Appendix 5 – Mid Year Quality Account Reviews – Minute Extract from Committee Meeting in December 2015.

8 **NHS TRUST QUALITY ACCOUNTS 2014/15 - MID YEAR REVIEW (Agenda Item 8):**

The Chairman introduced the report and noted that, following the consideration of various Quality Accounts for 2014-15 in May, the Committee had asked to be provided with an update from each Trust to outline the progress that had been made since then.

North London Hospice:

The Chairman invited Fran Deane, Director of Clinical Services at North London Hospice, to the table.

Ms. Deane commented that the report aimed to provide an overview of how the Hospice had responded to the comments made by the Committee during their formal consideration of the 2014-15 Quality Accounts. Ms. Deane noted that one of the major points raised in the report was that the Hospice had needed to amend the Clinical Effectiveness Priority for Improvement. The Committee noted that the Hospice had originally intended to undertake a scoping exercise in order to map the local services that currently exist within the London Boroughs of Barnet, Enfield and Haringey for those living with and beyond chronic illness. The Committee noted that the postholder who was due to lead on the project had left the organisation and a replacement member of staff could not be identified to undertake the necessary scoping within the timescales required. A Member questioned what the Hospice hoped would come out of the scoping exercise. Ms. Deane advised the Committee that the purpose of the scope was to understand the needs of patients living with a long term condition in the three Boroughs and to understand how the Hospice could support the needs of these patients. The Committee noted that the Hospice had had ideas about how best to provide that support but that they wanted them grounded in factual information.

A Member reiterated a concern they had expressed in May regarding the £500 callout charge for a GP from BarnDoc. Ms. Dean informed the Committee that BarnDoc hold a supply of controlled drugs and therefore they had to use this.

The Chairman questioned if the repeat hand washing audits outlined in the report had taken place at both of the Hospice's sites. Ms. Deane informed the Committee that the Finchley audit had taken place and they were waiting for the results and that the Enfield site was yet to be completed.

The Chairman commented that she had recently attended an event run by the North London Hospice which was attended by day patients, relatives and friends. The Chairman expressed her thanks to the North London Hospice for the work that they do.

Royal Free London NHS Foundation Trust:

The Chairman invited Mr Ian Mitchell, Deputy Medical Director at the Royal Free London NHS Foundation Trust, to the table to introduce the report.

Mr. Mitchell commented that the report that had been provided focussed on the areas that the Committee had expressed concern over, and provided an update containing the following points:

Falls:

- Between April 2014 and March 2015 1,505 falls were recorded within the Trust, 24% of which gave rise to some degree of harm. The Trust has a goal to reduce falls by 25% as recorded on their Datix system by 2018.
- A trust wide falls working group with root cause analysis and risk factors has been convened. There would also be a "Falls Champion" in each service line.
- A Falls screening tool and prevention plan is being drafted
- Staff were educated to prevent falls.
- Learning processes from incidents is ongoing.
- Falls awareness events were being planned and undertaken.
- A National falls audit is being undertaken.
- Expert training is being undertaken.
- Scoping into community setting is being undertaken.
- Pilot wards identified.

Diabetes:

The Committee were informed that the treatment of diabetes across the Trust forms a major area of the patient safety programme. Within the Royal Free Trust 20-25% of patients have diabetes mellitus (DM) against a national average of 10%.

The number of bed days for patients with a diagnosis of diabetes is 76,210 relating to 8,974 admissions of patients with diabetes as a co-morbidity and 498 admissions with diabetic emergency problems.

Mr. Mitchell reported that the common errors noted in relation to Diabetes care across the UK were:

- Insulin prescription errors/delivery errors
- Failure to recognise diabetic ketoacidosis (DKA)
- Lack of recognition of hyper/hypo glycaemia.

The Committee noted that the Royal Free's base line audit showed:

- High numbers of hyperglycaemia
- Variation in treatment
- High blood glucose occurrences out of hours.

Mr. Mitchell informed the Committee that by 2018 the Trust aimed to proceed to a situation where there is no avoidable harm from hyper or hypo glycaemia in a pilot ward. He also mentioned that a diabetes improvement team with members from the diabetic team, other staff members and the pharmacy team had been established.

The Committee noted that there would be priority for Diabetic patients at mealtimes which included special menus and coloured plates to highlight diabetic meals.

A Member questioned why there were 25% more patients with diabetes attending the Royal Free London NHS Foundation Trust. Mr. Mitchell informed the Committee that the Trust had a complex case mix and provided very specialist treatment, particularly at the Hampstead site.

The Chairman referred to performance for patients with diabetes receiving a documented foot risk assessment within 24 hours to assess the risk of developing foot disease. She noted that last year's Quality Account had shown 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 Chairman questioned if it was the intention of the Trust to perform at an assessment rate of 35% across all sites. Mr. Mitchell confirmed this and expressed the importance of increasing performance.

Discharge Summaries and Incorrect Medication List:

A Member referred to last year's Quality Account which stated that in 2014 a local audit identified that 30% of discharge summaries contained some incorrect information regarding the patient's medication list. The Member asked for information on progress in relation to this point. Mr. Mitchell informed the Committee that the charts are subsequently checked by the pharmacy. Mr. Mitchell noted that prescription errors would be significantly improved by the Trust's electronic prescription programme which was due to go live in Autumn next year.

Infection Control, MRSA and c difficile.

Mr. Mitchell informed the Committee that an independent external expert had reported on the old Barnet and Chase Farm Hospital Trust infection control processes, having already undertaken a similar process at the Hampstead site. The Committee noted that these findings were incorporated into the infection control processes of the new organisation.

