused. The Trust have since recommenced and as of the end of May, fewer than 5,000 harm reviews were outstanding.

NORTH LONDON HOSPICE QUALITY ACCOUNT 2019-20

Contents

	Page Number
Contents Page	
Executive summary	3
Patient story	4
Part 1	
Chief Executive Statement	6
Introduction	7
Our Clinical Services	7
Part 2	
Looking Back – Reviewing priorities for improvement 2019-20	8
Looking forward – Priorities for 2020-21	12
Statement of Assurance from the Board	15
Data Quality	19
Part 3	
Key Service Developments	20
Partnership Working	23
Education and training	24
Service Activity Data	26
Service User experience	28
Complaints	33
Patient Safety Incidents	35
NLH staffing	37
Supporting Statements	41
Appendix	
One: NLH Clinical Services	43
Two: Groups that oversee and review Quality	45
Three: Mandatory Statements	47
Four: Data Quality	48

Executive Summary

North London Hospice (NLH) reports in this 2019-20 Quality Account on the quality of its clinical services.

The four Priority for Improvement projects completed this year are described which have resulted in:

The projects for the coming year are described and are:

-
-
-
-

Key service developments and partnership working are reported which include

Key clinical services' annual activity data is presented. The User Survey results demonstrate an improvement in patient and carers experience of NLH services.

Our incidents are reported, with consideration given to falls, medicine and pressure ulcer incident.

Comments on the Quality Account from external local organisations are included.

Patient Story

I Haven't Come This Far To Only Come This Far

When Jack Morgan passed away at just 22-years-old, he'd achieved more than many in over 70 years on this Earth.

He became an inspiration as he blogged on Instagram (itsme_jmo) about every step of his two-year journey with a rare form of cancer. His determination, openness and honesty in his posts led to a following of almost 30,000 and support from across the world, including footballer Paul Pogba and musician Craig David.

Jack beat Stage 3 cancer but when it returned and the chemo was unsuccessful he embarked on a clinical trial in Belgium in March 2019 and began receiving support from North London Hospice.

NLH provided symptom relief at home in Barnet to the graduate of Bristol University, whose Department of Engineering and Maths has since created the Jack Morgan Award for Ardour in his memory. A proud moment for the family, as was attending Jack's graduation ceremony on his behalf in February 2020. Parents Grant and Emma and his three siblings, Joshua, 22 and 18-year-old twins Charlotte and Sam were all there.

North London Hospice's Dr Jo Brady and nurse Kevin Yates visited Jack regularly to help with his symptom management. "Jack and Dr Jo are angels on Earth," explained Jack's dad Grant. "Jo was, and still is, an incredible support. Jack had a phenomenal brain and it felt like he knew more about his condition than many medical professionals. He wanted to understand what was happening to him and shared his experiences with the wider world."

In the summer of 2019 it was suggested Jack came into the Hospice's Finchley in-patient unit for a week for specialist care. ***"He didn't want to come in but Dr Jo explained that many people come for symptom management and then go home. And when we arrived it had a very homely environment. The staff were phenomenal; the nurses so caring. We as a family have never experienced anything like that level of care and compassion before."***

After a week Jack left the Hospice and spent two weeks in hospital before returning home in August, where he received the devastating news that the clinical trial hadn't worked.

"Jack really wanted to be at home and we wanted him there too. He needed specialist equipment and the Hospice just made it happen. They took all the stress of the admin and phone calls away and arranged all the things he needed."

Jack passed at home at 1.30am on August 26, surrounded by his family. "He'd made the decision to pass on this particular fight, part company with his nemesis and focus his energies elsewhere. The hospice provided a nurse on that night and she was there to make things that bit easier for Jack and all of us".

"People perceive that a hospice is all about end-of-life care.....but it's so much more than that. Our own experience is testament to this. Five months after Jack passed, we still have a relationship with North London Hospice."

Dr Jo Brady added: "Jack truly was a remarkable young man who, through his brilliant brain, taught me lots about science and we negotiated treatment plans collaboratively. But more than that he taught me to live life as fully as possible, to keep fighting for a better day and the power of sharing stories. I feel lucky to have spent time with him and his family and am eternally grateful for their support of the hospice. He leaves a footprint in my heart."

Jack's Legacy

Jack had a passion for AI (artificial intelligence) and the science behind it. During his illness he put his knowledge and experience together and worked with Bradley Gudger to create an app called Alike (www.alike.org.uk) to bring people affected by cancer together. "He was totally selfless and always wanted to help others," said Grant. Fundraising is underway to bring the app to market in the coming year and Jack will be made an Honourary Patron. It's one of many projects the Morgan family have planned as part of Jack's legacy.

The Morgan family and Jack's friends have already raised thousands of pounds for causes and charities that supported Jack, including North London Hospice, which received over £9000 from a football tournament arranged by his best friend Teddie in November. (See Page 11 for full story)

Throughout his illness Jack's mantra became '***I haven't come this far to only come this far***' and this powerful message is set to be used on a new fashion collection launching on 29 February 2020 created by the presenter of You, Me and the Big C, Lauren Mahon. Proceeds from the collection will be donated to North London Hospice

PART 1: CHIEF EXECUTIVE'S STATEMENT: STATEMENT OF QUALITY

It is with great pleasure that I introduce you to North London Hospice's (NLH) 2019-2020 Quality Account which has been developed in consultation with NLH users, clinical service staff and managers, the Executive Team and the Board of Trustees.

This year saw over 3000 people use our services from the comfort of their homes, in our Health & Wellbeing Centre or on our Inpatient Unit.

One of our Priorities for Improvement this year was changing our clinical database where we hold our patient records onto a new system called EMIS. This has been a significant project for the hospice involving all clinicians and some support staff. The system went live in January and though there is further development work required this coming year it has already been welcomed by the clinical staff for its improved efficiency and ease of use. Projects this year have also developed a draft Carers Strategy; a training and support plan for developing our community nurses in physical assessment skills and non medical prescribing; in patient unit reviews and developments of mealtimes, discharge planning, medication and handover; a clearer vision for user involvement and community engagement at NLH.

I am pleased to see the progress that has been made with our Priorities for Improvements this year. It demonstrates our commitment to the ongoing development and delivery of quality services.

Next year's Priorities for Improvements see second years for three of our 2019-20 projects and will focus on implementing our Carer's Strategy, extending the training of our senior nurses in physical assessment skills and non medical prescribing, the ongoing development of EMIS and the development of a home spa experience for our patients.

As we work collaboratively in new ways during the current pandemic, I am proud of how the hospice team has worked flexibly and innovatively to continue to provide the care that is required to our communities in the boroughs of Barnet, Enfield & Haringey. Equally we are grateful for the continued support that our local community has shown us both financially as well as through the donations for example of personal protective equipment and gifts of food for staff.

As I retire this summer I am delighted to handover to Declan Carroll who will take up the position as Chief Executive for North London Hospice.

I can confirm the accuracy of this Quality Account and Declan will ensure the quality of the care we provide is regularly reviewed and improvements are made as needed.

Pam McClinton
Chief Executive of North London Hospice
May 2020

INTRODUCTION

Quality Accounts provide information about the quality of the Hospice's clinical care and improvements to the public, Local Authority Scrutiny Boards and Commissioners. Some sections and statements are mandatory for inclusion. These are italicised to help identify them.

North London Hospice (NLH) started to produce and share its Quality Accounts from June 2012. The full year's Quality Account (QA), along with the previous year's QAs, will be found on the internet (NHS Choices and NLH website) and copies will be readily available to read in the reception areas at the Finchley and Winchmore Hill sites. Paper copies will be also available on request via our Patient and Family Feedback Lead.

OUR CLINICAL SERVICES

The Hospice's services are provided by specially trained multi-professional teams, which include doctors, nurses, physiotherapists, occupational therapists, social workers, counsellors, clinical psychologists, spiritual care and chaplaincy as well as a range of volunteer roles. NLH offers the following clinical services:

1. Community Specialist Palliative Care Team (CSPCT)
2. Overnight Clinical Nurse Specialist Service/Out-of-Hours Telephone Advice Service
3. Health & Wellbeing Service (H&W)
4. Inpatient Unit (IPU)
5. Palliative Care Support Service (PCSS) - NLH's Hospice at Home service
6. Bereavement Service
7. First Contact Centre Service

For a full description of our services please see Appendix One

Part 2: PRIORITIES FOR IMPROVEMENT 2019-20

The following priorities for improvement for 2019-2020 were identified by the clinical teams and were endorsed by the Quality, Safety and Risk Committee, Board of Trustees, local commissioners and Health and Overview Scrutiny Committees.

The priorities for improvement are under the three required domains of patient experience, patient safety and clinical effectiveness:

Priority One: Patient Experience:

Developing a Carers' Strategy

What we planned to do:

Produce a Carers Strategy to:

- Identify carers, including those from seldom heard groups
- Raise the profile of carers across NLH and gain a greater understanding of their needs
- Provide a creative, meaningful response to identified need, utilising a wider range and type of support e.g. individual and group/peer

Progress against the plan

- Carers consultation (Oct 2019) across clinical services – identified and prioritised topics of interest
- A working party was established, including NLH staff and representatives from local agencies
- NLH social work team planned information sessions relating to first 3 topics prioritised in the consultation – Advanced Care Planning, Care of Self and Cost of Caring
- Sessions will be delivered cross site
- Carers Newsletter planned
- Draft NLH Carer strategy developed

Going Forward

- The Carers Strategy is a Priority for Improvement projects also for 20/21
- We will deliver and review first information sessions
- Continue to consult and work in partnership with carers, ensuring a co-produced and responsive carers service
- Share learning and development with colleagues, internal and external, to raise the profile of carers and develop a consistent, collaborative response

Priority Two: Patient Experience:

Organisational review of the integration of User Involvement, Co-production and Community Engagement

What we planned to do

To hold an internal workshop to consider if these areas may be integrated and then define NLH's strategic and operational response.

Progress against the plan

A workshop was held with internal stakeholders to consider the similarities and difference of the three workstreams. The meeting identified that User Involvement and Community Engagement had distinctive aspects and fell into separate organisational workstreams. It was acknowledged that the principles of co-production were already embedded in the approach the hospice takes to developing services in partnership with users and stakeholders.

The plan that emerged from this initial meeting was to review NLH approach to User Involvement and to develop a revised strategy and for Community Engagement to agree the key objectives for the team and identify the forum where this work would be supported and reviewed.

User Involvement – NLH's Patient and Family Feedback Lead post became vacant in April 2020. A review of the post was undertaken and a new postholder commenced in January 2020. The key User Involvement activities were maintained during April 2019 -January 2020. The new postholder has commenced a review of the NHS Patient Experience Improvement Framework assessment tool to identify how the hospice performs against: leadership organisational culture, collecting feedback, reporting and publication in order to inform the future strategy.

Community Engagement - the funding for the Community Engagement team was extended to September 2020. The team provide regular updates to the Clinical Leadership Group in order to develop the integration with the NLH clinical services. The team continue to meet with external organisations to promote NLH services and develop collaborative relationships and have led two successful engagement and information sharing events around Learning Disabilities and Homelessness, bringing together external agencies and NLH.

Going forward

The User Involvement Strategy will be developed in 2020. Sustainability of the Community Engagement work is currently being considered as the current funding ends.

Priority Three: Patient Safety:

Non-medical prescribing(NMP) – independent prescribing for Community Teams

What we planned to do:

This was year 1 of developing and implementing a professional development programme for non medical prescribing over two to three years to expand the number across the community teams.

Progress against the plan:

- A training needs analysis was undertaken in 2019 of all Band 7 and 8a's to establish nurses appropriate for the project.
- An educational training timeline was developed for appropriate nurses across the 3 teams to undertake their physical assessment course prior to NMP course
- A NMP Steering Group was established with a clear remit of supporting the operational aspects of the project for 2-3 years
- 2 clinical nurse specialists have been trained in physical assessment and NMP and are prescribing to our community patients.
- One NMP who now undertakes an educational role, runs a H&W clinic every fortnight and utilises her NMP skills in this setting, demonstrating innovative practice and more expedient management of patient's symptoms.

Going forward:

During the training needs analysis it was acknowledged that many Band 7 nurses are within 3 years of retirement, and are therefore not eligible to participate in the programme. Future Band 6 nurses who are interested in undertaking the programme have been identified as priority for attending the physical assessment course as soon as they are deemed experienced enough, with a view to undertaking the NMP course as soon as they develop into a Band 7 CNS role.

Priority Four: Clinical Effectiveness:

Implementation of the Productive Ward in the Inpatient unit (Year 2)

What we planned

- To implement change associated with meal times to enable nurses to spend more time with patients
- To implement change associated with discharge planning to enable nurses to spend more time with patients
- To implement change associated with medication administration to enable nurses to spend more time with patients
- To implement change associated with handover that enables nurses to spend more time with patients

Progress's against the plan

- Meal time survey
 - * Review of meals available at supper time to meet patient wishes completed
 - * Review of timing of suppers and catering staff availability so that it is easier to change meal choice if patient requests it completed
- Discharge - New hospice-wide discharge plan final version written and being final proof read before circulation
- Medication: Process for having access to drug room using key card rather than keys agreed.
- Handover: Following changes made to nursing handover sheet, audit undertaken looking at medical and nursing handover sheet with view to condense to one. Findings

from audit were that nurses and doctors need to collect slightly different information and therefore will keep separate. However standards written to ensure follow same process.

