MEETING OF

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

THURSDAY 3RD DECEMBER, 2020

AT 6.00 PM

VENUE

VIRTUAL MEETING, PLEASE VIEW AT THIS LINK: https://rb.gy/tbqzf0

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

Chairman: Councillor Alison Cornelius
Vice Chairman: Councillor Linda Freedman

Councillors:

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

Substitute Members

Lachhya Gurung	Felix Byers	David Longstaff
Zakia Zubairi	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 30th November 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

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ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes To follow	
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)	
7.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee	5 - 18
8.	Coronavirus update	
9.	North Central London CCG • Flu vaccination update/lessons learnt and potential future Covid-19 vaccination • Alternative Provider Medical Services (APMS) • Further update on services at Finchley Memorial Hospital (FMH) • GP Federation at FMH and services they provide	19 - 42
10.	Mid-Year Quality Accounts • Royal Free London NHS Foundation Trust • Central London Community Healthcare • North London Hospice	43 - 58
11.	Royal Free London NHS Foundation Trust CQC Action Plan Update	59 - 60
12.	Measles and Childhood Inoculations To follow	
13.	Health Overview and Scrutiny Forward Work Programme To follow	

14.	Any Other Items that the Chairman Decides are Urgent	

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 25TH SEPTEMBER, 2020** at 10.00 am in Remote Meeting via Microsoft Teams. The meeting can be watched live via https://councilmeetings.camden.gov.uk.

MEMBERS OF THE COMMITTEE PRESENT

Councillors Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Edward Smith (Vice-Chair), Alison Cornelius, Linda Freedman, Christine Hamilton, Larraine Revah and Jonathan Simpson

MEMBERS OF THE COMMITTEE ABSENT

Councillors Lucia das Neves, Osh Gantly and Paul Tomlinson

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. ELECTION OF CHAIR

Councillor Pippa Connor was nominated as Chair. There were no other nominations.

RESOLVED –

THAT Councillor Pippa Connor be elected as Chair of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) for the municipal year 2020 - 21.

2. ELECTION OF VICE-CHAIRS

Councillors Tricia Clarke and Edward Smith were nominated as Vice-Chairs of the Committee.

The Chair welcomed all newly appointed members to the Committee.

RESOLVED –

THAT Councillor Tricia Clarke and Councillor Edward Smith be elected as Vice-Chairs of JHOSC for the municipal year 2020-21.

3. GUIDANCE ON REMOTE MEETINGS HELD DURING THE CORONAVIRUS NATIONAL EMERGENCY

The Guidance was noted.

4. TERMS OF REFERENCE

The Terms of Reference were noted.

5. APOLOGIES

Apologies were received from Councillor Lucia das Neves (LB Haringey) and Councillor Paul Tomlinson (LB Camden). Councillor Tomlinson was substituted by Councillor Jonathan Simpson.

6. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Cornelius declared a Non-Pecuniary interest in relation to item 11 (Update on the Impact of Covid-19 on Care Homes) that she was a Council appointed member of Eleanor Palmer Trust. It was a voluntary role, she was the Vice-Chair of the Trust which was located in High Barnet.

Councillor Connor declared that she was a member of the Royal College of Nursing (RCN) and that her sister worked as a GP in Tottenham.

7. ANNOUNCEMENTS

Webcasting

The Chair announced that the meeting was being broadcast live to the internet and would be capable of repeated viewing and copies of the recording could be made available to those that requested them. Those participating in the meeting were deemed to be consenting to being recorded and broadcast.

8. DEPUTATIONS

The Chair announced that she had accepted a deputation request from North Central London NHS Watch. The deputation related to changes made to NHS services under emergency powers due to the pandemic without consultation with

local authorities or residents. The deputation statement had been included in the supplementary agenda.

Andrew Morton and Brenda Allen presented the deputation to the Committee.

The main issues they highlighted were that

- Prior to Covid-19 the NHS was already struggling with waiting lists and reorganisation, during the pandemic they expected reorganisation to slow but this was not the case, rather, they were of the view that care to patients slowed and reorganisation gathered pace with less scrutiny and less consultation than before.

- The document entitled '*Journey to a New Health and Care System'* outlined a highly centralised, streamlined and virtual approach to health and care. This presented a major and rapid change to London's NHS indicating that it also set out the intention to keep many of the changes in place on a permanent basis with very little mention of consultation with local authorities.

- Practical examples of changes made on the ground without consultation included, Enfield Older Peoples Assessment Unit moved from Chase Farm Hospital Enfield to Barnet with access to Barnet being more difficult particularly for older people, the Electronic Consult Scheme and Primary Care accessing GP Services, this was a real problem for many patients. The changes nationally to accessing emergency care via the 111 service with 111 being the gateway to A&E, the Test Track and Trace System by passed many local public health services, Paediatric A&E being moved from UCLH, Royal Free to Whittington.

- Were aware that things had to change during the pandemic but they felt that there could have been more consultation as this would have led to better services for patients and residents.

They requested that JHOSC

- Require North London Partners to set out the changes that had been made in services under the emergency powers and state whether there were plans for keeping the changes into the future.

- For those changes that were proposed as permanent, request they were halted until local councils had been consulted.
- Set out how they would meet their statutory obligations for public consultation on Primary Care
- Since many of the current changes would have serious implications for health inequalities (e.g. digital by default), ask to see a detailed health inequality impact assessment of their proposals
- Require full public consultation on any plans to take over any aspect of social care from Local Authorities
- Ask the ICS to set out the steps it would take to ensure that the Government's privatised Test, Track and Isolate system could be better integrated with both local NHS testing arrangements and local public and environmental health services' expertise and capacity for track and trace.

In response to the deputation and members questions, Rob Hurd (System Lead, North Central London Integrated Care Systems) made the following comments:

- It was acknowledged that the unprecedented impact of Covid-19 had additional pressures put on the health services.
- Frontline staff were doing an enormous amount of work to keep things on track throughout this period.
- All changes were temporary as the NHS was responding to a national major incident, unknown disease pandemic and responding as a health care system as the situation unfolded on a daily, weekly basis.
- As indicated all changes were made on a temporary basis there was an acknowledgement of the legal obligation to consult before permanent change occurred, however under the emergency powers put in place to address the pandemic, clinical led advice was what was leading the response on a day to day and week to week basis in the best interest of residents and the best way the service could respond under the circumstances.
- There were a number of changes that had been made, NHS Partners were happy to share these changes with the Committee. However because of the wide nature of the changes the NHS Partners would have to provide a follow up of this further information of these changes in writing.

ACTION BY: System Lead NCL Integrated Care Systems

- The document shared with the Committee on 31st July 2020 highlighted the various temporary changes brought in from March 2020 to July 2020 at that point in time.
- Since July, Barnet emergency Paediatric Department had re-opened. Planning has been ongoing for the second surge – this included access to emergency services in the southern part of the North London Boroughs, providing access for children at Royal Free UCLH and Whittington by

consolidating staffing throughout winter as it was anticipated that this would be an extremely pressurised period.

- Nobody could tell when this would be over as the NHS was having to plan for a range of scenerios, which in addition to the already challenging usual previous winter pressures, the addition of the Covid -19 surges involved having to plan for temporary changes to ensure the service was as resilient and open for business as much as possible.
- The concerns were rightly raised given the impact of both Covid-19 and the knock on impact of other services restructured to cope with that.
- In relation to paediatric issue of children's A&E the likely process was that emergency access ambulances were likely to be diverted there from next week for children requiring emergency services over the winter.
- There would be more resilience over the winter for Adult Services. The Older People's Assessment unit at Chase Farm was an example of changes that had to be made temporarily. This was under review to bring back in the weeks ahead. There was the need for clinical advise to work out the balance of risks as set up and would be considered on a case by case basis.
- In terms of planned elective urgent care, there had been extreme pressures on the waiting list because the NHS was unable to keep the service running in May. There was the intention to keep those services going throughout the winter so that this would not lead to levels of cancellation that the service experienced during the first phase of the pandemic
- Prevent mechanisms were in place to ensure safe care of patients.
- Best efforts had been made to communicate with stakeholders about the temporary changes, NHS Partners would need to continue to work with JHOSC and local communities to keep them informed of the changes.
- A formal commitment was made to commission an Equality Impact Assessment around access via digital mechanism into GPs and other health care settings. NHS partners would be looking to learn and reach out how to mitigate the risk.

ACTION BY: System Lead NCL Integrated Care Systems

- Test and Trace had been set up nationally. A lot of work had been done locally to enhance local arrangements led by borough Directors of Public Health (DPH) and Council Health Protection Teams and linking in with the national testing systems. The DPH was involved and looking at what this meant for each borough.
- There had been work on-going to support testing since April. This included LA's providing support for testing in Care Homes and other care settings considered to be at risk and not eligible to access the national testing portal.
- There were over 150 Care Homes and Supported Living Schemes in the 5 NCL boroughs. Pillar 1 capacity tests had been set up for patients and health and care workers with over 6,000 swab tests being done in care homes. This was supplementary to the national testing regime.

- In terms of digital appointments the GP services should be open for the delivery of face to face care. Also there was the need to develop a range of tools for GP's so that they were able to provide face to face care for patients.
- In terms of A&E access. Patients contacting NHS 111 already were able to be booked in for appointments with GP local treatment centres and could be advised where they would need to go for appointments.
- If patients continued to make their way to urgent or emergency care units they would be treated or directed to an appropriate service.
- There was not a closure of walk-in services. In terms of the 111 service more health professionals had been employed by NHS 111 and there was an attempt to promote the benefits of using the 111 service.

