

# Decisions of the Health Overview and Scrutiny Committee

11 May 2020

Members Present:-

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

Apologies for Absence

Cllr Barry Rawlings

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

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

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

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

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

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

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

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

Apologies were received from Cllr Barry Rawlings.

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

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

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

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

Cllr Hutton declared a non-pecuniary interest: she is a Trustee of Barnet Carers' Centre.

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

None.

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

None.

**6. MEMBER'S ITEM IN THE NAME OF CLLR GEOF COOKE - DEPLOYMENT OF DEFIBRILLATORS IN BARNET (Agenda Item 6):**

The Chairman invited the following to the meeting:

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

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

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

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

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

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

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

**8. CORONAVIRUS UPDATE (Agenda Item 8):**

.. The Chairman invited the following to the meeting:

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

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

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

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

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

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

**Action: Executive Director, Adults and Health**

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

**Action: Executive Director, Adults and Health**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Chairman invited to the meeting:

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

### **Cerner Review**

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

### **Care Quality Commission (CQC) Report Update**

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

The Chairman noted that the CQC inspection is mentioned in the current draft Quality Account 2019/2020. The CQC had made 93 recommendations: 11 'Must Do Actions', 6 of which had been completed and 5 due to be achieved by mid 2020/21. Out of 82 'Should Do Actions', 44 had been done with 38 remaining. The Chairman asked why the measures were taking so long to be implemented. Dr Streather responded that the delays were due to a requirement for recruitment or capital. Also, the data were slightly out of date and all the 'Must Do Actions' are either completed or have a firm plan. The Trust is in dialogue with the CQC about some of the 'Should Do Actions' and these are

not compulsory (it was recommended that 90% are completed). Dr Streather offered to update the HOSC again in the future.

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

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

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

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

**Royal Free London NHS Foundation Trust Quality Account 2019-20**

The Chairman invited to the meeting:

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

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

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

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

However:

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



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

The chairman thanked Dr Streater for joining the meeting.

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

## Central London Community Healthcare NHS Trust Quality Account 2019-20

The Chairman invited to the meeting:

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

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

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

- The Committee thanked CLCH for producing an interesting, clearly laid out report which was easy to read.
- The Committee praised the 'Freedom to Speak Up' initiative and was impressed with the number of new contacts that had been received and hoped that this had shown positive outcomes in terms of staff satisfaction.
- The Committee congratulated the Trust for launching their Academy where staff can learn together gaining skills, knowledge, academic accreditation and professional support enabling them to grow and develop their career.
- The Committee was impressed that the Trust, during its inspection by the CQC, also managed to set up one of the first Covid-19 testing centres in the country at the Parsons Green Health Centre.
- The Committee noted that the Trust's Community End of Life Care grading had improved from 'Requires Improvement' to 'Good'.
- The Committee commended the Trust for the positive strategy 'Learning From Deaths' that it had put in place and noted that this had been put on hold due to the Covid-19 pandemic, but looked forward to seeing this important work being restarted as soon as possible.
- The Committee was pleased that CLCH had taken over responsibility for providing adult community services in Hertfordshire, and that the transition had been smooth, which was a credit to the staff of the Trust.
- The Committee was delighted that since the introduction of Quality Development Unit (QDU) accreditation two years ago, eight teams have been awarded QDU status with nine more teams in the process of completing the QDU Excellence Standards.
- The aims of the four 'Campaigns' were noted and the Committee is looking forward to seeing further positive outcomes.
- Regarding the Falls assessment in the Parkinson's Unit at Edgware Community Hospital, the Committee was pleased to see that the findings identified 'no areas

for improvement' and only recommended that the 'current standard of care' be continued.

- The Committee was pleased to hear that the number of shared governance quality councils had doubled and particularly the initiative that looked at improving pressure ulcer care in Care Homes in Barnet by developing a resource pack which has led to increased staff confidence in recognising ulcers.
- The Committee was impressed that category 3 & 4 pressure ulcers were down from five last year to one in 2019-2020 and that category 2 were down from 57 to 44, although the target is zero. The table showing the results was well set out and easy to read.

However:

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

- The Committee was concerned that the target of 8% for Staff Vacancy and Turnover rates was not achieved again this year and that the Sickness/Absence rate was even higher than the previous year.

The chairman thanked Ms Wilkins for joining the meeting.

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

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

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

**RESOLVED** that the Committee noted the Forward Work Programme.

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

The Chairman invited to the meeting:

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

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

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

Dr Djuretic reported that the main meetings of the NCL CCG would begin in two weeks' time and there would be a workshop. Directors of Adult Social Care as well as Directors of Public Health for the five Boroughs will be representatives on the NCL CCG and Dr Djuretic is also a member of the Oversight Group.

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

**Action: Cllr Stock**

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

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

**RESOLVED** that the Committee noted the update.

The meeting finished at 9.46 pm

The meeting finished at 9.46 pm