

Question	Question:	Response:
1	<p>Infections overall were rising and this was a concern</p>	<p>E. coli infections mostly arise in the community. Healthcare associated cases are shared within our quality accounts every year and we also report these on a quarterly and annual basis to the Royal Free London board.</p> <p>In 2022/23, we slightly exceeded our target.</p> <p>We follow all relevant national guidance to manage these infections and data can also be seen on the Office for Health Improvement and Disparities website.</p>
2	<p>Establish a world-class dementia care service – could there be joined-up thinking with partners on this?</p> <p>Is there liaison follow-up between the Trust and community when dementia patients are discharged?</p>	<p>We are committed to being a ‘dementia friendly’ hospital through ongoing delivery of the Dementia Clinical Practice Group’s workstreams: Delirium, Distressed behaviour, Assessment, Discharge and Carers. These workstreams have external representatives and this ensures a collaborative approach through community and the Royal Foundation London.</p> <p>In addition, dementia clinical staff have been provided with a mobile phone to ensure that families/carers are able to contact them directly. It also enables staff to contact carers, relatives, and external agencies. This is making a significant difference to communication both within and without the dementia specialist team.</p> <p>The following is also in place:</p> <ul style="list-style-type: none"> • Delirium – an auto text protocol has been written and embedded within our electronic patient record aligning our delirium care with National Institute for Clinical Excellence guidance and using 4AT and PINCHME to identify, diagnose and treat underlying causes of delirium. Education around delirium is a priority and regular delirium training across a variety of formats continues. • Distressed behaviour – A simulation training package called “De Escalating Distressed Behaviour” has been designed and rolled out in partnership with colleagues from security services using a real patient story to develop understanding and learn practical techniques. The service is working closely with security and the enhanced care project to deliver a “Behavioural Triage” tool to assist colleagues dealing with distressed behaviour in understanding and de-escalating patients in acute distress. The primary reason for referral to our service remains distressed behaviour and the majority of our educational interventions are focussed on this topic. • Assessment – the dementia service has collected data on referrals and interventions for over six months and has developed a thematic understanding of where the service is most needed. Our data has also enabled us to design, develop and embed a Dementia Assessment auto text which structures the specialist

assessment in a clear and consistent way allowing staff to understand and learn from our interventions and ensure that we are pulling together best practices under one single assessment.

- Discharge/ carers – to plan priorities and outcome measures for the service, we engaged in service design activities with a wide range of stakeholders including patients, carers, community support groups as well as staff. We learned that what mattered most to carers was a clear and consistent line of communication with the organisation generally and around discharge more specifically. As such, we provided our dementia specialists with a mobile phone. The feedback has been excellent and has alleviated much stress and frustration for carers looking for the right person to talk to for information/ updates. Our dementia handbook is also given to all carers at the point of discharge along with a questionnaire about our service.

We will measure the impact of the service on critical outcomes through the collection of patient and carer feedback and use this to identify areas for improvement.

3

Healthy living - Task and finish groups in Barnet to integrate pathways – what does this mean – do GPs know what the hospital is doing? Can we have more information on this – page 2.

Response from Dr Judith Stanton, deputy director of public health:

A Healthy Living Hub Barnet Task and Finish Group was established in 2022 with the aims to 1) outline what the Healthy Living Hub approach means for Barnet and 2) integrate the Healthy Living Hub approach with existing systems and services in Barnet. The main objectives of the Task and Finish group were to effectively develop a pathway of services for tobacco cessation, weight management, and alcohol support. At the core of these objectives, was to embed in existing Barnet frameworks the following: physical activity, social prescribing, mental health, cost of living advice, and wider community resources.

The Task and Finish Group included representation from Healthwatch Barnet, Service manager – Sport & physical activity- LB Barnet, Inclusion Barnet, Royal Free London, Barnet Borough Integrated Care Partnership, three Public Health Strategists and Barnet Stop Smoking Service.

The Group mapped service pathways for smoking cessation, alcohol, weight management and physical activity. The pathways include services available from the Royal Free London NHS Trust, Primary Care NHS Services, and borough-based services and assets (Local authority and Voluntary and Community Sector). These integrated service pathway maps have been completed and will be shared with key stakeholders as well as having them published on the new LB Barnet public health microsite.

The Healthy Living Hub team are seeing patients and staff. It is too early to assess the outcome in terms of behavioural change but we are receiving positive feedback: Barnet smoking cessation service said “Since January 2022, we have seen an increase in the numbers being referred out to our community service from RFL. We have also noticed an increase in patients who have been referred into our service from GP practices in the borough, some of whom have probably been instigated by the RFL highlighting to GPs in the discharge bundle that the patient is a smoker. I have also seen improved collaborative working between the RFL Healthy Living Hub advisers and my team. We have made positive changes in how referrals are monitored and followed up in the community. Also improved feedback mechanisms have helped ensure patients are getting the optimum level of support from both RFL and the Community, and if they are not engaging, this is then known about. The engagement of the referred patients is also more positive (i.e., a greater proportion of patients are agreeing to continue or start a quit). I think this is due to the improved way of working with the HLH advisers; more RFL staff are trained and competent

to offer VBA, seek HLH adviser assistance in-house where necessary, and refer out into community services. With the roll out of the Long-Term Plan, it has been incredibly important to have frequent, honest, and transparent lines of communication and feedback, to help affect system change that will improve mortality and morbidity for the people who smoke, some of whom have never considered quitting before. We have certainly benefited from this since the start of the Healthy Living Hubs”

The new LB Barnet public health microsite is underway and will present the public health services that are available in Barnet. The microsite is expected to be launched in the first quarter of 2023/24.

In addition, for the public and professionals, there is information about public health services that are available to residents on the London Borough of Barnet webpages:

<https://www.barnet.gov.uk/health-and-wellbeing/adults-health>

Barnet GPs also have access to MECCLinkLondon for resources in Barnet as well as other London boroughs:

<https://www.mecclink.co.uk/london/>

4	A&E in May 2022 report 75% meeting targets. Fourth worst in London. What is the situation currently?	Deborah Sanders, chief executive of Barnet Hospital, will talk about our emergency department performance at Barnet Health Overview and Scrutiny Committee’s meeting on Wednesday 17 May. A presentation is included in the meeting papers.
5	What are ambulance waiting times at both A&E’s, Barnet Hospital and the RFL?	Deborah Sanders, chief executive of Barnet Hospital, will talk about ambulance waiting times at Barnet Health Overview and Scrutiny Committee’s meeting on Wednesday 17 May 2023. A presentation is included in the meeting papers.
6	What number of people are catching Covid whilst in hospital, at Barnet and the RFL?	The number of patients with COVID-19 in our hospitals has been fluctuating. This changes depending on community prevalence.