Answering further questions from members, Rob Hurd (Systems Lead NCL Integrated Care Systems) Richard Dale, (Director of Strategic Programmes NCL Integrated Care System) and Richard Elphick (Programme Lead STP Camden) commented

- Initially during the first pandemic surge there had been issues with the NHS 111 service, there had however been massive investment with an aim to improving the service to deliver the intended result of a safer and better service.
- Clinical prioritisation applied to whoever turned up at A&E, patients would still be seen, it was still open to ambulances, priority would however be given to more urgent cases.
- In terms of track and trace in Islington there was work on going between NHS Partners and DPH Islington to establish a mobile testing unit in addition to a walk up unit. The details of this would be provided to Committee members.

ACTION BY: Director of Strategic Programmes NCL Integrated Care System

- In terms of GPs providing face to face appointments, there was the need to provide communication to confirm routes patients need to use to get face to face appointments.
- In terms of the abolition of Public Health England and replaced by the National institute for Health Protection and the lack of consultation this would be taken away and comments would be provided to members at a later date.

ACTION BY: System Lead NCL Integrated Care Systems

- If there was an intention to turn the temporary changes into permanent changes any consultation would have to make due reference to local authorities.

The deputees asked to comment on the responses from NHS partners, noted that they were heartened that the Committee had taken their deputation seriously, shared their concerns and would take the issues up with Pan London JHOSC. They also noted however that though the changes were temporary they could only be changed

back if NHS England agreed. Although temporary changes had been focussed on there were some permanent changes which had taken place.

The Chair commented that the NHS Partners had agreed to provide a list of all the temporary service changes made in response to the national emergency. She also noted that a lot of the changes were national and might be more appropriate to be considered in the PAN London JHOSC arena.

Further proposed changes related to GPs and digital access and how residents had access to hospitals and GPs' services, there was the need for consultation further down the line to see how those services would be adapted. These issues were also of significance to NCL. There was a need to revisit these issues to see how services had changed and scrutinise these changes to ensure residents' needs were being met. The Committee would look at this with a view to how these issues could be taken forward. There had been a huge amount of service change locally, this would be discussed in the work programme to determine how best to take this forward.

RESOLVED –

THAT the Committee

(i) Discuss in the Work Programme how these issues would be taken forward.

9. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of urgent business.

10. MINUTES

RESOLVED –

THAT the minutes of the meeting held on 31st July 2020 be approved as an accurate record.

11. NORTH CENTRAL LONDON UPDATE ON THE IMPACT OF COVID-19 ON CARE HOMES

Consideration was given to a report from North London Partners in Health and Care.

Responding to questions from members Dawn Wakeling (Executive Director Adults and Health Barnet), Ruth Donaldson (Lead Director on Care Homes CCG), Richard Dale, (Director of Strategic Programmes NCL Strategic Care Systems), Richard Elphick (Programme Lead (STP) Camden) and Kay Matthews (Executive Director of Quality NCL CCG) gave the following responses:

In relation to the recent Government Winter Plan document it:

- Was welcomed because it gave additional funding to Care Homes with an increase in the Infection Control Fund by half a billion pounds, made provision for the role of Chief Nursing Officer for Social Care (which had been challenging long term to recruit qualified nursing officers nationally in Nursing Homes). Asked each local authority to prepare their own Winter Plan for Adult social Care and signalled that work would be done on the sustainability of the care market.
- Offered free Personal Protective Equipment (PPE) till the end of March 2021for all registered care providers.
- Reinforced the importance of the infection control measures as a system used to support care providers and Care Homes.
- Also talked about the continuing support in place and the excellent system working. NCL was the only part of London that had carried out a thorough after action review with Care providers which had been picked up as an example of good practice. Officers were really keen for the next wave to have this strong partnership working as a core part of the system and important part of the ICS system.

In relation to the testing of staff and patients for Covid-19 and discharge from hospitals to care homes:

- In a care home the national testing regime was really important and required that care workers in care homes were tested weekly particularly in Care Homes for people aged over 65.
- It was also important that there was effective prevention and infection control at all times which included following correct procedures, adhering to social distancing, availability of PPE and proper training in these procedures, ensuring all those engaged in the care home sector followed the very best practice in infection and prevention control.
- In the first wave of the pandemic there would have been some discharge of patients who had been in hospital for Covid-19 to Care Homes in accordance with the national guidance. This was because it was important to keep hospital capacity for people who were critically ill.
- NCL care providers and Councils adopted a range of arrangements to keep this to an absolute minimum, an example being Barnet whose policy was that patients would not be discharged from hospital to care homes unless 8 days

had elapsed from the first day the patient had experienced symptoms and no further evidence of symptoms of the virus occurred.

- There was a new Covid discharge pathways and Community Bed Surge Plan- which was a staged plan where if demand increased and the virus started to rise again, there was a plan to bring 85 community health beds across NCL. These were system beds were anybody admitted across NCL could go too.
- The protocol was nobody would be admitted to care homes direct from hospital, rather patients would go to the community health beds and tested to ensure they were non- infectious before they were moved into care homes, which was one of the recommendations from the After Action Review.
- The learning from the After Action Review was that it was the combination of testing and infection control which had made the difference and the outbreaks had been controlled to a much better extent than the situation in March and April earlier in the year.
- The national offer was rolling out with weekly symptomatic testing for care homes this had been slightly delayed over the summer because of national procurement issues but was now happening.
- There was an additional offer provided through the NHS laboratories locally which was a separate location from the care homes where symptomatic staff could get tested.
- Alongside that, NHS capacity was also being used to test care settings which were not eligible for the national offer, which included Supported Living, Extra Care and Learning Disability which related to the 6,000 tests referred to earlier during the discussion on the deputation.
- The press had recently reported on issues with accessing the national drive-through, there was active work on-going with the Directors of Public Health (DPH) to determine how these issues could be resolved.
- The turn-around time in getting results of the testing was being actively monitored with issues escalated repeatedly. Assurances had been provided that this would improve. There were fortnightly meetings with Directors of Public Health (DPH) to check the amount of capacity required and limited support could be provided by the NHS.
- This would be monitored and the fortnightly meetings with DPH would change if numbers and delays continued to rise. The NHS would step in if required.
- In relation to test results for Care Home staff not being returned in one batch at the same time, this was useful information which would be fedback to the test centres as it was important that they were fit for purpose.
- The NHS core step down beds were 200 across the 5 boroughs. The 85 Community Health Beds were located at Chase Farm, St Pancras and Edgware and were additional to support to assist with winter pressures. The

details of these could be circulated to the Committee when they become available.

ACTION BY: Programme Lead STP Camden

- Funding for the beds was provided by the NHS.
- A purpose of the Infection Control Fund was to use to pay wages of staff that were self isolating. In Barnet the majority of the money had been used for this purpose.
- A view on how this was working in individual boroughs could be obtained through the capacity data tracker.
- The Infection Control Fund was continuing, it had not stopped although funding was not as much as it had been before.

In relation to responsibility for monitoring Care Homes and Supported Living Accommodation in terms of quality, funding and safeguarding:

- In terms of the difference between and monitoring of care homes, the Care Quality Commission (CQC) was the regulator.
- 80% of care Homes in NCL were rated as good, 16% required further improvement.
- Local Authorities in general had a policy of placing residents in homes only rated either as good or outstanding.
- The CQC framework in relation to care homes focussed on criteria which were important to those areas where care homes were situated such as staffing, leadership, safeguarding, and experiences of people who lived in the homes so there would be diversity.
- In terms of money each local authority was the ultimate decision maker on how it funded social care and commissioned approach to care homes as was the CCG within the legal framework of the Care Act.
- The 5 Councils in NCL had worked together for a number of years to develop a consistent approach that involved an evidenced based and ethical approach to commissioning. This also included a shared approach to understanding quality.
- All Councils had some kind of function that supported and promoted quality in care settings. Barnet for example had a Care Quality Team with 14 permanent members of staff which supported this function. The CCG also does the same in relation to supporting quality in care settings including providing training.
- Supported Living does have CQC registration but this depended on whether they provided personal care or not.

- Supported Living was about a home and independent living for people with the ethos being for it to be as much like a home but when it gets into CQC registration it would turn into a different thing.
- From a local authority perspective when quality work was carried out this was done with Supported Living providers as well as Care Home providers.
- In terms of the track and trace application all Councils were promoting this as a policy and there was also a national campaign but nothing specifically was targeted relating to care homes.
- A data analysis of the deaths in care homes across London was contained in the After Action Review which had been included in the agenda.
- There was no statistical difference in the level of deaths due to Covid-19 across the 5 NCL boroughs or across London.
- An analysis was also carried out on whether the CQC rating made a difference to the level of deaths, this was found not to be a strong factor.
- In terms of whether Covid positive people accepted into care homes from hospitals bumped up the death rates, there was a range of factors that could cause Covid to come into Care homes and hospitals and there was not a consistent method at that particular time of testing across all care homes and hospitals so it would be difficult to tell.
- The use of step down beds was the one additional thing introduced to reduce the risk of the infection rate getting into care homes.
- The excess deaths referred to in the papers may have been Covid-related but there was not that ability at the time to determine definitely that the corona virus was the main cause of death.