Going Forward

- Meal time: The changes identified through the review will be implemented once main kitchen is open again after Coronavirus episode.
- Discharge planning: Waiting for final version to be proof read, and then will be put on EMIS
- Medication: Process agreed March 2020 but work on hold until Coronavirus episode over
- Handover: Standards agreed March 2020, but not yet implemented

Priority Five: Clinical Effectiveness:

To introduce a new organization clinical records database, EMIS

What we planned to do

- Development and deployment of the new database that had been built to meet both the clinical and data reporting requirement of the organisation
- Improve the sharing of information between NLH and patients GPS
- Ensure efficient management of processes related to triage and transfer of patient information

Progress against the plan

- The Organisation had to transfer from an N3 connection to the new Health and Social Care Network (HSCN) in order for EMIS to be functional across our three sites.
- Over 71 templates for recording data were developed using the coding system within EMIS to meet the Organisations reporting requirements
- User Manual and Standard Operating Procedures were produced covering all aspects of the system
- 21 Super Users established and trained, 180 staff completed training
- Manual migration of over 1000 patients and carers onto the new database
- The system went live on the 13 January 2020
- Introduction of the use of NHS SMART cards within the triage service to provide access to patients demographic information on the NHS spine. Improving efficiency when registering new referrals.
- Initial Meetings held with GP leads across 3 boroughs to consider the principles of data sharing. Met with the North Central London Health Information Exchange (HIE) programme team to consider how the Hospice links in with these developments.

Going forward

The organisation has funded a 2 day per week administration post for 12 months to support the phase II developments of EMIS which are reflected in Year 2 Priority for Improvement project.

LOOKING FORWARD: PRIORITIES FOR IMPROVEMENT 2020-21

The following Priority for Improvement Projects for 2020-21 have been identified by the clinical teams and endorsed by the Quality, Safety and Risk Committee.

All projects were discussed at the Hospice Feedback Group, their comments were incorporated into the plans and users' future involvement in the projects discussed.

The priorities for improvement projects are detailed under the three required domains of Patient Experience, Patient Safety and Clinical Effectiveness:

Patient Experience - Project 1:

Developing a Carers Strategy Year 2

How we identified this project

There is an increased national awareness around recognising, valuing and responding to the needs of carers. Supporting informal carers is crucial, empowering and maximises opportunities for those who are cared for to remain in their preferred place of care and death. Our first year Priority for Improvement highlighted that we needed more than one year to robustly implement this.

What we plan to do

To develop a strong, consistent 'think carer' narrative within the organisation, ensuring that all carers are recognised, valued and supported.

What the outcomes will be

- Carers will feel better supported and valued
- Enhanced profile of carers across NLH social media platforms
- Increase in number of carers accessing NLH services
- Carers will have their own electronic record
- An increase in numbers of carers accessing formal assessments and welfare benefits
- NLH carers will receive quarterly newsletter
- Regular cross site carer information sessions and social events will take place
- Development of additional resources for carers.
- Development of an in-house multi-disciplinary carer service working party
- Development of a carer consultation group
- Improved collaboration with local carer agencies.
- Delivery of the responsive organisational carer strategy that reflects national and local policy.

Patient Experience-Project 2

IPU Bathroom Spa Experience

How we identified the project

We currently have a patient bathroom with a Jacuzzi bath in situ. However although it is fully functional the room itself has a slightly cold and clinical feel. The environment itself does not lend itself to providing our patients with a relaxing or enjoyable bathing experience. Patients do not choose to have a bath and prefer to use their en-suite shower. However as having a bath can often have a beneficial effect on both physical and mental health we would like to encourage more of our patients to make use of this facility. In order to do this we would like to make the room more tempting and to create more of a feeling of having a relaxing treat rather than a functional bath

What we plan to do

We plan to develop our existing functional bathroom facility to create a warm, inviting space which will tempt patients to relax and soak in the Jacuzzi bath. This experience could be beneficial for patients both physically and mentally. We plan to approach funders to donate funds to cover the cost of replacing the current lighting which is bright and quite harsh to softer dimmable lighting. We will add warmth to the room by changing the blinds and adding accessories. To help patients feel secure we will install a privacy curtain and create a small changing area. We will purchase the aids necessary to ensure the bath is accessible to all patients.

Outcomes

We will be able to offer patients a facility which will enhance their experience while they are patients on our In Patient Unit.

Patient Safety - Project 3:

Non Medical Prescribing Year 2

How we identified this project:

NLH acknowledges the benefits to patient care of its nurses being non-medical prescribers. The priority for improvement supports the organisation to expand the number of non-medical prescribers across the community teams.

What we plan to do:

Continue the programme of developing and implementing a professional development programme for non-medical prescribing to expand the number across the community teams.

What the outcomes will be:

There will be 9 Band 7 Community Nurses trained by the summer of 2021 to complement 3 already practising, with a rolling programme for those outstanding to undertake the course in 2022

New Band 7 Community Nurses to be trained as NMP within 3 years of appointment following undertaking their Physical Assessment Course (if they haven't already done so)

NMP targets to be reviewed

Clinical outcomes: improved patient outcomes and quicker symptom control through speedier access to medications.

Clinical Effectiveness - Project 4:

To ensure the ongoing development of the new Clinical Database, EMIS (Year 2)

How we identified this project

We have created a robust and innovative platform for developing improved electronic patient records at the hospice in 2019/20 which puts us in a good place to develop Phase two of our project. Our first year Priority for Improvement highlighted that we needed more than one year to fully implement EMIS.

What we plan to do

- To work with North Central London Health Information Exchange (HIE) project on the sharing of electronic patient information from EMIS. improve co-ordination of care, planning of care and anticipation of crisis
- To develop enhanced reporting requirements both internally and externally
- To consider the IT requirements for the Palliative Care Support Service
- Continue working with the Super Users and other team members to ensure there is a strategy for sustainability
- Collaborative working with all stakeholders internal and external to respond to changes in order to continue to develop and improve the database

What the outcomes will be

- New reporting parameters that measure the effectiveness of our services
- Through the sharing of electronic patient information, improved co-ordination of care, planning of care and anticipation of crisis
- An organisation model of EMIS sustainability

STATEMENTS OF ASSURANCE FROM THE BOARD

The following are a series of statements (*italicized*) that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers such as NLH.

Review of services

During 2019-20, NLH provided and/or sub-contracted 2 services where the direct care was NHS funded and 3 services that were part NHS funded through a grant.

NLH has reviewed all the data available to them on the quality of care in these NHS services.

The NHS grant income received for these services reviewed in 2019-20 represents 35% per cent of the total operational income generated by NLH for the reporting period.

Participation in clinical audits

During 2019-20, there were 0 national clinical audits and 0 national confidential enquiries covering NHS services that NLH provides. During that period NLH did not participate in any national clinical audits or national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that NLH was eligible to participate in during 2019-20 are as follows (nil). The national clinical audits and national confidential enquiries that NLH participated in, and for which data collection was completed for 2019-20, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (nil). The reports of 0 national clinical audits are reviewed by the provider in 2019-20 and NLH intends to take the following actions to improve the quality of healthcare provided (nil).

To ensure that NLH is providing a consistently high quality service, it conducts its own clinical audits. In 2019-20 the following local clinical audits were carried out and NLH undertook the following actions to improve the quality of healthcare provided.

Infection Prevention and Control Audits

Audits have been completed for IPU, Health & Wellbeing Centre and the Haringey team office premises with levels of compliance of 94%, 99% and 100% respectively. Areas of non-compliance included the need for food hygiene training for staff, improved outdoor storage of hazardous waste and consistent completion of decontamination checklists.

Hand Hygiene Audits

This year we undertook the Hand Hygiene audit which considered both the handwashing facilities and observation of clinical staff. The audit was completed for IPU, Health & Wellbeing Centre and the George Marsh premises with levels of compliance of 84%, 83% and 69%

respectively. The corrective action required was to ensure alcohol and soap products are available at the point of care and to consider alternative products when staff report allergies to products.

Medication Management Audits

Controlled Drugs, Accountable Officer and Medicines Management audits have been undertaken. All three audits have been devised by Hospice UK to meet the requirements of all relevant legislation and are undertaken annually. Amendments have been made to the medicines policies including changes to the procedure for accepting instructions out of hours to change medication, reflect arrangements for giving medicine covertly. The policies have also been reviewed to reflect changes in relation to the Covid pandemic.

Audit of fall paperwork in IPU

This was a re-audit following the introduction and subsequent audit of the new falls paperwork. This audit showed that 100% of reviews undertaken were fully completed, 80% of fall risk assessment reviews are occurring on a weekly basis and 20% of fall risk assessment reviews occurred late / overdue. With the implementation of EMIS, the need for a falls risk assessment will be monitored electronically. A further re-audit is planned for next year.

Audit of Deprivation of Liberty Safeguards (DoLS)

This audit was undertaken to ascertain compliance to Hospice policy and relevant legislation regarding DoLS. The findings showed compliance with legislation and some minor improvements required regarding policy compliance. A few submissions had been sent via the clinical area nhs.net account rather than the central nhs.net account, the DoLS code on the electronic patient record had not been utilised and the DoLS numbers are recorded monthly without a patient identifier (identifiable or anonymised), leading to loss of traceability. These non-conformances have been actioned and completed.

Audit of the Dementia-Friendly Environment – Inpatient Unit, Finchley

The inpatient unit was re-audited using the Kings Fund EHE Environment Assessment Tool “Is your hospital dementia friendly”. The findings were good with a resource box for dementia patients being held on site. A few potential improvements were identified of removing artwork which could cause confusion, signage (of public toilets and exits / IPU), and the availability of finger food on request highlighted. These suggestions were discussed at the IPU SMT in June 2019. The artwork has been changed and finger food added to the inpatient food options.

Audit of compliance to the Care Quality Commission Standards

Internal audits were carried out in all clinical services throughout the Hospice over a four month period. The audits focused on compliance with the CQC Key Lines of Enquiries (KLOEs) of “Safe” and “Well Led”. The findings were generally good. An action plan was put in place for improvements to be made, monitored by the Quality and Risk group. Examples of actions:

- Preparation of staff for CQC inspections. This has been actioned by the introduction of CQC workshop and guidance document(s).
- Ensure patient notes are not left unattended in corridors or open nurse’s office. This has been actioned and is being regularly monitored.

The internal audits will be repeated next year.

AUDIT OF 5 PRIORITIES OF CARE

This audit was undertaken to assess the documentation used for patient care on the Inpatient Unit during the last days of life, known as '5P's paperwork'. An electronic version of this documentation was introduced in January 2020 as part of the EMIS project. The results indicated that the 5P's documentation had been fully completed for all the patients reviewed. Previously auditing the 5 priorities of care had been complicated by the fact that a mixture of electronic and paper records were used in the past.

Audit of Waste Management

This annual audit was undertaken to ascertain ongoing compliance to Hospice policy and relevant legislation regarding management of waste. The audit found several areas of non-compliance. The external clinical / infectious waste stores are not always locked. Sharps bins were not always correctly labelled when being made up (date, clinic/department and initials) or closed when full. This audit will take place next year.

Audit of MHRA Doorstop Alert

This audit was undertaken in response to the MHRA Alert (EFA/2019/005a), on doorstops / door buffers in healthcare settings may present a hazard to patients. The audits showed that doorstops / door buffers represent a low risk of harm to patients. The audit will be repeated if door stops / door buffers are moved / added to the health care environment.

Audit of Preferred Place of Death (PPD)

Advance Care Planning (ACP) enables better planning/provision of care for people nearing the end-of-life so that they can live and die in the place/manner of their choosing (Gold Standards Framework 2014). Part of the ACP is to document the preferred place of death (PPD), which was audited. The findings showed that the presence of a PPD ranged from ~50-70% between the clinical services. In ~5-27% of the cases the absence of the PPD was due to the short time between triage and death. An electronic form has been developed as part of the EMIS project to support completion. A re-audit will occur next year.

Audit of Tissue Viability

This audit utilised the Hospice UK National Audit Tool (NATG Ref No. TC05), for pressure ulcer (PU), management and reporting. The finding showed there is good compliance with documented, admission, ongoing care and discharge requirements with a few minor improvements to be made. For example the risk assessment tool does not include previous or current pressure ulcer(s) and whether the patient was able to comply with PU care. The discharge letters do not provide details of any pressure ulcers and the treatment plan. The staff have been made aware of this.

Audit of Equipment Maintenance

The CQC safe standard S1.10 requires the maintenance of equipment to keep people safe. An audit of equipment maintenance and PAT testing was undertaken. The findings were good with no improvements noted.

