Agenda

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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 21 JUNE 2019 AT 10.00 AM
COMMITTEE ROOM 2, HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4AX

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MEMBERS

Councillor Sinan Boztas, London Borough of Enfield
Councillor Tricia Clarke, London Borough of Islington
Councillor Pippa Connor, London Borough of Haringey
Councillor Alison Cornelius, London Borough of Barnet
Councillor Lucia das Neves, London Borough of Haringey
Councillor Clare De Silva, London Borough of Enfield
Councillor Linda Freedman, London Borough of Barnet
Councillor Osh Gantly, London Borough of Islington
Councillor Alison Kelly, London Borough of Camden
Councillor Samata Khatoon, London Borough of Camden

Issued on: Thursday, 13 June 2019

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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
21 JUNE 2019

THERE ARE NO PRIVATE REPORTS

PLEASE NOTE THAT PART OF THIS MEETING MAY NOT BE OPEN TO THE PUBLIC AND PRESS BECAUSE IT MAY INVOLVE THE CONSIDERATION OF EXEMPT INFORMATION WITHIN THE MEANING OF SCHEDULE 12A TO THE LOCAL GOVERNMENT ACT 1972, OR CONFIDENTIAL WITHIN THE MEANING OF SECTION 100(A)(2) OF THE ACT.

AGENDA

1. ELECTION OF CHAIR

To elect the Chair for the 2019-20 municipal year.

2. ELECTION OF VICE CHAIR(S)

To elect the Vice-chair(s) for the 2019-20 municipal year.

3. APOLOGIES

4. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

5. ANNOUNCEMENTS

6. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

7. TERMS OF REFERENCE (Pages 7 - 8)

To note the terms of reference of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC).

8. MINUTES (Pages 9 - 22)

To approve and sign the minutes of the meeting held on 15th March 2019 and to note the notes from the informal meeting held on 29th April 2019.

9. GOOD GOVERNANCE PRINCIPLES (Pages 23 - 24)

The report presents a set of *Good Governance Principles* which should be used by the committee to ensure effective public scrutiny.

10. ADULT ELECTIVE ORTHOPAEDIC SERVICES REVIEW (Pages 25 - 46)

The report provides a summary of the adult elective orthopaedic services review with a timeline of activities completed so far. It also summaries initial feedback from engagement before detailing the contents of the review and highlighting next steps.

11. ROYAL FREE LONDON FINANCIAL UPDATE (Pages 47 - 60)

This paper provides a financial update from the Royal Free London Foundation Trust, following on from previous reports to JHOSC in September 2017 and November 2018.

12. 2019/20 OPERATING PLANS OVERVIEW: FINANCE AND RISKS (Pages 61 - 66)

To provide a brief system overview of finance plans and risk management across North Central London. It also summarises the movement in financial position and updates JHOSC on the development of a Medium Term Financial Strategy for NCL.

13. ESTATES STRATEGY UPDATE (Pages 67 - 78)

This paper provides an update on the work of the Estates workstream, following the last presentation to JHOSC in July 2018.

14. DIAGNOSTICS RE-PROCUREMENT (Pages 79 - 82)

The purpose of this report is to inform JHOSC of the approach being taken by NCL CCGs to procure a provider of routine diagnostic testing in community settings and mobile units, as an alternative to patients being tested by local hospitals. It also sets out the differences between this procurement and the Oxfordshire procurement and provides an opportunity for challenge and comment from members.

15. NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (Pages 83 - 88)

This paper briefs the Committee on the North Central London (NCL) sustainability and transformation plan (STP) approach to strategic risk management. It provides a view of the current high level risks and the owners of these to inform forward planning for the committee.

16. WORK PROGRAMME (Pages 89 - 118)

This paper provides an outline of the 2019/20 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee.

It also contains responses from trusts to requests for capital disposals information.

17. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

18. DATES OF FUTURE MEETINGS

Dates of future meetings of NCL JHOSC:

- Friday, 27th September 2019 (Camden)
- Friday, 29th November 2019 (Enfield)
- Friday, 31st January 2020 (Haringey)
- Friday, 13th March 2020 (Islington)

AGENDA ENDS

The date of the next meeting will be Friday, 27 September 2019 at 10.00 am in The Council Chamber, Crowndale Centre, 218 Eversholt Street, London, NW1 1BD.

North Central London Joint Health Overview and Scrutiny Committee (JHOSC)

Terms of Reference

1. To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;

2. To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;

3. To respond to any formal consultations on proposals for substantial developments or variations in health services affecting the area of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;

4. The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

5. The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

6. The joint committee will aim work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people.

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 15TH MARCH, 2019** at 10.00 am in Committee Room 1, Islington Town Hall, Upper Street, London N1 2UD

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Huseyin Akpinar, Alison Cornelius, Lucia das Neves, Val Duschinsky, Julian Fulbrook and Osh Gantly

MEMBERS OF THE COMMITTEE ABSENT

Councillors Pippa Connor and Clare De Silva

SUBSTITUTE MEMBERS PRESENT

Councillor Eldridge Culverwell

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

Apologies were received from Councillors Pippa Connor and Clare De Silva. Councillor Eldridge Culverwell was attending as a substitute for Councillor Connor.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

There were no declarations of interest.

3. ANNOUNCEMENTS (IF ANY)

The Chair announced that Item 8 (Ambulance Service Update) would be heard first.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of any items of urgent business.

5. DEPUTATIONS (IF ANY)

A deputation was received from Sue Richards and Vivien Giladi on the topic of Procedures of Limited Clinical Effectiveness (PoLCE).

They expressed concern about procedures being rationed via PoLCE. They did not feel that initiatives like “London Choosing Widely” had the standing to impose restrictions on whether certain procedures could be carried out.

The deputees were particularly concerned about the application of PoLCE to hip and knee replacements and cataract surgery. They expressed the view that these procedures were being cut back on funding grounds and that there should be a full consultation on the issue.

6. MINUTES

Consideration was given to the minutes of the meeting held on 18th January 2019.

Councillor Cornelius asked that the word ‘figures’ be added to the last sentence under Item 6 on page 2. She also asked that the name of the Barnet committee mentioned under Item 10 on page 6 be correctly recorded as ‘Barnet Health Overview & Scrutiny Committee'.

RESOLVED –

THAT the minutes be approved and signed as a correct record, subject to the amendments above.

7. NORTH CENTRAL LONDON PROCEDURES OF LIMITED CLINICAL EFFECTIVENESS (POLCE) POLICY UPDATE - ENSURING EVIDENCE BASED CLINICAL POLICIES

Consideration was given to a report of North London Partners in Health and Care.

Dr Jo Sauvage, the Chair of Islington CCG and of the Health & Care Cabinet for North-Central London, addressed the Committee. She highlighted that there was huge variation in the approach that different practitioners took to similar conditions. The intention of North London Partners was to take an evidence-based approach to which treatments were effective and to improve the consistency of approach that doctors were taking.

In light of the comments made by the deputees, Dr Sauvage said she was open to meetings with councillors or with spokespeople from Keep Our NHS Public over specific issues they had concerns with the clinical guidance for.

Members said that they wanted consistency to be about offering consistent treatment to patients, not consistently refusing them. Members commented on cases where hip and knee replacements had been beneficial to their relatives.

Dr Sauvage said that the detail of the individual case was important with regard to discussions on hip replacement or cataract surgery. She said that there had been discussions with Moorfields about the criteria being used in PoLCE for cataract surgery and they have agreed with it.

She said that in some cases of PoLCE, there were alternatives such as physiotherapy which doctors should consider before going ahead with operations as surgery carried with it a risk. Members expressed the view that there might not be enough capacity to refer more people to physiotherapy and they might face long waiting lists.

Members expressed concerns that there could be a deterioration in people's quality of life if they had to wait longer for treatment. Pain might also hamper their ability to take measures like exercise which would improve their overall health.

Members expressed concern about decisions being budget-driven. Dr Sauvage responded that commissioners did have to manage health services within budget, but that the drive behind PoLCE was not about preventing people receiving care but ensuring that procedures which were not effective were not carried out – thus avoiding money being spent ineffectively.

Members were concerned that there might be negative equalities impacts from PoLCE, particularly as some of these procedures were mostly carried out on older patients. Will Huxter said that officers had offered to meet with Haringey Healthwatch to discuss their concerns about equalities impacts.

Deborah Fowler, Enfield Healthwatch, said that she felt consultation was not being fully undertaken. She also wanted patients to be clearly advised of their ability to obtain a second opinion.

The Chair commented that the governance process needed improvement. A PoLCE policy had been adopted without going out for consultation, and only after it had been adopted had people become aware of it.

Members asked that details be provided to a future meeting on the guidance for hip, knee and cataract operations and what had changed.

ACTION: North London Partners

Members also asked that this process not be repeated and that JHOSC and the public be consulted beforehand if similar issues of policy-making arose in future.

RESOLVED –

(i) THAT the notes and the comments above be noted;

(ii) THAT information be provided on the guidance for hip replacement, knee replacement and cataract surgery and on what had changed as a result of PoLCE;

(iii) THAT governance processes be improved to ensure that the Committee and the public were consulted before measures such as PoLCE were introduced.

8. AMBULANCE SERVICE UPDATE - HOSPITAL HANDOVERS IN NORTH CENTRAL LONDON

Consideration was given to a report of the London Ambulance Service (LAS).

Peter Rhodes, the Assistant Director of Operations at the LAS, presented the report to the Committee.

He noted that the Committee had expressed concerns over handover times when it had previously discussed the issue. The LAS had been working with hospitals to tackle delays in being able to transfer patients, and had had a number of successes – notably at Barnet General and at the North Mid.

Mr Rhodes reported that the most serious call-outs (Category 1) were being dealt with within national target times. There were longer waits than the targets for lower priority (Categories 2 and 3) calls. He said that this was in part due to staff shortages. It was difficult to recruit enough skilled staff to meet service demand, and there was a limited capacity of training places to grow the service. Additionally, UK ambulance staff tended to want to work outside of London, and so there was recruitment from Australia by the LAS.

Members queried the seasonal variation in ambulance handover delays. Mr Rhodes said this was due to a greater number of people falling ill in January, due to the aftermath of Christmas and the cold weather. The health service did have plans to deal with the winter surge and so delays were smaller than in previous years.

Members queried whether there were more alternative means of hospital transport rather than ambulances which could be used for the lower priority call-outs.

RESOLVED –

THAT the report and the comments above be noted.

9. INTEGRATED CARE - WORKING WITH OUR COMMUNITIES

Consideration was given to a report of North London Partners in Health and Care.

Will Huxter, the Director of Strategy for the NCL CCGs, presented the item to the Committee. He said that some residents were currently receiving a good joined-up

service and he wanted this to be extended to others. This would require closer co-operation between Councils and NHS bodies.

Mr Huxter said that engagement with stakeholders on the integrated care strategy would begin shortly.

Members said that the strategy should start from resident experience. They also queried the question on page 55 of the agenda pack, which they thought was unclear.

Mr Huxter said that engagement would be mainly on the borough level, but that officers wanted to know if there were any specific ideas that members had which they felt should be done at the NCL sub-regional level.

The Chair said that the key issue for her was the identification of strategic risks and ways of mitigating them. Other members added that they would like more attention paid to the use of private providers. A member added that she was concerned about people receiving personal care packages and what would happen as funds ran out.

Doubt was expressed as to whether integration could be carried out at the speed that central government wished.

Members recommended that the focus of North London Partners be on how to ensure a positive resident experience from integration, and that strategic risks be identified and mitigated. They also asked that they investigate how governance and communications could be improved.

RESOLVED –

THAT the report and the comments above be noted.

10. CLINICAL PRIORITY WORK AREAS

Consideration was given to a report of North London Partners in Health and Care.

Will Huxter introduced the report. The Chair noted that page 67 of the report made reference to problems with maternity services. She said she was disappointed in the maternity paper and presentation that had come to the last JHOSC meeting as it had not mentioned these points, and so had given members a misleading impression.

Members discussed which workstreams they wished to focus on. They agreed that they would focus on:

- Maternity services
- Adult Social Care

- Mental Health
- Heath & care closer to home

RESOLVED –

(i) THAT the report and the comments above be noted;

(ii) THAT the Committee focus on the maternity services, adult social care, mental health and health & care closer to home workstreams in its future work.

11. WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the work programme, action tracker and to the information on capital disposals provided by hospitals.

Members agreed that items they wanted to consider at the June meeting were:

- Care homes
- Adult Orthopaedic Services
- An update on the estates strategy
- Reducing A & E attendance

They also indicated they would be interested in receiving an information paper on screening and immunisation.

With regard to the disposals information in Appendix 3, members said that they would like to see links to hospital accounts to understand the impact of the disposals revenue.

The Chair asked that the strategic risk register be appended to the work programme.

ACTION: North London Partners

Officers highlighted that there might need to be a special meeting of the JHOSC to consider the Moorfields' consultation on the reconfiguration of their service. With regard to this, the JHOSC agreed to invite members from other local authorities who had residents who were patients at Moorfields.

With regard to the Moorfields and St Pancras sites, members noted that Camden's own health scrutiny committee was focusing on the St Pancras site and Islington's was focusing on the Moorfields' site.

RESOLVED –

THAT the work programme be amended, as detailed above.

12. NORTH CENTRAL LONDON ADULT ELECTIVE ORTHOPAEDIC SERVICES REVIEW - UPDATE BRIEFING

The briefing was noted.

13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business.

14. DATES OF FUTURE MEETINGS

It was noted that the dates of meetings in the municipal year 2019-20 would be:

- Friday, 21st June 2019 (Barnet)
- Friday, 27th September 2019 (Camden)
- Friday, 29th November 2019 (Enfield)
- Friday, 31st January 2020 (Haringey)
- Friday, 13th March 2020 (Islington)

The meeting ended at 12.10pm.

CHAIR

Contact Officer: **Vinothan Sangarapillai**
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MINUTES END

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **MONDAY, 29TH APRIL, 2019** at 2.00 pm in The Council Chamber, Crowndale Centre, 218 Eversholt Street, London, NW1 1BD

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair) and Julian Fulbrook

MEMBERS OF THE COMMITTEE ABSENT

Councillors Huseyin Akpinar, Alison Cornelius, Lucia das Neves, Clare De Silva, Val Duschinsky and Osh Gantly

It was noted that the meeting was inquorate as there were members in attendance from only three of the five boroughs rather than the required at four out of five boroughs being represented.

1. APOLOGIES

Apologies were received from Councillors Huseyin Akpinar, Alison Cornelius, Lucia das Neves, Clare De Silva, Val Duschinsky and Osh Gantly.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

There were no declarations of interest.

3. ANNOUNCEMENTS

There were no announcements.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of any items of urgent business.

5. MOORFIELDS CONSULTATION PLAN UPDATE

Consideration was given to a report of the North London Partners in Health and Care.

