

Overview & Scrutiny

Health in Hackney Scrutiny Commission

All Members of the Health in Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Wednesday, 14th October, 2020

7.00 pm

Until further notice, all Council meetings will be held remotely, the livestream can be viewed at <https://youtu.be/RTVuluSoKfg>

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Tim Shields

Chief Executive, London Borough of Hackney

Members: Cllr Ben Hayhurst (Chair), Cllr Peter Snell, Cllr Deniz Oguzkanli, Cllr Emma Plouviez, Cllr Patrick Spence, Cllr Kofo David, Cllr Kam Adams and Cllr Michelle Gregory

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- 1 Apologies for Absence (19.00)**
- 2 Urgent Items / Order of Business (19.03)**
- 3 Declarations of Interest (19.04)**
- 4 Integrated Commissioning - update from Children Young People and Maternity Workstream (joint item with Members of CYP Scrutiny Commission) (19.05)** (Pages 1 - 18)
- 5 City & Hackney Safeguarding Adults Board Annual Report 2019/20 (19.45)** (Pages 19 - 114)
- 6 Homerton University Hospital NHS FT - Quality Account 2019/20 (20.15)** (Pages 115 - 186)
- 7 Covid-19 verbal update on Test, Trace and Isolate (20.35)** (Pages 187 - 188)

- 8 **Minutes of the Previous Meeting (20.55)** (Pages 189 - 204)
- 9 **Health in Hackney Scrutiny Commission- 2020/21 Work Programme (20.57)** (Pages 205 - 214)
- 10 **Any Other Business (20.59)**

Access and Information

The meeting can be viewed live on the Council's YouTube channel at <https://youtu.be/RTVuluSoKfg>

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

<http://www.hackney.gov.uk/individual-scrutiny-commissions-health-in-hackney.htm>



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The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

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If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.



<p>Health in Hackney Scrutiny Commission</p> <p>14th October 2020</p> <p><u>JOINT ITEM WITH CYPM SCRUTINY COMMISSION</u></p> <p>Integrated Commissioning Board Workstream for Children Young People and Maternity - annual update</p>	<p>Item No</p> <p>4</p>
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PURPOSE OF ITEM

To give consideration, in a joint item with Members of the Children and Young People Scrutiny Commission, to an annual update from the CYPM Workstream of the Integrated Commissioning Board.

OUTLINE

The Commission hears once a year, in turn, from each of the 4 Workstreams of the ICB and invites the Workstream Director and the Senior Responsible Officer to attend to and discuss the progress being made and the current priorities.

Attached please find the update report.

The Commission last heard from CYPM Workstream on 4 November 2019 and the minutes of that discussion are [here](#).

Attending for this item will be:

Anne Canning, Group Director CACH at Hackney Council and Senior Responsible Officer for the CYPM Workstream of City and Hackney Integrated Commissioning Board

Amy Wilkinson, Workstream Director – Planned Care, LBH-CCG-CoL

ACTION

Members are asked to give consideration to the report and discussion and make any recommendations as necessary.

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1.0 Introduction

The Children, Young People, Maternity and Families (CYPMF) Workstream has been working to deliver an integrated health and care system for children, young people and their families across City and Hackney since October 2017. The overarching aim is to coordinate, optimise and transform the delivery, and subsequently improve the health outcomes of our residents.

During 2020, the workstream has continued to:

- Commission and ensure delivery of CCG children's health business as usual
- Manage and ensure delivery of the health safeguarding system, including designated roles
- Deliver transformative approaches children's health service delivery (i.e. Implementation of new Health of LAC and Speech and Language models)
- Commission and ensure delivery of maternity and families services including a key national maternity transformation programme
- Ensure integration of the CAMHS agenda, and support delivery of core services and transformation, including oversight of the CAMHS alliance
- drive forward an integrated approach for commissioning and delivery across the CCG, Public Health, LBH and COL Children's, early years and families services
- Develop and deliver on innovation i.e. The Adverse Childhood Experiences change programme and CYP neighbourhood test pilots.

The top 3 deliverables linked to our transformation plans have remained:

- to improve emotional and mental health for children and young people;
- improve the health of our vulnerable groups, and
- improve care at maternity and early years.

We have made progress in transformational work cutting across these three priorities specifically on our system wide approach to raising awareness and reducing the impact of Adverse Childhood Experiences that we are calling the 'Childhood Adversity, Trauma and Resilience: a City and Hackney approach', the scoping of the CYPMF neighbourhoods work and the development of the first integrated Emotional Health and Wellbeing strategy for children and young people and accompanying action plan.

This delivery has continued alongside a flexible pandemic response, ensuring children's and maternal health services continue to be open and safe (including inpatient wards), and mobilising quick responses in terms of online mental health services, cross checking of vulnerable groups across CYP system partners, and work to improve uptake of immunisations and vaccinations. We have worked closely with North East London to respond around bereavement and capacity, and on more development work i.e. Developing a social prescribing offer for children and families.

The workstream has ensured children, families and maternity are a key priority in the local NHS System Operational Command response, and the integrated delivery plan. As we move through phase 2 and into winter, we are monitoring contingency plans against the following areas:

- Access to Primary care. Including supporting messaging around the difference between colds / flu and possible COVID
- Increasing uptake of flu vaccines for all residents, targeting 2-3 year olds and pregnant women. Increasing uptake of childhood vaccinations across the borough in order to prevent further outbreaks (ie. Measles)

- Increased mental health and wellbeing for schools (including WAMHS, Mental health support teams in schools, DfE return to school wellbeing programme, and online resources).
- Communications, advice and guidance for schools and settings with possible outbreaks (with public health)
- Capacity in secondary and acute settings ahead of winter (ie. HUFT children's ward).
- Workforce capacity, particularly the maternity workforce

2.0 Context and Overview of plans and progress 2019/20

2.1 The Covid Pandemic response

In the context of the Pandemic, the workstream has further strengthened our collaborative working with our public, health, social care and education partners; establishing timely and responsive communication regarding national COVID 19 guidance, the impact on the local system and families, and our combined response to identify vulnerability and provision.

Early work included the **mapping of vulnerable cohorts of children and young people**, the professionals involved in their care, the personalised 'rag rating' or **assessment of risk and monitoring** arrangements in place. Regular **virtual MTDs** have continued to monitor impact on our Looked After Children, CAMHS, Continuing Care and Care Education Treatment Review (CETR) Cohorts.

The workstream has supported the **development of pathways for vulnerable groups** and timely referrals to early help services via the **Coronavirus helpline and 'I need help' form** and has contributed to the development of the Snapshot tool for helpline staff, the Community Partnerships Hub, Community Navigation Design Group and Find Support Services work. Ongoing discussions and work to explore how to establish and build on relationships and pathways between the council and **voluntary and community sector** organisations can continue to strengthen pathways of support to families by **bridging gaps between adult and children's services**, as well as between public and voluntary sector services.

As per national guidance, the majority of community services for children and young people were delivered virtually during lockdown, and service updates were available on the City and Hackney Local Offer websites and through the CCG and LA websites. For some cohorts such as Looked After Children, the virtual offer has increased engagement with some young people and learning from this period will inform future service developments. Some of the key areas impacted include:

- The numbers of children coming into care have increased significantly in recent months, including the numbers of asylum-seeking young people, impacting the capacity of the Health of LAC service. The Nurse service has successfully offered a **catch up of face to face review health assessments** although engagement has been low.
- The Health Visiting Service reconfigured to establish a **'rapid response'** service to meet the needs of families who needed an on the day visit / appointment and worked closely with early help services in the context of increasing levels of domestic abuse.
- The CAMHS alliance fast tracked virtual resources including **KOOTH online** counselling service and worked closely with the Local Authorities to publish 'back to school' resources. The CCG commissioned a **bereavement service** for children affected by loss due to COVID from St Joseph's Hospice.
- The HUFT Children's ward briefly closed to **inpatients** for a two week period in April, in order to support the treatment of adult COVID patients. A tested contingency arrangement was put in place where HUFT retained paediatric A&E and a 24hr observation unit, and inpatients would be transferred to the Royal London (Barts). 4

patients transferred (to the Royal London and to GOSH. There have been no issues related to this and no further closures. Closer working with North East London partners has enabled and ensured this arrangement, and will be crucial as we head into winter.

- The Pandemic has resulted in a decrease in our **childhood immunisation coverage**, which has been a priority for the system owing to historic low levels, particularly in NE Hackney. The Partnership has sustained focus on this agenda with the COVID immunisations task group leading a local publicity campaign, and continued GPC commissioned service in NE Hackney. Childhood immunisations and nasal flu immunisations for 2- and 3-year olds are included in a combined children and adults CCG catch up contract commissioned from the GPC over winter 2020. We have supported health visiting to develop a plan for delivering **flu vaccinations in 5 children's centres** intensively for 6 weeks from November 2020, with the expectation of new models for childhood immunisations delivery to follow. Uptake of flu for 2-3 year olds is starting to improve on last year's rates.

In response to the stark inequalities and disproportionate impact of the pandemic on vulnerable groups we have by refreshed and re-shaped key lines of work. Leading work with the **Improving Outcomes for Young Black Men's** programme mental health strand and with voluntary sector partners, we are working to align strategic priorities, approaches and action plans to the refreshed corporate plan and anti-racist work. Using co-produced approaches to build community resilience and tackle the impact of childhood adversity including both adverse experiences and adverse environments as part of the **Childhood Adversity, Trauma and Resilience work** will enable us to continue to strengthen this work. Our refreshed approach to engagement and the launch of an innovative and integrated pilot programme for co-production will ensure we are increasingly informed by the lived experiences of children, families and young people to continue to work to improve outcomes for our most vulnerable and disproportionately affected groups.

During the Pandemic the workstream has submitted regular updates on our system response. Emerging priority areas of work include End of Life, with NEL CCGs commissioning a strengthened end of life and hospice at home service offer from Richard House Hospice and Have House Hospice utilising NHSE's CCG matched funding provision.

2.2. Progress against wider workstream priorities

- The NHS Long Term Plan contextualises our work, placing a strong focus on prevention, and on giving our population the 'Best Start in Life' through continued delivery of **maternity and CAMHS transformation**. We are also working closely with **North East London** and the CYP Steering Group. This gained momentum during the COVID response and is now prioritising work to develop social prescribing models for children and families, and reviewing the Children's community nursing offer, alongside peri-natal and CAMHS transformation work.
- Also working closely with ELLMS (East London Maternity System), we have monitored demand and capacity weekly throughout the pandemic and continued to emphasise safety. We would like to pick up work on improving patient experience and inequalities through targeted work for BME **pregnant women** over the next few months.
- Improving transition and strengthening services for those with **SEND remains a priority**. In **2019/20 Care Education Treatment Review (CETR) processes** were established for CYP with a Learning Disability and / or Autism and who display challenging behaviour who may be at risk of a hospital placement. Following consent, there is regular review and monitoring of the child or young person with the family across the professional network to assess whether all support necessary to maintain

safe and sustained placement in the community is in place. During the pandemic thresholds have been lowered as per national guidance and proposals for a strengthened CAMHS and wider partnership offer for this cohort are in development.

- Having joined us in June 2020, our new **CYPMF Neighbourhoods** Project Manager has been working with system partners across health, education and social care and the Neighbourhoods Programme team to develop pilots to test **enhancing neighbourhoods working for children, families and young** people to intervene early to prevent the need for statutory and specialist care and interventions in a number of key areas. Working to strengthen multi-agency working by building on the strong **Multi-Agency Team (MAT)** meetings and **universal early years** offer for 0-5 year olds and their families; exploring how we might build on strengths and use the **Children and Young People's Partnership Panel** to develop stronger multi-disciplinary working for 6-19 year olds with strengthened relationships between primary care and schools, and families and enabling a 'think family' approach for vulnerable families by strengthening pathways between services and multi-agency team meetings for vulnerable adults and children and families services (in cases where those adults have dependent children aged 18 or under).
- A system wide approach to **Childhood Adversity, Trauma and Resilience (ChATR)** aimed at preventing, intervening earlier and mitigating the impact of **Adverse Childhood Experiences (ACEs)** was refreshed and has been endorsed by the Integrated Care Partnership Board. The system-wide approach to ACE's is now ready to drive a programme of work linking with the other workstreams and other strategic work in the system to intervene at all levels by strengthening knowledge, relationships and confidence in the workforce in applying trauma-informed approaches, using experiential training supported by the a digital resource portal.
- The ChATR project team are working with **Hackney Council's Change Support Team** on a pilot due to start this week to kick-start the development of this work and develop frameworks for evaluating the work. Example interventions being explored as part of this work include a pilot with Hackney Children and Families Service of a trauma-informed approach to Child Protection Conferences and a resilience-building film project with young people, HCVS and Young Hackney with a focus on resilience to be used in training and public facing awareness-raising initiatives that document and celebrate activities in City and Hackney that build individual, family and community resilience.
- Following successful transfer of the Health of **Looked After Children's** Service in September 2019, service capacity is under review as numbers coming into care are increasing.
- Closer alignment with the other workstreams is a priority in 20/21 and we will continue to focus on our prevention priorities, including a robust programme to **improve uptake of immunisations**
- Work has resumed on delivering a jointly commissioned **Speech and Language Therapy service** (with consolidation of pooled resources) to inform our strategy of early identification of need and youth justice integrated commissioning
- The workstream and CAMHS Alliance partners are working on the integration of our complex **CAMHS** services, with a view to having an integrated service from 2022, in line with our new strategy. Earlier preventative work is expanding through WAMHS

now in most City and Hackney schools, Mental health support teams in half of schools and early work with Orthodox Jewish schools around mental health.

- Taking account recommendations and insight from the **Hackney Young Futures Commission** and insight from work with young people from partners in participation and engagement across the integrated system including the **Young Black Men's Programme**, the workstream has developed an engagement and co-production plan starting with a pilot of its **CYPMF 'System Influencers' programme** this month. The programme aims to develop a sustainable engagement model with young people for our workstream, building on the existing engagement forums across agencies and empowering young people with an experience that provides them with knowledge and support to develop their capacity to understand and influence the system from the inside. For the first phase, 10 young people aged 16-25 will be rewarded and recognised for their time as public patient reps receiving payment above the **London Living wage** and **accreditation**. They will work with system mentors (professionals from across the CCG, LBH and VCS) to help co-produce our engagement model with support from paid peer mentors, a coordinator and their system mentors and young people will be supported to access onward opportunities within our system.

3.0 Impact

While we are seeing improved health outcomes across a number of measures for children and families, and some improvements in measured quality of services, we are consciously looking at how we demonstrate impact more tangibly through our workstream Outcomes Framework, Logic Model and ongoing evaluation with Cordis Bright partners. We are aware of ongoing challenges in specific areas including uptake of immunisations, childhood obesity (linked to Prevention workstream), women's experience of maternity services, health outcomes for our more vulnerable groups (ie. Looked After Children, those with SEND) and experience of transition between services. COVID has impacted:

- Take up of routine childhood and flu immunisations (decreased up to 25%)
- Timely access to health services (ie. Late presentations to A&E)
- Emotional health and wellbeing of children and families. This is largely unquantified but we are starting to see increases in referrals to CAMHS
- The visibility of children and families due to the amount of time spent face to face with children and families has been reduced. We are expecting longer term impacts to emerge, specifically around safeguarding.

4.0 Alignment with London and the East London Health and Care Partnership ('the North East London STP')

We are working closely with the East London Health and Care Partnership, and our close neighbours, across maternity, vulnerable children at risk of sexual exploitation and assault, CAMHS transformation and asthma. We are also working with NEL on urgent care for children and young people throughout 2020. City and Hackney is a key player in the North East London Children and Young People's Steering Group, and we are now a member of the London Children and Young People Clinical and Leadership.

Learning from the Pandemic and collaboration across NEL are also informing the workstream's social prescribing plans for children and young people. The plan is to build on the existing adult's model with an enhanced family approach and review the opportunities for some of our target vulnerable groups, linking our transformation priorities.

5.0 Delivering Transformation: Highlight Report

This demonstrates delivery across our three identified priority areas, and incorporates elements of business as usual grouped into priority area:

Deliverables:	Outcome ambitions:	Highlights
Priority 1: Improving Children and Young People’s Emotional Health and Wellbeing across the system		
<p>Ensure the development of a clear prevention offer, with an emphasis on wellbeing, and young people getting support where needed. Includes:</p> <ul style="list-style-type: none"> ● Implementation of the CAMHS transformation plan, including schools work ● Re-design of service delivery/ CAMHS integration ● Improving access to support for children and young people in the City of London ● Deliver intensive community support for CYP who have had a crisis episode or those that need intensive support who come under CETR cohort (Autism and LD) – this includes 24/7 home treatment teams with better links to adult services. ● Extend our digital offer ● Address digital exclusion ● Address health inequalities in line with our reach and resilience workstream: ACH, Charedi, Turkish speaking, LGBTQ+, Muslim community 	<p>Improved offer of, and access to CAMHS, demonstrated through:</p> <ul style="list-style-type: none"> ● Increased access (linked to increased investment) ● Clearer pathways for residents and non-residents – CAMHS integration ● Improved access to support for crisis – 24/7 Home Treatment teams ● CAMHS support in all schools by 2020 now achieved. We aim to have full WAMHS / MHST in place by end of 2021 to all state-maintained schools and start of pilot in Charedi schools ● Improved outcomes for those transitioning to adult mental health services through a pilot 18-25 yr. service ● Enhanced eating disorders service in line with expanding NICE guidance ● Improved neurodevelopmental pathways including increase funding for Autism diagnosis and aftercare 	<ul style="list-style-type: none"> ● CAMHS Transformation plan is fully operational with a recurring investment addressing gaps identified and in alignment with Future in Mind. The plan is now finishing phase 3 and entering phase 4 in April 2021. City and Hackney CAMHS Alliance is due to publish its implementation plan for 2021-22 ● CYP MH access rate was 38% - one of the highest performing CCGs in the region. ● Implementation of KOOOTH, online support and counselling for CYP was expedited during the early stages of the Pandemic ● Implementation of Mental Health Support Teams in Schools plus universal roll-out of WAHMS to state-maintained schools ● Development of Tier 3.5 intensive community support for LD and Autistic CYP with significant needs to prevent MH admission to hospital. ● Successful completion of the 16-25 Off-Centre transition service is now being put forward for recurrent funding. ● A bereavement counselling service has been set up with St Joseph’s Hospice to provide support for CYP who have lost a relative, caregiver or significant other due to Covid-19 ● The draft Integrated Emotional Health and Wellbeing Strategy (2020-2025) has been refreshed taking account the impact of the pandemic and will be out for consultation by December 2020. ● The workstream has developed an integrated CYPMF engagement plan with system partners taking account and responding to the Hackney Young Futures Commission recommendations and working with stakeholders across the system involved in participation and engagement. The CYPMF ‘system influencers’ pilot programme has a number of key objectives, including building resilience and improving outcomes, while ensuring our services are co-produced by meaningful and earlier engagement with children, young people, and parents with lived experiences. ● The system-wide approach to Childhood Adversity, Trauma and Resilience (mentioned below), is a key transformational project for the workstream due to

		<p>launch in 20/21 and aims to strengthen multi-disciplinary approaches to the prevention, early intervention and mitigation of adversity by building resilience and improving the emotional health and wellbeing of children and young people.</p>
<p>Priority 2: Strengthening our health and wellbeing offer for vulnerable groups</p>		
<p>Improve the health offer for Looked After Children: Re-design and procure integrated HLAC provision</p> <p>Oversight of the health elements of the SEND offer and targeted joint work. Includes:</p> <ul style="list-style-type: none"> ● Pathway development, particularly around the offer at early years ● Early health input mechanisms embedded into EHCPs (Education, Health and Care Plans) ● Support at key transition points ● Further development / use of personal health budgets ● work with partners including the OJ community to support access to provision ● explore improving the health and wellbeing of boys with autism specifically for City of London <p>Support work with children to manage Long Term conditions. Includes:</p> <ul style="list-style-type: none"> ● STP Integrated Asthma provision work 	<p>More effective pathways for LAC through health, particularly for those CYP with complex health needs, mental health needs and challenging behaviour needs through newly commissioned service</p> <ul style="list-style-type: none"> ● Increased early health support for children with SEND, as evidenced through input to EHCPs ● Increased numbers of children and their families utilising Personal Health budgets and making effective transitions to adult services ● Increased representation of specific communities accessing SEND health support <p>More families supported to manage long term conditions in the community, and</p>	<ul style="list-style-type: none"> ● A system wide approach to raising awareness and reducing the impact of Adverse Childhood Experiences has been completed and endorsed by the Integrated Care Partnership Board. The City and Hackney approach, renamed 'Childhood Adversity, Trauma and Resilience' to include adverse experiences not considered by the original research and to reflect the need to tackle the root causes of ACEs by building resilience in individuals, workforce and communities aims to strengthen workforce, improve the offer of early support and parenting and to develop of a digital resource portal to support professionals and carers. The Change Support team is due to start work with the project team for a 6 week pilot working with a group of practitioners working across the integrated health and care system including voluntary sector organisations to develop a community of practice. ● The collaborative re-design and commissioning process for the new health of Looked After Children's service successfully delivered a new service, launched on September 1st 2019 and. Young people and foster carers were involved in the design of the service. It is now being delivered by HUFT. ● The LAC health annual report documents positive early indicators of progress including partnership working, the recruitment of a Named Nurse and the presence of a CAMHS practitioner at the LAC clinic. ● An Integrated arrangement for delivery of Speech and Language therapies, including for pooled budgets will be in place in 2021. A similar joint review for Occupational Therapy is planned thereafter ● Joint work planned across the workstream and planned care re LD and autism transition pathways to be progressed, linking with the investment proposals for Tier 3.5 CAMHS ● The City and Hackney Autism Strategy to be strengthened via focused CYP engagement work ● The focus on improving childhood immunisations in NE Hackney continues, with additional weekly clinics held at the weekend commissioned from the GP Confederation and close working with the CCG, GPC, public health and voluntary community leaders

<ul style="list-style-type: none"> • Epilepsy and Asthma specialist nurses • Develop local offer around allergy and dermatology • Explore increasing access to therapies for groups with barriers to access, and specifically for City of London children • Develop clear Primary Care pathways for children with unexplained medical symptoms (in conjunction with the Paediatric liaison service), and work with CAMHS on the Autism pathway <p>Scope potential for joint work across the CSE, harmful sexual behaviours and CSA agenda, and deliver on STP proposals for development of CSA hub</p> <p>Support integration and groups with disparities in health outcomes and higher levels of coming into contact with the Youth Justice system, alongside work to Explore links to reducing exclusions</p> <p>Improve the health and wellbeing offer for the most vulnerable groups of City of London children and young people</p>	<p>through a closer relationship with Primary Care</p> <p>Further integration of social care and health, resulting in better identification and support for those at risk of sexual exploitation, and better and faster access to support for those who have experience sexual assault.</p> <p>Less disproportionate representation of specific vulnerable groups accessing health and wellbeing services</p> <p>Closer working across education, health and social care to support the most vulnerable young people to stay in school</p>	<ul style="list-style-type: none"> • All children with continuing healthcare needs have a Personal Health Budget Funding secured for implementation of recommendations arising from the CoL and LBH SEND inspections, and joint commissioning and funding protocols across LAC and SEND are being formalised across agencies. • Establishing a register of young people within the CETR cohort (those with LD and/or ASD and at risk of inpatient admission) and joint work with system partners to embed processes to identify these young people and undertake community CETRs. During Covid-19 a fortnightly review of the cohort was undertaken with social care and education colleagues.
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<p>Priority 3: Improving the offer of care at maternity and early years</p>		
<p>Support improvement in quality of local maternity services and perinatal care. Includes:</p> <ul style="list-style-type: none"> • Explore and propose work to reduce rates of infant mortality • Explore and evaluate data around re-admissions and identify action plan • Reduce rates of smoking in pregnancy (Embed HUFT maternal smoking pathway and explore UCL pathway) • Support work to improve rates of immunisations (including antenatal flu and pertussis). Explore potential effectiveness of devolved commissioning. • Support work on choice of maternity care and perinatal mental health (with STP partners) • Clarify pathways for women following birth and discharge <p>Support work to improve rates of immunisations at 1 and 2 years, including exploring options for a devolved commissioning role</p>	<p>Reduction in the rate of stillbirths, neonatal and maternal deaths, supported by:</p> <ul style="list-style-type: none"> • Increased early booking by 10 weeks of pregnancy, and improve continuity of care from their midwife • Improved pregnancy outcomes, specifically for women who have Long Term Conditions (LTCs) or other specific medical needs through our GP Early Years Contract, and targeted pre-conceptual care • An increase in numbers of women taking folic acid, aspirin and healthy start vitamins for a healthy pregnancy and healthy growth and development of the child • Increased numbers of women who receive Pertussis and Flu jabs during their pregnancy • Increased referral of women early to local services when social or psychological risks are identified • Improved pregnancy outcomes for socially vulnerable women targeted support for women who may be socially vulnerable 	<ul style="list-style-type: none"> • Continued focus on delivering key areas in the NHS Long Term Plan, including building on our 71.2% of women booked on Continuity of Carer pathway by end of Q1 2020 – exceeding national ambition of 35%%, and reducing stillbirths and neonatal deaths. Consistently achieving 100% of women with a personalised care plan at booking in 2020. • Implementation of digital solutions for Maternity which are in the planning stage will support better working with patients in antenatal care with a clear focus on improving women’s experiences of antenatal care through responses to input from service users through the Maternity Voices project. The maternity service is exploring end to end digital platforms for maternity following recommendations from 2020 CQC inspection. • Sustaining improvements in quality performance of midwifery services at the Homerton, through a number of Quality improvement initiatives. • Overall CQC inspection in 2020 rated Good, however some improvements to safety required. Action plan has been drafted in response with maternity service working at pace to address issues highlighted. • Peri-natal mental health service being expanded in line with the Long-Term plan to meet the 10% access target by 2022/23 • Bid submitted to NHS England to be part of an early wave implementing the Maternity Mental Health Teams, that will provide support relating to psychological trauma in the perinatal period through joint support from midwifery and perinatal teams • Current changes to maternity pathways in place to mitigate risks posed by Covid19 pandemic. Where appropriate low risk women are offered virtual bookings. One partner is permitted to accompany the woman for her scan appointments, labour and elective procedures. The same partner is allowed on the post-natal ward at a predetermined time. Women are swabbed at admission and 3 days before admission for pre-booked appointments. • The Maternity Voices Partnership continues to work closely with Homerton, particularly around communication of changes to maternity care during Covid-19, and now runs as a virtual forum. There is strong midwifery presence in local

<p>Improve access to breastfeeding support</p> <p>Explore options for development of a 'supporting parents' pathway, linked to substance misuse. This includes exploring work with Fathers.</p> <p>Ensure the needs of families and young children are built into the new 'Neighbourhoods' model (above), and the interface with children's centres is effective</p>	<ul style="list-style-type: none"> • Clearer pathways through services for women with a high Body Mass Index (BMI) • Ensure pregnant women, partners and parents have the opportunity to provide feedback on their experience of using maternity services • Increased identification of, and access to support for women around mental health in the perinatal period (alongside our STP partners) 	<p>and ELLMS MVP patient user forum to gather feedback and answer questions from service users.</p> <ul style="list-style-type: none"> • Smoking in pregnancy pathway in place, however due to Covid 19 Pandemic, CO screening has been suspended. Where safe we continue to support the Making Every Contact Count programme in maternity. • The senior health visiting team continue to work closely with Midwifery to develop the referral pathway for targeted antenatal contact. • Recent review of the vulnerable women's pathway ensures safety measures in place for our most vulnerable women. This pathway will continue to be reviewed on an ongoing basis. • Continued focus on childhood immunisations across City and Hackney with a partnership task group and combined flu and childhood imms contract commissioned from the GPC in 2020
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7.0 Delivering Transformation: Risks and Challenges

Key risks are managed through workstream governance structures, with high level risks reporting through to the Integrated Commissioning Board. Ongoing and upcoming risk and challenges are outlined here:

Issues, risks and challenges:	Progress/ Actions being taken to address:
<p>Inequalities and disproportionate impact of Coronavirus and indirect impacts due to lockdown restrictions on vulnerable groups.</p>	<p>The workstream are planning a workshop to reflect on the analysis of the impact of the pandemic on health inequalities in City and Hackney inequalities and focus on short-term priorities to support the development of the long-term population health delivery plan as part of the Strategic Operation Command Phase 2 and 3 delivery plans</p> <p>A new Equality Impact Assessment tool is in development (through the Engagement enabler) that aims to simplify and increase use and accountability of EIA reports as part of decision-making processes will be piloted on new workstream strategies. This process will embed use of the tool in key pieces of work.</p> <p>Training in unconscious bias is being explored for roll-out across health services</p> <p>The workstream are continuing to lead work on Young Black Men's mental health, and pilot community specific interventions for a range of key groups with discrepancies in health outcomes.</p>
<p>Winter paediatric capacity is a concern for winter 20/21. This is likely to affect NEL more widely due to COVID and seasonal increases in paediatric ED attendances and inpatient stays.</p>	<p>This is being raised across NEL, and usual mitigations of arrangements that increase capacity with the Royal London may be stretched, particularly if the HUFT Paediatric ward is re-purposed for COVID patients but this is being closely monitored currently.</p>
<p>School exclusion and self-harm remain high. Hackney has higher numbers of children in specialist education provision and demand for CAMHS continues to increase by 15-18% per year. Gaps in 18-25 services remain. Wellbeing and mental health remain high priority areas of concern</p>	<p>The CAMHS transformation plan is tackling some of these. WAHMS and mental health support in schools is being rolled out and increased support for Black African and Caribbean heritage young people and a 16-25 transition service has been piloted. See the COVID response around wellbeing</p>

due to the pandemic.	above.
<p>The Maternity Service was inspected by the CQC in 2020. Overall the service continues to be rated as good, however, a few safety measures were rated as requiring improvement.</p> <p>Key issues were relating to lack of a fully integrated electronic records system between antenatal, intrapartum and postnatal and seamless and fully completed documentation of care provided.</p> <p>Due to offering virtual booking appointments, Sickle Cell and Thalassaemia screening bloods are being taken later than normal practice at the 12 week nuchal scan. Typically these results should be available by the 12 week scan.</p>	<p>The Maternity team have had demonstrations for three possible IT systems. They are convening a Maternity Digital Design Committee. The Head of midwifery is drafting a business case to be presented to the Trust investment committee in November 2020. The plan is to begin the tendering process by January 2021.</p> <p>Installation of K2 monitoring system on antenatal wards by end of September 2020.</p> <p>Staff will be receiving ongoing training and monitoring on completion and documentation of patient notes. Audits of notes.</p> <p>NHSEI has asked that all maternity units identify risks of late blood test results and put in mitigating actions.</p>
<p>Figures from the LAC health annual report for show 83% of IHAs were completed within 20 working days (Q1-4 19/20) and the reasons for breaching the timescales included children placed in other boroughs, and those children who ceased to be LAC in 20 working day timescale.</p> <p>Dental access and immunisation take up has continued to remain low but is being monitored and followed up by the nurses.</p>	<p>The transfer of services from WH to HUFT and implementation of the new service has been completed.</p> <p>A policy/ pathway is in place to address the refusal of reviews with input from young care leavers.</p>
<p>City and Hackney's recent measles outbreak is now over, however risk remains due to low uptake of immunisations in specific areas of Hackney, exacerbated by complications of centralised commissioning arrangements, lack of clarity centrally on outbreak funding arrangements and a range of issues due to COVID.</p>	<p>Building on learning from the measles response, the CCG has commissioned the GP confederation to do an immunisation catch up programme commencing Autumn 2020, incorporating the Flu programme alongside work to improve uptake of childhood immunisations. The 2 year partnership action plan is continuing to be delivered and key partnerships are driving the work forward.</p>
<p>The Long Term plan outlines Care Education and Treatment Review (CETRs) processes that are the</p>	<p>Work across the CYPMF and planned care workstream with LBH, City and education colleagues to establish a dynamic risk</p>

<p>responsibility of the CCG are not yet fully embedded. These cross -agency arrangements are intended to prevent avoidable admissions to long stay specialist hospitals for children and adults with LD and / or autism who are displaying challenging behaviour.</p> <p>The coordination and chairing of children's CETRs, no baseline of activity levels whilst robust dynamic risk register is developed with partners)</p>	<p>register and CETR arrangements is progressing well.</p> <p>NEL Sector Programme support and learning from STP CCGs and adults' processes.</p>
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7.0 Primary Care: working through and with primary care networks and neighbourhoods

We have secured funding through CPEN for a CYPMF Neighbourhoods Project manager (1 year fixed term) who has been in post since late June to take forward the development of the approach for enhanced system-wide working for children and families within neighbourhoods, with a particular focus on strengthening links with Primary Care.

Following consultation with stakeholders working with CYPMF around key challenges and opportunities in system-wide working, we are developing pilots that will test enhancing neighbourhoods working for 0-5 year olds and their families, building on the good practice of the Multi-Agency Team (MAT) meetings, and inform how to strengthen the approach for multi-disciplinary working for 6-19 year olds and families. We are also exploring how to enable a 'think family' approach for vulnerable families by strengthening pathways between services and multi-agency team meetings for vulnerable adults and children and families services (in cases where those adults have dependent children aged 18 or under).

Targeted work continues in North East Hackney around childhood immunisations.

There is an opportunity to test the neighbourhoods approach and pathways within Hackney Marshes Neighbourhood in conjunction with the 0-19 years Early Help pilot being led by Hackney Education. A virtual team will be set up that will consider referrals from FAST as well as GPs and Schools and determine the best method of support.

In partnership with the CAMHS Alliance we are looking to develop a Primary Care Liaison pilot. This postholder will accept referrals from GPs for young people that have either medically unexplained symptoms or a long-term condition and who do not meet the threshold for CAMHS and determine the best approach for meeting their needs. The postholder will also help drive forward thinking about service development at the neighbourhood level. We are also reviewing the alignment of CAMHS services across the neighbourhood boundaries.

Scoping work is also underway to explore what a social prescribing programme targeting CYPMF may be able to offer, and how such an offer could add value to and complement existing support services and meet wider strategic priorities across City and Hackney.

8.0 Quality and Safeguarding

Quality and safeguarding continues to be monitored at contract and service level, through a number of KPIs, safeguarding children dashboard and wider indicators, with the support of the CCG quality function. Further detail on Quality at Homerton is available as part of the re-inspection of elderly care, maternity and end of life services, published in July 2020. The hospital was rated as OUTSTANDING OVERALL and maternity retained its overall GOOD rating (from August 2018). However, grading for two maternity elements re-inspected changed, the 'Well Led' area improved to 'Good' and 'Patient Safety' area dropped to 'requires improvement', largely due to outdated ICT systems which are in the process of being re-commissioned. The Trust has developed an Improvement Action plan which is being monitored at the Maternity Quality and Performance meeting and regular meetings between CCG and maternity.

Mental health services for children are rated "good" or "outstanding" at ELFT. All local GP practices are rated "good" or "outstanding".

There are significant concerns around the increased risk to children in terms of Safeguarding, as an indirect impact of the pandemic. Children and families have not been seen face to face routinely in education or health care settings, and while referrals to Children's Social Care are considerably lower than this time last year, we are expecting a surge from September.

Throughout the pandemic, the CHSCP Strategic Leadership Team has maintained oversight of strategic risks and contingency arrangements for individual agencies. Current key areas of discussion include:

- Community engagement and actions for the safeguarding partnership as a whole going forward and focus on the risks and opportunities post lockdown.
- Across the health economy a NEL risk register captures a range of risks which is managed via the local safeguarding governance structures.
- Changes to the Child Death Review process continue to be implemented including the procurement of Family Liaison Service to undertake the keyworker role to support children and their families. The CCG has also secured additional funding for the Homerton to recruit a Child Death Review Nurse to support the Designated Doctor for child deaths.

9.0 Co-production & Engagement

The workstream have been reviewing and developing its approach to engagement and co-production with system partners in light of consolidated insight and best practice in participation and engagement with existing engagement groups. Partners and stakeholders have reflected with us on the recommendations and asks from the Hackney Young Futures Commission and have helped to shape and develop an innovative approach. These partners have included the CAMHS Alliance, HCVS, Pembury 'Cool Down Café' and Pembury community, Healthwatch, Young Hackney and City of London participation leads, LBH Children in Care Council, Hackney Young Futures Commission and the Improving Outcomes for Young Black Men's Programme and Hackney Council Strategic Delivery team.

The workstream intends to launch an 8-week pilot for young people aged 16-25 in the October half term 2020, who will be recruited from existing engagement groups and will work together as 'system influencers' with support from system mentors, and peer mentors. The project will provide a rich learning opportunity for the workstream and system partners and co-produce our integrated approach to engagement, while improving outcomes for young people by

building their resilience. Young people will receive 'reward and recognition' as public patient reps from the IC Comms and Engagement team, to work together and independently with support from mentors working on workstream projects and a paid peer mentor on a number of tasks to develop the engagement plan and take on key roles on priority projects.

Outcomes for participants will include:

- the experience of translating their lived experiences into tangible change
- influencing how decisions are made that impact on them, their families and communities.
- learning more about how health and care services work, and how they can shape the commissioning, design and delivery of these
- developing transferable skills to improve chances of access to employment, training or other onward opportunities.

The programme will be accredited with support from Young Hackney, and young people will be supported to reflect on skills and experience gained to help prepare them for onward opportunities. The system influencers, peer mentors and system/ professional mentors will learn from one another in this process to enable system change and will support young people to build resilience through connection, confidence, a sense of control and developing competence.

A working group and steering group will lead and monitor this work with young people, parents and VCS joining system partners to shape its development in an integrated and responsive way and the project evaluation will be carried out by an independent VCS partner.

Mechanisms for linking with existing engagement groups will be developed and continually reviewed and a mapping document is currently being updated. The initial pilot will be used to co-produce our engagement plan and will be reviewed with a view to establishing a rolling programme to ensure business as usual work and transformation priorities across the integrated system are shaped by the lived experiences of young people, parents and children.

Principles of trust and transparency, inclusivity and true co-production embedded across all workstream in an integrated and trauma-informed way. This approach will enable us to avoid duplication in the system in engagement work and develop a set of agreed principles for co-production, engagement and participation work with young people and approach that could be replicated with parents and in other parts of the system with residents.

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Health in Hackney Scrutiny Commission 14 th October 2020 City & Hackney Safeguarding Adults Board Annual Report	Item No 5
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PURPOSE OF ITEM

Each year the Commission gives consideration to the Annual Report of the City and Hackney Safeguarding Adults Board.

OUTLINE

Attached please find:

- a) Cover Report
- b) The Annual Report of CHSAB 2019-20
- c) CHSAB Safeguarding Strategy 2020-2025.

Last year's annual report discussion on 12 Sept 2019 is [here](#).

Attending for this item will be:

Dr Adi Cooper, Independent Chair C&HSAB
Denise D'Souza, Interim Strategic Director of Adult Services
John Binding, Head of Service – Safeguarding Adults

ACTION

Members are asked to give consideration to the report.

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Report to Hackney Health in Hackney

Date: 14 th October 2020	
Subject:	City and Hackney Safeguarding Adults Board Strategy 2020/25 and Annual Report 2019/20
Report From:	Raynor Griffiths, City and Hackney Safeguarding Adults Board Manager
Summary:	The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. One of the statutory duties of the Board is to complete an annual report outlining what is has achieved in respect of adult safeguarding in the previous year. This report outlines the key achievements of the Board, areas for further development as well as what the Board will prioritise in the forthcoming year. An overview of the safeguarding data for the London Borough of Hackney is also included for reference.
Recommendations:	There are no recommendations to be brought to the attention of the Health and Hackney
Contacts:	Raynor Griffiths, City and Hackney Safeguarding Adults Board Manager Email: Raynor.griffiths@hackney.gov.uk Tel: 020 8356 1751

Summary

The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. The Board has three statutory functions:

- 1) Develop and publish a strategic plan outlining how the Board will meet its objectives
- 2) Publish an annual report detailing the safeguarding achievements for that financial year
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria

This report outlines the Board's new strategy for 2020/25 and the annual report for 2019/20. It focuses on the new principles underpinning the strategy, its strategic priorities and how these will be delivered for 2020/21, key achievements and data for 2019/20. The report also highlights the actions that the Board has taken in response to the Covid-19 outbreak.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Background

1.1 The City and Hackney Safeguarding Adults Board is a multi-agency partnership, represented by statutory and non-statutory stakeholders. The role of the Board is assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults with care and support needs who are at risk of abuse and neglect. Where abuse and neglect does occur the Board and its partners are committed to tackling this and promoting person centred care for all adults experiencing abuse or neglect. The Board's annual strategy sets out the Board's strategic priorities and aspirations for the next five years. The annual report sets out an appraisal of safeguarding adults' activity across the City of London and Hackney in 2019/20. Due to the Covid-19 outbreak the Board made the decision to produce a condensed report this year.

City and Hackney Safeguarding Adults Board Strategy 2020/25

2.1 The Board's strategy for 2020/25 focussed on the following areas:

- An overview of safeguarding and abuse
- Key statistics on safeguarding for City and Hackney
- Review of the Board's strategy for 2015/20
- Feedback from the Board's Consultation
- Key principles and objectives for the 2020/25 Strategy

Board Consultation

2.2 To ensure that the needs and views of residents and professionals living in City and Hackney were reflected in the Board's Strategy, a consultation process took place between October to December 2019. The consultation was co-produced with members of the Board's service user group. In total, the consultation was completed by 130 people; the key findings were:

- 1) Residents and professionals had a varying understanding of safeguarding – most people understood that its purpose is to protect people from abuse and neglect however there was a misunderstanding that it is a service to deal with all adults needs
- 2) 90% of people had heard of at least three types of abuse, with most people being familiar with sexual and physical abuse
- 3) 86% of respondents identified an appropriate source to refer safeguarding concerns to – either adult social care or the police
- 4) Residents were concerned that adults with care and support needs who were at risk of abuse did not have appropriate access to services
- 5) The public wanted the Board to focus on:
 - i. Raising awareness of different forms of abuse
 - ii. Engaging with community groups on safeguarding related issues
 - iii. Supporting people who are homeless and have safeguarding needs
 - iv. Supporting professionals with incorporating safeguarding into practice
 - v. Tackling social isolation and therefore reducing the risk of abuse and neglect

Key Principles for 2020/25

2.3 The Board made the decision to underpin the strategy with the six safeguarding principles:

- 1) Proportionality
- 2) Empowerment
- 3) Partnership
- 4) Prevention
- 5) Protection
- 6) Accountability

2.4 Under each principle a number of objectives has been set, which take into account the views of the CHSAB partners, residents in City and Hackney as well as safeguarding issues that the Board has identified as important both locally, regionally and nationally. To enable accountability with regards to meeting the objectives the Board has also outlined a section on how it will know that objectives have been met.

City and Hackney Safeguarding Adults Board Annual Report 2019/20

Key achievements

3.1 In line with its strategy, some of the key achievements for the Board in 2019/20 include:

- 1) The Board has ensured that service user engagement has been adopted as core business. There are regular newsletters and service user events, which allow and encourage co-production. In the last year the group has co-produced work around the Strategy consultation and how the Board can better engage with individuals who have been involved in the safeguarding process. The Board has developed a service level agreement and protocol to ensure that there is assurance that service user engagement remains core business
- 2) The Board has worked with Community Safety Partnerships in City and Hackney and Children's Safeguarding Partnership to set up the Transitional Safeguarding Task and Finish group to help identify what the safeguarding issues are affecting young people aged 16 -25 years old and what can be done to better support this group
- 3) The Modern Day Slavery Strategy was launched on 18 October 2019, alongside a webpage for Modern Day Slavery, Modern Day Slavery Protocol and resources for professionals and the public. The Board now jointly leads a task and finish group focussed on implementing the actions of the strategy. Further details on Modern Day Slavery can be found: <https://hackney.gov.uk/modern-day-slavery>
- 4) The Board supported Public Health in the London Borough of Hackney to develop safeguarding clauses for their public health contracts.
- 5) The Board undertook its second 360 degree review of the Independent Chair, the results of which were highly positive.
- 6) The Board held a Safeguarding Adults Week in line with the National Safeguarding Adults Week which took place between 18 – 24th November 2019. During this week, members of the Board delivered workshops to frontline professionals, had a number of stands in public places to engage with residents, refreshed its safeguarding leaflets and also engage residents to fill in the Board consultation for the Strategy.
- 7) Publish one Safeguarding Adults Review (SAR) in relation to Jo-Jo, a young woman with learning disabilities who died of crusted scabies. The Board also published a joint SAR, with Lambeth, Newham and Islington Safeguarding Adults Boards, Yi, about a man experiencing multi-exclusionary homelessness.
- 8) London Borough Hackney Adult Social Care has worked with health partners to launch a neighbourhood model of multi-disciplinary meetings which greatly assists in information sharing and joint approaches to assisting residents with complex needs.
- 9) Over 100 primary care staff have been trained to Level 3 in adult safeguarding.
- 10) East London Foundation Trust have ~~Page 23~~ a new electronic form on their case management system which contains a specific section on the views of the service user,

this is to ensure that the spirit of making safeguarding personal; that people get to choose what they want to happen to them.

Areas for further development

3.2 The Board was unable to meet its goals in relation to the following, and will continue to work on these into 2020/21:

- 1) Obtaining representative service user engagement with the Board, by failing to fill roles for two Lay Members. Going forward the Board has designed a large scale advert and leaflets about how volunteers can get involved in the Board's work. These will be published in local newspapers.
- 2) The development of a toolkit for mental capacity assessment was not achieved. The Board has subsequently decided to take forward work regarding mental capacity and executive capacity.
- 3) Following the Review of the Independent Chair the Board agreed that it needed to improve its processes for collecting reviewing data. The Quality Assurance Group has now revised its processes so there is a clearer pathway of reporting to the Executive Committee Group.

Data sets for 2019/20

3.3 Key data was collected in relation to safeguarding for the London Borough of Hackney :

- There were 1,331 concerns were raised, of which 500 met the threshold for a s42 safeguarding enquiry and 329 led to other enquiries
- The most common forms of abuse were: neglect and acts of omission, financial abuse and self-neglect
- Of the 442 concluded cases, 347 expressed their desired outcomes. There were 199 people who had their desired outcomes fully achieved and 119 partially achieved. A desired outcome was not met in 29 cases.

Priorities for 2020/21

3.4 The Board has set itself the following strategic priorities for 2020/21:

- 1) To respond to any safeguarding issues arising following the outbreak of Covid-19
- 2) To ensure that organisations are prepared for the induction of the Liberty Protection Safeguards
- 3) To develop an impact analysis tool to ensure learning from SARs is embedded into practice
- 4) To continue to embed and develop knowledge of Mental Capacity in relation to complex issues
- 5) To continue to embed service user involvement into all elements of the Board's work
- 6) To build upon the Board's partnership with other groups and Boards such as the Integrated Commissioning and Neighbourhood Model
- 7) To progress work around transitional safeguarding
- 8) To assure the Board that residents using Out of Borough placements and unregulated settings are appropriately safeguarded from abuse and neglect

Response to Covid-19 outbreak

3.5 The Board has included a small section outlining its response to the Covid-19 outbreak. Some of the key actions the Board has taken in response to the pandemic include:

- 1) Commenced a monthly safeguarding and covid-19 meeting using the Board's Executive Group function, this is a means to assure that our partners have responded accordingly to safeguarding issues that have been raised during the outbreak
- 2) The Board has revised its yearly work plan so that it includes a section on safeguarding and covid-19
- 3) The Board has sent out information to partners on resources and guidance on safeguarding and covid-19

Corporate & Strategic Implications

1. Safeguarding is a Corporate and Departmental priority

Financial Considerations

4.1 The purpose of this report is to reflect on Hackney's Adults Safeguarding service performance during the 2019/20 financial year. There are no direct financial implications emanating from this report.

Legal Considerations

5.1 There are no direct legal implications emanating from this report.

Attachments

- Appendix 1 – City and Hackney Safeguarding Adults Board Strategy 2020 – 2025
- Appendix 2 – City and Hackney Safeguarding Adults Board Annual Report 2019 – 20

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CHSAB Annual Report 2019 – 20

People should be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens

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Message from the Independent Chair



I am very pleased to introduce the Annual Report for the City and Hackney Safeguarding Adults Board 2019/20. As the Independent Chair of the Board, I continue to be very grateful to all partners for their contributions to the Board, and their ongoing support. The partnership has continued to grow and develop, as reflected in this annual report.

