

**MEETING**

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**DATE AND TIME**

**MONDAY 24TH FEBRUARY, 2020**

**AT 7.00 PM**

**VENUE**

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

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

Chairman: Cllr Alison Cornelius  
Vice Chairman: Cllr Linda Freedman

**Councillors**

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

**Substitute Members**

Councillor Arjun Mittra	Councillor Lachhya Bahadur Gurung
Councillor Felix Byers	Councillor David Longstaff
Councillor Ammar Naqvi	Councillor 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 public questions or comments is **Weds 19<sup>th</sup> February**. Requests must be submitted to Governance Services (see below).

**You are requested to attend the above meeting for which an agenda is attached.**  
**Andrew Charlwood – Head of Governance**

Governance Services contact: Tracy Scollin, 0208 359 2315, [Tracy.Scollin@Barnet.gov.uk](mailto:Tracy.Scollin@Barnet.gov.uk)  
Media Relations Contact: Gareth Greene 020 8359 7039

**ASSURANCE GROUP**

*Please consider the environment before printing. The average Print Cost for this Committee has reduced by £182.82 per meeting, due to paperlight working.*

*Two paper copies of the agenda only will be available at the meeting for members of the public. If needed, attendees are requested to print any specific agenda report(s). Committee Agendas are available here: [barnet.moderngov.co.uk/uuCoverPage.aspx?bcr=1](http://barnet.moderngov.co.uk/uuCoverPage.aspx?bcr=1)*

## ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 16
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) Member's Item in the name of Councillor Geof Cooke	17 - 20
7.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee None.	
8.	Update from Royal Free London NHS Foundation Trust <ul style="list-style-type: none"> <li>• Group Chief Executive's Vision for Royal Free London NHS Foundation Trust</li> <li>• Wuhan Novel Coronavirus</li> <li>• Barnet Hospital Planning Application</li> </ul> <p>Caroline Clarke, Group Chief Executive, Royal Free London NHS Foundation Trust</p>	
9.	Update on Surplus Land at Finchley Memorial Hospital Eugene Prinsloo, Developments Director, Community Health Partnerships Ltd	21 - 22
10.	Update on mid-year Quality Accounts 2019/20 <ul style="list-style-type: none"> <li>• Royal Free London NHS Foundation Trust</li> <li>• Central London Community Healthcare NHS Trust</li> <li>• North London Hospice</li> </ul> <p>For the Committee to note.</p>	23 - 40
11.	Barnet CCG - Decision on Cricklewood Walk In Service Paper to follow	

12.	Moorfields Eye Hospital City Road Services Relocation Decision letter – North Central London STP  To note.	41 - 42
13.	Health Overview and Scrutiny Forward Work Programme	43 - 44
14.	Any Other Items that the Chairman Decides are Urgent	

### **FACILITIES FOR PEOPLE WITH DISABILITIES**

Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone [tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk) Tel 020 8359 2315. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

### **FIRE/EMERGENCY EVACUATION PROCEDURE**

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by Committee staff or by uniformed custodians. It is vital you follow their instructions.

You should proceed calmly; do not run and do not use the lifts.

Do not stop to collect personal belongings

Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions.

Do not re-enter the building until told to do so.

This page is intentionally left blank

# Decisions of the Health Overview and Scrutiny Committee

28 October 2019

Members Present:-

AGENDA ITEM 1

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

## 1. MINUTES (Agenda Item 1):

### Matters arising from the Minutes of the meeting held on 11 July 2019

- The Chairman and Cllr Hutton had contacted Cllr Longstaff, Chairman of the Children Education and Safeguarding Committee, as agreed.
- Dr Streather was due to attend the next meeting (Page 3)
- The Governance Officer would contact Professor Marzano about the additional data on suicide prevention.
- Suicide item: a Member thought more data would follow as the paper circulated in July did not have definite figures. Dr Djuretic noted that, due to small numbers, there was no more comprehensive information on published data. She would forward further work that has been done as part of the Thematic Review.
- Ms Matthews, Chief Operating Officer of Barnet CCG, noted a factual inaccuracy in a comment made by Cllr Rawlings which was noted in the minutes. She stated that Barnet CCG had not received £0.5million for the Cricklewood Walk In Centre. The CCG pays £150-250k per year for the Walk In Service

**Action: Governance Officer**

### Corrections to the Minutes of the meeting held on 11 July 2019:

- P.6 Para 2 'clusters of suicides' rather than 'clusters of suicide'.
- P.7 Para 7 'care provided at Walk In Centre' rather than 'Walk In Centres'.
- P.8 Para 4 insert the word 'to': 'there would need to be additional provision'.

The Committee **RESOLVED** to agree the Minutes as an accurate record subject to the above amendments.

## 2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies were received from Cllr Barry Rawlings, who was substituted by Cllr Paul Edwards.

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

Cllr Moore declared an interest under Agenda Item 11: Squires Lane is her GP Practice.

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

None.

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

None.

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

None.

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

Minutes of the JHOSC meetings held on 21 June 2019 and Draft Minutes of the meeting held on 27 September 2019 were received and noted.

**RESOLVED** that the Minutes and Draft Minutes were noted.

**8. ADULT ELECTIVE ORTHOPAEDIC SERVICES REVIEW (Agenda Item 8):**

The Chairman invited to the table:

- Will Huxter - Director of Strategy, North Central London Clinical Commissioning Groups (CCGs)

The Chairman thanked Mr Huxter for his slides, which had been circulated with the agenda, and included details of how the changes to adult elective orthopaedic services could affect Barnet.

Mr Huxter reported that the Joint Health Overview and Scrutiny Committee (JHOSC) would be invited to consider the proposals in early 2020 with a final decision to be made in the summer. The clinically-led services review had involved five Councils, Healthwatches and residents. The two proposed models of care were outlined in the slides. Emergency orthopaedics would not change but elective orthopaedics would be delivered by two partnerships across North Central London (NCL) involving five boroughs.

Pre- and post-operative care would continue to be provided at local hospitals with in-patient services being provided at Chase Farm Hospital. For most Barnet residents there will be no change to the current provision with elective orthopaedic surgical services accessed at Barnet, Chase Farm and the Royal Free Hospitals. Patients would benefit from additional choice with the ability to access the other elective centre delivered by the partnership of UCLH and Whittington Health. There would also be ring-fenced beds and

dedicated theatre space which should result in reduced waiting times and fewer cancellations.

A Member asked about the evaluation of the consultation and whether an organisation had yet been identified to carry this out. Mr Huxter responded that the process had not yet reached this stage, but this would be decided shortly.

A Member asked whether there had been a reduction in the number of procedures being cancelled as she had read that this was currently 10% of procedures. Mr Huxter responded that the aim was to virtually eliminate cancellations, but there had been no reduction yet as the changes had not happened. Often cancellations were caused by a lack of beds, particularly when emergency and elective work was carried out on the same site. Evidence from other parts of the country demonstrated that having dedicated beds for theatre worked well. The model would also help with workload and training. Currently surgeons could be called from their elective work to travel to a different site to carry out emergency work. The new rotas would have dedicated days for planned and emergency work and would also help to expose trainees to the full range of procedures. This was popular with staff who had been consulted and was more efficient overall.

Mr Huxter added that patients would only need to travel further for inpatient admissions as other services would continue to be more local. Transport had been the biggest concern raised, so the services review would make sure that there was a focus on local delivery of care as much as possible. A workshop had been held with patients and Healthwatches to discuss transport options that could be put in place.

A Member asked what the current average waiting times were and how much they were expected to improve. Mr Huxter responded that national targets required patients to be treated within 18 weeks of referral. There was a backlog, but this should reduce with the new model. Also, it would provide guaranteed capacity which was one of the reasons for the review.

A Member asked how this model of separating elective and emergency was helpful and where the additional emergency beds came from. Mr Huxter responded that in the current model staff were taken out of the elective list when there was an emergency admission. There would be an overall increase in capacity and, despite a bed cap for elective work, a staff team dedicated to orthopaedics on the correct ward had been shown to be more efficient, even with the same number of beds. Length of stay was also known to be reduced.

A Member asked whether the demand for emergency care was predictable enough to have surgeons on standby specifically for this. Mr Huxter responded that there was some predictability, with a standard number of patients who typically need to be admitted, but sometimes this still peaked causing long waits at A&E.

A Member asked about Barnet's relationship with the private hospitals and whether this was a higher cost service to provide. Mr Huxter responded that the national tariffs were set at the same rate for the NHS as the private sector. The NHS was preferable from the perspective of training, development and use of capacity. 8-10% of current activity was commissioned in the private sector.

The Chairman asked about the membership of the Joint Commissioning Committee which would make the final decision on the proposals. Mr Huxter responded that this had been set up when the five CCGs merged and would have lay representation, two

Healthwatch Chairmen and observers from each of the five Boroughs. Mainly acute hospital services were jointly commissioned. The Director of Public Health noted that she attended the meetings as well as several elected Members.