Sarah Mansuralli, (Senior Responsible Officer Moorfields Consultation, Chief Operating Officer Camden), Nick Strouthidis, (Consultant Ophthalmic Surgeon, Medical Director, Moorfields Eye Hospital NHS Foundation Trust), Jo Moss, (Director of Strategy and Business Development), Caroline Blair, (Programme Director Renal and Cancer NHS England Specialised Commissioning) and Denise Tyrell (North Central London, Clinical Commissioning Group Programme Director) presented the item to the Committee.

Prior to the presentation Camden's Senior Policy Officer read out some advice that had been provided from Haringey's Principal Scrutiny Support Officer. – He stated that 'the report recommended that, the JHOSC give an indication in principle as to whether it considered the proposal to be in the best public interest. The purpose of the JHOSC's role in the consultation process (when its starts) would be to determine whether it felt that the proposal for change was in the interests of the local health service. To give such an indication before the consultation process had even begun might prejudice this role. In addition, there were a number of other local authorities that were likely to be affected by the proposal and they should really be involved before any such view was expressed.'

The presenting officers stated that the purpose of the meeting was:

- To provide the Committee with an update on the plan for public consultation on the proposed new centre for Moorfields Eye Hospital;
- Provide advice on further action to ensure a meaningful consultation process and a summary of the feedback and learning received.
- The intention was to return to the Committee at the end of the consultation to provide a further update.

Responding to questions from the Committee the presenters highlighted that:

- Moorfields Eye Hospital NHS Foundation Trust was proposing to build a brand new centre to bring together excellent eye care, ground breaking research and world leading education and training in ophthalmology;

- The intention was to build a multi-million pound development on land that had become available on the site at St Pancras Hospital, just north of Kings Cross and St Pancras stations in central London.

- It would bring all the services together on a site where close collaboration would take place. Services were currently operating from 31 sites and these services would be consolidated in one place.

- This would be a purpose built facility to improve research, education patient care and experience. The current site at City Road was outdated and overcrowded and hindered rather than supported innovation.

- The new site would provide improvements for patients and visitors - a shorter time in hospital, a comfortable and supportive environment, and provide easier access for people with disabilities, space for information and support and a centre that empowered people.

- It would provide for a better environment for staff and would enable staff to reach their potential.

- It would reduce duplication in the system and increase value for money.

- Members were informed that an advantage of all the services in one place was that ideas and breakthroughs in science occurred when there was intermingling and with the experts in various fields on show these breakthroughs were more likely to occur.

A member commented on issues of accessibility to the new site. At the Old Street site there was a bus stop outside the hospital and it would be easier to access compared to the new site. The Committee was informed that the main message from the feedback from patients was that there was a general dislike of the building at City Road and patients found it stressful visiting the hospital at this site. It was suggested that a visit to the City Road site be arranged for Committee Members to see what the issues were.

Johanna Moss, Director of Strategy and Business Development agreed to arrange with Committee Members a site visit to City Road hospital site.

ACTION – Director of Strategy and Business Development.

A member raised the issue of Camden's Transport Strategy and Camden's policy of reducing pollution from cars and how that would tally with ease of accessibility to the proposed new site at Kings Cross. Some suggestions made in discussion included using alternative means or modes of transport such as the river route and moving the 214 bus stop to the entrance of the new hospital. Concerns over pollution and environmental health were also important for local people. Members said these were some of the issues that needed to be discussed and taken into account when considering the accessibility and feasibility of the new site.

In terms of consultation the Chair commented that too much detail in the agenda pack provided made it difficult to easily focus on the main issues and that the focus should be on improving the outcomes and value for money for patients and residents. There was also the issue of the 6 weeks consultation being over the summer holiday period when most people would be away and would not be able to provide any feedback. In response, members were informed that the detailed information had been provided in the interests of transparency and every effort would be made in the future to make the information more succinct. The plan to have consultation over the summer period would also be reviewed.

Staff had been included and would continue to be included in the consultation by being involved in the small committees formed from each CCG. There had also been considerable consultation over the carbon management of the footprint of the City Road site since 2012. The physical structure of the site had been adapted multiple times, however the trust's 2016 CQC report highlighted issues with the site which had adversely impacted on patient experience.

Following the publication of the organisations refreshed strategy in July 2017 staff continued to be involved in the development of the project through the trust management board attended by divisional directors, divisional managers and the director of research and development.

In developing the design potential engagement with staff around this project was a fundamental part of Moorfields' workforce programme.

A member queried what impact the consultation would actually have on the proposals, who was going to take the consultation forward and how this would be fed back. The member also posed a challenge to the presenters, challenging them to develop the organisation into a world class organisation around patient involvement – taking on board proposals around patient involvement and care and putting patients at the forefront of all considerations.

Some of the points made in the meeting included:

- The continued importance of involving staff user groups in the development of the business case and taking on their clear proposals on how services could be improved in a new environment.

- The presenters would also take on board whether there was sufficient time for the consultation.

- The intention would also be to highlight the impact that consultation had on decision making and track the subsequent changes.

- The need to maintain existing good networks within NCL JHOSC.

- The challenge of making the project a world leader in patient consultation. Patient views and patient consultation taken on board. There needed to be clarity in decision making.

RESOLVED –

THAT the report and the comments above be noted.

6. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

7. DATES OF FUTURE MEETINGS

The meeting ended at 3.55 pm.

CHAIR

Contact Officer: **Sola Odusina**
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NOTES END

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North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

NCL JHOSC Good Governance Principles

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 21 June 2019

SUMMARY OF REPORT

The report of the Chair of NCL JHOSC presents a set of *Good Governance Principles* which should by used the committee to ensure effective public scrutiny.

Contact Officer:

Henry Langford
Senior Policy and Projects Officer
London Borough of Camden
henry.langford@camden.gov.uk
020 7974 5118

RECOMMENDATIONS

1. The committee is asked to consider and comment on the principles.

North Central London Joint Health Overview Scrutiny Committee

OUR GOOD GOVERNANCE PRINCIPLES

Members believes that effective public scrutiny helps local providers to reduce inequalities, to improve people's lives, to improve people's experiences, to deliver better health and services and to achieve greater value from the public's money.

Effective public scrutiny uses democratic accountability, openness, transparency, searching questions and focused recommendations to deliver public good.

1. **Putting patients and residents at the centre of all we do**
   Our priorities are to reduce health and wellbeing inequalities, to improve health and wellbeing outcomes, to improve the experience of patients and residents, to prevent ill health and to make the best use of public money.

2. **Establishing our common ground, focusing at all times on our common purpose, setting objectives, planning**
   Our priorities are clear and focused. We are clear who is responsible for what, what will be different, and for whom. We are not distracted from our real business.

3. **Working collaboratively**
   We listen and learn from experts – patients, residents, clinicians, colleagues, partners, the voluntary and community sector, local businesses, elected members, council officers, NHS officials, and from each other - before we take decisions and before we act

4. **Acting in an open and transparent way**
   We always us inclusive language that is understandable to all.

5. **Publically accountable**
   We demonstrate consistently that we are publicly accountable for what we do and how we conduct business. Including for how and when we make decisions and take actions - in everything we do.

6. **Integrity**
   We consistently demonstrate an understanding that health sectors, local councils and the voluntary and community sectors have different cultures and priorities. We always act, individually and collectively, with the highest standards of integrity and behaviour

June 2019

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

Adult Elective Orthopaedic Services Review

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 21 June 2019

SUMMARY OF REPORT

The report provides a summary of the adult elective orthopaedic services review with a timeline of activities completed so far. It also summaries initial feedback from engagement before detailing the contents of the review and highlighting next steps.

Contact Officer:

Henry Langford
Senior Policy and Projects Officer
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RECOMMENDATIONS

1. The committee is asked to consider, comment on and note the report.

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NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Adult Elective Orthopaedic Services Review

Joint Health Overview and Scrutiny Committee

Will Huxter, Joint SRO (Director of Strategy NCL CCGs)
Rob Hurd, Joint SRO (Chief Executive, RNOH)
Anna Stewart, Programme Director

Friday 21 June 2019

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Timeline…what's happened so far

1 February 2018…

- JCC signed off the mandate for the adult elective orthopaedic services review

August – October 2018….

- Carried out a desktop equalities review to identify impacted groups
- Engaged patients, residents and other stakeholders on the draft case for change and rationale for the review. Five clinical design workshops to establish the model of care.

December 2018…

- JCC approved the design principles for a new model of care and received the feedback from the engagement on the draft case for change

January 2019…

- JCC approved the overarching timeline, revised governance and accepted the recommendation around final contract form

May 2019…

- JCC approved the **Clinical Delivery Model** and **Options Appraisal Process**
- Clinical Delivery Model and Options Appraisal were issued to NHS Trust providers for responses

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Feedback from engagement

What we heard…	How this has influenced the next steps of the review…
Patient experience: Vulnerable patients might find it difficult to travel to and find their way around	•**Clinical delivery model:** Inclusion of care co-ordination function •**Options appraisal:** Scored section on vulnerable patients within the patient experience section.
Continuity of care: Location of pre-operative assessments and post-operative care/rehabilitation were a concern	•**Clinical delivery model:** is specific about which organisation is responsible for pre-operative assessment and patient education sit in the pathway. •**Options appraisal:** providers asked to give detailed consideration of how they will deliver both pre-operative assessment and patient education in their proposals
Patients with complex needs: It was not clear where patients with complex needs would have their surgery.	•**Clinical delivery model:** To include an essential requirement for all elective centres to have an HDU. •**Options appraisal:** Assessment of proposals around inclusion of HDU, case-mix and managing clinical complexity.
Integration: Contributors stressed the importance of joined-up working. Integrated IT systems are also important	•**Clinical delivery model:** To include a section on digital requirements •**Options appraisal:** IT and digital considerations are included as part of the deliverability score
Travel: There were repeated comments suggesting that an in-depth transport analysis should be considered	•**Clinical delivery model:** To include a section on travel and transport arrangements •**Options appraisal:** Patient experience will specifically address travel and transport arrangements •**Public consultation:** a detailed travel analysis will need to be carried out and published as part of public consultation.

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Patient and residents participation

Patient representation within governance structures

- Worked with Healthwatch at the very start of the programme to recruit two patients representatives to sit on our governance structures (stage one: review group; stage two programme board and clinical network)
- To enable them to participate with confidence, have a pre-meet before each meeting, to go through the papers and processes and ensure any questions and concerns are addressed

Wider patient involvement

- Additional representatives have attended our various workshops; recruited via Healthwatch and also through local voluntary sector groups
- Arranged support sessions for new representatives to ensure they understood the programme and processes and could participate in the workshops with confidence

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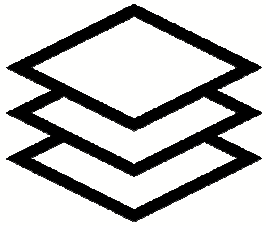
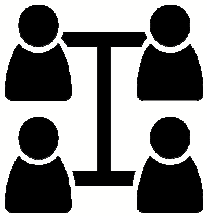
Clinical design principles – agreed December 2018

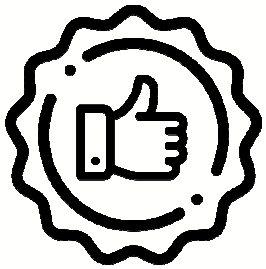


Differentiation of 'levels or tiers' of hospital

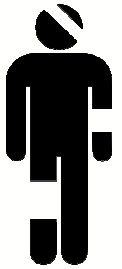


Partnership approach

Staffing model with clinical staff working into the unit from the local trusts

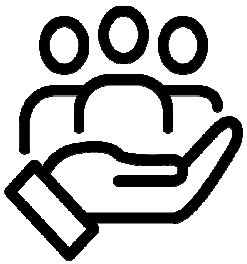


Development of common standards and pathways approach

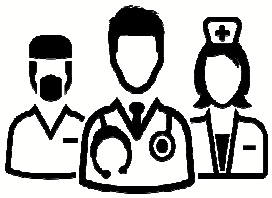


All pre-operative and post-operative outpatient care at base hospitals

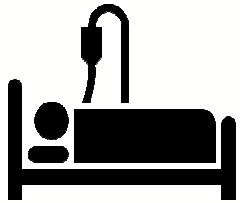
Paediatrics, trauma, spinal surgery to stay at base hospitals as at present



Care-coordination function (navigators) to be included in the new model



Multi-disciplinary team working to be a core component



High dependency unit co-located

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Consultant orthopaedic workforce

Staffing model with clinical staff working into the unit from the local trusts

The overarching workforce approach in this model of care is that **orthopaedic surgeons will remain employed by their existing base hospital;** with a job-plan including both elective and emergency care.

For surgeons at base hospitals their current elective surgical commitments would move with them to the elective centre.