As I write, (end of May 2020) we are coming out of the lockdown due to the Covid-19 pandemic. This provides an opportunity to mourn the deaths of residents who died, acknowledge the grief of their families and friends as well as commend the incredible hard work, dedication, and commitment of health, social care staff and all the key workers who kept everything going during this period.

All the partners of the Board have reported on the incredible work they have undertaken, providing assurance that they continued to meet their safeguarding responsibilities during this challenging time. I am extremely grateful to everyone for their endeavours to support residents, particularly those who are at risk of abuse or neglect.

During the year that this report covers, partners have worked together to improve safeguarding, raising awareness of safeguarding in City and Hackney's communities, and responding to what people have said is important to them in the consultation for the Board's Strategy ([provide link](#)).

This annual report is important because it shows what the Board aimed to achieve during 2019/20 and what we have been able to achieve. It shows that many of the tasks were completed during the year. The annual report provides a picture of who is safeguarded in City and Hackney, in what circumstances and why. This helps us to know what we should be focussing on for the future. The Delivery Plan for 2020/21, which says what we want to achieve during the year, has been revised in light of the Covid-19 outbreak.

There continues to be significant pressures on partners in terms of resources and capacity, especially during the Covid-19 pandemic, so I want to thank all partners and those who have engaged in the work of the Board, for their considerable time and effort.

There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. This is a journey that we are all making together, and I look forward to chairing the partnership in the next year to continue this journey.

Dr Adi Cooper OBE,
Independent Chair City and Hackney Safeguarding Adults Board
May 2020

Context

The start of 2020 has brought unprecedented and worrying times for residents and professionals living and working across City and Hackney in the form of the Covid-19 pandemic. At the time of writing this report, professionals across the area are working hard to protect the community from this risk, whilst ensuring that essential health and social care services are maintained.

The introduction of the Coronavirus Act 2020 has seen the Care Act 2014 duties temporarily move from being mandatory to discretionary although safeguarding adults remains a Local Authorities' statutory duty¹. The guidance recognises that safeguarding remains of paramount importance for organisations working with adults who may be at risk of abuse or neglect². The City and Hackney Safeguarding Adults Board (CHSAB) remains committed to supporting organisations and residents across City and Hackney to protect adults who may be at risk of abuse or neglect and need safeguarding support. The CHSAB will do this by continuing to raise awareness of different safeguarding issues, identifying emerging safeguarding issues and supporting organisations to understand and deliver their duties in relation to safeguarding adults at this time.

CHSAB partners commend and appreciate the ways in which communities have come together to assist residents who require help at these times. Unfortunately, it is typical to see an increase of neglect and abuse in times of crisis. There are a number of reasons for this, it can be unintentional, due to increased stresses in the family home or people struggling to care for their family members, or it can be intentional, when people actively try to exploit another, for example by taking over their home or scamming them. The CHSAB would like to ask everyone to be vigilant to the different types and signs of abuse and neglect (<https://hackney.gov.uk/safeguarding-adults-board>) and be aware of how any concern can be reported (Hackney: <https://hackney.gov.uk/chsab-raise-concern>, or in the City: <https://www.cityoflondon.gov.uk/services/adult-social-care/Pages/safeguarding-adults.aspx>). With everyone's support the CHSAB can ensure that adults are kept safe from abuse and neglect.

Given current circumstances, the Board has made the decision to produce a shorter annual report. It is hoped that the report will still help residents understand how the CHSAB has continued to prioritise adult safeguarding across City and Hackney. The CHSAB would also like to take this opportunity to thank professionals and those living in City and Hackney for their continued support and hard work in keeping local residents safe.

1 <https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities>

2 Annex D: Safeguarding Guidance, <https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities>

What is the Safeguarding Adults Board?

Role

The CHSAB is a partnership of statutory and non-statutory organisations representing health, care, criminal justice, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to gain assurance that there are effective adult safeguarding arrangements in place, to protect adults with care and support needs and help prevent abuse and neglect across the City and Hackney.

The CHSAB has three core duties under the Care Act 2014 that it must fulfil by law:

- 1) Develop and publish a Strategic Plan outlining how it will meet our objectives and how our partners will help each other to achieve this
- 2) Publish an Annual Report detailing what it has done to help safeguard the community and how successful it has been in achieving this
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

In addition to this, the CHSAB is able to involve itself or lead work around any other adult safeguarding issues it feels appropriate³.

Membership

The CHSAB has three core statutory partners: the Local Authority, Clinical Commissioning Group and Police service as well as a number of non-statutory partners. This forthcoming year, the CHSAB welcomes London Borough of Hackney Housing Needs and Hackney Recovery Service to sit on the Board.

A full list of our partners and their attendance at our quarterly Board meetings and annual Development Day can be found below:

2019-20	
Independent Chair	100%
London Borough of Hackney ASC	100%
City of London Corporation	100%
City & Hackney CCG	100%
Homerton University Hospital	75%
Barts Health NHS Trust	75%
East London NHS Foundation Trust	100%
London Fire Brigade	75%
Metropolitan Police	25%

³ S43.4 of the Care Act 2014, <http://www.legislation.gov.uk/ukpga/2014/23/section/43>

2019-20	
City of London Police	25%
Older People's Reference Group	50%
Hackney Healthwatch	100%
City of London Healthwatch	0%
City & Hackney Public Health	50%
Hackney Council for Voluntary Services	75%
National Probation Service	75%
Housing Providers	25%
Safeguarding Children's Partnership	0%
London Ambulance Service	0%
CHSAB Business Support	100%

Principles

The work of the Board is underpinned by key principles; these were recently revised following consultation for our new strategy. The CHSAB made the decision to align our principles with the six safeguarding principles underpinning adult safeguarding⁴. This decision was made because the results of the strategy consultation showed that the community was most familiar with the six safeguarding principles. The principles are as follows:

- **Prevention** – It is better to take action before harm occurs.
“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Empowerment** - People are supported and encouraged to make their own decisions and informed consent.
“I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”
- **Proportionality** – The least intrusive response appropriate to the risk presented.
“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need.
“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

⁴ Paragraph 14.13 Care and Support Statutory Guidance, <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

- **Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life and so do they.”

Board Governance

Sub-groups

To ensure that the work of the Board is delivered there are a number of sub and task and finish groups in place to lead on our annual priorities:

Quality Assurance:

This group considers quantitative and qualitative information about safeguarding activity across City and Hackney. This helps the CHSAB understand what is going on in City and Hackney, and therefore informs its work and priorities.

Safeguarding Adults and Case

Review: This group fulfils our s44 Care Act duty to consider requests for a Safeguarding Adults Review (SAR). The group reviews referrals and make recommendations to the Chair when it considers that a SAR is required. The group also develops and monitors action plans to ensure that learning and recommendations from SARs are embedded.

Workforce development:

This is newly re-established group, with a focus on how the Board can offer the best training and development opportunities for frontline professionals to assist in building their safeguarding knowledge.

User engagement:

This task and finish group focuses on how the CHSAB can reach all communities in City and Hackney as well as engage service users in our work.

Homelessness/Rough Sleeping and Safeguarding:

This task and finish group continues to review how safeguarding issues relating to people who are homeless or rough sleeping can be tackled and practice improved.

Transitional safeguarding:

This task and finish group is reviewing the safeguarding provision for young people aged 16 – 25 who may be at risk of abuse or exploitation. This is to identify what gaps exist and how we can better support young people at risk of abuse or neglect.

The work of the sub and task and finish groups is overseen by the Executive Group, whose role it is to monitor progress of work undertaken by the groups, and direct any additional work. There are also quarterly CHSAB meetings attended by the whole partnership, which are opportunities to provide updates on CHSAB work streams and discuss key safeguarding issues.

City of London Adult Safeguarding Committee

The City of London has a Safeguarding Adults Committee, focuses on safeguarding issues that impact on City of London residents only. It meets quarterly, where it reviews its progress in relation both to the CHSAB priorities and specific City priorities that it set itself within the Board's strategic plan. City priorities for 2019/20 were as follows:

- Social isolation and well-being
- Homelessness
- Transitional safeguarding

CHSAB strategic links

The CHSAB has links with partnerships and boards working with communities in the City of London and Hackney, including: the City and Hackney Children's Safeguarding Partnership, Community Safety Partnerships; and Health and Wellbeing Boards. The Board is also a member of the Hackney Community Strategy Partnership Board.

Budget

In 2019/20 the CHSAB total contributions remained the same as 2018/19:

Partners	Income Received (£)
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(20,000)
Metropolitan Police Authority	(5,000)
Bart's and London NHS Trust	(5,000)
City of London Police	(4,400)
London Fire Brigade	(500)
City of London Corporation (FB)	(500)
LB Hackney	(109, 675)
Total Income:	(213,450)

This financial year the CHSAB spent a total of £209,817. The CHSAB have made the decision not to increase partner contributions on the basis that there is currently a reserve of £93,000, and consequently there is sufficient funds to sustain the Board should we incur any unplanned expenditure.

Supporting the CHSAB

The CHSAB has a full-time Board Manager and Business Support Officer to manage the work of the Board.



CHSAB Achievements for 2019/20

Service user engagement

- The Board has continued to release regular newsletters and hold regular events, which has allowed the opportunity for service users to find out about safeguarding issues and the work of the Board. Three service user events during 2019/20 were held and attendees contributed to co-produce the new CHSAB Strategy. If you would like to sign up to our mailing list to keep up-to-date with our events and safeguarding news please email: chsab@hackney.gov.uk
- The Board has developed a plan to continue to engage with service users and people who have experienced safeguarding.

Community Awareness

- The Safeguarding Champions have continued to raise awareness of safeguarding amongst community and voluntary groups across Hackney. In 2019/20, a further 14 safeguarding champions were trained, who delivered a number of events across Hackney.
- The Board has started to develop the role of the Safeguarding Peer-to-Peer Supporter with the assistance of The Advocacy Project. The Peer-to-Peer Supporter's primary role will be to provide low level safeguarding support, signposting to members of the community as well as reporting safeguarding issues they encounter to safeguarding services. It is hoped that this role will go live 2020/21.
- The SAB Chair and Board Manager have attended a number of community events to raise awareness of safeguarding and the role of the Safeguarding Adults Board, this includes the Older People's Reference Group Annual Conference and City of London Healthwatch launch event.

Elspeth Williams, is a local resident living in Hackney who responded to the CHSAB's advertisement for volunteers to train as a Safeguarding Champion when first advertised in 2018. Elspeth undertook a three day training course, which equipped her with the confidence and skills that she needed to deliver 90 minute safeguarding awareness raising sessions to residents living in Hackney.

Since training as a Safeguarding Champion Elspeth has delivered 11 safeguarding awareness raising events to over 110 people. This has included the London Borough of Hackney Co-Production Team and also the Making it Real Board, who are residents who support London Borough of Hackney to make changes to Adult Social Care. More recently, Elspeth delivered a Safeguarding Awareness Workshop at Hackney CVS during the CHSAB's Safeguarding Adults Week!

One of the key challenges that Elspeth has overcome is delivering safeguarding awareness sessions to a range of different backgrounds and skill sets. Elspeth has found creative ways to adapt her sessions to make sure she can engage effectively with all residents that she engages with.

The Board appreciates Elspeth and all the Safeguarding Champions efforts to help raise awareness of safeguarding across Hackney. If any resident is interested in becoming a Safeguarding Champion, please contact: chsab@hackney.gov.uk for more information.

Professional development

- The Board has continued to support frontline professionals develop their safeguarding knowledge. The CHSAB has commissioned frontline training on subjects such as mental capacity in complex cases, whole family approaches, positive risk taking and self-neglect and hoarding.
- The CHSAB developed a questionnaire for frontline staff to better understand their training needs. It was completed by over 50 members of staff, who identified that they would like to learn via bite size classroom sessions and briefings.
- The Board has held two professional development events with frontline staff in October and November 2019; these focussed on learning from Safeguarding Adults Reviews regarding the deaths of people who were homeless.
- The CHSAB has increased its engagement with frontline professionals by creating a safeguarding newsletter and LinkedIn page, this provides a means to send out safeguarding information to frontline professionals as it emerges. It also allows frontline professionals to engage and understand the work that the Board is doing.

Partnership working

- The CHSAB has worked closely with the Community Safety Partnership and Safeguarding Children's Partnership to launch the Modern Day Slavery Strategy for London Borough of Hackney. The Strategy was launched on 18 October 2019, alongside a webpage for Modern Day Slavery, Modern Day Slavery Protocol and resources for professionals and the public. The Board now jointly leads a task and finish group focussed on implementing the actions of the strategy. Further details on Modern Day Slavery can be found: <https://hackney.gov.uk/modern-day-slavery>
- The Board supported Public Health in the London Borough of Hackney to develop safeguarding clauses for their public health contracts.
- The CHSAB is part of the working groups looking at the following areas: Suicide Prevention, engagement with the Orthodox Jewish Community and has also provided feedback the City of London's domestic abuse strategy and City of London and Hackney Autism Strategy.

Task and Finish Groups

- The Board has set up a Transitional Safeguarding Task and Finish Group, which aims to identify any gaps in support offered to young people aged between 16 – 25 who are at risk of exploitation and abuse. The plan is to develop an options paper with recommendations on what actions could be taken to better support young people.

- A homelessness task and finish group has met a number of times to consider how to develop and improve responses to safeguarding issues unique to those who are homeless or rough sleeping. The group's key achievements include the City of London producing a Fatality Review Process for all deaths of people who were homeless or rough sleeping.

Board Governance

- The Board undertook its second 360 degree review of the Independent Chair, the results of which were highly positive. It recognised that the Chair's areas of strength were ensuring that safeguarding issues are discussed and brought to the attention of the Board partners, managing the Board effectively, focusing on prevention and ensuring that SARs are high quality. The Independent Chair made a pledge that she would continue to focus on service user engagement and using data to inform its work going forward.
- The Board signed off the Association of Directors of Adult Social Services Pan-London Information Sharing Agreement for all partners. The agreement ensures that partners are sharing information in relation to safeguarding where necessary.
- The Board updated its Risk Register, which identifies risks that may impact the Board's ability to deliver its legal role. The register is reviewed and updated every six months to identify actions taken to mitigate risks and whether it needs to be edited in line with current events impacting the Board.

Safeguarding Adults Week

- The Board made the decision to hold a Safeguarding Adults Week in line with the National Safeguarding Adults Week which took place between 18 – 24th November 2019.
- There were five safeguarding stalls held in the community, in locations such as the Homerton University Hospital, Pembury Community Centre and Barbican Library. 11 bitesize learning sessions were delivered to staff on different safeguarding issues.
- The Board refreshed its safeguarding leaflets and circulated these to all safeguarding partners as well as various locations across City and Hackney.

CHSAB Strategy 2020-25

- The Board's strategy expires in 2020 and the CHSAB has been working to develop a new strategy for the next five years. A review of what the Board had achieved in relation to its previous strategy and duties was undertaken as well as some, horizon scanning of safeguarding issues that are anticipated to affect residents in future.

- A consultation with professionals and residents took place during the Safeguarding Adults Week to understand what issues people living and working in the City and Hackney wanted the Board to focus on. In total there were 130 responses, the top three areas that people wanted the Board to focus on are: engaging with the community, raising awareness of safeguarding issues and safeguarding issues relating to homelessness.
- The Board ran a Development Day and Service User Event in January 2020, which was an opportunity for partners and service users to identify final areas of focus for the strategy.
- The final strategy has been launched and can be found: [\(Add link\)](#)

Quality Assurance

- The Board refreshed its Quality Assurance Framework, streamlining the document to make it more accessible for our Board partners to complete.
- Board partners completed a new London single-agency audit tool, which focused on four key areas: mental capacity, making safeguarding personal, implementation of SARs and the Liberty Protection Safeguards.

Safeguarding Adult Reviews (SARs)

- The Board published two SARs: Jo-Jo and Yi – the details of which can be found on pages 8 -10.
- The Board considered 5 potential SARs, of which 3 did not meet the threshold for a SAR, one met the threshold for a SAR and a final case the SAR sub-group felt it would be appropriate to undertake a learning review. The findings from our latest SAR will be published in the Board's 2020/21 annual report.
- The SAR sub-group reviewed and updated the SAR Policy and accompanying documents.

Integration Model and Neighbourhoods Team

- The Neighbourhoods Team has continued to provide regular updates to the CHSAB about the embedding on safeguarding throughout their work.
- The CHSAB and Neighbourhoods Team have set up regular meetings to ensure that safeguarding remains a priority throughout all the work that the Neighbourhoods Team does.



What did we not do so well this year?

Each year the Board sets itself an ambitious set of goals to ensure that it is continually driving forward work in respect of safeguarding adults in the City and Hackney. Unfortunately the Board is not always able to achieve all its goals. The CHSAB did not meet its aims in respect of the following, however the CHSAB does have a plan about how it will take forward each objective:

- 1) The CHSAB continued to struggle to obtain representative service user engagement with the Board. The role of two additional Lay Members for the Board was advertised; unfortunately it was not filled. The CHSAB also worked with service users to understand how it can better engage with people who have experienced the safeguarding process, which provided positive and helpful. In the forthcoming year the Board will be developing a brochure outlining how people can get involved in the Board's work, regardless of whether they are a service user, resident or professional based in the City or Hackney, to support wider engagement.
- 2) The development of a toolkit for mental capacity assessment was not achieved. The Board has subsequently decided to take forward work regarding mental capacity and higher executive functioning. Higher executive functioning relates to situations where someone may appear to understand information and have the ability to make decisions about their life but their actions may indicate that they do not truly understand the consequences of their decision making.
- 3) Following on from the Review of the Independent Chair the CHSAB recognised that improvements in the processes for collecting and reviewing data were required. In response to this, the Quality Assurance Framework has been revised and the process for reporting data to the Executive Group has changed for 2020/21. It is hoped that this will mean that data is used more effectively.
- 4) The CHSAB recognises that there are sections of the community who are still not familiar with the Board and its work. Consequently it has been proposed to do more to build the brand identity so that more people can engage with the Board.

Learning from SARs

As mentioned in the achievements section on page 13 the Board published two SARs in 2019/20. These are the seventh and eighth SARs that have been undertaken by the Board since s44 Care Act 2014 set the duty for Boards to undertake these SARs.

Under section 44 of the Care Act 2014, a SAR should take place where an adult has i) died or suffered serious harm, ii) it is suspected or known that was due to neglect or abuse and iii) there is concern that agencies could have worked better to protect the adult from harm.

Case Outline - JoJo

Jo-Jo was a 38 woman with Downs Syndrome, who was cared by her mother throughout her life. Jo-Jo had suffered from life-long eczema. In 2013, she was diagnosed with crusted scabies, which was treated successfully. Jo-Jo's skin problems came back in 2015, at this point she was diagnosed and treated with eczema. Unfortunately this did not work and Jo-Jo's skin condition got worse.

Jo-Jo started to avoid going out as she was in lots of pain and did not want people to look at her. She also stopped using carers, who used to help her go out, and attending her GP and health appointments. Jo-Jo refused to allow her mother to help her. Sadly Jo-Jo's skin became very infected and she became very unwell.

On 9 March 2017, her mother called the GP to see if they would come out for a home visit. The GP consequently, arranged an urgent appointment to see a consultant dermatologist for the next morning. An ambulance took Jo-Jo to the hospital clinic, sadly she suffered a cardiac arrest and died.

Reasons for review

A decision was made to review the case on the basis that there were concerns about:

- How person-centred the care was for Jo-Jo and those with learning disabilities in general;
- How proactive agencies were in understanding the whole family dynamic and needs of the carer;
- How well agencies worked together to understand the patient's circumstances and needs;
- Professional curiosity and staff ability to identify and raise concerns where these may exist.

Key findings

The SAR Reviewer and Chair made the following recommendations:

- Annual Reviews for both health and social care must be carried out and the outcomes carefully recorded;
- When an individual's circumstances change (including for their carer) there should be clear information sharing arrangements in place;
- Every agency has a responsibility to consider the needs of carers, especially where the individual may have complex needs or a demanding health condition.

Case Outline - Yi

Yi was a SAR undertaken by four SABs: City and Hackney, Lambeth, Newham and Islington. It was about a man who was chronically homeless; experiencing long or frequent periods of homelessness, physical, mental health and substance misuse issues. Yi originally moved to the UK in 1999 and successfully built a life in the UK, even purchasing a house. He is believed to have left home and started rough sleeping in 2006, although he was recognised as suffering from mental ill-health in 2008. Little is known about Yi from 2008-12, although it was noted that he was self-neglecting, his home posed an environmental risk and he had suffered a number of thefts and assaults.

Attempts were made to support Yi and this started a process by which he would access services and then these services would be subsequently withdrawn for a number of reasons, such as lack of engagement or financial reasons. No consideration was given to Yi's capacity to make decisions or manage his situation. Yi consequently returned to rough sleeping. While rough sleeping he was admitted to hospital having suffered a subdural haemorrhage, which affected his cognitive abilities, which were already impaired.

Following discharge, he continued to be referred in and out of different services without any consistent support and ended up rough sleeping again. He ended up being admitted back into hospital in a poor state. On this occasion hospital staff referred him for nursing support and he was also allocated an advocate during the assessment and care planning stage. He was placed in a nursing home where he spent the rest of his life. Yi sadly passed away in September 2018.

Reasons for review

The Lambeth Safeguarding Adults Board made the decision to initiate a review on the basis that:

- Yi was highly vulnerable and multiple professionals and organisations missed the opportunity to identify the extent to which he was vulnerable
- Whilst Yi did not die as a result of abuse or neglect the group identified that he had suffered significant harm, which would warrant a review.

Key findings

The SAR findings were:

- That this case was not unique and there were often instances where individuals go-between a number of services. Staff had a tendency in this case to manage each individual crisis but then did not provide long-term interventions that would prevent further crises.
- Professionals and agencies are struggling to manage and provide sufficient care to a growing number of people who present at high risk of harm and complex needs.
- Professionals require support to help them embed a human rights based approach, which would allow them the opportunity to build rapport with individuals and professional networks. Support in helping them understand their knowledge of other adjacent services would also be beneficial.

CHSAB Partners' Achievements

Whilst a full list of partners' achievements are not included in this report, due to issues described on page one, the list below provides a small selection of adult safeguarding achievements from across our partnership:

- The Advocacy Project has undertaken a consultation across care, community and faith groups to understand what local people understand by safeguarding and how to keep safe.
- The City of London has secured funding to recruit a social worker who will be dedicated to working with people who are street homeless.
- London Borough Hackney Adult Social Care has worked with health partners to launch a neighbourhood model of multi-disciplinary meetings which greatly assists in information sharing and joint approaches to assisting residents with complex needs.
- Following the recommendations from the Jo-Jo SAR the City and Hackney Clinical Commissioning Group has appointed new clinical leads to improve learning disability services in primary care and system wide working for children for children transitioning into adult services. Some of their areas of focus will include improving Learning Disability Registers so all patients get annual reviews, developing resource packs and a Learning Disability/ Autism champion network.
- Over 100 primary care staff have been trained to Level 3 in adult safeguarding.
- Barts Health included a form on mental capacity during an upgrade of their electronic forms. This has helped prompt staff to consider mental capacity when working with patients. Barts have also appointed an Adults Coordinator, who will be the strategic lead for Mental Capacity, Deprivation of Liberty Safeguards and Liberty Protection Safeguards implementation.
- The London Fire Brigade has implemented a new training package for their staff, which includes safeguarding training.
- Community Rehabilitation Company (CRC) has developed London CRC Public Protection Boards at a local and Pan-London level. The role of the Boards is to focus on different safeguarding themes. This has allowed frontline issues to be escalated and strategic messages to be cascaded.
- East London Foundation Trust have launched a new electronic form on their case management system which contains a specific section on the views of the service user, this is to ensure that the spirit of making safeguarding personal; that people get to choose what they want to happen to them.

What are the Board's plans for 2020/21?

The Board has set itself an ambitious set of goals for the forthcoming year. These may be reviewed based on what might be possible to achieve in the context of the Covid-19 crisis and key safeguarding themes and issues emerging as a result of this. At the time of writing, our key objectives for the forthcoming year include:

- Embedding learning regarding mental capacity in relation to complex issues, including higher executive functioning and fluctuating mental capacity. This will include endorsing and promoting use of best practice guidance, identifying what the key challenges are for frontline professionals and developing a suite of resources for frontline professionals.
- Promoting community engagement including: development of a process by which service users can feedback their experience of safeguarding; a publicity campaign on how the public can get involved in the work of the Board; and develop the role of the Peer-to-Peer Supporters.
- The Board will develop an impact analysis tool which will help understand how much impact the work of the Board has had in changing safeguarding practice amongst agencies and frontline professionals. In the first instance the Board will focus on identifying the impact of SAR learning in improving practice.
- The Board will assure itself that residents placed out of Borough or in CQC unregulated settings are appropriately safeguarded from abuse and neglect.

A full list of our priorities for 2020/21 can be found in appendix 1.



The Board's safeguarding response to the Covid-19 outbreak

The Board has made the decision to include a section outlining our response to the pandemic as well as actions taken by our partners to ensure that adult safeguarding is prioritised at this time. A full list of our actions in response to Covid-19 and details of action the Board has taken in respect of this year's work plan will be provided in next year's annual report.

In light of the Covid-19 outbreak the Board sought to make the following changes to its core business to help assist in the safeguarding response to Covid-19:

- All non-essential meetings were cancelled until May 2020 to allow frontline staff to respond to the immediate crisis
- The Executive Group has commenced monthly safeguarding and Covid-19 meetings to allow partners to share and quality assure responses to the Covid-19 outbreak. This also allows the Board to identify where it can best support its partners
- The Board has revised its yearly work plan so that it includes a section on safeguarding and Covid-19, specifically that the Board will respond to any key safeguarding issues that may have arisen as a result of the outbreak
- The Board has sent out information to partners on resources and guidance on safeguarding and Covid-19
- The Board has sent out information to our service user network on what support services are available for residents living in City and Hackney to utilise

Some of the key safeguarding actions taken by the Board's partners in response to the outbreak include:

- London Borough of Hackney has enacted business continuity plans which saw hospital discharge and the integrated independence team merging and being set up as a single point of access with extended hours.
- London Borough of Hackney Adult Social Care and Public Health have worked with Age UK East London to secure hotel and domiciliary care to assist in the discharge process
- Both City of London and London Borough of Hackney have ensured that accommodation has been provided to rough sleepers during the Covid-19 pandemic
- City of London have extended their Discharge to Assess Service

- City and Hackney CCG has created a risk log to monitor arising risks and issues. The CCG has also put in place rapid reviews for any Learning Disability deaths, this will help expedite any learning from any death
- East London Foundation Trust have ensured that all new admissions and in-patients are tested for Covid-19, and patients are given twice daily temperature checks. All service users, who are out-patients, have been contacted by phone and have been RAG rated in terms of their mental health status.
- City of London and the Metropolitan Police have continued to run MARAC and MAPPA meetings, this provides an opportunity to ensure a multi-agency response to victims of domestic abuse and management of sexual or violent offenders.
- Both City of London and London Borough of Hackney are reviewing any deaths caused by Covid-19 to ensure that there are not any deaths which may raise safeguarding issues.

The following support is available for anyone who may require support or is experiencing abuse or neglect at this time:

- **City of London**

Support during Covid-19: <https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Pages/covid-19.aspx> or 020 7606 3030

Safeguarding: email: adultsduty@cityoflondon.gov.uk or call: 020 7332 1224 / 0208 356 2300 for out of hours

- **Hackney:**

Support during Covid-19: <https://hackney.gov.uk/coronavirus-support> or 020 8356 3111

Safeguarding: adultprotection@hackney.gov.uk or call: 020 8356 5782 / 020 8356 2300 for out of hours

Safeguarding Data

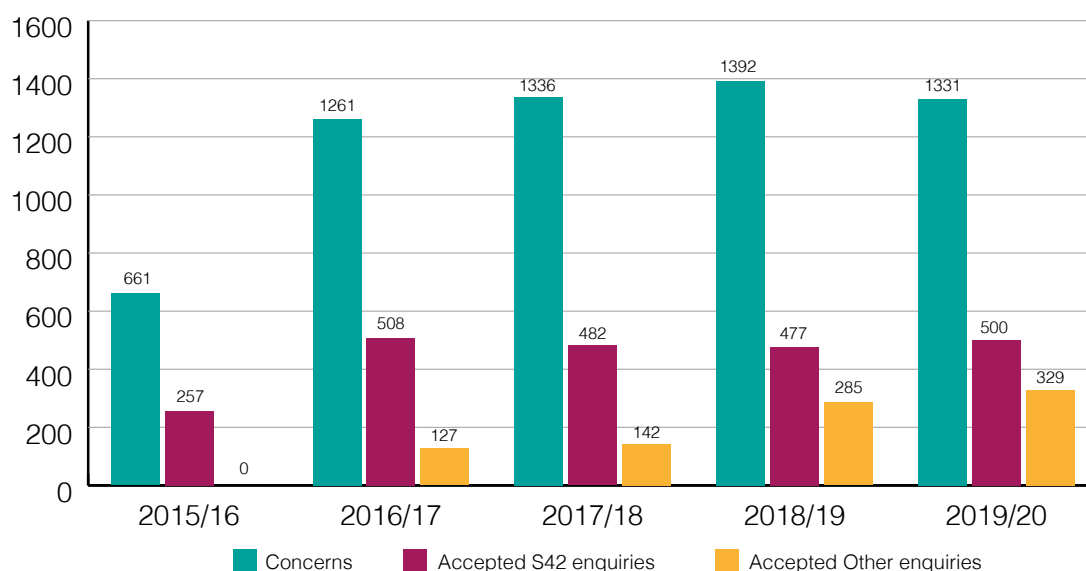
The safeguarding data for the year 2017-2018 is presented separately for the two authorities. City of London and Hackney submit annual statutory returns on safeguarding activity, known as the Safeguarding Adults Collection, and this is included in the data below.

London Borough of Hackney

- 1,331 concerns were raised
- 500 concerns led to a s42 enquiry and 329 led to other enquiry
- 92% of individuals had their desired outcomes either fully or partially met

Concerns and Enquiries

Total number of Safeguarding Concerns and Enquiries, 2015 to 2020



Note that **500 Section 42 Enquiries** relates to **S42 enquiries starting in 2019-20**. There is a different number (442) used elsewhere in the report for S42 enquiries concluding during the year. On top of this many of the tables are based on the number and types of allegations made and therefore there may be more than one per concern / enquiry

This year has seen a slight decrease in the amount of safeguarding concerns being referred into Hackney Adult Social Care. This decrease is likely due to the outbreak of Covid-19 which initially caused a sharp decrease in safeguarding referrals. This decrease has since plateaued and referral rates have returned to levels consistent with previous years. Despite the drop in safeguarding concerns there has been an increase in the number of s42 and other enquiries initiated, which may represent a better understanding of what constitutes safeguarding amongst referrers. An ‘other’ enquiry can be initiated where an individual may not have care and support needs but is experiencing abuse or neglect and may need support to address this. An ‘other’ enquiry may

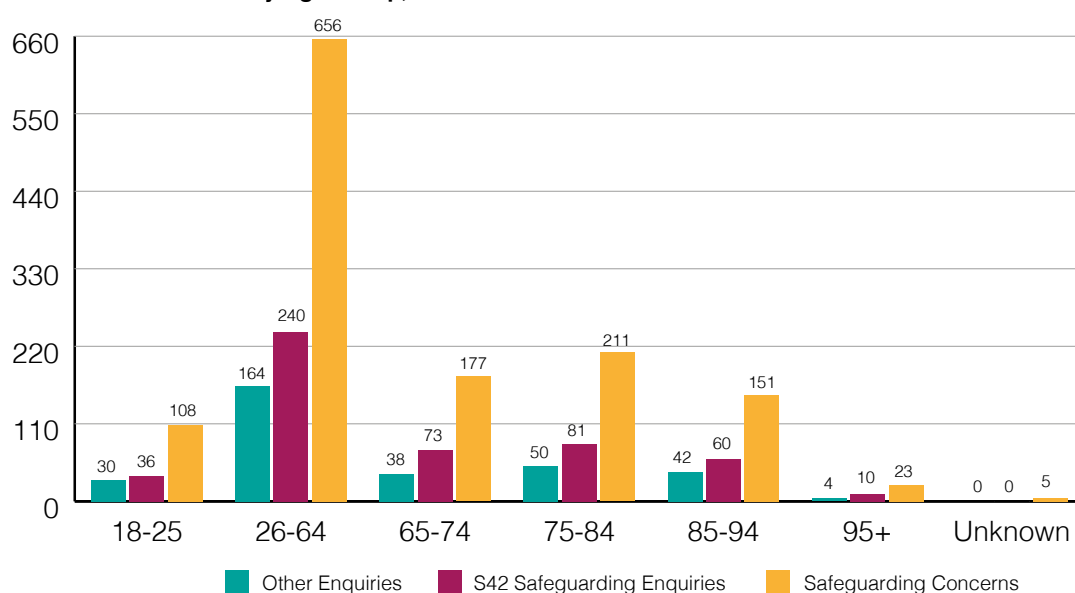
also be initiated where the most proportionate approach to a concern where a specific issue needs to be addressed or a care package requires review. This is a discretionary power under the Care Act 2014 statutory guidance and allows Local Authorities to make a judgement call on each individual situation.

Concerns and all enquiries	2015/16	2016/17	2017/18	2018/19	2019/20
Concerns	661	1261	1336	1392	1331
Accepted S42 enquiries	257	508	482	477	500
Conversion Rate	38.9%	40.3%	36.1%	34.3%	37.6%
Accepted Other enquiries	-	127	142	285	329
S42 Enquiries concluded in year	214	393	496	416	442
Other Enquiries concluded in year	-	113	138	294	321

NB. No data was submitted for Other Enquiries in our 2015/16 return (voluntary)

Age

Number of Concerns by Age Group, 2019/20

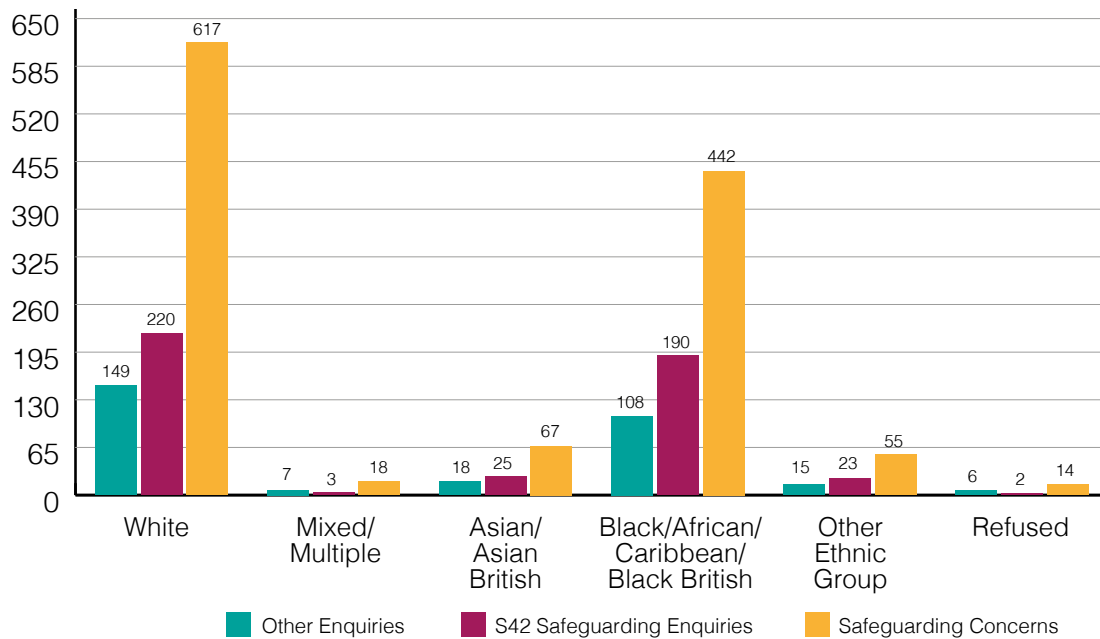


Number of Concerns by Age Group, 2019/20	18-25	26-64	65-74	75-84	85-94	95+	Unknown
Other Enquiries	30	164	39	50	42	4	0
S42 Safeguarding Enquiries	36	240	73	81	60	10	0
Safeguarding Concerns	108	656	177	211	151	23	5

This year the Board made the decision to review data relating to 18 -25 year olds. This is on the basis that the Board is undertaking work around transitional safeguarding and information helps the Board understand more about the safeguarding challenges that are facing young people. The data identified that the highest conversion rate was for adults aged 85 – 94 years old, whereas the lowest conversion rate was for adults aged 18 – 25 year olds and those over 95 years old.

Ethnicity

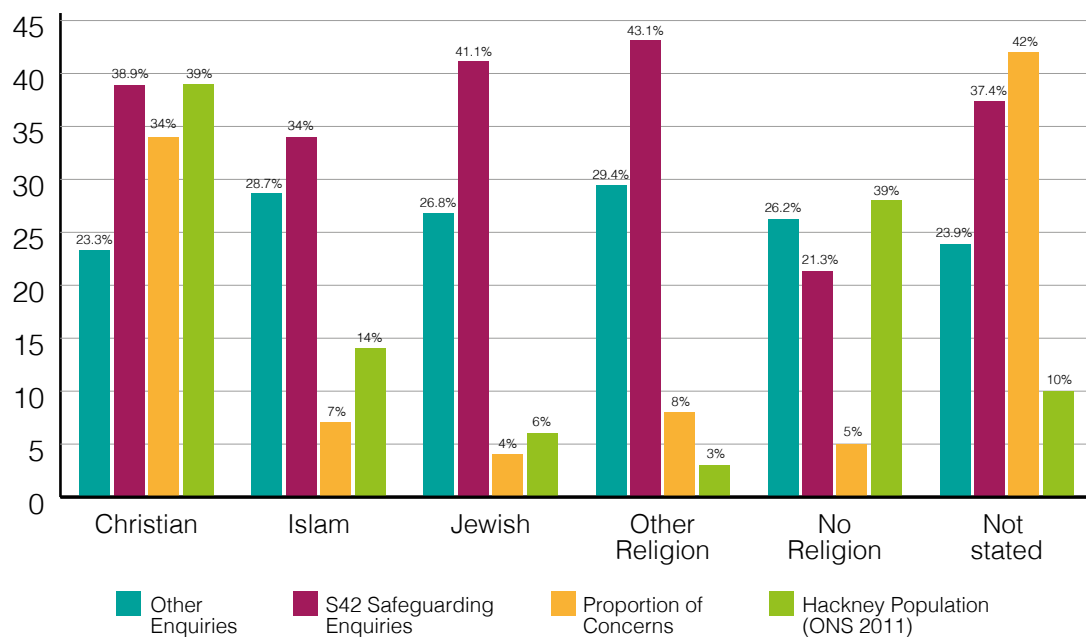
Number of Concerns by Ethnic Group, 2019/20



The data for 2019/20 shows that there continues to be an under-representation from people from a white, mixed race and Asian background. In particular, the representation from people from mixed or Asian backgrounds has reduced over the past year. There continues to be an over-representation of people from an African, Caribbean and Black British background although this over-representation is the same as previous year.

Religion

Conversion Rate of Concerns by Religion, 2019/20

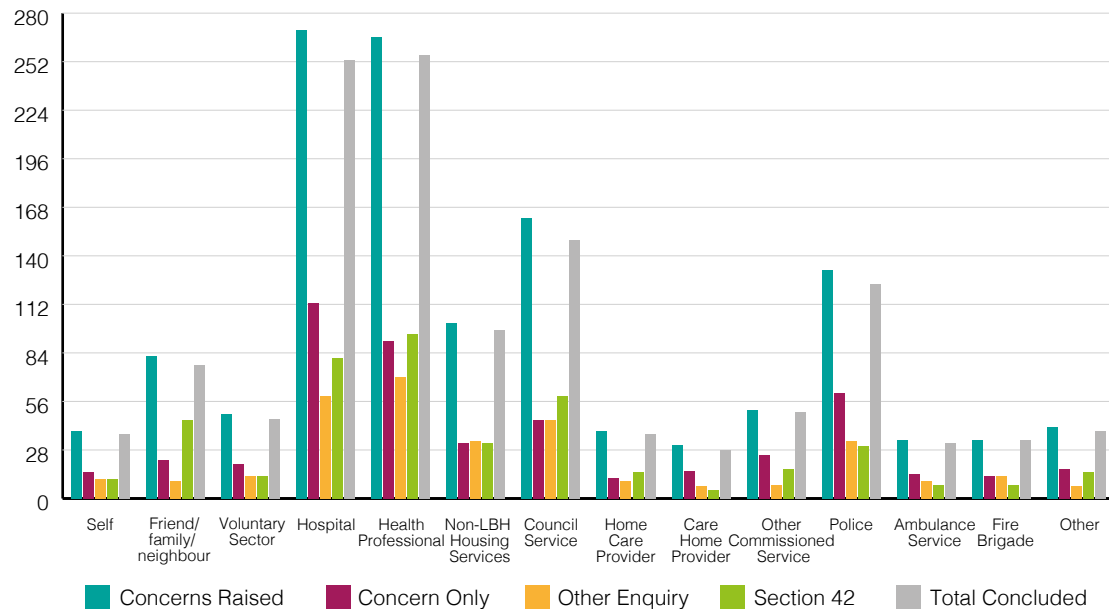


This section should be read with a level of caution given that a high proportion of people did not state their religion. There appears to be an under-representation

from all religious groups, although there has been a slight increase of Jewish people requiring safeguarding services.

Source of referral

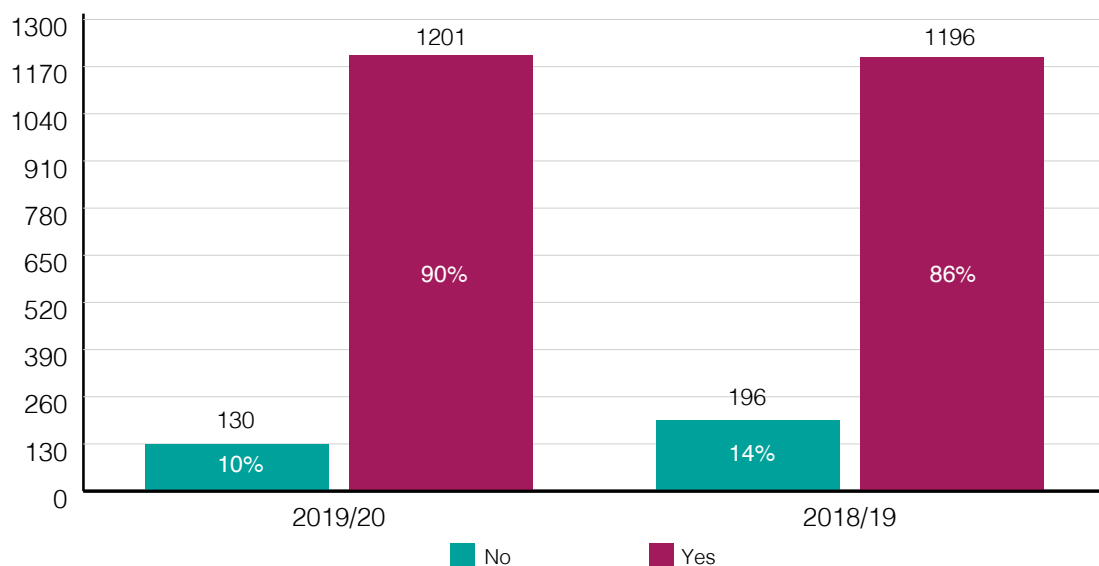
Number of Concerns raised, by Source of Referral, and the Type of Enquiry they led to (if case concluded)



In 2019/20 the number of categories within source of referral was expanded to address the number of concerns where source of referral was listed as ‘other’. The health profession continues to be the biggest referrer of safeguarding concerns, making up 40% of the total referrals. It is positive to see an increase in concerns being referred in by a number of different services, including the ambulance service, voluntary sector and council services. The number of self-referrals and from friends and family has remained consistent.

Feedback to referrer

Feedback of safeguarding activity to referrers

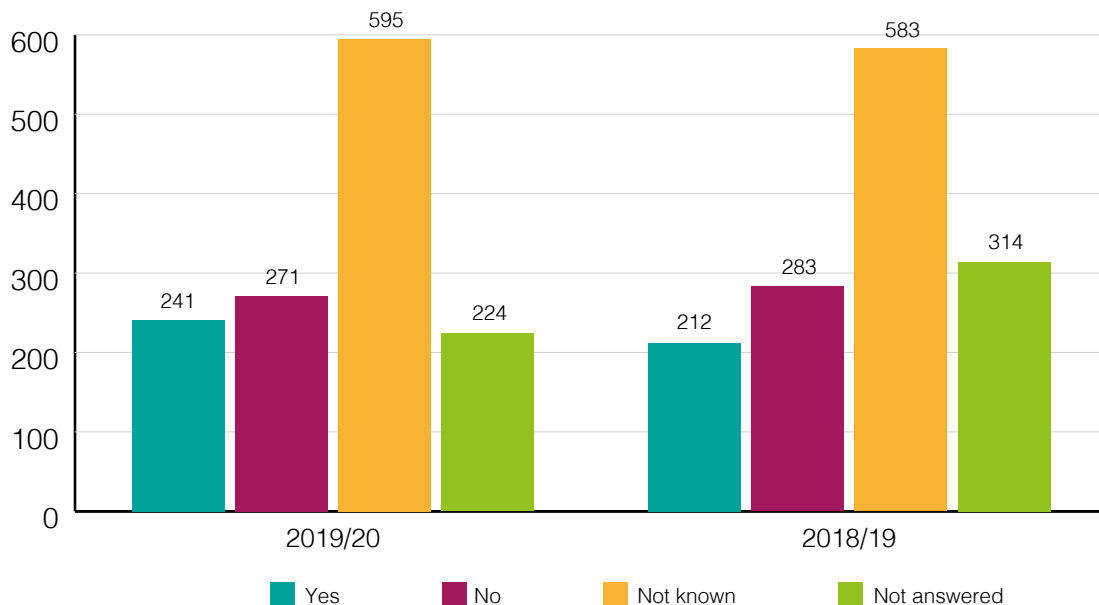


It is positive to see that there continues to be an increase in feedback being provided to referrers.

Does the alleged perpetrator have care and support needs?

The Concern form includes a question ‘*Is the person alleged to have caused the harm also an adult at risk?*’

Concerns where the alleged perpetrator is also an adult at risk



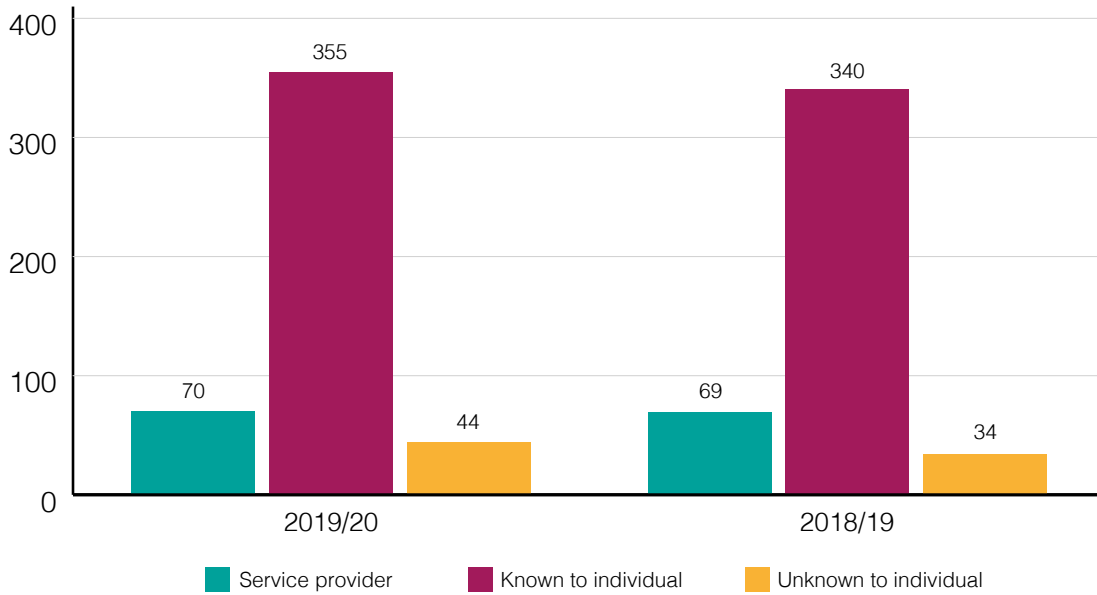
It is increasingly being recognised that those who are alleged to have caused harm are often “adults at risk” themselves. London Borough of Hackney has started to collect data in respect of this to help obtain a better understanding of the complexities of safeguarding and ensure that all adults with care and support needs who present with safeguarding needs are appropriately supported. The data above demonstrates that there is often a need to secure a support and protection plan for the person alleged to have caused the harm. This is an area that requires further exploration.

