

**MEETING**

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**DATE AND TIME**

**TUESDAY 7TH DECEMBER, 2021**

**AT 7.00 PM**

**VENUE**

**HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ**

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

Chairman: Councillor Alison Cornelius  
Vice Chairman: Councillor Linda Freedman

Cllr Golnar Bokaei  
Cllr Saira Don

Cllr Lisa Rutter  
Cllr Alison Moore

Cllr Anne Hutton  
Cllr Geof Cooke

**Substitute Members**

Lachhya Gurung  
Zakia Zubairi

Felix Byers  
Ammar Naqvi

David Longstaff  
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 [Thursday 2<sup>nd</sup> December] at 10AM. Requests must be submitted to [abigail.lewis@barnet.gov.uk](mailto:abigail.lewis@barnet.gov.uk)

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

**Andrew Charlwood – Head of Governance**

Governance Service contact: [abigail.lewis@barnet.gov.uk](mailto:abigail.lewis@barnet.gov.uk)

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	
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 - 12
8.	Covid update and Flu Vaccination verbal update	
9.	Childhood Inoculation	
10.	Mid-year quality accounts	13 - 30
11.	Accessing your GP remotely verbal update	
12.	Health Overview and Scrutiny Forward Work Programme	31 - 32
13.	Any Other Items that the Chairman Decides are Urgent	

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# MINUTES OF NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON FRIDAY, 1ST OCTOBER, 2021, 10.00 AM - 12.25 PM

AGENDA ITEM 7

**PRESENT:** Councillor Pippa Connor (Chair), Councillor Tricia Clarke (Vice Chair), and Councillors Alison Cornelius, Lorraine Revah, Paul Tomlinson, and Derek Levy.

## 1. ELECTION OF CHAIR FOR 2021-2022

Councillor Pippa Connor was nominated for position of Chairman for 2021-22, which was duly seconded.

**RESOLVED** that Councillor Pippa Connor be elected as Chairman for 2021-22.

## 2. ELECTION OF VICE-CHAIR(S) FOR 2021-22

Councillor Tricia Clarke was nominated for position of Vice-Chairman for 2021-22, which was duly seconded.

**RESOLVED** that Councillor Tricia Clarke be elected as Vice-Chair for 2021-22.

## 3. FILMING AT MEETINGS

The Committee and public noted that the meeting may be filmed or recorded by the Council.

## 4. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Khaled Moyeed from Haringey Council and Councillor Linda Freedman from Barnet Council.

Councillor Christine Hamilton from Enfield Council and Councillor Osh Gantly from Islington Council were also absent from the meeting.

## 5. URGENT BUSINESS

None.

## 6. DECLARATIONS OF INTEREST

Councillor Connor declared an interest by virtue of being a Member of the Royal College of Nursing (RCN).

## 7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

## 8. MINUTES

**RESOLVED** that the Committee approved the minutes of the meeting held on the 25<sup>th</sup> June 2021 as a correct record.

**Post-meeting note:** under item 5, Deputations / Petitions / Presentations / Questions, references to Professor Sue Richards should be changed to Brenda Allen.

## 9. DIGITAL INCLUSION AND HEALTH INEQUALITIES

### Presenting Officers

- Sarah D'Souza: (Commissioning at Barnet CCG)
- Ruth Donaldson: (Director of Commissioning at Barnet CCG)

Sarah D'Souza (Commissioning at Barnet CCG) and Ruth Donaldson (Director of Commissioning at Barnet CCG) introduced the report which provided an update on the work being driven by the Communities Team, set up in place as part of the NCL CCG Borough Directorate. The committee were informed that the team had been developed to focus on inequalities and the delivery of plans to address these issues.

It was explained to the committee that one of the key questions being researched by the team was around the current use of data and whether the right data was being collected and used in the right way to understand the needs of residents. The team was focusing on developing interventions to address the health inequalities, however, to do so effectively, the wider determinants of inequalities needed to be understood. It was explained that understanding the needs of residents and empowering them would enable the right interventions to be put in place.

Officers said that it was important that as part of the work, they were able to demonstrate that local communities and residents had been listened to and their issues taken onboard, to make a difference. Resident empowerment was key to enabling residents to have more control over their lives and care and to avoid individuals reaching crisis. Officers explained that it was not always medical interventions that were required to address health inequalities, sometimes social interventions, employment opportunities or access to digital resources were needed and that through understanding the lived experiences of residents, these interventions could be better embedded into assessments. Officers advised that the team were looking into understanding all the complex elements that contribute to health inequalities.

The Chair enquired as to how the disbanding of the Public Health England and the replacement with the National Institute for Health Protection (NIHP) fitted into the integrated care systems. Officers advised that public health would remain a key aspect of the work and that moving forward the team would continue to work closely with local public health departments, as this was integral to the work.

Councillor Tomlinson enquired as to how the Voluntary Community Sector (VCS) would be included in the work, as well as how the homeless would be identified and contacted. Officers explained that the VCS were integral to reaching out to local people, as well as ensuring the groups engaged with, were as diverse as possible.

Regarding identifying the homeless, officers advised that they would be working with hostels and street homeless and setting up networks across the programme to find the best way to support them. Weekly seminars for the homeless would also take place, with assistance from specialist teams and local GP organisations to ensure they were receiving the right vaccines, resources, and care. Councillor Clarke updated the committee that Islington Council had a policy in place which ensured all rough sleepers had access to a bed every night.

Councillor Clarke asked for clarification that work involving young people, particularly with learning difficulties was being investigated. Officers noted that there were still improvements to be made in terms of working with young people, but that work was ongoing. Officers commented that learning difficulties was on the radar and they would be interested to see further submissions around that.