The Committee noted that the present situation was that to the end of Quarter 2, there were 39 attributable cases to the Trust against a threshold of 33 which was 'allowable' for that period. The Committee noted that the monitor framework however is that its governance risk rating exempts only those cases where there has been a 'lapse of care' as determined by a local team working under NHS England's guidance framework. Mr. Mitchell noted that when applying this data, the Trust had had seven lapses of care, four at the Hampstead site and three at Barnet. There is ongoing root cause analysis and microbiological audit and a new "Start, Smart and Focus" audit which will be published on the Trust intranet.

Mr. Mitchell informed the Committee that between April and October five cases of MRSA bacteraemia have been documented within the Trust. Two were assigned outside the organisation and one further case was assigned at appeal to the Trust and two were assigned to Barnet internally, one of which is known to be a contaminant. As a consequence of this there is an ongoing review of policies including:

- Blood culture taking
- Retraining and competencies
- Reviewing of training processes

Acute Stroke Unit

Mr. Mitchell referred to one of the comments submitted by the Committee on the Trust's 2014-15 Quality Account which highlighted an unexpectedly high number of patients not being referred to the relevant Hyper Acute Stroke Unit (HASU). Mr. Mitchell commented that, as a result of some patients not being referred to the HASU, the Barnet unit was being judged against inappropriate measures applicable to the HASU setting. The Committee noted that the Trust was working with the ambulance service, local general practitioners and the HASU to ensure that patients are correctly assigned at the outset of their illness. As a consequence, Mr. Mitchell reported that the audit of the Barnet Unit's work now grades the Barnet Unit as A rather than D/E.

The Vice Chairman commented that the North Central Sector Joint Health Overview and Scrutiny Committee had recently reviewed Stroke provision and noted that the Acute Stroke Unit at Barnet had been shown in a very positive light.

Friends and Family test:

Mr. Mitchell informed the Committee that NHS England had undertaken a review of the Friends and Family test (FFT) and had concluded that the characteristics of this data meant that it should not be considered as an official statistic. However, the Committee noted that it was an ongoing contractual obligation.

Mr. Mitchell commented that the methodology of data collection significantly alters the outcomes of this process. He commented that particular organisations which collect the data from patients by means of paper or tablet at the time of discharge tend to achieve much better scores than those which use a phone call to the patient within 48 hours of discharge, as is undertaken in the Royal Free Trust. Mr. Mitchell advised the Committee that the Trust was of the opinion that much of the value within the FFT process, at the present time, lies in the "free text" comments of patients which are also fed back directly to staff.

The Chairman questioned if there were any trends in the data that had come back via the FFT. Mr. Mitchell commented that concerns had been raised around night time care, communication and the need for more control around visiting times to control noise on the wards.

The Committee noted that percentage of patients who would recommend remains within a 0.5% variation of the national average and efforts to change this centre on qualitative improvement rather than statistical manipulation. The Committee noted that the Trust was concerned at the "would not recommend" level of 6% which is considerably above the average nationally of 1.5% and makes the Trust one of the poorest nationally performing organisations in this measurement. Mr. Mitchell commented that the methodology by which data was collected, affected the results that were received. Trends arising out of this data are suggestive of patient concerns in the areas of:

- Night time care
- Attitude
- Communication
- Control over visitors

Staff Survey:

Mr. Mitchell informed the Committee that the Trust last completed a National Staff Survey in 2014, the results of which were set out in the 2014-15 Quality Account. The survey had suggested that overall the acquisition and integration of the organisation had begun without major impact on staff motivation and morale. The Committee noted that the Trust was waiting the result of the 2015 survey which closed on 30 November 2015. The organisation awaits the outcome and breakdown of these figures with interest and the Trust Board is focused on ensuring that appropriate measures are taken in relation to this area of concern.

Central London Community Healthcare NHS Trust:

The Chairman introduced the six month update report provided by the Central London Community Healthcare NHS Trust (CLCH) and noted that the officer due to present the report had suddenly been taken ill.

The Chairman noted that CLCH had offered to respond to any questions that the Committee had, following their consideration of the report.

The Committee scrutinised the report and requested that the following questions be put to CLCH on the report:

- The Committee referred to the intention to support a single point of access for patients with long term conditions and noted that CLCH would be looking to allocate link specialist team workers to each location that the Trust served. The Committee asked to be informed what was meant by the "locality" and how many link specialist teams there would be.
- The Committee noted that under the "Preventing Harm – User Involvement" section of the report, patients who had been interviewed had felt that communications and administrative systems could be a weakness within CLCH. The Committee requested to be informed as to what the problems were.

- The Committee referred to the “Medication Errors” section of the report and noted that one line within the graph referred to thresholds. The Committee commented that the significance of the threshold was not clear and requested to be provided with detail about the threshold and if it was nationally recognised.
- The Committee noted that the report referred to a “CBU Manager” and requested to be informed as to what “CBU” stood for.
- A Member questioned what mechanisms were in place to ensure that patients who were on long term medication were not receiving medicines that they did not need, particularly if they were elderly and did not go to the surgery frequently.
- The Committee noted that the Trust had planned a range of listening events during November 2015 across all four Boroughs and requested to be provided with feedback from the events.
- The Committee noted with interest that CLCH had commissioned a care home project which provides clinical medication reviews and requested to be provided with further information on the project.

The Chairman thanked CLCH for addressing the comments that the Committee had made so effectively and noted the Trust’s excellent performance in relation to pressure ulcers.

RESOLVED that:-

1. **The Committee noted the report**
2. **The Committee request that their comments be provided to CLCH to respond to.**