Source of risk

Whilst there have been small increases in source of risk being unknown to the individual, the overwhelming majority of cases the source of risk is someone known to the individual. A person “known to the individual”, could be a family member, friend, informal carer, neighbour, etc.

This reflects historic national trends, which also indicate that the alleged perpetrator of abuse is most likely someone known to the individual.

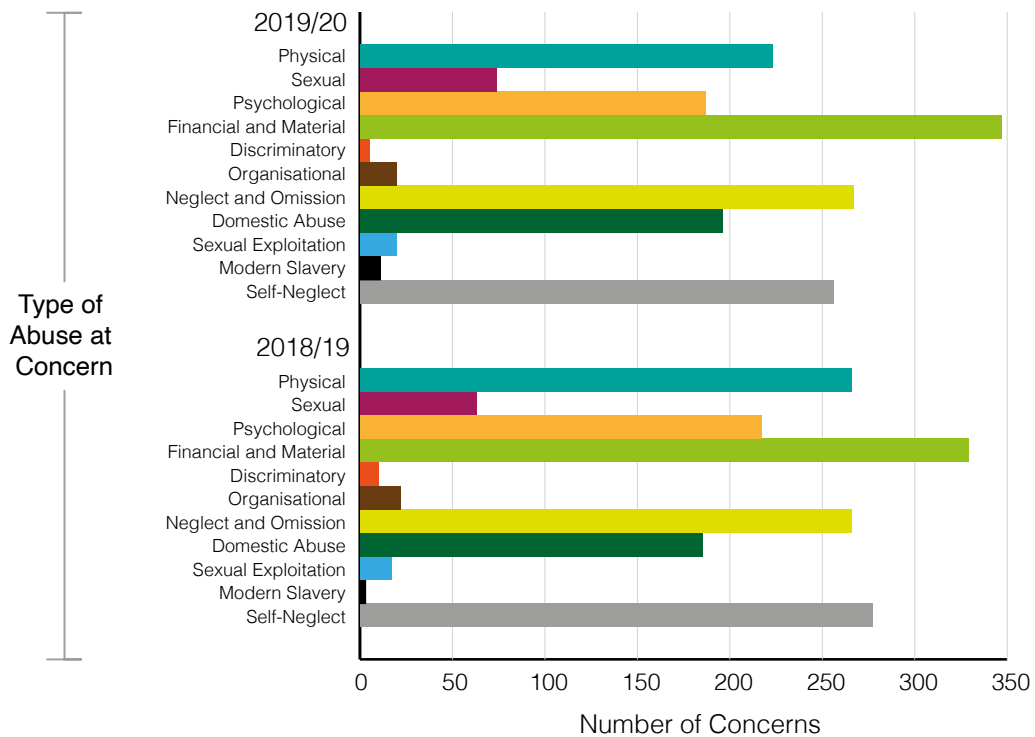
Source of risk for section 42 enquiries



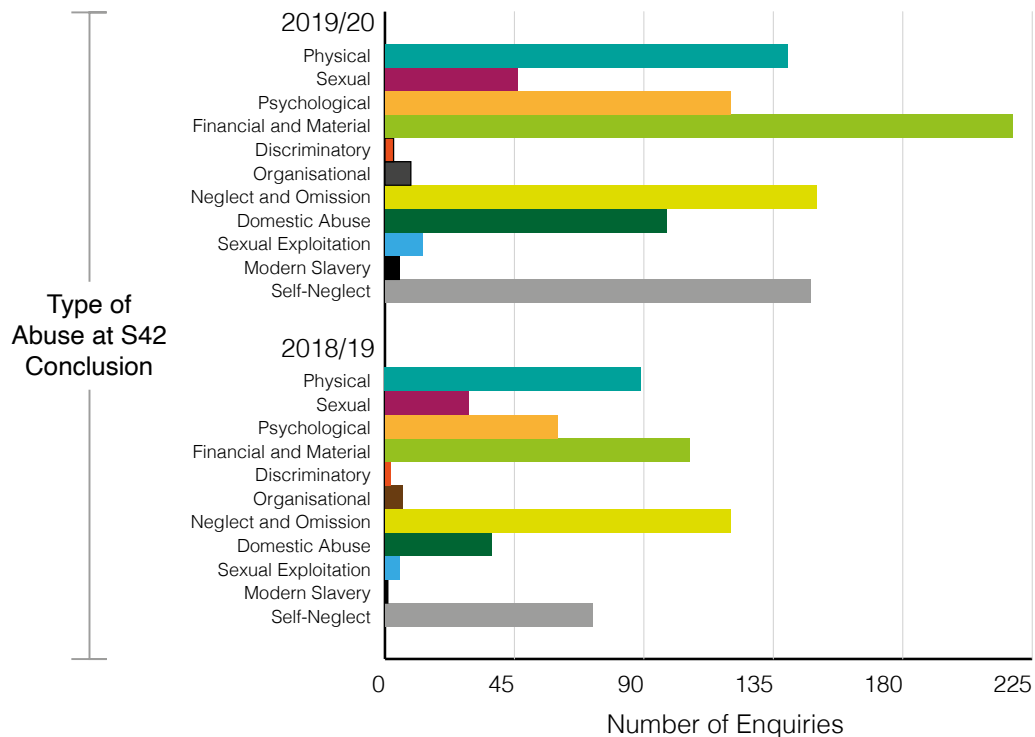
Types of abuse

The top three forms of abuse have remained consistent with the most concerns relating to: financial abuse, neglect and omission and self-neglect. Similarly these forms of abuse are also the most common s 42 enquiries.

Type of abuse relating to safeguarding concerns



Type of abuse relating to section 42 enquiries



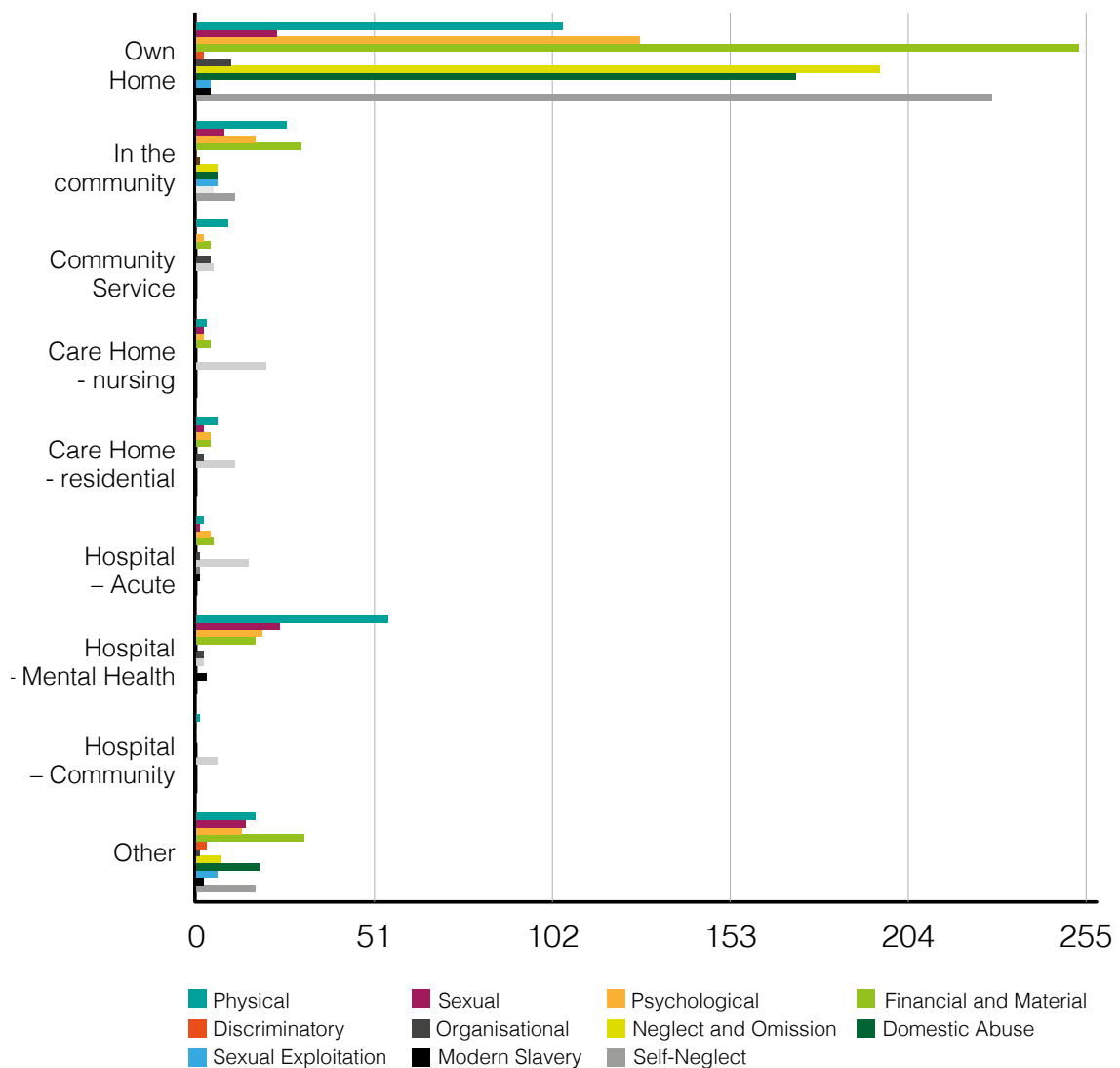
This is consistent with previous years' national data which lists neglect and act of omission, financial abuse and physical abuse as the top forms of abuse. The data shows that there have been no significant increases in any form of abuse, although there have been small increases in sexual and domestic abuse, sexual exploitation and modern slavery. There has been a slight decrease in psychological abuse.

Abuse by location

The counts of abuse are higher for this section, as the data captures multiple abuse and not just the primary abuse recorded. The figures show that within their own home adults with care and support needs are most likely to be exposed to financial abuse, self-neglect or neglect and omission. There are few distinctive patterns of abuse within other locations. It does however show that there is a slightly higher prevalence of physical and financial abuse in the community compared to other forms of abuse.

There is a slightly higher prevalence of physical abuse in mental health hospitals, however the person alleged to have caused harm in these cases is often a fellow patient or adult at risk themselves.

Count of allegations relating to each Type and Location of Risk stated in Concerns

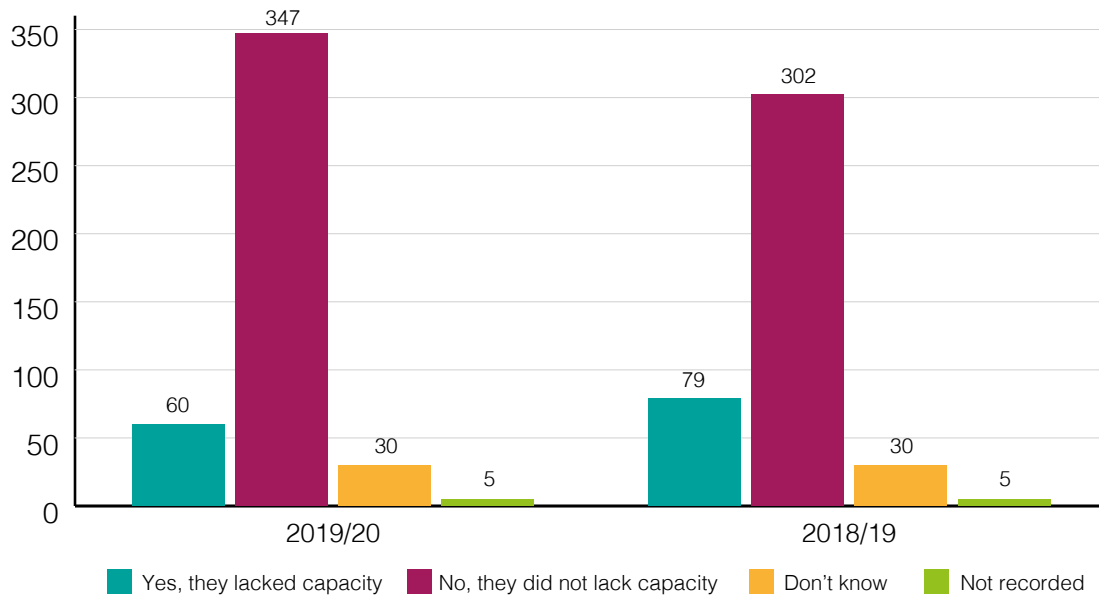


Mental Capacity and advocacy

The data has shown a 5% decrease in the number of Section 42 enquiries where the individual was assessed as not having mental capacity to make decisions about their welfare or associated risks. There is an expectation that where an individual does not have mental capacity then an advocate should be identified, either informally (family member, friend, etc or informal carer).

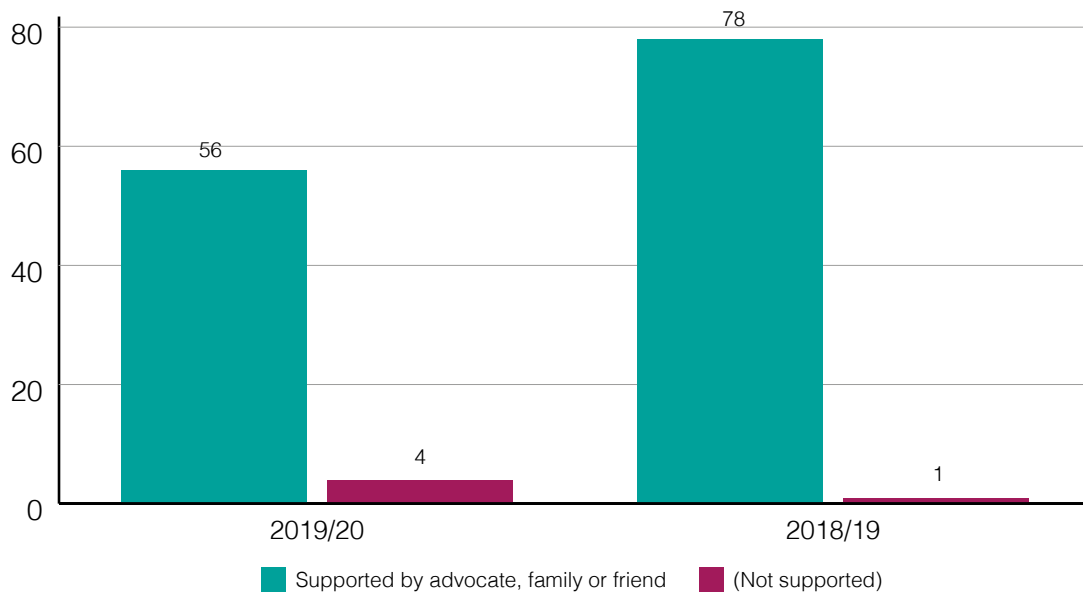
The Board will be focussing on increasing awareness of executive capacity issues, where an individual may appear to have mental capacity through their verbal communication but they are unable to put the reasoning or plans into any form of action, i.e. unable to execute their decisions.

Mental capacity assessment outcomes for concluded section 42 enquiries



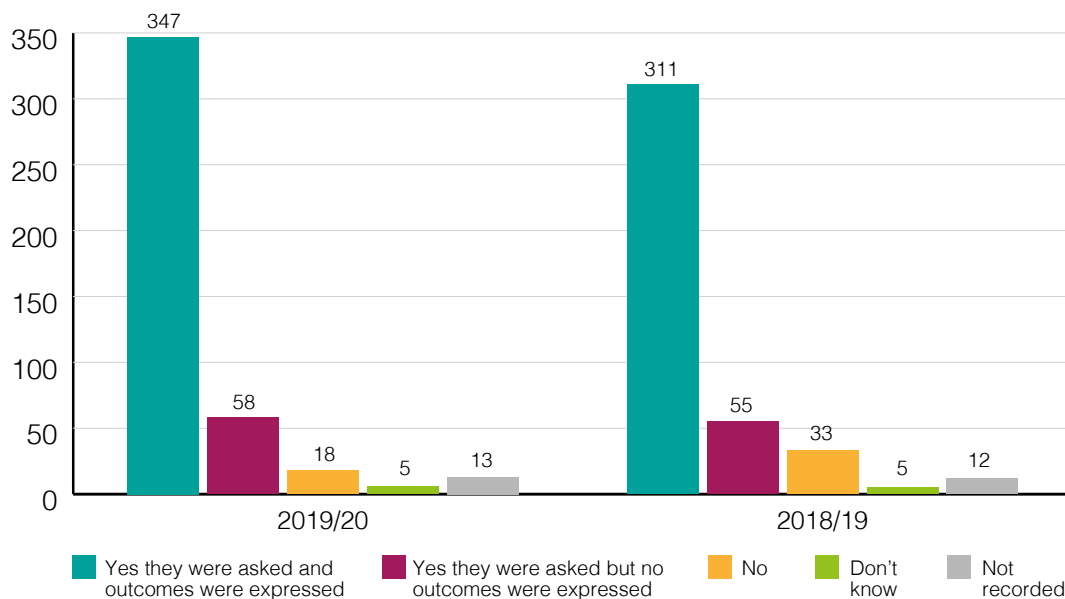
Where someone lacks capacity to make decisions about the outcome they want, they should be offered an advocate who will be able to support them to make decisions. There were four cases from the 60 where no advocacy was provided as would be expected. London Borough of Hackney Adult Safeguarding team have followed this up with respective teams.

Of those who lacked capacity, proportion supported by an advocate

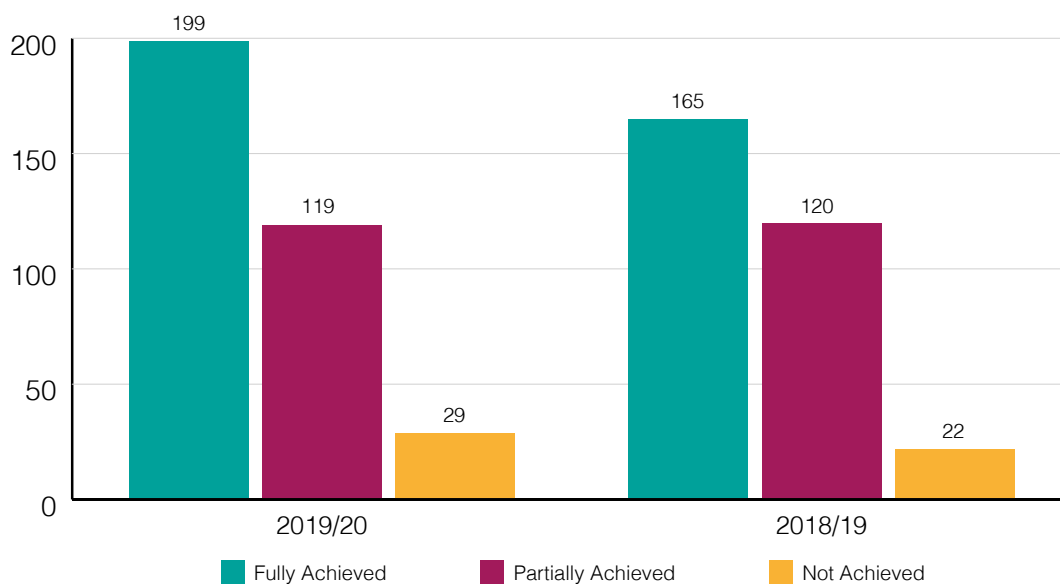


Making Safeguarding Personal

Making Safeguarding Personal outcomes for concluded S42 Safeguarding enquiries



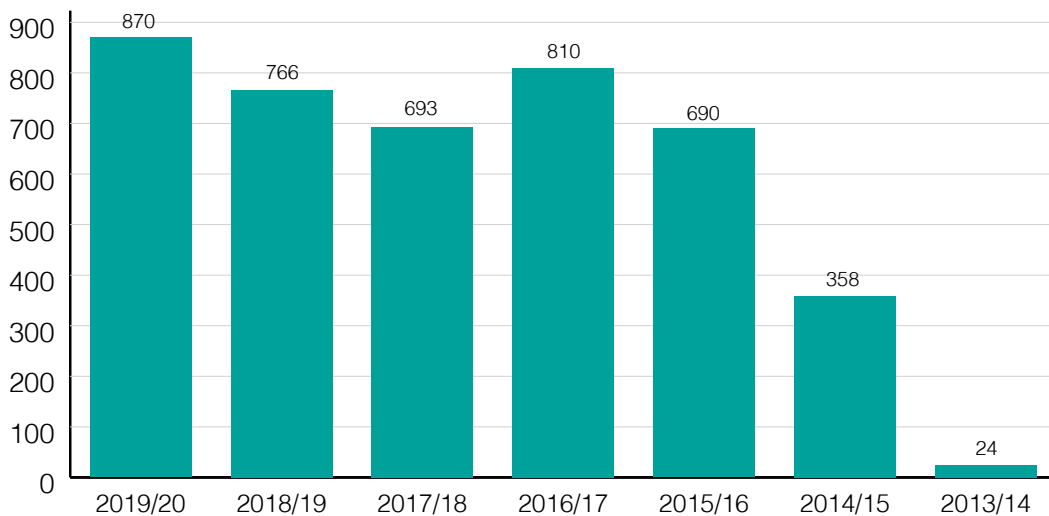
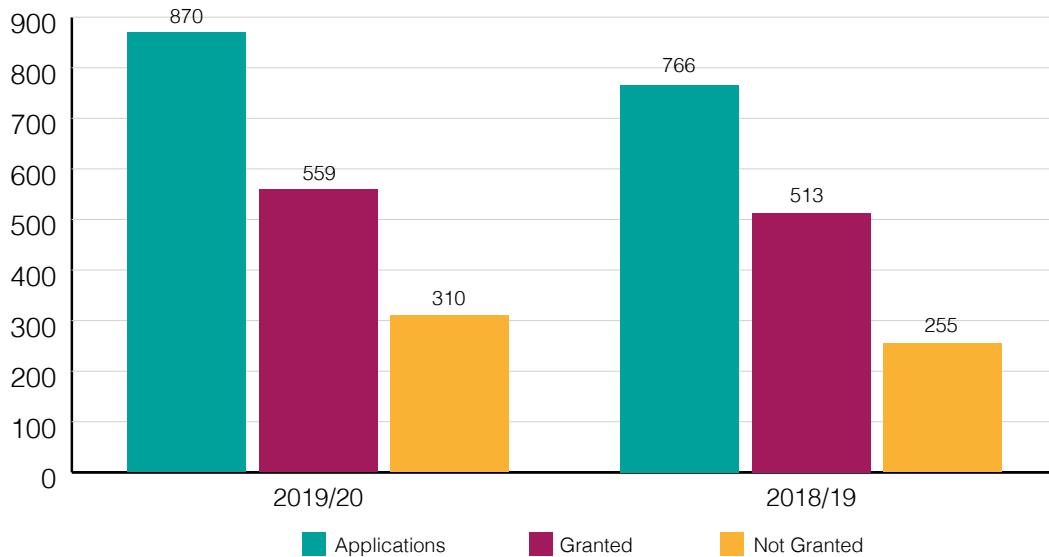
Desired outcomes of concluded S42 enquiries where outcomes were asked and achieved



There continues to be an increase in individuals being asked what outcomes they want and these outcomes being achieved, although it is noted that there is a small increase in outcomes not being achieved. This is not a significant increase however.

Deprivation of Liberty Safeguards (DoLS)

The DoLS team processed 873 applications during the 2019 -20 financial year, which is an increase from 770 from the previous year. Of the 873 applications, 606 were assessed and subsequently authorised.



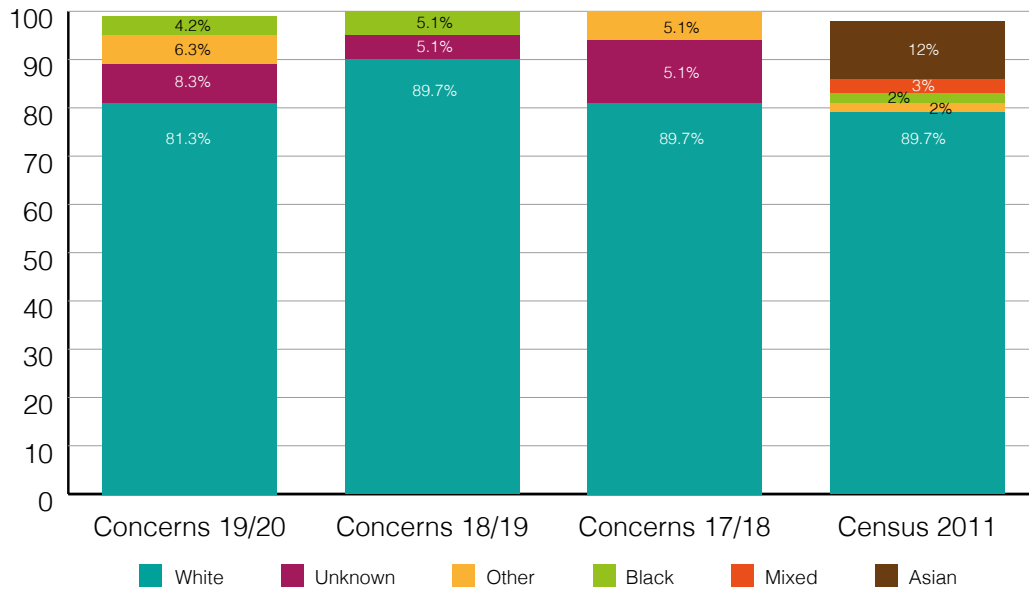
The remaining 267 cases were not progressed for a variety of reasons, such as, they were moved placement, discharged from hospital or passed away.

London Borough of Hackney receives an average of 70 applications per month for people both in and out of the borough. London Borough of Hackney does not have any backlog in cases and has predominantly been able to process applications as per statutory time scales.

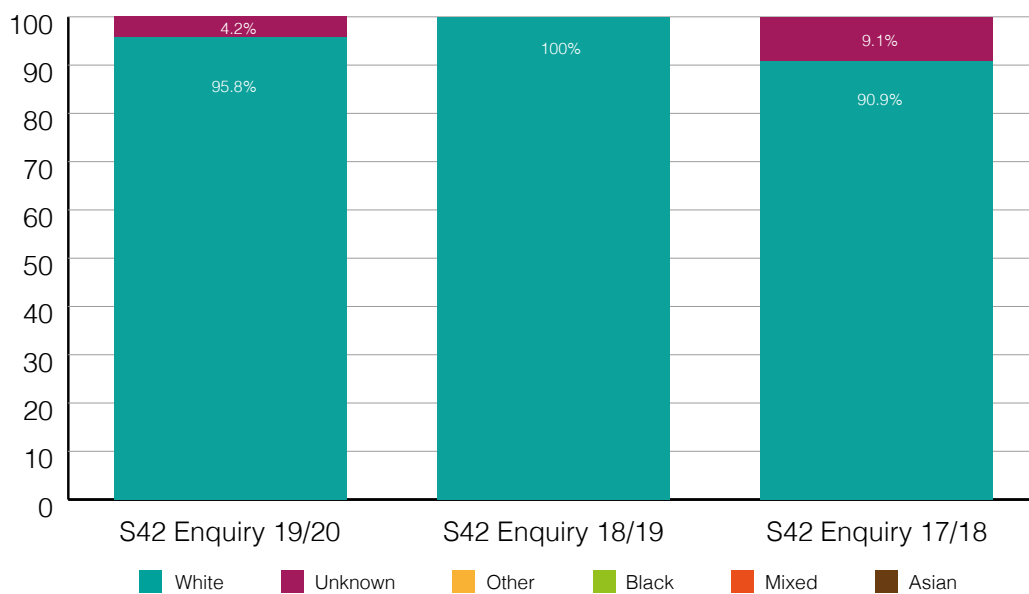
City of London

- 48 concerns were raised
- 22 concerns led to a s42 enquiry
- 15 people were asked and expressed their desired outcomes. Of these people 13 had their desires fully or partially met

Concerns by ethnicity



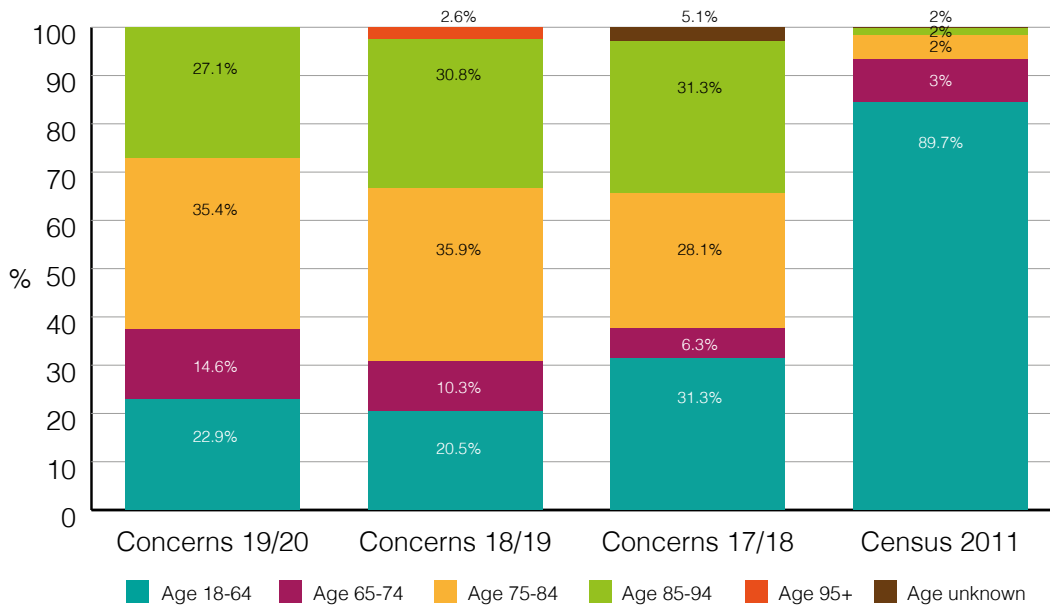
S42 enquiries by ethnicity



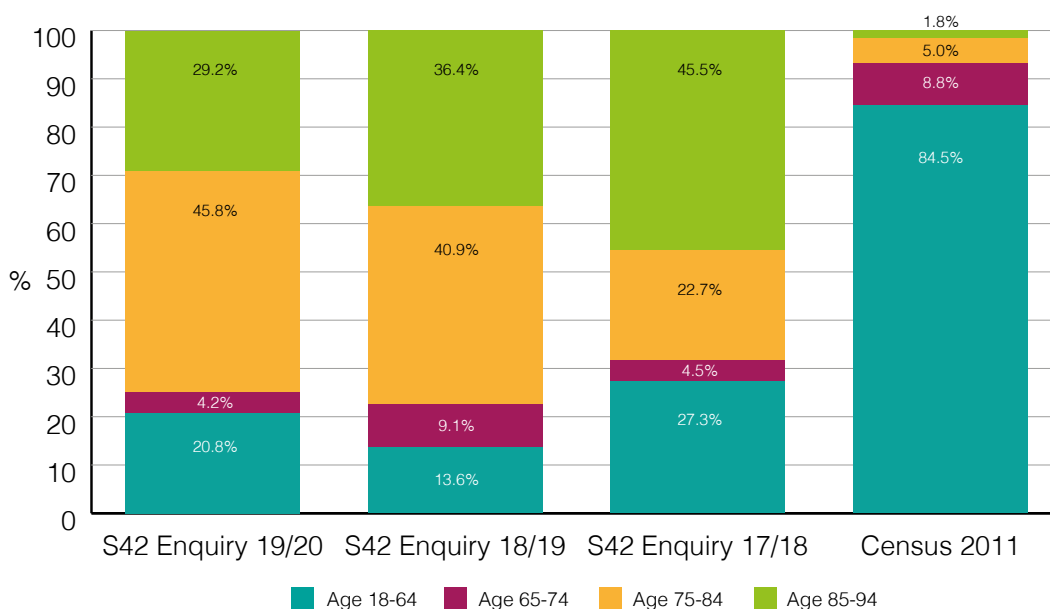
The data shows that the majority of safeguarding concerns were raised in respect of people from a white ethnic group, which is consistent with

previous year’s data and the 2011 census. There has been a slight increase in ‘unknown’ ethnicity group and the data team has been working with practitioners to ensure that this column is reduced for future years. Of the 24 concluded s43 enquiries, 23 of the individuals were white.

Concerns by age

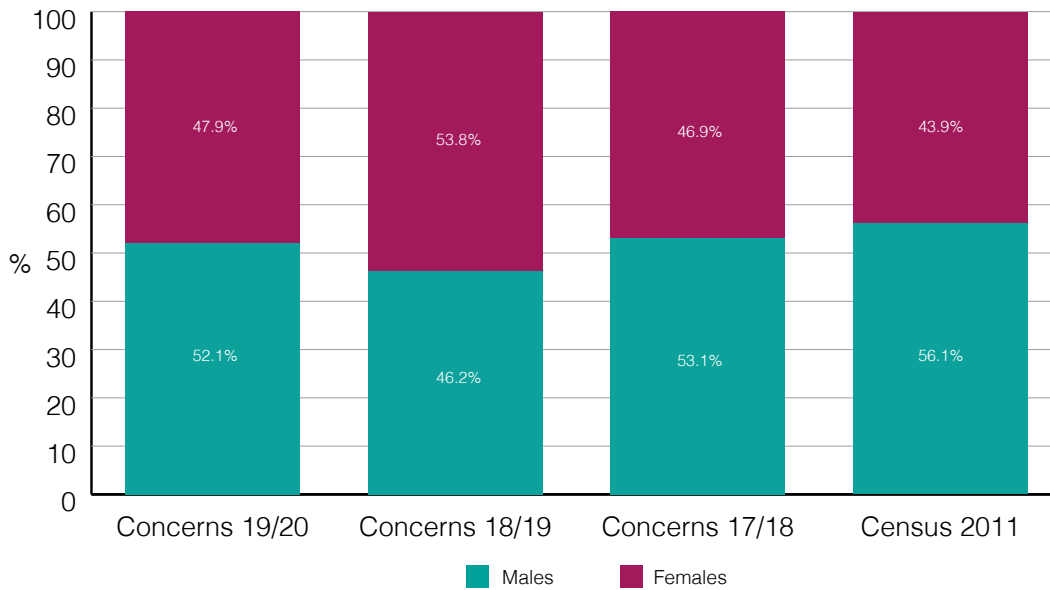


Enquiries by age



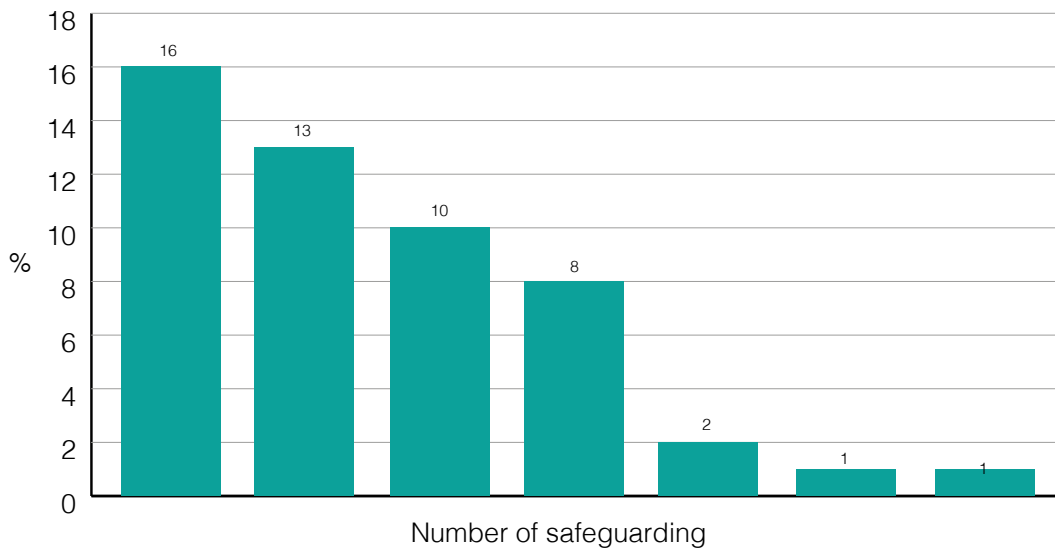
The largest proportion of concerns were received regarding people aged between 75 – 84 years old, this also represented the most safeguarding enquiries. The data for 2019/20 shows that the older age of the adult at risk the more likely that they will meet the threshold for a s42 enquiry.

Concerns by gender



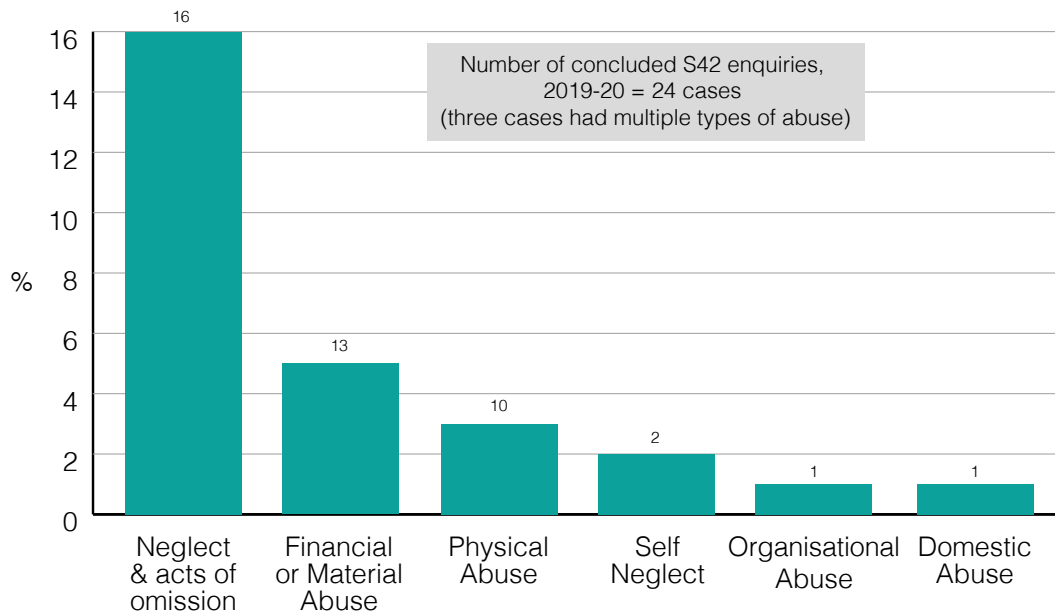
In contrast to last year’s data there were a slightly higher proportion of males referred to Adults Social Care. This is consistent with census data which shows a higher proportion of males living in the City of London.

Types of abuse



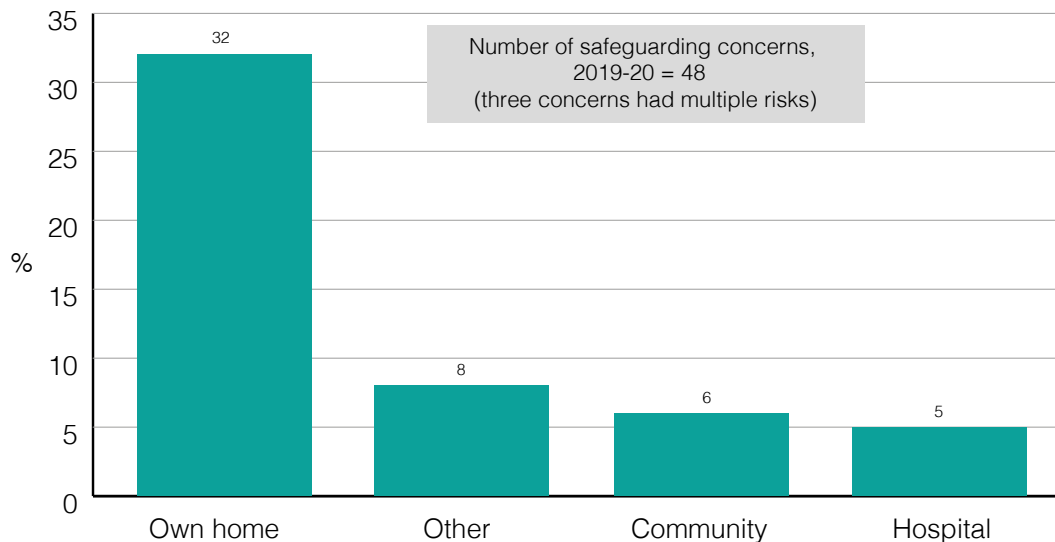
The above chart has recorded multiple forms of abuse logged by practitioners rather than just the primary form of abuse. The most common forms of abuse noted are neglect and omission, physical abuse, self-neglect and financial abuse. This is consistent with data provided nationally in recent years.

Safeguarding enquiries by types of abuse



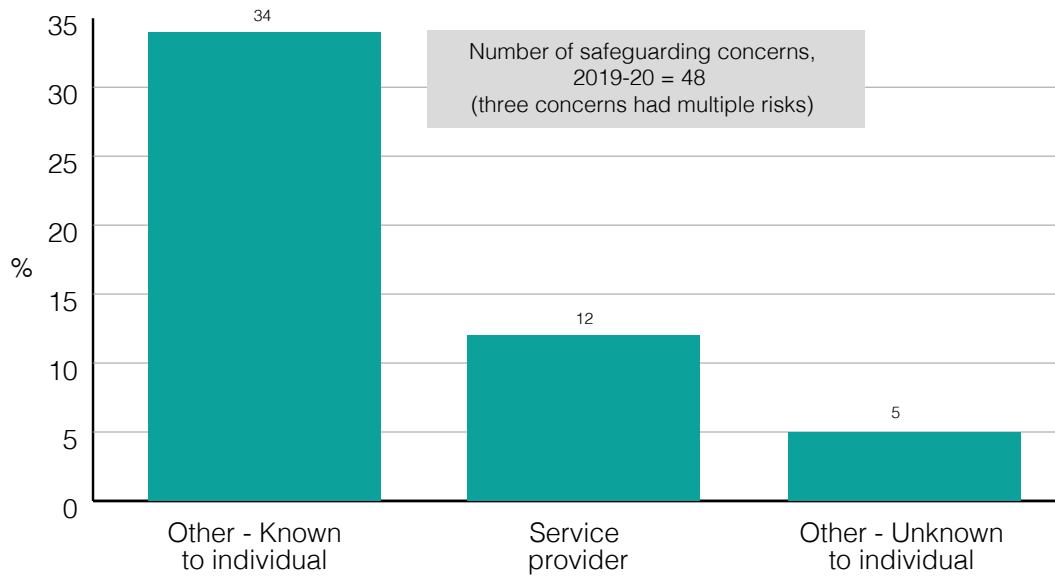
The data shows a broadly consistent picture to the concerns data, with neglect and acts of omission being the highest proportion of enquiries. The data shows proportionately slightly higher amount of financial abuse cases meeting the threshold for s42 enquiries and a slightly lower number of self-neglect cases meeting the threshold.

Location of abuse



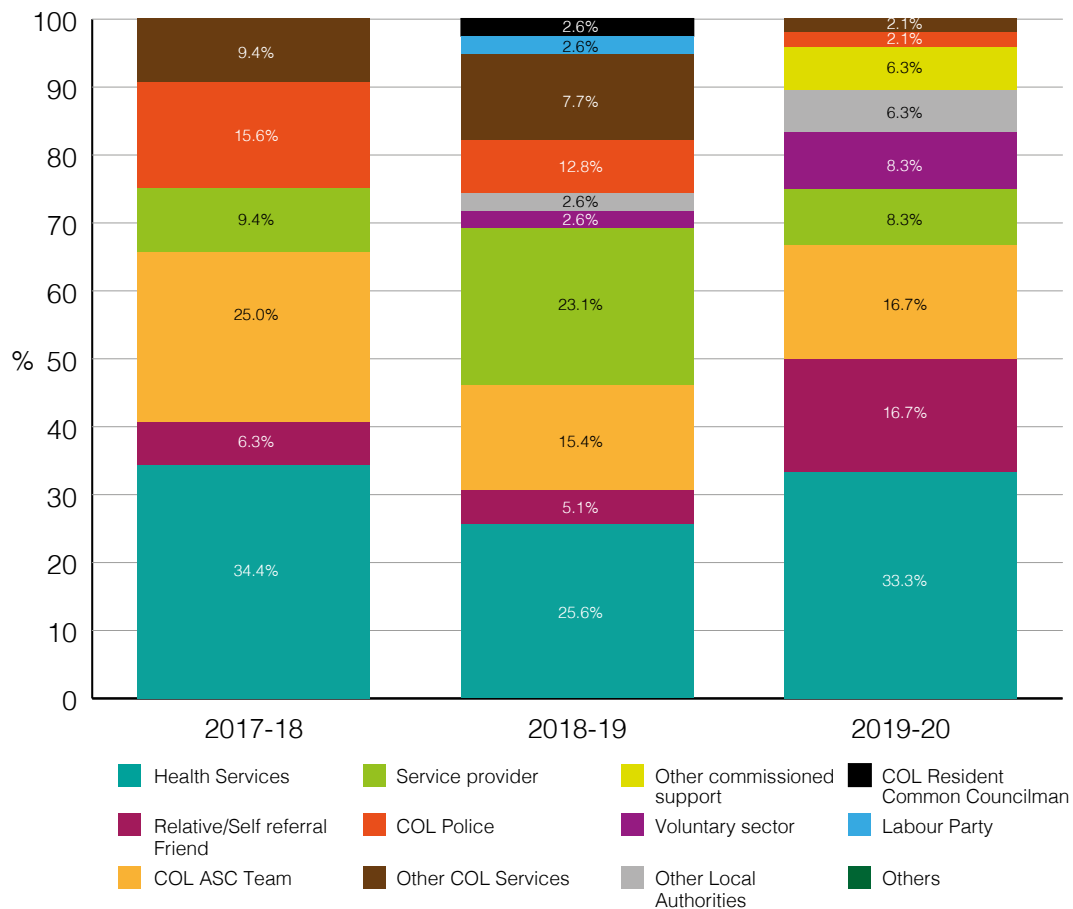
In line with previous year's data abuse is most likely to occur in the individual's own home. This is consistent to historic national data, which has consistently shown that abuse is far more prevalent within the home than any other location.

Source of risk



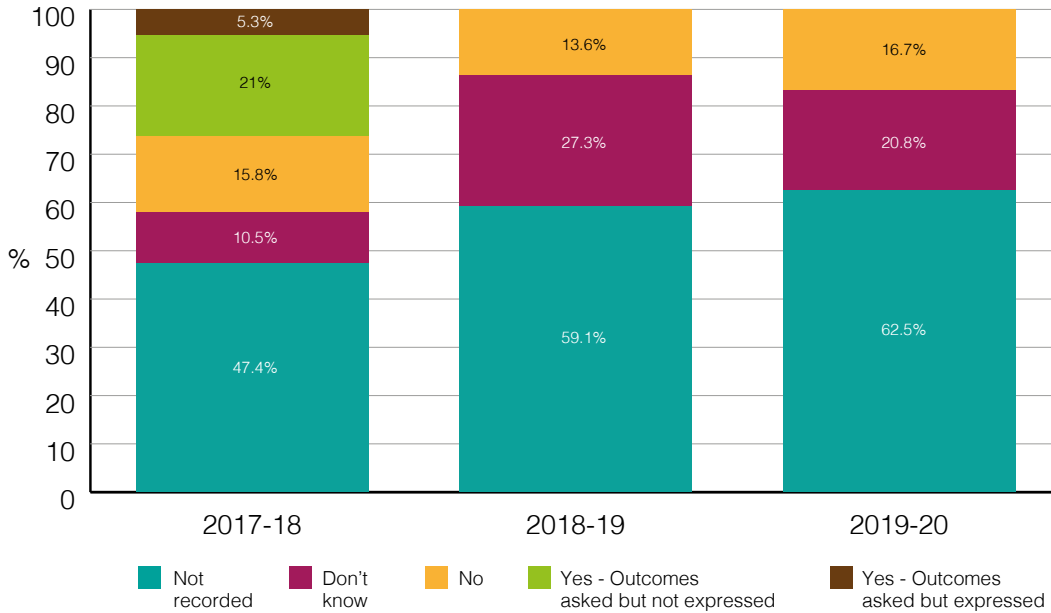
The data demonstrates that abuse or neglect in City of London is most likely to be perpetrated by someone known to them. This is again consistent with historic national data and previous data within City of London.

