

## **NHS TRUST QUALITY ACCOUNTS 2020/21**

**Extract from minutes of HOSC 19 May 2021**

### **RFL London NHS Foundation Trust Quality Account**

The Committee noted the Mid-Year Quality Account 2020/21 and the Quality Account 2020/21.

The Chairman invited the following to the table:

- Dr Jane Hawdon, Consultant Neonatologist, Medical Director and Responsible Officer, Royal Free London NHS Foundation Trust
- Dr Mike Greenberg, Medical Director, Barnet Hospital

The Committee wished to put on record its thanks to all staff, across the Trust, who had gone above and beyond and coped incredibly well during the pandemic and also having to try to facilitate 'virtual' visits in place of families and carers being able to visit 'in person'.

The Committee put on record the following comments on the Draft Quality Account:

The Committee would like to congratulate and compliment the Trust on the following:

- that staff across all departments have coped to the best of their abilities in very difficult circumstances over the past year.
- that the Trust was at the forefront of Covid 19 related research and had also hosted the world-first 'human challenge trials' aimed at understanding infection transmission.
- that the triaging or research streams was impressive.
- their participation in rolling out various vaccination centres most efficiently including the StoneX Centre.
- that the Trust's REST (Resilience and Emotional Support Team) hub provided psychological support to airline flight crews after stressful shifts: Project Wingman.
- that the health and wellbeing of staff is vitally important as it also has an impact on patient care. The Committee is pleased to see that 'Joy in Work' remains a priority.
- that one of the four delivery priorities is to reduce the number of patients who are waiting a long time to be seen, and that the Trust recognises the tenacity that achieving this will require from staff.
- that digital infrastructure and solutions are in place to improve patient and staff experience as their third priority.
- its Research and Development Team having its first Covid 19 research study approved and its participation in the world's largest Covid 19 treatment trial which is estimated to have saved over one million lives globally

- for developing a 'proning board' which reduces the number of staff necessary to turn patients over to help with better ventilation, especially those in Intensive Care Unit with Covid 19.
- the excellent and informative TV documentary on the care it has given since the pandemic. This included details of the delicate work of recruiting patients onto studies for treatments for Covid-19.
- Its bereavement work especially where staff had listened to families, looked at processes and improved them.
- the use of artwork to design a bereavement card.
- the work of the property team in trying to make sure that all patients property was safe and secure.
- instigating training to help staff examine the root causes of episodes of violence and aggression perpetrated by people with dementia or delirium, particularly against staff.
- their achievement of 22 places in the national scoreboard for the National Cancer Patient Experience.
- the development of digitised patient pathways to improve care and noted that this piece of work is ongoing.
- for participating in 100% of national confidential enquiries and 97% of national clinical audits, and noted the actions to improve its national and local audits.
- reducing the delayed transfers of care which was previously rated 'bad' and reducing these down to zero which was impressive.

However, the Committee expressed its concerns regarding the following:

- the Trust's failing which resulted in a maternal death, but was pleased that the Group Chief Executive acknowledged this in her Foreword.
- That there is only a single shared Electronic Patient Record (EPR) within the RFL Group. This is a disappointment as ideally patients' records should follow the patient as they move to different Trusts.
- that in the Mid-year Quality Account update, it was noted that data would be presented more clearly for the layperson in future. However, this was not felt to be the case of the 2020/21 Quality Account, which still appeared to be aimed at professionals.
- that the Trust had failed to achieve its target of zero 'never events' by March 2021 and instead had had five.
- that there had been 68 incidents of avoidable harm by the end of Quarter 3, with one quarter remaining for the year.
- that the number of inpatient falls at the end of the third quarter of the year was already well above the Trust's target for the whole year.

