

APPENDIX A - Comments submitted by the Barnet HOSC for Inclusion within CLCH's Quality Accounts 2015-16

The Committee scrutinised the Central London Community Healthcare NHS Trust's Quality Account 2015-16 and wish to put on record the following comments:

- The Committee were pleased to note that CLCH had appointed Angela Greatley OBE as their new Board Chair and that they were currently recruiting a new Chief Executive.
- The Committee congratulated the Trust on being ranked 'Outstanding' in the first annual 'Learning from Mistakes' league which was published in March 2016 and noted that the Trust is one of only eighteen providers in the country that has achieved this ranking in one of the latest quality initiatives launched by NHS Improvement.
- The Committee noted that when scrutinising a previous Quality Account, they had requested a response to the patient stories. The Committee were pleased to note that this had been done in this year's Quality Account under the heading of "Learning from the Story".
- The Committee congratulated the Trust on their "good" rating from the CQC.
- The Committee welcomed Quality Priority 1 – Positive Patient Experience, Preventing Harm – Developing a Quality Alert Process for Stakeholders. The Committee were pleased to note that the Trust would develop a mechanism by which clinicians in other organisations will be able to quickly alert CLCH to issues within their service. The Committee noted that a secure e-mail system would be established to assist with this.

However:

- The Committee had expressed their concerns about pressure ulcers to the Trust during the consideration of last year's Quality Account. The Committee noted that CLCH was a large Trust, with patients being treated across many areas, both at home and on wards. The Committee welcomed the new initiative on pressure ulcers which would involve input from nurses and healthcare providers.
- The Committee also expressed concern that there were several areas in which CLCH was failing to hit its KPIs in relation to pressure ulcers and that there was a lack of a specific section on pressure ulcers within the Quality Account. The Committee noted that the issue of pressure ulcers was an area of concern for the Trust and welcomed the re-launch of another pressure ulcer working group and making pressure ulcers part of staff appraisals.
- The Committee commented that Graph 17, which showed the proportion of patients who did not have pressure ulcers could be clearer and that it did not match the Key Performance Indicator.

- The Committee noted that there had been complaints about staff communication which the Trust felt could be down to waiting times at Walk in Centres.
- The Committee noted that in October and November 2015, the number of complaints the Trust received had spiked. The Committee noted that the Trust believed this was down to the onset of the winter season and requested to be provided with further information on this.
- The Committee expressed concern at the staff survey results showing the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. The Committee noted that the score for 2015 was 24%, down from 28% in 2014. Whilst the Committee appreciate that this is an improvement of 4% within one year, the Committee noted that this figure is above the national average for community Trusts which is 21%.
- The Committee noted that in relation to “End of Life Care”, CLCH had received “requires improvement” markers in the respect of the care being: Safe, Effective, Well Led, and Overall. The Committee welcomed however, that the overall rating was “Good”. The Committee were pleased to note the recent recruitment to an End of Life care post
- The Committee noted that a percentage for the number of complaints upheld was not included in the Quality Account and suggested that it would be a useful statistic.
- The Committee commented that not many members of the public would know what the term “cold chain incidents” meant and suggested that an explanation be included in the final version of the Account.
- The Committee expressed their concern that there were 58 incidents reported (5.0%) resulting in severe harm, which was higher than the cluster rate of 0.7%. The Committee were very concerned to note that there was one incident which resulted in the death of a patient whilst in the Trust’s care.
- The Committee requested that the Trust define the acronyms “MUST” and “AGULP” within the Account because they would not be clear for members of the public who might be reading the document.

The Committee noted the achievements of the Trust against the Commissioning for Quality and Innovation (**CQUIN**) payment framework goals for 2015/16, and expressed concern at the forecast drop in income for dementia, value based commissioning and children’s safe transition into adult services. The Committee noted that the figures within the draft Quality Account were not the final figures.