Resuscitation Equipment Trolley Project (QIPP)

This project involved a review of the resuscitation trolley equipment against the Resuscitation Council equipment standards for community hospitals. The review found that the resus trolley location, contents, PPE and checks met the standards. CPR onsite training is available to all staff on a monthly basis. Two pieces of additional equipment were recommended by the Resuscitation Council and local training.

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Audit

This audit was undertaken as part of a national UK Palliative Trainee Research Collaborative (UKPRC) audit on DNACPR; retrospectively looking at patient involvement in decisions regarding DNACPR before and after the Tracey judgement in 2014. The findings showed documentation of discussions with patients about resuscitation have increased between 2013 and 2015 locally.

Research

The number of patients receiving NHS services, provided or sub-contracted by NLH in 2019-20, that were recruited during that period to participate in research approved by a research ethics committee was nil.

There were no appropriate, national, ethically approved research studies in palliative care in which NLH was contracted to participate.

Quality improvement and innovation goals agreed with our commissioners

NLH income in 2019-20 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

What others say about us

The Care Quality Commission (CQC) monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. They consider five domains of service provision:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

They publish their inspection performance ratings and reports to help the public.

NLH is required to register with the Care Quality Commission and its current registration status is unconditional. NLH has the following conditions on its registration (none). The Care Quality Commission has not taken any enforcement action against North London Hospice during 2019-20 as of the 31st March 2020.

NLH has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

NLH's three sites were separately inspected in 2016. NLH was found to be compliant in all of the areas assessed and each site was rated "Good" in all domains.



DATA QUALITY

NLH did not submit records during 2019-20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data as it is not applicable to independent hospices.

Information Governance (IG) refers to the way in which organisations process and handle information, ensuring this is in a secure and confidential manner. The Data Security and Protection Toolkit is an online self-assessment tool that must be completed annually by all organisations that has access to NHS patient data and systems. It enables these organisations to measure their performance against the National Data Guardian's 10 data security standards and to provide assurance that they are practicing good information governance ensuring data security and personal information is handled correctly. For the 2019/20 Toolkit the date for submission has been deferred to 30 September because of the Covid-19 pandemic.

For the 2019/20 Toolkit the Hospice has one mandatory evidence item outstanding to be provided and six assertions to be confirmed. It is expected that these will be completed before the delayed submission date.

NLH was not subject to the payments by results clinical coding audit during 2019-20 by the Audit Commission. This is not applicable to independent hospices

For a details regarding Information Governance please see Appendix Two

PART 3: QUALITY OVERVIEW

QUALITY SYSTEMS

NLH has quality at the heart of everything it does as depicted in the diagram of reporting and quality assurance arrangements below:



For a full description of our groups that oversee and review quality please see Appendix Three

KEY SERVICE DEVELOPMENTS OF 2019-20:

Volunteering

Our volunteer community (830) has remained stable over the last year and we have recruited fewer volunteers than in previous years focusing on ensuring that NLH volunteers have an enjoyable experience. We have introduced recognition awards, increasing opportunities for volunteers to come together and improved our feedback to volunteers through regular newsletters. Some of our volunteers are working in new roles for example with the H&W Occupational Therapy Horticultural Group and as Compassionate Neighbours.

Compassionate Neighbours

Compassionate Neighbours is a programme that is being rolled out in Hospices across London and the South East initially, and we were one of the first hospices to be involved. It is a light touch programme where vulnerable people who are socially isolated are enabled to reconnect

to the community around them. We take referrals from NLH team as well as other agencies and not all of the community members that we support are NLH patients.

Our Compassionate Neighbour volunteers are supported and trained. The support they give is unique to the clients needs and the volunteers offer.

This year we have trained 50 people, received 89 referrals and made 32 matches , currently we are supporting 47 Community Members.

This year we have worked in partnership with Public Voice Haringey, Haringey Reach and Connect as well as Living Under One Sun, BreadnButter CIC and Lordship Hub in Tottenham. This has enabled other organisations to work with similar principles of agency, as well as open up new opportunities for Compassionate Neighbours to be involved – as well as involve the community members in a broad range of activities in the local community.

Service User on CEO appointment interview panel

This year one of our service users sat on the interview panel for the appointment of our new Chief Executive. The feedback was that they were a valued member of the panel formulating excellent questions and were thoughtful, reflective and professional.

Fire Safety work

Following a routine inspection by London Fire Brigade we were advised to undertake a programme of works to increase of the level of fire protection within our main building in Finchley. From April - June 2019 a new L1 fire alarm system was installed - an L1 system provides coverage in all areas of the building including ancillary areas. In June 2019 we began an extensive programme of fire stopping throughout the building which included works to each of our 18 patient rooms. The work was completed in February 2020. Each bedroom was closed for three days with works carried out to the fire doors and ceilings, every room was then re-decorated and fully refreshed. Patient bedrooms now have an increased level of fire protection and works to the loft space have compartmentalised the building to enable us to have areas of safety should a fire situation occur. These works were essential, however, they have affected our occupancy rates this year.

Health & Wellbeing

Photography Group

The established Catching the Light patient and carer peer led photography group co-produced its very first exhibition of some of its members work in December with our teams including those of fund raising and communications. More than 100 people came along to the H&W Centre to view and purchase the work of our talented group and have a look around the Centre. Our art therapist presented with an ex-patient about her experience with art therapy. Our Music Therapist worked with our Bereavement Service Co-ordinator to create a song, which was performed at the exhibition. This group provides a forum for emotional support, art studio sessions - learning about photography, photowalks. It includes patients, volunteers, bereavement and H&W staff.

Breathlessness Group

Pilot sessions for 15 weeks for Singing for Breathing - 8 - 10 people with breathlessness working with a trained musician to improve breathing technique and stamina.

Gardening Group

In process of *co producing* a Horticulture Sessions which had to be put on hold following COVID19 lockdown.

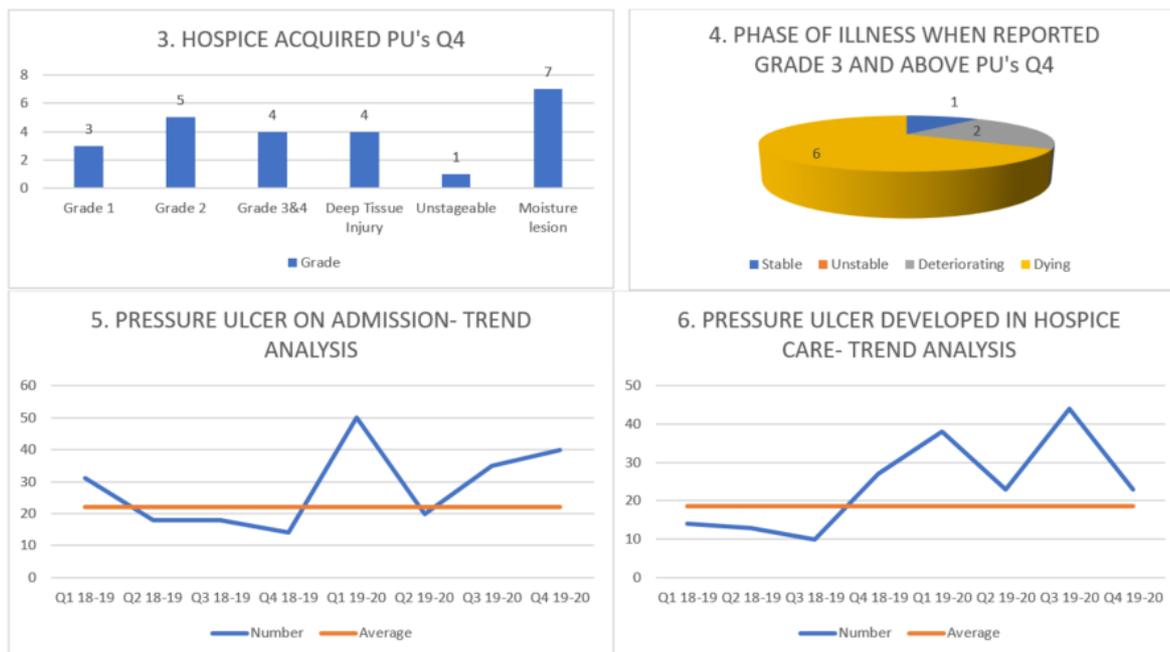
Quality Improvement Workshop

We designed and held a Quality Improvement Workshop in October 2019 for clinical and non-clinical staff to stimulate knowledge in Quality Improvement (QI) activity. The workshop was an interactive session attended by 14 staff which introduced the key principles and concepts of QI and Safety in a hospice setting. We found this to be a unique opportunity to develop quality and efficiency improvement capability to build up a local skills base.

Quality and Safety Reporting

We have further developed the presentation of our quality data reporting to include trend reporting with the overall aim of improving care, practice and culture. Focusing on data in a more meaningful way ensures that we are being more responsive to data and informs future thematic reviews.

An example extract:



Leadership Walk Rounds Framework

In February 2020 we developed a Leadership Walkround Framework as a means of engaging with services on a regular basis using an 'appreciative enquiry approach' that facilitates talking points to discuss patient safety and staff experiences, creating a safety culture. This is designed to encourage an open and self-reflective dialogue with Board members and Trustees so that they have first-hand knowledge of local safety issues and can offer practical advice and support to resolve. This allows the Board and Trustees to have confidence that safety and staff experience is being consistently considered at all locations.

Executive Team Involvement in Internal Care Quality Commission (CQC) Audit

We have performed a series of focused audits this year to focus on the CQC Safety and Well-Led domains. These have involved members of the Executive Team that have had a direct impact on actionable feedback and building positive relationships with staff.

Finchley Main Kitchen Refurbishment

Building works began on 24th February 2020 to carry out a complete refurbishment of our main kitchen. The kitchen has been in constant use since 1992 and was the only area within the building which had not been renovated since the Hospice first opened. All patient, staff and visitor food is prepared on the premises by our catering team and we pride ourselves on offering patients fresh, homemade and appetising meals. Unfortunately following the announcement on March 23rd and imposed lockdown work has been put on hold but we look forward to work resuming as soon as it is possible.

PARTNERSHIP WORKING

Nordoff Robbins Music Therapy

Music Therapist - working with Nordoff Robbins and providing inpatient and outpatient individual and group sessions. Also worked with bereavement co-writing and performing a song

Noah's Ark Children's Hospice

We continue to work with Noah's Ark to look at the how we transition children into adult hospice support.

Homelessness and substance Misuse

In November the community development team hosted a homelessness and substance misuse event for 40 staff and external stakeholders from the three boroughs. The aim was to improve the delivery of quality end of life care for this client group and to support collaborative partnerships. Dr. Caroline Shulman, Kings College Hospital, attended the day to talk about her research. She was instrumental in putting together the Homeless Palliative Care Toolkit (<https://www.homelesspalliativecare.com>). Following the event there have been an increase in referrals, as well as invitations from clinical staff to be part of case discussions in our local community.

Learning Disabilities

In May we held an Improving Access Coming Together workshop with our local boroughs to promote NLH access to enhance the delivery of high quality end of life care for those with a learning disability and those close to them through:

- Promoting equal access to NLH services
- Developing knowledge of local EOL care for people with learning disabilities
- Supporting collaborative practice between local care providers.

Dying Matters Event

A comprehensive plan was worked up across all three boroughs for Dying Matters Week "Dying to be heard" 11-17 May 2020. This included pop up stalls in a hospice shop, a library, GP surgeries and a video was created to run before cinema performances. In Barnet this work was done in partnership with Barnet Patient Engagement Group a subgroup of Barnet CCGs End of Life group that NLH is a partner organisation. This work has had to be put on hold due to COVID19. Our main contribution will be through social media communication.

EDUCATION AND TRAINING

Achievements and Developments

It has been another busy year for the Education Team.

Internally focus has been on ensuring Hospice staff are provided with quality mandatory training and additional training based on identified need. The training databases are currently being reviewed to ensure they are accurately recording the required data.

Students were welcomed into the Hospice from a variety of professions and a preceptorship programme was designed to support newly qualified staff on IPU. It was a successful year for the Hospice Apprentices. 3 completed a Level 2 apprenticeship in Team Leading, 1 completed a Level 3 Health and Social Care apprenticeship and 1 completed a Level 4 in Business Management apprenticeship.

A new education prospectus was produced which contained a variety of courses. This included 3 accredited courses that we continue to offer in partnership with Barnet and Southgate College and a variety of other study days focusing on Communication skills, Dementia, Bereavement, Clinical skills and Record Keeping. All were very positively evaluated.

Two Successful Summer Schools were also held for 40 local young adults considering a career in healthcare. Over 100 international young learners were also welcomed to the Hospice for training as a result of a new partnership with a global training company. The medical work experience project offers learners who are interested in a career in healthcare the opportunity to visit and learn from different healthcare environments. The young learners came from over 20 different countries and feedback about their experience at the Hospice was extremely positive and we hope to welcome new learners back this year. We have also welcomed fee paying tours from around the world, from as far afield as the USA, Japan and China, to learn about the work of the Hospice.

We continue to work in partnership with Higher Education Institutions. We are developing a new accredited course with Barnet and Southgate College and we continue to welcome student learners from a number of different Universities.