- that there had been six cases of MRSA when the aim had been to have zero cases in the Trust.
- there had been 70 cases of C Difficile in the current year, against a target of zero.
- that the Trust had hoped to reduce incidents of Gram negative bacteraemias in line with the mandated threshold by 2021/22 but they had increased from 145 cases in 2020 to 170 in 2021, although it was noted that this had been an exceptional situation due to the pandemic.
- that there had been an increase in emergency readmissions within 28 days since the previous year.
- that more training is required for nurses and doctors to fully understand about dementia and requested more details on the new plans for dementia care.
- that the percentage of staff who would recommend the Trust to families and friends was down to 68% from 71% in the previous year and continuing a downward trend.
- that the Trust ranked low across London in overall performance compared with comparable NHS Acute Trusts.
- the number of patients who had waited over 52 weeks for Referral to Treatment (RTT) had increased from last year.
- that the Trust's performance against the four-hour A&E standard was lower than the target.
- that the number of patients waiting over 62 days following a GP referral to start cancer treatment was higher than previous years.
- that feedback from patients on how well they felt looked after by staff, including non-clinical staff, was disappointing.
- that some of the KPIs were disappointing, such as only 0.5868 against a target of 0.90 for less than a 62-day wait for referral for first treatment for cancer screening referrals.
- that the In-Patient surveys were rated worse than most other transfers of care.

A Member asked whether Jane Hawdon would kindly send the Committee the plans for dementia care from the new Nurse Consultant, both during the pandemic and in the future. The Member offered to forward papers that she had received and Jane Hawdon agreed to go through any further concerns.

A Member asked whether there is any data on the length of time between death and the funeral of religious patients, who don't need a post mortem, but would normally be buried within 24 hours. Dr Greenberg replied that the RFH does not collect this data but makes every attempt to facilitate funerals within this time frame, as far as possible.

### **Central London Community Healthcare NHS Trust (CLCH)**

The Committee noted the Mid-Year Quality Account 2020/21 and the Quality Account 2020/21.

The Chairman invited the following to the table:

- John McLinden, Divisional Director of Nursing and Therapies, North Central Division, CLCH
- Denis Enright, Director of Operations, CLCH

The Committee put on record its thanks to all CLCH staff who had continued to provide wonderful care throughout the pandemic.

The Committee also put on record the following comments on the Draft Quality Account:

The Committee would like to congratulate and compliment the Trust on the following:

- an emphasis on a clinically curious culture: 'Making Every Contact Count' which is important for the quality of care and avoidance of harm.
- for being recognised in various national award schemes and obtaining a Burdett Trust Grant to undertake a research project entitled 'Rehabilitation and Recovery following Critical illness related to Covid 19'.
- that CLCH staff had been redeployed to the Nightingale Hospital and to large scale vaccination hubs across North London. The Committee was also impressed that CLCH had set up an academy to provide vaccination training.
- for maintaining a strong performance against its Quality KPIs despite the pandemic, continuing to enhance its quality of care and reducing levels of harm through robust governance structures.
- maintaining its existing 'Good' rating in the CQC Report which was published in June 2020 and achieving an 'Outstanding' in the 'Well-Led' domain of Community Health Services for Adults.
- its staff education and training initiatives, such as 'reverse mentoring', and for implementing the Apprentice Nursing Associate role across the Trust.
- that CLCH had submitted records to the Secondary Uses Services for inclusion in the Hospital Episode Statistics. This had included 99.1% of data submitted with the patients' NHS number.
- its emphasis on continuity of child protection and children in need was welcomed as Covid had presented challenges for this and the Trust's work with other Boroughs.
- that Jade Ward and Adams Ward at Edgware Community Hospital had received good feedback in a survey on the quality and variety of their food and on staff helpfulness. However, it was noted that staff needed to remind patients about the variety of snacks and drinks available.
- for recruiting two extra members of staff to support research into Long Covid.
- the 'Freedom to Speak Up' (FTSU) initiative, which included five of the 11 champions being from BAME backgrounds.

- that actions had been taken to improve data quality and that the importance of continuing to work to improve data was recognised by the Trust.
- its KPIs being either improved or remaining the same in the Positive Patient Experience.
- its plans to improve the quality of referrals in planned care in Barnet. Although this had been paused during the pandemic as staff had been redeployed, the Committee was pleased that this will re-start.
- that the 'One Care Home Team' had supported 59 care homes in Barnet during the pandemic.
- that the Trust had managed to double its number of volunteers who had worked in various roles including in PPE, the Academy, befriending and other pivotal support roles during the pandemic.

