

## Mid-year Quality Account comments

- The comments in blue are taken from the Health Overviews Quality Account comments 2018.
- Comments in black and the Responses provided by the Trust and Hospices.

### Central London Community Healthcare NHS Trust

The Committee enquired as to which Boroughs the Trust was now serving and was concerned that previous expansion had brought challenges and that taking on more Boroughs could exacerbate the problems. The Trust said they were happy to circulate the list of Boroughs and that they are only taking on new services that were in their existing STP area and that this was in accordance with the overarching Trust strategy.

*The Trust confirms their initial response that CLCH is only bidding for work in its existing STP areas. Attached for information is the Trust's strategy describing this – (please see page 5).*

The Committee noted that improving the uptake of flu vaccines for frontline clinical staff had not been met. The Trust explained that there were reasons why staff had chosen not to take the vaccine. These included the belief that the vaccine had no value, that they had never had flu before, the belief that it could make the staff sick or lower their immunity and some even stated they did not want to be dictated to. The Trust said the plan going forward was to improve education on the vaccine and to emphasise its importance.

*The Trust does not yet have an update on this year's vaccine uptake – its success or otherwise won't be known for a further few months. The Trust confirms they are currently promoting flu clinics and reminding staff of their chance to get vaccinated.*

The Committee asked for an update on the increase in pressure ulcers. The Trust said it was disappointed that there was an increase, but there was an action plan and a team specifically investigating pressure ulcers. The Trust said it had identified that documentation on discharge and policy had not always been followed, but a root cause analysis after every pressure ulcer was conducted. The Trust said learning from each case was communicated to all staff and that every pressure ulcer was taken very seriously. The Trust highlighted the organisation had grown over the past year and so the greater numbers might not be proportional.

*So far this year there have been 4 category 3 & 4 pressure ulcers in the bedded units. All of these have been subject to a root cause analysis. The number of pressure ulcers are closely monitored by clinical divisions and discussed by the patient safety managers and associate directors of quality. Where there has been a grade 3 or 4 pressure ulcer, these are discussed with both the Director of Nursing and Therapy and the Chief Nurse.*

The Committee noted that the hand hygiene report had been lower than the Trust Board KPI of 97%. The Trust said it was disappointed with the audit and that it would be conducting investigations in order to improve this.

*Recent audits have demonstrated that for quarter 1 and quarter 2, 2018/19, hand hygiene bedded services compliance is now 99.66%. So the Trust is now exceeding our KPI.*

The Committee noted only 63% of the urinary catheter assessment forms had been completed. The Trust acknowledged this required improvement. In respect of the CQC recommendation regarding Children's Services, the Committee noted that the waiting time required improvement and asked what risk management strategy had been adopted. The Trust said that no 'must do' safeguarding issues had been identified by the CQC. The CQC however had commented on the need to provide different roles in Health Visiting Services and to improve the skillset across areas to fall in line with the CQC guidance.

*This is currently being re-audited. Results won't be known until the end of January at the earliest.*

**In addition:**

The Trust updated the Committee that the patient stories which were included in last year's Quality Account would now form part of the Annual Report

Please find attached patient stories annual report. Also please note that the Trust has the following page on their website which explains their approach to patient stories.

<https://www.clch.nhs.uk/get-involved/help-improve-services/patient-stories>

The Committee asked how a cost could be attributed to staff health improvement. The Trust explained that there was a small cost to run campaigns on health and wellbeing and run health schemes, however the expenditure was worth the gain.

*No further comment.*

The Committee noted that some Boroughs were particularly expensive to live in and queried whether this was influencing the staff retention rate. The Committee suggested that the Trust work with Housing Associations and other organisations to find affordable housing for their staff.

*The Trust currently works with Network housing and Catalyst housing associations.*

The Committee commented on the issues with staff retention and asked the Trust to explain how it would be approaching this. It said it would be looking to entice staff to stay by giving them new career pathways and supporting them to develop their careers. The Trust felt some staff had previously left due to a lack of awareness of the opportunities to progress. The Trust had established an

apprenticeship forum and retention and recruitment group in order to improve the retention of staff. The Trust also found the number of women returning after maternity leave had been disappointingly low, so the it was working on a programme of retraining and providing workshops for those returning. The Committee asked whether the high cost of child care played a part in women being unable to return and whether there was a crèche available. The Trust said this issue had not been identified, however it was considering providing affordable accommodation to attract young nurses.