A Member asked about the consultation phase and how patient representatives were selected. Mr Huxter responded that mostly they were sourced through Healthwatch but also through advertisements.

The Chairman thanked Mr Huxter for his presentation. She invited him to the meeting of the HOSC in May or July 2020, depending on progress, so that he could update the Committee after the consultation process had finished.

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

## **9. BARNET HOSPITAL (Agenda Item 9):**

The Chairman invited the following to the table:

- Deborah Sanders, Group Chief Nurse, Royal Free London NHS Foundation Trust and Interim CEO, Barnet Hospital
- Kay Matthews, Chief Operating Officer, Barnet CCG

The Chairman thanked Ms Sanders for stepping in at short notice. She explained that Ms Sanders had taken over from Dr Shaw who had left the Royal Free London NHS Foundation Trust on 28 October 2019.

### **Progress on Planning Application**

Ms Sanders reported that a Pre-Planning Application for the car park would be submitted by the end of December 2019. The broader work was being led by a Clinical Director as part of a masterplan for Barnet Hospital (BH). She would ask Andrew Panniker, Managing Director, RFL Property Services, to update the Committee after the meeting.

**Action: Ms Sanders**

### **CPZ and Permits for Staff**

The Chairman noted that Barnet Council had agreed to provide 100 parking permits for BH staff to park in streets which are in a CPZ near the hospital and asked whether these had been issued. Ms Sanders expressed her gratitude for these permits on behalf of BH and noted that a meeting would be held on 4 November with Barnet Council's Director of Environment to arrange rollout. 500 members of BH staff had applied.

A Member noted that he and other Underhill Ward Councillors awaited a response on the review of the CPZ. There was tension over this between residents and hospital staff in the area. He asked what the criteria were for staff to receive a permit. Ms Sanders responded that it depended on where the staff live and staff would have to pay for permits. The same criteria would be used as for the hospital staff car park and costs were based on earnings. There would be no charge for night shift and weekend parking.

A Member enquired how much effort BH made to try to persuade visitors and patients to use buses rather than attend by car. He stated that access by bus to BH was good with



three frequent direct bus routes. BH could put notices up about this. Ms Sanders said that more could be done, although details were on the BH website. She would feed this back. The Chairman commented that patients were often too ill to use public transport and therefore needed to attend by car. She also mentioned that the buses did not run all through the night.

**Action: Ms Sanders**

### **Update on investment in A&E ahead of winter**

Ms Sanders reported that extra space was being created at the front door of Barnet Hospital for an Urgent Treatment Centre. The building work was currently in progress and should be finished by December 2019. Offices currently in this part of the building were being converted to clinical space with seven additional patient bays and an extended waiting area. Funding for this work was accessed by the CCG from S106 health infrastructure monies provided by developers in line with planning requirements.

The Department of Health had provided an additional £4million to increase capacity at the Acute Medical Unit (AMU) at BH by an extra 19 trolley spaces. This was a larger project due to finish by summer 2020 with minimal disruption over the coming winter.

The Chairman asked whether additional ward beds would be needed for those extra patients. Ms Sanders noted that many were treated and then discharged but there was continued focus on reduced length of stay so this should free up bed capacity on the wards.

Ms Matthews reported that several projects had been undertaken to maximise resources in preparation for the winter:

- The NCL-wide piece of work around last phase of life had resulted in a 9% reduction in admissions of this cohort already.
- The Rapid Response Service provided by CLCH had increased uptake by around 28 patients per week. This helped to avoid admissions or to help with earlier discharge.
- The IV Drug Therapy Service for discharged patients had been increased from three to seven days.
- A new Non- Weight Bearing Pathway had been commissioned through CLCH to care for patients at home and free up beds in the hospital and in Adams Ward at Finchley Memorial Hospital (FMH).
- An increased level of nursing and physiotherapy had been provided in Adams Ward so that it could accept more complex patients that currently remained in acute hospital.

A Member asked what preparations were in place for A&E at BH in terms of discouraging patients from attending unnecessarily, given that there were warnings of an increase in flu this year.

Ms Matthews noted that, as well as the increased capacity previously described, there was a strong campaign to educate the public using several channels. This included social media to try to influence patients not to go to A&E unless appropriate, but to call 111 or their GP. There was also a strong 'flu campaign in Primary Care and high-

risk patients were being approached to encourage vaccination. It was noted that there are an additional 48,000 extra access appointments, which can be flexibly moved around during peak times to meet patient needs.

A Member asked whether most Barnet residents were registered with a GP. Ms Matthews noted that the majority would be, but she did not have figures at the meeting. Barnet CCG was working hard to encourage those who were not registered to do so. The more transient population and homeless people were less likely to be registered. Homeless people could use their GP's address, instead of a home address, and the CCG was also working with homeless shelters to try to solve this issue. Walk In Centres were open to all.

**RESOLVED** that the Committee noted the verbal report.

## **10. ALTERNATIVE PERSONAL MEDICAL SERVICES (APMS) (Agenda Item 10):**

The Chairman invited the following to the table:

- Kay Matthews – Chief Operating Officer, Barnet CCG
- Collette Wood – Director of Primary Care Transformation, Barnet CCG

Ms Wood reported that the contract for the Alternative Personal Medical Services (APMS) GP Practice in Cricklewood would shortly come to an end and a consultation had been carried out from April – July 2019. Further to the feedback received, the North Central London (NCL) Primary Care Committee in common had decided on 22 August 2019 that the GP Practice in Cricklewood would be re-procured. The contract for the new practice would be advertised in December 2019 with a view to awarding a contract around July 2020. The aim would be to find a new venue in Cricklewood for the Practice but it would remain in the current building in the meantime.

A Member enquired about the size of the Practice. Ms Wood stated that it had around 5000 patients and had grown significantly.

A Member asked how many GPs the practice would have. Ms Matthews stated this would depend on the contract, but a multi-partner Practice would be sought. The Primary Care workforce had changed and new roles introduced such as practitioner nurses and healthcare support workers both carrying out extended roles, additional physiotherapists and pharmacists. Therefore, it was difficult to be specific about the number of GPs.

A Member asked for further details on the new ways of working. Ms Wood responded that Barnet has a good history of Practices working together, but this would be a more formal arrangement in the future with an emphasis on integrated working. Primary Care Networks (PCNs) would be the foundation for integrated care. She offered to speak in more detail on this under the 'Integration Barnet CCG' item due to be discussed at the next meeting.

**Action: Barnet CCG**

The Director of Public Health enquired about the proportion of patients registered with Barnet and Brent GP Practices attending the Walk In Centre and whether Barnet was working with Brent. Ms Matthews stated that she did not have details at the meeting and the CCG was working with Brent. All CCGs were guided by the national Primary Care

Strategy and details were in the Long Term Plan. The number of appointments undertaken via Skype or apps would also increase over time.

(Information sent following the meeting in answer to the Director of Public Health's Enquiry:

In 2018/19, 58% of attendances were by patients registered with a Brent GP and 24% by Barnet GP registered patients – the majority from local practices. The remaining came from Camden and other surrounding boroughs in smaller numbers.)

### **Cricklewood Walk In Centre**

Ms Matthews clarified that the Walk In Centre is separate to the GP Practice in Cricklewood, but in the same building.

She reported that the consultation on this was from 12 August until 18 November 2019. The decision for Brent and Barnet would be made on either 18 or 19 December 2019 and the CCG would report back to HOSC in February 2020.

A Member noted that there was no similar Walk In Centre for Brent patients and asked whether the bigger GP Practice would resolve this. Ms Matthews responded that Primary Care models were changing and Barnet was one of only a few boroughs with Walk In Centres. The CCG's view was that, as a small Walk In Centre, it did not offer the range of facilities which fits the original concept, such as those at Finchley and Edgware. The CCG had also invested into Primary Care with 48,000 Out-of-Hours appointments provided in GP Hubs. Brent had acted similarly. Patients' medical records are available at the Hubs whereas they are not available at the Walk In Centres. Many patients are confused with so many points of entry and are attending Walk In Centres when the Hubs would be more suitable.

A Member asked whether there was any information regarding the uptake of the additional appointments and whether appointments could be made via GP websites. Ms Wood responded that over 90% of appointments were typically taken up and that patients should be able to access the appointment system online for all Barnet's GP Practices.

**RESOLVED** that the Committee noted the verbal report.

### **11. RAVENSCROFT MEDICAL CENTRE (Agenda Item 11):**

The Chairman introduced the item. She noted that a recent letter from the Chief Operating Officer, Barnet CCG, was tabled at the meeting.

