

## 1. NHS TRUST QUALITY ACCOUNTS 2014-15 (Agenda Item 7):

### Central London Community Healthcare NHS Trust:

The Committee scrutinised the Central London Community Healthcare NHS Trust Quality Account 2014/15 and wish to put on record the following comments:

- The Committee noted that the Trust had undertaken their external Monitor Quality Governance Assurance Framework (QGAF) assessment in September 2014 as part of the application for Foundation Trust status. The Committee was pleased to note that the Trust was required to achieve a score of 3.5 in the assessment and actually achieved a score of 3.0. The Committee commented that it would be helpful for the Trust to explain within the Quality Account that a score of 3.0 was actually better than a score of 3.5.

However:

- The Committee felt it would be beneficial to include maps within the final draft of the Quality Account.
- The Committee felt that given that the Trust had received 44 complaints in 2012/13 regarding communication / staff attitude, which reduced to 29 complaints for 2014/15, that an objective of a 10% reduction in complaints of this nature was not ambitious enough.
- The Committee noted the objective in relation to the Quality Strategy Campaign – Preventing Harm - which aimed to ensure that 95% of incidents will be reviewed by the handler within 7 days, and 100% within 14 days. The Committee commented that this target should be made more ambitious.
- The Committee noted that the target of training 80% of staff to be able to give smoking cessation education was an NHS target and suggested that this should be made clearer.
- The Committee noted the current goals for the Trust's participation in research for 2014/15 and suggested that completion dates for each research goal should be included.
- The Committee commented that it would be helpful to include the actions that the Trust had taken in response to the patient story and to include that within the Quality Accounts.
- The Committee considered the Trust's performance in relation to Incident Reporting and expressed concern that severe harm cases were "CLCH attributable grade 3 and 4 pressure ulcers". The Committee was pleased to note that, whilst pressures ulcers were a problem for the Trust, the Trust had a task force in place to address the issue.
- The Committee noted that the Trust had included milestones in last year's Quality Accounts and noted that this was an effective way to draw attention as to whether they were being achieved and to provide an explanation if not. The Committee suggested that milestones be included in next year's Quality Account.

Following consideration of the Quality Account, the Committee also requested that the Trust provide the Committee with the following:

1. Information on the services that CLCH provide within Barnet

2. Information as to what would happen to people requiring care at weekends, as set out in the “Patient Story – Continuing Care Team”

#### Royal Free London NHS Foundation Trust:

The Committee scrutinised the Royal Free London NHS Foundation Trust Quality Account 2014/15 and wish to put on record the following comments:

- The Committee noted that it had been an exceptionally busy year for the Trust, and wished to congratulate the Trust in taking a successful lead role in the UK management and treatment of the Ebola virus.
- The Committee congratulated the Trust on successfully combining three hospitals and 10,000 staff as a result of the acquisition of the Barnet and Chase Farm Hospitals NHS Trust and highlighted the role that staff played in achieving this success.
- The Committee welcomed the news that Enfield Council had given Planning Permission for the redevelopment of Chase Farm Hospital.
- The Committee welcomed the work done in relation to falls and, in particular, to setting the following milestones:-
  1. Identifying a falls Champion in each clinical service line across all sites.
  2. Introducing a Falls Screening Tool and Falls Prevention Plan by Division across all sites.
  3. Continuing staff education and development on falls prevention.
- The Committee welcomed the fact that falls had been reduced by 25% but requested that the actual figure for the number of falls be included in the final draft of the Quality Account.

However:

- Whilst the Committee welcomed the fact that a Patient Information Manager post had been created, the Committee expressed concern that, despite three recruitment campaigns, the Trust had not been successful in making an appointment.
- The Committee expressed concern that the most recently published report from the National Inpatient Diabetes Audit demonstrated that whilst 78% of patients were always, or almost always, able to choose a suitable meal at the Chase Farm site, only 64% of patients had reported that they were able to do so at the Hampstead Site. The Committee was also concerned that just 62% of patients reported that meals were always, or almost always, provided at a suitable time at Royal Free Hampstead, compared to 80% at Chase Farm.
- The Committee expressed concern in relation to performance for patients with diabetes receiving a documented foot risk assessment within 24 hours to assess the risk of developing foot disease. The Committee noted that whilst Chase Farm had improved the number of patients undertaking a foot risk assessment from 25.6% to 41.9% (a 63% increase) between the two audit periods, the performance at the Royal Free Hospital site had deteriorated from 24.2% to 6.5% (a 73% decrease). The Committee also noted that the Trust has made the improvement in the use of foot risk assessment a priority for next year.