In relation to visiting and extra enhanced care:

- Guidance came out over the summer giving responsibility to DPH to assess and make recommendations around visiting Care Homes. Each Council had an approach that advises and recommends what was safe for visiting, for example Visiting Policies which were communicated to providers regularly and anytime there was a recommendation for a change.
- The Winter Plan had indicated that during visits to care homes social distancing should be maintained which was a sensitive issue.
- Care providers had been innovative coming up with different ways they could keep in touch for example people had made use of devices for video calls.
- Providers had been advised to be proportionate, compassionate and sensible when it came to end of life situations. There needed to be a balance between the need to maintain friendships, family relationships, the need to connect and the need to keep people safe and reduce infection.

- Healthwatch had been doing some work around what the alternatives were for example video updates of members of their family's interactions even when they were not able to visit. Going forward more work would be done with Healthwatch.

Answering further questions from Committee members, it was noted that

- The bill for residents in care homes was covered by the Ordinary residents Bill which was part of the care Act.
- If a resident was placed in care by another local authority, the placing local authority would be responsible for funding for the duration of their time in the registered care home.
- If the placement was in Supported Living, the receiving borough would be responsible for taking on the care and support costs.
- If the individual placed themselves without interaction, the individual would be responsible for their own fees, if the person ran out of money, the borough wherever the person was would take on the responsibility.
- In terms of financial viability of care homes there was collaboration among Councils to take an evidence and ethical based approach to how fees were paid to care home fees. Councils shared the fees and worked with care providers around cost modelling taking into account differences and tried to agree a fair price that worked for both parties. Where savings had been made they had been about surplus and not related to staffing.
- There had also been work to understand the differences, specialities and styles of the different care homes. Making sure the right residents were allocated to the right homes that provided the best care possible.
- There was the need to support sustainability of care homes and work was on going with CCG to carry out cost modelling.
- A market modelling strategy was being developed to consider and look at the financial viability of care homes.
- Local authority responsibility was to make sure there was continuity of care for people affected, CQC responsibility was about overseeing care continuity but also about what happened to that home. There was going to be some work on this, required through the Winter Plan.
- In relation to safeguarding the statutory duty regarding safeguarding had not changed despite the pandemic.
- In carrying out business continuity plans, safeguarding leads were consulted to ensure risks were mitigated and the learning picked up from this was to ensure that going forward when considering any change to service, they were involved in the process from a very early stage.

- There was also a request that when Care Home Managers were being consulted on service issues chairs of Care Home Panels should be included in the consultation.
- At the beginning of the Covid outbreak PPE produced in the UK was 3% this had now increased to 70%

The Committee thanked all the officers for attending the meeting virtually and the information provided.

RESOLVED –

THAT the Committee note the report.

12. BARNET, ENFIELD, HARINGEY (BEH) SUB GROUP MINUTES

RESOLVED –

THAT the Sub Group minutes of the BEH meeting held on 25th June 2020 be ratified as an accurate record.

13. WORK PROGRAMME

Consideration was given to the work programme and action tracker.

Members discussed the Work Programme noting that the deputation raised a number of issues and whether these should be referred to Pan London JHOSC to address the wider issues. It was felt that the service changes had a huge impact on residents and NCL JHOSC should be provided with a further update. There should also be consideration on how these issues should be co-ordinated with Pan London JHOSC.

For the next NCL JHOSC meeting in November there should be 2 items on the agenda and agenda planning meeting would be arranged with the NHS Partners.

For future reports, Committee members requested that officers provide at the front of the report a summary, no more than one side of A4 of the main issues and outcomes noting that this would be very useful in assisting members.
ACTION BY: ALL REPORT AUTHORS

Members agreed that items they wanted to consider at the November meeting were:

- Overview of Service Changes (Paediatrics, A&E, NHS111, Enhanced Care) and what that means for residents – including the consultation and

communication aspect and how services were going to continue during Covid-19.

- Including the disproportionate impact of the pandemic on BAME communities

RESOLVED –

THAT

(i) the work programme be amended, as detailed above; and
(ii) Future reports for the Committee should include one page of A4 summary at the front of the report of the main issues and main outcomes.

14. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

The meeting ended at 1.25 pm.

CHAIR

Contact Officer: **Sola Odusina**
Telephone No: **020 7974 6884**
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MINUTES END

AGENDA ITEM 9

North Central London
Clinical Commissioning Group

North Central London CCG
Health Overview and Scrutiny Committee (HOSC)
Thursday, 3rd December 2020

Report Title	NCL Influenza Vaccination Programme 20/21	**Date of report**	16/11/20	**Agenda Item**	
Lead Director / Manager	Kay Matthews	**Email / Tel**		kay.matthews5@nhs.net	
GB Member Sponsor	Dr Peter Christian				
Report Author	Nicholas Ince Daniel Glasgow	**Email / Tel**		Nicholas.ince@nhs.net	
Report Summary	**Ambition: This is an unprecedented year and it is our responsibility under COVID to be ambitious and drive a campaign to vaccinate ALL eligible patients in North Central London for seasonal influenza.** The purpose of this report is to give an update on the approach to support seasonal influenza vaccination this winter. This year, we are asking for a concerted effort to significantly increase flu vaccination coverage and achieve a minimum 75% uptake across all eligible groups. Where possible, we expect uptake will be higher than this and a national supply of stock has been procured to ensure demand does not outstrip supply. The report outlines the uptake rates across the main eligible groups and the approach that we are adopting across Barnet, including how system partners are contributing towards the achievement of the considerable 'flu targets this winter. In order to achieve these incredible ambitious targets, we have to introduced a number of measures, including: • Introducing an LCS in Barnet, Enfield and Haringey borough directorates, bringing them in line with local incentives offered in both Camden and Islington. This will not impact upon or dilute any other existing LCS arrangements that Camden and Islington directorates have in place • Provide all PCNs universally with infrastructure funding to support them to undertake what will be the largest vaccination programme in history • Address inequalities in our boroughs, specifically targeting those population groups who traditionally do not receive vaccinations, as well as those at greatest risk as a result of 'flu and COVID • A communications and engagement plan that is designed to support North London residents to 'Stay Well and Seek Help during winter' • Further support to community service providers to enable the vaccination of all housebound patients in NCL				
Appendices	Not applicable				

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North Central London
Clinical Commissioning Group

Influenza Vaccination 20/21 Programme Update

Nicholas Ince – Senior Primary Care Transformation Manager

16th November 2020

1. Introduction

The purpose of this paper is to set out the North Central London (NCL) approach to deliver a successful influenza vaccination and achieve the target of vaccinating in excess of 75% of those entitled to an NHS 'flu vaccination.

This winter is likely to be the UK's "biggest flu vaccination programme in history". We are expecting more people to want a flu jab this year in the wake of the coronavirus pandemic. The COVID-19 pandemic means a greater emphasis on prevention of 'flu incidences and outbreaks this winter. Provision of 'flu vaccination clinics and appointments are also likely to be affected by PHE social distancing and infection control guidance.

The flu vaccine is routinely given on the NHS to:

- adults 65 and over
- people with certain medical conditions (including children in at-risk groups from 6 months of age)
- pregnant women
- children aged 2 and 3 on 31 August 2019
- frontline health or social care workers
- children in primary school

As part of the wider planning for winter this season flu vaccination will be additionally offered to:

- household contacts of those on the NHS Shielded Patient List. Specifically individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
- children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
- health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
- 50-64 year old (not at risk) age group will be offered vaccinations in November and December. This is subject to central vaccine supply

Table 1 - Who can receive and administer an NHS vaccination

Eligible Group	General Practice	Community Pharmacy	Maternity Units	School Aged Vaccination Providers	Community Services (District Nurses)	Acute Trusts (inpatients / outpatient)	Voluntary Sector
Over 65	√	√			√	√	
Clinical at-risk (6 months to 64 years	√	√			√	√	
Housebound	√				√		
Homeless	√	√					√
2 & 3 year olds	√						
Pregnant Women	√	√	√				
Care Home Residents & Staff	√	√					
Primary School Aged				√			
Year 7				√			
Health Care Workers		√					
50 to 64 year olds (n/a at-risk group)	To be confirmed by NHSE (September 20)						

The table above indicates which population groups are eligible for an NHS 'flu vaccination and those providers who are able to administer vaccinations to particular groups. We are working with all system partners to establish any risks that they hold with regards to administering 'flu

vaccinations this winter, including school aged providers and acute trusts. We anticipate that for the majority of the eligible population, they will receive vaccinations in their GP surgery or from a Community Pharmacist.

The NCL Action plan and Governance Structure (see section 3.) seeks to establish a clear mechanism to gather information from each area of the system and put plans in place to support the vaccination of each eligible group. Further work is needed to understand the system response required to support the vaccination of the 50-64 (not at risk) group. This will be undertaken following the release of further guidance from NHSE, which is expected in September.

2. Previous Performance

As per the introduction, there is a target of 75% vaccination rates across all at risk cohorts in 20/21, which is considerably higher than previous years targets and actual percentage vaccinated in Barnet.