*Recruitment and retention issues are regularly reported to the Trust's workforce committee. At the most recent committee (held in November 2018) the Trust considered retention in detail. The committee was informed that the Trust:*

*Uses the NHS Improvements toolkit on retaining clinical staff:  
Is reviewing the retention strategy in the light of understanding the turnover data;  
Looking at the reasons that staff leave and including looking at these reasons over time and whether they change.*

*To address retention issues, a turnover plan is being put into place which includes (amongst other things) coaching and drop in sessions with associate directors of quality; ensuring the appropriate equipment is provided for given roles, looking at pay and opportunities for development and career progression; career clinics to be rebranded and relaunched.*

The Committee noted only 63% of the urinary catheter assessment forms had been completed. The Trust acknowledged this required improvement.

*This is currently being re-audited. Results won't be known until the end of January at the earliest.*

In respect of the CQC recommendation regarding Children's Services, the Committee noted that the waiting time required improvement and asked what risk management strategy had been adopted.

*The Children & Young People's Occupational Therapy service in Barnet has since transferred to a different NHS Trust and is no longer provided by CLCH.*

The Trust said that no 'must do' safeguarding issues had been identified by the CQC. The CQC however had commented on the need to provide different roles in Health Visiting Services and to improve the skillset across areas to fall in line with the CQC guidance.

*The health visiting service has a skill mix approach with Health Visitors and Nursery Nurses. Work is currently taking place to expand the approach further with the introduction of Community Paediatric Staff Nurses.*

## **North London Hospice**

The Committee noted the high turnover of staff detailed in the Quality Account again this year. The Hospice explained that although the data suggested there was an issue with high turnover of staff, many of those who had left were Bank staff. The Hospice explained that the HR department was working hard to devise imaginative and creative ways to recruit and retain staff. The Hospice had recently reviewed their appraisal system and was aiming to recruit more permanent staff.

*The HR department has confirmed that of the 64 staff who were reported as having left the organisation last year, 30 were bank staff. These were people who had been on the books but were no longer undertaking bank work in the hospice and so were removed from the list. In the next years Quality Account we will distinguish between bank staff and permanent staff.*

The Committee noted that the incidents of pressure ulcers was high again and queried the reasons behind this. The Hospice explained that they were extremely vigilant in checking patients and counting all pressure ulcers. They said that compared to some other organisations, they counted each ulcer rather than just counting each patient who had an ulcer. The Hospice also said they worked on the principle that there are six categories of pressure ulcers rather than four. The Hospice stressed that the recording of ulcers was taken very seriously and full route cause analysis was conducted for all pressure ulcers classified as Grade 3, Grade 4, Ungradeable or Deep Tissue Injury, to ensure that all ulcers were unavoidable. The Hospice had also been working with the Hospice UK Advisory Group to ensure a high standard of monitoring.

*The Hospice has continued to report all pressure ulcers of all 6 categories (as is now recommended by NHS Improvement) and to undertake a Root Cause Analysis for all Category 3, 4, Ungradable Ulcers and Deep Tissue Injuries, finding all ulcers to have been Unavoidable. The Trust has continued to work with Hospice UK, benchmarking their practice against other hospices. In the first two quarters of this year, they have noted a slight reduction in the number of new ulcers and will report on this in full in next year's Quality Account.*

The Committee asked for an update on how the Hospice was responding to staff members who had reported experiencing bullying and whether safeguarding practices had been put in place. The Committee also queried whether these incidents of bullying were potentially contributing to the difficulties in retaining staff. The Hospice said it was disappointed in the numbers of staff that reported experiencing bullying. The Hospice explained that because the data was anonymous and no staff had come forward and reported the incidents, it was difficult to understand the individual circumstances. The Hospice said that it was working with managers to try and resolve these issues. The Hospice also said it was trying to encourage more staff to fill in the survey next year in order to get a better idea of how staff could be better supported and empowered.

*The figures from their most recent staff survey show fewer staff believe they have been bullied at work. The HR department have calculated this figure out to be 0.08% of the workforce. This number is in line with the average for all hospices. The*

*Hospice continues to have a robust safeguarding policy and staff training schedule as well as a Bullying and Harassment Policy and a Whistleblowing Policy (Raising Concerns about Poor Practice Policy).*

The Committee noted there was an increase in the number of safety incidents reported. The Hospice explained that the system of reporting had changed with the introduction of an electronic reporting system over two years ago. The Hospice said lots of teaching and training had been developed in line with the implementation of the new system and the importance of reporting incidents had been regularly highlighted. The Hospice said that the increased resources had encouraged people to report incidents, rather than there being an increase in the actual number of incidents. The Hospice said the number of incidents reported last year and this year was similar and therefore consistent.