Source of referrals



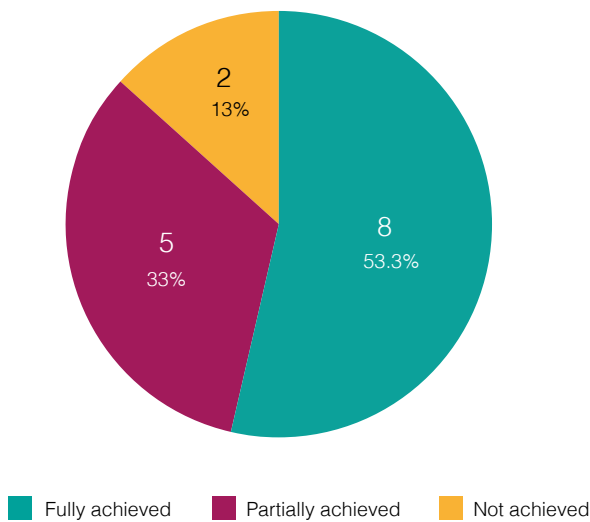
The data shows that there continues to be a wide range of organisations referring concerns into City of London. It was positive to see referrals from sources such as a significant proportion from friends and family, referrals from political parties, the voluntary and commissioned services sector.

Making Safeguarding Personal



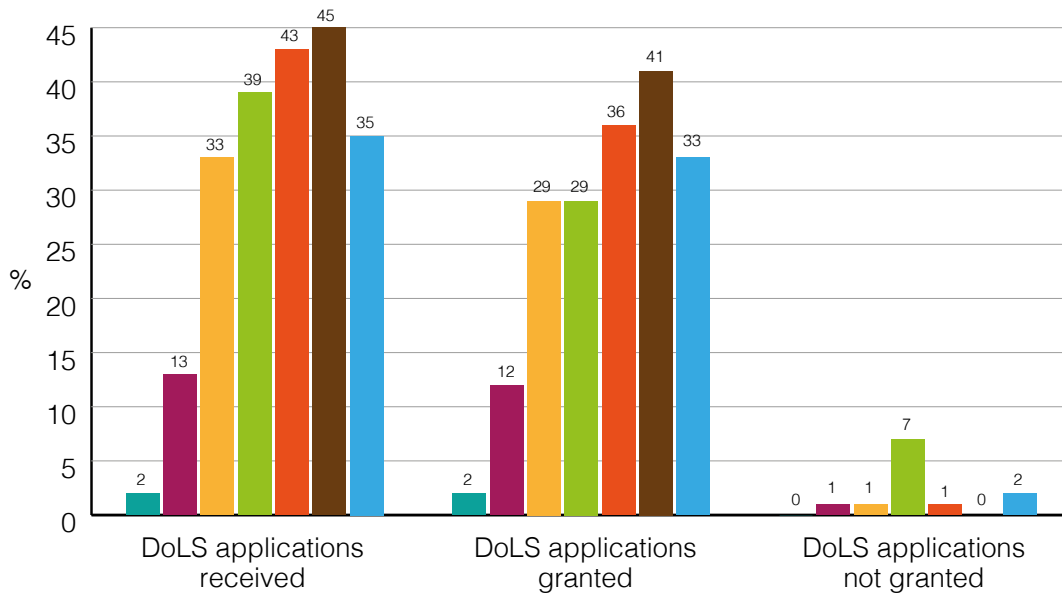
In 2019-20, 24 concluded S42 enquiry cases were submitted to the NHS Digital. Out of these cases, 20 individuals were asked about their desired outcomes, but individuals in the remaining four cases were not asked about their desired outcomes. For two of the enquiries the individual was unable to express their desired outcomes and in another case the enquiry was withdrawn.

Making Safeguarding Personal Outcomes



The data showed that where the adult at risk of abuse and neglect expressed outcomes, in 13 cases wishes were either partially or fully met.

Deprivation of Liberty Safeguards (DoLS)



In 2019-20, 58 DOLS applications were submitted to the City of London for approval. Out of these 58 cases, 35 were new applications made between 1 April 2019 and 31 March 2020, the other applications were DoLS extensions. Of the 35 new DoLS applications, 33 were granted but two were not. The two cases where a DoLS was not granted was due to a change in circumstances.

Appendix A:

CHSAB Annual Strategic Plan 2020-2021

CHSAB Annual Strategic Plan 2020 – 2021

The CHSAB Plan addresses the six core principles contained in the CHSAB’s Strategy for 2020 – 2025

Partner	Lead
London Borough of Hackney (LBH)	Anne Canning/Simon Galczynski
City and Hackney CCG (CCG)	David Maher / Jenny Singleton
City of London Police	Gareth Dothie
Barts Health NHS Trust	Clare Hughes
London Fire Brigade Hackney	Lee Sandy
National Probation Service	Stuart Webber
Healthwatch Hackney	Jon Williams
Hackney CVS	Kristine Wellington
London Borough of Hackney Public Health	Damani Goldstein
Hackney Recovery Service	Ruth Williamson

Partner	Lead
City of London Corporation (CoL)	Andrew Carter/Chris Pelham
Hackney Metropolitan Police (MPS)	Marcus Barnett
Homerton University Hospital Foundation Trust (HUHFT)	Catherine Pelley
East London Foundation Trust (ELFT)	Dean Henderson
London Fire Brigade City of London	David Bulbrook
London Community Rehabilitation Company	Kauser Mukhtar
Healthwatch City of London	Paul Coles
The Advocacy Project	Judith Davey
London Borough of Hackney Housing	Jennifer Wynter
Safeguarding Children’s Partnership	Jim Gamble

Sub-group	Chair
SAR & Case Review	Chris Pelham
Quality Assurance (QA)	Jenny Singleton
Workforce Development (WFD)	Zak Darwood

Task & Finish Groups	Chair
Homelessness & Safeguarding	John Binding/Ian Tweedie
User engagement	Dr Adi Cooper
Transitional safeguarding	Dr Adi Cooper

Sub-Committee	Chair
City of London	Dr Adi Cooper

Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”		
Priority	Action	Lead
1. To respond to any safeguarding issues that arise following the outbreak of the Covid-19 pandemic	1.1 The Board will hold monthly Executive Group meetings to enable partners to consider any safeguarding issues relating to covid-19 and how to respond to these	Executive Group
	1.2 The Board will review data to identify safeguarding trends that emerge as a result of Covid-19 and identify any proportionate Board response	Executive Group / QA sub-group
	1.3 The Board will review its functioning to identify how it can ensure business continuity during the covid-19 pandemic	Executive Group
2. To ensure that agencies are preparing staff for the introduction of Liberty Protection Safeguards (LPS) through training and development of skills and knowledge	2.1 LPS Leads in City and Hackney will provide assurances to the Board that they have appropriately prepared for the introduction of LPS. This includes responding accordingly to any national issues identified.	LPS Leads
	2.2 Partners who have duties under LPS will provide assurances to the Board that appropriate training has been commissioned for their staff. The Board will further consider whether training should be commissioned for agencies who may require a general understanding of LPS. (Please refer to section four for further details on training requirements)	All partners with LPS responsibilities
3. To reflect upon how well the Board has embedded learning from the fire death SAR and embed further learning around fire safety	3.1 The SAR sub-group will commission an independent review of a death due to fire in Hackney identifying how the CHSAB has embedded learning from a previous SAR.	SAR sub-group
	3.2 The SAR sub-group will lead on the implementation of any further recommendations in relation to the review a fire death. The group will be supported by the Quality Assurance group as required.	SAR sub-group
	3.3 The workforce development group will review how the CHSAB can raise awareness of Fire Safety across City and Hackney and implement any training recommendations borne out of the thematic review.	WFD sub-group

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”		
Priority	Action	Lead
4. To continue to embed and develop frontline practitioners understanding of Mental Capacity in relation to complex issues	4.1 The Board will undertake a scoping exercise to assess what the key issues and challenges are for practitioners working with people who may lack executive capacity.	CHSAB Manager / MCA Leads
	4.2 A small group of MCA Leads will put together a suite of resources for frontline practitioners to help them work effectively with people whose mental capacity may not be clear.	MCA Leads
	4.3 The Board will endorse and promote any best practice guidance that is published in relation to mental capacity and higher executive functioning.	CHSAB Manager
	4.4 The Head of Adults Safeguarding LBH will review its current self-neglect and chronic hoarding protocol to ensure that it has sufficient focus on the issue of higher executive functioning within mental capacity.	Head of Adult Safeguarding LBH
	4.5 The workforce development sub-group will identify training needs and commission virtual training in relation to assessing executive capacity.	WFD sub-group

<p>5. To continue to embed work on service user engagement and ensure that service users influence all aspects of the Board's work</p>	<p>5.1 A report will be presented to the CHSAB on the progress of the service user engagement Task and Finish Group's work. The Board will make a decision with regards to closing the group and embedding work into ongoing practice/business as usual.</p>	<p>Service user engagement Task & Finish group</p>
	<p>5.2 The Board Manager will develop a brochure for residents living in City of London and Hackney outlining options on how they can get involved in the work of the Board.</p>	<p>CHSAB Manager</p>
	<p>5.3 The Safeguarding Lead for LBH and Independent Chair to continue to explore options to develop a process for people who use safeguarding services to feedback to the Board.</p>	<p>Independent Chair / Head of Safeguarding LBH / CHSAB Manager</p>
	<p>5.4 The Board will fund Hackney CVS to commission virtual refresher training for the Safeguarding Champions in Hackney.</p>	<p>HCVS</p>
	<p>5.5 The Board will provide funding to the Advocacy Project to support and train peer-to-peer supporters to provide awareness and signposting in the community in City and Hackney .</p>	<p>The Advocacy Project</p>
	<p>5.6 The Board will engage with faith networks that exist in City of London and Hackney to raise awareness of safeguarding issues and to listen to any safeguarding issues affecting their community.</p>	<p>CHSAB Manager</p>

Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”		
Priority	Action	Lead
6. To engage with frontline professionals to share learning from adult safeguarding	6.1 The workforce development sub-group will continue to identify innovative virtual ways of working with frontline staff across City and Hackney, with specific focus on multi-agency learning sessions and digital content.	WFD sub-group
	6.2 An offer will be made to teams working across City and Hackney for the partners to deliver briefings on 1) specific safeguarding issues that the Board is working on and 2) the role and work of the Board	WFD sub-group
	6.3 The Board Business Support Officer will continue to build its SAB frontline practitioner network by disseminating learning via online training resources and SAB newsletter and LinkedIn.	CHSAB Business Support Officer
	6.4 The workforce development group will consider whether it is viable to deliver a virtual conference for Safeguarding Adults Week (November 2020).	WFD sub-group
	6.5 All partners will report data pertaining to safeguarding training to the Board. This will include assurances that all staff have undertaken appropriate training and details of safeguarding training offered to staff.	All partners
	6.6 The City of London will identify how we can better support frontline professionals to understand vulnerability and safeguarding risk	CoL

<p>7. To understand how much impact SARs are having on changing safeguarding practice across City and Hackney</p>	<p>7.1 The SAR sub-group will develop a process for communicating learning from SARs which will be embedded into the SAR Protocol and incorporate into City & Hackney's SAR quality markers..</p>	<p>SAR sub-group</p>
	<p>7.2 The Quality Assurance sub-group will create an impact analysis tool to help determine how well learning from SARs have been embedded into frontline practice. Feedback from the impact analysis tool will be report to the SAR sub-group and Executive Group..</p>	<p>QA sub-group</p>
	<p>7.3 The workforce development sub-group will develop a set of resources that partners can use for new members of staff so that learning from SARs continues to be filtered into practice.</p>	<p>WFD sub-group</p>
<p>8. To ensure that the Integrated Commissioning and Neighbourhood Model continues to filter safeguarding through all elements of their work</p>	<p>8.1 The Executive Group will seek assurance from the Neighbourhood Team that safeguarding continues to be embedded into practice. .</p>	<p>Executive Group</p>
	<p>8.2 The Neighbourhood Team and Board will work together to identify how safeguarding can be included into on-going projects being undertaken by the Neighbourhoods Team..</p>	<p>Neighbourhood Team / CHSAB Manager</p>
	<p>8.3 The Board support safeguarding learning in Neighbourhood Teams This includes offers of training, involvement in the MACFA and SAR process. .</p>	<p>CHSAB Manager</p>

<p>Principle 4: Partnership - “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”</p>		
Priority	Action	Lead
<p>9. To continue to engage with Community Safety Partnership, Safeguarding Children’s Partnership and Health and Wellbeing Boards</p>	<p>9.1 The Board Manager will work with the Safeguarding Children’s Partnership to identify cross-cutting priorities in the City. The Board will also deliver one joint meeting with the Children’s Partnership in the City.</p>	<p>CHSAB Manager / CHSCP</p>
	<p>9.2 The Board will continue to engage with strategic cross cutting issues affecting CSP, CHSCP and HWB raised through the Joint Chairs meeting.</p>	<p>Independent Chair</p>
	<p>9.3 The Board will look at opportunities to commission joint work and/or training on areas of joint interest. All partners will be responsible for raising potential areas of interest to the attention of the Board and Executive Group.</p>	<p>Independent Chair / CHSAB Manager</p>
<p>10. To identify opportunities to engage with new partners</p>	<p>10.1 The Board will continue to build its relationships with organisations across City and Hackney, specifically it will look at:</p> <ul style="list-style-type: none"> i). Building links with the social housing and social care provider sector ii). Assisting probation services with work they are undertaking around transitional safeguarding iii). Strengthening links with the voluntary sector 	<p>CHSAB Manager / NPS / CRC / HCVS / CoL</p>

Principle 5: Protection - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”	
<p>11. To progress work around transitional safeguarding</p>	<p>11.1 The Transitional Safeguarding Task and Finish Group will continue to work with the Safeguarding Children’s Partnership and Community Safety Partnerships across City and Hackney to identify how the Board can better support young people aged between 16 – 25 at risk of abuse and exploitation.</p>
<p>12. To assure ourselves that residents using Out of Borough placements or settings are appropriately safeguarded from abuse and neglect</p>	<p>12.1 LBH, CoL and the City and Hackney CCG will review deaths as a result of Covid-19 for residents placed out of Borough, and any safeguarding issues relating to this.</p> <p>12.2 LBH, CoL and City and Hackney CCG will report to the Board any actions taken following the aforementioned review and how these have been implemented. Any further safeguarding issues that are experienced should also be reported back to the Board.</p> <p>12.3 The Board will support and publicise any work at a national level to strengthen cross Borough working.</p>
	<p>Transitional safeguarding T&F group</p> <p>LBH / COL / City and Hackney CCG Teams</p> <p>LBH/CoL/City and Hackney CCG Commissioning Teams</p> <p>Independent Chair / CHSAB Manager</p>

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”		
Priority	Action	Lead
13. To ensure the delivery of the Board’s core business	13.1 The Board Manager will review all CHSAB policies to ensure these are up-to-date and compliant with equality responsibilities for SABs outlined in the Care Act 2014.	CHSAB Manager
	13.2 The Board Manager will update its expectations for Board Members and circulate to all Board members.	CHSAB Manager
	13.3 A small working group will be created to deliver and support activities across the partnership Safeguarding Adults Week.	WFD/ service user engagement sub-group
	13.4 The Quality Assurance group will oversee the delivery of one multi-agency audit on the theme of self-neglect.	QA sub-group
	13.5 To reform the structure of the Safeguarding Adults Sub-Committee meeting in the City of London to ensure that it includes a focus on partner development.	CHSAB Manager / AD People CoL
14. To ensure that existing projects are brought to completion	14.1 The Board will continue to assist with on-going work on the following projects: a). Homelessness and Safeguarding b). Modern Day Slavery c) Suicide Prevention .	CHSAB Manager

City & Hackney Safeguarding Adults Board

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CHSAB Strategy

2020 – 2025

People in City and Hackney will be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens

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What is adult safeguarding?

The Care Act 2014 provides a legal requirement to safeguard adults who are at risk of abuse and neglect. The Act defines adult safeguarding as:

Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.



Safeguarding applies to adults who:

- Are over the age of 18
- Have care and support needs (these can be diagnosed or undiagnosed needs)
- Are experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs are unable to protect themselves from abuse or neglect

People with care and support needs can include those who are elderly and frail, have a learning disability, mental health needs, have a long term illness or who have carer responsibilities.



One of the fundamental values within adult safeguarding is '*making safeguarding personal*' this is the idea that all safeguarding should have the individual at the centre of it. This means that the person involved in the safeguarding enquiry should be involved throughout and should have the opportunity to tell professionals what they would like to happen to help them live their life in the way they want. Sometimes people may lack the capacity to make decisions about their life. A mental capacity assessment can help professionals determine this. Where someone lacks capacity, professionals should ensure that there is an advocate in place who can determine the best interests of that person.

The six safeguarding principles

Adult safeguarding is underpinned by the **six** safeguarding principles:

- **Prevention** – It is better to take action before harm occurs.
“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”



- **Empowerment** – People are supported and encouraged to make their own decisions and informed consent.
“I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”



- **Proportionality** – The least intrusive response appropriate to the risk presented.
“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”



- **Protection** – Support and representation for those in greatest need.
“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”



- **Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”



- **Accountability** – Accountability and transparency in delivering safeguarding.
“I understand the role of everyone involved in my life and so do they.”



What is abuse?

Abuse can happen anywhere and to anyone. It can happen on a one-off basis or a person can experience multiple abuse.

The Care Act has recognised **10 different types of abuse**:

Physical abuse: Where physical acts of violence or threats of violence or intimidation are used against a person

Financial abuse: Is when someone takes or misuses someone else's money or belongings for their own gain. This can include scamming, fraud, cybercrime, forcing or misleading someone into giving money and forcing people to make changes to wills or assets.

Neglect and acts of omission: Is when persons(s) fail to do something which can cause harm to the individual for example, failing to provide adequate care, medication, food or water.

Psychological abuse: This involves frequent and deliberate use of words and non-physical actions with the intention of manipulating, scaring or hurting an individual. This may include threatening someone, criticising, undermining or exerting coercion or control over others.

Sexual abuse: This is abusive sexual behaviour towards another person, it can cover a range of behaviours including rape, sexual assault, harassment and publishing sexual images without consent.

Domestic abuse: Is an incident or pattern of behaviours which are violent, controlling, coercive, threatening or degrading towards a person who is or has been a close intimate partner or family member.

Self-neglect: Is defined as an extreme lack of self-care to the extent where it may threaten someone's health and safety. Examples of this can include hoarding, neglecting personal hygiene and health, non-engagement with services and malnourishment.

Modern slavery: Slavery typically occurs where people are being exploited or controlled by another person and are unable to leave their situation. There are eight key forms of modern slavery which are: forced labour, debt bondage, prostitution, domestic servitude, criminal exploitation, child exploitation, forced marriage and organ harvesting.

Discriminatory abuse: This exists where abuse is targeted towards someone because of their age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

Organisational abuse: This constitutes the mistreatment of an individual(s) due to poor or inadequate practices, systems or care within a care setting. Typical examples can include neglect, unsafe handling and the covering up of incidents.

We want to help protect people from abuse and neglect and provide support where abuse has occurred to help the individual live their life in a way that is meaningful for them.

If you are worried that an adult at risk is being abused you can contact:

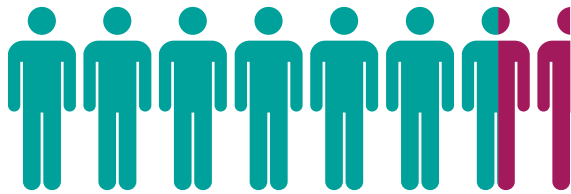
In an emergency: police on **999** or **101**

In the City: email: **adultsduty@cityoflondon.gov.uk** or call: **020 7332 1224** or **020 8356 2300** for out of hours

In Hackney: email: **adultprotection@hackney.gov.uk** or call: **020 8356 5782** or **020 8356 2300** for out of hours

Key statistics about safeguarding in City and Hackney

Estimates: 7400 living in City, 6600 are adults

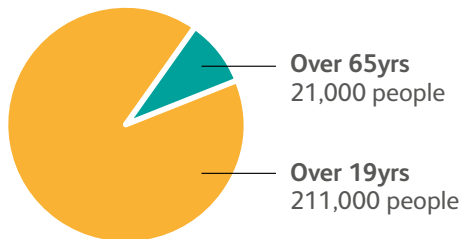


Most common forms of abuse:

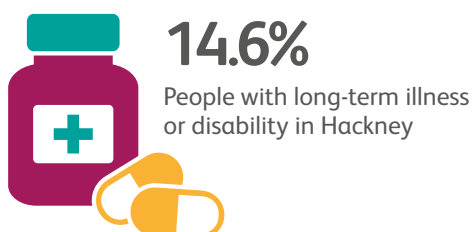


Neglect & acts of omission, financial abuse & physical abuse

Hackney age estimates



Most occurs in the own home, by someone known to the individual



2018/19	
CITY OF LONDON	
39 safeguarding concerns raised led to 22 section 42 enquiries	
HACKNEY	
1392 concerns raised, led to 477 section 42 enquiries and 285 other enquiries	

The role of the Safeguarding Adults Board

Under the Care Act all Local Authorities are responsible for creating a Safeguarding Adults Board. Safeguarding Adults Boards are made up of three statutory partners: the Local Authority, Police and Clinical Commissioning Group (CCG). The City and Hackney Safeguarding Adults Board is also supported by the following organisations:

- Homerton University Hospital NHS Foundation Trust
- Barts Health NHS Trust
- East London Foundation Trust
- London Fire Brigade
- National Probation Services and Community Rehabilitation Company
- Hackney CVS
- City of London Healthwatch and Hackney Healthwatch
- London Borough of Hackney Housing
- London Borough of Hackney Public Health
- Older People's Reference Group
- Age UK
- The Advocacy Project

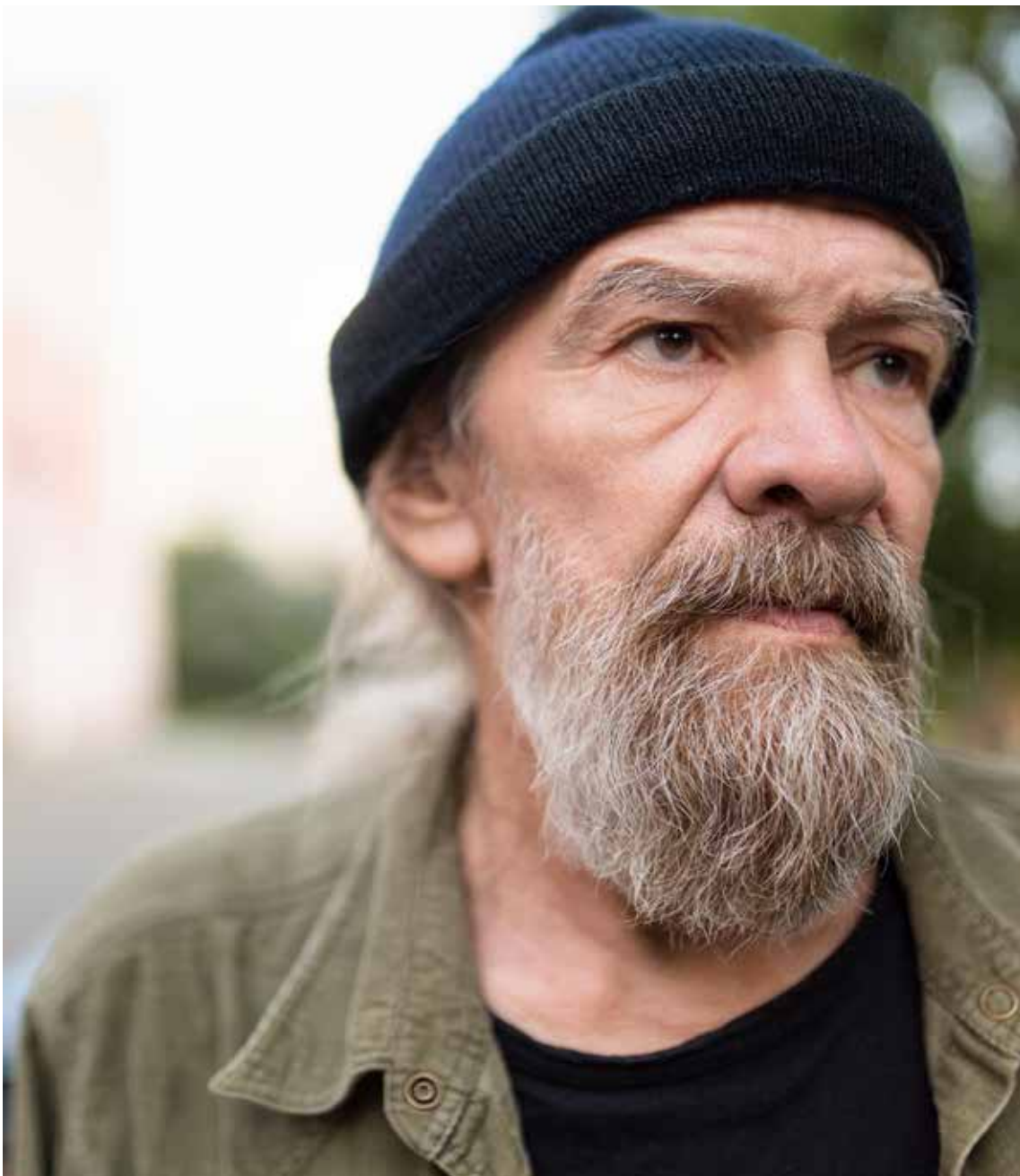
The role of the Safeguarding Adults Board is to safeguard adults with care and support needs by assuring itself that there are local safeguarding arrangements in place and by preventing abuse and neglect. Boards have **three statutory functions**:

- 1)** Develop and publish a strategic plan outlining how we will meet our objectives
- 2)** Publish an annual report detailing how successful we have been in meeting our objectives
- 3)** Commission safeguarding adults reviews for any cases where an individual has died or suffered serious harm as a result of abuse or neglect.

In City and Hackney we are committed to stopping abuse and neglect where possible, to achieve this we strive to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect

- support the development of a positive learning environment across these partnerships, at all levels, to help break down cultures that are risk-averse or seek to scapegoat or blame practitioners
- ensure that Making Safeguarding Personal and the voice of the service user is considered through all aspects of our work
- respond effectively where safeguarding concerns are raised to ensure that these are addressed at an operational or strategic level



Review of the previous Board strategy 2015 – 2020

In our previous strategy we developed the following principles to help us take forward our work:

SAB Principle 1: All our learning will be shared learning

SAB Principle 2: We will promote a fair and open culture

SAB Principle 3: The skill-base of our frontline staff and managers will be continuously improving

SAB Principle 4: We will understand the local complexity of safeguarding needs

Whilst we recognise that these principles are still important, and we strive to embed these into our work we have made the decision to use the six safeguarding principles for this strategy. We made this decision following discussions with residents and front line professionals who stated that they recognised and understood the principles.

What did we do well?

The Board has focussed on a range of different safeguarding priorities over the past five years. **Some of our key achievements include:**

- We have established networks and processes for the Board to share our learning. We have created a LinkedIn page to share learning and have residents and professionals circulation lists, which we regularly circulate newsletters and safeguarding news
- We have commissioned safeguarding training for frontline professionals across City and Hackney to attend, this includes the voluntary sector
- We have created mechanisms for us to better engage with the public this includes the creation of our Safeguarding Champions, service user newsletter and service user events
- We have led work around transitional safeguarding, Modern Day Slavery, Homelessness and Safeguarding, adopting a family approach to risk management and older people and sexuality and consent
- We held a Safeguarding Adults Week for the first time in 2019, and will continue to hold awareness weeks in the future
- We undertook 7 Safeguarding Adults Reviews which have told us how we can improve safeguarding practise across City and Hackney
- We developed our Quality Assurance Framework to help us analyse safeguarding trends such as referrals that did not meet the threshold for a s42 enquiry

- We have undertaken one multi-agency audit which has helped us understand how well we have responded to issues around self-neglect across the partnership. The results were largely positive.

What were we unable to achieve?

Whilst we attempted to achieve all the priorities set out in our previous strategy we were unable to do so. We recognise that we still need to continue work around the following areas:

- We have not successfully put in place a system to receive feedback from people who have experienced safeguarding. We understand that this has been an issue nationally however, we will continue to put in place processes by which people can provide feedback about the safeguarding experience
- We do not know how well learning from SARs has been embedded into frontline practice and we recognise further work is required to test the impact from SARs
- We know that whilst our understanding of mental capacity has improved, there are a number of more complex matters relating to mental capacity such as higher executive functioning that we need to continue to explore
- While we are getting better at ensuring that service users are influencing the work of the Board we recognise that this is an area for improvement and we will continue to work towards including service users in all aspects of our work.
- We have started work on transitional safeguarding and homelessness, this work is not yet complete and we will continue to focus on these priorities going forward.

Feedback from the City and Hackney Safeguarding Adults Board Consultation

It is important to the Board that our strategy reflects the views and concerns of people living and working in the City and Hackney. To do this we underwent a consultation process where we engaged with residents and professionals to get their feedback on the following questions:

- 1) What does the word 'safeguarding' mean to you?
- 2) What types of abuse have you heard of?
- 3) What makes you feel worried about the safety of adults with care and support needs?
- 4) Who would you contact if you had any concerns that you or someone you know with care and support needs was unsafe?
- 5) What top three things should we prioritise to help keep adults with care and support needs in the City and Hackney safe?

We would like to thank our service user group who attended our event on 17th September 2019 for helping us construct questions for the consultation. We appreciate all your valuable input into this.

We received 130 responses to our consultation, and identified the following findings:

- We had feedback from people of all different backgrounds including people up to the age of 86, from mixed ethnicities and religions and from over 20 people who considered themselves as having a disability
- People had a varying understanding of safeguarding – most people understood that it is about protecting people from abuse and neglect however there was a misunderstanding that it is a service to deal with all adults needs
- 90% of people had heard of at least three types of abuse, with people being most familiar with sexual and physical abuse
- 86% of respondents identified an appropriate source to refer safeguarding concerns to – either adult social care or the police
- People generally raised concerns about adults at risk accessing services for the following reasons:
 - Not being able to speak out because they are unable or scared
 - Not being able to gain access to services because they do not know what is available or they do not meet thresholds for services
 - The potential for missing signs of abuse and neglect

- The public wanted us to focus on the top five following priorities:
 1. Raising awareness of different forms of abuse
 2. Engaging with community groups on safeguarding related issues
 3. Supporting people who are homeless and may have safeguarding needs
 3. Supporting professionals with incorporating safeguarding into practice
 4. To tackle social isolation and therefore reduce the risk of an individual being abused or neglected



Key Principles underpinning the Strategy 2020 – 25

The Board has developed the following objectives to drive forward adult safeguarding in the next five years:

Empowerment

- We will continue to raise awareness of adult safeguarding issues amongst residents living in the City and Hackney
- We will continue to engage with community groups and the voluntary sector to help build upon their understanding of adult safeguarding and to hear about safeguarding issues affecting them
- We will work with service users to ensure that people with lived experience of safeguarding influence the Board's work
- We will build upon work undertaken around making safeguarding personal, advocacy and mental capacity to help build a better awareness amongst frontline professionals and residents

We will know that we have our objectives when:

- Our data shows an increase in the number of awareness raising sessions that the Board has undertaken in the community
- Frontline staff and the public are able to recognise the Safeguarding Adults Board and understand its primary goals
- The number of safeguarding referrals into Adult Social Care from members of the public and the voluntary sector increases
- Those who have experienced a safeguarding enquiry or supported someone through an enquiry report positive feedback about the safeguarding process
- We will see an increased number of referrals to advocacy services

Prevention

- We will undertake horizon scans of local, London and national safeguarding trends to help us identify thematic priorities for the Board
- We will continue to engage with the Integration Model and Neighbourhood teams to support them in ensuring that safeguarding is embedded through all aspects of their work
- We will continue to focus on work around the following safeguarding themes:

- Homelessness and safeguarding
- Transitional safeguarding
- Social isolation
- Safeguarding in unregulated and out of Borough settings
- We will boost awareness of the Safeguarding Adults Board and our work across City and Hackney – this will include improving our online presence and maintaining clear branding for the Board

We will know that we have met our objectives when:

- We can evidence tangible actions taken to address the safeguarding issues we have identified above
- We have incorporated emerging safeguarding trends into the Board's annual strategic plans. In cases where we have not, the Board can evidence reasoning for this or work undertaken to support other teams to take this work forward
- We will be able to show how safeguarding has been embedded into the Integration Model and Neighbourhood Teams
- An increased amount of people are familiar with the work of the Board and will know how to access the resources that we offer.

Protection

- We will find innovative ways to communicate key learning from the CHSAB to frontline staff across the partnership, this will include using written, online and face-to-face formats
- We will seek yearly feedback from the public about safeguarding issues that are worrying them and ensure that these are incorporated into our yearly work plans
- We will continue to run an annual Safeguarding Adults Week to help raise awareness of emerging safeguarding issues with the public and frontline staff
- We will review the support mechanisms in place for informal carers living in City and Hackney to assess whether these offer carers the support they require.

We will know that we have met our objectives when:

- We can evidence that frontline practice is changing as a result of learning that has been disseminated by the Board
- The public report back that they are satisfied that the Board are addressing issues that are important to them

- We see improved engagement with the initiatives that the Board are running during Safeguarding Adults Week
- We will see an increase in carers assessments and referrals to advocacy support for informal carers.

Partnership

- We will continue to identify how we can work with different organisations and partnerships across City and Hackney where we have overlapping interests. This includes supporting teams to consider safeguarding in their own projects and work streams
- We will continue to work collaboratively with the Safeguarding Children's Partnerships, Community Safety Partnerships and Health and Wellbeing Boards on mutual areas of interest
- We will build upon links that we have created within the voluntary sector and community
- We will continue to co-produce work with community groups and services users
- We will build new links with organisations and groups in City and Hackney that may engage with adults at risk this includes the provider and social housing sectors.

We will know that we have met our objectives when:

- We can evidence how adult safeguarding has impacted other areas of work outside our core business
- We can evidence joint objectives and work undertaken with the Safeguarding Children's Partnership, Community Safety Partnerships and Health and Wellbeing Boards
- We are able to demonstrate how we have expanded our network and influence across City and Hackney

Proportionality

- We will quality assure providers in City and Hackney, including providers who are working in unregulated settings
- We will ensure that issues of equality and diversity are brought to Board's attention are managed appropriately
- We will help staff apply the Mental Capacity Act and Liberty Protection Safeguards in complex cases
- We will look at how we can appropriately balance the needs of perpetrators of abuse who may also be at risk or suffering abuse and neglect

We will know that we have met our objectives when:

- There is an improvement in safeguarding practice across providers and unregulated settings
- Issues of equality and diversity have been considered through all areas of our work
- Data shows an improvement in the quality of mental capacity assessments being undertaken by staff
- We see an increase in safeguarding referrals for adults at risk who are also the alleged perpetrators

Accountability

- The Board will help its partners to understand its responsibilities to adults at risk of abuse and neglect, this includes undertaking provider led concerns where appropriate
- To quality assure the safeguarding work of the Board's partner through our Quality Assurance Framework and yearly multi-agency audits
- To identify how much impact the Board and SARs are having in improving safeguarding practice across City and Hackney
- To undertake periodic reviews of the Board and its Chair to ensure that it is meeting its obligations in respect of the Care Act 2014.

We will know that we have met our objectives when:

- We see sustained engagement from partners with the work of the Board
- We have evidence that the safeguarding practice is improving across the City and Hackney
- We can evidence that the Board is having a positive impact on safeguarding across the City and Hackney
- We can evidence that the Board is meeting all objectives set out for it in the Care Act 2014

How will the Board deliver its priorities?

It will be the responsibility of the Board's sub-groups, task and finish group and partners to deliver the priorities set out in the strategy. To help with this, the Board publishes an annual strategic plan explaining what actions it ensure that the strategy is delivered. All groups and partners are required to report their progress to the Independent Chair.

The Board has developed the following work plan for 2020 - 21





Appendix:

CHSAB Annual Strategic Plan 2020 – 2021



Appendix One: City and Hackney Safeguarding Adults Board Annual Strategic Plan 2020 – 2021

The CHSAB Plan addresses the six core principles contained in the CHSAB's Strategy for 2020 – 2025.

Partner	Lead	Partner	Lead
London Borough of Hackney (LBH)	Anne Canning/ Simon Galczynski	City of London Corporation (CoL)	Andrew Carter/ Chris Pelham
City and Hackney CCG (CCG)	David Maher/Jenny Singleton	Hackney Metropolitan Police (MPS)	Marcus Barnett
City of London Police	Gareth Dothie	Homerton University Hospital Foundation Trust (HUHFT)	Catherine Pelley
Barts Health NHS Trust	Sam Spillane	East London Foundation Trust (ELFT)	Dean Henderson
London Fire Brigade Hackney	Lee Sandy	London Fire Brigade City of London	David Bulbrook
National Probation Service	Stuart Webber	London Community Rehabilitation Company	Kauser Mukhtar
Healthwatch Hackney	Jon Williams	Healthwatch City of London	TBC
Hackney CVS	Kristine Wellington	The Advocacy Project	Judith Davey
London Borough of Hackney Public Health	Nicole Klynman	London Borough of Hackney Housing	Jennifer Wynter
Hackney Recovery Service	Ruth Williamson	Safeguarding Children's Partnership	Jim Gamble
Sub-group	Chair	Task & Finish Groups	Lead
SAR & Case Review	Chris Pelham	Homelessness & Safeguarding	John Binding/ Ian Tweedie
Quality Assurance	Jenny Singleton	User engagement	Dr Adi Cooper
Workforce Development	Zak Darwood	Transitional safeguarding	Dr Adi Cooper
Sub-Committee	Chair		
City of London	Dr Adi Cooper		

Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”			
Priority	Actions	Lead	Outcome
<p>1) To ensure that the Board and its partners are ready for the introduction of the Liberty Protection Safeguards</p>	<p>1.1 LPS Leads in City and Hackney will provide assurances to the Board that they have appropriately prepared for the introduction of LPS.</p>	LPS Leads	
	<p>1.2 LPS Leads will respond to any national issues that are raised in response to the introduction of the LPS. The Board will provide support in addressing national issues where appropriate.</p>	LPS Leads	
	<p>1.3 The Board will support criminal justice and voluntary sector organisations to prepare for LPS and understand how this may impact service users within their sectors.</p>	CHSAB Manager/ LPS Leads	
	<p>1.4 Partners who have duties under LPS will provide assurances to the Board that appropriate training has been commissioned for their staff. It will further consider whether training should be commissioned for agencies who may require a general understanding of LPS.</p>	All partners with LPS responsibilities	
<p>2) To reflect upon how well the Board has embedded learning from the fire death SAR and embed further learning around fire safety</p>	<p>2.1 The SAR sub-group will commission an independent thematic review of fire safety in Hackney identifying how well the CHSAB has embedded learning from a previous SAR.</p>	SAR sub-group	

	<p>2.2 The SAR sub-group will lead on the implementation of any further recommendations in relation to the thematic review. The group will be supported by the Quality Assurance group as required.</p>	SAR sub-group	
	<p>2.3 The workforce development group will review how the CHSAB can raise awareness of Fire Safety across City and Hackney and implement any training recommendations borne out of the thematic review.</p>	WFD sub-group	

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”			
Priority	Actions	Lead	Outcome
3) To continue to embed and develop frontline practitioners understanding of Mental Capacity in relation to complex issues	3.1 The Board will create a task and finish group to undertake a scoping exercise to assess what the key issues and challenges are for professionals working with people who may lack higher executive functioning.	CHSAB Manager/ MCA Leads	
	3.2 The task and finish group will look at putting together a suite of resources for frontline professionals to help them work effectively with people whose capacity may not be clear.	MCA T&F group	
	3.3 The Board will endorse and promote any best practice guidance that is published in relation to mental capacity and higher executive functioning.	CHSAB Manager	
	3.4 The Board will review its current self-neglect and chronic hoarding protocol to ensure that it has sufficient focus on the issue of higher executive functioning within mental capacity.	Head of Adult Safeguarding LBH	
	3.5 The workforce development sub-group will identify training needs and commission training in relation to higher executive functioning.	WFD sub-group	
4) To continue to embed work around service user engagement and ensure that service users	4.1 The service user task and finish group will develop a brochure for residents living in city and Hackney outlining how they can get involved in the work of the Board.	Service user engagement T&F group	

<p>influence all aspects of the Board’s work</p>	<p>4.2 The service user task and finish group will develop a process by which service users can feedback their experience of safeguarding.</p>	<p>Service user engagement T&F group</p>
	<p>4.3 The Board will provide funds to Hackney CVS to commission refresher training to the Safeguarding Champions.</p>	<p>HCVS</p>
	<p>4.4 The Board will provide funding to the Advocacy Project to commission training for peer-to-peer supporters to provide low level advice in the community.</p>	<p>The Advocacy Project</p>
	<p>4.5 The Board and its partners will engage with faith networks that exist within City and Hackney to drive awareness of safeguarding issues.</p>	<p>CHSAB Manager</p>
	<p>Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”</p>	
<p>5) To engage with frontline professionals to share learning from adult safeguarding</p>	<p>5.1 The workforce development sub-group will continue to identify innovative ways of working with frontline staff across City and Hackney, with specific focus on multi-agency learning sessions and digital content.</p>	<p>WFD sub-group</p>
	<p>5.2 An offer will be made to teams working across City and Hackney for the Board to deliver briefings and updates on safeguarding issues that the Board are working on.</p>	<p>WFD sub-group</p>
	<p>5.3 The Board Business Support will continue to build its frontline practitioner network by disseminating learning via online and our newsletter.</p>	<p>CHSAB Business Support Officer</p>

Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”			
Priority	Actions	Lead	Outcome
3) To continue to embed and develop frontline practitioners understanding of Mental Capacity in relation to complex issues	5.4 The workforce development sub-group will scope the possibility of delivering a large scale conference or learning event.	WFD sub-group	
	5.5 All partners will report data pertaining to safeguarding training to the Board. This will include assurances that all staff have undertaken appropriate training and details of safeguarding training offered to staff.	All partners	
	5.6 The CoL will identify how we can better support frontline professionals understand vulnerability and safeguarding risk.	CoL	
6) To understand how much impact SARs are having on changing safeguarding practice across City and Hackney	6.1 The SAR sub-group will develop a process of communicating learning from SARs which will be embedded into the SAR Protocol and City & Hackney’s SAR quality markers.	SAR sub-group	
	6.2 The Quality Assurance sub-group will create an impact analysis tool to help determine how well learning from SARs have been embedded into frontline practice. Feedback from the impact analysis tool will be report to the SAR sub-group and Executive Group..	QA sub-group	
	6.3 The workforce development sub-group will develop a set of resources that partners can use for	WFD sub-group	

<p>7) To ensure that the Integrated Commissioning and Neighbourhood Model continues to filter safeguarding through all elements of their work</p>	<p>new members of staff so that learning from SARs continues to be filtered into practice.</p>	
	<p>7.1 The Executive Group will seek assurance from the Neighbourhood Team that safeguarding continues to be embedded into practice.</p>	Executive Group
	<p>7.2 The Neighbourhood Team and Board will work together to identify how safeguarding can be included into on-going projects being undertaken by the Neighbourhoods Team.</p>	Neighbourhood Team/CHSAB Manager
	<p>7.3 The Board will report safeguarding intel and learning to ensure that this can be utilised by teams.</p>	CHSAB Manager
<p>Principle 4: Partnership – “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”</p>		
<p>8) To continue to engage with Community Safety Partnership, Safeguarding Children’s Partnership and Health and Wellbeing Boards</p>	<p>8.1 The Board Manager will work with the Safeguarding Children’s Partnership to identify cross-cutting priorities in the City. The Board will also deliver one joint meeting with the Children’s Partnership in the City.</p>	CHSAB Manager/ CHSCP
	<p>8.2 The Board will continue to address strategic issues affecting CSP, CHSCP and HWB at the Joint Chairs meeting.</p>	Independent Chair
	<p>8.3 The Board will look at opportunities to commission joint work and/or training on areas of joint interest. All partners will be responsible for raising potential areas of interest to the attention of the Board and Executive Group.</p>	Independent Chair/CHSAB Manager

Principle 4: Partnership - “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Priority	Actions	Lead	Outcome
9) To identify opportunities to engage with new partners	<p>9.1 The Board and its partners will continue to build its relationships with organisations across City and Hackney, specifically it will look at:</p> <ul style="list-style-type: none"> i. Building links with the social housing and provider sector ii. Assisting probation services with work they are undertaking around transitional safeguarding iii. Strengthening links with the voluntary sector 	CHSAB Manager/ NPS/CRC/HCVS/ CoL	

Principle 5: Protection - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

10) To progress work around transitional safeguarding	<p>10.1 The Transitional Safeguarding Task and Finish Group will continue to work with the Safeguarding Children’s Partnership and Community Safety Partnerships across City and Hackney to identify how the Board can better support young people aged between 16 – 25 at risk of abuse and exploitation.</p>	Transitional safeguarding T&F group	
11) To assure ourselves that residents using Out of Borough placements or placed in unregulated settings are	<p>11.1 The Commissioning Team’s in City of London and Hackney and CCG will undertake a gap analysis to identify what the current position and risk areas for residents utilising OOB placements and unregulated services across City and Hackney.</p>	LBH/COL/City and Hackney CCG Teams	

<p>appropriately safeguarded from abuse and neglect</p>	<p>11.2 The LBH, CoL and City and Hackney CCG will provide assurance to the Board that adults at risk using Out of Borough or unregulated services are appropriately safeguarded from abuse and neglect.</p>	<p>LBH/CoL/City and Hackney CCG Commissioning Teams</p>
	<p>11.3 The Board will support and publicise any work at a national level to strengthen cross Borough working.</p>	<p>Independent Chair/CHSAB Manager</p>
<p>Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”</p>		
<p>12) To ensure the delivery of the Board’s core business</p>	<p>12.1 The Board Manager will review all CHSAB policies to ensure these are up-to-date and compliant with equality responsibilities for SABs outlined in the Care Act 2014.</p>	<p>CHSAB Manager</p>
	<p>12.2 The Board Manager will update its expectations for Board Members and circulate to all Board members.</p>	<p>CHSAB Manager</p>
	<p>12.3 A small working group from the Service User Task and Finish Group and will be created to deliver and support activities across the partnership Safeguarding Adults Week.</p>	<p>WFD/service user engagement sub-group</p>
	<p>12.4 The Quality Assurance group will oversee the delivery of one multi-agency audit on the theme of self-neglect.</p>	<p>QA sub-group</p>

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”			
Priority	Actions	Lead	Outcome
	<p>12.5 To reform the structure of the Safeguarding Adults Sub-Committee meeting in the City of London to ensure that it focuses on staff development.</p>	CHSAB Manager/ AD People CoL	
<p>13) To ensure that existing projects are brought to completion</p>	<p>13.1 The Board will continue to lead or assist with on-going work on the following projects:</p> <ul style="list-style-type: none"> a. Homelessness and Safeguarding b. Modern Day Slavery c. Suicide Prevention 	CHSAB Manager	



<p>Health in Hackney Scrutiny Commission</p> <p>14th October 2020</p> <p>Homerton University Hospital NHS Foundation Trust's annual Quality Account letter and response</p>	<p>Item No</p> <p>6</p>
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PURPOSE OF ITEM

To hear from the Chief Nurse/Director of Governance of HUHFT in response to the issues raised by the Commission during the Annual Quality Account process for the Trust.

