

# Decisions of the Health Overview and Scrutiny Committee

19 May 2021

Members Present:-

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

## 1. MINUTES (Agenda Item 1):

### Corrections to the Minutes of the Meeting held on 22 February 2021:

None.

### Matters arising from the Minutes of the Meeting held on 22 February 2021:

Agenda Item 8, Page 5 of the Minutes - 4) How does the mortality rate for November and December 2020 and January 2021 compare with the same months in 2019 and 2020?

The Chairman reported that she had received mortality rate data from the Royal Free Hospital NHS Foundation Trust that had not been available at the February 2021 meeting:

- November 2019- 1.03%, December 2019 - 1.43%, January 2020 – 1.06%
- November 2020 – 1.12%, December 2020 – 1.65%, January 2021 – 5.08%

Agenda Item 10, Page 8 of the Minutes – CQC Maternity Report Update. The Chairman reported that Dr Greenberg would verbally update the Committee during the meeting.

Agenda Item 11, Page 9 of the Minutes – Alternative Provider Medical Services (APMS) Cricklewood. The Chairman noted that she had not received a response on Item 11 of the previous agenda (APMS) from Ms Piper. However, having sent several reminders, she had received an email the previous day (18 May 2021) and had been informed that, due to a delay with procurement, the GP Surgery will remain in the current premises for the time being. The Chairman added that she had asked to be sent information about the new provider as soon as possible, but had received no response to date.

**RESOLVED** that the Committee approved the Minutes of the meeting held on 19 May 2021 as an accurate record.

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

None.

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

Agenda Item 10 - Cllr Cooke declared a non-pecuniary interest in that his daughter is employed by University College London Hospitals (UCLH) and his wife works part time at St George's NHS Foundation Trust.

Agenda Item 10 - Cllr Cornelius declared a non-pecuniary interest in that she is Vice Chairman of Eleanor Palmer Trust.

**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):**

**RESOLVED** that the Committee noted the Minutes of the NCL JHOSC Meeting held on 29 January 2021.

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

The Chairman invited the following to the table:

- Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet
- Ms Jane Hawdon, Consultant Neonatologist, Medical Director and Responsible Officer, Royal Free London NHS Foundation Trust (deputising for Dr Chris Streater)
- Dr Mike Greenberg, Medical Director, Barnet Hospital

Dr Djuretic reported that current coronavirus rates in Barnet were around 20 per 100,000 and that data is published weekly. Approximately 33,000 tests were being carried out weekly with around 0.2% positivity rate which was continuing to decrease. Schools were testing all pupils and staff on a regular basis.

Dr Djuretic added that some mutations could become a concern. There were a small number of cases of the 'Indian' Variant in Barnet. 15 people had been identified in April and five in May but no areas of concern had been identified. Surge testing is being carried out in schools where cases have been identified in order to ensure that the variant is not spreading. Ten areas in the Borough are being asked to conduct additional testing. Across the country variants are emerging in areas with lower uptake of the vaccination and higher levels of infection.

Dr Djuretic reported that London overall is sequencing positive cases and also contact tracing every positive case, then trying to identify whether these were travel related or not.

Dr Djuretic reported that Barnet has the highest vaccination uptake across North Central London (NCL). Vaccination was progressing well, with 184,500 first doses of the vaccine, and 62,000 second doses administered in Barnet. Uptake in Groups 1-4 was 89-90%, with uptake in the younger age groups at 60-70%. The uptake amongst care workers stands at 78%.

Dr Djuretic reported that Barnet's mass vaccination centre at Stone X (formerly Allianz Park) has been opened and has been a great success. Efforts were also being made to increase uptake where this was low, using pop-up clinics, links with faith groups and providing opportunities for asylum seekers, refugees and homeless people to receive the vaccine.

The Chairman invited Dr Greenberg to respond to the Chairman's four questions which had been sent in advance of the meeting:

1) How many people with Covid-19 have been admitted to the Trust's hospitals in February, March and April 2021?

- February - 320
- March - 74
- April - 15

2) How many patients had been discharged, having been successfully treated for Covid-19 in February, March and April 2021?

- February - 555
- March - 169
- April - 3

3) How many patients have died of Covid-19 in the Trust's hospitals during February, March and April 2021?

- February - 108
- March: 26
- April: RFH - 0

4) How does the mortality rate for February, March and April 2021 compare with the same months in 2020?

- Feb 2020: 1.29%, Feb 2021: 2.06%
- March 2020: 2.16%, March 2021: 1.06%
- April 2020: 6.75%, April 2021: 0.91%

Ms Hawdon noted that the RFH is vaccinating people and has a contract to vaccinate at Stone X (formerly Allianz Park) which opened recently. Residents below 50 years of age are now being vaccinated and 11,000 people in total had been vaccinated so far at Stone X.