End of Life Care Training continued in the Enfield Care Homes and for Enfield GPs. Bespoke training was also delivered to the London Ambulance Service, the Tavistock and Portman NHS Trust, Enfield District Nurses, Barnet Hospital student Nurses. Barnet Patient Engagement Group and Barnet and Enfield Care Homes.

We have commenced new apprenticeship partnerships with two different universities. Looking forward 2020 will see 6 staff commence Nursing Associate Apprentices. A staff conference is planned for October and a range of new study days are available in the new prospectus.



A total of 1923 learners attended our training



Over 720 hours of training and mentoring provided



We have worked with 85 external organisations

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SERVICE ACTIVITY DATA

NLH monitors the performance of different aspects of its services quarterly against some annual targets. Highlights of this year are included here.

Due to the migration to a new clinical database and establishing the new reporting requirements in quarter 4 some data was not available for comparison

In Patient Unit (IPU)



338 IPU Admissions



23% patients discharged home

77% patients died on IPU

This year has seen similar number of admissions to the unit as 2018-19. The average length of stay to the end of quarter 3 was 14.2 days, comparable to 2018 at 14.4 days. 6 patients had extended length of stays of over 40 days.

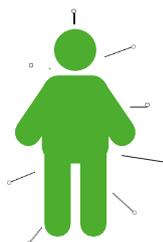
Closed bed days this year has been significant, 160 compared to 12 in 2018-19. The majority of closures were related to the additional fire safety work that had to be undertaken.

Health & Wellbeing Service 2019-20

86 Social Worker one-to-one appointments

165 Psychology sessions

229 Physiotherapy one-to-one appointments



856 one-to-one appointments with nurses

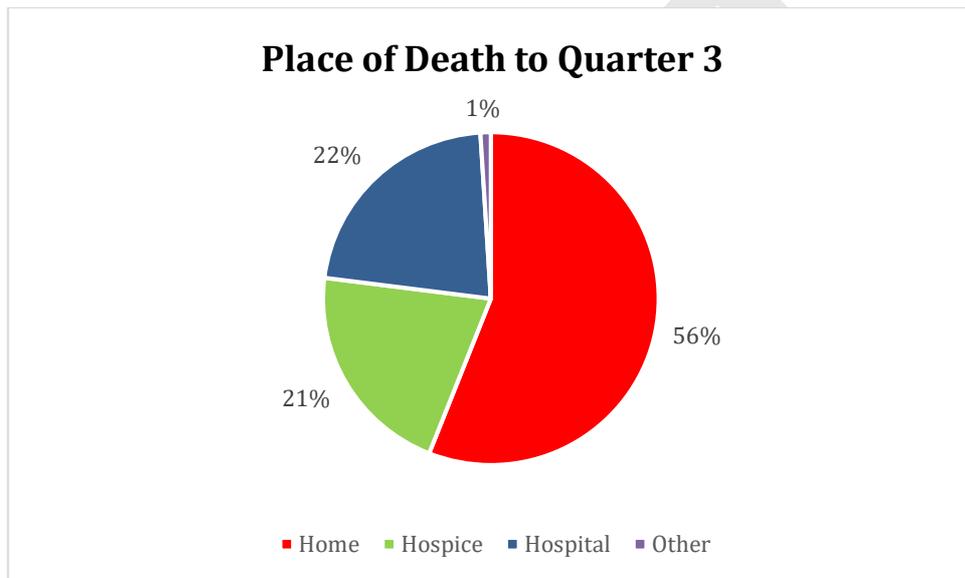
147 patient one-to-one appointments with doctors

105 one-to-one Art Therapy sessions

960 one –to one Complementary Therapy sessions

193 Occupational Therapy one-to-one sessions

Community Teams



The community teams have cared for over 2600 patients in their own homes this year.

Palliative Care Support Service (PCSS)



365 patients support to remain at home per patient



29 average hours of direct care

SERVICE USER EXPERIENCE

NLH values all feedback from people who have used our services and gain in it a variety of ways: Comments cards, thank you cards, patient/family stories and surveys, concerns and complaints.

Feedback is reviewed at service level with team members and also through NLH governance groups. All feedback is collated and analysed for themes and identify any improvements or changes required as we endeavour to meet the needs of our patients and their families.

2019 User Surveys

The annual service-specific surveys in 2019 have been collected by both paper and using a tablet device.

Paper surveys were sent from May-October 2019:

- Community patients and relatives
- Palliative Care Support Service relatives
- Inpatient unit relatives

A total of 665 surveys were sent out, 200 returned (30% response rate).

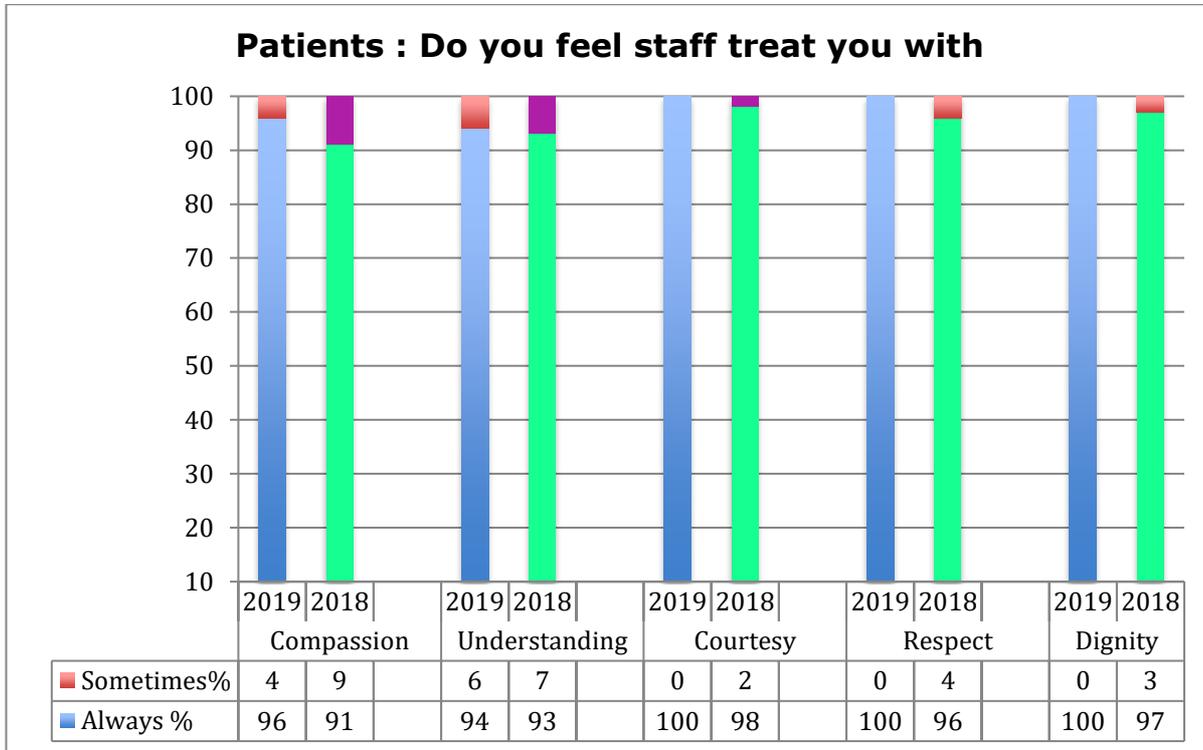
Tablet surveys were completed by Inpatient Unit (n=17) and Health & Wellbeing patients (n=15) during the year. The aim of the tablet surveys is to be able to provide real-time feedback so any issues can be dealt with immediately.

Results: Key Performance Indicators

Key Performance Indicator 1:

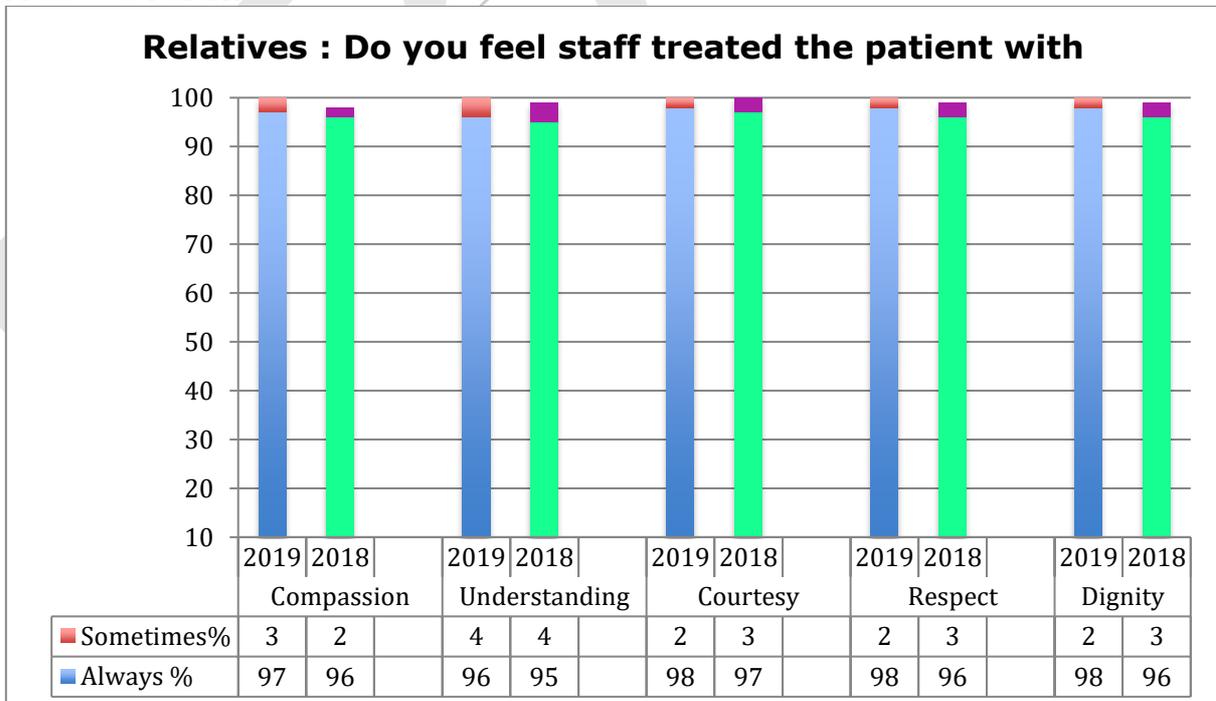
"Are you/was the patient treated with compassion, understanding, courtesy, respect and dignity?"

Patients – Overall



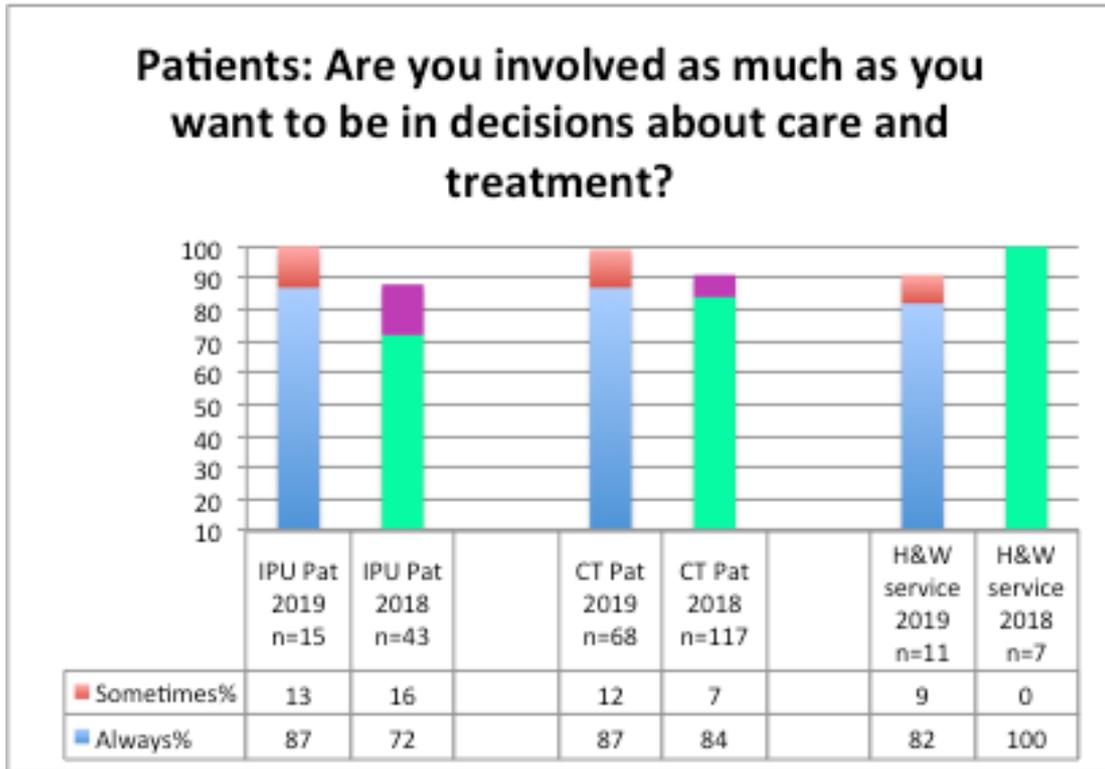
These results are the average of IPU, Community and H&W patients' responses. An increase in all areas is demonstrated. Overall extremely good scores.