OUTLINE

Every NHS Trust has to submit an annual Quality Account to NHSE/NHSI and as part of the process invites the local health scrutiny committee to make comments. The Commission's letter of response is attached as is the final version of the Quality Account which HUHFT submitted. Please note that the Commission commented on an early draft because of the timelines involved.

The Chief Nurse has been invited to respond to the points made by the Commission in its letter. This is a process which the Commission goes through each year. This year's Quality Account process was delayed because of the Covid-19 crisis and the reports to be submitted were not required to be as detailed as in other years. A link to last year's discussion is [here](#).

The reports follow a national template used for all Trusts.

Attached please find

- The Commission's letter of 4 Sept '20
- HUHFT's Quality Account for 2019-20

Attending for this item will be:

Catherine Pelley, Chief Nurse and Director of Governance, HUHFT

ACTION

Members are asked to give consideration to the report and discussion and make any recommendations as necessary.

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Health in Hackney Scrutiny Commission
Hackney Council
Room 118, Town Hall
Mare St, E8 1EA

Reply to: jarlath.oconnell@hackney.gov.uk

4 September 2020

Ms. Catherine Pelley
Chief Nurse and Director of Governance
Homerton University Hospital NHS Foundation Trust
Trust Offices
Education Centre
Homerton Row, E9 6SR

Email to: c.pelley@nhs.net

Dear Catherine

Response to Homerton University Hospital NHS Foundation Trust's draft Quality Account for 2019/20

Thank you for inviting us to submit comments on the Quality Account for your Trust for 2019-20. We are writing to provide our insights arising from the scrutiny of the Trust's services over the past year at the Commission.

During the past year we have continued to enjoy a good working relationship with the Trust and we greatly appreciate the willingness of the Trust's senior executives to attend our Commission meetings. We thank you for this engagement and being prepared to open yourself up to scrutiny and to be held accountable.

The Commission Members take a great interest in the performance of our key local acute trust and were very pleased to learn about some of your key achievements over the past year. We would like to congratulate you on receiving a rare "Outstanding" rating from CQC following a January inspection of your Acute Services. We were also pleased that your Mary Seacole Nursing Home was also rated 'Good' following a February inspection. We are further immensely grateful for the work of staff at the Homerton during the Covid-19 pandemic.

We note that this year's report is being submitted later than usual and in a more truncated form due the pandemic. We appreciate the exercise however as it allows us also to step back from individual issues we raise with you over the course of the year and take an overview of the quality of your services.

Your Chief Executive attended our June and January meetings where we discussed the development of the new Pathology Partnership with Barts Health and Lewisham & Greenwich Trusts as well as the progress of the Unplanned Care Workstream which she chairs. We also discussed the Secretary of State's response to our letter regarding your implementation of the 'Overseas Visitor Charging Regulations' and we welcomed your commitment to work more closely with Hackney Migrant Centre on mitigating the impact of these on vulnerable, non-documented, migrants.

In January we discussed again the issues around your contract with ISS for 'soft services' which has been the subject of an industrial dispute. In July you attended an urgent meeting of our Commission in response to concerns about the sudden 5-year extension of that contract. We are grateful for the steps you have taken to ensure better sick pay for workers on the ISS contract but, as has been discussed, wish to keep a dialogue ongoing with you on this and in particular encourage you to move towards in-sourcing options in the medium term. We would welcome sight of any options appraisals you produce on this as soon as it can be debated.

We are pleased to note the ongoing improvement across so many of the Quality Indicators and the level of benchmarking you report. We wish to make the following comments, noting that the report we've had sight of is a rough draft with some key data still missing:

- a) Re 2.2.9 on p.21: How is data quality going to be improved in the new contract for 'community services,' now called "Neighbourhood Health and Care". We note that a *"decision was taken to have two Data Quality Committees: one for Acute services and the other for Community services, so that both acute and community services have focussed space and time to review and discuss the DQ issues and steps to improve them"*.
- b) Re p.24 why is 'Coordinate My Care' (the shared urgent care plan) still being discussed as a work in progress? We understood after our own 'End of Life Care' review two years ago that it was already operational. What are the delays?
- c) Re. 2.2.12 p.25 you detail both the policies and structures you've put in place to support Whistleblowers, which are admirable, but how many actual reports have there been? We note that the content and or gravity of incidents might vary considerably but seeing a total number of incidents would demonstrate to us that "Speak up safely" is working.
- d) Re item 3 on p.43 why was there a spike in violent and aggressive incidents in late Feb and was just this down to improved reporting?

The Chair further recalls from his time on the Council of Governors that there was a long term issue with respect to not all staff receiving annual appraisals – has this improved in the last year and what percentage of staff received their annual appraisal?

We look forward to taking up these issues with you over the next year on the Scrutiny Commission.

Yours sincerely



Councillor Ben Hayhurst
Chair of Health in Hackney Scrutiny Commission

cc Members of Health in Hackney Scrutiny Commission
Tracey Fletcher, Chief Executive, HUHFT
Cllr Christopher Kennedy, Cabinet Member for Health, Social Care and Leisure
Dr Sandra Husbands, Director of Public Health, City and Hackney
Jon Williams, Director, Healthwatch Hackney

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Homerton University Hospital NHS Foundation Trust

Quality Report 2019/20

INTRODUCTION

The aim of this report is to provide a review of the quality of the care and the services that are delivered by the Homerton University Hospital NHS Foundation Trust. The Trust acknowledges that the content and wording used within this document may appear bureaucratic, but it is written in a manner that complies with our statutory duty under the Health Act 2009 and the National Health Service Regulations.

The Trust welcomes this opportunity to communicate our progress and commitment to key elements of quality; -

- Patient Safety,
- Clinical Effectiveness, and
- Patient Experience.

1.0 PART 1: STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE OF THE NHS FOUNDATION TRUST

This report for the financial year 2019/20 has been prepared during the coronavirus pandemic which spread to London early in 2020 and reached full force in March leading to dramatic changes to all NHS services and to the national lockdown which is still largely in place. As we write, a slow resumption of services is just beginning as the number of Covid-19 infections tails off (at least for a while).

Covid-19 had a marked effect on our finances and performance only in the last month of 2019/20, so it may be invisible in much of what follows in this report which gives an account of our activities for the year as a whole. However, it has been such a challenge and had such far-reaching consequences, we start with it.

In the space of a very few days, our hospital and community services had to be transformed both to provide for the rush of admissions of Covid-19 patients and to protect staff and patients from infection. All non-urgent admissions and surgery and most outpatient appointments and clinics were cancelled and our main theatres were reconfigured to provide critical care beds for patients requiring ventilation. In the community, services were reorganised to provide care by telephone and video, as well as at home, in a way which protected the vulnerable and our staff, yet met continuing needs. With many staff having to isolate themselves for a period in order to limit infection, many staff had to work outside their normal services.

We have never seen anything like this emergency in our lifetimes. We pay tribute to staff throughout the Trust for their determination and commitment to do their best for our patients and our communities despite the risks. We also mourn the deaths associated with the pandemic of many patients and of three members of our staff – Mr Abdul Chowdhury, Michael Allieu and Sophie Fagan.

The year before the pandemic had seen continuing public concern about the challenges affecting the NHS, with rising waiting times both in Accident and Emergency and in other services. There was a continuing need to find new efficiencies in order to deliver high quality care to increasing numbers of patients with progressively more complex needs. The implications of Brexit for our staff and for future staffing were also much debated, though the practical consequences were largely deferred until 2021 by the agreement on a transitional period.

In the circumstances the Trust continued to make good progress both in maintaining relatively low waiting times for its patients, maintaining and in some respects improving our quality of care, and in helping to develop a more integrated health and care system in City and Hackney with our local Clinical Commissioning Group (CCG), other health care organisations and GPs, the London Borough of Hackney and the City of London Corporation.

The safety and quality of care is our first responsibility. This depends of course on the quality of the frontline clinical teams who deal directly with patients. But it also depends on the supporting services for example from pharmacy, pathology, procurement and estates.

We measure ourselves by our patient feedback in regular surveys and by monitoring our performance on waiting times and a range of other quality indicators against other similar trusts. We also have a structured process to learn from serious incidents and from complaints.

There remain areas in which we want to improve but we are pleased that on many of the objective measures we have continued to do well compared with our peers. Like all NHS trusts we are subject to examination by the Care Quality Commission. Following an inspection visit in January 2020, the acute site was rated Outstanding overall. In the course of 2019/20 the Mary Seacole Nursing Home was also subject to inspection. The report on Mary Seacole rated it Good in all respects.

2.0 PART 2: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1 PRIORITIES FOR IMPROVEMENT

The Trust is required annually to set challenging priorities to improve the quality of care provided to our patients. The Trust quality priorities for 2019/20 were agreed following a consultation with staff and stakeholders; including Governors, City and Hackney Clinical Commissioning Group and Hackney Healthwatch. The priorities were designed to support the three key work streams in delivering high quality care:

- Improving Patient Safety
- Improving Clinical Effectiveness
- Improving Patient Experience

The 2019/20 quality priorities were reviewed during the year and progress monitored by the relevant oversight committee and reported to the Trust Management Board.

The table 1 below summarises the review outcome of each quality priority, see section 3.1 of this report for a detailed overview of the progress made during 2019/20;

	Priority	End of year review outcome		
		Goal achieved	Close to achieving goal	Comment
1	To reduce the number of community and hospital attributed pressure ulcers		✓	Carried forward from 2018/19
2	Appropriate identification and management of deteriorating patients	✓		Carried forward from 2018/19
3	Reducing physical violence and aggression towards patients and staff		✓	New for 2019/20
4	Improving management of end of life patients for adults	✓		Carried forward from 2018/19
5	Making Every Contact Count		✓	New for 2019/20
6	Learning from complaints, incidents, claims and compliments		✓	New for 2019/20
7	Improving the first impression and experience of the Trust for all patients and visitors		✓	Carried forward from 2018/19
8	Getting Patients Moving		✓	New for 2019/20
9	Improvements in staff health and wellbeing		✓	New for 2019/20

Table 1: Quality priorities for 2019-20

The Trust conducted a consultation with staff and stake holders in February 2020 to identify the quality priorities for the next 12 months. As part of the consultation process for the chairs of the three key monitoring committees – Improving Patient Safety, Improving Clinical Effectiveness and Improving Patient Experience were consulted to consider which of the 2019-20 priorities would continue into 2020-21.

In addition to reviewing the 2019-20 priorities, a long list of potential new quality priorities for 2020-21 was drawn up based upon feedback from the three oversight committees. These potential new quality priorities were then included in a consultation process supported by an online survey which allowed free text comments for further feedback.

The survey was sent by email to members of the three Trust governance committees (Improving Patient Safety Committee, Improving Clinical Effectiveness Committee and Improving Patient Experience Committee) and to all Trust staff. The survey was also promoted through internal Trust newsletters. Additionally the survey was distributed for onward circulation to the council of Trust governors

including members of Hackney Healthwatch, Hackney Council Voluntary Services, Hackney Local Authority, East London Foundation Trust and City and Hackney CCG.

Over 300 completed survey responses were reviewed using a weighted scoring system to identify quality priorities for 2020/21, including the option to carry over any of the priorities from the previous year. The quality priorities carried over into 2020/21 were;

1. To reduce the number of community and hospital attributed pressure ulcers.
2. Reducing physical violence and aggression towards patients and staff
3. Improving the first impression and experience of the Trust for all patients and visitors.
4. Making Every Contact Count and linking to 'Improving the first impression and experience of the Trust for all patients and visitors'.
5. Learning from complaints, incidents, claims and compliments
6. Getting Patients Moving
7. Improvements in staff health and wellbeing

From the results of the survey, additional priorities were agreed (table 2) with timescale for achievement by 31 March 2021 and progress to achieve them is to be monitored by our Trust Management Board;

	Additional Priority	Monitoring Committee	Rationale	Metrics
8	Extending the appropriate identification and management of deteriorating patients to support paediatric and maternity patients.	Improving Clinical Effectiveness	The Trust recognises and seeks to extend the progress of Deteriorating Patient Group into paediatric and maternity services.	Extended for 2019/20
9	Safe management of medicines within the organisation	Improving Patient Safety	Support and improve the safe and secure handling of medicines, learning from medication incidents and embedding best practice.	To be confirmed
10	Improve multidisciplinary falls assessments and individualised management plans of inpatients and the support given to both patients and staff post fall	Improving Patient Safety	Falls working group to review the documentation, physical and psychological support for patients and staff.	To be confirmed

Table 2: Additional quality priorities for 2019-20



2.2 STATEMENTS OF ASSURANCE FROM THE BOARD

NHS foundation trusts are required by the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to include formal statements of assurances from the Board of Directors which are nationally requested to give information to the public. Therefore, the exact structure and content of these statements as specified by the regulations are common across all NHS Quality Accounts.

2.2.1 REVIEW OF SERVICES

During 2019/20 Homerton Hospital NHS Foundation Trust (HUHFT) provided and/or sub-contracted 68 relevant health services.

Homerton Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20 represents 100% of the total income generated from the provision of relevant health services by Homerton for 2019/20.

2.2.2 NATIONAL AND LOCAL CLINICAL AUDIT

National clinical audits are primarily funded by the Department of Health and commissioned by the Healthcare Quality Improvement Partnership (HQIP) which manages the National Clinical Audit and Patients Outcome Programme (NCAPOP). Although National Clinical Audits are not mandatory, organisations are strongly encouraged to participate in those that relate to the services they deliver. It is mandatory to publish participation in National Clinical Audits in a Trust's Quality Account. A high level of participation provides a level of assurance that quality is taken seriously and that participation is a requirement for clinical teams and individual clinicians as a means of monitoring and improving their practice. Local Clinical Audit is also important in measuring and benchmarking clinical practice against agreed standards of good professional practice.

The Trust participates in relevant national audits and confidential enquiries programmes as listed through HQIP. All programmes listed were assessed for relevance in 2019/20.

During 2019/20, 37 national clinical audits and 4 national confidential enquiries covered relevant health services that Homerton provide.

During that period HUHFT participated in 100% national clinical audits and 100% national confidential enquiries which the Trust was eligible to participate in.

National clinical audits and confidential enquiries that Homerton participated in, and for which data collection was completed during 2019/20, are listed in table 3 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audits reviewed 2019/2020

AUDIT TITLE	ELIGIBLE FOR PARTICIPATING	PARTICIPATED	PERCENTAGE OF CASES SUBMITTED
Assessing Cognitive Impairment in Older People / Care in Emergency Departments Royal College of Emergency Medicine (RCEM)	√	√	100%
Care of Children in Emergency Departments Royal College of Emergency Medicine (RCEM)	√	√	100%
Case Mix Programme (CMP);Intensive Care National Audit and Research Centre (ICNARC)	√	√	100%
Child Health Clinical Outcome Review Programme 1 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) -Long-term ventilation in children, young people and young adults-	√	√	100%
Elective Surgery - National PROMs; Programme NHS Digital	√	√	96.75%
Endocrine and Thyroid National Audit; British Association of Endocrine and Thyroid Surgeons (BAETS)	√	√	*
Falls and Fragility Fractures Audit programme (FFFAP); Royal College of Physicians (RCP)	√	√	100%
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit	√	√	84%
Major Trauma Audit; Trauma Audit Research Network (TARN)	√	√	100%
Mandatory Surveillance of bloodstream infections and clostridium difficile infection Public Health England (PHE)	√	√	*
Maternal, Newborn and Infant Clinical Outcome Review Programme: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK)	√	√	100%
Medical and Surgical Clinical Outcome Review Programme 1 National Confidential Enquiry into Patient Outcome and Death (NCEPOD)- Dysphagia in Parkinson's Disease	√	√	100%
Medical and Surgical Clinical Outcome Review Programme; National Confidential Enquiry into Patient Outcome and Death (NCEPOD)-Pulmonary Embolism	√	√	100%



Medical and Surgical Clinical Outcome Review Programme- Acute Bowel Obstruction	√	√	100%
Medical and Surgical Clinical Outcome Review Programme - hospital management of out-of-hospital cardiac arrest	√	√	100%
Mental Health - Care in Emergency Departments Royal College of Emergency Medicine (RCEM)	√	√	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP); Royal College of Physicians (RCP)	√	√	100%
National Audit of Breast Cancer in Older People (NABCOP); Royal College of Surgeons (RCS)	√	√	*
National Audit of Cardiac Rehabilitation (NACR) University of York	√	√	94%
National Audit of Care at the End of Life (NACEL); NHS Benchmarking Network	√	√	100%
National Audit of Dementia (Care in general hospitals); Royal College of Psychiatrists (RCPsych)	√	√	*
National Audit of Seizure Management in Hospitals (NASH3) University of Liverpool	√	√	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12); Royal College of Paediatrics and Child Health (RCPCH)	√	√	100%
National Bariatric Surgery Registry (NBSR); British Obesity and Metabolic Surgery Society (BOMSS)	√	√	75%
National Cardiac Arrest Audit (NCAA) Intensive Care National Audit and Research Centre (ICNARC) / Resuscitation Council UK National Cardiac Audit Programme (NCAP); Barts Health NHS Trust	√	√	100%
National Cardiac Audit Programme (NCAP) NICOR-Myocardial Ischaemia National Audit Project (MINAP)	√	√	100%
National Diabetes Audit – Adults ;NHS Digital	√	√	100% Core and retinal
National Early Inflammatory Arthritis Audit (NEIAA); British Society for Rheumatology (BSR)	√	√	55%
National Emergency Laparotomy Audit (NELA) Royal College of Anaesthetists (RCOA)	√	√	100%
National Gastro-intestinal Cancer Programme; NHS Digital	√	√	100%
National Joint Registry (NJR);Healthcare Quality Improvement Partnership (HQIP)	√	√	*

National Lung Cancer Audit (NLCA); Royal College of Physicians (RCP)	√	√	100%
National Maternity and Perinatal Audit (NMPA); Royal College of Paediatrics and Child Health (RCPCH)	√	√	100%
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	√	√	*
National Smoking Cessation Audit British Thoracic Society (BTS)	√	√	100%
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis); Public Health England (PHE)	√	√	Suspended until 2021
Sentinel Stroke National Audit programme (SSNAP); King's College London	√	√	88%
Serious Hazards of Transfusion: UK National Haemovigilance Scheme - Serious Hazards of Transfusion (SHOT)	√	√	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA) Society for Acute Medicine (SAM)	√	√	100%
Surgical Site Infection Surveillance Service Public Health England (PHE)	√	√	*
UK Parkinson's Audit Parkinson's UK	√	√	100%

Table 3: National clinical audits applicable to the Trust - source internal Trust records

It should be noted that the publication of several national audit reports was delayed during 2020, as the programmes were suspended due to the impact of Covid pandemic. We will continue to review our participation rates when the national reports are published (these are indicated by * in the table 3).

There were 19 national clinical audits that were not applicable to the Trust, see table 4.

AUDIT TITLE	REASON
BAUS Urology Audit - Female Stress Urinary Incontinence 2 British Association of Urological Surgeons (BAUS)	This is not carried out at Homerton
BAUS Urology Audit - Cystectomy British Association of Urological Surgeons (BAUS)	This is not carried out at Homerton
BAUS Urology Audit - Nephrectomy 2 British Association of Urological Surgeons (BAUS)	This is not carried out at Homerton
BAUS Urology Audit - Percutaneous Nephrolithotomy 2 British Association of Urological Surgeons (BAUS) BAUS Urology	This is not carried out at Homerton
BAUS Urology Audit - Radical Prostatectomy 2 British Association of Urological Surgeons (BAUS)	This is not carried out at Homerton
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive Community Support National Collaborating Centre for Mental Health (NCCMH)	This is related to Mental Health Trusts
Mental Health Clinical Outcome Review Programme 1 National Confidential Inquiry into Suicide and Homicide in Mental Health (NCISH)	This is related to Mental Health Trusts
National Clinical Audit of Anxiety and Depression 1 Royal College of Psychiatrists (RCPsych)	This is related to Mental Health Trusts
National Audit of Pulmonary Hypertension (NAPH) NHS Digital	This is not carried out at Homerton
National Ophthalmology Audit (NOD) 1, 2 Royal College of Ophthalmologists (RCOphth)	This is not carried out at Homerton
National Paediatric Diabetes Audit (NPDA) 1 Royal College of Paediatrics and Child	This is not carried out at Homerton

Health (RCPCH)	
National Prostate Cancer Audit 1, 2 Royal College of Surgeons (RCS)	This is not carried out at Homerton
National Vascular Registry 1, 2 Royal College of Surgeons (RCS)	This is not carried out at Homerton
Neurosurgical National Audit Programme 2 Society of British Neurological Surgeons	This is not carried out at Homerton
National Clinical Audit of Psychosis 1 Royal College of Psychiatrists (RCPsych)	This is related to Mental Health Trusts
Paediatric Intensive Care Audit Network (PICANet) 1, 2 University of Leeds / University of Leicester	This is not carried out at Homerton
Perioperative Quality Improvement Programme (PQIP) Royal College of Anaesthetists	The programme is not in-line with Homerton Services
Prescribing Observatory for Mental Health (POMH-UK) 3 Royal College of Psychiatrists (RCPsych)	This is related to Mental Health Trusts
UK Cystic Fibrosis Registry Cystic Fibrosis Trust	This is not carried out at Homerton
Head and Neck Audit (HANA) 2 Saving Faces	Audit delayed and no longer a quality accounts audit
National Audit of Intermediate Care (NAIC) NHS Benchmarking Network	Audit cancelled

Table 4; National audits not applicable to the Trust – source internal Trust records

Implementation of actions implemented following the publication of the national audit 2019/20

Examples of actions that the Trust intends to take or has taken following the review of the 23 national audit reports published during 2019/20 are summarized in table 5 below.

However, it should be noted that due to a reporting lag the data referenced in national clinical audit reports could have been collated during the 2017/18 financial reporting year.

AUDIT TITLE	GOOD PRACTICE	OPPORTUNITIES TO IMPROVE	ACTIONS COMPLETED
National Gastrointestinal Cancer Programme - National Oesophago-gastric Cancer (NOGCA)	Imaging and history review after defined interval is carried out: safety net via Consultant paper clinics. Cases are referred to another Trust for chemotherapy. Any 2 day breaches are reviewed as RCA's, Staging is discussed in MDT's	<ul style="list-style-type: none"> New straight to test UGI pathway to be developed Clarify responsibility for uploading HGD cases 	<ul style="list-style-type: none"> UGI being rolled out HGD upload responsibilities established
Feverish Children (care in emergency departments)	The principle success of this project was that we performed consistently above the national average for the majority of the standards reviewed. Excellent risk assessment of feverish children. There was overall good safety netting advice provided to parents of children (81%)	<ul style="list-style-type: none"> Promote QI change methodology as potential lag time of 2 months RCEM audit questions do not correlate accurately to RCEM standards/ NICE standards. 	<ul style="list-style-type: none"> Staff are documenting risk for sepsis as low/ medium or high risk: as currently no live EPR alert CEWS being used as proxy marker of illness. Integrated results from this RCEM QIP with Tiny Hands QIP and making changes to EPR for paediatric patients.
Vital Signs in Adults (care in emergency departments)	Good performance against the national average Good system for identifying abnormal signs and triggering	<ul style="list-style-type: none"> Challenges in the measuring of vital signs within 15 minutes Improve reassessment of vital signs Input AVPU scores 	<ul style="list-style-type: none"> Device integration into the electronic patient record being carried out Mandatory input of AVPU scores in EPR Discharge vitals that are abnormal to

	sepsis alerts		create an EPR trigger to prompt senior review
VTE risk in lower limb immobilisation (care in emergency departments)	There have been steady improvements in performance with above average results for risk assessment, factsheet.	<ul style="list-style-type: none"> • Increase the risk assessments being performed and failure to document. • A number of low risk patients are not receiving fact sheets. • Improve the responsiveness of the EPR to electronic changes/solutions. 	<ul style="list-style-type: none"> • Continuing the QIP in its current iteration by appointment of a junior doctor to oversee the QIP. • Inclusion of the VTE prophylaxis as part of induction. • EPR changes being made so that risk assessment is embedded in the prescription process.
National Comparative Audit of Blood Transfusion programme Audit of the use of FFP , Cryoprecipitate and other blood components in the under 18's	We have policy/guideline for transfusing neonates (100%) patients had a test performed	<ul style="list-style-type: none"> • Consider developing a specific policy for children receiving blood transfusion, covered by an overarching Trust policy 	<ul style="list-style-type: none"> • The policy for children receiving blood transfusion is covered in the "The Care of a Patient Receiving a Transfusion of Blood Components"
National Joint Registry (NJR) Operates continuous data collection	A British Orthopaedic Association review of arthroplasty during the last year was supportive of the department's current clinical practice. National outcome shows that the Trust is within expected range for 4 out of 6 standards	<ul style="list-style-type: none"> • Opportunity to improve consent rates documented for NJR data collection. 	<ul style="list-style-type: none"> • Consent for NJR data collection now routinely collected at time of consent for surgery and consent rates audited locally.
National Diabetes Audit - Adults National Diabetes Inpatient Audit (NaDIA) - reporting data on services in England and Wales	<p>The Homerton Hospital is staffed a level better than a national average with specialist nurses, specialist diabetes dietitians and podiatrists. It has an average level of diabetes consultants. The hospital already had an electronic patient record and electronic prescribing in place when the audit was carried out in 2017.</p> <p>The trust has a policy for the self-management of diabetes, and the audit shows that a high percentage of wards follow the self-administration of insulin policy. Regular ward nurse diabetes training is in place.</p> <p>The safety initiatives of hypo boxes on the wards and of insulin passports have been introduced. The Homerton has rather lower percentage of emergency diabetic emissions than occurs</p>	<ul style="list-style-type: none"> • The number of 'good diabetes days' (this relates to measures of glycaemic control) was 3.3 at the Homerton Hospital compared to a national average of 4.6. • Mild hypoglycaemia and severe hypoglycaemia were somewhat more common on wards at the Homerton Hospital than nationally. • Globally many measures of patient experience are scored low at the Homerton Hospital, ranging from choice of suitable meals through to staff being definitely, or to some extent, able to answer patients' diabetes related questions. 	<ul style="list-style-type: none"> • The level of inpatient diabetes nurse specialist provision has been increased since the 2017 audit. As a result of the National inpatient audit results over the years. • The Homerton Hospital separately audits the episodes of hypoglycaemia occurring on the ward. These are reducing year on year. The diabetes nurse specialists are supporting the ward nurses to treat diabetic hypoglycaemia more effectively. • There is an association between low scores in measures of inpatient experience and indices of deprivation. This has been a theme throughout several diabetes inpatient audits and is common to other hospitals working in areas of high deprivation and the Trust continue to monitor the results for opportunities where these can be made.

	nationally.		
National Lung Cancer Audit (NLCA)	The Trust continue to refer patients urgently to the relevant clinical teams for chemotherapy and radiotherapy and are within expected range for many of the standards	<ul style="list-style-type: none"> • Improve data completion rate • Further cover of chest specialist in MDT meetings 	<ul style="list-style-type: none"> • All relevant clinicians contacted to ensure completion of spirometry and Eastern Cooperative Oncology Group (ECOG) performance score (using voice recognition template provided when possible) • There is regular presence of Thoracic Surgeon at Homerton “Diagnostic MDT” • Discussions under way to obtain cover for Diagnostic MDT in the absence of the Chest specialist Radiologist
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Homerton neonatal unit overall performance is comparable or above national average in most areas investigated and falls within expected range overall.	<ul style="list-style-type: none"> • Lower admission temperature of babies born very preterm (less than 32 weeks gestation). • Increase the follow up rates of babies at 2 years 	<ul style="list-style-type: none"> • Education and awareness of maintaining normal temperature at induction and regular teaching. Monthly admission temperature tracking and discussion at clinical governance • Action taken - Business case submitted for a dedicated follow-up co-ordinator to ensure babies attend clinic follow-up at correct age.
National Emergency Laparotomy Audit (NELA) Audit operates continuous data collection	All joint surgical and anaesthetic audit meetings have had a NELA component since 2014, good collaboration on NELA / Sepsis projects. Critical Care Committee has overview of care. The hospital has good NEWS2/ escalation processes in place The National Mortality Case Review program is in place, A NELA flowchart has been, incorporated into the EGS guidelines, , We have a clear policy that those with P-POSSUM over 5% there’s a P-POSSUM and NELA score box, as a reminder, on our paper anaesthetic charts. We have a sepsis program in the trust and a national CQUIN to report on timeliness of antibiotics. Night-time surgical cover has recently been improved by switching from staff grade locums to in-house surgical SpR cover	<ul style="list-style-type: none"> • NELA data to be shared with Executive Boards • To discuss NELA in a more structured approach at the Joint surgical and Anaesthetic meetings and ensure NELA is covered in absence of lead at the critical care committee. • Raise awareness of NELA app. • Improve case ascertainment (HUH 85.1%, national 84%) • Consider Consultant surgical review of patients arriving late afternoon / evening – 2017/2018 data 	<ul style="list-style-type: none"> • NELA being discussed at board with Medical Director with NELA to be a standing agenda item. • Structure of approach at NELA meeting has been discussed. • App being promoted at the induction process and ensure staff have the app for rapid risk scoring and able to provide real time data. • Presented those missed cases and advised staff of guidelines. • Surgical team reviewing any potential reasons forelays to theatre. • Firmer guidelines on reasons to admit to ITU being reviewed and discussed.
Falls and Fragility Fractures Audit programme (FFFAP)	Best Practice Tariff achievement has significantly improved	<ul style="list-style-type: none"> • Ensuring completion of Abbreviated Mental Test Score in the Emergency Department before surgery. 	<ul style="list-style-type: none"> • Reminding staff of the completion of Abbreviated Mental Test Score in the Emergency Department before surgery.

		<p>Ensuring completion of the rapid assessment test for delirium in 7 days post-op with translators being used if there is a language barrier.</p> <ul style="list-style-type: none"> • Reducing time to get to surgery. • Reducing incidence of pressure ulcers 	<ul style="list-style-type: none"> • Reminding staff on the completion of the rapid assessment test for delirium in 7 days post-op with translators being used if there is a language barrier. • Reviewing processes to reduce time to get to surgery. • QI work to reduce incidence of pressure ulcers
National Cardiac Arrest Audit (NCAA)	Our rate of in-hospital cardiac arrests is one of the lowest for acute trusts that report to NCAA	<ul style="list-style-type: none"> • Improve the submission of Ethnicity data to national audit programme 	<ul style="list-style-type: none"> • Reminder has been sent to staff to ensure that this element of record keeping is completed
NACR - National Cardiac Rehabilitation	Central to the SOP and delivery plan, all suitable patients are offered an assessment. Patients also receive an assessment following completion of the CR programme. The service meets National BACPRC guidelines and will eventually be accredited via NACR. Actively engaged with the Pan London Cardiac Clinical Network, where good practice is shared and BHF attend. Also recently involved in pan London process mapping exercise, which has aimed to benchmark Pan London Services.	<ul style="list-style-type: none"> • Unable to offer single sex programme due to staffing, funding, pace • The Heart Manual isn't appropriate for every patient. Therefore some patients have the choice of venue Cardiac Rehab or nothing. • Identify potential data entry errors and review capacity. • Sharing good practice 	<ul style="list-style-type: none"> • All patients who don't attend are being surveyed to identify barriers. • Other options available such as digital Cardiac Rehab being explored to offer choice to all patients attending Cardiac Rehab with any funding requirements explored. • Appropriate consideration of the clinical time to support more patients participating in Cardiac Rehab at home. • Support with data entry, in addition to the Cardiac Rehab Nurse as time consuming
National End of Life Care Audit	Trust achieved the national average or above in 4 of the areas audited.	<ul style="list-style-type: none"> • Improve communication with patients and relatives when dying • Improve communication about hydration and nutrition • Address spiritual, social and cultural needs • Consider piloting face to face care 6 days per week 	<ul style="list-style-type: none"> • Piloting of 6 day a week working including the cancer nurse specialists. • Training programme being developed to develop competencies. • Discussions with universities re accreditation of programme

Table 5; actions identified from national audit reports

Local Audits reviewed 2019/2020

Clinical audit is central to improving the quality and effectiveness of clinical care, to ensure that it is safe, evidence based and meets agreed standards. All staff are encouraged to complete clinical audits or other similar projects to monitor and improve services. The reports of 163 local clinical audits were reviewed by us in 2019/20. A selection of these audits and the actions that Trust intends to take to improve the quality of health care provided are in table 6 below;

AUDIT TITLE	GOOD PRACTICE	AREAS FOR IMPROVEMENT	ACTIONS COMPLETED
Point Prevalence Audit of Antibiotic Prescribing Homerton University Hospital	The stop/review on chart has been 100% compliant since Feb 2016	<ul style="list-style-type: none"> Support areas using restricted antimicrobials without Microbiology input Improve the number of valid stop/review date documented Immediate feedback given to teams Ensure that prescriptions not crossed off from drug chart once treatment finished To review the 48h alert for IV antibiotics 	<ul style="list-style-type: none"> Established Joint ward rounds with Diabetes, Vascular surgery, Microbiology discuss cases and agree management Development of automatic reports allowing timely feedback to individual teams and prescribers with assistance from the informatics team. Training provided on EPR use and documentation Exploration of how to use documentation of antibiotic review in the system Training sessions provided to areas with low compliance
Massive Obstetric Haemorrhage	Improved use of transaemic acid	<ul style="list-style-type: none"> Cause of MOH to be documented on discharge summaries of patients with MOH. 	<ul style="list-style-type: none"> Training re: MOH proforma and discharge summaries at Induction.
Intermittent Auscultation Audit	There has been an improvement in intermittent auscultation of the fetal heart during the first stage of labour, FHR recorded 5 m intervals in second stage of labour and maternal pulse documented in line with guidance	<ul style="list-style-type: none"> Review of Partogram Recording maternal pulse FHR frequency per guidance 	<ul style="list-style-type: none"> Incorporated into "fresh eyes" initiative that has been implemented Reminder to midwives: Tip Of The Fortnight, Training, safety huddles Reviewed IA training
Review of current Malaria treatment pathways and practices	Majority of Falciparum Malaria cases were admitted and managed appropriately in keeping with local and national guideline	<ul style="list-style-type: none"> Review Malaria HAMU SOP, EPR template, Quality improvement project for guideline compliance of the returned traveller 	<ul style="list-style-type: none"> SOP written with an EPR template Registered with Life QI and carrying out project over 10 months. Delegated project NS who will complete project as part of QIP
Intrauterine Devices Placed at the Time of Elective Caesarean Section	audit report no perforations	<ul style="list-style-type: none"> Information needs to be given to patients 	<ul style="list-style-type: none"> An information leaflet was created for all pregnant women regarding their postnatal contraceptive options and will be incorporated in their antenatal packs. This leaflet encourages women to discuss postnatal contraception with their midwife and doctor An additional information leaflet was created for women undergoing elective caesarean section detailing intrauterine device placement at the time of caesarean. In conjunction a checklist was made

			for women to sign prior acknowledging their understanding of the procedure, risks and benefits.
Rate of complication after laser ablation of anaogenital, hpv related, pre-cancer lesions	Report reviewed and opportunities to improve identified in action plan	<ul style="list-style-type: none"> • Communication with patients to be improved • Information to be kept to identify patient information • Direct access to clinics to be created 	<ul style="list-style-type: none"> • Leaflets about surgery and complications have been created, informing patients about them • Specific anal stenosis information sheet has been created, • Direct access to specialized clinic has been created to avoid long waiting time for patients to get a second opinion (such as in case of ano-rectal physiology clinic)
Coding practices in dermatology	Improved compliance in surgical entries containing code from previous audit	<ul style="list-style-type: none"> • To ensure that staff are aware of coding compliance 	<ul style="list-style-type: none"> • Coding has been incorporated into trainee induction • A laminated list of has been placed the biopsy room
Calls on cardiac ward	94% of falls had a medical exam completed by the FYI post fall. (Sample 82)	<ul style="list-style-type: none"> • Advice on when to call out the Orthopaedic trauma team • Advice on head injury, head bang, anti-coagulation and analgesia • Await feedback from the strategic falls group 	<ul style="list-style-type: none"> • Guidance has been developed for staff
Surgical Prophylaxis	Areas of excellence: Obstetrics and Gynaecology: An improvement from 16% compliance in 2012 to 83% compliance in this study.	<ul style="list-style-type: none"> • Microguide amendments/new guidance • Consideration of Teicoplanin before anaesthesia 	<ul style="list-style-type: none"> • Review of Surgical prophylaxis guidelines in Adult Antimicrobial policy completed. • EPR prescribing powerplans for each specialty is being considered • Further analysis of knife to skin group
ECG Audit	Audit standards met for the following: all available ECGs examined in the 62 cases, where one or more was found, were labelled with patient identifying details, date and time of the examination.	<ul style="list-style-type: none"> • Review availability of equipment • Checklist to be made available • To ensure templates are made available • To ensure ECG results are interpreted 	<ul style="list-style-type: none"> • Equipment availability of ECG on the Medical Day Unit and other common locations has been reviewed • Checklist for medical admissions arriving to ACU highlighting any absences of baseline bedside investigations now includes an ECG • A generic electronic medical clerking proforma /template and PTWR template including ECG interpretation has been devised.
Care planning- use of care plans	This audit has highlighted some good practice as well as where improvement is needed. It is clear that where a care plan has been initiated, it was personalised to the patient's needs and a date for review was recorded, which will prompt the updating of it.	<ul style="list-style-type: none"> • All care plans to be recorded • To ensure that discussion with the patient/family can be added to the form 	<ul style="list-style-type: none"> • The care plan has been redesigned to ensure that the patient's/family discussions are recorded
Voice of the child audit	The audit shows that Health Visitors generally have awareness of the need to involve children in decision-making about their future and to reflect this by listening to and	<ul style="list-style-type: none"> • Disseminate emerging themes from audit • To develop Trust Wide training or guidelines on the Voice Of the Child • RIO electronic team to integrate Voice Of the 	<ul style="list-style-type: none"> • Voice Of the Children Training for health visitors given • RIO record for Voice Of the Child has been incorporated

	<p>recording the Voice Of the Child routinely. The questionnaire responses from HVs show many Health Visitors were highly confident to capture the Voice Of the Child.</p>	<p>Child in RIO templates</p>	
<p>Prospective Audit on Diabetic foot amputations in City & Hackney with root cause analysis</p>	<p>Areas of excellence identified by the audit;</p> <ul style="list-style-type: none"> o Patients correctly assessed by community podiatry team and offered treatment as per NICE guidelines o Patients correctly escalated to community foot protection team and multi-disciplinary foot clinic/vascular services once problem develops o Patients correctly identified and escalated to diabetic foot co-ordinator by A&E as recommended by the Standard Operating procedure for the Diabetic foot 	<ul style="list-style-type: none"> • Education of relevant staff • Reinstate routine diabetic foot checks of newly admitted diabetics 	<ul style="list-style-type: none"> • Diabetic foot complication education completed • Escalation process reviewed • Training for deteriorating wounds completed • SOP developed on diabetic foot complications • Diabetic foot assessment, foot complication and escalation process for deteriorating wounds training has been given • Recruitment of staff undertaken for diabetic foot assessments on newly admitted diabetics
<p>The effect of length of hospital stay on 30-day readmission and 1-year mortality of in-patients with decompensated heart failure</p>	<p>Report reviewed and opportunities to improve identified in action plan</p>	<ul style="list-style-type: none"> • Early intervention and early contact to in-hospital and community heart failure teams • Include early specialist input for heart failure patients in particular with those in higher risk (indicated above) • Ensure patients are medically optimized prior to discharge 	<ul style="list-style-type: none"> • Local guidance developed for management of heart failure patients to enable health professionals to follow easily in timely manner
<p>WHO Safety Checklist</p>	<p>Many areas of the Team Brief and sign in sign out were 100% compliant</p>	<ul style="list-style-type: none"> • The time when to initiate the sign-out checklist needs to be revised to ensure full participation of all team members. • The actual surgical procedure should be printed on the operating list. • Review of the current electronic documentation system to include a tick box for team brief and debrief to document the completion action. 	<ul style="list-style-type: none"> • The policy has been revised of when to initiate the sign out • The audit results were presented with what is required • Documented discussion with IT around EPR for changes being implemented
<p>Evaluating Incidence of Pain in Post Anaesthetic Care Unit</p>	<p>All patients had analgesia prescribed on discharged back to the ward</p>	<ul style="list-style-type: none"> • Establish working group with anaesthetic department and PACU 	<ul style="list-style-type: none"> • Discharge Criteria developed • Standardised recovery documentation developed

	environment.		<ul style="list-style-type: none"> • Awareness of importance of pain assessment within PACU and ward has been raised
Fever in the returning traveller	100% antibiotic prescription as per Homerton University Hospital antimicrobial prescribing guidance	<ul style="list-style-type: none"> • Protocol for the initial management of fever in the returning traveller • Education of relevant staff 	<ul style="list-style-type: none"> • A protocol has been developed and implemented for the assessment and management of febrile returning travellers in the Emergency Department part of an ongoing ED QIP. • Ongoing teaching on febrile returning travellers as part of regular teaching programme for Core and Higher Specialist Trainees in ED. • Inclusion of audit findings and review of assessment of febrile returning travellers in Foundation and Core Medical Trainee teaching sessions delivered by the Infection Department
Fractured Neck of Femur Boast 1	The Trust are meeting lots of criteria. Significant changes have been made since audit through publication of the internal guideline on managing hip fractures.	<ul style="list-style-type: none"> • To improve compliance with guidance • Continued effort should be made to improve and meet targets. 	<ul style="list-style-type: none"> • Internal guideline on managing hip fractures published. • Discussion took place with leads in A+E and ACU about initial management and use of guideline
Consent Audit 2018	Report reviewed and opportunities to improve identified in action plan	<ul style="list-style-type: none"> • Better training of new staff • Regular updates on consent forms for experienced staff • More time allocated to checking forms in clinic appointments on scan lists and when prepping notes • For patients who are not coming to a pre-treat appointment with the nurses (IVF 2nd or 3rd cycle and IUI/H) doctors could ask patients to complete IUI and IVF consents and file in the notes ready for their treatment cycle 	<ul style="list-style-type: none"> • Training for staff developed and implemented • consent forms and feedback to staff reviewed • Checklist being completed by nurse including all relevant forms even when patients not coming for a pre-treat • Consents being collected by doctor at the end of the clinic appointment.
Reducing re-attendance rates in ED	The majority of attendances, whether it was the initial presentation or a subsequent re-attendance, were discharged. Those that weren't discharged were either admitted to OMU or under the medical team. Those who re-attended more than 4 times were mostly discharged.	<ul style="list-style-type: none"> • Improve level of information provided on conditions • Doctors to advise patients of routes of attendance i.e. GP and ED when deteriorating and awareness of the NCN's role 	<ul style="list-style-type: none"> • Leaflets have been devised for most common attendances • Teaching sessions have been incorporated
Neonatal Positioning	Over the 5 years the Trust has largely improved in positioning between December 2014- August	<ul style="list-style-type: none"> • Review positioning in the mornings on the unit to whether we could optimise this. 	<ul style="list-style-type: none"> • Champion nurses in positioning supporting junior members of staff • Allied Health Professionals (AHP) and Senior Nurses exploring re the

	2017 and the maintained optimal positioning scores during August 2017- May-June 2019; with one decline in April 2018. The Trust has achieved optimal positioning scores 2/4 times over the last 2 years (with one close to optimal, scoring 8.95). This also indicates we are able to achieve optimal positioning with using sheets alone together with staff training.	<ul style="list-style-type: none"> Identify Champion nurses to lead with informal positioning audit to increase awareness Opportunities for inform practical training (using tool) 	common theme of positioning being worse in morning and action plan for how this could improve going forward
Monthly Blood Collection Audit	Compliance has improved from 94% in May 2019 to 100% in September 2019	<ul style="list-style-type: none"> Staff not aware training had expired. 	<ul style="list-style-type: none"> Staff now retrained and some booked for lectures/OSCE .

Table 6: actions implemented following the review of national audit recommendations

2.2.3 PARTICIPATION IN CLINICAL RESEARCH

Clinical research remains high on the Government agenda with continued funding to Clinical Research Networks (CRN) ring-fenced for the promotion of research within the NHS. Research is written into the NHS Constitution and this has recently been reinforced through the CQC inspection process. In September 2018 the Care Quality Commission (CQC) signed off the incorporation of clinical research into its Well Led Framework (NHS Trusts)¹. This formally recognises clinical research activity in the NHS as a key component of best patient care. Thus, clinical research is no longer perceived as just a 'nice to do' exercise in the NHS - it is now a key part of improving patient care. Furthermore, the government reflects this consensus through the continued funding of the National Institute of Healthcare (NIHR). Dame Sally Davies, Chief Medical Officer for England until September 2019, stated that 'Research is central to the NHS.... We need evidence from research to deliver better care. Much of the care that we deliver at the moment is based on uncertainties of experience but not on evidence. We can only correct that with research.'² Homerton is committed to this path growing research capacity year on year. During the reporting year 2019-2020 between 130 and 150 studies were recruiting at any given time, with a total of 219 studies recruiting patients during 2019/20.

It is our vision to ensure that research is an integral part of the functioning of the Trust, working with staff and patients to improve the health of our community. We aim to ensure that staff patients and families understand the importance of research and research is seen and a benefit and not a compromise to NHS clinical activity. We value those involved in research by offering support and training.

We aim to open studies that are particularly relevant to the patients who are treated and cared for at Homerton Hospital and the wider population. We confirm with potential Principal Investigators that studies are in line with local clinical practice. During the lifecycle of each study the R&D team ensure that all governance and regulatory processes are approved and adhered to; recruit patients who are eligible for the trial; collect and maintain necessary data and accurately record the data; and finally confirm secure archiving of all necessary trial related documentation at the end of the study. Participation in research remains important to patients with over 94% of a national consumer poll indicating that it is important for the NHS to carry out clinical research, with a similar number saying it was important so that new treatments could be offered by healthcare professionals³.

The number of patients receiving relevant health services provided or sub-contracted by the Trust in

2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 1689. This was out of a total of 3596 patients who were deemed eligible and were screened for inclusion. This decrease in recruitment is consistent with local and national trends during this reporting period due to changes in the national research landscape and the limited pool of specialties at Homerton.

The end of this reporting period saw the Covid19 pandemic. The research team was responsive to the crisis initially by supporting the clinical teams within midwifery and then quickly refocusing the remaining team towards recruitment to the Urgent Public Health studies. These included the high profile RECOVERY and REMAP-CAP studies that identified the positive effect of dexamethasone when included in the COVID 19 patients pharmaceuticals. Other studies included Clinical Characterisation Protocol for Severe Emerging Infection (CCPSE) to which 452 patients have been recruited, UKOSS- a maternal prevalence study, GenOMICC, a study looking at the genomic make up of patients becoming critically ill with COVID19 and CAPTURE- a trial looking at a near patient testing device.

As the Trust is returning to business as usual we are looking to rationalise our studies to focus on those with higher recruitment or are more beneficial to the patient or Trust. Thus far this year (April- August) 550 patients have been screened with 523 going on to be involved in studies.

¹ Well Led Research in NHS Trusts: A Briefing for Clinical Research Network Staff about outputs from the work to establish research markers in CQC inspection

² Excerpt from video Enhancing patient care through research

2.2.4 GOALS AGREED WITH COMMISSIONERS

The CQUIN payment framework aims to embed quality at the heart of commissioner-provider discussions and indicates that we are actively engaged in quality improvements with our commissioners. Achievement of the CQUIN quality goals impacts on income received by the Trust.

During 2019/20 the Trust continued to work with the Commissioning for Quality and Innovation (CQUIN) scheme to drive quality improvements across the organisation.

A proportion of the Trust income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2019/20 and of the following 12 month period are available electronically at: <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>

The monetary total for income in 2019/20 conditional on achieving quality improvement and innovation goals was £3.3m

In 2019/20, the Trust continued to hold three major contracts that encompassed a number of CQUIN schemes; the acute services contract, the community health services contract and the NHSE contract (which encompasses specialised services, public health services and acute dental services). The current CQUIN programme runs for 2019/20 only.