- The Committee welcomed improvements in medication management for diabetes at both the Hampstead and Chase Farm sites but again expressed concern that the National Diabetes Inpatient Audit Report reported that, in 2014, the Royal Free site reported errors in medication management of 27.5%, whereas across England, Trusts reported an average of 22.3% errors in diabetes medication management.
- The Committee noted that whilst ward movement can be more complex at the Royal Free Hospital, the number of specialist units within the Hospital meant that a high proportion of patients with diabetes were treated on a variety of wards. On this basis, the Committee felt that further attention should be given to diabetes and the management of foot assessments, meal appropriateness and timeliness and medicine management.
- The Committee expressed concern that in 2014 a local audit identified that 30% of discharge summaries contained some incorrect information regarding the patient's medication list. The Committee noted that the Trust was undertaking work to address the issue.
- The Committee expressed concern about the figures for MRSA being five cases in total, one at the Royal Free and four at Barnet and Chase Farm.
- The Committee noted that the Royal Free had a very significant reduction in C. Diff. compared with the previous year, whilst the number of cases at Barnet and Chase had increased.
- The Committee welcomed the fact that the Trust has asked for an independent review to take place by a national expert on infection control processes.
- The Committee commented that the Key Quality Objectives for 2015/16 were inconsistent in the way that they were written and suggested that it would be helpful to set more specific targets within each objective in next year's Quality Account.
- The Committee suggested that the phrase "*deterioration of the unborn baby to 2, between 01/01/15 and 31/03/18*" be changed.
- The Committee expressed concern that staff working in hospitals at the Trust were not screened for MRSA.
- The Committee expressed concern that the Quality Account highlighted that the Acute Stroke Unit at Barnet had admitted an unexpectedly high number of patients. The Committee welcomed the fact that the Trust was investigating why some of these patients had not been referred to the relevant Hyper Acute Stroke Unit and would be working with external partners to ensure patients were referred to the appropriate unit in the first instance. The Committee also noted that the Sentinel Stroke National Audit had applied many of the standards applicable to Hyper Acute Stroke Units to the Acute Stroke Unit at Barnet and that the Trust believes the deterioration in their performance reflects these inappropriate standards and incorrect referral patterns for these patients.
- The Committee expressed disappointment that they had raised a number of issues when they had considered the 2013/14 Quality Accounts which had not been specifically referred to when the 2014/15 Quality Accounts had been drawn up (including the issues of staff feeling bullied, stressed or discriminated against).
- The Committee expressed concern that there was a lack of information about complaints and no analysis of complaints, which they would have liked to have seen within the report.

- The Committee noted the position of the Trust in comparison to other teaching hospitals in England regarding the percentage of last minute cancellations. The Committee commented that last minute cancellations contributed adversely to the patient experience. Members requested that the actual number of cancellations was shown, rather than just the percentage.
- The Committee noted that the performance against the “Friends and Family Test” was slightly down from last year and that they would hope to see an improvement next year.
- The Committee commented that car parking was an extremely important part of the patient experience. The Committee noted that the Chairman had written to the Chief Executive of the Trust in November 2014 expressing the Committee’s concerns about the new automated parking system at Barnet Hospital. The concerns included whether disabled badge holders were aware that they had to register their number plate at reception in order to park in the hospital car park and also whether the signposts were clear and also at an appropriate height. The Committee expressed their dissatisfaction that, despite being informed that these concerns would be rectified by the end of December 2014, the work was still outstanding.

Following consideration of the Quality Account, the Committee also requested that the Trust provide available data for Barnet and Chase Farm Hospital on the 62 day wait target for cancer diagnosis and for the Trust to confirm if the “Forget Me Not” scheme for dementia is used at Barnet Hospital.

#### North London Hospice:

The Committee scrutinised the North London Hospice Quality Account 2014/15 and wish to put on record the following comments:

- The Committee commended the positive impact of the “Living Room Project” on the experience of patients.
- The Committee welcomed the work that had been done to develop the garden, which has improved patient experience and suggested that this should be included within the Quality Account. The Committee also complimented the bedrooms that looked out onto the gardens.
- The Committee welcomed the decrease in the number of falls at the Hospice.
- The Committee noted that the hospice now had 18 bedrooms, compared to 17 last year and welcomed the refurbishments that had been made such as new hard floors which allow for a faster turnaround of rooms.
- The Committee commended the success of the “Fund a Bed” campaign which had provided both new beds and new linen.
- The Committee noted that the community teams cared for a total of 1299 patients in their own homes and welcomed the fact that 59% of these patients were supported to die at home where this was their preferred place of care.
- The Committee were pleased to note that a new caterer who also provides meals for other hospices was now being used by the North London Hospice. The Committee commented that the caterer had experience in producing meals suitable for the client group and welcomed the increased menu now being offered.
- The Committee noted that this year, the Hospice had joined a newly formed partnership to provide specialist palliative care services to people living in Haringey and that as part of this, the Hospice now employ the Haringey Community Specialist Palliative Care Team and provide a triage service for referrals. The Committee

welcomed the fact that the North London Hospice's education department has trained 223 staff of external organisations including Care Homes, Community Nursing Services and trainee Doctors. The Committee was pleased to note that this year it has provided new training in communications skills and as part of Hospice's Dementia Care Project, has delivered dementia training to 83 staff.

However:

- The Committee commented that they would like to see further benchmarking data in the final draft of the Quality Account, especially in relation to pressure sores and falls.
- The Committee expressed concern at the results of the hand washing audit, which was recorded at a self-monitoring compliance rate of 77% at the Enfield site. The Committee welcomed the Hospice's intention to improve upon the statistic. The Committee noted that hand washing compliance was better at the Finchley site.
- The Committee expressed concern at the high cost of an emergency Out of Hours GP home visit which costs approximately £500 and is provided by BarnDoc.
- The Committee suggested that the Quality Account should be consistent in the portrayal of statistics through percentages and raw figures.
- The Committee welcomed the fact that less grade 3 or 4 pressure ulcers were reported in 2014/15 compared to 2013-14, but commented that it would be helpful to have further benchmarking information on pressure sores contained within the Quality Account.

**RESOLVED that:-**

- 1) That the above mentioned comments by the Committee be noted by the North London Hospice and individual Trusts and incorporated into the final versions of their Quality Accounts for 2014/15.**
- 2) The requests for information as set out above be provided to the Committee.**