

CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST (CLCH)

The Committee scrutinised the Draft Central London Community Healthcare NHS Trust's Quality Account 2016-17 and wish to put on record the following comments:

The Committee noted the growth of the organisation and said it was a compliment to the Trust that they were able to take on extra work.

The CQC has recently (in October) inspected the Trust. We are awaiting their final report (expected late November/early December) but during the period of the inspection no major issues were reported to us. This includes inspections of some Merton and Harrow services so we are confident that the acquisition of these services has not caused any major issues and that they are running well.

The Committee enquired about the cost of producing this report and was happy to hear that costs were kept to a minimum because the report was published online only. The Committee were pleased that the Trust was using the report as a key document for learning and improvement.

There have been no issues raised with us in respect of the quality account being produced online. Given this we will continue to produce the account this way in the future.

The Committee were also pleased to hear that the Trust had been successful in receiving funding for a new role for a pressure ulcers nurse. The Trust believed this will have a big impact on reducing the number of patients with pressure ulcers in the next year.

The pressure ulcer nurse has been recruited and will be starting in the New Year. This post will co-ordinate pressure management prevention and treatment across the trust. They will also review and implement the Trust's Pressure Ulcer management policy and ensure that the action plan is implemented. Additionally they will review pressure ulcer training and ensure relevant learning is distributed across the Trust.

The Committee asked how the data in the report was used in terms of training and up-skilling of staff. The Trust explained every investigation was used within training programmes and updates to staff were given via regular reports and newsletters.

Learning from incidents, complaints etc. is shared across the Trust via meetings such as the Patient Safety and Risk Group as well as via Trust communications such as *Spotlight on Quality*.

Example of *Spotlight* and the PSRG agenda that demonstrate this are available on request

The Trust also explained that it was part of a national working group on pressure ulcers, but was not sure if information was passed onto voluntary organisations that it worked with, and so it would be looked into.

CLCH hosts a monthly Patient Experience co-ordinating committee; the membership includes CLCH staff and patient representatives and colleagues from the voluntary and community sector. For example the Carers' Network and Age UK. The meetings are primarily held to review progress against the quality objective *a positive patient experience*. The meetings provide an opportunity to share learning and give examples of best practice. Additionally there is a north division quality stakeholders' reference group (QSRG). Along with Trust staff, this meeting is attended by

representatives from Healthwatch Barnet. It provides the opportunity to discuss patient stories and learning from these.

The Committee enquired whether the procedure for end of life care at Barnet was the same as at Merton, as outlined in the report (Page 17 of the CLCH report). The Committee were impressed that this was the case, as this was an example of good practice.

The CLCH district nursing service is comprised of district nurses and health care assistants and amongst other things provides palliative care across the Trust (including in Barnet). The Trust has an End of Life strategy that describes the Trust wide approach to End of Life care. This ensures that there is a consistency of approach to the care provided.

The Trust's End of Life Strategy is available on request.

The Committee commented that the patient stories on dentistry provision were very good. The Committee were also glad to see that diabetes self-management was improving.

No further comment.

However:

The Committee was concerned that the Trust expanding further into new areas could have an impact on maintaining a high quality of standard of care. The Trust explained that the inclusion of Merton and Harrow had been successful and reporting structures had fitted in well with these Boroughs.

As per above no issues were raised by the CQC during the period of their visit, including their visit to Harrow and Merton services. (We don't, at the time of writing, have their inspection report).

The Trust said going forward it would only be bidding for services that it was already experienced in and was not looking to expand further.

The Trust Strategy 2017-20 confirms that *'we wish to remain focused, committed and active partners and so we will not seek to take on new services outside of our four current STP areas'*.

The Committee noted the increase in the number of patients with pressure ulcers. The Trust explained that the situation in Merton and Harrow had led to challenges but it did not believe this was of major concern.

As of the date of writing (11th November) the number of grade 1 pressure ulcers being reported has decreased. Please see the chart at appendix A.

The Committee commented that the figures showed a drop in December 2016 in the Dignity and Respect indicator as well as the Explaining Care indicator as perceived by patients (Pages 3 and 4 of their report) and asked for an explanation of the figures to be communicated to the Committee.

We believe that in part this was caused by an error with our PREMS data. During this period there were sample issues between our business intelligence team (BIPA) and *Picker* (the company previously used by the Trust to independently gather patient feedback). This led to *Picker* having to ask for a second sample (of patient responses) in early January 2017.