Relatives - Overall

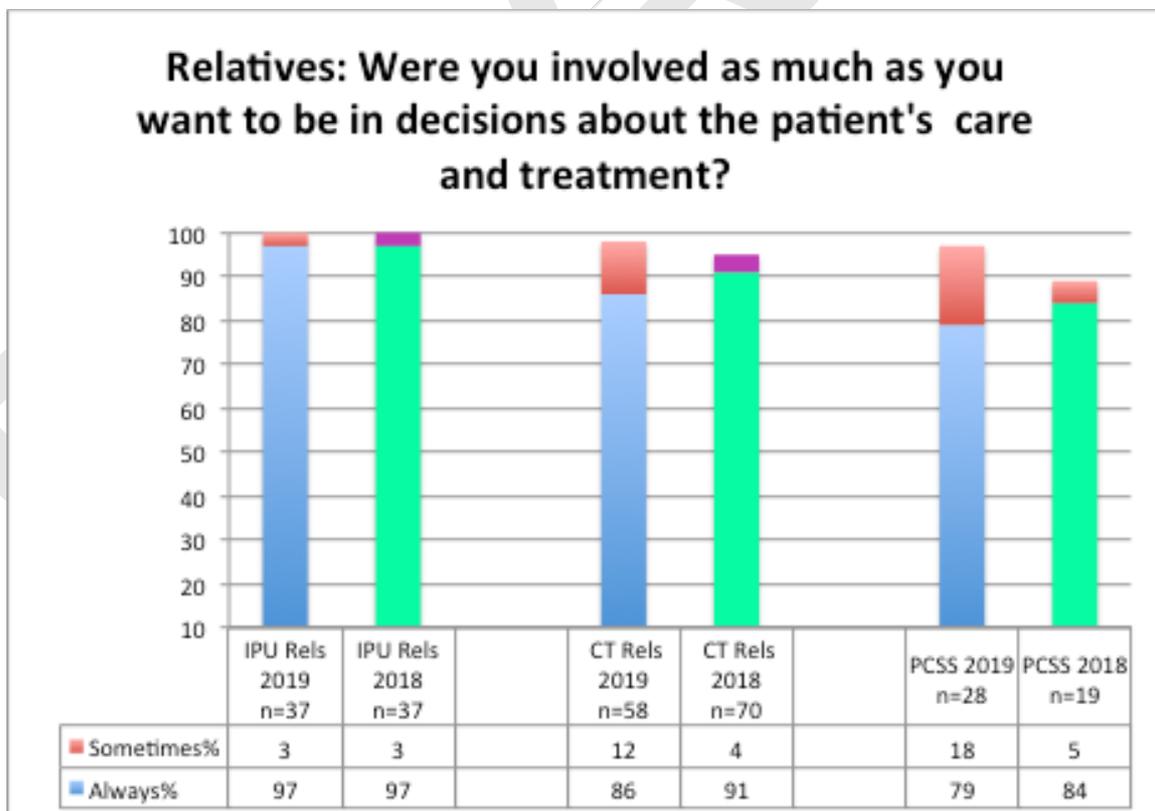


The average of the IPU, Community Teams and PCSS relatives' responses. A comparable result to 2018 – with no service scores lower than 96%.

Key Performance Indicator 2:



A very good improvement from IPU. The CT response is very similar for "always" but an increase when "sometimes" added to 2019 responses. A decrease is noted for H&W patients from 100% in 2018.



The IPU relatives felt more involved "always" though CT and PCSS Relatives total scores for "always" and "sometimes" improved from 2018.

Key Performance Indicator 3 - Family and Friends test

Our responses are in line with those used in the NHS Family and Friends test:

Extremely likely

Likely

Neither likely or unlikely

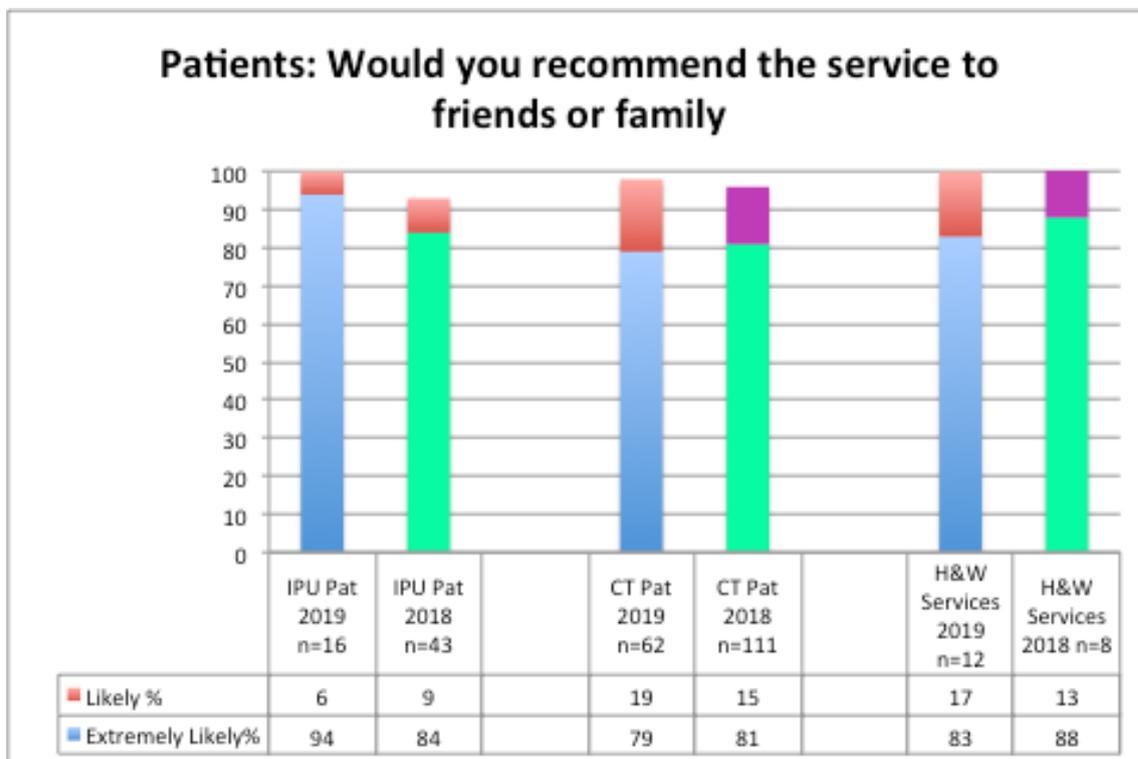
Unlikely

Extremely unlikely

Don't know / not applicable

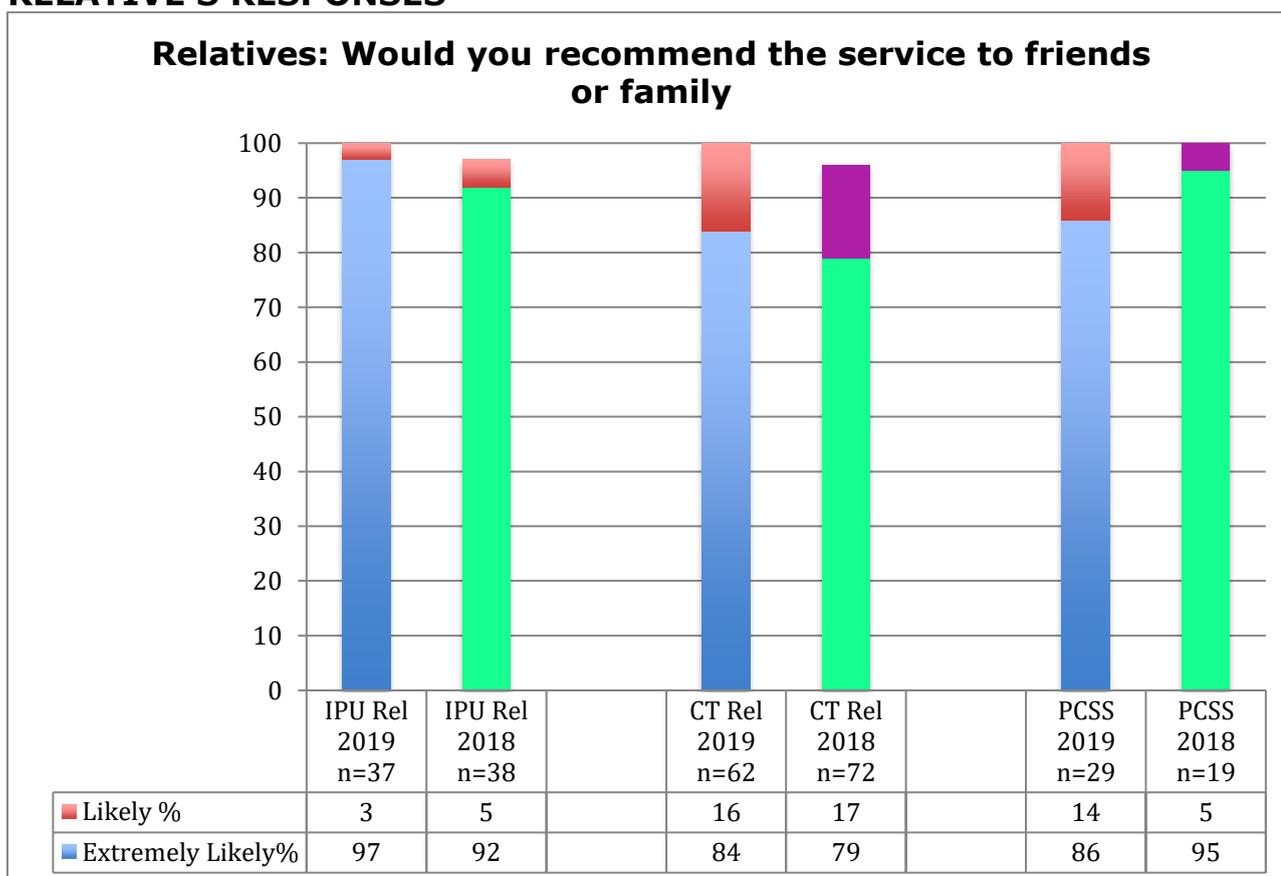
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PATIENT'S RESPONSES



All areas have increased this year with slight decreases only in "extremely likely" scores for Community and H&W.

RELATIVE'S RESPONSES



IPU and Community have seen improvements in total scores. PCSS showed slight decrease in "always" scores. This year, the average of the responses, 'Extremely likely' and 'Likely' across the services is 100%.

COMPLAINTS

Quality Performance Indicator	2017-2018	2018-2019	2019-2020
Number of Complaints (NLH target less than 30)	15	12	19

Quality Performance Indicator	2017-18	2018-19	2019-20
Investigations completed, complaint upheld/partially	11	12	16
Investigations completed, complaint not upheld	1	0	1
Investigations unable to proceed as complainant not able to give full information	0	0	0
In progress			2

NLH receives complaints about clinical and non clinical (charity shops) aspects of its business. This year we received a total of 19 complaints:

10 Were clinical(patient service)

6 involved the Community Service, 3 Inpatient unit, 1 H&W Service. This correlates with 0.3% of patients and families supported by NLH this year made a complaint

The themes of clinical complaints raised this year were staff communication and service response.

Of the 9 completed clinical complaint investigations 9 have been upheld fully or partially and learnings taken into actions.

The following are some actions taken following completed investigations this year:

- individual CNS reflection & development in decision making
- individual CNS communication skills training
- to confirm preferred method of communication at 1st assessment
- ensuring staff aware of need & importance of keeping people informed of all actions, decisions & progress on their behalf particularly with external agencies even where no progress to report
- to ensure all calls through a clinician who will assess urgency of visit

As well as complaints we record and monitor concerns and compliments. Concerns are an issue raised by a user that requires consideration.

Concerns:

This year we received 21 concerns. 17 related to clinical care. The most frequent theme was care provision, staff communication and behavior. The following are some examples of concerns raised this year.

- not being able to get through to speak to community team member
- need for more coat hooks and a water reduction system at H&W centre
- not receiving a home visit soon enough
- food served on inpatient unit too dry

Compliments:

This year we recorded 154 written compliments. Themes were care for patients, relatives, carers, above and beyond, kindness of staff, overwhelming support during difficult times

In my mum's final weeks we had daily visits from a nurse from North London Hospice. As well as providing care she would just stay, chat and listen. My mum could share her deepest worries and say things you feel unable to say to your family. I can't describe how much we all valued it.

(Community Team Barnet)

I know that xxxx really appreciated your approach and straight talking.

I am also aware that you went above and beyond in your support for me. I think that I leaned on you rather more than I realised and will always remember your kindness and care in what I found to be a very difficult & lonely situation.

(Community Team Haringey)

Every person that works at the North London Hospice really does personify all the attributes required to be a special human being. Compassion, empathy and going the extra mile are evidently part of everyone that works at the hospice. Thank you.