Ms Matthews reported that on 21 October 2019 Millway Medical Practice had withdrawn from the joint application with Ravenscroft Medical Centre to provide Primary Care services at Finchley Memorial Hospital (FMH). This had ended the process as it had materially changed the nature of the project. Therefore, the proposed move of the Ravenscroft Medical Centre to FMH would not go ahead. It was noted that patients of the Ravenscroft Medical Centre were being notified of this update.

The Chairman noted that Lane End Medical Practice had been in the original consortium bid and this Practice had withdrawn in July. She enquired about the cost of the consultation and void space. Ms Matthews said this would be considered in a full review

and during the After Action Review meeting, where lessons could be learnt for future projects. She noted the current priority was to notify all patients who would be affected of this decision.

A Member asked about the impact on FMH's business plan. Ms Matthews responded that it was a difficult piece of work and many attempts had been made to put a GP Practice into FMH. Ms Matthews advised the CCG would be reviewing all options around FMH development and how this links to the newly formed PCNs.

A Member asked about the future of Ravenscroft Medical Centre, as the building appeared not to be fit for purpose. Ms Wood reported that the building needed some refurbishments but it was monitored by the Care Quality Commission (CQC) to continue to ensure that the Practice is compliant.

A Member asked whether reasons had been provided publicly by the two Practices who had withdrawn and whether they had broken a contractual agreement. Ms Matthews noted that she was not privy to the reasons for the withdrawal of the two Practices and they did not legally have to provide any. The process had been just over five weeks from completion but neither Practice was in breach of their contract as this was an expression of interest process in relocating to FMH.

The Member asked whether there would never have been a contract in that case. Ms Wood responded that the three Practices would have continued with their existing contracts. It was noted that the CCG was not awarding a new contract as part of the Finchley Memorial Hospital 'Expression of Interest' process and that this was not a procurement. However, the CCG chose to apply best practice principles in order to ensure that the process was open, transparent, and equitable.

The Member expressed astonishment that private businesses could withdraw after so much public money had been invested and asked that this should be a major part of the review. Ms Matthews stated that it was a frustrating situation, but Barnet CCG had had to follow Primary Care legislation, which was heavily regulated.

A Member enquired what preparations had already been made for the relocation, given that it was so close to being concluded. She also asked whether FMH was a viable proposition as the CCG had been trying to get GPs into FMH for the last nine years.

Ms Wood noted that a dedicated GP area had been prepared at the FMH and work had been undertaken to start to move other services to accommodate the GP Practice.

A Member noted that FMH was a great asset and, although there was no GP Practice, it had some wonderful services including its collaboration with the Dementia Club UK. She asked whether Ravenscroft Medical Centre could move to FMH on its own and then more interest from other GPs might follow. Ms Matthews stated that this would not be possible via the expression of interest process because the proposal that Ravenscroft had signed up to had changed materially.

A Member suggested that in the future such processes might be carried out in phases, with compensation being payable by parties who withdrew.

A Member asked whether the second consortium, which included Squires Lane GP Practice could be asked if they were still interested. Ms Matthews responded that this would not be feasible for the same reasons given i.e. the material change. She reiterated that since the process had begun, the scenario had completely changed with the

development of PCNs. The CCG would reflect on all feedback provided before reaching a decision on the next steps.

**RESOLVED** that the Committee noted the letter from the CCG and the verbal report.

## 12. MEASLES AND CHILDHOOD INOCULATIONS (Agenda Item 12):

The Chairman invited to the table:

- Dr Emma Waters, Public Health Consultant, LB Barnet

Dr Waters introduced her report. She noted that there is concern that Barnet's uptake of childhood immunisations was low compared to the national average but it is similar to the London average and also North Central London. This applied generally across all childhood vaccinations.

The Public Health Team had requested detailed demographic data from Public Health England (PHE) but they unfortunately do not provide a detailed breakdown. The Team had created their own data by looking at updates from GP Surgeries. It was known that parental opinions affected uptake but the data showed that GP Practices also had an impact. The Team had also begun a survey on uptake in schools.

A Flu and Immunisation Group had been set up and would create an action plan to improve the rate of childhood vaccinations in Barnet and to raise awareness of the issue. If groups at risk could be identified, then GP Practices could be made aware of those groups.

A Member asked whether there was any data on how many children had had measles, in light of the MMR issue, and whether there was still concern amongst the public about a link with autism. Dr Waters responded that there had been many measles cases in the spring of 2019. The Director of Public Health had co-signed a letter to inform schools about the issue and had also written an article in *Barnet First*. The Public Health Team was liaising with the Communications Team on improving awareness. This included the use of social media and emphasising that there was no proven link between the MMR vaccine and autism and also reminding people of the dangers of contracting measles. There had been 30 cases reported in Barnet but fortunately no fatalities. Babies under 12 months of age were particularly susceptible to infection, due to their weak immune system, and vaccination was only recommended after 12 months of age.

Dr Waters noted that Barnet had increased its resources for immunisation, although responsibility for it sits with NHSE.

A Member asked for feedback when a plan is in place.

A Member noted that the report mentioned that there are a significant number of children in poverty in Barnet and whether it would be useful to conduct some research on whether poorer families were less likely to engage. Dr Waters responded that without demographic data it was difficult to compare uptake. She said it was known that certain groups were at risk: those who were transient or with housing difficulties, larger families and children of teenage parents. The aim was to tackle this by making sure that GPs had good processes in place and that school vaccination worked well.

Dr Djuretic noted that evidence from elsewhere suggested low immunisation uptake amongst larger families as it was more difficult for them to get to GP surgeries. Therefore, some immunisation programmes have been run at Children's Centres and other venues. It was reassuring that Barnet had had fewer cases of measles than the London average. On reviewing GP Practices, it had been found that many of them did not appear to be uploading their vaccination data correctly, so levels of vaccination may be higher than the data showed. Public Health was working with the CCG to improve the accuracy of data.

A Member enquired how the Committee would know when these measures were in place. Dr Waters noted that PHE collects the data and Looked After Children were recorded separately. An upward trend in uptake of vaccinations should mean both data processing and vaccination rates had improved. The Public Health Team receives quarterly data from all GP Practices, but this is not publicly available.

A Member noted that Children's Centres and 0-19 Hubs should be a good point of contact to help capture some of those not vaccinated. Dr Waters responded that PHE would be carrying out routine training for this and the local Public Health Team would coordinate this.

A Member suggested focusing on families with young children in temporary accommodation as well as Children's Centres and finding out whether there was a high number not vaccinated. The Chairman suggested also working with Healthwatch to try to get more evidence.

The Chairman would invite Dr Waters to report back to Theos at its meeting on 9 July 2020.

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

### **13. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 13):**

#### **Next meeting**

Integration Barnet CCG

Update on surplus land owned by FMH – Eugene Prinsloo

Mid-year Quality Accounts:

- Royal Free London (including update on success of measures taken recommended in the CQC report)
- North London Hospice
- CLCH including Edgware and Finchley Memorial Hospital Walk In Centres.

#### **24 February 2020**

Cricklewood Walk In Centre

#### **11 May 2020**

Quality Accounts

Update on Adult Elective Orthopaedic Surgery Consultation

**9 July 2020**

Update on Measles and Childhood Inoculations

Update on Breastfeeding Support Service

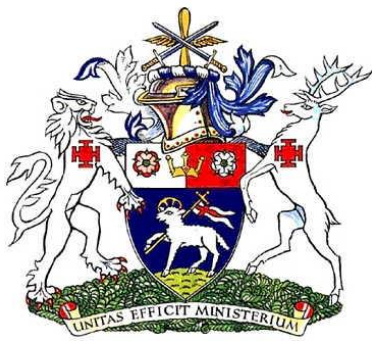
Update on new contract for APMS GP Practice in Cricklewood.

- 14. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 14):**

The meeting finished at 9.47 pm

This page is intentionally left blank





# Health Overview and Scrutiny Committee

24 February 2020

<b>Title</b>	<b>Members' Item</b>
<b>Report of</b>	Head of Governance
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	None
<b>Officer Contact Details</b>	Tracy Scollin, Governance Officer Tracy.scollin@barnet.gov.uk Tel: 020 8359 2315

## Summary

The report informs the Health Overview and Scrutiny Committee of a Member's Item and requests instructions from the Committee.

## Recommendations

1. That the Finchley & Golders Green Area Committee's instructions are requested to the item submitted by a Member of the Committee highlighted at Section 1.1

## 1. WHY THIS REPORT IS NEEDED

- 1.1 The following Members Item has been received and the Committee is asked to consider the following matter:

<b>Cllr Geof Cooke</b>	I request that HOSC considers the continuing absence, at Royal Free Trust sites in and around Barnet, of bus service promotion to staff, visitors and patients who are able to use public transport. It appears that Trust management is prioritising its parking permit revenue stream over the health benefits of reducing road traffic, difficulties encountered finding a parking space and impact on residents in the surrounding area. I raised the issue at a previous meeting but there has been no action or feedback.
------------------------	---

## 2. REASONS FOR RECOMMENDATIONS

- 2.1 No recommendations have been made. The Committee is therefore requested to give consideration and provide instruction.