Table 2 – 18/19 & 19/20 Performance

Feb-19				Feb-20			
Over 65s	Under 65s (6 months - < 65 yrs AT RISK)	Pregnant (TOTAL)	Total 2 and 3 yrs	Over 65s	Under 65s (6 months - < 65 yrs AT RISK)	Pregnant (TOTAL)	Total 2 and 3 yrs
National Target				National Target			
75%	55%	55%	48%	75%	55%	55%	50%
Barnet Average				Barnet Average			
63.1%	43.2%	35.7%	31.2%	65.9%	40.3%	35.5%	31.5%

The table above shows that Barnet has remained consistent in delivery of flu vaccinations in the previous two years. This does not include the following groups:

- frontline health or social care workers
- children in primary school
- household contacts of those on the NHS Shielded Patient List
- children of school Year 7 age
- 50-64 year old (not at risk) age group

3. Current Performance (17th November 2020)

Table 3 – 20/21 Performance (year to date)

Nov-20			
Over 65s	Under 65s (6 months - < 65 yrs AT RISK)	Pregnant (TOTAL)	Total 2 and 3 yrs
National Target			
75%	75%	75%	75%
Barnet Average			
62.1%	32.5%	N/A	39.8%

The table above shows that Barnet has made an excellent start and has nearly vaccinated the same amount of patients by November 20 as they did in the entire flu season in 19/20. We have in fact vaccinated more 2 & 3 year olds already and continue to vaccinate the remaining patients.

Data for pregnant women is currently being reviewed, as there are potentially issues with the total number of pregnant women being inflated.

Key issues that has hindered our ability to vaccinate patients include:

3.1 Vaccine stock (delays and shortages)
We have seen delays in vaccine delivery from certain manufacturers, particularly for the under 65 (at-risk) population. Some practices did not receive full delivery if this vaccine until late October which has impacted on their ability to host clinics.

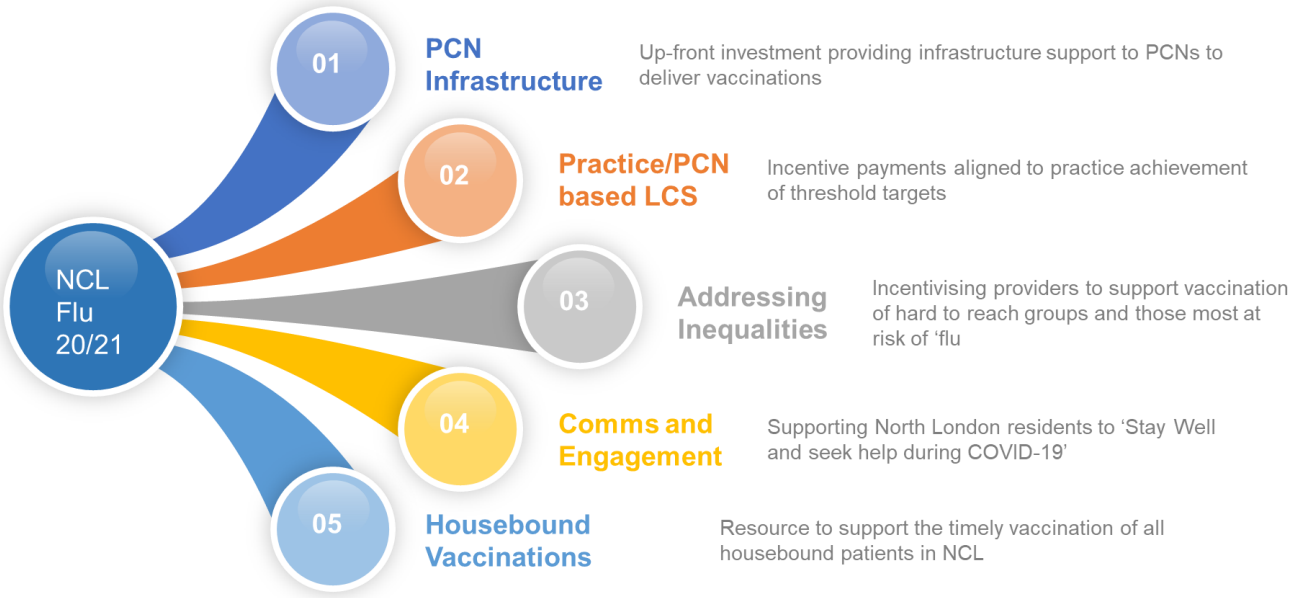
Many practices have delivered extremely successful flu clinics and as a result have used all of their vaccine stocks. In order to support the expanded vaccination programme, the Department of Health and Social Care has secured an additional supply of influenza vaccines, which are currently being distributed to top up local supplies once they run low. We are now able to confirm the process by which GPs, Pharmacies and Trusts will be able to access this additional stock.

3.2 Patients refusing/declining
We have seen a higher refusal/decline rate in patients in the under 65 (at-risk) group in 20/21 in comparison to 19/20. We have provided practices with a script to support conversations with patients who have refused/decline the vaccination in the hope that we can allay fears and concerns and support more patients receiving this extremely important vaccination. We continue to monitor this situation to understand the reasons for this patient decision.

4. Support Outline and Next Steps

The following section gives an outline and description of the initiatives we have put in place to support the vaccination of patients across North London.

Table 4 – NCL Flu 20/21



In addition to the initiates described in the table above, we have also put in place the following to support vaccination of residents in Barnet:

4.1 Communications and Engagement

- Developed two animations, one for at risk groups and one aimed at parents – translated into top six languages spoken in NCL and shared through numerous channels – personal message videos from healthcare staff, community leaders and patients to encourage uptake are now being developed in different languages
- Inserts in housing statements, library bags and food bank parcels, partner newsletter articles, including to schools and nurseries, and outdoor space advertising
- Commissioned VCS organisations to deliver workshops and targeted engagement with communities disproportionately affected by COVID-19 to understand barriers and promote uptake.
- Virtual community events with VCS organisations
- Council magazine articles and resident letters from council leaders
- Working with faith forums to get messages out to their communities
- GP pack provided to every practice - weekly webinar with activity updates
- Social media campaign – sharing digital assets across London STPs
- Advertising programme across digital platforms Facebook, Instagram, InYourArea, Nextdoor, Mumsnet and Gransnet – geographically and demographically targeted, which will be regularly adjusted informed by HealtheIntent uptake data
- Innovative promotional work, such as working with Arsenal football club to get messages out to their fan base
- Training, myth busting tools and Q&As, and a script developed for GP practices to use to address vaccine hesitancy
- Promoting uptake with staff across all partner organisations
- Working with the regional team to broadcast on community radio stations

4.2 Make Every Contact Count

Making Every Contact Count (MECC) is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change. To do this organisations need to build a

culture and operating environment that supports continuous health improvement through the contacts it has with individuals. Doing this will improve health and wellbeing amongst service users, staff and the general public and reduce health inequalities. The implementation model to help achieve this ambition has three core components:

- Organisational readiness
- Staff readiness
- Enabling and empowering the public

All appropriate providers across NCL are contributing towards an overarching plan to reach the target for 'flu vaccination set by NHSE. As part of this, we are assessing provider capability to utilise a MECC approach. In order to achieve this, we are gathering more intelligence regarding opportunities/patient contacts, contractual restrictions, vaccine supply and provider readiness.

4.3 Care/Nursing Homes outreach

There are a number of schemes set up across London that support PCNs to achieve the aspirational targets, however neither the national advanced nor local enhanced 'flu services for community pharmacies provides the resource to release pharmacy teams into care homes to undertake bulk vaccinations. NHSE London have launched a pilot project which aims to support community pharmacy teams to be able to undertake bulk vaccinations in care homes and support the aspirational 'flu targets set at STP/CCG levels. We are currently working with care homes with lower uptake rates in residents and staff and matching them with local community pharmacies who will be able to undertake 'pop-up clinics' in homes.

4.4 Homelessness outreach

As per the initiative described above, we are also working in partnership with local authorities and housing associations to arrange for the vaccination of the homeless population who have been accommodated in hotels. The main bulk of Barnet's homeless population have been placed in the Stay Club in Brent. These residents will be offered a flu vaccination on the 25th November.

NHS
North Central London
Clinical Commissioning Group

North Central London CCG
Health Overview and Scrutiny Committee (HOSC)
Thursday, 3rd December 2020

Report Title	**Cricklewood APMS**	**Date of report**	24 November 2020
Lead Director	Colette Wood, Director, Primary Care Transformation	**Email / Tel**	Colette.wood1@nhs.net
Report Author	Kelly Poole and Carol Kumar Deputy Director of Primary Care Transformation (job share)	**Email / Tel**	kelly.poole@nhs.net carol.kumar@nhs.net
Report Summary	It was agreed in August 2019 to procure a new contract for Cricklewood Health Centre due to, (1) a 50% list size growth over 4 years (2) projected 25,000 population growth due to an area regeneration, (3) a new primary care centre is planned but this may not occur for another 2 -3 years and (4) consultation had commenced on the future of the Walk In Centre which was delivered by Barndoc ltd, within the Cricklewood Health Centre. It was known as part of the committee decision in August 2019 that the landlord had submitted a planning application to demolish and rebuild the premises with D1 Health Planning space, to Barnet Local Authority. From December 2019 to January 2020 a patient and stakeholder engagement was carried out on the decision to procure a new contract. All patients and stakeholders were written too, there was an online survey and face to face forums were held. Stakeholders and patient's views of the service and practice were then summarised to inform the Memorandum of Information tender document released to the bidders. In January 2020, the landlord's solicitor gave the practice formal notice to terminate the tenancy and lease on 31 December 2020. However owing to an issue on the landlords part with regards to how the lease termination was issued, the practice can now remain in their current site until 31 March 2021, which also aligns to the contract end date for the APMS contract. Commissioners wrote to the landlord's solicitor In February 2020 and was subsequently contacted by the landlord's representative who advised that they could no longer proceed with health space identified for the practice and confirmed the notice had been issued to Cricklewood Health Centre practice. An immediate premises search for commercial, local authority, and health space, commenced by the North Central London (NCL) Clinical Commissioning Group (CCG) Premises lead for Barnet. Commercial premises were identified but they were not suitable or would have required applying for a substantial capital budget through NHS England and Improvement (NHSEI), remodelling and fit out to ensure compliance. There was a high risk that this would not be achieved and completed before November 2020.		

