

## Feedback to Barnet Health Overview and Scrutiny Committee

This report presents a brief update to the Barnet Health Overview and Scrutiny Committee (BHOSC) on the comments submitted by the committee for inclusion within the Quality Account 2015/16.

BHOSC comments were published on **page 225** of the [Annual report and quality accounts 2015/16](#) and revised changes outlined on **page 241**.

- 1. The Committee notes that the winter has seen unprecedented pressure on accident and emergency departments and urgent care pathways and acknowledged that the 4 hours A&E target was challenging.*

An update on winter pressure will be presented separately to the Committee.

- 2. The Committee expressed concern that the Trust has reported 10 “Never Events” during 2015/16, 8 of which related to surgery. The Committee noted the Trust’s new goal to improve compliance with the “5 steps to safer surgery” to 95% and to reduce the number of surgical never events by 31 March 2018. The Committee were informed that when a “never” event has taken place, often, junior Members of staff have felt something was wrong but felt unable to speak up. The Committee requested the Trust to put measures in place to encourage staff to feel able to voice concerns.*

In May 2016, the trust held a *Never Again Symposium*. With over 70 participants, teams shared local ‘never event’ stories and lessons learnt, through presentations, story boards, case studies and personal accounts. We have identified a more robust observational tool for counting swabs and instruments within Maternity services (step 4). Our updated ‘Swabs, instruments and needles counting policy’ has been developed and dissemination of this includes a new ‘peer review’ of competency of scrub practitioners. The observational collection of counting swabs and instruments within Maternity services (step 4 data) now happens on three sites and has seen an average compliance increase.

The Patient Safety Programme Safer Surgery workstream has continued to test the running debrief tool (step 1 and 5) in nine theatres. Testing of this tool started in October 2015 and we have captured over 995 team debriefs. This gives all staff (including junior staff) the opportunity to raise issues and concerns and to capture these as actions in a dynamic theatre-owned process.

Following the request from BHOSC the trust revised the information presented in the Annual report and quality accounts 2015/16 to include details on the month that the Never Event occurred, a brief description of the event and the hospital site (see below).

This information was presented on **page 215** of the quality account 2015/16.

Month of occurrence	Description of never event	Hospital
May 2015	retained swab, maternity	RFH
June 2015	retained guide wire	RFH
August 2015	retained suture	RFH

October 2015	drug incident	BH
October 2015	retained swab	RFH
December 2015	wrong site biopsy	BH
January 2016	retained tampon, maternity	RFH
March 2016	wrong procedure, endoscopy	RFH
March 2016	retained needle, ENT	BH
March 2016	wrong site biopsy	RFH

The trust reported three never events in 2016/17, but there have now been over 150 days since the last never event in June 2016. From the never events, we have identified themes around retained objects and are addressing this by trialling a number of approaches via the Safer Surgery work stream. These approaches have been informed by observational audits and staff suggestions and include new boards to record swab and instrument counts, and amendment of checklists and processes to support staff.

**3. *The Committee noted that regarding falls the Royal Free acknowledged that they (RFL) were “worse than the average, so there is room for improvement.”***

The Committee appear to have misunderstood the data. The national falls rate is 6.63/1,000 bed days, we are significantly better than this at 4.7/1,000 bed days and continuing to improve.

**4. *The Committee were concerned to note that the rate per 100,000 bed days of cases of C.diff infection that have occurred within the Trust amongst patients aged 2 or over had increased from 17.5 in 2014/15 to 20.4 in 2015/16.***

Monitor assesses the trust against a threshold, or maximum number of infections each year and each quarter. For 2016/17 we have been set a maximum objective of 66 infections for the year. National performance against the C. difficile indicator includes only those infections resulting from ‘lapses in care’. Lapses in care infections are determined by the local clinical team who apply an assessment developed by Public Health England, with outcomes reviewed and agreed by local commissioners. Up to and including September 2016 we have had two confirmed lapses in care, both at BH, against the maximum objective of 66. In addition, there are currently 20 cases pending investigation. This compares favourably to September 2015/16 and September 2014/15 by which time there had been nine and 16 cases with lapses in care, respectively.

**5. *BHOSC would like to be kept informed about what the trust is doing around bullying and harassment (staff survey) and progress made.***

The full results of the latest 2015 NHS staff survey were released in February 2016 and a workshop for 40 members of staff (including staff governors and staff side reps) was held in March 2016. The workshop triangulated a range of staff and patient data and identified priority areas for our Staff Experience and Retention Plan (SERP). A full report on the staff survey feedback was then presented to the trust board and executive team.

The trust has adopted the approach of zero tolerance to bullying and harassment and key recommendations of the paper were approved by the trust executive committee.

Agreed priority areas:

- A. A strong campaign on bullying and harassment by senior executive directors in line with the requirements of the Carter report (2016).
- B. Working closely with those leadership teams in units with the worst outcomes from the staff survey – developing locally owned plans and monitoring delivery.
  - Managers have been undertaking training/refresher training to help support their people management skills. Divisional board attendees take accountability for progressing actions.
- C. Setting clear expectations of managers in relation to appraisal, staff engagement and team communication activity – measuring and monitoring as part of their management.
  - Communications campaign ongoing; communications to managers as a reminder of importance of appraisals, raised monthly at divisional board meetings
  - Appraisal form has been updated to include a link to trust ‘values and behaviours’
  - An online reporting tool for completed appraisals was launched in August 2016
  - The appraisal and pay progression policy has been reviewed.
- D. Progressing rapid delivery of the improved intranet with clear and easy to find policy procedures and forms.
  - HR Online intranet pages are currently being reviewed to support ease of accessing guidance and tools.
- E. Continuing to deliver leadership training and support to managers – with an expectation that those in poorer performing areas will undertake the training.
  - To support improvements in poorer performing areas, leadership training and world class care training has been delivered within various areas. In addition where relevant team development days, listening events, coaching, relationship awareness sessions have also been facilitated in teams such as estates, obstetrics and gynaecology, respiratory medicine, dermatology, anaesthetics and theatres and A&E.

Over the coming months, the trust will continue to review and monitor progress through the designated committees and report our performance accordingly in the Quality Account 2016/17.