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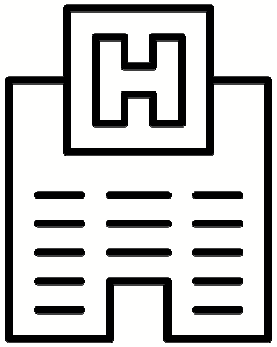
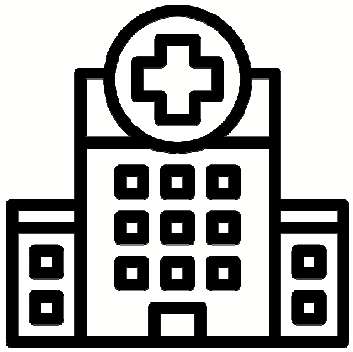
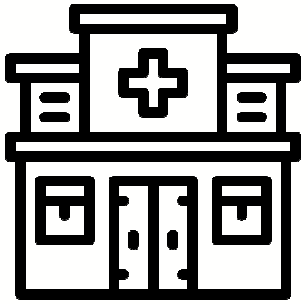
Tiers of hospital in the network







Base hospitals	Elective orthopaedic centre(s)	Super specialist hospital
Support the operation of the elective orthopaedic centres as part of a clinical network, manage outpatients and post-operative follow-up, some day-cases and all trauma care alongside an A&E	Able to undertake a mixture of some complex and all routine elective activity.	Undertake only tertiary and complex patients that cannot be appropriately cared for in local or elective hospitals. This super specialist work **does not form part of this review.**

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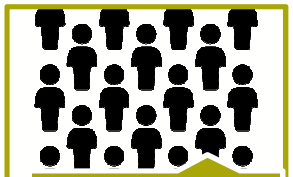
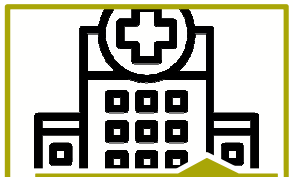
Components of the service model



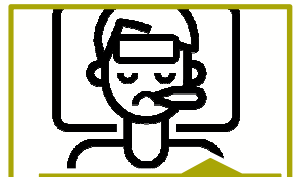
Minimum of 4,000 procedures a year (inpatient & day-cases)



Defined ward(s) and associated staff in separate building or ring-fenced

Dedicated theatres with ability to operate 7 days a week

Post operative HDU

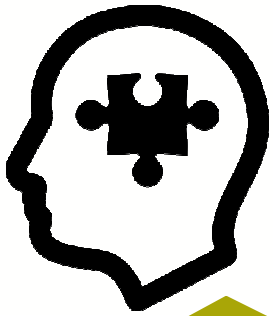


Ability to manage deteriorating / complex patients

Senior overnight medical cover

Meet essential clinical requirements

- Adherence to safety standards
- Deteriorating patients protocols
- Compliance with service specifications
- Surgeons, specialists and anaesthetists with required expertise
- Specialist nursing
- Inventory of appropriate equipment
- Inventory of implant components
- Transfusion service
- Infection control services
- Standard hospital support services



Access to essential services (not co-located)

- Access to MSK radiology, inc CT and MRI scanners
- Mental health – psychiatry
- Plastic surgery
- Vascular surgery
- Medical support services
- Clinical support services
- Acute pain management services

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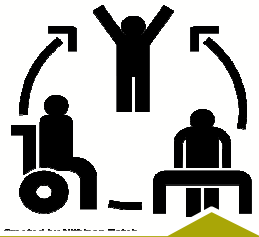
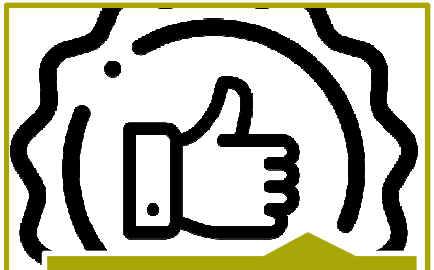
Features for innovation: providers to specify how they would deliver



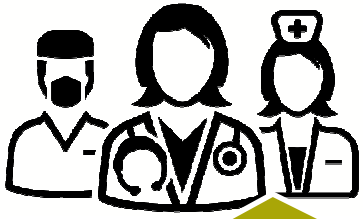
Intensive rehab services

Seven days a week
Able to mobilise patients on the day of surgery



Clinical governance

Within the elective centre, base hospitals and network

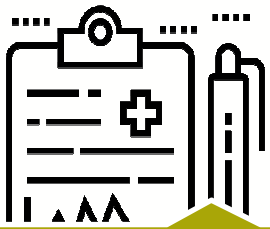


MDT working

Within the orthopaedic clinical network

Care coordination

A focus on vulnerable patients and discharge management

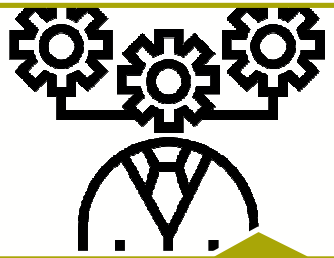


Pre-operative assessment

Owned by the elective centre, standardised, with potential outreach

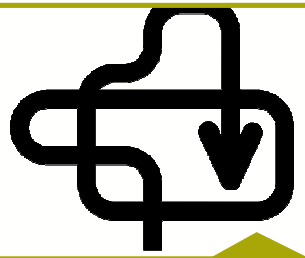
Patient education

Delivered to a consistent model by the elective centre



Clinical Case Mix

Providers to set out assumptions



Medical complexity

Providers to set out assumptions

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Options appraisal timeline

EARLY MAY

Following JCC approval in early May, the final Clinical Delivery Model and Options Appraisal process and weightings were shared with all NHS providers

MAY & JUNE

All acute NHS providers in NCL have been asked to make **submission of options** to indicate how they want to contribute to the model of care. Collaborative bids between providers are being actively encouraged.

SIX WEEKS FOR SUBMISSIONS

Providers will be given just over **six weeks** to work on submissions

MID-JULY

Options put forward will be assessed against hurdle criteria, and then non-financial criteria. A financial assessment will be carried out.

OVER SUMMER/EARLY AUTUMN

NHS England assurance process and completion of the PCBC

Discussion with the JHOSC

AUTUMN

JCC or Committees in Common approval of PCBC

Start public consultation

(TARGET END OF OCTOBER)

Comprehensive **transport** and **equalities** analysis will inform the consultation

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Next steps

- **Options appraisal:** will take place in the summer, two GP representatives, commissioners plus patient and residents representatives will be on the panel
- **Validating our plans:** over the summer an NHSE assurance process will test the case for change, model of care and engagement approach
- **Joint Health Overview and Scrutiny Committee:** in addition to the update today, we would like to have a further conversation with you in September about the consultation process and approach
- **Preparing for public consultation:** as our plans evolve we will test our plans with the Residents Advisory Board, Healthwatch and other key stakeholders to help contribute to our approach to consultation
- **Public consultation:** aiming to start at the end of October 2019

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Appendix: background and context

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Context

Within the planned care workstream of the STP there are four MSK projects of which this review is one

- Single point of access
- First contact practitioners
- Pain management
- Adult elective orthopaedic surgery

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Adult elective orthopaedic services review

Our ambition is to create a comprehensive adult elective orthopaedic service for North Central London (NCL), which will be seen as a centre for excellence with an international reputation for patient outcomes and experience, education and research.

Our vision is to deliver services from dedicated state of the art orthopaedic 'cold' surgical centres, not linked to an existing A&E, but collocated with HDU*, with the size and scale to enable a full spectrum elective offering and a robust rota.

Draft case for change (August 2018)

* High Dependency Unit

Adult elective orthopaedic surgery currently takes place at ten different hospital sites in north central London

Around 23,000 operations each year

Opportunities for improvement

- Patients report different experiences and outcomes at different hospitals
- Some hospitals carry out small numbers of some operations, leading to inconsistent approaches (ie - elective knee replacements in those who had an arthroscopy)
- Variation in ‘revision rates’ (ie – a follow-up procedure being needed if the first one didn’t work as expected)
- Variations in the length of hospital stay, following an operation
- Readmissions vary (but are low) (ie– a patient who has been discharged is admitted back to hospital)
- Infection rates vary (but are low)
- Waiting times vary and targets are being missed

Rationale supporting change

"Separating elective care from emergency pressures through the use of dedicated beds, theatres and staff can… achieve a more predictable workflow, provide excellent training opportunities, increase senior supervision of complex / emergency cases, and therefore improve the quality of care delivered to patients"

The Royal College of Surgeons

"there is evidence that separation of the elective surgical workload can improve efficiency and avoid the cancellation of elective activity. However, the efficiency gains can be affected by patient case-mix and demand. Evaluation of the operation of the independent sector treatment centres has also suggested separating elective surgical care from emergency services could improve the quality of care"

The King's Fund and Nuffield Trust qualitative analysis of National Clinical Advisory Team reviews

Ideas from around the country….

South West London Elective Orthopaedic Centre (SWLEOC):

- surgeons from local hospitals use the centre for all their planned routine procedures
- most day cases take place at local hospitals (a few are now moving to SWLEOC)
- all preoperative, post operative and emergency care happens locally
- opened in 2004 – 15 years in operation
- clinicians, providers and patients who have used the service would find it hard to go back to the pre-SWLEOC arrangements

Manchester is exploring a 'layered' approach with:

- One 'super specialist' centre doing the most complex operations
- 'Specialist' centres doing complex care
- 'Joint centres' doing non-complex primary procedures and day-cases
- local hospitals doing day-cases, outpatient and follow-up care and trauma

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Programme Engagement

Face to face communication

Engagement Forum	Meetings/Events	Numbers
Patients and Public	13	181
Commissioners	7	54
Providers	10	287
Local Authority	6	22
Total	**36**	**544**

	Meetings/Events	Numbers
Workshops and plenary	5	63

Written Communication

Channel	Organisational Channels
Written feedback	**7**
Website Feedback	**78**

Proactive Promotion

Reach	Organisational Channels (Electronic and print newsletters, mail outs, bulletins)	Social Media (Facebook, Twitter)
58,710	**28,796 ***	**29,914**

* For example Camden Voluntary Action News (mailing list 10,000) and UCLH internal staff briefing (distribution 8,000)

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Programme Engagement: patient and public meetings

Camden
- ✓ Camden CPEG
- ✓ Camden Healthwatch Group
- ✓ Camden Carers Group

Islington
- ✓ Islington Over 55s Group
- ✓ St Luke's, Islington Group

Haringey
- ✓ Haringey Adult Social Care Joint Partnership Board
- ✓ Haringey CCG public events (x2)

Enfield
- ✓ Enfield CCG Voluntary Community Stakeholder Reference Group
- ✓ Patient and Public Engagement Event Enfield
- ✓ Enfield Healthwatch public event

Barnet
- ✓ Barnet Healthwatch meeting
- ✓ Having A Say Group

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

Royal Free London FT financial update

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 21 June 2019

SUMMARY OF REPORT

This paper provides a financial update from the Royal Free London Foundation Trust, following on from previous reports to JHOSC in September 2017 and November 2018.

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020 7974 5118

RECOMMENDATIONS

1. JHOSC are asked to comment on the priorities of the workstream as part of the Estates Strategy refresh, due later this year.

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Royal Free London NHS
NHS Foundation Trust

Royal Free London financial update

NCL Joint Health Overview & Scrutiny Committee

Caroline Clarke – Chief Executive, RFL

Peter Ridley – Chief Finance & Compliance Officer, RFL

June 2019

RFL position within the NCL aggregated position

	Control Total 2018/19 FOT £m	Surplus / (deficit) 2018/19 FOT £m	Variance 2018/19 Variance £m	Control Total 2019/20 Plan £m	Surplus / (deficit) 2019/20 Plan £m	Variance 2019/20 Variance £m
CCG	0.2	(50.5)	(50.7)	(7.5)	(41.0)	(33.5)
Provider	110.9	56.4	(54.4)	(41.8)	(41.8)	0.0
Total	**111.1**	**5.9**	**(105.1)**	**(49.3)**	**(82.8)**	**(33.5)**
RFL (in above)	**67.1**	**(67.1)**	**(134.2)**	**(29.6)**	**(29.6)**	**0.0**

The Overall NCL position has been presented in a separate paper.

The contribution of the Royal Free to this position is shown above. In 2018/19 RLF was unable to agree its control total as it was undeliverable. As a result RFL has the largest single variance, which was partially offset by positive variances in other providers.

In 2019/20 RFL has agreed its control total.

RFL 2019/20 Plan

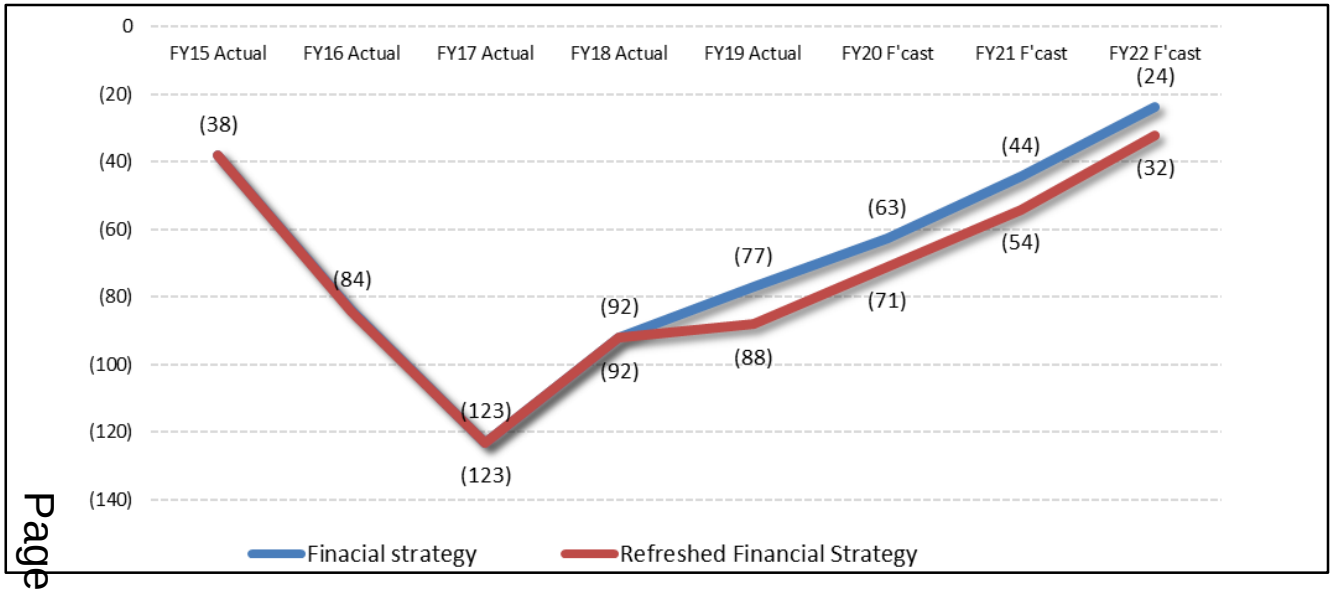
FY20 I&E	2019-20 Annual Plan	2018-19 Forecast Outturn
NHS Clinical Income	922.3	889.7
Non-NHS Clinical Income	34.0	33.9
Other operating income	74.9	118.1
Employee expenses	(559.1)	(546.3)
Operating expenses excluding employee expenses	(473.9)	(505.4)
EBITDA	**(1.8)**	**(10.0)**
Post EBITDA	(59.5)	(57.4)
Surplus / (Deficit)	**(61.4)**	**(67.4)**

The RFL 2019/20 annual plan is compliant with the control total required. This requirement is to deliver a £61.4m deficit and if this is achieved up to £31.8m of additional funding will be available.

In order to achieve this a savings programme of £49.5m is required – of which £4.5m is a stretch target required in order to receive Financial Recovery Fund (FRF) funding.

