

Appendix 1:

Minute Extract from the Meeting of the Barnet Health Overview and Scrutiny Committee on 24 May 2018

9. QUALITY ACCOUNTS 2017-18

North London Hospice

The Chairman invited the following to the table:

- Miranda Fairhurst - Assistant Director, North London Hospice
- Giselle Martin-Dominguez – Assistant Director, North London Hospice

The Committee scrutinised the Draft Quality Account of the North London Hospice for the year 2017-18 and wish to put on record the following comments:

- The Committee commended the five week course for carers at the end of life which is run by the Hospice. The Committee noted the compliments from those who had attended the course, saying it had been excellent and very beneficial. The Hospice said this course had been developed via the Health and Wellbeing Centre and would be an ongoing course.
- The Committee commented on the activities and groups being run by the Hospice to support patients such as the Catching the Light group and the Death Café. The Committee said it was wonderful to hear such good feedback from patients on how these groups had helped them cope with their illnesses.
- The Committee praised the Hospice on their Service User Experience Key Performance Indicators (KPIs), noting all but one were higher than the previous year. The Committee also acknowledged there were no reported incidents of C.Diff at the Hospice, which is an excellent achievement; the Committee hoped to see this continue.
- Although the Committee noted that the number of pressure ulcers was high, they were pleased that all incidents were classified as unavoidable, which suggested that a good standard of monitoring was in place.
- The Committee was pleased to see that a part-time pharmacist had been employed to review the medication every patient takes on admission to the Inpatient Unit to ensure the medication given was correct.
- The Committee commented on how good the One Page Patient Profile for the Dementia Steering Group is, as it assisted staff with familiarising themselves with each patient. The Committee thought this was an excellent idea and should continue.
- The Committee was also pleased to see the incorporation of a Safeguarding Key Worker to take responsibility for each incident and chase down the issue to resolution. The Hospice said this was working well and the Safeguarding Key Worker meets with each team to discuss and resolve cases and this had really improved communication.
- The Committee complimented the Hospice on the wonderful service it provides in Barnet and expressed how appreciated it was. The Committee also commended the amazing volunteers and wonderful staff for all their hard work.

However:

- 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 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 root 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 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 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.
- 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.

- 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.

In Addition:

- 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.
- 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 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.
- 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. The Committee noted there was an error on page 18 which should read 2017, rather than 2018.

Central London Community Healthcare NHS Trust (CLCH)

The Chairman invited the following to the table:

- Kate Wilkins – Interim Assistant Lead of Quality, CLCH

The Committee scrutinised the Draft Quality Account of the CLCH NHS Trust for the year 2017-18 and wish to put on record the following comments: CLCH

- The Committee was pleased to see the success of the Shared Governance

Quality Councils. The Trust said that the Quality Councils ensured the organisation had a voice from the shop floor. The Quality Councils are chaired by lower paid workers and supported by the Assistant Director of Equality, enabling them to feel empowered and to work towards identifying and resolving issues. The Trust said that this had been running for its second year and the feedback had been positive.

▣ The Committee commented on the success of the Care Homes Inreach Team which was run in 7 Care / Nursing Homes in Wandsworth. The Committee were keen to see this established in Barnet as there are many Care Homes in the Borough. The Trust said it is a Wandsworth commissioned scheme but it would discuss with Barnet CCG about implementation in Barnet. The Trust said it is an excellent scheme.

▣ The Committee was pleased to note that the number of patients reporting that they had been treated with dignity and respect had increased, as this is an important aspect of quality care.

However:

▣ 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 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 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 a 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.

▣ 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.

▣ 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.

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

☐ 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.

☐ 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 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.

Royal Free London NHS Foundation Trust

The Chairman invited the following to the table:

- Dr Mike Greenberg - Medical Director for Barnet Hospital

The Committee scrutinised the Draft Royal Free London NHS Foundation Trust Quality Account 2017-18 and wish to put on record the following comments:

☐ The Committee asked for an update on the diabetic alerting system that was mentioned in the previous Quality Account. The Trust did not have the information to hand but would update the Committee later.

☐ The Committee acknowledged that Barnet Hospital had been held up as a model for ambulance turnaround times and that great strides had been made in this area. The Trust said the focus for the winter was to improve the flow of beds throughout the hospital as this would have a positive impact on the A&E targets, enabling them to meet the national

target of 95%. The Trust said the summer came with different challenges as the activity and volume of patients in A&E increases, but the severity of the illness decreases.