## 3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

## 4. POST DECISION IMPLEMENTATION

- 4.1 Post decision implementation will depend on the decision taken by the Committee.

## 5. IMPLICATIONS OF DECISION

### 5.1 Corporate Priorities and Performance

- 5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies.

### 5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 None in the context of this report.

### 5.3 Social Value

- 5.3.1 Members' Items provide a process for Members to request officer reports for discussion within a committee setting at a future meeting.

### 5.4 Legal and Constitutional References

- 5.4.1 The Council's Constitution, Article 2, Members of the Council, Section 2.3 states A Member (including Members appointed as substitutes by Council) will be

permitted to have one matter only (with no sub-items) on the agenda for a meeting of a Committee or Sub-Committee on which s/he serves. The matter must be relevant to the terms of reference of the Committee. This rule does not apply to the Licensing, Planning and Urgency Committees. The referral of a motion from Full Council to a Committee will not count as a Member's item for the purpose of this rule.

## **5.5 Risk Management**

5.5.1 None in the context of this report.

## **5.6 Equalities and Diversity**

5.6.1 Members' Items allow Members of a Committee to bring a wide range of issues to the attention of a Committee in accordance with the Council's Constitution. All of these issues must be considered for their equalities and diversity implications.

## **5.7 Consultation and Engagement**

5.7.1 None in the context of this report.

## **5.8 Insight**

The process for receiving a Member's Item is set out in the Council's Constitution, as outlined in section 5.4 of this report. Members will be requested to consider the item and determine any further action that they may wish in relation to the issues highlighted within the Member's Item.

## **6. BACKGROUND PAPERS**

6.1 None.

This page is intentionally left blank

## **Finchley Memorial Hospital**

### **Barnet HOSC update**

Update since July 2019 Committee meeting

Community Health Partnerships (“CHP”) have been working on options for the surplus land site at Finchley Memorial Hospital (“FMH”).

#### **Actions to date**

1. CHP cleared the procurement concerns identified previously with the Department of Health and Social Care and have drawn down support from a national framework.
2. A recommendation report was taken to the CHP Property Committee on 15 October 2019. This updated Committee on a further options appraisal that had been commissioned and recommended a series of next steps. The Committee approved the adoption of the recommendations in the report.
3. The recommendations were to progress to secure outline planning consent for a key worker accommodation scheme, to assemble a supply chain to work on the planning application and approval to a budget to fund this.
4. CHP have now secured the key appointments to progress the planning application and developed a programme with key milestones.
5. Work is progressing well towards the first key milestone which is a pre-application submission to Barnet’s Town and Country Planning team.
6. Barnet CCG have formally declared the site surplus.

#### **Next steps**

1. Engagement with local councillors with regards to emerging design
2. Submission of a pre-application advice pack by end of March 2020
3. Revise plans in light of feedback from planners

4. Engage with local residents in advance of submission of outline planning
5. Submit outline planning application - target date September 2020

Eugene Prinsloo

Developments Director

Community Health Partnerships Limited

7 February 2020

## Update on 2019/20 quality account.

### Introduction

This report presents an update to Barnet Health Overview and Scrutiny Committee (HOSC) on the actions that the trust has taken since the publication of their quality account 2019/20 in May and June 2019.

The report is divided into two sections:

- Part one: feedback on the points raised by Barnet HOSC (May 2019)
- Part two: update on progress to meet the quality account priorities (2019/20)

### Part One: Feedback from points raised by Barnet HOSC

In May 2019, the Barnet Health Overview and Scrutiny Committee (HOSC) reviewed the draft quality account 2018/19 and following comments were recorded. A response from RFL is as follows:

Comment from BHOSC	RFL Trust response.
The Committee commented that as the Quality Account was a document intended for use by the public, it should be clearly set out and easy to navigate: this was not felt to be the case. The draft report had no page numbers, the language was vague in places and it was suggested that SMART be used as a methodology (Specific, Measurable, Agreed upon, Realistic and Time-based). The overall presentation should be reviewed to make the report easier to assimilate and scrutinise.	The trust addressed this point in the final version of the quality account 2018/19.  For the 2019/20 quality report the trust intends to ensure that it is reader-friendly and plans to produce an easy-to read booklet specifically for patients.
The Committee was disappointed that there was much data missing from the Commissioning for Quality and Innovation (CQUIN) Scheme Priorities section.	The trust addressed this point in the final version of the quality account 2018/19.
The Committee noted that the target of zero 'Never Events' by the end of March 2019 had not been achieved. Instead there had been an increase to nine. The Committee noticed an effort from the Trust to reduce 'Never Events' but progress had not been made at the pace required to protect patients' safety.	The trust was disappointed to report nine never events during 2018/19 and therefore agreed to retain the target of zero never events as a quality account priority for 2019/20. Details of the trust performance is reported in part 2 (page 7) of this report.
The Committee reported that it was frustrating that data was missing from the report. The data on the number of deaths reviewed contained in	

the report related to April, May and June 2018 and more up-to-date data was needed. The mid-year data had previously been made available so it was inexcusable that the final figures were not available. There was no data therefore in relation to the Priority 'Learning from Deaths'	
The Committee noted some of the 'Actions Taken During 2017/18' were self-evident and should be routine, such as reviewing safeguarding processes and reviewing the medical rota.	The trust has taken this point on board and aims to reflect this in their 2019/20 report.
The Committee was disappointed with some of the Trust's national performance targets. Its compliance for Referral to Treatment was below the national average - the latest compliance in January 2019 was 73.9% against a target of 92%. The Cancer 62-day target had also not been met although it was hoped that improvements would be achieved in the future since the Trust set up the Cancer Clinical Practice Group. Accident and Emergency targets had been at 87.4% for several months, below the 95% target, though it was acknowledged that the Trust received a huge volume of patients and was investigating how it might tackle this.	The trust has taken this point on board and aims to reflect this in their 2019/20 report.
The report does not mention the Walk-In Centres at Cricklewood and Finchley Memorial Hospital. It is believed that Finchley Memorial Hospital and Edgware Community Hospital are also run by the Trust.	The trust does not run Finchley Memorial Hospital and Edgware Community Hospital, but provide services such as out-patients clinics and neuro-rehabilitation.
Some of the Quality Priorities, such as 'further enhance and support dementia', were vague and not measurable so it was not clear how the Trust would know whether its strategies were successful.	The trust has taken this point on board and aims to reflect SMART priorities in their 2019/20 report.
The report detailed the Trust's completed actions but it would be helpful if it also included the actions outstanding and a firm timescale for dealing with them.	The trust has taken this point on board and aims to reflect this in their 2019/20 report.
The Committee noted that many of the Quality Account priorities for 2018/19 were not achieved.	The trust recognises that some of the quality account priorities for 2018/19 were not achieved, therefore the trust agreed to retain these for 2019/20. An update on the trust progress to meet the priorities is reported in part 2 of this report.



## Part Two: Update on quality account priorities 2019/20

In total, all seven priorities were carried forward from 2018/19 as it was identified that during 2019/20 further improvement could be made (Figure1: Quality account priority and designated trust lead). The priorities remain within the three domains of quality (patient experience, clinical effectiveness and patient safety) and continue to have an executive sponsor, a designated lead and an associated committee where progress is monitored and assurance provided.

**Figure1: Quality account priority and designated trust lead)**



Quality domain	Quality account priority	Designated trust lead
<b>Patient experience</b>	To further enhance and support dementia care	Danielle Wilde: group dementia lead
	To improve our involvement with our patients and carers.	Richard Chester: Deputy director for patient experience
<b>Clinical effectiveness/ quality improvement</b>	To build capability in the workforce	James Mountford: Director of quality
	To develop a superior change-management capability putting clinicians in charge of their clinical pathway.	John Connolly: Clinical Pathway Group Director
<b>Patient safety</b>	To improve safer surgery	Hester Wain: Deputy director for patient safety
	To improve our learning from deaths	Hester Wain: Deputy director for patient safety
	To improve infection prevention and control	Vicky Pang: Infection Control lead

**Figure 2: Executive Sponsor and Associated committees (Group level)**

Quality domain	Executive Sponsor	Associated committees (Group level)
<b>Patient experience</b>	Deborah Sanders, interim chief executive/ Chief nurse	Population Health Committee (PHC)
<b>Clinical effectiveness/quality improvement</b>	Dr Chris Streather, Chief medical officer	Clinical Standards and Innovation Committee (CSIC)
<b>Patient safety</b>	Deborah Sanders, interim chief executive/ Chief nurse	Clinical Standards and Innovation Committee (CSIC)

The key used in this report to summarise the progress made during the reporting period is as follows:

**Key:**

<b>Status</b>	Progress as expected for the reporting period	
	Progress below expectation for the reporting period	