FY20 plan bridge	FY20 Plan
FY19 Underlying position	**(87.9)**
Income Changes	
Gross inflationary uplift	36.2
MFF Reduction	(5.4)
2019/20 MRET & Threshold Adjustment	3.3
Other price & tariff changes	(11.1)
CQUIN	9.0
Growth less QIPP	(2.1)
Inflation & Contingency	
18-19 AFC uplift	(8.4)
Cost Inflation FY20	(24.3)
NMET/MADEL transition funding	(1.2)
Supply chain operating model	(1.7)
Post EBITDA cost pressures	(2.3)
Contingency	(15.0)
FIP	45.0
Subtotal before additional efficiency	**(65.9)**
Addl. Efficiency requirement (0.5%)	4.6
Total (excl. PSF, FRF and MRET)	**(61.4)**
2019/20 control total (excluding PSF, FRF and MRET funding)	**(61.4)**
Distance from CT (excluding PSF, FRF and MRET funding)	**(0.0)**
PSF, FRF and MRET	**31.8**
Total including PSF, FRF and MRET	**(29.6)**
2019/20 control total (including PSF, FRF and MRET)	**(29.6)**
Distance from CT	

RFL modelled underlying finances through to 2021/22



	FY18/19	FY19/20	FY20/21	FY21/22	FY22/23
Abridged I&E forecast					
Total income	1,031	1,019	1,022	1,035	1,043
Operating Expenditure	(1,041)	(1,020)	(1,003)	(998)	(1,005)
EBITDA	**(10)**	**(1)**	**19**	**37**	**38**
Depreciation	(30)	(32)	(40)	(41)	(41)
Amortisation	(4)	(4)	(5)	(5)	(3)
Impairments net of (reversals)	0	0	(3)	(1)	0
Finance income	0	0	0	0	0
Finance expense	(8)	(12)	(14)	(13)	(11)
PDC dividends payable/refundable	(15)	(12)	(12)	(11)	(10)
Gains/(losses) on disposal	0	0	50	0	0
Surplus/ (Deficit)	**(67)**	**(61)**	**(5)**	**(33)**	**(27)**
Normalising adjustments – Impair & gains/losses on disposal	(0.0)	0.0	(46.7)	1	0
Normalising adjustments - Non-recurrent items	(20.6)	(10.0)	(2.3)	0.6	(0)
Underlying surplus/deficit	**(88)**	**(71)**	**(54)**	**(32)**	**(27)**

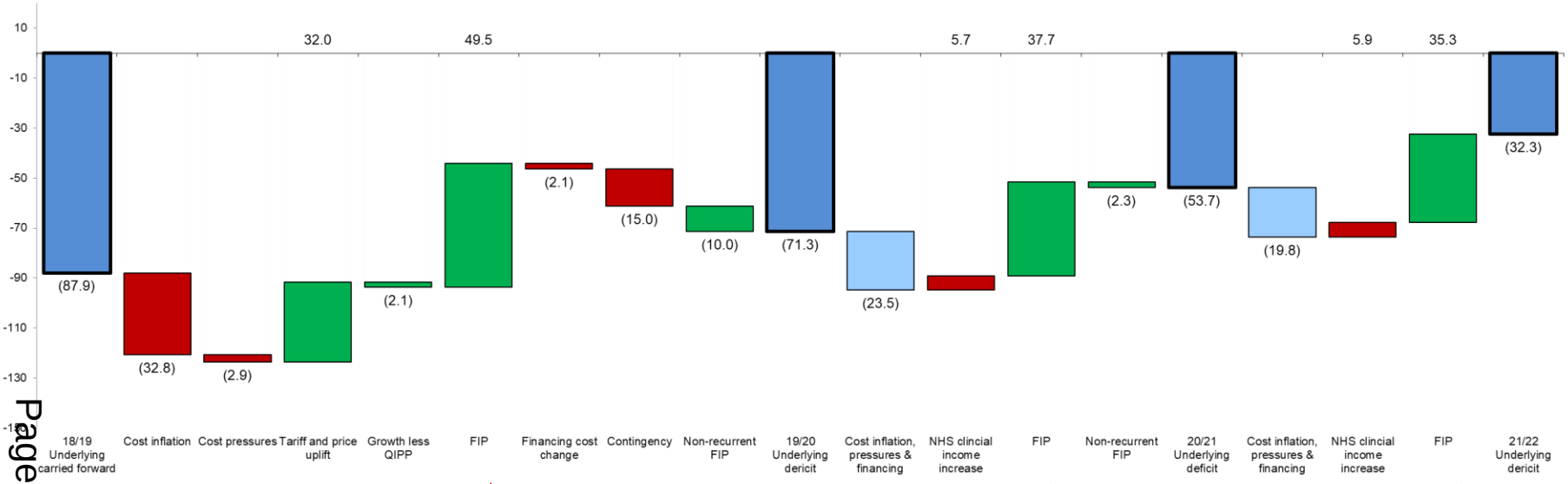
Based on the out-turn position for 18/19 and the 19/20 plan we have refreshed the financial strategy.

We have now reduced the underlying deficit in each of the last 2 years.

As it stands we would be £32m off break-even by 2021/22. This is due to the underlying position delivered in 18/19 being below target, a prudent clinical income assumption and the non-inclusion of central funding sources such as Provider Sustainability Fund monies.

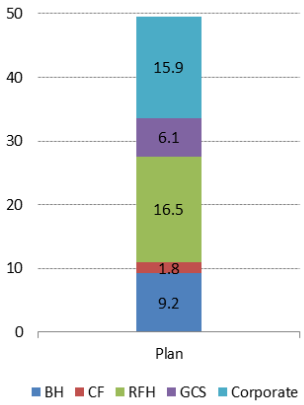
We have worked up a number of elements to bridge this gap and will work with colleagues across the STP on this.

Medium term underlying financial position (the next three years)

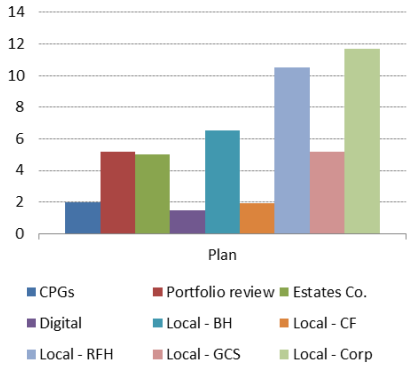


2019-20

Analysis by site

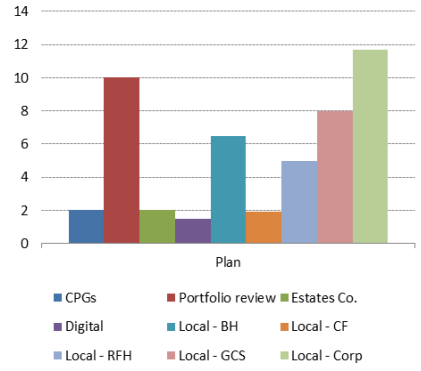


Analysis by scheme



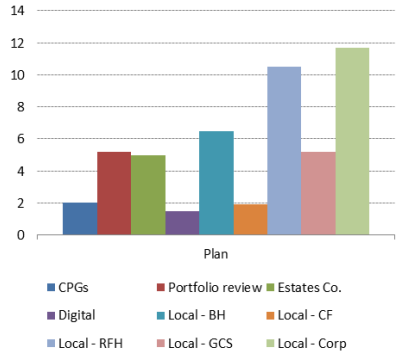
2020-21

Analysis by scheme

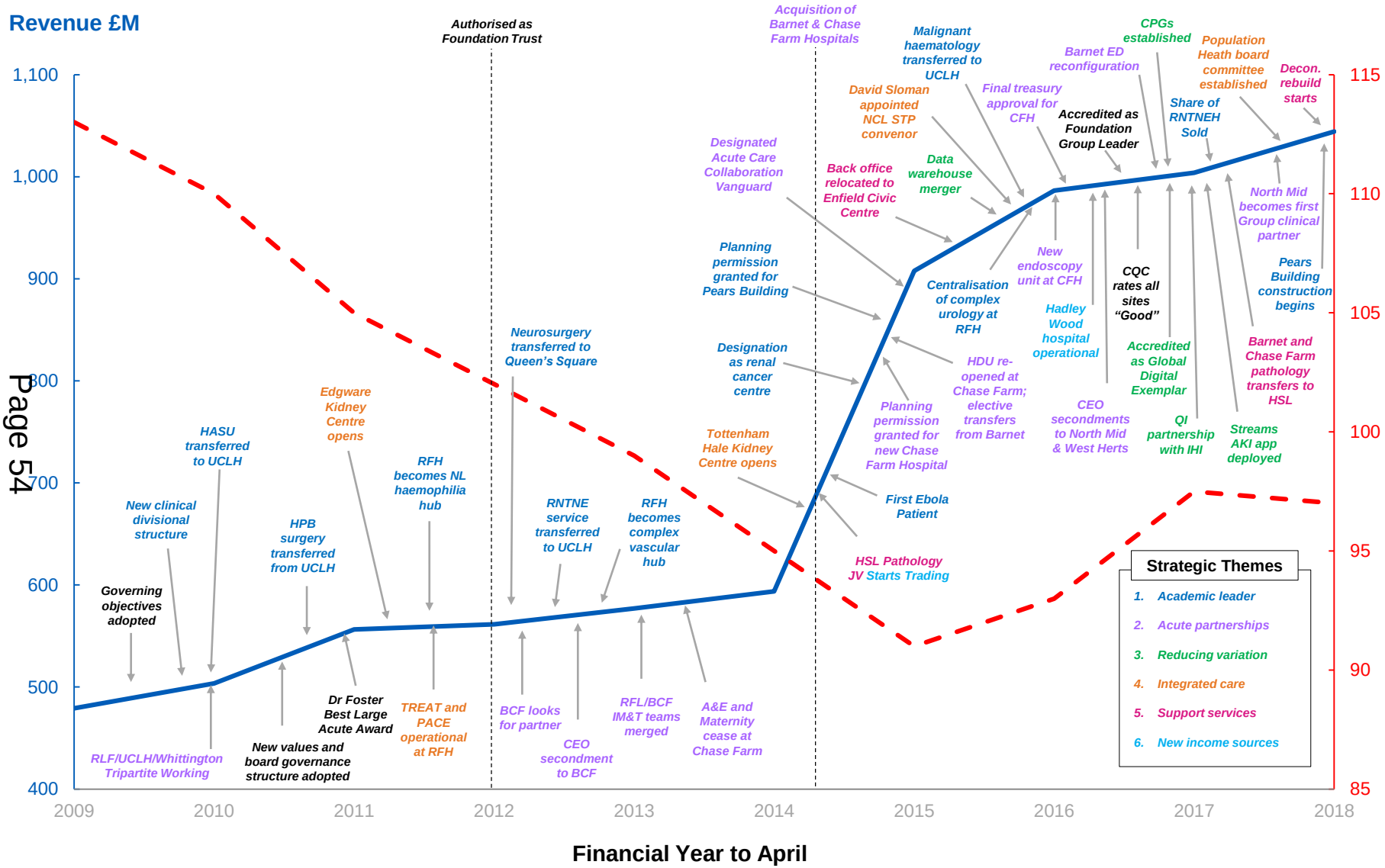


2021-22

Analysis by scheme



Progress to date



world class expertise local care

Royal Free London NHS Foundation Trust

RFL position – what further are we doing to address sustainability?

Internal Efficiency

CIP programme
£43.1m delivered 18/19
£49.5m plan for 19/20

New Chase Farm Hospital
Quality services and eliminate £20m deficit

Non recurrent mitigations
Financial Controls

RFL Group

Benefits of group
see next slide

Clinical Practice Groups
Reduce unwarranted variation at scale - outcomes and cost

Support Service Scale
Consolidate and automate

STP

STP Programmes
Planning & delivery of STP interventions

Cross provider productivity
e.g. decontamination

Long term transformation
e.g. Digital

The above are all linked and mutually supportive – to deliver both RFL and system sustainability

Benefits we are seeking to deliver in the medium term

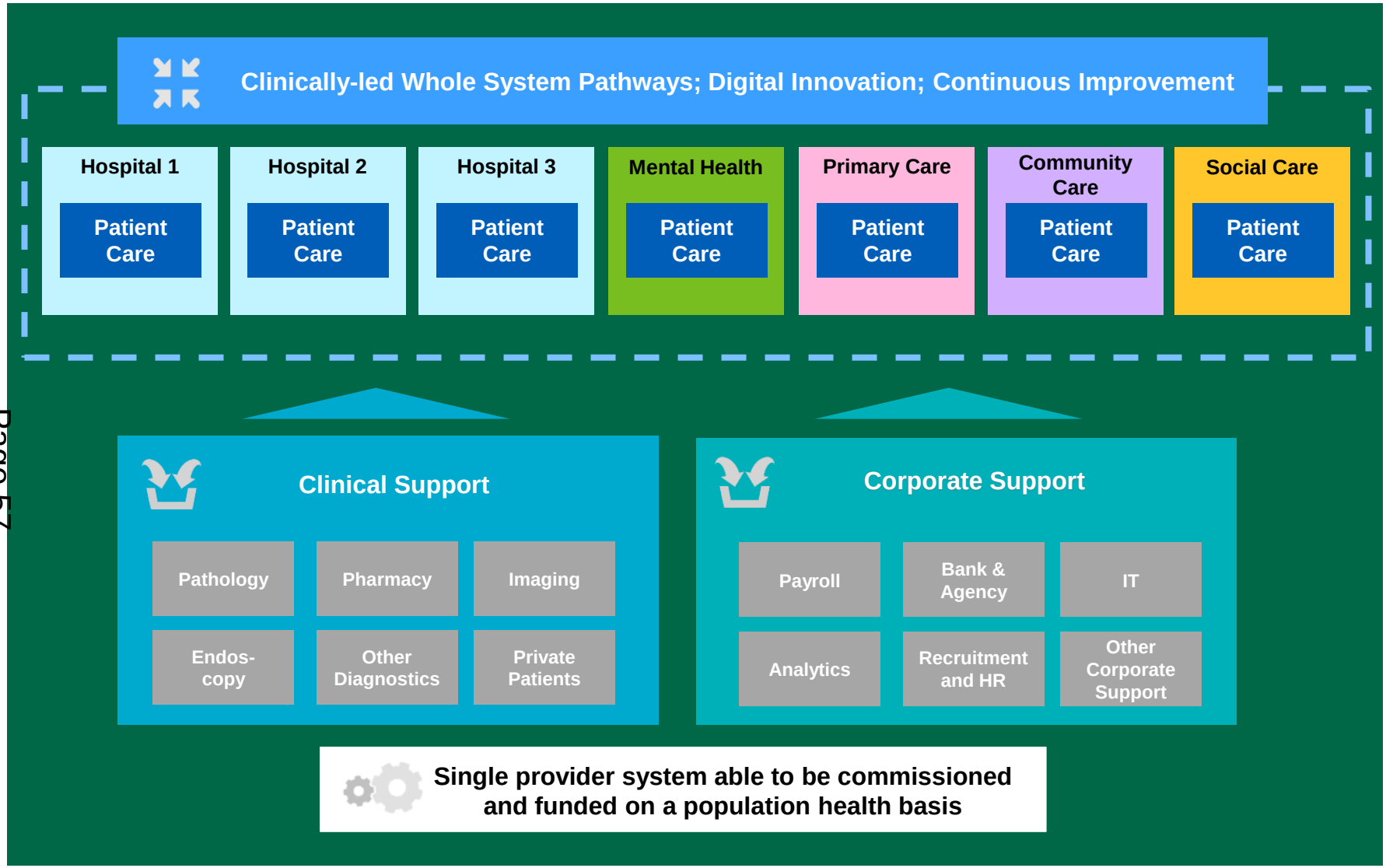
Recruiting, developing and retaining talent	Reducing unwarranted variation in clinical practices	Achieving excellent operational and financial performance	Delivering clinical and support services at lower cost and higher quality	Implementing total system patient pathways
Quality improvement and leadership committee	Clinical Standards and Innovation Committee	Group Board (+ Hospital unit executives)	Group Services Committee	Population Health and Pathways Committee
Leadership and expertise to drive improvement	***Reduce variation***	***Achieving excellent financial and operational performance***	***Consolidate clinical and non-clinical activity***	***Delivering system wide benefits through whole pathway re-design***
Effective leadership and workforce development	Reduce variation in clinical processes	Cost improvement through scale	Consolidate clinical services to drive quality and value	Collaborative partnership working
Continuous improvement supporting better outcomes	Standardise approach to non-clinical processes	Consistent good performance across sites	Consolidate clinical support services across the group	Demonstrable system leadership
	Research and innovation supports world class ambition		Centralise non-clinical activity	

