

<u>MEETING</u>
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
<u>DATE AND TIME</u>
WEDNESDAY 15TH MAY, 2019
AT 7.00 PM
<u>VENUE</u>
HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above-mentioned meeting which were not available at the time of collation of the agenda.

6.1	Addendum Royal Free London NHS Foundation Trust Quality Account – Statement from the Chief Executive	Page 211
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In this report we aim to assure the population we serve, our patients and commissioners that we provide high quality clinical care to our patients. It also shows where we could perform better and what we are doing to improve.

Last year was significant in the history of the Royal Free London as we opened the only new hospital in the 70th year of the NHS, virtually paper free, and introduced a new Electronic Patient Record (EPR) on two sites. This happened whilst seeing record numbers of emergency patients across the organisation.

The heart of our approach as an NHS group continues to rely on clinical leadership. Teams of doctors, nurses, therapists, radiographers and analysts across our hospitals, supported by their managerial and administrative colleagues, continue to design new pathways - the way a patient is treated for a particular health issue - based on best practice and the latest clinical evidence. These teams, known as clinical practice groups (CPGs), are the glue that binds our hospital group together. Seven of these pathways have been digitised as part of our Global Digital Exemplar status, and 20 in total are in an advanced state.

We have developed over pathways covering 70% of our total activity, all of which have been co-designed with patients, facilitated by the Point of Care Foundation, and enabled by the Royal Free Charity. Each of the projects has worked closely with patients to establish how we can better deliver care at the design stage. They are already starting to show real benefits. For example, we have significantly reduced admissions to our neonatal unit by keeping mothers and babies together after birth. The digitised major joint replacement pathway at Chase Farm is already increasing timely preoperative assessment and reducing average length of stay.

We are now using the same methodology to approach the cancer pathway across the group, and to increase the number of emergency admissions treated in ambulatory care avoiding unnecessary admissions.

This is a big change and much work is underway to ensure our people are equipped with the skills, and the confidence, to make it succeed. To support all of this work, we are transforming the way the Royal Free London group uses digital technology. As part of our global digital exemplar award from the Department of Health, we received £10 million to pioneer new technology in the NHS. With this investment we have worked hard to make it much easier for our clinicians to improve our patients' outcomes and their experience of care. This includes the new EPR at Chase Farm, digitised patient pathways, and an approach to sharing information on population health across North Central London.

Our partnership with the Institute for Healthcare Improvement (IHI) has progressed significantly, we are on track to train 2000 staff in quality improvement (QI) skills. These support QI across the organisation, enable the CPG programme, but are also applied to other priorities such as retention and staff morale. Quality improvement takes more than one year to embed into an organisation and our 3 year investment with the IHI and in CPGs demonstrates a serious long term commitment.

In recognition of this, many of our 2018/19 priorities are carried forward but there are some significant additions. Most notably these include an increased emphasis on patient and public involvement and a further commitment to learning from deaths in line with National policy, and a reiteration of the importance of Healthcare Associated Infection. We will use our existing expertise and prioritisation of safety to give this work the weight it deserves.

The quality report includes our high level priorities for the coming year and an assessment of our performance last year. There have been some particular highlights where the CPG and QI initiatives have come together and the Clinical Standards and Innovation Committees, the Board and the Clinical Quality Review Group led by commissioners hear about examples at all their meetings. These are too numerous to single out individual examples but cross all divisions and disciplines.

We have had a challenge with a series of never events in the early part of the year. These have in general resulted in low harm, but are serious in their nature and we have responded with focused work in theatres, in invasive procedures outside theatres, and in the delivery of oxygen onwards. We have had seven months without event and there is Executive leadership in maintaining this progress.

I believe the evidence provided in this quality report demonstrates our commitment to provide the highest quality clinical care, applying our world class expertise to the health needs of the populations we serve.

I confirm to the best of my knowledge the information provided in this document is accurate.