However, the Committee expressed its concerns regarding the following:

- that in the audit aimed at assessing antibiotic prescribing for dental paediatric patients, prescription errors had occurred regarding prescribing the correct dose.
- that consultations were not offered in some cases to children in need during the pandemic. Over 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.
- that 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.
- that a hydration audit at Athlone Rehabilitation Unit in the North-West area showed that only 28% of fluid charts had been completed accurately and 56% of patients were identified as at risk of dehydration.
- that during an observational audit of protected meal times, 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 at Finchley Memorial Hospital.
- 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'.
- that regarding case record reviews, CLCH need to check record keeping and also improve communication with acute providers among other criticisms.
- that there had been 13 patient safety incidents resulting in severe harm in the past year, compared with 11 the previous year although it was noted that there had been an increase in patient numbers during the past year due to patients who were shielding with no face-to-face GP access.

- that in 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.
- that staff sickness had slightly increased over the past year, which was disappointing but understandable in the circumstances.
- that the Committee noted that 12% of serious incident actions remain open, compared with a target of 100% completion.

### **North London Hospice (NLH)**

The Committee noted the Mid-Year Quality Account 2020/21 and the Quality Account 2020/21.

The Chairman invited the following to the table:

- Fran Deane, Director of Clinical Services, NLH
- Nada Schiavone, Healthcare Consultant, NLH

The Committee put on record its thanks to all NLH staff who had continued to provide wonderful care throughout the pandemic.

The Committee also put on record the following comments on the Draft Quality Account:

The Committee congratulated and complimented NLH on the following:

- for including the interesting and positive patient story at the start of the Quality Account.
- for coping so well in extreme circumstances during the pandemic and also making good progress on its priorities for 2021 particularly further developing their database, Egton Medical Information Services (EMIS), which improved efficiencies across services.
- that the training for non-medical prescribers was impressive.
- that support for patients had been offered virtually during the pandemic, with virtual assessments and consultations.
- for exceeding most of its objectives in providing virtual support for the Health and Wellbeing Service, particularly as this was helpful for patients who were too ill or fatigued to travel.
- its aim to work with the Health Information Exchange (HIE) which enabled the Hospice to access Primary Care patients' records and for continuing to work towards implementing technology to enable it to share its records with other Trusts.
- achieving their ambition of becoming a research centre.
- that some visitors for patients at the very end of life had been allowed access throughout the year.

- Gaining funding from Health Education England which enabled palliative and end-of-life training to be delivered to 36 London Ambulance Service paramedics and technicians and that ten had successfully completed the Level 5 accredited course.

However, the Committee expressed its concerns regarding the following:

- that there were some areas of non-compliance in the Infection, Prevention and Control Audits including the need for improved stock rotation of clinical equipment, improved labelling of sharps bins, ensuring carpets are in a good state of repair and ensuring that urine jugs are only being allocated to a single service user.
- that the Hand Hygiene Audit which took place in IPU only had an 84% compliance level.
- that the Audit of Preferred Place of Death seemed haphazard.
- that the Audit of Community Non-Medical Prescribing identified that communication with GPs could be improved and that FP10 handwritten prescriptions are not always accepted by pharmacists.
- that there had been some transdermal patch incidents, with the wrong dose being given in some cases and omissions of doses in other cases.
- that the number of volunteers was down to 620 from 830 the previous year (2019-20) and from 950 two years ago (2018-19).
- that there had been 141 closed bed days during the year compared with 160 in 2019-20, which was largely due to fire and safety work in the bedrooms, and only 12 in 2018-19. However, it was noted that this had not prevented any admissions.
- that the highest category of medication incidents are administration errors followed by dose omissions, although action is being taken and there is a quality improvement project on medication safety being developed.
- that the number of patient falls had increased over the last quarter of 2020/21 though these had not resulted in serious harm.
- that the number of staff being recruited to the Hospice had gone down from 71 the previous year to 39 this year.
- that there were some areas needing improvement in the Staff Satisfaction Survey, specifically in relation to processes and procedures to support effective working, communication, leadership and engagement, career development and the environment. However, the Committee noted that the Hospice had appointed an Interim Head of Communications, Marketing and Digital who will help in reviewing the Trust's internal and external communications.

**RESOLVED that the Committee noted the three Quality Accounts and would submit their comments within the time frame required by the three organisations.**