

North London Hospice Quality Account 2019/20
Extract from Minutes of HOSC, 9 July 2020

The Committee scrutinised the draft North London Hospice Quality Account 2019-20 and wished to put on record the following comments:

- The Quality Account was well presented and easy to navigate with an interesting mixture of information and including a 'Patient Story' demonstrated the ethos of the Hospice.
- The Committee was delighted to see that three of last year's 'Priorities for Improvements' will continue again this year, as Members felt that they were of great importance: the Carer's Strategy, training on Non-Medical Prescribing and ongoing development of Egton Medical Information Systems (EMIS). EMIS was considered of vital importance providing the Hospice with access to patients' records and information sharing as 96% of GP Practices in Barnet, Enfield and Haringey are on the same system. (P.6-9)
- The Committee praised the progress made on the' Productive Ward in the Impatient Unit' to improve and initiate new ways of working thereby enabling nurses to spend more time with patients. (P.10)
- The Committee noted that a Priority for 2021 'IPU Bathroom Spa Experience' aimed to improve the current facility by adding new blinds, a privacy curtain as well as creating a small changing area and expressed disappointment that the facility was currently closed due to Coronavirus social distancing recommendations. (P.13)
- The Committee was glad that the Audit of the Dementia-Friendly Environment had been rated 'Good' and looks forward to hearing how work progresses on the few potential improvements which were identified. (P.16)
- The Committee was pleased that there were positive results in the Audit of Five Priorities of Care following the introduction of electronic documentation in January 2020 as part of the EMIS project. (P.17)
- The Committee noted that the Resuscitation Council had recommended the purchase of two additional pieces of equipment, although the review of the resuscitation trolley equipment met the standards. (P. 17)
- The Committee was pleased that the Hospice had trained another 50 people as 'Compassionate Neighbours' to add to the 96 who underwent training last year and that students continued to be welcomed as well as 40 young adults considering a career in healthcare who had attended two successful Summer Schools. (P.21 and P24)
- The Committee congratulated the 'Catching the Light' Photography Group on holding its first exhibition with over 100 people attending who had had the opportunity not only to view but also to purchase some of the exhibits. (P.21)

- The Committee was impressed that all sections of Key Performance Indicator 1 regarding patients' and relatives' views on how staff treat patients were even higher than last year. (P. 29)
- The Committee was delighted to hear that the number of patient related falls was down from 62 to 45 this year, showing a positive trend since the introduction of patient alarms and the purchase of low beds in IPU last year. (P. 36)
- The Committee congratulated the Hospice on developing an Action Plan to learn from near misses and recognising these as an opportunity to prevent further incidents. (P.36)
- The Hospice was complimented on achieving zero cases of Clostridium Difficile (C.Diff) again this year. (P.37)

However:

- The Committee was most concerned at the low levels of compliance recorded during the Hand Hygiene Audits completed for IPU, the Health and Wellbeing Centre and George Marsh Premises at 84%, 83% and 69% respectively, especially at the time of a Coronavirus pandemic. (P.15)
- The Committee was disappointed that under the heading Audit of Fall Paperwork in IPU, 20% of falls risk assessment reviews occurred late or were overdue. (P16)
- Great concern was expressed that the Audit of Waste Management found several areas of non-compliance: the external clinical /infectious waste stores are not always locked and the sharps bins were not always correctly labelled or closed when full. (P.17)
- The Committee was saddened to learn that the number of volunteers had decreased from 950 last year to 830 this year as they play such a vital role in augmenting the staff. (P.20)
- The Committee noted that there had been a huge increase in 'closed bed days' this year, 160 compared to 12 in 2018/19, which was due to extensive fire and safety work being carried out in the bedrooms. The Hospice confirmed that the work was now complete and the number of 'closed bed days' was back down to the normal level. (P.26)
- In the graph for Key Performance Indicator 2, the Committee was concerned to see a decline in whether patients and relatives feel involved as much as they want to be in decisions about care and treatment and a decline in Key Performance Indicator 3 whether patients and relatives would recommend the service to family or friends. The decline in satisfaction in both Key Performance Indicators 2 and 3 was particularly noticeable in the Health and Wellbeing and Palliative Care Support Services, with the Community Team having slightly mixed results. (P.30 and 32)