**1. Patient Experience:** To further enhance and support dementia care

<b>Key measure for success</b>	
<ul style="list-style-type: none"> <li>To improve the quality of care being undertaken in high need bays</li> </ul>	
<b>Progress</b>	<b>Status</b>
<p>The trust continues to build on work undertaken. Which has included the following:</p> <ul style="list-style-type: none"> <li>Second “dementia-friendly ward” opened on 8 West. New design includes a new barbershop and day room/ theatre space</li> <li>Ongoing collaboration with Chickenshed Theatre who will continue providing enhanced communication in dementia care with 3 workshops planned for Barnet and Chase over the next 9 months</li> <li>Dementia and Delirium Clinical Practice Group work (CPG) has been convened and works continues around 5 strategic priorities; admission, ward-based care, distressed behaviour, delirium, risk-positive discharge</li> <li>New series of “Sundown Sessions” has been recorded and broadcasted</li> </ul>	★

**2. Patient Experience:** To improve our involvement with our patients and carers.

<b>Key measure for success</b>	
<ul style="list-style-type: none"> <li>To organise a suite of tools, strategies, and cultural elements into an easy-to-follow framework</li> </ul>	
<b>Progress</b>	<b>Status</b>
<p>The trust continues the work with The Point of Care Foundation (PoCF) to improve involvement with our patients and carers.</p> <p>The PoCF has met with each hospital site executive team to discuss the above and commence planning for work package 1. The aim of these meetings was to:</p> <ul style="list-style-type: none"> <li>Familiarise people with the programme and ambitions for the work.</li> <li>Establish a shared framework for thinking about patient involvement and engagement across the group, based on the Carman et al Framework.</li> <li>Establish where the hospitals are positioned on the framework at present.</li> <li>Discuss who should attend the best practice in engagement workshop.</li> </ul> <p>An Involvement Programme Board was subsequently set up to plan for the best practice in engagement workshop. To date 27 people from across the Trust have been put forward for the workshop which took part in November 2019.</p>	★

### 3. Clinical Effectiveness: To build capability in the workforce

Key measure for success	
<ul style="list-style-type: none"> <li>• Increase Joy in Work for teams participating in the collaborative by 50% above baseline measures by 31 May 2020</li> <li>• Be sustainable in delivering core QI training programmes toward our goal that 20% of staff (2,000 staff) have received formal training in QI by end of 2020</li> <li>• Further incorporate QI into routine operations/processes across RFL, and further establish opportunities to share learning within and across our sites</li> </ul>	
Progress	Status
<p>The Joy in Work collaborative formally launched June 2019 with 15 teams taking part from across the organisation. Most teams are now running tests of change and gathering data around their key metrics. Learning set 3 (of 5 sets) took place on 18th December.</p> <p>An interesting outcome of this collaborative is that many teams are choosing to work on what matters to patients in order to work on what matters to staff. This focuses their efforts on challenging operational problems such as patient experience and waiting times. Examples of project progress include:</p> <ul style="list-style-type: none"> <li>• Barnet Emergency department ran a 'perfect staffing day' and saw an increase in staff happiness from 48% to 94%. These tests of change are helping to inform their staffing model.</li> <li>• The 11West high fliers have introduced a new way to run their morning drug rounds. Staff prefer the new process and they have seen a decrease in drug errors.</li> <li>• The Allerjoy team have been working on finishing clinics on time – they have started to achieve this.</li> <li>• 5 East B are working to improve better nursing and HCA team work. They now write the nurse and HCA name on each patients bed board. This ensures better team working and the patient also knows who is looking after them.</li> </ul> <p>We continue to train and develop staff in their use of quality improvement. An important milestone has been embedding 'QI bite-size' a half-day introduction to QI which now runs regularly across all main sites – RFH, BH, CFH &amp; ECC .</p> <p>Additionally, we have successfully run a first wave of The Royal Free Improvement Programme (TR-IP) which build on the IHI programme Improvement science In Action (ISIA). Successfully running this in house is a significant step to being able to build our own internal QI capability. The third wave of QI coach programme will start in March where RFL QI faculty will co-deliver 50% of the content alongside IHI faculty, with the view to then take this in house.</p>	

To date we have trained: 62 QI coaches, 312 QI Practitioners and 502 staff in QI bite-size

QI continues to be embedded into standard processes across RFL. Projects are presented across many committees e.g. QCRG, CSIC, CEO briefing, JiW steering group. We are also seeing the benefit of the Improvement Advisor role at Royal Free Hospital as an enabler to build local processes and embed the work further.

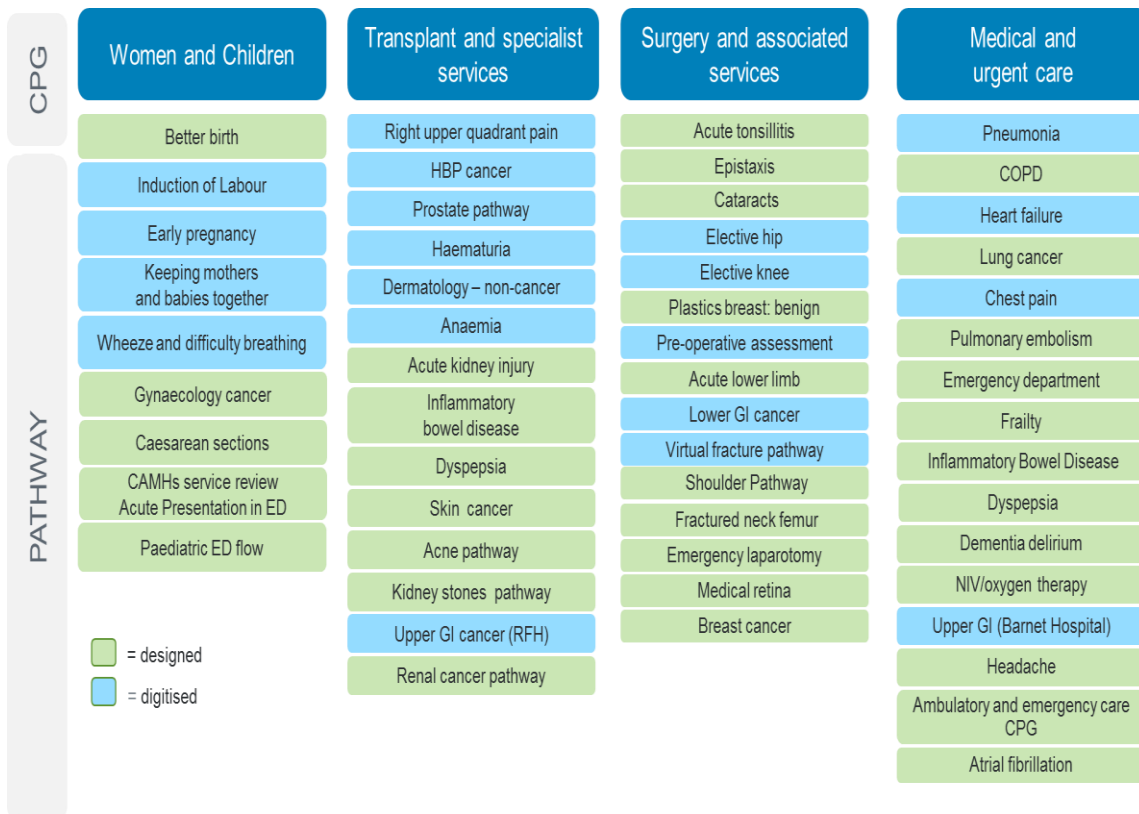
**4. Clinical Effectiveness:** To develop a superior change-management capability putting clinicians in charge of their clinical pathway.

**Key measure for success**

- To have 20 clinical pathways digitised across our CPGs

**Progress** **Status**

- Our CPGs use the latest clinical evidence to ensure that all patients have access to the best and most innovative treatments. The aim is to standardise pathways so that no matter where you get treated within the trust you will receive the same high standard of care. The trust has digitised 20 of the 54 pathway shown below we are currently monitoring adoption.



