

## CLCH RESPONSE TO HOSC COMMENTS

The CLCH Audit process is part of the continuous improvement approach outlined in the trust's quality strategy. It ensures continuous checking of the effectiveness of existing clinical processes and provides an opportunity to identify wider organizational learning, through the oversight of our clinical effectiveness group chaired by the Medical Director.

The feedback from the Barnet Health & Overview Scrutiny Committee is welcome and we have outlined our response to the issues they have highlighted:

1. Prescription errors had occurred regarding prescribing the correct dose.

**CLCH Response:** The audit findings have been shared with the teams involved; discussions and actions to aid ongoing learning have taken place. The trust medication management committee oversees the embedding of good medication management practice and compliance to agreed policy and professional standards.

2. 70 families hadn't been seen in the last two months and a significant number of these also hadn't been seen since 2019, even in a virtual setting.

**CLCH Response:** This audit was carried out across the whole division covering 9 boroughs. The non-compliance specific to Barnet was 25.3%. Each team implemented an action plan following the audit, which have now been completed. To embed learning from these audit findings the leadership team has put a process in place to ensure that staff have allocated time in their diaries for targeted vulnerable family support. This is discussed at 1-1 meetings with Team Leads and during safeguarding supervision. All families not seen virtually during the first lockdown were followed up with virtual and face to face.

3. At the Pembridge Day Hospice the 'Do Not Attempt Cardiopulmonary Resuscitation' forms had not all been fully completed and some had not been discussed with the patients.

**CLCH Response:** There is an expectation that all patients attending the Day Hospice are provided with the opportunity to discuss resuscitation and that the DNACPR form is signed by members of the MDT in line with CLCH Trust policy. The audit has identified some gaps that have now rectified and improvement measures have been put in place to strengthen ongoing compliance. We have a scheduled re-audit to assess level of improvement in compliance.

4. Hydration audit at Athlone Rehabilitation Unit showed that only 28% of fluid charts had been completed accurately and 56% of patients were identified as at risk of dehydration.

**CLCH Response:** Further to the audit findings CLCH have enhanced the monitoring of compliance with fluid intake monitoring in Athlone and have started auditing bedside folders weekly and checking fluid balance charts at each handover (as per the process for medication charts). Areas of non-compliance are addressed with the staff immediately to identify any areas of support that might be required, this will continue on a weekly basis until there is a sustained improvement. The trust dietician is also delivering continuous refresher MUST training.

5. One third of audit days at Jade Ward at Edgware Community Hospital had demonstrated that there had been no hand wipes on trays or given to the patients during meal times. There had also been several interruptions to meal times on Jade Ward as well as Marjory Warren Ward.

**CLCH Response:** There is greater oversight by our ward matrons on ensuring that hand wipes are given to all patients during meal times and both wards practice protected meal times to avoid disruption and patient interruption during this time.

6. that in a CQC report published in June 2020, the Trust were given a rating of 'Requires Improvement' in the 'Safe' domain in Community Health Services for Children, Young People and Families and four areas were listed as 'of concern'.

**CLCH Response:** The CQC set three actions that the Trust must take to improve (governed under requirement notices). The Trust submitted its action plans to support the improvements to the CQC in July 2020. Progress was reported by the relevant services/departments into the CLCH Compliance team who coordinate the Trust's regulatory compliance, and monthly updates were presented to the Trust's Patient Safety and Risk Group (PSRG) for assurance and critique and completed in March 2021. Some residual work continues, and the Trust updates CQC during their monthly engagements meeting

7. Case record reviews, CLCH need to check record keeping and also improve communication with acute providers.

**CLCH Response:** All trust services are involved in record keeping audits on an ongoing basis to ensure compliance with agreed trust policy and professional standards. In addition, the trust undertakes case reviews and staff discuss these through clinical supervision processes to ensure care is provided at the correct level and where gaps in record keeping or engagement with partners are identified, actions are promptly put in place to remedy these.

8. There had been 13 patient safety incidents resulting in severe harm in the past year, compared with 11 the previous year.

**CLCH Response:** The patient safety incidents reported that resulted in severe harm consisted of five pressure ulcers, four falls, two treatment problem and two delay/failure to diagnose. As outlined in our Quality Accounts; the trust has instigated numerous actions to learn from all adverse events with particular focus on targeted support for teams in the management of pressure ulcers, lower limb wounds through a focus on podiatry and targeted falls prevention work.

9. The bedded units there had been nine falls compared with seven last year, 43 Category 2 pressure ulcers and four category 3 and 4 pressure ulcers compared with one last year. All these categories had a target of zero.

**CLCH Response:** The trust has reported 43 category 2 pressure ulcers in our bedded units in 2020/21. This is a continued decrease from the 44 reported in 2019/20 and the 57 reported in

2018/19. The trust continues to review all category 2 pressure ulcers developing in the bedded units each month, to support the embedding of best practice and reduction in the incidents of further deterioration or re-occurrence.

It is also important to recognise that the trust has had an increased the number of hospital beds by 97 beds in the reporting period 2019/20, with the adoption of the West Herts community beds.

10. Staff sickness had slightly increased over the past year, which was disappointing but understandable in the circumstances.

**CLCH Response:** There has been an increase in sickness levels from the 4.4% to 5.5%. The trust continues to support staff well-being through several initiatives such as our staff well-being group, engagement of our employee health and some targeted work through our staff networks as outlined in our new Promoting Equality & Tackling Inequality Strategy.

11. 12% of serious incident actions remain open, compared with a target of 100% completion.

**CLCH Response:** The process of incident investigation and development of action plans to aid learning is an integral part of the trust's delivery of its preventing harm campaign as outlined in the quality strategy. Through the Patient Safety Risk Group CLCH has implemented a rigorous process of challenge and checking the timely closure of all actions and the sharing of 7 minute learning briefings.