2.2.5 WHAT OTHERS SAY ABOUT THE HOMERTON

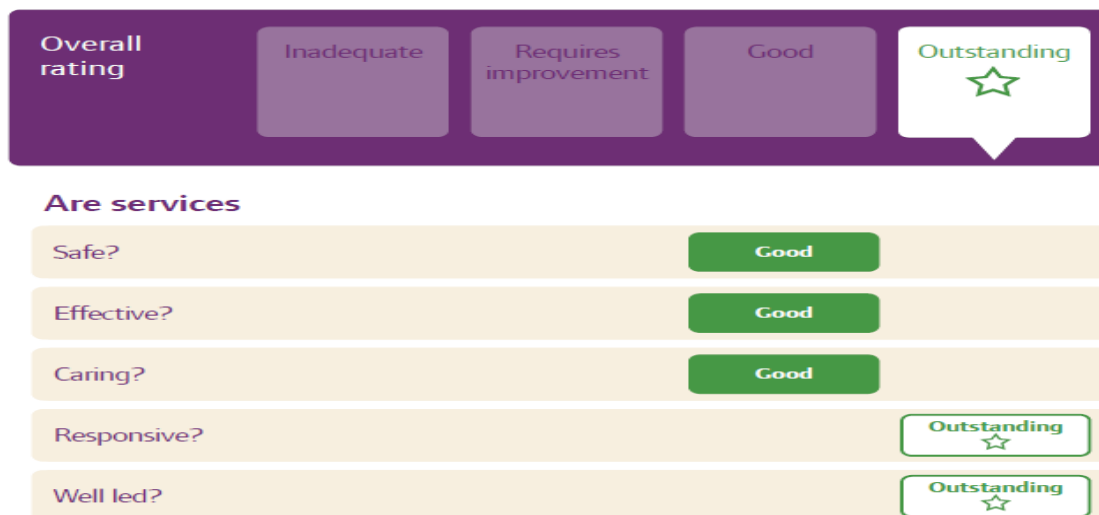
Care Quality Commission (CQC)

Homerton University Hospital NHS Foundation Trust is required to register with the Care Quality Commission. Its current registration status is 'registered with the CQC' with no conditions attached to registration.'

The Care Quality Commission has not taken any enforcement actions against Homerton University Hospital NHS Foundation Trust during the reporting period 2019/20.

CQC Inspection of acute hospital site services.

A focussed inspection of Homerton acute services was carried out by the CQC during January 2020 covering three core services; older peoples services in medical care, maternity services and end of life care. The CQC took into account the current ratings of the other services that were not inspected at the time and aggregated these with the services they did inspect, which resulted in the acute hospital site achieving an overall rating of 'Outstanding'. The outcome of the inspection is in the CQC rating grid below;



The Trust received one requirement notice associated with the 'Requires improvement' rating for safe domain for Maternity. This rating was given mainly due to lack of interface between the maternity and Trust IT systems. The Trust was aware of the issue at the time of the inspection and was recorded on the risk register. The Trust was working to address this prior to the inspection and will continue to work on this with our external providers.

An action plan has been developed to address the CQC's recommendations. Good progress is being made against the actions which are monitored and reported on, through divisional and Trust-wide committees.

The CQC also undertook an inspection of Mary Seacole Nursing Home in February 2020 which was rated "good" across all five key lines of enquiry.

2.2.6 NHS NUMBER AND GMC PRACTICE CODE VALIDITY

The patient NHS number is the key identifier for patient records. Accurate recording of the patient's General Medical Practice Code (Patient Registration) is essential to enable the transfer of clinical information about the patient from a Trust to the patient's General Practitioner (GP).

Homerton submitted records during 2019/20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data for **April 19 – Mar20**:

- which included the patient's valid NHS number was:

SUS Dataset	Trust	London	National	Performance against London	Performance against National
Admitted Patient Care	99.0%	98.3%	99.5%		
Outpatients	99.7%	98.9%	99.7%		
A&E	96.2%	92.5%	97.7%		

Table 7: Validity of NHS numbers

- which included the patient's valid General Medical Practice Code was:

SUS Dataset	Trust	London	National	Performance against London	Performance against National
Admitted Patient Care	99.9%	99.8%	99.7%		
Outpatients	100.0%	99.8%	99.6%		
A&E	99.9%	99.1%	97.9%		

Table 8: Validity of GMC practice codes

The Trust continues to focus on this area to ensure that high quality information is available to support the delivery of safe, effective and efficient clinical services and support accurate and complete data submissions.

There had previously been one Data Quality (DQ) Committee which covered both Acute and Community Services however, last year two separate committees were established, each of which meets bi-monthly.

There are locally agreed core DQ indicators for both the Acute and Community services which are monitored and discussed during the relevant committee meetings. The committees are a vehicle for data quality improvement, promoting and maintaining robust processes for creating and managing accurate information. Therefore, ensuring that information that leaves the organisation is of the highest quality. The implementation of new data quality indicators will also be monitored the committees.

There are numerous DQ reports which are sent to services at regular frequency to improve the data completeness on clinical systems. There are on-going DQ checks, updates and staff training as and when new errors come to light.

2.2.7 INFORMATION GOVERNANCE ASSESSMENT REPORT

The Trust uses the Data Security and Protection Toolkit (DSPTK) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

Due to Covid19, NHS Digital has deferred the submission date of the annual to 31.09.2020; the trust has decided to plan its submission for this date. The current status of the Trust's DSPTK is non-compliant with an action plan in progress.

2.2.8 CLINICAL CODING

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard recognised codes. The accuracy of this coding is a fundamental indicator of the accuracy of patient records.

Clinical coders collect, collate and code clinical information, relating to the diagnosis and treatments for the patients admitted to the hospital. This data is essential for the effective management of the Trust, and also forms the basis for clinical audit, clinical governance reporting and payment.

Homerton was not subject to the Payment by Results (PbR) clinical coding audit during 2019/20.

2.2.9 ACTIONS TO IMPROVE DATA QUALITY

The six dimensions of data quality: Completeness, consistency, accuracy, timeliness, uniqueness and validity are monitored on regular basis in order to provide intelligence for clinical and strategic decision making. The Trust continues to ensure that high quality information is available to support the delivery of safe, effective and efficient clinical services and support accurate and complete data submissions.

During 2019, decision was taken to have two Data Quality Committees: one for Acute services and the other for Community services, so that both acute and community services have focused space and time to review and discuss the DQ issues and steps to improve them. The committee meets every month alternating between acute and community services. The Data Quality committee is chaired by Head of Information Services. The committee reviews both local and national indicators. Through the use of data quality indicators for both acute and community services, the committee is a vehicle for data quality improvement and awareness within the Trust. The committee promotes and maintains robust processes for creating and managing accurate information within the organisation and ensuring that information that leaves the organisation is of the highest quality.

Deep-dive audits are periodically conducted within specific areas with reports produced of current state and key recommendations. Regular daily, weekly and monthly processes are in place to monitor key areas such as the recording of patient demographics, the timely production of discharge summaries, and the correct recording and coding of clinical events.

Homerton University Hospital NHS Foundation Trust will be taking the following additional actions to improve data quality are;

- Information team have regular meetings with Clinical Systems team to review and resolve the current technical and reporting issues within main clinical systems
- Data Quality team have regular meetings with Clinical Systems team to review and improve existing correction processes and to discuss emerging issues and ways to create a correction work flow.
- Part of the Data Quality update at Informatics committee; provide benchmarked data for key indicators against London and National figures.

2.2.10 LEARNING FROM DEATHS

During 2019/20 421 of the Homerton University Hospital NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

Reporting quarter 2019/20	Number of deaths	Number of completed reviews
Quarter 1	84	72
Quarter 2	82	77
Quarter 3	108	101
Quarter 4	147*	128

Table 9: mortality reviews completed per quarter - *includes Covid-19 deaths

Part of the mortality review process includes assigning likelihood that there were issues in the level of care that may have attributed to the death of the patient. These scores are estimated using the CESDI (Confidential Enquiry into Stillbirth and Deaths in Infancy) methodology which is defined as;

- CESDI 0 - No suboptimal care
- CESDI 1 - Suboptimal care, but different management would not have made a difference to the outcome
- CESDI 2 - Suboptimal Care – different care might have made a difference
- CESDI 3 - different care would reasonably be expected to have made a difference.

Following the reviews 9 patients (2%) of the patient deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient (CESDI 2).

At the Homerton, the CESDI score is agreed by the responsible Consultant and medical team and findings are documented on an electronic tool and shared through the governance process. The majority of all cases (as above) were reviewed either in a multidisciplinary forum or by a second independent reviewer who was not involved in the care of the patient.

If a CESDI score 1 or above is obtained the case will be discussed in a multidisciplinary forum which includes identifying areas of good practice as well as opportunities for improvement. Themes are extracted and presented in the quarterly Board report and discussed in the Mortality Leads meetings and where appropriate actions are attached and completed.

To provide assurance of the review process, a minimum of 50% of reviews scored as CESDI 0s are audited independently. However, many teams choose to review all of their cases by an independent assessor or in a multidisciplinary forum.

All reviews scored as CESDI 2's and above are investigated via the Trust's Serious Incident review process. For the purpose of this report the learning of all CESDI reviews that scored 2s are below; (note there were no CESDI 3 reviews)

Summary of learning from case record review identified over the period 2019/20:

- Lack of timely recognition of the dying patient
- Junior doctors lack of confidence in having end of life conversation
- Out of hours palliative care provision
- Early reviews done by Critical care outreach team for deteriorating patient
- Appropriate involvement sought of other specialities

- Clear hand over to the weekend team about escalation / de-escalation of care given and subsequent weekend reviews done
- Patient wishes regarding end of life care and place of death taken into account
- Delay in appropriately focussed diagnosis and / or treatment
- Lack of a community advance care plan for those patients who would potentially have benefitted from one
- CMC accessed and checked by teams to align with decisions made pre admission
- Delayed transfer of care to another care facility due to a lengthy (fast track) process
- ICD deactivation in the deteriorating patient and staff confidence
- Delay in death verification out of hours
- Inappropriate interventions minimised at end of life

A summary of the actions taken in 2019/20 and those to be implemented in 2020/21:

- Palliative care / end of life care training for junior doctors and nurses, including simulation training
- Expansion of palliative care team input
- Redesign of the fast track process in collaboration with other stakeholders (launched in September 2019)
- Design of flowchart for the deactivation of implantable cardioverter defibrillators for EoL patients
- Additional training for staff on death verification planned for July 2020
- Development of an agreed Standard operational procedure & Governance Protocol for the use of Coordinate my care (CMC) in City & Hackney

Summary of the key achievements completed during 2019/20:

1. Deteriorating Patient Group

An additional deteriorating patient doctor post for out of hours cover started in August 2019 which complements the already existing critical care outreach service during the day.

Launch of a deteriorating patient flag on the electronic patient record (Whiteboard) to further facilitate early recognition and escalation where appropriate of patients – links in with the deteriorating patient Senior House Officer (SHO) role.

2. Co-ordinate my care (CMC)

A working group with representation from primary and secondary care has been established which has progressed work on shared decision making on CMC and designed a Standard Operating Procedure & Governance Protocol for use of CMC in City & Hackney.

Coordinate My Care (CMC) is used as the shared urgent care plan to improve patient care. A CMC care plan supports a patient if they have an urgent care need. Healthcare professionals will be more informed about the patient they are attending to and better able to provide care in accordance with the patient's needs and wishes. A CMC care plan should help to avoid unnecessary hospital A&E attendances and emergence admissions by giving professionals the information they need at the first point of contact with a patient in an urgent care situation.

3. Development of the Mortality Review Policy and mortality reviews

A Trust Mortality Lead was appointed in August 2019 and has updated the Mortality review policy in 2019 with enhanced focus on shared learning across professional boundaries.

Engagement with the mortality review process has improved across a range of specialities with an increased number of MDT discussions and reviews and there are now shared forums for learning that are open to other specialities. Work has progressed with involvement of a multidisciplinary attendance at meetings.

4. Focus on Palliative care support / teaching and training including for the COVID pandemic

Out of hours support is provided by a dedicated Palliative Care Consultant over the phone
Development and circulation of guidelines on managing common symptoms in the context of COVID 19
Weekend cover by a senior nurse in Palliative Care during the COVID pandemic
Change of workflows to case find patients that would benefit from palliative care (symptom) support, not only end of life care
Short focused teaching at the bedside delivered on recognising dying and symptom management

2.2.11 SEVEN DAY SERVICES

Ten clinical standards for seven day services in hospitals were developed in 2013. These standards define what seven day services should achieve, no matter when or where patients are admitted. Four of the 10 clinical standards were identified as priorities on the basis of their potential to positively affect patient outcomes. These are:

- Standard 2 – Time to first consultant review
- Standard 5 – Access to diagnostic tests
- Standard 6 – Access to consultant-directed interventions
- Standard 8 – Ongoing review by consultant twice daily if high dependency patients, daily for others

The Trust repeated the case note review exercise reviewing 100 patients admitted to the hospital in July 2019.

Standard 2: Standard 2 – Time to first consultant review

87% of patients received a review within 14hrs. Considerable improvement was noted in those who received a review within that timeframe at the weekend (96%). 13 patients (13%) were not reviewed within 14 hours. All of these patients had a National Early Warning Score (NEWS) score of < 5 on admission. This is important as it demonstrated that none of the patients whose review occurred outside the 14 hr window were critically unwell.

Challenges to meeting the target included:

- A small group of medical patients admitted late in the day after 8pm (when there is no medical consultant on site) who had their review the following day after the night patients had been seen. This order allows the night staff to leave the ward at the end of their shifts having appropriately handed over their work. This number remains very small and the current model is felt to be the safest way to run the acute medical take.
- Challenges remained in ensuring that surgical patients all received a review in the given

timeframe. Further work was planned to look at these patients in more detail in Q4 of 19-20 which unfortunately could not progress because of the COVID pandemic.

Clinical Standard 8: Once/ Twice daily Consultant reviews as appropriate

We met this standard for once-daily and twice-daily review patients admitted both during the week and weekend. This was the case in the last round of reviews as well. The decision of whether a patient requires twice daily review or once daily was based on the clinical needs of the patient using the standards set out in the national 7 day services guidance.

The Trust continues to meet standards 5 and 6.

Future Plans

We would aim to continue work looking at the pathways of care for surgical patients over the next 12 months and if anything further could be done to improve performance with regard to standard 2 as a result.

2.2.12 SPEAK UP SAFELY

Speaking up and ensuring a culture of staff speaking up is at the heart of the Trust's refreshed People Plan.

The Trust has a Freedom to Speak Up: Raising Concerns at Work (Whistleblowing) Policy and Procedure in place which details how staff can raise concerns informally and formally as well as the feedback mechanisms required when concerns are raised. It also includes protections for staff raising concerns. The Trust Board of Directors receives a six monthly Raising Concerns at Work report which includes content from the Freedom to Speak Up Guardians as well as additional information on live/closed formal cases that have occurred in the reporting period.

There are two Freedom to Speak up Guardians in the Trust to promote the need for staff to speak up where issues of concern arise as well as support them in doing so. In addition there are two designated Board Leads one Executive Director and one Non-Executive Director.

In addition the Trust has developed a number of staff networks that have widespread staff membership and provide further routes through which staff can raise concerns.

The Trust is also supportive of Trade Unions and actively supports staff to raise concerns via the local trade union representatives.

2.2.13 ROTA GAPS

Homerton has had a Guardian of Safe Working in place since the implementation of the new junior doctors' contract in 2016. Their role is to monitor the exception reports that come in and ensure any issues are addressed in a timely manner. Currently we have a 96% (previous year 92%) fill rate across medical and dental. Any vacancies in rota's are filled on a temporary basis by bank or agency doctors, whilst the post is advertised and a substantive/fixed term doctor is appointed. In the last six months we have advertised on 27 occasions for junior or senior clinical fellow posts. We have a reduction in advertising due to the impact of Covid-19. The Trust Board of Directors receives reports from the Guardian of Safe Working which includes details on fill rate and actions taken across the trust to support junior doctors.

2.3 REPORTING AGAINST CORE INDICATORS

All NHS foundation trusts are required to report performance against a core set of indicators using data made available to the Trust by NHS Digital. Where the required data is made available by NHS Digital, a comparison has been made with the national average and the highest and lowest performing trusts. The data published is the most recent reporting period available on the NHS Digital website and may not reflect the Trust’s current position (please note that the data period refers to the full financial year unless indicated). All data provided is governed by standard national definitions and the exact form of each of these statements is specified by the quality accounts regulations.

All Trusts are also required to include formal narrative outlining the reasons why the data is as described and any actions to improve.

1. Summary Hospital-level Mortality Indicator (SHMI) and patient deaths with palliative care; NHSI Quality indicator ref 12

The SHMI reports on mortality at trust level across the NHS in England. SHMI is the ratio between the number of patients that die following hospitalisation and the number of patients expected to die based on the national average and on the particular characteristics such as comorbidities of our patients. It reports on all deaths of patients who were admitted to hospital and either died whilst in hospital or within 30 days of discharge. The Standardised Hospital Mortality Indicator is unaffected by palliative care coding.

SHMI has three bandings: higher than expected, as expected as and lower than expected. If the number of deaths falls outside the ‘as expected’ range, then the Trust will be considered to have either a higher or lower SHMI than expected. A ‘higher than expected’ SHMI should not automatically be viewed as bad performance, but rather should be viewed as a ‘smoke alarm’, which requires further investigation. Conversely, a ‘lower than expected’ SHMI does not necessarily indicate good performance.

If you would like to know more about how these ranges are calculated, then please refer to the NHS Digital website at: <https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>

The data in table 9 below describes the SHMI has been sourced from HED, Trust benchmarking tool. The data period is from Mar’19 to Feb’20. Our Trust SHMI score is 76.14 which equates to NHS Digital Band 3 (lower than expected deaths when compared to the national baseline).

Indicator	Reporting Period	Homerton Performance	National Average	Highest Performing Trust	Lowest Performing Trust
(a) The value and banding of the summary hospital-level mortality indicator (“SHMI”) for the Trust for the reporting period	Jan2019 – Dec 2019	Value 72 Banding:3	Value: 1.00	Value: 68.9 Banding: 3	Value: 120 Banding:1
	Jan 2018 – Dec 2018	Value: 76 Banding: 3	Value: 1.00	Value: 69.9 Banding: 3	Value: 123 Banding: 1
	Oct 2017 – Sept 2018	Value: 69 Banding: 3	Value: 1.00	Value: 69 Banding: 3	Value: 127 Banding: 1
	Oct 2016 – Sept 2017	Value: 87 Banding: 3	Value: 1.01	Value: 73 Banding: 3	Value: 125 Banding: 1
(b) The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for	Mar 2019 – Feb 2020	51%	37%	59%	10%
	Jan 2019 – Dec 2019	48%	36%	60%	10%
	Jan 2018 – Dec 2018	46%	34%	60%	15%

the Trust for the reporting period.	Oct 2016 – Sept 2017	45.4%	31.6%	59.8%	11.5%
	Oct 2017 – Sept 2018	43.6%	33.8%	59.5%	14.3%

Table 10: SHMI scores since 2016 to 2019 (NHS Digital)

Assurance Statements

The Trust considers that this data is as described for the following reasons:

The data is produced using a recognised national agency and adheres to a documented and consistent methodology. The Trust recognises and is assured by its benchmarked position as having one of the lowest SHMI in the country.

SHMI is not designed for the type of pandemic activity seen during COVID 19 and initially COVID 19 activity will be excluded as per NHS Digital.

The Trust intends to take the following actions to sustain and improve the SHMI, and so the quality of its services:

- **Continued use of the electronic Mortality tool and appointment of a Mortality Lead**

The electronic mortality tool is now well embedded and used by all specialties.

A Trust Mortality Lead was recruited in August 2019. The Mortality lead has now established links with all departments including identifying a Departmental Mortality Lead and as well as overseeing the process is able to provide advice and guidance regarding the Mortality review process for all deaths and education as required. Together with individual Mortality Leads in all departments, existing practice is reviewed with the aim to create a consistent system for learning from deaths and sharing that learning across the Trust. Engagement with the mortality review process has improved across a range of specialities with an increased number of Multiple Disciplinary Team (MDT) discussions and reviews and there are now shared forums for learning that are open to other specialties. Work has progressed with involvement of a multidisciplinary attendance at meetings.

In 2018/19, 332 out of 436 deaths (76%) had a Consultant led CESDI score applied, this number has risen to 410 out of 421 deaths (97%) in 2019/2020. For 2019/2020 for the first time it is possible to also list the number of multidisciplinary discussions or independent reviews that occurred. These happened in 378 out of 421 deaths (90%) with some for Quarter 4 still outstanding. Many teams choose to discuss all of their patients even if the case is allocated a CESDI score of 0 (no suboptimal care) as often whole team learning and understanding can be gained also from those cases.

- **Progress made with reviewing mental health and learning disabilities deaths**

Patients with confirmed learning disabilities who die are subject to an additional review, as well as the Trust’s mortality review process. The national Learning Disabilities Mortality Review (LeDeR) programme aims to ensure that reviews of deaths lead to learning which will result in improved health and social care services for people with learning disabilities.

There were no deaths during Quarter 1 2019/20 of patients with identified learning disabilities flagged on EPR, 1 death in Quarter 2, two in Quarter 3 and 3 in Quarter 4. These were reported to LeDeR. From July 2019, a named individual within East London NHS Foundation Trust has been identified to be included in reviews of deaths with mental health flag recorded on EPR.

2. Patient Reported Outcome Measures (PROMS) – NHSI Quality indicator ref 18

Patient Reported Outcome Measures (PROMS) is a questionnaire based tool used to identify the quality and effectiveness of care delivered to NHS patients based on the patients' perception. All patients are asked to participate in the scheme which covers four clinical procedures:

- Hip replacements (primary and revisions)
- Knee replacements (primary and revisions)
- Groin hernia
- Varicose vein (Homerton Hospital does not participate in this PROM as we do not provide this type of operation)

A patient will complete two questionnaires: one prior to surgery and one six months after surgery.

These questionnaires ask patients about their health and quality of life (as well as the effectiveness of the operation) before and after surgery.

Completion of these questionnaires is voluntary and the patient's consent to participate must be granted in order for the data to be used.

Indicator	Reporting Period	Homerton Performance	National Average	Lowest Performing Trust	Highest Performing Trust
Total Hip Replacement Surgery	Apr 2019-Mar 2020	Not available at time of publication			
	Apr 2018-Mar 2019	0.546	0.500	0.360	0.550
	Apr 2017 – Mar 2018	0.478	0.458	0.357	0.550
	Apr 2016 – Mar 2017	0.467	0.437	0.329	0.533
Total Knee Replacement Surgery	Apr 2019-Mar 2020	Not available at time of publication			
	Apr 2018-Mar 2019	0.339	0.300	0.250	0.400
	Apr 2017 – Mar 2018	0.332	0.337	0.254	0.406
	Apr 2016 – Mar 2017	0.334	0.323	0.259	0.391
Groin Hernia Surgery	Apr 2019-Mar 2020	Not available at time of publication			
	Apr 2018-Mar 2019	No data*	Insufficient numbers to be included		
	Apr 2017 – Mar 2018	No data*	Insufficient numbers to be included		
	Apr 2016 – Mar 2017	0.048	0.086	0.006	0.135

Table 11: PROMS data for hip, knee and hernia surgery.

Assurance statements

The Trust considers that this data is as described for the following reasons:

- Homerton Hospital has processes in place to ensure that relevant patient cohorts are provided with pre and postoperative questionnaires.

- There has been sustained improvement in outcomes for total hip and total knee replacements. This is consistent with data collected by the trust for improvement projects, such as the opening of the ring fenced elective orthopaedic ward, and patient feedback questionnaires.

The Trust intends to take the following actions to sustain and improve the PROMS, and so the quality of its services.

- Review of how we collect PROMS data. We are currently trialling an electronic system to collect PROMS. It is anticipated this will allow for a fuller dataset, i.e. increased six month PROMS completion and allow the service to be more responsive to patient feedback.
- Review of Enhanced Recovery Protocol to improve the patient’s immediate post op recovery.
- Reviewing PROMs data and findings and discussing these within relevant departments.
- Reviewing PROMS data on a regular basis through the Improving Clinical Effectiveness Committee.

3. 28 day emergency readmission rate - NHI Quality indicator ref 19

This indicator on the NHS Digital portal was last updated in December 2013 for the 2011/12 reporting period. Due to their ‘statistical method’ in continuous inpatient spell (CIP) construction, we are unable to replicate the data produced by NHS digital (the national standardisation process involves external data sources that we do not have access to). However, the information provided below is based on our internal dataset and NHS digital methodology without the standardisation applied.

Indicator	Reporting Period	Homerton Performance
The percentage of patients readmitted to a hospital which forms part of the trust within 28 days of being discharged from hospital which forms part of the Trust during the reporting period: aged 0-15	2019/20	4.97% (National average 10.02%)
	2018/19	4.36%
	2017/18	4.66%
	2016/17	3.63%
The percentage of patients readmitted to a hospital which forms part of the trust within 28 days of being discharged from hospital which forms part of the Trust during the reporting period: aged 16 or over	2019/20	9.12% (National average 8.30%)
	2018/19	12.60%
	2017/18	11.95%
	2016/17	12.7%

Table 12: 28 day readmission rates for patients aged 0 – 15 and aged 16 and over

Assurance statements

The Trust considers that this data is as described for the following reasons:

The Trust has a robust clinical coding and data quality assurance process, and readmission data is monitored through the Trust Management Board on a monthly basis.

The Trust intends to take the following actions to sustain and improve the 28 day readmission rate, and so the quality of its services.

- Information team has developed an electronic readmissions report that enables local services to drill down seamlessly from Trust wide through divisional to local level.
- The utilisation of the readmission report has been discussed within the Trust’s Improving Clinical Effectiveness Committee with a view that the Divisional Leadership teams will oversee

the specialties in the real time tracking and interventions to reduce readmission rates.

4. Responsiveness to personal needs of patients – NHSI Quality Indicator 20

The indicator value is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals.

Indicator	Reporting Period	Homerton Performance	National Average	Lowest Performing Trust	Highest Performing Trust
The Trusts responsiveness to the personal needs of its patients during the reporting period.	2018/19	63.4	67.2	58.9	85.0
	2017/18	68.1	68.6	60.5	85.0
	2016/17	66.3	68.1	60.0	85.2

Table 13; responsiveness to personal needs – source NHS Digital; NHS Outcomes framework

Assurance statements

The Trust considers that this data is as described for the following reasons:

The Trust uses an approved contractor, Picker Institute to collect the required data which follows the methodology set out by the CQC.

With the increase in demand for our services, we continue to report a high number of patient satisfactions. The Trust acknowledges that sometimes it may not be as responsive as it would like to, especially when the system is under pressure.

However our FFT data indicates high scores; consistency and upward curve the past year in responding to the needs of our patients.

The Trust intends to take the following actions to sustain and improve the 28 day readmission rate, and so the quality of its services.

- The Trust actively supports staff completing quality improvement projects to ensure that care is tailored to individual needs.
- Task and finish group on discharge developed discharged booklet which is personalised to individuals and ensure every aspects of patient’s care was addressed pre and post discharge.
- The introduction of Swan Scheme on all wards has seen staff more aware, sensitive and respect for the dying. End of Life patients receive personalised care.
- Service specific user engagements guarantee patients have the opportunity to discuss their views and concerns on what really matters to them to/with the right people.

5. Staff recommending the Trust as a place to work or receive treatment to Family and Friends. – NHSI quality indicator 21

The National NHS Staff Survey provides the opportunity for organisations to survey their staff in a consistent and systematic way on an annual basis and benchmark their results against each other. Obtaining feedback from staff, and taking into account their views and priorities is vital for driving real service improvements across the NHS.

Indicator	Reporting Period	Homerton Performance	National Average	Lowest Performing Trust	Highest Performing Trust
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends	2019	78	69.0	N/A	N/A
	2018	75.1	69.9	49.2	90.3
	2017	73.4	70.2	48.0	89.3

Table 14: Staff survey response – “happy with standard of care” (Picker)

Assurance statements

The Trust considers that this data is as described for the following reasons:

- The Picker Institute conducted the survey on behalf of the Trust and all full and part time staff employed by the organisation on the 1st September 2019 (with certain specific exclusions) had the opportunity to complete the survey electronically between September to December 2019. The Trust achieved a return rate of 56%, which represented 3.6% point increase from 2018 (52.4%).
- We have performed above the national average for staff recommending friends and family as a place to be treated with the score improving by more than one percent since 2018.

The Trust intends to take the following actions to sustain and improve the percentage of staff recommending the Trust to their friends and family, and so the quality of its services.

We will act on this information responsively to drive further improvements in engagement levels by:

- Introduce the People and Culture Plan – 2020 to 2023 - The plans and projects that will deliver the improvement in our people’s experience be made of three key elements.
 - Creating a Values-led Organisation for all our People
 - Equality and Inclusion for our People
 - Strategy and Communication

6. Rate of admissions risk assessed for VTE - NHSI Quality Indicator 23

Venous Thromboembolism (VTE) is a significant cause of mortality, long-term disability and chronic ill-health problems – many of which are avoidable. 1 in 20 people will have a VTE at some time in their life and the risk increases with age. It is estimated that as many as half of all cases of VTE are associated with hospitalisation for medical illness or surgery. VTE is an international patient safety issue and its prevention has been recognised as a clinical priority for the NHS in England.

Indicator	Reporting Period		Homerton Performance	National Average	Lowest Performing Trust	Highest Performing Trust
The percentage of patients who were admitted to hospital and who were risk	2019/20	Q1	95.6	95.6	69.8	100
		Q2	95.9	95.5	71.7	100
		Q3	96.2	95.3	71.6	100
		Q4	93.6	*	*	*

assessed for venous thromboembolism during the reporting period.	2018/19	Q1	95.5	95.6	75.8	100
		Q2	97.0	95.5	68.7	100
		Q3	96.9	95.7	54.9	100
		Q4	96.2	95.7	74.3	100
	2017/18	Q1	97.0	95.2	51.8	100
		Q2	96.7	95.3	71.9	100
		Q3	97.4	95.4	76.1	100
		Q4	96.6	95.2	67.0	100
	2016/17	Full year	96.2	95.6	79.1	100

Table 15: VTE risk assessment data (NHS Digital); *Q4 publication delayed due to Covid

Assurance statements

The Trust considers that this data is as described for the following reasons:

Venous Thromboembolism (VTE) is a significant cause of mortality, long-term disability and chronic ill-health problems – many of which are avoidable. 1 in 20 people will have a VTE at some time in their life and the risk increases with age. It is estimated that as many as half of all cases of VTE are associated with hospitalisation for medical illness or surgery. VTE is an international patient safety issue and its prevention has been recognised as a clinical priority for the NHS in England.

During the year 19-20 the trust continued to ensure that more than 95% of patients admitted to hospital had a VTE risk assessment completed as per NICE guidance. Over the course of the year we focused on improving the quality of these assessments. Findings from previous Root cause Analyses performed for patients who had developed VTE associated with a hospital stay showed that sometimes the process of completing the risk assessment is not directly tied to the prescription of appropriate VTE prophylaxis.

To respond to this in March 2020 we launched a redesigned VTE risk assessment form as part of our electronic patient record which provided enhanced clinical information such as relevant blood test results within the form and which contained the prescription embedded within it. This will ensure that the quality of the risk assessment process remains consistently high and that the actions of risk assessment and responding to that risk with the appropriate prescription of thromboprophylaxis remain linked in each case.

Our priority for the following year is to review performance following this change and to audit, at appropriate intervals, the quality of the risk assessment given by case note review.

7. Clostridium difficile rate - NHSI Quality Indicator 24

Clostridium difficile infection (CDI) remains an unpleasant, and potentially severe or even fatal, infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment.

The laboratory at the Trust processes stool samples for *C.difficile* testing from both inpatients and community (GP) patients and all *C.difficile* toxin positive results are reported to Public Health England (PHE).

Before 19/20 the national definition of a 'hospital onset' (attributable) case of *C.difficile* was defined as 'all *C.difficile* positive stool samples from patients admitted to the Trust, except those collected during the first 3 days of admission'.

In 19/20 the definition of Trust-attributable cases changed to:

- HOHA=Hospital Onset Hospital Acquired = cases detected in the hospital two or more days after admission
- COHA = Community Onset Healthcare Associated = cases occurring in community/within 2 days of admission when patient has been an inpatient in reporting Trust in previous 4 weeks
- COIA = Community Onset Indeterminate Association = cases occurring in community/within 2 days of admission when patient has been an inpatient in reporting Trust in previous 12 weeks but > most recent 4 weeks.
- COCA = Community Onset Community Associated = cases occurring in community/within 2 days of admission when patient not an inpatient in reporting Trust in previous 12 weeks.

With this new definition all HOHA and COHA cases are defined as ‘trust-attributable’. The case limit for 19/20 was 12 Trust-attributable cases. There were only 8 Trust-attributable cases (7 HOHA and 1 COHA) in 19/20.

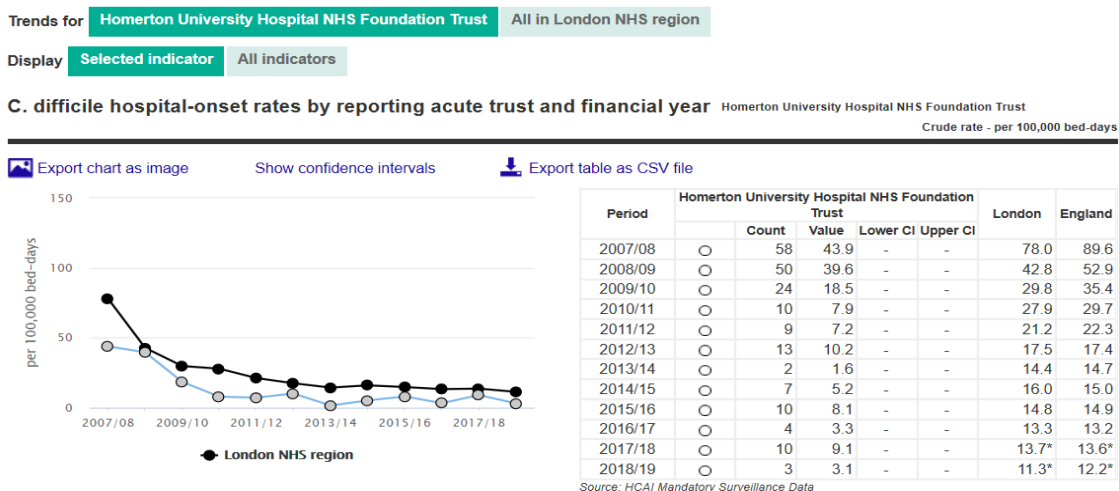
Indicator	Reporting Period	Homerton Performance	National Average	Lowest Performing Trust	Highest Performing Trust
The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.	2018/19*	3.1	12.2	26.4	1.7
	2017/18	8.9	13.7	82.7	0.0
	2016/17	3.3	14.9	66.0	0.0

Table 16: The rate per 100,000 bed days of cases of C.difficile infection ‘within the Trust’

Note: * ‘within the Trust’ is taken to mean the ‘hospital-onset’ rates of C.difficile pre-19/20 & HOHA + COHA for 19/20 NB these figures will not be directly comparable due to the change in definitions

The Trust continues to have very low rates of C.difficile, having the 5th lowest hospital-onset rate of any acute trust in England in 18/19. Given there were 3 ‘hospital-onset’ cases in 18/19 and 8 HOHA/COHA cases in 19/20, it is anticipated that the Trust’s rates for 19/20 should remain low when the national indicators are published.

The Trust hospital-onset rates for the past 12 years are reported in the graph and figure below:



Assurance statements

The Trust considers that this data is as described for the following reasons:

The data for results up to 18/19 has been taken from the Public Health England (PHE) 'Fingertips website (accessed on 28/07/20): https://fingertips.phe.org.uk/profile/amr-local-indicators/data#page/3/gid/1938132910/pat/158/par/NT_trust/ati/118/are/RQX/iid/91968/age/205/sx/4/cid/1/page-options/ovw-do-0_car-do-0

The unbenchmarked data for 19/20 is the data taken from the Trust's Winpath system and submitted, after Chief Executive sign off, to the PHE surveillance website on a monthly basis. This data is cross-checked by the DIPC pre-sign off on a monthly basis by comparing a spreadsheet of the monthly Winpath laboratory data (extracted by the Microbiology laboratory manager) with the data submitted to the PHE website by the Infection Prevention & Control nurses.

All Trust-attributable *C.difficile* cases are reported as incidents and followed up by the ward team & Infection Prevention & Control team in partnership using a Post Infection Review (PIR) tool. The PIRs are then reviewed and signed off by the Trust's Assurance Panel.

The Trust continues to work hard at reducing the risk of *C-difficile* infection to our patients including continuously improving our already embedded processes for risk reduction by antimicrobial stewardship, prompt identification of possible cases and prompt laboratory testing processes.

The Trust intends to take the following actions to sustain and improve the percentage of staff recommending the Trust to their friends and family, and so the quality of its services.

The Trust intends to take the following actions to continue to decrease the rate of Trust-attributable *C-difficile* infection where there are lapses in care identified. However it must be recognised that some cases of *C.difficile* infection are not avoidable.

- *C.difficile* awareness teaching is included in the Infection Prevention & Control mandatory induction & annual update training.
- Focus on timely isolation of all ward patients with diarrhoea (where there is a possible infective cause) whilst awaiting *C.difficile* testing results.
- Focus on timely sending of diarrhoea samples for testing for *C.difficile* enabling prompt identification of *C-difficile* toxin positive cases.
- Environmental decontamination by 'terminal' cleaning of the patient's bed space on side room transfer (if applicable) and after discharge from side room
- Focus on clutter reduction in ward environments to enable high standards of cleaning.
- Regular audits to ensure compliance with national and local guidelines.
- Daily antimicrobial stewardship reviews of antimicrobial prescribing.
- Root Cause Analysis using a Post Infection Review (PIR) investigation tool of every case to identify lessons to be learnt and feedback to the multidisciplinary teams and into the governance structure to ensure learning across the Trust.

8. Patient Safety Indicators – NHSI Quality Indicator 25

Patient safety incidents are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare. Reporting them supports the NHS to learn from mistakes and to take action to keep patients safe. Patients should be treated in a safe environment and protected from avoidable harm.

Homerton actively encourages its staff to report all adverse incidents that have either caused harm or have the potential to cause harm during their care at the Trust. This is to ensure an open and transparent culture and promote organisational learning from safety incidents with the intention of preventing similar incidents from reoccurring in the future. Like NHS England, the Trust considers its high reporting culture as a ‘positive indicator of its healthy safety culture, giving organisations the chance to learn and improve’.

Indicator	Reporting Period	Homerton Performance		National Average*	Lowest Performing Trust*	Highest Performing Trust*
Number of patient safety incidents	Apr 2019 – Sept 2019	2772		6276	1392	21,685
Rate of patient safety incidents (per 1000 bed days)		65.39		50	26.3	103.8
Number (%) of patient safety incidents resulting in severe harm or death		Severe	4(0.1)	14.6 (0.0018%)	0 (0%)	76(0.4%)
		Death	0(0%)	4.8 (0.0005%)	0 (0%)	24(0.7)
Number of patient safety incidents	Oct 2018- March 2019	2917		5841	1278	22,048
Rate of patient safety incidents (per 1000 bed days)		64.82		46	16.9	95.94
Number (%) of patient safety incidents resulting in severe harm or death		Severe	6(0.2%)	13.7(0.00185)	0 (0%)	62(0.3%)
		Death	3(0.15)	5.1(0.00075)	0 (0%)	23(0.3%)
Number of patient safety incidents	Oct 2017 – March 2018	3151		5449	1311	19897
Rate of patient safety incidents (per 1000 bed days)		56.9		42.6	24.2	124.0
Number (%) of patient safety incidents resulting in severe harm or death		4 (0.13)		19	0 (0%)	99 (1.56)

Table 17: reported patient safety incident data uploaded to NRLS; (NHS Digital)

Assurance statements

The Trust considers that this data is as described for the following reasons:

The Trust submits all eligible incidents to the National Reporting and Learning System. The latest information available from NRLS covers the first half of 2019/20 (April – September 2019). For this period, Homerton was noted as a relatively high reporting Trust when compared nationally (see figure 4 below).



Figure 4: reporting to the NRLS April – September 2019

During this period, there were 65.39 incidents reported per 1000 bed days, an increase from 63.02 incidents per 1000 bed days over the same period in 2018.

The latest available NRLS data also shows that there has been some improvement in the timeliness of incidents being uploaded to the NRLS system. On average, 50% of incidents were submitted 54 days after the reported incident date, an improvement from April – September 2018 when 50% of incidents were uploaded 65 days after the reported incident date. This delay is partly due to the fact that the Trust only uploads incidents to NRLS once they have been finally approved on Datix, but the improvement is also a reflection of the work that has taken place with incident handlers to ensure incidents are investigated and closed off in a timely manner.

The Trust intends to take the following actions to sustain and improve the percentage of staff recommending the Trust to their friends and family, and so the quality of its services.

A number of broad areas of work will be prioritised during 2020/21, including:

- Implementation of the Patient Safety Strategy, and in particular ensuring the Trust is fully prepared for the introduction of the new Patient Safety Incident Response Framework, which will replace the SI Framework during 2021. This will require a significant programme of work involving staff across the whole organisation
- Continuing the Datix improvement project, focusing on developing and improving the complaints, claims and risk register modules, and introducing the dashboards module more widely across the organisation.
- Further strengthening the way in which learning from incidents and investigations is shared and in particular working more effectively with the legal, complaints and PALS teams to ensure that information is shared in a useful and timely fashion, and so that themes that cut across complaints / incidents / claims etc can be identified.
- We will undertake a review of the way in which patients and their families are involved in the investigation process, including looking at the Duty of Candour process and the ways in which investigation reports are shared with the family. This objective has been carried over from last year's plan.
- Working to develop a more comprehensive training programme for staff around different aspects of patient safety, including Duty of Candour, human factors and investigation techniques.
- Ensuring that the team remains flexible and responsive so it can respond to any future challenges presented by COVID-19 and continue to support the rest of the organisation as required.

9. Patient Experience: Friends and Family Test

Since 2013/14, providers of NHS healthcare have been asked to consider reporting on the patient element of the Friends and Family Test in the quality accounts (as part of the letter referred to on page 4 of this document). As this is not a statutory requirement, the patient element of the Friends and Family Test it is not reported in the same way as the indicators above.

Homerton Hospital ensures that our patients and their families have the best possible experience of our treatment and care.

Receiving feedback is vital in improving our services and supporting patient choice and to support this, alongside our existing feedback collection methods, we are exploring alternative means of participation in all of our patient experience work, to offer greater options for service users to provide feedback on their experience of care.

We strive to improve patient experience and has successfully maintained a high rating and work continues to guarantee that patient experience on the care delivered meets the expectation of those who use our services.

In 2019/20, 18,688 people told us about their care and treatment as part for the Friends and Family Test Overall 93% of patients have had a positive experienced whilst using our service.

Domain	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
Caring	92.31	91.70	91.08	91.87	93.66	91.55	92.21	92.96	92.39	94.30	93.83	92.47
Decisions About Care	91.92	92.12	90.87	92.05	92.55	91.36	91.85	91.90	91.44	92.43	92.61	90.76
Effective	87.45	85.63	84.06	82.85	86.34	83.16	82.54	82.80	83.47	84.50	85.83	82.62
Respect and Dignity	95.66	95.96	94.58	94.57	96.07	94.61	95.16	95.37	95.42	96.93	96.14	94.22
Responsive	89.68	81.57	83.45	79.55	74.94	74.70	83.83	84.16	83.90	89.37	87.84	84.16

Table 18: Friend & Family Test domains heat map

Assurance statements

The Trust considers that this data is as described for the following reasons:

On average data from our real time patient experience data showed 95% of patients reported being treated with dignity and respect (96% Picker 2019) and 92% (86% Picker 2019) of patients responded positively to being involved in decisions about their care. Trust overall percentage for poor experience benchmarked is lower than National average.

Our annual national Picker patient survey results showed notable improvement in most areas. According to the report on inpatient survey, patients who received hospital based care from our Trust rated their experiences highly and in a number of areas better than the care delivered at other trusts across England.

Whilst the data demonstrates very high levels of satisfaction, the Trust is aware that the response rate

in very few areas is low, therefore may not be an accurate or reliable indication for those areas. To ensure completeness of understanding, the information should be looked at alongside complaints and safety incidents.

The changes and improvements that have been made to date include:

- Production of monthly patient experience dashboard, displayed in all areas.
- Visual identifiers are used across inpatient wards for patients with dementia. The identifier (Forget Me Not flower) is intended for staff to think about their intervention with the patient e.g. that the patient may need additional reassurance or support.
- The Carers Passport was introduced following consultation with carers. The passports can be issued to carers of someone with LD or dementia who would like to visit outside of visiting hours to help support with communication and emotional needs
- The Trust has embedded use of the Royal College Nursing/Alzheimer's Society 'This is me' booklet which outlines details about the patient, important routines likes/dislikes, treasured possessions and key information about their background – e.g. where they grew up, important people in their lives etc.
- Patient experience feedback is now fully used as part of the Trust's wider improvement plan. For example, Trust's priorities for Improving First impression and Experience for Patient and Visitors, there is an on-going work in ensuring all patients are welcomed, treated appropriately and care taken to ensure they've given full information about their visit and on-going care.
- End of Life Care strategy –with the introduction of Swan Scheme on all wards End of Life patients receive personalised care

The Trust intends to take the following actions to sustain and continue to improve overall experiences of patients, their friends and family, and so the quality of its services.

- To encourage more people to tell us about their experiences by providing a patient engagement and feedback module.
- Encourage individual departments to effectively manage the feedback for their areas of responsibility. Patient experience team will support this by providing customised training for managers and leads.
- Enable service nominated individual to produce specific dashboard that will give them an overall impression of the feedback received, and will also guide the service to look deeper into issues raised and discuss at departmental meetings. Individual services will work with patient experience to develop action plan.
- Understanding what matters to staff; with the people plan to include health and wellbeing programme for staff
- Develop patient stories; create a central storage and access point that will enable an overview of the impact. Understand the experience of being a patient with an overall aim of demonstrating how we can play a critical role in optimizing the power of the story in the patient's journey towards physical and psychological healing.
- Develop an integrated process of ensuring that evidence of lessons learned and changes to practices are captured, recorded and disseminated in a systematic way both centrally and locally across patient experience feedback, incidents, PALS, complaints, claims and Safeguarding.
- Patient experience and user engagement forum is underway which brings together individual service engagement programs and plans. This will see users and other stakeholders give their views on patient safety, satisfaction and experience to help identify actions for improvement. Impact will be measured by an ongoing monitoring from improving patient experience committee.



- Ensure there is mixed methods to feedback that will continue to promote and encourage patients, visitors and families to provide feedback on their experiences using a range of feedback options.

3.0 Part 3: Other information

3.1 Overview of the progress with the Trust's 2019/20 quality priorities

The following summary slides describe the progress of each quality priority, the actions taken to drive the priorities and the key risks identified going forward;

1. To reduce the number of community and hospital attributed pressure ulcers

Back ground

Carried forward from 2018/19

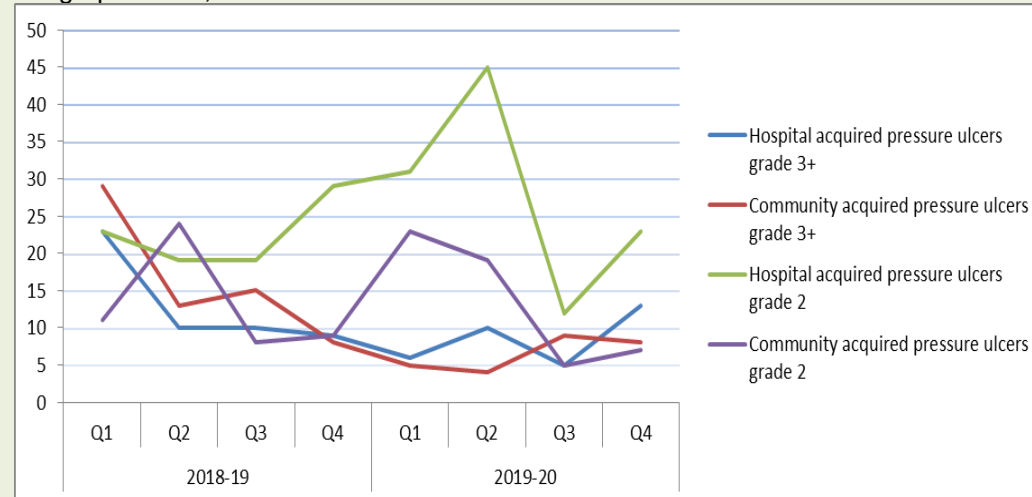
The development of a pressure ulcer can cause significant long term harm both physically and mentally to a patient. This coupled with the impact of the resultant extended inpatient/ community care provision can create avoidable financial pressures.

