

Appx 1A Minute Extract, Royal Free London NHS Foundation Trust Quality Account 2020/21

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 1
- 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.