	Two health spaces have been identified but both are more than 2.4 to 3 miles from where Cricklewood Health Centre is located. The patient distribution maps show that are higher density of patients registered with the practice reside within 1 – 2 miles of the site, therefore the preferred option would have been to identify premises within 2 miles of Cricklewood Health Centre. NCL Primary Care Contracting and Commissioning colleagues are leading the process for this and they have written to patients and stakeholders of the risks with the premises and what steps are being taken by commissioners A procurement is running concurrently to this with criteria for bidders to supply premises. The first part of the bid evaluation will be complete at the end of November at which point we will have further detail on whether a successful bidder has been sought. We will ensure HOSC is kept upto date with outcome of the procurement and next steps for this APMS contract.
Appendices	

North Central London
Clinical Commissioning Group

North Central London CCG
Health Overview and Scrutiny Committee (HOSC)
Thursday, 3rd December 2020

Report Title	Barnet Federated GPs	**Date of report**	3rd December 2020
Lead Director	Michael Whitworth Chief Executive Barnet Federated GPs	**Email / Tel**	Michael.whitworth@nhs.net
Report Author	Michael Whitworth	**Email / Tel**	
Report Summary	• Barnet Federated GPs (BFG) was formed in 2015 by all the practices in Barnet coming together. In 2018 it became a Community Interest Company owned by the 52 Barnet GP Practices. • BFG has 3 key functions, namely: ✓ To support general practices ✓ Provide at scale primary care services ✓ Provide a single voice for Barnet primary care • BFG is a CQC registered organisation rated good in all areas and provides: ✓ Extended Access Services (EAS)– an extension of GP services on weekday evenings and at the weekend ✓ Community Anticoagulation services ✓ Smoking cessation services • During the Covid19 pandemic BFG ✓ Delivered additional volumes of EAS appointments to support general practice and the 111 service ✓ Quickly established “hot” and “cold” face-to-face clinics at Edgeware and Finchley Hospitals respectively when practices were not able to do this themselves ✓ Set up the advanced assessment service and associated Covid19 home visiting service in partnership with Barndoc (The Barnet GP out of hours provider and partner at-scale primary care provider)		
Appendices	Appendix A – Barnet Federated GPs overview slide deck  Barnet Federation HOSC 03-12-20.pptx		

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Barnet
Federated GPs

Working together to improve primary care across Barnet

Barnet Federated GPs

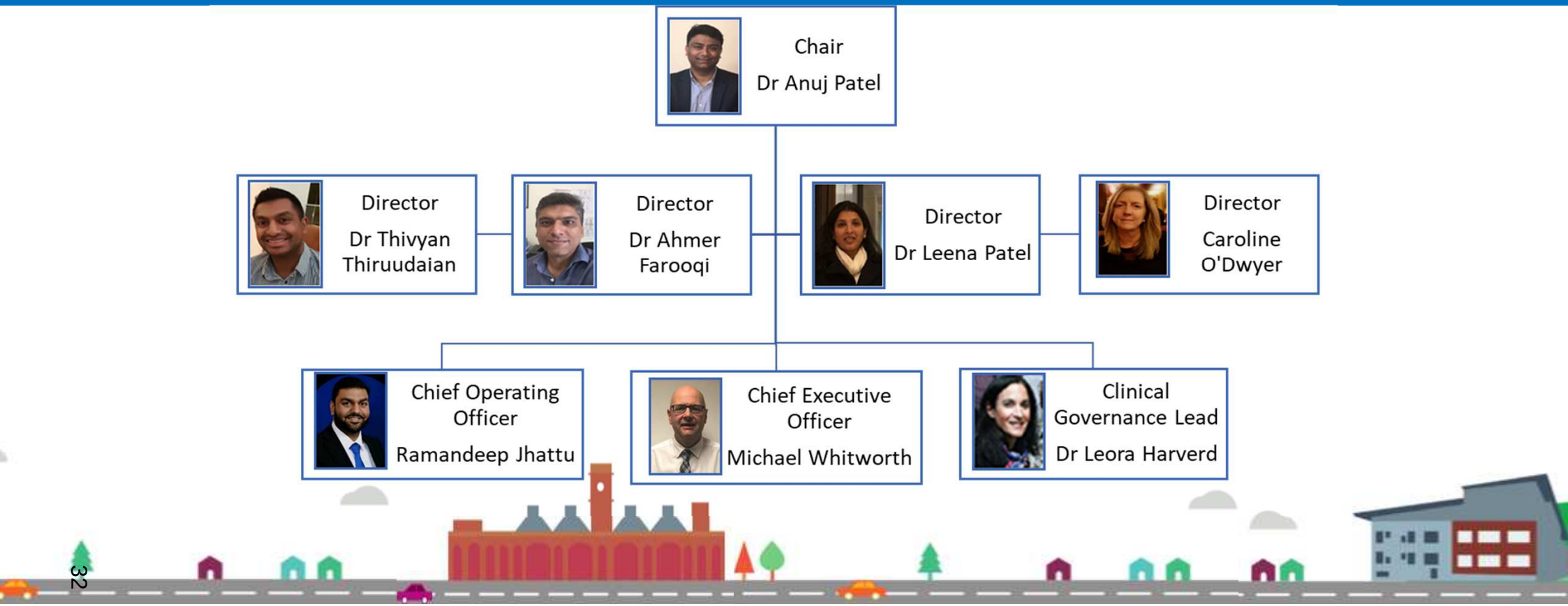
Briefing For The 3rd December 2020 HOSC

Who are we

rnet Federated GPs is a Community Interest Company (CIC) registered at Company's House that is wholly owned by the 52 GP
ctices in Barnet

a CIC the role of the Federation is to deliver benefits to its member practices and their 430,000 patients. It does this by helping
ctices support each other, providing at-scale services and primary care resilience and providing a single and strong voice for Ba
mary care

rmed in November 2015 and board members are selected from the membership to represent the community the Federation ser



arnet Federated GPs

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Working togethe
primary care acr

‘Improving health in Barnet through sustainable primary care’

proving access to at-scale ality improvement tools d services, reducing costs d administrative burden

Providing high quality services available to all Barnet patients in their community.

Representing primary care providers in Borough and NCL level forums

ur Development Journey

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2015 3 Localities & 5 Networks

2016 Piloting Services

2017 New Board & Total Population Coverage

2017 Contracted Services

2018 & 2019 Additional Services & PCN Support

2020 COVID Services & Primary Care Resilience

ur objectives

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enable **working in partnership across GP practices to share best practice and knowledge**, to allow better integrate
ery of care to registered patient populations, and to create best value/efficient use of resources.

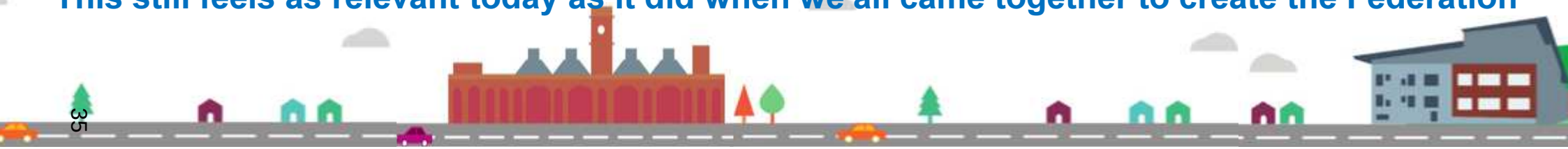
support and sustain quality general practice as the building blocks of primary care and primary care-led design and
ery of wider integrated models of care.

engender innovation and new ways of working, building on GP practice-level understanding of local population nee
ered in the patient-centred primary care environment.

provide a **cohesive and representative structure for single organisation** commissioning by the CCG and other loca
missioning bodies, and a leading primary care voice at the Board level of wider partnerships with local provider organisa

allow delivery of additional primary care services across a wider population in a **joined up, consistent and accessible**
e benefit of patients.

This still feels as relevant today as it did when we all came together to create the Federation



ghlights - Covid Support

oved EAS in-hours and rapidly established face to face services upport practices and 111. Established remote working and "hot" a old" face to face services and home visiting during the first wave e pandemic.

'"Thank you, Federation, *you* are instrumental i finding solutions at this challenging time" - cc

ne Federation became the Barnet Primary Care PPE and remote quipment hub, and we also supported various practices with back offi nctions and staff to ensure they were able to operate during Covid.