*There was a reduction in the number of safety incidents reported in 2017 – 2018 (by 19). It was 2 years previously when there was a rise in reported incidents, thought to be related to the changes in reporting procedures, as explained above. So far consistent numbers of incidents have been reported for this year.*

The Committee were concerned by the large increase in the number of days beds were closed as this had risen from 39 to 78 days. The Hospice explained that the closure of 3 rooms had been the result of issues with plumbing and there had been a long wait for a part needed to fix the issue. The Committee said it appeared that plumbing problems were a recurrent issue and was concerned that there was such a large impact on beds becoming unavailable. The Hospice said that, since this last incident, considerably fewer beds had been closed and the Facilities Manager was now present at triage meetings to ensure they had a good idea of why rooms are closed and to enable the Hospice to react to closures more quickly.

*Since the actions mentioned above have been in place there have been considerably fewer days when beds were closed: Between 1<sup>st</sup> April 2018 and 30 November 2018 there have only been four closed bed days.*

The Committee were concerned by the higher number of falls reported this year and asked the Hospice why these had increased. The Hospice said that there was a fine balance between allowing patients to be mobile but also avoiding falls. The Hospice explained that at the start of the Falls Project they had many patients who were mobile, but this inevitably came with a higher risk of falls. The Hospice said lessons had been learnt from the Falls Project and that sensory alarms for patients at risk of falling had been implemented. The Hospice was also about to purchase a low bed with crash mat. The Hospice felt the project had highlighted which patients were at risk and given staff more confidence in assessing and making decisions. User forums and practical sessions had been established to raise awareness and to help patients develop strengthening and balancing exercises.

*The number of falls remains high, predominantly in the inpatient unit. This can partly be attributed to having a more mobile cohort of patients (evidenced by a small increase in number of patients discharged from the unit in the first two quarters of the year).*

*The Trust continues to strive to put everything in place to minimize the risk of patients falling and harm caused: the low bed is in use, more falls alarms have been purchased and the revised Falls paperwork is incorporated in to the staff moving and handling training. The Trust has revisited how often to review a patient's falls assessment (minimum weekly but also when patient condition changes). They aim to take a team approach to falls prevention. Patients who are at high risk of falls are identified in the ward office, raising awareness with all clinical staff, volunteers, admin staff and housekeepers of those at risk.*

*The Trust regularly reviews all the data captured regarding falls to analyse specifics e.g. time of fall, location of fall to ensure they are fully informed and can learn from the falls.*

The Committee noted a Hard to Reach Programme was being established at the Hospice and asked how this was going to be done. The Hospice explained that it would be focusing on improving access to those with learning difficulties or suffering from substance abuse. The Hospice would be using external communication and ensuring services were accessible to all.

*This Year (our 2<sup>nd</sup> for the project) they have prioritised improving access to people who are homeless, affected by substance misuse, as well those people who have a learning disability. In addition they wanted to understand and respond to specific cultural groups in each of our boroughs. They have worked on their website; they now have a new tab on the home page called 'Reaching our Communities'. For a time limited period, they now have in place Community Ambassadors in each borough. This has already made a significant difference to the amount of people and organisations they are seeing. There are four objectives they want to achieve from this: supporting Improving Access Priorities, Increasing the number of Compassionate Neighbours recruited and trained, as well as Community Members supported, increasing the number of people using Health & Wellbeing Service, as well as thinking of different 'Self-Management' resources to publicise.*

The Committee asked how the 980 volunteers at the Hospice were supported in their work. The Hospice explained there is an extensive training programme in place which has been developed over the last few years. The Hospice said there were different levels of training dependant on the specific role of the individual, with a focus on the emotional development and support of those working face to face with patients. The Hospice also provides regular meetings with staff to ensure there is feedback and support.

*The Trusts continues to train and support their volunteers. During the first two quarters of this year they reviewed their volunteer data base; updating records and ensuring accuracy. This has resulted in them now having just over 700 volunteers actively volunteering for the hospice.*

*They have been piloting annual reviews with volunteers in one of our service areas and will review that in early 2019 with a view to expanding in to other areas.*

The Committee asked for an update on whether the Hospice had sourced alternative pressure- relieving mattresses. The Hospice explained that the existing mattresses

were not received well by some of the patients, so they had campaigned for money to buy an alternative. The Hospice said that, so far, the patients with these mattresses seemed happy. The Hospice were monitoring any decrease in the number of pressure ulcers as a result.

*Patients continue to be happy with the new mattresses purchased in March 2018. As reported above they have noticed a slight reduction in the number of new pressure ulcers in the first two quarters of this year. This will be reported on in full in next year's Quality Account.*

The Committee queried how many people used the Bereavement Service and how many had to turn to private services. The Hospice said it was not able to give an exact answer, but explained assessments were made by phone in order to establish what follow up support a bereaved individual required.

*A review of the bereavement service and how data is collected has been undertaken. More information on numbers of people receiving bereavement counselling will be provided in next year's Quality Account. There are no waiting lists for bereavement support, although the Trust would never know if anyone accessed support privately.*