Patient Benefits
Improved Safety, Efficacy and Experience of Care

Staff Benefits
Better Career Progression, Professionalism, L&D

System Benefits
Lower Unit and System costs

Future vision – collective ambition



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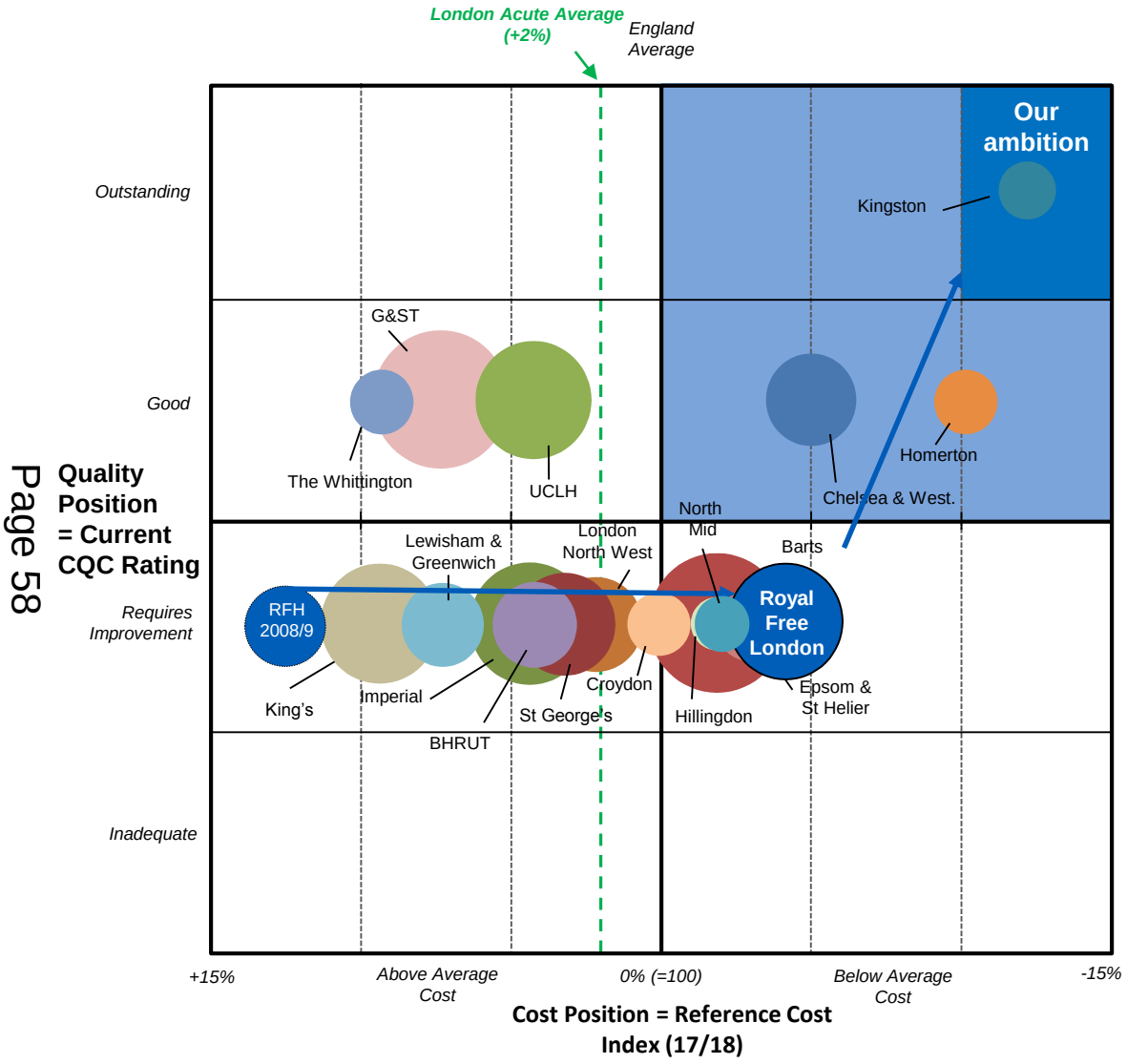
Governing objectives: progress & gap



- RFL/UCLH specialist service reconfiguration (2009-2017)
- Authorisation as Foundation Trust (2012)
- Procurement transfer to Whittington (2012)
- 60 symptom-based system pathways agreed with 7 CCGs (2014)
- Acquisition of Barnet & Chase Farm Hospitals NHS Trust (2014)
- Launch of HSL pathology JV (2015)
- Acute Care Collaboration Vanguard (2015)
- Strategic partnership with IHI (2015)
- Back office centralised in Enfield (2016)
- NHSI Group Leader Accreditation (2016)
- CQC "Good" ratings for all hospitals and all hospital services (2016)
- Global Digital Exemplar Accreditation (2016)
- Clinical Practice Groups based on IM (2016)
- Strategic Partnership with DeepMind (2016)
- New group structure established (2017)
- North Middlesex UH NHS Trust joins as Clinical Partner (2017)
- **17%pt reduction in relative unit costs** (i.e., beyond sector average CIPs) since 2009 equivalent to c.£170M lower annual costs on today's turnover; 6% pts lower unit cost than London average; simultaneous increase in quality
- CQC "requires improvement" (2019)
- Gap to long-term ambition: additional step-change in quality; further £60M annual cost reduction beyond sector average CIPs

world class expertise local care

Royal Free London NHS Foundation Trust

Bubble size = 2017/18 Income, CQC overall quality ratings as of 7 January 2018

RFL – how far will this get us to and by when?

Our next steps

- Updated Integrated Finance, Access and Workforce Strategy to Board and NHSI/E (July)

Where will this get us to

- A plan for break-even by the end of 2021/22
- A trajectory for the recovery of access targets
- An understanding of a sustainable workforce model

What we need from others

- All continue to work together and deliver the objectives of the STP
- Work together to improve access to services
- May need to make some difficult decisions together (e.g. service locations)
- Reduce transaction costs and distractions in the system

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North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

2019/20 Operating Plans overview: Finance and Risks

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 21 June 2019

SUMMARY OF REPORT

To provide a brief system overview of finance plans and risk management across North Central London. It also summarises the movement in financial position and updates JHOSC on the development of a Medium Term Financial Strategy for NCL.

Contact Officer:

Henry Langford
Senior Policy and Projects Officer
London Borough of Camden
henry.langford@camden.gov.uk
020 7974 5118

RECOMMENDATIONS

1. The committee is asked to consider and comment on the update.

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2019/20 Operating Plans overview: Finance and Risks

Joint Health Oversight and Scrutiny Committee

21th June 2019

Simon Goodwin, Chief Finance Officer North Central London CCGs

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System financial position and risk management

A system overview of finance plans is set out in the table to the right.

- On 15 May NCL reported a £33.5m adverse variance against control total, with the variance accruing from CCGs. All NCL Trusts were able to sign-up to, and plan to deliver, their control totals for the year;
- The aggregate CCG 19/20 plan position has improved by £18.3m (from £59.3m deficit to £41.0m deficit) since the previous submission on the 4th April.
- With the exception of NHS Islington that is expected to break even, NCL CCGs are currently in deficit and have adverse variances to control totals. All Trusts are planning to achieve their control totals. This includes three Trusts (UCLH, Royal Free and RNOH) that have deficit control totals.

	Control Total	Surplus / (deficit)	Variance	Control Total	Surplus / (deficit)	Variance
	2018/19	2018/19	2018/19	2019/20	2019/20	2019/20
	FOT	FOT	Variance	Plan	Plan	Variance
	£m	£m	£m	£m	£m	£m
CCG	0.2	(50.5)	(50.7)	(7.5)	(41.0)	(33.5)
Provider	110.9	56.4	(54.4)	(41.8)	(41.8)	0.0
Total	111.1	5.9	(105.2)	(49.3)	(82.7)	(33.5)

The combined 2019/20 deficit position is £82.7m compared to £5.9m surplus in 2018/19. The CCGs deficit in 2019/20 is £41m compared to £50.5m in 2018/19 and the Trust deficit in 19/20 is £41.8m compared to £56.5m surplus in 18/19.

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Movement in underlying financial position:

A table setting out the underlying financial position is to the right.

- The underlying position is planned to improve from £210m deficit in 2018/19 to £174m deficit in 2019/20, an improvement of £36m;
- The CCG underlying position is improving from a £42m deficit in 2018/19 to a £41m deficit in 2019/20, an improvement of £1m;
- The Trust underlying positions is improving from £168m deficit in 2018/19 to a £133m deficit in 2019/20, an improvement of £35m.

	Underlying Position 2018/19 FOT £m	Underlying Position 2019/20 Plan £m	Variance 2019/20 Variance £m
CCG	(42.4)	(41.3)	1.1
Provider	(167.5)	(132.9)	34.6
Total	(209.9)	(174.2)	35.7

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Medium-term financial strategy

The medium-term financial strategy for NCL will be developed through the refresh of the STP, and supporting financial plans, in response to publication of the NHS Long Term Plan.

The strategy aims to achieve financial balance against system control totals for NCL over multiple years through system-wide risk management, by realigning system incentives to support cost reduction and focus on improved quality of care to reduce demand for services.

Introducing and delivering the strategy will be underpinned by a more collaborative approach to planning across organisations. Work is currently underway on developing this plan over the summer. It is being led by Caroline Clarke, Chief Executive of the Royal Free NHS Trust.

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

NCL STP Estates Strategy Update

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 21 June 2019

SUMMARY OF REPORT

This paper provides an update on the work of the Estates workstream, following the last presentation to JHOSC in July 2018.

Contact Officer:

Henry Langford
Senior Policy and Projects Officer
London Borough of Camden
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020 7974 5118

RECOMMENDATIONS

1. JHOSC are asked to comment on the priorities of the workstream as part of the Estates Strategy refresh, due later this year.

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Estates Strategy Update

JHOSC Update 21 June 2019

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Purpose of paper

- This paper provides an update on the work of the Estates workstream, following the last presentation to JHOSC in July 2018
- JHOSC are asked to comment on the priorities of the workstream as part of the Estates Strategy refresh, due later this year

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Contents

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Enfield Local Authority
338,143 registered population
324,000 resident population

Enfield CCG

Barnet Local Authority
422,630 registered population
375,000 resident population

Barnet CCG

Haringey Local Authority
316,910 registered population
267,000 resident population

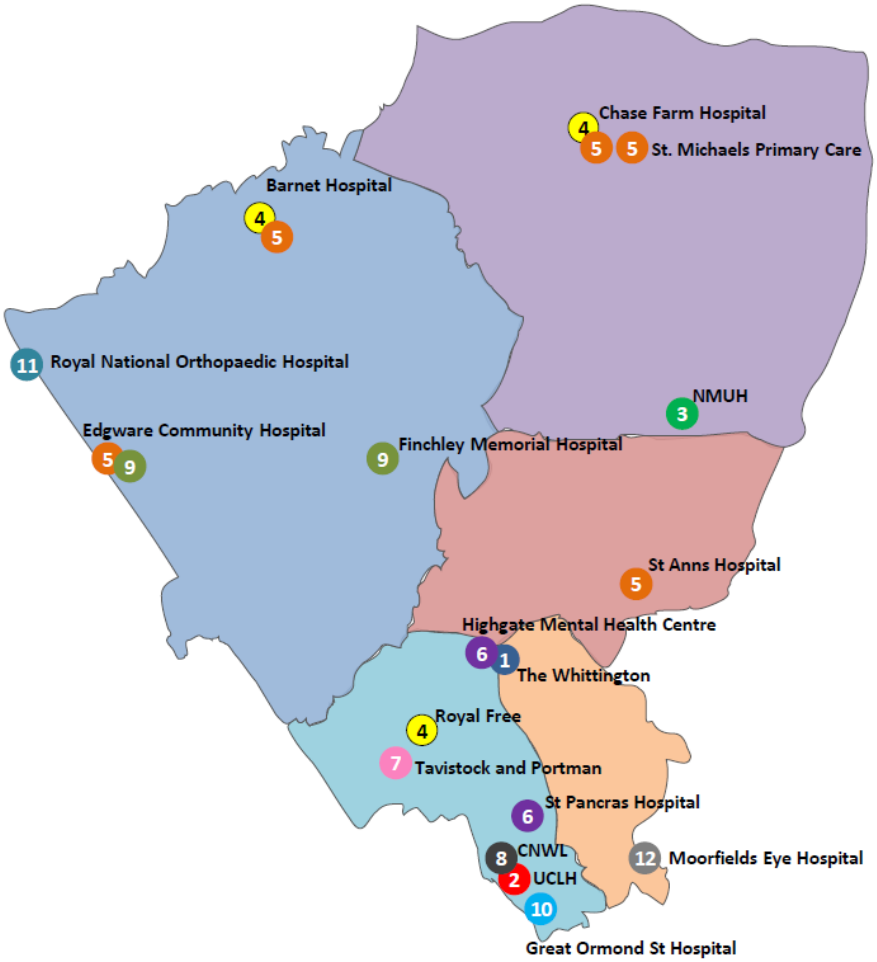
Haringey CCG

Islington Local Authority
251,606 registered population
221,000 resident population

Islington CCG

Camden Local Authority
283,789 registered population
235,000 resident population

Camden CCG



Local Authority

Camden · Enfield · Barnet · Islington · Haringey

Providers

1. Whittington Health NHS Trust (including Islington and Haringey Community)
2. University College London Hospitals NHS Foundation Trus
3. North Middlesex University Hospital NHS Trust
4. The Royal Free London NHS Foundation Trust
5. Barnet, Enfield and Haringey Mental Health NHS Trust (main sites, including Enfield community)
6. Camden and Islington NHS Foundation Trust (and main sites)
7. Tavistock and Portman NHS Foundation Trust
8. Central and North West London NHS Foundation Trust (Camden Community)
9. Central London Community Healthcare NHS Trust (Barnet Community)
10. Great Ormond St Hospital
11. Royal National Orthopaedic Hospital
12. Moorfields Eye Hospital

GP Practices (March 2018)

Barnet	56	Enfield	48	Islington	33
Camden	35	Haringey	37	**(Total 209)**	

111 Out of Hours provider

Currently out of hours single provider across 5 CCGs

Summary

- NCL's Estates Strategy was produced in July 2018, in response to a government requirement for access to capital funding. It was rated "Good," the second-highest rating possible.

