

Appendix 1

Minute Extract from Barnet Health Overview and Scrutiny Committee, 15 May 2019

- The Committee commended the Hospice for producing an accessible report that was easy to navigate.
- The Committee congratulated the Hospice on the increase in the completion of the falls paperwork since the last falls review and noted that 100% of reviews had been completed.
- The Committee was delighted that nursing staff have been recruited to the Community Teams via the Sustainability and Transformation Plan and that the Hospice also welcomed nursing and social work students and offered placements for undergraduate and post graduate doctors.
- Infection prevention and control was excellent with no cases of C.diff again during the year.
- The Committee was pleased to hear about the implementation of the 'Productive Ward' on the Inpatient Unit to improve ways of working leading to "Releasing Time to Care", enabling staff to spend more time with patients.
- The Committee noted that the number of new pressure ulcers had fallen from 78 to 63. This was partly attributed to the purchase of new mattresses in Spring 2018.
- The Committee noted that there had been an improvement to acceptable standards following the audit of both waste management and hand hygiene.
- The Committee was pleased that successful measures had been taken to address the problem of closed bed days down from 78 in 2017/18 to only 12.
- The reporting of 'near misses' had increased which indicated better awareness and surveillance. All 'near misses' had been 'low harm' or 'no harm'.
- The Committee complimented the Hospice on its training, educational and other initiatives to improve care for patients and allow staff to spend more time on direct patient care. These included:
 - Training 96 'Compassionate Neighbours'
 - Setting up Journal Clubs to share information on various topics
 - Introducing the One Page Patient Profile called 'Things to Know About Me' and a Dementia Chest to help staff care particularly for dementia patients
 - Implementing the use of magnets to identify patients needs and care risks at a glance
 - Running two Palliative Care courses for healthcare professionals
 - Inaugurating a Falls Group for community patients which will run four times a year to increase patient awareness about falls, why they happen and how to manage them
 - Training 25 volunteers for Bereavement support
 - The service user experience was positive with 237 written compliments received.
- The Committee was pleased to see that the 'Catching the Light' photography group had continued with much success.
- The Committee congratulated the Hospice on having approximately 950 volunteers.
- The Committee commented that non-medical prescribing was a positive step and was pleased to learn that patients would continue to be supported to die at home if that was their preference.

However:

- The Committee was concerned that the 'Infection, Prevention and Control Audits' had revealed areas of non-compliance including the need for improved treatment of lime scale, consistent completion of decontamination checklists and the correct labelling of sharps bins, but was reassured by the remedial action taken.

- Although there had been an improvement in the completion of bedrail risk assessments from the previous year, not all had been completed weekly in accordance with policy. The Committee noted that the Hospice had amended the policy to include risk assessments only being undertaken when a patient's condition changes.
- The Committee was disappointed that the target of a minimum 80% occupancy had not been met due to a shortage of Inpatient Unit nurses and doctors. However, a rota of doctor availability was being set up.
- The Committee noted that 12 complaints had been received, with 11 upheld and one partly upheld. There had also been 23 'concerns' raised by Users mainly relating to clinical care.
- The number of patient falls was of concern as it had risen from 53 to 62, despite the introduction of patient alarms and the purchase of low beds.
- Medication errors had increased to 40 this year, although below average compared with hospices of a similar size. The Committee was informed that the Hospice is now separating out non patient-related medication incidents from those directly affecting patients.
- The staffing issues were noted, including bullying, though this did not appear to be outside average figures.

In addition Members asked Fran Deane about the following:

1. Why there had been an increase in the number of falls? She responded that this depended on the cohort of patients at the time with some keen to be more independent.
2. Why the benchmarking data was not available for falls and medicines incidents to know how the NLH compare to other hospices? This information would be added to the table and forwarded to the Committee as soon as it was provided by Hospice UK.
3. Whether Homeless Action in Barnet was a stakeholder? She would check this and respond after the meeting. She was asked about the referral process for homeless people and responded that referrals are accepted and the NLH was working with providers so they understand how to refer.
4. How electronic patient record was working? Egton Medical Information Systems (EMIS) would be introduced this year as it interacts with GP records. It was also introducing 'Coordinate My Care' which helped to improve communication with Primary Care and the London Ambulance Service.
5. What is the timescale for the Carer Strategy? Currently the NLH was consulting carers to find out what they required.
6. What is the funding for the NLH as it appeared that Haringey provided more funding than Barnet? This was not the case as there were different funding models. She would provide further information after the meeting.