"We are very thankful to the Federation for all their hard work and supporting practices." - LMC

ghlights – Practice Support

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mbership offer including;

ools - Bluestream, Data Protection Officer, Ardens QOF Masters, templates & training.
rocesses - Quality Improvement Workshop and Manager appointed
upport for practices experiencing difficulties

search

Ve now have 48 (94%) practices signed up to participate in research across Barnet.
6 Studies have been completed in 2019/20
arnet is most primary care research active Borough in North London

Barnet Federate
RESEARCH NET

ining & Development offer

Vorking with the Training hub to bring training posts and plans to Barnet
evelopment Programmes such as Productive General Practice
essional Training for Practice Managers and Admin staff

lighlights - CQC

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/e rated as Good overall

Are services safe? – **Good**

Are services effective? – **Good**

Are services caring? – **Good**

Are services responsive? – **Good**

Are services well-led? – **Good**

Inspected and
Good
CareQu
Commis

/e were particularly commended for our strong focus on governance
ontinuous learning and improvement at all levels of the organisation, the
aring and respectful nature of our frontline staff, and the positive
edback we receive from our patients.

xtended Access Services

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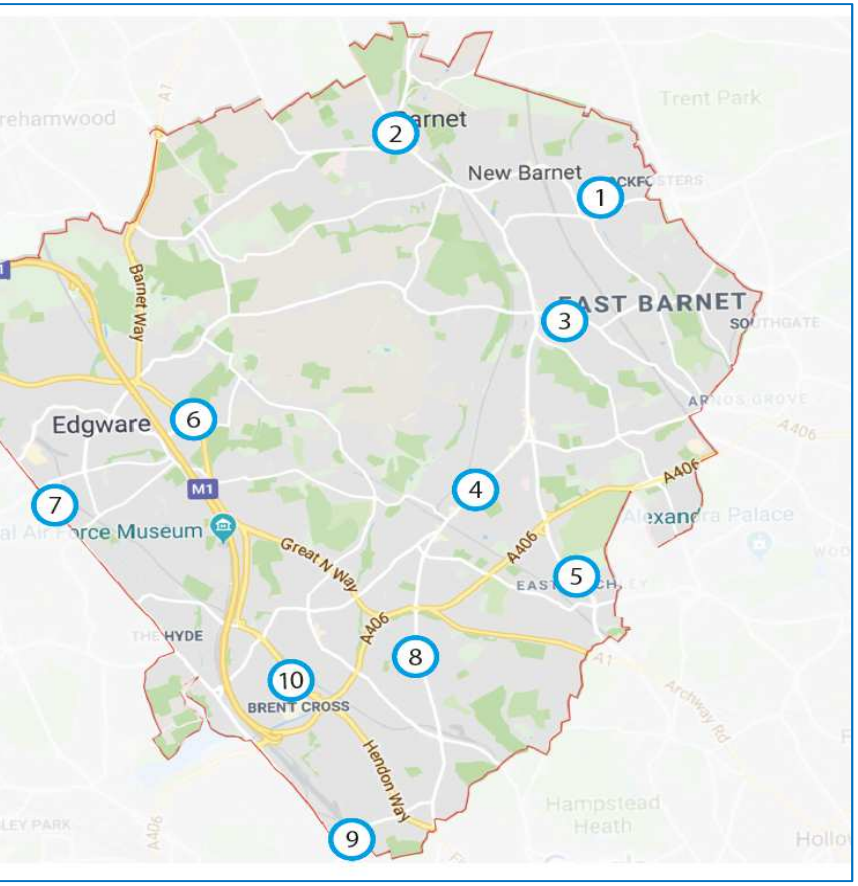

Type of Appointments	Information
IUC	43 appointments every Saturday and Sunday ring fenced for IUC/NHS111 to book into. Additional capacity was provided for 1 from March 2020, due to increased demand during Covid.
GP Practices	All 52 practices able to book into the service. Majority of appointments are pre-bookable routine. On the day appointmen released in a staggered way to support urgent care.
Patients registered in Barnet	All patients registered with a Barnet GP can book appointm through their own practice or by contacting our Call Centre w operates 18:30 – 20:00 every weekday and 08:00 – 20:00 Satu Sunday and Bank Holidays.
Nurse Appointment Type	Blood pressure monitoring; Family Planning (depo contraception checks, coil advice and swabs); Routine asthma check ups; Sm Stiches, staple and clip removal; Swabs (vaginal, MRSA, pre-hospital); and Vitamin B12 injections. Routine nurse appointments in EAS were suspended from Marc 2020 due to Covid.

nti-Coagulation Services

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ulation: 427,000 served from 4 sites across Barnet

ectives

nticoagulant services should be offered in a one stop clinic offering patient education, discussions, blood sts and drug/dose changes in the same consultation at practice level.

atients should be offered access to all anticoagulant options in line with licensed indications.

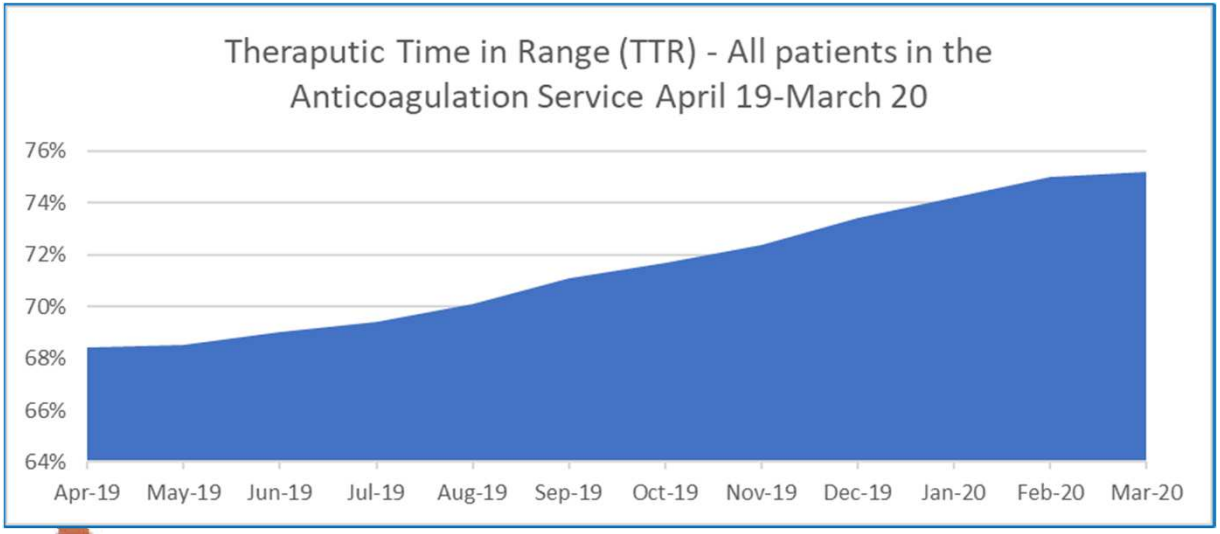
o reduce delays in treatment initiation. The target for initiating anticoagulation treatment is one week from ferral.

cludes domiciliary care for house bound patients





"The service is doing great, particularly the Pharmacist who is very helpful and professional, she goes over and beyond to ensure the best care. I am very confident in her services."



noking Cessation

oking cessations was a pilot scheme that was introduced in quarter 3 2019. The propos
s to assist practices to improve the quality of smoking cessations in primary care.

e current format for Smoking cessations includes 16 hours per week across North and We
s.

Tuesday 18:30-21:00
Thursday 18:30-21:00
Saturday 08:00-12:00

are hoping to introduce a further two or three advisors this quarter to help with demand.

oughout the service good quality feedback has been beneficial to improving and developir
services.

ing the COVID period no service has been affected all appointments have been delivered v
ote consultations.

sponse from patient:

"I found Susie's encouragement inspiring. Her words were profound, and I am feeling positive about stopping smoking. I was very happy with the service."

atients

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/e care about what our atients want:

" The Doctor I saw was very kind & easy to talk to & show great understanding & sympathy to my situation. She al provided a great deal of information for me to help mys at home & to better understand my condition."

Well Trained & Compassionate Staff

Local & Personalised Services

Responsiveness to Feedback

e take all our patient feedback and advise from patient groups very seriously, d as a learning organisation use this important feedback to improve our rvices and importantly support the development of our staff.

CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST (CLCH)
UPDATE RE THE 2019-2020 QUALITY ACCOUNT.

As committee members will of course be aware this year has been one of the most extraordinary in the life of the NHS. Therefore in most cases because of the many changes we have had to make to our services to respond to the pandemic I am unable to respond directly to the points raised in the minutes. However I have tried to respond to the points made where I can and hope the committee finds this useful.

Firstly though, and aside from the quality account, I am pleased to confirm to the committee that following a CQC inspection held in March, the CQC confirmed that we were rated as **GOOD.**
The full report can be found here: https://www.cqc.org.uk/provider/RYX?referer=widget3
It is to the huge credit of our staff that, despite being inspected during the onset of the pandemic, we were assessed as being good.

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
I will aim to include more information about this in the next quality account.

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
Due to the pandemic staff in all of our walk in centres were redeployed. Therefore we have had no opportunity to review this.