**5. Patient Safety:** To improve safer surgery

**Key measure for success**

- To achieve zero never events by the end of March 2020
- To increase by 75% the number of LocSIPs in place by the end of March 2020

**Progress**

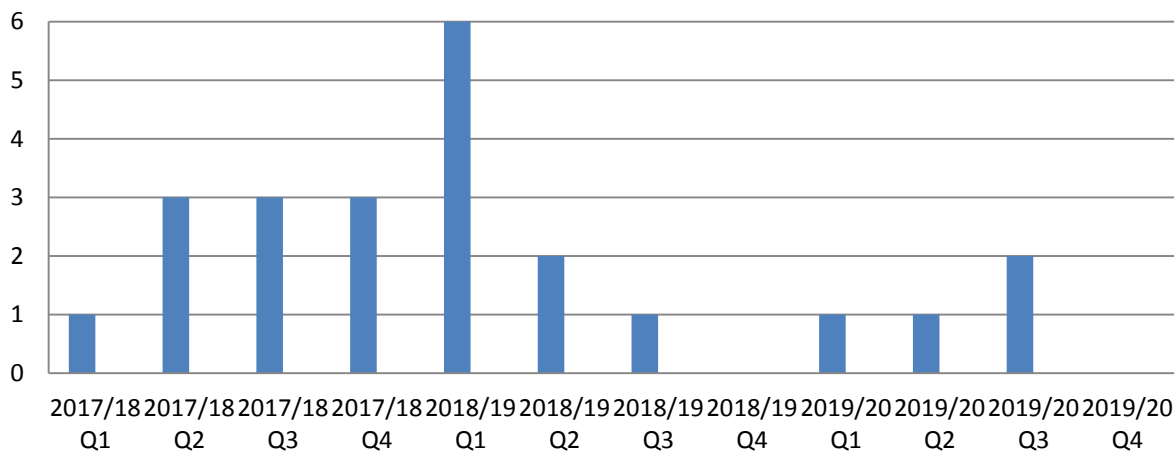
**Status**

Four never events have been reported in 2019/20



Steis	Datix	Site	Type	Incident date
2019/10977	IN102302	BH	Fed via misplaced NG tube	12/05/2019
2019/15127	IN106420	RFH	ABO-incompatible blood component	07/07/2019
2019/25700	IN115817	RFH	Wrong size breast implant	18/11/2019
2019/25922	IN116494	CFH	Wrong size hip liner implant	27/11/2019

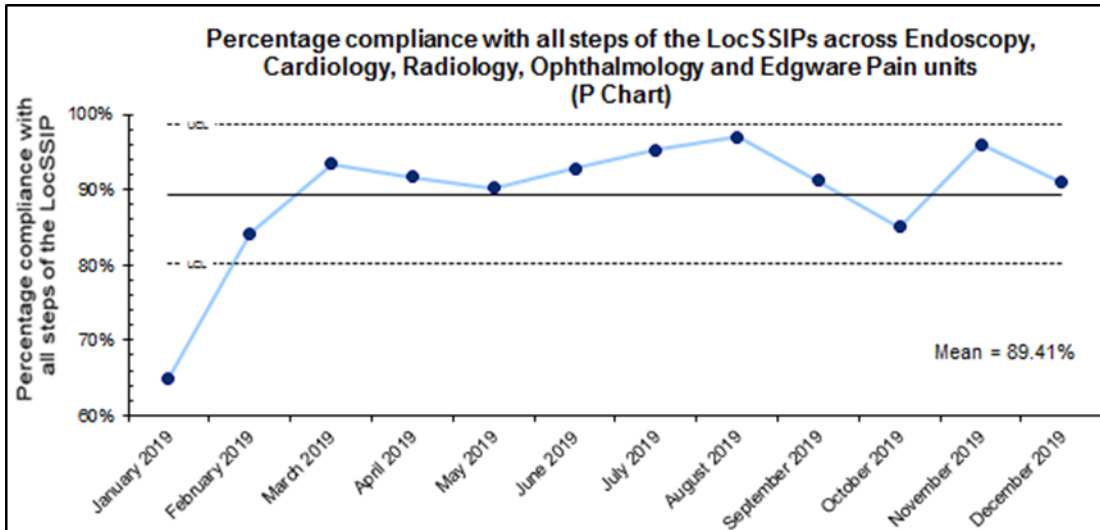
**3.1a Number of never events per quarter**



Local Safety Standards for Invasive Procedures (LocSSIPs) implementation and monitoring is now embedded into practice:

- Endoscopy, Cardiology, Radiology, Ophthalmology (Intravitreal Injections) and Dermatology are working through the implementation phase and now becoming part of business as usual. The Edgware Pain team is a new addition to this work.
- Most of the clinical areas are collecting weekly LocSSIPs compliance data on the Perfect Ward App that is in line with their implementation phase audit plan. The data collected is discussed at their user group meetings and presented to the Divisional Quality and Safety Boards.

- Overall compliance with all steps of the LocSSIPs in our target areas is 89% (Graph 1). From July 2019, all clinical services are sharing their LocSSIPs data reports at the relevant Divisional Quality and Safety Board (DQSB) meetings which report into the relevant hospital Clinical performance & patient safety committees.



**6. Patient Safety:** To improve our learning from deaths

**Key measure for success**

- To increase by 10% the percentage of reviews of patient deaths recorded centrally
- To improve by 5% the sharing of the learning from serious incidents and patient deaths considered likely to be avoidable; as measured by staff survey

**Progress**

We have a backlog of overdue reviews, most of which are random reviews. To date none of the 46 random reviews undertaken have identified deaths which have been considered likely to be avoidable. Therefore, for the next six-months we will concentrate on completing the reviews for those that meet the key “must do” criteria and not list any deaths for random review.

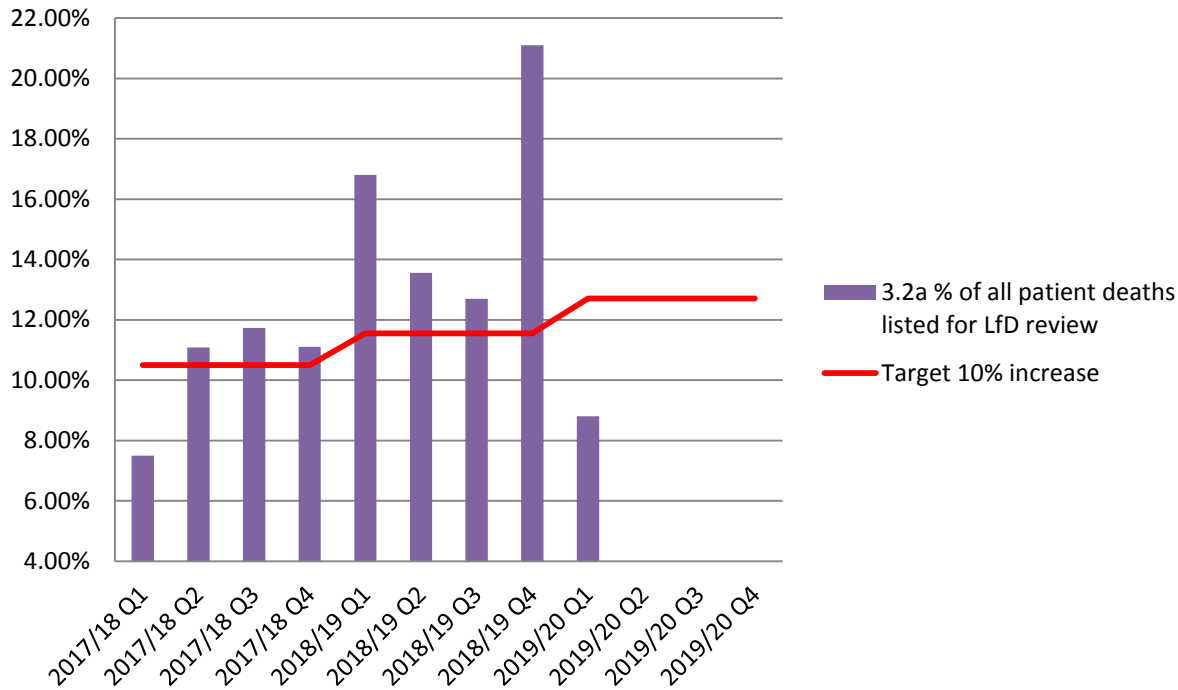
For 2019/20 Q1, we have 8.8% of patient deaths listed for review; thus we will not meet the target for increasing the number of deaths listed for review this year.

Please note: the Learning from deaths (Lfd) reviews are reported six-months in arrears.

