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Meeting	Health Overview and Scrutiny Committee
Date	12 March 2014
<b>Subject</b>	<b>Site Issues at Finchley Memorial Hospital</b>
Report of	Scrutiny Office
Summary	This report updates the Committee on site issues at Finchley Memorial Hospital

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Officer Contributors	Andrew Charlwood, Overview and Scrutiny Manager
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Health Overview and Scrutiny Committee
Enclosures	None
Contact for Further Information:	Andrew Charlwood, Overview and Scrutiny Manager, 020 8359 2014, <a href="mailto:andrew.charlwood@barnet.gov.uk">andrew.charlwood@barnet.gov.uk</a>

## **1. RECOMMENDATIONS**

- 1.1 That the Committee considers the update received from NHS Property Services and Community Health Partnerships in relation to site issues at Finchley Memorial Hospital and make appropriate comments and/or recommendations.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Health Overview & Scrutiny Committee, 12 December 2013, Minute Item 6, Members Item (Site Issues at Finchley Memorial Hospital) – the Committee considered a Members' Item in the name of Councillor Kate Salinger and the response of Community Health Partnerships / NHS Property Services to the issues raised. At the conclusion of the item, the Committee resolved that Community Health Partnerships / NHS Property Services be requested to attend and present a full report to the next meeting.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –
- Promote responsible growth, development and success across the borough;
  - Support families and individuals that need it – promoting independence, learning and well-being; and
  - Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.
- 3.3 The work of the Barnet Health Overview and Scrutiny Committee supports the delivery of the following outcomes identified in the Corporate Plan:
- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and
  - To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of this report.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of

this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

6.1 None.

## **7. LEGAL ISSUES**

7.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

7.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

## **8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)**

8.1 Council Constitution, Overview and Scrutiny Procedure Rules – sets out the terms of reference of the Health Overview and Scrutiny Committee which includes:

- i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- ii) To make reports and recommendations to the Executive, Health and Well-Being Board and/or other relevant authorities on health issues which affect or may affect the borough and its residents.

- iii) To receive, consider and respond to reports and consultations from the NHS Commissioning Board, Barnet Clinical Commissioning Group, Barnet Health and Well-Being Board and/or other health bodies.

## 9. BACKGROUND INFORMATION

9.1 At the meeting held on 12 December 2013, the Committee received a Members' Item in the name of Councillor Kate Salinger which set out a number of queries questions relating to site issues at Finchley Memorial Hospital. At the conclusion of the item, the Committee resolved that NHS Property Services and Community Health Partnerships be requested to submit a full report and attend the next meeting to respond to questions. Details of responses received at the 12 December 2013 meeting are set out in sections 9.1.1 to 9.1.6 below:-

9.1.1 "Why is there no bench or chair adjacent to the drop off point for patients who are brought by car and may need to sit down whilst waiting for their driver to accompany them into the hospital? There are two benches next to the garden by the main car park but they are no help to frail or disabled patients in that position."

*There are permanently fixed benches in the memorial garden which are there for patients/the public to find some peace away from the building. We have previously trialled putting some free-standing benches outside the main building entrance but this was then used by smokers who created more problems by congregating in this area and leaving their litter behind (notwithstanding the hospital is a no-smoking site). We do not have enough security resource to continually keep moving smokers away from this area and/or cleaning staff to maintain the area and keep free from cigarette butts.*

9.1.2 "Why are the disabled parking bays not close to the main entrance? Surely they should be on the same side as the hospital and shouldn't there be more of them?"

*The disabled bays were located as close to the main entrance as possible without impeding the main carriageway that leads from the site entrance to the building entrance.*

*The nearest disabled bay is less than 10 metres from the entrance to the building which for a hospital is very good. The space in between and directly outside the main entrance is reserved for emergency ambulances only (e.g. collecting patients from site who attended the walk-in centre when the severity of their condition necessitated emergency admission to A&E).*

*The position of disabled bays was agreed with the local authority as part of the planning process and should reflect the needs of all users.*

9.1.3 "Why are there no wheelchairs available at the entrance to the hospital to help transport disabled patients to their clinics?"