(In Patient Unit)

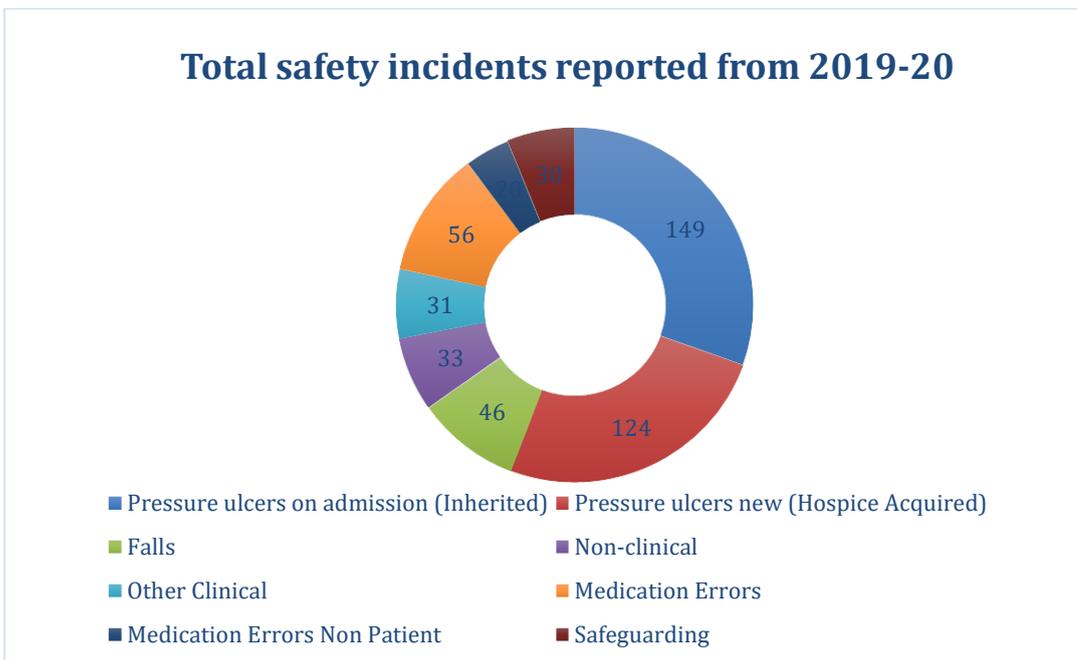
Thank you very much for your card and kind words acknowledging the anniversary of my partner xxx passing. It has been a very difficult year for me but with the ability to talk at length to family and friends it has got me through. Of course I miss him terribly and think about him every minute of every day but am now able to remember all the good times we shared. I am so grateful for all the care for xxx from the hospice and the support for myself. In particular, the care from XXX.

We always looked forward to the visits from XXX and she was always able to lift our spirits.
(Bereavement Team)

PATIENT SAFETY

Reported incidents

	2017-18	2018-19	2019-20
Total number of Incidents (clinical and non-clinical)	352	367	489



This table shows the various categories of incidents reported in the hospice over the year.

Analysis

An increase in the amount of incidents were reported this year from the previous two years.

Pressure Ulcers

This year saw an increase in new pressure ulcers (hospice acquired) and also in pressure ulcers present on admission. This is partly due to a number of changes in the measurement definitions from Hospice UK in the way that pressure ulcers are reported this year to include the reporting of moisture lesions.

The number of new pressure ulcers reported increased from 63 to 124 this year. We continue to carry out a full Root Cause Analysis on all new Category 3, 4, Unstageable Pressure Ulcers and Deep Tissue Injuries and have concluded that no harm was caused. Analysis now includes phase of illness at the time of pressure ulcer development.

Medication incidents

This year saw an increase in medication errors (in comparison with other hospices shows we are above average the amount of incidents reported up to Q3). We now separate medication incidents from those that were not patient-related (missing medication, pharmacy dispensing issue etc.) and those that directly affected a patient. Of those that affected patients directly 15 % were classed as "near misses". 6 errors resulted in low harm and of the other patient-related medication incidents did not cause patient harm. All medication incidents are monitored closely for identification of themes / trends. Administration error and dose omissions were the first and second most recorded type of incident. We have developed an action plan for 2020-21 for future improvement work which includes a commitment to point prevalence audits for dose omissions. We have also improved the way in which we analyse medication incidents through the development of a score card.

Patient Falls

There was a decrease in the number of patient falls this year (from 62 to 45 patient related) with even lower trends for quarter 3 and 4 demonstrating a positive trend since the introduction of patient alarms and the purchase of the low bed in IPU last year. Of the 45 patient falls, 38% resulted in no harm, 60% resulted in low harm and 2% of falls resulted in moderate harm. All falls are reviewed, and monitored for trends and themes.

Benchmarking with other hospices (This covers IPU incidents only):

Pressure Ulcers (please note comparison data is not available due to the changes in classification and reporting)

	2019-20
Number of pressure ulcers	128
Pressure ulcers per 1,000 occupied bed days	
Hospice UK Benchmarking Pressure Ulcers per 1000 occupied bed days (for Hospices of the size of NLH)	

Falls

	2017-18	2018-2019	2019-20
Number of patient related slips, trips and falls	53	63	43
Falls per 1,000 occupied bed days	10.5	12.6	
Hospice UK Benchmarking Falls per 1000 occupied bed days (for Hospices of the size of NLH)	10.3	10.3	

Medicine Incidents

	2017 - 2018	2018-2019	2019-20
Number of medicine incidents	17	38	51
Medicine incidents per 1000 occupied bed days	3.35	7.6	
Hospice UK Benchmarking Medicine incidents per 1000 occupied bed days	11.5	12.9	

Infection Prevention and Control

QUALITY AND PERFORMANCE INDICATOR(S)	NUMBER 2017-18	NUMBER 2018-19	NUMBER 2019-20
Patients who contracted Clostridium Difficile, Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia whilst on the IPU (NLH target 0)	0	0	0

NLH STAFFING

NLH employs a total of 223 (188.5 WTE) permanent staff and 49 bank staff. It benefits from the efforts of approximately 830 volunteers who are used as required in clinical and non-clinical roles. The Hospice has many staff working part time or flexible hours.

	2017-18	2018-19	2019-20
Staff joined	34	59	71
Staff left	64	53	65

There is an ongoing challenge in relation to recruiting both doctors and nurses at the Hospice, which is a national issue, although potentially more challenging in London. Despite this we have been able to recruit to a significant number of the new vacancies but some more senior posts have been more difficult to recruit in some areas particularly the community services. As a result there is an urgent need to invest in growing our own nurses and developing career grades for our nursing staff. We additionally need to look at other professional groups to potentially re- train into nurses in the longer term. We are developing ways of addressing these issues.

Staff Survey

NLH use the Hospice UK-sponsored staff survey where some questions relate to the indicators above. Below are a few of the questions asked and responses:

The following is a summary of feedback received from the Staff and Volunteer Engagement Survey in July 2019. Overall there was a very positive response to the survey with overwhelmingly high scores across a number of questions as follows:

- 94% of staff and 93% of volunteers said that if friend or relative needed treatment they would be happy about the care provided by the Hospice
- 93% of staff said they enjoyed the work that they do
- 92% of staff and 93% of volunteers said that they enjoy working with the people at this charity
- 90% of staff and 94% of volunteers said that they believe in the aims of this charity
- 88% of staff said that understood what this charity wants to achieve as an organisation
- 88% of staff said that they feel like they are making a difference
- 97% of volunteers said that they I enjoy the work they do
- 93% of volunteers said that they are proud to volunteer for this charity
- 93% of volunteers said that they are treated with fairness and respect

However, there are some areas where there is room for improvement, specifically in relation to leadership and communication, engagement, communication between teams and managing performance.

In the last year we have developed a new People Strategy to take forward a range of people issues in the organization and the key themes are as follows:

- Creating a thriving work environment to support the best quality of care for people we are supporting
- Developing our People/Becoming a learning organisation
- Creating a sustainable workforce
- Developing our Communications and Engagement

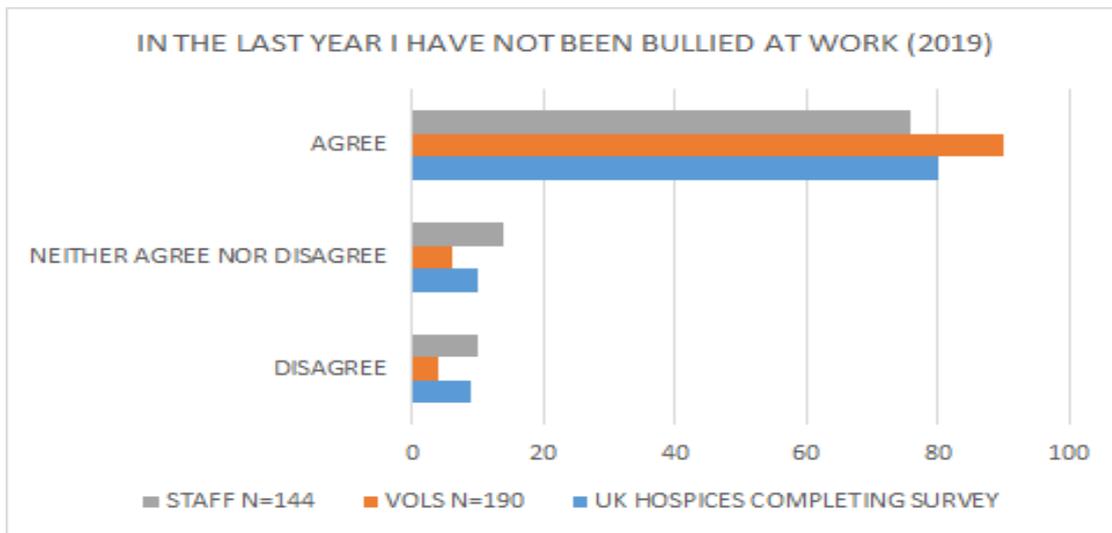
There is a detailed action plan within the strategy beneath these overall objectives with specific indicators linked into the staff and volunteer survey as well as other deliverables. Within the current year key deliverables have included the following:

- Establishing a Freedom to Speak up Guardian
- Rolling out a new Management Development programme combined with a people management programme
- Simplifying the appraisal format to make it easier to use, and revising the training needs analysis process
- Reviewing the establishment needs of the nursing workforce
- Considering how we can support staff wellbeing
- Developing further how we recruit our hard to recruit workforce specifically our nurses
- Developing ways to increase the leadership visibility
- Developing opportunities for cross team working

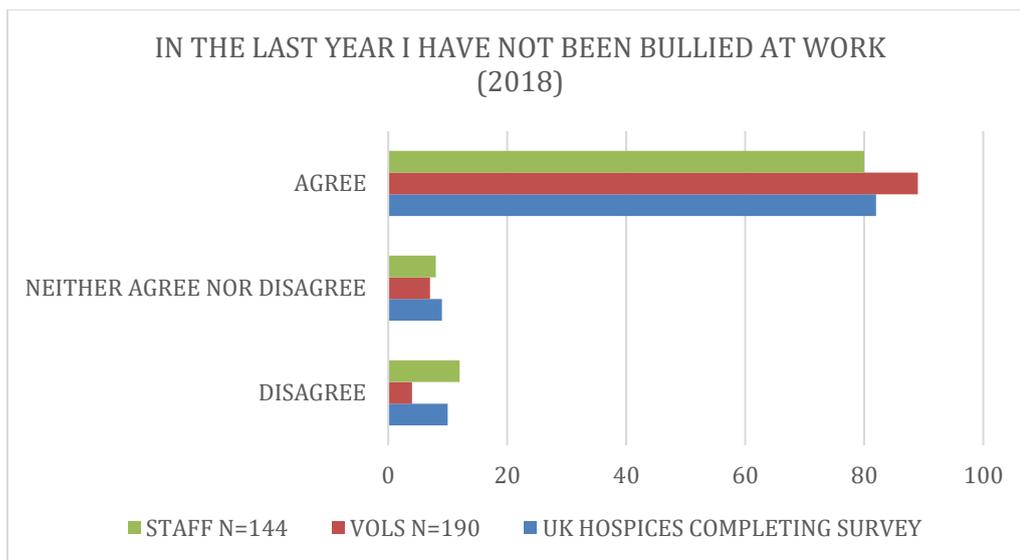
In addition the Staff Information and Consultation Forum has become more embedded in the organisation and has a clear role in raising issues for staff. We are also planning to revise our values in the next year and have now started planning some innovation workshops to ensure that we are creating new ways of working for the future.

