

Appendix 2:

The Chairman introduced the report which provided a mid-year update on the progress made following the receipt of the Committee's comments on the Quality Accounts for the following organisations:

- North London Hospice
- Central London Community Hospital
- The Royal Free London NHS Foundation Trust

The Governance Officer advised the Committee and the representatives of the organisations listed above:

“The National Health Service (Quality Accounts) Regulations 2010 is the relevant piece of law that outlines the requirements for the management of Quality Accounts. It says that HOSCs are required to submit their comments on Quality Accounts for inclusion prior to the Account being published. The deadline for this is 30 June.

Ordinarily, Barnet's HOSC has always sought to send the Committee's comments to the organisations as early as possible. We understand that it is a complex and timely process to produce a Quality Account and that organisations also need to make allowances for their own internal deadlines. However, in May 2018, all Members of the Council will be up for re-election and, as such, they cannot be appointed to Committees until the first meeting of the Full Council. In Barnet's case, this is scheduled to be on Tuesday 22 May. We expect that Barnet HOSC will meet on Thursday 24 May to consider the Quality Accounts, which means that we can draft the comments the following day and ask to Members to review them over the Bank Holiday weekend. We can provide the comments to the Organisations at around lunchtime on Tuesday 29 May. This is later than we would normally submit comments for inclusion within the Accounts, although technically comments submitted up to 30 June are required to be included.

Please be advised therefore that we will be unable to provide you with comments at the usual earlier date.

This is something that will affect all HOSCs in London and so I wanted to take the opportunity to flag this in front of senior Health colleagues from all relevant organisations six months in advance, so that you have time to prepare.

I will contact each organisation outside the meeting about this information. However, I wanted to put this on record at this meeting for the purposes of good governance.”

North London Hospice:

The Chairman invited the following to the table:

- Miranda Fairhurst - Assistant Director Quality
- Fran Deane - Director of Clinical Services

Ms. Deane referred to the Hospice's "Hard to Reach Groups" programme, which aims to promote equal access to services for all potential users. Ms. Deane noted

that this was a priority for improvement and that the Hospice had been receiving data within all three Boroughs that the Hospice serves.

Ms. Deane noted that when the Committee had reviewed the Hospice's Quality Account last year, they had been informed about the introduction of an "Outcome Star", currently named the "End of Life Star". Ms. Deane informed the Committee that this work had been slightly delayed as the Hospice was waiting for NHS Ethics approval but it was hoped to obtain approval in the new year.

Ms. Deane advised the Committee that a multi-professional group comprised of all hospice professions had been doing work to map their current provision against the Hospice UK Document on Hospice Enabled Dementia Care to inform its Dementia Strategy.

The Chairman asked what proportion of patients at the Hospice had Dementia at any one time. Ms. Deane informed the Committee that the Dementia rate was lower at the In-Patient Unit as the approach for Dementia patients tended to be about providing care at home as it was normally a more suitable environment. The Committee noted that about 7% - 8% of Hospice patients had Dementia at any one time.

The Chairman noted that last year the Committee had expressed concern about the large number of staff leaving the Hospice. Ms. Deane advised the Committee that some clinical staff were retiring and that the Hospice looked for ways to promote staff internally. Ms. Deane also informed the Committee that an Assistant Director for the Inpatient Unit had been recruited to post.

Responding to a question from the Chairman, Ms. Deane advised that when a member of staff left the Hospice, they would complete a face to face interview with HR.

The Chairman questioned what action the Hospice had taken on avoidable pressure ulcers. Ms. Deane informed the Committee that the Hospice identifies both inherited and acquired Stage 1 pressure ulcers, as well as Stage 2, 3 and 4, which allowed the Hospice to understand how ulcers have been obtained. Ms. Deane advised that the Hospice was also looking at sourcing alternative pressure-relieving mattresses following feedback from patients.

Central London Community Healthcare:

The Chairman invited to the table:

- Kate Wilkins - Assistant Lead for Quality

The Vice Chairman commented that the North Central London Joint Health Overview and Scrutiny Committee had become aware that one of the strands of the Sustainability and Transformation Plan (STP) is for health providers and organisations to work closer together on recruitment and retention strategies. The Vice Chairman noted that CLCH covered four STP areas and asked if that made recruitment and retention more complex for the Trust. Ms. Wilkins advised that recruitment is a huge problem across London and that CLCH is part of the Capital

Nurse Programme. Ms. Wilkins explained the role of the Capital Nurse Programme in attracting new nurses. The Committee noted that the Trust was able to offer rotation around different areas of nursing and then provide a job offer at the end. She offered to provide the Committee with further information on the Capital Nurse Programme.