*Porters are onsite who are available to transport anyone requiring their services to wherever they need to get to within the hospital grounds.*

- 9.1.4 “Why are the podiatry and chiropody rooms so far from the main entrance? Most patients for these clinics have trouble walking and to position them so far away from the main entrance is ludicrous? Surely some of the consulting rooms which are nearer to the main entrance could be used for these purposes.”

*As mentioned above, porters and wheelchairs are available upon request. This is a multi-service building and moving one service closer to the main entrance would result in another service moving further away thereby inconveniencing the patients visiting that service instead.*

- 9.1.5 “There are no chairs in the entrance hall either for people to sit on and wait for their accompanying drivers”

*There are chairs in the main atrium inside the main entrance, next to the main reception. There are also some even closer in the pharmacy sub-wait area. I understand patients currently use these while waiting for their drivers/taxis etc. They can also wait in the café which is also close to the main entrance and has plenty of seating.*

*We will ask the Centre Manager to review the provision of chairs where possible but these should not block access for other people. In particular we are unable to allow seating to be placed in the draught lobby as this would block access to the building.*

- 9.1.6 “It is ridiculous that no bus enters the hospital. Some patients have to take taxis as they cannot manage the walk from the gate to the main entrance of the hospital. Could we have a further update on this matter, please?”

*Discussions have been held with TfL who are responsible for management of bus routes. They have they have no plans to route a service through the site but if that view changes then we will be pleased to work with them in that regard. I should add that a Travel Plan was agreed with the Local Authority as part of the planning process and the need for a bus service was not identified then.*

- 9.2 As requested at the last meeting, NHS Property Services and Community Health Partnerships have provided a further update on the issues raised. Details are set out in sections 9.2.1 to 9.2.3 below:

### 9.2.1 **Public Transport**

As detailed in the original response, TfL are responsible for management of the bus route. The NHS has done what it could (and within its control), provisions were made by the NHS when the site was designed to accommodate a bus route (I believe the area outside the main entrance was

designed to accommodate a bus turning circle). The issue is that TfL will not fund a new route nor do they believe there is sufficient demand to do so. They will also not divert an existing route as that will only inconvenience other residents in the areas no longer served from where they diverted the route. Finally the new hospital is on the same site as the old hospital that has been here for 100+ years – there was no bus route serving the site prior to the new building, so it is not clear why there is an issue now? This issue is also not within the control of the NHS.

### 9.2.2 Benches

Since the last LBB HOSC, 2 benches have been installed at the main entrance to the hospital. This hopefully now addresses the issue raised, however please note that this is again on a trial basis as before and if the issue of smokers congregating in this location reoccurs, this will need to be reviewed. (as background, previously, the clinical services located close to the main entrance complained that the smoke was entering their consulting rooms via their open windows. If this occurs again, then benches will be removed once more. While the seating point is understood, the requirements of the clinical services and their patients must come first.)

### 9.2.3 Porters

We have nothing further to add. The response given previously details the service available onsite and directly addresses the issue raised of “why are there no wheelchairs available at the entrance to the hospital” – not only are there wheelchairs but there are also porters available to assist as has already been explained. The service provided is also consistent with the same service provided at other hospitals. Please also note that frequent visitors usually go directly to the wheelchair store located in the main entrance atrium and borrow a wheelchair themselves without requesting a porter to assist.

9.3 The Committee are requested to consider the update as set out in section 9.2 above and make appropriate comments and/or recommendations to Community Health Partnerships and NHS Property Services. Officers from Community Health Partnerships will be in attendance at the meeting to respond to questions from the Committee.

## 10. LIST OF BACKGROUND PAPERS

10.1 None.

<b>Cleared by Finance (Officer's initials)</b>	<b>JH</b>
<b>Cleared by Legal (Officer's initials)</b>	<b>LC</b>