### **CQC/Maternity services at the RFL NHS Foundation Trust**

Dr Greenberg provided an update on the maternity services dataset (see previous Minutes). This would be resolved by December 2021 and there were three reasons

for problems with it:

- RFH and BH/CFH have different Electronic Patient Records (EPR) domains and the Royal Free Hospital (RFH) will be moving to the Barnet Hospital (BH) and Chase Farm Hospital (CFH) system in autumn 2021.
- The Maternity Dataset has been upgraded so it is now reported manually.
- Data Quality - the reporting issue has been raised on the Risk Register, but the Trust explained that often midwives were not entering this as they should be on the system. The Trust explained that this was the reason for it being on the Risk Register, although the Trust assured the Committee that this was not a 'risk'.

The Chairman asked Dr Greenberg to pass on the Committee's best wishes to Dr Streather.

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

## **9. CHILDHOOD INOCULATION AND BIRTH REGISTRATION (Agenda Item 9):**

The Chairman invited the following to the table:

- Dr Janet Djomba, Consultant in Public Health, London Borough of Barnet
- Bhavita Vishram, Public Health Strategist, London Borough of Barnet

Dr Djomba presented her report and slides. She reported that the pandemic had taken its toll on childhood immunisation and Public Health England (PHE) had begun to analyse this. The report contained data from April 2020 to early 2021 which showed a decrease in the uptake of immunisations during the period of Covid-19 restrictions. Fewer children than usual had completed the full course of the 6 in 1 vaccine and all of the MMR vaccine during this time nationally, and also in Barnet.

Dr Djomba reported that the children aged two years who had completed their vaccination programme had increased by 2% and for those aged five years the increase was 2.2%. This was in line with national figures. Within parts of Barnet, these figures were significantly lower as detailed on the slides. Burnt Oak, Colindale and areas of Hendon showed patterns of lower uptake in both the two-year-olds' and five-year-olds' vaccination programmes. The difference in uptake between Primary Care Networks (PCNs) is aligned with overall vaccine hesitancy for both Covid-19 and 'flu.

Dr Djomba reported that lower vaccine uptake goes along with poorer health in general, probably because it indicates a tendency towards poorer health-related behaviours, including getting vaccinated. She mentioned that Barnet needs to concentrate on the western corridor of the Borough and areas of deprivation. It may be that some residents don't have the opportunity to access information about vaccination so this needs to be addressed. Dr Djomba noted that the strong connections between the Local Authority, PCNs and CCG colleagues, built during the pandemic, are a really good starting point.

Dr Djomba reported a continued delay in birth registrations, with an ongoing backlog. The Registry Office and the Childhood Commissioner have stated that there are alternative pathways in place that prevent new-borns from being missed. GPs and

health visitors get data on new-borns from hospital maternity units and this process had not been disrupted by the pandemic. Dr Djomba noted that birth registration is still important, however, there is a possibility that welfare benefits will become linked to birth registration. The Registry Office is also starting to proactively encourage registration and information is being sought from hospitals. Parents are also instructed to contact their hospital if a child is born outside of a hospital, so that health visitors can provide support.

Dr Djomba reported that an updated action plan would follow when more data is available. She added that she is working closely with a range of partners from within the Council, in particular with early years providers, commissioners, the CCG and CLCH, who are all taking part in the Action Plan. A working group has also been established to look at the information which is available so far. The Action Plan would be updated by the summer of 2021 and Dr Djomba would provide an update to the HOSC following the Immunisation Forum.

The Chairman asked for clarity that on page 5 of the report, third line down, 'living there' should in fact be 'living elsewhere'. Dr Djomba agreed with the Chairman that this needed to be corrected.

A Member noted that they would be interested to hear of the Team's strategies for increasing vaccination in a future report. This might include attending Children's Centres for example and it would be helpful to find out in future how helpful the strategies had been.

The Member also asked whether the reduction in the take-up of the measles vaccine was sufficient to be of concern. They noted that it was known from Covid-19 work that the western corridor of Barnet interplays with more negative health indicators. Dr Djomba responded that the national MMR target is not met anywhere nationally. Barnet is higher than other Boroughs in NCL but, across London, Barnet remains on the lower end of uptake. She confirmed that nationally the target for herd immunity is not being met and that this is a cause for concern, but there had been no cases of measles in Barnet for a very long time.

The Member commented that they were pleased to hear of the safeguarding mechanism and wondered whether there might be other uses for the data, such as forward planning for nursery schools. Dr Djomba reported that the Registry Office is working to catch up. She would confirm with Children's Services how far this data was being used.

**Action: Dr Djomba**

A Member wondered if it would be helpful to have a map of where the PCNs are located in the Borough. Dr Djomba offered to forward the slides and a map of the PCNs to the Committee.

A Member asked whether there is a legal requirement to register a birth. Dr Djomba responded that there is, including babies born at home.

The Chairman enquired about the reminder sent to all parents in September 2020 to register births, asking whether more details could be provided. Dr Djomba noted that the data given was complete up to the end of May, so further data would follow.