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

Unfortunately the outbreak of the pandemic had a significant impact on the normal operations of the clinical audit programme. In mid-March, further to guidance by NHS England and the Trust's Medical Director, the Trust's clinical audit activities, including non-COVID related local, mandatory, Trust-wide and national audits, were suspended in order to allocate resources where needed. This included the sentinel stroke national audit programme so there are therefore there no current updates

The Trust is currently looking to see services' viability regarding undertaking and following-up clinical audit work during this phase of the pandemic.

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'.

In October 2020 we designed and started to deliver a virtual infant feeding training for staff as an interim training package for our face-to-face two day training. (Nearly all Trust training is now online).

We will restart the staff audit in the upcoming months. The aim of this audit is to meet the standards for staff knowledge, skills and training for the UNICEF Baby Friendly Initiative (BFI) to achieve Level 3 Baby Friendly Accreditation.

Actions from the previous audit included:

- All staff to be trained on the interim one day virtual infant feeding training, by June 2021 to ensure full compliance.
- Infant feeding lead to follow up all virtual training with a one to one practical skills review
- Infant feeding to include relevant updates in staff weekly newsletter and attend staff meetings where appropriate to keep staff informed of overall progress and plans of BFI.
- Staff audits have commenced from November 2020.
- Maternal audits to commence March 2021.

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.

This year due to the Covid pandemic there has been an increased effort to get all staff to get the flu vaccine. Flu clinics were made available across the Trust (both at our London and Hertfordshire sites and an extra day's carry over leave was offered to staff who took the jab.
Additionally staff who accessed their jab from a community pharmacy or their GP were offered this incentive. The Trust also produced a weekly flu bulletin encouraging staff to have their jab and explaining the importance of this particularly in the light of Covid.

Staff who did not want the jab were requested to complete a dissent form so that their reasons for refusing could be better understood and analysed. Where possible managers followed up with staff who did not want the vaccine to encourage them to reconsider.

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.

I can't comment provide details on individual patients but I can confirm that at CLCH. we complete a case record review for every patient who dies in a CLCH bed whether that death is expected or unexpected, and whether there were any concerns expressed or not. We are able to do this as we only have, on average, 10 - 15 deaths in our beds per year.

The reason that we review all deaths is so that we can review the care we provided to the patient during their inpatient stay. If there was a concern about the patient's care expressed by either a family member or member of staff, or there was a complaint made, then we also investigate the circumstances around the complaint. The two deaths in question would in any case have had case record reviews as is standard for all deaths in CLCH bedded units. Additionally they were also investigated as there were complaints/ concerns expressed regrading an aspect of their care.

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.

In accordance with the regulations the quality account is a Trust wide account. Given this we amalgamate performance information in the account. Barnet specific information is shared at local performance meetings.

The Committee commented that not all the targets were Specific, Measurable, Achievable, Relevant and Time-bound (SMART) targets.

It is not a requirement that ***all*** targets should be SMART. However we always include a RAG rated performance scorecard clearly showing progress against our quality priorities. The scorecard also provides a comparison with our performance of the previous year.

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.

Obviously this year the sickness absence rates are going to be skewed because of the need for self-isolation and the number of staff off sick with potential or actual covid. Furthermore due to the pandemic all Trusts are competing for a limited amount of available staff. However the Trust has worked hard to support its existing staff and has provided increased employee health support with several health and wellbeing seminars as well as virtual Schwartz rounds. It has also provided a wealth of guidance around mental health and wellbeing and there is a dedicated support webpage.

The Trust has again been successful recruiting staff from overseas. As of the end of quarter 2 CLCH successfully recruited 132 International nurses with the first two starters arriving in September. 10 more nurses arrived in October and 11 in November. Following a period of quarantine, these staff will be placed in inpatient units, community nursing and children's services.

Kate Wilkins – 23 November 20.

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North London Hospice Update 2019/20 Quality Account

The actions taken on the committees comments are highlighted in bold below:

The Committee was most concerned at the low levels of compliance recorded during the Hand Hygiene Audits completed for IPU, the Health and Wellbeing Centre and George Marsh Premises at 84%, 83% and 69% respectively, especially at the time of a Coronavirus pandemic.
This year the organisation is taking the approach of a Hand Hygiene focused month in December when the hand hygiene audits will be undertaken across the organisation

The Committee was disappointed that under the heading Audit of Fall Paperwork in IPU, 20% of falls risk assessment reviews occurred late or were overdue.
This year so far has seen an improvement in the completion of falls risk assessments with lower levels of falls being reported. The audit is due to be repeated in November 2020.

Great concern was expressed that the Audit of Waste Management found several areas of non-compliance: the external clinical /infectious waste stores are not always locked and the sharps bins were not always correctly labelled or closed when full.
An audit of waste management was completed in November 2020 and showed compliance in all areas previously reported on.

The Committee was saddened to learn that the number of volunteers had decreased from 950 last year to 830 this year as they play such a vital role in augmenting the staff.
The pandemic has impacted on volunteer numbers within the organisation. There are a number of factors including the demographics of the volunteers, volunteer choice, the inability to bring back all volunteer roles due to the requirements to maintain a covid secure working environments, the limitations of space, the change of delivery of some of our services for example the need to move to virtual groups within Health and Wellbeing service. We are keeping in contact with volunteers who are not actively volunteering for us at present. We have also been successful in recruiting some new volunteers across retail and the inpatient unit where volunteers have not been able to return.

The Committee noted that there had been a huge increase in 'closed bed days' this year, 160 compared to 12 in 2018/19, which was due to extensive fire and safety work being carried out in the bedrooms. The Hospice confirmed that the work was now complete and the number of 'closed bed days' was back down to the normal level.
We continue to monitor closed bed days

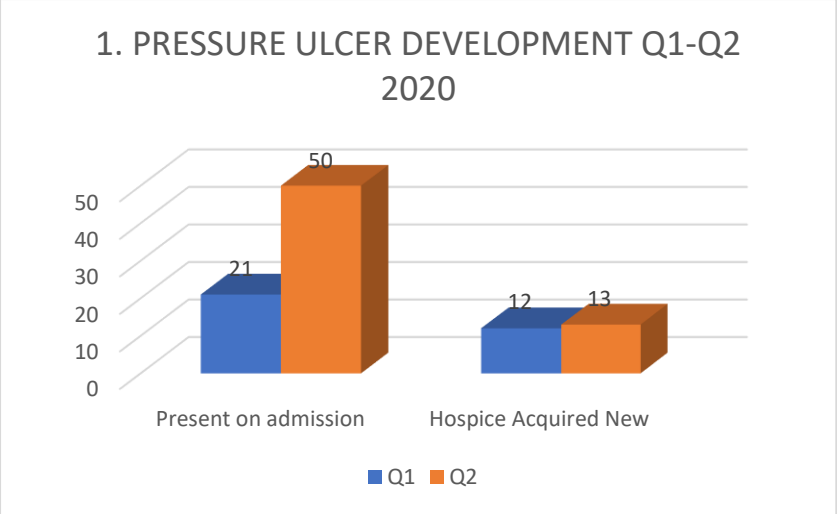
In the graph for Key Performance Indicator 2, the Committee was concerned to see a decline in whether patients and relatives feel involved as much as they want to be in decisions about care and treatment and also a decline in Key Performance Indicator 3 whether patients and relatives would recommend the service to family or friends. The decline in satisfaction in both Key Performance Indicators 2 and 3 was particularly noticeable in the Health and Wellbeing and Palliative Care Support Services, with the Community Team having slightly mixed results.
H&W have supported and are ensuring all qualified staff have complete advanced communications training. "No decision without me" user facing posters in place in IPU are being rolled out to all services once this year's internal review of patient information leaflets is completed.

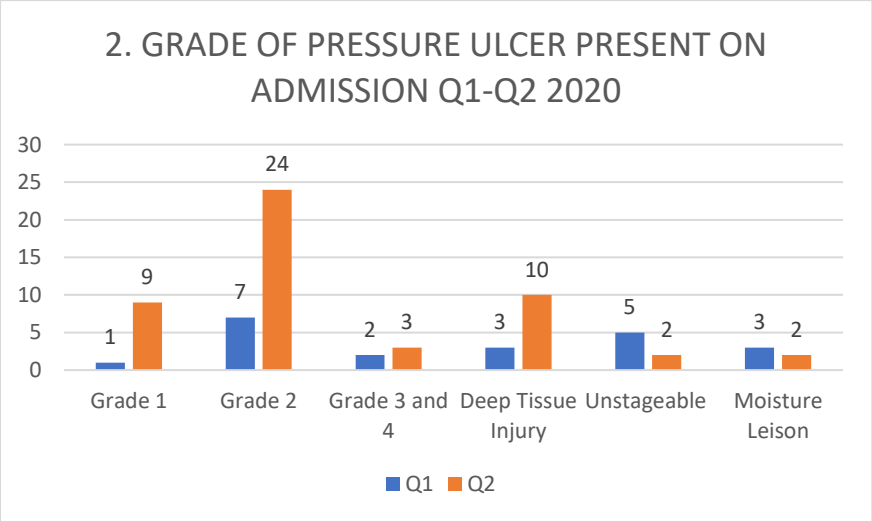
The Committee was disappointed that the number of complaints had increased from 12 last year to 19 this year with 16 being upheld.
NLH continues to monitor themes and disseminate learning from complaints to improve user experience.