- After receiving comments from NHS Improvement (NHSI) and London Estates Board (LEB), we know the focus for progress this year is Primary Care and Out of Hospital. Estates is a critical enabler to support clinical workstreams to design patient-centred care

- The Estate Strategy set out five priorities to support delivery of our vision for care in the STP; measurable progress has been achieved against each priority, including attracting c. £100m of funding to support major investments in patient facilities and improved services

- There is a robust plan for 19/20 via Estates Board workstreams covering Investment, Disposals, Optimisation/Utilisation and Locality Planning. Key activities include updating the prioritised list of investment projects, supporting disposal projects and updating the Estate Strategy document

- Governance, resourcing and workstreams in the Estates workstream are gaining maturity. Collaborative, system working with estates partners and Clinical workstreams is emerging for the benefit of patients and residents in North Central London.

Estate Strategy Priorities

The NCL Estate Strategy was produced in July 2018. It set out the following high-level priorities:

- **Develop a place based approach** to support service delivery and optimise use of assets, drawing on the principles of One Public Estate (working jointly across the public sector).
- **Respond to care requirements and changes in demand** by putting in place a quality estate, further enabling us to tackle health inequalities and wider determinants of health in the STP
- **Increase the operational efficiency of the estate** – improving utilisation; tackling backlog maintenance; and optimising running costs
- **Enhance delivery capability** – supporting wider changes in health care delivery, alongside workforce and digital enablers, including supporting opportunities to create Homes for NHS staff
- **Enable the delivery of a portfolio of estates transformation projects** that support the implementation of vision for care and further development of social and affordable housing in the STP.

Our Strategy was rated "Good" by the DHSC. This was the second-highest rating, indicating a good overall document, but with a need for further development of some elements. In the case of NCL, more progress on Out of Hospital and Locality Planning were mentioned. These are our areas for focus in 2019/20 across the key Estate workstreams – Investment, Optimisation/Utilisation, Disposals and Locality Planning.

Our progress in 2018/19 and plans for this year are presented in the following pages.

2018/19 Highlights

- c.£100m of STP Wave 4 funding was earmarked for NCL investment. This will benefit services in acute, mental health, community and primary care provision. New facilities at Chase Farm Hospital and the Royal National Orthopaedic Hospital were opened
- Major disposals at Chase Farm Hospital (Royal Free London NSHFT), St Ann's Hospital (Barnet Enfield & Haringey MH NHSFT) and Whittington Hospital (Whittington Health NHST) sites. Each of these major projects is funding new facilities for improved patient care in NCL
- Improvements in occupation and utilisation at Finchley Memorial Hospital (FMH) have reduced voids, increased footfall and expanded services
- Secured One Public Estate (OPE) funding for three collaborative NHS / Local Authority projects in Haringey (£500k). The outcome will be improved primary care and housing units
- Collaboration:
  - with GLA – St Ann's allowed start on site on time; Whittington masterplan support
  - with Community Health Partnerships (CHP)– FMH where CHP have funded the work & CCG funded project manager
  - with OPE – Haringey new schemes & Barnet ongoing schemes
- Governance, approaches and workstreams in the STP's Estates workstream are gaining maturity and collaborative system working is encouraging

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Progress Detail 2018/19
Focus Areas 2019/20

NHS

Estate Strategy Priority & Key Estate Workstreams	Progress 2018/19	Focus in 2019/20	Links to other STP Workstreams
Develop a place-based approach **Locality Planning** **Investment**	• Formed Primary & Community Board • Developed brief for first stage Locality Planning Programme • Secured funding for first stage programme • Received £500k OPE funding for joint LB/CCG Haringey projects	• Complete first stage Locality Planning • Develop selected projects for prioritisation • CCG prioritisation workshop • Overall prioritisation workshop • Support CNWL community wards project • Support C&IFT hubs project	Health & Care Closer to Home Mental Health Maternity Digital
Respond to care requirements and changes in demand	• Finalised Estate Strategy 2018 • Developed prioritised STP investment pipeline • Wave 4 STP funding applications • St Ann's Hospital redevelopment • Chase Farm Hospital redevelopment • Whittington hospital disposal for St Pancras facility	• Commenced quarterly workshops for workstream topics • Update & prioritise investment projects pipeline • Support coordinated estates strategy for 19/20 & update pipeline • Support Whittington Hospital masterplan projects • Estate Strategy update	All Clinical workstreams
Increase the operational efficiency of the estate **Optimisation/Utilisation** **Investment** **Locality Planning**	• Significant voids reduction at Finchley Memorial Hospital • Services expanded at FMH & higher footfall • Voids reduction & improved premises in Primary Care • RNOH new ward facility	• Primary Care at FMH • Expand Optimisation/Utilisation approach to more LIFT premises • Quarterly meetings with NHS Property Services focussed on reducing voids & improving premises for Primary Care • Locality Planning opportunities for better utilisation / services • Strategy for Edgware Community Hospital	All Clinical workstreams

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Progress Detail 2018/19
Focus Areas 2019/20

NHS

Estate Strategy Priority & Key Estate Workstreams	Progress 2018/19	Focus in 2019/20	Links to other STP Workstreams
Enhance delivery capability **Estates workstream governance**	• Estates Board • NHSI Strategic Estates Advisor in place to support STP • Formed key estates workstreams and identified SROs to lead • Successful collaboration with GLA (St Ann's, Whittington Hospital master plan), OPE (new Haringey, ongoing Barnet projects), Community Health Partnerships (FMH utilisation) • Building relationship with London Estates Board (LEB) and London Estates Delivery Unit (LEDU)	• STP Estate Director secondment • Improve system working and system maturity • Develop Estates communication strategy • Explore deeper collaboration with LEDU & LEB	Support other workstreams to assess estate impacts of their plans Links to LEB, LEDU, GLA, OPE and others
Enable the delivery of a portfolio of estates transformation projects **Investment (incl key worker)** **Disposal** **Locality Planning**	• Secured c.£100m Wave 4 funding – St Pancras Hospital & Project Oriel • Secured funding from Community Health Partnerships for Finchley MH optimisation • St Ann's disposal for housing • Chase Farm Hospital disposals for housing	• Explore options to model staff / key worker unit numbers • Share & discuss outcomes with LA partners to generate opportunities to develop housing or care homes • Support development of applications for OPE phase 8	Workforce

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North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

Diagnostic Imaging Service Re-Procurement

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 21 June 2019

SUMMARY OF REPORT

The purpose of this report is to inform JHOSC of the approach being taken by NCL CCGs to procure a provider of routine diagnostic testing in community settings and mobile units, as an alternative to patients being tested by local hospitals. It also sets out the differences between this procurement and the Oxfordshire procurement and provides an opportunity for challenge and comment from members of the JHOSC.

Contact Officer:

RECOMMENDATIONS

1. The JHOSC is recommended to note and comment on the report.

DIAGNOSTIC IMAGING SERVICE RE-PROCUREMENT

1. BACKGROUND

1.1 The 5 NCL CCGs have held a contract since 2014 with InHealth, a private provider of routine diagnostic testing for the NHS in community settings/mobile units, as an alternative to patients being tested by the local hospitals. The contract comes to an end on 30 June 2019, and the CCGs are tendering for this work.

1.2 The local hospitals in NCL have confirmed formally to the CCGs that they do not have the capacity (in terms of equipment and staff) to deliver this activity at present, but that they have plans to expand their in-house capacity over the next three years. As a result, the CCGs need to commission this work from other providers, whether in the independent sector or other NHS provider/s.

1.3 Approaches to procurement by the CCGs are not routinely brought to the JHOSC. However, members of the JHOSC may be aware that in Oxfordshire the local JHOSC has referred to the Secretary of State for Health and Care a decision by NHS England to award a contract to InHealth for specialised scanning services (positron emission tomography-computed tomography or PET-CT).

1.4 The purpose of bringing this report to the JHOSC is in an open and transparent way to make members aware of the approach being taken by the CCGs, to set out the differences between this procurement and the Oxfordshire procurement, and to provide an opportunity for challenge and comment from members of the JHOSC.

2. DETAILS OF THE CURRENT CONTRACT AND SERVICE IN NCL

2.1 The NCL spends just over £5 million p.a. on the current contract with InHealth, for a range of diagnostics (predominantly Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans). The contract provides for the provision of diagnostic testing within a local setting (through community sites or mobile units) as an alternate to accessing via acute trusts. This 3 year contract commenced on 1 July 2014 and was extended for a further 2 years, in accordance with the terms of the prevailing NHS Standard Contract to 30 June 2019, with no further option to extend available.

3. DETAILS OF THE SITUATION IN OXFORDSHIRE, AND DIFFERENCES FROM THE SITUATION IN NCL

3.1 Following a procurement process run by NHS England (as the national commissioner of all specialised services) for the contract to run the Thames Valley regional PET-CT scanning service, which has been provided by Oxford University Hospitals (OUH) at the Churchill Hospital in Oxford since 2005, OUH wrote to the Chair of the Oxfordshire JHOSC to ask the JHOSC to consider the issue at a meeting in public. As part of the procurement, OUH submitted a bid to continue to provide the service, but its bid was unsuccessful.

3.2 At its meeting on 4 April 2019, the Oxfordshire JHOSC heard from members of the public, clinicians and patients. Representatives from OUH, NHS England and InHealth were present to address the JHOSC and answer questions.

3.3 The JHOSC decided to exercise its power to refer the matter to the Secretary of State for Health and Social Care. Due to this decision, no changes will be made to the current NHS-provided PET-CT service at the Churchill Hospital while this referral is assessed and decided upon.

3.4 In their letter of referral to the Secretary of State, the JHOSC raised concerns that patients would receive an inferior service in future because InHealth staff will not attend multi-disciplinary team (MDT) meetings of NHS staff, which play a key role in ensuring someone gets the best treatment.

3.5 The PET-CT service is specialised, and is provided by only one provider for the whole of Oxfordshire (and beyond). It is also commissioned by NHS England not by local CCGs. The local NHS provider for the last 14 years has the capacity to provide the service, and wished to continue to do so.

3.6 The services provided by InHealth to NCL CCGs are routine diagnostics, which are also provided by NHS Trusts. The NCL procurement is for additional capacity which the NHS Trusts are unable to deliver at this time. There have been no issues with InHealth's compliance with the CCGs' existing service specification since the contract started in 2014.

4. APPROACH TO THE REPROCUREMENT IN NCL

4.1 Discussions with the local Trusts informed the associated procurement options and the development of the business case. Based on legal and procurement advice the CCGs decided that a further contract for Direct Access Diagnostic Imaging would be required with a view to support repatriation of activity if and when this becomes possible and that CCGs would therefore:

- Procure a contract for 3 + 2 years (extended in multiples of 6 months, up to a maximum of 24 months)
- Not include minimum levels of activity/spend within the tender but would provide an indicative indication of activity therefore allowing the CCGs to bring things back into the NHS if this proves possible.

4.2 A 9 month Single Tender Waiver (STW) was sought under Section 8.8.2 of Camden CCG's Standing Financial Instructions (SFIs) on the grounds that there have been exceptional circumstances leading to a genuine delay in timescales. This will support a maximum mobilisation period of up to 6 months based on a contract commencement of 1 October 2019.

4.3 A Contract Variation has been agreed with Inhealth as the incumbent provider, extending the contract to March 2020 and incorporating a no fault 3 month commissioner termination clause and revised local pricing

4.4 The CCGs are working with local Healthwatch to identify two patient representatives for the Tender Evaluation Panel, which will be in two parts, the first being an Eligibility Questionnaire (Pass or Fail) and the second being the Invitation to Tender (Scored).

4.5 A Market Engagement Event was held on 24 May 2019 with potential bidders to provide an overview of the refreshed service specification and procurement arrangements and an opportunity for providers to ask questions about the service and procurement process. This and the bidder questionnaires submitted by potential bidders have enabled commissioners to test their commissioning assumptions.

4.6 Key tasks during June to October 2019 are summarised in the table below.

Key Tasks

Description	Date
Procurement Committee: Agreement of tender & evaluation documents	5 June 2019
Discussion of procurement approach at NCL JHOSC	21 June 2019
Tender Submission	8 July 2019
Eligibility Questionnaire: Pass/Fail evaluation (Online)	10 to 20 July 2019
Moderation (Face to face)	24 July 2019
Invitation to Tender: Scoring (Online)	24 July to 9 August 2019
Moderation (Face to face)	13 August 2019
Bidder presentations	15 August 2019
Procurement Committee: Tender Outcome & Approval to award	4 September 2019
Contract commencement	1 October 2019
Mobilisation	Maximum 6 months

5. RECOMMENDATION

The JHOSC is recommended to note and comment on the report.

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Strategic risk management NCL: Summary Risk register

Joint Health Oversight and Scrutiny Committee

21th June 2019

Richard Dale, Director of Programme Delivery, North Central London STP

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Purpose of paper

This paper is designed as briefing for the Joint Health Overview and Scrutiny Committee on the North Central London (NCL) sustainability and transformation plan (STP) approach to strategic risk management. It provides a view of the current high level risks and the owners of these to inform forward planning for the committee.

It is important to note that the STP is not a statutory body so does not manage the risks of partner organisations.

Strategic risk management is the active management of the strategic factors that could prevent or impact the ability of North London Partners in delivering the programme aims. Effective risk management is a crucial part of the approach, structures and processes of the partnership and those involved in delivering the programmes of work. It sits within the governance of the programme as part of how we want to work effectively and transparently with partner organisations and local governance bodies

Risks can emerge from across the 13 programmes of work (listed on slide 2) or from interdependencies between them. To support effective risk management, each workstream has a Senior Responsible Officer (SRO) (see slide 2 for clinical and SRO leadership).

In addition to programme risks, the programme could be impacted by individual organisaiton's risks. Although the programme is not responsible for managing these, the STP programme board should also be sighted on any impact on oganisational risks via it's membership.