The Chairman asked for a further update in the near future and would add this to the

Forward Work Programme.

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

**10. NHS TRUST QUALITY ACCOUNTS 2020/21 (Agenda Item 10):**

**RFL London NHS Foundation Trust Quality Account**

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

The Chairman invited the following to the table:

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

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

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

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

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

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

However, the Committee expressed its concerns regarding the following:

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

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

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

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

possible.

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

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

The Chairman invited the following to the table:

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

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

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

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

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

and on staff helpfulness. However, it was noted that staff needed to remind patients about the variety of snacks and drinks available.

- for recruiting two extra members of staff to support research into Long Covid.
- the 'Freedom to Speak Up' (FTSU) initiative, which included five of the 11 champions being from BAME backgrounds.
- that actions had been taken to improve data quality and that the importance of continuing to work to improve data was recognised by the Trust.
- its KPIs being either improved or remaining the same in the Positive Patient Experience.
- its plans to improve the quality of referrals in planned care in Barnet. Although this had been paused during the pandemic as staff had been redeployed, the Committee was pleased that this will re-start.
- that the 'One Care Home Team' had supported 59 care homes in Barnet during the pandemic.
- that the Trust had managed to double its number of volunteers who had worked in various roles including in PPE, the Academy, befriending and other pivotal support roles during the pandemic.

However, the Committee expressed its concerns regarding the following:

- that in the audit aimed at assessing antibiotic prescribing for dental paediatric patients, prescription errors had occurred regarding prescribing the correct dose.
- that consultations were not offered in some cases to children in need during the pandemic. Over 70 families hadn't been seen in the last two months and a significant number of these also hadn't been seen since 2019, even in a virtual setting.
- that at the Pembridge Day Hospice the 'Do Not Attempt Cardiopulmonary Resuscitation' forms had not all been fully completed and some had not been discussed with the patients.
- that a hydration audit at Athlone Rehabilitation Unit in the North-West area showed that only 28% of fluid charts had been completed accurately and 56% of patients were identified as at risk of dehydration.
- that during an observational audit of protected meal times, one third of audit days at Jade Ward at Edgware Community Hospital had demonstrated that there had been no hand wipes on trays or given to the patients during meal times. There had also been several interruptions to meal times on Jade Ward as well as Marjory Warren Ward at Finchley Memorial Hospital.
- that in a CQC report published in June 2020, the Trust were given a rating of 'Requires Improvement' in the 'Safe' domain in Community Health Services for Children, Young People and Families and four areas were listed as 'of

concern’.

- that regarding case record reviews, CLCH need to check record keeping and also improve communication with acute providers among other criticisms.
- that there had been 13 patient safety incidents resulting in severe harm in the past year, compared with 11 the previous year although it was noted that there had been an increase in patient numbers during the past year due to patients who were shielding with no face-to-face GP access.
- that in the bedded units there had been nine falls compared with seven last year, 43 Category 2 pressure ulcers and four category 3 and 4 pressure ulcers compared with one last year. All these categories had a target of zero.
- that staff sickness had slightly increased over the past year, which was disappointing but understandable in the circumstances.
- that the Committee noted that 12% of serious incident actions remain open, compared with a target of 100% completion.

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

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

The Chairman invited the following to the table:

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

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

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

The Committee congratulated and complimented NLH on the following:

- for including the interesting and positive patient story at the start of the Quality Account.
- for coping so well in extreme circumstances during the pandemic and also making good progress on its priorities for 2021 particularly further developing their database, Egton Medical Information Services (EMIS), which improved efficiencies across services.
- that the training for non-medical prescribers was impressive.
- that support for patients had been offered virtually during the pandemic, with virtual assessments and consultations.
- for exceeding most of its objectives in providing virtual support for the Health and Wellbeing Service, particularly as this was helpful for patients who were

to ill or fatigues to travel.

- its aim to work with the Health Information Exchange (HIE) which enabled the Hospice to access Primary Care patients' records and for continuing to work towards implementing technology to enable it to share its records with other Trusts.
- achieving their ambition of becoming a research centre.
- that some visitors for patients at the very end of life had been allowed access throughout the year.
- Gaining funding from Health Education England which enabled palliative and end-of-life training to be delivered to 36 London Ambulance Service paramedics and technicians and that ten had successfully completed the Level 5 accredited course.

However, the Committee expressed its concerns regarding the following:

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

- that there were some areas needing improvement in the Staff Satisfaction Survey, specifically in relation to processes and procedures to support effective working, communication, leadership and engagement, career development and the environment. However, the Committee noted that the Hospice had appointed an Interim Head of Communications, Marketing and Digital who will help in reviewing the Trust's internal and external communications.

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

**11. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 11):**

The Chairman noted the following addition to the Forward Work Programme:

- Childhood inoculation and Birth registration – 12 October 2021

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

**12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 12):**

None.

The meeting finished at 21:30 hrs