There is continued national focus on the need to reduce the number of pressure ulcers. Work to reduce the rate of community acquired pressure ulcers link to the wider development of neighbourhoods in City and Hackney.

Final position statement – April 2020

- The pressure Ulcer Scrutiny Committee (PUSC) meets monthly and reports to the Quality and Safety Board.
- Agreed objectives for 2019/20 relating to the reduction both hospital and community acquired pressure ulcers scored at grade 3+ and grade 2+
- HUH participated in the NHSI collaborative to support clinical practice improvement in the management of pressure ulcers.
- Tissue Viability (TV) team and the senior nursing management team attended 3 national study days
- Data reviewed in relation to the number and grade of pressure ulcers and the key themes. Initial action plan implemented for 2 ward areas and a community cluster; ECU, ACU and Cluster 4.
- TV team participated in the “Stop the Pressure Ulcer Day”

Grade 3+ and grade 2+ metrics monitored over 2018/19 and 2019/20 are displayed on the graph below;



Actions to sustain

- Action plan to improve the assessment of patient’s skin in accordance to national guidance, ensuring the assessment is correct and escalation is appropriate.
- Quality rounding with the ward sister and TVN has been trialled on several wards. Involves assessment of the patient, care given and review of documentation.

Key risks going forward

- Modification in data collection methodology.
- Improvements to reports generated from Datix
- Replacement of the national Safety Thermometer monthly audit.
- Timely completion of root cause analysis

Outcome

Priority to be carried forward into 2020/21



Continued oversight to be provided by the Improving Patient Safety Committee

2. Appropriate identification and management of deteriorating patients

Back ground

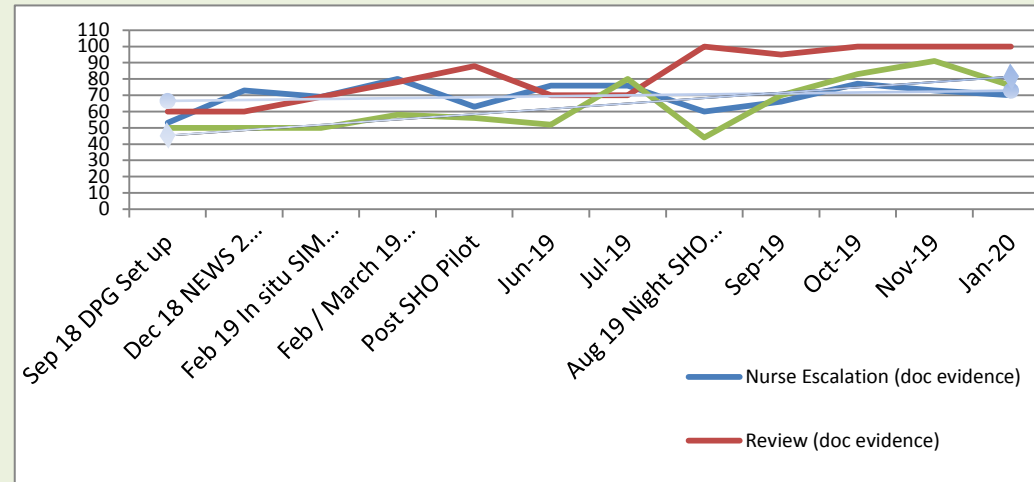
Carried forward from 2018/19

The Deteriorating Patient Group (DPG) to build upon the work established in 2018/19.

This priority will also include the timely identification and treatment of patients with sepsis

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Final position statement – April 2020



During 2019/20 the DPG have:

- Launched a New Deteriorating Patient SHO rota to ensure added capacity and skill to respond to Deterioration. This has led to significant Improvement in the number of patients reviewed who have deteriorated and in the timing of that review.
- Launched the NEWS 2 system for tracking physiological deterioration across the Hospital
- Launched a New Electronic Patient view allowing overview from EPR of all patients with raised NEWS 2 scores across the hospital
- Begun a quality improvement project focused on the quality of Non Invasive ventilation care given on the wards
- Implemented redesigned working rotas to respond to the Coronavirus pandemic
- Rapidly launched a new service to offer CPAP therapy to COVID patients including training medical and nursing staff to deliver this.
-

Actions to sustain

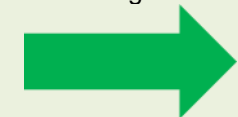
- Review the data for COVID 19 patients who were offered CPAP and ensure learnings captured for future potential waves of infection.
- Following a pause over the COVID 19 pandemic aim to relaunch Deteriorating Patient Group and continue with the measurement of escalation and response data

Key risks going forward

- Further waves of COVID infection could challenge the resources needed for further new quality improvement.
- The process of learning from the pandemic is required to enable the DPG key actions for the next 12 months

Outcome

Priority to be modified to support maternity and paediatric services during 2020/21.



DPG will continue to support this objective and report progress to the Improving Clinical Effectiveness Committee.

3. Reducing physical violence and aggression towards patients and staff

Back ground

Carried forward from 2018/19

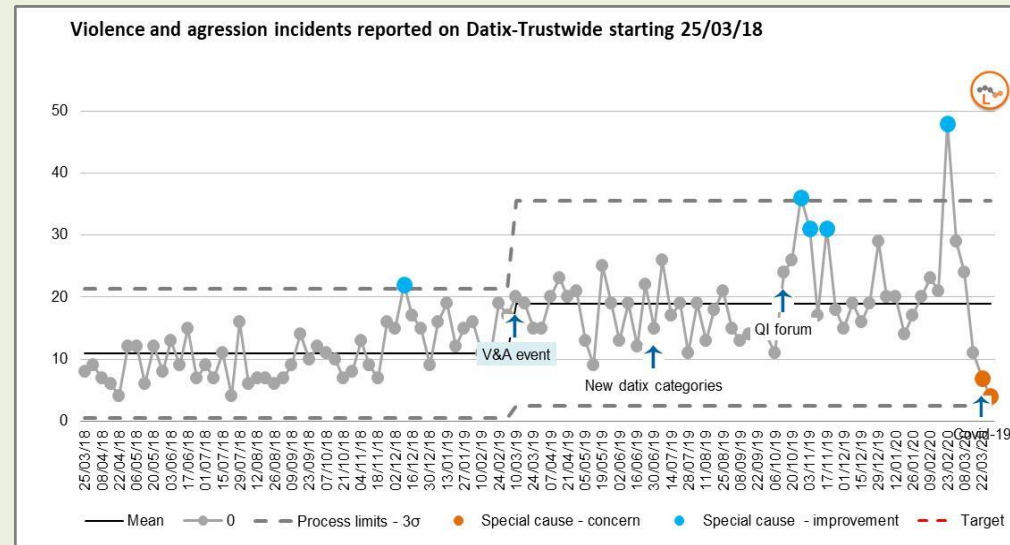
The most recent national survey shows that more than 15% of NHS employees have experienced violence from patients, their relatives or the public. Implementation of the NHS Violence Reduction Strategy is to be a priority for the Trust to reduce the impact on staff and patients through improved training and prompt mental health support for staff.

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Final position statement – April 2020

- STOP violence against our staff campaign launched March 2019, body cameras issued to security staff
- V&A quick reporting form introduced June 2019
- QI forum in October 2019 in partnership with ELFT
- Annual staff survey – ‘You said – we did’
- 15 yellow and 3 red cards issued since January 2019
- Working with the Metropolitan police to complete risk assessments for staff
- Maybo enhanced conflict resolution training now delivered in-house to clinical and non-clinical frontline staff with patient contact.

Raising staff awareness and improved reporting procedures has resulted in a 47% increase in the number of incidents reported during 2019/20 when compared to 2018/19



Actions to sustain

- Continued V&A reporting on Datix
- Staff being clear about individuals, line managers and senior manager’s responsibilities.
- Identifying V&A champions in each area to support staff.
- Continue bespoke training for front line staff.
- Providing all our staff access to consistent support

Key risks going forward

- Raised awareness of the issue may result in an increase in the number of incidents reported on Datix.
- Delivering Maybo training on-going,

Outcome

Priority to be carried forward into 2020/21



Continued oversight to be provided by the Improving Patient Safety Committee

4. Improving management of end of life care for adults

Back ground

Carried forward from 2018/19

The Trust has agreed to continue with this important priority through the End of Life Board to build upon the work established in 2018/19 and the implementation of the End of Life Strategy 2018-21. The key elements of the strategy being personalised end of life care, supporting our staff, improving environment and communication information

Final position statement – April 2020

- National Audit Care at the End of Life 2019 demonstrated significantly improved scores in all 5 areas measured when compared to 2018.
- Few responses on quality survey from family members. However, these are discussed at End of Life Board.
- Education and training sessions delivered to over 80 nurses since November 2019 on how to implement the Swan scheme as stated in the Trust's EoL strategy.
- Rapid discharge QI project is aimed to facilitate a smooth and timely discharge for patients who have been identified to be in the final hours, days or weeks of life, and where patients and families wish for care to be delivered at home
- Improved identification and handling of complaints related to EoL patients due to changes introduced on Datix



Actions to sustain

- Audits of treatment escalation plans and end of life care plans.
- Feedback from bereavement survey.
- QI projects on EoL discharges and roll out of the Swan scheme
- Introduction of Palliative Outcome Measures January 2020.

Key risks going forward

- Percentage of staff receiving end of life training
- Impact of moving to a 6 day service
- Further roll out of the Swan scheme postponed because of Covid-19 – this has been addressed in 20/21.

Outcome

Significant progress made quality priority not to be carried forward into 2020/21. Service rated Good by CQC.



EoL and palliative care team will continue reporting to the Clinical Effectiveness Committee.

5. Making Every Contact Count (MECC)

Back ground

MECC is an approach to behaviour change that utilises the day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing.

Implementing MECC in partnership with the Commissioners means providing their staff with the leadership, environment, training and information so that staff have the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them.

Final position statement – April 2020

1. Completed scoping interviews/activity
 - a) Interviews complete with stakeholders from partner organisations
 - b) 12 workshops/facilitated discussions with resident groups and frontline health and care staff were delivered.
 - c) Defined the scope (staff groups, topics, settings) for the co-design and testing phase.
2. Developing a logic model and evaluation framework
 - a) Continue to take a pragmatic approach, balancing the need for ‘good enough’ evidence of the impact of the programme against the resources/time required to gather this evidence
3. MECC training provider procured
 - a) Developed a service specification, conducted a market testing exercise (to inform what we could get for our budget) and a competitive tender exercise.
 - b) Provider will lead on co-design and delivery of a skills-based MECC training programme for City and Hackney’s frontline staff
4. Communications and engagement strategy
 - a) Contact made with nine teams across the UK that have implemented MECC on a scale similar to City and Hackney’s vision.
 - b) Draft strategy developed collaboratively with residents, frontline staff, and other key stakeholders.
5. Held the second MECC steering group
 - a) Members are from key partners across Hackney and the City and will act as MECC champions, coordinating actions on behalf of their organisation and help to unblock operational and strategic barriers to implementation.
6. Completed quality improvement projects
 - a) Maternity smoking cessation
 - b) Wider determinants of health in a musculoskeletal outpatient setting

Actions to sustain

- Implement recommendations from the scoping phase
- Finalise scoping report, models and evaluation framework
- Finalise logic Mobilisation of training contract
- Present programme update to the Prevention Core Leadership Group, Accountable Officers Group and Integrated Commissioning Board.
- Plans for MSK and Maternity services on hold due to Covid-19

Key risks going forward

- Slow implementation due to self-assessment and system wide stakeholder approach
- Relaunch programme post Covid-19

Outcome

Priority to be carried forward into 2020/21



Continued Oversight to be transferred to the Improving Patient Experience Committee

6. Learning from complaints, incidents, claims and compliments

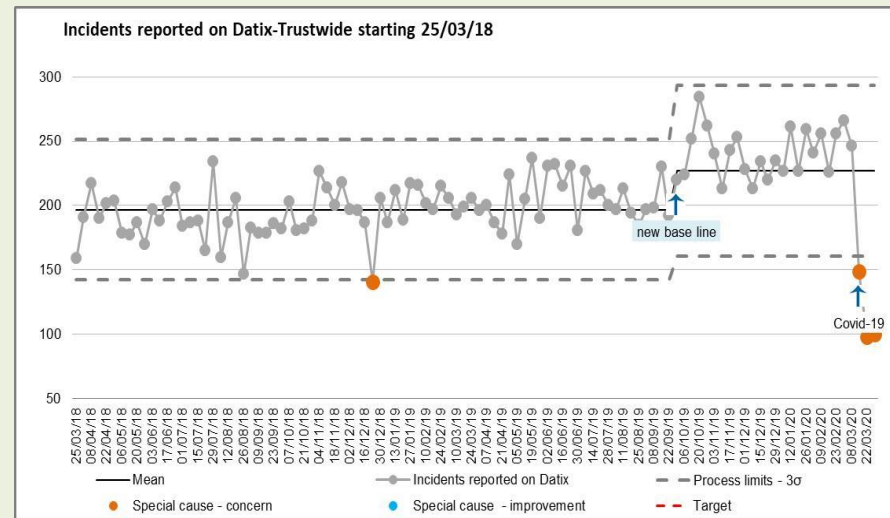
Back ground

It is fundamental that we listen to our patients and learn from their experiences. We will carry out an in depth review of complaints, incidents, claims and compliments to better develop actions to ensure learning is captured and feedback to staff and shared across the organisation and practice is changed to prevent recurrence..

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Final position statement – April 2020

- Updated Datix incident categories and reporting forms, easier to extract themes and learning – resulted in increased reporting



- Introduced Datix “auto feedback” to reporters
- Quarterly DoC audits of evidence attached to Datix (100% Q1 2019/20)
- Improved incident data presentation in TMB reports using SPC charts
- Exec briefing includes summary (SI's, Never events, open incidents, Complaints, PALS, Claims, inquests and safeguarding concerns)
- Strengthened divisional governance meetings
- Patient Safety Event held November 2019, covered human factors, trends, patient safety systems, mortality.
- HSIB reports for maternity shared with the patient and relatives
- Using simulation teams for post incident learning exercises
- Learning shared via staff newsletters (for example QTc)

Actions to sustain

- Finalise process to disseminate learning to staff outside of formal meetings (SI learning alert)
- Development of Datix dashboards for incidents, complaints and claims
- Review of Datix modules for claims and complaints
- Scoping exercise with Patient Experience and Claims Robust mortality review process.

Key risks going forward

- Further development of after action review process required
- Launch of post serious incident learning
- Interim Leads in place of Patient Experience team


Outcome

Priority to be carried forward into 2020/21



Continued oversight to be provided by the Improving Patient Safety Committee

7. Improving the first impression and experience of the Trust for all patients and visitors

<p>Back ground</p> <p>The First Impressions project aims to create a culture where patients, visitors and staff experience a positive and helpful first impression(s) when they visit our services.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 166</p>	<p>Final position statement – April 2020</p> <p>The First Impressions Group had continued to prior to the pandemic, nominating two governors as members. There is a work plan and agreed standards which was piloted in CSDO with a view to transfer the approach throughout the Trust.</p> <ul style="list-style-type: none"> • Posters to ensure that the patients and visitors were aware of our standards, to be produced post Covid-19 pandemic. • At the end of the financial year 100% of the CSDO administrative staff members had undertaken Customer Care Training. Training was to rolled out to the rest of the trust later in 2020 has been delayed due to Covid-19. • Training sessions to be rebooked once it is safe to do so, as the course dates were nearly at capacity following recommendations from colleagues. • The course has received high praise and staff have fed-back that they feel more confident when dealing with patients who are angry or frustrated, understand when they should escalate issues and to whom. • “Hello My Name is...” badges would be ordered for staff and several teams have ordered the badges already. • Agree uniform to provide clear identity for reception staff and volunteers • Reception signage when areas are temporarily unstaffed • Hospital signage for areas not frequented by patients; e.g. blood clinics 	<p>Actions to sustain</p> <ul style="list-style-type: none"> • Staff training programme to relaunch post Covid-10 • Review hospital and reception signage • Consider 6 C’s approach • QI projects started; <ol style="list-style-type: none"> 1. To improve the number of completed client experience feedback collected by 10% within the next 3 months, at all contacts. 2. To reduce the average time clinics outpatients overrun from 1hr 30 mins to 45 mins by November 2019. <p>Key risks going forward</p> <ul style="list-style-type: none"> • Roll out of associated staff training programme • Consider disability requirements. Awaiting further work Trust-wide <p>Outcome</p> <p>Priority to be carried forward into 2020/21</p> <div style="text-align: center;">  </div> <p>Continued oversight to be provided by the Improving Patient Experience Committee</p>
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8. Getting Patients Moving (End PJ Paralysis)

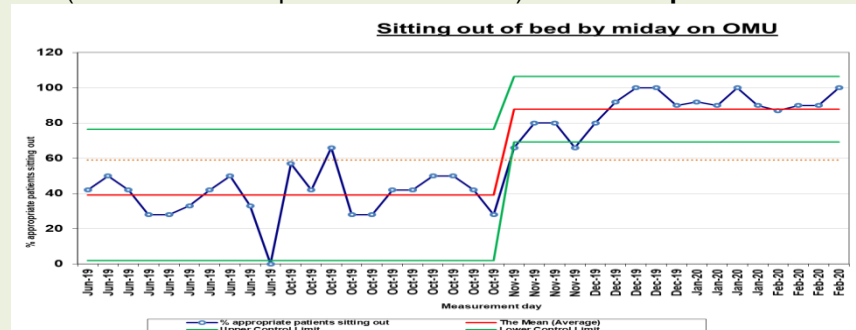
Back ground

EndPJPParalysis is a global social movement embraced by nurses, therapists, and medical colleagues. It's aim: to value patients' time and help more people to live the richest, fullest lives possible by reducing immobility, muscle deconditioning, and dependency at the same time as protecting cognitive function, social interaction and dignity. Getting patients up and moving can: Reduce falls within an organisation, reduce pressure ulcers, and complaints, Reduce length of stay by up to 1.5 days. Reduce the development of hospital acquired disabilities (HADs).

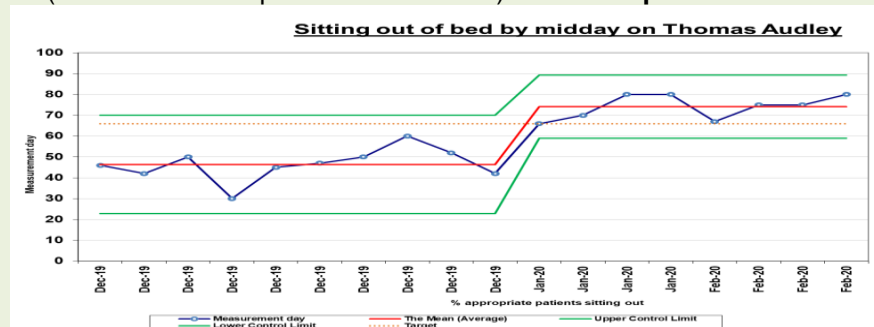
Final position statement – April 2020

A review of the patient DTOC Action Plan and with key stakeholders identified 1 key priority:

- Increase the number of patients getting up and moving by midday across 2 wards by 20%
- QIP data from July – November 2019 period – GSU and ECU
- GSU (baseline 36.4% up to 84.6% in Nov) = **48.2% improvement**
- ECU – (baseline 50% up to 71.3% in Nov) = **21.3% improvement**
- QIP project continues on OMU and Tomas Audley (TA) to increase the number of patients sat out of bed by midday.
- QIP data from December 2019 – March 2020 period
- OMU – (baseline 39.1% up to 87.8% in March) = **48.7% improvement**



- TA – (baseline 46.1% up to 74.4% in March) = **28.3% improvement**



Actions to sustain

- Expanding quality improvement projects to other wards – EC and ITU
- Establishing a hospital wide working group with representation from each ward
- Continued communications – newsletter, Twitter, bi-monthly reports
- Intra and internet pages
- Band 5 and 6 on-going nurse training
- Engaging experts by experience coproduction group.
- Design how we will get people into their own clothes

Key risks going forward

- Impact of Covid-19 on wards and staff
- Limited engagement with staff
- Failure to embed changes within daily practice
- Engagement of patients and families to participate with “get up, get dressed, get moving”.
- Action plan in place to mitigate risks as part of project design framework

Outcome

Priority to be carried forward into 2020/21



Continued oversight to be provided by the Improving Patient Experience Committee

9. Improvements in staff health and wellbeing

Back ground

Aiming to create a working environment which is beneficial to the health and wellbeing of our staff. All staff will be supported to maintain and improve their health and wellbeing and are encouraged to take reasonable steps to improve their own health and wellbeing. The goal is to inspire our staff to take a greater interest in their own health and wellbeing.

Final position statement – April 2020

- Actions implemented 2019/20:
- Healthy Living Ambassadors established, monthly emails / quarterly emails to them are all well established
- Part of a London wide NHS employers sub group for sharing of health and wellbeing ideas, meetings are quarterly.
- Homerton 2020 Step challenge on hold due to Covid 19
- Bollywood X classes now established, unable to start Circuit training due to lack of interest.
- Funding was secured for both Mindfulness and Mental Health first aiders but due to the Covid-19 situation we have not been able to progress them any further so currently on hold.
- In response to the Covid-19 pandemic the Trust has established various initiatives to assist and support staff's health and well-being during this time.
- Promotion of Health Assured the Trust's Employee Assistance Programme
- Establishment of a 'Wobble Room' where staff can relax and unwind and pick up some treats
- Facilities team distributing 'goodies' to staff across the organisation on a daily basis
- Daily all staff briefings, which always feature health and well-being, intranet pages update to date with all information for staff
- Executive team webinars so staff can speak to and ask questions
- Going home check lists
- Various information sheets for staff e.g. sleep, diet, etc.
- Promotion of well-being apps and offers
- Talk Changes Psychological support for staff
- NHS People support line
- Additional support for staff who may need some additional support around gynaecology and dermatology services for staff have been established.
- General wellness offers around childcare support / parking/ travel/ accommodation have all been promoted across the organisation

Actions to sustain

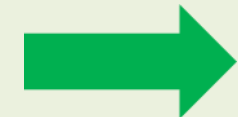
- Relaunch the initiatives that we put on hold due to Covid-19

Key risks going forward

- Staff engagement & NHS staff survey completion rates
- Working with the LBH and CCG has not been occurring due to change of staffing within those departments.

Outcome

Priority to be carried forward into 2020/21



Continued oversight to be provided by the Improving Patient Experience Committee



3.1.1 Quality Improvement at the Homerton

‘Quality Improvement’ (QI) can be defined as an approach to problem solving and improving service quality, efficiency and morale simultaneously, using improvement science. Homerton’s QI activities are supported by a small central team which helps to foster an ‘improvement mindset’ in staff across all Trust services. This year the team sought to build QI skills through ‘learning by doing’ – ensuring that staff put QI training into practice by carrying out QI Projects. During 2019/2020 over half of the 216 staff who completed training registered a QI Project. Over a third of registered projects were completed within 120 days.

An innovative feature of QI at Homerton is the development of a blended approach to QI methodologies with the creation of a Homerton QI Toolkit featuring IHI Model for Improvement and Lean tools. Next year we will focus on building a network of QI advocates and champions able to support their colleagues in delivering improvements in care that is linked to the service and Trust quality priorities.

QI Projects were showcased at the monthly QI Forum, which is open to all staff. This year we have made efforts to align the QI Forum topics with the Trust Quality Accounts. The forums provide an opportunity to showcase the numerous QI projects that assist supporting the delivery of the priorities, as shown in the table 19 below.

Priority 1. To reduce the number of community and hospital attributed pressure ulcers	Priority 2. Appropriate identification and management of deteriorating patients	Priority 3. Reducing physical violence and aggression towards patients and staff	Priority 4. Improving management of end of life patients for adults	Priority 5. Making Every Contact Count (MECC)	Priority 6. Learning from complaints, incidents, claims and compliments	Priority 7. Improving the first impression and experience of the Trust for all patients and visitors	Priority 8. Getting Patients Moving	Priority 9. Improvements in staff health and wellbeing
February 2020 Getting the most from national and regional collaboratives NHSI Pressure Ulcers	May 2019 Treatment escalation planning on ECU	October 2019 Reducing violence and aggression at ELFT: using a QI approach to tackle complex issues	July 2019 Equality, diversity and inclusion in palliative and end of life care	January 2020 Making Every Contact Count In Maternity and also in AHP services	April 2019 Using Datix to monitor patient safety Improving discharge safety in the maternity service	Not applicable – no QI projects registered or completed.	February 2019 Move, Groove and Improve on ECU and GSU	June 2019 Improving enjoyment and wellbeing at work – a QI approach in Children’s Speech & Language Therapy (Shortlisted for NHS Elect Award 2019)

Table 19: Quality Improvement projects supporting quality priorities.

3.3 Performance against national indicators

The Trust performed strongly during 2019/20 and delivered the majority of the national operational standards during this period. For the standards that the Trust did not meet, it should be noted that in relation to the A&E waiting time standard, the Trust performed comparatively well compared to the majority of its London-peers, as well as nationally. With regard to MRSA, it is important to note that the target was missed due to one hospital-acquired case.

The table 19, below, sets out performance against the key indicators contained within the Risk Assessment Framework. The performance has been presented on a cumulative basis for the year, although we, as with all NHS trusts, were required to report to NHS on a range of measures quarterly

Key Performance Indicators	2019/20 Target	2019/20 Performance
A&E patients discharged < 4hrs	95%	93.75%
Cancer		
2 Week Wait	93%	97.86%
31 Day Target	96%	99.30%
62 Day Target	85%	86.93%
Infection Control		
MRSA	0	1
<i>Clostridium difficile (C.diff)</i>	12	8
18 Week RTT Indicator		
Incomplete Pathways	92%	95.13%
IAPT Indicators		
6 week target	75%	96.81%
18 week target	95%	99.60%

Table 20: national indicators

Monitoring quality and performance

Performance against key metrics is monitored and reviewed by the executive directors at senior team meetings. The Trust Board considers detailed performance and quality information each month.

Annex

1.0 Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

1.1 Healthwatch Hackney



Catherine Pelley
Chief Nurse
Homerton University Hospital Foundation Trust
Homerton Row, E9 6SR

3rd September 2020

Dear Catherine,

Draft Quality Account

Thank you for sending us the draft Quality Account (QA) for review and comment. We very much appreciate Homerton Hospital seeking views on its QA given the challenges of the coronavirus pandemic. We know this has been a very difficult time and that Homerton staff have risen to this challenge admirably.

We congratulate the Homerton on achieving an Outstanding rating from the Care Quality Commission. We are pleased at the work the Homerton is doing to ensure BAME staff are supported and risk assessed. We further welcome Homerton's decision to ensure ISS contracted staff have the same sick leave conditions as salaried staff.

We know from our research the Homerton is a locally respected institution. We believe the Homerton demonstrates a clear ability to respond to local need. In this context we strongly **RECOMMEND** the Homerton to actively seek control of the St Leonards Hospital site, from NHS Property Services Limited, and works with local health and care leaders, to shape the services at the hospital to meet local need and to co-produce future developments at St Leonards together with local people.

We found the Quality Account interesting and informative. There are some areas where we feel clarification is required and where we have made suggestions and recommendations.

- 1) **RECOMMENDATION:** We would like a short form of the QA to be to be available for the Annual Trust Board meeting and for HUH Members and the public. This would aid the public appreciation of the Homerton and its work.
- 2) **P2-3 Outcomes.** We are surprised that only 2 of 9 Quality Account priorities have been achieved. We would like to understand more about the impact on patients of this delay in achieving the QA priority objectives. Not achieving the majority of QA priorities would seem to undermine the purpose of these QA objectives. We are particularly concerned that the following objectives carried over from 2018/2019 have not been met.
 - **1) To reduce the number of community and hospital attributed pressure ulcers**
 - **7) Improving the first impression and experience of the Trust for all patients and visitors**

- 3) **P5/6** – We would like to see how to access the full outcomes of all Clinical Audits carried out by the HUH and the impact on the care you provide. Appendix A is not attached but Table Six does provide a very useful summary of outcomes of some Clinical Audits. We would for example like to see the outcome of the ‘Mental Health - Care in Emergency Departments Royal College of Emergency Medicine (RCEM) audit’. We have concerns, that we have shared with HUH in the past, about patients in a mental health crisis, experiencing long waits before being transferred to an appropriate service.
- 4) **P9** -The role of the Quality Improvement (QI) team should be explained in relation to both QA priorities and Clinical Audits.

Has progress has been made in relation to the finding that:

“Globally, many measures of patient experience are scored low at the Homerton Hospital, ranging from choice of suitable meals, through to staff being definitely, or to some extent, able to answer patients’ diabetes related questions”

And how successful the HUH has been in: *“Addressing spiritual, social and cultural needs”* in relation end-of-life care.

Regarding the National Diabetes Audit – Action completed bullet 3. This is a very important point about how health inequalities drive this condition and impact on patient experience. At the end it says the:

“Trust continues to monitor the results for opportunities where these can be made”.

Please explain what this means. Also, how HUH is raising this as a concern locally, e.g. through the Health and Well-being board and Integrated Commissioning?

With respect to the: *“National Emergency Laparotomy Audit (NELA)”* can you confirm that you have sufficient surgical resources for emergency laparotomies 24/7.

5) P12-16 Local Audits reviewed 2019/2020

We were very impressed by the range, depth and outcomes of the Local Audits carried out by the HUH.

6) P17 – 2.2.3

Sally Davies is not CMO. She retired from the job in 2019 and is now the UK Special Envoy on Antimicrobial Resistance.

In para two and three we are not sure what is meant by (*in italics*):

“Much of the care that we deliver at the moment is based on uncertainties of experience but not on evidence”.

“We aim to ensure that staff, patients and families understand the importance of research and research is seen and a benefit and not a compromise to NHS clinical activity.”

In paragraph five, what steps are you taking to ensure that research will resume in 20/21?

7) P18 – 2.2.4

Please provide examples of CQUIN goals and outcomes.

2.2.5 REPETITION IN CQC SECTION

There were no special CQC reviews or investigations during the reporting period for the Trust to participate in.

Homerton University Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The text in CQC section is a little confusing to the non-specialist, because whilst HUH had no special reviews or investigations, you did have a focused inspection of maternity, end of life and medical care, and had both a finding of Outstanding and a notice regarding maternity of “Requires Improvement”. There was also the CQC Inspection of Mary Seacole Nursing Home.

Perhaps this section could be rewritten in a more accessible way?

2.2.6 and 2.2.9

Text needs clarifying regarding the establishment of acute and community Data Quality Committees. Some parts of the text are contradictory and repetitious.

P20 2.2.7 the DSPTK - Data Security and Protection Toolkit

Please clarify why HUH is non-compliant.

P20 2.2.8 CLINICAL CODING ERROR RATE

It is not clear what is meant by the ‘error rate’.

Why does the section only refer to coding for ‘diagnosis and operations?’

P21 2.2.10 LEARNING FROM DEATHS

Can this paragraph explain the rise in deaths in Q 3 & 4, and the relevance of the star?

Reporting quarter 2019/20	Number of deaths	Number of completed reviews
Quarter 1	84	72
Quarter 2	82	77
Quarter 3	108	101
Quarter 4	147*	128

Table 8: mortality reviews completed per quarter -includes Covid-19 deaths

➤ Please explain what is meant by: Design of an ICD deactivation flowchart.

We RECOMMEND that:

- a) Details of all recommendations made by Coroner’s to the HUH (Coroner’s Regulations 28 (Prevention of Future Death Reports) are placed in this QA.

- b) Action taken by the HUH in response to Coroner's recommendations and evidence of implementation should also be placed in the QA.

P22/23 2.2.10 CMC – Coordinate My Care

It is not clear what the purpose of the SOP&GP is.

The purpose of CMC is explained clearly.

The acronyms SHO, ICD, NEWS, MDT should be explained

RECOMMENDATION: Patients should be advised about the purpose and content of their CMC plan. They should also be advised how to initiate a CMC if they believe this would be useful for themselves or family members during a medical emergency. We can provide a draft leaflet for the HUH on this matter.

P24 2.2.11

It is of great concern that only 87% of patients received a Consultant review within 14hrs of admission. Is there any evidence of harm to those patients not seen within 14hours? Is a raised NEWS the only risk factor for patients who are not seen by a Consultant who is specialist in their condition, within 14 hours?

P24 2.2.12 SPEAK UP SAFELY

We congratulate the HUH on agreeing to provide access for ISS workers to the Freedom to Speak Up Guardians.

This is a very good and important section - it should be more highly profiled in the report (and mentioned in the Executive Summary) to demonstrate Homerton's commitment to an open culture. The QA, would benefit from an example where this worked successfully for HUH staff.

P27 2.3 Reviewing mental health and learning disabilities (LD) deaths

Please clarify if there were any deaths of patients with mental health problems. How are MH problems for this section defined?

We note there were six death in the period covered by the report for patients with LDs. Please include the consequent improvements for health and social care services for people with learning disabilities as a result of your learning from these deaths.

Who is the HUH lead for LDs?

P27-28 2.3 PROMS - PATIENT REPORTED OUTCOME MEASURES

Table 10 is incomprehensible to us.

Please clarify whether all patients having the operations described below are invited to participate in the survey and whether some are excluded because of communication

issues, e.g. language or learning disability. What percentage of patients who have these operations at the HUH return the questionnaires.

- Hip replacements (primary and revisions)
- Knee replacements (primary and revisions)
- Groin hernia

A patient will complete two questionnaires: one prior to surgery and one six months after surgery. These questionnaires ask patients about their health and quality of life (as well as the effectiveness of the operation) before and after surgery. Completion of these questionnaires is voluntary and the patient's consent to participate must be granted in order for the data to be used.

P29 28-day emergency readmission rate

How meaningful is the data, bearing in mind that it only includes patients returning to the HUH? Surely, it should include patients who go or are taken to the other hospitals e.g. the Royal London and UCH.

P29/30 Responsiveness to personal needs of patients–NHSI Quality Indicator 20

We note there is no current data for 2018/19 and 2019/20.

We look forward to receiving data and working with the HUH to develop better responsiveness to the personal needs of patients, using co-design between patients and colleagues from the HUH.

We note that the Trust acknowledges that sometimes it may not be as responsive as it would like to be, especially when the system is under pressure. It would be useful if the Trust could explain this finding in more detail and explain the following statement:

Service specific user engagements guarantee patients have the opportunity to discuss their views and concerns on what really matters to them to/with the right people.

Please explain the meaning of the SWAN scheme in relation to enhanced care for patients who are at the end-of-life.

P30 - Rate of admissions assessed for VTE - NHSI Quality Indicator 23

Are VTE blood tests to be continued onsite at the Homerton, if not, will this impact on the effectiveness of the redesigned VTE risk assessment?

P32 - Clostridium difficile rate - NHSI Quality Indicator 24

We welcome the positive work in this area and Homerton's low rates of infection, backed up by comprehensive actions, which seek to reduce the rate further. We have concerns that the move of pathology might slow down the time taken to access reports on C. difficile infection.

We welcome the 8 recommendations to further reduce the incidence of C. difficile infection, especially bullet seven which should reduce the incidence of multiple antibiotic use.

- Daily antimicrobial stewardship reviews of antimicrobial prescribing.

We would like to see the programme for implementation of these 8 recommendations.

P34 – Apparent misplaced paragraph?

The Trust intends to take the following actions to sustain and improve the percentage of staff recommending the Trust to their friends and family, and so the quality of its services.

P35/37 - Patient Safety Indicators – NHSI Quality Indicator 25

8.0 Patient Safety Indicators – NHSI Quality Indicator 25- Incident Reporting

It is difficult to draw conclusions from the data provided because the number of incidents for each Trust depends on the size on the Trust, so comparisons based on the number of incidents are of no use. The 1000 bed day data is also difficult to interpret because higher reporting can suggest more incidents as well as more active reporting.

Therefore, the actual performance of the HUH is not clear from table 16. The data on severe harm and death has no comparator at the moment so we cannot assess performance.

It would be useful if this section explained the role of the Assurance Committee and Patient Safety Committee, and the assessment role of the CCG for all SIs.

We welcome further strengthening of the ways in which the HUH learns from incidents, investigations, root cause analysis, complaints, legal cases and matters referred to the PALS team. This learning should include recommendations by Coroners from inquests. HWH can also contribute data collected from patients, families and carers.

The quality of SI investigation and root cause analysis reports has improved substantially over the past year. The process is observed by two HW Board Members, who have access to all documentation and are free to raise issues and concerns at all Assurance and Patient Safety Meetings, and frequently do so. We have not observed the process for investigation of complaints but hope to do so in the future. The key issue for all investigations is the production, where appropriate, of recommendations for service improvement, and consequent evidence of enduring enhancement of service access, safety and quality.

We welcome the decision of HUH to: *“Undertake a review of the way in which patients and their families are involved in the investigation process, including looking at the Duty of Candour process and the ways in which investigation reports are shared with the family”*. Our observations suggest that in a small percentage of cases that there is no evidence that the Duty of Candour has been properly implemented, or that it is not implemented fully in terms of the inclusion of the patient and/or family.

In relation to the final two bullets on page 37, we **RECOMMEND** that advances made in learning from incidents and investigations, are publicised more widely to patients using services at the HUH and their families.

P37 9. Patient Experience: Friends and Family Test

We welcome the improvement in results but note the low response rate. As the Quality Account notes, low response rates increase the risk of bias. It is also delivered by NHS staff/volunteers raising patients’ concerns about giving honest feedback. Healthwatch is developing its Public Feedback Centre and could run an independent Friends and Family test on behalf of the Trust. This could help improve responses rates.

P46 - Learning from complaints, incidents, claims and compliments

In the spirit of the **Hackney Complaints Charter**, which we feel as the Homerton is a signatory should be highlighted in the Quality Account, Healthwatch Hackney would like to work with the Homerton to ensure it continues to be able to effectively use patient feedback to improve patient experience. This would involve Healthwatch setting up a patient group to review and making recommendations to improve the Homerton Complaints, PALS and Compliments service.

Patients Involvement in the Revalidation of Doctors.

We **RECOMMEND** publication by the Trust of ways in which patients can contribute to their doctor's annual appraisal for Revalidation. The GMC guidance makes it clear that every doctor's annual appraisal should include patient comments, but we have been unable to obtain from the HUH any evidence that this process is active. It is possible that data is collected generically, but patients should still have knowledge of the process that allows them to both compliment and criticise medical practice. HW did agree a public information leaflet on this issue some years ago with the HUH but the leaflet is not now being made available to patients.

P47 - Improving the first impression and experience of the Trust for all patients and visitors

To support this important work, Healthwatch Hackney proposes collaboration with HUH to review patients' experience through a 'mystery shopper' project.

P49 – Improvements in staff health and wellbeing

We welcome this initiative. Could the Homerton confirm this initiative is open to all staff including contracted staff. Given the possible continuation of the coronavirus into 2021 what actions will the Homerton put in place to support staff health and wellbeing.

P51 - Performance against national indicators

We welcome the high performance against national indicators.

Yours sincerely,



Malcolm Alexander
Chair, Healthwatch Hackney

OUR KEY RECOMMENDATIONS

- 1) We strongly **RECOMMEND** the Homerton to actively seek control of the St Leonards Hospital site, from NHS Property Services Limited, and works with local health and care leaders, to shape the services at the hospital to meet local need, and to co-produce future developments at St Leonards together with local people.

- 2) We **RECOMMEND** that a short form of the QA be made available for the Annual Trust Board meeting and for HUH Members and the public. This would aid the public appreciation of the Homerton and its work.
- 3) We **RECOMMEND** that details of all recommendations made by Coroners to the HUH (Coroner's Regulations 28 (Prevention of Future Death Reports)) for the relevant period are placed in this QA, and that actions taken by the HUH in response to Coroner's recommendations, and evidence of implementation are also be placed in the QA.
- 4) We **RECOMMEND** that patients should be advised about the purpose and content of their Coordinate My Care (CMC) plan. They should also be advised how to initiate a CMC if they believe this would be useful for themselves or family members during a medical emergency.
- 5) We **RECOMMEND** that evidence of enduring improvement of access, safety and quality of services, and advances made in learning from incidents and investigations, are publicised more widely to patients using services at the HUH and their families.
- 6) We **RECOMMEND** that HUH works with Healthwatch Hackney to ensure effective use of patient feedback to improve patient experience. This would involve Healthwatch establishing a patient group to review and making recommendations to improve the HUH Complaints, PALS and Compliments services.
- 7) We **RECOMMEND** publication by the Trust of ways in which patients can contribute to their doctor's annual appraisal for Revalidation in line with GMC guidance, so that patients have knowledge of the process that allows them to both compliment and criticise medical practice.

Overview & Scrutiny

1.2 Health in Hackney Scrutiny Commission

Health in Hackney Scrutiny Commission

Hackney Council Room 118,
Town Hall Mare St, E8 1EA

Reply to:
jarlath.oconnell@hackney.gov.uk

4 September 2020

Ms. Catherine Pelley
Chief Nurse and Director of Governance
Homerton University Hospital NHS Foundation Trust Trust
Offices
Education Centre Homerton
Row, E9 6SR

Email to: c.pelley@nhs.net

Dear Catherine

Response to Homerton University Hospital NHS Foundation Trust's draft Quality Account for 2019/20

Thank you for inviting us to submit comments on the Quality Account for your Trust for 2019-20. We are writing to provide our insights arising from the scrutiny of the Trust's services over the past year at the Commission.

During the past year we have continued to enjoy a good working relationship with the Trust and we greatly appreciate the willingness of the Trust's senior executives to attend our Commission meetings. We thank you for this engagement and being prepared to open yourself up to scrutiny and to be held accountable.

The Commission Members take a great interest in the performance of our key local acute trust and were very pleased to learn about some of your key achievements over the past year. We would like to congratulate you on receiving a rare "Outstanding" rating from CQC following a January inspection of your Acute Services. We were also pleased that your Mary Seacole Nursing Home was also rated 'Good' following a February inspection. We are further immensely grateful for the work of staff at the Homerton during the Covid-19 pandemic.

We note that this year's report is being submitted later than usual and in a more truncated form due the pandemic. We appreciate the exercise however as it allows us also to step back from individual issues we raise with you over the course of the year and take an overview of the quality of your services.

Your Chief Executive attended our June and January meetings where we discussed the development of the

new Pathology Partnership with Barts Health and Lewisham & Greenwich Trusts as well as the progress of the Unplanned Care Workstream which she chairs. We also discussed the Secretary of State's response to our letter regarding your implementation of the 'Overseas Visitor Charging Regulations' and we welcomed your commitment to work more closely with Hackney Migrant Centre on mitigating the impact of these on vulnerable, non-documented, migrants.

In January we discussed again the issues around your contract with ISS for 'soft services' which has been the subject of an industrial dispute. In July you attended an urgent meeting of our Commission in response to concerns about the sudden 5-year extension of that contract. We are grateful for the steps you have taken to ensure better sick pay for workers on the ISS contract but, as has been discussed, wish to keep a dialogue ongoing with you on this and in particular encourage you to move towards in-sourcing options in the medium term. We would welcome sight of any options appraisals you produce on this as soon as it can be debated.

We are pleased to note the ongoing improvement across so many of the Quality Indicators and the level of benchmarking you report. We wish to make the following comments, noting that the report we've had sight of is a rough draft with some key data still missing:

a) Re 2.2.9 on p.21: How is data quality going to be improved in the new contract for 'community services,' now called "Neighbourhood Health and Care". We note that a *"decision was taken to have two Data Quality Committees: one for Acute services and the other for Community services, so that both acute and community services have focussed space and time to review and discuss the DQ issues and steps to improve them"*.

b) Re p.24 why is 'Coordinate My Care' (the shared urgent care plan) still being discussed as a work in progress? We understood after our own 'End of Life Care' review two years ago that it was already operational. What are the delays?

c) Re 2.2.12 p.25 you detail both the policies and structures you've put in place to support Whistleblowers, which are admirable, but how many actual reports have there been? We note that the content and or gravity of incidents might vary considerably but seeing a total number of incidents would demonstrate to us that "Speak up safely" is working.

d) Re item 3 on p.43 why was there a spike in violent and aggressive incidents in late Feb and was just this down to improved reporting?

The Chair further recalls from his time on the Council of Governors that there was a long term issue with respect to not all staff receiving annual appraisals – has this improved in the last year and what percentage of staff received their annual appraisal?

We look forward to taking up these issues with you over the next year on the Scrutiny Commission.

Yours sincerely



Councillor Ben Hayhurst
Chair of Health in Hackney Scrutiny Commission

cc Members of Health in Hackney Scrutiny
Commission Tracey Fletcher, Chief
Executive, HUHFT

Cllr Christopher Kennedy, Cabinet Member for Health, Social
Care and Leisure Dr Sandra Husbands, Director of Public Health,
City and Hackney

Jon Williams, Director, Healthwatch Hackney

Commissioners Statement for Homerton University Hospital NHS Foundation Trust 2019/20 Quality Account

NHS City and Hackney Clinical Commissioning Group (CCG) is the lead commissioner responsible for commissioning health services from Homerton University Hospital NHS Foundation Trust on behalf of the population of the City of London and the London Borough of Hackney.

Thank you for asking us to provide a statement on the Trust's 2019/20 draft Quality Account and priorities for 2020/21.

During December to March 2020 the Trust was radically changing the care it provided to respond to the global pandemic caused by SARS-CoV-2. Words seem inadequate to convey our gratitude on behalf of City and Hackney residents to all Homerton staff who selflessly provided the highest possible standards of care to their patients, and sometimes their colleagues, in such difficult circumstances. We would like to express our sincere and deep held sympathy to the families and loved ones of staff and patients who lost their lives. We are working with local partners to support people who have experienced trauma, illness and bereavement in City and Hackney during the pandemic and to better understand and address the health inequalities that caused our residents in Hackney to be so severely and disproportionately affected.

We are pleased that once again the Trust held a wide consultation to determine the 2020/21 priorities.

The Trust set itself nine quality priorities for 2019/20. We are pleased to see two of these have been achieved and that all are showing progress despite the impact of the pandemic. We would like to suggest that future priorities might include specific dimensions relating to inequalities.

The Trust has increased its focus on ensuring patients get the most effective, and efficient care and how local and national clinical audits can be used to improve patient outcomes. We congratulate the Trust in taking part in world class research studies such as the RECOVERY and REMAP-CAP studies that provided clear evidence that use of dexamethasone for COVID 19 patients would save lives.

The Trust's recent CQC inspection of its hospital services which were judged to be "Outstanding" overall highlighted how committed the Trust is to continuous quality improvement and the range of outstanding care provided to local residents. Last year we congratulated the Trust on their journey to move from Good to Outstanding and this year we are delighted to see additional progress. The Trust received one requirement notice that relates to the safety domain for maternity services and we are assured the Trust will be focusing on this going forward. We also congratulate the Trust on achieving an overall rating of "Good", once again for the Mary Seacole Nursing Home.

Whilst data is missing from the national patient experience scores we hope to see continuing improvement to these scores in line with previous years. We note the positive scores for the national Friends and Family scores at the Trust but these do have a very low response rate compared to other London Trusts. Other ways of measuring patient experience over time could and should be developed.



We are pleased to see improvement in staff fill rates across medical and dental specialties. The Trust receives good feedback from junior doctors about their experiences at the Trust and support from Consultants and this is an important measure of how well the Trust engages and supports key staff.