The Committee was alarmed at the upward trend in' Patient Safety' reported incidents from 352 in 2017/18 to 367 in 2018/19 and to 489 in 2019/20.
There has been increased reporting due to changes in the definitions of pressure ulcers in 2019/20 and an increased safety awareness culture across services.

The number of pressure ulcers reported had increased from 63 in 2018/19 to 124 this year. The Committee was concerned that this upward trend should not continue, despite the frailty of many of the patients, and suggested that it would be helpful if the Hospice divided the total of 124 into the various categories of pressure ulcers so that it could be clearly seen how many of the ulcers were either Category 3 or 4 or if some fell into the lower categories.
Our Q1 clinical benchmarking data shows for new pressure ulcers these were 7.9 per 1000 bed days which is below the national average of 8.8. We have seen a greater trend of patients being admitted to the hospice with pressure ulcers present on admission in Q1 and Q2 20/21 than from previous quarters during 2019-20, see graph. A speculation whether this is due to patients staying longer at home as a result of the Covid-19 situation and being quite frail on admission. Hospice UK data shows for Q1 there were 17.8 pressure ulcers present on admission per 1000 bed days which is higher than the national average of 16.1 for those pressure ulcers present on admission. We have previously discussed there being a correlation between high falls and low pressure ulcers and then low falls but higher levels of pressure ulcers which reflects the type of patients we had at the time.

There were 13 Acquired pressure ulcers whilst in hospice during Q2 - a slightly higher trend to Q1 2020 where there were 12, a significantly lower trend compared to Q1 and Q2 19/20. There were no new stage 3 or 4 in last two quarters which is very positive.





The Committee noted that there had been an increase in medication errors but was relieved that the Hospice was taking this matter seriously and had already put several measures in place and had also developed an action plan for future improvement in 2020/21.

For staff who have been involved in the medication errors (mainly new staff) on IPU we have put in place increased educational intervention from Practice Educators. There is a medication safety quality improvement project underway which is focused around three themes for improvement:

THEME 1 –REPORTING, LEARNING AND SHARING: to develop a reporting, learning and sharing culture to create a bridge to get learnings really shared effectively

THEME 2 - EVIDENCE BASED PRACTICES: to develop evidence-based practices to improve medication safety-POLICIES AND GUIDELINES which involves improved communication about policy changes and monitoring compliance

THEME 3 – EDUCATION: to empower staff working in interdisciplinary teams in the role they have to play in medication safety, and the roles individuals can and should play must be understood by all

Fran Deane
Director of Clinical Services
November 2020

North London Hospice Quality Account 2019/20
Extract from Minutes of HOSC, 9 July 2020

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

- The Quality Account was well presented and easy to navigate with an interesting mixture of information and including a 'Patient Story' demonstrated the ethos of the Hospice.
- The Committee was delighted to see that three of last year's 'Priorities for Improvements' will continue again this year, as Members felt that they were of great importance: the Carer's Strategy, training on Non-Medical Prescribing and ongoing development of Egton Medical Information Systems (EMIS). EMIS was considered of vital importance providing the Hospice with access to patients' records and information sharing as 96% of GP Practices in Barnet, Enfield and Haringey are on the same system. (P.6-9)
- The Committee praised the progress made on the' Productive Ward in the Impatient Unit' to improve and initiate new ways of working thereby enabling nurses to spend more time with patients. (P.10)
- The Committee noted that a Priority for 2021 'IPU Bathroom Spa Experience' aimed to improve the current facility by adding new blinds, a privacy curtain as well as creating a small changing area and expressed disappointment that the facility was currently closed due to Coronavirus social distancing recommendations. (P.13)
- The Committee was glad that the Audit of the Dementia-Friendly Environment had been rated 'Good' and looks forward to hearing how work progresses on the few potential improvements which were identified. (P.16)
- The Committee was pleased that there were positive results in the Audit of Five Priorities of Care following the introduction of electronic documentation in January 2020 as part of the EMIS project. (P.17)
- The Committee noted that the Resuscitation Council had recommended the purchase of two additional pieces of equipment, although the review of the resuscitation trolley equipment met the standards. (P. 17)
- The Committee was pleased that the Hospice had trained another 50 people as 'Compassionate Neighbours' to add to the 96 who underwent training last year and that students continued to be welcomed as well as 40 young adults considering a career in healthcare who had attended two successful Summer Schools. (P.21 and P24)
- The Committee congratulated the 'Catching the Light' Photography Group on holding its first exhibition with over 100 people attending who had had the opportunity not only to view but also to purchase some of the exhibits. (P.21)

- The Committee was impressed that all sections of Key Performance Indicator 1 regarding patients' and relatives' views on how staff treat patients were even higher than last year. (P. 29)
- The Committee was delighted to hear that the number of patient related falls was down from 62 to 45 this year, showing a positive trend since the introduction of patient alarms and the purchase of low beds in IPU last year. (P. 36)
- The Committee congratulated the Hospice on developing an Action Plan to learn from near misses and recognising these as an opportunity to prevent further incidents. (P.36)
- The Hospice was complimented on achieving zero cases of Clostridium Difficile (C.Diff) again this year. (P.37)

However:

- The Committee was most concerned at the low levels of compliance recorded during the Hand Hygiene Audits completed for IPU, the Health and Wellbeing Centre and George Marsh Premises at 84%, 83% and 69% respectively, especially at the time of a Coronavirus pandemic. (P.15)
- The Committee was disappointed that under the heading Audit of Fall Paperwork in IPU, 20% of falls risk assessment reviews occurred late or were overdue. (P16)
- Great concern was expressed that the Audit of Waste Management found several areas of non-compliance: the external clinical /infectious waste stores are not always locked and the sharps bins were not always correctly labelled or closed when full. (P.17)
- The Committee was saddened to learn that the number of volunteers had decreased from 950 last year to 830 this year as they play such a vital role in augmenting the staff. (P.20)
- The Committee noted that there had been a huge increase in 'closed bed days' this year, 160 compared to 12 in 2018/19, which was due to extensive fire and safety work being carried out in the bedrooms. The Hospice confirmed that the work was now complete and the number of 'closed bed days' was back down to the normal level. (P.26)
- In the graph for Key Performance Indicator 2, the Committee was concerned to see a decline in whether patients and relatives feel involved as much as they want to be in decisions about care and treatment and a decline in Key Performance Indicator 3 whether patients and relatives would recommend the service to family or friends. The decline in satisfaction in both Key Performance Indicators 2 and 3 was particularly noticeable in the Health and Wellbeing and Palliative Care Support Services, with the Community Team having slightly mixed results. (P.30 and 32)

- The Committee was disappointed that the number of complaints had increased from 12 last year to 19 this year with 16 being upheld. (P.33)
- The Committee was alarmed at the upward trend in' Patient Safety' reported incidents from 352 in 2017/18 to 367 in 2018/19 and to 489 in 2019/20. (P.35)
- The number of pressure ulcers reported had increased from 63 in 2018/19 to 124 this year. The Committee was concerned that this upward trend should not continue, despite the frailty of many of the patients, and suggested that it would be helpful if the Hospice divided the total of 124 into the various categories of pressure ulcers so that it could be clearly seen how many of the ulcers were either Category 3 or 4 or if some fell into the lower categories. (P.36)
- The Committee noted that there had been an increase in medication errors but was relieved that the Hospice was taking this matter seriously and had already put several measures in place and had also developed an action plan for future improvement in 2020/21. (P.36)

Royal Free London NHS Foundation Trust Quality Account 2019/20
Extract from Minutes of HOSC, 11 May 2020

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 date 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.

Minute Extract, HOSC 11 May 2020

Central London Community Healthcare NHS Trust Quality Account 2019-20

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.

Care Quality Commission action plan update for Barnet Health Overview and Scrutiny Committee

October 2020

Introduction

The Care Quality Commission (CQC) undertook an inspection at the Royal Free London NHS Foundation Trust in December 2018/January 2019. Must-do and should-do actions were recommended.

Each hospital developed a CQC action plan for its services which have been formed into one overarching group CQC action plan tracker with the content and format aligning to the CQC domains. The delivery of the CQC action plan is monitored at each hospital's clinical performance and safety committee. The respective hospital local executive committees receive regular reports of the progress of delivery of the actions.

Current status update

Since the last CQC action plan status update provided to Barnet Health Overview and Scrutiny Committee on 9 July 2020, the trust continues to work towards completion of its CQC improvement actions. The current performance as extracted from group action plan tracker on 05/10/2020, which was updated with site submitted performance data on or before 30/09/2020 shows the site specific completion rate as follows:

- as of September 2020, all the must-do actions are now complete
- the completion rate for should-do actions detailed in the table below

Site	Completion rate	Number outstanding
Barnet Hospital	65.5%, 19/29 completed	10 remain outstanding
Chase Farm Hospital	70.8%, 17/24 completed	7 remain outstanding
Royal Free Hospital	46.4%, 13/28 completed.	15 remain outstanding

The overall trust CQC action plan status for September 2020 as reported in this mid-October update is:

- must-do actions 100% completed
- should-do actions 60.4% completion which represents 32 outstanding should do actions to be completed trust wide

The hospitals continue to focus on the implementation of the agreed action plans, which has illustrated steady progress. The next reporting for October 2020 will be presented to the group executive committee at the end of November 2020.

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