**Status**

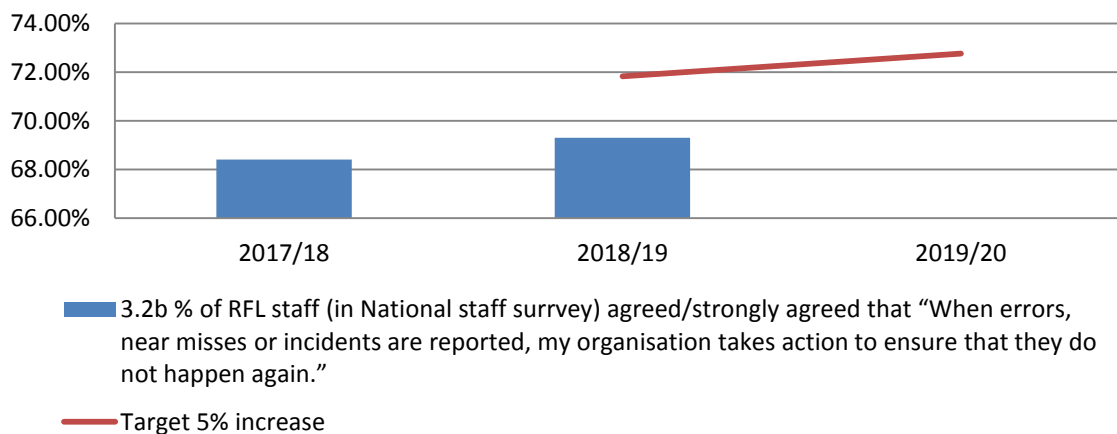


### 3.2a % of all patient deaths listed for LfD review



The 2018 annual NHS staff Survey showed that 69.3% of RFL staff agreed/strongly agreed that “When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.” This is an improvement from 68.4% in 2017. These data are only available annually

### 3.2b % of RFL staff (in National staff survey) agreed/strongly agreed with errors question



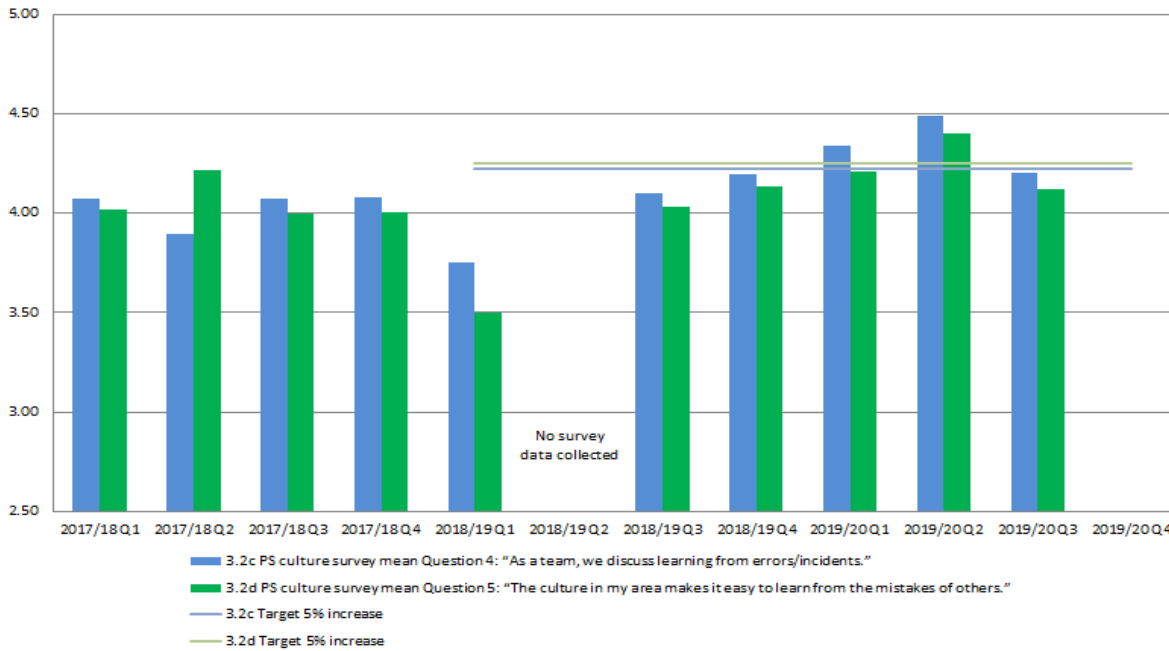
The patient safety culture survey, based on a survey tool derived from the Texas Safety Attitudes Questionnaire (Sexton et al 2006), elicits a snapshot of the safety culture from 17 questions.

We used the following two questions to generate metrics to help us to identify improvements relating to the sharing of the learning across the trust:

- Question 4: “As a team, we discuss learning from errors/incidents.” The results gave a mean of 4.02 in 2017/18 and 3.90 in 2018/19, thus we did not improve in this measure and we will review whether it is the most appropriate outcome measure.
- Question 5: “The culture in my area makes it easy to learn from the mistakes of others.” The results gave a mean of 4.05 in 2017/18 and 3.87 in 2018/19, thus we did not improve in this measure and we will review whether it is the most appropriate outcome measure.

In quarter 1 and quarter 2 of 2019/20 we improved our scores, however quarter 3 has decreased below the target.

3.2c/d Patient safety culture survey mean score for questions 4 and 5



## 7. Patient Safety: To improve infection prevention and control

### Key measure for success

- To reduce Gram negative bacteraemia in line with mandated threshold (- 25% reduction by 2021-2022 with the full 50% by 2023-2024)
- To remain below the mandated threshold for trust-attributed *Clostridium difficile* (C.diff) (100 cases 2019/20). To have zero infections due to lapses in care

### Progress

### Status

- The trust continues to focus on reducing and preventing healthcare-associated infections and reducing inappropriate antibiotic use. We monitor our Gram-negative blood stream infections in line with details outlined in *The Five year Action Plan for antimicrobial resistance (AMR)* as published by NHS England/NHS Improvement.





The trust is still awaiting further details from NHS England/NHS Improvement with regards to our specific reduction targets for gram negative blood stream infections.

- The trust remains below the mandated threshold for trust-attributed *Clostridium difficile* (C.diff) and had 1 lapse in care.

## Conclusion

Overall, progress was made in five out of the seven priorities and it was disappointing to report further never events. However the trust continues to ensure that we learn from our never events and continue to share immediate learning and identified risks

During the next reporting period, the trust will carry on building on measures to achieve the set quality account priorities in support of our commitment to provide our patients with world class expertise and local care.

This page is intentionally left blank

## **CLCH QUALITY ACCOUNT – MID YEAR UPDATE**

Concerns of the HOSC expressed on 2018/19 Quality Account:

- Although the Committee noted that recruitment and retention of staff was currently a nationwide and particularly London-wide issue, it was concerned that the Trust's staffing levels could impede its ambitious expansion plans. High standards could be difficult to maintain given staff shortages and there might be a danger that acute hospital attendances would increase due to vacancies in CLCH.
- The Committee noted that the Trust had received a CQC rating of 'Requires Improvement' in the 'Safe' domain in Community Health Services for Children and Young People, which was due mainly to higher-than-recommended caseloads within the Health Visiting Service.
- The Trust had only 'partially achieved' or 'not achieved' its quality priorities on staffing: Campaign Five – Here, Happy, Heard and Healthy. The Committee would await the mid-year update to see whether progress had been made.
- The Committee expressed concern about the possible adverse impact that moving some senior staff to expand its services into Hertfordshire might have on the leadership of Barnet services.
- The Committee noted the amber KPI regarding staff appraisals but was reassured that significant work had been undertaken to improve the appraisal rate.
- The Committee was disappointed that the Trust had failed to achieve three targets under the 'Preventing Harm' section of its Quality Campaign:
  1. Eight falls were recorded in bedded units with harm (moderate or above) against a target of zero
  2. 133 pressure ulcers category 3 & 4 were recorded against a target of 96 (although the Committee were informed that the number in Barnet had reduced)
  3. Five CLCH acquired pressure ulcers category 3 & 4 were recorded in bedded units against a target of zero.

**In addition Members asked Kate Wilkins about the following:**

1. Why were the Walk In Centres not included in the Quality Account? The Director of Public Health would ask the CCG about this following the meeting as this was not within the remit of HOSC to scrutinise as part of the CLCH Quality Account.
2. The Trust's Staffing Strategy? This information would be forwarded after the meeting.
3. The Chairman asked about CLCH's expansion plans into Hertfordshire and whether this might have a negative impact on Barnet particularly in terms of staffing? She noted that Kathy Walker who is currently the Divisional Director would cover the Hertfordshire area and a new appointment had been made for Barnet, Dennis Enright, who knew the area well.

4. Recruitment issues regarding Health Visitors and District Nurses and whether this might impact on CLCH being able to prevent an increase in admissions to A&E? She would take this back and respond after the meeting.
5. The numerous 'partially achieved' results in the Quality Account? These were conservative assessments as some areas were more nebulous and therefore more difficult to assess.
6. Omitted information in the local and national audit section? The Committee would be sent this as soon as it became available which should be before the end of May.

## **Mid-year Update Response from CLCH:**

### **Staffing vacancies /Recruitment**

The current vacancy rate (as of the end of Q3) for clinical staff is 12.69%.