As explained NLH use the Hospice UK-sponsored staff survey where some questions relate to the indicators concerning bullying and diversity in the workplace. Below are the questions asked and responses in both 2018 and 2019:

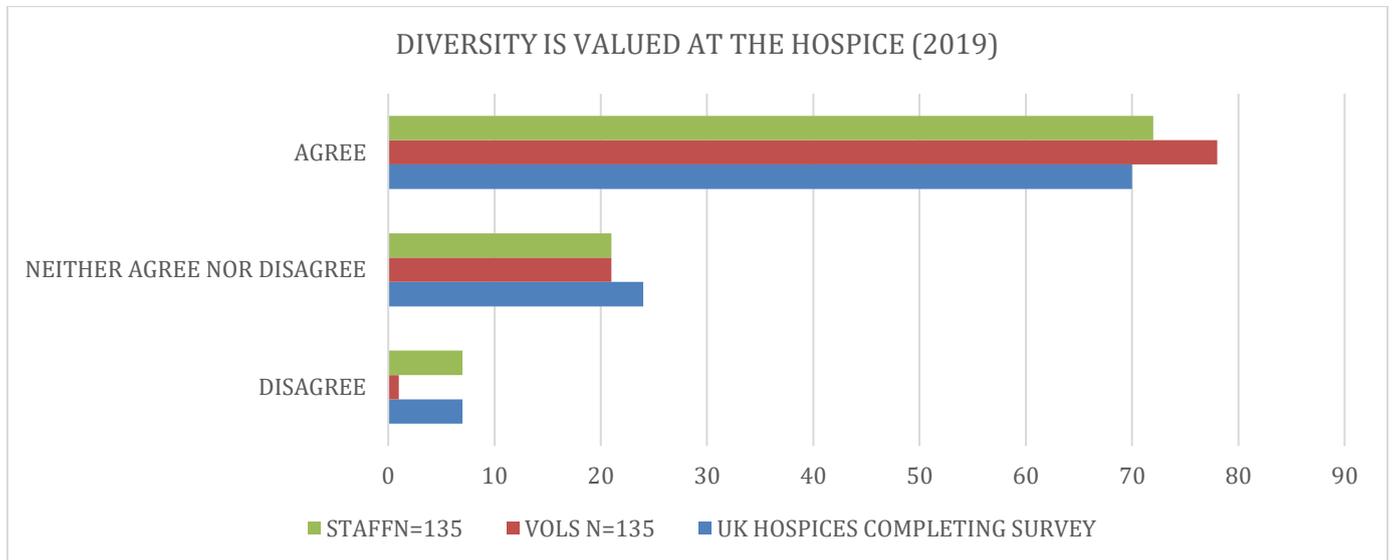
2019 Bullying at work:



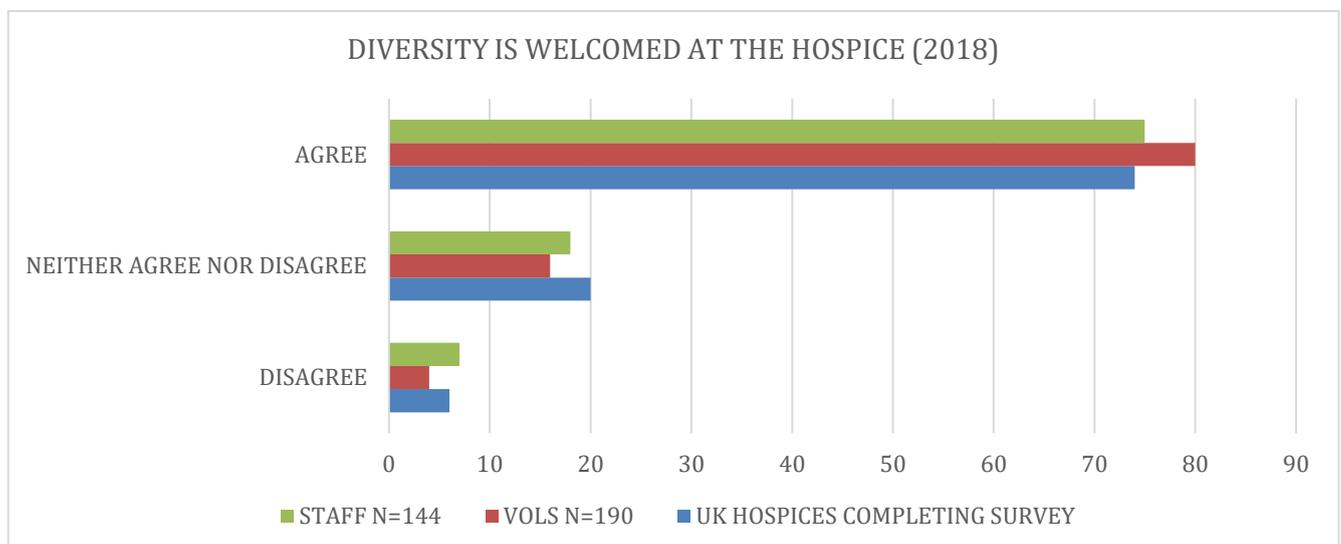
2018 Bullying at Work:



2019 Diversity:



2018 Diversity:



As demonstrated above there has been no significant change in the last year in relation to how staff feel about being bullied at work and in relation to diversity. Additionally overall the figures are generally in line with the Hospice sector.

NLH BOARD OF TRUSTEES QUALITY ACCOUNT COMMENT

NLH Board of Trustees Quality Account Comment

The Board of Trustees has been impressed by the progress made over the years in a number of key areas that directly impact the experience of patients, their friends and families at some of the most poignant and difficult times in their lives.

As Chair of the North London Hospice, I am delighted to commend the achievements under the Priorities for Improvement, as well as the overall Quality measures described in the Quality Account. The Board has been kept informed of progress made throughout the year against the areas identified as Priorities for Improvement. As in previous years, these build on existing good practice both internally and externally.

The Board has been encouraged to see the focused work to co produce a Carers Strategy with carers and internal and external professionals: I look forward to seeing the difference strategies will make for the carers of NLH patients this coming year.

For 2020/21, the Priority for Improvements continue to build on the success of previous achievements in relation to the new EMIS clinical database , developing more community nurses to be non medical prescribers, the Carers project as well as a new Spa bath experience to improve the patient experience on in patient unit.

The NLH team continues to explore collaborative relationships be it to expand our educational offer or ensuring our service is accessible to all.

The Board welcomes the improvements illustrated in this year's Quality Account and fully supports the Priorities for Improvement identified for 2020/21, recognising that they build on much of the excellent work already being undertaken.

It is encouraging to see the benefits that new initiatives have brought to the safety and positive experience of patients, as well as those caring for them.

Lis Burgess Jones
Chair
North London Hospice Board of Trustees

STATEMENTS FROM COMMISSIONERS, HEALTHWATCH, HEALTH OVERVIEW AND SCRUTINY COMMITTEES

APPENDIX ONE: NLH CLINICAL SERVICES

1. Community Specialist Palliative Care Teams (CSPCT)

They are a team of Clinical Nurse Specialists (CNSs), Associate CNSs (ACNS), Health Care Assistants (HCA), Doctors, Physiotherapists, Occupational Therapists and Social Workers who work in the Community to provide expert specialist advice and support to patients (including friends and family network) and Health Care Professionals. They cover the boroughs of Barnet, Enfield and Haringey. They work closely with, and complement the local Statutory Health and Social Care services such as General Practitioners (GP), District Nurses (DN), Social Services, Hospital teams and other Health and Social care Professionals. The service operates **Monday – Friday 08.00 – 17.00**.

The service emphasis is based on:-

- * Care closer to home - promoting and supporting people in their preferred place of care and preferred place of death
- * Facilitation of timely high quality palliative/ end of life care

This is achieved by:-

- * Carrying out an Holistic needs assessment and developing individualized care plans
- * Specialist advice to patients and health care professionals on symptom management
- * Specialist advice and support on the physical, psychological, emotional and financial needs of the patients and their carers.
- * Communication and coordination of services including completion of Coordinate My Care (CMC) records - CMC is a shared electronic patient care plan that can be accessed by other professionals such as London Ambulance Service (LAS), GPs and D/Ns. The care plan includes the patient's wishes and preferences and their resuscitation status supporting them in their preferred place of care.

2. Overnight CNS Service / Out-of-hours telephone advice service

Community patients are given the out of hours number for telephone advice out of office hours. Local professionals can also access this service out of hours for palliative care advice as needed. Calls are dealt with between by a clinical nurse specialist/senior nurse on the IPU 7 days a week between 17.00 – 08.00 If indicated the CNS and HCA can visit patients. At weekends and bank holidays, a community Clinical Nurse Specialist deals with calls between 0900-1700 hours.

3. Health & Wellbeing Service

The Health & Wellbeing Service comprises a multi professional team whose underlying principle aims are to enable and empower those that are living with the effects of a life limiting condition; to manage their symptoms and be in control of their condition, to gain information to help make the decisions they need to make, to function independently and to live as well as is possible, working towards achieving what matters most to them.

The service offers a range of interventions on an individual and group basis as well as opportunities for social interaction and peer support to both the patient and the carer. The services are available from the time of diagnosis and we work closely with the other teams in the hospice.

The multi professional team includes a Palliative Care Consultant, Specialist nurses, physiotherapy, occupational therapy, complementary therapy, psychological therapies, spiritual care and social work.

4. Inpatient unit (IPU)

NLH Inpatient Unit has 18 single en-suite rooms offering specialist 24-hour care. Patients can be admitted for various reasons such as for symptom control and those experiencing complex psycho-social issues or for end-of-life care. As the unit is a specialist palliative care facility, it is unable to provide long-term care.

5. Palliative Care Support Service (PCSS)

Most people would like to be cared for to die in their own homes, in familiar surroundings with the people they love.

The Hospice's Palliative Care Support Service enables more people to do this.

The service works in partnership with the district nurses and clinical nurse specialists providing additional hands-on care at home for patients.

6. Bereavement Service

The bereavement service provides telephone, individual and group support, including regular walk and talk groups in local open space with the support of paid staff and trained bereavement volunteers.

7. First Contact Service

First Contact comprises a team of Specialist Nurses and administrators and is the first point of access for all referrals to NLH and for all telephone enquiries from patients, families and healthcare professionals.

First Contact works in partnership with other hospice services, other Primary and Secondary Care Teams and other Health and Social Care Providers.

The team provides specialist palliative care advice to referrers and patients with any potentially life limiting illness. It acts as a signposting service for patients in the last year of life.

APPENDIX TWO: GROUPS THAT OVERSEE AND REVIEW QUALITY WITHIN NLH

Hospice Board

The Board is accountable and responsible for ensuring NLH has an effective programme for managing risks of all types and ensuring quality. In order to verify that risks are being managed appropriately and that the organisation can deliver its objectives, the Board will receive assurance from the Quality, Safety and Risk Group for clinical and non-clinical risks. It reviews NLH's Board Level Scorecard and Assurance Framework bi-annually.

Executive Team (ET)

ET reviews and monitors the minutes of all quality meetings, NLH's Balance Scorecard, and clinical and non-clinical risk.

Quality, Safety and Risk Committee (QS&R)

Quality, Safety and Risk Group (QSR) is a subcommittee of the Board and provides assurance that an effective system of control for all risks and monitoring of quality is maintained. It reviews NLH's Balance Scorecard quarterly and ensures action plans are delivered as indicated. The committee also reviews the results of audit work completed on the Hospice's Audit Steering Group and the policy review and development work completed in the Policy and Procedure Group.

Quality and Risk Group (Q+R)

Q&R reports to the QSR with overarching responsibility for ensuring that risk is identified and properly managed. It will advise on controls for high level risks and to develop the concept of residual risk and ensure that all services take an active role in risk management, including the active development of Risk Registers.

Q&R is also responsible together with QSR to ensure that the treatment and care provided by the Hospice clinical services is subject to systematic, comprehensive and regular quality monitoring.

Audit Steering Group (ASG)

ASG is responsible for providing assurance of all audit activity through reports to Q&R and QSR. ASG presents its Audit Plan and Audit Reports and recommendations to Q&R for approval and monitoring. The audit plan is ratified by QSR on an annual basis. ASG will also ensure that any risks identified during an audit process will be added to the appropriate Service Risk Register.

Policy and Procedure Group (PPG)

The PPG group ensures the review of all NLH policies and procedures. It reports to the Q&R and QSR.

Health and Safety Group

The Health and Safety group ensures the review and monitor of all aspects of Health and Safety that affect the organisation. It reports to the Q&R and QSR.

Information Governance Steering Group

The Information Governance Steering Group supports and drives the broader information governance agenda and provides the Board and Executive Team with the assurance that information governance best practice mechanisms are in place within the Hospice.

APPENDIX THREE: MANDATORY STATEMENTS

The North London Hospice Quality Account is required to include the following mandatory statements despite not being applicable to the work we do.:

Participation in clinical audits and research

During 2019 -20, there were 0 national clinical audits and 0 national confidential enquiries covering NHS services that NLH provides. During that period NLH did not participate in any national clinical audits or national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that NLH was eligible to participate in during 2019-20 are as follows (nil). The national clinical audits and national confidential enquiries that NLH participated in, and for which data collection was completed for 2019-20, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (nil). The reports of 0 national clinical audits are reviewed by the provider in 2019-20 and NLH intends to take the following actions to improve the quality of healthcare provided (nil).

The number of patients receiving NHS services, provided or sub-contracted by NLH in 2019-20, that were recruited during that period to participate in research approved by a research ethics committee was nil.