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Clinical and senior leadership in place across North London Partners

NCL Health and Care Cabinet: Flo Panel Coates and Jo Sauvage
STP Clinical Leads and Co-Chairs

NCL Advisory Board

North London Councils Adult Social Care group

Input and membership of clinical working groups from across NCL CCGs, Providers and LAs

Clinical workstreams

Prevention	Planned care	Health and care closer to home	Mental Health	Children and young people	Maternity	Cancer	Urgent and Emergency Care	Social Care

Clinical leads

Dr Karen Sennett (Islington)	Dr Dee Hora (Camden)	Dr Katie Coleman, (Islington)	Dr Vincent Kirchner (C&I)	Dr Oliver Anglin (Camden)	Professor Donald Peebles	Professor Geoff Bellingan (UCLH)	Dr Shakil Alam (Haringey)
Dr Tom Aslan (Camden)	Dr John Connolly (Royal Free)	Borough based leads for each CCG	Dr Jonathan Bindman (BEH)		Mai Buckley (Royal Free)	Dr Clare Stephens (Barnet)	Dr Chris Laing (UCLH)
			Dr Alex Warner (Camden)				

SROs

Dr Julie Billet (Camden and Islington)	Prof. Marcel Levi (UCLH)	Tony Hoolaghan (H&I)	Paul Jenkins (TAVI)	Charlotte Pomery (Haringey LA)	Rachel Lissauer (Haringey)	Kathy Pritchard-Jones UCLH	Sarah Mansuralli (Camden)	Dawn Wakeling (Barnet)

Enablers

- Workforce: SRO - Siobhan Harrington (Whittington)
- Digital: Clinical lead – Dr Cathy Kelly (UCLH), SRO – David Probert (Moorfields)
- Estates: SRO – Simon Goodwin (NCL CCGs)
- Communications and Engagement: SRO Will Huxter (NCL CCGs)

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North Central London's sustainability and transformation partnership

NHS

Summary of current risks

The below are the current high level risks across the programme that have been identified and owners assigned.

Risk description	Category	Likelihood	Impact	Named owner
Plans do not enable sector to meet control total	Financial	5	4	Simon Goodwin/Caroline Clarke
We do not work effectively with local communities to design and implement successful changes	Operational/reputational	3	5	Helen Pettersen
Partner organisations are not effectively involved	Reputational	2	5	Helen Pettersen
Operational issues (e.g. during winter) prevent longer term planning and change	Operational	3	3	Paul Sinden
Complexity of various different (unaligned) regulatory frameworks slows or stalls progress	Regulatory	3	3	Will Huxter
Changes proposed do not have impact required	Clinical/Financial	2	4	Jo Sauvage/Simon Goodwin

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Summary of current risks

The matrixes here are used throughout the programme to score, escalate and manage risks.

Likelihood		Consequence				
		Very low	Low	Medium	High	Very high
		1	2	3	4	5
Very low	1	1	2	3	4	5
Low	2	2	4	6	8	10
Medium	3	3	6	9	12	15
High	4	4	8	12	16	20
Very high	5	5	10	15	20	25

Risk description	Approach
Extremely high	Immediate action required by SRO and regular monitoring by the workstrean and STP programme board
High	Action required and regular monitoring at programme and if appropriate programme board
Medium	Programme lead to manage and monitor and maintain strict controls, additional action is discretionary
Low	Review at regular intervals action discretionar

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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Work Programme and Action Tracker 2018-19	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 21 June 2019

SUMMARY OF REPORT

This paper provides an outline of the 2019/20 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

Contact Officer:

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RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

a) Note the contents of the report; and
b) Consider the work programme for the remainder of 2019-20

1. Purpose of Report

1.1. This paper provides an outline of the proposed areas of focus for the Committee for 2019/20. This has been informed by topics highlighted by the previous Committee and a review of key health and care strategic documents that impact on North Central London. Throughout the municipal year, as the Committee considers other areas of interest, these will also be added to the work programme, either for discussion in the current municipal year or in subsequent years.

1.2. The report also includes an action tracker for the Committee, Appendix 2. This will be populated with actions from each Committee meeting. It is intended to help the Committee effectively track progress against recommendations and requests for further information.

1.3. The report also includes the written local health scrutiny responses to NCL Trust Quality Accounts for 2018/19, which have been shared at the request of the Chair to promote best practice and share comments.

2. Terms of Reference

2.1. In considering topics for 2019-20, the Committee should have regard to its Terms of Reference:

- To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;

- To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;

- To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;

- The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people

3. **Appendices**

Appendix 1 – 2019 Work Programme
Appendix 2 – Action tracker
Appendix 3 – Responses to Trust 2018/19 quality reports.

Appendix 3a – C&I Response, Camden
Appendix 3b – C&I Response, Islington
Appendix 3c - Tavistock and Portman NHS FT response, Camden
Appendix 3d - Moorfields Eye Hospital NHS FT response, Islington
Appendix 3e – GOSH response, Camden
Appendix 3f – Royal Free London FT response, Camden
Appendix 3g – UCLH response, Camden
Appendix 3h – Whittington Health FT response, Islington

REPORT ENDS

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Appendix 1 – NCL JHOSC Work Programme 2019/20

21 June 2019 (Barnet)

Item	Purpose	Lead organisation
Good Governance Principles		Chair of NCL JHOSC, Cllr Alison Kelly
Care Homes - including primary care support	Report to update the care closer to home priority theme within the STP, including progress to date, milestones, risks and ongoing issues	NCL CCGs
Adult Orthopaedic Services review consultation	Provides a summary of the adult elective orthopaedic services review with a timeline of activities completed so far. It also summaries initial feedback from engagement before detailing the contents of the review and highlighting next steps.	NCL Partners
Update on Estates Strategy	This paper provides an update on the work of the Estates workstream, following the last presentation to JHOSC in July 2018.	NCL Partners
Finance update	Brief financial update covering the trusts and the CCGs	NCL Partners
Royal Free Financial Update report (TBC)	Financial update from the Royal Free London Foundation Trust, following on from previous reports to JHOSC in September 2017 and November 2018.	Royal Free London Foundation Trust
Work Programme	Work Programme, Action Log and follow up to any ad hoc requests.	Camden Strategy and Change

Appendix 1 – NCL JHOSC Work Programme 2019/20

27 September 2019 (Camden)

Item	Purpose	Lead organisation
Care Homes - including primary care support	Report to update the care closer to home priority theme within the STP, including progress to date, milestones, risks and ongoing issues	NCL Partners
Briefing on the future nature of clinical commissioning	Paper on the emerging intergrated care system and integration across the 5 boroughs	NCL Partners
Reducing A&E attendance	Report covering the cross organisational working of NHS, local providers and councils to reduce attendance at A&E. To include discussion on A&E and Place of Safety following Mental Health Programme item in January 2019.	NCL Partners
NLP Mental Health programme	Requested following consideration of a previous report in January 2019. Revised report to return with greater emphasis on data/evidence, addressing questions raised at the January meeting.	NCL Partners
Update on NCL STP Priorities	Report assessing progress against indicators from the Kings Fund report (2018)	NCL Partners

29 November 2019 (Enfield)

Item	Purpose	Lead organisation
General Practice as the foundation of the NHS: A strategy for NCL	A report to come to the NCL JHOSC in summer 2019 updating members on the progress with the GP strategy	NCL Partners

Appendix 1 – NCL JHOSC Work Programme 2019/20

Item	Purpose	Lead organisation
Consultant to Consultant referrals	Update on how this process is working in NCL, especially the LUTS clinic and the new arrangements at GOSH. This to include hearing from the commissioners and the patient groups.	NCL Partners / GOSH
Electronic Patient Records	An updated report on Electronic Patient Records to identify the benefits of the scheme from the perspective of patients and health staff, and including insight from officers and clinical practitioners. Also to include measures taken to ensure data security.	The Royal Free London FT
Moorfields Consultation	Presentation of draft consultation outcome report and addressing any findings.	NCL Partners

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Appendix 2 – NCL JHOSC Action Tracker

Meeting	Item	Action	Action by	Progress
Mar-19	NCL Procedures for Limited Clinical Effectiveness (POLCE) policy update	Members asked that details be provided to a future meeting on the guidance for hip, knee and cataract operations and what had changed.	North London Partners	Ongoing. Health colleagues have produced leaflets explaining the inclusion of hip, knee and cataracts and the different categories within the policy. Patient information leaflets have also been produced which explain what this means for patients.
Mar-19	Work Programme	The NCL Partnership risk register should be appended to the work programme report	North London Partners / Camden Strategy and Change	A high level risk register has been included in the work programme section of this report.
Jan-19	NLP Mental Health Programme	Update with data to be provided on the arrangements for people with mental health issues who are admitted to A&E and therefore require the place of safety. A set of questions to be worked up, agreed by the committee and put to NCL Partners for response.	North London Partners	Cllr Pippa Connor agreed for the following questions to be put for NCL Partners for response. *1. How do we support the clinical needs of people demonstrating behaviours under s.136? Ensuring any medical needs they have are also addressed.* *2. How will the assessment of physical needs of people be addressed?* *3. How do the police ensure people receive the appropriate medical care?* The response is attached at Appendix 2a and 2b. Complete.
Jan-19	NLP Mental Health Programme	Members expressed that with budgets cut, schools risked losing their mental health counsellors. NLP should contact with the learning network communities	North London Partners	Ongoing

Appendix 2 – NCL JHOSC Action Tracker

		to address how mental health services in schools can be protected.		
Jan-19	NLP Mental Health Programme	A&E and Place of Safety item to be added to the work programme	Henry Langford	Reducing A&E attendance report scheduled for September 2019.
Jan-19	NLP Mental Health Programme	Mental Health Programme report to be redrafted with greater emphasis on data/evidence and responding to a number of issues raised by the committee	Henry Langford	NLP Mental Health Programme paper scheduled to return to JHOSC with additional data in September, following report considered in January 2019.
Nov-18	Financial update: Estates	Information to be provided about gains on disposals made by individual trusts. Members asked STP officers to request the relevant information from the trusts and to agree the wording of this request in advance with the Chair.	North London Partners	NLP have requested the information from the trusts on behalf of the Chair and the committee. Responses were included at an appendix to the Action Log in March 2018. Outstanding updates: Whittington Health, Royal Free, Royal National Orthopaedic Hospital and Central and North West London. Information has now been published by the Trusts and is available publically.
Oct-18	Risk Management: Workforce	The Committee recommended that there be a care workers' representative on the Local Workforce Board.	North London Partners	This was added to a Local Workforce Board agenda for discussion at the next meeting and there is ongoing work to see how we can operate better with social care sector through engagement across the sector. The Local Workforce Board has a skills for care representative. Skills for Care is the strategic body for workforce development in adult social care in England. In addition, the board also has officer members from Barnet and Islington councils who work to ensure care workers are considered in the workforce planning process. Matthew Kendall (Adults & Communities Director, LB Barnet) and Jess McGregor (Service Director - ASC Strategy & Commissioniong, LB Islington)

Appendix 2 – NCL JHOSC Action Tracker

Oct-18	Procedures of Limited Cinical Effectiveness (PoLCE)	Information is to be provided on Equality Impact Assessments of PoLCE recommendations.	North London Partners	Equality impact assessments are being undertaken for all updated policies. The summaries of these are available on the NLP website here: http://www.northlondonpartners.org.uk/ourplan/Areas-of-work/polce-review.htm

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Camden and Islington NHS Foundation Trust – Quality Report 2018/19

Comments from the Chair of the LB Camden Health and Adult Social Care Scrutiny Committee

Disclaimer: The Health and Adult Social Care (HASC) Scrutiny Committee did not sit between the receipt of the draft quality report and the due date for comments. They could not therefore provide comments on the named quality report. The following statement was provided solely by the Chair of the HASC Scrutiny Committee, Cllr Alison Kelly, and it should not be understood as a response on behalf of the Committee.

Thank you for sending through the Quality Accounts for 2018/19. In future it would be helpful for Trust colleagues to ensure that draft reports are sent to the appropriate scrutiny committee Chair and supporting officer/s to avoid delay.

The report is business like and comprehensive. The technical information at the start of the report is necessary, however most Trusts include it towards the end.

It might be appropriate to include, early on in the report, some examples of your patient centred work and some short case studies of your successes, to make more positive reading right from the outset.

The following observations were made in accordance with a set of core governance principles which guide the scrutiny of health and social care in Camden.

1) Putting patients at the centre of all you do

It is clear from the report that improving the health of patients is at the centre of everything done by the Trust. We would like to thank the Trust for the huge amount of hard work by Trust colleagues and thank them for their commitment.

2) Focussing on a common purpose, setting objectives, planning

The Trust's priorities for improvement as articulated in Parts 2 and 3 in 2018/19 and 2019/20 are clear. C&I Foundation Trust is to be congratulated on the progress made in 2018/19.

It is confusing, however, to have future priorities covered in Part 2 and priorities covering the period of the report included later in Part 3. It would have been easier to understand the overall story if the order had been transposed.

3) Working collaboratively

No Trust is an island and it is positive to read about the clinical research in which the Trust is participating.

However, it is a missed opportunity that the close working of the Trust with Camden and Islington Councils and with local voluntary and community organisations has not been highlighted.

Under Priority 6, improving physical health, far more could have been achieved if the priority had been more ambitious and the actions had included more joint working.

It is interesting that the redevelopment of the St Pancras site and the Trust's estate are not covered in the report. They a hugely important for the Board, for the Governors and for local people.

4) Acting in an open, transparent and accountable way - using inclusive language, understandable to all - in everything it does

It states at the beginning of the Quality Account that the Trust has a statutory duty to produce an annual report *to the public* about the quality of services it delivers.

However the report is overlong and the language is at times difficult to comprehend. Indeed some information on priorities is provided in different formats in different parts of the report without clear links to the priority. This makes it difficult to comprehend the full story.

It would have been helpful if the statement in quality from the Chief Executive had been included in the draft.

Sometimes the Trust is described as 'the Trust', sometimes 'C&I' and sometimes as 'Camden & Islington'. Greater consistency would help to avoid unnecessary confusion.

The index is helpful but should have corresponded with the page numbers in the report provided. All sections listed in the index should also have been included.

Under the 'Current picture' section, it is not always clear how far the delivery of a priority has progressed. It is also unclear why some priorities that have only been partly met have not been carried forward to 2019/20.

It is not clear why new priorities have been chosen until the whole report is read. For example, culture and leadership collaboration is a priority for 2019/20 but the data to explain why is provided 50 pages later.

I would like to finish by reiterating our huge thank you to Trust colleagues for their amazing hard work and total dedication. It is truly appreciated.

Councillor Alison Kelly

Chair of Health and Adult Social Care Scrutiny Committee

Camden and Islington NHS Foundation Trust – Quality Report 2018/19

Statement from the London Borough of Islington Health and Care Scrutiny Committee

The Committee noted that during the presentation of the Quality Account that there had been a number of areas where significant achievements had been made and staff had been upskilled in and trained to a more satisfactory level. In addition poor health outcomes for people with serious mental illnesses had been reduced and the Trust had promoted safe and therapeutic ward environments by preventing violence. We noted also that the Trust is working with stakeholders and staff to develop an information strategy and holistically on working with patients.

We congratulated the Trust on the removal of ligature points, however we felt that more work needed to be done in relation to problems of bullying/harassment due to the high level of agency staff, which is an area that needed to be improved

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Tavistock and Portman NHS Foundation Trust – Quality Report 2018/19

Comments from the Chair of the LB Camden Health and Adult Social Care Scrutiny Committee

Disclaimer: The Health and Adult Social Care (HASC) Scrutiny Committee did not sit between the receipt of the draft quality report and the due date for comments. They could not therefore provide comments on the named quality report. The following statement was provided solely by the Chair of the HASC Scrutiny Committee, Cllr Alison Kelly, and they should not be understood as a response on behalf of the Committee.