This year we have moved from working with *Picker* to using a different company *HealthCare Communications*. Work is ongoing to ensure that similar issues don't reoccur this year. It may also be that as services were exceptionally busy over the Christmas period this may have caused a more negative feedback during December. As of October both indicators were achieving the Trust target; 96.3% of patients believing they were treated with dignity and respect and 90.3% agreeing that they had their care explained to them.

The Committee noted there appeared to be issues surrounding the retention of staff at the Trust. The Committee was impressed that the recruitment of Filipino nurses had been so successful and was having a positive impact on the Trust. However, it was concerned that more work was need to recruit and retain UK nurses. The committee noted that the vacancy rates had fallen from 22% to 14% this year. The Committee also raised concerns around the cost of recruiting overseas nurses but was assured by the Trust that the cost was not significantly more than other recruitment. Recruiting from the Philippines *is* more expensive than UK recruitment. However given the costs of agency staff recruiting permanent staff from overseas makes financial sense. Employing permanent staff also provides continuity of care. The Trust has recently completed a second recruitment campaign in the Philippines, offering 100 posts to individuals. In respect of recruiting and retaining UK staff a **recruitment and retention group** is in place and meets monthly. Additionally **career clinics** take place throughout the year on a variety of CLCH sites. The clinics provide one to one sessions and participants can ask questions about all aspects of working at CLCH. So far the following has been identified from the clinics: Access to job opportunities within and outside CLCH; flexible working; application and CV preparation; interview presentation and Interview practice; training in leadership/ management and continuous improvement. **Workforce action teams** are also in place and these focus on specific hot spots and actions needed to address these.

CLCH also has a recruitment and retention strategy. It describes how the most common response to staff shortages is to focus increased attention on recruitment however reducing the number of staff leaving the organisation is a much cheaper option and more within our control. Initial analysis suggests the following factors are important to employees: Work life balance; flexible working opportunities; pay and career progression; access to training and development and having a positive workplace culture. These issues are reviewed by the recruitment and retention group.

A copy of the recruitment and retention strategy is available on request.

The Committee suggested that the Trust should conduct an 'exit interview' when a member of staff leaves in order to find out the reasons.

Exit interviews are offered to staff either with their manager or with someone from HR. They can have the option to complete the online questionnaire if they do not wish to meet with someone. The Staff Engagement strategy confirms that exit interviews should be made available to staff.

The Committee noted the increase in the number of serious incidents being reported. The Committee was satisfied that this upward trend in reporting reflected greater transparency and reporting by staff.

Incident reporting is considered to be positive: *'Organisations that report more incidents usually have a better and more effective safety culture. You can't learn and improve if you don't know what the problems are.'* (National Reporting and Learning System).

We encourage staff to report serious incidents; incident reporting constitutes part of statutory mandatory training that all staff are required to undertake.

The Committee asked why the Trust had not taken part in the diabetes foot care Audit and requested an explanation for this be presented in the final report.

The final Quality Account explained that the Trust's failure to take part in the audit was due to administrative problems. The clinical audit team have confirmed that CLCH will be participating in the 2017-18 audit.

The Committee commented that the equal opportunities statistics had not improved much since last year's report. The Trust explained that a lot of work had been done on this and it believed this was an issue of staff perceptions. The Trust assured the Committee it would be looking into better ways of publicising how successful the work on increasing equal opportunities had been.

The Trust remains committed to improving these statistics. The Trust has undertaken a Workforce Race Equality Standard (WRES) assessment which is an NHS initiative and was developed to measure improvements in the workforce with respect to BME staff.

An action plan has been put in place to ensure that the issues identified by the assessment are being addressed. The plan is published on the Trust website.

http://www.clch.nhs.uk/media/250587/wres_action_plan_2017_version_7.pdf

In November the Trust held a BME staff conference the theme of which was career progression.

The Committee inquired about the deaths reported on Marjory Warren and Ruby Wards and why these had occurred. The Trust said that after being investigated, these deaths were not unexpected.

No further comment.

Cyberattack update:

The CLCH gave a quick update on how the recent cyberattacks had affected the Trust. The Trust said that it had been unaffected by the attack. CLCH also explained that it had a number of procedures and safeguards in place to protect itself from possible future attacks.

There were no repercussions for CLCH in respect of this attack and the Trust remained unaffected.

Appendix A – Pressure ulcer incidents 2017 (to end of October).