The Chair questioned the measurement criteria being used for the work and noted that there appeared to be no targets or measured outcomes set. The Chair also enquired as to how the areas identified as the starting point, had been decided on and what engagement had taken place around these decisions. Officers advised that an agreed set of criteria was in place and that this could be circulated to the committee. They also explained that a monthly report was produced which reviewed the criteria and evaluated how overarching and impactful on health equalities they were. Officers explained that strong guidance had been used to establish what interventions were needed and although not all of them would lead to a return on investment within the next year, that should not be used as a reason not to put interventions in place. It was explained that a balance between short term and longer-term interventions was important.

Members thanked the officers for the report and commented that it was an interesting piece of work. Members requested that once the project had been given some time to mature, in around a year, that an update report be brought back to the committee. It was requested that the update report include information on the next cohort of projects and how residents had been engaged with. Members suggested a lived experience case study would be useful, to see how this was being delivered. If possible, a young person living with learning difficulties could be incorporated into this case study, as well as the potential for someone to be invited to attend the meeting. Members further requested that the update report include an outline of the financing aspects of the work and how this linked to ongoing projects to ensure they maintained traction.

**RESOLVED that the Committee noted and commented on the contents of the report and the direction of travel of the important work.**

## **10. UPDATE ON MENTAL HEALTH**

### **Presenting Officers**

- Jinjer Kandola: Chief Executive of Barnet, Enfield and Haringey Mental Health NHS Trust (BEH).
- Darren Summers: Deputy Chief Executive at Camden and Islington NHS Foundation Trust.
- Ian Prenelle: Consultant Psychiatrist at Camden and Islington NHS Foundation Trust

Jinjer provided the committee with an overview of the NCL mental health programme, which particularly focused on the mental health response to the pandemic, investments in services, transformation activities and mental health system challenges.

Jinjer updated the committee that services had been set up in St Pancras, with two hubs for children in the North and South in response to the pandemic. She said these hubs had been vital in the first stages of the pandemic, when the full impact was not yet clear. The long-term impact on mental health was now much clearer and the long exposure to isolation had significantly increased cases of anxiety and negatively impacted mental health across the country. It was noted that eating disorders had significantly increased, as well as a general increase on demand in services. One of the biggest challenges arising from the increased demand was securing an adequate workforce to enable the expansion of services.

Darren explained that Covid had made the inequalities people living with mental health issues faced far more pronounced. It was noted that the Covid vaccine uptake, in this cohort of people, was significantly lower than the average and that this cohort already had a lower life expectancy. He outlined that outreach work was taking place to improve both physical health and increase the vaccine uptake in this cohort. It was also noted that the community transformation project would significantly transform the way work was conducted in partnership with primary care, the Local Authority, and the VCS.

Ian explained there had been a shift in the mental health care system, in that it was moving towards a whole population approach. The principles would be that the system would be universal, person centred, with a new focus on prevention for both physical and mental health outcomes. He said that initiatives would not just focus on combatting issues when they arise but would ensure required interventions were in place. This new holistic offer would be delivered by new population health nurses, which would work alongside GP practices, peer coaches and the VCS. Ian explained that working more closely with general practitioners would help to deinstitutionalise mental health care and that working and embedding care into the community, would help move towards normalising and destigmatising mental health within the community. Ian said that during the early phase of the pandemic this type of work had already been in place, for example Camden Council had worked closely with the VCS to help those suffering with severe mental health who rely on both social and emotional support. Ian said that moving forward the model would look to share the approaches and practices across the boroughs, with the next wave of implementation due to take place in April 2022.

Councillor Tomlinson asked if any data surrounding the significant increase on demand could be circulated to the committee. He also asked if schools were being worked with to help address eating disorders and other mental health issues experienced by young people. Jinjer advised that further information on the increased number of referrals, which would include information about diversion hubs which people in crisis could turn to, could be circulated. She also explained that work in partnership with both Local Authorities and schools would be done to build up good working relationships. Councillor Clarke raised a point that stigmatisation around

mental health had not gone away and that conversations on the topic with young people needed to be done sensitively. She noted that often medication was used to resolve problems, which often did not address the underlying issues. Jinjer assured Members that work was being done with young people to move away from relying solely on medication as a resolution.

Darren explained that working within communities via the community model was key to normalising mental health care, especially for those from ethnic minorities who often came into the system very late into their stage of crisis. Ian updated the committee on work that had already been taking place in boroughs within this model, including discussions with the Somali community in Islington on ways to reduce stigma and crisis houses having been set up in both Camden and Islington, as an alternative to hospital care. He advised that similar provisions would be put in place in Barnet, Enfield and Haringey.

Ian advised that social prescribing and peer support initiatives would help provide better long-term outcomes, rather than relying on medication. He said that often people come into the system from GPs at the point where they have reached severe decline or relapse in terms of their mental health, so more needed to be done to catch people at earlier stages. He also advised that there had been an increase in refugees being referred for care and so the team was running a series of educational talks with experts who work with refugees to help inform the care they were offered.

The Chair enquired as to whether partnership working was being focused on and whether it was evident that the right teams were getting feedback to the appropriate people at the appropriate time. Darren acknowledged there was improvement required in terms of liaising with Housing departments and the Police, as there were incidents where individuals had fallen through the gaps in the system.

The Chair asked how recruitment into new roles was progressing. Darren advised that recruitment was going well, but there were always some challenges faced in terms of recruiting new nurses. He said the advantage with the community programme was that a different type of workforce was being looked for, which opened opportunities outside of the normal professional routes, to find those with lived experiences.