☐ The Committee praised the Trust on Barnet Hospital Stroke Unit being awarded an “A” and said that was an excellent achievement.

☐ The Committee commended the Trust on its refurbishment of Ward 10N, the Dementia Ward, which helped make patients with dementia or Alzheimer’s feel at home.

☐ The Committee was pleased to read that Clinical Practice Groups and “huddles” had been set up. The Trust said that these groups were an example of the way in which it was working to reduce any unwanted variation between the different hospitals. The Trust explained that new digital systems would be put in place and rolled out to ensure every site has the same equipment. The Trust said the improved equipment would allow them to prompt all sites to give the same treatment, tests and feedback as well as tailor care to individuals when required.

☐ The Committee was pleased to see there was an increased focus on safety, however they suggested a target number of falls be included in the future to make it easier to assess improvement.

However:

☐ The Committee asked the Trust to clarify the total number of C.Diff cases, as it was noted they did not meet their target last year. The Committee commented that the tables in the Quality Account were not particularly clear and asked that the target for the year be included. The Trust explained that the two graphs explaining C.Diff were measuring different things, which is why the numbers were different.

☐ The Committee noted A&E targets had not been met. The Trust said Barnet Hospital was improving having hit 90% last week, but there had been a big variation during the winter which had been particularly challenging. The Trust said that currently the Royal Free was around 85% and that a big focus was being put into increasing this to 90% by September 2018 and 95% by February 2019. The Trust said the Emergency Department at the Royal Free was now fully open and colleagues were working towards improving performance targets.

☐ The Committee was concerned that the issues surrounding parking at Barnet Hospital which had been raised for many years, were still outstanding. The Committee stressed that patients had raised concerns about the lack of parking and that this often led to them missing appointments. The Committee stressed that the car park was inadequate and that this issue urgently needs addressing.

☐ The Trust updated the Committee on the parking situation and explained that Barnet Hospital was in early discussion about building a multi-storey car park on-site. The Trust agreed to bring a report on the plans and progress of the development to a future meeting. The Committee requested that Ward Councillors be consulted on the plans as early as possible to engage with residents. The Committee also suggested advertising bus routes that travel to the hospital to encourage more people to use public transport.

☐ The Committee noted that only three of the comments from the Committee on the 2016-2017 Quality Account had been published. The Chairman stressed that it was a requirement for all the comments to be included in full.

☐ The Committee was concerned that the targets for Referral to Treatment (RTT) had not been met and that the Trust's performance in February 2018 was only 83.4%, compared to the national target of 92% waiting 18 weeks or less for access to Consultant-led services. The Trust said this was a concern and that it was a big focus for improvement. The Trust said they investigated all cases where patients had waited longer than the target for care to ensure no harm had been caused. The Trust also said the figures were partly a result of improvements to the way in which it tracks patient pathways.

☐ The Committee was also concerned with the delay in first definitive treatment with only 83.1% of patients receiving treatment within the 62 days. Although this figure was an improvement on last year, it still is below the 92% standard. The Trust said currently the 62 week target was not being met due to the large volume of referrals of patients with low GI cancer, which was an increasing issue. The Trust assured the Committee that work was being done to make the necessary improvements.

In addition:

☐ The Committee enquired as to how the Trust dealt with mental health patients that turn up at the A&E. The Trust said it was working on better engagement with service providers to place them into the right care. The Trust acknowledge A&E was not the right environment for many of them, but was sometimes the only safe place the police could bring them. The Committee were also informed that the police do receive training on how to deal with mental health incidents.

☐ The Committee queried how the Trust was working with other service providers to encourage people to use alternative services rather than A&E, where appropriate. The Trust said it was working to improve the communication around Out of Hours Services. The Trust is holding conversations about having an Out of Hours Hub at the front of the hospital to assess whether patients can be treated away from A&E. The Trust acknowledged that there was confusion among people about what services are available and this required improvement. The Trust said it would bring a report to a future meeting on how this was progressing at the Royal Free Hospital.

☐ The Committee queried whether statistics were available regarding the waiting time at A&E in comparison to alternative services and suggested this could be used as a persuasive campaign to encourage people to use other services more. The Committee asked whether nurses advise patients that they can go elsewhere to be seen more quickly. The Trust said this does take place, however nurses were only able to advise patients to do this in very low- risk cases.