- The Committee was disappointed that the number of complaints had increased from 12 last year to 19 this year with 16 being upheld. (P.33)
- The Committee was alarmed at the upward trend in 'Patient Safety' reported incidents from 352 in 2017/18 to 367 in 2018/19 and to 489 in 2019/20. (P.35)
- The number of pressure ulcers reported had increased from 63 in 2018/19 to 124 this year. The Committee was concerned that this upward trend should not continue, despite the frailty of many of the patients, and suggested that it would be helpful if the Hospice divided the total of 124 into the various categories of pressure ulcers so that it could be clearly seen how many of the ulcers were either Category 3 or 4 or if some fell into the lower categories. (P.36)
- The Committee noted that there had been an increase in medication errors but was relieved that the Hospice was taking this matter seriously and had already put several measures in place and had also developed an action plan for future improvement in 2020/21. (P.36)

**Royal Free London NHS Foundation Trust Quality Account 2019/20
Extract from Minutes of HOSC, 11 May 2020**

The Committee scrutinised the Draft Royal Free London NHS Foundation Trust Quality Account 2019/20 and wished to put on record the following comments:

- The Committee was pleased to see positive outcomes and a lower mortality rate in Chronic Obstructive Pulmonary Disease in the Royal Free Hospital.
- The Committee commended the Trust on its specialist training courses on understanding the needs of patients with dementia and learning difficulties who have no mental capacity. The CQC has found improvements in urgent and emergency care for these patients across all three hospital sites. Understanding the needs of someone with no mental capacity, for example advanced dementia, is very difficult and challenging. Whilst it is pleasing that the Trust has Dementia-friendly Wards, it is important to ensure that staff are fully trained to understand how to care for patients with advanced dementia regardless of which Ward the patients are in, especially as it can also be difficult with staff changing shifts.
- The Committee was impressed that the Trust held an interactive workshop with the Chickenshed Theatre Company and over 100 members of staff had completed an innovative Study Day.
- The Committee was pleased to see the use of tele dermatology and high quality photographic work at the Trust, reducing the need to travel to larger hospitals and helping with capacity.
- The Committee congratulated the Liver Transplant Team at the Royal Free Hospital, which has one OrganOx machine, for their quick-thinking decision to 'borrow' a second machine from the University Hospitals Birmingham NHS

Foundation Trust so that they could keep two livers ‘alive’ while performing two liver transplants in quick succession.

- The Committee thanked the Trust for the reduction in gaps in the data and the improved accessibility of the report. There are helpful explanations of the charts and the ‘lollipop’ chart presentation is much more accessible for people who are not used to viewing detailed data, making benchmarking much easier than in previous reports.
- The Committee noted the stabilisation in the C.Diff infection rate although there is some variability since April 2019. However, this is lower than benchmarked organisations. The Committee also noted the explanation that more C.Diff was being detected due to robust measures taken and a more sensitive test being used. The new ways of working in general are clearly demonstrated in this report and the Committee hoped the Trust will continue to develop the report in this way in future. It is helpful to understand the depth beneath some of the stories.
- The Committee congratulated the Patient and Risk and Resuscitation Team for winning a National Patient Safety Award for developing and pioneering a kidney care ‘Streams’ app in conjunction with Google Health.
- It was noted that ‘Joy in Work’ was launched in June 2019. This showed positive outcomes from 4 out of 15 teams showing a 50% increase in the ‘good day’ measure. The link between staff satisfaction is directly linked to staff retention, less sickness/absence and improved patient experience.
- The Committee applauded the aim to have zero ‘never events’, zero trust-attributed MRSA cases and to remain below the mandated threshold for C.Diff as three of the priorities for improvement in 2020/21, as the Trust acknowledged that there is a continuing problem in this area.
- Members were pleased that the number of patients’ valid NHS Numbers recorded in A&E were up from 95.7% in 2018/19 to 97.1% in 2019/20.
- The Committee noted that between Oct 2018 and Sept 2019, the risk of mortality was lower than expected for the case mix of the Royal Free and they were ranked 8th out of 129 non-specialist acute Trusts.