Members agreed to receive an update briefing paper in 6 months' time, after which they would decide whether to request to bring back a full report to committee at that time or wait until a year had past for further scrutiny to take place. Members asked that wellbeing of staff as well as information on working with schools was included in the update report.

**RESOLVED that the Committee noted the contents of the report.**

## **11. UPDATE ON INTEGRATED CARE SYSTEMS (ICS)**

### **Presenting Officers**

- Frances O'Callaghan: Accountable Officer for North Central London CCGs.
- Richard Dale: Executive Director of Transition at North Central London CCG – North London Partners)

Frances provided an overview of the report and highlighted the benefits for residents of the new integrated care systems (ICS). She explained how the ICS would take on responsibilities which previously sat under the CCG and would be place based. The new set up would enable continued engagement with residents and the ability to respond to their needs, which had changed following the pandemic. The Integrated Care Board (ICB) would be established to work with Local Authorities to understand the place-based partnerships arrangements and how the ICS could best deliver these.

Richard explained that the primary aim of the ICS was to streamline work and reduce unnecessary bureaucracy, as well as enabling funding to be moved around in a way that it previously had not been able to. It was noted that in response to the pandemic the system had already been acting as an ICS, helping to meet the community needs, for example having implemented new ways of providing care at home, introducing new technology to provide higher level of support and greater involvement within communities to ensure neighbourhood borough care was in place. Richard said clinicians would remain at the heart of the system, but services would be designed around local people.

Councillor Clarke asked whether the committees would continue to be open to the public. Richard advised that the bill had not been finalised yet, but that Local Authority involvement would remain key. The understanding was that the ICB would have a single Local Authority member on it, but specific arrangements were still being worked through. Frances said that Local Authority involvement would remain a key aspect of the ICS, as the group needed to understand how accountability for spend would take place collectively. She assured the committee that there was a commitment to collaborative working, which had already been evidenced over the previous 18 months.

Councillor Clarke asked if officers had received the seven recommendations put forward by the JHOSC. Frances confirmed that the recommendations had been read and that she envisaged there would be no change in terms of the role and engagement with the JHOSC moving forward. However, due to the bill not being confirmed, officers were unable to provide specific detail on arrangements, but acknowledged that to provide the best services for residents, scrutiny would continue to be a key element.

The Chairman questioned the decision to only have one Local Authority representative for all five boroughs on the ICS and felt that this individual would require extra support to understand the needs of each borough. Frances advised that the NCL Partnership Council would have all five Local Authority Chief Executives on it, which would feed into the ICB. It was also noted that once the CEO for the ICB had been appointed, arrangements to support the Local Authority representative on the ICB would be discussed. Officers emphasised that there would continue to be important links with Directors of Public Health and Adults, as well as several forums connected to the ICB to ensure close partnership working with Local Authorities. Members asked if an internal review would take place at an appropriate time, officers agreed that a review point was good practice and that discussions with the CEO and partners around this would take place.

Members queried whether the re-structure had resulted in any jobs losses for CCG staff, it was confirmed that no jobs had been lost as part of the process. Members also asked for clarity on whether private providers would be invited to sit on the board, it was noted that it was not envisaged that any private providers would be included.

Councillor Levy raised concerns about significant preparation work having taken place before the bill had been agreed. He also felt that in the past transformations had become top down heavy and not structured in a way to best serve residents. Councillor Levy stressed the role of Members to represent their constituents and ensure they received the best care, which meant it was crucial that they were properly engaged. He expressed the view that at least two Local Authority representatives would be required on the ICB, to provide contingency if one member was unable to attend. The Chairman emphasised that the committee was looking for confidence in the new system and to see evidence that services would be truly joined up, as well as opportunities being embedded for Members to raise their voices on behalf of residents, provide scrutiny, and be heard.

Members asked if all seven recommendations put forward by the committee at the last meeting had been received by officers. Officers confirmed that these had been read and would be considered, however they were unable to provide any certainty until after the bill had been passed. Councillor Clarke requested that recommendation 7 of the JHOSC be strengthened. The seven recommendations put forward were as follows:

1. The Integrated Care System (ICS) and its committees should be as open to the public as possible.
2. The NHS ICS Board should include local authority representation, local authority voting rights, and the ability to discuss and challenge decisions. It should also ensure that all agendas, minutes, and relevant documents are open to the public. It was considered that this would ensure transparency and accountability.
3. The role of the Joint Health Overview and Scrutiny Committee (JHOSC) should be maintained, including the ability to scrutinise all decisions made by the ICS. It was also considered that the JHOSC should retain the right of refer matters to the Secretary of State.
4. The ICS should consider how patient and resident voices would be included in its processes. The JHOSC felt that patient and resident voices should be included at all levels, including the top level.
5. The JHOSC also requested further detail on the arrangements for the NHS ICS Board, the governance and committee structure within the ICS, and the relationship between the different committees, and how the voices of patients and residents would be included.
6. The ICS should have an identified committee that was aware of any business relationships between primary, secondary, and tertiary providers to ensure openness and transparency.
7. To support the NCL NHS Watch recommendation.

The Chairman requested that an update on the complex financial arrangements be included within the next report, to enable Members to understand how the joint budgets would be shared across Local Authorities and the NHS, as well as the

governance arrangements surrounding this. Officers agreed to provide this within a report to be brought back in January 2022.

