

Barnet Health Overview and Scrutiny Committee (HOSC) queries

Royal Free London NHS Foundation Trust

Ref	Comment / Query	Response
1	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.	We have reported the following numbers of never events over the last four years: 2 never events (2020/21), 6 never events (2019/20), 9 never events (2018/19), 10 never events (2017/18). Our never event target is zero as we believe that this is the right thing to aim for. However, attaining zero when we undertake so many procedures every year is sadly statistically unlikely. Over the last four years our never events have decreased, which is in part due to our improved processes such as Local Safety Standards for Invasive Procedures (LocSSIPs) and in part due to sharing the learning more widely across the organisation.
2	The Committee noted that the report mentions a review into the importance of quality data but there is no indication as to how that review is progressing or a completion date.	We apologise our understanding of the importance of data has not been appropriately represented in the report. We have completed all the required reporting in accordance to the NHSE and NHSI guidance within the report and have also been able to include most of the Q4 reporting for data completeness. We will be mindful to improve our commentary and detail on the importance of data for the 2020/21 report

3	<p>The Committee noted that the number of reviews of 'Learning from Deaths' was down considerably from the previous year.</p>	<p>From April 2018 to September 2018, 86 Learning from deaths (LfD) reviews were completed. From October 2018 to March 2019, 46 Learning from deaths (LfD) reviews were completed. From April 2019 to September 2019, 25 Learning from deaths (LfD) reviews were completed.</p> <p>The numbers decrease over time because it takes time to undertake the reviews and so those that are older are more likely to have been completed.</p> <p>For 2017/18 we have now reviewed 174 deaths out of 218 listed for review. For 2018/19 we have now reviewed 140 deaths out of 369 listed for review. For 2019/20 we have now reviewed 80 deaths out of 227 listed for review. During 2019/20, we realised that adding random reviews to our specified review criteria was placing an additional workload on our clinicians that did not result in any new learning, so we have now decreased the numbers of deaths for review each quarter to only those that meet the key criteria. All this information can also be found in our online Board papers.</p> <p>From March 2020, we added additional reviews of deaths to help us understand any learning we could gain from the COVID-19 pandemic.</p>
4	<p>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.</p>	<p>We apologise our understanding of the importance of data has not been appropriately represented in the report. We have completed all the required reporting in accordance to the NHSE and NHSI guidance within the report and have also been able to include most of the Q4 departing for data completeness. We will be mindful to improve our commentary and detail on the importance of data for the 2020/21 report</p>

5	<p>The Committee would like to know when Electronic Patient Records (EPR) would be available throughout the Trust as many patients are transferred between hospitals.</p>	<p>RFL will have a single, shared Electronic Patient Record (EPR) deployed by September 2021.</p> <p>This will create a single source of truth, address the issue of fragmented clinical and administrative workflows, enable digitised records to be shared across RFL not also across health and care providers in NCL ICS and pan London.</p>
6	<p>With regard to Chronic Obstructive Pulmonary Disease, it was noted that the length of stay and re-admissions are higher than national figures.</p>	<p>National Asthma and COPD Audit data presented locally the following:</p> <ul style="list-style-type: none"> • Chronic Obstructive Pulmonary Disease Audit - noting areas for improvement, mainly around readmission and smoking cessation. Data covers 2018/19 • Current NACAP live data highlighted, to drive improvement and completion of audit. Aim to ensure data more consistent going forward. • COPD CPG looks at how this work can be completed more consistently. Patients who have COPD feel supported by care and follow-up provided by RFL & NMUH. Optimal care delivered to patients presenting with exacerbation of COPD. In top decile for outcomes in re-admissions and mortality. • Areas for improvement noted. There is only one respiratory clinical nurse specialist at each site which doesn't allow service to be run consistently with growing demand for the service. <p>The latest 2020 NACAP report is with the COPD team for review at the moment and will be included in the 20/21 QA report</p>

7	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.	<p>Board Report 23.09.2020</p> <p>Vacancy (8.76% - Aug 2020) and stability rates both showing good progress. Turnover is down 2.32% year on year, and down 0.63% over last 3 mths</p>
8	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 also exactly what the target is for.	<p>We apologise our understanding of the importance of data has not been appropriately represented in the report. We have completed all the required reporting in accordance to the NHSE and NHSI guidance within the report and have also been able to include most of the Q4 reporting for data completeness. We will be mindful to improve our commentary and detail on the importance of data for the 2020/21 report</p>
9	The Committee enquired why so many clinical pathways had been designed and yet still awaited digitisation.	<p>Board Report 23.09.2020</p> <p>An update was also given in respect of CPGs highlights since the last meeting; the team had been supporting COVID-19 workstreams, especially around infection control pathways and resuming elective services, and discussions were underway on the next phase of digitisation of the CPG pathways.</p>

10 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.