The number of vacancies remain an issue for us, as it does across the wider NHS and London in particular; however the Trust has set up seven Workforce Action Teams (WATs) to look at vacancy hotspots. The WATs have met regularly since they were set up in September. They have identified issues are the following actions are being proposed to address the issues raised:

- Work is ongoing to remove bottlenecks to ensure that all current vacancies are in the recruitment pipeline and the recruitment team is actively engaging with CBU managers to resolve shortlisting delays during the recruitment process;
- The quality of our vacancy adverts is being reviewed and improved through a focus on unique selling points of roles, services and locations and adverts are being placed in publications and social media platforms that are best suited to increase the attraction of candidates for each role;
- There will be attendance at upcoming recruitment fairs including the Nursing Careers and Job Fairs in Birmingham and London.
- Joint recruitment initiatives are being conducted with other WATs where there are similar challenges recruiting to specific roles in shortage professions, for example arrangements are underway to place a Trust-wide advert for B5 – B7 Community Nurses in the Nursing Times designed to attract nurses to three boroughs. Similar initiatives are underway for joint adverts for occupational therapists and other hard to recruit roles.
- The Deputy Director of HR working with Estates on a Corporate Housing Project that seeks to provide additional housing for key workers in areas of priority across the Trust.
- The Trust is in the process of recruiting at least 60 Band 5 nurses from the Philippines.
- Implementation of Retire and Return - CBU managers in the WATs are targeting staff of 55 years and above to have conversations to encourage them to return to work following their retirement. This includes exploring a number of flexible options which may be suitable.

**Appraisals:** Other than for the newly acquired Hertfordshire staff, the Trust appraisal rate has now achieved the Trust target.

**Expansion into Hertfordshire/Impact on Barnet:**

We are pleased that both the Divisional Director of Operations (DDO) and the Director of Nursing and Therapies (DDNT) for North Central Division (previously Barnet) roles have been appointed to. The appointments are Denis Enright (who as the notes say already knew the area) as the DDO and Matt Hodson as the DDNT. The appointments meant that apart from a very brief period, where the DDNT role was covered by the previous incumbent Jayne Skippen, the key management posts were covered.

The transfer of services from Hertfordshire to CLCH took place as of the 1<sup>st</sup> October 2019 and the process went smoothly.

**Falls:** Our year to date falls with harm have reduced from 9 to 7 but this has still not achieved our target. All the falls have been investigated. A lead for falls (as part of her role) has very recently been appointed. She is reviewing all falls data and identifying where potential hot spots are. Additionally a quality action team (QAT) has been set up to review the falls.

**Zero tolerance of Category 3 and 4 pressure ulcers in bedded units:**

The Trust has a zero tolerance of category 3 and 4 pressure ulcers in bedded units and none were reported in Q3. One category 3 pressure ulcer was reported in Q1 providing a YTD figure of 1. This is a reduction from a YTD figure of 4 reported at the end of Q3 in 2018/19.

**Walk in Centres (WiCs):** Performance information regarding WiCs is included in the overarching performance information. As the Quality Account is a Trust wide document, showing performance across the Trust, we wouldn't generally breakdown information by WiC.

**Information sent after the meeting:**

Information about local and national clinical audits was include in the final account. A copy of the Clinical Workforce Strategy was provided – but to be on the safeside is attached again.

This page is intentionally left blank

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

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

*Response: Remedial action was completed post audit.*

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

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

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

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

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

*Response: no further comment*

**North London Hospice in Barnet**  
47 Woodside Avenue, London N12 8TT

Tel: 020 8343 8841  
Fax: 020 8343 7672  
nlh@northlondonhospice.co.uk  
www.northlondonhospice.org

**NORTH·LONDON  
HOSPICE**

*Your donations make our work possible  
Working across the boroughs of Barnet, Enfield and Haringey*

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

*Response: Patient falls is an area of continuous monitoring.*

- 6. The committee noted that the medication errors had increased to 40 this year, although below average compared with hospices of a similar size. The committee was informed that the Hospice is now separating non-patient related medication incidents from those directly affecting patients**

*Response: Medication errors is an area of continuous monitoring.*

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

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

*Giselle Martin-Dominguez - Assistant Director Quality*

*Fran Deane - Director of Clinical Services*

*North London Hospice*

In partnership with 

Patrons: Martin Freeman, Maureen Lipman CBE, Baroness Julia Neuberger DBE, Trevor Phillips OBE, Dame Esther Rantzen DBE, The Rt Rev John Sherrington (Auxiliary Bishop of Westminster), The Rt Rev Robert Wickham (Bishop of Edmonton)

Registered Charity No. 285300  
A Company Limited by Guarantee  
Registered in England No. 1654807  
Registered office: 47 Woodside Avenue N12 8TT



## AGENDA ITEM 12

14<sup>th</sup> Floor, Euston Tower  
286 Euston Road  
London  
NW1 3DP  
[www.camdenccg.nhs.uk](http://www.camdenccg.nhs.uk)

Thursday 13 February 2020

**Sent via email:**

Dear colleague

### **Proposed move of Moorfields Eye Hospital's City Road services**

The proposal to move Moorfields Eye Hospital, University College London's Institute of Ophthalmology and Moorfield's Charity to a new site at St. Pancras in London has been approved.

Camden Clinical Commissioning Group on behalf of those CCGs across England that commission services from Moorfields City Road site, in partnership with NHS England/Improvement Specialised Commissioning (London), consulted between 24 May and 16 September 2019 on a proposal to relocate services from Moorfields Eye Hospital's City Road site to St Pancras. This new-build centre will bring together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

This project will be a partnership between Moorfields Eye Hospital and University College London (UCL) Institute of Ophthalmology (IoO). Moorfields Eye Hospital and UCL will sell the current land at City Road, and all proceeds of the sale will be reinvested in a multi-million pound development on land available at the site of St Pancras Hospital, just north of King's Cross and St Pancras stations in central London.

During the consultation around 4,600 contributions were received, of which 1,511 were completed consultation surveys. People also gave their feedback in other ways including emails, discussion groups, phone calls, letters and via the virtual assistant on the consultation's website. You can read the final outcome report at <https://oriel-london.org.uk/consultation-documents/>.

To further explore and discuss the findings and their impact upon the proposals, the report and proposals were presented at:

- North Central London's Joint Health Overview and Scrutiny Committee on 31 January 2020. A link to the papers from this meeting can be found <https://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=697&MId=9242&Ver=4>.
- NHS England London Region Executive Team on behalf of Specialised Commissioning on 4 February 2020 to make a final decision on the proposal.
- A Committees in Common, comprising 14 'lead' CCGs with material contracts defined as greater than £2m per annum at Moorfields' City Road site, on 12 February 2020 to make a final decision on the proposal. A link to the papers from this meeting can be found <https://www.islingtonccg.nhs.uk/jccc-meetings/committees-in-common-moorfields-eye-hospital-relocation/103835?postdiaryentryid=290006&ignore=committees-in-common-moorfields-eye-hospital-relocation&postid=103835>.

**The Committees in Common has now approved the proposal.**

Further engagement and co-production will now be undertaken with staff, the local community and service users to develop and design the new centre. This will include:

- Development and implementation of an accessibility plan, which will be co-designed in partnership with sight loss charities, the Oriel Advisory Group, patients, transport providers, local authorities, commissioners and voluntary organisations. The Trust will ensure plans and processes are in place to enable patients to travel to the new centre safely.
- Continued involvement of the Oriel Advisory Group and the extensive range of stakeholders that have contributed to the consultation, in the development of the new centre at the St Pancras site.
- To realise the potential benefits of new clinical pathways and working at scale, a London Ophthalmology Collaborative will be established to progress system-wide service redesign of eye care services across London.
- Development of an organisational development programme to realise the benefits of integrating research, education and innovation with clinical practice.
- In addition, Moorfields Eye Hospital will review the feedback received on the patient experience during the consultation and will address areas of improvement before implementation of Oriel where possible. The Trust will also proactively work with partners to ensure that the impacts identified in the Integrated Health Inequalities and Equalities Impact Assessment (IIA) are mitigated as far as possible and the potential positive impacts are harnessed, in a plan to be developed in response to each of the recommendations arising from the IIA.

We are immensely grateful to all those who have given feedback and whose comments have been taken into account during this consultation period, and I very much appreciate the support you have given to this process over the past year.

Yours sincerely



**Sarah Mansuralli**

**Senior Responsible Officer, Moorfields Consultation Programme  
Executive Director of Strategic Commissioning  
North Central London Clinical Commissioning Groups**

**Health Overview and Scrutiny  
Committee  
Forward Plan Feb-July 2020**

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

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
11 May 2020			
Quality Accounts		Royal Free London NHS Foundation Trust North London Hospice Central London Community Healthcare NHS Trust	<b>Non-key</b>
<b>To be allocated</b>			
Breastfeeding support service		Barnet CCG	<b>Non-key</b>
STP Update	Adult Elective Orthopaedic Surgery Review (post consultation)	Will Huxtor, Director of Strategy, NCL CCGs	<b>Non-key</b>
Alternative Personal Medical Service	GP Practice in Cricklewood	Barnet CCG	<b>Non-key</b>
Health Provision Plans for Cricklewood NW2 and impact of Brent Cross South		Barnet CCG	<b>Non-key</b>