**RESOLVED that the Committee noted the contents of the report.**

**12. WORK PROGRAMME**

Following discussion on the work programme the following was agreed:

**Items for the 26<sup>th</sup> November meeting:**

- Fertility Review
- Elective Surgery and recovery results
- Winter pressures (to include London Ambulance Service)

**Items for the 28<sup>th</sup> January meeting:**

- Integrated Care System (ICS) financial arrangements and update report
- Dental care

**Items for 18<sup>th</sup> March meeting:**

- Mental Health care update
- Estates
- Lower Urinary Tract Symptoms (LUTS)

**RESOLVED that the Committee agreed the items for the work programme 2021-22 as outlined above.**

**13. NEW ITEMS OF URGENT BUSINESS**

A Member raised the need to have an update on the London Ambulance Service brought to a future meeting. The Chairman agreed to discuss the most appropriate time for this to be brought to committee, under the work programme item on the agenda.

**14. DATES OF FUTURE MEETINGS**

The Committee noted the future dates of meetings:

26 November 2021

28 January 2022

18 March 2022

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

## North London Hospice Update 2020/21 Quality Account

The actions taken on the committee's comments are highlighted in bold below:

1. That there were some areas of non-compliance in the infection prevention and control audits including the need for improved stock rotation for clinical equipment, improved labelling of sharps bins, ensuring carpets are in a good state of repair and ensuring that urine jugs are only being allocated to a single service user.  
That the hand hygiene audit that took place in IPU only had an 84% compliance level.  
**There are improved levels of compliance for a recent infection control audit in community services and in IPU. This included hand hygiene and a sharps bin audit. There is on-going work to ensure our communal carpeted areas are in a good state of repair which has included replacement of flooring. There are no carpeted areas in clinical areas.**
2. That the audit of preferred place of death seemed haphazard.  
**There has been improved reporting on EMIS over the past six months. During July to Sept out of 443 deaths across community teams, 87% (384) had Preferred place of death (PPD) recorded, 13% (59) had no PPD recorded. This represents an improvement from the initial audit where it was recorded in 60% of cases.**  
**A full re-audit will be undertaken in April 2022.**
3. That the Audit of Community Non-medical prescribing identified that communication with GPs could be improved and that handwritten prescriptions are not always accepted by pharmacists.  
**Communication with our local GPs has improved since the last audit. The handwritten prescription issue has now been resolved with the local pharmacist. The non-medical prescribing policy has been reviewed.**
4. That there had been some transdermal patch incidents with the wrong dose being given in some cases and omissions of doses in other cases.  
**We continue to monitor these medication incidents; in the first six months of this year, we have had 5 incidents which is a lower trend to last year. We were unable to find any themes in these incidents and there were no adverse reactions reported.**

5. That the number of volunteers was down to 620 from 830 the previous year (2019-20) and from 950 two years ago (2018-19).

**The pandemic has impacted greatly on our volunteer numbers within the organisation. Not only have we changed the delivery of some of our services for example virtual groups in our Health and Well-being service, but there also continues to be other significant factors including the demographics of the volunteers and volunteer choice. We are keeping in contact with volunteers who are not actively volunteering for us at present. We have been successful in recruiting some new volunteers across retail and the inpatient unit where volunteers are now supporting these areas.**

6. That there had been 141 closed bed days during the year compared with 160 in 2019-20, which was largely due to fire and safety work in the bedrooms, and only 12 in 2018-19. However, it was noted that this had not prevented any admissions.

**We continue to monitor our closed bed days. Our bed occupancy levels have greatly increased this year from 65.6% in Q1 to 73.2% in Q2, this is now higher than the national average for medium sized hospices. Our Q1 closed bed days were 156 (one room was being refurbished and one room had a long-term shower issue). In Q2 our closed bed days were 6, the fuel crisis affected our services during this time.**

7. That the highest category of medication incidents are administration errors followed by dose omissions, although action is being taken and there is a quality improvement project on medication safety being developed.

**Our medication incidents remain high compared to the national average over the last two quarters. We have implemented a dose omission point prevalence audit which demonstrates that true dose omissions have reduced in Q1 and Q2. We have re-designed the hospice drug chart in a way that reduces the risk of making errors when prescribing, drug administration and drug documentation errors. This is due to be trialled alongside the regular charts, but we believe that this will go a long way in reducing our medication incidents. Additionally, we continue to provide educational support to our staff and provide real time feedback with a focus on supporting staff in achieving their competencies.**

8. That the number of patient falls had increased over the last quarter of 2020/21, though these had not resulted in serious harm.

**Our patient falls have reduced over the last two quarters and have not resulted in any harm. We have participated in the Hospice UK falls audit programme for Q1 which aims to explore the reasons**

**and learning from patient falls. Our falls reporting is significantly lower than the national average.**

9. That the number of staff being recruited to the Hospice had gone from 71 the previous year to 39 this year.

**We have experienced some recruitment challenges during the Covid-19 pandemic. However, we have had some significant successes, for example our community services now have a full complement of staff, additionally our medical staffing has greatly improved.**

10. That there were some areas needing improvement in the staff satisfaction survey specifically in relation to processes and procedures to support effective working, communication, leadership and engagement, career development and the environment. However, the Committee noted that the hospice had appointed an interim Head of Communications, Marketing and Digital who will help in reviewing the Trust's internal and external communications.