Board Report 23.09.2020

The chief nurse started by expressing thanks to the infection prevention and control team – the nurses led by Ms Pang and the infection prevention and control doctors – for their huge contribution to the trust's response to COVID-19. The leadership, commitment and unstinting effort had been amazing throughout.

She then noted that the number of patients with COVID-19 had reduced to one or two at each hospital at any one time, sometimes none, and efforts were concentrated on preventing nosocomial infections (hospital-acquired infections) and to date there had been no transmission in hospital. Patients were being screened on admission and then every seven days during their admission. She then referred to a number of cases identified at the Tottenham Hale dialysis unit which had involved patients who were non-symptomatic but who subsequently had positive swabs. The infection prevention and control team had worked with the unit to manage the situation and with Public Health England.

Currently the key focus was on how to restart services safely, following national and local guidance. She noted that patients were worried about coming into hospital and needed to be reassured about the arrangements in place. She added that NICE had been asked to review whether patients and their households needed to self-isolate for 14 days prior to elective admission as this was putting some patients off coming into hospital.

Another issue was how to support and encourage staff to socially isolate which was a real and continuing challenge.

Ms Pang thanked the chief nurse and board colleagues for their support for the team.

The chair asked about learning from other organisations about staff transmission. The chief nurse talked about how training needed to be done either virtually or with social distancing. She talked about wearing masks in the hospital and also referred to ensuring staff maintained social distance during breaks etc and helping staff to understand why

this was so important. The chief communications officer noted the different ways people were learning to

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organise themselves. For example the board was taking place as a virtual meeting but a number of board members were participating in the meeting from the same room. However the 2m rule was being strictly observed.

The chief nurse noted that all symptomatic staff were being tested for COVID-19. Staff had a wellbeing check at the beginning of their shift, with questions asked about any symptoms and a temperature check. Staff were swabbed and sent home if they had a raised temperature or mentioned COVID symptoms. Swabbing asymptomatic staff had been debated and was currently being considered for staff in high risk services, for example transplant services.

11	<p>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 57 + Q4 are xx number of cases of this year that is an increase again on the previous year.</p>	<p>Board Report 23.09.2020 The chief nurse then noted that at the same time as dealing with COVID-19 the trust had continued to prevent and control other infections. Antibiotic usage had increased in the COVID-19 period, but this was unlikely to result in additional clostridium difficile infections. She then noted that the trust would shortly be entering the winter flu vaccination campaign and had started to plan for that.</p>
12	<p>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.</p>	<p>Board Report 23.09.2020 A&E 4 hour waiting for August - Reported trust-wide 89.3% for August (RFH 89.5%, BH 85.2%).</p>
13	<p>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.</p>	<p>Board Report 23.09.2020 The annual NHS staff survey launches on 14 September 2020 and staff are being encouraged to respond and have their say. Communications to staff will emphasise how important it is for staff to say what this year has been like for them, and how the trust can help to make RFL a great working environment for all of our staff. The absolute confidentiality of the survey is also being emphasised.</p>
14	<p>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%.</p>	<p>Board Report 23.09.2020 Referring to cancer, the group chief executive said that the trust had been treating patients with life threatening cancer conditions throughout the COVID-19 period; the challenge now was to quickly assess and diagnose the patients who were now being referred.</p>

15	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.	Glossary was updated. We addressed ease of language in the last account and were commended by Cllr Alison Kelly at Chair of the Joint Health Overview Scrutiny Committee for Barnet, Camden, Enfield, Haringey and Islington "I would like to congratulate you"
16	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.	Freenet functionality and searchability has improved and when you go in via "policies" or "documents" tabs and search "Dementia", all relevant policies and guidelines are listed and available to view / download.
17	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.	Report submitted in October 2020 to HOSC: As of September 2020, all the must-do actions are now complete. The overall trust CQC action plan status for September 2020 as reported in this mid-October update is: Must-do actions 100% completed Should-do actions 60.4% completion which represents 32 outstanding should do actions to be completed trust wide The hospitals continue to focus on the implementation of the agreed action plans, which has illustrated steady progress. The next reporting for October 2020 will be presented to the group executive committee at the end of November 2020.