A Member commented that some factors impacting on recruitment and retention would be out of the control of the Trust and asked if retention would be a cheaper option that the Trust would have more control over. Ms. Wilkins agreed.

A Member asked what the Trust's biggest challenge was in terms of retaining staff. Ms. Wilkins said that the organisation had vacancies. Boroughs such as Barnet only pay the outer London weighting rather than the higher inner London weighting, making it harder to recruit and retain staff. Ms. Wilkins undertook to provide the Committee with statistics on nurse retention.

The Chairman noted that Barnet, Enfield and Haringey Mental Health Trust went to Middlesex University to recruit and questioned if CLCH worked with universities. Ms. Wilkins advised that the Trust did.

The Chairman noted that last year the Committee suggested that face to face exit interviews be offered to all members of staff when they leave and that CLCH are now reporting that exit interviews are offered to outgoing staff either with their manager or with HR. The Chairman asked if the Committee could be provided with the percentage of staff that took up the option to either attend an interview or complete a questionnaire. Ms. Wilkins undertook to see if this information was available.

The Chairman noted that the Quality Account for last year had reported that the Trust had not taken part in the Diabetes Footcare Audit due to administrative reasons. She inquired if this had been dealt with. Ms. Wilkins advised the Committee that the Audit had not taken place last year due to a member of staff leaving. Ms. Wilkins reassured the Committee that the Audit would definitely take place this year.

Royal Free London NHS Foundation Trust:

The Chairman invited to the table:

- Professor Powis - Chief Medical Officer, Royal Free London Group

The Chairman congratulated Prof. Powis on his recent appointment as the Medical Director of NHS England and noted that he would take up the post in January 2018.

The Vice Chairman welcomed the work undertaken by the Trust on Cardiotocography (CTG) and said that he would be keen to see further information on this in the Trust's next Quality Account.

A Member questioned how the Trust was performing in relation to four hour waits at A&E. Prof. Powis reported that Barnet Hospital had been performing very well over

the last four weeks and was recently tracking around 85% to 90%. Prof. Powis praised the work of the new Executive Team at Barnet and the new work being done by Social Care colleagues to discharge patients. The Committee were pleased to note that Barnet Hospital's performance had improved upon last year's figures. Prof. Powis informed the Committee that recently the Royal Free Hospital had not performed as well and had seen statistics in the lower 80s percentage wise. The Committee noted that the Royal Free Hospital had had significant building work in the last couple of months which was likely to have affected this result to some extent.

A Member noted the Trust's priorities for 2017/18 included the recruitment of 30 patient and family experience partners and questioned the role of a "partner" Prof. Powis undertook to provide further information on this.

A Member asked what more could be done to prevent patients going to A&E unnecessarily. Prof. Powis noted that GPs are also under a huge amount of pressure and if patients could not access their GP then they would go to A&E. Prof. Powis stressed the importance of educating people about different pathways, such as using the 111 Service.

The Chairman noted that the Committee had received a report on the use of "Streams" at their last meeting and congratulated the Royal Free on their excellent work in that area.

The Chairman noted that the Trust had stated that they needed to do work to compare the numbers of C.Diff. cases with other hospitals with similar complex cases and inquired if this work had been done yet. Prof. Powis advised that work was ongoing.

Responding to a question from the Chairman, Prof. Powis noted that as of the end of October 2018, there had been 47 cases of C.Diff. across the Trust against a target of 39 cases. Prof. Powis undertook to provide the Committee with the C.Diff. root cause analysis.

Responding to a question from a Member on the priority for 2017/18 of "To systematically analyse the experience of bereaved families and friends", Prof. Powis undertook to provide further detail of the web-based survey which is going to be launched.

The Chairman noted that the Committee had received an encouraging update on the parking situation at Barnet Hospital from Dr. Steve Shaw at their last meeting. The Chairman advised that the Portacabins were due to be removed which would free up additional space for parking.

The Chairman informed the Committee that there was a plot of land on site which she believed could accommodate 80 – 100 parking spaces and that also there was a section of waste land and some grass verges that she believed could accommodate additional parking. She informed the Committee that she was still receiving complaints and that the matter would not improve unless serious attention was given by the Management to provide additional parking spaces on site.

RESOLVED that the Committee noted the three reports and requested the information as set out above.