**We have successfully implemented our leadership walkround framework which has been an excellent mechanism to improve how the leadership team and Trustees engage with local services on matters that are important to them in improving patient and staff safety and to deliver news on service developments. We have a very active staff forum and have recently engaged with staff on the development of our new vision and values. Our staff newsletter has also been updated so that it is more engaging to all audiences. We have also developed new local operational policies to support the effective working of teams.**

**Our 2021-22 staff/volunteer survey is currently open. In the last six months we have developed a new Organisational Strategy, Equality, Diversity and Inclusion Strategy, Clinical Strategy, and a People Organisational Development Strategy.**

**Fran Deane, Director of Clinical Services  
Nada Schiavone, Assistant Director Quality  
25.11.2021**

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## CLCH RESPONSE TO HOSC COMMENTS

The CLCH Audit process is part of the continuous improvement approach outlined in the trust's quality strategy. It ensures continuous checking of the effectiveness of existing clinical processes and provides an opportunity to identify wider organizational learning, through the oversight of our clinical effectiveness group chaired by the Medical Director.

The feedback from the Barnet Health & Overview Scrutiny Committee is welcome and we have outlined our response to the issues they have highlighted:

1. Prescription errors had occurred regarding prescribing the correct dose.

**CLCH Response:** The audit findings have been shared with the teams involved; discussions and actions to aid ongoing learning have taken place. The trust medication management committee oversees the embedding of good medication management practice and compliance to agreed policy and professional standards.

2. 70 families hadn't been seen in the last two months and a significant number of these also hadn't been seen since 2019, even in a virtual setting.

**CLCH Response:** This audit was carried out across the whole division covering 9 boroughs. The non-compliance specific to Barnet was 25.3%. Each team implemented an action plan following the audit, which have now been completed. To embed learning from these audit findings the leadership team has put a process in place to ensure that staff have allocated time in their diaries for targeted vulnerable family support. This is discussed at 1-1 meetings with Team Leads and during safeguarding supervision. All families not seen virtually during the first lockdown were followed up with virtual and face to face.

3. At the Pembridge Day Hospice the 'Do Not Attempt Cardiopulmonary Resuscitation' forms had not all been fully completed and some had not been discussed with the patients.

**CLCH Response:** There is an expectation that all patients attending the Day Hospice are provided with the opportunity to discuss resuscitation and that the DNACPR form is signed by members of the MDT in line with CLCH Trust policy. The audit has identified some gaps that have now rectified and improvement measures have been put in place to strengthen ongoing compliance. We have a scheduled re-audit to assess level of improvement in compliance.

4. Hydration audit at Athlone Rehabilitation Unit showed that only 28% of fluid charts had been completed accurately and 56% of patients were identified as at risk of dehydration.

**CLCH Response:** Further to the audit findings CLCH have enhanced the monitoring of compliance with fluid intake monitoring in Athlone and have started auditing bedside folders weekly and checking fluid balance charts at each handover (as per the process for medication charts). Areas of non-compliance are addressed with the staff immediately to identify any areas of support that might be required, this will continue on a weekly basis until there is a sustained improvement. The trust dietician is also delivering continuous refresher MUST training.

5. One third of audit days at Jade Ward at Edgware Community Hospital had demonstrated that there had been no hand wipes on trays or given to the patients during meal times. There had also been several interruptions to meal times on Jade Ward as well as Marjory Warren Ward.

**CLCH Response:** There is greater oversight by our ward matrons on ensuring that hand wipes are given to all patients during meal times and both wards practice protected meal times to avoid disruption and patient interruption during this time.

6. that in a CQC report published in June 2020, the Trust were given a rating of 'Requires Improvement' in the 'Safe' domain in Community Health Services for Children, Young People and Families and four areas were listed as 'of concern'.

**CLCH Response:** The CQC set three actions that the Trust must take to improve (governed under requirement notices). The Trust submitted its action plans to support the improvements to the CQC in July 2020. Progress was reported by the relevant services/departments into the CLCH Compliance team who coordinate the Trust's regulatory compliance, and monthly updates were presented to the Trust's Patient Safety and Risk Group (PSRG) for assurance and critique and completed in March 2021. Some residual work continues, and the Trust updates CQC during their monthly engagements meeting

7. Case record reviews, CLCH need to check record keeping and also improve communication with acute providers.

**CLCH Response:** All trust services are involved in record keeping audits on an ongoing basis to ensure compliance with agreed trust policy and professional standards. In addition, the trust undertakes case reviews and staff discuss these through clinical supervision processes to ensure care is provided at the correct level and where gaps in record keeping or engagement with partners are identified, actions are promptly put in place to remedy these.

8. There had been 13 patient safety incidents resulting in severe harm in the past year, compared with 11 the previous year.

**CLCH Response:** The patient safety incidents reported that resulted in severe harm consisted of five pressure ulcers, four falls, two treatment problem and two delay/failure to diagnose. As outlined in our Quality Accounts; the trust has instigated numerous actions to learn from all adverse events with particular focus on targeted support for teams in the management of pressure ulcers, lower limb wounds through a focus on podiatry and targeted falls prevention work.

9. The bedded units there had been nine falls compared with seven last year, 43 Category 2 pressure ulcers and four category 3 and 4 pressure ulcers compared with one last year. All these categories had a target of zero.

**CLCH Response:** The trust has reported 43 category 2 pressure ulcers in our bedded units in 2020/21. This is a continued decrease from the 44 reported in 2019/20 and the 57 reported in

2018/19. The trust continues to review all category 2 pressure ulcers developing in the bedded units each month, to support the embedding of best practice and reduction in the incidents of further deterioration or re-occurrence.

It is also important to recognise that the trust has had an increased the number of hospital beds by 97 beds in the reporting period 2019/20, with the adoption of the West Herts community beds.

10. Staff sickness had slightly increased over the past year, which was disappointing but understandable in the circumstances.