However:

- Concern was expressed that the Trust failed to achieve their aim of zero ‘Never Events’ by the end of March 2020 but unfortunately had had six.
- The Committee noted that the report mentions a Review into the importance of quality date but there is no indication as to how that Review is progressing or a completion date.
- The Committee noted that the number of Reviews of ‘Learning from Deaths’ was down considerably from the previous year.

- The Committee was disappointed to note that SMART targets were discussed last year but these still haven't been taken up in relation to quality of data. The quality of data is most important, particularly in relation to research projects, and it is frustrating that this still hasn't been included despite it being requested. The Committee would like to know when Electronic Patient Records (EPR) would be available throughout the Trust as many patients are transferred between hospitals.
- With regard to Chronic Obstructive Pulmonary Disease, it was noted that the length of stay and re-admissions are higher than national figures.
- The Committee noted the reduction in the use of Agency staff and the continuing use of Bank staff whilst recognising that permanent recruitment is an ongoing national issue.
- The Committee requested that data be presented in a way that is easier to digest for the lay person. The Performance Indicator data was found to be illuminating and the graphics interesting but clarity was required relating to whether 'high' or 'low' was a positive indicator or not. The direction of historical trends needs to be clear and exactly what the target is for.
- The Committee enquired why so many clinical pathways had been designed and yet still awaited digitisation.
- The Committee requested reassurance regarding infection control, especially given the current pandemic, but noted that all staff are adhering to the Trust's Infection Control policies.
- The Committee was disappointed to see there were 54 cases of C Diff in 2018/19 when the National average is 12 and that there are 87 (57 + Quarter 4) cases this year, which is an increase again on the previous year.
- The national waiting time standard required Trusts to treat, admit or discharge 95% of patients within four hours. The Committee was disappointed that the Trust had substantially missed this target by only achieving an average of 83.2%, which was also worse than the 87.4% achieved the previous year.
- The Committee requested that all acronyms must be in the glossary and should be written in full the first time they are used in the report. The Quality Account is still not always written in easily accessible language.
- The Committee was disappointed that in 2019 the 'Friends and Family Test', as to whether staff would recommend the Trust as a provider of care for their family or friends, was down from 73% to 71% which continued the downward trend of the past three years.
- National targets require 93% of GP cancer referrals to be seen within two weeks. The Committee was disappointed that the Trust only achieved 90.9% of its targets for all cancers and 89% for breast cancer. The Trust also did not meet the first definitive treatment within 62 days of an urgent GP referral, achieving only 80.7%.

- It was noted that the CQC had some criticism of written policies relating to care for patients with dementia which were not easy for staff to access.
- The Committee expressed great concern that out of the 11 ‘Must Do’ Actions, which were part of the 93 recommendations in the CQC Report, only six had been done with five due to be achieved by mid 2020-2021 and that out of the remaining 82 recommendations, which were ‘Should Do’ Actions, only 44 had been done leaving 38 which the Trust anticipated would only be completed in full by the 3rd quarter of 2021.