We commend the Trust on their focus on staff wellbeing and being responsive to staff feedback and, once again, the Trust has been very highly rated by staff on the care they provide and for working at the Trust. We also note the work the Trust is doing to improve scores relating to the NHS Workforce Race Equality Standard and we support the work taking place to ensure black and minority ethnic staff feel they belong, contribute, and can thrive in their chosen career.

Last year we asked that the 2018/19 Quality Account provide greater emphasis on our City and Hackney plans for greater integration with our Local Authority partners and the development of our neighbourhood model. We would, again, welcome more focus on wider system work throughout the document and are keen to see these developments progress further over 2020/21. The new City and Hackney Neighbourhood Alliance, bringing together Homerton community health services, primary care and mental health services will be crucial to enable local health and care services to provide integrated care and support social care in City and Hackney. There is considerable scope to use the Alliance to keep people well at home, both in terms of physical and mental health care; to improve quality of care and prevent hospital admissions.

We confirm that we have reviewed the information contained within the Account, and checked this against data sources where these are available to us. There are some data gaps, due to late publication caused by the pandemic, which we expect the Trust to rectify before publication.

Overall we welcome the 2019/20 quality account, congratulate the Trust on their improved CQC ratings and again look forward to developing outstanding services for the population we serve.

Dr Mark Rickets

Chair, NHS City and Hackney Clinical Commissioning Group

Ms Jane Milligan

Accountable Officer, NHS City and Hackney Clinical Commissioning Group

Mr David Maher

Managing Director, NHS City and Hackney Clinical Commissioning Group



2.0 Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2019 to September 2020
 - papers relating to quality reported to the board over the period April 2019 to September 2020
 - feedback from commissioners dated 14/09/2020
 - feedback from governors; none received.
 - feedback from local Healthwatch organisations dated 03/09/2020
 - feedback from overview and scrutiny committee dated 04/09/2020
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 29/07/2020
 - the [latest] national patient survey completed during July 2019
 - the [latest] national staff survey published 01/09/2019
 - the Head of Internal Audit's annual opinion of the trust's control environment dated 04/06/2020
 - CQC inspection report dated 02/07/2020
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review



- the quality report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

.....Date.....Chairman

.....Date.....Chief Executive

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<p>Health in Hackney Scrutiny Commission</p> <p>14th October 2020</p> <p>Covid-19 Test, Trace and Isolate – verbal update from Director of Public Health</p>	<p>Item No</p> <p>7</p>
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PURPOSE OF ITEM

Since the advent of the Covid-19 pandemic the Commission has asked the Director of Public Health to provide updates at each meeting on the status of the response in Hackney and in particular on the operation of Test, Trace and Isolate.

OUTLINE

At a special meeting on [30 March](#) we first heard from the DPH and the local Health leaders. At our [9 June](#) meeting we also heard some external challenge national experts: Dr Kevin Fenton (PHE/NHSEL), Professor Anthony Costello (Independent SAGE/ UCL), Professor Allyson Pollock (Independent SAGE, University of Newcastle) and Amanda Healy (DPH for County Durham). At our [9 July](#) meeting, we also heard from the CCG on the City & Hackney Restoration and Resilience Plan. Here are links to the updates on [30 July](#) and [23 Sept](#).

Attending for this item will be:

Dr Sandra Husbands, Director of Public Health for City & Hackney

ACTION

Members are asked to give consideration to the report and make any recommendations as necessary.

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<p>Health in Hackney Scrutiny Commission</p> <p>14th October 2020</p> <p>Minutes of previous meeting</p>	<p>Item No</p> <p style="font-size: 48pt; text-align: center;">8</p>
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OUTLINE

Attached please find the draft minutes of the meeting held on 23 Sept 2020.

MATTERS ARISING

Actions from 29 January meeting

Action at 5.4 (d)

ACTION:	<i>Chief Executive of HUHFT to provide Members with a summary providing more financial detail on the other options considered in the Outline Business Case on the Pathology Partnership with Barts Health and Lewisham Trusts.</i>
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This needs to be rescheduled.

Actions from 9 July meeting

Action at 4.12

ACTION:	<i>HUHFT officers to provide a briefing to the Commission, once the contract with ISS has been signed, to address what further progress had been made particularly on London Living Wage uplift and whether parity with Agenda for Change pay scales has been achieved and on the payment of sick pay. The Commission also requests sight of, or a summary of the key issues raised in, the Equalities Impact Assessment which HUHFT Board will have considered prior to agreeing the contract.</i>
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This is to be scheduled.

Actions from 23 September meeting

Action at 4.5

ACTION:	<i>Prior to the CCG Members' vote, the MD of CCG to provide Commission Members with</i> <ul style="list-style-type: none"> <i>(a) A working draft of the new Constitution</i> <i>(b) A draft of the Operating Handbook</i> <i>(c) A governance structure chart for the overall NEL ICS</i> <i>so that the Commission may be able to make representation on them, if necessary.</i>
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This has been done.

Action at 5.8

ACTION:	<i>Deputy Director of Public Health to provide more detailed ward based analysis of the Covid-19 testing data, where possible, particularly to the Ward Members for Shacklewell and for Hoxton and Shoreditch.</i>
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Public Health responded as follows on 2 Oct:

For the ward incidence, the publicly available information is [here](#). Hold Ctrl and click on either names or wards or on locations on the map to select several wards of interest. To summarise both incidence and tests rates:

In Shacklewell

- The incidence rate was about 41 per 100,000 in the week ending 4 of September and dropped to zero in the following week. The incidence rates have been rising since reaching the same level as the first week of September (i.e. 41 per 100,000) by the end of September. The incidence rate in Shacklewell was the highest in the last week of August, at 82 per 100,000.
- In September the testing rates were lower than in the months of July and August: 4,051 versus 4,409 and 5,496 per 100,000 respectively.

In Hoxton and Shoreditch

- The incidence rate was stable throughout September at around 30 per 100,000. The incidence rate peaked in the second week of April, at 74 per 100,000.
- In September the testing rates were lower than in August: 3,777 versus 5,222 per 100,000.

This shows a different epidemic curve for the two wards: while in Hoxton and Shoreditch incidence rates in the second wave did not reach the heights on the first wave, the opposite is true for Shacklewell.

Action at 7.6

ACTION:	Executive Director of Healthwatch to explore with the CE of the GP Confederation on developing a Protocol for GP Practices on supporting those who cannot readily access their GPs via digital means and on establishing a consistent standard across all the Practices in Hackney.
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Jon Williams is pursuing this.

ACTION

To agree the minutes and note the matters arising.

London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting: Wednesday, 23rd September 2020

Minutes of the proceedings of
the Health in Hackney Scrutiny
Commission held at
Hackney Town Hall, Mare
Street, London E8 1EA

Chair	Councillor Ben Hayhurst
Councillors in Attendance	Cllr Peter Snell (Vice-Chair), Cllr Deniz Oguzkanli, Cllr Emma Plouviez, Cllr Patrick Spence, Cllr Kofo David, Cllr Kam Adams and Cllr Michelle Gregory
Apologies:	
Officers In Attendance	Denise D'Souza (Interim Strategic Director of Adult Services) and Chris Lovitt (Deputy Director of Public Health)
Other People in Attendance	Councillor Christopher Kennedy (Cabinet Member for Health, Social Care and Leisure), Councillor Yvonne Maxwell (Mayoral Advisor for Older People), Councillor Carole Williams (Cabinet Member for Employment, Skills and Human Resources), David Maher (MD, NHS City & Hackney CCG), Dr Mark Rickets (Chair, City and Hackney CCG), Siobhan Harper (Workstream Director, Integrated Commissioning, CCG), Jon Williams (Executive Director, Healthwatch Hackney), Tracey Fletcher (Chief Executive, Homerton University Hospital NHS Foundation Trust) and Laura Sharpe (Chief Executive, City & Hackney GP Confederation)
Members of the Public	5
YouTube link	https://www.youtube.com/watch?v=jAwUO6btEfY&feature=youtu.be
Officer Contact:	Jarlath O'Connell ☎ 020 8356 3309 ✉ jarlath.oconnell@hackney.gov.uk

Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

- 1.1 Apologies for absence were received from Dr Sandra Husbands, Andrew Carter, Malcolm Alexander and Anne Canning.

2 Urgent Items / Order of Business

- 2.1 There was no urgent business and the order of business was as on the agenda.

3 Declarations of Interest

- 3.1 There were none.

4 An Integrated Care System for North East London

- 4.1 Members gave consideration to a briefing paper from the CCG “The future of health and care for the people of north east London” and the Chair welcomed for this item

Dr Mark Ricketts (MR), Chair, City and Hackney CCG

David Maher (DM), Managing Director, City and Hackney CCG

Tracey Fletcher (TF), Chief Executive, Homerton University Hospital NHS Foundation Trust (HUHFT)

Laura Sharpe (LS), Chief Executive, City and Hackney GP Confederation

- 4.2 The Chair explained the background and context for the creation of a single CCG over the NEL footprint. It was noted that the GP Practices who are members of City and Hackney CCG will be voting in Oct on the merger to create a single CGG covering the 8 north east London local authority areas.

- 4.3 DM and MR took Members through the briefing paper in detail. He described the long history of partnership working and the long plans for devolution. Working in a collaborative way had created integrated workstreams across health and care which had been very successful. Stakeholder engagement was currently on going and they would seek members endorsement in October. This would then allow the current Integrated Commissioning Board in City and Hackney to transform into an *Integrated Care Partnership (ICP)* which would also have on the key local providers on it. Staff would be TUPE'd to the single CCG but would be posted back to continue their work in City and Hackney. Covid had delayed the process but NHSE London still requires a vote by October. The discussions with the Primary Care Network leaders locally were very constructive they will be co-producing with them the governance documents over quarters 3 and 4. The Neighbourhoods Programme (the PCNs) were progressing well and fit well with the required new system. There will follow a series of Transformation Programmes which come out of the Strategic Operational Command (SOC) led by Tracey Fletcher and set up to respond to the Covid crisis and the Enabled Groups in Integrated Commissioning are making these happen. A *Neighbourhood Health and Care Board (NHCB)* will be established under the ICP. The current CCG staff will align themselves with what is needed to deliver the Neighbourhoods system and will stay within C&H.

The new local ICP and NHCB have been established under an Accountability Framework and will include both execs and non-execos from all the commissioning and provider partners locally. Commissioning decisions, where necessary, will yield to the legislation currently in place and where there has to be conflict of interest boundaries e.g. primary care commissioning these will continue to be respected.

He added that the two Health and Wellbeing Boards (Hackney Council and City of London) will be critical in shaping the wider population healthcare management approach as they will focus on wider determinants of ill health and attitudinal issues. The Health and Wellbeing Board will therefore be supported by new Population Health Hub which is being developed between the CCG and the Director of Public Health. This will provide a focus for co-ordination wider population health strategies and will lend its expert support to the NHCB. Clinicians will be involved at each level and decision making will be at 'Place' level, unless it is clearer that more can be achieved on a particular issue at the NEL level. A principle of subsidiarity will therefore apply.

In terms of finance flows, 98% of existing CCG allocation will be devolved back down to City and Hackney to be deployed via the local ICP and NHCB. The ICS for NEL will retain a 1% budget for corporate costs and all ex CCG staff will be employed by NEL. There will also be a 0.5% contingency and 0.5% risk reserve as was the case previously. He added that these allocations were subject to national policy and post pandemic resources may of course differ. He noted that the Chancellor was deferring the budget to support Covid during the winter period so CCGs are working on the basis of current allocations in these models. He concluded that co-production and clinical leadership would be key, that the providers in C&H were all high functioning and driven by quality. On Primary Care leadership they were proposing that the clinical leadership executive of it will be reshaped. Jane Milligan would remain the Accountable Officer at NEL level of course at the ICP level there will be Elected Member input from the Council.

4.4 Members asked detailed questions the following responses were noted:

(a) Chair expressed concern that CCG members were being asked to consider a merger without seeing the new Constitution or what formal powers they were giving up. Assurance was also needed on the 80:20 split agreement.

DM replied that a draft of the Constitution went to Members that afternoon. The focus was less about the NEL Constitution per se but more about the working relationships locally and that is what members were seeking clarity on. MR explained about the scheme of delegation and how a principle of subsidiarity would guide it going forward. It was noted that much of the practical detail would be in the Operating Handbook. This would describe in more detail the financial framework, the allocations and how the money would flow down the system. There would also be new money under the Long Term Plan and detail on how that would be managed at NEL level. 98% of the funding would come down to City and Hackney level and all of the previous Primary Care budget. He added that he was working with his equivalent in Tower Hamlets on a Declaration of Principles which all CCGs have signed up to which articulates the principles against which they would be judged in the future.

(b) Chair stated that currently under primary legislation our local CCG as a body got c. £450m for commissioning and this provided some solidity. Without formal agreements what would happen in say 5 years if NEL didn't want the same provision at HUHFT. More attention needed to be paid therefore to the medium and long term implications of this for Hackney.

DM replied that he didn't think that level of detail would be articulated in any Constitution. A CCGs responsibility was to purchase services for its population and a Constitution wouldn't go into detail about where the provision would come from. He added that City and Hackney was playing to its strengths here with the framework it had now been presented with. City and Hackney had been recognised as a sub-system within the ICS. Tracey Fletcher as CE of HUHFT as member of the system would now be part of it and they were was an additional tethering of accountability back to the local health system and back to the new ICP. The counterbalance to the Constitution was the Accountability Framework which they had established so that City and Hackney would get the best outcomes. The mandate that City and Hackney ICP will receive from NEL will include this detail and will state the outcomes expected of City and Hackney and will also outline what resources will be available to them to deliver these.

(c) Members asked how accountability could be clarified without seeing the full Constitution. They commented that the Constitution alone wouldn't address all of the issues of concern re the dissolution of C&HCCG and that there needed to be clarity and what would happen down the line. They asked whether the 80% referred to money or levels of operation. They asked if there was evidence that the 1% admin costs represented value for money and asked whether a decision could be deferred until these issues were clarified. They gave the example of the ISS issue at HUHFT as an example of the need to future proof constitutional arrangements stating that certain provisions in the Constitution could affect the wider community interest.

DM reiterated that they would share the draft. He stated re the HUHFT example that the Constitution would not be able to illustrate how parameters for that kind would work. He stated that the Constitution was a nationally mandated NHSE framework document. MR replied that CCG Members were looking at the draft Constitution at the moment and that most of the nuance councillors were seeking would be expressed instead in the Operating Handbook. He stated that they had wanted to defer the vote because of the pandemic but NHSE had refused stating that NEL already had been given an additional year, unlike other STP areas, and it was a requirement to get on with the process. This allowed for very little wriggle room. They would like to have been further ahead with it but this had not been possible because of the Covid situation.

(d) Members asked if the Constitution was not set in stone was there scope to change it.

MR replied no and that any changes to the framework document would have to be agreed nationally by NHSE and it was instead in the Operating Handbook where there would be more leeway to make changes.

(e) Members asked for clarity of the 80:20 ratio and on admin costs.

MR replied that this was not a prescriptive rule but rather an overarching principle. DN stated that this principle had been put forward very early in the whole process in order to illustrate the potential local levels of devolution. In C&H it was actually 98% in terms of financials. He added that CCG staff would be employed by the ICS NEL but the majority will continue to work locally. The money, the staffing, the activity, the scheme of delegation will all try to follow

the 80:20 principle. On the 1% admin costs, this was a requirement on every CCG from NHSE. C&HCCG had always underspent by about 20% which was then reinvested in front line. At the same time NHSE also required CCGs to deliver 20% efficiency savings on running cost. The 3 subsystems were working through all of this. He viewed the performance of the C&HCCG team as being excellent value for money.

(f) Members questioned whether now was the right time to make these changes (in the context of the pandemic upheaval) they stated that in their view the case did not seem to be made. They expressed concern about the loss of local involvement and asked how much the actual change process would cost and whether it was taking away valuable resources from the front line at a difficult time.

DM replied that the draft Constitution provided the material detail CCG members will need to vote on. A draft went out that day and he would be meeting other CCG Chairs later that day. The draft Operating Handbook would flesh out, in as much detail as possible at this stage, a lot of the issues of concern here but the plan was to finesse this and improve it over Q3 and Q4 in order to get it right. He was leading a group on developing that process and Tracey Fletcher was doing the same with a group developing the City and Hackney Neighbourhood Health and Care Board sorting out its membership and operational procedures. As the Operating Handbook developed they would keep the Commission updated on the progress.

(g) Members asked to be reminded what the original premise was behind the centralisation of CCGs both in NEL and nationwide.

DM replied that NHSE's Long Term Plan had set out expectations that ICS would be set up by April 2021 to work across larger population footprints of 1m people plus and the expectations that Primary Care should begin to organise itself into Primary Care Networks built on populations of 30-50k. They would work at a more granular population level and the intention was that by leveraging providers and commissioners together at a wider scale this would allow the grassroots to drive change and improvement through the Primary Care Networks. In the LTP Simon Stevens had expressed that the legislative change had to happen to remove competition from the market. The requirement for commissioners of services to use market forces to define best value did not seem to be playing out under the current legislation yet it was there in the NHSE Commissioning Board principles. The changes under the LTP would break down the purchaser-provider boundaries and allow greater robustness to manage those market forces until new legislation could be put in place. MR added that allowing us to move away from the traditional contractor provider relationship was positive. The focus was on co-working until the legislation can be changed. The contractual formal arrangements will allow all partners to come together to share planning, the Accountability Framework and financial control and there will still be a need for a CCG. The checks will be there but it allowed us to move into a shared way of working to manage population health in a much more holistic way. The new approach would also allow us to marshal resources better to manage the wider determinants of ill-health and to work more with the VCS for example and to work in a model where the focus will be at neighbourhood level. Commissioning already done at NEL level will continue at that level and new money for specialist

commissioning will also flow through the system. This was why C&H needed to be at that STP table. These changes came with real opportunities for C&H and the best of them represented an important step change for the local health economy.

(h) Members questioned how local accountability can be maintained across 8 boroughs.

DM outlined how the current accountability structures work locally including the CCGs Members' Forums, the role of the Single Accountable Officer and how she holds the 7 CCG MDs to account. He was also held to account by the CCG Governing Body and the local Members Forum. The future model would not be that different he explained. There would be 7 Members Forums elected by the local Practice Members, they will then elect a chair to be part of the NEL ICS Governing Body and as part of the local ICP structure they will sit on key decision making bodies in City and Hackney. Jane Milligan was also held to account in each of the 7 CCG areas. Executives from the Providers are also now on the ICP and there will be Executive Lead sitting on the ICP Board so accountability is locked in locally. In addition, there were excellent Healthwatches continuing in each of the 8 boroughs. He added that local representation and accountability to this Commission would continue and of course the local provider partners would be locked into this structure and made accountable also via Scrutiny.

(i) The Chair expressed a concern that the NEL ICS governance structure might be too unwieldy as it would have over 20 chairs of trust boards and council leaders holding another board with over 20 chief execs on it to account.

DM replied that they were confident that with 98% of resources flowing down into each local system they stood a very good chance of getting on with the work and making the changes needed locally. The response to Covid-19 demanded something akin to an ICS Board to already be created and it had worked well. Tracey Fletcher had been working very closely too with the key Provider partners across the Provider Alliances in the NEL patch. The work was already happening. It was important that we worked with partners across a wider geography, he added, because that is the nature of trying to coordinate scarce health services in a more equitable way.

Tracey Fletcher commented on the changes from the Acute Provider perspective, stating that a lot of what they provide locally was determined by Regulation and not commissioning structures. Any changes at that level had never sat with CCGs but much more in Regulatory Frameworks and there was a vital need to work on that at an NEL level. During Covid relationships improved greatly between the acute providers. She added that acute providers don't of course provide all that is necessary and they hope that these arrangements will better solidify how they need to improve for example the local care pathways on cancer. This change should lead Acutes to have more leverage to improve these. She described how at HUHFT they already provided particular specialist services to NEL in neo natal care and in bariatric surgery. She added that while it is easy to talk about what may be lost from these changes there are also opportunities to really gain. They expend a lot of hours and a lot of energy in commissioner-provider battles or in provider to provider battles and one of key shifts needed in this whole process was to

engender a better sharing of this responsibility. She added that a new and different financial regime is almost certainly going to come in and with that will come different challenges and different opportunities to operate as a system. Arguably it will bring different incentives and different pressures too for all the acute trusts but it's going to happen and in her view the removal of commissioner-provider battle locally will help this and provide an emphasis on making the system work collectively. This was an opportunity and we should emphasise this rather than focusing on potential losses.

4.5 The Chair thanked TF, MR and DM for their comments and contributions.

ACTION:	Prior to the CCG Members' vote, the MD of CCG to provide Commission Members with (a) A working draft of the new Constitution (b) A draft of the Operating Handbook (c) A governance structure chart for the overall NEL ICS so that the Commission may be able to make representation on them, if necessary.
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RESOLVED:	That the briefing paper and discussion be noted.
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5 Covid-19 update on Test, Trace and Isolate

5.1 Members gave consideration to a presentation "Covid-19 update" in the agenda and also to an updated presentation from Public Health tabled at the meeting.

5.2 The Chair welcomed Chris Lovitt (Deputy Director of Public Health) who is new to the role and thanked him for deputising for the Director who had to give apologies.

5.3 The Chair stated that many are requesting testing and so many can't get them. The key metric to watch now was hospitalisation levels. He added that there had been some modelling the previous weekend which stated that by the next weekend the country could be at the same level of prevalence as in April. He asked Tracey Fletcher (Chief Executive, HUHFT) for an update from the acute sector perspective.

5.4 TF stated that as of that morning there was 1 patient in ICU with Covid-19 as well as 7 inpatients awaiting test results. They had not seen the same levels as BHRUT hospital. They had seen a very small increase overall and they were in the midst of planning and reorganising to prepare for increased levels of admissions over the coming weeks. In response to the Chair, she stated that they were in regular contact with the Public Health team and she had met with the Cabinet Member Cllr Kennedy also to discuss more frequent sharing of data from now on and he could be a conduit of information to the Commission Members also.

5.5 The Chair asked what was different this time than from the March-April period in relation to discharges of patients to care homes. What improvements had been made.

TF replied that they had a good record on safe discharges particularly in relation to Mary Seacole Home. The key factor was how they worked with care

home staff to minimise transfers and the risks during them. Patients were tested through admission and before they are discharged. She added that sometimes it would be more risky for vulnerable older patients to remain in hospital rather than go out to care homes and the key was to ensure that there were similar levels of infection control in place across both settings.

5.6 CL took members through his presentation in detail. The Chair thanked Public Health for providing greater triangulation of testing data by also including and comparing it with number of calls going into primary care, numbers contacting NHS 111 and data on staff related absences.

5.7 Members asked detailed questions and in the response the following was noted:

(a) Members asked why the incidence in Shacklewell went from second highest to lowest in a couple of weeks. They asked what was being done to ensure social distancing in shops and to enforce mask wearing on buses and what was the % success rate of test, trace and isolate in Shacklewell.

CL replied that the ward level numbers were small and availability of testing here was the key factor. It was not possible to make conclusions about success at ward level based on these numbers, but he would examine the data further and reply in writing to the Ward Members. They were focusing on wards where numbers were high and comparing it with GP data. They had asked PHE for outbreak testing rather than routine testing in order to better contain these local outbreaks. He added that a change in the guidance would be more helpful in providing greater clarity. He stated that face coverings must be worn indoors in hospitality settings. They were currently not mandatory everywhere in public but would become so. He added that re shops Environmental Health was also playing a role and there would be an escalated approach to inform, visit, enforce, fine and close down, as necessary. Regarding compliance with mask wearing on buses the levels of compliance appeared to be generally very good and concerns about this needed to be directed to TfL. The messaging here had been clear for some time.

(b) Chair asked whether councils new role in test-track-isolate would mean that they were being left with the more challenging cases while the private providers running the national system pick off the low hanging fruit of more easier cases at that level. He also asked whether more funding would be received to cope with the task and how the monitoring would operate.

CL replied that this was a very recent development. The success rate for NHS Test and Trace in Hackney was not where it should be but we were not alone in this. There were challenges around deprivation, English not as first language, and suspicion around the role private public partnerships involving organisations that do not have a good track record and on whom you would not want to place the NHS brand. If the national system had been unsuccessful in contacting the index case than that information would be supplied to the local Public Health team and local contact centre staff and environmental health officers would try to contact the individuals using the records they have in the council, they might for example have a mobile phone number for the contact. The previous day they had went live on this new system and had 6 cases referred and they had been able to contact 3 of them quickly.

He added that he was keen to get the views of local NHS partners on how, after a few weeks if they had been unsuccessful in contacting certain cases, whether they could pass them to local NHS bodies to fill the missing gaps. They would not be asking them to act on the information now but rather to give an indication about how effective contact tracing might be if further data could be shared. Public Health had already received the national data sharing protocols, these were nationally driven and they had to go through a lot of stages to ensure that staff were sufficiently trained and that they locally have the required data protections in place. He added that they were using the Contact Centre staff who were very used to dealing with Hackney residents and, so far, the feedback from residents contacted had been very positive. This should allow Public Health to reach all the individuals who need to be contacted and to help ensure that they are self-isolating.

(c) Members expressed concern re the point on p.24 that ethnicity data was not available for half the records referred to. This was a worry considering the disproportionate impact of the virus on ethnic minority groups.

CL replied that it was indeed important to draw attention to poor recording of ethnicity data and he would take this back to the national system because data quality was crucial.

(d) Members asked why the 7-day incident rate in Hoxton and Shoreditch was so high and what the cause might be. They also asked what the eligibility criteria would be for the £500 welfare payment to those on low incomes forced to self-isolate.

CL said that Hoxton was the 3rd highest and while it was tempting to try to give ward level analysis it would be remiss to do that on the basis of these numbers. The general point to be made was that the area had a younger population with higher levels of social mixing. Perhaps the influx of students might be a factor as well as the recent better availability of testing, he added. If it persisted there would need to be more tailored interventions. He added that they were looking at a similar picture across a number of other hotspots and high levels of socialising was a factor in generating higher numbers of cases.

On the £500 payments he stated that this guidance had been issued on Sunday and the Council was busy trying to implement aspects of that. He shared the link to the guidance document with Members. It was important too that those who won't be eligible don't waste time in applying, he added.

Cllr Kennedy commented that Professor Kevin Fenton (PHE London) had recently explained that in mid-August London had been testing 90000 a week but by mid- September this had fallen to 65000 a week. This represented a huge drop off and a re-allocation of testing capacity away from London at a time when it was needed most. On the £500 payment, he stated that the irony here was that you had to have a positive test to be eligible for it. So just as testing levels were falling rapidly people were required to prove a positive test to get the support they need to afford to self-isolate.

- 5.8 The Chair thanked CL and Public Health for their very detailed and helpful briefings.

ACTION:	Deputy Director of Public Health to provide more detailed ward based analysis of the Covid-19 testing data, where possible, particularly to the Ward Members for Shacklewell and for Hoxton and Shoreditch.
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RESOLVED:	That the 2 reports and discussion be noted.
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6 Integrated Commissioning Board PLANNED CARE Workstream - update

6.1 Members gave consideration to a report *Update on the Planned Care Workstream of the Integrated Commissioning Board* .

6.2 The Chair welcomed for this item:

Siobhan Harper (SH), Workstream Director – Planned Care

SH stated that Andrew Carter, the SRO for the Workstream, had to give his apologies as he had been having technical difficulties connecting to the meeting.

6.3 SH took members through the highlights of the report. The focus of the Workstream had been on recovery and restoration of services post the peak months of the Covid-19 pandemic and ensuring people were accessing the care they needed. She explained how they had established Acute Provider Alliances across the NEL patch where the key providers had formally come together to deliver elective care and to ensure that they all met the stringent infection control guidance under Covid so that operating theatres, for example, can be kept Covid free. There were plans for developing surgical hubs for low acuity and high volume conditions and there will be designing sites for specific surgeries to help deliver the restoration of elective care, as per the rigorous targets set for them by NHSE as part of the national recovery. She also drew Members' attention to the fact that cancer surgery did actually continue during pandemic and many did get treatment e.g. from private providers via Barts Health. There were however serious delays in more diagnostic parts of the care pathways e.g. endoscopy, because there were restrictions on how many patients could be seen in one day. She added that cancer screening services had been reinstated and women were being encouraged to ensure they have their checks. Another issue for the Workstream was the fact that many were experiencing symptoms of "long Covid" and were finding recovery quite difficult. Together with partners in primary care and mental health they were developing Covid specific pathways for patients whose conditions are complex, multi-faceted and which present in many ways.

6.4 Members asked detailed questions and in the responses the following was noted:

(a) The Chair suggested that there was scope for a communications campaign by Public Health in relation to 'Long Covid' and the long lasting health ramifications for many people of the virus.

(b) The Chair asked whether 'virtual by default' in primary care was exacerbating the digital divide and what action plans were in place to support

those who are on the wrong side of this divide and feel they are being locked out of the system.

SH replied that the ICB's IT Enabler Group, led by the Digital Team at Hackney Council, were working on a number of fronts on this for example there was a piece of work on maximising opportunities to learn about digital world, there was a specific project on helping those with learning disabilities to access additional hardware and work was being done in Mental Health services involving supporting clients to use their personal budgets to purchase the equipment they need. She added that the health services locally were very mindful that the digital divide posed a real risk to services because only those who know how to navigate the systems can get access. They were looking at this in detail and asking Providers to monitor the situation. It was important not to make assumptions that people have the equipment or that they have the space to even receive a private video call with a medical practitioner. DM added that the policy across NEL on managing in the Covid era was not 'digital by default' but rather 'digital when appropriate'. This helped them to identify where digital solutions worked and to have appropriate pathways in place for this for those who needed them. The Chair added that in the Council there was a similar challenge in relation to school children and how they can accessed learning and there needed to be more joined up services here.

(c) Members asked if report writers could be more careful about the use of confusing acronyms. SH apologised and stated she would ensure more attention to this in future.

(d) Members asked about the high variances in prescribed medicines and GPs role in offering cheaper alternatives.

SH replied that the cost of generic vs prescribed medicines was an ongoing one. They did encourage GPs but they generally feel that GPs are now more mindful of prescribing costs because of the requirements to deliver best value and to offer more equitable and effective medicines. MR added that in the clinical system in use in GP Practices there was a prescribing formula embedded in it which, among other things, offered equivalent medicines which would be less expensive, thus saving money from the prescribing budget. GPs will usually go with the least expensive options but there are occasions where it is medically necessary to prescribe a patient a particular branded item. Member commented that her GP asked her if she wanted the less expensive item. SH added that GPs have got used to being more efficient with resources and that they try to engender these commissioning modes of thinking without making it onerous on the doctors.

(e) Members asked about the centralisation of surgical hubs and whether a proper consultation document would emerge proposing which forms of elective care will go to which sites.

SH replied that the Acute Providers Alliance would be bringing something along these lines to a future meeting of the INEL and ONEL JHOSCs. She added that Jane Milligan at the C&HCCG AGM had made a commitment that the changes as a result of Covid-19 weren't substantive and that if there were any long term arrangements as a result of the pandemic then they would be properly consulted on and Equality Impact Assessments would be undertaken

etc. These arrangements were an attempt to clear the long waiting lists which had built up in the NEL system because of the pandemic and for example in C&H alone there had been 17000 people on the outpatient waiting lists.

(f) The Chair asked what specific plans as regards transport were being put in place to support patients who will have their elective treatments, for the present, moved to a more remote site.

SH replied that a lot of thought had gone into this. Initial Infection Control Guidance for patients had been very stringent e.g. all patients asked to self-isolate for two weeks prior to surgery, this had lessened and as part of the initial conversation with patients, they would be looking at transport. Also, with day care procedures for example you cannot attend unless you have someone to accompany you home. A lot of attention was given to this as part of the re-booking process for those awaiting operations, she added.

(g) The Chair asked if they had an estimate of when elective care might get back on track, notwithstanding the current impending threat of a possible second wave.

SH replied that the situation was fluid because of the potential of a second wave but re-iterated that there were no plans to close services as had been done back in March. That had been a unique situation and there shouldn't be the same impact this time on waiting lists.

6.5 The Chair thanked SH for her report and for her attendance.

RESOLVED:	That the report and discussion be noted.
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7 Healthwatch Hackney Annual Report 2019/20

7.1 The Chair stated that each year the Commission considered the Annual Report of the local Healthwatch and the Chair welcomed for this item:

Jon Williams (JW), Executive Director, Healthwatch Hackney

7.2 Members' gave consideration to the Annual Report 2019/20 of Healthwatch Hackney and the associated presentation.

7.3 JW took members through the highlights of the report. He also gave apologies for the interim Chair, Malcolm Alexander, who had been unable to attend. He added that a permanent Chair would be recruited in due course. He suggested that there should be closer work with the local VCS on the digital divide issues as, in his view, this problem would only get worse. More generally, over the year they were detecting a lot of frustration from residents about a top-down approach in the NHS e.g. the surgical hubs or the move of the dementia beds to East Ham. There had been a small drop in satisfaction levels but this had also been the trend. The need for better support for long term mental health patients was also a concern, much of the focus was on the lower level clients seeking IAPT. He stated that Healthwatch had been very proud of its large volunteer base. He stated that many residents were concerned about the government's hostile environment policies and that charging poor and vulnerable people was a deterrent to them seeking vital health care and

represented very bad policy making. He explained that the co-chaired the Communications Enabler Group of ICB and more work needed to be done to understand how greater public involvement can be taken forward. He also highlighted the existence of the Involvement Alliance which aided existing organisations to work better together. In terms of funding, they continued to be well funded by the Council despite the pressure it was under and they had also received much funding support from the CCG. They had discontinued their involvement in City Healthwatch.

7.4 Members asked questions and in the replies the following points were noted:

(a) The Chair commended Healthwatch for striking such a good balance between being funded by both the Council and the CCG and at the same time holding both to account so well.

(b) Members commended the quality and accessibility of the report again this year.

(c) A Member commented that there was a low level of awareness about how the local GP Confederation sets minimum standards for GP Practices and that this was an excellent way to achieve consistent approaches across them all but residents were not aware of this function. He asked if a piece of work could be done to look at the awareness of the public on the existence of these common standards and whether Healthwatch had done any surveys on this.

JW replied that this was an excellent point and that they had not done any specific surveys on this but it was something they could pick up with the Confederation focusing on patients' rights and service user rights akin to the Complaints Charter.

He added that people don't know what their rights are or what to expect and if you put it to them in a simple way that would be very helpful to patients but we should be surveying GPs to ensure that they are working to a consistent standard.

(d) The Chair asked whether the digitisation of access to primary care during the pandemic was having the effect of widening the digital divide and whether the borough had a joined up approach in terms of access and what the best practice was elsewhere and what could be learnt from those examples.

JW stated that this was a major challenge and he was expecting it to get worse. He was appreciative of the work HCVS was doing in this area. Given state of economy many are going to be struggling more and there will be a rise in unemployment which would exacerbate this. One of the challenges was that those on the wrong side of the digital divide were very hard to reach in the first place. He added that a recent survey had shown a lack of confidence in what both central government and local govt was saying. He said he expected the former but was surprised that local government was now coming across as being mistrusted and was seen as not listening. It was really important that as a system we worked together with community groups, faith groups and others who can help to give us access to groups who are seldom heard and who may be losing out more in the digital divide.

(e) MR added that the CCG would welcome being part of the piece of work which JW outlined on GP access. They had 1.6m consultations last year in C&H and they needed to explore whether this was a problem of some Practices not being organised on the day or did it highlight a more systemic problem and that more insight on this would be most welcome.

7.5 The Chair asked if there was scope for Healthwatch and the GP Confederation to work together on perhaps developing a Protocol to standardise approaches to the digital divide issues across the GP Practices in Hackney. He added that the issue might be difficult but that in the current situation many on the wrong side of the digital divide were feeling shut out by primary care and this was a problem because it disproportionately affected the more vulnerable residents. JW undertook to explore this.

7.6 The Chair thanked JW for his report and for his attendance.

ACTION:	Executive Director of Healthwatch to explore with the CE of the GP Confederation on developing a Protocol for GP Practices on supporting those who cannot readily access their GPs via digital means and on establishing a consistent standard across all the Practices in Hackney.
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RESOLVED:	That the report and discussion be noted.
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8 Minutes of the Previous Meeting

8.1 Members gave consideration to the draft minutes of the meeting held on 30 July and noted the matters arising.

RESOLVED:	That the minutes of the meeting held on 30 July be agreed as a correct record and that the matters arising be noted.
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9 Health in Hackney Scrutiny Commission- 2020/21 Work Programme

9.1 Members' gave consideration to the updated work programme for the Commission. The Chair stated that he wanted to continue to keep some spaces open in order to respond to fast changing situations such as Covid and that they would request a further verbal update on Test and Trace for next month.

RESOLVED:	That the updated work programme be noted.
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10 Any Other Business

10.1 There was none.

Duration of the meeting: 7.00 - 9.00 pm



Health in Hackney Scrutiny Commission 14 th October 2020 Work programme for 2020/21	Item No 9
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OUTLINE

Attached please find the updated work programme for the Commission.

Please note that a number of items which had to be postponed because of the Covid-19 crisis have not yet been found confirmed slots and slots are being kept free for urgent items.

ACTION

To give consideration to the work programme and agree any amendments as necessary.

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Health in Hackney Scrutiny Commission

Future Work Programme: June 2020 – April 2021 (as at 6 Oct 2020)

All meetings will take place online until further notice and will be livestreamed via YouTube.

This is a working document and subject to change

An urgent meeting on the Covid-19 response was held on 30 March. It was held remotely but could not be a formal meeting as the legislation for virtual meetings was not in place at the time.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Tue 9 June 2020 Papers deadline: 31 May	Dr Sandra Husbands Prof Kevin Fenton Prof Anthony Costello Prof Allyson Pollock Amanda Healy	Dir of Public Health Regional Director London PHE and NHSE London Independent SAGE /UCL Independent SAGE/ Univ. of Newcastle DPH Durham County Council	Covid-19 Response – DISCUSSION PANEL	What can local authorities do to mitigate the spread of Covid-19 in their areas and what space is there for local health partners and the council to supplement the national government approach?
			Appointment to INEL JHOSC	To appoint 1 member to INEL JHOSC to replace Cllr Maxwell. Cllr Snell was appointed. As there was no AGM in May 2020 previous appointments to committees from May 2019 roll over until an AGM is scheduled.
INEL JHOSC Wed 24 June 2020 Virtual Meeting		<i>Chair and AO for ELHCP; Chairs and MDs of all the CCGS for North East London; CEO Barts Health; CEO HUHFT; Deputy CEO, ELFT;</i>	INEL boroughs' response to Covid-19 pandemic	

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
		<i>Reps of North East London Save Our NHS</i>		
Thu 9 July 2020 Papers deadline: 30 June		All Members	Election of Vice Chair for 202/21	To elect a Vice Chair to replace Cllr Maxwell who has stepped down on becoming a Cabinet Adviser.
	HUHFT Chief Nurse and Director of Governance Homerton UNISON	Catherine Pelley TBC Lorna Solomon	Homerton Hospital and its contract for soft services	Follow up from January meeting and request from Homerton UNISON and from Members. Concern that the 5 year extension of the ISS contract was announced hastily and without proper consultation despite ongoing concerns about staff pay and conditions, exacerbated by Covid-19 situation.
	CCG Chair and MD	David Maher Dr Mark Ricketts	An Integrated Care System for NEL	Follow up from Feb meeting and in response to increased concerns from KONP and others on the press reports that NHSE is speeding up plans for implementing ICSSs in full
	CCG Chair and MD	David Maher Dr Mark Ricketts	Covid-19 City and Hackney Restoration and Resilience Plan	Follow up from discussions at March and June meetings.
	Director of Public Health	Dr Sandra Husbands	Covid-19 update on Test, Trace and Isolate Pilot	Follow up from June meeting on progress of roll out of testing locally and the Test Trace Isolate Pilot which Hackney is participating in with Newham, Camden and Barnet.
Urgent meeting Thu 30 July 2020 Papers deadline: 22 July	ELFT CCG Barts Health	Dr Waleed Fawzi Edwin Ndlovu Dan Burningham Neil Ashman	Developing COVID-19 resilient services at Mile End Hospital, including relocation of inpatient dementia assessment services to East Ham Care Centre	The meeting has been called urgently prior to the August recess because of the timeline involved with this proposal. To provide input to NHS on their plans to develop COVID-19 resilient services at Mile End Hospital, including the relocation of inpatient dementia assessment services from Mile End Hospital to East Ham Care Centre. This involves patients from City and Hackney as well as Tower Hamlets and Newham.

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Urgent AOB	Director of Public Health	Dr Sandra Husbands	Covid-19 update on Test, Trace and Isolate	Verbal update on the response locally to the Covid-19 pandemic.
Wed 23 Sept 2020 Papers deadline: 14 Sept	Deputy Director of Public Health	Chris Lovitt	Covid-19 update on Test, Trace and Isolate	Follow up from July meeting on progress of Covid-19 Test Trace Isolate in Hackney.
	CCG HUHFT	David Maher Dr Mark Ricketts Tracey Fletcher	An Integrated Care System for North East London	Update from CCG Chair and MD on the decision of City and Hackney CCG Members on the merger to create a single CCG for North East London and on the further development of the Integrated Care System
	LBH/CoL/CCG Planned Care Workstream	Siobhan Harper, Workstream Director	Integrated commissioning- PLANNED CARE Workstream	Series of updates from each of the Integrated Commissioning Workstreams. This had been postponed from March and June because of the Covid-19 situation.
	Healthwatch Hackney	Jon Williams	Annual Report of Health watch Hackney 2019/20	Annual Report of local Healthwatch to Healthwatch England.
INEL JHOSC Wed 30 Sept 2020	<i>ELHCP</i> <i>Dirs of Public Health</i> <i>Barts Health</i>	<i>Jane Milligan</i> <i>4 Directors of Public Health</i> <i>Alistair Chesser</i> <i>(Barts Health)</i>	- Update from ELHCP on Covid - Directors of Public Health on Covid-19 response - Overseas Visitor Charging Regulations	

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Wed 14 Oct 2020 Papers deadline: 5 Oct	LBH	Dr Adi Cooper John Binding	Annual Report of City & Hackney Safeguarding Adults Board 2019-20	Annual item to consider the Annual Report of CHSAB with its Independent Chair Dr Adi Cooper.
<i>Joint with Members of CYP Scrutiny Commission</i>	LBH/CoL/CCG CYP&M Care Workstream	Amy Wilkinson Workstream Director Anne Canning, SRO	Integrated Commissioning – CYP&M Workstream	Series of updates from each of the Integrated Commissioning Workstreams
	HUHFT	Catherine Pelley	Discussion on response to Quality Account of HUHFT	The Commission provided a response to the draft of the Annual Quality Account of Homerton University Hospital NHS Foundation Trust (HUHF) in early Sept. As is customary the Chief Nurse/Director of Governance is invited to a subsequent meeting to respond to the issues raised in the Commission's letter.
tbc		Public Health	Covid-19 Test and Trace verbal update	
Wed 18 Nov 2020 Papers deadline: 9 Nov	TBC		To be confirmed	
	Cabinet Member	Cllr Kennedy	REVIEW: Digital first primary care and the implications for GP practices	The Cabinet Response to this due in March was delayed because of the Covid-19 crisis. Instead this will be a Cabinet Response and an update 12 months on from the publication of the original review report.
<i>Postponed from June TBC</i>	LBH/CoL/Prevention Workstream	Sandra Husbands Workstream Director Anne Canning SRO	Integrated commissioning PREVENTION Workstream	<i>Series of updates from each of the Integrated Commissioning Workstreams</i>

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
INEL JHOSC Wed 25 Nov 2020 Joint meeting with ONEL				
Thu 28 Jan 2021 Papers deadline:	TBC			
<i>May be postponed to July 2021</i>	<i>Eugene Jones Dan Burningham Jon Williams</i>	<i>ELFT CCG Helathwatch</i>	Update on impact of consolidation of dementia and challenging behaviour in-patient wards at East Ham Care Centre	<i>Follow up from meeting on 29 Jan 2020 mtg including focus on the uptake of the transport offer to families and friends of the patients moved from Thames House Ward at Mile End Hospital.. Commission considered an urgent request for a further bed move at a meeting on 30 July 2020 and asked ELFT to report back in a year.</i>
	LBH/CoL/CCG Unplanned Care Workstream	Nina Griffith Workstream Director Tracey Fletcher, SRO	Integrated commissioning – UNPLANNED CARE Workstream	Series of updates from each of the Integrated Commissioning Workstreams
INEL JHOSC Feb 2021 Date tbc			TBC	

Meeting	Lead Organisation /Directorate	Officer Contact	Item	Description
Tue 23 Feb 2021 Papers deadline:	Director Adult Services		Hackney Local Account of Adult Care Services	Annual Report for 2020/21?
	TBC			
Wed 31 March 2021 Papers deadline:	LBH/CoL/CCG Planned Care Workstream	Siobhan Harper, Workstream Director Andrew Carter, SRO	ICB - PLANNED CARE Workstream	Series of updates from each of the Integrated Commissioning Workstreams. To also include an update on the Housing First pilot.
	TBC			
			Work Programme discussion for 2021/22	

Items agreed but yet to be scheduled

To be scheduled	Public Health SPED HUHFT ELFT CCG GP Confed	TBC	Covid 19 Response – Disproportionate impact on ethnic minority communities	To consider how local action plans to address this problem are being implemented.
To be scheduled		New Cabinet Member	Cabinet Member Question Time	Postponed from December 2019
To be scheduled	Adult Services	Ann McGale Anne Canning	Integrated Learning Disabilities Service	Update on development of the new model

To be scheduled		Sonia Khan Soraya Zahid	Implementation of Ageing Well Strategy (focus on community transport for elderly)	To focus on "You Said, We Did". Follow up from Dec mtg. Specific update on community transport for elderly requested.
To be scheduled	Public Health Adult Commissioning Network providers	Anne Canning Dr Nicole Klynman	City & Hackney Wellbeing Network	To receive update on the revised model for the Wellbeing Network being put in place following an evaluation report.
To be scheduled			How health and care transformation plans consider transport impacts?	Suggestion from Cllr Snell. Possible review/item to understand how much Transformation Programmes take transport impacts for patients and families into consideration and whether these can be improved.
To be scheduled			Implications for families of genetic testing	Suggestion from Cllr Snell. Briefing on impact on families of new technologies such as genetic testing.
To be scheduled			Accessible transport issues for elderly residents	Suggestion from Cllr Snell after Dec mtg.
To be scheduled			What does governance look like at the Neighbourhood level?	Suggestion from Jonathan McShane at Dec mtg

ITEMS POSTPONED DUE TO COVID-19 AND YET TO BE SCHEDULED

Postponed from March	King's College London	Dr Ian Mudway (expert on air quality)	Air Quality – health impacts: briefing from expert.	Briefing from external expert on health impacts of poor Air Quality
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Postponed from March	Public Health Consultant Environment Services Strategy Team	Damani Goldstein Sam Kirk	Air Quality – health impacts: update on Hackney’s Air Quality Action Plan	Briefing from Public Health on the implementation of the Actions to reduce the health impacts of air quality in Hackney’s own <i>Air Quality Action Plan 2015-2019</i>
Postponed from March	Public Health (Sport England Project) Public Realm	Lola Akindoyin Aled Richards	Sport England project in King’s Park ward	Briefing on the programme of the Sport England funded project.
Postponed from 1 May	SCRUTINY IN A DAY	<i>Public Health Environmental Health</i>	<i>Health Inequalities – Marmot 10 Years On</i>	<i>Scrutiny in Day Session</i>
Postponed from July	GP Confed Integrated Commissioning	Laura Sharpe Nina Griffith	Neighbourhoods Development Programme	Follow up on item at July 2019
POSTPONED Possible separate engagement event hosted by the Commission	LBH CCG HUHFT ELFT Healthwatch	Tim Shields/ Ian Williams/ Anne Canning David Maher Tracey Fletcher Dr Navina Evans Jon Williams	Options for future use of St Leonard’s site	Scrutiny will host an engagement event with the senior officers from the relevant stakeholders and the Cabinet Members to discuss the emerging plans for the St Leonard’s Site.