**CLCH Response:** There has been an increase in sickness levels from the 4.4% to 5.5%. The trust continues to support staff well-being through several initiatives such as our staff well-being group, engagement of our employee health and some targeted work through our staff networks as outlined in our new Promoting Equality & Tackling Inequality Strategy.

11. 12% of serious incident actions remain open, compared with a target of 100% completion.

**CLCH Response:** The process of incident investigation and development of action plans to aid learning is an integral part of the trust's delivery of its preventing harm campaign as outlined in the quality strategy. Through the Patient Safety Risk Group CLCH has implemented a rigorous process of challenge and checking the timely closure of all actions and the sharing of 7 minute learning briefings.

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## Royal Free London NHS Foundation Trust Quality Account 20/21 Update – November 2021

Ref	Barnet HOSC Comment/Query	Response
1	Variations in electronic patient record (EPR) within the RFL Group	<p>RFL now have a shared EPR deployed since October 2021.</p> <p>This has allowed the Trust to start addressing the issue of fragmented clinical and administrative workflows and has enabled digitised records to be shared across RFL and the NCL ICS.</p>
2	Data should be presented more clearly for the layperson - not felt to be the case in the 2020/21 Quality Account which appeared to be aimed more at professionals	<p>We apologise that the representation of data was not adequately explained in the 2020/21 report.</p> <p>We will be mindful to improve our commentary and clarity in the 2021/22 report to ensure the language of the report is more accessible.</p>
3	Failed to achieve its target of zero 'never events' by March 2021	<p>We will continue as part of our Safety Strategy 2020 - 2025, to work towards zero never events by decreasing our avoidable harm score to 49 and becoming a zero-harm organisation by 2025.</p> <p>Currently for the first 2 quarters of 2021/22, the Trust has reported 1 never event which is down on the previous year to date position, reflecting a steady improvement in line with our safety strategy.</p>
4	More details on the new plans for dementia care	<p>Currently working on the delivery of a Dementia CPG which consists of 5 focussed workstreams: Delirium, Distressed behaviour, Assessment-based care, Discharge and Carers.</p> <p>Please see dementia strategy and activity summary that was shared by the RFL lead for dementia in Sept 2021 with HOSC.</p>

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## **NHS TRUST QUALITY ACCOUNTS 2020/21**

### **Extract from minutes of HOSC 19 May 2021**

#### **RFL London NHS Foundation Trust Quality Account**

The Committee noted the Mid-Year Quality Account 2020/21 and the Quality Account 2020/21.

The Chairman invited the following to the table:

- Dr Jane Hawdon, Consultant Neonatologist, Medical Director and Responsible Officer, Royal Free London NHS Foundation Trust
- Dr Mike Greenberg, Medical Director, Barnet Hospital

The Committee wished to put on record its thanks to all staff, across the Trust, who had gone above and beyond and coped incredibly well during the pandemic and also having to try to facilitate 'virtual' visits in place of families and carers being able to visit 'in person'.

The Committee put on record the following comments on the Draft Quality Account:

The Committee would like to congratulate and compliment the Trust on the following:

- that staff across all departments have coped to the best of their abilities in very difficult circumstances over the past year.
- that the Trust was at the forefront of Covid 19 related research and had also hosted the world-first 'human challenge trials' aimed at understanding infection transmission.
- that the triaging or research streams was impressive.
- their participation in rolling out various vaccination centres most efficiently including the StoneX Centre.
- that the Trust's REST (Resilience and Emotional Support Team) hub provided psychological support to airline flight crews after stressful shifts: Project Wingman.
- that the health and wellbeing of staff is vitally important as it also has an impact on patient care. The Committee is pleased to see that 'Joy in Work' remains a priority.
- that one of the four delivery priorities is to reduce the number of patients who are waiting a long time to be seen, and that the Trust recognises the tenacity that achieving this will require from staff.
- that digital infrastructure and solutions are in place to improve patient and staff experience as their third priority.
- its Research and Development Team having its first Covid 19 research study approved and its participation in the world's largest Covid 19 treatment trial which is estimated to have saved over one million lives globally

- for developing a 'proning board' which reduces the number of staff necessary to turn patients over to help with better ventilation, especially those in Intensive Care Unit with Covid 19.
- the excellent and informative TV documentary on the care it has given since the pandemic. This included details of the delicate work of recruiting patients onto studies for treatments for Covid-19.
- Its bereavement work especially where staff had listened to families, looked at processes and improved them.
- the use of artwork to design a bereavement card.
- the work of the property team in trying to make sure that all patients property was safe and secure.
- instigating training to help staff examine the root causes of episodes of violence and aggression perpetrated by people with dementia or delirium, particularly against staff.
- their achievement of 22 places in the national scoreboard for the National Cancer Patient Experience.
- the development of digitised patient pathways to improve care and noted that this piece of work is ongoing.
- for participating in 100% of national confidential enquiries and 97% of national clinical audits, and noted the actions to improve its national and local audits.
- reducing the delayed transfers of care which was previously rated 'bad' and reducing these down to zero which was impressive.

However, the Committee expressed its concerns regarding the following:

- the Trust's failing which resulted in a maternal death, but was pleased that the Group Chief Executive acknowledged this in her Foreword.
- That there is only a single shared Electronic Patient Record (EPR) within the RFL Group. This is a disappointment as ideally patients' records should follow the patient as they move to different Trusts.
- that in the Mid-year Quality Account update, it was noted that data would be presented more clearly for the layperson in future. However, this was not felt to be the case of the 2020/21 Quality Account, which still appeared to be aimed at professionals.
- that the Trust had failed to achieve its target of zero 'never events' by March 2021 and instead had had five.
- that there had been 68 incidents of avoidable harm by the end of Quarter 3, with one quarter remaining for the year.
- that the number of inpatient falls at the end of the third quarter of the year was already well above the Trust's target for the whole year.