There were no appropriate, national, ethically approved research studies in palliative care in which NLH was contracted to participate.

Quality improvement and innovation goals agreed with our commissioners

NLH income in 2019-20 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Care Quality Commission

NLH is required to register with the Care Quality Commission and its current registration status is unconditional. NLH has the following conditions on its registration (none). The Care Quality Commission has not taken any enforcement action against North London Hospice during 2019-20 as of the 31st March 2020.

NLH has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

DATA QUALITY

NLH did not submit records during 2019-20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data as it is not applicable to independent hospices.

NLH was not subject to the payments by results clinical coding audit during 2019-20 by the Audit Commission. This is not applicable to independent hospices.

ACCESSING FURTHER COPIES

Copies of this Quality Account may be downloaded from www.northlondonhospice.org

HOW TO PROVIDE FEEDBACK ON THE ACCOUNT

North London Hospice welcomes feedback, good or bad, on this Quality Account. If you have comments contact:

Fran Deane

Director of Clinical Services

North London Hospice 47 Woodside Avenue London N12 8TT

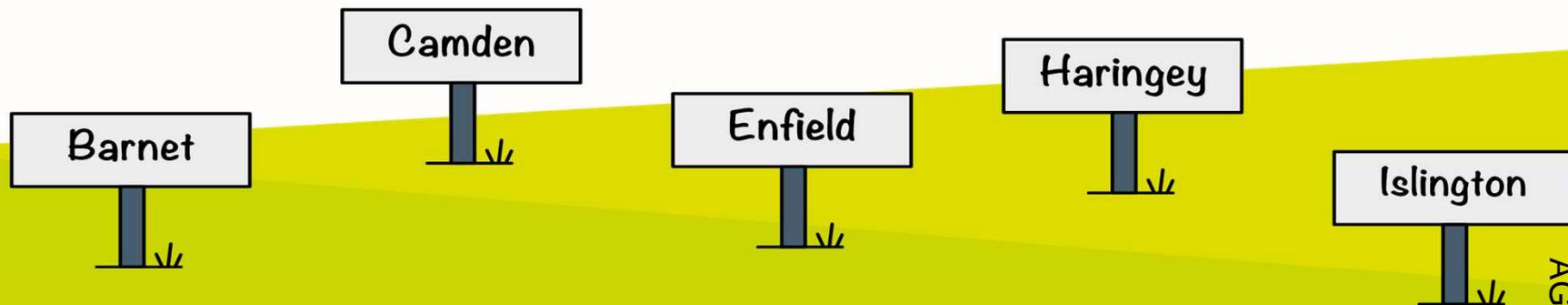
Tel: 020 8343 6839

Email: nlh@northlondonhospice.co.uk

Improving planned orthopaedic surgery for adults in north central London

Engaging with Barnet Residents

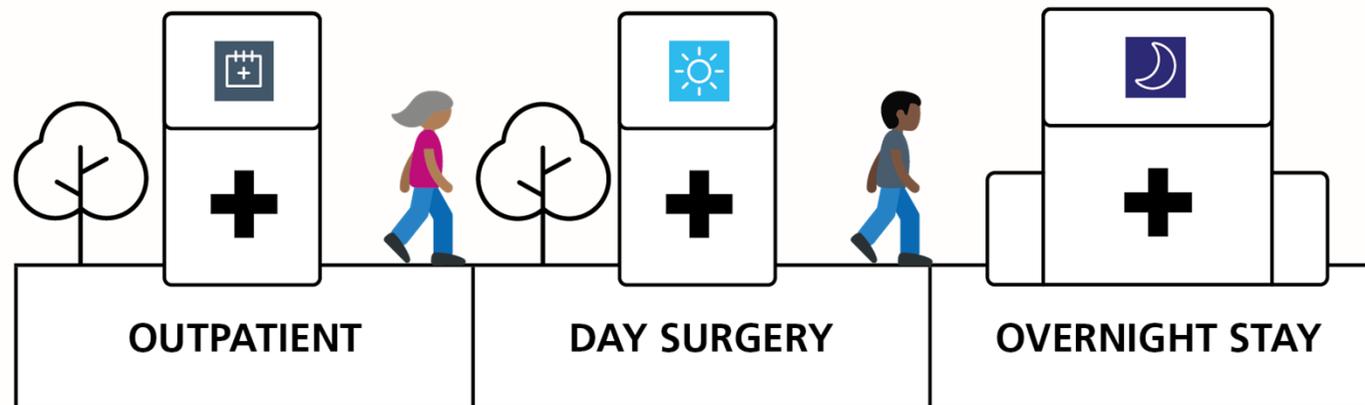
Barnet - Health Overview and Scrutiny Committee



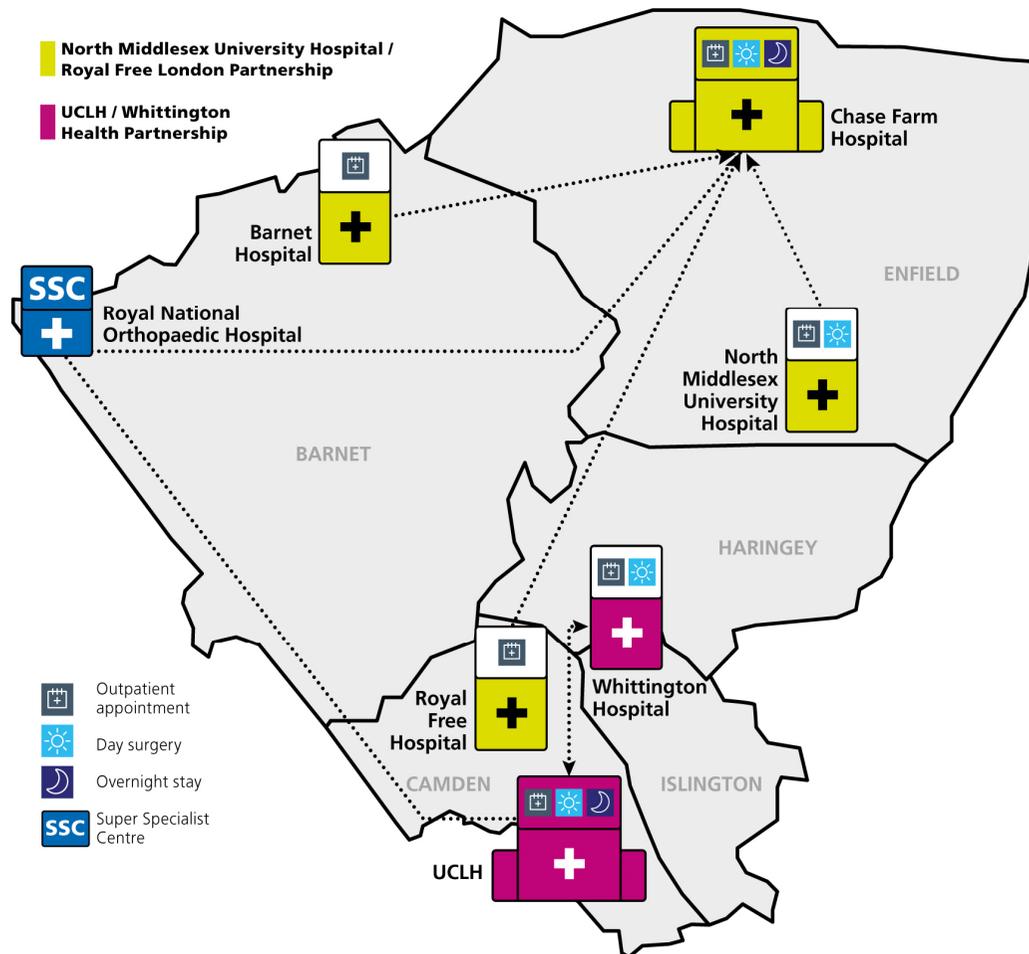
AGENDA ITEM 13

Reminder: our consultation proposals

- Two partnerships for planned orthopaedic care:
 - **University College London Hospitals** working with **Whittington Health**
 - **The Royal Free London Group** (Royal Free Hospital, Barnet Hospital, Chase Farm Hospital) working with **North Middlesex University Hospital**
- **Chase Farm Hospital** and **University College London Hospital** with dedicated operating theatres and beds, for patients who need to stay overnight
- **A choice** of NHS hospitals for those needing **day surgery**
- **A choice** of NHS hospitals for **outpatient appointments**



Reminder of our consultation proposals: where could patients go in future?



Patients would choose one of the two partnerships

The choice would determine where outpatient care and surgery would take place

GPs and physiotherapists would support decision-making

Public consultation: methodology

Public consultation ran from **13 January 2020 – 6 April 2020**. Residents and all other stakeholders were able to participate in the consultation in a range of ways:

- By answering questions in a structured questionnaire
- Meetings organised by NLP team with stakeholder groups
- Meetings organised by NLP team with specific equalities groups
- Deliberative events (round-table discussions)
- Outreach sessions in the community such as information stands
- Individual telephone interviews (transgender, carers, BAME)
- By calling a dedicated phone line for feedback
- Written responses by freepost or email

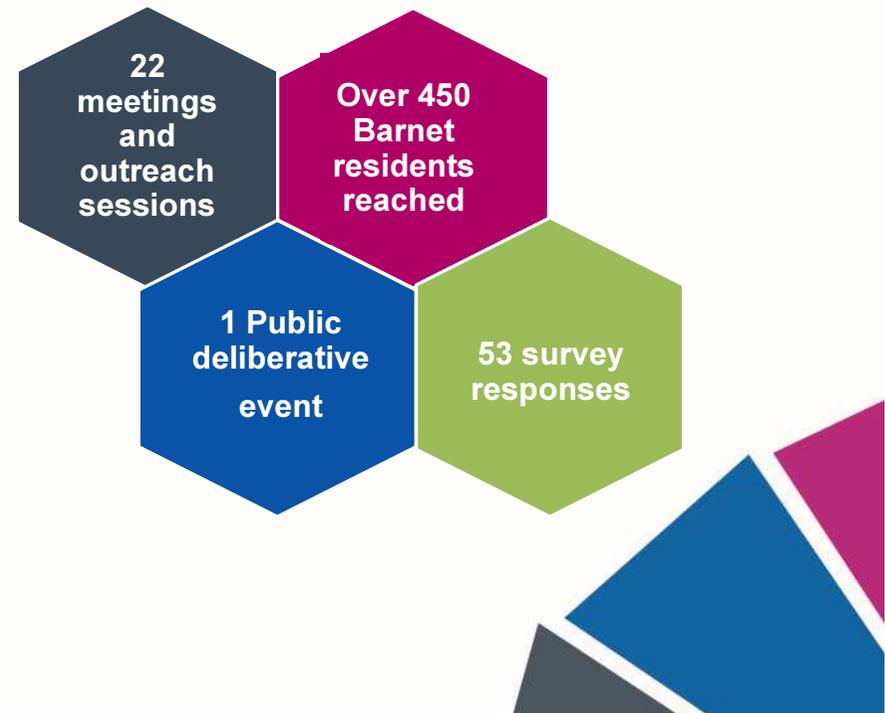
The public consultation: adjusting for the impact of Covid

- Last few weeks of the consultation were impacted by the Covid-19 Pandemic, and 20 events that had been scheduled between the 16 March and 6 April were cancelled (including two of the advertised deliberative events in Islington and Haringey)
- The remainder of the consultation was conducted virtually, following discussion with NHSE-I and the JHOSC chair. This was done through:
 - Targeted telephone interviews (focusing on groups identified as potentially more impacted from the equalities analysis)
 - Reminders to third and voluntary sector contacts for a response to the consultation

Consultation: Focus on Barnet

- Barnet Healthwatch Primary Care Meeting
- Barnet Mencap - Have your say group
- Barnet Voluntary Sector Forum
- Barnet Cophall Leisure Centre - Community Health Talks
- Barnet Diabetes UK
- Barnet Hospital Staff and patient Group
- Inclusion Barnet - Space To Be group
- Cophall Leisure Centre - Over 50s Health Talks
- Barnet Older Women- Cohousing
- Wellbeing Café - Barnet Wellbeing Hub
- Barnet GP meeting
- Colindale Community Trust - Estate Residents Social Session
- Royal National Orthopaedic Hospital
- NCL Engagement Advisory Board

- NCL Residents Representatives Group
- Barnet - Friern Library Information Stand
- Barnet Hospital
- Barnet Healthwatch - Community event



Next steps: key dates

	Date	Input required	Decision required
Consultation Evaluation and Health Inequalities Impact Assessment Published	Early August	Finalised versions of health reports	N/A
CCG Governing Body Seminar	6 August 2020	Initial outline report of decision making case	N/A
Joint Health Overview and Scrutiny Committee	To be confirmed	Consultation evaluation and health inequalities assessment	Feedback on the outcome of the consultation for JHOSC to take a view about its adequacy
CCG Governing Body Meeting	24 September 2020	Full decision making business case	Request for formal approval of the decision making case and change to model of care
Implementation assurance (subject to approval)	September 2020 to March 2021	Clinical Network and Implementation Board	Reporting back on compliance with key milestones

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