Thank you for sharing your 2018/19 quality report for comment. The report is well written.

The Trust is to be congratulated on the 2018 CQC inspection results, in particular the rating of 'outstanding' for 'effectiveness', the overall progress made in 2018/19 and for the dedication of so many colleagues who ensured this happened.

The NHS staff survey is similarly positive - with a high response rate, and with the Trust rated by staff as the best mental health and learning disability provider.

The following observations were made in accordance with a set of core governance principles which guide the scrutiny of health and social care in Camden.

1) Putting patients at the centre of all you do

The report makes clear that the organisation's overriding priorities are improving patient safety and experience, followed by improving clinical effectiveness, including reducing waiting times and embedding meaningful use of outcome measures in services.

2) Focussing on a common purpose, setting objectives, planning.

The Trust has six priorities, four of them carried forward from 2018/19. Targets are provided but can be less specific and measurable than ideal from a strategic perspective.

3) Working collaboratively

It was positive to learn about the Trust's work with the Parent Group. Many families would consider taking this work forward to be a priority for the Trust.

It would be helpful to include a list of the 20 largest contracts and sub-contractors covering the 103 teams at the Trust. It would also be helpful to have a better understanding of the main purchasers of services by name and their level of spend.

Mental health issues cannot be solved by the Trust alone. It would be helpful to know how the Trust works with local organisations to ensure the best outcomes for local people.

4) Acting in an open, transparent and accountable way - using inclusive language, understandable to all - in everything it does

The report, while being well written, can be difficult to navigate.

Priorities 1-6 for 2019/20 are explained in pages 6-12. It is unclear, however, where quality development on page 13 on developing a diagnostic pathway fits into the overall story. The same can be said of quality development on the patient group on page 16.

Progress against 2018/19 priorities is outlined in pages 14-15. However it is unclear how many priorities there were in 2018/19, except those brought forward to 2019/20. This included what progress has been made against Priority 3 listed on page 6 as a brought forward priority from 2018/19.

The findings of the local clinical audits, pages 17-18, could be linked to the 2018/19 and 2019/20 priorities and progress. As could the quality performance data presented on pages 27-37.

It would have been helpful to have had the resume of the report from the independent auditor included in the version sent across for comment.

We have reviewed quality reports which are similarly comprehensive but are easier to navigate. The versions that have been easiest to comment on appear to be more complete and less in a draft form. It might be helpful to share best practice across North Central London Partners.

We would like to finish by thanking the Trust for its commitment to high clinical standards and the best possible patient experience across the Trust.

Moorfields Eye Hospital NHS Foundation Trust – Quality Report 2018/19

Statement from the London Borough of Islington Health and Care Scrutiny Committee

The Health and Care Committee invites Moorfields to attend the Committee on an annual basis to present and review performance relating to quality. This year Moorfields attended our meeting on 7 March 2019.

The performance of Moorfields appears to be good. We noted that progress has been made on a number of issues and that the rates of MRSA and c difficile infection has fallen to zero. We also noted that the Trust are in compliance with national targets, and that a 5 year quality strategy had been implemented in November 2017. On the financial front the Trust informed us that they will deliver a surplus this year, but targets for future years remain challenging.

The Committee also noted that there is a proposal to build a new facility at the St.Pancras site and the relocation of services creating the opportunity to build a new purpose centre for world class research, education and excellent care. This is important given the need to improve the facilities provided and the increasing numbers of patients to be treated.

The Committee look forward to receiving an update on the proposals in the future.

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Great Ormond Street Hospital Quality Report 2018/19

Comments from the Chair of the LB Camden Health and Adult Social Care Scrutiny Committee

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Thank you for sending us your 2018/19 quality report for comment. The report is comprehensive.

The Trust is to be congratulated on the progress made in 2018/19 and for the dedication of so many GOSH colleagues who ensured that this happened.

Other Trusts have a specific section on key achievements and exciting developments during the year. Perhaps the Trust should, succinctly, celebrate its achievements a bit more loudly early on in its report.

The report has not been the easiest to comment on as it is an early draft without a contents page, without a statement of quality from the chief executive, and without the priorities and actions for 2019/20, for example.

The following observations were made in accordance with a set of core governance principles which guide the scrutiny of health and social care in Camden.

1) Putting patients at the centre of all you do

The report makes clear that 'fulfilling our potential' is the strategic focus of the Trust. 'The child first and foremost' is the pinnacle. This is excellent.

The first paragraph after the image however is about engaging staff. Children and young people are mentioned in the second paragraph.

2) Focussing on a common purpose, setting objectives, planning

Pages 1 – 8 under the heading 'Our strategy' cover a range of important topics but it is not always immediately clear how the individual topics on these pages link to the Trust's strategic focus.

The Trust may want to consider how it initially describes its strategy to make clear that helping children and young people with the most complex needs to fulfil their potential is the absolute priority of the Trust.

The report contains six clear, patient focused priorities which were taken forward during 2018/19. The priorities are narrower and less strategic than in some other Trusts.

Pages 8 & 9 almost repeat each other and can make immediate understanding more difficult.

Action taken and progress made is detailed. As are the next steps, which is very helpful. However the Trust should give further consideration to the audience of the report as too much detail can get in the way of understanding.

Ideally the national audit and clinical outcomes review programme should be linked to priorities.

It is unclear what the priorities are for 2019/20. They may be included but are difficult to locate without a context page.

3) Working collaboratively

The Trust demonstrates that it takes seriously working with, listening to and learning from patients, their families and carers. The progress made is positive. The Trust may want to consider a more holistic approach, which encompasses cultural change, in future.

Following the disappointing 2017 staff survey result it is positive to see the steps the Trust is taking to improve clarity of leadership and reduce the gap between leaders and frontline services.

We know that GOSH takes seriously collaboratively working with Camden Council and across other local sectors to achieve the best possible outcomes and experience. Perhaps progress can be reported in the next quality account.

We also know that the Trust takes exceedingly seriously its work with national and international partners, and it is pleasing to read about the Trust's participation in clinical research. The report would benefit from reflection on any other areas where there is collaboration.

4) Acting in an open, transparent and accountable way - using inclusive language, understandable to all - in everything it does

The 2018 CQC inspection is mentioned in the section on CQC registration and in Annex 2 of the report. The inspectors rated services as outstanding – effective and caring. Many sincere congratulations indeed.

However, 'Well Led' aspects which required improvement by CQC are not covered in the report. Only future processes to be followed are covered, which are not linked to the specific issue. Below average staff ratings in the quality indicators confirm the CQC results.

Some clearer actions are covered in the final column of the core indicators table, but the lack of clarity and transparency is disappointing and concerning.

The tables on pages 54 and 56 are difficult to understand.

There is some excellent practice in NCL in relation to these reports. It might be worth sharing good practice in this report and also learning from others.

We would like to finish by thanking GOSH for its huge commitment to putting the child first and always. And for all the hard work by so many, including volunteers, frontline staff, clinicians, the leadership team and board members. Your dedication is inspirational and hugely appreciated.

Councillor Alison Kelly

Chair of Health and Adult Social Care Scrutiny Committee

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Royal Free London NHS Foundation Trust – Quality Report 2018/19

Comments from the Chair of the LB Camden Health and Adult Social Care Scrutiny Committee

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Thank you for sending us your 2018/19 quality report for comment. The report is comprehensive.

The Trust is to be congratulated on the progress made in 2018 /19 and for the dedication of so many RFL colleagues who ensured this happened.

The following observations were made in accordance with a set of core governance principles which guide the scrutiny of health and social care in Camden.

1) Putting patients at the centre of all you do

The report makes clear that the organisation's overriding priorities are excellent outcomes and experience for patients, their families and carers.

It was positive to read of key achievements ranging from treatment for haemophilia patients, to trials for smart devices, to the theatre space for performances by actors, musicians and poets co-designed by Danielle Wilde and Chito Gabutin. This space is part of the innovative programme to improve dementia care for the benefit of patients, carers and staff.

2) Focussing on a common purpose, setting objectives, planning

The report contains eight clear priorities which were taken forward during 2018/19, and into 2019/20, overseen by individual committees, with key measures for success.

The first part of the report gives improving patient experience as *Priority 1*. However this becomes *Section 3* later in the report under the review of quality performance. This is a cause for confusion.

3) Working collaboratively

The Trust demonstrates how seriously it takes working with, listening to and learning a the wide range of experts – including local residents and patients, as well as other local, regional, national and international experts.

The Trust may want to consider how best to describe its learning during the year around positive working and communicating with local people to achieve common priorities.

4) Acting in an open, transparent and accountable way - using inclusive language, understandable to all - in everything it does

The report, while comprehensive, can be difficult to navigate. This is partly due to the lack of pagination.

Some information in the report is included in more than one place and it is not immediately clear why this is necessary. Sometimes providing less text can lead to more clarity and greater understanding.

The Trust could demonstrate more clearly its commitment to openness and transparency by reporting where sufficient progress had not been made during 2018/19 and the reasons for this; being specific and linking this to the information in Part 3, for example.

It is not clear how statements of assurance linked to patient outcomes.

It may be appropriate to check the whole report for technical words, acronyms, use of adjectives, abbreviations, long sentences and passive verbs. For example, will be difficult for many to understand what 'case ascertainment', 'CQUIN', 'Infoflex', 'Cerner' or 'Datix' mean. The font size could also be increased to make the report more accessible and easier to read.

I have reviewed quality reports which are similarly comprehensive but are easier to navigate. It might be helpful to share best practice across North Central London Partners.

I would like to finish by thanking the Trust for their huge commitment to high clinical standards and the best possible patient experience across the Trust. I would also like to thank the Trust for the impressively smooth transition from David Sloman as Chief Executive to Caroline Clarke. She has only been in post a very few months and is already having a major positive impact throughout the Trust.

Councillor Alison Kelly

Chair of Health and Adult Social Care Scrutiny Committee

University College London Hospitals (UCLH) – Quality Report 2018/19

Comments from the Chair of the LB Camden Health and Adult Social Care Scrutiny Committee

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Thank you for sending your 2018/19 quality report for comment. The report is comprehensive, well written and well structured.

The Trust is to be congratulated on the progress made in 2018 /19 and for the dedication of so many UCLH colleagues who ensured that this happened.

Other Trusts included a section on key achievements and exciting developments in their annual quality reports. Perhaps the Trust should, succinctly, celebrate its achievements a bit more loudly early on in its report.

The following observations were made in accordance with a set of core governance principles which guide the scrutiny of health and social care in Camden.

1) Putting patients at the centre of all you do

The report makes clear that patient safety, clinical effectiveness and patient experience were the top three priorities for the Trust in 2018/19. And will be for 2019/20.

2) Focussing on a common purpose, setting objectives, planning

The report contains three clear, patient focused priorities and plans which were taken forward during 2018/19, and into 2019/20.

It clearly explains what the Trust has done, or will be doing, to further improve performance. Highlighting where performance has improved and where there is still more to do. It is specific about actions taken and to be taken.

The London Borough of Camden has received several complaints about patient transport in the past – however less so recently. It is good to learn about how this improvement is being achieved and what will be done next.

3) Working collaboratively

The Trust demonstrates in the report how seriously it takes working with, listening to and learning from patients.

It is disappointing that patients' experience of discharge is moving in the wrong direction. The Trust takes this complex issue seriously and is working with NCL partners in health and local government to address barriers to progress.

We know from experience that the Trust takes exceedingly seriously its work with local, regional, national and international partners to achieve the best possible outcomes and patient experience. However there is not much reference to this in the report.

4) Acting in an open, transparent and accountable way - using inclusive language, understandable to all - in everything it does

The quality report starts by covering the CQC inspection in 2018. The inspectors praised the UCLH staff for treating patients with compassion, patience and respect. The Trust is to be commended for highlighting, early in the report, that the Trust's approach to safety requires improvement.

The comprehensive actions taken to address this hugely important issue and the subsequent learning are fully explained. However, it would be helpful to understand why it took a CQC inspection to highlight the need for such comprehensive action and what is been done differently across the whole Trust as a result.

It was disappointing to read that there were 12 Never Events in 2018/19, but positive that the Trust is open about action needed.

Must do's and actions are clear, as is learning from complaints. 'What we said we would do' and 'what we have done' are clear.

Data is clearly linked to the issues being covered, including the results of the Family and Friends Test.

Nearly seven pages of data on locally chosen indicators with national benchmarks, where available, are welcome. The data provides another example of how the Trust seeks to work consistently in an open and transparent way.

The Trust is to be congratulated on the positive scores on staff recommendations on page 53. Similar but different data on page 47 is confusing.

The table on page 58 on deaths of patients with severe mental illness is confusing.

Ideally the national clinical audits information should be linked to the Trust' three priorities.

The report, overall is clear and well written. It might be helpful to share how this is achieved with other Trusts in North Central London.

We would like to finish by thanking the Trust for their huge commitment to high clinical standards and the best possible patient experience throughout the Trust. The report is a good read! Many congratulations indeed to all.

Councillor Alison Kelly

Chair of Health and Adult Social Care Scrutiny Committee

Whittington Health NHS Trust – Quality Report 2018/19

Statement from the London Borough of Islington Health and Care Scrutiny Committee

The Health and Care Scrutiny Committee considered the quality account and noted the fact that there had been 2269 elective admissions to the Hospital, and that the maternity staff had delivered 3761 babies. We also noted that the Trust received an award for the best performing Trust, in terms of quality of care across the UK. The Committee were also pleased to note that the proportion of staff taking part in the annual survey rose to 42%. In addition, the Committee welcomed that in 2017/18 the Trust had set 26 quality priorities covering 13 areas and had successfully met 16 of the quality priorities, and moved forward significantly with the remainder.

Priorities for improvement in 2018/19 have been developed, in consultation with staff and local stakeholders, based on local and national priority areas.

The Committee noted that there had been a 40% increase in A&E admissions, and were pleased to note that the Trust had one of the lowest mortality rates in England. Whist the Trust did not meet the 95% 4 hour target, it did reach 89.4%, which was an increase of 3% over the previous year.

We are of the view that recruitment and retention issues remain a challenge and whilst the leadership team are addressing this, engagement with front line staff is needed to enable the organisation to resolve these issues. The Trust are focusing on recruiting newly qualified nurses, and there have been improvements. We were pleased to note that the Trust had substantially improved its financial position, and it is hoped that the underlying deficit could be cleared within the next 18 months.

The Committee welcomed the fact that ligature risk has reduced and also welcomed the re-opening of the LUTS clinic.

We also noted that the Trust were looking at how staff can be more 'dementia friendly' and how to be made more aware of cognitive impairment.

In general the Committee were pleased with the progress made by the Trust and commended them on the quality account performance.

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