- that there had been six cases of MRSA when the aim had been to have zero cases in the Trust.
- there had been 70 cases of C Difficile in the current year, against a target of zero.
- that the Trust had hoped to reduce incidents of Gram negative bacteraemias in line with the mandated threshold by 2021/22 but they had increased from 145 cases in 2020 to 170 in 2021, although it was noted that this had been an exceptional situation due to the pandemic.
- that there had been an increase in emergency readmissions within 28 days since the previous year.
- that more training is required for nurses and doctors to fully understand about dementia and requested more details on the new plans for dementia care.
- that the percentage of staff who would recommend the Trust to families and friends was down to 68% from 71% in the previous year and continuing a downward trend.
- that the Trust ranked low across London in overall performance compared with comparable NHS Acute Trusts.
- the number of patients who had waited over 52 weeks for Referral to Treatment (RTT) had increased from last year.
- that the Trust's performance against the four-hour A&E standard was lower than the target.
- that the number of patients waiting over 62 days following a GP referral to start cancer treatment was higher than previous years.
- that feedback from patients on how well they felt looked after by staff, including non-clinical staff, was disappointing.
- that some of the KPIs were disappointing, such as only 0.5868 against a target of 0.90 for less than a 62-day wait for referral for first treatment for cancer screening referrals.
- that the In-Patient surveys were rated worse than most other transfers of care.

A Member asked whether Jane Hawdon would kindly send the Committee the plans for dementia care from the new Nurse Consultant, both during the pandemic and in the future. The Member offered to forward papers that she had received and Jane Hawdon agreed to go through any further concerns.

A Member asked whether there is any data on the length of time between death and the funeral of religious patients, who don't need a post mortem, but would normally be buried within 24 hours. Dr Greenberg replied that the RFH does not collect this data but makes every attempt to facilitate funerals within this time frame, as far as possible.

### **Central London Community Healthcare NHS Trust (CLCH)**

The Committee noted the Mid-Year Quality Account 2020/21 and the Quality Account 2020/21.

The Chairman invited the following to the table:

- John McLinden, Divisional Director of Nursing and Therapies, North Central Division, CLCH
- Denis Enright, Director of Operations, CLCH

The Committee put on record its thanks to all CLCH staff who had continued to provide wonderful care throughout the pandemic.

The Committee also put on record the following comments on the Draft Quality Account:

The Committee would like to congratulate and compliment the Trust on the following:

- an emphasis on a clinically curious culture: 'Making Every Contact Count' which is important for the quality of care and avoidance of harm.
- for being recognised in various national award schemes and obtaining a Burdett Trust Grant to undertake a research project entitled 'Rehabilitation and Recovery following Critical illness related to Covid 19'.
- that CLCH staff had been redeployed to the Nightingale Hospital and to large scale vaccination hubs across North London. The Committee was also impressed that CLCH had set up an academy to provide vaccination training.
- for maintaining a strong performance against its Quality KPIs despite the pandemic, continuing to enhance its quality of care and reducing levels of harm through robust governance structures.
- maintaining its existing 'Good' rating in the CQC Report which was published in June 2020 and achieving an 'Outstanding' in the 'Well-Led' domain of Community Health Services for Adults.
- its staff education and training initiatives, such as 'reverse mentoring', and for implementing the Apprentice Nursing Associate role across the Trust.
- that CLCH had submitted records to the Secondary Uses Services for inclusion in the Hospital Episode Statistics. This had included 99.1% of data submitted with the patients' NHS number.
- its emphasis on continuity of child protection and children in need was welcomed as Covid had presented challenges for this and the Trust's work with other Boroughs.
- that Jade Ward and Adams Ward at Edgware Community Hospital had received good feedback in a survey on the quality and variety of their food and on staff helpfulness. However, it was noted that staff needed to remind patients about the variety of snacks and drinks available.
- for recruiting two extra members of staff to support research into Long Covid.
- the 'Freedom to Speak Up' (FTSU) initiative, which included five of the 11 champions being from BAME backgrounds.

- that actions had been taken to improve data quality and that the importance of continuing to work to improve data was recognised by the Trust.
- its KPIs being either improved or remaining the same in the Positive Patient Experience.
- its plans to improve the quality of referrals in planned care in Barnet. Although this had been paused during the pandemic as staff had been redeployed, the Committee was pleased that this will re-start.
- that the 'One Care Home Team' had supported 59 care homes in Barnet during the pandemic.
- that the Trust had managed to double its number of volunteers who had worked in various roles including in PPE, the Academy, befriending and other pivotal support roles during the pandemic.

However, the Committee expressed its concerns regarding the following:

- that in the audit aimed at assessing antibiotic prescribing for dental paediatric patients, prescription errors had occurred regarding prescribing the correct dose.
- that consultations were not offered in some cases to children in need during the pandemic. Over 70 families hadn't been seen in the last two months and a significant number of these also hadn't been seen since 2019, even in a virtual setting.
- that at the Pembridge Day Hospice the 'Do Not Attempt Cardiopulmonary Resuscitation' forms had not all been fully completed and some had not been discussed with the patients.
- that a hydration audit at Athlone Rehabilitation Unit in the North-West area showed that only 28% of fluid charts had been completed accurately and 56% of patients were identified as at risk of dehydration.
- that during an observational audit of protected meal times, one third of audit days at Jade Ward at Edgware Community Hospital had demonstrated that there had been no hand wipes on trays or given to the patients during meal times. There had also been several interruptions to meal times on Jade Ward as well as Marjory Warren Ward at Finchley Memorial Hospital.
- that in a CQC report published in June 2020, the Trust were given a rating of 'Requires Improvement' in the 'Safe' domain in Community Health Services for Children, Young People and Families and four areas were listed as 'of concern'.
- that regarding case record reviews, CLCH need to check record keeping and also improve communication with acute providers among other criticisms.
- that there had been 13 patient safety incidents resulting in severe harm in the past year, compared with 11 the previous year although it was noted that there had been an increase in patient numbers during the past year due to patients who were shielding with no face-to-face GP access.