Minute Extract, HOSC 11 May 2020

Central London Community Healthcare NHS Trust Quality Account 2019-20

The Committee scrutinised the Draft Central London Community Healthcare NHS Trust Quality Account 2019-20 and wish to put on record the following comments:

- The Committee thanked CLCH for producing an interesting, clearly laid out report which was easy to read.
- The Committee praised the ‘Freedom to Speak Up’ initiative and was impressed with the number of new contacts that had been received and hoped that this had shown positive outcomes in terms of staff satisfaction.
- The Committee congratulated the Trust for launching their Academy where staff can learn together gaining skills, knowledge, academic accreditation and professional support enabling them to grow and develop their career.
- The Committee was impressed that the Trust, during its inspection by the CQC, also managed to set up one of the first Covid-19 testing centres in the country at the Parsons Green Health Centre.
- The Committee noted that the Trust’s Community End of Life Care grading had improved from ‘Requires Improvement’ to ‘Good’.
- The Committee commended the Trust for the positive strategy ‘Learning From Deaths’ that it had put in place and noted that this had been put on hold due to the Covid-19 pandemic, but looked forward to seeing this important work being restarted as soon as possible.
- The Committee was pleased that CLCH had taken over responsibility for providing adult community services in Hertfordshire, and that the transition had been smooth, which was a credit to the staff of the Trust.
- The Committee was delighted that since the introduction of Quality Development Unit (QDU) accreditation two years ago, eight teams have been awarded QDU status with nine more teams in the process of completing the QDU Excellence Standards.

- The aims of the four ‘Campaigns’ were noted and the Committee is looking forward to seeing further positive outcomes.
- Regarding the Falls assessment in the Parkinson’s Unit at Edgware Community Hospital, the Committee was pleased to see that the findings identified ‘no areas for improvement’ and only recommended that the ‘current standard of care’ be continued.
- The Committee was pleased to hear that the number of shared governance quality councils had doubled and particularly the initiative that looked at improving pressure ulcer care in Care Homes in Barnet by developing a resource pack which has led to increased staff confidence in recognising ulcers.
- The Committee was impressed that category 3 & 4 pressure ulcers were down from five last year to one in 2019-2020 and that category 2 were down from 57 to 44, although the target is zero. The table showing the results was well set out and easy to read.

However:

- The Committee was disappointed that most patients had rated the quality of the food and presentation as ‘poor’ but understand that there will be more information on improving food for patients next year and look forward to hearing about these developments.
- The Committee noted that the percentage of patients’ valid NHS number was only 93.9% at the Trust’s Walk In Centres and asked that the Trust work to improve on this figure.
- The Committee was disappointed that the outcome of the Sentinel Stroke National Audit Programme had commented that ‘many patients are still left without specialist psychological support’ and that ‘a focus is required on assessments and outcomes six months after a stroke to highlight the needs of patients, their families and carers over the longer term’.
- Under the UNICEF Baby Friendly Initiative Staff Audit, the action recommended that all staff be trained on a mandatory two-day Breastfeeding Management course and that ‘greater awareness was required on breastfeeding positioning, attachment and hand expressing and the importance of not advertising formula milk’.
- The Committee expressed great concern that under the Commissioning for Quality and Innovation (CQUIN) and Local Incentive Scheme Payment Frameworks, CLCH failed in the CQUIN ‘Staff Flu Vaccinations’ to achieve 80% uptake of flu vaccinations by CLCH frontline clinical staff working in Barnet and also failed in the CQUIN ‘Local Wound Care’ to increase improvement in the number of ‘assessed’ wounds which have failed to heal after four weeks. These two failures resulted in a loss of income of £204,873.04 from Barnet CCG.

- The Committee noted that between April 2019 and February 2020 two deaths of patients were subjected to both a case record review and an investigation.
- The Committee commented that CLCH's remit was over a wide geographical area and it was unclear which parts of the report were relevant to Barnet.
- The Committee commented that not all the targets were Specific, Measurable, Achievable, Relevant and Time-bound (SMART) targets.
- The Committee was concerned that the target of 8% for Staff Vacancy and Turnover rates was not achieved again this year and that the Sickness/Absence rate was even higher than the previous year.