- that in the bedded units there had been nine falls compared with seven last year, 43 Category 2 pressure ulcers and four category 3 and 4 pressure ulcers compared with one last year. All these categories had a target of zero.
- that staff sickness had slightly increased over the past year, which was disappointing but understandable in the circumstances.
- that the Committee noted that 12% of serious incident actions remain open, compared with a target of 100% completion.

### **North London Hospice (NLH)**

The Committee noted the Mid-Year Quality Account 2020/21 and the Quality Account 2020/21.

The Chairman invited the following to the table:

- Fran Deane, Director of Clinical Services, NLH
- Nada Schiavone, Healthcare Consultant, NLH

The Committee put on record its thanks to all NLH staff who had continued to provide wonderful care throughout the pandemic.

The Committee also put on record the following comments on the Draft Quality Account:

The Committee congratulated and complimented NLH on the following:

- for including the interesting and positive patient story at the start of the Quality Account.
- for coping so well in extreme circumstances during the pandemic and also making good progress on its priorities for 2021 particularly further developing their database, Egton Medical Information Services (EMIS), which improved efficiencies across services.
- that the training for non-medical prescribers was impressive.
- that support for patients had been offered virtually during the pandemic, with virtual assessments and consultations.
- for exceeding most of its objectives in providing virtual support for the Health and Wellbeing Service, particularly as this was helpful for patients who were too ill or fatigued to travel.
- its aim to work with the Health Information Exchange (HIE) which enabled the Hospice to access Primary Care patients' records and for continuing to work towards implementing technology to enable it to share its records with other Trusts.
- achieving their ambition of becoming a research centre.
- that some visitors for patients at the very end of life had been allowed access throughout the year.

- Gaining funding from Health Education England which enabled palliative and end-of-life training to be delivered to 36 London Ambulance Service paramedics and technicians and that ten had successfully completed the Level 5 accredited course.

However, the Committee expressed its concerns regarding the following:

- that there were some areas of non-compliance in the Infection, Prevention and Control Audits including the need for improved stock rotation of clinical equipment, improved labelling of sharps bins, ensuring carpets are in a good state of repair and ensuring that urine jugs are only being allocated to a single service user.
- that the Hand Hygiene Audit which took place in IPU only had an 84% compliance level.
- that the Audit of Preferred Place of Death seemed haphazard.
- that the Audit of Community Non-Medical Prescribing identified that communication with GPs could be improved and that FP10 handwritten prescriptions are not always accepted by pharmacists.
- that there had been some transdermal patch incidents, with the wrong dose being given in some cases and omissions of doses in other cases.
- that the number of volunteers was down to 620 from 830 the previous year (2019-20) and from 950 two years ago (2018-19).
- that there had been 141 closed bed days during the year compared with 160 in 2019-20, which was largely due to fire and safety work in the bedrooms, and only 12 in 2018-19. However, it was noted that this had not prevented any admissions.
- that the highest category of medication incidents are administration errors followed by dose omissions, although action is being taken and there is a quality improvement project on medication safety being developed.
- that the number of patient falls had increased over the last quarter of 2020/21 though these had not resulted in serious harm.
- that the number of staff being recruited to the Hospice had gone down from 71 the previous year to 39 this year.
- that there were some areas needing improvement in the Staff Satisfaction Survey, specifically in relation to processes and procedures to support effective working, communication, leadership and engagement, career development and the environment. However, the Committee noted that the Hospice had appointed an Interim Head of Communications, Marketing and Digital who will help in reviewing the Trust's internal and external communications.

**RESOLVED that the Committee noted the three Quality Accounts and would submit their comments within the time frame required by the three organisations.**

**Health Overview and Scrutiny  
Committee  
Forward Plan 2021-22**

Contact: [governanceservice@barnet.gov.uk](mailto:governanceservice@barnet.gov.uk)

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
<b>10 February 2022</b>			
Covid update	Update on the coronavirus cases and vaccination update in Barnet.	Director of Public Health	<b>Non-key</b>
Long Covid	Update on data surrounding long covid and the number of cases in Barnet	Clinical lead – Long Covid, Central London, Clinical Commissioning Group	<b>Non-key</b>
<b>25 May 2022</b>			
Covid update	Update on the coronavirus cases and vaccination update in Barnet.	Director of Public Health	<b>Non-key</b>
NHS Trust Quality Accounts 2021/22	NHS Trust Quality Accounts 2021/22 form <ul style="list-style-type: none"> <li>- Royal Free London (RFL) NHS Foundation Trust</li> <li>- Central London Community Healthcare NHS Trust</li> <li>- North London Hospice</li> </ul>	NHS Trusts	<b>Non-key</b>
<b>To be allocated</b>			
Children and Young People's Oral Health in Barnet	Update on Children and Young People's Oral Health in Barnet	Director of Public Health	<b>Non-key</b>
APMS update 6 months after opening	Update on the new APMS contract	CCG	<b>Non-key</b>